

From our President & CEO



Ms. Angelique Berg

OrthoLink is back with our winter issue, and we have exciting news to share. Last spring, Ortho Connect was featured by over 35 newspapers, countless websites, and even interviews on radio stations. By fall, we had a

300% increase in requests for Ortho Connect services. We were thrilled to help so many new patients.

Ortho Connect would not be possible if not for the work of our over 150 peer support volunteers. They are the people who share their time and experience during what can be a difficult and daunting period for new patients. We salute them!

None of what we do would be possible without our generous donors. In this issue, we make special mention of our Club206 donors – people motivated by their mobility and our programs to donate at least one dollar for every bone in the body. Thank you – to all of our donors – for giving us “a leg up”!

This issue of OrthoLink features treatment of injuries. Foster Finell gives us a look back at his treatment experience following a car crash. Drs. Carmen Brauer and Jeremy LaMothe share their research into childhood elbow injuries. Throughout, you'll find useful information about common injuries and their treatment.

With winter well underway, take care to prevent seasonal injuries (see earlier issues for tips at www.orthoconnect.org) and keep this issue handy should an injury happen to you or a loved one. Knowing how to spot injuries that need attention can prevent long-term effects – and keep you on the move.

Wishing you a safe and cozy winter!

Still Strong Fourteen Years Along

Foster Finell has always been physically active, making his living since the 1980's farming under Saskatchewan's sunny skies in the town of Ponteix. He also works part-time in the hospitality sector, and is an avid golfer. When he was seriously injured in a head-on collision, Foster gained new appreciation for his mobility.

The December 1995 accident left Foster with a displaced hip that ultimately required replacement the following July. While he's never known the pain of arthritis, he knows well the challenge to regain one's mobility. He credits his full recovery to a positive attitude and dedication to exercise therapy. “It was a full year from the date of my accident – almost to the day – before I was back to work full-time. It's hard work.”

Fast-forward to the last Saturday in May 2009. Foster's annual golf tournament raised over \$1,600 for the Canadian Orthopaedic Foundation, with friends and family gathered to help Foster celebrate his mobility with some supper, a bit of golf, and the prairie sunshine. “This year, we had the largest-ever family contingent,” says Foster, with quiet pride. “My brothers and sisters come, nieces and nephews, and now the grand nieces and nephews.”

For over a decade, Foster has topped fundraising efforts for bone and joint health in his home province. The tournament is still going strong, and so is Foster's hip.

Even his surgeon, he says, is impressed. When his hip does ache occasionally, Foster finds relief through exercise, using his stationary bike in the winter months. He's also cautious about his weight, after having gained – and then having had to lose – over 30 lbs that bothered his hip. When asked how he lost the weight, he says with a smile in his voice, “Oh, I met a girl ...”

That girl, Linda Jervais, is now his partner. Not only is Foster grateful for her inspiration, but her help with the tournament, and for his family's help. “It's become a family reunion as well.”

After 12 years, Foster's tournament has raised over \$15,000, and through sharing his story, he raises the spirits of others with their own road to recovery ahead.



Build & Keep
Healthy Bones
Because You Can!

Injury Indecision

When bone and joint injuries happen, it's often unclear if medical attention is needed. Imagine an 8-year-old tumbles down a snow-hill then favors an elbow. A 40-year-old takes a shot to his leg while playing hockey, and skates it off. A 65-year-old twists an ankle on icy stairs, but insists it will be healed in no time. How do you know when to seek medical attention?

Dr. Peter O'Brien, who specializes in orthopaedic trauma in Vancouver, says people who suffer bone and joint injuries tend to either over-react or under-react.

Family doctors might have many patients who come in with what turn out to be minor injuries, treatable at home. Yet Dr. O'Brien routinely sees patients who have underplayed more severe injuries, waiting too long for treatment. "People want to believe that their injuries aren't very serious," says Dr. O'Brien.

The experts agree that while there are clues to the extent of an injury, the lay person can't always be sure. Gauging an injury is "exceptionally subjective", notes Dr. Kellie Leitch, a paediatric orthopaedic surgeon in Toronto. Head to the doctor or the family first aid kit? "Err on the side of caution," says Dr. Leitch "Get it checked."

Each injury in the scenarios above needs attention for maximal healing. Read on to learn how to spot serious injuries and get the right treatment in the right time.



