

harmony



In Good Hands

Two families trust their medical care to OSF Saint James

Treated Like Family

Care begins before joint replacement surgery, continues through recovery

OSF Medical Group ORTHOPEDICS

Pontiac

Your local source for bone and joint care



- Anterior and mini-posterior approaches to hip replacement
- Custom knee replacements
- Arthroscopic surgery, including ACL and rotator cuff
- Carpal tunnel and trigger finger release
- Surgical and non-surgical fractures
- Surgical and non-surgical sports injuries

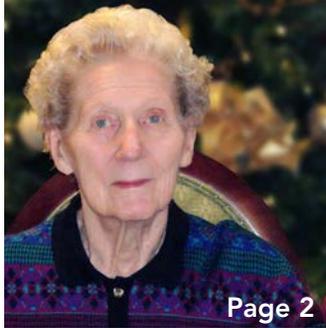
- Hand, wrist, and elbow procedures
- Foot surgery
- Shoulder replacements
- Arthroscopy of the knee, shoulder, ankle, and wrist
- Non-surgical treatments

OSF Saint James athletic trainers in the office daily

OSF Medical Group – Orthopedics
2500 West Reynolds Street, Suite 103
Pontiac, IL 61764
(815) 844-4062

For a complete list of services and information about our surgeons and staff, please visit www.osforthopedics-pontiac.org.





Page 2



Page 6



Page 14

CONTENTS

Page 4

In Good Hands

Two families trust their medical care to the OSF Saint James family

Page 7

Backed by Evidence

Best therapy treatments for lower back pain relief based on proven practice

Page 8

Front and Center

Surgeon introduces alternative hip surgery

Page 10

Game On

Sports-injury specialists keep athletes in play

Page 12

Treated Like Family

Care begins before joint replacement surgery, continues through recovery

Page 14

From Top to Toe

Orthopedic surgeons treat 'lumps and bumps' from end to end

ON THE COVER

Front and Center

Published by OSF Saint James – John W. Albrecht Medical Center. *Harmony* is designed and developed by the staff of OSF Saint James.

All articles written by Peggy Schneider. Photography by Greg Linder Photography.

For more information about *Harmony*, contact Pam Meiner, Director of Marketing and Communications, at (815) 842-4986 or e-mail pamela.a.meiner@osfhealthcare.org. Visit us online to read current and previous issues at www.osfsaintjames.org/news, or visit us on Facebook at www.facebook.com/osfsaintjames.



Brian Sipe, DO

OSF Medical Group – Orthopedics

Jeffrey Lowe, DO

OSF Medical Group – Orthopedics

Welcome to the 17th issue of Harmony!

It's rare for someone to live their whole life without at least one damaged joint, back strain, leisure-related injury, or battle with bone disease. Your outlook on life, your work, and your ability to enjoy family and leisure activities can all be impacted ... a little or a lot! In most cases, that impact is not only felt by you, but your family and coworkers, too.

At OSF Saint James – John W. Albrecht Medical Center and OSF Medical Group – Orthopedics, we use a team approach and customized care for each patient and their family. Whether you're facing a condition that has deteriorated over time and finally needs intervention or a traumatic injury that requires emergency care, we have the expertise and technology to diagnose and treat you, then provide the therapy to get you back to the activities you love.

Enjoy reading *Harmony*, and when someone you love is hurting, call on OSF Medical Group – Orthopedics and OSF Saint James. We're working together to get you on your feet and back to your life!



Mary and Michael Rodriguez | Photo provided by Michael Rodriguez

IN GOOD HANDS

Michael Rodriguez knew his mother Mary was in good hands at OSF Saint James – John W. Albrecht Medical Center, after a fall in August 2013 left her with a broken hip and elbow.

Irene Mertes trusted that same family of physicians, nurses, and therapists – one that she'd been a part of for 18 years as an employee – when she had her ailing right knee replaced last year.

