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For Immediate Release

Shoulder Surgery Helps Mature Tennis Players Stay on Court This Winter
Reverse procedure proves effective for rotator cuff injuries with arthritis

NY, NY and Greenwich, CT, December 2006 – As tennis continues indoors for the winter, so does the risk for tennis related injury. Whether you play a casual game each Sunday morning or compete for a league at a top level, sometimes the winning overhead smash and the service ace can come with a price - a sore shoulder, a common occurrence among tennis players. According to the National Center for Health Statistics; Centers for Disease Control and Prevention 2003 National Ambulatory Medical Care Survey, about 13.7 million people went to the doctor in 2003 for a shoulder problem.

“Don’t overlook a sore shoulder,” advises Kevin Plancher, M.D., a leading NY-area orthopedist and founder of the Orthopedic Foundation for Active Lifestyles (www.ofals.org) – a non-profit organization dedicated to advancements in research and education for orthopedics and sports medicine. “Pain could be the sign of a more serious injury, such as a torn rotator cuff.” Dr. Plancher warns against playing through pain and recommends a visit to a doctor as soon as possible before the condition worsens.

Shoulder injuries of varying degrees plague recreational as well as professional tennis players. A shoulder injury forced Amelie Mauresmo to withdraw from the Zurich Open in the fall of 2006, limiting her chance of becoming the top ranked WTA player of the year. “Tennis players at any level can stress their shoulder by the repetitive motion demanded particularly by the serve and the overhead,” says Dr. Plancher.

Yet injured players, especially those without youth on their side, need not despair. With medical advancements, treatments are now more successful in getting players back on the court. In the past, mature players who suffered from a rotator cuff tear combined with arthritis would undergo traditional shoulder replacement surgery. Yet the operation after left them with pain and very limited motion. Now with a relatively new procedure called Reverse Total Shoulder, zealous players can get back on the court pain-free and with motion. Total Reverse Shoulder was approved for use in the United States in November 2004 and has been successful in Europe for the past 20 years.

In a traditional shoulder replacement, an artificial socket is attached to the shoulder blade and a corresponding ball is attached to the end of the upper arm bone, the humerus, explains Dr. Plancher. This prosthesis is powered by the rotator cuff, a group of four muscles and tendons.

“In reverse total shoulder replacement, we shift the strength needed to move the arm from the damaged rotator cuff to the stronger deltoid muscle that covers the shoulder joint,” says Dr. Plancher. For the reverse procedure, the ball is put on the shoulder blade and the socket is placed at the end of the humerus. The shape of the shoulder often stays the same, and movement is now restored. In one European study, most patients who had the procedure reported pain-free movement afterward.

Before heading to the courts this winter, there are precautions players can take to help prevent shoulder injuries. Dr. Plancher recommends a thorough warm- up to get the blood flowing before playing, particularly if the tennis club or bubble is cold. Secondly, he advises using proper technique since hitting the ball incorrectly can cause further stress on the shoulder and arm. Finally, shoulder strengthening exercises, under the direction of a fitness trainer, can help in keeping the muscles strong.

Bio:

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S, is a leading orthopaedic surgeon and sports medicine expert with extensive practice in knee, shoulder, elbow and hand injuries. Dr. Plancher is an Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in NY. He is on the Editorial Review Board of the Journal of American Academy of Orthopaedic Surgeons, the American Journal of Medicine and Sports and the American Journal of Orthopedics.

A graduate of Georgetown University School of Medicine, Dr. Plancher received an M.S. in Physiology and an M.D. from their school of medicine (cum laude). He did his residency at Harvard's combined Orthopaedic program and a Fellowship at the Steadman-Hawkins clinic in Vail, Colorado where he studied shoulder and knee reconstruction. Dr. Plancher continued his relationship with the Clinic for the next six years as a Consultant. Dr. Plancher has been a team physician for over 15 athletic teams, including high school, college and national championship teams. Dr. Plancher is an attending physician at Beth Israel Hospital in New York City, The Stamford Hospital in Stamford, CT and Northern Westchester Hospital in Mount Kisco, NY and has offices in Manhattan and Greenwich, Connecticut. www.plancherortho.com

Dr. Plancher lectures extensively domestically and internationally on issues related to Orthopaedic procedures and injury management. During 2001, 2002, 2003, 2004, 2005 and 2006 Dr. Plancher was named among the Top Doctors in the New York Metro area and was the New York State Representative for the Council of Delegates to the American Academy of Orthopaedic surgeons. For the past six years Dr. Plancher has received the Order of Merit (Magnum Cum Laude) for distinguished Philanthropy in the Advancement of Orthopaedic Surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded "The Orthopaedic Foundation for Active Lifestyles", a non-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. www.ofals.org.