

From the Office of Dr. Christopher S. Ahmad

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Favorite Links

Dr. Ahmad's Website

Keep up to date with Dr. Ahmad's research and any new happenings from our team and new patient stories.

Baseball Health Network

Visit Baseball Health Network to get more baseball-oriented advice from Leaders in the Baseball World...including Dr. Ahmad!

Purchase Skill By Dr. Ahmad

Dr. Ahmad is the author of this easy-to-read page turner that will help anyone harness that skill they want to master.

Meet Team Ahmad of the renowned Columbia University Medical Center's Orthopaedic Department



Julianna joined Dr. Ahmad's team in 2014 and is our Registered Nurse. Prior to joining our team she began her career in Philadelphia, where she gained valuable experience working in one of Philadelphia's busiest orthopedic/trauma units and later serving as a physician extender for a sports medicine surgeon at The Rothman Institute. Her interest and background in sports medicine enhances her great understanding of patient injuries and ability to counsel patients and their families appropriately. Julianna's role includes assessing patient needs, coordinating care, patient education and counseling, assisting in office hours and contributing to practice improvement strategies. Julianna also serves a special role as a trusted clinical liaison between Dr. Ahmad and the New York Yankees and New York City Football Club athletes and organizations. Julianna is responsible for facilitating their busy schedules, assisting with player appointments and ensuring our patient care exceeds all expectations. You will likely see Julianna in the office at your appointment or perhaps in the recovery room following a surgery. You also may consult with her on the phone as questions arise regarding your injury.

Dr. Ahmad on Julianna: "Having Julie adds tremendous strength to our team. Her abilities to communicate with patients and their families regarding surgery are second to none. Her background in orthopedics makes her an essential piece on our team."

Dr. Ahmad offers Tips on Solidifying Your Knee Exam

As healthcare professionals, we are always striving to make ourselves better in order to give the best care to our athletes and patients. Here, Dr. Ahmad offers some tips to help you sure-up your knee exam!

- Be methodical – if you start with range of motion for one patient, start with range of motion for all patients. Consistency is key.

Contact Us

Dr. Ahmad's Office

(212) 305-5561

Surgical Scheduling

(212) 305-0622 – Ask for Jessie!

***We see patients in
Midtown, Fort Washington
Avenue, Tarrytown, and
Englewood.***



- When performing special tests, save the one you think is going to be the most painful for last. For example, if you suspect a meniscus tear, perform your McMurray's test last!

Avoid falling for false-positive tests (i.e., Lachman's when there is swelling) perform your inspection and exam bilaterally.

Baseball Injuries

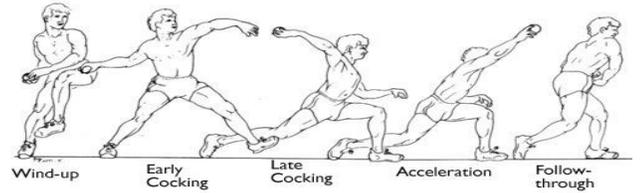
Now that baseball season is in full-swing, we'd be silly to omit some of the hottest topics of the season. No matter what level you play at, injuries are always lurking around the corner. Not every player will get hurt during the season, but the disabled lists are never completely empty. We'll touch on a few injuries that nag baseball players throughout the season, and even affect the general public.

The first injury we'll take a look at is a rotator cuff tear and the treatments that help a patient get better whether they play baseball or not. The rotator cuff is made up of four muscles: the supraspinatus, infraspinatus, teres minor, and subscapularis. Each muscle has a different function in moving our arm and can get injured by overuse type injuries or a traumatic event. In the throwing-athlete population, rotator cuff injuries are very common and are generally treated only if they are symptomatic. For treatment, physical therapy may be an option for you. Dr. Ahmad may recommend an anti-inflammatory, whether it is a medication or in the form of a Cortisone Injection. For the more severe injuries, arthroscopic rotator cuff repair surgery may be your option. All options can be explained at length in the office but the ultimate decision is made by **you**, the patient.



Another injury that is not solely specific to baseball players, but to all athletes is a hamstring strain. A strain is commonly known as a "pulled" muscle, where there are microscopic tears in the muscle (not to be confused with a complete tear). It can be seen in runners, soccer players, football players, and hockey players as well. If a hamstring tear is significant enough, surgery may be necessary. Other options may include physical therapy, PRP (platelet-rich-plasma) Injections, or use of anti-inflammatories. Similar to rotator cuff injuries, your options can be discussed at length in the office where you can gather enough information to make an informed decision on your course of treatment.

