

NON-SURGICAL ORTHOPAEDIC & SPINE CENTER, P.C.

Winter 2002/Spring 2003

Volume 10, Issue 3

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Introducing Our Practice

Non-Surgical Orthopaedic & Spine Center, P.C. was established in 1993, specializing in the non-surgical treatment of musculoskeletal injuries. Since that time, the practice has developed into one of the premier orthopaedic practices throughout the State of Georgia.

As an industry leader for the non-invasive treatment of spine problems, our practice has treated thousands of patients suffering from back and neck pain. The pain typically occurs from one of the following sources:

- Acute pain that results from a work injury or an automobile collision, or originates after participating in sports or other strenuous activities, such as landscaping or lifting;
- Acute pain that begins suddenly, without any particular injury;
- Chronic pain that has developed over years from a degenerative condition, or from the body's natural aging process.

Our patients and other medical providers (such as internists, primary care physicians, chiropractors, obstetricians/gynecologists, and orthopaedic surgeons) regularly refer people to us because they know that we specialize in conditions of the spine. They recognize our expertise, and are confident in

our treatment for these types of problems. Our practice values education and we continually strive to expand the community's awareness of our services. Our Board Certified physicians also treat problems outside the area of the spine. These include injuries to the extremities (both arms and legs), shoulders (such as rotator cuff syndrome), and knees, as well as conditions such as carpal tunnel syndrome, fibromyalgia, tendonitis, arthritis and repetitive motion injuries. Our goal is to eliminate the pain, while maintaining a strong emphasis on rehabilitation, strengthening and injury prevention.

We offer comprehensive medical and orthopaedic evaluations, disability evaluations, and individual rehabilitation programs for those patients needing physical therapy. Our physicians also perform numerous procedures as listed inside.

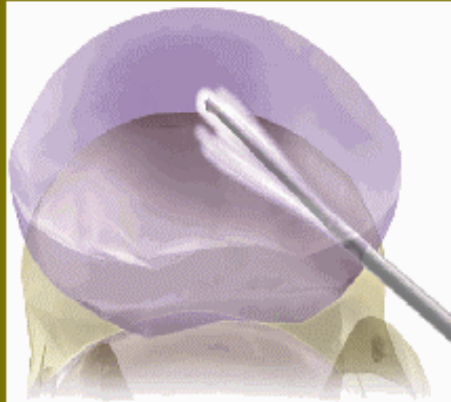
We especially welcome referrals from our patients. It reinforces our sincere belief that we are providing excellent medical care with the highest level of patient service. If you know of someone who would benefit from our services, please have them call our office at **770.421.1420** to schedule an appointment.

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Percutaneous Discectomy via Nucleoplasty

Percutaneous Discectomy via Nucleoplasty is a conservative treatment that utilizes modern technology to decompress a herniated disc. It is indicated for the treatment of *contained* herniated discs. Not all disc herniations are contained by the outer annulus of the discs, and some are not appropriate this procedure. The percutaneous decompression of herniated discs is a well established clinical approach to the treatment of back pain, and has been performed for well over twenty years, with marked success in alleviating pain and restoring function.

Nucleoplasty literally means the removal of the nucleus (*nucleus pulposus* is the center gel-like substance of the disc.) The outer band-like substance of the disc is the *annulus fibrosis*. Typically when a disc herniates, the annulus fibrosis opens and allows the nucleus pulposus to protrude and



compress structures such as nerves. Nucleoplasty does not involve an incision. A special access needle is placed into the disc under x-ray guidance. A wand-like device is then inserted through the needle and into the disc. The device uses *heat* to remove disc material and seal the channel made by the needle. Several channels are made depending on how much disc material needs to be removed. Using fluoroscopic imaging to

confirm proper needle placement, the needle and wand are retracted to the nucleus/annular edge. Using blunt dissection, the wand is advanced into the disc and the disc is decompressed. The procedure takes approximately 30 minutes. The patient is awake and alert, but typically experiences no pain.

Afterwards, patients recover at home for the remainder of the day. Most notice marked improvement within the first seven to ten days. There is no bracing involved after the procedure. A home physical therapy exercise program is started and patients return to the physician for follow-up within fourteen days. With utilization of this new technique many patients benefit from a minimally invasive approach utilizing soft tissue ablation for disc decompression. Many patients are able to avoid back surgery and have total relief of their pain.

Heat or Cold?

One of the most common questions that we are asked in our practice is whether to apply heat or ice to the affected area. Understanding the dynamics of an injury can simplify the decision. After an injury, the soft tissue becomes inflamed. Initially, the swelling inhibits the healing process and can cause pain and limited mobility. Preventing swelling, therefore, can help speed up the healing process.

