



Glenelg Orthopaedics



Providing Quality Orthopaedic Care

Dr Gavin Nimon and the team at Glenelg Orthopaedics works towards achieving the best outcome for you, with the aim of providing a quality and individualised experience.

Dr Gavin Nimon is the Head of Shoulder and Elbow Surgery at The Queen Elizabeth Hospital and Orthopaedic Surgeon of Glenelg Orthopaedics.

Dr Nimon has extensive experience in arthroscopic surgery and further specialises in:

- Shoulder surgery both minimally invasive and Total Shoulder Replacements
- Elbow, hand and wrist surgery (often performed under local anaesthetic)
- Knee surgery, including knee replacements and sporting injuries



Providing Office Based Ultrasound with GE VScan for patient feedback



What Makes Glenelg Orthopaedics Different? It is the Quality and Care.

Dr Gavin Nimon prides himself on always being available to patients, should questions or concerns arise. "It is a team approach, with communication at the forefront of everything we do. By keeping everyone involved in the loop ensures we work in the best interest of our patients."



Our Values

- ✓ Attention to detail.
- ✓ Personalised care.
- ✓ Helpful administration to coordinate bookings.
- ✓ A team approach from admin to specialist
- ✓ Anaesthetic Colleagues.
- ✓ Continuous professional development.
- ✓ Applying the latest Orthopaedic techniques.
- ✓ Involved in audits and the Arthroplasty Registry.
- ✓ Active in leadership.

Experience

Dr Nimon completed Orthopaedic Surgical training in 1998, and gained further experience in Edinburgh and then Dumfries & Galloway Royal Infirmary in Scotland before returning to Adelaide.

Having worked as a Specialist Orthopaedic Surgeon since 1999, he has many years of experience from which he draws upon when giving advice.

Professional & Reliable

Availability starts with our friendly and helpful reception staff. Our staff are keen to help, and will always do their best to accommodate an appointment or address any issues that arise. For a patient injured at work (Workcover), the staff at Glenelg Orthopaedics will apply for approval for treatment and surgery. They will also assist you in booking radiology when required. If an urgent appointment is needed, let them know, and they will do their best to accommodate you.



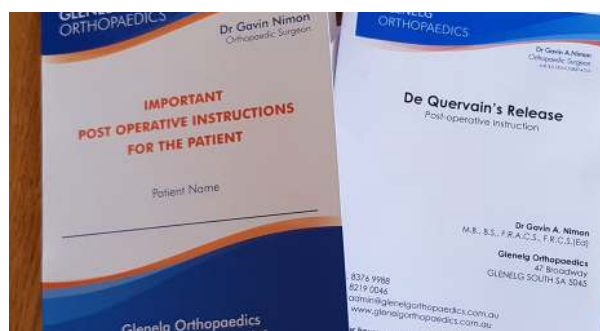
About Glenelg Orthopaedics

Our Services

Orthopaedic Services

Here at Glenelg Orthopaedics, we treat:

- Shoulder injuries;
- Elbow conditions;
- Hand injuries;
- Wrist conditions;
- Knee injuries; and
- Sporting Injuries.



Patient Information

Information is vital for the patient. Therefore, on the Glenelg Orthopaedics website all the content has been produced by Dr Nimon. It is written in plain english so you can better understand your condition and treatment options. It also allows you to have a feel for what a consult at Glenelg Orthopaedics is like, with numerous other videos on the site explaining the more common conditions.

We also have Facebook and LinkedIn pages which patients can follow, to be kept up-to-date with the latest in musculoskeletal issues.

For patients undergoing surgery, they all receive an information pack outlining postoperative instructions and emergency contact phone numbers, as well as a follow-up appointment date.

Diagnosis of Conditions

We believe it's important to take a complete approach to assessment, and pride ourselves on making time to take a thorough history from the patient. Not all conditions are straightforward and the correct diagnosis is so important if the patient is offered the most appropriate treatment. This is where Glenelg Orthopaedics stands out.

Dr Nimon is extremely active in teaching both undergraduate medical students and Orthopaedic Trainee Surgeons and keeps abreast of the Orthopaedic literature to give you the best possible treatment options.

GP Advisory Service

With a strong focus on a team approach, Dr Nimon provides an advice line, at all hours, to assist General Practitioners when specialised experience is required. Dr Nimon also believes that it is vital to keep the General Practitioner (GP) informed as part of the patient treatment journey.

