

“What’s Your Skeleton Telling You?”



GE Family Wellness Center

Managed by  TriHealth



GE Family Wellness Center

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GE Family Wellness Center

Comprehensive Services

- Primary care
- Pharmacy
 - Convenient Drive thru
- Lab on site
- Occupational Medicine
- Health & Nutritional Coaching
- Executive Exams
- Urgent Care
- Physical Therapy
- Massage Therapy

GE Family Wellness Center Appointments

Appointments will be required for all non-emergency services to allow us to better serve you, our patients.

A number of same-day appointments will be available for your convenience.



GE Family Wellness Center

**Would you like to make an
appointment?**

**Please call
the GE Family Wellness Center at:
(513)853-8900**



Hours of Operation

Primary Care

M-F: 8:00am - 6:00pm

Sat: 8:00am - 12:00pm

Please call
the GE Family Wellness Center at:
(513)853-8900



Hours of Operation

Occupational Medicine

GE Family Wellness Center

M-F: 7:00am - 3:00pm

Health & Wellness Center, Building 800

M-F: 3:00pm - 12:00am

S: 7:00am - 3:30pm

For questions, please call (513)243-3913



GE Family Wellness Center Pharmacy

Hours of Operation

M-F: 7:00am - 7:00pm

Sat: 8:00am - 12:00pm

Note: Drive through open until 7pm M-F and until noon on Saturdays

**For questions, please call
the pharmacy at:
(513)853-8999**



Hours of Operation

Physical and Massage Therapy

M-F: 8:00am - 5:00pm

**Please call
the GE Family Wellness Center at:
(513)853-8900**



GE Family Wellness Center

**Providing care exclusively for
GE employees, retirees and
their adult dependents.**



Physical Therapy at the GE Family Wellness Center



- Physical Therapy is for muscle and joint pain and dysfunction. Your Physical Therapist can evaluate your condition and prescribe exercise, mobilization, traction/spinal decompression, ultrasound, electric stimulation, heat and cold.
- The goal of physical therapy is to heal the pain and injury, as well as to prevent a reoccurrence. We specialize in wellness; we treat the whole person and strive to return everyone to the highest level of function. We give you the tools to maintain your function after therapy is finished.

Physical Therapy at the GE Family Wellness Center

Services We Offer:

- Post Op Rehabilitation
- Work injury Rehabilitation
- Sports injury Rehabilitation
- Vestibular Therapy (for vertigo)
- Neck, back, shoulder, elbow, hip, knee, ankle, foot therapy
- Medical Massage by licensed Massage Therapist
(Note: This is for work-related injuries. Only GE employees are eligible for this service)





PAIN

It wouldn't be so bad if it didn't hurt so much

Dr. Marc Wahlquist

- Medical School at University of Illinois at Chicago
- Orthopedic Residency at University of Toledo
- Fellowship in Sports Medicine
- Joined Group Health Associates and TriHealth in 2008
- Offices in Mason and Anderson
- Operate at Bethesda North Hospital and Bethesda Outpatient Surgery Center in Montgomery

NSAIDs

- Non-Steroidal Anti-Inflammatory Drugs
 - Ibuprofen (motrin, advil)
 - Naprosyn (alleve)
- decrease inflammation throughout the body
- side effects of stomach upset, rarely ulcers and gastric bleeding, may raise blood pressure. should be avoided in those with kidney problems

Steroid injections

- cortisone shots
- decrease inflammation in a specific area of the body
- Occasionally may have side effects of headaches or flushing. Rarely, may actually increase pain at site of injection (steroid flare), if diabetic, they may raise blood sugars for 7-10 days
- Sometimes the shots hurt, most times not that bad.
- No life time limit but there should be at least 3 months between injections in the same part of body

R.I.C.E.

- Rest
- Ice
- Compression
- Elevation

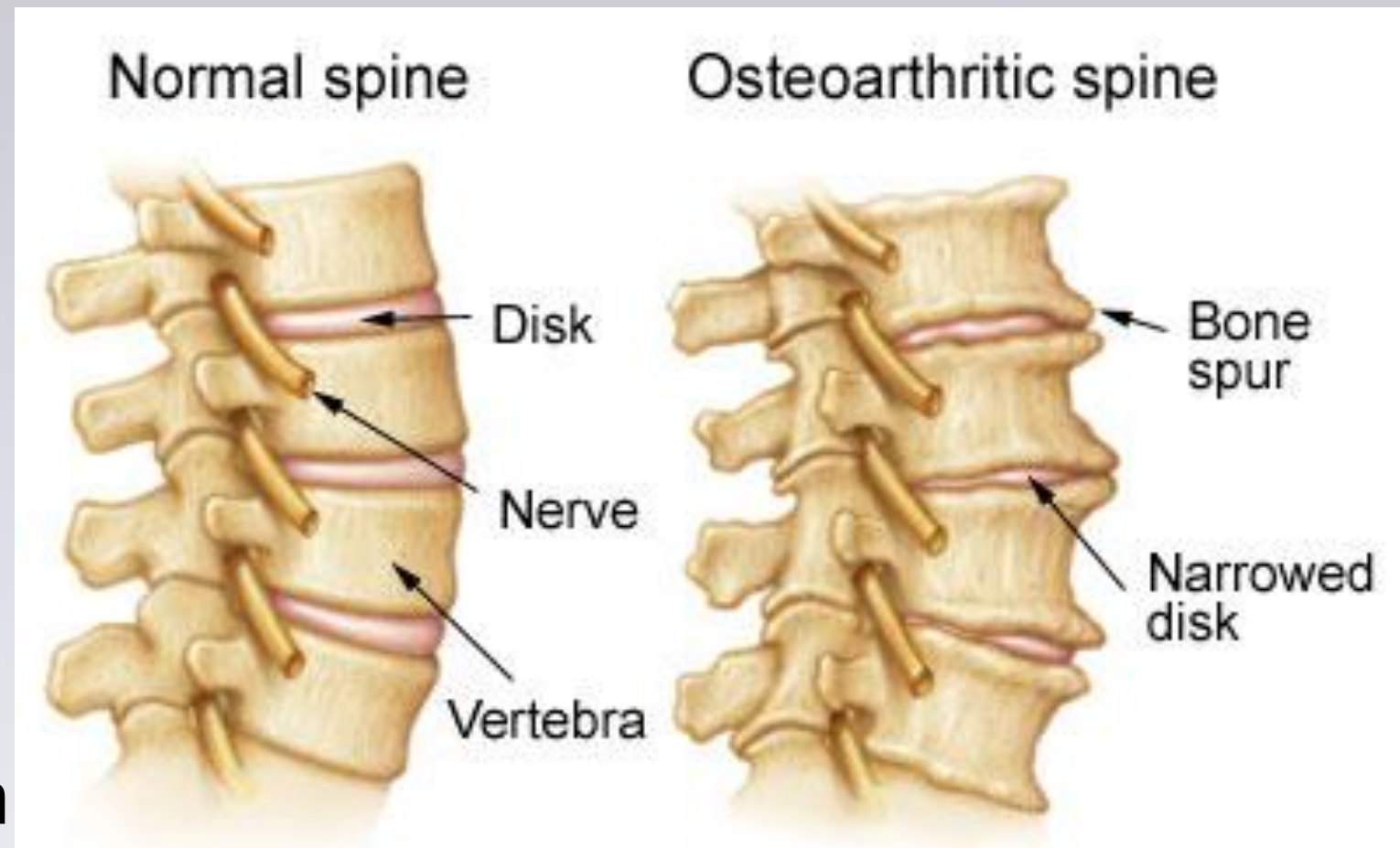
Neck Pain

- Neck or Cervical Arthritis
- Cervical Radiculopathy
- Cervical Strain



Neck Arthritis

- Also called Cervical spondylosis
- Caused by degeneration of the discs or cushions between the bones of the neck
- there is bone spur formation and these can narrow the space available for the nerves



Neck Arthritis

- Patients typically complain of a stiff neck and pain that worsens when upright.
- There may be pain that radiates down the arm (radiculopathy)
- May also get headaches and muscle spasms



Neck Arthritis

- Initial treatment is NSAIDs, light sleep aids, cervical pillow. Narcotics should be avoided
- If symptoms don't improve after 3-4 weeks then seek medical attention.
- Red flags to look out for are loss of coordination in arms or legs, altered gait, trouble with urination. These may indicate compression of the spinal cord itself and require evaluation by a surgeon.

