Katie Johnson: Good morning and welcome to Apple A Day. It's Lake Region Healthcare's health and wellness show, featuring news and information to help you live a healthier life. I'm Katie Johnson, your host, and my guests today are Dr. Jason Glynn and Dr. Chris Rott. Both are orthopedic surgeons here at Lake Region Healthcare and they've been kind enough to give us some time today to talk about all things orthopedics from joint pain, bone injuries. Whatever your orthopedic ailment, we'll talk about options for getting rid of the pain and back to doing the things you love, whether that's surgical, non-surgical questions to ask, robotic surgery, what does that mean, and more. So good morning doctors and thanks for your time this morning.

Dr. Jason Glynn: Thank you, Katie.

Katie Johnson: As we think about this time of year, spring has sprung and people are becoming active again, and thought timing was good to talk about whether it's chronic pain that you're kind of realizing is keeping you from getting out in the garden or playing that spring or summer sports, spending time on the golf course, or if getting out and doing those things has caused you an injury, it's a time that orthopedics can become top of mind. So I wanted to start out first by addressing those listeners who might be able to relate to the idea of chronic pain. How common is that for you as an orthopedic provider to see, and what are the most common reasons you see people dealing with chronic joint pain?

Dr. Jason Glynn: You know, we certainly see a wide variety of patients and a lot are dealing with chronic pain, not necessarily an acute injury. We certainly see both. Oftentimes the more acute injuries come in through our emergency department or our walk-in clinic and ultimately get referred to us in the clinic. We've got some exciting new developments I think in the orthopedic department that we'll maybe address a little bit later on in the show that is kind of specific to that. But we certainly see a lot of longstanding chronic issues, the achy joints, the sore shoulders, and oftentimes it's a result of months, if not years, if not decades of just doing things and being active.

So we certainly see the bursitis and tendonitis sort of issues probably more common in the shoulders, but sometimes in hips, and we see an awful lot of arthritis with our population. As people continue to have birthdays, which we can all relate, things don't always work quite the same as we remember them working. Sometimes even from one spring to the next, you find a little twinge that first swing of the golf club or first time you're casting a lure out into the lake that you kind of go, "Gosh, I don't remember that last spring."

Katie Johnson: Yeah, I can definitely relate to that. As each birthday passes I'm happy to still be alive, but I can feel more ways that I am alive than I used to.

Dr. Jason Glynn: Exactly. I am that as well.

Katie Johnson: When we start to feel those things, it's one thing for it to be a discomfort or a minor inconvenience and another thing to need medical attention. What's kind of the gauge that you use for now's the time I should seek some medical help or see a doctor?

Dr. Chris Rott: So I think the time to know when it's time to come in to have something done is when your pain is getting to the point where it's affecting your life daily. I also tell people if your knee pain or your hip pain, if that's the first thing you think about before you say, do I want to do something? Then I think it's time. If your knee or your hip is taking a priority in your life and that's saying like, I'm not going to go do something I'd like to do because it might make my hip or my knee hurt, then I think it's time to come see us. If you say, well, it bothers me a little here and there, but I can still basically do everything I want to do, then it maybe isn't time for a drastic change. But if your hip or your knee pain is starting to control your life, then you need to come see us because then we can probably make a change that's going to make you feel a whole lot better.

Dr. Jason Glynn: Well, for me, a lot of it has to do with how it affects that activity that you like to do or need, something that goes away within a day or two is probably one of those kind of run of the mill strains, or just kind of "ugh" sort of instances. But if it's something that's starting to bother you more often than not, or certainly if it's things that are waking you up from sleep for more than a couple of days, it's certainly something worth getting checked out.

Katie Johnson: I think that some people avoid that taking the step of seeing a doctor or making that appointment because they have a fear that the medical treatment route is going to be something that they dread. They think it's going to be something extreme, but that's not necessarily the case. I think it would be good to talk through what are the stages or options of treatment when it comes to this type of pain.

