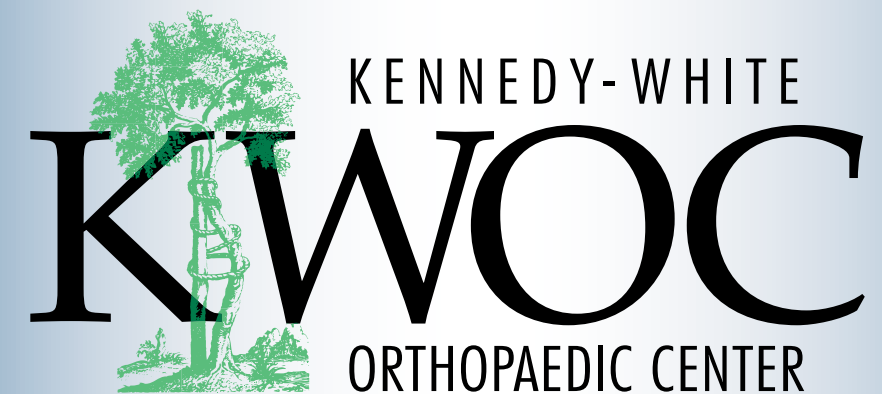
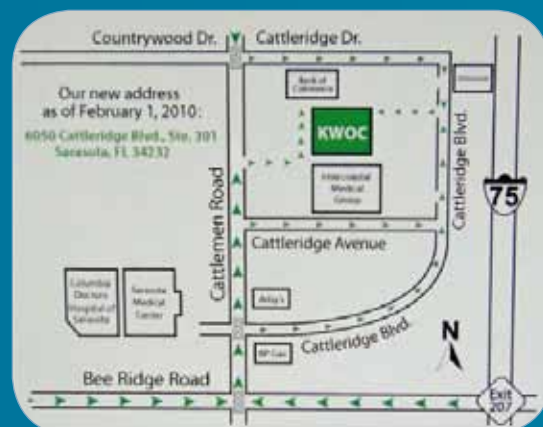


EXCEEDING EXPECTATIONS!



PATIENT CARE IS OUR HIGHEST PRIORITY



**Kennedy-White
Orthopaedic Center**

6050 Cattle Ridge Boulevard
Sarasota, FL 34232
East side off Cattleman Road
Half mile north of Bee Ridge Road
(Exit 207 off I-75)
(941) 365-0655
<http://www.kwoc.net>

OSTEOARTHRITIS

What is Osteoarthritis?

It is a disease of the joints and the most common type of arthritis. Typically the cartilage in joints start to breakdown, most commonly in the hips, knees, and spine, which are all weight bearing joints. In addition, the cartilage can begin to lose its elasticity, which can lead to more damage. In time the cartilage can wear away completely causing such pain with bones rubbing against bone.

Osteoarthritis symptoms most commonly affect the hands, hips, knees and spine. Unless you've been injured or placed unusual stress on a joint, it's uncommon for osteoarthritis symptoms to affect your jaw, shoulder, elbows, wrists or ankles. If you have osteoarthritis of the spine, you can experience pain in the neck or low back. This pain is caused by the bony spurs that form along the arthritic spine, which then irritate the spinal nerves.

Osteoarthritis symptoms most often develop slowly and become worse in time. Pain is the most common symptom in the affected joint.

WHAT CAUSES OSTEOARTHRITIS?

There are several factors that increase a person's chances of developing osteoarthritis. These include:

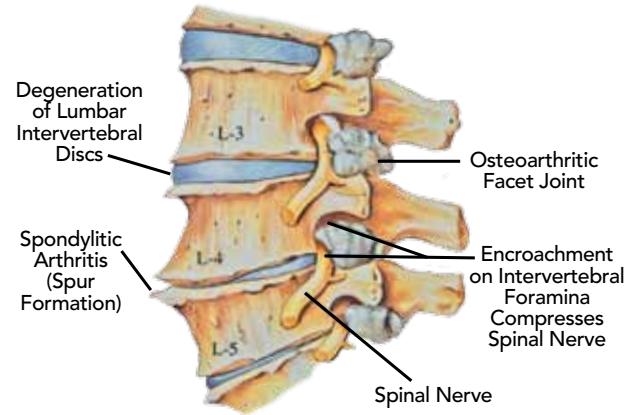
- Heredity
- Obesity
- Injury
- Joint Overuse



DID YOU KNOW?

It has been reported that nearly 21 million Americans are affected by Osteoarthritis. Developing the disease increases with age with more women than men developing after the age of 50.

Arthritis (Osteoarthritic and Spondylitic)



Usually joint pain is worse later in the day after repetitive use.

Other Signs and symptoms of osteoarthritis include:

- Tenderness in the joint
- Stiffness in a joint
- Loss of flexibility making it difficult to use the joint
- Grating sensation when you use the joint
- Bone spurs
- Swelling

Treatment can help to reduce pain and maintain joint movement. Medications and joint replacement surgery are key components of treatment for osteoarthritis, and your doctor will recommend the best treatment solution as they review your options.

Treatment options for severe osteoarthritis

- Prescription Pain Medications
- Cortisone Injections into the Joints
- Visco-supplementation Injections
- Surgery

When to consider surgery?

When osteoarthritis pain is not controlled with medications and other more conservative treatments, or when the pain prevents you from participating in your normal activities.



Solana Home Health Agency is a Medicare Certified Agency serving Sarasota County. We have a strong and committed staff dedicated to helping you.