1. Immediately having seen us at Glenelg Orthopaedics, a letter is typed outlining the diagnosis & treatment plan.
2. Copies of all investigations ordered (X-Rays and Blood tests) are sent to the GP.
3. At Surgery, an operation note is typed by Dr Nimon, which is sent to the GP the following day.

Visit the Glenelg Orthopaedics website, www.glenelgorthopaedics.com.au, for more information on our services, patient information and GP Advisory Services.

Glenelg Orthopaedics - Shoulder Injuries and Surgery

Dr Nimon is Head of Shoulder and Upper Limb Surgery at The Queen Elizabeth Hospital and has many years of experience in treating complex and complicated shoulder problems.

Dr Gavin Nimon specialises in shoulder surgery and has extensive experience in Arthroscopic Surgery. Tendon tears (Rotator Cuff), dislocations (instability), labral tears, AC joint arthritis and cysts can all be treated arthroscopically, all through small 1 cm incisions, which causes less damage to surrounding structures and a better result to the patient.

- Some procedures are best treated open, such as:
- Total Shoulder replacements,
- Fractures (bone breaks)
- Some stabilisation procedures (Latarjet).

Dr Nimon is an expert in this area as well. A large number of Total shoulder replacements both anatomic and reverse are undertaken by Dr Nimon, meaning you can be reassured that you are in the hands of an expert in the area.

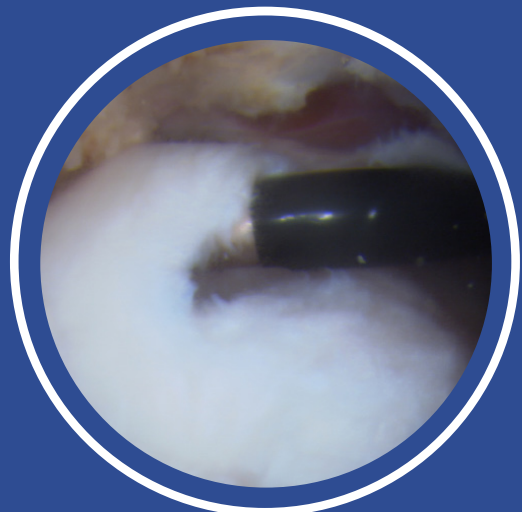
Other shoulder injuries Dr Nimon treats includes:

- Rotator Cuff Disorders
- Impingement (Bursitis)
- AC Joint Arthritis/ Dislocations
- Biceps Tendon Injuries
- Shoulder Dislocations
- Shoulder Replacements
- Fractured Clavicle
- Fractured Shoulder

To learn more about shoulder injuries or surgery, visit the Glenelg Orthopaedics website - www.glenelgorthopaedics.com.au

Under The Microscope With Dr Nimon - Rotator Cuff Tear

(video on www.glenelgorthopaedics.com.au/educational-videos)



Spotlight on - Shoulder Arthroscopy

Dr Nimon has been at the forefront of Totally Arthroscopic (minimally invasive, keyhole) Shoulder Surgery since returning from Europe in 2005. Having developed the technique from his experience in Milan and Scotland, he can perform totally arthroscopic repairs of Rotator Cuff Tears, Shoulder stabilisations, Labral and Bicep repairs (including arthroscopic tenodesis).

He continues to train the younger orthopaedic surgeons in his techniques and believes in performing the technique to the highest standard.

Arthroscopy also involves debridement of a subacromial bursa and decompression during which an arthritic AC joint can be treated. In these cases, a sling is not required, the patient is encouraged to move the arm immediately and 1 week later they have returned to driving. Surgery involves 1 night in hospital only.

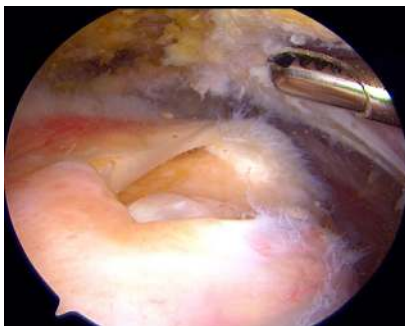
A tear of the rotator cuff will not heal without surgery and can often increase in size, leading to weakness in some shoulder motion. If the shoulder continues to have pain despite physiotherapy, surgery may help significantly.