Cervical Radiculopathy

- Referred nerve pain in distinct patterns down the arms due to herniated discs in the neck in younger patients or combination of herniated discs and bone spurs due to arthritis
- Onset can be sudden or gradual
- Patients may state that their pain improves by putting their hands on top of their head as this decreases tension on the nerves

Cervical Radiculopathy

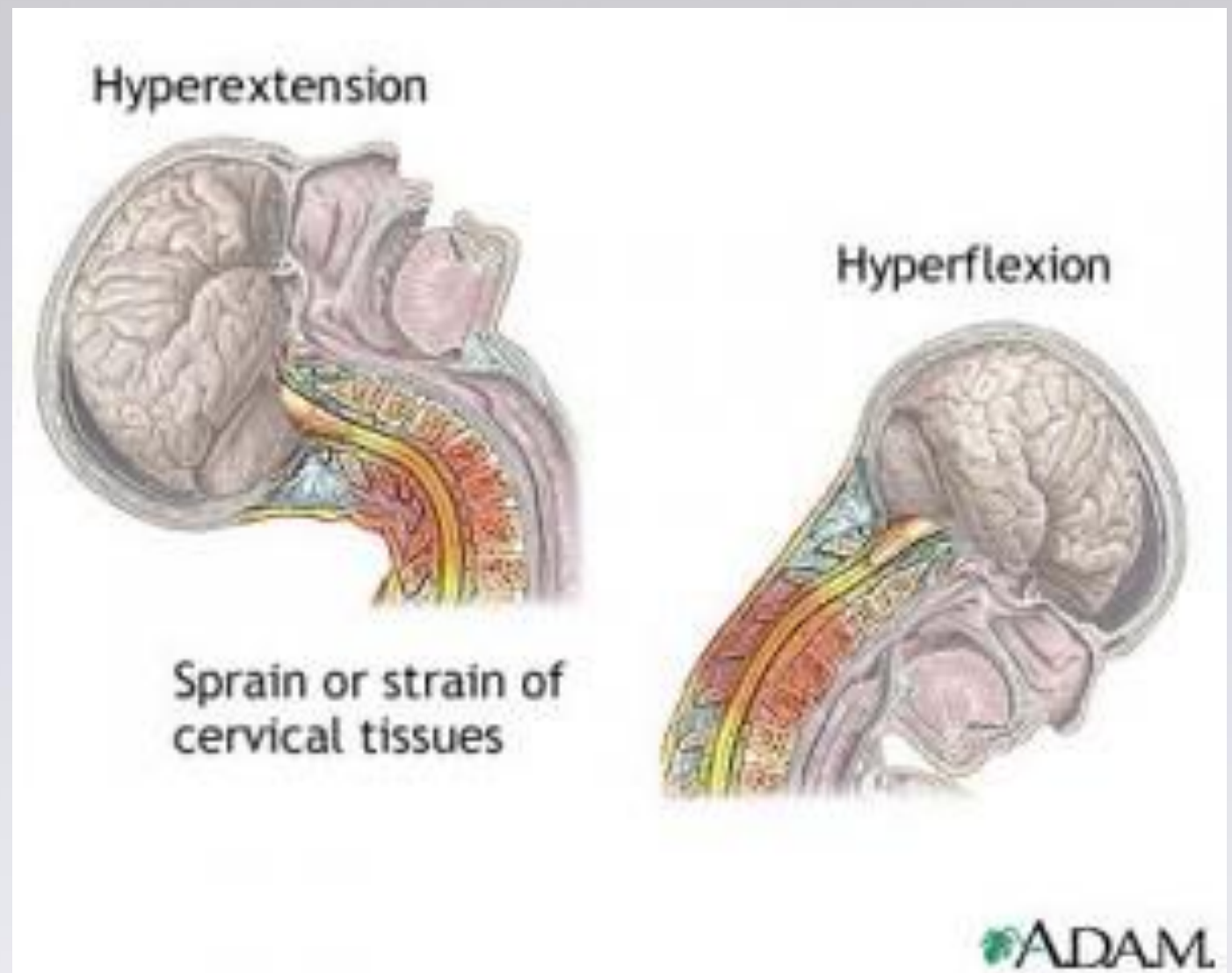
- Initial treatment consists of rest, gentle stretches, and NSAIDs.
- Symptoms may improve on their own over the course of 2-8 weeks.
- In some cases cervical traction may be helpful
- Narcotics should be avoided
- spinal manipulation should be avoided as these may worsen the herniation and cause severe neurologic injury

Cervical Radiculopathy

- Medical treatment should be considered when symptoms fail to improve by 8 weeks or significantly worsen over several weeks, or if you develop motor weakness, clumsiness, or bowel or bladder problems

Cervical Strain

- Muscle or ligament injury to the neck
- whiplash
- Pain typically does not radiate and is localized to the neck itself and surrounding muscle tissue
- Can be worse with motion and accompanied by muscle spasms

