

Week 3 Questions

1. Q. What's a preventive practice you'd recommend for carpal tunnel? Is it common in a lot of athletes?

A. *Proper positioning for typing a computer mouse use. Workplace and school ergonomics are important. Most cases of Carpal tunnel are office workers and house cleaners not athletes.*
2. Q. With a torn meniscus does it usually take a while before you feel pain?

A. *With an acute meniscal tear the pain is instant. Some people with get degenerative tearing (along with arthritis) of the meniscus and in this case the pain can be more gradual.*
3. Q. How does age & weight hinder the process of treatment/recovery?

A. *Younger and healthy people heal much better and fast. Kids are great healers. Smokers and people with more nutritional intake are not great healers.*
4. Q. Do you see a patient from beginning to end, and what would constitute discharging a patient from your care?

A. *I routinely see people from the beginning of an acute injury episode all the way through to the end. Once the problem is resolved, I discharge them from the care but I am available to them if something flares or if they have a new injury.*
5. Q. Do you work with hamstring injuries even after it has been operated on?

A. *I do work commonly with hamstring injuries. Of someone does have surgery on their hamstring, often the surgeon will oversee the recover until they are well. Occasionally if the healing is delayed or a flare happens after recover the patient will come to see me.*
6. Q. Does an injury weaken the injured area in the long term, or is it able to retain full strength? For example, a radial fracture.

A. *Often an injury will return to full strength. Especially in fractures in your people, often the fracture area will callous over and form a very strong area.*
7. Q. What are some good exercises to do daily?

A. *Stretches – especially hamstring and quad stretching and shoulder. Also, abdominal and core exercises are good to do daily. Everything else it is a good to have some rest between – for example a day or so.*
8. Q. Do DOs prescribe medications as frequently as MDs?

A. *Both MDs and Dos prescribe medication at roughly the same frequency which isn't very often.*
9. Q. If I injure myself, when is the best time to apply an ice pack, and when is the best time to apply heat? Why do these help?

A. *I recommend ice for the first 48-72 hours and then switch to heat. These are called modalities the purpose is to help with inflammation and swelling by decreasing the inflammatory reaction.*

10. Q. Have you ever rushed an athlete back knowing that they aren't fully recovered out of sympathy in their case? For example, if it was their last game and they were willing to risk getting injured.
- A. *No. My first responsibility is to the athlete and their health. Sometimes I have to be the voice of reason if it makes me the "bad guy".*
11. Q. How do you know if someone isn't ready to return to play/work?
- A. *I use the symptoms they tell me and my physical evaluation along with diagnostic tests (x-rays) to provide the necessary information.*
12. Q. Do you see a lot of open fractures in sports medicine that need open fixations, and metal rods and pins for tibia and fibula fractures? On the medical side do you have a special process for healing these fractures?
- A. *I don't see a lot of open fractures. Occasionally we do in sports but often these go to my colleagues in trauma. From a medical standpoint you have to be careful with infections as they can delay healing and cause problems so we use antibiotics in these cases.*
13. Q. Children move (and get hurt) a lot – how old was the youngest patient you have seen?
- A. *The youngest patient I ever saw was 4 years old who was having some trouble toeing when walking. Not so much of an injury but more of an anatomical issue.*
14. Q. Did you find that some injuries were worsened by a delay in treatment because of fear of going into the ER because of COVID? Can you comment on the need to get treatment ASAP after injury?
- A. *Luckily many injuries don't have to be seen immediately as long as pain is controlled. However, fractures and tendon injuries with retraction need to be seen sooner rather than later.*
15. Q. What is the most common type of injury that you see in general?
- A. *Probably knee and ankle injuries as well as low back.*
16. Q. Do you have any regrets on your career?
- A. *Absolutely not. I have been very lucky and fortunate. I really think I have the greatest job in the world.*
17. Q. Some prosthetics are so effective that they seem to improve upon natural biology. How do you feel about the future of sports with increasingly sophisticated implants, prosthetics, and other augmentations?
- A. *Prosthetics and implants have come a long way and are really helpful, but I still believe the natural body is the best. Prosthetics help individuals who really need assistance but there are not quite a substitute for nature.*