Huntington Hospital: Delivering Comprehensive Orthopedic Care to Help Keep You Active

Whether treating a painful fractured hip or repairing damage to the delicate bones of the human hand, Huntington Hospital’s commitment to providing individual attention and ensuring patient satisfaction has made us a leader in orthopedic care. The hospital’s renowned orthopedics department includes expert staff, state-of-the-art facilities, and advanced diagnostic and treatment techniques. Huntington Hospital offers patients the most comprehensive and awarded inpatient and outpatient orthopedic care available in the San Gabriel Valley.

Each year, Huntington Hospital’s orthopedic surgeons perform hundreds of joint replacement procedures using the latest technological advances in orthopedic surgery. Combined with advanced pain management and rapid recovery protocols, the team at Huntington Hospital replaces stiff and painful joints, so patients can quickly return to their active lifestyles with less pain and greater mobility.

HUNTINGTON HOSPITAL PATIENTS KNOW

Tim Sullivan is an active guy. He has run marathons, completed triathlons and climbed mountains. When he started having pain in his hip, he ignored it at first. When it got worse, he tried physical therapy, but it soon became clear the problem was more serious than he had initially thought. Before the pain started, he could hike 20 miles. Eventually, it got so bad he could no longer take a short walk.

The pain became constant, and an MRI exam showed that Sullivan had severe damage in his hip. There were fractures across the head of his femur. The cartilage between the femur and hip socket was gone, and the bones were literally scraping against each other. To stop the pain, he would need to undergo total hip replacement surgery at just 57 years old.

“I knew I absolutely wanted my surgery to be at Huntington Hospital,” Sullivan, whose wife is an occupational therapist, said. “My family and I have been patients before, and we always had the best of care.”

Before the procedure, he attended a special educational session at the hospital to learn about what to expect before, during and after surgery. Following the procedure, he appreciated what he had learned.

“They made sure I would have the best recovery possible,” he noted.

Todd Dietrick, MD, medical director of Huntington Hospital’s joint replacement program, performed the operation to remove and replace the damaged parts of Sullivan’s hip, and the surgery was an overwhelming success. He was home within 24 hours, and within two months, he was hiking again. Last August, he and his family climbed Mount Whitney — the highest summit in the continental United States!

“From the moment I walked into the hospital, everyone was great — not just the doctors, but people at the front desk, nurses, staff checking me in, everyone,” Sullivan said. “I just can’t say enough good things about my experience, and the people at Huntington Hospital who helped me every step of the way.”

For more information about Huntington Hospital’s orthopedic program, visit huntingtonhospital.org/ortho.
Don’t Let Injuries Ruin Your Summer Holidays: Avoid Suitcase Strain

The summer is right around the corner, which often means an influx of travelers and lots of heavy luggage. The larger and heavier your luggage, the more at risk you are for neck, back, and shoulder injuries. Bone, muscle, and joint strain caused by improper handling of heavy luggage are more common than you may think.

According to the U.S. Consumer Product Safety Commission, more than 85,000 people were treated in emergency rooms, doctors’ offices, and clinics for injuries related to luggage in 2017.

Don’t let suitcase strain ruin your summer vacation fun. The American Academy of Orthopaedic Surgeons (AAOS) encourages travelers to follow these safety tips to avoid injury when carrying bulky bags this holiday season.

EXPERT ADVICE

“Hurting your neck, back, or shoulders can put you out of commission for a long time,” said AAOS spokesperson and orthopaedic spine surgeon Charla Fischer, MD. “You can prevent that by packing lightly, using sturdy luggage with wheels and handles, and using good form when carrying or lifting bags.”

The AAOS offers the following advice for lifting and carrying luggage:

• Avoid purchasing luggage that is too heavy or bulky when empty.
• Use smart packing techniques. When possible, place items in a few smaller bags instead of one large luggage piece.
• To lift luggage, stand alongside of it and bend at the knees. Try to limit bending at the waist. Lift the luggage with your leg muscles. Grasp the handle and straighten up. Once you lift the luggage, hold it close to your body.
• Do not twist when lifting or carrying luggage. Point your toes in the direction you are headed and turn your entire body in that direction.
• Do not rush when lifting or carrying a suitcase. If it is too cumbersome, get help.
• Do not carry bulky luggage for long periods of time. When possible, use the airline’s luggage service when traveling with heavier items.
• Carry pieces in both of your hands rather than one hand off to the side. This can decrease stress to the spine. Less weight on any one arm can also reduce the risk of developing “suitcase elbow,” a chronic condition similar to “tennis elbow.”
• When placing luggage in an overhead compartment, first lift it onto the top of the seat. Place your hands on the left and right sides of the suitcase and lift it up. If your luggage has wheels, make sure the wheel-side is set in the compartment first. Once wheels are inside, put one hand stop the luggage and push it to the back of the compartment. To remove the luggage, reverse this process.
• When using a backpack, make sure it has two padded and adjustable shoulder straps to equally balance the weight. Choose a backpack with several compartments to secure various-sized items, packing the heavier things low and towards the center. Slinging a backpack over one shoulder does not allow weight to be distributed evenly. This can cause muscle strain.
• When using a duffel or shoulder bag, do not carry it on one shoulder for any length of time. Be sure to switch sides often.
• Do not drag rolling luggage when climbing stairs—carry it instead.