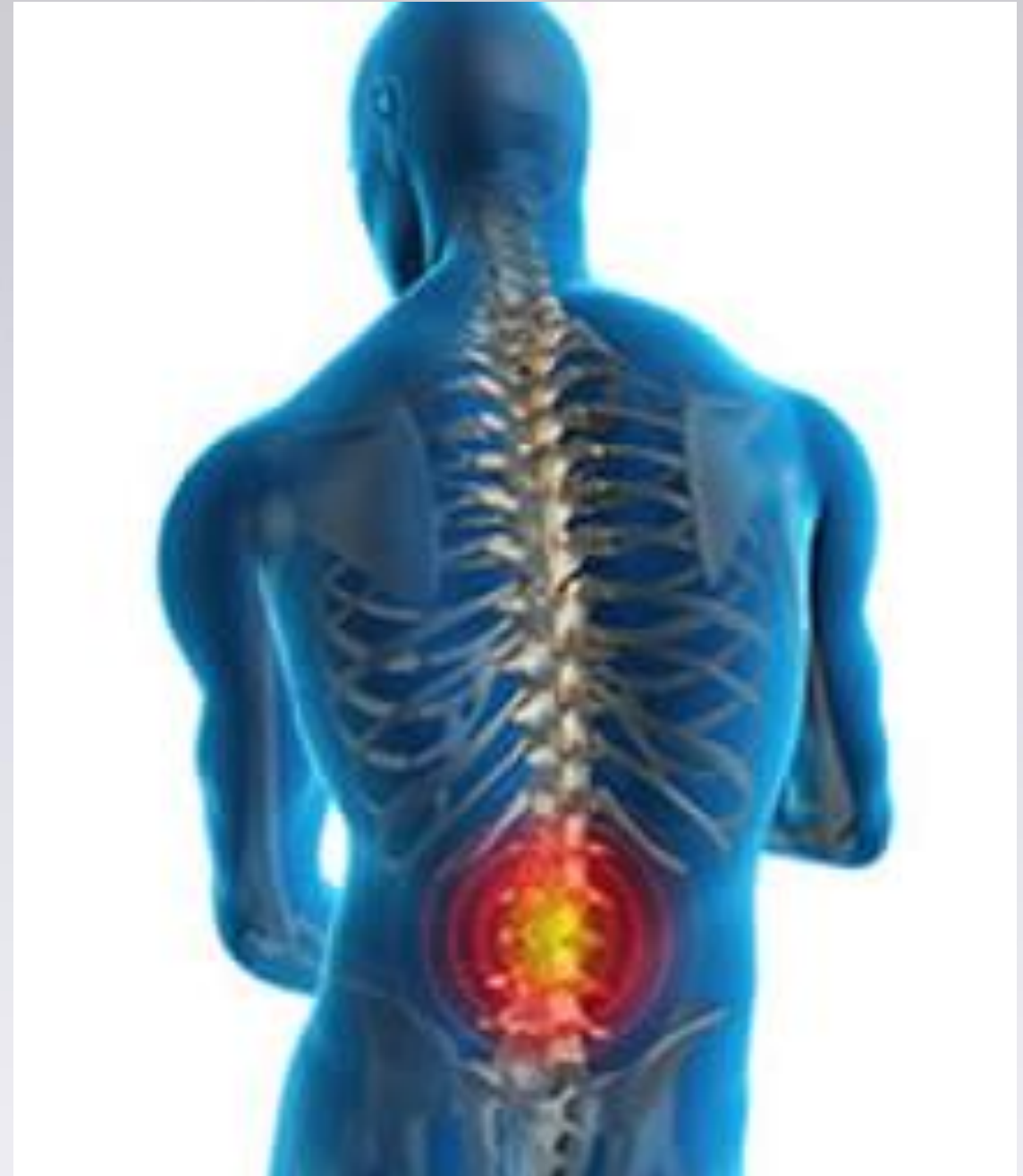


Cervical Strain

- Symptoms typically resolve within the first 4-6 weeks
- whiplash due to motor vehicle accident takes longer, typically 6-12 months.
- Initial treatment is soft cervical collar, NSAIDs, gentle stretching
- If no improvement after 2-3 weeks then your doctor may prescribe muscle relaxants and physical therapy
- Manipulation of spine should be avoided in acute injuries

Low Back Pain

- Low back strain or lumbar strain
- most common cause of lost work time and disability in adults younger than 45
- 80% of patients return to work within one month
- May be associated with repeated lifting and twisting
- very common in smokers



Low Back Pain

- Onset can be acute, often following a lifting episode
- pain can radiate in buttocks or back of thighs
- May be difficult standing up straight

Acute Low Back Pain

- Initial treatment is rest, aspirin or tylenol or NSAIDs. Ice or heat packs can be helpful. In general, oral steroids, narcotics, and muscle relaxants are not recommended in the acute phase.
- After a few days of rest it is helpful to GRADUALLY get back to normal activities. Reduced work hours or light duty can be very helpful and help patients get back to work quicker and lower overall costs of treatment.
- If pain is not improving after several days of rest then seek medical treatment
- Formal Physical Therapy can be very helpful in the early phase

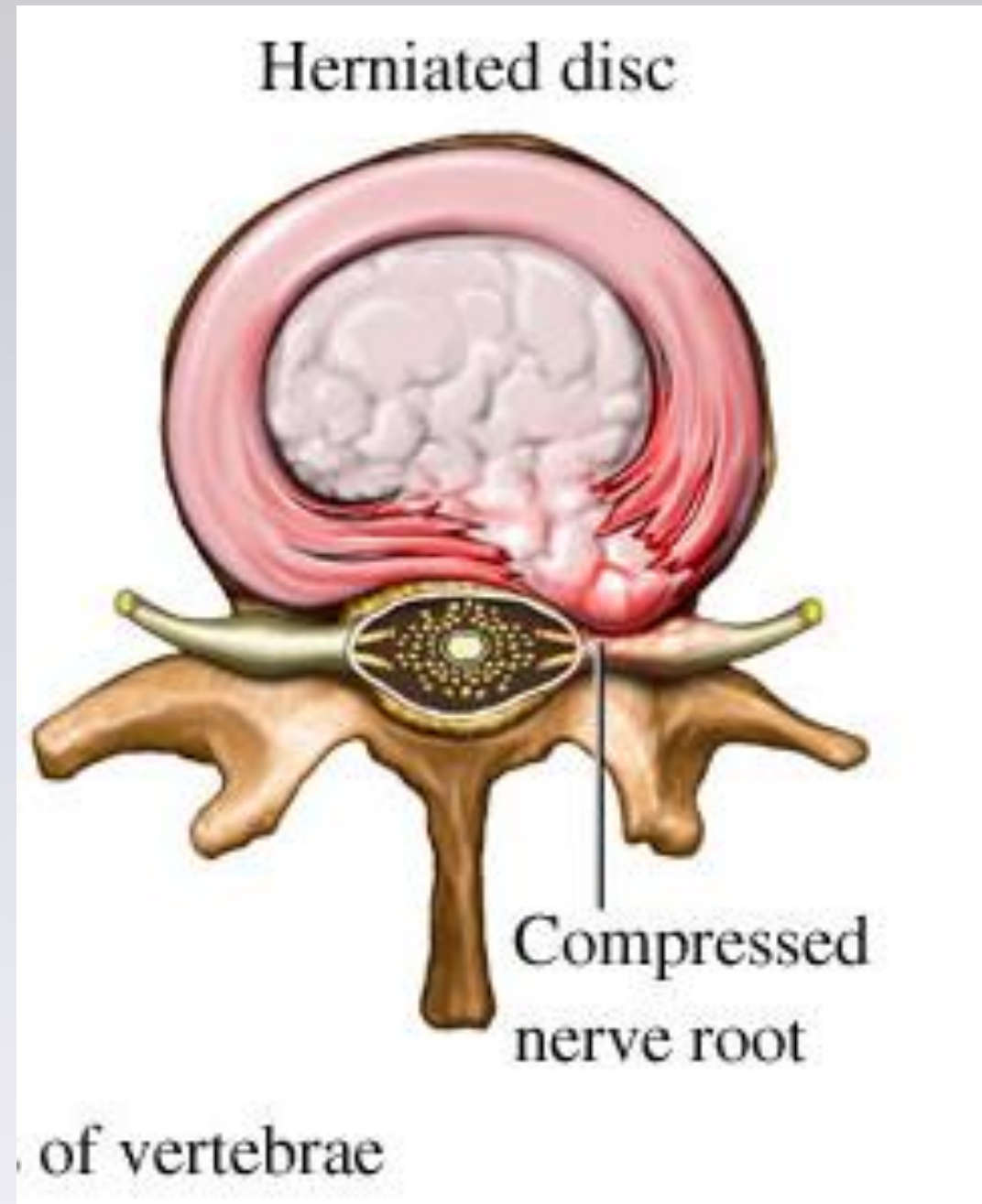
Acute Low Back Pain

- Red Flags
 - weakness in legs or drop foot
 - change in bowel or bladder habits
 - numbness in groin or legs
 - fever and severe headaches



Herniated Lumbar Disk

- Commonly called Sciatica
- The disks in between the vertebral bodies herniates and compresses nerve roots as they pass by.
- This can cause pain, numbness, and weakness in one or both legs.
- Most commonly occurs between L4-5 or L5-S1



Herniated Lumbar Disk

- disk herniations affect approximately 2% of the population
- Only 10% of these people have symptoms that last longer than 3 months.
- That represents approximately 600,000 people
- Even so, most of those patients also improve with nonsurgical care but some do go on to need surgery.

