

Life In Motion

Issue 1 / Winter 2018



**Joint Replacement:
Where Medicine and
Technology Meet**

**Managing
Wrist Injuries**

**Treating Pain
During an Opioid Epidemic**

**Rethinking
Meniscal Injuries**

**30,000 Miles
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1. R.S. Churchill, et al., Clinical and Radiographic Outcomes of the SIMPLICITI Canal-Sparing Shoulder Arthroplasty System: A Prospective Two-Year Multicenter Study. J Bone Joint Surg Am. 2016;98:552-60.

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Greetings from UOA

University Orthopaedic Associates



Welcome to our second annual issue of the UOA “Life in Motion” magazine featuring articles from our highly skilled and nationally recognized orthopaedic surgeons. As New Jersey’s leading orthopaedic practice we have been treating families for their musculoskeletal needs for more than 45 years. Dedicated to providing the most current, highest quality, personalized healthcare services available, it is a privilege to offer information that can help you understand a variety of common orthopaedic ailments and to share some of the cutting-edge procedures that are pioneered and utilized by our physicians and staff.

Throughout the years and the myriad of changes in healthcare UOA has remained committed to the pursuit of excellence in orthopaedic treatment, medical education and training, clinical and bench research, and the promotion of community health. Each of our physicians is fellowship trained, board certified or board eligible, and each strives to provide the highest level of patient care based on the best available medical evidence. Providing care for pediatric through adult ages, our physicians have subspecialty training in sports medicine, upper extremity, spine, joint replacement, foot & ankle, and trauma. Our patients experience the latest technology and concepts available coupled with compassionate care. With in-house MRI, digital x-ray, musculoskeletal ultrasound, DXA scan, on-site surgi center, physical and hand therapy and our Sports Performance and Wellness programs, our patients experience a continuum of care that is second to none in the state of New Jersey.

With academic appointments in the Department of Orthopaedic Surgery at Rutgers, Robert Wood Johnson Medical School, our physicians train future orthopaedic surgeons. This educational experience is a two-way street with residents gaining vital experience through teaching and physician mentoring and our physicians benefit as they must stay cutting edge with the newest orthopaedic procedures and current research. Ultimately, the patient is the benefactor of this educational component. From the clinical setting to the sidelines, you will find several of our physicians at local high schools and collegiate sporting events as we provide care to athletes from Rutgers, Princeton and Rider Universities as well as US Rowing.

UOA is continually involved with new research and with educational programming for physicians, physical therapists, athletic trainers and the community. To learn more about current research or upcoming educational opportunities please visit our website at www.uoanjanj.com. The site also offers an array of information that includes general office information, detailed information about physician training, educational resources to understand your medical condition, the latest UOA news, announcements and an interactive patient portal to update information or request patient information. UOA is also active with social media, including Facebook, Twitter, YouTube and UStream.TV.

As are most successful endeavors, this publication has been a team effort. We would like to thank the generous sponsors for their support as well as our patients, referring physicians, therapists and athletic trainers for placing their trust in our care and for allowing us the opportunity to serve you. We strive to provide and exceed your healthcare expectations each and every day.

To our continued good health!
— Darleen Caccavale, CEO

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Updates

What's
Going On
at UOA?



UOA Welcomes New Physician to Our Practice

UOA is proud to announce the addition of Justin J. Fleming, DPM, FACFAS to our practice. Dr. Fleming is a graduate of Temple University School of Podiatric Medicine, is board certified by the American Board of Foot and Ankle Surgeons (ABFAS), and is a Fellow in the American College of Foot and Ankle Surgeons. We are excited to bring his level of foot and ankle expertise to the community.

CONTINUING EDUCATION - *Save the Date*

UOA will be presenting our 4th Annual – Evidence Based Lecture Series:

Spine, Pelvis and Hip Injuries; An Evidence Based Update, on Wednesday, May 23, at our Somerset location. This lecture series provides continuing education for physicians, athletic trainers, physical therapists, chiropractors and other healthcare professionals. More details coming soon! www.uoanj.com



Congratulations Dr. Charles J. Gatt, Jr,

for receiving the 2018 Timothy M. Hosea Team Physician's Award which was presented by the Athletic Trainers Society of New Jersey. The award is given annually to a team physician who embodies Dr. Tim Hosea's spirit, excellence in care, dedication to research, service and contributions to the profession of athletic training. Dr. Gatt serves as the orthopaedic consultant for Rutgers, Rider Universities and Montgomery High School.



Research Updates



Dr. Charles J. Gatt, Jr., MD, Chairman of the Department of Orthopaedic Surgery, Rutgers, Robert Wood Johnson Medical School and Jay M. Patel, PhD, Rutgers Biomedical and Health Sciences- Robert Wood Johnson Medical School and their team have been recognized by the American Academy of Orthopaedic Surgeons, Society for Sports Medicine and will receive the 2018 Excellence in Research Award at their Annual meeting in July 2018 for their work on tissue engineering and meniscal replacements. This is one of the highest honors in sports medicine orthopaedic research.

To read more about Dr. Gatt and the efforts of his team with tissue engineering, please visit:

<http://rwjms1.umdnj.edu/research%20lab/research.html>

http://www.nj.com/insidejersey/index.ssf/2017/11/advances_in_treatment_offer_hope_for_a_common_knee_injury.html

Ongoing Research Studies:

IRB Study: Pro20140001090

The Impact of Two Different Physical Therapy Programs in the Rehabilitation of Patients Undergoing Anterior Approach Hip Replacement Surgery.

Stephen Kayiaros, MD, (732) 537-0909, drkhipandknee@gmail.com

- Currently seeking patients
- Candidates are healthy 18-80-year-old. patients who are considering hip replacement via the anterior approach
- For more information please visit: <https://www.uoanjanj.com/research-studies/>

IRB Study: Pro20170002037

OnQ Pain Pump Study

Dr. Charles J. Gatt, Jr, Dr. Jeffrey R. Bechler, Dr. James T. Monica

- Currently seeking patients
- Candidates are healthy 18-50-year-old patients who are undergoing ACL-R, and Open Shoulder Surgery
- For more information please visit <https://www.uoanjanj.com/research-studies/>



Dr. Sagebien is a co-author on the REGAIN Trial

Which is a randomized controlled trial of regional vs general anesthesia for promoting independence after hip fracture (REGAIN Trial). This a multi- center randomized controlled trial to compare survival, functional recovery and cognitive outcomes, and post-operative adverse events among patients 50 and older receiving spinal vs general anesthesia for hip fracture surgery.

To read more about Dr. Sagebien and the REGAIN Trial:

<http://rt5.cceb.med.upenn.edu/public/REGAIN/index.html>



BY PATRICIA SEUFFERT, MS, APN

UOA: Your First Step Toward Stronger Bones

The National Osteoporosis Foundation estimates that 10 million Americans suffer from osteoporosis and another 34 million have low bone density with the potential to progress to osteoporosis. A silent but dangerous bone disease, osteoporosis is characterized by a decrease in bone mineral density and mass and a resulting increase in fractures and fracture risk. Osteoporosis often goes undetected until fractures occur, making it a particularly hidden disease that can leave sufferers unknowingly vulnerable to future fractures. Bone fractures among individuals with osteoporosis tend to occur in situations where otherwise healthy people would be unaffected.



The only test available to diagnose osteoporosis is the bone mineral density (BMD) test, which is also referred to as the DXA scan (which stands for Dual-energy X-ray Absorptiometry). The DXA machine, which employs an extremely small amount of radiation, takes a picture of the bones in the spine, hip, total body and wrist and calculates their density. The test is painless and noninvasive, requiring no special preparations. The value scores reported compare the bone density tested to that of an average young adult. The test results are reported in a number known as a T-score. Diagnosis and treatment plans for bone conditions are dependent on standardized T-scores values. The World Health Organization has established T-score classifications as normal, osteopenia (reduced bone mass, less

severe than osteoporosis), and osteoporosis (literally meaning “porous bones”, fragile bones). Treatment recommendations depend on which of these categories your T-score falls.

UOA’s Diagnostic Testing Department is uniquely distinguished in the area of skeletal health. Patricia Seuffert, Research Coordinator and Nurse Practitioner at UOA, won the 2012 Professional Award presented by *NJ’s Health and Senior Services* and *NJ Interagency Council for Osteoporosis* for her work on improving hip fracture management with hospitalized patients. Patricia was also honored as the first recipient of the Betsy Love McClung Travel Grant for the 2017 annual ASBMR (American Society for Bone Mineral Research). Her work continues with a customized fragility fracture program at UOA. Once a fracture patient is identified in the office, the patient undergoes a thorough screening to help identify risk factors associated with low bone mass and fracture risk. A comprehensive history is taken to identify secondary causes of osteoporosis which is then followed with the actual DXA scan. Patricia reviews the DXA results with patients and counsels patients on life style modifications that may promote bone health including mineral and vitamin supplements administration, dietary suggestions and weight bearing exercise recommendations. Patients identified with complex medical conditions are referred to a dedicated endocrinologist and they undergo a comprehensive consultation along with a customized management plan to treat their osteoporosis.