Dr. Jason Glynn: There are a lot of options for most injuries or things that ail you. It's not always a case of the treatment being worse than the disease and it ranges anywhere from a few visits with a physical therapist or occupational therapist, potentially injections, or other sorts of bracing treatments. We have a great team of physical therapists, a great team of athletic trainers that help us with brace fittings and some of the activity modifications. We have our wellness hub here at the hospital that has a lot of interesting and great programs for getting people moving or kind of helping them to get back to being active if it's been a while. And then in terms of some of the more invasive things you can get into things like injections and ultimately surgery if there are things that continue to bother you that we can't get under control with any of those things that we mentioned already.

I think we all kind of look at surgery for the most part as a last resort, as a gosh, we've tried everything else there is to try, this is the thing that should fix it. But I think almost everybody comes in to see us wanting to in some way do as little as

you absolutely have to to feel better, but knowing that there's always well, if plan A doesn't work, here's plan B, and if plan B doesn't work then here's this next thing we're going to try. And we certainly have a lot of options at our disposal.

Dr. Chris Rott: I want to do what's best for you, and I really try to lay out for you all of the options. Obviously surgery is usually one of them because I'm a surgeon. But I say we can do this or I even tell people if you can get out and go for a walk for 10 or 20 minutes a day, calm, easy, nothing strenuous, but just some steady movement or riding an exercise bike, or walking on a treadmill, or even doing an elliptical machine. Light, low activities but getting that joint moving for 10, 15, 20 minutes most days of the week has huge improvements. And they've actually, the Academy, has done some tests and some studies on that that have shown that people who get out and move actually feel better. Even with fairly severe arthritis, with real structural problems, even just getting out and getting some movement into that joint will make you feel better.

Katie Johnson: You feel better. Absolutely. And I think that's an important thing to note, that there are a lot of options before surgery. But then once you do get to surgery, we've got some really amazing options when it comes to surgery as well. Can you talk about some of those?

Dr. Jason Glynn: We certainly do and it depends on the particular ailment that you're dealing with. There are a lot of, as people would describe it now, one of the things that people like to hear is less invasive or minimally invasive. And for better or worse, a surgery is invasive because it has to be, and that's kind of the route that we decide to go, but there are things that we can do to really minimize the intrusion into your life, be that a smaller incision, be that just the way that you handle the tissues or kind of newer techniques to hopefully minimize swelling or pain afterwards, unique ways of doing anesthesia that allow people to be more comfortable or less sedated afterwards. And all of those things certainly play a role in making for a more pleasant experience if ultimately surgery is in the cards for getting you to feel better.

Katie Johnson: And Dr. Rott, one of the different procedures that you specifically offer that we should touch on too, is a different approach for hip replacement called the anterior approach. Explain why this might be a good option for some patients.

Dr. Chris Rott: So the anterior approach is a little bit different in that we go through the hip joint from the front, as opposed to the back. There is an intermuscular, they call it an internervous plane that we can utilize between muscles, and the nice thing is I don't have to cut any muscles off of the bone. The other two approaches that are most normally used are what they call anterior lateral or a posterior lateral approach and both of those do require you to detach some muscles from the bone that have to be reattached. Now, especially the posterior approach people, they've been putting... That is the most common way to put in a hip and there are hundreds of millions of probably those that have been done and they

work really well, but because we have to let muscles heal again, there is a little bit of a higher risk of a dislocation from that and there's a little more healing that has to happen. And with an anterior approach, we can get around that.

All the approaches that we do at Lake Region are good, but the anterior approach does have, especially early on, it's been shown that people heal a little bit faster and the dislocation rate is lower, and that has been shown in the studies too. So I think it's a nice thing to offer now. I mean, the approach is a fair bit smaller, and so it's a little bit more minimally invasive and I'm with that utilizing some technology there with some computer data that we obtain with the x-rays during the surgery, something called Velys, and it allows us to give some real numbers about the position of the cup and the position of the hip joint when we're done. We're embracing some new technology there and I think it gives the opportunity for a little bit faster outcome, a little bit faster... sorry, a little bit faster healing. And then we can use some of this data to make me a better surgeon.

Katie Johnson: One of the buzz words I hear today when you talk orthopedic surgery is robotics. Do you use robotics in any of the procedures done here, or what are your thoughts on pros and cons of robotics when it comes to orthopedics?

