

# OAK 13:10 *Sports Medicine*

UPDATE

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**ORTHOPEDICS**



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## Saturday Sports Injury Clinics

OAK ORTHOPEDICS will once again offer its Saturday morning Sports Clinic to area athletes. The Bradley clinic will be staffed by an orthopedic physician, an x-ray technician, and a physical therapist or an athletic trainer. The Frankfort clinic will be staffed by an orthopedic physician and x-ray technician. We will be able to do x-rays, braces, MRI, physical therapy and other tests that may be rendered by the physician.

The sports clinic is offered to all athletes, all ages. It begins at 9:00 a.m. on Saturday mornings. The clinic in Bradley will run year round and the clinic in Frankfort will run through the fall sports season.

The clinic will be held at the Bradley and Frankfort offices listed below.



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# NEW ADVANCED TREATMENT

*for people suffering from debilitating tendon pain*

**Among the first doctors in the country trained on TENEX HEALTH TX™, Dr. Ellis discusses the successful results seen in his patients.**



*Dr. Carey Ellis of Orthopedic Associates of Kankakee is a board-certified physician specializing in tendon injuries.*

## OAK ORTHOPEDICS

### Dr. Carey Ellis

Orthopedic Associates of Kankakee  
400 S. Kennedy Dr.  
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Currently, over 10 million people in this country suffer from chronic tendon pain, which, besides hurting, limits their range of motion and prevents them from living their active lives. Common treatment options include rest, stretching and ice as a first treatment. Next, pain medication addresses the pain but not the source of the pain. Physical therapy is often ordered to help improve range of motion and strength. Finally, an open surgical procedure can be explored to remove the damaged tissue. This carries the risk of invasive procedures, which may cause damage to the surrounding healthy tissue, may result in a lengthy recovery time and restricted activity.

Carey Ellis, MD, of Orthopedic Associates of Kankakee in Bradley is among the first specially trained doctors in this area to offer an advanced treatment option for tendon injuries—called the Tenex Health TX System. “I am extremely pleased with the results I am seeing in my patients who have been treated with Tenex Health TX,” says Dr. Ellis. “They have reported experiencing tremendous pain relief and a quick recovery. I believe this new option has the potential to become the curative treatment that removes the source of tendon pain and allows the tendon to truly heal.”

### What causes tendon pain?

Tendon pain is caused by damage to the tendon by trauma from a hit, twist, or pull on the joint or by repetitive motion from overuse in work, exercise, or activity. In these situations, the tendon tissue breaks down. The damaged tissue causes intense pain, which dramatically affects people's ability to function every day.

According to Dr. Ellis, Tenex Health TX is an optimal solution for tendon injuries such as tennis elbow, golfer's elbow, jumper's knee, Achilles tendonitis, and plantar fasciitis. “Many of my patients lead very active lifestyles and

therefore suffer tendon injuries. Prior to Tenex Health TX, they either had to live and work around the pain or take time off to recover. Tenex Health TX allows them to return to what they enjoy doing quickly.”

Dr. Ellis also states, “Patients can eventually return to their normal daily activities, without the restrictions caused by pain from damaged tendon tissue, and lengthy recovery times.”

### What can I expect during the Tenex Health TX treatment?

Tenex Health TX—medically known as Percutaneous Tenotomy and Fasciotomy—is a minimally invasive procedure that allows Dr. Ellis to remove the source of tendon pain quickly and safely. Tenex Health TX is performed using a local anesthetic to numb the area, and patients are awake and alert throughout the treatment.

During a Tenex Health TX treatment, conventional ultrasound imaging is used to identify the location of the damaged tendon tissue. Once located, the TX MicroTip delivers ultrasonic energy specifically designed to break up and remove damaged tissue safely and quickly, allowing the tendon to heal and eliminating the pain.

“After the procedure, I place an adhesive bandage over the tiny opening—sutures or stitches are usually not required,” says Dr. Ellis. “Typically, the treatment itself takes less than 20 minutes, and most patients are able to return to their normal activities within two to six weeks.”

“I am excited about being able to provide a technologically advanced treatment option for tendon injuries here in the Kankakee County and South Chicago Suburbs that truly benefits my patients. It is profoundly rewarding to see them really enjoying their lives—without pain. Tenex Health TX has made a world of difference for my patients.”