For this purpose, ice, or *cryotherapy*, should be applied immediately after an injury for five to fifteen minutes. The amount of time spent icing the body part depends upon the location of the injury. These applications should be utilized throughout the waking hours, at regular intervals. Areas of low body fat, like the knee or ankle, do not tolerate cold as well as fatty areas, like

the back or thigh. These low body fat areas should be iced for a shorter period of time.

The initial response of the skin to cryotherapy is an anesthetic sensation, which is why the skin or body part may begin to feel numb after just a few minutes of treatment. Cold modalities constricts the blood vessels, reduces blood flow and prevents swelling. The cooling effect of an ice pack lasts longer and is much more effective than other superficial methods of treatment, such as ice massage. For those body parts that have less surface area, such as small joints or the neck gel packs are often used to achieve greater penetration for the cold modality.

Indications for cold treatment include:

- Acute inflammation or swelling
- Acute muscle spasm
- Pain

After the initial 48–72 hours, most injuries have responded well to ice treatments and the swelling begins to subside. This is the time when heat can be applied to the area to further increase blood flow and promote healing. Heat stimulates and increases blood flow to the injured area. In addition to promoting healing, heat also relaxes muscles and eases pain. Indications for the use of heat include the following:

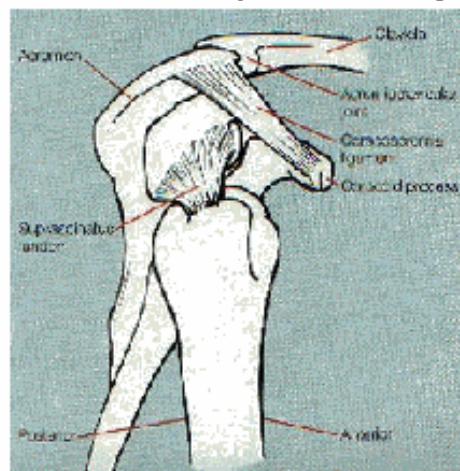
- Joint Stiffness
- Chronic muscle spasm
- Chronic inflammation

Superficial and moist heat is used at intervals of 15 – 20 minutes throughout the day. Caution must be used to avoid prolonged exposure, as even moderate heat can cause burns. In summary, both ice and heat when used appropriately are good methods to control swelling and reduce pain after an injury.

Rotator Cuff Injury

For both athletes and non-athletes, shoulder injuries, especially those involving the rotator cuff, can be debilitating. Rotator cuff injuries are also frequently seen in the workplace, as well as the elderly population. A careful history of the mechanism of injury, physical examination, and x-rays initially can be helpful in identifying the nature of the shoulder injury. The shoulder is a complicated joint. The humerus (arm bone) is connected to the shoulder blade at the glenoid fossa by a fibrous joint capsule. The rotator cuff tendons help to maintain the ball in the socket throughout functional ranges of motion when using the arm. The four rotator cuff muscles are called: supraspinatus, infraspinatus, subscapularis, and teres minor. Each rotator cuff muscle originates from a specific area on the scapula, and insert on the humerus. Each muscle, therefore, is responsible for a slightly different action or motion of the shoulder joint. Together with the deltoid muscle, the rotator cuff muscles assist with overhead

movement of the arm. The bony coracoacromial arch and respective ligaments form the roof of the rotator cuff. Repetitive overhead use of the shoulder is a common cause of rotator cuff tendonitis. This is frequently seen in throwing sports, swimmers, and tennis. Repetitive use is thought to cause microtrauma to the tendons. Inflammation may then develop,



and the tendon, most commonly the supraspinatus, *impinges* on the inferior surface of the acromion. With impingement initially there is edema and microhemorrhage. With repetitive impingement, the

rotator cuff becomes more inflamed, thickened, and even fibrous. Finally, if the repetitive activity is continued, the rotator cuff tendon can be *partially* or even *completely* torn.

Early rehabilitative efforts can prevent more protracted shoulder pain, and possibly prevent the overuse-related tear. Typically, the physician prescribes anti-inflammatory medications, rest from repetitive overhead activity, physical therapy, and sometimes cortisone injections to treat the injury. Physical therapy for specific muscle group strengthening is important because many throwing athletes already have muscle imbalance, which initially contributes to uneven stress on the shoulder joint and tendons. Strengthening and stabilization of the scapular muscle is important in restoring proper biomechanics of the shoulder joint. In summary, many rotator cuff injuries can be successfully rehabilitated with the proper treatment program, thereby avoiding surgery.