Skilled Nursing...

Home healthcare nurses have an array of skills and experience. They provide a broad range of treatments, promote education, and extend emotional support to those who are recovering from illnesses and surgery. These nurses specialize in caring for individuals that are "homebound" for skilled care.

Our Nurses provide:

- Post Op Surgical Care
- Diabetic Teaching and Management
- Incision/Wound/Decubitus Care
- Cardiopulmonary Education
- Medication Management and Education



We Specialize in Goal Oriented Therapy...

Our knowledgeable therapists will work with you to create a specific rehab program designed with Independent Living Skills Training to achieve your goals and get you back to your active lifestyle.

- Physical Therapy
- Occupational Therapy
- Speech Therapy

The Difference We Made...

I want to share my story. I live up North and in Sarasota County as well. I would be considered a "snow bird." I was not planning on getting surgery in Florida until I met Dr. White, who came highly recommended from several people and other doctors. I had bone on bone and left knee pain for years. I found out I only needed a partial knee and was so comfortable with Dr. White's suggestion to have the surgery that I went ahead and scheduled it. The Home Care with Solana Home Health Agency exceeded my expectations. The therapist I had couldn't have been any kinder or more professional. The nurse I had from Solana was so understanding and very thorough. I recovered and went up North five weeks later and I would do it all over again without hesitation. I highly recommend Dr. White and Solana's Home Health Team. They have made a positive difference in my life.

Sincerely
Ginny Famolare
Burlington, Massaschutes

The Solana Team...

We are locally owned and operated by healthcare professionals who have a strong desire to improve the health and well being of our community.

Solana Home Health Agency
3564 Clark Rd., Sarasota, FL 34231
Office: (941) 926-7100
Fax: (941) 926-7110



HIPS

The Hip is a ball and socket joint that allows the leg to move in a variety of positions. The joint has a lining tissue called cartilage that is a lubricating cushion. This cartilage can be destroyed through wear and tear (osteoarthritis) over time causing pain and decline of movement.

HIP FRACTURES

A hip fracture is a break in the upper quarter of the femur (thigh) bone. The most common cause of fractures usually either from a direct insult to the hip or from a fall. Some medical conditions such as osteoporosis, cancer, or stress injuries can weaken the bone and make the hip more susceptible to breaking.

The symptoms that you might experience would be pain over the upper thigh or in the groin and there would be significant discomfort when flexing or rotating the hip. If there is a completely broken bone, the leg may even appear to be shorter.

Surgical treatment will be based on the type and severity of the fracture.

Total Hip Replacement

...gives new life to people with debilitating hip pain from arthritis.

According to Wikipedia..... Hip replacement is a surgical procedure in which the hip joint is replaced by a prosthetic implant. Hip replacement surgery can be performed as a total replacement or a hemi (half) replacement. Such joint replacement orthopaedic surgery generally is conducted to relieve arthritis pain or fix severe physical joint damage as part of hip fracture treatment. A total hip replacement (total hip arthroplasty) consists of replacing both the acetabulum and the femoral head while hemiarthroplasty generally only replaces the femoral head.

Anterior Supine Intermuscular (ASI) Hip Replacement

This minimally invasive surgical technique utilizes an incision at the front of the hip instead of the side or back of the hip. This approach allows surgeons the ability to directly reach the hip joint by going through the muscles that surround the hip joint.

This surgical approach reduces the trauma associated with the traditional approach of cutting the muscles and/or tendons. MIS allows patients the ability to return to their daily activities more quickly as well as experiencing less post-operative pain.

Recovery time varies with each individual, but most commonly a patient is hospitalized for only two to three days. Physical therapy will be initiated in the hospital and continue on an outpatient basis. This therapy helps to promote blood flow to the hip as well as help regain motion. There are some activity restrictions that will be reviewed by the physician and your physical therapist.

DID YOU KNOW?

Hip bursitis is often caused by standing or sitting on hard surfaces for long periods of time, causing pain, achiness, and swelling.

Revisions

According to a study by researchers at the Agency for Healthcare Quality and Research, and the Food and Drug Administration, about 200,000 total hip replacements, 100,000 partial hip replacements, and 36,000 revision (repeat) hip replacements were performed in the United States in 2003.

Researchers found that the most common reasons for hip revision include:

- implant dislocation
- implant loosening
- infection

With these findings it is believed that the actual design and construction of a prosthesis is not the only consideration. Surgical technique and the way the implant is placed can also be an issue and contributing factor. In addition, patients who do not follow their post-op instructions and restrictions have also contributed to the failing of an implant procedure.

DID YOU KNOW?

Our surgeons are the local experts in the revision of failed previous joint replacements that a patient may be experiencing increased pain and limited movement.

SOMETHING HERE

MRI uses a large magnet plus a computer to generate images of the body. It is excellent at showing soft tissues (tendons, ligaments, cartilage, muscles) and body fluids (blood, infections, spinal or joint fluid). MRI is commonly used by the orthopaedist because it provides the clearest picture of the inside of the body. In addition, it is very safe

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What is a Revision?

A Revision hip replacement surgery is a procedure to replace a worn out implant. These hip implants can wear out very slowly and are dependant on the type of materials the implant is made of. But, the problem does progress over the years. 10 years after a hip replacement, there is a 90% chance the implant will be functioning well. 20 years after surgery, the chance is about 80%. By 25-30 years after surgery, about 50% of hip replacements are still working well. Patients who wear out their prosthesis will require a revision hip replacement surgery.

