

Orthopaedic Connection

Health Literacy

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

I came across some information recently about how challenging it is to make clinical information accessible to your patients.

It is a fact that people who study such things have found that healthcare education materials are consistently written at a level too advanced for a large number of readers in the general population.

Not Easy

To educate and raise patient awareness is not an easy task.

It is almost like translating one language into another. I attempt to take the complex language and concepts of Orthopaedic Surgery and medicine and transform them into “plain English”. It’s kind of like translating Chinese into Greek. Possible, but not easy.

The Point

I have been trying to be a translator for years not only in these articles, but in the office and hospital too whenever I am speaking to patients and families. I will continue to find even better ways to improve communication with my patients and readers.

Update On Steroid Injections

Steroid injections are controversial among patients. There is so much misinformation about this subject. I understand the confusion.

Sixty five years ago the steroid “cortisone” was first synthesized in the laboratory and made available as an anti-inflammatory medication for patients.

It was as the saying goes a “game changer” in the Orthopaedic treatment of arthritis and inflammatory conditions of tissues.

After all these years patients have very strong feelings for or against this type of treatment. Some patients are completely opposed to an injection and others request it.

I am in the middle so to speak, because I know exactly when to use a steroid injection and when it should not be used.

I prefer that the patient leave the decision up to me.

99% of our use of steroids is to inject a joint or a target area of inflammation in tissue like bursitis or tendinitis. What I do is completely different than simply injecting into the muscle of an arm or the back side.

Move

In my work I am always treating pain and function. By function I mean limitation of movement of a part, inability to work or even inability to do things in your life activities.

Often patients don’t realize that an exercise program to address functional deficits and decreased joint mobility may provide long term relief.

Dr. Pinney, a colleague at Well Sport in Midland and Mt. Pleasant often says that *exercise is medicine*. I agree completely.

In many cases a patient may not need an injection if exercise can do the job. Exercise can be helped by anti-inflammatory medication or non narcotic pain medication.

On the other hand, occasionally if pain is keeping the patient from beginning therapy then a steroid injection may be the first step.

Bottom line – I am in the position to decide what the best treatment is, but I certainly will always respect and deal with the patient's wishes.

Wow, I'm out of space, but have a lot more to say. So----- please return next week as I have a lot more to tell you.

My patients put their trust in me and what I do improves the quality of their lives.

Office Website and Gratiot County Herald Archive

Attention! If my loyal readers want to be as smart as a tree full of owls they will fly to www.orthopodsurgeon.com for tons of musculoskeletal information everyone can use.

You get the Office Website and Library, Your Orthopaedic Connection and GCH archive of every article I have written for you.

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

Be well.

Dr. Haverbush