Procedures Performed By Our Physicians



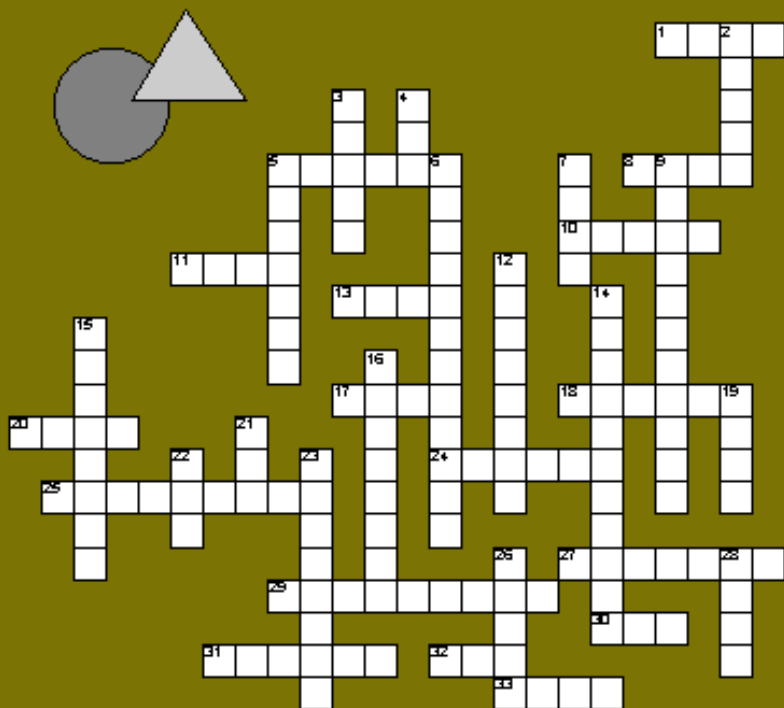
ANTHONY R. GRASSO, M.D.
Board Certified

- Cervical, Thoracic, and Lumbar Epidural Steroid Injections
- Selective Nerve Root Injections
- Cervical, Thoracic, and Lumbar Facet Injections
- Lumbar Sympathetic Blocks
- Cervical and Lumbar Radiofrequency Lesioning
- Medical Acupuncture
- Lumbar IDET (IntraDiscal Electrothermal Therapy)
- Nucleoplasty
- Lumbar Spinal Endoscopy
- Lumbar/Thoracic Discography
- Joint & Trigger Point Injections
- IME/Disability Evaluations



ARNOLD J. WEIL, M.D.
Board Certified

Crossword



www.CrosswordWorld.com

Across

- 1 The rotator _____ muscles function to move the shoulder
- 5 This can become inflamed from playing a lot of tennis
- 8 A minimally invasive treatment for disc annular tears
- 10 A muscle tic is also called a _____
- 11 A bone _____ can lead to pain in the involved area.
- 13 A joint that consists of cruciate ligaments and menisci

- 17 Dr. _____ speaks nationally on The Non-Surgical Management of Back Pain
- 18 A type of injury that refers to a small tear in the muscle
- 20 A common reason for a visit to the doctor
- 24 A type of injury that refers to a stretch injury to the muscle
- 25 A topical hot ice solution used for aching muscles
- 27 Only 5% of back pain ever requires this
- 29 A treatment for orthopaedic injuries putting medication into the affected area
- 30 A test using needles to study the nerves
- 31 Dr. _____ is an avid golfer and sports enthusiast
- 32 A type of managed care plan
- 33 A picture of the spine is known as an _____

Down

- 2 A joint in the spine that can be painful
- 3 Orthopaedics is the study of _____
- 4 Another type of managed care plan
- 5 Treatment focusing on exercises and modalities
- 6 A non-invasive treatment for contained disc herniations
- 7 An injury to this structure in the back can cause leg pain
- 9 A diagnostic test that utilizes an injection of contrast dye into a disc
- 12 Insurance for individuals over 65 years of age
- 14 A form of Eastern Chinese medicine performed by Dr. Weil
- 15 A helpful remedy for back pain
- 16 Can be caused by muscle spasm, tension, or stress
- 19 A whiplash injury can occur here
- 21 _____ consists of a cervical, thoracic, and lumbar region
- 22 A diagnostic test where the patient must lie in a tube
- 23 A neurologic sign of nerve damage
- 26 A neurotoxin used in injections for persistent muscle spasm or to get rid of facial wrinkles
- 28 If you injure an area of the body, you should generally _____ the affected area

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 Americaid
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 USA Managed Care
 US Healthcare
 Wellstar

If you do not see your plan on this list, please ask one of our staff.