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NKMS Society

Rounds

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Cubital Tunnel - It's not always Carpal Tunnel

Not all hand pain and tingling is carpal tunnel. Most people have heard of carpal tunnel, but another very common condition that causes hand pain, tingling and numbness is called "Cubital Tunnel."

Similar to carpal tunnel, cubital tunnel is a compression of a nerve in your arm (a peripheral nerve.) There are three main nerves that provide function to the hand: median, ulnar and radial. Carpal tunnel is compression of the median nerve at the wrist, while *cubital* tunnel is compression of the ulnar nerve at the elbow.

Both conditions can cause pain, numbness and tingling. Typically, carpal tunnel syndrome causes symptoms in the thumb, index and long fingers. In contrast, cubital tunnel syndrome causes symptoms in the small and ring fingers. Other common complaints with cubital tunnel include grip weakness and loss of dexterity which can cause difficulty in tasks such as buttoning your shirt. Both conditions, if ignored, can sometimes lead to permanent nerve damage and loss of function.

In the vast majority of cases, doctors don't know what

causes cubital tunnel. We do know certain activities and postures are risk factors. These include any activity where there is direct compression on the inside of the elbow along the nerve - such as driving or placing the elbows on a desk or arm chair while working. Additionally, extreme flexion of the elbow causes the nerve to stretch across the backside of the elbow - holding this position too long will cause symptoms. This is most common at night when it is human nature to sleep with the arms and wrists in a flexed position, resulting in symptoms at night or upon waking first thing in the morning.

Initial treatment focuses on avoiding these aggravating positions. Patients are encouraged to be aware of their elbows and avoid any direct contact including arm rests while driving, sofas, arm chairs, desks, and tabletops. At night, to keep the elbow mostly straight, two over-the-counter tricks are recommended. A bath towel can be fashioned into a soft tube using tape to secure the outside and placing the arm inside. Alternatively, an elbow pad can be purchased and worn backwards, such that the pad-

ding is in the front. Finally, if neither of these are successful, there is a lightweight spring brace that can be fitted in the office.

If after approximately three months, symptoms continue, often a nerve conduction test is performed - and if the diagnosis of cubital tunnel is confirmed, surgery may be offered. There are several surgical options with pros and cons to each. They fall into two general categories: releasing the tissue that is compressing the nerve versus moving the nerve to the front of the elbow along with the release. Most often, I recommend releasing the nerve but leaving the nerve in its natural bed. This allows a much faster recovery after surgery while minimizing disruption to the nerve. Additionally, using a new surgical technique, a scope can be used to visualize the nerve and perform the outpatient operation through a less than one- inch incision. This allows an even faster recovery. Patients often return to normal activities, including work, within a few short days.

James Baker, MD

Amanda Dierking, APRN

2011 NKMS
Physician
Directory

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President's Report

It is hard to believe this will be my final address as President of NKMS. It has been a pleasure to serve you and I thank you for the opportunity. Over the last two years we have worked hard to make the Medical Society more relevant and useful to you, the member. By decreasing cost to members we have appreciated increased attendance at meetings. Also, over the last year we have worked

very hard to bring you a new Directory. I would like to acknowledge the hard work and dedication of our Executive Director, Karla Kennedy. Her efforts have made this possible. You should be receiving your Directory soon!

As the landscape of medicine continues to change, and it surely will, physicians will need to stand together to have a voice in these changes. I plan to continue to work with the Medical

Society and hope you will be involved. We need you. There is strength in numbers. I encourage you to contact us with your thoughts, ideas or concerns. And when you are called upon to contact your legislators please call them. We will make a difference. The more we work together the more we will achieve.

Susan Bushelman, MD,
President, NKMS

Alliance Report

2012 Alliance membership dues have been sent from the KMAA office and are now due. You can also join online or print out the 2012 dues statement, using the K M A A website www.kmaalliance.org. Northern Kentucky members also have an emeritus membership option for those members who physi-

cal spouses are retired or widowed. Please feel free to contact me if you have any questions, kslape@aol.com. I would like to remind everyone to put the Holiday dinner on your calendar, December 1, 2011 at the Ft. Mitchell Country Club. Hope to see all members in attendance; it is always a fun event and

a chance to catch up with old friends.

Kathleen Lape, President,
NKMS Alliance

Calendar of Events

- | | |
|-------------|------------------------------|
| November 15 | NKMS Executive Board Meeting |
| December 1 | Holiday Party |
| January 17 | NKMS Executive Board Meeting |
| February 21 | NKMS Executive Board Meeting |

Foundation Update

The Foundation continues to do well, in spite of the economy. In late 2009, we received a settlement from the law suit with the Academy. Also at that time we reviewed the investment philosophy of the Foundation. We elected to follow a more aggressive, equity based approach while allowing for more diversification in funds. We also elected to follow a plan for charitable contributions amounting to approximately, but not to exceed, 4% of the amount of the fund on a yearly basis. With this ap-

proach, the fund has grown 4.23% since December, 2009. This is including allowance for donations. While this is not a record breaking growth, the S&P 500 has only grown 1.46% over the same period. Our goal is to continue to make annual charitable donations while growing the principle, allowing greater contributions in the future. Based on our current status, I think that we are on the proper path.

As you may recall, we have been trying to establish a scholarship fund to promote the return of lo-

cal residents to the area as new physicians. This has proven to be more difficult than we initially thought. While schools are glad to accept money, it seems that attaching the strings to pull new doctors back to the area is something they do not wish to consider. This remains a work in progress. In lieu of the scholarship, the Foundation continues to make local charitable contributions, and your contributions to the Foundation will be appreciated and well utilized.

Stephen W Hiltz, MD, President, Foundation

Holiday Party

The Holiday Party sponsored by the Northern Kentucky Medical Society and the Northern Kentucky Medical Society Alliance will be held on Thursday, December 1, 2011 at Ft. Mitchell Country Club (250 Ft. Mitchell Avenue, Ft. Mitchell, KY).

The festivities begin with a cash bar, silent auction, and hors d'oeuvres at 6:30 p.m. Dinner will be served at 7:30 p.m.

The following physicians will be honored at the Holiday Party:

Dr. Roger Haas has been a member of the NKMS for 50 years. Dr. Haas retired from the practice of Family Medicine.

Dr. Joel Kreilein has been a member of the NKMS for 30 years. Dr. Kreilein retired from the practice of Plastic Surgery.

The Northern Kentucky Medical Society extends its sympathy to the family of Dr. Charles Allnutt (Radiology), a member who passed away in 2011.

Make Plans to attend this year's Holiday Party.

For additional information contact the Northern Kentucky Medical Society, Karla Kennedy at (859) 496-6567.

Kentucky Physicians Political Action Committee

During the last legislative session, the optometrists of Kentucky showed us how it's done. In a little more than a week they got a bill through the legislature allowing them to do eye surgery. They accomplished this by contributing to every single legislator, except the two physicians in the House, (total <\$500,000) and hiring eleven lobbyists.

KPPAC stands at an all time low. We have 183 contributing members (approximately 9% of KMA membership) with \$68,800 in the bank.

This is about one half of what we customarily have going onto an election cycle and, without your support and funding, we cannot be successful.

You can contribute on line. Just go to the NKMS web site and click on legislation and then Kentucky Physicians Political Action Committee. It's \$150 each for you and your spouse on a personal (not business) check. The need is desperate and we need you.

Thomas E. Bunnell, MD



Northern Kentucky
Medical Society

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Northern Kentucky's
Physician Network

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