Dr. Jason Glynn: It is certainly something that has come rushing to the forefront of orthopedics really over the last maybe year or two, and it's certainly something that we're looking into as trying to figure out really what does it add to our care of our patients? Where most of that comes in, at least at present, is with joint replacements and particularly knee replacements. I know we utilize some other technologies that I think are in a similar sort of... I guess in a similar vein to robotics, utilizing some imaging studies like CT scans or MRIs to get very specifically down to the individual patient's specific anatomy or how bowlegged or knocked kneed they are. All of those things that kind of make your arthritis an individual thing, we utilize this technology to customize the surgery to you, which I think is ultimately the goal of robotics as well.

Robotics is a relatively new thing in orthopedics and it's still in the process of kind of proving its worth. There's certainly some promising information out there, but we like to have the sense that we're taking a measured approach to adding new and different technology, not necessarily doing something simply because it's new or because there's a buzzword attached to it, but by taking our time to make sure that it's something that really has something to add to our patients to make their experience better, to make their outcome better.

And obviously if anybody that's looked at robotics in and around their household, be that the Roomba vacuum compared to your regular vacuum, there's a cost associated with a robot too. It doesn't just show up at your doorstep for free. And if it's not a proven commodity yet, sometimes insurance companies look at that and say, "Ooh, that's experimental. I don't know that that's something we want to pay for." So I think both Dr. Rott and myself are

looking at as much information as we can on robotics in orthopedics, making sure that it's the right thing for us, and that it's going to be the right thing for our patients. And part of that is making sure that there's good proof that it's doing the things that we think it's doing, rather than just being able to say, "Hey, look at us. We've got a robot."

Dr. Chris Rott: I agree, robotics, I mean that is cutting edge and that is where we're moving to, and I think that there definitely is potential there, but just because you have a robot doesn't directly equal a superior outcome. The surgeon is still the person who's running the robot, the robot gives you data, it gives you information. Dr. Glynn and I already use image-guided patient specific instrumentation that I think really is taking advantage of the technology that's out there and utilizing that to give a best outcome, and maybe robotics is going to turn into be a really nice thing and we're looking into that. But just because you have a robot it doesn't necessarily directly mean you're going to have a better outcome. We need to look at it and I think Dr. Glynn and I are both really looking at the data and the technology that's out there to see how this could be implemented to make an improvement in the outcomes for our patients, which is obviously what we're all looking for in the end.

Katie Johnson: Right. And I like that approach so much. It really is taking into account what's best for the patient, what's the best value. The bottom line is you can't replace the human element. You've referenced the team several times and I'd like to talk a little bit about that. The amazing team that makes up our orthopedics and sports medicine team from podiatry to musculoskeletal radiology. Talk a little bit about the depth of the team and what a difference that makes in terms of the services we're able to provide to patients.

Dr. Jason Glynn: Sure. We have a really wide range of people in the orthopedic and sports medicine department. I don't think it's all that common to have a radiologist that's specialty trained in musculoskeletal radiology at a hospital our size or in a town our size, and I think that really is unique to us. We have a team of podiatrists that do wonderful work and take care of all kinds of foot and ankle problems from sprains and strains to joint replacements in their own right. Relatively recently expanded group in the core orthopedic group as well, Dr. Rott and myself and then we have four advanced practice providers, two physician assistants, two nurse practitioners, Kory and Aaron have been with us for a number of years. Alyse and Keon are more relatively new additions to the team, but have a lot of experience and expertise in a lot of different aspects of medicine and surgery.

And we all have kind of special interests in it as well, Aaron utilizing some ultrasound image guidance to evaluate some of the sprains and strains or provide some interesting ways to do injections or some office procedures, myself with the sports medicine and arthroscopy fellowship. I spent a year out on the West Coast getting additional training in some of these specific sports injuries and arthroscopic fixes for those, be it ACL reconstruction, rotator cuff

repair, dislocating shoulders, et cetera. It's just a little extra area of expertise that I spent a little time on prior to moving back home to Fergus.

Katie Johnson: And those advanced practice professionals that you mentioned are part of the reason that we're really now able to say it's pretty accessible, same day or next day for people to get access to the orthopedic department, which is really an advantage when you're looking at one of those sports injuries, an athlete who needs to be seen right away, or any type of injury that I need to see someone now, used to be good luck, maybe you could see an orthopedic provider in a couple of weeks, but that's changed significantly.

