

Orthopaedic Connection

Easier To Fix Than Figure Out

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Transforming patient information into patient understanding.

Only another Orthopaedic Surgeon and perhaps their office medical staff could relate to this topic. It is something that patients and their family members will never have thought of, so I wanted to share these thoughts with you.

The Musculoskeletal System

The world that I live in is termed the Musculoskeletal System. You say “O.K. I know what that is.” But do you? Really?

It is an enormous part of your body structure. Its extent is from the top of your neck (C1 cervical vertebra) to the tips of your toes. Hmm, that’s a lot.

The Musculoskeletal System includes:

- All of our bones (the skeletal system)
- Muscles
- Joints
- Ligaments
- Tendons
- Fascia
- And related structure such as nerves and blood vessels supplying the other structures.

That is a lot of anatomy to keep track of!

Figuring It Out (Diagnosis)

Diagnosis would be a whole lot easier if everyone gave a clear history and had textbook symptoms. Lots of problems people have who come to me are fairly straight forward and I can have a pretty good idea of what’s wrong when I am taking the history. The puzzle pieces seem to fit together.

But a large number of patients (who all physicians and I see) do not have a clear history and nothing seems to fit. No clear diagnosis.

The physical exam follows next which I hope will confirm or at least narrow the possible causes. Sometimes it does, often it doesn’t.

In our work plain x-rays are very often the third part of the office evaluation. I always hope that the history, physical exam and plain x-rays will make the diagnosis clear enough to begin any treatment that may be indicated.

Now What?

Well, I can begin to treat the various possibilities or I may need to resort to further testing. In the present world of large deductibles or no medical insurance at all it is often not practical to order a bunch of tests.

I will if I have to after I discuss it with the patient and family. MRIs (and many other tests) can narrow the diagnosis considerably. But not always.

Treatment

It is always best to have the clearest diagnosis possible before starting treatment. Treatment can begin conservatively if the diagnosis isn't completely clear. And sometimes it works out and the person begins to respond to whatever the treatment is.

I never suggest surgery if I am not as certain as I can possibly be that it will help the person. My patients have always appreciated this approach.

Of course no one can be guaranteed their surgery will work ever. But fortunately it usually does if the diagnosis is accurate.

If the patient and I are "getting nowhere" with treatment it can be adjusted or frequently I will suggest that I assist the patient to seeing another doctor to see if someone else can help.

Telling a person they "just have to live with it" gives them no hope and is a bad thing to do.

Surgery

Apart from conservative (non operative) treatment surgery is considered the "fixing part". I had a professor at Michigan who divided medicine into the "Thinking Doctors" and the "Doing Doctors". Most patients would definitely assign Orthopaedic Surgeons to the "Doing Doctors" group.

While surgery should never be considered easy, it can be extremely technical and difficult to do.

Nevertheless, I think it is often more difficult to correctly diagnose and design the best treatment for many of our patients than it is to "fix them".

To be a good Orthopaedic Surgeon apparently it is important to be a good "Thinking Doctor" too.

Gratiot County Herald Archive and Office Website

I hope what you have read has raised questions. No problem!

Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

Good health. Good life. All the best to you. Be well.

Dr. Haverbush