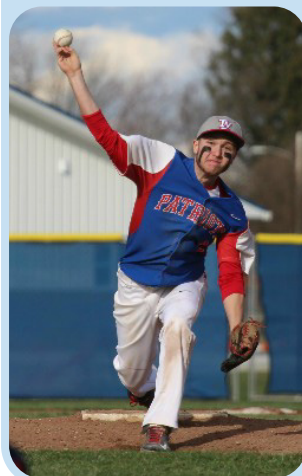
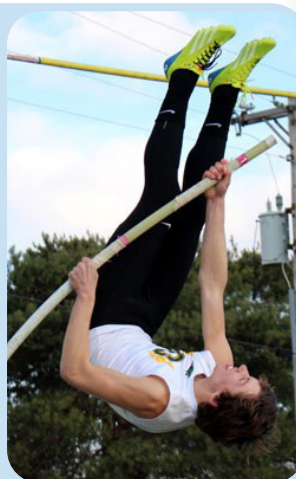


Wayne HealthSports



Rehabilitation & Sports Medicine
*Athletic Trainers, Rehabilitation,
and Orthopedic Services*

Our Athletes in Action



All photos are courtesy of BlueBag Media.

Upcoming Events

PASP Course

Monday, May 16th
from 6:00pm to 8:30pm

Course location
Wayne HealthCare Outpatient
Rehabilitation Center
1111 Sweitzer St.
Greenville, OH 45331

Please call Jim Beyke, PT at
(937) 547-5941 or email
james.beyke@waynehealthcare.org
to register.

Sports Physicals

Thursday, May 5th
from 6:00 – 9:00pm
Wednesday, May 18th
from 6:00pm – 9:00pm

Pre-registration is required.
Please sign up in your High School
Athletic Department.

Physicals Location
Family Health
5735 Meeker Road
Greenville Ohio

Cost - \$10
Paid at time of physical
(cash or check only)

To Ice or Not to Ice

For many years, the idea of ice application to the shoulders and elbows of overhead and underhand throwing athletes in baseball and softball has been a point of great debate within the athletic community. There are many coaches and athletes who stand by the idea that icing after overhead or underhand throwing activities will speed up the recovery process and help prevent injuries. For most of these individuals, this idea is not rooted in any evidence-based research or scientific fact, but instead comes from their personal experiences playing baseball or softball. Many medical professionals within the athletic community have done a great deal of research on this issue in recent years and come to the consensus that icing shoulders and elbows after all throwing activities may not be the most effective means for facilitating recovery and avoiding injury. There is a great deal of scientific evidence to support this idea and other alternatives have been researched and effectively implemented to replace icing as the only post-throwing therapeutic measure.

The theoretical basis for post-throwing icing is that during the course of a practice or game, where overhead/underhand throwing movements are repeated many times, there is always some degree of disruption or inflammation occurring in the muscles and joints. While this may be the case for some professional athletes who have participated in overhead/underhand throwing activities for decades, for younger athletes who have much less mileage on their arms this is not nearly as much of a concern. There are certainly some younger athletes who have sustained a significant number of shoulder and/or elbow injuries early on in their playing careers and could have more pain after they throw than their healthier peers. In many of these cases, ice would be indicated as an appropriate treatment if they are having pain after throwing. In order to give the most appropriate and beneficial care possible to the shoulder or elbow of an overhead/underhand throwing athlete it is very important to distinguish between muscular soreness and pain, and between acute or chronic injury and simple muscular fatigue.

During any prolonged exercise, the body produces a certain quantity of lactic acid within the muscles as a byproduct that is directly influenced by conditioning level and exercise intensity. Although throwing activities are not as strenuous as sprinting or other forms of anaerobic exercise, there is still a considerable lactic acid buildup that occurs in the muscles throughout the course of a practice or game.

Ice is primarily indicated for use when there is an acute or chronic injury to an orthopedic structure. The therapeutic benefits of ice include vascular constriction, restricted blood flow, controlling swelling, and localized pain relief. When pain is felt while throwing due to an acute or chronic injury, it is appropriate to apply ice for 15-20 minutes following activity or at the time of injury. If the muscles in an athlete's arm are chronically sore or sore for 2-3 days after a long day of throwing, ice may not be the most appropriate and effective treatment to fight the soreness that is felt. Most of the time this soreness comes about as a result of the athlete not doing an appropriate cooldown after their throwing activity and thus the lactic acid that has built up within their muscles continues to reside there for much longer than it should. This makes it much more difficult for the body to repair itself the way that it needs to after activity.