Revision hip replacements are more complicated surgeries and it is best to find a surgeon that is skilled in this procedure.

KNEES

Whether you are an athlete with an injury or suffer from a debilitating condition, KWOC offers cutting edge treatments and new technological surgeries available to ensure your quality of life.

The knees are mobile joints that allow you to walk, climb, sit, and kneel. So essentially, your knees are essential for your every day living activities. When the knee becomes damaged from either an injury or specific conditions, such as osteoarthritis or inflammatory arthritis, you can start to experience pain, swelling and loss of movement.

A knee is a hinged joint that is made up of bone (femur, tibia, and patella), cartilage, ligaments, muscles, and tendons. When one or more of these parts are damaged your movement will be affected.



VISCOSUPPLEMENT INJECTIONS

In knees with osteoarthritis the synovial fluid in the joint can breakdown and not provide the cushioning that is needed for movement. Injections of a viscosupplement can be an option to replenish that fluid and allow for improving the mobility of the joint and relieving pain. There are several of these viscosupplements available today that your physician will explain and recommend what would be best for you.



Knee Replacement

According to the National Institutes of Health, "9 out of 10 patients who undergo a knee replacement have reported improved pain relief, knee function, and overall health-related quality of life."

Knee replacement Benefits include:

- Relief of joint pain
- Increases leg strength
- Improved joint motion with range of motion
- Improve your quality of life
- Provides years of easier movement and increased activities

You may need a total knee prosthesis, which replaces all the parts of the joint that rub together or a partial knee prosthesis, that replaces only the damaged section of the joint. The right or left side of the joint can be replaced.

The surgeon will remove the damaged bone surfaces and cartilage to allow for the implants to be inserted properly. The amount of bone will be determined by how much damage there is. The implants may be attached with the use of cement made especially for bone. Any ligaments that surround the knee may need to have adjustments to help with the knee function.

DID YOU KNOW?

Women and Men have different shaped knees and there are replacement implants made just for women.

The Anterior Cruciate Ligament (ACL)

The ACL is one of four ligaments in the knee. The ACL connects the thighbone or femur to the shinbone or tibia. It crisscrosses with the posterior Cruciate ligament (PCL) in the middle of the knee. The other two ligaments, the medial (MCL) and lateral (LCL) collateral ligaments run on the inside and outside of the knee joint respectively. A tear of the MCL or LCL is usually treated with a brace and the ligament heals satisfactorily.

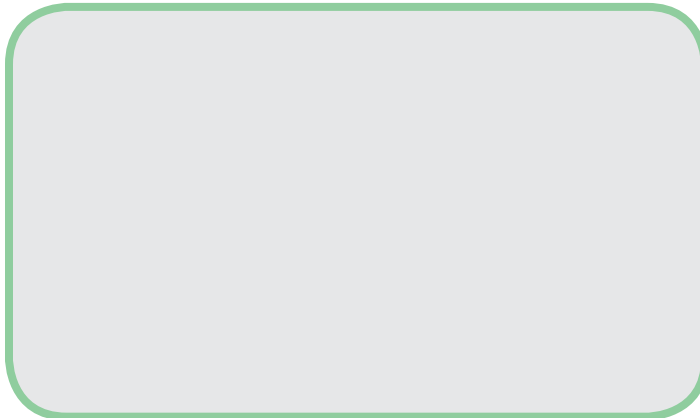
A complete tear of the ACL is often done from a twisting motion and a "pop" is heard or felt. The knee usually gives away with pain and swelling resulting. Unfortunately, once torn the ACL and PCL heal do not heal on their own. The most common type of surgery for these injuries is reconstruction.

Meniscal Allograft Reconstruction

Meniscal Allograft Reconstruction is a very advanced procedure used since 1992. This procedure is used when more than 80% of the knee meniscus has been removed from a young patient with no significant arthritis. The goal is to help prevent severe osteoarthritis from occurring within 10 to 20 years from the original surgery. The best results have been seen with people with no or little pre-existing wear in the knee. This is an outpatient procedure with general anesthesia required. The surgery is done arthroscopically with a 1-inch incision to get the meniscus into the knee joint. Crutches and a brace are used for 6 weeks. No cutting sports for 3 months.

WHAT IS ARTHROSCOPY?

Defined by AAOS.....Arthroscopy is a common surgical procedure in which a joint (arthro-) is viewed (-scopy) using a small camera. Arthroscopy gives doctors a clear view of the inside of the knee. This helps them diagnose and treat knee problems.



According to the American Orthopaedic Society for Sports Medicine, more than 4 million knee arthroscopies are performed worldwide each year.

Arthroscopy is done through small incisions. During the procedure, your orthopaedic surgeon inserts the arthroscope (a small camera instrument about the size of a pencil) into your knee joint. The arthroscope sends the image to a television monitor. On the monitor, your surgeon can see the structures of the knee in great detail.

Your surgeon can use arthroscopy to feel, repair or remove damaged tissue. To do this, small surgical instruments are inserted through other incisions around your knee.

Surgery

Once the ACL is torn it cannot be sewn back together. Thus the ligament must be replaced. There have been many studies done on the strength of various replacement tissues. The two most commonly used replacement tissues are a portion of the patient's patellar tendon or two of the

hamstring tendons. Using a patient's own tissue is called an "autograft". A donor tendon is sometimes used; this is called an "allograft". In the U.S. the most frequently used replacement is the patient's own middle 1/3 patellar tendon.