At UOA our osteoporosis program not only works with individuals who have suffered fragility fractures, but DXA scans and education is available to individuals who may have a family history or concern about osteoporosis and its prevention.

All of this is performed in our ISCD (International Society of Clinical Densitometry) accredited facility. UOA was the FIRST of only two ISCD certified facilities in the state of New Jersey. Our Nurse Practitioner is an ISCD certified clinical densitometrist and our radiology technologist, Carla Novoa, is a certified bone densitometry technologist.



Managing Patient Pain: Considering the Opioid Epidemic

According to the CDC, drug overdose is the leading cause of accidental death in the United States. Opioid addiction is driving this epidemic with over 20,000 deaths /year related to prescription pain relievers. Statistics from 2015 note that over 275,000 adolescents were non-medical users of prescription pain relievers and in New Jersey, 1,587 people died of drug overdose. The problem stems from the over prescription of opioid pain relievers and the sharing of “extra” medication for recreational use. In 2017, Governor Chris Christie signed legislation to confront this rapidly growing health crisis.

At UOA we recognize this growing epidemic and are actively taking steps to contribute to the solution to this problem by utilizing alternative pain management strategies, reducing dosage and amount of prescription pain medication prescribed and through better education of our patients who utilize prescription narcotics for their pain.

Pain can be a complex problem to manage and the nature of pain can stem from several different sources. Pain may be related to inflammation/trauma related to an injury or a surgery. The patient’s perception of pain may be influenced by their prior experiences with pain, their emotional state, and psycho-social issues that may be going on around them. Addiction to pain medication may be associated to the way their body metabolizes the medication, drug availability and psycho-social influences in their environment.





How do we achieve those goals?

Pain after surgery is a paramount concern of patients. To address this concern, our surgical patients may receive a nerve block injection at the time of surgery to reduce the immediate impact of surgical pain. This is done while you are in the operating room or post operatively by the anesthesiologist. Our physicians are also utilizing nerve blocking medication that is delivered directly to the site of the pain through a small catheter that is inserted at the time of surgery, and delivered by a small pump. Pain pumps allow us to deliver numbing medication to the site of pain for up to 3 days. As a result, patients use less narcotic pain medication than would be normally required. Pain pumps are very effective, but may not totally eliminate pain for some, so most patients are still prescribed some oral pain medication post-surgically. “Many of my patients find pain pumps to be extremely helpful and remark that they don’t need to take much, if any, narcotic pain medication following surgery” notes Charles Gatt, Jr., MD a Sports Medicine Specialist at UOA.

Several of our UOA physicians are also utilizing a new app called On-Q* TRAC to monitor patient pain following surgery. On-Q* TRAC allows patients to easily track their pain on a daily basis and allows our physicians to track changes in pain over time. Integration of new technology is just one way our UOA physicians are trying to make a difference in managing your pain.

Tracking patient pain is important for optimal outcomes. As a patient, you may be asked to complete an outcome assessment tool prior to surgery and then a few times post-surgery. These tools measure your function and pain levels prior to surgery and serve as a guide for treatment decisions, and tracking patient recovery; including monitoring patient’s intake of opioid pain

medications, assessing a pain score, functional recovery, side effects, ER and hospital readmissions, and patient satisfaction. These outcome measures are important to our physicians as we strive to manage your pain and to optimize your care.

Patient education and participation is important.

As patients, it is important for you to become educated about the need for medication, discuss options and be part of the decision-making process with your physician. Patients should ask their physicians to explain why they need a particular medication and why that medication is the right one for their problem. Discuss whether narcotic pain medication is necessary or if an alternative, like an anti-inflammatory medication or the use of ice, may be just as effective for your problem. If narcotic pain medication is indicated, patients should take the medication exactly as prescribed and if they are still feeling pain, they should call their physician and do not take an extra dose. It is important to recognize the serious side effects from taking narcotic pain medication which include excessive sleepiness and craving more pain medication. Narcotic medication should always be stored in a secure location, particularly if children and teenagers are in the house. Even just one dose of adult narcotic medication can cause fatal overdose to young children. Visiting teens in your home may seek out meds that may be stored in medicine cabinets for non-medical use. It is important that all pain medication is securely stored in the home and that patients become an active participant in their care.

Reducing the prescription opioid medication epidemic is no easy task and we all play a role in the process. UOA physicians are actively trying to do their part by utilizing alternative pain relief measures, integrating innovative technologies, tracking patient reported outcomes and providing patient education.

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Important Safety Information: MONOVISC High Molecular Weight Hyaluronan is indicated in the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and to simple analgesics, e.g., acetaminophen. In clinical studies, the most commonly reported adverse events were arthralgia, joint swelling and injection site pain. MONOVISC is contraindicated in patients with known hypersensitivity to hyaluronate formulations or known hypersensitivity (allergy) to gram positive bacterial proteins. MONOVISC should not be injected in patients with infections or skin diseases in the area of the injection site or joint. MONOVISC should not be administered to patients with known bleeding disorders.

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BY MARK BUTLER, M.D.

Treating Osteoarthritis: Alternatives to Surgery

What is Osteoarthritis?

Osteoarthritis (OA) is a clinical condition that affects the joints whose most common symptoms are articular cartilage loss accompanied with pain, spur formation, bone remodeling, and inflammation of joints.

How do you treat OA?

There are several ways to address OA depending on the extent of pain, disability, and impact on function.

Non-pharmacological treatments of OA include exercise, weight loss, bracing, shoe and insole modification, local cooling/heating, acupuncture and a well guided physical therapy program. In addition, various substances, such as corticosteroids, visco supplements, and blood-derived products, may be administered through an intra-articular injection to increase joint viscoelasticity and to improve pain levels.

Pharmacologically, medications can be prescribed to help with inflammation, pain and progression of the osteoarthritic process.

Advanced cases may benefit from surgical intervention including minimally invasive, outpatient procedures and for severe cases, joint replacement surgery.

How will corticosteroids help my OA?

Corticosteroids help to reduce joint inflammation and are a quick, but short acting treatment for OA. For some individuals, corticosteroids are the right option to relieve their immediate OA flare up. Corticosteroids if overused can contribute to the loss of joint cartilage. It is recommended that patients should not receive > 3 corticosteroid injections to a single joint in a calendar year.

What is Viscosupplementation?

Visco supplementation involves the injection of a gel-like medication into the joint to help lubricate the joint, facilitate motion, and improve pain. Visco supplementation may offer a “fix” for some patients after a single injection, while others may benefit from periodic injections over several months’ time.

What are blood derived options for OA?

There has been a good bit of recent publicity over the use

of blood based treatments like Plasma Rich Protein (PRP) or STEM Cells for the treatment of OA. Use of PRP or STEM cells involves harvesting your own blood and then after processing the cells are injected into the effected joint. Use of blood based products is expensive, often not reimbursed by insurance and has not been shown to be dramatically better than visco supplementation.



Are there risks doing injections into the joint?

Anytime an injection is made into the body, there is a risk for infection. This risk is minimized by training the physicians and staff in the proper sterile techniques for harvesting and injecting the biologic drug or blood derived product. Additionally, physicians may use imaging technology to assist with injections to make certain the material is placed inside the joint. Sterility is upheld by maintaining a clean office, proper preparation and cleaning of the injection site with an anti-microbial cleaning agent, the use of sterile needle and medicine preparation. UOA physicians may also use ultrasound to better maximize the location of the injection.

Are there side effects with OA treatment?

Not all treatment options are right for each patient. There are potential side effects with the use of any medication or procedure. Our board certified physicians will discuss all potential benefits, risks, and side effects with their patients. UOA doctors feel that it is important to educate their patients so that they can make an informed decision about what is best for their individual care, based on their overall health and extent of OA.



BY CHRISTOPHER DOUMAS, M.D.

Carpal Tunnel Syndrome

There are a variety of reasons why patients can present to the office with numbness and tingling in the fingers. One of the most common reasons for patients to experience a loss of feeling in the hand and the feeling of tingling, or electrical type sensations, in the hand and fingers, is carpal tunnel syndrome (CTS).

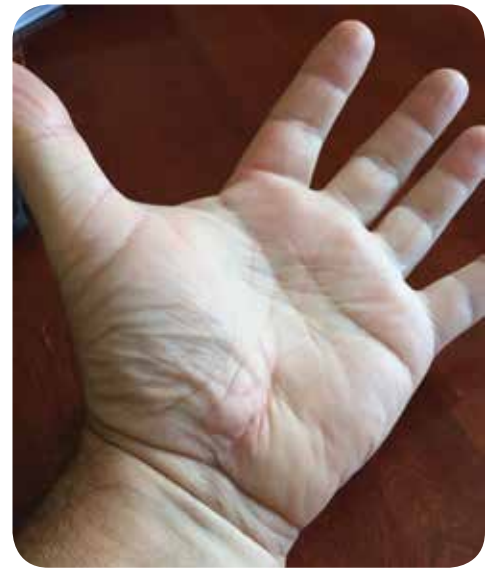
What is Carpal Tunnel Syndrome?