Herniated Lumbar Disk

- onset of symptoms can be sudden or gradual
- Pain is generally worse when sitting or bending over. Sneezing can be painful as well
- Pain will radiate down leg in distinct patterns depending on which nerve root is compressed

Herniated Lumbar Disk

- Initial treatment is NSAIDs and rest. Avoid prolonged sitting and use of lumbar roll or support can be helpful when sitting can't be avoided.
- If symptoms persist for more than a few days then medical treatment is indicated.
- Medical treatment could consist of physical therapy, steroid injections, and short term narcotics (no more than 7 days).
- Chiropractic care, traction, acupuncture are also options but studies are mixed on their effectiveness.

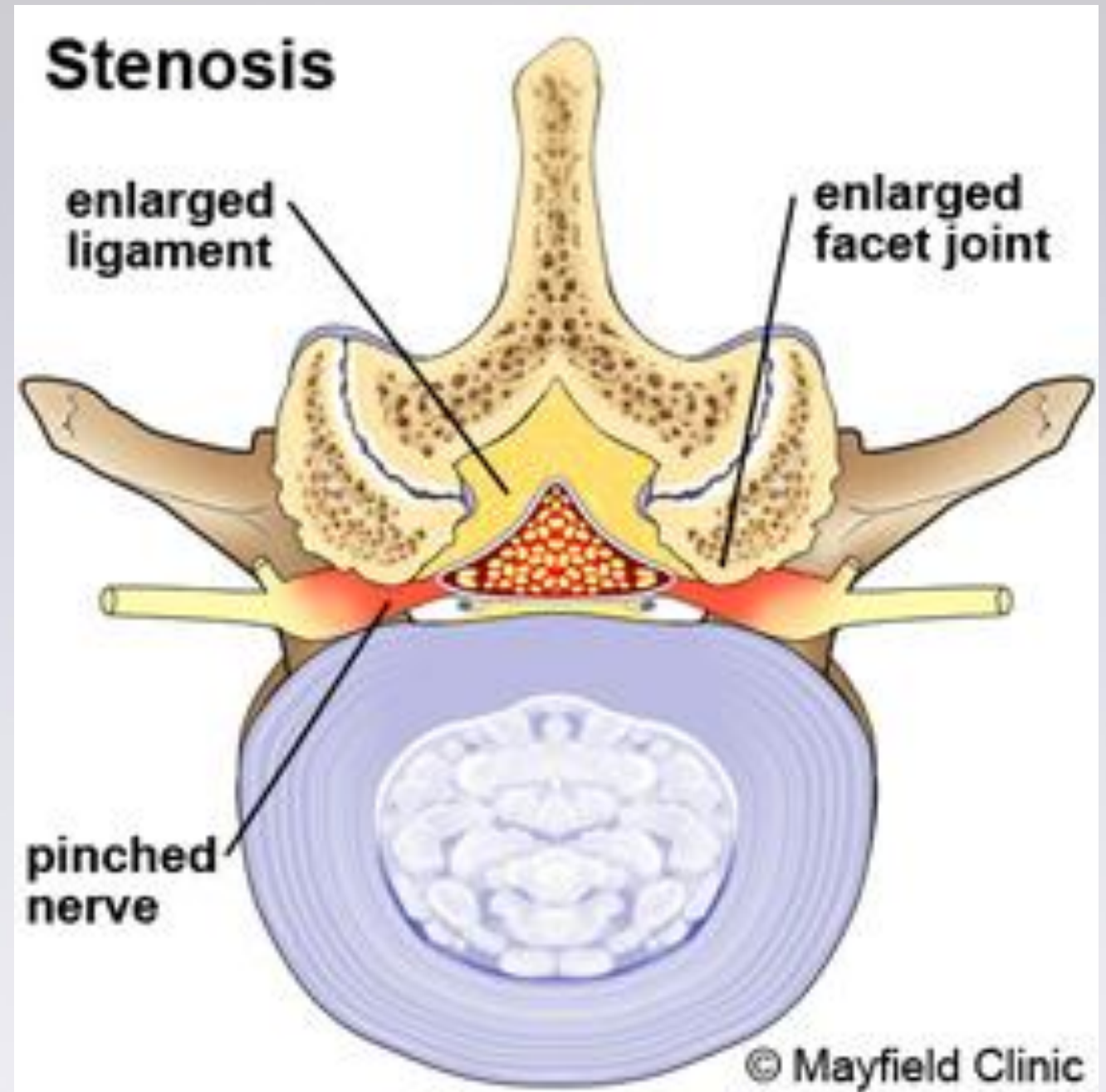
Herniated Lumbar Disk

- Red Flags
 - severe leg weakness, numbness in groin, change in bowel or bladder habits are signs that spine surgery consult is warranted.



Lumbar Spinal Stenosis

- Degeneration and narrowing of the levels between the vertebral bodies with subsequent compression of the nerve roots
- Most common between L3-4, L4-5



Lumbar Spinal Stenosis

- Generally gradual onset of symptoms
- Pain can be in low back or radiate down legs
- Pain worse with walking and standing erect
- Pain better with bending (which opens up the spine) or laying down or sitting.
- “shopping cart” sign of leaning over shopping cart while in the store is common finding

Lumbar Spinal Stenosis

- Initial treatment is NSAIDs and gentle physical activity. Water aerobics can be very helpful.
- Medical treatment may be sought if symptoms don't improve after several weeks.
- Steroid injections and physical therapy can be helpful
- If symptoms persist despite these measures surgery may be considered

Lumbar Spinal Stenosis

- Red Flags
 - gait abnormalities, bowel or bladder dysfunction.



