

For Immediate Release

KEEPING YOUNG VOLLEYBALL PLAYERS WITH ARTHRITIS IN THE GAME **Orthopaedic expert discusses treatment and management techniques to keep athletes active**

New York, NY and Greenwich, CT, June 2009 – While most people would assume that young adults are immune to the debilitating joint pain and stiffness associated with osteoarthritis, volleyball players under the age of 40 are learning that their favorite sport can lead them to this degenerative disease, previously thought to afflict only the elderly or inactive.

According to recent statistics from the Centers for Disease Control and Prevention, 46.4 million adults in the United States have been diagnosed by a doctor with arthritis (just over 1 in 5 adults). Volleyball enthusiasts are no exception, with many players reporting overuse injuries that cause severe pain and sometimes force them out of the game.

“Osteoarthritis is a real hurdle for young, athletic volleyball players who simply aren’t ready to give up their favorite sport,” explains Kevin Plancher, M.D., a leading NY-area orthopaedist, sports medicine expert and an official orthopaedic surgeon with the U.S. Ski and Snowboard teams. “Fortunately, the sports medicine community has made great strides recently in helping active young adults with arthritis to stay in the game,” he adds.

“Volleyball injuries are typically defined as either cumulative (overuse) or acute (traumatic) injuries,” Dr. Plancher says. “Overuse injuries occur over time due to stress on the muscles, joints and soft tissues without proper time for healing. They begin as a small, nagging ache or pain and can grow into a debilitating injury or arthritis if they aren’t treated early.” According to the American Academy of Orthopaedic Surgeons, more than 187,000 volleyball-related injuries are treated in hospitals, doctors’ offices, clinics, ambulatory surgery centers and hospital emergency rooms each year.

The Ironic Cause of Osteoarthritis in Athletes

“The irony about young adults and osteoarthritis is that it is often the sports themselves that either cause or contribute to such an early diagnosis,” Dr. Plancher notes. That’s because engaging in highly competitive sports like volleyball puts athletes at a greater risk for injuries that can speed up the degeneration of cartilage and bone, which leads to osteoarthritis. The CDC confirms that people who suffer severe joint injuries, such as Anterior Cruciate Ligament (ACL) and meniscus injuries of the knee or Rotator Cuff injuries of the shoulder, are six times more likely to develop osteoarthritis than those who have never suffered such injuries.

“Orthopaedists and sports medicine physicians always have two goals in mind when treating joint injuries,” Dr. Plancher explains. “The first is to attempt to restore optimal joint function in order to allow the patient to return to the sport,” he says. “The second, equally important aim is to ensure the long-term viability of the joint, so that players can enjoy an active lifestyle for years to come.”

High – and Low – Tech Techniques for Arthritis Management

Recent research is proving that a combination of surgical and palliative techniques may be the most effective approach in treating and managing arthritis in active young adults. One of the most unequivocal findings is that arthroscopic surgery is surpassing both imaging and invasive surgery as the “gold standard” in the diagnosis and treatment of osteoarthritis.

In a review of data published in the January 2005 issue of the journal *Clinical Sports Medicine*, the authors conclude: “Arthroscopy remains superior to imaging in the diagnosis of [osteoarthritis]” of the knee, and minimally invasive techniques such as arthroscopic lavage and debridement ‘provide benefit in a significant percentage of patients.’” A similar review of data on shoulder arthroscopy and osteoarthritis, which appears in the April 2004 issue of the journal *Current Opinion in Orthopedics*, confirms that “Arthroscopic treatment of glenohumeral [shoulder] joint arthritis can offer pain relief and improved function with a quicker rehabilitation and fewer complications” than joint replacement.

“In addition to arthroscopy, patients can do a lot to self-manage their osteoarthritis successfully,” Dr. Plancher maintains. “First, the American College of Sports Medicine’s Action Plan for Arthritis encourages sports enthusiasts who struggle with arthritis to engage in low-impact activities, such as yoga or water exercise, in order to maximize the range of motion in the joints,” Dr. Plancher explains. “This is also helpful as a warm-up, to get fluid into the joints, prior to other sports activities,” he adds.

Dr. Plancher makes the following three recommendations for volleyball players to stay healthy. The first is to cross train with strengthening training to help avoid injury. The second is to perform sports specific exercises for volleyball which will help stabilize the wing bone. Lastly, Dr. Plancher advises that injured players should take a break from the sport and not play while hurt.

“Osteoarthritis, like injuries and aging, is a challenge that young adult volleyball players sometimes must contend with,” Dr. Plancher concludes. “However, with the right treatment plan and good compliance with self-management techniques that are proven to work, these sports enthusiasts can get back in the game.”

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 treatment 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.

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 currently the head team physician for Manhattanville College. Dr. Plancher is an attending physician at Beth Israel Hospital in New York City and The Stamford Hospital in Stamford, CT 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, 2006, 2007, 2008 and 2009, Dr. Plancher was named among the Top Doctors in the New York Metro area and to the sports medicine arthroscopy program subcommittee for the American Academy of Orthopaedic surgeons. In 2007 and 2008 Dr. Plancher was named America's Top Doctor in Sports Medicine. 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.