Hospital assists in wrapping mom with love and care

Michael was delighted when his widowed mother moved back to her native Pontiac in 2000 and settled

comfortably and happily at Evenglow Lodge, a local retirement community.

“Coming home was a natural thing,” said her son, who lives in suburban Chicago. “Evenglow became her family.”

Mary had made a loving and secure home for her six children. She was strict, but lovingly so, and smart. “She always knew about things – and she cooked very nicely, too!” The retired high school chemistry teacher enjoyed travel and volunteering.

Before encroaching dementia and her fall, Mary provided assistance, comfort, and companionship to other residents – something Michael only learned in talking to the staff.

"I was thankful that we had a hospital of this quality and with such incredible personal care so close by."

"She's quiet, and never talked about that to me. She works in the background. Everybody from maintenance to administrators said she's been a wonderful lady, unassuming but always busy helping someone."

Mary, now 90, continues to recover from her surgeries in the skilled nursing unit at Evenglow. "I'm not sure how much independence she'll regain, but she's in good spirits and making regular progress," he said.

Leaving a loved one in the care of someone you trust

During his regular commutes from Palatine over the past several months, Michael was confident he was leaving his mother in the best care until his next visit.

He credits her orthopedic surgeon, Dr. Jeffrey Lowe, with being generous with time and advice, and says the latest experience only confirmed his appreciation of the medical center and its staff.

"Dr. Lowe was absolutely terrific! I felt he was putting every possible consideration into his effort." Michael still remembers how surgeon Dr. Trent Proehl eased his mother's anxiety about a lump in her breast a few years ago. "He did just the right thing in how he handled an elderly lady."

In relaying his appreciation to the hospital administration, Michael noted: "I was thankful that we had a hospital of this quality and with such incredible personal care so close by. I felt comfortable going home and felt that they all had everything under control."

'I was afraid to get up at night, afraid I'd fall.'

Two months after having an artificial right knee implanted, Irene Mertes proudly lifts her pants cuff to show off the scar. It's faintly pink, hardly visible. "That's my doctor!" she credits.

The same month she turned 75, she faced her first major surgery. "It was getting to the point I was afraid to get up in the middle of the night, fearful that my knee would give out and I'd fall."

Two years of cortisone injections had brought only temporary relief, and "I didn't want to face the injections and pain for the rest of my life."

But with working four days a week as an ICU unit secretary and inpatient unit receptionist (before retiring in December), and caring for a home in Ransom, a husband, and a sister-in-law, she couldn't afford to slow down.

Recovery a team effort

She had every confidence in Dr. Brian Sipe's expertise and wouldn't have consulted anyone else. "I knew I was in good hands! He told me it was up to me when I was ready."

Her smooth and swift recovery was "a team effort" aided by her "family away from home" on the inpatient floor, she says.

"The nurses stressed that my rehabilitation would fall on my shoulders, and I'd have to do the exercises, no matter if it hurt or not. I kept that in the back of my mind. Whatever it took, this wasn't going to make an invalid out of me!"

continued on page 6



The place where two bones meet is called a joint. Not all joints – those in the skull, for instance – move. Hip and shoulder joints allow you to move your arms and legs. Other joints permit bending and extending. Some (in the wrists and ankles) glide against each other; others (in the knee and elbow) operate like door hinges.

continued from page 5

Custom care speeds recovery process

“Irene’s recovery was typical, but every knee is different,” Dr. Sipe said. He credits the use of computer-assisted templates for customizing the knee components and under-skin stitches, rather than staples, that kept pain and swelling to a minimum.

“People wonder why they do so well while someone they know is still hurting. It may look like the same scar, but it may not be the same surgery. Little things – deformities you’re trying to correct – may be different.”

Their complexity makes knees touchier and slower to heal than hips, and “you have to be prepared for a 3-4 month process, though you could be feeling better in six weeks,” he said.

Surgery can turn bad days into good ones

Implants are usually successful, but “you have to be realistic about what it will help. It will only get rid of the problem in that joint; it won’t make you 18 again!”

