



**THE ORTHOPAEDIC CENTER**  
OF SOUTHWEST FLORIDA, PLLC

*Put your hands in ours.*

— Christopher R. Sforzo, M.D.

**LOCATIONS:**

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## ABOUT THE ORTHOPAEDIC CENTER...

The Orthopaedic Center of Southwest Florida was founded in February 2006 by Dr. Sforzo. It was started under the premise of providing state-of-the-art medical care to his patients in a comfortable and nurturing environment. The staff at The Orthopaedic Center prides itself on availability, customer service, and excellent patient care.

**Christopher R. Sforzo, M.D.** is a board-certified orthopaedic surgeon, fellowship-trained in hand and upper extremity surgery. That is, his expertise is in the treatment of problems involving the shoulder, arm, elbow, forearm, wrist, and hand. However, Dr. Sforzo also treats all orthopaedic problems, including those dealing with the hip, knee, and ankle.

Dr. Sforzo began his education at the University of Notre Dame where he graduated Cum Laude with a Bachelor of Science degree. At Notre Dame he also was a monogram letterman in lacrosse. He then went on to Loyola University Chicago Stritch School of Medicine where he graduated with honors and gained entrance into Alpha Omega Alpha

(AOA), the national medical school honor society. Dr. Sforzo then honed his orthopaedic skill as a resident in orthopaedic surgery at Shands Hospital at the University of Florida, and stayed in Gainesville to complete his Hand and Microsurgery Fellowship training under the tutelage of Dr. Paul Dell, Dr. Larry Chidgey, and Dr. Tom Wright, all of whom he owes a great deal of thanks for their continued unparalleled teaching skills and guidance.

Dr. Sforzo is originally from Long Island, NY, whereby most of his family still resides. He came to Sarasota/Bradenton in 2004 with his wife, Terri, and his two children, Sydney and Ryan. His wife Terri is a St. Stephens High School graduate and All-American tennis player at the then Nick Bollettieri Tennis Academy (now known as IMG Academies). Terri graduated from the University of Notre Dame with a bachelor's degree in business, and then graduated Magna Cum Laude earning her MBA from ND's Mendoza School of Business. Sydney is a student and budding tennis player and pianist at the Out-of-Door Academy and Ryan is a baseball/ice hockey/soccer player and pre-schooler at ODA as well.

available on-site are splinting and casting capabilities as well as other bracing.

Dr. Sforzo has medical appointments and admitting privileges at many local medical facilities, including Sarasota Memorial Hospital, Doctors Hospital of Sarasota, Lakewood Ranch Medical Center, IMG (Intercoastal Medical Group) Ambulatory Surgical Center, GulfCoast Medical Center, and Doctors Same-Day Surgical Center.

## SPECIALTIES...

Dr. Sforzo specializes in surgical and non-surgical treatment of the following:

- Carpal tunnel syndrome
- Hand, wrist, elbow, and shoulder arthritis
- Hand, wrist, elbow, and shoulder (arm) fractures
- Hand to shoulder "lumps and bumps"
- Tendonitis
- Rotator cuff disease/rotator cuff tears
- Tennis elbow/golfer's elbow
- Cut hand tendons (flexor and extensor tendon lacerations)
- Cubital tunnel syndrome (ulnar nerve compression)
- Wrist pain

Dr. Sforzo performs the following specialty and fellowship-trained procedures:

- Endoscopic carpal tunnel release
- Arthroscopic rotator cuff repair
- Hand arthritis surgery
- Hand joint replacement and reconstruction
- Total shoulder replacement
- Total elbow replacement
- Total wrist replacement
- Wrist arthroscopy
- Hand fracture repair
- Volar plating of distal radius fracture



## Know the facts

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.

## 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.

## Our facilities

This Orthopaedic Center was carefully and painstakingly laid out to best meet patient needs. Every amenity was diligently crafted to make your visit a pleasant one. Our facility has the state-of-the-art in digital x-ray, which allows Dr. Sforzo to best diagnose and treat problems efficiently and effectively. With computer work-stations in every exam room, Dr. Sforzo is able to review your x-rays and explain your diagnosis and treatment options during your appointment. In addition,



## SPORTS AND HUMAN PERFORMANCE...

Whether it is the student athletes or the elite level professionals, Dr Sforzo treats these athletes to minimize the impact of injuries that can compromise their performance.



Dr. Sforzo is also a special consultant for the **IMG Academies**, a world-class training facility located in Bradenton, Florida. IMG Academies trains and rehabilitates hundreds of professional, collegiate, and high school athletes each year, including tennis greats Maria Sharapova, Martina Hingis, Serena and Venus Williams, Jim Courier, Andre Agassi, and Pete Sampras.

Professional dancers, musicians and other performing artists place huge demands on their musculoskeletal systems with repetitive stress injuries and overuse injuries that can be debilitating and thus affect their career.



Dr. Sforzo is the official orthopaedic surgeon and hand surgeon to the **Florida West Coast Symphony**, who are based right here in Sarasota, Florida. He is honored to be involved in the healthcare and well-being of such talented world-class musicians and looks forward to a long and lasting partnership.

## Know the facts

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 shoulders causing major disruptions at home and at work and negatively impacting quality of life.