The Carpal tunnel is formed by the transverse carpal ligament that spans the carpal bones of the wrist at the level of the heel of the hand. The flexor tendons for your fingers, and the median nerve pass underneath the transverse carpal ligament which forms the roof of a tunnel called the “Carpal Tunnel”. Carpal tunnel syndrome results when the tendons of the finger flexors become inflamed and enlarged which may occur from repetitive use of the finger flexors, or spending a lot of time with pressure on the heel of your hand at work or with daily activities. Since the carpal tunnel does not expand, increasing tendon size will put pressure on the median nerve, resulting in numbness and tingling of the hand.

Treatment:

There are a variety of nonsurgical and surgical approaches to the treatment of carpal tunnel syndrome. Early on, symptoms are typically able to be controlled with the use of a wrist brace at night, preventing wrist flexion while sleeping, limiting inflammation and preventing some of the increased pressure that occurs. It is not uncommon for patients with CTS to wake up in the middle of the night with the feelings of numbness and tingling in the hand and fingers, and getting the urge to “shake it out.”

When wrist braces fail to help alleviate the symptoms, occasionally steroid injections can be beneficial in helping to control the symptoms. Unfortunately, a significant portion



of the population develops progressive numbness and tingling that can become constant. When the pressure is severe, the flow of the nerve signal is slow enough that the muscle in the hands can be affected causing weakness and atrophy. When symptoms become constant, weakness or atrophy of the hand muscles may develop. Muscle atrophy may be particularly prominent at the base of the thumb with chronic irritation. These are significant signs of disease that has progressed and should likely be treated surgically.

Surgical Options:

Multiple techniques exist for the release of the carpal tunnel, including endoscopic, open, mini open, and various image guided techniques. As with everything in medicine there are risks and benefits to all treatment options. The risk of continuing to treat somebody conservatively with significant CTS is that they will develop irreversible changes to the nerve that will not improve with surgical release. This can lead to significant weakness, atrophy and permanent nerve damage. Each operative technique has its own unique risks and benefits. The good news is that no matter which technique is used, there are typically safe and effective ways to release the transverse carpal ligament, and alleviate the pressure on the median nerve at the wrist. Procedures that make an incision in the palm of the hand tend to have more soreness after the surgery and may last a little bit longer, but with the newer technique of mini open carpal tunnel release these risks have been mitigated. Endoscopic carpal tunnel release has an increased complication rate when compared to open carpal tunnel release, in some studies, but has a quicker return to work. With any approach, the results equalize after 3 months. Therefore, it is not necessarily important which way a carpal tunnel release is performed. The risks and benefits of each technique as well as post- surgical expectations should be discussed between doctor and patient.



You're Middle-Aged and Your Knee Hurts...



KENNETH G. SWAN, JR., M.D.

So, you're 51 years old, otherwise healthy, but your knee's not feeling right and it's hurting your golf game. Or, you're 63, a little over weight, and you'd like to "get back in shape", but your knee pain stops you from working out, even from going on neighborhood walks. Perhaps, you were "fine", until your 70-year-old knee "blew up" on you after an otherwise minor twist or fall...

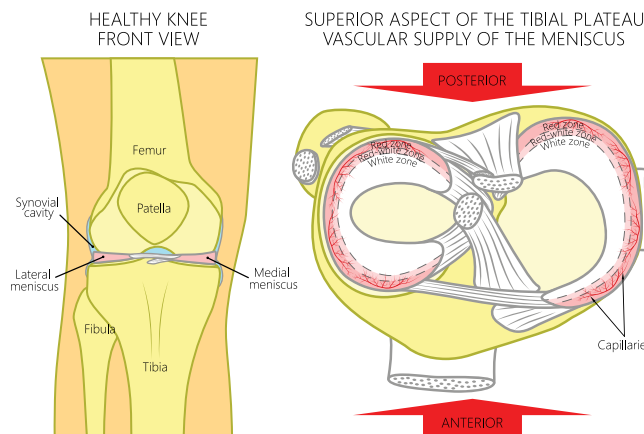
The stories may differ, but the diagnosis is often the same:

Your x-ray shows mild arthritis and your MRI shows a meniscus tear.

You may ask, "How did I tear my meniscus, I didn't do anything?", or "It can't be the arthritis, my knee was fine 2 weeks ago!"... and now it's **KILLING me!**"

To review, osteoarthritis (the most common type of arthritis) is a degenerative condition, where the smooth cartilage inside a joint erodes, causing an irregular, rough surface. “Bone on bone” disease is the result, often requiring knee replacement surgery. Until then, however, the joint may be stiff, swollen, painful, unstable, and unpredictable. It may feel fine at times, or can be quite painful, despite only “mild” arthritis.

The meniscus is the shock absorber in the knee joint, between the bones. Meniscus tears can occur in the young athletic population; for instance, an injury to a college lacrosse player. In these patients, surgery is required, typically to try to repair the tear. This is different than the middle-aged patient, where meniscus tears are usually degenerative in nature---meaning it’s part of the aging process. Many experts believe meniscus tears simply to be part of the arthritic process.



So, back to your knee:

Your knee is painful and might be swollen. It may hurt to squat or pivot. It’s been bothering you for several weeks and doesn’t seem to get better. Doc says you have arthritis. Many patients find it hard to believe arthritis can give them such pain---they think arthritis is just something you live with as you age, sort of like grandma’s stiff back and hands. But it can be quite painful when it first acts up, especially in the middle-aged patient, who is still working out, or working on their feet every day....

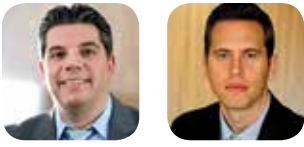
The MRI shows a meniscus tear. So, both patient and doctor may jump to the conclusion that the meniscus is the problem, and therefore surgery (a knee arthroscopy) is the solution.... However, one needs to know that degenerative meniscus tears are VERY COMMON, with greater than one-third of our population over age 50 having a meniscus tear. In patients with known knee arthritis, the rate is even higher: 75% of these patients have a meniscus tear. But, and this is VERY IMPORTANT: the majority of patients do not have ANY symptoms! We know this from MRI research studies on patients who were symptom-free.

So, if most patients with meniscus tears don’t even know they have them, is it reasonable to say that meniscus tears don’t need

surgery when we first discover them? The simple answer is YES! People do NOT need to rush into surgery for a meniscus tear. In fact, often surgery can be put off indefinitely.

Recent research studies have shown that middle-aged patients with meniscus tears can be successfully treated without surgery. Like patients with arthritis, a combination of physical therapy, over-the-counter medications, injections and bracing can be a very effective treatment strategy for meniscus tears. The tears do not heal (and the arthritis doesn’t go away), but the symptoms often do. In fact, these studies show that knee arthroscopy surgery (a “knee scope”) should not be the first line of treatment for meniscus tears. Good research has changed how we as doctors approach meniscus tears. Knee arthroscopy can be effective for those patients who do not improve with non-operative measures, but it is no longer the first or only option.

Being middle-aged does not have to mean you’re going downhill. Degenerative conditions do start to pop up, but they can be countered with the right exercise, diet and activity regimen. Talk to your orthopaedic surgeon to help get you back in the game, often without surgery!



BY GINO CHIAPPETTA, M.D. AND MATTHEW T. MCDONNELL, M.D.

Cervical Disc Replacement: A Real Option for Some Patients with Neck Pain and Arm Pain from Disc Herniations

Neck and arm pain associated with disc herniations can be very debilitating for many patients. For those who are unable to find relief from physical therapy, chiropractic manipulation, and pain management, surgical intervention may provide some relief of symptoms. Traditional surgical care has involved removal of the disc followed by spinal fusion surgery to minimize motion between painful segments. Fusion surgery has been very effective at providing relief of symptoms, but at the expense of neck motion. Loss of motion between two vertebrae may increase the stress on segments above and below the level of fusion creating decline of those segments over time.

Recently, viable options for cervical disc replacements have become available in the United States. Cervical Disc Replacements (CDR) are designed to help to preserve motion between vertebral segments and decrease adjacent segment load. CDRs have been utilized in Europe for over 20 years and in the United States for over 10 years generating very favorable outcomes for patients.

At UOA, our fellowship trained spine surgeons have received advanced training to allow them to offer CDR surgery as an option for their patients. “CDR offers a viable alternative for some patients to consider. Maintenance of cervical motion, a decrease in recovery time and adjacent segment disease are significant reasons to consider CDR” notes Matthew T. McDonnell, M.D. “Cervical fusion is a very successful procedure with a 90% success rate for elimination of symptoms. However, the benefit of increased motion is important. I have performed a significant number of CDR surgeries and my patients have been very happy with their results” notes Gino Chiappetta, M.D.