Dr. Sipe added: “I can tell you all about a joint replacement – except when to do it. It’s when there are no more good days.” Conservative treatments can bring relief for years, until “one day is your day. Suddenly, nothing helps.”

After seven weeks, Irene returned to work. Any doubts about her recovery were dispelled as she walked comfortably down the long hallways to her department. Two months after her surgery, she may feel a twinge as she takes the stairs, but marvels at her progress “from constant pain to twinges to almost perfect!”

Adult bodies have 206 bones



The foot has 26 of them.
The hand and wrist have 54.



BACKED BY EVIDENCE

Best therapy treatments for lower back pain relief based on proven practice



Physical rehabilitation isn't just exercise – it's treatment that can bring as much relief as a surgeon's tools or a physician's prescription pad – and might even eliminate the need for either.

The team of physical and occupational therapists at OSF Saint James – John W. Albrecht Medical Center carries on a profession that came of age during the World Wars. When medical conditions or surgery limit movement, individual muscles, limbs, and tissues have to be retrained and reconditioned to function.

Expediting patients' return to independence is great for them and makes economic sense, because it means less work time lost, reduces the number of medical tests or treatments, and results in happier, healthier, and productive people.

At OSF Saint James, one effort underway is to improve therapy services targeting the lower spine. Lower back pain strikes 80 percent of Americans at some time in their lives, says Jason Rodeghero, Rehabilitation Department Manager and practicing therapist at OSF Saint James. As the former coordinator of Clinical Care Quality Measures for OSF Saint James and OSF St. Joseph Medical Center in Bloomington, he monitored outcome data and trained and equipped therapy staffs.

The program establishes practices that have proven successful for particular spinal issues, rather than trial-and-error or a therapist's preference. "Research has shown us more clarity in what patients respond best to. Now we can identify signs and symptoms to steer us to select a treatment approach, rather than wondering whether patients were getting better because of us or in spite of us."

"The research gives me characteristics: if a patient meets these criteria, he's more likely to benefit from a particular technique," explains Angela Ehrgott, a doctor of physical therapy at OSF Saint James who specializes in back therapy.

Individual progress is measured by improvements in a patient's pain and mobility and broad results are filed in a nationwide database available to some 10,000 participating providers.

Already, the two hospitals' records outshine their peers nationally. "Aiming ultimately for bigger change in fewer visits, the hospitals' average six or seven visits compared to the national average of 11," Rodeghero said. "We want to see improvement every time we see you."



Arthritis pain and stiffness frustrated an otherwise upbeat Lois Tovrea. Injections, physical therapy, even back surgery, didn't banish the ache. Working as an activities director at an elder-care facility or playing Barbies on the floor with a granddaughter were growing out of reach.

2013 was a milestone year. Lois discovered orthopedic surgeon Dr. Jeffrey Lowe, who had just introduced a minimally-invasive, tissue-saving method of hip replacement at OSF Saint James-John W. Albrecht Medical Center. He remains one of a handful of surgeons in the area to be well-practiced in the anterior method.

FRONT AND CENTER

Surgeon introduces alternative hip surgery

'I'm totally happy with it!'

In conventional implant surgery, the joint is reached through an incision at the back or side of the hip. When surgeons approach through the front (anterior) they can part – rather than cut – surrounding muscle, which reduces pain and speeds healing. The intact protective muscle sleeve also helps hold the new joint in place.

Recent technological advances have encouraged the use of this 60-year-old method. One of those advances followed Dr. Lowe's arrival: a state-of-the-art surgical table that positions the patient's leg and pelvis so he can align and position the implant.

In June, the 58-year-old Pontiac grandmother became Lowe's first anterior hip patient at OSF Saint James. Four months after surgery, though her right hip was still tender, Lois' life was back to normal.

"I'm totally happy with it, and glad I had it done. I'd recommend Dr. Lowe to anyone! I was surprised that there was no pain at all. I expected to be really sore."