The advantages of Arthroscopic Surgery include:-

- 1) Scars are minimal
- 2) No damage to surrounding (uninjured structures)
- 3) Less pain
- 4) Early mobilisation
- 5) Improved visualisation of all structures

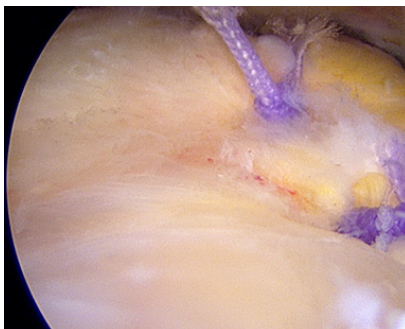


Arthroscopy involves the insertion of a camera and instruments through small (stab) incisions to allow visualisation and treatment of tissues in the shoulder.



Rotator Cuff Tears:-

The rotator cuff is a group of 4 muscles encircling the shoulder that functions to position the arm, so as to allow the stronger muscles (predominantly the Deltoid) to function to full efficiency. A tear can be easily seen through the arthroscope and with specialised skills, be repaired.



Photograph of a completed tendon (rotator cuff) repair. The sutures tie the tendon to the underlying bone allowing it to heal back to the “footprint” from which it has torn.

The surgery can improve function, reduce pain and increase strength and has a high satisfaction rate.

Spotlight on - Shoulder Instability

Shoulder dislocations are a common occurrence of Sport in Australia, particularly Netball, Australian Rules Football and Rugby. Dr Nimon has extensive experience with these injuries, having been involved with sporting clubs both in the UK and in Adelaide (Glenelg Football Club).

Being a dedicated shoulder surgeon who undertakes totally arthroscopic procedures (key hole) as well as regularly undertaking open procedures (Total Shoulder replacements) means that Dr Nimon has a wealth of experience in undertaking both soft tissue labral repairs (bankart repair) arthroscopically and bone transfer procedures (Latarjet).

A patient under 35 years of age who has a dislocation of the shoulder, has a 85% chance of a second dislocation, with each dislocation increasing the risk of arthritis developing later in life.

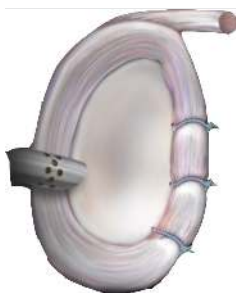


The main injury that occurs in a dislocation is a tear of the labrum (soft tissues support) off the edge of the glenoid (bone socket). Use of a sling alone does not heal these injuries and explains why there is a high recurrence rate of dislocation without surgery.



Sling worn after surgery. The arm is taken out of sling regularly for hygiene, dressing and exercises, and is discarded by 6 weeks.

Shoulder Stabilisations can be undertaken in 2 different ways.



1) Anatomic Reconstruction, where through 2-3 key hole incisions (arthroscopically), the soft tissue that is pulled off the bone is tied back down tightening the soft tissue capsule with it (bankart repair and capsule shift). This is indicated in most shoulder dislocations.



2) Bone Transfer, (Latarjet) where a piece of bone and supporting muscles is transferred from the Coracoid (Bone nearby) to the front of the socket to support the glenoid socket and prevent dislocations. This is indicated in those with strong family history of dislocations, or with significant ligament laxity or when there is bone damage from the dislocation.

Spotlight on - Total Shoulder Replacements

As Head of Shoulder Surgery at the Queen Elizabeth Hospital, Dr Nimon is one of the leading lights in Total Shoulder Replacements (TSR).

Indications for Shoulder Replacements have expanded over time and they are used for patients with arthritis, rotator cuff tear and fractures.

TSRs can be a demanding procedure and should be performed by a surgeon undertaking the procedure regularly. Dr Nimon performs these cases weekly and is involved in regular professional development and the training of younger surgeons in the techniques required.

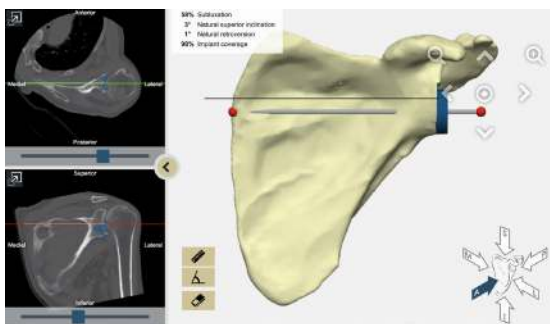
Total Shoulder Replacements have evolved a great deal, and most patients regain a pain free and excellent range of motion quite quickly, with a high patient satisfaction rate.



Anatomic Total Shoulder Replacement.
Used for arthritic shoulder with an intact rotator cuff.