**Call today to schedule your Tenex Health TX consultation at 815-928-8050**



400 S. Kennedy Dr.  
Bradley, IL 60915

(815) 928-8050

## *New at Our Practice...*

At Orthopedic Associates of Kankakee your well-being is our highest priority. In the interest of providing our patients with the most advanced care available, we are now offering an exciting new outpatient procedure specially designed for those who are suffering from pain associated with tendon damage.

### **Tendon pain takes many forms:**

- Rotator cuff tendonosis
- Tennis / Golfer's Elbow
- Jumper's / Runner's knee
- Achilles tendonosis
- Plantar fasciitis

### **Are you a "silent sufferer"?**

If you are like many individuals, you have probably tried many things to get back to feeling "good" or even "better". Physical therapy, cortisone injections, medication, or just taking time to rest. All may provide temporary relief, but then your pain comes back. The thought of undergoing surgery is not appealing due to the fact that it can be expensive, there are potential risks and side effects, a long recovery period does not fit into your schedule. We can help!

### **Tenex Health TX™ provides PAIN RELIEF!**

Tenex Health TX™ is based on advanced technology developed in collaboration with the world renowned Mayo Clinic. Tenex Health TX™ combines ultrasound imaging to specifically target damaged tissue with the advanced TX MicroTip, which precisely breaks down and removes only the damaged tissue that causes pain. This procedure is not open surgery and can be performed in an outpatient procedure room.

### **Tenex Health TX™ benefits:**

- Quick pain relief \*
- Return to normal activities rapidly
- Local anesthetic used instead of general anesthesia
- Usually no sutures, no stitches (requires only a small, adhesive bandage)
- Minimally invasive, not open surgery
- Covered by most insurances

### **We are here for you...**

You don't have to live with pain! We are happy to discuss Tenex Health TX™ or any other option that may work for you. Please call our office at 815-928-8050 today to schedule a consultation. For more information, visit [www.tenexhealth.com](http://www.tenexhealth.com).

## *Did You Know...*

- 30 million individuals in the United States each year suffer with some type of tendon pain
- Patients make 10 million visits to physician offices each year for tendon pain
- At least 1 in 5 patients will not recover with traditional methods of care

\*Your results may vary

# Chronic Traumatic Encephalopathy: Science, Hollywood, and the Media

Eric Lee, M.D.  
OAK Orthopedics



Eric Lee, M.D.

It is difficult these days to read or watch anything about contact sports, in particular the NFL, without hearing at least peripherally about chronic traumatic encephalopathy (CTE). The movie “Concussion”, starring Will Smith, brought the issue more into the mainstream as well. Unfortunately, much of what is reported in the media often makes it appear as though the science of CTE is completely settled, and that nearly everyone who plays football (or any contact sport) will end up having CTE, and may even die as a result. There have been more than a few physicians who have tried to correct misconceptions regarding CTE, urging people to allow science or research to try to make definitive cause-effect relationships; but at times, they are made out to be apologists for big money sports teams and leagues. So in this article, we will take a brief look at the current science of CTE, and clear up some current misconceptions while at the same time not minimizing the potential long-term effects of repetitive head trauma.

CTE is defined as progressive neurodegeneration associated with repetitive head trauma and the deposition of tau protein in the brain.<sup>(1)</sup> Anatomically, or neuropathologically, it is characterized by atrophy of parts of the brain, including the cerebral hemispheres, medial temporal lobe, thalamus, mammillary bodies, and brainstem. Clinically, CTE is associated with memory disturbance, behavioral and personality changes, parkinsonian type changes, and speech and gait abnormalities.<sup>(1)</sup> The key word in the definitions is “associated.” It is a hypothesis that repetitive contact to the head in sports (whether diagnosed as concussions or not) causes CTE; the direct cause and effect relationship has not been established. True cause and effect is different than an association, even a “strong association.” In the opening abstract of their influential paper “Chronic Traumatic Encephalopathy in Athletes: Progressive Tauopathy following Repetitive Head Injury”, the authors even point out that repetitive brain trauma ASSOCIATED with boxing MAY produce a progressive neurological deterioration.....<sup>(1)</sup> This association has been known since the 1920s. CTE as an entity, however, was first defined in 1949. Dr. Bennet Omalu, the protagonist in the movie “Concussion,” is credited with first finding CTE in a former NFL player in 2002.