This outpatient surgery typically lasts about 1 to 1 1/2 hours. This will depend on any other damage in the knee that needs to be fixed such as meniscal tears. Recovery time will be one week to go back to school or a desk job. Crutches are used for 4 to 6 weeks and you will not be able to drive for a week. Manual laborers may take 3 months or more to return to work.

Rehabilitation

Rehabilitation is critical to the success of your surgery. The first six weeks require formal therapy, 3 times a week. The goal is to regain knee motion, at least 0-90 degrees, and control of the quadriceps muscle. Once motion is restored, you will work on regaining muscle strength and agility over the next 4 to 6 months. Therapy can often be tapered down over the ensuing months and you can often work out at a gym.

UPPER EXTREMITIES

Your hands, wrists, elbows and shoulders are essential tools that allow you to work, play and perform everyday activities. In fact, how well the hands, wrists arms and shoulders interact depends upon the integrity and function of the related ligaments, tendons, muscles, joints and bones. Problems in any of these can affect upper extremity function - from the fingertips to the shoulder blades - causing major disruptions at home and at work and negatively impacting quality of life.

If you are among the millions of Americans experiencing hand and upper extremity problems each year, finding expert care is all-important. Whether your condition is due to arthritis, carpal tunnel syndrome, a sports injury, an accident, a work-related injury or a congenital disorder, you can feel confident choosing KWOC.

Repetitive Motion Injuries Overview

Repetitive motion injuries are among the most common injuries in the United States. All of these disorders are made worse by the repetitive actions of daily living.

Repetitive motion injuries make up over 50% of all athletic-related injuries seen by doctors and result in huge losses in terms of cost to the workforce. Simple everyday actions, such as throwing a ball, scrubbing a floor, or jogging, can lead to this condition.

The most common types of repetitive motion injuries are tendinitis and bursitis. These 2 disorders are difficult to differentiate and many times may coexist.

Tendinitis is an inflammation of the tendon. (Whenever you see “-itis” at the end of a word, think “in-



flammation.”) Tendinitis: The most common symptom associated with tendinitis is pain over the site involved. Tendinitis is made worse by active motion of the inflamed tendon. The skin overlying the inflamed tendon may be red and warm to the touch.

Common sites of tendinitis include the shoulder, the biceps, and the elbow (such as tennis elbow).

Bursae are small pouches or sacs that are found over areas where friction may develop and serve to cushion or lubricate the area between tendon and bone.

Bursitis is inflammation of a bursa sac. Bursitis: Common symptoms include pain, tenderness, and decreased range of motion over affected area. Redness, swelling, and a crunchy feeling when the joint is moved (crepitus) may also be found

Sports-Related Injuries

Tennis elbow, rotator cuff injury, heel injuries, lower back problems, and frequent knee pain because of the many sports based on running – all of these injuries impact the careers of professional athletes and cause discomfort for “Weekend Warriors” as well.

Rotator Cuff Tear

The rotator cuff is the network of four muscles and several tendons that form a covering around the top of the upper arm bone (humerus). These muscles form a cover around the head of the humerus. The rotator cuff holds the humerus in place in the shoulder joint and enables the arm to rotate. Rotator cuff tear is a common cause of pain and disability among adults. The rotator cuff can be torn from a single traumatic injury. Patients often report recurrent shoulder pain for several months and a specific injury that triggered the onset of the pain. A cuff tear may also happen at the same time as another injury to the shoulder, such as a fracture or dislocation. Most tears, however, are the result of overuse of these muscles and tendons over a period of years. People who are especially at risk for overuse are those who engage in repetitive overhead motions. These include participants in sports such as baseball, tennis, weight lifting, and rowing. Rotator cuff tears are most common in people who are over the age of 40. Younger people tend to have rotator cuff tears following acute trauma or repetitive overhead work or sports activity. Rotator cuff tear may often happen as a result of wear and tear.

Diagnosis of a rotator cuff tear is based on the symptoms and physical examination. X-rays, and imaging studies, such as MRI magnetic resonance imaging) or ultrasound, are also helpful.

SHOULDER IMPINGEMENT

Impingement is one of the most common causes of pain in the adult shoulder. It results from pressure on the rotator cuff from part of the shoulder blade (scapula) as the arm is lifted. The rotator cuff is a tendon linking four muscles: the supraspinatus, the infraspinatus, the subscapularis, and the teres minor. These muscles cover the “ball” of the shoulder (head of the humerus). The muscles work together to lift and rotate the shoulder. The acromion is the front edge of the shoulder blade. It sits over and in front of the humeral head. As the arm is lifted, the acromion rubs, or “impinges” on, the surface of the rotator cuff. This causes pain and limits movement.

Impingement is common in both young athletes and middle-aged people. Young athletes who use their arms overhead for swimming, baseball, and tennis are particularly vulnerable. Those who do repetitive lifting or overhead activities using the arm, such as paper hanging, construction, or painting are also susceptible. Pain may also develop as the result of minor trauma or spontaneously with no apparent cause. Impingement commonly

Some of the signs of a rotator cuff tear include:

- Atrophy or thinning of the muscles about the shoulder
- Pain when lifting the arm
- Pain when lowering the arm from a fully raised position
- Weakness when lifting or rotating the arm
- Crepitus or crackling sensation when moving the shoulder in certain positions

Surgical Approach

• ARTHROSCOPIC REPAIR.

