



ORTHOpedia

Providing quality orthopaedic services for adult spine and pediatric patients

Orthopaedic Center for Spinal and Pediatric Care

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On Call: Winter Sports Injuries

Sports injuries aren't just for athletes. In fact, just the opposite is true. Often, Ohio residents are weekend, or even seasonal, winter sports enthusiasts. Physicians say the most common injuries include sprains and strains, fractures and dislocations.

Here are 10 tips for preventing winter sports injuries, no matter the age:

- Never participate alone in a winter sport.
- Stay in shape and tone muscles before the winter season.
- Warm up thoroughly before beginning. Cold muscles, tendons and ligaments are vulnerable to injuries.
- Drink plenty of water before, during and after activity.

- Stop your activity when you are in pain or exhausted.
- Wear appropriate protective gear, such as goggles, padding and gloves.
- Heed your body's warning signs to prevent overexertion. Often injuries occur during late afternoon, when fatigue and colder temperatures set in and enthusiasts are less alert.
- Take a lesson from a professional and learn, among other techniques, how to fall safely to avoid injury.
- Seek medical attention immediately at the first signs of hypothermia and/or frostbite. ❖

Source: American Academy of Orthopaedic Surgeons

MEET OUR PHYSICIANS

James T. Lehner, M.D.

Two features stand out after meeting James Lehner, M.D., founder of Orthopaedic Center for Spinal and Pediatric Care. One is his bountiful and colorful tie collection. The other is his worldly and professional experience, evidenced by a curriculum vitae as long as his arm and anecdotes to match.

Dr. Lehner began the practice in Dayton 30 years ago, after completing medical school at Ohio State, an orthopaedic residency at Wright State and his scoliosis fellowship at Kosair Crippled Children's Hospital in Louisville, Kentucky. Besides his pediatric practice, he sees a large number of adults with spinal problems including scoliosis, kyphosis, spondylolisthesis, disc herniations, tumors, infections and degenerative problems of the spine as well as spine fractures.



"In the time since I began training, there's been a huge change in adult spinal surgery," he began, noting his involvement

in electrical monitoring of the spine and other advancements leading toward increased patient safety. "We can do monitoring now of the spine and all the nerve roots and have state of the art equipment, making the surgery as safe as anybody can (make it). We have the same up-to-date equipment that anybody in the world should have to do this surgery."

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Spine Basics: Your Aching Back

Spinal xray

60 year old female with low back pain radiating into legs.

Source: Orthopaedic Center for Spinal and Pediatric Care file



Anatomy, Pain and Spinal Disorders

The spine, like many parts of the body, goes unnoticed – until there’s a problem. Then, suddenly, along with new aches and pains come new terminology, making it difficult for the patient to understand this major skeletal component.

Here are some spine basics, courtesy of the Orthopaedic Center for Spinal and Pediatric Care and the American Academy of Orthopaedic Surgeons, to help your care run smoothly.

You might already know why the spine is so important and what it does (allows you to stand up straight, holds up your head and shoulders and importantly, provides strength, flexibility and protects your spinal cord). Normally, the three segments of the spine form three natural curves that enable “good” posture and balance. Each segment accounts for a number of vertebrae, 24 small bones that stack together, connecting and forming a canal to protect the spinal cord.

The names given to each of the three segments refer to their location. The cervical spine (lordosis) between the skull and

neck consists of the first seven vertebrae, thoracic

spine (kyphosis) in the center has 12 vertebrae and the lumbar spine (lordosis) in the lower back has five or six. The spine ends with the sacrum and coccyx (commonly called the tailbone).

Along with the vertebrae, the spinal cord and nerves that branch off of the spinal cord, muscles and ligaments, intervertebral disks and joints support the spine. Here’s an explanation: the ligaments (bands of connective tissue) and muscles (connective tissue that contracts to perform movement) stabilize the spine and upper back and keep the spinal column in its place.

The intervertebral disks, about one half inch thick, cushion each vertebrae and act as shock absorbers for the spine. The facet joints have a cartilage surface, like other joints in the body such as the knee. While

these specific joints allow for spinal movement and rotation, they are targets for developing arthritis causing neck and low back pain. ❖

Causes for Back Pain

Sometimes, just getting older can lead to back pain. Other times, specific movements, overactivity, injury and disease are the culprits.

Back problems caused by aging can begin by age 30 or even younger, but older adults, who are obviously aging, may appear symptom-free and function pain-free as well.

Disk degeneration conditions occur when intervertebral disks shrink or even collapse leaving the facet joints to rub against each other. Such wear on the facet joints lead to osteoarthritis or loss of cartilage in these joints. Spinal stenosis, a narrowing of the space surrounding the spinal column, leads to pressure on the spinal cord and its nerves. It occurs when bone spurs develop. Bone spurs are overgrowths of bone in the joints – the body’s way of compensating for the degenerative loss of support.

Degenerative spondylolisthesis, resulting from wear and tear and aging, develops when joints and ligaments are weakened and can no longer keep the spine in its proper position. When vertebrae move or slip, they put pressure on the spinal nerves and cause pain.

There are other causes of back pain, including scoliosis. While this disease often develops in children, orthopaedists also diagnosis it in arthritic adults. Patients experiencing back pain who also have vascular or arterial disease, a history of cancer and chronic pain should seek primary care consultations.

Source: American Academy of Orthopaedic Surgeons

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The whole spinal field has evolved, he said, using the Wright Brothers’ biplane as a metaphor to explain the advancements in technology. “When Harrington Rods were used to stabilize the spine, surgeons were glad they had it,” he said, “but I don’t think I’ve used one in 20 years now. Now we have implants that are way, way better.”

