Orthopedics & Sports Medicine
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James D. Mitchell, MD
Benjamin I. Panter, MD
Mark S. Pascuale, MD
David Rush, MD
David Saxton, MD
Brock E. Schnebel, MD
Lance C. Smith, MD
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Jeremy Woodson, MD
Carlan K. Yates, MD

Arthritis
R. Eugene Arthur, MD
Robert L. McArthur, MD
Michael B. Pickrell, MD

Physical Medicine & Rehabilitation
Gary D. Schick, MD

Primary Care
Sports Medicine
James R. Barrett, MD
Daniel C. Clinkenbeard, MD
Blake Middleton, DO

Occupational Medicine
Randel Estep, DO

Podiatry
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X-ray and occasionally MRI may be used to look for other injuries and to obtain further details about the tendonitis. Also, with the assistance of in-office ultrasound, a physician can determine the extent of injury and use the results to direct further treatment.

In-office ultrasound is often used to guide a corticosteroid injection or newer treatments such as platelet rich plasma, prolotherapy, dry needling, trigger point injection, and percutaneous needle tenotomy. These treatment options are used when symptoms are not improving with more conservative care discussed previously. They help promote the body’s ability to repair the tendon by creating controlled inflammation in order to stimulate the healing process. This is important since tendons do not have an adequate blood supply to function. A corticosteroid injection may be recommended to reduce pain and swelling, however this must be used infrequently to avoid weakening the tendon and increasing the risk of rupture. Other procedures and injections may be tried as well to recover.

Everyone recovers from an injury at a different rate. Return to activity is determined by how soon the tendon recovers and not by how many days or weeks it has been since the injury. The goal is to return to normal activity as soon as is safely possible.

If you are suffering from tendonitis, we are here to help you regain pain-free function as quickly as possible. We can assist in determining the appropriate course of treatment and guide your return to activity in a safe manner to prevent recurrences or further injury.
Did You Know?
Did you know many McBride physicians are involved in teaching, developing technology, mentoring and much more? Along with clinic and surgery schedules each week, multiple McBride physicians have contributed research material for ongoing studies; written curriculum for new medical textbooks and some even serve as designers/consultants for implant technology.

For example, Dr. Brock E. Schnebel co-authored a case study on Acute Lumbar Paraspinal Myonecrosis in Football Players with Sickle Cell Trait along with other professionals in orthopedics from the University of Oklahoma, Florida, Alabama-Birmingham and the Florida Orthopaedic Institute. He also authored a chapter in a Netter’s Sports Medicine textbook called Care of the Young Athlete.

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This is just a small sampling of what McBride physicians are involved in on a daily basis. They are always looking for opportunities to provide information to other providers, students and patients while working hard to deliver exemplary healthcare to those who make McBride their first choice to meet their orthopedic needs.

A Historical Move!
If you are receiving this newsletter, you have been to McBride in the last 6-12 months and may have seen/heard/read there is a monumental (and quite historic) move happening this fall for all of our Midtown clinical operations.

For almost a century, McBride has been a permanent fixture in Midtown OKC. As history shows, growth creates opportunity, and opportunity precipitates the need for expansion. McBride is no different.

We continue to embrace Dr. Earl D. McBride’s vision for a clinic designed to serve the needs of a community. We’ve grown over the years, thanks to the physicians who shared Dr. McBride’s vision, establishing their medical practice alongside him, and the thousands of patients who trusted and supported our organization which was dedicated to delivering superior healthcare.

McBride welcomes the future, while honoring a past full of incredible memories and milestones. We look forward to patients walking with us down a new path as we relocate to a more spacious facility with room to grow, while taking time to reflect on a century of exploration and excellence.

Our hope is you will find our new facility warm, inviting, purposeful and a place where all of your orthopedic needs can be met in one location. Our new Connector, which bonds the Hospital and Outpatient Clinic together will be opening soon. This will be the first step in our transition and will mark the beginning of our historic move.

In McBride’s nearly 100 year history, we have never been involved in a move of this magnitude. Thank you for all of your support! We look forward to seeing you at 9600 Broadway Extension.

We encourage you to contact us if you have any questions regarding the location of your appointment.

