

Stand Up to Hip Pain

Dance aerobics took a toll on Pamela Thorfinnson's left knee, and later, her hip.

"It was overuse. I kind of abused it. I was heavy into exercise for a long time," Pamela said.

A knee replacement was followed by a hip replacement last May.

By July 4, the 57-year-old was hiking in Estes Park, Colo.

Once a procedure reserved for those older than 60, advances in artificial parts and surgical techniques have made hip replacement an option for younger and older patients.

As a nation we are doing more hip replacements," said orthopedic surgeon James Gallentine, MD. "You see more of the extremes, the super-young 40-year-olds, those in their 80s and 90s. It's hard to tell someone they're not a candidate."

One factor is that artificial hip parts last longer. Another is how the medical team addresses the entire surgical episode from start to finish.

Preoperatively, the team sets up the patient for success by providing education on the procedure in joint classes. This prepares them for the road ahead.

Operatively, the medical team has optimized the surgery for better outcomes, including better blood management and

pain and nausea control – all factors that speed recovery and healing.

While still in the hospital, the medical team gets patients moving and provides additional early mobilization education.

"Because of this approach, most patients manage their pain with lower-grade narcotics, perform well in physical therapy and return post-operatively with minimal pain and a better quality of life," said Dr. Gallentine.

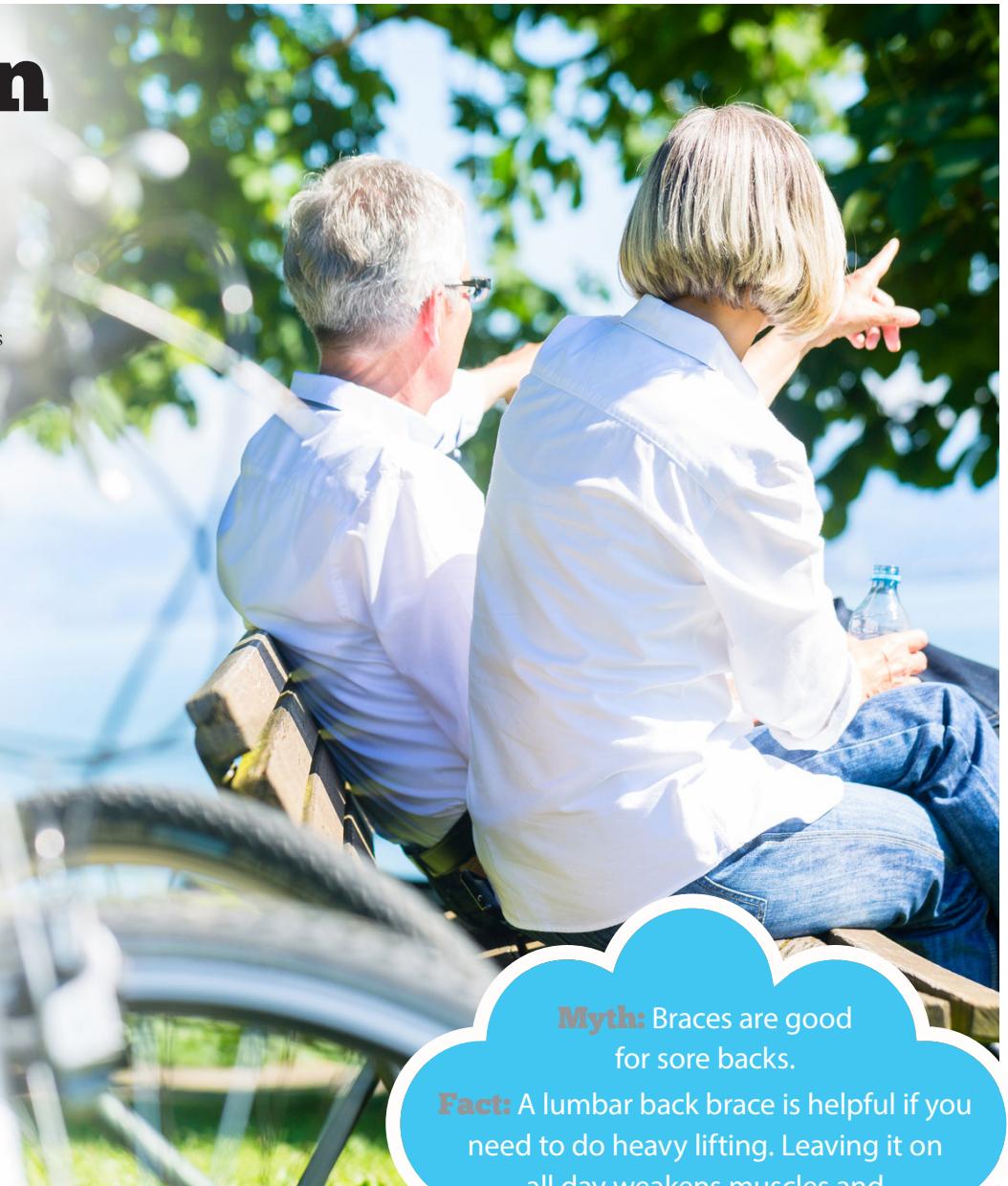
"The length of stay is shorter. Patients seem to recover quicker. We just try to make it as uneventful as possible."

All those factors helped Pamela bounce back.

"I was up the same day of the surgery walking around the hall with a walker," she said.

Pamela has returned to the gym and her job as an equipment specialist for Lincoln Public Schools.

"It's a very active job," she said.
"I'm on my feet."

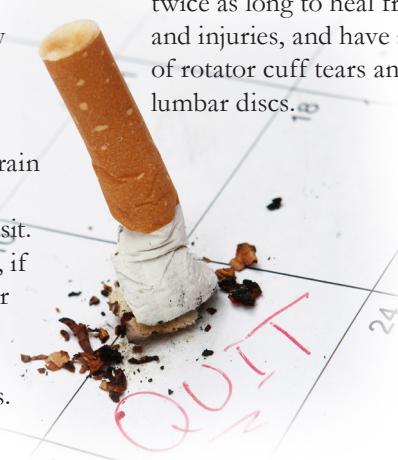


Three things your orthopedist wants you to know

1. Don't be embarrassed. Just tell us how you got hurt. A frank description of that cringe-worthy accident helps us understand your injury.

2. When in doubt, call. A minor sprain probably needs ice, rest and anti-inflammatories – not an office visit. Call for an appointment, though, if you heard a pop, feel weakness or numbness, can't bear weight, or have pain that hinders sleep or has lasted more than three weeks.

3. Quit smoking - today. Smokers take twice as long to heal from fractures and injuries, and have a higher risk of rotator cuff tears and herniated lumbar discs.



Myth: Back pain isn't a big deal.

Fact: It's the second-most frequent reason people visit the family doctor. The first is upper-respiratory infection.

Myth: Braces are good for sore backs.

Fact: A lumbar back brace is helpful if you need to do heavy lifting. Leaving it on all day weakens muscles and worsens the problem.

Myth: Rest is the cure.

Fact: Bed rest lasting more than one or two days does more harm than good. Those who stay active bounce back faster.

Myth-busting back pain



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