Reverse Total Shoulder Replacement.
Used for arthritic shoulder with torn rotator cuff, or for a shoulder fracture.



The Technology around Total Shoulder Replacements continues to evolve, and at Glenelg Orthopaedics we stay abreast of this. Patient Specific planning software and guides for glenoid positioning is now available and allows exacting positioning of implants.

New designs that preserve bone stock, including shorter stems (even microstems) are becoming mainstream, and are being offered for appropriate situations.

As always, Dr Nimon remains committed to quality audit and is actively involved in the Australian Arthroplasty Registry, monitoring the results for the best performing implants.

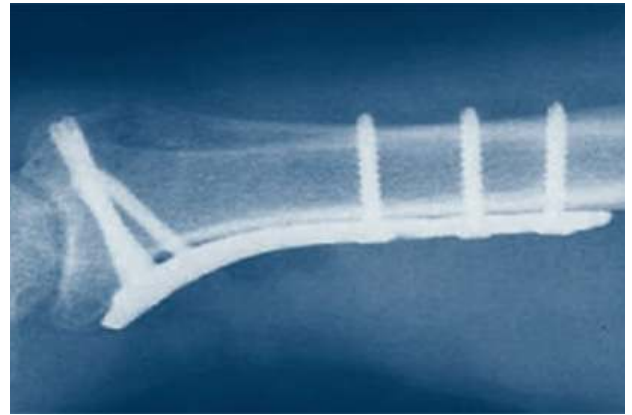
Glenelg Orthopaedics - Elbow, Hand and Wrist Conditions

Dr Nimon, Glenelg Orthopaedics, undertakes numerous hand surgical procedures many of which can be offered as totally local anaesthetic procedures for cases such as:

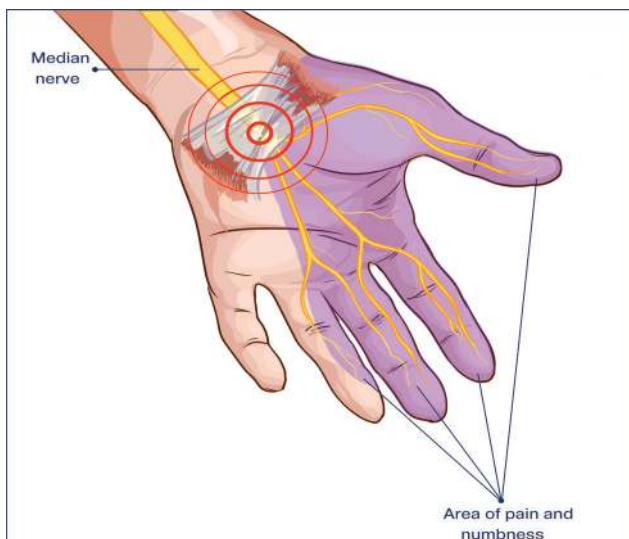
- Carpal and Cubital Tunnel
- DeQuervain's and Trigger fingers
- Ganglion Excisions
- Scaphoid and Wrist fractures
- Wrist, Thumb and Finger arthritis
- Fractured Elbows
- Tendon Ruptures
- Olecranon Bursitis

Local anaesthetic procedures has several advantages, most importantly being a very safe procedure and also reduces costs for those self-funded.

He has a vast experience in the more extensive procedures such as scaphoid fractures, arthritis involving trapezectomies and partial and full wrist fusion, and is the point of call for wrist fractures.



Visit the Glenelg Orthopaedics website, www.glenlegorthopaedics.com.au, for more information.



Area affected by Carpal Tunnel Syndrome

Spotlight on - Distal Biceps Ruptures

Biceps tendon tears at the elbow are a common problem referred to Dr Nimon at Glenelg Orthopaedics. The distal biceps tendon is different to the proximal biceps tendons in that the whole bulk of the muscle attaches distally at the bicipital tuberosity in the forearm.

Tears of the biceps tendon at this site may suddenly occur after excessive force being placed through the elbow. The amount of bruising or deformity can be minimal, and in the past they were often missed, but with the easy access to ultrasound, it is now a common diagnosis. If the tendon retraction is significant, the patient may develop a “Popeye Sign” where the biceps muscle sits more proximal in the arm (ie. closer to the shoulder).

A distal biceps tendon tear leads to both a cosmetic problem but can also cause a functional issue with a possibility of weakness in elbow motion. Therefore this justifies a repair and is recommended in a younger fit patient particularly if they are involved in sport or work which requires strength.

