AUGUST 2015 Newsletter





Vincent E. Paul, MD John L. Graves, MD David A. Thompson, MD

Frank J. Rowan, MD Mark L. Dumonski, MD Dominic W. Mckinley, MD WWW.guilfordortho.com

Peter G. Dalldorf, MD Justin W. Chandler, MD Hao Wang, MD



For some, "Back to School" means preparing for homework, earlier bedtimes and another year closer to graduation.

facebook.

For others, "Back to School" means pep-rallys, Friday Night Football and extracurricular acitivities. When thinking about gearing up for the big game

remember that Guilford Orthopaedic can get you up to date with your sports physical. Call our office to schedule your physicial appointment today. All you need is \$20 cash along with your physical form.

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Dr. Paul discusses "Treatment Algorithms"

Just what is the topic for this month's newsletter? It sounds and is a little fancy. Wikipedia says algorithm (pronounced AL-go-rith-um) is a procedure or formula for solving a problem. The word derives from the name of a mathematician, Mohammed Ibn-Musa Al-Khwarizmi, who was part of the royal court in Baghdad and lived from about 1780 to 1850.

Interesting, yes? Anyway, to us in orthopaedics, it is a term you will often hear as we describe to you our "game plan" for your treatment.

Philosophically, it is a step-wise plan of action mostly from least complicated and invasive to more complicated and invasive. Musculoskeletal disorders generally can be cleared from a series of steps that make sense in terms of time, efficiency and safety.

While a broken bone in need of surgery is pretty clean cut, even then most fractures can be effectively treated with or without manipulation, immobilization, close follow-up and non-operative treatment to healing. Thereafter the rehabilitation comes. This, too, falls into an algorithm.

With the management of common conditions like shoulder bursitis/tendinitis, "tennis elbow," carpal tunnel syndrome, lumbar (back) and cervical (neck) nerve irritation, knee osteoarthritis, and those like these, there are algorithms. With them follows a logical pattern of examination, x-rays, diagnosis, medication, splinting, physical therapy, modalities, injection therapy (cortisone and Marcaine), follow-up. For the knee sometimes "gel shots," MRI scanning for various body parts, epidural steroids for the back and neck, and then if no better, possible surgery for all the various conditions of the various body parts that are involved with this process if failure occurs with the conservative management algorithm.

We often do therapeutic injections that also may be diagnostic. For example, we can hone in on a site in the back (pinched nerves or angry facet joints) with a cortisone and anesthetic. If the response is positive but not long lasting, at least we know the exact pain generator to locate for the next step in the course of treatment.

If one maps out the stop and go of algorithms, they look like a "tree." Some branches are "dead end" or finished, and some go on over time. Time, of course, is the other variable and certain intervals are expected for healing and resolution, and if not met after follow-up, the next step ensues. Another term you will hear is "common pathways", and these are algorithms of treatment which are accepted steps used and approved by physicians in the field and often closely monitored by insurance companies, Medicare, and components of the Affordable Care Act.

There may be cause by these groups for denial of the next procedure if not completing the prior steps or insurance coverage non-approval due to so-called "peer review". Of course, this is a cause of frustration amongst your physicians and surgeons who do not order a step without a good reason to do so that works in their own practice experience.

If these seem like cookbook approaches, it is really not. These steps are ingrained in our clinical training and background and own experience as doctors. A little intuition of repetitive patterns goes into the art of medicine and our fitting these steps into the treatment plan of the individual patient.

With all the similarities, however, everyone we treat is a little different in terms of circumstance, tolerance of medication, allergies, convenience of treatment, compliance, and like or dislike of physical therapy, healing ability, smoking, diabetes, age, motivation to return to work or sports, and sometimes overdoing when "rest" is the operative word.

One can conclude, therefore, that we do not take the task of healing lightly, nor is it easy; however, rest assured, we have a sound basis for these steps we take in dealing with your orthopaedic problem.

Sometimes even to us healing can be mysterious. We would like to keep those variables in order; however, and to get you well expeditiously with the least side effects, the most benefits and the least risks.

So the next time you hear us talk of an algorithm, think, "We all go in a rhythm." You see, that is the essence of this place in our best wishes. For us, your health is our harmony, and we want it in sync with you.

Guilford Orthopaedics strives to ensure the best experience and availability to ALL our patients!



We are open Monday- Friday 8 am-5:30 pm & Saturdays from 9 am until 1 pm. Be sure to call 336-275-3325 to schedule your appointment.

If after hours please visit our Urgent Care located at 1130 N. Church Street Greensboro, NC 27401 or call 336-235-BONE(2663). They are open M-F 5:30 pm until 9 pm and Sat. 9am until 2 pm/Sun. 10 am until 2 pm.