Pictured Below: August 2016 - Beams Going Up

Pictured Below: August 2017 - Almost Ready
A New Home
It is hard to believe we are close to opening the new Medical Office Building (MOB) on our Hospital campus. It feels like yesterday, McBride physicians and members of my administrative team were discussing this vision, laying the groundwork, meeting with architects, engineers and construction companies.

The new MOB has been years in the making and envelopes hundreds of hours of planning and coordination. It also celebrates the vision of McBride physicians, who had the foresight to purchase land years ago along Britton and Broadway Extension so they could expand services and provide a conveniently-located campus in Oklahoma City for all of our orthopedic patients.

Just a reminder, only our Midtown Clinic operations will be relocated. This includes the 1110 N. Lee Avenue Clinic, Physical Therapy at 815 NW 12th Street, and offices within the Pasteur Building. McBride’s Edmond, Norman and other satellite locations (Kingfisher, Lawton, Perry and Yukon) will not be moving to Britton and Broadway Extension.

Non-clinical departments including Accounting, Business Office, Marketing and IT are also moving, so this Fall it will be a monumental task to move upwards of 240 employees. We appreciate your patience during this transitional period. The word ‘transition’ will be alive this Fall it will be a monumental task to move upwards of 240 employees. We appreciate your patience during this transitional period. The word ‘transition’ will be alive and well for 2-3 months within our organization.

Please know McBride physicians do not plan to shut down operations during the move or delay any delivery of healthcare services to our patients, so we are going to move non-clinical offices in October and begin the clinical operations move in November.

Physician practices will be moved over a 4-6 week period (November – December) into new clinical areas in the MOB. A patient who sees their physician in October at 1110 North Lee Avenue may have their follow-up appointment in November at 9600 Broadway Extension. Appointment location will depend upon the transition status of each patient’s physician.

It will be incredibly important to pay close attention to the location of the follow-up appointment or any new appointments made throughout the Fall.

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Tendonitis is often an overuse injury of the tendon (tissue connecting muscles to bones). Tendons frequently affected are located around the heels, knees, shoulders, wrists, and elbows. This happens when extra stress is placed on the tendons through repetitive activities. Examples include participating in sports such as running or baseball, or hobbies such as painting and gardening. Repetitive tasks at work are another frequent cause of tendonitis.

Individuals who increase the intensity of their exercise without proper flexibility or conditioning are more likely to develop tendonitis. Not allowing enough time for the tendons to recover between exercise sessions is another common cause. Tendonitis also increases with age because the tendons lose their springiness over time.

The best ways to prevent tendonitis are to warm up prior to exercise, balance strength and flexibility around joints, and incorporate proper training and recovery. Changing your workspace set-up can help reduce the stress placed on the tendons as well.

Symptoms of Tendonitis

Typical symptoms of tendonitis include stiffness, mild swelling, and pain near the joint, often described as a dull ache. The pain associated with tendonitis often increases over time, but may be sudden and severe. If left untreated, the symptoms can worsen and become chronic.

Treatment of Tendonitis

Tendonitis is initially treated with the RICE protocol. This includes rest, ice, compression, and elevation of the affected area to relieve the pain and swelling, as well as over-the-counter pain medication such as Tylenol or Ibuprofen. You will also need to adjust your activity while recovering to what does not make your symptoms worse such as swimming instead of running.

A physician can assist in the treatment in several ways. They may recommend short term use of a sling, brace, wrap, or crutches to minimize use of the tendon. Physical therapy either at home or with a therapist may be prescribed.

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X-ray and occasionally MRI may be used to look for other injuries and to obtain further details about the tendonitis. Also, with the assistance of in-office ultrasound, a physician can determine the extent of injury and use the results to direct further treatment.

In-office ultrasound is often used to guide a corticosteroid injection or newer treatments such as platelet rich plasma, prolotherapy, dry needling, trigger point injection, and percutaneous needle tenotomy. These treatment options are used when symptoms are not improving with more conservative care discussed previously. They help promote the body’s ability to repair the tendon by creating controlled inflammation in order to stimulate the healing process. This is important since tendons do not have an adequate blood supply to promote proper healing on their own. These non-surgical options can be performed in the office and are well tolerated. Surgery may be necessary in severe cases of tendonitis that do not respond to other treatments.

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