To Ice or Not to Ice

If you take into account the therapeutic benefits of ice and lack of a proper cooldown after throwing, the argument could be made that icing to prevent soreness after throwing can actually do more to exacerbate the issue rather than avoid it. The ice constricts blood vessels and decreases circulation which makes it much more difficult for the body to flush the lactic acid out of the muscles and reinvigorate the muscles with oxygenated blood to aid in the recovery process.

Because icing can be detrimental to recovery, it is important to implement a more effective post-throwing solution for soreness. This solution can come in the form of a simple cooldown routine, including light dynamic exercises and stretches that will help to flush the lactic acid out of muscles and bring oxygenated blood back to them so that the body can begin the healing and recovery process as quickly as possible after throwing activities. The cooldown routine should involve the entire body as much as possible while giving specific attention to the throwing shoulder and elbow. A proper cooldown should involve three distinct phases. The first phase should include about 6-8 minutes of light jogging to the point where the athlete begins to sweat. This should be done as soon as possible after throwing and will help promote overall increased blood circulation and movement of oxygenated blood back into fatigue muscles throughout the body. The second phase should include dynamic movements for all major muscles groups in the shoulder and elbow of the throwing arm, including the pectoralis major, biceps, triceps, trapezius, latissimus dorsi, and the four major muscles of the rotator cuff (subscapularis, supraspinatus, infraspinatus, teres minor). These movements should include arm swings forward, backward, and side to side, arm circles forward, backward, and over the head, jumping jacks, and pushups. This phase should last from 6-8 minutes in total, similar to the first phase. The third and final phase should include static stretching for all major muscles that were worked in the second phase. These stretches should include a crossover stretch, overhead stretch, behind the back stretch, and partner stretching for the pec major and rotator cuff in both internal and external rotation.

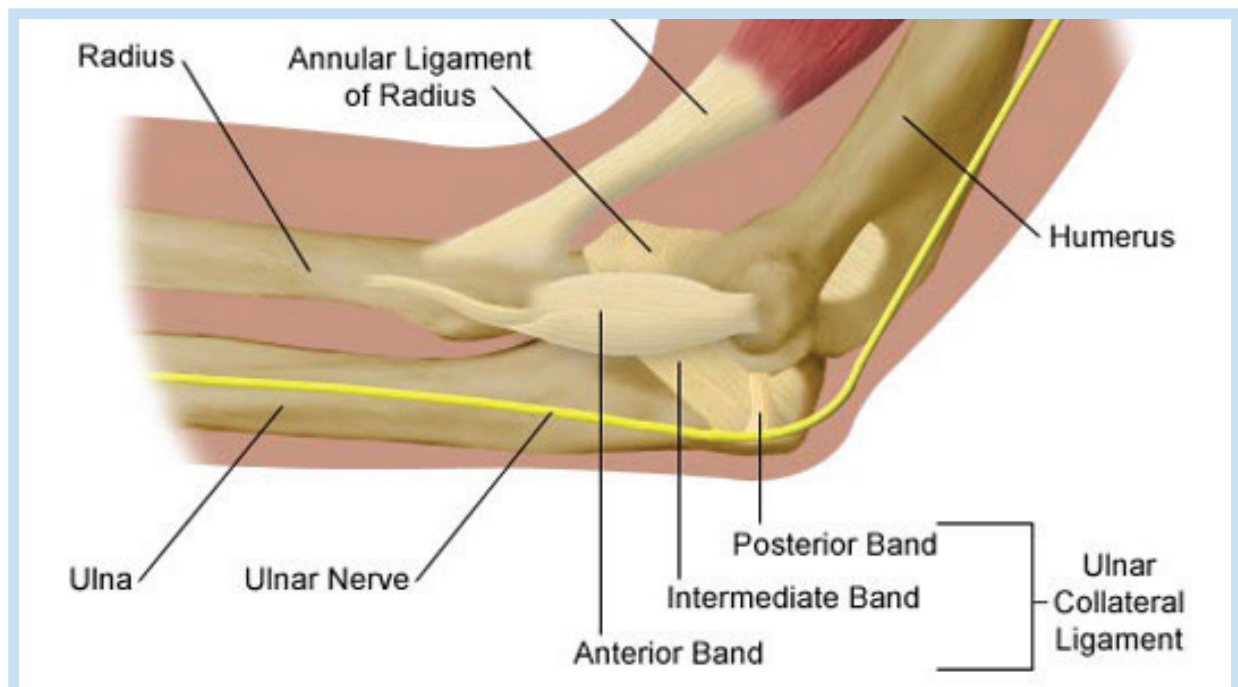
Ultimately, the most important thing to remember when deciding whether or not ice should be used post-throwing is that the athlete must be able to distinguish between when their arm is aching or sore from exercise and fatigue and when there is sharp, significant pain due to an injury. Injuries should receive ice. Soreness and fatigue should receive adequate time dedicated to proper warmup and cooldown routines. Most athletes will find that after a week or two of this different post-throwing routine their arms feel much healthier and less sore than they ever did when they only used ice.