Freedom from pain energizes

"During her short hospital stay, Lois learned to use a walker, but graduated rapidly to a cane and quickly discarded that as well," her physical therapist, Angela Ehrgott, said.

"Lois' love of walking at a rapid pace has earned her the nickname "Energizer Bunny" from her husband," she chuckles.



Lois Tovrea playing with granddaughter Bridgett

Lois' speedy recovery came as little surprise to her doctor, though he was pleased that she required little post-op pain medication.

Lois said either surgical method would have satisfied her if it got rid of her pain, but she liked being free from the activity restrictions posterior surgery patients face. Conventional surgical patients are discouraged from bending at the waist, crossing their legs, and tying their shoes to avoid dislocating the joint, a rare occurrence.

Giving patients a choice

Equally comfortable with the posterior method, Dr. Lowe said his approach depends on patient preference and other health factors, such as obesity. He cautions that not everyone is a candidate for total joint surgery – and not everyone wants to undergo it.

But he expects demand for joint replacements to grow, fueled by an aging population that wants to stay active. Most implant candidates now are over 60, though surgery may be done on younger patients who have sustained joint damage from injury or disease. It's become a routine surgery that helps many live nearly pain-free – or at least with less pain.

"Our patients benefit from having two surgeons practiced in two successful methods of hip surgery," observes orthopedic surgeon Dr. Brian Sipe. "We can draw the best of every experience from our training to offer our patients, and we have good results."

Agrees Dr. Lowe: "We have a big-city orthopedics department with a small-town feel."

GAME ON

Sports-injury specialists keep athletes in play

The sports medicine team at OSF Saint James – John W. Albrecht Medical Center moves easily from the sidelines to the mainstream, treating and advising, maximizing play and minimizing injuries.

Sports-loving physicians Dr. Tom Murphy and Dr. Daniel Lau and certified athletic trainers Laura Pittenger, Missy Horning, and Adam Vaughan specialize in evaluating and

treating all manner of activity-related injuries incurred by the serious athlete or the “weekend warrior.”

They’ve become invaluable assets at many an area high school contest: Vaughan, Horning, and Pittenger at Flanagan; Cornell at Dwight; Dr. Murphy at Pontiac; and Dr. Travis Swink at Dwight.

Dr. Murphy and Dr. Lau also treat semi-pro hockey, football, and basketball players at U.S. Cellular Coliseum in Bloomington, where “we make sure those athletes that are still chasing their dreams can stay on the field,” Dr. Lau said.

First line of defense

Experts in recognizing, treating, and preventing musculoskeletal injuries, athletic trainers are degreed, certified, and licensed professionals, not personal trainers who supervise fitness routines.

“We’re the first line of defense,” Pittenger said. “We do basic first aid, clean and treat wounds, and stabilize fractures.” They evaluate concussions, sprains, dislocations and broken bones to determine when an injury warrants an immediate trip to the emergency room. Only certified athletic trainers or physicians can clear an injured athlete to return to play.

They’re an athlete’s biggest fan, but safety is always their priority, says Vaughan. “We’re not there to pull kids out of a game, but to give them everything possible to play safely.”



"They're like my kids out there," Horning agrees.

"Returning too soon can have consequences later," Dr. Murphy said. "Just because you can physically run doesn't mean it's the best time to return."

Leading the field

All were high school or college athletes: soccer (Lau); volleyball (Pittenger), basketball (Horning), or football and baseball (Murphy and Vaughan); and several understand sports injuries from personal experience. While Murphy jokes that his aches can be good predictors of weather changes, he wouldn't have traded a minute of it.

Sports medicine often begins before the sport does, during annual physicals when doctors can identify potential health issues and review family and medical histories.

By day, the athletic trainers team up with the orthopedic surgeons at OSF Medical Group, where they review patients' vital signs and medical conditions before the doctor sees them, apply splints and casts, reinforce the doctors' directives, streamline referrals, follow rehabilitation and educate athletes of all ages about staying healthy. The addition of these trained musculoskeletal technicians is a great asset, the physicians say.