Confusion often arises when CTE is discussed in the news and sports media. CTE is often portrayed as a disease with a well-defined pathophysiologic process as a result of concussive and subconcussive blows. So if a player has sustained a concussion(s), he/she will get CTE, or at least have a high chance of it. However, as stated above, this is actually a proposed hypothesis. It has not

yet been proven that a concussion, or concussive injury, starts that process. For instance, recently researchers with the Krembil Neuroscience Centre’s Canadian Concussion Centre analyzed the brain of former NHL player Todd Ewen, who had suffered multiple concussions during his playing career. He suffered from depression, memory loss, chronic body pain, and other illnesses. According to his wife, Ewen was convinced that he suffered from CTE. Tragically, he committed suicide. However, the Canadian researchers found no evidence of CTE in his brain during an autopsy. As neuropathologist Dr. Lili-Naz Hazrati stated: “Our findings continue to show that concussions can affect the brain in different ways. This underlines the need to not only continue this research (into CTE), but also be cautious about drawing definitive conclusions about CTE until we have more data.”<sup>(3)</sup> In other words, not every athlete who sustains a concussion will develop CTE.

Adding further complexity to the issue is the fact that there are many factors which play a role in tau protein deposition in the brain, including genetic mutations, drugs, normal aging, environmental factors, and postmortem brain processing and toxins. It is very difficult to control for all of these factors or to completely eliminate them from playing a role in autopsy findings suggesting CTE. Despite what recent publicity suggests regarding high profile athletes who have committed suicide and/or battled severe depression (which some intimate is due to CTE), the all cause mortality and suicide rates in former NFL players are actually considerably lower than the general population. What percent of those in the general population who ostensibly have not undergone trauma to the head but who suffer from symptoms similar to those of CTE also have Tau protein? To be clear, this is not to say that in the future a direct causative link will not be found, or that there is not an association between repeated brain injury/concussions and CTE in some athletes, only that more research needs to be done, a fact that all parties involved should agree upon.

At the current time, CTE can only be diagnosed with a postmortem autopsy. There are ongoing studies that are looking at various methods to detect CTE in living patients; for instance, researchers at UCLA are using positron emission tomography (PET) with a specific chemical marker called FDDNP to look for abnormal brain proteins associated with CTE. Recently, these researchers reported that changes in a PET scan of former NFL player Fred McNeill while he was still living seemed to correlate with his autopsy findings that showed evidence of CTE. Perhaps this is a breakthrough into anatomically diagnosing CTE in a living person. A confounding factor, though, is that Mr. McNeill was diagnosed with ALS in 2014. Certainly this needs to be taken into account in the research findings.

The sports medicine community continues to devote a lot of time and resources into reducing the risk for concussions in contact sports, and into preventing athletes from returning too soon from a head injury or concussion. Safer return-to-play protocols have been developed, and consensus statements are examined and updated regularly adding new recommendations based on new research. The non- medical community including parents, school officials, state high school athletic associations, professional sports leagues, etc. are all more educated on the

*continued on page 6*



## Chronic Traumatic Encephalopathy cont.

harm of playing through concussive symptoms. I don't think it is a stretch to say that the culture has changed; the days of playing "with your bell rung" or of "toughing out that dizziness and headache" are, and should be, ending. Concrete steps have been taken to protect athletes, and as research advances, more will be taken. There may be a time in the future when we discover a gene that will inform us of a player's risk for CTE, and thus he/she can make an educated decision about his/her future in a contact sport. Until that time, we should encourage current concussion safeguards, and educate those involved in athletic endeavors on the importance of recognizing and removing from activity those athletes that demonstrate signs or symptoms of a concussion. If an athlete is shown to have suffered a concussion, the focus should be on protecting them from further injury until they have completely recovered.

In summary, we know that CTE is a tauopathy of unknown incidence in the athletic population. There appears to be an association between some athletes with repetitive head trauma and symptoms of CTE, but a direct cause and effect relationship has not been demonstrated. "We do not know if Tau protein is a biomarker and a problem, or just a pathologic finding on autopsy unrelated to symptoms of CTE. We also do not know if individuals who have never sustained a concussion, but have other issues such as chronic pain, anabolic steroid or other drug abuse have tau deposition in brain areas considered unique to CTE. " (3) Does Tau protein cause symptoms? Why does there appear to be a strong association between Tau protein and CTE in some athletes, but not in others? These questions are being researched, and as a sports medicine community, it is important to support those studying these questions in the interest of keeping the athletes we care for safe. It is also incumbent upon the sports medicine community to continue to accurately educate people on where we are in this process.