Low Back Pain Prevention

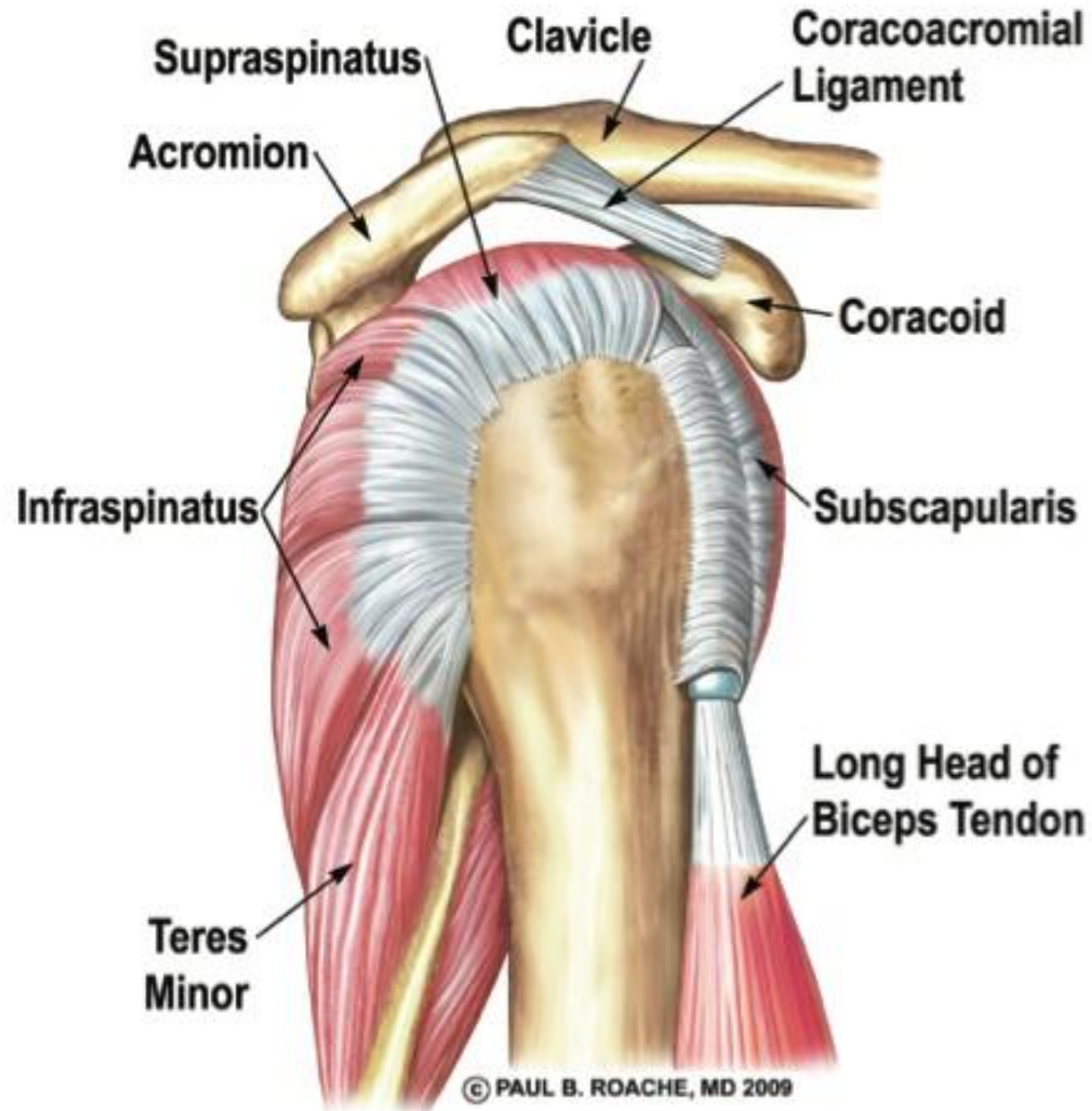
- Stop smoking
- weight loss program
- regular exercise
- strong core
- proper lifting mechanics

Shoulder Pain

- Rotator Cuff Tear
- Impingement
- AC Arthritis
- Frozen Shoulder



Rotator Cuff Anatomy



Rotator Cuff Tear

- Occurs when tendon is torn away from the bone
- Can happen traumatically or gradually over time
- Many tears do not cause symptoms
- About 25% of people older than 60 have rotator cuff tears with most being asymptomatic



Rotator Cuff Tears

- Patients will complain of shoulder pain typically located on the side of the arm
- Pain is worse with overhead activities and lifting away from body
- Night time pain is a hallmark and typically what brings a patient to my office
- Weakness is common

Rotator Cuff Tears

- First line treatment is rest, anti-inflammatories, and ice packs. Gentle stretching is also recommended to maintain motion
- If that doesn't work after a few weeks then seek medical attention
- Initial treatment in my office is higher dose NSAIDs, Physical Therapy, and possibly cortisone injection
 - The exception to this is a younger patient who has a traumatic tear and significant weakness. I may consider surgery earlier for that patient so I will get an MRI early on.
- If no better after six weeks then MRI to evaluate rotator cuff
- If tear is confirmed on MRI and symptoms are bad enough then surgery is considered.

Impingement

- Commonly called bursitis or rotator cuff tendonitis
- The space where the rotator cuff tendon lives is narrow
- Repeated pinching of tendon between bones leads to inflammation and swelling of both tendon and overlaying bursa
- Over time this could lead to tendon tearing, although there are multiple causes for rotator cuff tears.



Impingement

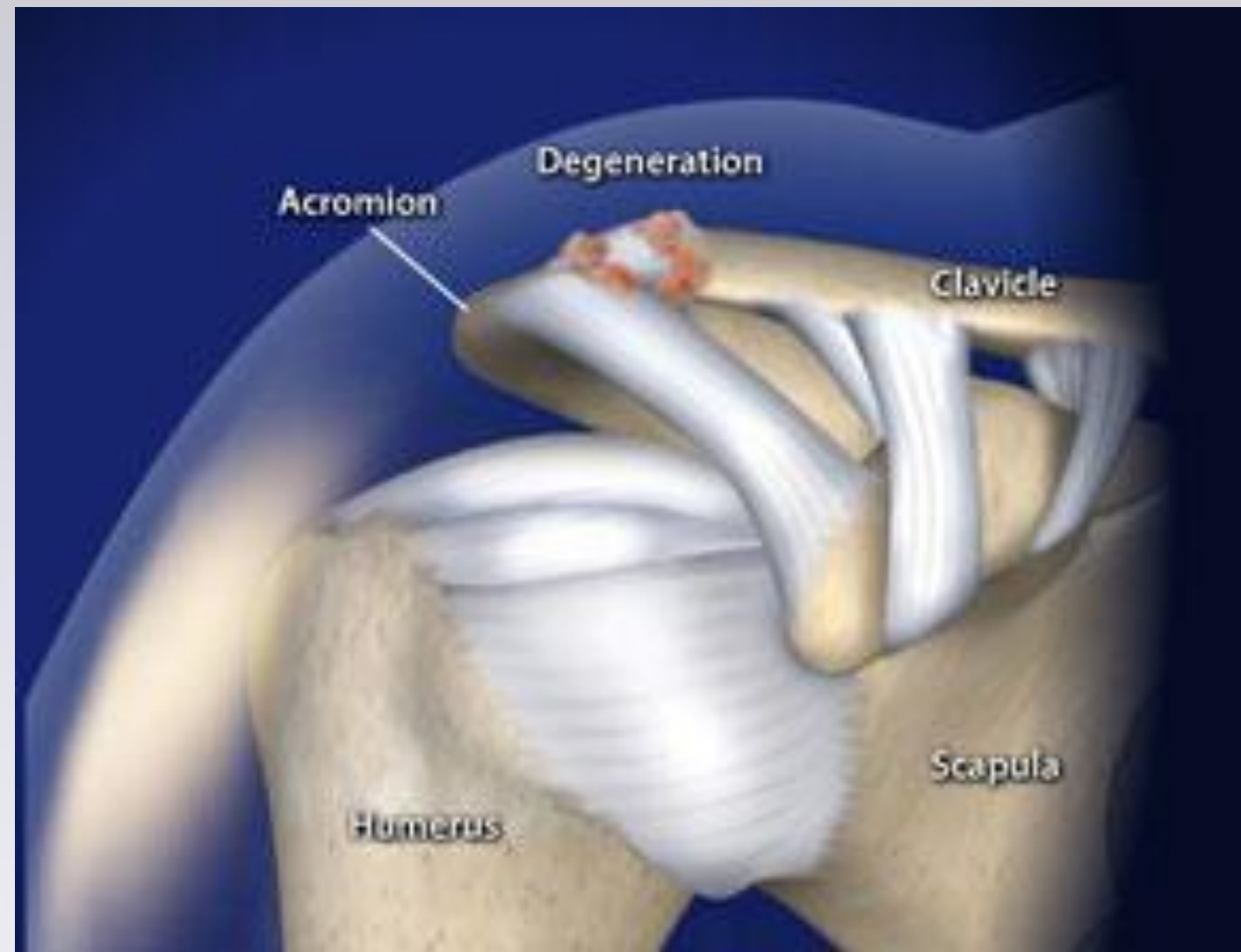
- Presentation is typically the same as rotator cuff tear but weakness not as common
- Initial treatment is the same as well with NSAIDs, rest, ice, etc. A dedicated stretching program is also recommended.
- If no better after a few weeks then medical attention should be considered

Impingement

- Initial treatment same as rotator cuff tear with prescription NSAIDs, Physical Therapy, and Injection.
- If no better after six weeks then MRI is ordered to rule out tendon tear
- If tear ruled out then more time, rest, NSAIDs, and PT recommended
- If not better after 3-6 months then surgery is considered but it does not always improve symptoms.