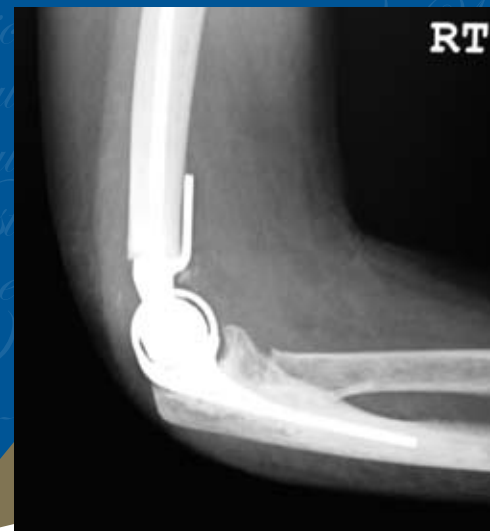
## MAKING APPOINTMENTS...

**Please contact us for an office appointment, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.** We do our best to keep our appointment schedule. Please understand that not all patients require the same amount of time, and the next emergency that delays the physician's schedule may be your own. Some delays are unavoidable in a surgeon's office, so we appreciate your patience and understanding. During week-day office hours, we are able to accommodate a certain number of "same day," or urgent care, patients, so call us first before going to the emergency room.

**If you are a new patient, please arrive at least 15 minutes early in order to facilitate the registration process.** All new patients will be asked for basic information to establish your medical record and business account. All patients with insurance should bring their insurance cards and other pertinent policy information to every visit for benefits verification before services are rendered. Minors must be accompanied by a parent or guardian.

**Please advise our appointments staff of any prior treatment, surgery, x-rays, MRI's, or electrodiagnostic (EMG) testing that you have had related to your current orthopaedic problem(s).** If you are taking any medicine(s), herbs, vitamins, or other non-prescription medicines, it would be helpful to bring a written list of them, with dosages. A list of known allergies of any kind along with the type of adverse reaction(s) is also important for your safety. We are particularly interested in any of your prescribed medicines that are blood thinners or suppress your immune system.

**Please write down questions that you would like answered before your visit** with the most important ones first, and we encourage you to bring a trusted relative or friend with you to help you ask questions—especially if they will be medically assisting you in any way. Written instructions and drawings will likely be used and/or given to you pertaining to your condition—please advise us if you do not understand what is told or shown to you.



## When do you need to call your doctor about your pain?

If you are unsure of the cause of your pain, or if you do not know the specific treatment recommendations for your condition, you should seek medical attention. Treatment of these conditions must be directed at the specific cause of your problem. Some signs that you should be seen by a doctor include:

- Inability to carry objects or use the arm
- Injury that causes deformity of the joint
- Wrist, hand, elbow and shoulder pain that occurs at night or while resting
- Pain that persists beyond a few days
- Inability to straighten or flex the joint
- Swelling or significant bruising around the joint or forearm
- Signs of an infection, including fever, redness, warmth

## BRACING AND CASTING...

The Orthopaedic Center offices are fully stocked with all of the needed bracing and splinting equipment—multiple types of every size to fit your needs, from wrist splints to a walking boot or a shoulder sling.

Dr. Sforzo and his team also utilize their skills in applying all of the necessary casting materials in the office in the fully-stocked cast room/procedure room. Multiple colors are available of different sizes. We remove all casts as well.

## X-RAY/RADIOLOGY...

Dr. Sforzo has invested in your health! The latest in x-ray technology can be found at The Orthopaedic Center...introducing IQue CR, the World's First Self-Learning Computed Radiography System. IQue CR is an intelligent, simple to use computed radiography system that combines the latest in systems intelligence with a proven, high-capacity plate reader.

**Automatic Exam View Recognition.** Allows for immediate image download to the exam room for review; recognizes the body part and automatically applies the correct image processing parameters. The result is excellent image quality, every time.



## Office visit exam

Your physician will need to know your age, hand preference, occupation, and any history of other problems with the affected extremity. For injuries, your physician may also need to know what type of trauma occurred, when and where the trauma occurred, and other circumstances about the trauma (i.e., was it work related, with a contaminated piece of machinery or chemical).



## DIAGNOSING UPPER EXTREMITY CONDITIONS...

In some cases, a diagnosis can be made simply based on a physical examination. However, the following tests may also be used to help confirm the diagnosis, or the extent of the problem:

- **X-ray.** A diagnostic test which uses invisible electromagnetic energy beams to produce images of internal tissues, bones, and organs onto film.
- **Magnetic resonance imaging (MRI).** A diagnostic procedure that uses a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body; allows for visualization of the tendons, ligaments, vessels, and nerves in the hand.
- **Computed tomography scan (also called a CT or CAT scan).** A diagnostic imaging procedure that uses a combination of x-rays and computer technology to produce cross-sectional images (often called slices), both horizontally and vertically, of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat, and organs. CT scans are more detailed than general x-rays.
- **Arthrography.** A contrast dye is injected into the hand to allow for better visualization of the joints on x-ray.
- **Electromyogram (EMG).** A test that measures the electrical activity of a muscle or a group of muscles. An EMG can detect abnormal electrical muscle activity due to diseases and neuromuscular conditions.
- **Ultrasound (also called sonography).** A diagnostic imaging technique which uses high-frequency sound waves and a computer to create images of blood vessels, tissues, and organs. Ultrasounds are used to view internal organs as they function, and to assess blood flow through various vessels. In the hand, ultrasound is useful for locating fluid collections, such as cysts.
- **Bone scintigraphy.** A dye is injected into a vein and images are obtained to show the distribution of activity of the dye in various tissues and structures. The study is usually conducted in phases, with images of the hand taken at different times after the injection of the dye.

