News around the office

Natasha O'Kane- Medical Secretary

Natasha recently represented the Cormac McAnallans in the Australia wide Gaelic Football and Camogie (Hurling) tournament held in Melbourne. Playing in both the football and camogie tournaments,the Cormacs were able to reach the final in the camogie but lost in a close match to the NSW Central Coast team.

Sarah Hornery - Practice Manager

Congratulations to the St Vincent's Sportsmed Coastrek team which recently competed in the 50km Coastrek Charity event, trekking from Palm Beach to Balmoral in just over 13 hours while raising over $5000 for the Fred Hollows foundation. This inaugural Wild Women on Top charity event raised over $200 000.00 in total for the foundation.

Dr Scott Burne - Sports Physician

Dr Burne recently welcomed his 3rd child, a baby daughter Amelia. Congratulations to both Scott and Di.

Coastrek team at Avalon

Go to to www.stvincentssportsmed.com.au
Sports Physicians can see all patients at St Vincent's SportsMed at any sporting or exercise level, without a referral.

St Vincent's SportsMed

Suite 407
St Vincent's Clinic
438 Victoria St
Darlinghurst 2010

Phone: 02 8382 6969
Fax: 02 8382 6968
E-mail: sportsmed@stvincents.com.au
www.stvincentssportsmed.com.au

St Vincent's SportsMed

Issue no. 5 Autumn 2010

In This Issue

St Vincent's SportsMed specialises in:

- Arthroscopy
- Sports Medicine
- Knee Ligament Reconstruction
- Shoulder Reconstruction
- Meniscal/ Cartilage repairs
- Orthopaedic Trauma

Acromioclavicular injuries

Dr Simon Tan

Acromioclavicular (AC) joint injuries are common. They are often referred to as AC dislocations, disruptions, separations, subluxations or dissociations. These names are all interchangeable for the same injury.

AC joint injuries are usually the result of trauma in sports such as cycling, skiing, snow boarding, football and mountain biking but essentially can occur whenever there is a direct fall onto the shoulder.

Anatomy: The acromioclavicular joint is involved in the support of the shoulder girdle especially in the overhead position. The joint is made up of the articular ends of the acromion and the clavicle. There is an articular disc and cartilage on the ends of each bone. Strong parts of the AC joint capsule prevent excessive front to back movement (anteroposterior instability) but it is the 2 strong ligaments that join the coracoid to the clavicle known as the coracoclavicular ligaments that are the key elements to this particular injury. When the coracoclavicular ligaments are disrupted there is increasing instability and usually progressive deformity seen.


Figure 1


Figure 2


Figure 3

Figure 1 : Xray demonstrating intact coracoclavicular ligaments

Classification: Dr Charles Rockwood originally classified the injury pattern and this classification is still used currently as it guides treatment. Acromioclavicular dislocations are graded on a I to VI scale based on X-ray appearance and clinical examination.

Treatment: Dislocations graded I to II are treated non surgically while dislocations classified IV to VI are considered unstable and require surgery.

Treatment of grade III injuries remains controversial and needs special consideration.

Management of grade I and II dislocations involves a sling for comfort only and a progressive return to activity as pain allows.

It is becoming increasingly accepted that unstable AC dislocations (over IV) should be repaired within 2 weeks of the injury. Unfortunately a lot of unstable injuries are missed or present late and a reconstruction is then required. In this case, a tendon from elsewhere in the body (often a hamstring tendon) is required to reconstruct the coracoclavicular ligaments and stabilize the AC joint.