Dr. Lehner is proud to be part of a professional community that does such high quality work. “As a Miami Valley group, we’ve been acknowledged as having the best results in the state of Ohio for the past several years – that includes the four neurosurgeons and three of our orthopods,” he said. Peers think highly of Dr. Lehner – naming to him to positions such as chief of staff at Dayton Children’s and president of the Ohio Orthopaedic Association. ❖

Meet our Orthopaedic Techs:

Donna Reeves, Mark Chesney, Elizabeth Briscoe, Judy Grant, Amanda Mitchum, Kathy Kemna, Ric Lykins and John Harvey



Mark Chesney

Appointments with a surgeon often include meeting one of the orthopaedic technologists, too. As a team, these specialists assist surgeons and help the office run smoothly behind the scenes.

For example, Mark Chesney puts on and removes casts and splints, changes dressings, removes sutures and manages patient flow for the surgeons. He schedules surgeries for Dr. Mikutis at the Miami Valley South office. He and Amanda Mitchum, the lead ortho tech at the Dayton Children's office, order medical supplies for the practice while overseeing the supply budget.

"When I'm not working, I like to read and keep up with high school sports," says Chesney. He received his training as a surgical and ortho tech while serving in the U.S. Air Force and stayed in Dayton after finishing his career at Wright Patterson Air Force Base. The 47-year-old Youngstown native says he likes "taking casts off because the kids are getting better."

Occasionally, he says, casts need to be reapplied, when healing is a little slower.

Donna Reeves works two and half days per week at the Miami Valley office. "If we have a really, really busy day, we'll set perhaps 30 casts, especially during a clinic, when fresh fractures are being seen," she said. Clinics are the times set aside each day to see patients who just got hurt or are referred by the emergency room. "We'll see a patient every five minutes with eight out of ten cases needing casts. Depending on the size of the cast, it may take us only five minutes because the fiberglass sets up quickly – we don't have much



Donna Reeves

time," she explained.

She enjoys her work with children. "They're active and they want to do things. They're motivated and motivating because they enjoy life and what they do – they want to keep active," she said.

"We have many sports injuries – soccer, football and the monkey bars – they aren't kid friendly. Sometimes the parents are more worried than the patient and for the most part, we see repeat offenders. These kids just don't stop!" Reeves said.

At the Dayton Children's, Judy Grant works double duty. She's the office coordinator and a back-up ortho tech. "Amanda Mitchum is our lead ortho tech at this office, but I'm out here in case she needs help. We have room for three providers to work at the same time so it can get hectic," she explained.

These ortho techs work along with part time staff Elizabeth Briscoe, Kathy Kemna, Ric Lykins and John Harvey. "We're here to help the physicians with whatever they need. We have multiple ortho techs because our goal is to have one tech per provider. It can get hectic!" Grant said.

She likes being in the mix of what's happening. She's been an ortho tech for nine years and currently works in the Ortho Tech pool at Dayton Children's, too. "I love working with the kids. They're fun and I'm a kid at heart – I don't think I'll ever grow up."

Amanda Mitchum, along with Chesney and Grant are the full time ortho techs. "My job's fun, because it's always different – different patients with different injuries, for the most part," she said from the Dayton Children's office where she works with Grant.



Judy Grant and Amanda Mitchum

Mitchum, graduated from high school in Heath. She came to Dayton to attend Wright State with the intention of working with kids, but those going through the justice system. Instead, she acquired her job the old fashioned way: working her way from answering the phones and scheduling to on the job training to learn the tech trade. "Now, I'm out there for good." She said she prefers putting casts on rather than removing them. "They're a lot cleaner! But I am used to the smell of stinky feet!" she admitted.

These ortho techs are specialists – they apply casts all day, everyday. They even know which cast colors are the most popular – lime green in summer and school colors in the fall. "We have about 15 colors." Mitchum said. ❖

For appointments, call 800-592-0322. Serving the Dayton area at these convenient locations:

Dayton Children's
One Children's Plaza
Dayton, Ohio 45404
937-641-3010
937-641-5003 Fax

Miami Valley South Hospital
2350 Miami Valley Drive, Suite 300
Centerville, Ohio 45459
937-641-3010
937-425-0099 Fax

Stanfield Medical Bldg.
31 Stanfield Rd.
Troy, Ohio 45373
937-641-3010
937-425-0099 Fax

Atrium Medical Center
1 Medical Center Drive, Bldg. 1, # 375
Franklin, Ohio 45005
937-641-3010
937-641-5003 Fax

Introducing: Nicolas E. Grisoni, M.D.

The Orthopaedic Center for Spinal and Pediatric Care announces a new face among its team of surgeons. Scheduled to begin April 1, 2010, Nicolas Grisoni, M.D. will provide a full range of adult spinal care, including cervical spine disorders, performing both surgical and non-surgical procedures. He will see patients at the Miami South Hospital office.

"We're very fortunate to bring an adult spine specialist of Dr. Grisoni's caliber into our practice and to the Miami Valley area," said Michael Albert, M.D. "We know him and he's familiar with our hospitals from his residency days at Wright State University."

After spending several years in Thornton, CO in private practice and as a fellow at the Spine Education and Research Institute

there, he's returning to the Midwest.

He graduated from the University of Michigan, received his medical training at Case Western Reserve University, and served an internship at McGaw Medical Center of Northwestern University.

He completed his residency in orthopaedic surgery at Wright State University in 2007.❖



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NEXT ISSUE: Focus on scoliosis

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