Surgery involves a L or S shaped incision in the front of the elbow crease and the tendon is sutured back into bone passing it through a hole drilled in the bone and secured with a small metal button and a plastic screw holding the tendon tight against the bone in the tunnel.

Following surgery the patient will require 6 weeks in a sling or a splint, returning the elbow to full range of motion and then a 6 month period avoiding heavy lifting until the tendon is fully healed.

This surgical procedure does have risks, and involves dissection alongside the brachial artery and between the radial and median nerve. It is best undertaken by a specialist Upper Limb Surgeon, and is a procedure that is regularly undertaken by Dr Nimon.



Method of repair:-
Fixation of biceps tendon to bone with
endobutton and interference screw
(Arthrex Technique)

A Distal Biceps Repair is best undertaken within the first 4 weeks of injury. As such Dr Nimon will always give these injuries utmost priority. Don't hesitate to contact us at Glenelg Orthopaedics, if there is any concern about a Distal Biceps Tendon injury.

Glenelg Orthopaedics - Specialists in Sporting Injuries

A sporting injury does not just cause damage to your body, it's a major disappointment for your ambitions, a headache for your team, concern for your coach/ family members and loss of a worker for your boss. It is important to get you back to health and then peak fitness, as soon as safely possible.

At Glenelg Orthopaedics, what seems like the end of the world to you is commonplace for us and we can advise and treat you and the injury, having seen numerous ones like it before. Our aim to provide the best treatment possible.

Glenelg Orthopaedics- Providing Quality Orthopaedic Care:-

- | | | |
|------------------------|-------------------------------------|--|
| ✓ Clavicle Fractures | ✓ Wrist and Scaphoid Fractures | ✓ Muscle and Tendon Tears (including Biceps tears) |
| ✓ AC joint injuries | ✓ Finger fractures and dislocations | ✓ Knee Ligament Injuries |
| ✓ Dislocated Shoulders | ✓ Wrist ligament injuries and tears | |
| ✓ Fractured Elbow | ✓ Meniscal (Cartilage) Tears | |

You can relax, reassured that we can provide you with the state of the art treatment options and advice for your injury. Visit the Glenelg Orthopaedics website, www.glenelgorthopaedics.com.au, for more information.



Knee & Lower Limb Conditions

Some of the procedures involving the Lower Limb include:-

- Total Knee Replacements.
- Meniscal Tears.
- Ligament sprains.
- Bursitis.
- Meniscal Cysts.



"I apply the experience I have obtained in handling the soft tissues when treating Upper Limb Injuries to surgery involving the Lower Limb. I believe this has benefits in regaining range of motion and speeds up the recovery in the post-operative treatment of Lower Limb patients."

Meet Dr Gavin Nimon, Orthopaedic Surgeon



Dr Gavin Nimon is an Orthopaedic Surgeon with extensive experience in surgery of the shoulder, elbow, wrist, hand and knee.

Having completed training in 1999 in Australia and developing advanced techniques in the United Kingdom and Europe, he has many years of experience, holding the appointment of Head of Shoulder and Upper Limb Surgery at The Queen Elizabeth Hospital, committing large amount of his time to the treatment of public patients.

He specialises in totally arthroscopic reconstructive and stabilisation procedures to the shoulder including rotator cuff repairs, SLAP repairs, treatment of bursitis and AC joint arthritis.

He also has extensive experience with shoulder and knee replacement surgery and maintains professional excellence by being involved in continuing professional training and audits through professional bodies. He is a Fellow of the Royal Australasian College of Surgeons, the Royal College of Surgeons in Edinburgh as well as the Australian Orthopaedic Association.

Dr Gavin Nimon also holds an academic appointment as Senior Lecturer at the University of Adelaide, and is actively involved in research and teaching of medical students, junior doctors and orthopaedic trainees.

He holds the position of Director of Orthopaedic trainee surgeons at The Queen Elizabeth Hospital. He has international and local publications and presentations in United Kingdom, USA and Australia and awarded the Bauze Prize for best paper.

Dr Nimon is extensively involved in professional standards and has held appointments on the executive team for the Shoulder and Elbow Society of Australia, Australian Orthopaedic Association (SA Branch) and SA Hand Surgical Society, as well as being a member of the Australian Hand Surgery Society of Australia.

Dr Nimon has a long history of sports medical involvement working with Queen of the South Scottish Football team while in the UK, and for many years for the Glenelg Football Club (SANFL).

