RADY SMITH, 13, isn’t sure why he fell off the bicycle, but he certainly remembers the date: June 3, 2015. He shattered his right elbow that day, ruined his summer vacation and started a journey driven by determination and six words: “I want to play the violin.”

R. Michael Greiwe, M.D., was called while Brady was at Commonwealth Orthopaedic Centers’ Urgent Care in Edgewood to assess his injury. The break was significant, explains Jill Goodwin, P.T., MSPT, Physical Therapy Director. Even after surgery, gaining full motion of his elbow was going to be a challenge.

But Brady is an accomplished violinist, and he and Goodwin agreed that his return to play was the only acceptable outcome. “He and I decided that we were going to defy the odds,” she says. When the cast came off, his arm didn’t bend.

Goodwin and Brady embraced the challenge. “She was very gentle and empathetic,” says Andrea Smith, Brady’s mother. “It became a positive experience,” she adds, noting that she and her husband Todd were always welcome to attend Brady’s physical therapy sessions. He had several months of therapy and an aggressive at-home regimen requiring three one-hour sessions a day.

Brady’s work ethic and can-do attitude and the positive energy and assistance of “fantastic parents” were crucial during this process, Goodwin says. “If you surround yourself with people who can help you help yourself, you can really do great things,” she says.

Brady regained full motion of his bow arm and now plays the violin in three orchestras, including a first-violin position in the Northern Kentucky University Youth Symphony Orchestra. “Never give up” is his advice to others fighting back after an injury.
COLLEAGUES DESCRIBE MICHAEL D. O’Brien, M.D., as a “meticulous” surgeon and a “kind-hearted” physician. He is most comfortable in these settings, in fact, eschewing any fanfare regarding his approaching retirement or even the mention of his distinguished career. “I worked hard. I did my best,” he states simply. He defines his 37 years in general orthopaedics with a single accomplishment: “To have people come back and tell me how happy they were and that they didn’t have pain anymore,” he says. This is his most “gratifying experience.”

A native of Bellevue, Kentucky, Dr. O’Brien has devoted his professional life to caring for the people of this region. He earned his medical degree from the University of Louisville in 1975, completed his internship at Baptist Memorial Hospital in Memphis, Tennessee, and his residency in orthopaedic surgery at the University of Cincinnati Medical Center. He served as chief of surgery and past president of the medical staff at St. Luke Hospital and has been part of the Commonwealth Orthopaedic Centers’ team since its establishment in 2003.

Vast technological improvements have dramatically altered orthopaedic medicine since the early days of Dr. O’Brien’s practice. He mastered state-of-the-art techniques and embraced advancements that were yet unimagined when he launched his career in 1980. Most notably, he witnessed the advent of the MRI scanner, the development of the arthroscope and the use of the C-arm in the operating room, which “allows you to do things in real time with an X-ray,” he explains. Upgrades in orthopaedic hardware have improved the outcome for patients as well, an evolution he hopes will continue with more computer-assisted surgery.

Patient-centered care is a value Dr. O’Brien hopes will not change. “It’s been an honor to be a part of this practice and the quality of care these doctors provide, Dr. O’Brien says. “This is the finest collection of orthopaedic surgeons in the city, and I’d recommend them to anyone.”

His advice to physicians and surgeons is his ruling principle: “Always keep the patient in mind and be concerned about their well-being. Be there for them more than anything else.” For his years doing exactly this, his colleagues and friends at Commonwealth Orthopaedic Centers express their sincere appreciation.

Michael D. O’Brien, M.D., is certified by the American Board of Orthopaedics and is a member of the Kentucky Medical Association, the Northern Kentucky Medical Society and the Freiberg Society. He will retire from patient care in April 2017.
WHEN CLASSICAL, COMPETITION AND TEAM DANCERS GET HURT, THEY ARE MORE LIKELY TO PUSH THROUGH PAIN THAN OTHER ATHLETES. SUCH RELUCTANCE TO SEEK HELP IS DUE TO SEVERAL UNIQUE FACTORS, YET ALL OF THESE CHALLENGES ARE ADDRESSED BY THE HEALTH CARE OFFERED BY ORTHOPAEDIC FOOT AND ANKLE SPECIALIST NICHOLAS T. GATES, M.D.

