Orthopedics & Rehabilitation

JON MUKAND, MD, PhD
GUEST EDITOR

A variety of orthopedic conditions can lead to pain and disability. As the American population ages, the prevalence of musculoskeletal disability will increase due to conditions such as osteoporosis, osteoarthritis, and trauma from falls. Recent data show that one million total hip and knee replacements are performed annually in the United States, typically because of osteoarthritis.[1] Every year, more than 325,000 people in the United States – usually women with postmenopausal osteoporosis – have hip fractures after falls, with devastating consequences: a one-year mortality rate of about 20% and in-hospital mortality of 2.7%.[2] One third of older adults fall each year, and 20%-30% of this group suffer moderate to severe bruises, fractures, and head injuries.[3] Among workers, there are nerve entrapment syndromes related to connective tissue changes. Carpal tunnel syndrome results from compression of the median nerve as it traverses the fibrosseous carpal tunnel, and has an incidence of 3%-5%.[4] In the younger population, traumatic injuries due to sports and accidents result in knee ligament injuries as well as fractures of the foot and ankle.

My perspective on disability is that of a rehabilitation medicine specialist and medical director of the Southern New England Rehabilitation Center (based at Fatima Hospital). My center treats people with orthopedic conditions including multiple trauma, hip fractures, amputations, spinal stenosis that requires surgery, and joint replacements. (I should note that Medicare criteria for acute inpatient rehabilitation after hip/knee arthroplasties are strict: age 85 or greater, bilateral joint replacements, or morbid obesity; in addition, patients usually have medical comorbidities. Managed care organizations also have strict admission criteria.)

As a clinician and faculty member of the Orthopedic Surgery Department at Brown University, I often collaborate with the orthopedic residents. Therefore, I'm pleased that this issue of the *Rhode Island Medical Journal* is a forum for the medical writing of these residents and fellows. They have contributed articles on hip/knee replacements, knee ligament injuries, ankle fractures, foot fractures, and upper extremity nerve compression syndromes. While working on this special issue, the authors and I have tried to provide detailed information for accurate diagnosis and management by generalist physicians. (Of course, depending on the nature of the problem, it may be wise to consult an orthopedic surgeon.)

After receiving medical and surgical treatment in the acute care hospital, some people may require intensive inpatient rehabilitation at a facility such as the Southern New England Rehabilitation Center. Disability is a struggle, and I admire my patients, their families, and their surgeons as they contend with a variety of challenges. The admission criteria and the review process are complex nowadays, but we continue to enjoy working with our surgical colleagues on behalf of people with orthopedic disabilities.

References

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Jon Mukand is Medical Director, Southern New England Rehabilitation Center and Clinical Assistant Professor of Rehabilitation Medicine at Brown University and Tufts University. He is currently working on a book titled Renovating the Brain: Disability, Culture & Society.