## What are NSAIDs?

Nonsteroidal anti-inflammatory pain medications, commonly referred to as NSAIDs (pronounced en-sayds) are some of the most commonly prescribed medications, especially for patients with orthopedic problems such as arthritis, bursitis, and tendonitis. These medications are available over-the-counter (e.g. Ibuprofen, Motrin, Aleve) or as a prescription (e.g. Celebrex, DayPro, Relafen). NSAIDs are effective at pain relief (analgesia), and to reduce swelling (anti-inflammatory). It is very important to understand that while there are differences between prescription and non-prescription NSAIDs, these differences are not the

strength or potential relief of symptoms. Many patients find their best response from over-the-counter NSAIDs.

### HOW DO NSAIDS WORK?

NSAIDs work to block the effect of an enzyme called cyclooxygenase. This enzyme is critical in your body's production of prostaglandins. It is prostaglandins that cause swelling and pain in a condition such as arthritis or bursitis. Therefore by interfering with cyclooxygenase, you decrease the production of prostaglandins, and decrease pain and swelling associated with these conditions.

## LUMPS AND BUMPS OF THE HAND, WRIST...

There are many types of lumps and bumps that can be found on hands and wrists. Some of these bumps are cysts, some are tumors, and others are bone spurs. These masses can be bothersome, or they may not be noticed at all. Some patients seek an opinion because they experience pain or just don't like the appearance of a bump. Others do so to make sure they don't have cancer. The cause of a hand or wrist mass can be determined by the appearance of the mass, examination findings, and possibly by imaging studies, including x-ray or MRI. Definitive diagnosis requires examination of the mass by a pathologist, either after a biopsy or removal of the mass. The treatment your doctor recommends will depend on the cause of the mass.

**Ganglion Cysts.** A ganglion cyst is the most common type of mass, representing about 50% of all hand and wrist lumps and bumps. The tough lining of the small joints of the wrist forms a small pouch, and joint fluid collects within it. Ganglion cysts can also form as pouches off a tendon sheath or a knuckle joint; these are called mucous cysts. These cysts are not cancerous, will not spread, and while they may grow in size, they will not spread to



## Home treatment options for tendonitis

- **ICING THE WRIST** to reduce inflammation and increase blood flow
- **USING OVER THE COUNTER, NON-STEROIDAL ANTI-INFLAMMATORY DRUGS** to decrease the swelling and manage pain (*Warning: only use pain medication at times of rest to reduce the chance of further injury*)
- **EXERCISE** to strengthen the injured area once symptoms have been reduced

## CAUSES OF ARM AND HAND PAIN...

**HAND, WRIST, ELBOW AND SHOULDER PAIN** is an extremely common complaint, and there are many common causes of these problems. It is important to make an accurate diagnosis of the cause of your symptoms so that appropriate treatment can be directed at the cause. If you have pain, some common causes include:

**Tendonitis.** Tendonitis is a common problem that can cause pain and swelling. Tendonitis is due to inflammation of the tendon sheath. Treatment of pain caused by tendonitis usually does not require surgery. The first step in treating / preventing tendonitis is understanding what caused it. Many general causes of repetitive stress injuries can be contributing factors for tendonitis of the hand, wrist, elbow or shoulder. Performing repetitive finger and wrist motions or using vibrating equipment also heightens your

other parts of your body. Ganglion cysts can give rise to any joint. Generally there is a tear or opening caused by an injury or may be congenital, in the capsule surrounding the joint. Ganglion cysts can be very painful. It is not advised to puncture the cyst with a needle, nor attempt to pull fluid out, or steroid injections. These measures may cause scar tissue and provide complications for future removal. Outpatient surgical excision is the most straightforward and best indicated treatment. In addition to removing the cyst, the hand surgeon will repair the joint capsule.

**Carpal Boss.** A carpal boss is not a tumor, but rather an overgrowth of bone on the back of the hand that is similar to a bone spur. It may be misdiagnosed as a ganglion cyst, but a carpal boss is more firm and unable to be moved. Patients with a carpal boss often notice a bump, but they are seldom bothered by it. If the bump does become problematic, removal of the bone is possible.

**Tumors and Cancers.** Cancers seldom originate in the hand and wrist, but there are rare cases of bone and cartilage tumors in the hand. These cancers are called sarcomas and can be due to abnormal growth of bone, cartilage or soft-tissues.

risk of developing tendonitis in that area.

**Sprain.** Sprains are common injuries to the ligaments around the joint. Sprains can cause problems by limiting the use of our hands.

**Arthritis.** Arthritis is a problem that can cause pain and difficulty performing normal activities. There are several causes of arthritis, and fortunately there are a number of treatments for each type of arthritis.

**Fractures.** Fractures are a common orthopedic injury. Patients who sustain a broken wrist, hand, elbow or shoulder may be treated with an application of a cast or immobilizer, or they may require surgery for the fracture.

