



SUMMER 2017

MEET THE DOCTORS...

GLENN J. JONAS, MD



AREAS OF EXPERTISE:

Surgery of the Hand and Upper Extremity
Microsurgery

MORE ABOUT DR. JONAS:

Dr. Jonas is the Physician Liason for the Resurgens WorkLink Program. He is a Fellowship trained hand and upper extremity physician with a Certificate of Added Qualification in Hand Surgery.

FELLOWSHIP:

Hand and Microsurgery; University of Alabama, Birmingham Medical Center; Birmingham, Alabama

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American Academy of Orthopaedic Surgeons, Georgia Society for Surgery of the Hand, Georgia Medical Society

What are Orthopaedic doctors looking for on X-rays, MRI's, Nerve Conduction Studies and EMG's?

By: Michele T. Perez, M.D.

X-rays are performed easily at the doctor's office to make a quick assessment of the bones of the body. X-rays image the calcified structures in the body the best. We cannot see soft tissues such as ligaments, tendons, discs, or muscles. The most common things we can diagnose using x-rays are fractures and arthritis of the joints. We cannot diagnose osteoporosis on an X-ray, but sometimes we can detect "thinning" of the bone which may suggest the patient has that diagnosis.

MRI stands for magnetic resonance imaging which is a diagnostic test that identifies structures in the body in much more detail. We can see muscles, tendons, ligaments, discs, nerves and other organs such as kidneys, the liver, etc. MRI does not utilize any radiation to create the picture-instead a powerful magnetic field is used to align the inherent magnetic fields of hydrogen atoms and create a picture. MRI's are typically used to confirm a diagnosis, rather than come up with one. Usually the doctor has an idea of 2-3 things that are likely going on, and will then use the MRI to confirm this, rule out other things that were not suspected, and use the MRI to plan for other interventions such as surgery or certain types of injections.



We do not use MRI's just to "look and see" or to get an "update" since the last one or to see if something is getting better. If the condition we previously diagnosed is getting worse, we will get MRIs to determine if the problem has changed. MRI's are a fascinating, safe, and extremely beneficial technology, but as with all technology there can be drawbacks. MRIs show EVERYTHING. Therefore, we very often see abnormalities that are common to most humans (especially aging changes) and these abnormalities are not always clinically significant. We have to match the symptoms to the things we find on the MRI. There is a famous study done by an Emory physician which proved that over 50% of patients over the age of 40 who had no symptoms of neck pain had findings of herniated discs or a degenerative disc on cervical MRI.



Physicians in orthopedics and non-surgical spine care often order a test called a nerve conduction study and electromyography. This test is to determine if a nerve is being pinched, compressed, or damaged in the spine or the extremities. The most common reason this test is performed is to confirm if a patient has carpal tunnel syndrome. Not all numbness in the arms or legs is due to pinched nerves in the spine so we can use this test to determine other areas where problems may be coming from and sometimes rule out particular conditions. The test is performed using a mild electrical impulse to record the speed of conduction of the nerves and small acupuncture-size needles are used to detect abnormalities in the muscles which can be caused by nerve compression.

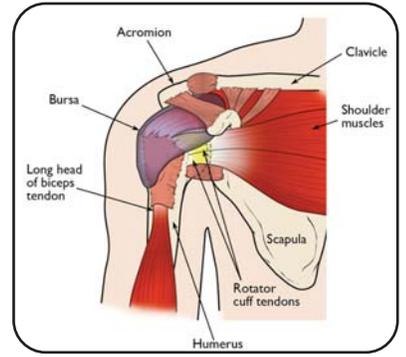
We hope that by understanding what an Orthopaedic or PM&R physician looks for helps in aiding you in the future. And, as always, call us or schedule an appointment with one of our spine physicians at Resurgens Orthopaedics today and find out the best way to get on the road to recovery.

ACCESS • COMMUNICATION • CONSISTENCY

ROTATOR CUFF TEARS

By: Ryan C. Chen, MD

Over 1 million people annually see their doctor for a rotator cuff (RTC) problem. Rotator cuff tears are very common over the age of 40 and over one-fourth of patients over 65 have a rotator cuff tear. Rotator cuff tears will only become more common as our population ages. The rotator cuff consists of four tendons that dynamically stabilize the shoulder joint and help you to raise your arm. Rotator cuff tears can occur from either trauma to the shoulder or from degeneration of the tendon with age and repetitive overuse.



Symptoms of a rotator cuff tear include shoulder pain with overhead activities and/or weakness. Pain can be most severe at night and can interrupt your sleep. Magnetic resonance imaging (MRI) is the most accurate imaging study to detect a rotator cuff tear. An MRI may be ordered after a major shoulder injury or for persistent symptoms after a trial of nonsurgical treatment.

Nonsurgical ways to treat rotator cuff tears include rest, activity modification, anti-inflammatory medication, physical therapy or an injection. Full-thickness rotator cuff tears do not heal on their own. There are several factors to consider when deciding whether surgery is necessary. These include the severity of symptoms, activity level, age, failure of nonoperative measures, tear size, degree of tendon retraction, and quality of tissue. Historically, open incisions were utilized to repair the rotator cuff. Modern advances and minimally-invasive techniques currently allow arthroscopic repair of the rotator cuff in an outpatient setting.

TERMS THAT DOCTORS USE...

Arthroscopic Surgery: a minimally invasive surgical procedure on a joint in which an examination and sometimes treatment of damage is performed using an arthroscope, an endoscope that is inserted into the joint through a small incision.

Electromyography: the recording of the electrical activity of muscle tissue, or its representation as a visual display or audible signal, using electrodes attached to the skin or inserted into the muscle.

NCS - Nerve Conduction Studies - This noninvasive, outpatient exam is used to measure how quickly nerves conduct electrical signals through the body. NCS is a valuable technique for diagnosing nerve damage. If damage exists, NCS can help a physician find its source. It is often done as a stand-alone test or in conjunction with an EMG

Physiatrist or Physical Medicine and Rehabilitation Physician - (PM&R) physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons.

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