Dr. Peter O'Brien

A bone you can never break

Your funny bone is actually your ulnar nerve, the nerve that runs between your brain and your fourth and fifth fingers, around the medial epicondyle of your humerus or upper arm bone.

Elbow Injuries in Children:

Researching Medial Epicondyle Fractures

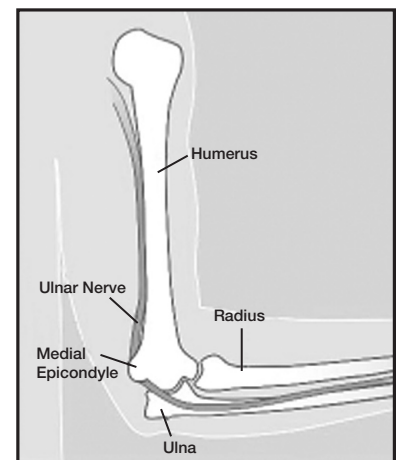
Elbow injuries can be complex, and elbow injuries in children – while very common – can be quite difficult to diagnose and treat. Drs. Carmen Brauer and Jeremy LaMothe of the Alberta Children's Hospital in Calgary are recent recipients of a Canadian Orthopaedic Foundation research grant for their look at the treatment of medial epicondyle fractures, a common elbow injury in children of an average age of ten years.

The medial epicondyle of the upper arm bone is the bump on the inside of the elbow. Common ways to injure it include falling onto an outstretched arm, arm wrestling or throwing a baseball. Symptoms include pain and swelling on the inside of the elbow and inability to fully move it. Long term effects may include long term pain, loss of range of motion, growth deformities and elbow instability.

Drs. Brauer and LaMothe are exploring the costs and benefits of treatment alternatives for these fractures – especially important in a time when healthcare resources are scarce. "Despite how common these injuries are, there is a lack of agreement among experts on how to treat them,"

says Dr. LaMothe. "Some experts are proponents of operating and some of not operating. Our review of the literature concludes that little evidence exists to help guide professionals in initial treatment and post injury rehabilitation, leading to the variation we see in management."

What's the future significance? Dr. Brauer explains, "We want to know what treatment delivers the best long-term results with the most efficient use of healthcare resources. We're now using published data to design a multi-center trial that could help to first define the true costs and outcomes of patients with medial epicondyle fractures, and then provide the evidence to guide future management."



Sprain or Strain?

Often, the difference between a sprain and a strain is also the difference between a trip to the doctor and management at home. Knowing what is a sprain and what is a strain helps to know what to do when injury happens.

Sprains

Sprains are stretches or tears of **ligaments**, the bands of tissue that connect bones to each other. Sprains, unless very mild, should be checked by a health care professional.

- How sprains happen: Sudden twisting, often in the ankle, knee or wrist.
- Signs of a sprain: Pain, swelling, bruising, and the loss of ability to move and use the joint. There are grades of sprains. Mild sprains are the overstretching or slight tearing of the ligaments, but the joint remains stable and functioning. Severe sprains tend to involve a complete tear or rupture of a ligament, making it impossible to bear weight (for example, to stand on an ankle or to lean on a palm due to a sprained wrist).
- What to do: Wrap the injured area with an elastic bandage, and put ice on it. See a health care professional for all sprains, unless very mild.
- Why professional care is important: Severe sprains, even those in which the ligaments are not torn, require care like physiotherapy for maximal healing. Not seeking treatment can mean higher risk for permanent joint instability, and could even necessitate an operation. Proper treatment early on can avoid long-term difficulties.



Strains

Strains are stretches, pulls (think of a “pulled muscle”), or tears of **muscles or tendons**. Muscles are made to stretch, but if stretched too far, or if stretched while contracting, a strain may result. Strains don't normally require medical attention.

- How strains happen: Strains are caused either by a specific trauma or injury (from a blow, or from improper lifting), or by prolonged, repetitive movements.
- Signs of a strain: Pain, muscle spasm and muscle weakness, localized swelling, cramping, or inflammation.
- What to do: You can usually treat muscle injuries at home, with protection from further injury, rest, compression (usually thought to be even more important than ice in the immediate minutes to hours after an injury) ice, elevation, and a pain reliever if you need it.
- When to seek professional care: If your strain does not improve within a few days, or worsens. It is important to know that muscle strains usually worsen over the first 48 hours than gradually start to feel better.