Professional Memberships/Appointments:

- Fellow of the Royal Australasian College of Surgeons FRACS
- Fellow of the Royal College of Surgeons (Edinburgh). FRCS(Ed)
- Fellow of Australian Orthopaedic Association
- Senior Lecturer at the University of Adelaide
- Head of Upper Limb at The Queen Elizabeth Hospital

When not at work or teaching at the University of Adelaide, Gavin spends his time either with his family (wife and three children) and enjoys playing the guitar and sporting activities including kayaking, surfing and windsurfing.



Dr Gavin Nimon, Glenelg Orthopaedics

Appointments:- +618 8376 9988 | www.glenelgorthopaedics.com.au

47 Broadway, Glenelg South 5045 | Also consulting Flinders Private, Seaford, Mt. Compass and Middleton

Where Patient and GP Education is Priority - Glenelg Orthopaedics Website

Our website, www.glenelgorthopaedics.com.au provides a huge amount of information for those wanting to learn more about orthopaedic surgery or specific procedures, our patients and General Practitioners.

The additional benefits of the Glenelg Orthopaedics website include:

- All information written by Dr Nimon and very specific and targeted;
- The language kept to plain English;
- Supplemented by videos, featuring Dr Nimon explaining conditions;
- Website pages are updated continuously to give you the latest information;
- Blogs to inform you on the latest developments in Orthopaedics;
- Supported by LinkedIn, Facebook and Youtube channels;
- GP educational videos produced in response to GP requests.

Visit our site:
www.glenelgorthopaedics.com.au





Orthopaedic Care Close at Hand

Convenience is important when seeking medical treatment

We all have busy lives, and heading to Adelaide for orthopaedic consultations and surgery may eat into a busy schedule. Dr Nimon prides himself on the ability to offer convenience to patients both for their consultations and their operations.



Glenelg South Head Office

Conveniently located at:-
47 Broadway, Glenelg South, SA, 5045.

Our head office offers convenient parking, with access to plaster and splint facilities. It also offers a physio service for initial follow-up appointments to set the rehab off.



Flinders Private Hospital

-Rapid Knee and Shoulder Clinic-

Conveniently located at:-
1 Flinders Dr.
Bedford Park, SA, 5042.

Consulting regularly in the Rapid Access Suite. These rooms offer easy and affordable urgent access to those with acute Shoulder Injuries.



Aussie Med -Ed Australian Medical Education Podcast

Closer than you think

During 2020, following lock down, Dr Gavin Nimon commenced a podcast series to provide education to medical students and the public.

With over 20 episodes and growing regularly, he interviews colleagues about medical issues and current pragmatic treatment options on various medical conditions.



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Surgical Services at Various Locations - Surgery Relies On A Team

Surgery is a complex specialty, and requires a well-trained surgeon, who has the patients best interests foremost and focuses on producing the best outcome, supported by an able and experienced anaesthetist, assistant, and scrub team (scrub nurse, scout, anaesthetic nurse) along with experienced recovery staff and ward nurses. Dr Nimon has found that the following fulfills his desires for all of the above.



Ashford Hospital

Ashford Hospital not only provides a quality team, but also has HDU and ICU facilities, with cardiothoracic, vascular and general surgical support for the higher risk patients.

Located near:
Keswick at 55 Anzac Highway, Ashford SA 5035



Glenelg Community Hospital

Known for the personalised care and exceptional nursing staff, Glenelg Community offers a full contingent of surgical options for most patients.

Located at:
5 Farrell St, Glenelg South 5045
and with easy parking.



Flinders Private Hospital

Known for its Quality of Care, Flinders also has access to HDU and ICU for those patients at greater risk. It also gives easier access for those in the Southern Regions.

Located at:
1 Flinders Dr.
Bedford Park 5042.



Visit the Glenelg Orthopaedics website, www.glenelgorthopaedics.com.au, to view contact details for each of the locations.

Services in the Fleurieu Peninsula

Dr Nimon is feels privileged to be able to offer services in the Fleurieu Peninsula. He considers this area very close to his heart, having been associated with the area all his life, having played Hockey in the region and spent many of his holidays there. Often combining the trip with a surf / windsurf .

- Dr Nimon visits the area regularly, consulting in Seaford, Mt. Compass and Middleton.



Mill House Medical Centre Middleton- Consulting

Conveniently located at:-
5 Goolwa Road
Middleton, SA, 5213.