With more than 38,000 members, the American Academy of Orthopaedic Surgeons is the world’s largest medical association of musculoskeletal specialists. The AAOS provides educational programs for orthopaedic surgeons and allied health professionals, champions and advances the highest quality musculoskeletal care for patients, and is the authoritative source of information on bone and joint conditions, treatments and related issues. For a guide to safety for lifting and carrying luggage, visit OrthoInfo.org.
Shoulder Arthritis Patients Have New Options to Avoid Risks of Replacement

A recent review article published in the Journal of the American Academy of Orthopaedic Surgeons (JAAOS) finds arthroscopic (joint replacement or reconstruction) management could be a promising option for young, active patients diagnosed with GHOA.

Primary glenohumeral osteoarthritis (GHOA) is a common type of painful and debilitating shoulder osteoarthritis (OA). Shoulder OA leads to upper body dysfunction in over 20 million Americans. People with GHOA may have trouble throwing, swimming and lifting their arms to do everyday tasks. They often have pain centered in the back of their shoulder. As it progresses, shoulder arthritis pain may interrupt sleep. This condition can be especially frustrating for younger, active patients.

“Total shoulder replacement is not ideal for young, high-demand patients with GHOA,” explained Peter J. Millett, MD, lead author of the study and orthopaedic surgeon at the Steadman Clinic. “Instead patients under 50 years old or select active patients up to age 65 with advanced GHOA who haven’t experienced adequate relief from nonsurgical treatment may experience the greatest benefit from arthroscopic management.”

Over the last 15 years, Dr. Millett has been working on an arthroscopic approach to treat GHOA that preserves the shoulder joint, decreases pain and improves function. This approach, the Comprehensive Arthroscopic Management (CAM) procedure, is also now being successfully utilized by other orthopaedic shoulder specialists for some patients to treat shoulder osteoarthritis.

Outcomes for patients with advanced symptomatic GHOA who underwent CAM procedures include:

• Significantly improved ability to complete daily activities and reduced pain and instability as reported by both patients and doctors (Known as the American Shoulder and Elbow Surgeons Shoulder Score (ASES));
• Significant rates of preventing total shoulder arthroplasty (TSA) at one, two, three and five years following CAM procedures; and,
• Median patient satisfaction rate of nine out of 10 five years after CAM procedures among patients who did not need TSA.

Osteoarthritis is the most frequent cause of disability in the United States. Cartilage breaks down, and the body’s healing process can ruin the smooth joint surfaces needed for typical movement. Related inflammation also limits motion. Doctors have multiple surgical and non-surgical treatment options for osteoarthritis. Physical therapy, home exercise, cortisone injections, and anti-inflammatory medications such as digoxin may offer relief for osteoarthritis, but the scientific literature supporting these approaches is limited. Despite this, Dr. Millett notes that most doctors will try one or more of these methods before suggesting surgery.

If nonsurgical efforts fail, removing damaged cartilage or bone (debridement) or arthroplasty are potential next steps. However, each of these approaches have potential downsides, including long recovery times, surgical risks and acceleration of the arthritis with more pain, stiffness and dysfunction. With arthroplasty, additional risks related to the artificial joint may include pain, dysfunction and wearing out of implants over time.

In search of a solution to address these shortcomings, orthopaedic surgeons have identified new combinations of treatments that preserve joints and delay or avoid arthroplasty. Dr. Millett and his colleagues combined new and existing procedures to treat this specific arthritis.

“The CAM procedure is a minimally invasive surgery that removes mechanical irritants from the joint, reshapes the humerus to make it round again and also to decrease any impingement on the adjacent nerves,” said Dr. Millett. “The overall goal is to achieve a synergistic benefit with pain relief and functional restoration, without burning bridges for future surgeries, all while delaying joint replacement or perhaps even avoiding it altogether.”

Advantages of arthroscopic management as compared to total shoulder arthroplasty include delaying or avoiding arthroplasty, preserving the joint, and preserving future treatment options. Disadvantages of CAM include that the procedures are technically demanding, long-term outcomes remain unknown, and that there is no guarantee a patient will not need arthroplasty in the future.

“The human and economic costs of shoulder arthritis are substantial and conventional treatment has significant shortcomings. This new, more tailored approach is potentially good news for GHOA sufferers. “Long-term data of patients who have undergone the CAM procedure show promising, but not perfect, results,” Dr. Millett concluded.