Tommy John's Surgery

The most widely known elbow surgery in baseball is commonly referred to as "Tommy John Surgery" or TJS for short. The surgery is used to repair the ulnar collateral ligament as known as "UCL" on the medial or inside of the elbow. This surgery founded by Doctor Frank Jobe of the Los Angeles Dodgers revolutionized the way pitchers looked at elbow injuries. A once career ending injury to the inside of the elbow is now able to be repaired and careers prolonged due to this advancement. The procedure got its famous name in 1974 when Dr. Jobe performed the first ever surgery on the left handed pitcher Tommy John. The surgery at the time did not have a high likelihood of success, but now has approximately an 80% or higher success rate. He was able to extend his career with the surgery allowing him to win an additional 164 games.

The injury to the ulnar collateral ligament does not occur solely in baseball. Athletes involved in throwing sports are at the greatest risk. Some signs and symptoms of an UCL injury are pain and tenderness at the inside of the elbow, decreased strength with throwing, numbness or tingling in the area similar to being hit on your "funny bone". If a UCL injury is diagnosed through physical examination and diagnostic imaging then several treatment options may be given. The first is physical therapy to strengthen the surrounding musculature. If the patient doesn't respond well to physical therapy surgery may be given as an option.

If surgery is determined as the best option for the patient then a tendon is taken from the patients forearm or musculature in their body is harvested and used to repair the damaged UCL. The doctor may use a tendon from a donated body called an allograft. The procedure consists of tunnels being drilled in the humerus and ulna in which the new tendon being used is woven in a figure eight pattern. All healthy tissue remaining in the original UCL is used to strengthen the graft. A major concern during the surgery is protecting the ulnar nerve shown below in yellow. A complication involving the ulnar nerve may cause pain and or numbness and tingling down the arm into the patient's ring finger and pinky finger. The rehabilitation process for this surgery is over a year for a pitcher and may last up to two years before return to play is recommended.



Pre-Game Meal Recipe

Proper nutrition and hydration is important for every day health and is especially important for athletes to maximize their performance. Pre-game meals should be easily digestible and include a balance of lean meats, whole grains, low fat dairy products, fruits and vegetables. Avoid heavy high-fat meals containing deep fried foods because they will slow down digestion and may cause cramping during the activity or make you feel weighed down and sluggish affecting your overall performance.

An example of a pre-game meal is listed below. You can also purchase your favorite stir-fry meal kit at your local grocery store and prepare according to package directions. Just add a piece of fresh fruit and an 8oz glass of milk to optimize the nutrition benefits. Remember it is just as important to eat right on the game day as it is every day.

Easy Chicken Stir Fry with Veggies (serves 4)

- 1 pound boneless, skinless chicken breast, cut into 1/2 inch strips
- 2 tablespoon oil, separated
- 2 cloves garlic, minced
- 1 large red or yellow bell pepper, cut into strips (the size of matchsticks)
- 1/2 cup shredded carrots
- 1/4 cup sliced onion
- 1 handful baby spinach
- 1/2 cup soy sauce mixed with 2 teaspoons sugar and 1 tablespoon cornstarch
- 1 cup brown rice, cooked to package directions

Heat oil in skillet with medium-high heat. Quickly stir in garlic to lightly brown. Add chicken strips. Cook until lightly brown on all sides and no pink remains in middle. Remove from pan. Add another tablespoon of oil to the pan. When hot, add onions, peppers, and carrots. Stir fry until tender crisp, about 3-5 minutes. Return chicken to pan and add spinach. Stir fry until spinach wilts. Stir the soy sauce mixture and add to pan. Stir fry until sauce heats and thickens. Serve over rice and enjoy!

Recipe Reference: Myplate2yours.com



Spotlight Feature



WAYNE HEALTHSPORTS PROVIDES AVENUE FOR GUILLOZET REHAB

via Bluebag Media

GREENVILLE – Clay Guillozet's Green Wave all-time basketball scoring record was in doubt just prior to Christmas 2015 when an ankle injury had the Wave star football and basketball player wearing a boot and walking with the aid of crutches.