Consulting in the Fleurieu on Thursday afternoons. This medical centre offers comfort in modern premises with plenty of parking at the front door.



Mt. Compass Medical Centre - Consulting

Conveniently located at:-
5/30 Victor Harbor Rd,
Mount Compass SA 5210.

Consulting on Thursday afternoons.
Easy Parking and comfortable airconditioned and modern rooms.



South Coast District Hospital (Victor)- Operating

Located at the “capital” of the Fleurieu, the South Coast District Hospital provides a full experience for the patients from the south of South Australia, and is close at home for those in the Fleurieu.

Located at:
56-63 Bay Rd, Victor Harbor.



Seaford Day Surgery Consulting and Operating

Located on the way to Fleurieu, Seaford Day Surgery is a convenient hub for those in the Fleurieu and for those living on the south side of Adelaide. In brand new facilities and with easy parking.

Located at:
4 Vista Parade, Seaford Heights SA 5169



Workcover Injuries



An injury can occur at home or at work. Both of which Dr Nimon, Glenelg Orthopaedics, can provide treatment. We have experience in work place injuries and can seek approval for treatment when required.

Glenelg Orthopaedics regularly treats patients with work related injuries and are well experienced in treating them.

The process can be daunting for the person who suffers their first workplace injury and consequently Dr Nimon has a page dedicated to navigating the Workcover (Return to Work SA) process on the Glenelg Orthopaedics website.

When attending to be assessed, the most important information to provide us with is the claim number. The claim number allows us to seek payment for services and investigations required.

Advantages of having your work related injuries treated at Glenelg Orthopaedics are:-

- ✓ Our Staff will liaise with Case Manager, when seeking approval for intervention
- ✓ Our Staff can advise you of steps required, along the way
- ✓ Dr Nimon will provide you with appropriate certificates, and can provide reports to the Case Manager
- ✓ We treat multiple injuries and aim to give you the best possible outcome.



Visit the Glenelg Orthopaedics website, www.glenelgorthopaedics.com.au, for more information.

What to Bring to an Appointment.

It's always good to be prepared.

Dr Nimon's philosophy is always to be prepared. The correct diagnosis is the key to giving appropriate advice and treatment. As such, it is vital to have as much information as possible.

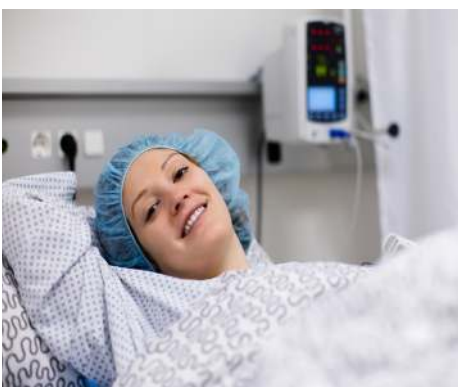
In order to assist Dr Nimon, you will need to bring the following to a consultation:-

1. Referral from another Doctor (this needs to be addressed to Dr Nimon and dated within 12 months),
2. Any relevant blood results and investigations, including Nerve Conduction Studies.
3. X-Rays (even if available on-line) any printed X-rays are always better
4. Medicare Card
5. Private Insurance Details
6. Workcover (RTWSA) claim number, and accompanying claim details
7. Any accompanying person is always welcomed (aids in recalling discussions)
8. List of Current Medications

If an Interpreter is required for the patient, please inform the receptionist at the time of booking, so that one can be requested from an appropriate agency.



Printed X-Rays are always more useful if available. Images performed at Public Hospitals can be difficult to obtain/ access and therefore if this is the situation, please highlight this to the staff on booking.



What to Bring into Hospital for Surgery

- It is important to bring into Hospital
- Admission Booklet
- Any X-rays or Scans
- Medications (in their boxes)
- Hearing Aids / Reading Glasses
- Sleep Apnoea Machine (if you use one)
- Toiletries
- On discharge, you will need someone to take you home.

Surgery lists can run ahead and behind times and thus the exact time that your surgery may commence can be difficult to predict. Admission also requires assessment and checking by the admission team which takes time. Consequently it can feel like you are sitting and waiting for a period. Please bring in reading/ entertainment equipment to fill in time.

Prior to surgery, it is important to protect the area / skin from injury. It is not uncommon for a patient to sustain an injury (such as cat or garden abrasion or sun burn) near the operative area that will prevent the surgery proceeding. Therefore be aware to avoid anything that would compromise the surgical area.