A fiberoptic scope and small, pencil-sized instruments are inserted through small incisions instead of a large incision. The arthroscope is connected to a television monitor and the surgeon can perform the repair under video control.

• MINI-OPEN REPAIR.

Newer techniques and instruments allow surgeons to perform a complete rotator cuff repair through a small incision, typically 4 cm to 6 cm.

• OPEN SURGICAL REPAIR.

Traditional with larger incision for large tears, reconstruction or complex surgeries.



causes local swelling and tenderness in the front of the shoulder. There may be pain and stiffness when the arm is lifted. There may also be pain when the arm is lowered from an elevated position. As the problem progresses, there may be pain at night. Strength and motion may be lost. It may be difficult to do activities that place the arm behind the back, such as buttoning or zipping. In advanced cases, loss of motion may progress to a “frozen shoulder.” In acute bursitis, the shoulder may be severely tender. All movement may be limited and painful.

SHOULDER REPLACEMENT

Shoulder replacement is less common than hip and knee replacement, but can also be very successful at relieving your pain. There are different versions of shoulder replacement surgeries and your surgeon will recommend the best option for you. If you have severe arthritis in your shoulder, and you live in daily pain caused by even the simplest of daily activities, you owe it to yourself to make an appointment with one of our surgeons to talk about shoulder replacement.

DID YOU KNOW?

We have a certified hand therapist on staff as part of our commitment in obtaining exceptional results with our patients who have hand, arm and shoulder pain.

UPPER EXTREMITIES

Why Visit a Hand Surgeon?

The hand is a unique area of the human body that is made up of bone, joints, ligaments, tendons, muscles, nerves, skin, and blood vessels. These elements must all be in good working order for the hand to function well. The relationship between all these structures is delicate and refined. An injury or disease can affect any or all of these structures and impair the use of the hand.

Dr Klein, a qualified hand surgeon is trained to diagnose and treat all problems related to these different structures in the hand, wrist, and forearm.



ANATOMY OF THE HAND...

The hand is composed of many different bones, muscles, and ligaments that allow for a large amount of movement and dexterity. There are three major types of bones in the hand itself, including the following:

PHALANGES. The 14 bones that are found in the fingers of each hand and also in the toes of each foot. Each finger has three phalanges (the distal, middle, and proximal); the thumb only has two.

METACARPAL BONES. The five bones that compose the middle part of the hand.

CARPAL BONES. The eight bones that create the wrist. The carpal bones are connected to two bones of the arm, the ulnar bone and the radius bone.

Numerous muscles, ligaments, and sheaths can be found within the hand. The muscles are the structures that can contract, allowing movement of the bones in the hand. The ligaments are fibrous tissues that help bind together the joints in the hand. The sheaths are tubular structures that surround part of the fingers.

Dupuytren's Contracture

This disorder presents on the palm side of the hand with thickened tissue that looks like scar-tissue extending into the fingers. Restriction in motion occurs with the fingers being pulled toward the palm resulting in a contracture

Surgery is the only treatment in which the thickened tissue will be cut and separated, freeing the tendons and allowing better finger movement. The operation takes careful mastery and precision to free the nerves that are often bound up in the abnormal. Results vary depending on the severity but significant improvement is seen after extensive physical therapy

DID YOU KNOW?

KWOC has a certified hand therapist especially for our patients requiring physical therapy with the hand and wrist. Therapy of the hand may include exercise, heat, massage, splinting, traction, bandaging, or even nerve stimulation.

Tennis Elbow

This is an inflammation of the muscles that lift the wrist and hand and pain develops. The pain is usually more noticeable during or after strenuous activity. If the inflammation becomes severe, pain may be felt even when lifting or grasping lightweight items.

Repetitive use of the arm or an injury may cause stress or damage to the muscle attachment, resulting in symptoms. Many people who are involved in activities that use the palm in a downward position to lift may ultimately develop tennis elbow.

Signs & Symptoms

- Pain on the outside of elbow
- Tender to touch sensitive when you try to grip something
- Difficult to move the arm

Surgery is an option when conservative treatments fail. Recovery from surgery includes physical therapy to regain motion of the arm and a strengthening program to return to prior activities. Recovery can be expected to take 3-6 months.

CARPAL TUNNEL SYNDROME OVERVIEW

Carpal tunnel syndrome is a disease of the hand characterized by numbness, tingling, pain, and weakness. The disease typically affects the thumb, index, and middle fingers and is often particularly troublesome at night. A major nerve, specifically the median nerve, travels down the arm and enters the hand through the carpal tunnel, which is located in the central part of the wrist.

Surgical treatment, **Fasciotomy**, is done to release the tension on the nerve by transecting the overlying ligament either by a traditional open incision or endoscopic. In general you may expect to return to full activities in 3 to 4 weeks.

Trigger Finger

Usually, snapping and clicking in the fingers relates to a condition we call trigger fingers. Normally the tendons that bend the fingers pass through a tunnel that holds them attached to the finger bones. If the tendons form lumps that catch as they pass.

Treatment of these clicking fingers involves either cortisone injections or surgery. When cortisone is injected around the tendon, it can cause the lump in the tendon to become smaller, at least temporarily, which alleviates the symptoms. Should this treatment fail, trigger finger release surgery, which enlarges the narrow part of the tunnel, is indicated. This allows the lump to pass freely back and forth through the narrow area, resulting in normal motion.