Dr. Jason Glynn: Right. It really has with the addition of our advanced practice providers. Over the course of the last number of years, it's really given us some flexibility to be able to see people more acutely and where we have our athletic training team as well out taking care of our local schools for more of the school age athletes that we see and have in the community. Obviously our high school sports teams here locally have been making us quite proud over the course of these last couple of weeks with their runs into the tournaments.

To have a team of athletic trainers that helps and being able to evaluate them right there on the sideline or court side or rink side and get them into to see us. They're a big part of our help in clinic as well with some of this bracing and splinting, and just having that expertise immediately available and being able to help get them in to see us sooner rather than later, having the musculoskeletal radiologist if we need to do fancier imaging studies beyond the plain x-rays that we routinely use to have somebody that specializes in looking at those to help get everything on the right track so we can get the right treatment for the right person for the right injury.

It extends beyond the high school crowd as well. Athletes are athletes, whether they're in high school or whether they're a bit older like myself. It's something that if you're out there being active and participating in the Lake Region Run or the Hoot Lake Triathlon or the duathlon later this summer or in the workup to that, there's bound to be a twinge or a twist or a pop here and there, and being able to get somebody in fairly quickly in that process is certainly a benefit.

Katie Johnson: Absolutely. And that's what's really so... something that Lake Region Healthcare takes a lot of pride in, and I think our community can feel really good about that commitment to the, like you said, the local high school athlete all the way to the weekend warrior, that we have a team that's here in the community doing all these events and being on the sidelines with you and here to treat you and get you back out to doing what you love as quickly as we can.

So we're fortunate to have this great orthopedic and sports medicine provider team. We didn't mention the extensive number of physical therapists and occupational therapists among that team as well, most of them doctorate level. It really all comes together to be a fantastic team that's right here to help you as

you get out and get active this spring. Before we wrap up, anything else you have for tips for listeners who are out there maybe just starting to feel those little pains here and there?

Dr. Jason Glynn: Yeah. As much as anything, just in some ways we're fortunate to have four seasons here, in others it leads to long periods of time between things, between getting on a bike or whatever. So as much as anything I recommend if it's been awhile, kind of ease back into it. Don't assume that... People talk about, oh, it's like riding a bike. Sometimes it's not, and it's a matter of just kind of taking into account your current level of fitness and coordination and all of those things. It's certainly easier to fix injuries before they happen than it is to deal with injuries after they happen, so if that means taking a little extra time to get a little instruction or just feel comfortable with what you're doing as you're getting back out there and getting active, it's probably time well spent. The stretching things and just kind of making sure you're warmed up before you go out there and do those things can certainly be helpful. It's the ounce of prevention is worth a pound of cure sometimes.

Dr. Chris Rott: Yeah, I think that's good, but I think the big thing is get out and move some too, and don't put a high expectation on yourself. If you just get up and walk around the block or you walk to the end of the driveway and back, if that's more than you were doing this winter, then that's good. But trying to get up and get moving, that makes a big difference. Our bodies were made to move and if you can move them in any way that works for you, then that's good. Low-impact stuff is better. If you've been sedentary all winter, don't start running right away because you're not probably ready for it. But go for a nice walk would be a good thing. Enjoy the weather. Get out and see the beautiful Minnesota that we all enjoy here as the weather gets better.

Katie Johnson: Yeah. That's a great plug for our community health challenge too.

Dr. Chris Rott: Yes.

Katie Johnson: I will just put in a shameless plug for that. Go to lrhc.org/healthchallenge. We've got a do good, feel good health challenge happening right now and every step you take, literally every step you take, especially if you have a wearable, an Apple watch or a Fitbit, every step you take is automatically uploaded and counts towards your total. It gives you a chance to win some cash, some other fun prizes, and to just kind of join the community in being active and moving. Because like you said, our bodies are made to move, they feel better when we move. And that's our goal, that everyone feels better and is at their optimal health.

And so with that, Dr. Chris Rott, Dr. Jason Glynn, my guests today on Apple A Day, thank you so much for your time and sharing some orthopedic insights with us on Apple A Day this morning. Together, we all remind you there is so much to do here, stay healthy for it. Have a great day.