PARTICULAR INJURIES

Ballet dancers are prone to positional and over-use injuries. Os Trigonum Syndrome (The Nutcracker Syndrome) is a common ankle injury caused by flexing the foot downward en pointe, or standing on tiptoes. "Certain dancers will pinch a bone in the back of the ankle repetitively…. They are cracking a small piece of bone as a nutcracker would crack a walnut," explains Dr. Gates. This repetitive movement may break the bone.

Dance team athletes and those engaged in competitive cheerleading may also experience positional issues and are at increased risk for ankle sprains and injuries from tumbling and gymnastics.

DISTINCTIVE CHALLENGES

Dance is sport and art—and getting an injured dancer back to performing can be tricky. Here’s why:

• Competitive pressure to “stay with the dance” translates into a hesitancy to seek help. Immediate access to care during practice and performance is rare except at professional levels.
• Dancers require freedom of motion. Traditional bracing techniques used to stabilize joints limit movement and may be prohibited in performance due to wardrobe constraints (particularly in ballet).
• Sports medicine is typically heavy on traditional sports. Dancers may be frustrated by practitioners who lack understanding of their needs.

THE SOLUTION

Dance medicine is a specialized approach, Dr. Gates says. “I understand the terminology of dance,” he explains, as well as its unique culture. He provides appropriate and creative measures to get dancers back on their feet. At times, more aggressive treatment, including arthroscopic surgery and rehabilitative physical therapy or partial bracing, may be considered rather than rest from activity.

Whatever the issue, dancers of all ages are welcome at Commonwealth Orthopaedic Centers. “We are just as interested in dancers as we are in athletes,” Dr. Gates says.

Nicholas T. Gates, M.D., is a board-certified foot and ankle orthopaedic surgeon and sports medicine specialist. He serves as team physician for Highlands High School and treats both athletes and nonathletes.

WRITER’S CRAMP ISN’T JUST FOR WRITERS. PIANISTS AND GUITARISTS CAN SUFFER FROM THIS FOCAL HAND DYSTONIA, JUST AS DE QUERVAIN’S DISEASE AFFECTS TRUMPET AND TROMBONE PLAYERS AS WELL AS TENNIS PLAYERS. ADD TO THE LIST VIOLINISTS WITH CUBITAL TUNNEL SYNDROME, FLUTISTS WITH POSTERIOR INTEROSSEOUS NERVE ENTRAPMENT AND REED INSTRUMENT MUSICIANS WITH THUMB PAIN, AND YOU’VE GOT A VIRTUAL ORCHESTRA OF HAND AND WRIST AILMENTS THAT NEED TO BE ADDRESSED.

Thomas M. Due, M.D., and St. Elizabeth Healthcare’s hand therapy team are doing just that. They have developed “a program to evaluate, treat and prevent upper extremity ailments of musicians of all ages and abilities,” says Dr. Due. The goal is for performing artists “to start thinking of themselves as athletes,” he says. As such, musicians engage in strenuous, repetitive motion that can put their bodies in awkward positions. (Just consider a tuba player in a marching band or a cellist in the symphony.) Pain hinders motion and thus performance and can be damaging if ignored.

“Fifty to 70 percent of musicians who practice four to five hours a day are playing in pain,” Dr. Due notes. Technique, poor posture and weak muscle groups are often to blame for muscle strains, sprains and tendonitis. Overuse syndromes like trigger finger (a finger locked in bent position) are common. Sometimes, “physically limiting variants” such as small hands, arthritis, hypermobile or unstable fingers contribute to problems, he adds.