1. McKee AC, et al. Chronic traumatic encephalopathy in athletes: progressive tauopathy after repetitive head injury. *J Neuropathol Exp Neurol*. 2009 Jul;68(7):709-35.

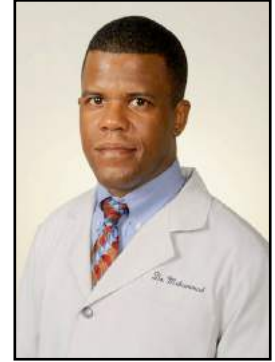
2. [http://www.amssm.org/MemberFiles/2015\\_AMSSM\\_Statement\\_CTE.pdf](http://www.amssm.org/MemberFiles/2015_AMSSM_Statement_CTE.pdf)

3. [http://www.uhn.ca/corporate/News/PressReleases/Pages/canadian\\_concussion\\_centre\\_releases\\_ewen\\_brain\\_autopsy\\_results.aspx](http://www.uhn.ca/corporate/News/PressReleases/Pages/canadian_concussion_centre_releases_ewen_brain_autopsy_results.aspx)



## Circular Saw Safety

Kermit Muhammad, M.D.  
OAK Orthopedics



Kermit Muhammad, M.D.

As spring quickly approaches many are preparing to take their hobbies and activities to the next level, spring cleaning, redecorating and remodeling etc. These DIY projects can be very rewarding but they come with an element of risk. The use of circular saws and related equipment is on the increase during this period the professional carpenter and hobbyist are both hard at work building. In my practice I see a great deal of injury to the hands and upper extremities as a result of circular saws. Amputation is often the result, and if reconstruction is an option the results are often disfiguring.

As a practicing hand surgeon I see my share of these injuries and there are some simple observations I can make from 10 years of practice that may help avoid these problems. The first observation is that most if not all of the injuries that I see happen with people who consider themselves comfortable around a saw of whatever type they are working with. They know and understand the safety precautions and have firm policy in how they deal with their tools but for one reason or another they don't follow protocol and a bad injury is the result.

The safety precautions that should be taken are obvious but should be stated and then of course followed. Your work space should be clean and uncluttered well lit and dry. Proper protective wear including protective goggles should be worn. Loose clothing or jewelry should be removed. Also importantly a good pair of work gloves to protect against nicks and scrapes. I see many bad tendon injuries that require reconstruction following a seemingly innocuous wound. Most importantly, making sure that your equipment is working properly is paramount. Making sure the lower guard of a circular saw is in working condition is key. For a table saw there are now high tech mechanisms that put an automatic brake in place when the blade comes in contact with flesh. Lastly, and even more painfully obvious, do not disable any of the safety equipment on the saw you are working with.

In summary, many of the amputated fingers and mangled hands are not really "accidents" when you consider that standard safety precautions are often not followed. The carelessness or temporary lack of attention of the experienced carpenter leads to a predictable outcome that I see all too often. They are sometimes predictable occurrences when safety protocols are not followed. Many of my patients spend a lifetime working with various saws and some have multiple hand injuries, and others have none. The difference between the two groups comes by paying attention to the small details and sticking with a clear safety plan. Develop good habits and maintain your attention on the task at hand and you can avoid a visit to your local hand surgeon.

(For more information regarding Hand safety visit [assh.org/handcare/hand-arm-safety](http://assh.org/handcare/hand-arm-safety))

## OAK Reunites at NFL Combine

It was an OAK reunion at this year's NFL Combine in Indianapolis as Dr. Michael Corcoran and Dr. Carey Ellis met up with former OAK Orthopedic athletic trainer Scott DeGraff, ATC and OAK strength and conditioning specialist Micah Gerhart ATC, CSCS at Lucas Oil Field. As in years past Dr's. Corcoran and Ellis provide medical evaluation of the Combine invitee's which in large part determines how the athlete will project in the April NFL draft.

Athletic Trainer Scott DeGraff who is currently the assistant athletic trainer for the Tampa Bay Buccaneers previously worked at OAK and served Bradley Bourbonnais High School as their full-time athletic trainer and Micah Gerhart also has athletic training duties with the Philadelphia Eagles and was a vital member of OAK Athletic Development in Bourbonnais. The OAK/NFL team would have been complete, but unfortunately athletic trainer Byron Cunningham of the St. Louis Rams and now LA Rams who served as the full-time trainer at Bishop McNamara High School when at OAK was unavailable.