"OSF Saint James has lots to offer in the musculoskeletal area that most communities of this size don't have," sums up Dr. Murphy. "It's remarkable!"

Left to right:
Dan Lau, MD, Tom Murphy, MD, Missy Horning,
Adam Vaughan, and Laura Pittenger

PLAY IT SAFE

Ready to get moving? Is your body?

Before you hit the court, the course, the track, the field, the pool – even before you heel-to-toe it down the neighborhood sidewalk – get your body in shape. No intense gym workout necessary, but it can be as easy as 1 – 2 – 3.

(Before you start, remember to consult your doctor to be sure there's no health factor that'll sideline you!)



TREATED LIKE FAMILY

Care begins before joint replacement surgery, continues through recovery

You and your surgeon have concluded that only a knee or hip implant will relieve your painful joint. Now what?

For the past six years, educator Mary Heath has been answering that question for hundreds of patients at the twice monthly joint replacement class offered at OSF Saint James – John W. Albrecht Medical Center. Here, patients learn what to expect about surgery, recovery and life with a new joint.

“Surprises are great on birthdays, but not in health care,” says Heath. Class graduates “walk out the door relaxed, confident and sure of the process.”



Looking back, planning ahead

After reviewing how joints deteriorate and implants are done, Heath encourages patients to ready their home for their return by removing impediments to locomotion and balance and planning for meals and bathroom needs.

“We were seeing post-op patients who hadn’t even given a thought to going home. Nothing was ready.”

The class clues in the rehabilitation staff so that “we know the home setup and can recommend equipment they might need before we even set foot in their hospital room,” says Allison Anstett, occupational therapist.

Heath reminds patients they’ll be dependent on caregivers for a few weeks. “Women, especially, are bad at that, but I tell them they have to let others take care of them so they can get better safely and help others.”

A step toward pain-free independence

A patient’s first step on the new joint is a great leap of faith. Will it hold? Will using it hurt? In answering yes to both questions, Heath doesn’t sugarcoat the process, but adds, “The surgical pain is manageable and will go away. Surgery takes away the terrible chronic pain you had that got worse with time and kept you from doing things you loved, and gives you a shiny new joint that works like it’s supposed to.”

Treated like family

The first stop on that road to a new joint is a surgical department top-ranked for its proven safety record. “The department focuses on family, not just the patient,” says Director Michelle Cox.

The waiting family is kept informed of the surgery’s progress, and “if they have questions, someone will be calling soon and they can get an answer.”

Surgeons, nurses, and therapists consult and review patient progress frequently. On the inpatient floor, nurses and aides keep patients comfortable and manage their pain and any other existing health issues.

“We have a personal relationship with our patients,” says Medical-Surgical Department Director Gloria Prince. “We know their names and they know us without looking at our name tags. We celebrate their successes, even if it’s that they walked three feet farther today.”

A body in motion ... heals

Limited activity promotes healing, and it begins the day after surgery. Patients walk short – then longer – distances with a physical therapist by their side. An occupational therapist helps resume other personal tasks. Both understand what the patient is experiencing because they’ve observed those types of surgeries.

“You should expect us to push you so you’ll move and walk better after three

days than you did the first day,” says Rehabilitation Department Manager Jason Rodeghero, DPT, PhD. But don’t expect to “take off walking the minute you stand up, or to accomplish everything in an hour of therapy.”

Most implant patients go home after three days to the care of family or home health aides or to a skilled nursing facility. Others continue their rehabilitation at the hospital, where they occupy one of our skilled-nursing beds, Prince said. Similar units or beds are becoming common in hospitals.

‘We understand ... and it gets done...’

There’s no reason to put off joint replacement surgery, and every reason to have it done at OSF Saint James. “Over 1 million implant surgeries are performed annually,” Heath said, adding “it’s futile to be a prisoner of your body when there are good remedies for it.”

