

FAQ

Why do you offer Physical Therapy at your facilities?

As we conceived starting a sub-specialty orthopedic practice, we felt that physical therapy was a key piece of the rehabilitation puzzle. By having this as an in-house service, we felt the therapist-to-provider connection would greatly improve our outcomes. Each patient requires a different level of care, often depending on diagnostic testing that has been done to identify the specific nature of their injuries or conditions. While some surgeons are reluctant to consider alternatives to surgery, we prefer a more conservative approach. Therefore, we often refer our patients to one of our on-site physical therapy clinics. We have established physical therapy facilities at all of our clinical locations. Our staff at each of these clinics works closely with us and has an understanding of each of our surgical techniques. This close relationship and open communication prevents delays in the care of patients and allows us to play an interactive part in their progress.

We are committed to providing our patients with the best possible outcomes for their injury or condition. In our view, sub-specialization and in-house physical therapy are critical in achieving the best possible outcomes. Whether you are an elite athlete with a serious injury, a gardener in need of a hip replacement, or simply desire freedom of movement without pain, we feel we can provide you with the appropriate level of care to help you return to your active lifestyle.

Wayne R. Conrad, M.D.

“Sub-specializing not only allows us to become more competent at the specific surgical procedures that we perform, but it also enables us to assess problems easily.”

FAQ – Why did LOG decide to become sub-specialized orthopedic surgeons?

By Wayne R. Conrad, M.D.

In 1985, J. Paul Lyet, M.D. and I began an orthopedic practice; our ultimate goal was to form a sub-specialized group. As we added physicians to the practice over the next 15 years we sought out surgeons to fill the sub-specialty gaps. Our mission has always been to provide a technically and personally superior experience. In order to achieve this objective, all twelve of us have developed a highly refined area of expertise that allows us to become more knowledgeable in the diagnosis, repair, and physical rehabilitation of related problems. So as to provide a background, a physician completes his/her residency and is trained as an orthopedic surgeon and then can opt to go on to complete an extra year or two of training by entering into a fellowship program. The fellowship is in a sub-specialty area of orthopedics, such as hand surgery, and focuses solely on that region of the musculoskeletal system. The fellowship exposes the surgeon to a high volume of complex surgical cases in that particular area. Another way we became proficient in a specific area of orthopedics was to focus a high volume of our respective practices in that sub-specialty area.

This also made LOG a “one-stop shop”, with no need for any of us to refer outside of the practice. If our spine specialist, I. Stanley Porter, M.D., happened to see a patient whose back pain was actually stemming from a hip disorder, then he had the advantage of being able to cross-refer within the practice to one of our hip specialists. This allowed better patient care because the patient was put into the hands of a physician who had developed a greater experience base in that particular anatomical area of the body.

(continued on back)

FAQ - Back Pain – From onset to recovery – what are the steps?

By I. Stanley Porter, M.D.

If you suffer from back pain, you're not alone. Back pain, and more specifically lower back pain, is one of the most common orthopedic complaints treated by physicians. Back pain is the second most common cause of absence from work for employees age 45 and under (the most frequent being the common cold). Nearly everyone at some point has back pain that interferes with work, routine daily activities, or recreation. Most commonly back symptomatology results from strained muscles or tendons. For those that are fortunate, their back pain goes away within a few days of activity limitation and medication. Recurrent strain symptoms may be related to overuse syndromes associated with deconditioning, obesity or inappropriate exertional activity. Other problems, unfortunately, take much longer to resolve or are often the forerunner of a more serious condition.

More severe pain may be the result of degenerative conditions such as arthritis (disc disease), osteoporotic fractures or other bone diseases. Pain which is felt in the back as well as radiating into the arms or legs may be caused by infections, nerve injuries, irritation of the spinal joints and discs, or congenital abnormalities in the spine. It is important to identify the cause of problem so that proper treatment can be initiated.

Back pain persisting beyond a few days often indicates that medical attention is necessary. The spine, because it protects and surrounds the spinal cord, is often the source of pain felt elsewhere in the body such as the hip, leg, shoulder, or arm. You may find that upon examination by an Orthopedic Surgeon, your hip pain is really a back issue.

At Lancaster Orthopedic Group, we are trained to recognize the pain source and are glad to offer specialized evaluation as well as cross-consultation with colleagues to determine the most accurate and effective approach as required by myself or another physician in our group.

Our expert understanding of specific areas of the body enables us to determine the best course of care in treating your

pain. We feel this allows for a more rapid and accurate evaluation of a problem. We understand the benefit of not having to travel to another facility or group to have your problem diagnosed and solved.

Our typically conservative approach to treatment allows the patient to receive whatever alternative to surgery is appropriate, be it specific medications, physical therapy, or specially constructed orthopedic back support devices.



When surgery turns out to be the right option for patients, I closely monitor all stages of post-surgical recovery, including physical therapy. My sub-specialized expertise in scoliosis, reconstructive surgery of the spine and spinal mechanics gives me an advantage in dealing with complex issues that are unique to that area of your body.

No matter what the surgical options are, careful consideration should always be given to the therapeutic phase of recovery. I feel it is important to inquire about the extent of physical therapy that is involved in the rehabilitation of your back [Many practices perform surgery but are not actively involved with post-op therapy]. Our physical therapists are well qualified and work with me – we discuss your progress on a regular basis and our therapists are able to utilize the latest proven methods and techniques that are age and condition appropriate.

At Lancaster Orthopedic Group, our commitment to providing patients with a technically and personally superior experience does not stop at clinical diagnosis and care. Our staff of physical therapists is here to work with our patients one-on-one, helping them to regain proper spinal mechanics so that they can live, play, and work pain-free again. So the next time you are suffering from severe back pain and are in need of comprehensive care, let us get you back to your daily routine and back to work.

(continued from front)

FAQ – Why did LOG decide to become sub-specialized orthopedic surgeons?

Our view is that patients are always looking for the best possible physician with the most experience. An orthopedic subspecialist, such as a sports medicine specialist, who performs hundreds of ACL repairs each year, is in a much better position to achieve consistently superior results for patients than a general orthopedic surgeon who does a far less number each year. Sub-specializing not only allows us to become more competent at the specific surgical procedures that we perform, but it also enables us to assess problems easily. We perform our surgeries more efficiently, which reduces the length of time that the patient is under anesthesia.



Wayne R. Conrad, M.D.
J. Paul Lyet, M.D.
Timothy P. Tymon, M.D.
Raymond E. Peart, M.D.
I. Stanley Porter, M.D.
Gary M. Zartman, M.D.
Mark K. Perezous, M.D.
David G. Kuntz Jr., M.D.
Gregg J. Fasulo, M.D.
Alan S. Tuckman, M.D.
Joy L. Long, M.D.
Brian J. Keener, M.D.

231 Granite Run Drive
Lancaster • 560.4200
Physical Therapy: 735.3600

175 Martin Avenue, Suite 315
Ephrata • 733.9200
Physical Therapy: 721.9201

1009 East Main Street
Mount Joy • 653-2200