To get musicians back to peak performance, Dr. Due and the hand therapists focus on total body exercise and fitness, basic healthy habits and instrument-specific treatment. Dr. Due—an aspiring guitarist himself—is soliciting the help of a local music instructor so he can better understand the stresses various instruments put on the body. “I thought I should learn more about what it takes to play all of these things,” he says, “so that when patients come in, I can understand what they’re talking about.”

Thomas M. Due, M.D., is a board-certified hand and wrist surgeon, a member of the Performing Arts Medical Association and a Cincinnati Magazine “Top Doctor” for six years in a row.
ORTHOPAEDIC URGENT CARE
560 South Loop Road, Edgewood, KY 41017
859-301-BONE (2663)  513-221-BONE (2663)

MONDAY–FRIDAY
9:00 a.m.–9:00 p.m.

SATURDAY
9:00 a.m.–1:00 p.m.

Our Edgewood location features
an Orthopaedic Urgent Care, open
weekdays and Saturdays.
• No appointment necessary
• Less expensive than an ER visit.

What we treat at the clinic:
• Fractures and possible fractures
• Sprains and strains
• Sports-related injuries
• Urgent orthopaedic injuries

OUR LOCATIONS
• 560 South Loop Road
  Edgewood, KY 41017
• 8726 US 42
  Florence, KY 41042
• 2123 Auburn Avenue
  Cincinnati, OH 45219
• 525 Alexandria Pike
  Southgate, KY 41071
• 2845 Chancellor Drive
  Crestview Hills, KY 41017
• 238 Barnes Road
  Williamstown, KY 41097

OUR OTHER SERVICES
• MRI
  560 South Loop Road
  Edgewood, KY 41017
  8726 US 42
  Florence, KY 41042
  859-334-2320
• Physical Therapy
  560 South Loop Road
  Edgewood, KY 41017
  859-301-0790
  525 Alexandria Pike
  Southgate, KY 41071
  859-334-2390
  8726 US 42
  Florence, KY 41042
  859-334-2355

OUR PHYSICIANS

James D. Baker, M.D.
Hand, Wrist and Elbow Surgery

James T. Bilbo, M.D.
Sports Medicine, Knee and Shoulder Surgery

Matthew J. Connolly, D.P.M.
Nonsurgical Foot Care

Matthew T. DesJardins, M.D.
Primary Care Sports Medicine, Spine Injections

Thomas M. Due, M.D.
Hand and Wrist Surgery

Nicholas T. Gates, M.D.
Foot and Ankle Surgery, Sports Medicine

Michael A. Grefer, M.D.
General Orthopaedics

R. Michael Greiwe, M.D.
Shoulder, Elbow and Sports Medicine

Matthew S. Grunkemeyer, M.D.
Knee, Hip, Sports Medicine, General Orthopaedics

Forest T. Heis, M.D.
Sports Medicine, Knee and Shoulder Injuries

Richard M. Hoblitzell, M.D.
General Orthopaedics, Total Joint Replacement

Bruce R. Holladay, M.D.
Sports Medicine, Knee, Shoulder and Elbow

Matthew T. Hummel, M.D.
Total Joint Reconstruction and Replacement, General Orthopaedics

John B. Jacquemin, M.D.
Cervical, Thoracic, Lumbar Spinal Surgery

John J. Larkin, M.D.
Shoulder and Knee Injuries, Cartilage Repair and Transplantation

Adam V. Metzler, M.D.
Sports Medicine, Knee, Shoulder, General Orthopaedics

Rebecca E. Popham, D.O.
Primary Care Sports Medicine

Howard J. Schertzinger Jr., M.D.
Spine, Primary Care Sports Medicine

Jonathan M. Spanyer, M.D.
Hip & Knee Replacement, Total Joint Reconstruction

Charles E. Whalen, M.D.
Primary Care Sports Medicine