## ARTHRITIS...

**Thumb Arthritis.** In a normal joint, cartilage covers the ends of the bones and allows them to move smoothly and painlessly against one another. In osteoarthritis (or degenerative arthritis), the cartilage layer wears out, resulting in direct contact between the bones. In the hand, the second most common joint to develop osteoarthritis is the joint at the base of the thumb. The thumb basal joint, also known as the carpometacarpal (CMC) joint, is a specialized saddle-shaped joint that is formed by a small wrist bone (trapezium) and the first of the three bones in the thumb (metacarpal). The

specialized shape of this joint allows the thumb its wide range of movement—up and down, across the palm, and the ability to pinch with the fingers. Less severe thumb arthritis will usually respond to non-surgical care. Pain medication, topical agents, splinting, and limited use of corticosteroid injections may help alleviate pain. A hand therapist might provide a variety of rigid and non-rigid splints to support the thumb during activities. Patients with advanced arthritis or who do not respond to non-surgical treatment may be candidates for surgical reconstruction.

## Know the facts

Not all problems treated by a hand surgeon need surgery. Hand surgeons often recommend non-surgical treatments, such as medication, splints, therapy, and injections. Hand surgeons are specialists devoted to hand and arm care.



**Shoulder Arthritis.** Although most people think of the shoulder as several joints, there are really two joints in the area of the shoulder. One is located where the collarbone (clavicle) meets the tip of the shoulder bone (acromion). This is called the acromioclavicular or AC joint. The junction of the upper arm bone (humerus) with the shoulder blade (scapula) is called the glenohumeral joint. Both joints may be affected by arthritis. To provide you with effective treatment, your physician will need to determine which joint is affected and what type of arthritis you have.

The most common symptom of arthritis of the shoulder is pain, which is aggravated by activity and progressively worsens. A physical examination and X-rays are needed to properly diagnose arthritis of the shoulder. If an injection of a local anesthetic into the joint temporarily relieves the pain, the diagnosis is supported.

### **During the physical examination, your physician will look for:**

- Weakness (atrophy) in the muscles
- Tenderness to touch
- Extent of passive (assisted) and active (self-directed) range of motion
- Any signs of injury to the muscles, tendons, and ligaments surrounding the joint

**Rheumatoid Arthritis.** Medical treatment is the mainstay of therapy for rheumatoid arthritis, but ideally the patient should be followed by a rheumatologist and a certified hand surgeon. In doing this, any changes in the hand can be addressed and dealt with early on for treatment. This disease is an autoimmune disorder which causes inflammatory changes and edema in the joints. Changes continue with the cartilage and collateral ligaments and the joint starts to develop deformities and tendon ruptures. The goal of treatment is to preserve function in the wrist and hand and help to eliminate pain. Splints can be utilized to stabilize and help to avoid changes in the hand kinematics. Joint synovectomy, to remove the tissue in preventing tendon rupture, may be done. If total joint replacement is needed, today's advances in implants and surgical techniques have made it much better than in the past.

- Signs of previous injuries
- Weakness
- Crepitus (a grating sensation inside the joint) with movement
- Pain when pressure is placed on the joint
- X-rays of an arthritic shoulder will show a narrowing of the joint space, changes in the bone, and the formation of bone spurs (osteophytes).



## Skiers thumb

This condition is defined as rupture of the ulnar collateral ligament of the MP joint of the thumb. It occurs when a person falls, landing on the outstretched thumb bending it so far as to tear the ligament apart that hold the bones together. Commonly seen with activities such as skiing, thus the name. The diagnosis is made by physical exam. Surgery is indicated for a complete tear, to repair the ligament for a stable joint and prevent chronic dislocations. If the injury is left un-treated with surgery, this can lead to degenerative arthritis and instability, which is accompanied by pain and loss of motion. This in turn can lead to more complex surgeries with the potential of being less effective in the outcomes.

## DUPUYTREN'S CONTRACTURE...

Dupuytren's contracture is a disorder of the skin and underlying tissue on the palm side of the hand. Thick, scar-like tissue forms under the skin of the palm and may extend into the fingers, pulling them toward the palm and restricting motion. Dupuytren's can grow fast or slow, and it can stop and start, or remain dormant for short or long periods of time. The condition usually develops in mid-life and has no known cause (though it has a tendency to run in families). Surgery is the only treatment for Dupuytren's contracture. Indication for surgery is the presence of the contracture or impending con-

tracture, not by the presence of the nodules only. The surgeon will cut and separate the bands of thickened tissue, freeing the tendons and allowing better finger movement. The operation must be done very precisely, since the nerves that supply the hand and fingers are often tightly bound up in the abnormal tissue. In some cases, skin grafts are also needed to replace tightened and puckered skin. The results of the surgery will depend on the severity of the condition. You can anticipate significant improvement in regards to your ability in overall function in utilizing your hand.

## Trigger finger

Usually, snapping and clicking in the fingers relates to a condition we call trigger fingers or trigger thumbs. These clicks occur when one bends or straightens the fingers (or thumb). Occasionally, a digit will lock either fully bent or straightened. **Why does this occur?** Normally the tendons that bend the fingers pass through a tunnel that holds them attached to the finger bones. The tendons form lumps that catch as they pass through the narrow passages of the tendon tunnel. This condition usually occurs near the crease in the middle of the palm of the hand, and the patient feels pain in this area as well as over the top of the finger. Frequently, the clicking and locking becomes worse overnight, but as the patient uses the finger more and more during the day, the symptoms improve.

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. Trigger finger release is highly successful in terms of "curing" this condition. Cortisone injections can be performed as an office procedure, while trigger finger release requires an operating room.