She adds: “We understand what needs to happen and it gets done. We have excellent surgeons, nurses and rehabilitation staff and a good process. We have the excellence you’d find anywhere.”

FROM TOP TO TOE

Orthopedic surgeons treat 'lumps and bumps' from end to end

Orthopedic surgeons Dr. Brian Sipe and Dr. Jeffrey Lowe know your body from top to toe. Replacing hips and knees is only part of what they do.

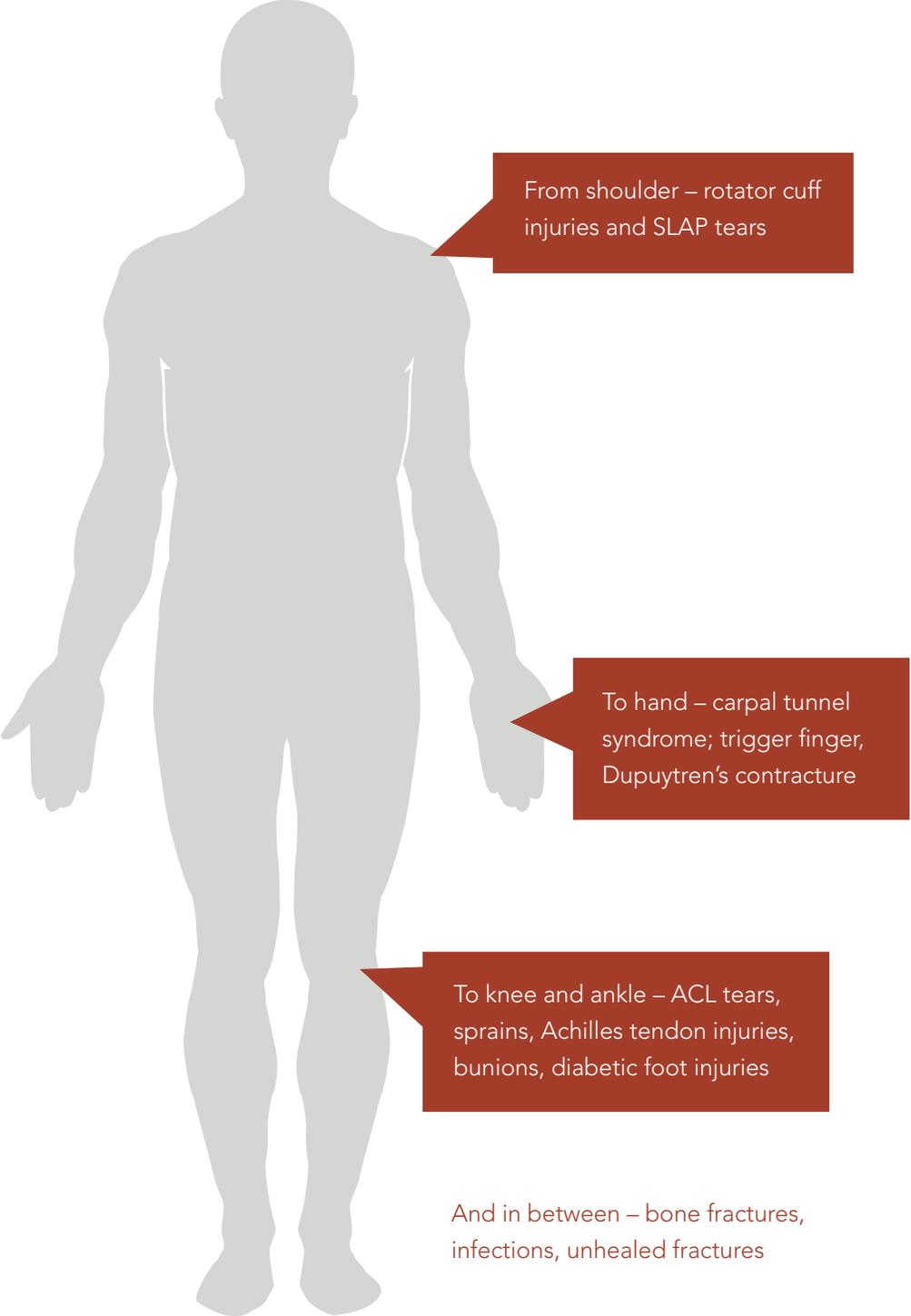
Having two full-time general orthopedic surgeons saves patients an hour's travel for relief and treatment of diseases and injuries of bones, tendons and ligaments – all the "lumps and bumps" a body is subjected to.