Untreated, unstable AC injuries have consistent pain and fatigue of the musculature due to malposition of the shoulder girdle. **Early referral for orthopaedic review is essential in these injuries as unstable dislocations can be repaired acutely and avoid the need for graft reconstruction.**

Figure 2: Xray demonstrating ruptured coracoclavicular ligaments

Previously, grafts such as Dacron and Gortex were used to replace the CC ligaments or even plates and screws. These options were not particularly successful, often requiring plate removal at a later stage or re-operation for failure. Dr Tan's current method of fixation is a double button high tensile suture device which has the benefits of rigid fixation, low complication and low failure rate. Additionally the implant is very low profile and usually does not need to be removed. Surgical reconstruction requires an overnight stay in hospital but means restricted use of the shoulder in a sling to allow healing of the reconstruction/repair. Rehabilitation is not difficult and stiffness is uncommon following surgery.

Figure 3: Xray demonstrating tightrope repair of AC dislocation

St Vincent's Sportsmed is currently involved in several clinical research projects involving the Acromioclavicular joint.

Dr Angus Bathgate tours South Africa

Dr Bathgate has recently returned from touring with the ACT Super 14 Brumbies in Perth and South Africa. A very successful tour, the ACT Super 14 team won 2 out of 3 away games and had no significant injuries. The Brumbies defeated The Western Force in Perth and the Stormers in Cape Town but lost to last years Super 14 champions, the Bulls, in Pretoria.

Highlights of the tour included being able to field the same fit team for all 3 games, (a testament to Dr Bathgate's excellent medical care!) and climbing Table Mountain with amazing views of Cape Town and Roddam island, where Nelson Mandela was held prisoner.

Suite 407 St Vincent's Clinic 438 Victoria St Darlinghurst 2010 Phone: 02 8382 6969 Fax: 02 8382 6968 www.stvincentssportsmed.com.au

Welcome Dr Maja Markovic

St Vincent's Sportsmed is delighted to welcome Dr Maja Markovic to the practice.

Dr Markovic is a consultant Sports Physician with over 10 years experience in the management of musculoskeletal injuries in both professional and recreational athletes.

Specialising in managing injuries in snow sports, volleyball, soccer, basketball, rugby and triathlons, Dr Markovic has a particular interest in managing injuries affecting exercising women and children.

Dr Markovic is currently the medical coordinator and Team doctor for the Wollaroos (Australian National Women's Rugby Union Team). She has been Medical Coordinator for Australian University Sport and was involved in the World University games in 2005 and 2009. She is currently team doctor for Norths Rugby Union and has been the presiding doctor at many events including rugby union and NRL matches,triathlons, national athletics and the Sydney 2000 Olympics and Paralympics.

Dr Markovic is a highly accomplished Sports Physician who brings to St Vincent's Sportsmed not only a wealth of knowledge and experience but a female perspective.

In her own time, she is a keen hiker, an extreme skier and enjoys playing volleyball.

Hot Topics:
Platelet rich Plasma

Platelet rich plasma therapy, also known as PRP is a hot topic in Sports Medicine and Orthopaedic surgery, currently being used to speed up the body's natural healing rate.

The plasma portion of human blood contains platelets which release protein growth factors responsible for initiating the body's healing process. PRP therapy involves taking a sample of the patient's blood and spinning it down into the component red cells and plasma. The resultant plasma contains a high concentration of platelets, with the ability to initiate healing and produce a faster healing process.

The treatment is performed as an outpatient procedure. Blood is taken from the patient and spun down using a special centrifuge. The plasma collected from the centrifuge is then injected back into the patient's injured area. Ultrasound guidance may be used to localize the injection site. The procedure is usually done with local anaesthetic for patient comfort and following the injection, soreness may be felt for several days.

The implications of PRP are enormous. PRP aims to decrease injury time by actually improving the healing rate and initiating the growth of new tissue rather than just treating symptoms. It is safe, with no risk of disease transmission or rejection, as the patient's own blood is used.

The literature to date suggests better tendon healing and recovery with PRP.

St Vincent's Sportsmed is currently involved in several laboratory based studies involving PRP.

Suite 407 St Vincent's Clinic 438 Victoria St Darlinghurst 2010 Phone: 02 8382 6969 Fax: 02 8382 6968 www.stvincentssportsmed.com.au