Through the OAK Orthopedics Sports Medicine program, directed by Dr. Corcoran, these young men gained the valuable and needed experience to work in the pinnacle of their profession, the National Football League. We couldn't be prouder!



*Lt. to Rt. Dr. Carey Ellis, Micah Gerhart Philadelphia Eagles, Scott DeGraff Tampa Bay Buccaneers, Dr. Michael Corcoran*

## OAK Welcomes Cheryl Tyson, MSN, BBA, RN

Cheryl Tyson brings her vast knowledge and experiences to OAK Orthopedics where she will serve as the chief Clinical Oversight Officer. With 20 years of nursing experience and previously managing and working in the ortho/neuro unit for 16 years at Riverside Medical Center we know Cheryl is a perfect fit.



*Cheryl Tyson, MSN, BBA, RN*

The role of Clinical Oversight Officer gives Cheryl the responsibility of putting all the right practices and pieces together to improve the patient experience as well as promoting the practice. Cheryl is committed to the mission of OAK Orthopedics which provides care in an environment that is compassionate, ethical and of the highest quality. Cheryl's expertise in orthopedic patient care, clinical work flow management and maximizing the patient experience will only improve the OAK experience.

Cheryl graduated from Kankakee Community College with an Associate of Applied Science in Nursing; RN, then completed two Bachelor degrees, one in Business Administration and the other in Nursing from Olivet Nazarene University. Then following her passion Cheryl followed up with a Master's of Science in Nursing from ONU, and of note all of Cheryl's degrees were awarded with honors, cum laude. In addition she holds certification as a Fellow in the Illinois Organization of Nurse Leaders and has professional affiliations in the American Nurses Association, Illinois Organization of Nursing Leaders, National Association of Orthopaedic Nurses and Sigma Theta Tau International Honor Society of Nursing.

Cheryl and her husband are parents to three grown children and four wonderful grandchildren which they certainly love to be with. In addition Cheryl loves to read, bike, rescue greyhounds and sit by the fire on cold nights.

Cheryl Tyson brings a strong connection to this community and with her vast experience in orthopedics OAK Orthopedics couldn't be happier to have Cheryl on board to lead our clinical division.

## Clinic Spotlight Dr. Michalow's Clinical Staff

Dr. Alexander Michalow's clinical staff is responsible for providing the patient with a positive experience while providing great care, compassion and understanding. In addition the clinical staff must maintain organization and flow while efficiently serving the patient in an extremely busy practice. Plus Dr. Michalow functions out of two locations and sees a wide array of orthopedic problems which further demands a dedicated staff to meet these demands.

Leading these tasks is Karla A. as clinical coordinator, who has been with OAK Orthopedics for 29 years and Barb Z. who has been at OAK for 15 years. Both utilize their vast experience and knowledge to keep Dr. Michalow's clinic running at an extremely fast pace. Rounding out the clinical staff is Travis R. and Meagen D. who provides needed and valuable assistance to Dr. Michalow when he sees his patients in the clinical setting.

In addition to the clinic time at OAK Orthopedics in Bradley Dr. Michalow travels to Iroquois Memorial Hospital (IMH) in Watseka to provide orthopedic care of those in need. Dr. Michalow not only provides clinical services at IMH and has doing so for 22 years, but performs surgery and on-call duties to the residents of that area. This coordination is no easy task, but with this capable staff makes it all come together.

With 24 years of service at OAK Orthopedics and the Kankakee area Dr. Michalow and with the experience and knowledge of his capable staff, it is easy to see how they make it seem to look effortlessly.



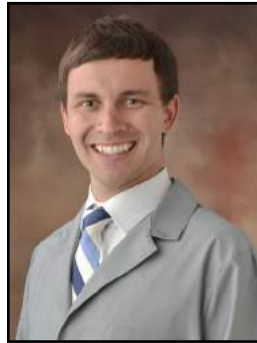
*Pictured Lt. to Rt. Karla A., Travis R., Barb Z., Meagen D., and Dr. Michalow*

## Physician Spotlight

### Tom Antkowiak, M.D.

Although still early in his career Dr. Tom Antkowiak certainly has and is making the most of it. This engaging, compassionate and energetic surgeon is establishing himself as truly a gifted physician and most certainly a valued member of OAK Orthopedics.