They try to bring relief through non-surgical methods such as cortisone injections or anti-inflammatory medication. Before they consider joint implants, they may be able to make the joint work more fluidly or clean out damaged cartilage so it's less painful.

More than half their surgeries involve setting broken bones or repairing torn ligaments. In addition to the 100 knee or hip implants they performed over the past two years, they repaired over 100 broken bones and over 200 knees and shoulders.

Nearly every movable part except the head and spine falls under the orthopedist's sphere – and even though they don't do back surgery, "we might be able to help with pain management," Dr. Lowe says.

If they can't perform a surgery, they'll call colleagues within and beyond the OSF Medical Group system who can. "If we don't feel we can do your surgery as well as anyone in the country, we'll get you to the right person who can," says Dr. Sipe.



From shoulder – rotator cuff injuries and SLAP tears

To hand – carpal tunnel syndrome; trigger finger, Dupuytren's contracture

To knee and ankle – ACL tears, sprains, Achilles tendon injuries, bunions, diabetic foot injuries

And in between – bone fractures, infections, unhealed fractures

They keep pace with larger hospitals, custom-designing implant components and creating bone and cartilage grafts. Delivering the latest big-city techniques without the latest big-city drawbacks is routine.

"I've often heard complaints that doctors in bigger cities didn't even spend two minutes with them or take time to examine them," Dr. Lowe said. "I teach patients about their problems, and I love that part of my job!"

"In a small town, you have to do things well," Dr. Sipe said. "I see my patients and future patients at the bank and at the store. My patients are often referred by family and friends who've been happy with their surgery and recovery."

Dr. Sipe explained the function of the shoulder during Trent Graybill's recent office visit.



Our newest OSF Medical Group Physicians

We welcome new patients at all locations.



Daniel Lau, MD
Family Medicine
OSF Saint James, Suite 205 and
918 E. Lincoln, Chenoa
815.842.3633 | 815.945.2261



John Rinker, MD
Internal Medicine
OSF Saint James, Suite 203
Pontiac
815.844.5115



James Milkeworth, MD
Internal Medicine & Pediatrics
OSF Saint James, Suite 208 and
104 E. Bridge, Streator
815.844.2001 | 815.673.2441



Rebecca Proehl, MD
Internal Medicine & Pediatrics
OSF Saint James, Suite 208
Pontiac
815.844.2001



Calvin Moy, MD
Family Medicine
1506 E. Reynold Street, Pontiac
(Sullivan Office Complex)
815.844.6123



Lacey D. Moy, MD
Family Medicine
1506 E. Reynold Street, Pontiac
(Sullivan Office Complex)
815.844.6123



Tom Murphy, MD
Family Medicine
1506 E. Reynold Street, Pontiac
(Sullivan Office Complex)
815.844.6123



Jessica While, MD
Internal Medicine
120 E. 7th, Minonk
309.432.2515

OSF Medical Group also has offices in Chatsworth, Cullom, Dwight, Fairbury, and Flanagan. To learn more, visit our website at osfmedicalgroup.org/Pontiac.



OSF
MEDICAL GROUP



OSF[®]

SAINT JAMES-JOHN W. ALBRECHT MEDICAL CENTER

OSF Saint James - John W. Albrecht Medical Center
2500 W. Reynolds St., Pontiac, IL 61764