Not all patients are candidates for CDR. Patients who have advanced arthritis, abnormal alignment or stenosis involving multiple segments of the cervical spine may not be candidates for CDR, but may still benefit from cervical fusion.

To learn more about Cervical Disc Replacement surgery and if it is an option for you, please schedule an appointment with one of our fellowship trained, board certified spine surgeons at UOA.



Fig 1.
Neck fusion



Fig 2.
Lateral flexion

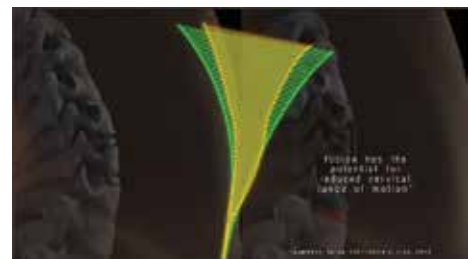


Fig 3.
Comparative Motion F/E



Dr. Michael P. Coyle, Jr.

University Orthopaedic Associates bids farewell to our esteemed colleague Dr. Michael Coyle who is retiring after 41 years of exemplary service at our practice. Over his long career, Dr. Coyle improved the lives of his patients, including performing well over 15,000 surgeries.

Dr. Coyle, a well-recognized and respected orthopaedic surgeon, specialized in the hand and upper extremity and was numerous times voted Top Doc by his patients and peers, including Best Doctors in America® for 14 years.

In addition to his practice at UOA, Dr. Coyle also served as a volunteer orthopaedic consultant for Rutgers University Athletics for 40 years, overseeing nearly 1,000 Rutgers athletes, including the football team, with another UOA orthopaedist, Dr. Charles Gatt, Jr. He was also a 25-year-member of the Board of Trustees at Saint Peter's University Hospital.

During his tenure, he was a distinguished educator, serving as the Director of Hand Surgery at Rutgers, Robert Wood Johnson Medical School for 35 years, from 1982 to the present. Through his medical school stewardship, he trained 135 orthopaedic residents.

Dr. Charles J. Gatt, Jr., has admirable praise for his colleague. "Dr. Coyle was an integral part of the orthopaedic surgery

residency program for as long as anyone can remember. He always commanded excellence from the orthopaedic surgery residents. From interactions with patients to performance in the operating room, Dr. Coyle required attention to detail. Most of the graduates from Rutgers Robert Wood Johnson Medical School admit to hearing Dr. Coyle's voice in their heads while operating, always reminding them to accept nothing less than their best."

Dr. Coyle served as past president of the N.Y. Society for Hand Surgery and was a 25-year member of the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medicine Advisory Committee. He was also a popular speaker, author and researcher who published numerous articles and book chapters.

Prior to his orthopaedic practice at UOA, Dr. Coyle proudly served his country as a Captain in the U.S. Army as a MASH general surgeon in Vietnam.

UOA is grateful for the service of Dr. Coyle and congratulates him on an extraordinary career.



Dr. William Baione

Dr. Baione is board eligible in orthopaedic surgery. He obtained his medical degree from the Weill Cornell Medical College at Cornell University and his bachelor's and master's degrees in biomedical engineering from the University of Miami. He completed his internship and residency in orthopaedic surgery at Rutgers Robert Wood Johnson Medical School followed by a fellowship in adult reconstruction and joint replacement at the Florida Orthopaedic Institute.

ACCOMPLISHMENTS

- Subspecialty certified in adult reconstruction and joint replacement
- Member of the American Academy of Orthopedic Surgeons (AAOS)
- Member of the American Association of Hip and Knee Surgeons (AAHKS)
- Member of the International Congress for Joint Reconstruction (ICJR)
- Presented over a dozen professional research and grand rounds presentations on various orthopaedic surgery topics
- Conducted clinical, basic science and biomechanics research at numerous institutions including the Department of Biomechanics, Hospital for Special Surgery; Max Biedermann Institute for Biomechanics Research at Mount Sinai Medical Center; Miami Beach; and Ryder Trauma Center at Jackson Memorial Hospital
- Outstanding Master's Student Award, University of Miami Dept. of Biomedical Engineering
- Honors graduate, University of Miami
- Society of Professional Hispanic Engineers (SHPE)
- Inducted into Tau Beta Pi - The Engineering Honor Society
- Inducted into Alpha Eta Mu Beta, National Biomedical Engineering Honor Society
- Fluent in Spanish

HOSPITAL AFFILIATIONS

- Jersey Shore University Medical Center
- CentraState Healthcare System
- Robert Wood Johnson University Hospital
- Central Jersey Surgical Center
- University Center for Ambulatory Surgery (UCAS)



Jeffrey R. Bechler, MD

Dr. Bechler is board certified in orthopaedic surgery. He earned his medical degree from New York Medical College after earning his undergraduate degree from Dartmouth College. He completed his internship and residency at UMDNJ-Robert Wood Johnson Medical School, and a fellowship in sports medicine at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles.

ACCOMPLISHMENTS

- Subspecialty certified in orthopaedic sports medicine
- Head orthopaedic consultant for Princeton University athletics
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Published numerous articles in referred journals
- Speaker at numerous regional and national meetings
- Elected by his peers for inclusion in Best Doctors in America®

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Center for Ambulatory Resources (CARES)
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- Jersey Shore University Medical Center
- University Medical Center of Princeton at Plainsboro



Mark S. Butler, MD

Dr. Butler is board certified in orthopaedic surgery. He obtained his medical degree from UMDNJ-Rutgers Medical School after earning his undergraduate degree and master's degrees from Lafayette College and Lehigh University. He completed his residency in orthopaedic surgery at UMDNJ-Robert Wood Johnson Medical School. Dr. Butler completed a fellowship at the Maryland Institute for Emergency Medical Services Systems specializing in traumatology and foot and ankle surgery.

ACCOMPLISHMENTS

- Subspecialty certified in traumatology and surgery of the foot and ankle
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- New Jersey Task Force One (NJ-TF1) volunteer
- Published numerous articles in refereed journals
- Speaker at numerous regional and National meetings.
- Elected by his peers for inclusion in Best Doctors in America®
- Voted Top Doctor

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Center for Ambulatory Resources (CARES)
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- University Medical Center of Princeton at Plainsboro



Gino Chiappetta, MD

Dr. Chiappetta is board certified in orthopaedic surgery. He obtained his medical degree from UMDNJ-Robert Wood Johnson Medical School after earning his undergraduate degree from Rutgers University. He completed his internship and residency at the University of Miami, Jackson Memorial Hospital. Following his residency, he did a fellowship at the Spine Institute of New York at Beth Israel Medical Center.

ACCOMPLISHMENTS

- Subspecialty certified in surgery of the spine and orthopedic trauma
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Inducted into the Alpha Omega Alpha Honor Medical Society
- Advanced training in robotic spine surgery utilizing the Mazor Renaissance Robotic® system
- Advanced training in cervical and lumbar disc replacement surgery
- Voted Vitals Patients' Choice Award
- Voted Top Doctor

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Central Jersey Surgery Center
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- Jersey Shore University Medical Center



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Charles J. Gatt, Jr., MD

Dr. Gatt is board certified in orthopaedic surgery. He obtained his medical degree from UMDNJ-Robert Wood Johnson Medical School after earning his undergraduate degree from Lafayette College. He completed his internship and residency at UMDNJ-Robert Wood Johnson Medical School. Following his residency, he did a fellowship specializing in orthopaedic sports medicine at the Cleveland Clinic Foundation.

ACCOMPLISHMENTS

- Subspecialty certified in orthopaedic sports medicine
- Orthopaedic consultant and team physician at Rutgers University
- Head orthopaedic consultant for Rider University Athletics
- Chairman of Orthopaedic Surgery at Rutgers Robert Wood Johnson Medical School
- Associate Professor of Orthopaedic Surgery at Rutgers Robert Wood Johnson Medical School
- Program Director of the Limb Salvage Program at Armed Forces Institute of Regenerative Medicine (AFIRM)
- Published numerous articles in refereed journals
- Speaker at numerous regional and National meetings.
- Voted NJ Top Docs
- Awarded Patients' Choice Award
- Elected by his peers for inclusion in Best Doctors in America®
- Patients' Choice On Time Physician Award

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Center for Ambulatory Resources (CARES)
- Jersey Shore University Medical Center
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- The Medical Center of Princeton at Plainsboro



Christopher Doumas, MD

Dr. Doumas is board certified in orthopaedic surgery. He obtained his medical degree from UMDNJ-New Jersey Medical School after earning his undergraduate degree from the College of William & Mary. He completed his internship and residency at the University of Miami/Jackson Memorial Hospital. Following his residency, he did a fellowship in hand and upper extremity surgery at the Hospital of the University of Pennsylvania.