TENDON REPAIRS

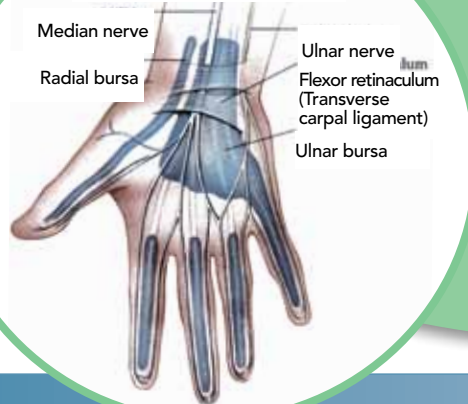
- **PROXIMAL BICEPS RUPTURE** involves a complete tear of the main tendon that attaches the top of the biceps muscle to the shoulder. It happens most often in older people and is usually due to years of wear and tear on the shoulder
- **FLEXOR TENDONS** help with the bending or flexing of the fingers and are cord-like extensions, which connect the muscles to bone. Deep cuts on the palm side of the wrist, hand, or fingers can injure the flexor tendons and nearby nerves and blood vessels.
- **EXTENSOR TENDON** laceration injuries are usually treated by stitching the tendon ends together. Splinting for a tendon injury in this area may include the wrist and part of the finger.

Nerve Repairs

There are three main nerves that innervate the hand, including the ulnar nerve, the median nerve, and the radial nerve. Damage to these nerves from injury may result in decreased ability to move the hand and experience feeling. Some nerve injuries may heal on their own, while others require surgery.

If severed, the nerve may be repaired by reattaching it directly to the other end of the nerve, or by using a nerve graft (inserting nerves from other areas of the body in place of the damaged nerve), or a nerve conduit (hollow tube), to repair the damaged section

Carpal Tunnel Syndrome



Doctor's Choice Home Care, Inc.

WHAT IS HOME HEALTH?

Home health is a physician-ordered service designed to enable patients to maximize their ability to function safely at home by teaching patients and their caregivers how to provide effective, appropriate care. Symptom and disease management, medication management, mobility, home safety issues and a wide range of education are among the many needs covered.

Our Organization Provides:



- **SKILLED NURSING**
 - Psychiatric Nursing
 - IV Therapy
 - Wound Care



- **PHYSICAL THERAPY**
- **OCCUPATIONAL THERAPY**
- **SPEECH LANGUAGE PATHOLOGY**

Physical therapists provide care to people of all ages and who have functional problems resulting from fractures, back and neck injuries, sprains/strains, arthritis, burns, amputations, stroke, multiple sclerosis, and injuries that are related to work and sports. Physical therapists will evaluate and then diagnose any movement dysfunction and then develop a treatment plan with interventions to treat.

These interventions may include:

- therapeutic exercise
- functional training
- manual therapy techniques
- assistive and adaptive devices and equipment
- physical agents and electrotherapeutic modalities

Occupational therapists generally help clients to perform all types of activities that are part of their daily living.....from using a computer to caring

for daily needs such as dressing, cooking, and eating. Certain exercises may be used to increase strength and dexterity, while other activities may be chosen to improve visual acuity or the ability to discern patterns. Commonly occupational therapists treat individuals whose ability to function in a work environment has been impaired and they may:

- arrange employment
- evaluate the work space
- plan work activities, and help to modify the work environment

- **HOME HEALTH AIDES**
Aides commonly provide routine, personal healthcare, such as bathing, dressing, or grooming, to elderly, convalescent, or disabled persons in the home of patients.



• MEDICAL SOCIAL WORK

As defined per Wikipedia – “Medical social workers assess the psychosocial functioning of patients and families and intervene as necessary. Interventions may include connecting patients and families to necessary resources and supports in the community; providing psychotherapy, supportive counseling, or grief counseling; or helping a patient to expand and strengthen their network of social supports.”



• PATIENT EDUCATION

Doctor's Choice Home Care is dedicated to the promotion and provision of education for patients, their families, our staff and the community.

DOCTOR'S CHOICE HOME CARE...

...works with the physicians at Kennedy White Orthopedics in providing:

- Continuity of care with one nurse following a patient
- A web-based documentation system that allows working closely with the physicians in communicating a patient's progress.
- 24 hours a day availability
- Variety of services with a special program designed just for the post operative care you need after your surgery.



A Medicare and Joint Commission Accredited Home Health Agency

When are services appropriate?

Home health care is specifically designated to deal with acute changes in a patient's physical and/or mental condition. These changes can relate to a worsening of a long standing illness, a new diagnosis or a need for post operative care and education. These changes can be physical and/or mental in nature.

Our staff provides care in the home that assists patients with maximizing their well being. We respect the patient's individual rights and actively support, promote and encourage their participation in healthcare choices. We provide a patient-centered multi-disciplinary approach to develop an individualized plan of care that, with patient and family participation, enhances positive patient outcomes.



Doctor's Choice
HOME CARE, INC.