With records within reach, the prestigious "Flyin' to the Hoop" to be played, most of a senior basketball season remaining to be played and athletic scholarships on the line, there was concern Guillozet would not set foot on the court again in his high school career.

Enter Wayne HealthSports, Brian Cheney, Jim Beyke, Dr. Safet Hatic, II and Dr. Rob Maher.

"The initial indication based on his MRI was that Clay could miss up to five or six weeks of his senior season," said Jim Beyke, Director of Wayne HealthSports Rehabilitation Services. "It was diagnosed as an ankle sprain. Clay had difficulty progressing weight bearing with what you would expect over the course of a few days to a week with an ankle sprain. He was still in a lot of pain."

"Mr. Beyke was a really big help as far as getting me back to being able to play," said Guillozet. "I went in there on crutches not being able to walk or put any pressure on my ankle."

Spotlight Feature

"Clay first saw (GHS) athletic trainer Brian Cheney," said Beyke. "Brian is an employee of the hospital. We have four contracted schools... Greenville, Versailles, Ansonia and Tri-Village. It is an extension of the services we offer. We get into the schools, so offering services here locally in our mind there is no reason for them to go to Dayton or Cincinnati for sports medicine and rehab."

"Even the emergency room," added Beyke, "That is the key to get in more smoothly because we have an employee out in the field. If an athlete needs to be seen in a more-timely manner he has the connection."

"I got injured in practice. Brian (Cheney) was the first one to come over and take a look," Guillozet said. "He did a nice job. Once he realized what it was he got some ice on it, made sure I elevated it and he got me to the doctor quickly."

After initial diagnosis from Brian Cheney, Jim Beyke referred Clay to Dr. Rob Maher.

"Dr. Maher did a good job of evaluating it," Guillozet explained. "He wanted me to get the MRI which was able to tell me what was exactly wrong."

"Dr. Maher does a lot of neat things for us as far as getting athletes in same day of an injury," Beyke said. "If an athlete sprains an ankle he'll say, 'meet me back at the office' and he'll take initial x-rays, an initial exam and maybe apply an edema wrap to get the swelling down so they don't sit all weekend with this big swollen ankle that gets worse over the weekend."

"Instead, if the swelling is being controlled and it's being treated timely... then we get them a couple days later, sometimes we start therapy the next day," Beyke stated. "We try to do it all very timely because that's the key to getting these kids back instead of waiting two or three days to get an initial appointment, two or three more days to start therapy... then they're a week into it."

Darke County is fortunate to have Wayne HealthSports with athletic trainers at many of our Darke County schools with access to orthopedic associates and the orthopedic surgeons that can quickly evaluate an injury and start rehab locally in a very timely manner.

"I got started with Clay on Christmas Eve," Beyke said. "Coach Bashore came out and met with me on that first day. We said... you know there is a lot on the line here. A college scholarship, there is a scoring record, there is obviously the success of the team that is heavily relying on Clay being able to play, so I said let's get to work."

"We saw Clay on a daily basis for the first two weeks and he was able to play in the Arcanum game on January 2nd," continued Beyke. "That was his first game back because we were very aggressive with him. We started initially in the water getting him unloaded but reintroducing the concept of jogging without all the stress to the ankle. Then we were very aggressive with strengthening and proprioception balance type things. With the assistance of the athletic trainer taping him we put him through sport specific drills. Clay was able to play nine days after we started treating him."

Spotlight Feature

"We knew if Clay got after it and worked hard we were going to beat that time-frame," said Beyke. "Clay just couldn't sit by and let his whole senior year just go by."

Part of Guillozet's rehab was made possible with the Aquasizer at Wayne HealthSports that takes advantage of the natural buoyancy of water allowing the injured athlete to walk or jog with minimal stress on their joints.

"You're not going to see too many of those around," Beyke said of the Aquasizer. "This facility is close to 10,000 square feet. We employ very good qualified people. We have a wide variety of specialties. It's not just the sports medicine."

"With the resources they have, Mr. Beyke was able to get me in the water treadmill so that I could walk and get the walking movement back and then eventually into the jog," said Guillozet. "That really helped me get my balance and strength back in my ankle."

"We evaluated every day... we see what activities the ankle is tolerating without increased pain or swelling or instability," said Beyke. "We continually progressed to the point that the Thursday (New Year's Eve) we met with Dr. Maher out at the high school."

