I tore the rotator cuff in my shoulder, do I need surgery?"

It depends on the type of tear, the size of the tear, and the amount of pain and disability in the shoulder.

Initially, the goal is to treat patients with shoulder pain due to most rotator cuff tears with anti-inflammatory medications and physical therapy.

A rehabilitation program can be therapeutic by improving range of motion, increasing strength in the shoulder, and decreasing pain.

A cortisone injection may be beneficial to directly decrease inflammation and limit pain.

Although most partial rotator cuff tears may not require surgical repair, complete rotator cuff tears and partial tears that fail conservative treatment usually do require surgery.

Rotator cuff tears are fixed Surgically with minimally invasive techniques, which decreases postoperative pain and leads to a quicker recovery.

Are there any new ways to treat tendinitis/overuse injuries?

Yes. Platelet Enriched Plasma (PRP) Therapy is a new, minimally invasive injectable therapy used to treat many common orthopedic conditions such as tendinitis and muscle injury.

A PRP injection is prepared by taking a patient’s own blood and isolating a high concentration of platelets.

Platelets are a normal component of blood that play a significant role in helping recruit cells that repair tissue and speed the rate of recovery.

PRP therapy is currently being used to treat patients with tennis elbow (lateral epicondylitis), golfer’s elbow (medial epicondylitis), Achilles tendinitis, rotator cuff tendinitis, plantar fasciitis and patellar tendinitis.

The use of PRP therapy in sports medicine has the potential to lead to higher rates of healing, a faster rehabilitation after injury, and a quicker return to athletics.

This procedure is less expensive than surgery and can potentially improve tissue healing and get patients back to their activities quickly and safely.

The physicians of the Midwest Bone & Joint Institute are one of the few facilities in the area offering this new cutting edge treatment.

When will I know it’s time to get my joint replaced?

This answer is different for each person. Treatment of hip and knee arthritis is directed at the reduction of pain and improvement of function.

Many nonoperative treatments are available and are typically offered before surgery is considered. Once your surgeon has diagnosed a painful joint due to arthritis and offered a joint replacement as a solution, the choice is up to you. The indications for joint replacement are pain and disability of function. Age is not disqualifying, as teenagers through nonagenarians may find benefit in joint replacement surgery. There is also no limit to the time waited before replacement. There is no circumstance where surgery can no longer be performed because a patient waited too long.

Who should I have perform my joint replacement surgery?

All hip and knee replacement
Historically in orthopedic surgery, treating an injury to a knee or shoulder joint consisted of making a large incision to visualize the joint and treat the ailment. In order to gain access to the joint, significant muscle and soft tissue was dissected, which led to a large amount of pain, and ultimately an inpatient hospital stay for even the most minor orthopedic joint procedures.

Recently, a minimally invasive orthopedic surgical procedure called arthroscopy (arthro = joint, scopy = look) has allowed surgeons to use a fiber-optic camera to look inside a joint using small “poke hole” incisions. Arthroscopy requires minimal soft tissue dissection, and ultimately causes less postoperative pain and disability than open procedures.

Arthroscopy gives doctors a clear view of the inside of the joint, most commonly the shoulder and the knee. By accessing the joint with small incisions, the joint capsule, muscle, and ligaments are preserved. This allows for less damage to normal tissue, faster healing time and earlier rehabilitation. Most arthroscopic surgery is done as an outpatient (patient goes home the same day as the surgery).

During the procedure, your orthopedic surgeon inserts the arthroscope (a small camera instrument) into the joint. The joint is filled with clear water to expand the joint and the arthroscope sends the image to a television monitor. This allows the orthopedic surgeon to see the structures of the joint on the monitor in great detail. To do this, small surgical instruments are inserted through other incisions around the joint, and using arthroscopic techniques, the damaged structures within the joint are repaired.

Arthroscopy is most commonly used to diagnose and treat orthopedic injuries such as rotator cuff or labral tears in the shoulder, or ACL and meniscus tears in the knee.

Recent advances have made previously difficult joints to access such as the elbow, wrist, hip, and ankle commonplace in arthroscopic surgery. These and other improvements have made arthroscopy the standard of care and a very effective tool for treating many types of orthopedic injuries.

Joshua Alpert, M.D. is an orthopedic surgeon, fellowship trained in sports medicine and arthroscopy at Massachusetts General Hospital/Harvard. As an active member of the American Orthopedic Society for Sports Medicine, Dr. Alpert aims to provide quality care to active individuals of all ages. He is a physician with Midwest Bone & Joint Institute, which has served the Kane County area for more than 30 years. He may be reached at (855) MBJ-BONE.

By Joshua M. Alpert, M.D.
Midwest Bone & Joint Institute

**What is arthroscopic surgery?**

Dr. Joshua M. Alpert
Common questions about knee pain

By James R. Seeds, M.D.
Midwest Bone & Joint Institute

Most people will experience some sort of knee pain in their lifetime. Barring a specific injury, knee pain usually subsides after several days of rest, ice, elevation and over-the-counter anti-inflammatory medication. A specific injury to the knee or pain that does not resolve should seek professional medical attention.

Following are questions I am frequently asked by patients regarding knee pain.

Q. Should I use ice or heat?
A. A general rule is to use ice for 20 minutes out of the hour for the first 48-72 hours following an injury. The idea is to decrease blood flow, which in turn reduces pain and swelling. Heat increases blood flow and aids in healing. But, you should not use heat during the initial phases of an injury. Heat is recommended for chronic injuries or those that have no inflammation or swelling.

