

DECEMBER

2014 Newsletter

Guilford Orthopaedic and Sports Medicine Center
A Division of Southeastern Orthopaedic Specialists, P.A.
"We work to keep you playing"

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

Frank J. Rowan, MD
Mark L. Dumonski, MD
Dominic W. McKinley, MD

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

www.guilfordortho.com



Guilford Orthopaedic would like to wish you a very Merry Christmas and a Happy New Year!

Our office will be closed for the holidays on Thursday, December 25, 2014 & Saturdays, December 20th & 27th, 2014. We will be open for half a day on December 24th, 26th & 31st.

We will also be closed on New Years Day, Thursday, January 1, 2015.



Dr. Dalldorf discusses a "New Trend in ACL Reconstruction"

ACL injuries used to be career - enders for serious athletes. They can now often be just a fairly big bump in the road. Reconstructive surgery restores stability to the joint and allows return to play. The surgical options continue to evolve and similar to shoulder surgery the procedures have become more anatomic as time goes by as we try to restore normal anatomy rather than just make things stable. At the shoulder, that meant a move from Bristow and Putti-Platt procedures which moved bones and tendons around to keep the shoulder in place to procedures like Bankart repair which puts things back where they used to be. At the knee this has meant altering where we put the new ACL.

The standard ACL reconstruction technique for the last 20 years has been "transtibial" meaning the placement of one end of the new ligament was dictated upon where the first end was placed. The two ends of the new ligament weren't really placed exactly where the old ligament used to be but it did make the knee stable. Over the last several years techniques have changed where we can now place the two ends of the new ligament independently. This has enabled us to put the new ACL where the old ACL used to be, theoretically restoring normal anatomy.

Does it really matter? It makes a surgeon feel happy to put the new ACL where the old one used to be and in my experience over the last couple of years the knees end up feeling more stable on exam, but the truth is no study has shown any difference in objective knee stability, return to play, or repeat rupture rates between the old and new techniques. I keep performing the new anatomic technique simply because it makes sense to me to try to restore normal anatomy. The trend seems to be going that way. A recent survey of NBA team doctors showed 47% use the new technique on NBA athletes compared to 13% just 5 years ago. A friend of mine who is a team doctor in the NFL says the numbers are similar among NFL team doctors.

In summary, ACL reconstruction is a reliable way to restore stability to the knee joint and allow for return to play. Techniques are changing but at this point it doesn't seem to matter in the end if your surgeon chooses the old or new way to do the operation. Probably much more important is adherence to an appropriate postoperative rehabilitation protocol to optimize your result. We as doctors and therapists are honored to play a role in getting you back in the game. Happy Holidays from GOSMC.

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./Sun. 10 am until 2 pm.