"I said, I want you to see Clay. He's been doing shooting drills, he's been doing rebounding drills and he's been doing dribbling drills. He wasn't able to go full-go with his lateral planting his first few games and cutting like you normally see Clay do, but we had a game plan."

"We were limiting his game time when he returned," added Beyke. "We said stay out of the paint because that is what happens... you step on somebody else's foot and roll the ankle. Clay was very smart about it. We worked with the coaching staff and we got him back to the point that he felt good about returning on a limited basis for the first two games and by game three he was back to full go."

"Clay's determination played a big part," said Beyke. "You have to be motivated. Part of it was Clay's confidence and mental approach to the game. We had to alter his playing style a little bit to accommodate the injury until he was fully healthy."

"To Clay's credit... he works very hard," Beyke said. "He listened to what we as a therapy staff and the athletic training staff... all the recommendations and he followed through."

"It's neat that we could do that for Clay... get him back," Beyke said. "If we would have just taken the initial prognosis he would have probably missed at least four to six weeks of his season and by then without the activity and everything he wouldn't have come back 100 percent even at that point."

With Wayne HealthSports our local athletes get the best care without leaving the county, saving students time away from the classroom, parents taking time off work while spending gas money to drive to Dayton or Cincinnati when everything needed is right here in Darke County.

"I didn't miss any school with anything that I was doing," stated Guillozet a member of the GHS

Spotlight Feature

National Honor Society. "Everybody really helped work around my school schedule so that I wouldn't miss. I was getting in there every day."

"It took a team effort," concluded Jim Beyke. "It's the athletic trainer initiating the referral and providing the hands-on treatment and drills, taping, whatever they may need in the school setting."

Also helping with Guillozet's recovery was Dr. Alex Warner and Dr. Kyle Lehman of Lehman Chiropractic.

Dr. Warner and Dr. Lehman worked with me to get me into their office," said Guillozet. "I was going in once or twice a day. They were giving me the laser treatment which really helped create blood flow to the area needed."

"I was seeing Dr. Jason Toman everyday as well," added Guillozet. "He was helping put ultra sound on my ankle. He was massaging it, just working some of that swelling out and making sure the tissue laid down right when it healed."

Guillozet showed great admiration for his varsity basketball coach of four years; Coach Michael Bashore.

"Coach Bashore was a big help along the way," Guillozet said. "Obviously I was really upset and frustrated with the fact that I couldn't help the team and I felt like I was letting everybody down but Coach was really there for me. He continued to encourage me, kept me with a positive attitude and still being able to be effective with my teammates even though I wasn't playing... keeping that positive attitude and then just working to get back. Coach Bashore was really helpful throughout the whole process."



GAYLEN BLOSSER

Sports Writer - gblosser@earlybirdpaper.com



Contact Info

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Visit us online at www.waynehealthcare.org.



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Wayne HealthCare Rehabilitation Team

Helping you move forward with your life - *Exceedingly Well*

*Offering many different areas of specialty
including, but not limited to:*

Aquatic Therapy	Neck and Back Rehabilitation
Arthritic Conditions	Pediatric Services
Custom Foot and Hand Orthotics	Physiatry Consultation
Dry Needling	Prosthetic Training
EMG (electromyography)	Shoulder Rehabilitation
Fall Prevention	Speech Therapy
Foot and Ankle Rehabilitation	Sports Injuries
Hip and Knee Rehabilitation	TMJ Treatment
Hand Rehabilitation	Total Joint Rehabilitation
Headaches	Vestibular Therapy
Lymphedema Treatment	Women's Health
Manual Therapy	Work Injury Rehabilitation



Jim Beyke, PT, MPT
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Terri Lutz



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William Stall, OTR/L



Cathy Lucente, PT



Missy Pond



Nancy Howland, MS, OTR/L



Chelsea Fitzgerald, HIT

2016-17 School Year Sports Physicals

Date

Thursday, May 5th
Wednesday, May 18th

Time

6:00PM - 9:00PM

Cost: \$10

(cash or check only)

Location

Family Health
5735 Meeker Rd
Greenville, OH 45331

Phone

(937) 548-9680

Pre-registration is required

Sponsored By



Orthopedic
Associates
of SW Ohio



Please contact your Athletic Department to sign up or for additional details.

Wayne HealthCare, Orthopedic Associates of Southwest Ohio and Family Health are collaborating to provide a full, comprehensive sports physical for Darke County athletes at Greenville, Versailles, Ansonia and Tri-Village schools entering grades 7-12.