Q. What type of over-the-counter medications work best?
A. Everyone responds differently to medication. Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin, Ibuprofen (Advil) and Naproxen (Aleve) are the most common over-the-counter medications used to treat pain associated with muscular skeletal injuries.

Some control inflammation, others are best for pain. Acetaminophen (Tylenol) is not an NSAID because it has no anti-inflammatory properties, it only helps with pain. All of these drugs have potential side effects and can interact with other medications. NSAIDs and Tylenol can be of great benefit when used appropriately, but their dangers should not be underestimated. Always consult a physician before taking any medication.

Q. Do glucosamine and chondroitin supplements work?
A. There is no scientific evidence to support that these supplements can rebuild/ regenerate cartilage and they are not regulated by the FDA. According to the American Academy of Orthopaedic Surgeons, a study by ConsumerLab.com showed almost half of all glucosamine/chondroitin supplements tested did not contain the labeled amount of ingredients. However, these supplements are believed to have some anti-inflammatory effects that may relieve pain and have few reported side effects. Ask your doctor before taking any medication.

Q. How does cortisone work? How often can I get a shot of cortisone?
A. Cortisone (steroid) injections work by helping to decrease inflammation and pain. Although they can be beneficial for some orthopedic issues, they do not change the course of arthritis or cure the condition. The general recommendation is no more than one cortisone injection per area every three to four months.

Q. Sometimes my leg gets stuck in a certain position and I can’t bend it, what could be the cause?
A. Locking of the knee or the inability to completely straighten the joint is a red flag for a meniscal tear. The meniscus is a spongelike structure between the femur (thighbone) and the tibia (shinbone). If the meniscus is torn, it can flip into the joint and block the knee from bending or straightening. There is usually a twisting injury associated with a torn meniscus.

Q. With activity, my knee gives out. Why does this happen?
A. Instability or “giving out” is most commonly caused by two conditions: 1. Kneecap (patella) instability. Meaning, the kneecap moves too freely and does not track properly. When this occurs, a person experiences pain and the sensation of the knee giving way. 2. A ligament injury. Most commonly, an Anterior Cruciate Ligament (ACL) tear, which is usually associated with a traumatic event (many times involving an audible “popping” sound), followed by knee swelling and pain.

Q. I have a lump on the back of my leg, right behind my knee. What could this be?
A. Most commonly, a lump behind the knee is a Baker’s cyst and should be evaluated. These cysts are the result of underlying problems inside the knee such as arthritis or a cartilage (meniscal) tear.

Conditions of this type cause the knee to produce more fluid, which gets pushed out the back of the knee causing the Baker’s cyst. Treating the underlying problem can improve the symptoms, which are normally knee pain and stiffness, and decrease the size of the cyst.

Q. Why does my knee swell up when I’m active?
A. The knee produces a lubricant called synovial fluid. It helps reduce friction as your knee moves with activity.

When the knee is irritated or injured, it produces more lubricant to protect the knee joint. The overproduction of synovial fluid leads to swelling and pain.

Q. Why does my knee hurt when going up and down stairs or sitting in my car?
A. Many times, this is related to the cartilage under the kneecap. It is called “patellofemoral pain” which means pain in the knee joint. It can be related to arthritis (wearing down of the smooth bone surface) or softening of the surface (chondromalacia). It can also be caused by the kneecap being pulled to one side of the knee, therefore stressing and wearing down the cartilage faster.

Q. Why does my knee makes sounds when I bend it?
A. Everyone’s joints can make noises with motion. It can be related to the unevenness of the joint surface (arthritis) or excess swelling (fluid) in the joint. When these noises are associated with pain it is advisable to seek medical attention.

The above is a generalization of common questions and should not serve as a way to self-diagnose a possibly serious condition. Only a medical professional can properly diagnose your condition.

Dr. James R. Seeds

At ARSC, we put your care first by offering high quality care without the high quality cost.

- Endoscopy
- Gynecology
- Orthopedic/Hand
- Plastic
- Oral Surgery
- Podiatry
- Pain Management
- Ear / Nose / Throat
- Ophthalmology
- General

Have your surgeon schedule your procedure at ARSC.

AlgonquinRoadSurgeryCenter.com
2550 W. Algonquin Road, Lake in the Hills, IL 60156
847-458-1246
Trusted for 30 Years.

When you have an orthopedic injury, you need a doctor you can trust. The physicians at the Midwest Bone & Joint Institute have been caring for patients in the Kane County area for 30 years. Get comprehensive treatment from some of the most experienced, respected and well-trained orthopedic surgeons in the country.

- Sports Injury
- Work Injury
- Arthroscopic Surgery
- Bone Density Scanning
- Arthritis Treatment
- Casting/Bracing Capabilities
- Partial/Total Joint Replacement
- Physical Therapy
- Back Pain/Injury
- Open MRI
- Fracture/Broken Bone Care
- Digital X-ray

Locations:
Geneva
Elgin
Algonquin
Barrington

Orthopedic & Spine Surgery Associates, Ltd.

Where does it hurt?
Access our virtual library of easy-to-understand information about a wide array of orthopedic conditions. Simply download a QR code app on your Smartphone and scan this code.