



AthletiCare News

Newsletter of AthletiCare™ Sports Medicine program at St. John's Hospital and St. Francis Hospital

November 2011



MEET

Lucas Rylander, MD

Orthopedic surgeon Lucas Rylander, MD, joined AthletiCare™ in August. Originally from the small town of Oneida, IL, Dr. Rylander graduated from ROWVA High School. While there, he participated in football, basketball, and track and field.

Dr. Rylander completed his undergraduate degree at Augustana College in Rock Island, IL, obtained his medical degree from the University of Illinois-Peoria, and received his orthopedic residency training at SIU School of Medicine in Springfield, IL. He received fellowship training in sports medicine and shoulder surgery from the University of Colorado. While there he worked with athletes from the University of Colorado and Denver University, as well as several area high schools.

His special interests are in the treatment of shoulder pain and instability, hip arthroscopy, ACL reconstruction, and meniscus tears.

Year in Review

2011 proved to be another successful year for AthletiCare™ with the continued expansion of service locations, staff and specialty clinical programs.

New Service Location

Thomas Boyd Hospital in Carrollton.

In June, AthletiCare partnered with Thomas Boyd Hospital in Carrollton, IL to provide orthopedic physician support for the Carrollton community. Dr. Rishi Sharma (non-operative orthopedic physician) and Dr. Diane Hillard-Sembell (orthopedic surgeon) provide support for fractures, sprains/strains, joint pain, and surgical consultations.

New Staff

The AthletiCare staff welcomed seven new members this year:

Lucas Rylander, MD, an orthopedic surgeon, is now serving the Litchfield and Springfield communities.

Other new staff members are **Jennifer Shurtz, MS, ATC**; **Julia Rodrick, OTR/L, CLT-LANA/WCC**; **Sarah Schroeder, MOTR/L**; **Brent Borders, PT, DPT**; **Kyle Johnson, PT, DPT**; and **Jennifer Hatch, PTA**.

Specialty Clinical Programs

AthletiCare added upper extremity surgical management, hand therapy, edema management, aquatic therapy, and concussion management to its list of programs to better serve the Springfield and surrounding communities.

Highlights

Construction of AthletiCare facility at Sacred-Heart Griffin nearly complete.

Educational programming and wellness activities for the students and faculty are already taking place and construction on the newest AthletiCare location at 1603 West Washington is nearly finished.

The new AthletiCare facility will provide physical therapy, physician clinics (variety of subspecialties) and radiology services for students and the general public. The anticipated opening date is early January 2012.

Rehabilitation services in Rochester.

Thanks to the availability of AthletiCare services at St. John's Health Center, our therapy team conducted more than 5,600 patient visits last year.

Concussion Management.

The AthletiCare team provided baseline testing for 397 athletes during the 2010-2011 school year. Post concussion tests were performed on 62 athletes - 48 of whom were football players. Out of the 48 football players undergoing post-concussion tests, 23 of them tested worse than their baseline testing. This information enabled the AthletiCare team to make informed decisions about when it was safe for them to go back to play.

AthletiCare, St. Francis Hospital,

Litchfield. During the 2010-11 school year, athletic trainer Jessica Ball treated more than 50 athletes, trained 18 athletes in Sportsmetrics and completed 40 Impact baseline tests. Jessica also serves the athletes and assists the coaching staffs in Mt. Olive and Gillespie.



Strong core = strong athlete

By: Jill McNeil, PT



MEET

Jen Shurtz, ATC

Certified Athletic Trainer Jen Shurtz began working for AthletiCare™ in August 2011. She is the athletic trainer for Lincoln Land Community College, but also visits North Macoupin, Carlinville, and Raymond-Lincolnwood High Schools. Prior to joining the AthletiCare team, Jen spent two years working as the athletic trainer at Olympia High School and two years at Normal Community High School.

Jen received both bachelor and master's degrees from Illinois State University in athletic training. She also played volleyball for two seasons at Lincoln Christian College (now Lincoln Christian University) prior to transferring to Illinois State. Jen enjoys being active, particularly through marathon training and playing sand volleyball.

Core training is a very important aspect of physical therapy with athletes. The “core” is the body’s center of power. Physical therapists refer to this as the intrinsic muscles that lie deep in the torso extending from the shoulders to the pelvis, including the abdominal, hip, and spinal musculature. The core is the basis for all functional movements in sports, and is crucial for everything from cutting, pivoting, throwing, and jumping. Its main purpose is for balance and stability with the transfer of forces to the extremities. Having a strong core increases strength, reduces the risk of injury, provides execution of movements, and gives efficient dynamic neuromuscular control to improve sports performance.

Core muscles are hard to feel, impossible to see and don’t create a lot of motion, so it can be hard to recognize them initially. Simply start by visualizing a deep, low muscular belt at your belly button that lightly draws your lower abdomen towards your spine or as if tightening a belt just one notch. The contraction should be light and gentle. You should not hold your breath or suck in your waist because the action becomes ineffective for reaching the deep stabilizing muscles. With time, practice, and utilizing a physical therapist you may become aware of the stabilizers and notice the difference they provide to your sport and daily life.