During baseball season, the *hottest* topic patients and their parents want more information on is the season-ending ulnar collateral ligament tear. An injury to the UCL is specific to baseball players due to the forces put on the elbow during the throwing motion (see graphic). Stress is put on the elbow in what is called a valgus force which stresses the UCL or Medial Collateral Ligament. MCL and UCL may be used interchangeably and may



even be referred to as MUCL. You can visit [our website](#) to view a UCL Reconstructive surgery performed by Dr. Ahmad. **WARNING:** *Surgical content may not be suitable for some viewers.* Depending on the severity of a tear, treatment options include: PRP injections or surgery – most famously known as Tommy John Surgery. The first of which was successfully performed on Tommy John by Dr. Frank Jobe. Prior to Dr. Jobe's success with Tommy John, a tear in the UCL was considered career ending. Dr. Ahmad studied this revolutionary surgery under the famed Dr. Jobe himself!

If you would like to get more information on any of these injuries or another injury you or your athlete has sustained throughout any season, please contact our office.



Q&A with Steve Hayward of Baseball Health Network



Team Ahmad's Frank Alexander sat down with BHN's Steve Hayward for a timely conversation! You'll meet Frank in our next Newsletter, but you can read Steve's bio [here](#).

Frank: Young pitchers want to add depth to their arsenal of pitches they throw. What is the first off-speed pitch you teach your athletes?

Steve: The first off-speed pitch I teach is a change-up. The change-up is much easier to learn and has a higher percentage for a young pitcher to throw for strikes. The arm and hand speed is consistent with a fastball, creating a deception to disrupt a hitter's timing and increasing the pitcher's likelihood of getting a hitter out. ANY pitch thrown improperly will add unnecessary stress to the arm. Developing consistent, efficient mechanics is the key to keeping a pitcher healthy.

FA: What is your advice to a player who wants to throw a curveball?



SH: Curveballs have gotten a really bad rap when it comes to arm injuries. A lot of blame has been put on curveballs; but none of the research has proven it is more dangerous than any other pitch. There's no set age when a player can start throwing a curve. A player can "develop" a curve as young as 10. My criteria to learn is when a player can consistently control his direction to the plate and throw fastballs for strikes. "Developing" a curveball doesn't mean throwing them live in competition – it means learning how to spin the ball in bullpens and practice. When they develop consistency, I allow them 5 curves per game. I want to emphasize that this is only for pitchers that are capable of throwing curves safely.

FA: Every athlete varies on stamina and the days they pitch. What is your recommended pitch-count for a high-school-age, multi-position athlete who may be called in to pitch in a game they are also scheduled to play the field?

SH: The problem with generic pitch counts is: they are based strictly on age. Not taking the individual's off-season programs or previous workload into consideration when deciding on a pitch count is irresponsible. In my opinion, it is one of the biggest factors contributing to the arm injury epidemic. Until I have a clear answer on how a player feels on that day, I can't set a number for that outing. Body language is more of an indicator as he's throwing more-so than a pitch count. A player can throw 100 pitches with minimal stress. In another outing the same player can throw 50 pitches and struggle with control of both his body and pitches. This can lead to doubling the workload on a given pitch. The point is – the number of pitches won't always tell the whole story.

FA: When a pitcher is coming back from surgery, what is your first order of business regarding mechanics since they haven't thrown in a couple of months?

SH: My initial attention is directed towards making sure they are throwing naturally. I make sure the arm action is clean and smooth. I also check to see if they are creating consistent rotation with a 4-seam fastball especially for the guys that are returning from Tommy John Surgery. These players have a tough time getting proper extension at the elbow and end up cutting the ball which creates a cutter or slider rotation. If the injury was caused by a mechanical issue, the slow pace of a rehabilitative throwing program allows them to improve where they were deficit at lower intensities.

FA: Dr. Ahmad's throwing programs suggest the use of a radar gun for athletes to estimate their effort. What do you say to those athletes who "want to let it loose"?

SH: If a player focuses heavily on velocity in the rehab process, it creates a recipe for setbacks or re-injury. Either way, it will definitely affect a player's return date. The daily goal is to complete the day's throwing with no pain or

discomfort. I prefer my guys to make a lot of throws at low to medium intensity. *There is healing power in throwing* but only when it's done properly. Each player recovers differently and the decision as to when we start increasing and focusing on velocity is determined by the progress the player has made throughout the program.



FA: What is the best advice you could give to a parent who wants to keep their player's arm healthy?

SH: First, start with the entire body. Way too many pitchers, *at every level*, have deficiencies and asymmetries throughout their body causing unnecessary stress on the throwing arm. Most arm injuries have little to do with the arm itself. If the body is functional and the delivery is efficient, the stress is distributed more evenly throughout the body instead of just the shoulder and elbow. Once those issues are addressed, a progressive throwing program is next. The arm needs to be fully conditioned prior to the season, and throwing at various intensities helps this process. Pitchers need to have an in-season maintenance and recovery throwing program as well. The last step is having the ability to communicate to the coaches and athletic training staff exactly how and what they are feeling. If an athlete learns to listen to their body and pay attention to the warning signs, they can stay ahead of potential arm issues.

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ahmad@cumc.columbia.edu