

No Bones About It

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Our Physicians:

Robert H. Blotter, M.D.
Matthew B. Colligan, D.O.
Kenneth A. Davenport, M.D.
J. Bryan Dixon, M.D. (MGHS Employed)
Jason D. Doppelt, M.D.
Zachary C. Leonard, M.D.
Wallace G. Pearson II, M.D.
Matthew N. Songer, M.D.
Nathan S. Taylor, M.D.

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Our Subspecialties:

Shoulder & Upper Extremity
Hand & Wrist
Spine & Non-Surgical Spine
Hip & Knee
Foot & Ankle
Sports Medicine
Total Joint Replacement & Revision
Trauma
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Main Location:

Marquette
1414 W. Fair Avenue, Suite 190
Marquette, Michigan 49855

Other Locations:

Escanaba Munising
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What Can Be Done About My Ankle Arthritis

Zachary C. Leonard, M.D.

Ankle arthritis is a debilitating condition suffered by many in our community. Although hip and knee arthritis is still more prevalent, the disability and pain that results is just as severe. The ankle is somewhat resistant to primary wear and tear arthritis unlike the majority of hip and knee arthritis. Often times, the arthritis that occurs is from a previous traumatic injury to the cartilage or ligaments, called post-traumatic. It can be the result of an old fracture or bone bruise, chronic instability or sprains. It may also be the result of longstanding malalignment in the limb or due to an inflammatory disease process such as rheumatoid arthritis.

Treatment of ankle arthritis has made dramatic advances in recent years. The treatment goal has always been to decrease pain and increase function. Initial conservative treatment includes weight-loss, activity and shoe wear modification, and anti-inflammatory medications. Orthotic and bracing treatment has made vast improvements over the years. Ultimately, if these treatments fail to alleviate symptoms surgery is indicated.

For younger patients with localized arthritis limited to cartilage lesions, loose bodies, bony or soft tissue

impingement, often ankle arthroscopy or minimally invasive treatment can be used. These are joint sparing operations that allow the patients native ankle to function in a less painful environment through cartilage growth or cartilage preserving techniques. A wealth of research is now focused in this area. Ankle arthritis due to malalignment can be treated with deformity correction. This is done through a combination of osteotomies (cutting and shifting) of the bone and tendon transfers to balance the muscular forces across the ankle. Again, these are joint sparing procedures that seek to allow the native ankle to function in a better environment. When the arthritis has progressed to become end-stage, the remaining surgical options are arthrodesis (fusion) or arthroplasty (replacement.) Historically, ankle fusion has been long considered the procedure of choice. Successful fusions have been done for many decades. Pain relief and stability are improved through fusion. However, motion is sacrificed.

Ankle replacement is a procedure that relieves pain and also allows motion. Ankle replacement is currently on its 3rd generation of implants. Unfortunately, the 1st

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**Appointments with Dr. Leonard
can be made by calling
(906) 225-1321
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generation of implants from the 1970s did not function very well and failure was high. Today's ankle replacement systems have improved dramatically as have our surgical techniques for implanting them. Recent literature has shown greater than 90 percent survival at nearly 10 year follow-up for ankle replacements. Patient satisfaction has also been very high with today's implants. This is encouraging news so far, further research continues to evaluate even longer term results.

Ultimately, fusion versus replacement comes down to an individualized treatment plan for each patient. Some patients are better suited for fusions, and others well suited for replacement. Patient goals and expected outcomes need to be weighed before making this important decision.

If ankle arthritis is a concern of yours, make an appointment to discuss your options.

Plyometrics Exercise

Joe Lewis, PTA/L

Plyometrics exercise, also known as "plyos", are a type of exercise designed to produce fast and powerful movements. They are generally used to improve speed, agility, and power. Plyos are exercises that involve certain types of jumping and controlled landing in which the muscles create the greatest amount of force in the shortest amount of time possible. Plyometrics use a combination of concentric (muscle shortening), eccentric (muscle lengthening), and isometric (static muscle hold) contractions. Examples of plyometric exercises include powerful vertical jumps, lateral jumps, 2 foot horizontal long jumps, etc., all with controlled, quiet landings. There are plyometric exercises for the upper body as well, which include push ups with a hand clap, wall presses with hands coming off wall, and lying on your back with a partner dropping a weighted medicine ball onto outstretched arms, then chest pressing ball/throwing back to your partner.

Most people who utilize and benefit from plyometric training are athletes or competitive people who require a higher level of strength,

agility, and speed. There are certain criteria that should be met before starting a plyometric training program. They include being physical mature, having a strength level for the hips and legs where they are able to squat 1.5 to 2.5 times their body weight, having excellent fitness level, being able to follow instructions, and having the desire to improve the demands of sport or activity. Other factors to consider include wearing proper foot wear (cross-training shoes), what surface the plyos are being performed on, and frequency of training. To prevent injuries, the landing surface should possess good shock-absorption. The best surface is grass, but a good alternative would be wrestling mats.

It is important to limit the number of repetitions in any one session since the emphasis is on speed and power not endurance. Splitting the work into sets with ample recovery in between is important. Athletes new to plyos should start with low to medium intensity exercise with around 40 contacts per session, e.g., 2 sets of 6 vertical jumps is 12 contacts. Allow 3 days in between plyometrics sessions for your muscles to fully recover.

Plyometrics have been used successfully by many athletes as an alternative method of training. Pay careful attention to the techniques used during the drill or exercise. It is important to select or create an exercise program that is specific to the sport or event and involves the correct muscular action.

Business Corner

ABNs - Advance Beneficiary Notice of Noncoverage

The ABN is a notice given to Medicare patients to convey that Medicare is not likely to provide coverage in specific cases. "Notifiers" include physicians, providers, practitioners and suppliers paid under Medicare Part B. A completed ABN is given to the affected patient or representative before providing items or services that are the subject of the notice. The ABN must be verbally reviewed with the patient and questions must be answered before it is signed. The ABN must be delivered far enough in advance that the patient or representative has time to consider the options and make an informed choice. ABNs are never required in emergency or urgent care situations. Once all blanks are completed and the form is signed, a copy is provided to the patient.