Assessing Injuries

The worst injuries are easy to spot because of their startling appearance. These include open wounds, with broken skin and exposed bone, or limbs or fingers that are “bent” where they shouldn’t be. In these cases, head to your nearest emergency room.

Other bone and joint injuries requiring medical attention may be less obvious. When assessing the urgency of care needed, pay attention to pain level, and the following:

- Does the limb look different? Note if it is no longer straight, or if it is shortened.
- Is there a loss of motion or strength? The degree of the loss is a good indicator of the injury’s severity. Note also if you are able to “bear weight” on the injured joint – to stand on an injured ankle or lean on an injured wrist.
- Is it swollen? A body part that becomes very swollen in a very short period is a sign of bleeding and inflammation at the injury site.
- Is it numb or unresponsive to effort? Neurological and circulatory symptoms include the inability to move a body part (not due to pain) or numbness or discoloration of the skin.

If the answer is “no” to the above questions, the injury likely does not warrant a trip to the emergency room. But be wary of changes. If it does not improve over 24-48 hours, or if it worsens, visit a doctor or walk-in clinic.

Still some injuries that require immediate care will slip through even the above assessment. For kids, be on the lookout if they can’t use their arm normally, especially if someone pulled on it. When a child can’t straighten the elbow or turn the palm up, it’s usually a sign of a partial dislocation of the elbow.

Remember that experts warn to err on the side of caution. If in doubt, get it checked!



What Can You Treat at Home?

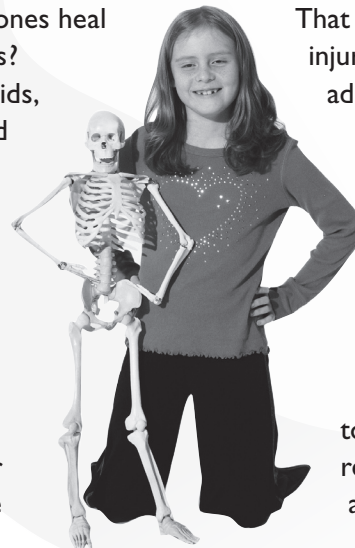
Among adult injuries that are treatable at home are those of mild to moderate pain with no deformities. These include strains (see “Sprain or Strain”); injuries to the lower extremities that do not affect walking; injuries that do not affect movement of the wrist, ankle, fingers and toes and have just minor swelling; and muscle bruises (i.e. a “charley horse”, the most common injury in contact sports and usually caused by a direct blow to the muscle). At home, treat minor sports injuries with P.R.I.C.E. – protection from further injury, rest, ice, compression, and elevation – for the first 24-48 hours.

Just for Kids
Did you know...



That children’s bones heal faster than adult’s?

Good news for kids, who won’t be laid up as long. But it also means that children with bone injuries should see a doctor as quickly as possible, so the bone gets proper treatment before it starts to heal.

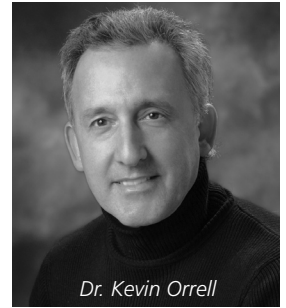


That there is one bone and joint injury that only children and not adults can suffer? It’s a growth plate fracture. This area of developing tissue near the ends of long bones helps to determine the mature bone’s length and shape. This is the last portion of the bone to harden, making it vulnerable to fractures – fractures that require immediate care to avoid long-term consequences.

Club206 Donors

Giving \$206 for their 206 bones

"We give special recognition to those motivated donors who gave at least one dollar for every bone in the body," says Foundation Chairman, Dr. Kevin Orrell of Sydney, Nova Scotia. "We are enormously grateful for their support, and for the support of all of our donors. You make our programs possible, and help keep Canadians on the move!"



Dr. Kevin Orrell

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OrthoLink is published three times a year to share practical tips and information about the Canadian Orthopaedic Foundation's programs with people interested in building and keeping their bone and joint health. Copies are distributed to donors, volunteers and individuals who have requested information about bone and joint health or the Foundation.



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