AC Arthritis

- The joint between the shoulder blade and the collar bone is called the Acromioclavicular joint or AC joint
- It is the only bony articulation between the arm and rest of body
- Arthritis can develop over time as a result of overuse or history of trauma (like shoulder separation or fracture). It is somewhat common in weight lifters



AC Arthritis

- Most cases of AC arthritis are noticed on routine shoulder X-rays and are asymptomatic
- Those that do cause symptoms generally complain of pain on the top of the shoulder, worse with lifting or pushing heavy objects or reaching across the body.
- doesn't really radiate that often and there shouldn't be any weakness. night time pain can occur if patient tries to lay on that side.

AC Arthritis

- Initial treatment is NSAIDs, rest, ice. Avoid reaching across body and avoid heavy lifting
- Again, if no better in 2-3 weeks you should seek medical attention.
- Initial treatment in my office is prescription NSAIDs and an injection. Avoidance of inciting activity is strongly advised.
- If injection helped but symptoms return then repeat injection possible if 3 months have passed since last injection.
- Surgery for resection of the joint is possible if temporary relief was achieved by injection.

Frozen Shoulder

- Medical term is adhesive capsulitis
- Can be due to acute injury but in most cases cause is unknown
- Occurs more commonly in women and those with diabetes
- Pathology is thickening and contracting of the shoulder joint capsule



Frozen Shoulder

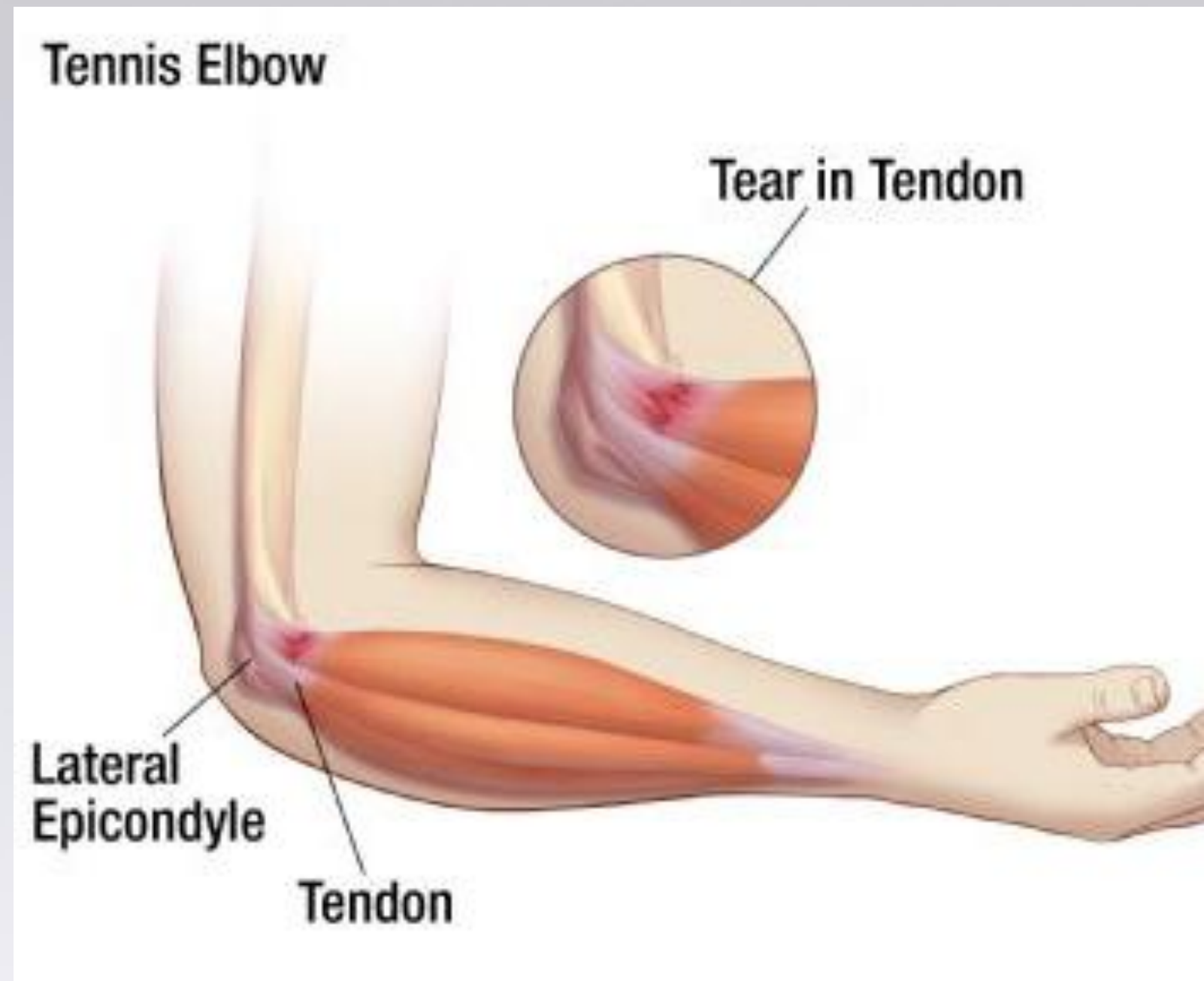
- There are three phases to frozen shoulder
 - Freezing phase: characterized by increasing pain and worsening stiffness
 - Frozen phase: stiffness is stable and pain is unchanged
 - Thawing phase: gradual improvement in motion and pain
- Patients will progress through these phases all on their own without treatment but process may take years

Frozen Shoulder

- Initial treatment is NSAIDs, moist heat, and gentle and steady stretching program. Ice is used after stretching
- In the office I will add a steroid injection on occasion and refer to formal Physical Therapy
- If no improvement in motion has been achieved after six weeks of therapy then I will consider a manipulation of the shoulder while under anesthesia.
- In refractory cases, surgery for formal capsular release can be done.