## Golfer's elbow

**Medial epicondylitis** is commonly known as golfer's elbow. This does not mean that only golfers have this condition. But the golf swing is a common cause of medial epicondylitis. Many other repetitive activities can also lead to golfer's elbow: throwing, chopping wood with an ax, running a chain saw, and using many types of hand tools. Any activities that stress the same forearm muscles can cause symptoms of golfer's elbow. The medial epicondyle is the bony bump on the inside of the elbow. The muscles that bend the wrist down start at this point. Forceful and repeated bending of the wrist and fingers cause tiny tears of the tendon to this area. Golfing is only one of the causes of pain at this bone. Similar tasks that require repeated bending of the wrist, gripping, grasping and turning the hand are common activities that cause medial epicondylitis.

## TENNIS ELBOW...

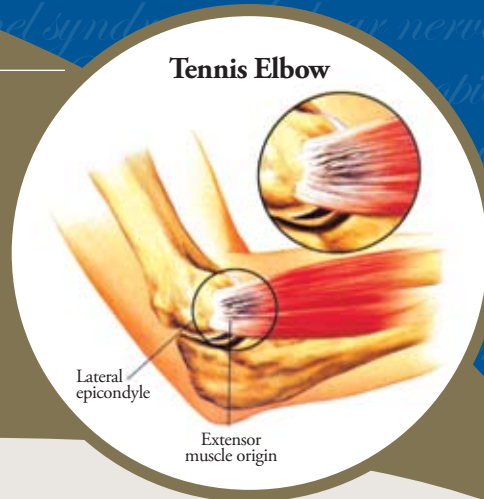
The technical term for tennis elbow is **lateral epicondylitis**. It is an inflammation of the muscles that lift the wrist and hand. Tendon fibers that attach from the forearm extensor to the outside of the elbow become irritated and painful. Pain is usually more noticeable during or after strenuous activity. If tennis elbow becomes severe, pain may be felt even when lifting or grasping lightweight items.

**What causes tennis elbow?** Repetitive use of the arm or an injury may cause stress or damage to the muscle attachment, resulting in the symptoms of lateral epicondylitis. Many people who are involved in activities that use the palm in a downward position to lift may ultimately develop tennis elbow. **What are the signs and symptoms of tennis elbow?** If you have tennis elbow, you may feel pain on the outside of your elbow. The area may be tender to the touch and sensitive when you try to grip something with your hand. In some severe cases, it is very difficult to move the arm at all. The most common age group that this condition affects is between 30 to 50 years old, but it may occur in younger and older age groups, and in both men and women.

## Tendon lacerations

The muscles that bend or flex the fingers are called **flexor muscles**. These flexor muscles move the fingers through cord-like extensions called tendons, which connect the muscles to bone. The flexor muscles start from the elbow and forearm regions, turn into tendons just past the middle of the forearm, and attach into the bones of the fingers. In the finger, the tendons pass through fibrous rings called pulleys, which guide the tendons and keep them close to the bones, enabling the tendons to move the joints much more effectively. Deep cuts on the palm

side of the wrist, hand, or fingers can injure the flexor tendons and nearby nerves and blood vessels. The injury may appear simple on the outside, but is actually much more complex on the inside. When a tendon is cut, it acts like a rubber band, and its cut ends pull away from each other. A tendon that has not been cut completely through may still allow the fingers to bend, but can cause pain or catching and may eventually tear all the way through. When tendons are cut completely through, the finger joints cannot bend on their own.



### Conservative Treatment Includes:

- **Activity modification.** Limiting the aggravating activity, is recommended. Modifying grips or techniques in tennis may be helpful.
- **Medication.** Anti-inflammatory medications can help to alleviate pain.
- **Brace.** Band brace worn over the muscle of the forearm, below elbow can reduce tension and help to heal.
- **Physical Therapy.** Stretching/strengthening exercises, ultrasound, and heat can help.
- **Steroid injections.** A local anti-inflammatory medication that can be injected directly into the site.

Surgery is an option when other 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.

## 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 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 zippering. 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.



## Smaller incisions, better pain control

During his residency and hand surgery fellowship, Dr. Sforzo honed his skills in minimally invasive surgery. Arthroscopy and endoscopy allow Dr. Sforzo to treat your problem with tiny incisions and still obtain excellent results. Arthroscopy utilizes a small camera, smaller than the diameter of a pen, to "look" into a joint, whether it is a shoulder, wrist, or knee.

## ROTATOR CUFF TEARS...

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. 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

**In general, three approaches are available for surgical repair. These include:**

- **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.

## MEDIAN NERVE ENTRAPMENT...

**Carpal Tunnel Syndrome.** The carpal tunnel is a passageway through the wrist carrying tendons and one of the hand's major nerves. Pressure may build up within the tunnel because of disease (such as rheumatoid arthritis), injury, fluid retention during pregnancy, overuse, or repetitive motions. The resulting pressure on the nerve within the tunnel causes a tingling sensation in the hand, often accompanied by numbness, aching, and impaired hand function. This is known as carpal tunnel syndrome.

In some cases, splinting of the hand and anti-inflammatory medications will relieve the problem. If this doesn't work however, surgery may be required. In the operation, the surgeon transects the overlying ligament that is pressing on the nerve in order to release the pressure. This surgery is done either as general or endoscopic. The results of the surgery will depend in part on how long the conditions has existed and how much damage has been done to the nerve.