ACCOMPLISHMENTS

- Subspecialty certified in surgery of the hand and upper extremity
- Director of Hand Surgery at Jersey Shore University Medical Center
- Academic appointment as a clinical assistant professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Volunteered as a surgeon in Haiti following 2010 earthquake
- Nurse's Choice Physician of the Year at Jersey Shore University Medical Center
- Co-author of the orthopaedic textbook Operative Techniques in Orthopaedic Surgery
- Founder and President of LibraryOfMedicine.com
- Inducted into the Alpha Omega Alpha Honor Medical Society
- Fellow of the American Academy of Orthopaedic Surgeons (AAOS)
- Member of the American Society for Surgery of the Hand (ASSH)
- Actively reviews scientific articles for publication in several prominent orthopedic journals

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Central Jersey Surgery Center
- Jersey Shore University Medical Center
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- CentraState Healthcare System



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David A. Harwood, MD

Dr. Harwood is board certified in orthopaedic surgery. He obtained his medical degree from UMDNJ-Rutgers Medical School after earning his undergraduate degree from Princeton University. He completed an internship at the University of California at San Francisco (UCSF) and residency at UMDNJ-Robert Wood Johnson Medical School. Following his residency, he completed a fellowship specializing in joint replacement and arthritis surgery at the Cleveland Clinic Foundation. He is involved on an ongoing basis with clinical trials for patients with degenerative knee diseases.

ACCOMPLISHMENTS

- Subspecialty in adult reconstruction and joint replacement
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Elected by his peers for inclusion in Best Doctors in America®
- Voted Top Doctor
- Member of the American Academy of Orthopedic Surgeons (AAOS)
- Member of American Association of Hip and Knee Surgeons (AAHKS)
- Has published multiple articles in peer-reviewed journals
- FDA 2014 study to investigate the efficacy and safety of a new total hip replacement construction
- Speaker at regional, national and international scientific meetings

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital



Stephen Kayiaros, MD

Dr. Kayiaros is board certified in orthopaedic surgery. He obtained his medical degree from the UMDNJ-Robert Wood Johnson Medical School and his undergraduate degree from Johns Hopkins University. He completed his internship and residency in orthopaedic surgery as well as a fellowship in orthopaedic trauma at The Warren Alpert School of Medicine at Brown University, followed by a fellowship in adult reconstruction and joint replacement at the Hospital for Special Surgery in New York.

ACCOMPLISHMENTS

- Subspecialty in adult reconstruction and joint replacement and orthopaedic trauma
- 2015 Volunteer Faculty Award recipient, Robert Wood Johnson Medical School
- Member of the American Academy of Orthopaedic Surgeons (AAOS)
- Member of the American Association of Hip and Knee Surgeons (AAHKS)
- Clinical Assistant Professor, Department of Orthopaedic Surgery, Rutgers Robert Wood Johnson Medical School
- Senior Clinical Associate and Clinical Instructor, Dept. of Orthopaedic Surgery, Weill Cornell Medical College, Cornell University; Hospital for Special Surgery and Dept. of Orthopaedic Surgery; The Warren Alpert School of Medicine, Brown University
- Resident of the Year, Dept. of Orthopaedics, Warren Alpert School of Medicine, Brown University
- Inducted into the Alpha Omega Alpha Honor Medical Society
- Excellence in Pathology, Robert Wood Johnson Medical School
- Honors Graduate, Johns Hopkins University
- Nearly two dozen professional presentations on orthopaedic surgery topics as of 2016
- Fluent in Greek, working knowledge of French

HOSPITAL AFFILIATIONS

- Robert Wood Johnson University Hospital
- Jersey Shore University Medical Center
- University Center for Ambulatory Surgery (UCAS)
- Saint Peter's University Hospital
- Center for Ambulatory Resources (CARES)



Timothy P. Leddy, MD

Dr. Leddy is board certified in orthopaedic surgery. He obtained his medical degree from Jefferson Medical College after earning his undergraduate degree from Lehigh University. He completed his internship and residency at UMDNJ-Robert Wood Johnson Medical School. Dr. Leddy then completed a fellowship in surgery of the hand and upper extremity at the Mayo Clinic.

ACCOMPLISHMENTS

- Subspecialty certified in hand and upper extremity surgery
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Health Volunteers Overseas (HVO) Site Director 2005 - present
- Reviewer for Journal of the American Academy of Orthopaedic Surgeons
- Published numerous articles in referred journals
- Speaker at numerous regional and national meetings

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Center for Ambulatory Resources (CARES)
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- The Medical Center at Princeton
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Matthew McDonnell, MD

Dr. McDonnell is board certified in orthopaedic surgery. He obtained his medical degree from New Jersey Medical School after completing his undergraduate degree at The College of New Jersey. He then completed his internship and residency training in Orthopaedic Surgery at Brown University and Rhode Island Hospital in Providence, RI. Dr. McDonnell completed a fellowship in Orthopaedic Trauma at Brown University followed by a fellowship in Spine Surgery at Rothman Institute and Thomas Jefferson University Hospital in Philadelphia, PA.

ACCOMPLISHMENTS

- Subspecialty certified in surgery of the spine
- Fellowship trained in spine surgery and orthopaedic trauma surgery
- Clinical assistant professor, Department of Orthopaedic Surgery, Rutgers Robert Wood Johnson Medical School
- Advanced training in robotic spine surgery utilizing the Mazor Renaissance Robotic® system
- Advanced training in cervical disc replacement surgery
- Served as Executive Chief Resident of the Orthopaedic Residency Program at Brown University/Rhode Island Hospital 2011-2012
- Awarded the Haffenreffer House Staff Excellence Award at Brown University/ Rhode Island Hospital 2012
- Awarded the Lucas/Palumbo Spine Achievement Award at Brown University/Rhode Island Hospital 2012
- Selected by his peers as Most Valuable Resident at Brown University 2010
- Served as a member of the Graduate Medical Education Committee at Brown University/Rhode Island Hospital 2010-2013
- Member of the American Academy of Orthopaedic Surgeons (AAOS); North American Spine Society (NASS); Cervical Spine Research Society (CSRS); Orthopaedic Trauma Association (OTA)
- Inducted into the Alpha Omega Alpha Honor Medical Society
- Published numerous peer-reviewed articles, abstracts and chapters in the fields of spine surgery and orthopaedic trauma

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- Jersey Shore University Medical Center



James T. Monica, MD

Dr. Monica is board certified in orthopaedic surgery. He obtained his medical degree from Columbia University College of Physicians and Surgeons after completing his undergraduate degree from Johns Hopkins University. He completed his internship at the Brigham and Women's Hospital Department of Surgery and his residency at Harvard. He then completed fellowships at Massachusetts General Hospital specializing in hand and Upper extremity surgery as well as open and arthroscopic shoulder surgery.

ACCOMPLISHMENTS

- Subspecialty certified in hand and upper extremity surgery
- Orthopaedic hand and upper extremity consultant for Princeton University Athletics
- Rutgers Robert Wood Johnson Hospital Department of Orthopaedic Surgery Volunteer Faculty Teaching Award 2013
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Chief Resident, Harvard Combined Orthopaedic Residency Program, Massachusetts General Hospital 2009
- Resident Representative, Massachusetts General Hospital Committee on Teaching and Education 2007-2009
- Inducted into Alpha Omega Alpha Honor Medical Society in 2016
- Published numerous peer-reviewed articles and book chapters, and presented at regional, national and international scientific meetings in the United States, Scotland and Korea

HOSPITAL AFFILIATIONS

- University Center for Ambulatory Surgery (UCAS)
- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- Jersey Shore University Medical Center
- University Medical Center of Princeton at Plainsboro



David R. Polonet, MD

Dr. Polonet is board certified in orthopaedic surgery. He obtained his medical degree from the State University of New York (SUNY) Stony Brook after earning his undergraduate degree from Stanford University. He completed his internship and residency at the School of Medicine at SUNY Stony Brook. Dr. Polonet then completed a fellowship in traumatology at Harborview Medical Center.

ACCOMPLISHMENTS

- Subspecialty certified in traumatology
- Director of Orthopedic Trauma at Jersey Shore University Medical Center
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Volunteered as a surgeon in Haiti following the 2010 earthquake
- Associate Editor, Journal of Orthopaedic Trauma
- Fellow of the American Academy of Orthopedic Surgeons (AAOS)
- Fellow of the American College of Surgeons
- MD with Distinction in Research, School of Medicine SUNY at Stony Brook
- Published numerous articles in referred journals
- Speaker at numerous regional and national meetings

HOSPITAL AFFILIATIONS

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Carlos A. Sagebien, MD

Dr. Sagebien is board certified in orthopaedic surgery. He obtained his medical degree from UMDNJ-Robert Wood Johnson Medical School after earning his undergraduate degree from Hamilton College. He completed his internship and residency at UMDNJ-Robert Wood Johnson Medical School. Dr. Sagebien then completed a fellowship in traumatology at University of Maryland Medical Center/R Adams Cowley Shock Trauma Center.

