

No Bones About It

Summer 2015

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906-225-3121 or
(800) 462-6367

Ankle Replacement?...

Can They Do That?

By Zachary C. Leonard, M.D.

While not as common as the replacement of hips and knees, ankle replacement is on the rise with likely 25,000 to be done this year as estimated by the American Academy of Orthopedic Surgeons. Much like other joints, this procedure is done for the treatment of bone on bone arthritis. There are many causes of ankle arthritis. Unlike the hip and knee, the ankle cartilage is more resistant to routine degenerative wear and tear arthritis. More often than other joints, previous traumatic injury to causes arthritis. Other risk factors include family history, age, obesity, history of fracture or sprains, rheumatoid disease, and previous infection.

Once arthritis of the ankle has been established, many conservative treatments are available. Over-the-counter pain relief medicines, especially those that reduce swelling such as ibuprofen, can help. You might also try good shoes, shoe inserts, pads, and arch supports, physical therapy, and a brace or cane. If these methods are not helping, injectable medications, such as a steroid, can be directly given into the ankle joint. Here at Advanced Center for Orthopedics, we often do this in our fluoroscopy suite insuring the injection is delivered properly into the ankle joint.

When conservative measures fail, surgery becomes an option. Sometimes, minimally invasive options are available such as arthroscopy of the ankle in the early stages of arthritis to remove impingement or loose bodies in the ankle. When the arthritis becomes advanced more definitive procedures are discussed. Historically, ankle fusion was the gold standard for ankle arthritis. In this procedure, the two bones that normally move in the ankle are transformed into one solid bone that no longer moves. This is accomplished by removing all the remaining cartilage, packing the joint with bone, and holding it still with metal plates

and screws. Although this type of surgery is generally very successful at decreasing pain and improving function, it does result in a stiffer ankle that moves up and down less.

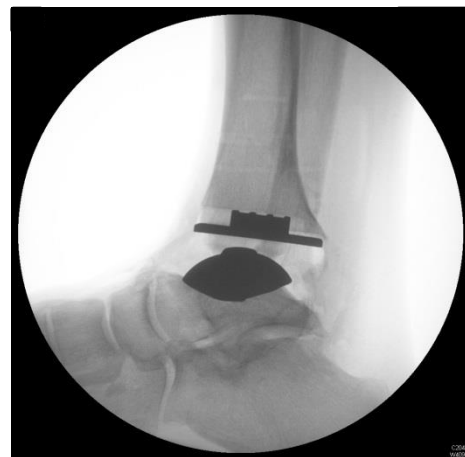


Image of Total Ankle Device

Ankle replacement is also an option for patients with advanced arthritis. For ankle replacement, an artificial joint is placed into the ankle to substitute for the arthritic cartilage. The procedure allows the patient to maintain ankle motion and gain pain relief. This preservation of motion is a benefit compared to ankle fusion and is thought to prevent arthritis in the surrounding joints. Like all joint replacements, it may wear out over time and does not withstand high impact activity over the long run. Most ankle replacements today are projected to last about 20 years, so a 40 year-old patient may require multiple revisions of the device over his/her lifetime. Several ankle replacements are FDA approved and all vary slightly. Ankle replacement is a complicated surgery that may take 6-12 months for recovery. Not all patients are candidates for ankle replacement. If you or a loved one are debilitated with ankle pain, make an appointment with Dr. Zachary Leonard to find out what options are available for you. Appointments can be made by calling **906-225-1321** or **(800) 462-6367**.

Exercising For Healthier Bones: Osteoporosis

By: Karin Heidelberger, P.T.

Exercise can help you manage your osteoporosis by:

- Maintaining bone density so you are less likely to sustain fractures.
- Improve muscle strength to support good postural alignment.
- Decrease chronic pain.
- Improve your balance so you are less likely to fall.
- Prevent or minimize deformities caused by osteoporosis.

Not all exercises help your bones. Swimming is great exercise, but provides little benefit to bones. Weight-bearing and strength-training exercises can be used to maintain bone density, muscle strength and good body alignment. Examples of weight-bearing exercises include: walking, hiking, dancing, and low impact aerobics. Strength-training exercises include use of: free weights, weight machines, and pull-resistance rubber bands.

Some physical activities can be harmful to bones that are weakened by osteoporosis. Exercises that increase your risk of falling, involve bending your spine forward, twisting your spine, or involve high impact activities should be avoided.

Daily activities can be turned into exercise:

- Stretching your arms and legs before getting out of bed can reduce stiffness and pain.
- As you stand at a counter or sink, do partial squats to strengthen your legs.
- If you can climb stairs safely, hang onto the railing and go up and down to strengthen your legs and improve your endurance.
- Hanging onto a heavy, stable object, stand and balance on one foot to improve balance and strengthen your legs.

Does housework, gardening, shopping, stair-climbing count as exercise? Yes, these all contribute to bone health. You can find ways to include exercise while doing these activities. For example, when shopping, gradually increase the distance you park from the market.

Remember, most of the health benefits of an active lifestyle can be achieved through moderate amounts of exercise that can be included in your everyday routine.

Business Corner

ICD-10 is coming. What it means to you

(Reprinted from Spring 2015 Newsletter)

Effective October 1, 2015, the Center for Medicaid and Medicare Services (CMS) will implement the International Classification of Diseases – 10th Edition. What does this mean to you as a patient? First, a quick overview of ICD-9 versus ICD-10. The ICD-9 was implemented in 1979 which expanded the number of clinical procedure and diagnostic codes to approximately 17,000. The ICD-10 increases that number to approximately 150,000 codes. These codes are used for insurance billing purposes, calculating payment rates, compiling statistics, and assessing quality. The ICD-9, put simply, has “maxed-out” as a coding system, leaving no room to add new procedures or diagnoses as they are discovered. The old codes do not provide enough descriptive details to bill and compile patient data with the necessary level of accuracy. Compared with ICD-9, the new ICD-10 codes will provide much greater detail on ailments, cause and type of injury, and complications or manifestations.

Again, you asked, “What does this mean to me?” In order to code accurately, medical coders will be dependent on complete and accurate documentation from your provider. In order for your provider to assess and document your problems, symptoms, causes, and complications, you will have to provide him/her with more details regarding your symptoms or injury than ever before. According to the American Association of Professional Coders, nearly two-thirds of clinical documentation does not contain enough information for coders to accurately bill under ICD-10. Specific questions you will be asked are: What are you seeing us for? What date did this start/happen? Is this injury related to a work, military or auto accident? Was it a recreational or personal accident? Further details that will need to be provided are: the specific location the injury occurred; the specific activity you were doing at the time of the injury; and the exact cause of the injury.

Failure to provide the level of detail needed to document, code, and bill for our services may result in your claim being denied by your insurance company, costing you time and money. We will be implementing new processes and patient questionnaires in the very near future to ensure we capture what is needed to submit claims on your behalf to your insurance carrier. Please help us get your insurance claims processed and paid as accurately and timely as possible.