### Symptoms include:

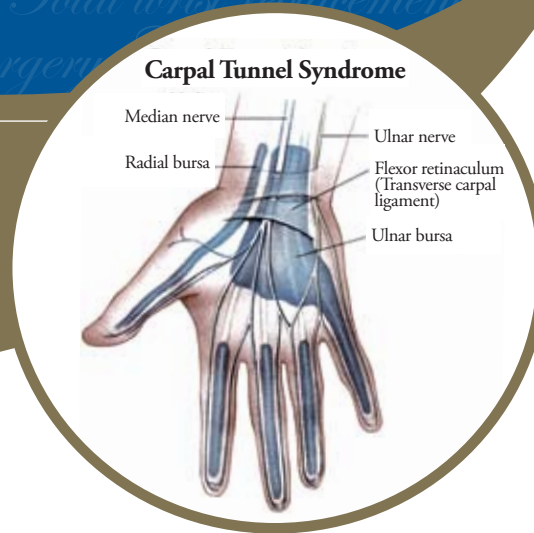
- Numbness and tingling sensations, particularly at night.
- Sharp pains radiating through the arm or shoulder.
- Muscle weakness of index and middle fingers and thumb.
- Discomfort or aching in one or both hands.
- Lack of feeling in hand may cause person to drop objects.
- Activities requiring fine hand motor skills may prove difficult if not impossible.

Diagnosis of Carpal Tunnel Syndrome is made on the basis of symptoms and examination. This diagnosis can be supported with an accurate nerve conduction study. It would determine whether or not there are other areas of nerve entrapment in the upper extremity or neck.

**Pronator Syndrome.** This syndrome refers to compression of the median nerve about the elbow or forearm. Surgical treatment to divide the tight bands of tissue in the forearm and release other structures that can be pinching the nerves, thus alleviating symptoms.

## Know the facts

Dr. Sforzo performs many procedures via a minimally-invasive approach, from endoscopic carpal tunnel release to arthroscopic rotator cuff repair and arthroscopic wrist and elbow procedures. Dr. Sforzo was the first surgeon to perform an endoscopic carpal tunnel release at Lakewood Ranch Medical Center, and is the only hand fellowship-trained surgeon in the region performing this delicate surgery. He also treats many pediatric patients, and has expertise in fracture care.



## ULNAR NERVE ENTRAPMENT...

Entrapment neuropathy simply means that the nerve is pinched. There are potentially tight areas in the body that are predictable and sometimes nerves become pinched in those areas. Nerve compression can be a very serious problem and if left pinched for a long enough period of time there could be permanent damage. The decision as to whether surgery or conservative treatment needs to be made by a highly experienced hand surgeon that can assess the patient thoroughly and take into consideration all the risks. Nerve compression problems may be difficult to diagnosis, thus nerve studies are invaluable.

**Cubital Tunnel Syndrome.** This syndrome refers to compression of the ulnar nerve at the cubital tunnel behind or

posterior to the elbow. This is the second most common type of nerve entrapment neuropathy in the upper extremity after carpal tunnel and must be treated in a timely fashion. Delay in diagnosis can lead to permanent loss and function.

**Ulnar Nerve In Guyon's Canal.** The ulnar nerve is trapped in a tunnel of bones covered by a ligament in the wrist called the Guyon's Canal. This can result in numbness and tingling in the ring and little fingers and the loss of all the motor function intrinsic muscles in the hand. Diagnosis assisted by nerve conduction studies and surgical treatments may be indicated and performed.



## Surgical procedures

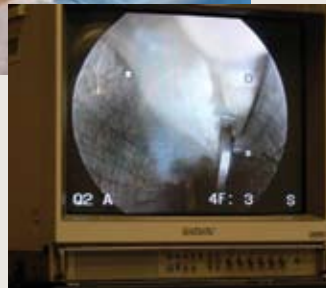
The field of hand surgery deals with both surgical and non-surgical treatment of conditions and problems that may take place in the hand or upper extremity (commonly from the tip of the hand to the shoulder). Hand surgeons perform a wide variety of operations such as fracture repairs, nerve decompressions, releases, transfer and repairs of tendons and reconstruction of injuries and rheumatoid deformities. While Dr. Sforzo specializes in treatment and surgeries of the upper extremities, he treats all orthopedic conditions. The following are some of the surgeries he performs.

## MINIMALLY INVASIVE SURGERIES...

This minimally invasive surgery technique of treating torn ligaments and cartilage inside the joint is a wonderful surgical treatment for patients. It allows the patient better outcomes with less trauma to the body. With this arthroscopy, a very small opening is made and a tiny scope is inserted. The inside of the joint and the area of injury is visualized and treated while watching the image on the video monitor. The incisions are generally closed with steri-strips.

**Wrist Arthroscopy.** Often a torn ligament in the wrist is overlooked and thought of as a sprain and left untreated. So, without treatment the wear and tear on the joint cartilage can lead to major wrist reconstruction or total joint replacement. Wrist arthroscopy is an invaluable diagnostic and therapeutic procedure that can be performed on an outpatient basis. The post-op recovery is fairly rapid, however with more severe ligament injuries, it may take several months of continued improvement.