ACCOMPLISHMENTS

- Subspecialty certified in traumatology
- Academic appointment as a clinical associate professor of orthopaedic surgery at Rutgers Robert Wood Johnson Medical School
- Director of Orthopaedic Trauma, Robert Wood Johnson University Hospital
- Member Orthopaedic Trauma Association (OTA)
- Fellow of the AO Foundation
- 2015 Volunteer Faculty Award recipient, Robert Wood Johnson Medical School
- Published numerous articles in peer-reviewed journals
- Speaker at numerous regional and national scientific meetings

HOSPITAL AFFILIATIONS

- Robert Wood Johnson University Hospital
- Saint Peter's University Hospital
- University Medical Center of Princeton at Plainsboro
- Jersey Shore University Medical Center
- Center for Ambulatory Resources (CARES)
- University Center for Ambulatory Surgery (UCAS)



Kenneth G. Swan, Jr., MD

Dr. Swan is board certified in orthopaedic surgery. He obtained his medical degree from Cornell University, where he also earned his undergraduate degree with a B.S. in Nutritional Sciences. He completed his internship and residency at the University of Medicine and Dentistry of New Jersey (UMDNJ). He subsequently did a sports medicine and shoulder surgery fellowship at the University of Colorado.

ACCOMPLISHMENTS

- Subspecialty certified in orthopaedic sports medicine
- Director, Division of Orthopedic Surgery, Raritan Bay Medical Center
- Director, Human Motion Institute, Raritan Bay Medical Center
- Fellow of the American Orthopaedic Society for Sports Medicine (AOSSM)
- Fellow of the American Academy of Orthopaedic Surgeons (AAOS)
- Team Physician, Woodbridge Township School District, NJ
- Team Physician, Perth Amboy High School, NJ
- "Gold Doc" Humanism Award, Arnold P. Gold Foundation 2014
- "Top Docs" Award, Inside Jersey Magazine 2012- 2013
- Clinical Assistant Professor, Rutgers Robert Wood Johnson Medical School
- Volunteer Faculty Award, Department of Orthopaedic Surgery, Rutgers Robert Wood Johnson Medical School 2011, 2016
- Resident Teaching Award, Department of Orthopaedic Surgery, UMDNJ-New Jersey Medical School 2005
- Published numerous articles in peer-reviewed journals
- Speaker at numerous regional and national scientific meetings; extensive medical and academic presentations

HOSPITAL AFFILIATIONS

- Jersey Shore University Medical Center
- CentraState Healthcare System
- Raritan Bay Medical Center
- Robert Wood Johnson University Hospital
- St. Peter's University Hospital
- Central Jersey Surgery Center
- University Center for Ambulatory Surgery (UCAS)



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Health Law Practice Group Partners

John D. Fanburg, Chair
jfanburg@bracheichler.com
973.403.3129

Riza I. Dagli
973.403.3103
rdagli@bracheichler.com

Lani M. Dornfeld
973.403.3136
ldornfeld@bracheichler.com

Joseph M. Gorrell
973.403.3112
jgorrell@bracheichler.com

Carol Grelecki
973.403.3140
cgrelecki@bracheichler.com

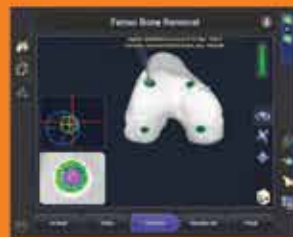
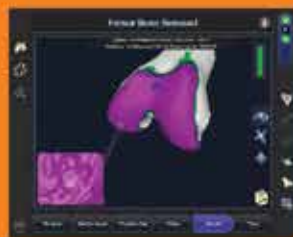
Debra Lienhardt
973.364.5203
dlienhardt@bracheichler.com

Mark Manigan
973.403.3132
mmanigan@bracheichler.com

Keith J. Roberts
973.364.5201
kroberts@bracheichler.com

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Dr. David Harwood Discusses Cutting Edge Technology at Liberty Science Center

David Harwood, MD, a fellowship trained Joint Specialist from UOA was chosen to introduce the NAVIO Robotic Surgical System to the public during a recent talk at the Liberty Science Center, in Jersey City, NJ. The NAVIO system is utilized to perform robotic-assisted partial and total knee replacements with personalized precision to maximize the fit and outcome for total knee patients.

Dr. Harwood noted that “The NAVIO system has really improved joint surgery on many fronts. It makes the use of partial knee replacements (PKR) a real viable option for some candidates. It offers a “minimal revision” option for patients who may only have uni compartmental problems. PKR can offer improvements in overall patient satisfaction as 19% of total knee replacement patients do not have their expectations met vs 94% of PKR patients. PKR can lower post-operative pain and risk of complications as well as improve range of motion which can be an issue

for some total joint patients. Because

of NAVIO’s precision, there is less removal of bone, cartilage and no removal of the stabilizing ligaments. Patients remark that their knee feels more “normal”. This all adds up and results in a faster recovery time.”

NAVIO can also be utilized for total knee replacement (TKR) patients as it’s joint mapping capabilities improve the fit and alignment of the TKR to better fit your natural anatomy more precisely. The challenge of aligning your implant and preparing your bones to accept the implant can be complex, invasive, and time consuming because no two knee joints are exactly the same. “The NAVIO system helps your surgeon to plan your surgery based on your unique anatomy, but also to position your TKR using a combination of computer and robotic assistance to optimize the end result,” notes Harwood. “Other robotic-assisted systems use CT scans to visualize anatomy which can expose the patient to potentially harmful radiation. A single CT scan is equivalent to the radiation exposure of 48 chest X-rays. The NAVIO system eliminates the need for CT scans by utilizing an advanced computer program to collect anatomic and alignment information about your knee. Once captured, the information is used to build a precise, computer-rendered 3D model of your knee that your surgeon will use to plan your surgery. It’s a win win. Win for the surgeon and win for the patient,” remarks Harwood.



To discuss your personal options and to schedule an appointment with a fellowship-trained, board certified joint replacement surgeon, please call 732-537-0909.



BY TIMOTHY P. LEDDY M.D.



Chronic Wrist Pain: Options for Patients

Chronic wrist pain can often be very debilitating. An old football injury, work related wrist pain or rheumatoid disease can often progress over time into a painful, swollen wrist with limited joint motion. When it affects your dominant hand, it can really impact your activity level and life.

The wrist involves the articulation of eight bones which lie in two rows and allow the wrist to be very mobile and functional. The interaction and mobility of each segment contributes to total wrist motion and function. It's a very dynamic and complex joint that is easily impacted by injury, overuse and arthritic progression.

“When patients present with chronic wrist pain, it's important to determine the mechanism of injury, impact of pain, active motion, and impact on daily activities” notes Timothy Leddy, MD, an Upper Extremity Specialist at UOA. “Our approach toward management of wrist injury ranges from something as simple as a wrist splint or cast to surgical total wrist fusion. Our decision-making is based on the significance of injury, impact on pain, motion and life activities. My goal is always to maintain as much motion as possible but, if motion is causing the intensive pain and impacts work/life, we need to consider a more significant procedure” remarks Leddy.

“Wrist surgery can involve a progression of procedures along a continuum or spectrum. On one side of the continuum is an acute surgical intervention which involves a primary repair of a torn ligament, tendon, or segment. It involves the actual repair of the injured tissue. If that option is not possible we consider a reconstructive procedure which involves a reconstruction of a ligament using a graft to act like the original ligament. If this type of procedure is unavailable, we consider a salvage procedure like a carpectomy where we remove an entire row of bone in order to improve their motion. In a salvage procedure, we try to augment, or salvage, a joint in order to maintain some function for the patient. If the first three options are not appropriate or were unsuccessful, we consider a joint fusion where we stabilize the joint with bone and hardware so it no longer moves and creates pain. Each surgery can be very



successful in their own right as each is intended to address specific needs, physician/patient desires and expectations”.

“Many people with chronic wrist pain will ask if an artificial wrist joint has been developed that may facilitate motion and minimize pain. Total wrist arthroplasty has actually been around a long time, but it has not received the notoriety that knee or hip joints have received because people don't walk on their wrists. We already have some very good alternate procedures, and consequently, the need for total wrist arthroplasty is low. Part of this lies with the lack of research and development that has gone into highly functional wrist joints. However, there have been some developments with 3rd generation joints that are pretty remarkable for the right patient,” notes Leddy. “Total wrist arthrodesis probably fits into the salvage category of procedures as the joints tend to allow the wrist to function more like a hinge joint than a dynamic joint, but for a pianist or someone who really needs some wrist motion to improve the quality of their life, a total wrist arthrodesis may be a viable option” emphasizes Leddy.

Patients with chronic wrist pain do have options that can provide them improved function and relief of pain. Determining which procedure is right for you involves a thorough evaluation and discussion with one of our fellowship trained, board and CAQH certified (Certification of Added Qualifications of the Hand) orthopaedic surgeons. When it comes to excellent outcomes, Expertise does matter.