Dr. Antkowiak began his formal education at McGill University in Montreal, Quebec attaining a bachelor degree in Biology which then was followed up by a master's degree in



*Tom T. Antkowiak, M.D.*

Neurobiology. Upon finishing this course of study Dr. Antkowiak attended Albany Medical School in Albany New York where he graduated Cum laude in 2007. Following his strong passion for athletics and an active life he began his orthopedic surgical residency at the University of California Davis Medical Center graduating in 2012 where he served as Co-chief resident as selected by the facility and residents. Dr. Antkowiak went on to complete his orthopedic residency which was followed up by completing a sports fellowship at the prestigious Southern California Orthopaedic Institute (SCOI) in Van Nuys California.

Dr. A., as many patients like to refer to him, has brought cutting edge surgical expertise to OAK by way of his hip arthroscopy skills which allow the surgeon to treat patients with a minimally invasive procedure for those who experience that "painful clicking hip, snapping hip or hip that seems to catch". By utilizing this minimally invasive surgical procedure Dr. Antkowiak is able to get patients back to their previous lifestyle faster and often with minimal pain. In addition Dr. Antkowiak, when patient appropriate, utilizes an anterior approach for replacing the hip joint which allows for a reduction in healing time and faster return to functionality for the patient. This procedure utilizes an approach from the front of the hip with surgical entry between the muscle masses in the front (anterior) of the hip.

With Dr. Antkowiak fellowship training in sports from SCOI he certainly sees numerous athletes and active patients of all ages that want to return to their competitive and active lifestyles. As a former collegiate volleyball player he certainly has a strong connection with their mindset and desire to return, but at the same time his expertise and knowledge lead him to make prudent and sound medical decisions. Dr. A's interest and love of the game allows him to serve as a team physician in the Lincoln-Way High School District, serving the last 2-years as team doc for Lincoln-Way North High School, his duties will shift to Lincoln-Way West High School the Fall of 2016.

At home Dr. Antkowiak is busy with a young family as he and his wife just welcomed their third little boy into the family. When he has spare time he enjoys a good round of golf, but most of all spending it with his wife and boys.

Dr. Antkowiak practices out of the Frankfort and Bradley offices of OAK Orthopedics.

## Static vs Dynamic Stretching

Bradley Phillips, DPT

Clinic Director ATI Physical Therapy Mooney Drive Clinic

Stretching is the gold standard for regaining range of motion (ROM) following an injury or surgery. In addition, stretching serves to improve ROM for general fitness, athletics, or activities of daily living (ADLs). Two of the most common types of stretching are dynamic and static stretching. A dynamic stretch is performed by moving through a challenging but comfortable ROM repeatedly for a set amount of repetitions, typically ranging from 10-15. Static stretching involves a single stretch held in a challenging but comfortable position for a period of time, usually 30 seconds for an optimal stretch.



**Bradley Phillips, DPT**  
**Physical Therapist**  
**Clinical Director**  
**ATI Physical Therapy**

Which type is better? When should they be performed? As the clinic director at the ATI Physical Therapy Mooney Drive clinic, I see the full spectrum of injuries from sprain/strains to post-operative patients. Using best practice, our clinicians initially treat patients using static stretching techniques, performed in a challenging but tolerated range. This allows the injured tissues to heal in a lengthened position and reduces chances of adhesions, which reduces the likelihood of re-injury. Patients are then progressed toward returning to dynamic stretching, which improves functional ROM and mobility, whether the goal is to return to a sport, exercise, or ADLs.

ATI clinicians use these strategies to address many injuries; though some, such as hamstring strains, are very common. Hamstring strains can occur during a sporting event, work out, or during more strenuous ADLs such as yard work. Following a hamstring injury, static stretching should be initiated in the early stages of healing. Here, at the Mooney Drive clinic, patients perform clinician assisted static hamstring stretching while being educated on gentle static hamstring stretches as part of their individualized home exercise program (HEP). Performing these stretches can assist in reducing tissue adhesions and increasing flexibility of the injured muscle. An example of a static hamstring stretch for a patient would be sitting on the edge of a bench with the injured leg extended straight. The patient then gently brings his or her chest forward until a stretch is felt in the back of the thigh and knee, holding from 15-30 seconds. This can be performed for three repetitions and repeated 2-3 times per day. Once a patient is able to tolerate static stretching without return of symptoms, he or she is progressed to dynamic stretches including foam roll rolling, Frankensteins, and inch worms. The ultimate goal of performing static and dynamic stretching is for a patient to regain flexibility and joint mobility allowing a return to the previous level of function.