Training can be accomplished using many methodologies and equipment. Popular core training exercises incorporate the use of stability balls, medicine

balls, balance boards, Bosu balls, and kettle bells. Other methods include mat work or gravity training. Here are three basic exercises to start with:

- **Plank:** Lie on the floor with your forearms and toes on the floor. Keep your torso straight and rigid and your body in a straight line from ears to toes without sagging or bending while lifting your torso. Your head is relaxed and you should be looking at the floor. While tightening your abdominals, hold this position as long as tolerated.
- **Bridge:** Lie on your back with your knees bent. Tighten your abdominal muscles. Raise your hips off the floor until your hips are aligned with your knees and shoulders. Hold for three seconds. Return to the start position and repeat.
- **Quadruped:** Start on your hands and knees. Place your hands directly below your shoulders, and align your head and neck with your back. Tighten your abdominal muscles. Raise your left arm and your right leg at the same time. Repeat with your right arm and left leg.

All populations and age groups can benefit from these techniques. In addition to your regular cardiovascular, strength, and flexibility workouts, core stabilization should be part of your integrated training. Performing core stabilization unites fitness, health, and injury prevention, promoting a workout that will not only have you looking good and feeling great, but will also keep you mobile, flexible, balanced, and fit for life.

Quadruped



Oh, my aching feet!

By: Cathy Gregory, PTA

If you have aching feet you are not alone. Two million Americans get plantar fasciitis every year. Plantar fasciitis is an inflammation of the thick fibrous connective tissue that runs from the bottom of the arch of the foot toward the toes.

A common symptom is pain under the heel and through the arch, especially with the first steps in the morning. The pain is sharper during the first steps and decreases as the tissues elongate with subsequent steps. After sitting or resting, the pain can return and will decrease again as you walk and stretch it out. Standing for long periods of time also can cause pain.

People with a higher risk of rate of plantar fasciitis are those with jobs that require them to stand or walk for long periods of time. Examples are postal workers, medical workers, sales jobs, waitresses, and factory workers. People who are overweight or pregnant also are at risk. Track and field athletes, typically sprinters and jumpers, are at risk, too. The risk increases if the athlete's shoes are badly worn or do not offer good arch support.

Treatment may include weight loss. Physical therapy can offer help with stretching exercises, massage, temporary taping for support, ultrasound, and iontophoresis treatments for inflammation. Physical therapists can evaluate the client for dysfunctions of the foot and lower extremity while standing and walking. They can also determine other factors that may be contributing to plantar fasciitis. An example might be a previous injury that caused the person to change their walking pattern or caused a muscle imbalance that contributed to an altered gait pattern.

Anti-inflammatory medications prescribed by a physician can be helpful. There are various types of night splints and



orthotics that position the foot in the correct position to keep the tissues stretched and supported. Orthotics can range from over-the-counter ones to custom made. It is very important to wear the correct shoes for the activity/sport you are involved in. Sales persons in shoe stores or specialty athletic stores should be trained in the proper fitting and application of shoes and would be worth seeking out when buying new shoes.

In summary, stretching before getting up will assist with pain as well as orthotics and correct supportive shoes. Consulting with a physician, physical therapist, shoe specialist, and orthotist can help prevent chronic and degenerative problems from developing, so you can continue your favorite activities without foot pain.

My shoulder popped out of place! NOW WHAT?

By: Lucas Rylander, MD

The shoulder is an amazingly mobile joint. This mobility is essential for athletes. Unfortunately, this high degree of motion predisposes the shoulder to dislocation. Why?

The ball and socket that form the shoulder joint is inherently unstable. It is rather analogous to a golf ball on a golf tee; a small nudge can knock the ball right off of the tee. The shoulder relies on ligaments that surround it to hold it securely in place. In addition, the muscles of the rotator cuff help to compress the ball portion of the joint firmly into the socket. During collision and grappling sports, or with athletic trauma, the forces on these ligaments

can overcome their strength. When this happens the shoulder can come all of the way out of joint (dislocation) or shift within the joint (subluxation).

If attended to quickly, a shoulder dislocation can often be reduced by pulling traction on the arm by an athletic trainer, physician, or other trained professional.

Occasionally, muscle spasms due to the pain won't allow a reduction to occur, requiring an emergency room visit. After reduction, the arm is placed in a sling for a few days to allow the pain to dissipate. This is followed by gradual reintroduction of shoulder motion and strengthening as tolerated.

Once a shoulder dislocation occurs, the likelihood of sustaining another dislocation increases substantially. The risk

of re-dislocation depends on age, activity level, occupation, and gender, among other factors. In general, younger male patients involved in overhead and collision sporting activities are at the highest risk of a subsequent dislocation. In some studies this risk has been quantified at greater than 90 percent.

My preference is to treat most first-time dislocations with physical therapy. If an athlete sustains a second dislocation, potential surgical intervention is discussed and weighed with the patient, though it is not "mandatory." Surgery usually involves shoulder arthroscopy using three or four small incisions to repair the torn shoulder ligaments and labrum. Recovery and return to sport generally takes four to six months.



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