Tennis Elbow

- Lateral epicondylitis
- Pain on outside part of elbow
- gradual onset, rarely sudden
- worse with gripping activities or lifting, shaking hands
- due to degeneration of tendon tissue at muscle insertion

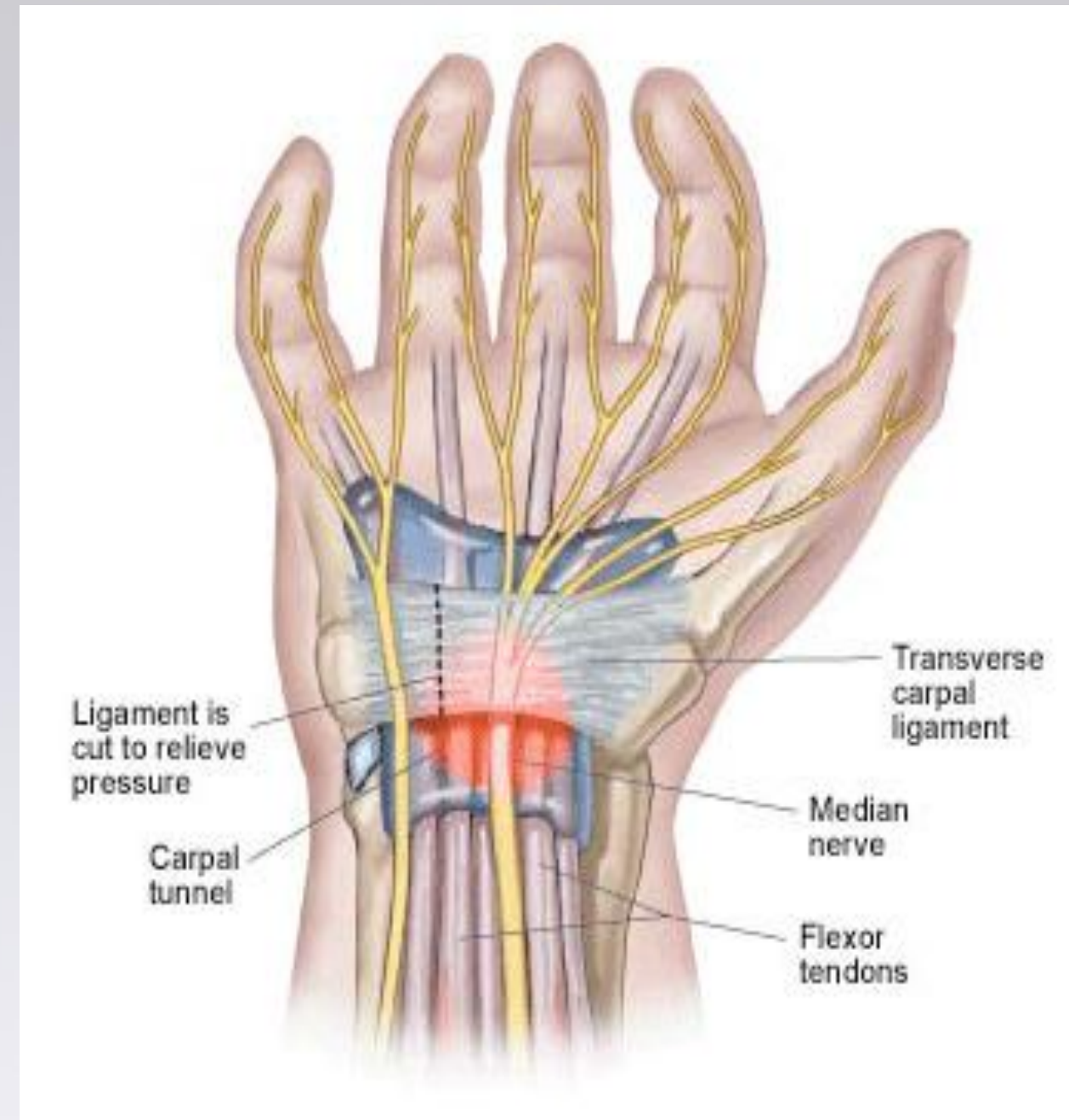


Tennis Elbow

- Initial treatment is to avoid aggravating activities, stretches, sports creams, tennis elbow strap, ice, NSIADs
- If no better after 4-6 weeks then seek medical attention
- Steroid injections may be helpful
- Rarely is surgery indicated

Carpal Tunnel Syndrome

- Compression of the median nerve at the wrist
- Most commonly affect middle-aged and pregnant women
- Present with numbness and tingling involving the thumb, index, long, and side of ring finger
- Pain is variable and can radiate up the arm



Carpal Tunnel Syndrome

- Patients will state they drop things frequently or have difficulty doing fine motor activities
- Driving seems to worsen symptoms and night time awakenings are very common
- If left untreated for years nerve damage can occur and be permanent. Muscles at the base of the thumb can waste away because they no longer receive signals from the nerve

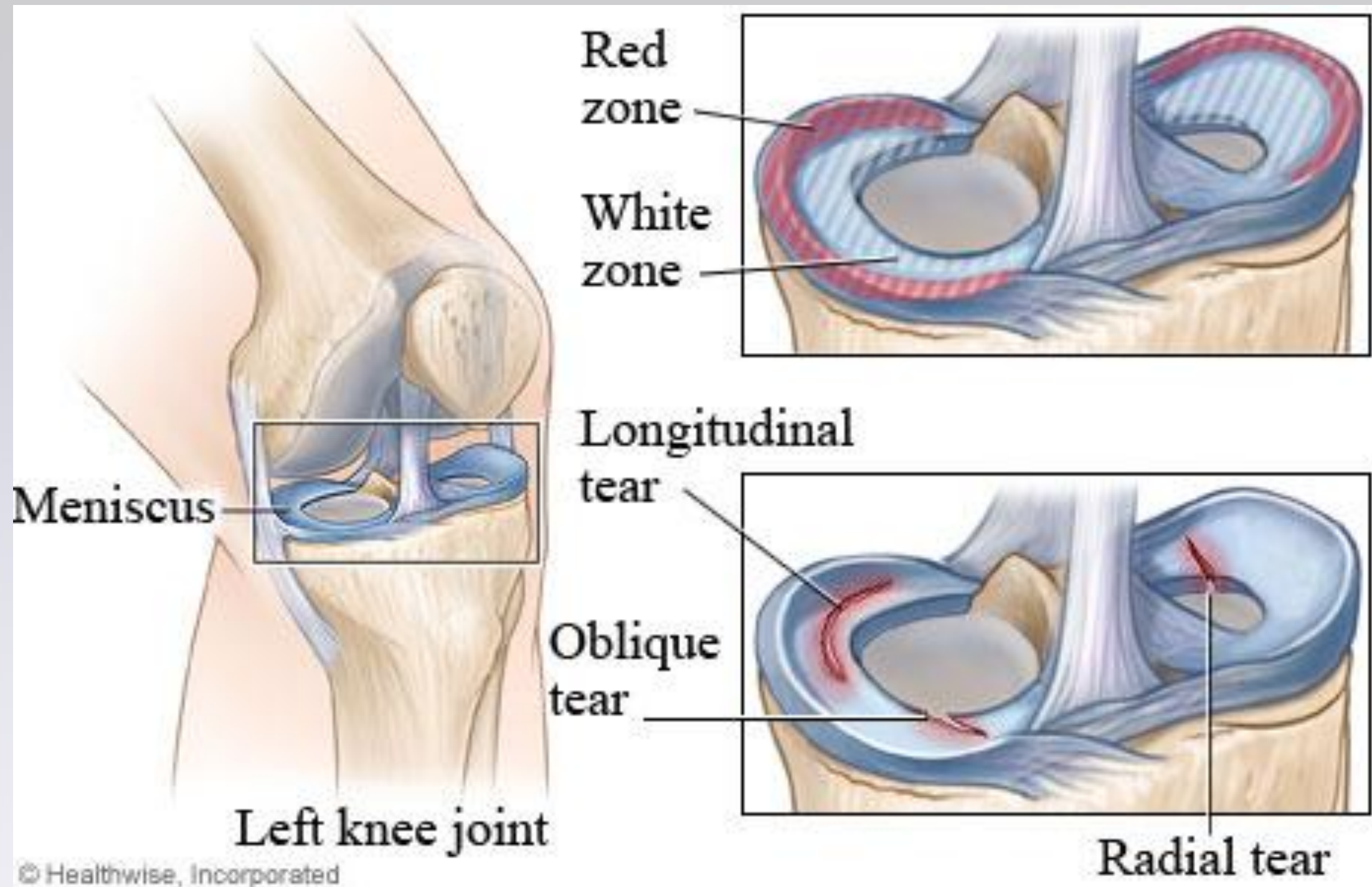
Carpal Tunnel Syndrome

- Initial treatment should consist of bracing in neutral position (to avoid flexion), NSAIDs, stretching in extension
- If symptoms persist for 3-4 weeks then seek medical attention
- Cortisone shot may provide some temporary relief
- A diagnostic study called an EMG may be ordered which tests the nerve to confirm the diagnosis and show severity of the condition
- Surgery is very common and quite successful