BY JAMES T. MONICA, M.D.

Assessment of Efficacy of a Reduction Technique for Displaced Distal Radius Fractures in Adults

Distal radius fractures are one of the most common injuries encountered in orthopaedics. However, there is still controversy regarding their treatment. If displaced distal radius fractures are to be treated without surgery, a clinician must first be able to obtain a reduction that is amenable to closed treatment. There are several different reduction techniques described in orthopaedic literature; however, we describe a technique that has been used for many years at our institution that has yet to be reported in treatment of adult distal radius fractures.

Methods

We conducted a retrospective review of patients who have had distal radius fractures reduced via the technique between July and December 2015. 12 patients were excluded due to immediate operative treatment or incomplete radiographic data. 62 patients were ultimately included in analysis. Radial inclination, radial height, ulnar variance, and volar tilt were measured from pre- and post-reduction films by three separate evaluators. The measurements obtained by each independent evaluator were averaged, and the average measurement obtained was used to determine acceptability.

The reduction technique was performed by a single practitioner using his or her leg as counter traction over the patient's arm. A well-padded three point sugartong splint was then applied.

Our criteria for acceptable reduction included radial inclination between 18 and 28 degrees, ulnar variance of between -2.0mm and 2.0mm, radial height of greater than 7.0mm, and angulation between 5 degrees dorsal and 21 degrees volar tilt.

Results

The technique described above achieved reduction criteria in all 4 domains in 28 out of 62 patients. Reduction criteria was achieved in at least 3 out of 4 domains in 49 out of 62 patients. Reduction criteria was achieved in at least 2 out of 4 domains in 57 out of 62 patients. One or fewer reduction criteria was achieved in 5 out of 62 patients.



Displaced radius fracture

Acceptable reduction criteria for radial inclination was met in 42 out of 62 patients. Reduction criteria for radial height was met in 55 out of 62 patients. Reduction criteria for ulnar variance was met in 43 out of 62 patients. Reduction criteria for angulation was met in 56 out of 62 patients.

Our results achieved excellent intraobserver reliability in all 4 domains. The technique achieved statistically significant improvement of fracture alignment in all 4 domains. Acceptable reduction was achieved across all 4 domains in 28 patients (45%) and in at least 3 domains in 49 patients (79%).

Discussion and Conclusion

Our reduction maneuver is effective for achieving reduction of a displaced distal radius fracture that is amenable to non-operative management. This technique is simple and easily executed by a single practitioner without assistance. This technique does not require any additional equipment. The maneuver is safe and there were no complications in this study. It is shown that junior orthopaedic residents are able to use this technique safely and efficaciously without special training. Whether the reduction is maintained will require additional follow-up studies.

A couple of bad hips is enough to slow anyone down, especially if you are getting long in the tooth. "I wish I had had my surgery earlier as having my hips replaced was a life-changing event," Nicholas Kadar, a retired gynecological oncologist, mused.

30,000 Miles and Still



Kadar an avid long-distance runner, who ran the Boston Marathon in 2:35 when he was a fellow at the Massachusetts General Hospital, was slow to realize that what was causing his stride to become shorter, and giving him pain in his groin when he ran, was severe arthritis in his hips. So, he took up bicycling, and it was not until he had to lie his bike almost flat on the ground to swing his leg around the saddle that he realized something was seriously wrong. "In 2014, I decided to see Dr. David Harwood, who determined that I had severe arthritis in both hips, and they needed to be replaced. I was 64 at the time."

Kadar had one hip replaced, and 3 months later the other one. "I think I was one of Dr. Harwood's first patients to go home the same day after a hip replacement." Excited to be out of pain, and able to bicycle, Kadar decided to bike across the country after he turned 65. "The route I took was 3350 miles, and it took me 28 days. I started in Washington State, then across Montana, North Dakota, Minnesota, Wisconsin, the Upper Peninsula, around Ontario, and back down New York State to home; according to my GPS cycling computer I climbed a total of 175,000 feet. I couldn't possibly have done that without the new hips Dr. Harwood gave me."

Unfortunately, after his cross-country trip, Kadar found himself back at UOA with a new injury. "I was doing a 200-mile practice ride to Avalon and back in preparation for a 400-mile race to qualify for the Race Across America, when it started to pour with rain, and I skidded on an iron bridge in Tuckahoe." This time he saw Dr.

Carlos Sagebien, a UOA trauma specialist. “Most surgeons would have pinned my radius, but Dr. Sagebien manipulated the fracture in the office, and spared me a surgery.”

“But that was only a temporary reprise because a year later I was back with five fractures of my right femur. I was riding with my wife, and turned to see why cars were honking at her. My front wheel got caught in a deep rut, and over I went. I would have been fine but for the fact that the edge of the road was not cambered, and the sharp edge acted like a fulcrum and fractured my hip. Dr. Sagebien put the pieces of the jigsaw back together, as one resident put it. “I don’t think he realizes what a serious fracture that was”, Dr. Sagebien later told my

wife. Kadar would see Dr. Sagebien one more time that year when a motorist hit him with her side mirror fracturing several ribs. Luckily, surgery was not needed.

Undaunted by his injuries, Kadar plans to ride across the country again after he turns 70 in June 2018, and he has already bought his airline ticket. This time he is starting in Oregon, and wants to do it in 18 days. If he manages to do that, he plans to do the Race Across America, a 3000-mile race from San Francisco to Annapolis for which he has already qualified. “You have to complete the race in 12 days to officially finish. That’s 250 miles a day, and I would be the oldest person ever to do it solo.”

Going!!!!

Kadar estimates that he bicycles about 7000 miles a year, and has probably ridden about 30,000 miles since Dr. Harwood replaced his hips. He credits Dr. David Harwood and Dr. Carlos Sagebien for fixing his broken body and helping him carry on with his adventurous life. “Dr. Sagebien and Harwood were great! I wouldn’t let anyone else operate on me or my family if they needed orthopedic surgery.”

Nicholas Kadar pictured at the completion of the Race Across America Finish line.





BY STEPHEN KAYIAROS, M.D.

Making Knee Replacements Perfect – There’s an App for That

Nearly 1 million total knee replacements are performed every year across the world with well over half of those being performed in the United States alone. Between the baby boomers booming and younger active patients showing earlier signs of arthritis, the demand for knee replacement surgery is increasing rapidly, with an expected 3 million knee replacements by the year 2030. Conditions causing severe pain such as osteoarthritis, avascular necrosis, and post-traumatic arthritis, have led to younger patients needing knee replacement. There have been tremendous advances over the last 15 years in knee replacement surgery. The latest technological advancements in the materials that we are using have improved the longevity of the implants. We can confidently tell patients that their new knee should last them over 20 years, possibly a lifetime. Improvements in pain management have virtually eliminated the need for intravenous opioids and all their unwanted side effects. Minimally invasive surgical techniques have allowed patients to recover more quickly, dramatically reducing their down time.

One of the keen areas of interest in improving knee replacement surgery has been utilizing techniques to perfect the alignment of the prosthesis. Besides removing arthritis of the knee, the goal of knee replacement surgery is to restore the mechanical alignment of the leg. Imagine a line drawn from the center of the hip to the center of the knee to the center of the ankle. This is normal mechanical alignment of the leg, as it ensures equal weight distribution and load throughout the limb, resulting in a normal gait. Significant knee arthritis often results in either a varus (bow-legged) deformity or a valgus (knock knee) deformity. A properly aligned knee replacement must correct these deformities to restore the mechanical alignment of the leg.

Several studies have shown that if knee replacement alignment is off by as little as more than 3 degrees, this leads to decreased

implant survivorship and premature failure. Handheld computer navigation has revolutionized the way we perform and align knee replacements. The technology has been out for about 5 years now and I was fortunate enough to be exposed to it during my fellowship when the prototype was first launched. The device is a palm-sized computer, about the size of a smartphone, that gives me real-time feedback as to how precise my cuts are on the femur and tibia to end up with a perfectly aligned knee replacement. After it is setup, I register the device by giving it reference points on the patient’s leg such as anatomical landmarks. Then, as I move the leg, the computer tells me live exactly where to make my cuts for the knee replacement. It’s like an app for knee replacement! Very cutting edge technology!!



Several studies have shown that this device is 95% accurate when postoperative radiographs are examined and referenced, much more accurate than conventional instrumentation, as well as traditional computer navigated surgery. Because it literally fits in the palm of the

hand, there is no extra capital cost for surgicenters or hospitals for acquiring this technology which is a huge advantage. In addition, patients do not need to obtain a MRI or CT scan for preoperative planning which is extremely beneficial as this delays their surgery.

With nearly a 50-year track record, total knee replacement surgery is an excellent operation. Handheld computer navigation has allowed us to further perfect the operation and ensure that the alignment of leg and the prosthesis is correct. A properly aligned knee replacement will result in improved longevity and decreased reoperation rates which will result in increased patient satisfaction. To discuss your personal options and to schedule an appointment with a fellowship-trained, board certified joint replacement surgeon, please call 732-537-0909.