**Endoscopic Carpal Tunnel Release.** Traditional open carpal tunnel release involves a large incision which can lead to more pain and delayed return to your work duties or recreational activities such as golf or tennis. Endoscopic carpal tunnel release is a safe, reliable, and minimally-invasive approach to carpal tunnel treatment, and avoids the palm where painful neuromas (cut nerve ends) can develop. The camera or endoscope is inserted through a tiny incision in the wrist and exits the mid-palm. Dr. Sforzo can visualize the area and cut the ligament causing the carpal tunnel with excellent clarity. However, sometimes anatomy and other factors can inhibit good visualization, and an open surgery must be performed. Dr. Sforzo will always do what he feels is best for your safest outcome. In general, a patient is back to full activities in 3 to 4 weeks, but can use their hands without splints/



braces right after surgery. Traditional open carpal tunnel release takes at least twice that time to rebound and return to full activities without restrictions.

**Arthroscopic Rotator Cuff Repairs.** Arthroscopic rotator cuff repairs cause minimal trauma to the tissues that surround the shoulder and the rotator cuff. Because of this, patients have smaller scars and less damage to these nearby structures.

**Knee Arthroscopy.** Arthroscopy allows an orthopaedic surgeon to diagnose and treat knee disorders by providing a clear view of the inside of the knee with small incisions, using a pencil-sized instrument called an arthroscope. The scope allows transmission of an image of your knee through a small camera to a television monitor. The image allows the surgeon to thoroughly examine the interior of the knee and determine the source of the problem. During the procedure, the surgeon also can insert surgical instruments through other small incisions in your knee to remove or repair damaged tissues.

## Joint replacements (arthroplasty)

A joint replacement surgery is usually considered the last resort for a badly damaged and painful joint. The artificial joint replaces the damaged surfaces with metal and plastic that are designed to fit together and rub smoothly against each other. This takes away the pain of bone rubbing against bone.

**Shoulder replacement.** The most common reason for undergoing shoulder replacement surgery is osteoarthritis, which is caused by the degeneration of the joint over time, through wear and tear. Most of the time osteoarthritis occurs many years after an injury to the shoulder. The surgeon will determine the type of replacement joint based on your age, your lifestyle and the surgeon's experience. Hospital stays vary from one to three days for most patients. Generally you will be sent home wearing a sling and you should not attempt to use the arm except as specifically instructed by the doctor immediately following surgery. Usually within two to three months, patients are able to return to most normal activities and work with physical therapy to strengthen the muscles around the shoulder and maintaining range of motion. Many thousands of patients have experienced an improved quality of life after shoulder joint replacement surgery. They experience less pain, improved motion and strength, and better function.

**Elbow replacement.** Elbow arthroplasty can effectively treat the problems caused by arthritis of the elbow. The procedure is also becoming more widely used in aging adults to replace joints damaged by fractures. The most common reason for an artificial elbow replacement is arthritis. The implanted prosthesis is placed through an incision in the back of the elbow joint. The incision is made on the back side to prevent damage to the blood vessels

## 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. Surgery to investigate a damaged nerve is usually performed

and nerves on the inside of the elbow. The surgeon will check for proper fit and motion and then the bone is prepared to cement it in place.

**Wrist replacement.** Wrist arthroplasty operation can effectively relieve the pain caused by wrist arthritis and can help restore wrist strength and motion for many patients. The main reason for replacing any arthritic joint with an artificial joint is to stop the bones from rubbing against each other that causes the pain. A fusion surgery can get rid of pain and restore strength in badly degenerated wrist joints, but they greatly reduce the wrist's range of motion. Arthritis caused by systemic diseases, such as rheumatoid arthritis, often affects both wrists. If both wrists require surgery, many surgeons recommend fusing one wrist for strength and replacing the other wrist with an artificial wrist joint. This allows the patient to have one strong hand and one hand with a good range of motion.

**Small joint replacement.** Arthritic finger joint surfaces can be a source of stiffness, pain, and swelling. The artificial joint is used to replace the damaged joint surfaces so patients can do their activities with freedom of movement and less pain. Surgeons use silicon plastic implants to replace the original joint surfaces. The artificial joint functions the same way a hinge on a door does.

early after the trauma, to increase the likelihood of a full recovery. 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.



## FRACTURE TREATMENT...

A fracture occurs when enough force is applied to a bone to break it. When this happens, there is pain, swelling, and decreased use of the injured part. A fracture may cause pain, stiffness, and loss of movement, and possible an obvious deformity. Medical evaluation and x-rays are usually needed so that your doctor can tell if there is a fracture and to help determine the treatment. Depending upon the type of fracture, your hand surgeon may recommend one of several treatment methods.

**Closed Treatment and Casting.** Closed reduction of fractures means manipulation of the fracture fragments to realign them without surgically opening the site. A splint or cast may be used to treat a fracture that is not displaced, or to protect

a fracture that has been set. Casts, usually made of fiberglass, hold the joint above and below the fracture part so that the cast effectively supports and aids the healing process. Some displaced fractures may need to be set and then held in place with wires or pins without making an incision. This is called closed reduction and internal fixation.

**Open Treatment.** Open reduction of fractures requires surgical exploration and generally fixation with pins, plates, or screws. The aim of internal fixation is to improve stability, improve joint motion near the fracture, and rapid functional use in the upper extremity. In many instances, the decision between closed and open reduction of fractures depends on multiple factors.



## Know the facts

Dr Sforzo personally calls each and every patient the day after surgery to check on their status. This is just one of the many personalized touches he offers in taking care of his patients.

## TENDON REPAIRS...

A **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. A torn distal bicep usually occurs in younger athletes such as with weightlifting or from actions that cause a sudden load on the arm, such as a hard fall with the arm outstretched. Patients often recall hearing and feeling a snap in the top of the shoulder or elbow. Immediate and sharp pain follows. The pain often subsides because the tension is immediately taken off the pain sensors of the tendon.