Knee Pain

- Knee meniscus tear
- Knee arthritis

Meniscus Tear



Meniscus Tears

- pain is typically medially and worse with twisting or squatting type activities
- Knee may swell and there can be painful popping or clicking. Occasional “locking” where the knee becomes stuck and won’t bend until it pops means a large meniscus tear
- Stairs can be painful as well

Meniscus Tears

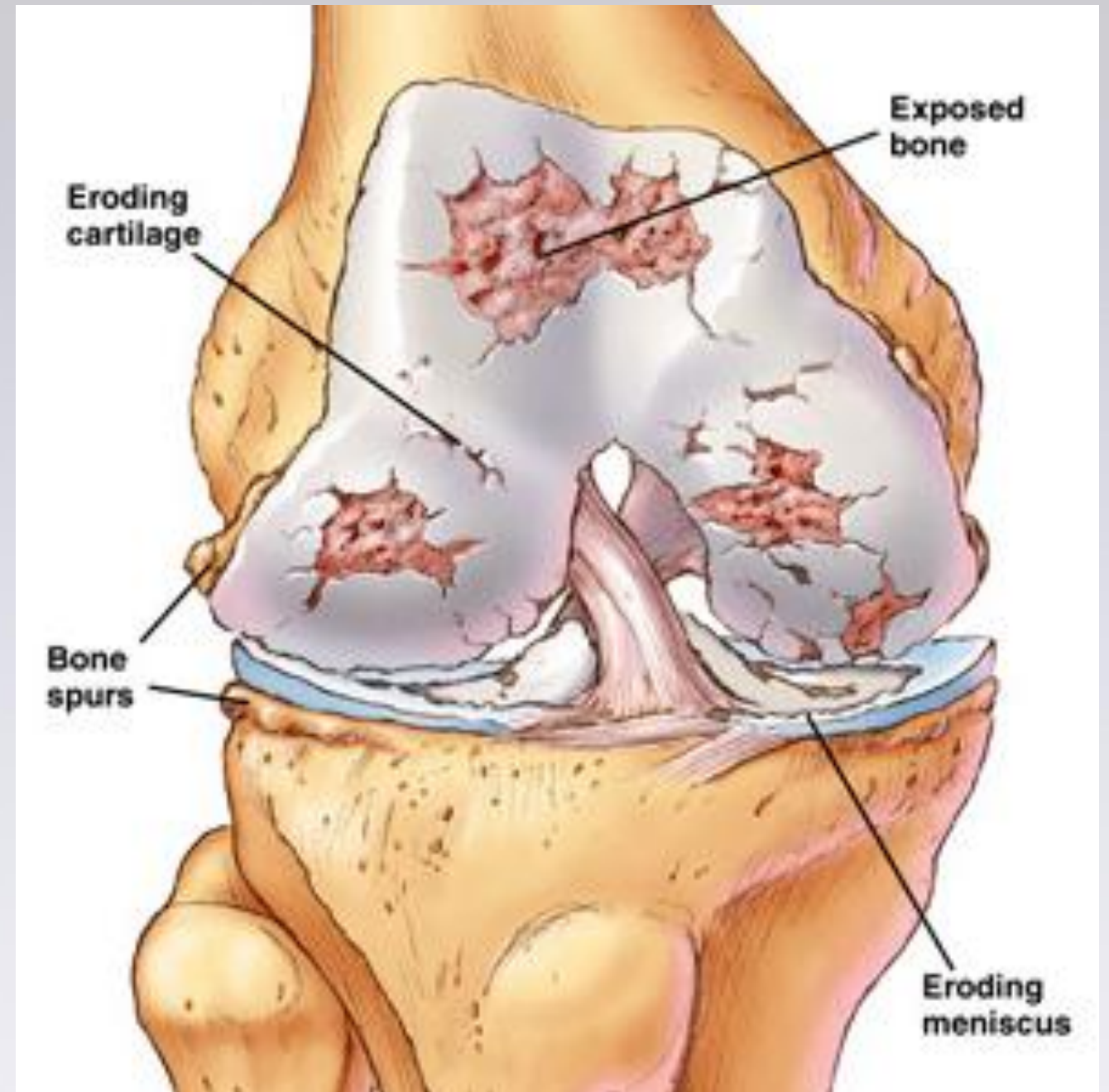
- Initial treatment is R.I.C.E. and NSAIDs.
- Once initial swelling subsides the patient can begin gentle exercises and ROM stretches. Stationary bike is beneficial
- If no better after a couple of weeks medical attention should be considered.
- If the knee is still swollen it may be aspirated and injected with steroids.
- Physical therapy may help decrease swelling and improve strength

Meniscus Tears

- Surgery for torn meniscus is the most common surgery performed by orthopedic surgeons
- Surgery is recommended for young and active patients and for those older less active patients whose symptoms persist despite therapy and injections
- During surgery the torn piece of meniscus is trimmed and removed. Repair of the meniscus is only possible with certain types of tears in young patients. Even then success rate is 50-60%

Knee Arthritis

- Arthritis is the loss of articular cartilage on the end of the knee bones
- Osteoarthritis is “wear and tear” arthritis and is most common
- Rheumatoid arthritis is an autoimmune disease and much less common
- Post traumatic arthritis occurs as the result of a prior injury such as fracture



Knee Osteoarthritis

- Occurs in older individuals
- most commonly affects the medial or inside aspect of knee, but may occur in any of the three compartments of the knee
- Common in obese patients as the knee experiences four times the body weight when walking or climbing stairs

Knee Osteoarthritis

- Patients present with gradual onset of knee pain
- Worse with walking or stair climbing or prolonged standing
- Occasional knee buckling or giving way is common
- stiffness when getting up after sitting for a period of time is very common
- Some patients get a lot of swelling in the knee
- Patients will complain of “grinding” feeling in knee

Knee Osteoarthritis

- Initial treatment consists of NSAIDs, ice and rest when needed.
- Steroid injections very common
- Non-impact aerobic activities can be helpful
- Elastic knee sleeves can support the knee and improve symptoms
- I prescribe an anti-inflammatory cream that has been helpful
- Viscosupplementation injections (chicken shot) can be tried but aren't consistently effective and haven't been endorsed by the orthopedic academy
- Glucosamine and Chondroitin can also be tried but haven't been shown to be much more effective than placebo

Knee Osteoarthritis

- If all other treatments fail and pain persists and interferes with daily activities then knee replacement may be indicated



Thank You

Questions?