

THE BONE DOCTOR

This month we welcome a new contributor, **Mike Mulder**, who will shed some light on what to do when things go wrong and you end up needing medical assistance.

WHEN DISASTER STRIKES!

the concept for this column was suggested by one of my patients. He said I know some useful stuff that others might want to know. Information, he felt, that would have been helpful to him before he fell and broke his collarbone, which would have prepared him to tackle the process of recovery and rehabilitation with greater insight.

Over the next few months (or as long as The Editor will have me), I will share information about common mountain biking injuries, and when you need medical help. Although I can't promise to make the process less physically painful, I do hope to make it less frustrating, and demystify the whole medical "process" in order to get you back on your bike sooner.

Although we carry the title of surgeon, it does not mean that our only role as orthopaedic surgeons is to operate. As you know, the vast majority of injuries, ailments, and niggles, will sort themselves out in time. We know this too. So for the most part we invest time in accurately diagnosing and outlining the prognosis for your complaint. Is it something that will sort itself out, or do you need the dreaded scalpel? There are many ways, aside from surgery, to treat the conditions we see daily. We often dispense treatments which include physiotherapy, occupational therapy, rest, activity modification, splinting and medications.

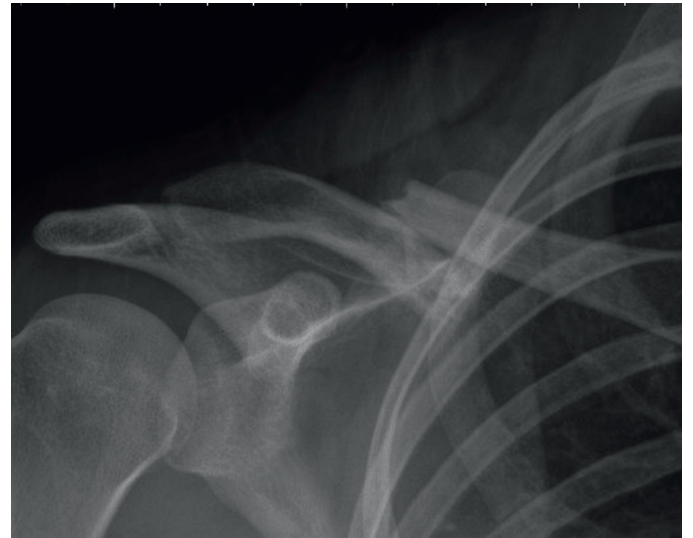
Although this sounds clichéd, it is important: Every individual is unique and therefore will require a unique medical management plan. Hence the

fractures, collar bone separations, and fractures of the elbow, wrist and hand. These fall into my zone of experience as an upper limb surgeon. I will call on the assistance of colleagues to highlight aspects relating to knee, hip and head injuries.

Before I move onto specifics, first things first: What should you do if you fall out on the trails, and there is clearly something wrong (severe pain, deformity, bleeding or something that should move, and won't)? Head

who has been recommended to you.

It is always preferable to have the same surgeon performing your surgery and taking responsibility for overseeing your recovery. This is especially important if you are out of town doing a (stage) race. First prize is to be assessed and given first-line treatment in terms of hydration, immobilization, splinting and analgesia at the nearest hospital. Then seek definitive treatment when you are home.



the doctor's rooms. They can ask questions on your behalf, and write down any useful information or questions. Generally, one feels quite overwhelmed in the aftermath of a crash and not able to take in all the information being imparted.

If the initial assessment of your injury does not reveal any obvious broken bones, but you are left with ongoing pain, see a specialist who can provide you with a diagnosis and a treatment plan.

If you find yourself with a niggle that is just not settling with the usual first aid measures like rest, anti-inflammatories, massage and moaning to your significant other about it, then best to start with some physiotherapy. Your physio can provide you with a diagnosis and broad timeframe for recovery, but if you are not making progress, then it may be time to pay one of us a visit.

We are the guys you hope you never have to meet, but are glad we are around in case you do. **fs**

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information in this column or anything you read on the internet, on a forum, or are told by mates, needs to be seen in context. It cannot take the place of a treatment plan tailored to the unique aspects of you and your injury by your doctor.

Over the coming months, I will cover some common cycling injuries like clavicle

straight for the emergency unit of the nearest hospital. As a rule it is always better to be treated at a hospital close to home; so once you have been assessed (and if it is feasible), get transferred to a hospital and a surgeon near home. If you have been assessed as needing surgery, ask how urgent it is and if you can see a surgeon who you know or

Ask around for an orthopaedic surgeon in your area who specializes and has experience in treating your injury. Your family doctor or physiotherapist can put you in contact with a doctor who has the required skills. It is useful to have a friend or family member with you at consultations in the emergency unit or later in

TOP RIGHT: The dreaded clavicle fracture seen on an X-ray.

ABOVE: Tools of the orthopaedic surgeons trade; a titanium plate used to stabilize a fractured clavicle.

Dr Mike Mulder is an orthopaedic surgeon specialising in the treatment of shoulder, elbow and hand disorders and injuries. He is based at Constantiaberg Mediclinic, and is a member of The Cape Shoulder and Elbow Unit. He has a wealth of experience in fixing injured cyclists and is an avid mountain biker. He rides as often as his wife and family let him.