Once a patient has returned to his or her prior level of function, it is recommended that the patient perform a 5-10 minute dynamic stretching warm-up prior to activity. This increases heart rate, improves tissue mobility, enhances performance, and reduces chance of injury during exercise. Following exercise, as muscles

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## Static vs Dynamic continued

tend to tighten due to repetitive use, static stretching increases overall flexibility and helps return muscles to their previous length. Compliance with a stretching regimen can help to significantly reduce chance of re-injury during activity.

Used together, dynamic and static stretching serve functional purposes to both avoid and improve healing time of injuries. If you have suffered a recent muscle strain and want to participate in a free injury screening, please contact our Mooney Drive location at 815-936-0611 to set up a time to meet with one of our clinicians.



### Physical Therapist Assisted Hamstring Stretch

With patient in supine and injured leg relaxed. The physical therapist gently raises the leg keeping the knee straight until patient reports feeling stretching behind their thigh and knee.



### Edge of Table Static Hamstring Stretch

Sitting on the edge of a bench with injured leg straight. Gently bring chest forward until a stretch is felt in the back of the thigh and knee holding from 15-30 seconds



### Frankensteins

While standing tall and keeping your back in neutral, kick your foot up towards your outstretched hand on the opposite side of the leg. Make sure to keep the knee straight and not slouch in the back

## Athletic Trainer Spotlight Daniel Shomali, BS, MS, ATC



**Daniel Shomali, BS, MS, ATC**

Dan Shomali grew up in Bourbonnais and attended Bradley Bourbonnais Community High School, upon graduation Dan attended Kankakee Community College and then transferred to Olivet Nazarene University where he attained his Bachelor of Science degree in Athletic Training in 2011. Dan then furthered his education in Hays Kansas attending Fort Hays State University where he received a Masters in Science in Health and Human Performance in 2013.

Dan began his athletic training career at Bethel College in Kansas, and then it was on to Faulkner University in Alabama and then a stop at Campbellsville University in Kentucky serving as an assistant athletic trainer in these three university settings. Dan diverse experience in these colleges certainly prepared him well to assume the head athletic training duties at Kankakee High School.

The relationships and trust that is built with athletes and coaches is something that Dan truly prides himself on. Dan relishes his duties, the team travel and being part of a team and contributing to its success. Dan's parents and brother and sister attend many of the games to provide support for the athletes, coaches and Dan passion of athletic training.

When Dan has some down time he enjoys exercising, hiking, archery, movies and spending time with his supportive family.

Dan, welcome home and it's great to have you serving Kankakee High School as their Athletic Trainer.



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# AVOIDING BASEBALL-RELATED INJURIES



Because baseball consists of so many repetitive movements, overuse injuries are common—even in young athletes. Athletes who throw too hard, too much or too early and without rest are putting their elbows and shoulders at risk of injury. Although common, overuse injuries can be avoided.

## Understanding UCL Risks

- Pitchers, in particular, are at risk of damaging their ulnar collateral ligament (UCL), a thick triangular band found in the elbow and the main stabilizer of the elbow for the throwing motion.
- When bad enough, UCL reconstruction may be necessary. This is known as Tommy John surgery.
- During a Tommy John surgery, a ligament in the medial elbow is replaced with a tendon from elsewhere in the body—usually the forearm, hamstring or foot.
- 83 to 97 percent of major and minor league players who had Tommy John surgery returned to pitching.
- Recovery after surgery takes anywhere from 11 to 20 months.

Infographic courtesy of the National Athletic Trainers' Association

## Staying Safe on the Baseball Diamond

- Avoid specializing in one sport.
- Work to strengthen your rotator cuff, scapular muscles and core.
- Follow a warm-up routine that allows you to gradually increase distance and velocity.
- Don't play on multiple baseball teams during a season.
- Take at least six weeks off from throwing after the season is finished.
- Develop a preseason throwing program/long toss program.
- Talk with your coaches and athletic trainer about any arm pain you experience.
- Follow your league's pitch-count guidelines.
- Focus on proper body mechanics, command and accuracy when throwing.
- Pay attention to your posture, range of motion and flexibility.





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