A HOME HEALTH CARE PROVIDER

Sarasota 941-925-5900 • Englewood 941-474-5911
Bradenton 941-727-4100 • Port Charlotte 941-235-1202
www.doctorschoicefl.com

ALL ABOUT THE SPINE

Low back pain is one of the most prevalent noted complaints. The range of complexity and severity of conditions and ailments is broad. Causes of low back pain that may require surgery include:

DEGENERATIVE DISC DISEASE

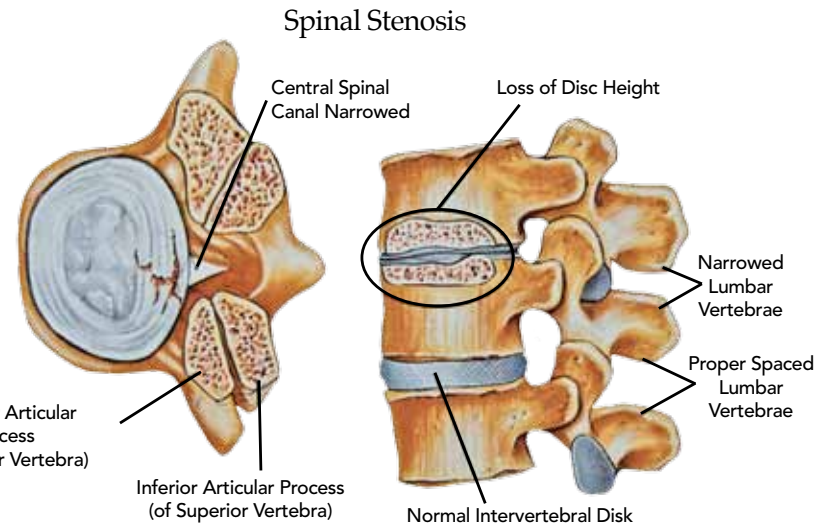
DDD can cause discs to lose height and become stiff. When disc height is lost, nerve impingement, bone and joint inflammation, and resultant pain can occur. Disc degeneration causes loss of the joint space, similar to arthritis pain and inflammation.

HERNIATED DISC

A herniated disc occurs when the disc's outer band cracks or breaks open. The gel-like interior leaks out causing a herniated disc. The disc material may place pressure (compress) on nearby nerve roots or the spinal cord. Additionally, nuclear material releases chemical irritants causing nerve inflammation and pain.

SPINAL STENOSIS

Spinal stenosis occurs when the spinal canal narrows and pinches the spinal cord and/or nerves resulting in pain and/or loss of sensation. This can happen in the neck (cervical area), thoracic, or lumbar back. Symptoms may include pain, numbness, or weakness, most often in the legs, feet, and buttocks. These



symptoms usually get worse when you walk, stand straight, or lean backward and can improve when you sit down or lean forward. Common causes include osteoarthritis, degenerative disc disease, bone spurs and less commonly acute injury or congenital.

SPONDYLOLISTHESIS

Spondylolysis, spinal osteoarthritis, is a degenerative spinal disorder that may cause loss of normal spinal structure and function. Spondylolisthesis occurs when the vertebra slips over the vertebra just below it due to the degeneration. If too much slippage occurs, the bones may begin to press on nerves and surgery may be necessary to correct the condition.

Surgical Options

If surgery is the choice of treatment determined by you and one of the extraordinary physicians at KWOC these are the primary goals:

1. Decompress spinal nerves (relieve pressure)
2. Stabilize the spine to prevent slip progression and nerve compression
3. Correct deformity and restore spinal alignment

Minimally Invasive Surgery as an Option

This cutting-edge technology is a surgical option to treat certain spinal conditions without causing undue injury to the surrounding soft tissues. The objective is to utilize techniques and instruments with the smallest of incisions being made. Benefits include:

- Less post-operative pain
- Quicker recovery
- Reduced blood loss
- Less soft tissue damage
- Smaller surgical incisions
- Less scarring

Transforaminal Lumbar Fusion (TLIF) or Posterior Lumbar Interbody Fusion (PLIF)

is done via the posterior back approach. The spinal vertebrae are stabilized with a fusion that may or may not include hardware (plates and screws). In fusing the vertebrae this helps to eliminate any movement between the bones and reduce pain and nerve irritation.

Anterior Lumbar Interbody Fusion (ALIF)

is done through the abdomen to gain access to the spine and disc. This surgery often uses fusion and the use of instrumentation to gain spinal stability.

Lateral Lumbar Interbody Fusion (LLIF)

provides access to the spine through the side of the body to avoid the major muscles of the back and considered a minimally-invasive procedure. An important aspect of this surgical procedure is the use of neuromonitoring, the testing of the nerves during surgery to make sure that they are not harmed or irritated during the process.

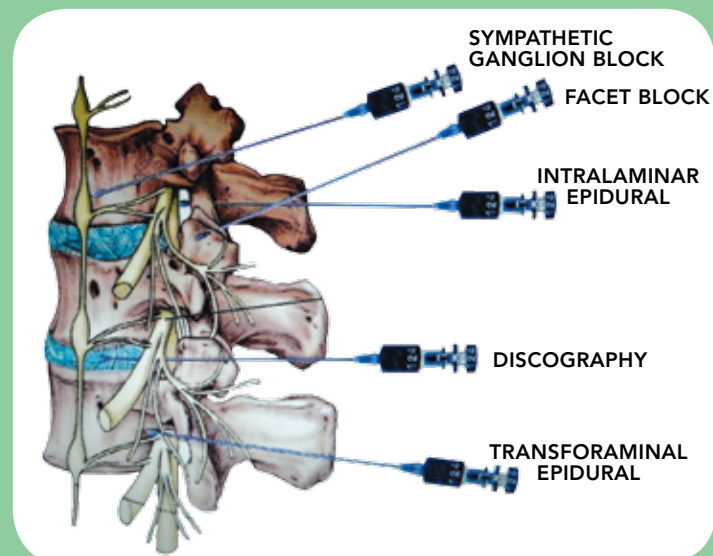
THE BASIC FUSION

Spinal fusion is the process of welding two or more of your vertebrae together so that motion is limited or removed in that specific area. This is usually done in small segments so that some motion of your spine is maintained. It can either be done as a Posterolateral fusion (between the transverse processes in the back of spine) or Interbody fusion (between the vertebra disc space).



