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Dog Bone implant keeps Bunting 'in the swing'

Wayne Bunting will be the first to tell you that he plays a lot of golf.

"In Tennessee you're able to even golf in January and February," says the 67-year-old retiree who spent most of his career in northern Iowa. "I enjoy getting out and staying active."

Bunting isn't known as a small hitter. Even in his mid-60s he could still get 250-yard drives. "I love it," he says.

But the retirement pastime that brought Bunting so much joy ended up bringing him a lot of trouble, too. Last summer he experienced a sort of "bump and run" when he fell on a golf course near his home in Algood, Tenn.

The toe of his shoe caught on a rope that surrounded a green, and he tumbled down a slope. Bunting says he tried to pull in and roll to avoid injury but apparently wasn't able to draw his shoulder in enough to prevent a damaging impact.

"I thought I'd broken my collarbone, because it was sticking up," Bunting says. "But I went ahead and finished putting," he adds with a grin.

"I drove my golf cart home, came in the door and told my wife, 'I broke my shoulder – take me to the hospital.'"

That trip to the hospital revealed there were no broken bones, but all the tendons had been separated from his shoulder. It was recommended that he wait for six months before thinking about surgery.

"If I moved it, I felt it," Bunting says. "I couldn't golf, and if I tried to take a swing, it felt like my collarbone was going to come through my skin."

Waiting half a year for progress was not something Bunting wanted to do. A doctor friend agreed that he shouldn't have to.



With his new Dog Bone shoulder implant, Wayne Bunting is able to be back out on the course.

"About two weeks later we were having lunch with her after church, and she said, 'You need to get a second opinion and not just from any doctor.'"

She contacted a trusted orthopedic surgeon in Crossville, who referred Bunting to Paul Brady, MD, and Parkwest Medical Center.



Paul Brady, MD

Brady is the innovator of what's become known as the Dog Bone implant. He says the shoulder has a wide range of motion, making it the most mobile joint in the body. Mobility is good, but it

also means the shoulder isn't very stable, and it can be easily injured.

"Conventional repair to this type of injury involves drilling 4- to 6-millimeter holes in the clavicle (collarbone)," Brady explains, "which weakens the bone, involves persistent pain during recovery and has a mediocre success rate. I knew there had to be a better way."

After creating a bone-shaped implant from metal washers he purchased at a home improvement store, Brady applied it to plastic models and found it was strong and effective. He pitched the concept to Arthrex, a company that specializes in orthopedic products and education.

With input from Brady, Arthrex engineers tweaked the design to bring the creation to its present form. It's now available to other orthopedic surgeons and has been used internationally.

"Worldwide, the procedure has done well and surpassed many other forms of treatment for acromioclavicular joint separations," Brady says.

"It's an arthroscopic procedure that involves three one-fourth-inch incisions, which is a significantly decreased risk from open surgery," Brady explains. "The holes that are drilled into the bone are so much smaller than conventional repair that four times less bone is removed."

Brady says that with shoulder or collarbone separations, the joint, the ligaments and the capsule connecting the bones can be injured to variable degrees, depending on the severity of the injury.

As in Bunting's case, injuries are commonly caused by a fall directly on the point of the shoulder. This type of injury can cause significant pain and tenderness at the front of the shoulder joint.

"Sometimes the patient will notice something sticking up in his or her shoulder," Brady said. "The Dog Bone implant is a type of washer that will secure the clavicle back down to its normal position, allowing the body's torn ligaments to heal."

"With surgery and this implant, patients can experience improved function, less pain and get back to sports within six months," Brady says.

Bunting testifies that it's working for him and that the outcome is much better than what he imagines it would be

with the old method of surgically inserting screws. He's back on the golf course, and his collarbone is in place.

"It hasn't come up, and I'm giving it full strength on golfing out there," says Bunting. He admits he's had to adjust his game a little, but he believes part of that may be simply due to being away from it for a while.

"I have more of a hook now," Bunting says, "I was slicing before. But if I get out there and work on it, it's coming along where I'm getting it back straight and controlling it where I want to."

For more information about treatment of shoulder injuries or help in finding a physician, call 865-374-PARK (7275).

Shouldering the pain

Shoulder problems come in several different forms, from dislocation and separation to fractures and arthritis. If you've injured your shoulder, the tried and true **RICE** method is usually the best first course of action:

Rest – Resist using the shoulder for 48 hours.

Ice – Apply an ice pack for 20 minutes every couple of hours.

Compression – Put even pressure on the injured area using a bandage or wrap.

Elevation – Keep the injured area above your heart and place a pillow under your shoulder when you lie down.

If the pain persists or worsens, see your doctor for diagnosis and treatment. If you don't have a family physician, call Parkwest at 865-374-PARK (7275) for help in finding one near you.

Preventing shoulder injuries

The shoulder has a wide range of motion, which has its benefits and drawbacks. While it's the most flexible joint in the body, Paul Brady, MD, board-certified orthopedic surgeon at Parkwest Medical Center, says that flexibility tends to make the shoulder unstable and easily hurt.

Keeping your shoulders strong can reduce the risk of injury. Stay active and add exercises to your workout focusing on your shoulders, neck and back. Make sure you do an equal amount of pushing and pulling in weight training, so the back of your shoulder gets the same muscle-building action as the front.

Stretching exercises, range of motion movements and good posture are other proactive ways to help your shoulder resist injury. But there are also some things to avoid:

- Don't carry objects that are too heavy, and make sure you carry bags and backpacks correctly.
- Try not to overuse your shoulders in a repetitive, stress-



ful motion. For example, if you're painting a ceiling and holding your arms over your head for an extended period of time, schedule frequent breaks to rest your shoulder and apply ice if you feel pain.

- If you think your job may be

causing injury to your shoulders, talk to your human resources department about finding alternatives to get the job done. Modifications to equipment might be an option.



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