**Extensor Tendon Lacerations** or cuts on the back of the hand that go through the extensor tendons cause difficulty in

straightening the finger at the large joint where the fingers join the hand. These 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.

**Flexor Tendons** help with the bending or flexing of the fingers and are cord-like extensions which connect the muscles to bone. The flexor muscles start from the elbow and forearm regions, turn into tendons just past the middle of the forearm which attach into the bones of the fingers. Deep cuts on the palm side of the wrist, hand, or fingers can injure the flexor tendons and nearby nerves and blood vessels. When a tendon is cut, it acts like a rubber band, and its cut ends pull away from each other.

## Know the facts

An advantage to receiving treatment at the Orthopaedic Center of Sarasota is the very close coordination with physical therapists and rehabilitation services. This allows a seamless approach to the plan of care which allows the patient faster recovery and the return to work or normal activity.

## THE SHOULDER EXPERTS...



### We perform hands on, one-on-one care.

Gulcoast Physical Therapy is a state of the art out-patient facility that treats a wide variety of shoulder impairments. From rotator cuff dysfunction to post-surgical repairs, fractures, replacements, and “frozen shoulders”, we treat our patients with one-on-one care. In each of the three clinics, the Gulcoast Physical Therapy staff has over 20 years of orthopedic experience. Our staff includes Physical Therapists, Physical Therapy assistants, Athletic Trainers, and Massage Therapists. We take time to explain and educate our patients on their conditions and set up specific treatment plans to alleviate their symptoms.

We also specialize in treating other orthopedic and neurological conditions including elbows, knees, necks, backs, hips, and ankles.

Gulcoast Physical Therapy also offers a wide variety of therapeutic modalities such as:

- Ultrasound
- Electrical stimulation
- Cold Laser
- Iontophoresis
- Cervical/Lumbar Traction
- Spinal Decompression
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## Recovery and rehabilitation

Since the hand is a very sensitive part of the body, you may have mild to severe pain following surgery. Your surgeon can prescribe injections or oral medication to make you more comfortable. How long your hand must remain immobilized and how quickly you resume your normal activities depends on the type and extent of surgery and on how fast you heal.

To enhance your recovery and give you the fullest possible use of your hand, your surgeon may recommend a course of rehabilitation (physical and occupational therapy) under the direction of a trained hand therapist. Your therapy may include hand exercises, heat and massage therapy, electrical nerve stimulation, splinting, traction, and special wrappings to control swelling. Keep in mind that surgery is just the foundation for recovery. It's crucial that you follow the therapist's instructions and complete the entire course of therapy if you want to regain the maximum use of your hand.

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## Therapy of the hand

Therapy of the hand may include the following: exercises for the hand, heat therapy, massage therapy, splinting, traction, bandages to help control swelling, nerve stimulation



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## Testimonial

"We feel so lucky to have such a fine facility in our area. The staff was very helpful, courteous and friendly. They make you feel comfortable and keep you informed on what would be happening. The patient is well looked after in the Recovery Room. Job well done by all!" — Thomas and Irene Spence



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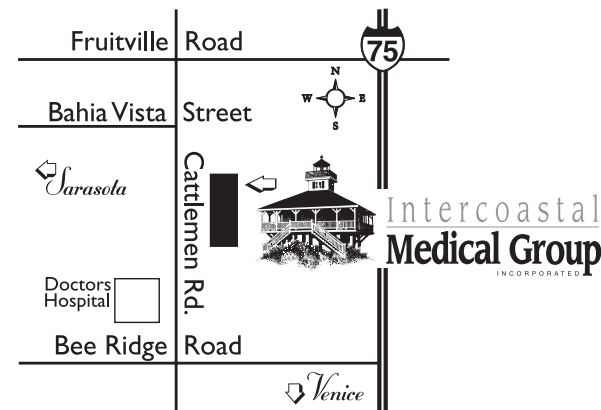
## THE CHOICE OF OUTPATIENT SURGERY CENTERS FOR DR. CHRISTOPHER SFORZO...



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- Licensed by the State of Florida
- 99% of patients surveyed in 2007 recommend the facility
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  - o Urology
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  - o Podiatry
  - o General and Colorectal Surgery



The Surgery Center on Cattlemen Road gives Dr Sforzo's patients the convenience and easy access in having their surgery.



## Diagnostic MRIs

MRIs provide accurate diagnostic information through the use of powerful magnets, radio signals and computer technology to capture outstandingly clear images. This allows the medical professionals to see inside the body and assess for conditions and disease processes. MRI images enable physicians to rule out problems, identify areas for treatment, and track patient progress with a greater speed and accuracy. This non-surgical procedure does not expose a patient to radiation nor require hospitalization.

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### Our organization provides:

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- Psychiatric Nursing
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- Wound Care
- Medical Social Work



### The qualifications for Medicare home health care are:

- A patient must be under the care of a physician who has ordered treatment or services we provide
- A patient has had a recent illness, injury or change in a condition which requires skilled care
- A patient is homebound. A patient shall be considered homebound if they have a condition, due to illness or injury, that restricts their ability to leave home without the assistance of another person or the aid of a device (i.e. walker, cane, wheelchair) or if they have a condition that is medically contraindicated for leaving home.



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