EPIDURAL INJECTIONS

In the spinal canal, there is a space between the dura and surrounding bone structures called the epidural space. Epidural injections deliver medications such as steroids or anesthetics into this space to help relieve back, leg, neck, or arm pain. This medication should reduce pain, tingling and numbness and other symptoms caused by nerve inflammation/irritation or swelling. Spinal nerve irritation can be caused by a variety of reasons such as sciatica, herniated discs or spinal stenosis. Elective epidural injections are best performed under fluoroscopic guidance using contrast medium to ensure proper needle and medication placement.



Laminectomy

This goal of this surgical procedure is to relieve pressure on the spinal cord or nerves by removing the lamina in the spinal canal and is known as "decompression surgery." It is more commonly performed on the lumbar spine and can include fusing vertebrae.



Microsurgical Discectomy

Microsurgical Discectomy is a procedure where a tubular device is inserted through a very small incision to visualize the vertebrae, generally with a microscope. The portion of the disc herniated is removed to allow room for the nerve to resume its normal position.

ABOUT FOOT AND ANKLE

Peroneal Tendon Injury

Two tendons behind the outside bone of the ankle (the fibula) and help to balance the ankle and foot. These tears can lead to swelling, pain and a sense of instability. Surgical repair should be done to prevent future tearing of the tendons.

NEUROMA

A neuroma is simply swelling of the nerve as a result of pressure from a ligament. Treatment goal is to decrease the inflammation and pressure on the nerve. If conservative treatments fail then surgery is indicated with removal of the nerve.

Acute Achilles Tendon Rupture

This common condition typically occurs in the unconditioned individual while playing sports, or perhaps, from tripping. The muscle is contracted and the tendon tears with a sudden onset of pain. The sensation can be described as someone or something has hit the back of the calf muscle.

Achilles Tendinosis (Degenerative Tendinopathy)

It is a chronic condition associated with gradual degeneration of the Achilles tendon with small, multiple microscopic tears of the tendon occurring. This condition usually occurs in patients who are between 35 and 45, and who are not necessarily athletic. The tendon is swollen and visibly thickened and the leg is painful.

PLANTAR FASCITIS

The most common heel problems are caused by strain of the plantar fascia, which extends from the heel to the toes. Strain in this tissue can become very painful, especially with the first steps of the day. If conservative measures do not alleviate the symptoms, surgical release with the plantar fascia ligament partially cut to relieve tension in the tissue is done. If you have a large bone spur, it will be removed, as well.

Ankle Surgeries

ARTHROSCOPIC DEBRIDEMENT
Arthroscopic surgery may be helpful in the early stages of arthritis. Instruments through a small camera tube are used to clean the joint area of any foreign tissue or bony outgrowths (spurs).

ANKLE FUSION (ARTHRODESIS)
This surgical procedure fuses the ankle joint completely so that there is no further upward movement is present, but a limited amount of downward movement is possible. An ankle fusion option is best for certain selected individuals who are not good candidates for a total ankle replacement. If there is bone loss then a bone graft may be indicated, which is taken from one of the lower leg bones.

ANKLE REPLACEMENT (ARTHROPLASTY)
Ankle replacement has been a successful option for patients for the past ten years. The damaged ankle joint is replaced with an artificial implant. The main advantage of total ankle replacement vs arthrodesis is that it allows for some freedom of movement in the ankle.

Recommended for patients with:

- Advanced arthritis of the ankle
- Destroyed ankle joint surfaces
- An ankle condition that inhibits daily activities

The Inn at Sarasota Bay Club

A PREMIER HEALTHCARE AND NURSING FACILITY SPECIALIZING IN REHABILITATIVE, RESTORATIVE AND RESPITE SERVICES

The Inn offers luxury accommodations with treatment programs for in-patient and out-patient therapy; geared to our community and the residents at Sarasota Bay Club. Our team of clinical professionals provide first class healthcare inspired to elevate the quality of life by treating patients with Physical, Occupational and Speech-Language Therapy, as well as other rehabilitative services following an accident or illness.



Physical Therapists provide therapy to patients who have experienced orthopedic, neuromuscular and/or musculoskeletal dysfunctions.

Physical therapy helps to restore independence, decrease pain and improve strength, endurance, balance, flexibility, and range of motion. This can include:

- Recovering from hip, knee or shoulder surgery
- Experiencing weakness, acute or chronic pain resulting from illness or accidents



Occupational therapy assists to increase independence in daily living skills, such as dressing, bathing, and eating.

Treatment programs include upper extremity treatment to improve range of motion, coordination, and strength; visual/perceptual/cognitive skills; activities of daily living training; developmental therapy and sensory integration; fabrication of orthotic devices and splints; hand rehabilitation and accessibility and adaptations of home environment.

- Our Occupational Therapists provide patients with:**
- Retraining in tasks of daily living
 - Custom made splints and positioning devices for proper alignment and body mechanics
 - The opportunity to resume involvement in work, the community and social groups
 - Certified hand therapy



Our Therapists will accompany you to your follow-up surgeon appointments. We offer home evaluation with our therapists prior to graduation to ensure your home is ready for your arrival.

