

SPORTS MEDICINE AND PAIN MANAGEMENT



Dr Usamah Jannoun is a consultant in orthopaedic and sports medicine. He qualified as a doctor in

1991, and went on to train in sports and exercise medicine at the University of Bath in 2001. He is a member of the International Spinal Intervention Society (ISIS), which trains pain specialists in precision, X-ray guided, pain relieving injections.

A keen sportsman himself, Usamah enjoys windsurfing, tennis, skiing and running. In fact, it was this interest and the fact that he trained in medical osteopathy in Germany that led to him specialising in back pain and sports and exercise medicine. 'I get enormous job satisfaction from helping patients get better quickly and without the need for any surgical intervention,' says Usamah.

A SPORTING CHANCE

'Over 90% of orthopaedic and sports injuries can be conservatively managed by a new breed of specialist physicians like me – that is without the need for surgical intervention,' says Dr Usamah Jannoun. 'The government has recognised the need for such specialists in tackling sports injuries as well as being key figures in promoting the value of exercise. There is also a need for sports physicians for the forthcoming 2012 London Olympics,' he adds.

Usamah treats people of all ages with varying levels of fitness, from elite athletes and active sportsmen and women, to those looking to get fit and healthy and avoiding injury in the process. 'One thing that sets me apart is that I use a holistic, multi-disciplinary approach. My extensive training background has given me the opportunity to offer my patients many different treatment options,' says Usamah. 'This gives more patient choice and flexibility in the treatment programmes. Sometimes it is enough to advise them of an exercise programme that will help speed up recovery and prevent further injury. On other occasions, I will prescribe medication that will help with the pain and muscle spasms.'

Usamah often uses ultrasound – the same scanning technique used in monitoring the foetus during pregnancy. This allows a more detailed and in-colour view of muscle, ligament, and tendon injury and joint damage, as well as painful calcium deposits found in tennis elbow and shoulder pain. Even stress fractures of the shin and foot bones seen in runners can be viewed, saving on X-ray or MRI scans,' he explains.

SCOPE OF TREATMENTS

Usamah carries out a wide range of pain relief treatments for sport injuries. These include:

Western medical acupuncture

Used for damaged tendons and ligaments and for painful calcium deposits found in shoulders and in tennis and golfer's elbow. This precise technique can successfully treat an injury or problem in just one or two treatments.

Injecting patients with their own blood

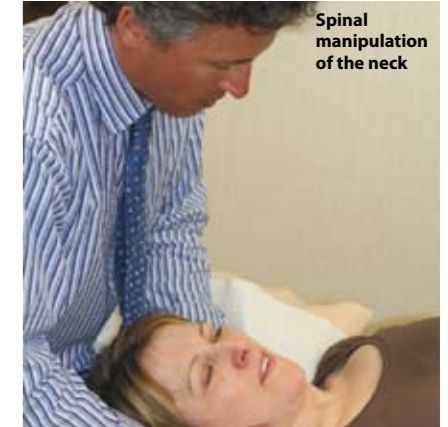
Known as autologous blood injection, the patient's own blood is injected into the damaged tendon or ligament. It speeds up recovery and healing without the need for surgery. This technique is offered for tennis elbow, jumper's knee, Achilles tendon pain and for heel spur, with recovery time half that of a surgical operation.

Joint lubrication injections (viscosupplements)

These synthetic steroid-free products improve the lubrication of damaged joints. Used for painful shoulders, thumbs, fingers, hips, and



Dr Jannoun in a client consultation



Spinal manipulation of the neck

knees, they improve mobility and reduce joint pain. They protect the cartilage from further damage and can be repeated as often as necessary without any of the side effects seen in steroids. They are also an effective pain relief for patients on a waiting list for joint replacement.

Sclerosant (prolotherapy) injections

This steroid-free treatment benefits those with overstretched knee and ankle ligaments and unstable joints by stimulating the body to make new fibres, strengthening the ligaments and restoring a pain-free and stable joint.

Other specialist treatment methods used include: **bisphosphonate injections** for slow-healing stress fractures in runners, as well as **Traumeel** injections and **nitrate patches**.

BACK TO NORMAL

Three out of four people will get back pain and sciatica at some point in their lives, according to Usamah. 'The good news is that over 95% will not require surgery. Pain management has dramatically improved, and people can now be treated as outpatients and get back to work immediately. This includes those who have the most painful back and leg pain as a result of a slipped disc. Getting the right treatment, without unnecessary investigations is essential. 'Most back problems are caused by bad posture and poor exercise technique. By analysing the patient's movement (biomechanics) and posture, I can get to the cause of the pain and treat the

problem effectively. Sometimes I use X-ray and MRI to help with the diagnosis.'

Osteopathy and correction of posture is often all that is needed. Others get better with acupuncture. Usamah also offers more complex pain interventions using low-dose X-ray for targeted injections, that provide immediate pain relief, such as epidural injections, nerve blocks and facet injections.

'I'm skiing and pain-free'

'Jane Cartright*, 41, is a banker who enjoys skiing four times a year. She was in a lot of pain with an ongoing tennis elbow and had been referred to me by a consultant rheumatologist for a second opinion because she wasn't improving, despite a series of steroid injections and physiotherapy. She also had cartilage damage of her knees,' says Usamah.

'I assessed and analysed Jane's movement (biomechanics), and found she had tight forearm muscles and poor neck mobility, caused by poor posture at work and a repetitive strain injury. Ultrasound imaging showed small tears and calcium deposits in the forearm tendon at the elbow. Jane responded well to the medical osteopathy on her neck and autologous blood injections into the elbow. I injected a joint lubricant into her knee. The pain has disappeared and she is now able to enjoy skiing again.'

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