Physiotherapy and other Allied Treatment Post-Operatively

Whilst Dr Nimon aims to provide Quality treatment which begins with a thorough assessment, it does not end with surgery. In fact surgery (if required) is also just a step in the recovery pathway which continues with allied health involvement.

If your surgery requires overnight stay, then the following day you will be seen by a physiotherapist who may need to fit you with a sling (if the surgery requires immobilisation) or advise the use of a frame or crutches.

The Physiotherapist will also advise what exercises need to be undertaken, and how often.

Day surgical patients will be issued with a pack which explains how to care for the operative area, and physiotherapy will formally recommence after their 1-2 week review with Dr Nimon.

1. Referral from another Doctor (this needs to be addressed to Dr Nimon and dated within 12 months),

Some Hand, Wrist or Elbow surgical procedures are best managed by a Hand Therapist, which may require a separate appointment for exercises or thermoplastic splints to be made. We are pleased to announce that Full Circle Hand Therapy now consult from the Glenelg Office, providing more convenience.



Rarely after a Knee Replacement, there may be a need to transfer the patient to a rehabilitation hospital in order to gain strength and confidence prior to discharge home. However in most cases this will not be required and the patient will feel empowered prior to discharge and will go home with support from the hospital.

Physiotherapy after Knee Surgery

Following a Knee arthroscopy or a Total Knee Replacement, the postoperative physiotherapy can be divided into several stages

Initially:-

- Encourage Coughing and Breathing
- Encourage limb motion
- Flexion of Knee
- Fully Straightening Knee
- Straight leg raising

Mobilisation

- Walking regularly with Aids if required
- Recovering Independence
- Progressing to Stairs and uneven Surfaces
- Strengthening

No matter which leg has had surgery, Driving should not be undertaken until the knee is moving well and will not cause distraction from pain.



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Spotlight on - Shoulder Physiotherapy

Shoulder Physiotherapy can really be considered under 4 main types

- 1. Rotator Cuff/ Deltoid retraining
(as occurs after injury, or when rehabilitating after a decompression/ ac joint excision)
- 2. Following a Reconstruction
(Rotator cuff repair or stabilisation/ labral repair)
- 3 Following a Shoulder Replacement
- 4 For Stiffness/ Capsulitis/ Frozen Shoulder

Physiotherapy varies for each type.

1. For Rotator Cuff/ Deltoid retraining, the aim is to regain Range of motion including internal rotation, and then strengthen with theraband in a painless fashion.



Theraband being supervised by Physio



Internal Rotation of the left Shoulder aided by right arm.

2. Following a Reconstruction, the repair needs to be protected with a sling for 4-6 weeks (depending upon the size of the repair)

Therefore the patient is allowed to come out of the sling during this time for pendular exercises for the shoulder and is encouraged to move the elbow, wrist and hand fully while avoiding shoulder motion. (The sling is taken off for dressing and use of a different sling in the shower).

After the sling is abandoned the patient is then encouraged to regain range of motion of the shoulder using pulleys and the other arm to help.

Once the repair is strong enough, type 1 physio is commenced (muscle retraining)

3. In the case of a Shoulder Replacement, the physio is similar to type 2, but flexion of the shoulder can commenced (with assistance from the other hand) immediately, and the sling is abandoned during the day, at the 4 week mark. External Rotation (reaching to the side of the body) has to be avoided for a 6 week period however.

Stiff Shoulders (Capsulitis)

4. In the case of stiff or frozen shoulders, the most important thing is movement (strength will come later). It is important to encourage motion with pulleys, wall climbing exercises and the help of the physiotherapist (passive assisted active exercises).

Sometimes hydrotherapy can help significantly. Hydrotherapy involves using floats in the water to help stretch the range out, and is supervised by a physio. Once motion has been regained, muscle retraining starts (type 1).



GLENELG ORTHOPAEDICS



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Providing Quality Orthopaedic Care

“It’s all about the Patient”

Contact Us:

47 Broadway
Glenelg South,
Adelaide, Australia.
www.glenelgorthopaedics.com.au

Landline : (+61)8 8376 9988
Fax : (+61)8 8219 0046
Email : admin@glenelgorthopaedics.com.au



Dr Gavin Nimon, Glenelg Orthopaedics
Appointments:- +618 8376 9988 | www.glenelgorthopaedics.com.au
47 Broadway, Glenelg South 5045 | Also consulting Flinders Private, Seaford, Mt. Compass and Middleton