UOA Offers Body Composition Scan

PROGRAM DESCRIPTION

Hard Core Fitness professional or weekend warrior? Starting a weight loss program or just curious about your actual body composition? Why not consider a Body Scan at UOA? Our Body Composition program utilizes the GE Lunar Prodigy Scan to provide you with a precise analysis of how your body mass is broken down. This scan is superior to other methods of body composition testing because of its accuracy and ability to distinguish factors including age, gender and regional body analysis.

The Body Composition scan provides accurate data on 3 primary measurements:

- Bone Mass
- Lean Tissue Mass
- Fat Tissue Mass

WHO WILL BENEFIT FROM THIS PROGRAM?

Offered to anyone who is interested in learning more about his or her body composition

Useful for healthy individuals undergoing strength and conditioning regimen

Helpful tool for people beginning a weight loss program to determine what their starting point is and to later reference when gauging progress

For more information, read our blog about GE Lunar DXA Scanner for body composition.

PROGRAM DETAILS

Offered by appointment

Pricing:

Single-body composition DEXA scan with consultation: \$150.00

Two consecutive body composition DEXA scans with consultation: \$225.00*

DEXA scanning is only performed Monday through Friday during regular business hours.

**Both scans must be completed within one year. Total fee must be paid up front. Cash, check or credit card payments are accepted.*

TIME:

The scan takes between 7 and 10 minutes, followed by a consultation lasting about 30 minutes.

LOCATION:

2 Worlds Fair Drive, 2nd floor
Somerset, NJ 08873



BY WILLIAM BAIONE, M.D.



Revision Joint Replacement Surgery

Why Expertise Really Matters

For patients living with severe osteoarthritis, having their hip or knee replaced is often a considerable undertaking. The process may seem intimidating at first, but the idea of restoring function and living without pain is very attractive to most patients. In general, patients should have radiographic evidence of severe degenerative change, clinical symptoms affecting their quality of life, and failure of conservative treatment options before considering surgery. Most joint replacement procedures are very successful. Over time, however, implants can wear out or fail for different reasons. These cases often require a revision surgery to replace the original implant components.

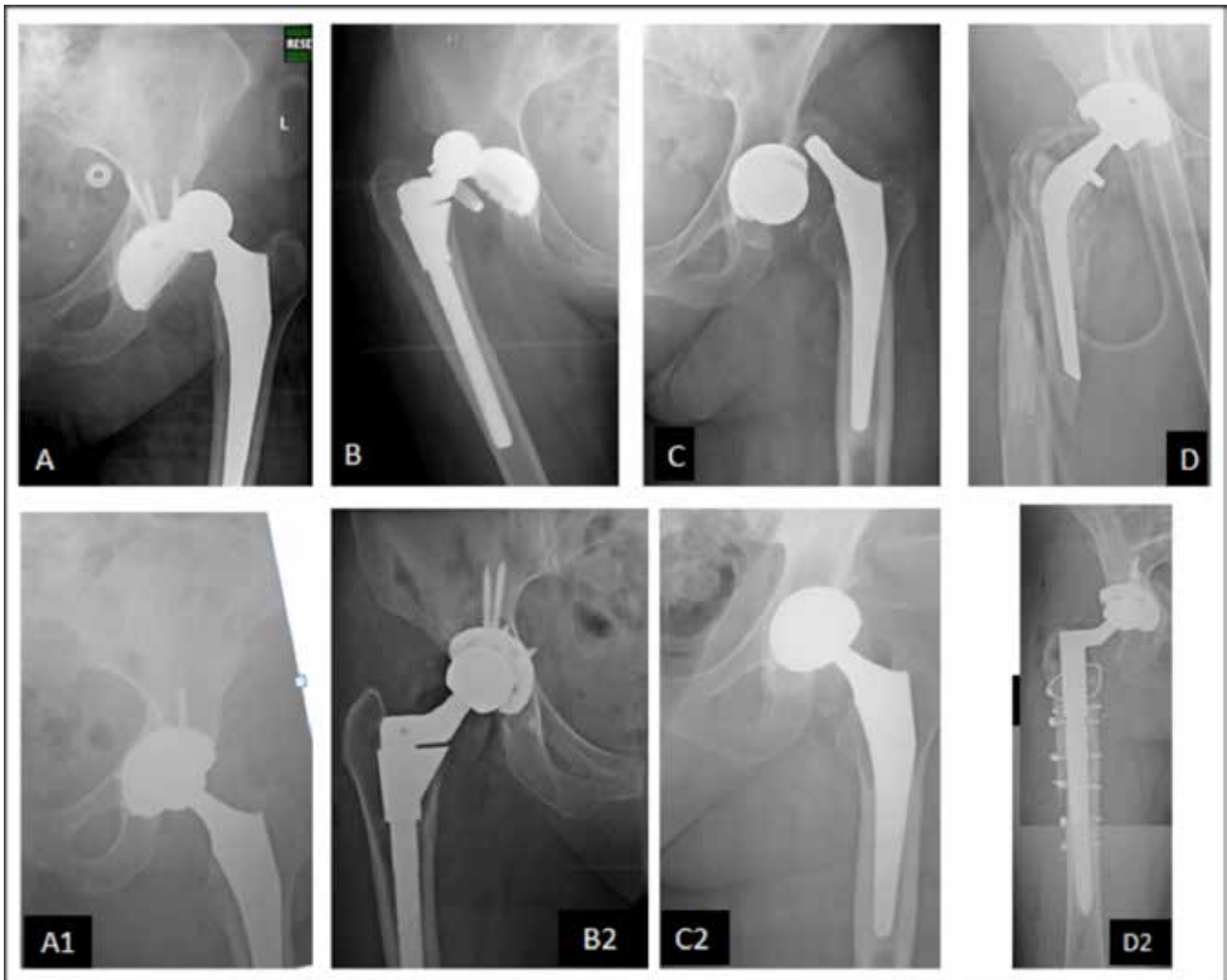
The idea of revision surgery is usually not part of the thought process when a patient is considering their initial surgery. Advances in material science have drastically improved the longevity and the wear characteristics of the materials that we use in current joint replacements. Most patients can expect to get 15 to 20 years out from a knee replacement and 20 to 25 years from a total hip replacement. Current materials have not been around long enough to say that they can't last longer, but time and clinical studies will continue to advance our knowledge.

The fastest growing demographic of patients undergoing total joint replacements includes those between the age of 50-65 years old. Patients are living longer and maintaining an active lifestyle with their joint replacements. There is a higher

physical demand placed on these implants as many patients continue to work and participate in sports and recreation. The longer patients live with these implants, the higher the cumulative risk there is for failure and potential need for a revision surgery in the future.

One of the most important factors for a successful joint replacement is accurate placement of the components at the index surgery and routine follow up to monitor x-rays and clinical symptoms over the life of the patient. Patients should be educated about the various modes of failure and the signs and symptoms to look out for over time. It is important for patients to not only consider all the good that a joint replacement can provide when things go well, but to also consider the complications and more importantly the surgeon's ability to treat and guide them should one of those problems occur. Unfortunately, some patients who experience complications sometimes live far away from where their surgery was performed or are told by surgeons that operated on them that the problem is too complicated for them to fix. This can often lead to stress and delays in care as patients seek out surgeons who are willing and able to diagnose and fix their problem.

One of the most important aspects of working up a painful total joint replacement is obtaining a proper diagnosis to best identify the best treatment plan. Mechanical wear of the implants can sometimes be handled with an exchange of parts versus a complete overhaul. Implants sometimes physically



A, A1) Total hip with acetabular component malposition resulting in multiple dislocations. An acetabular revision corrected the instability and prevented further dislocations.

B, B2) Total hip with recurrent hip dislocations that failed a constrained liner. An acetabular component revision improved stability and prevented further dislocations.

C, C2) Inter-prosthetic dislocation due to a metal on metal reaction from a titanium alloy. The implant was salvaged with a modular taper replacement.

D, D2) 20 year old cemented total hip replacement with evidence of osteolysis with a new peri-prosthetic fracture. The unstable implant was treated with a revision of the femoral component.

break or in some cases the bone breaks, making the implant unstable. In these situations, the fractures can be fixed to salvage the implant or a new larger implant is required. Well-functioning implants can loosen overtime from overuse or stretching of ligaments and tendons resulting in instability or dislocation. Some implants with metal on metal bearings have had adverse outcomes leading to pain and symptoms. Infection has become one of the leading causes of joint replacement failures.

The workup to diagnose these problems is often very complex and it involves a series of lab tests, analysis of joint fluid, and advanced imaging such as Bone scans, CT or MRI. It is critical to perform a thorough assessment to plan the correct surgery or in some cases avoid unnecessary procedures all together.

Regardless of cause of the failure, patients should seek surgeons who have experience diagnosing and treating the vast array of problems that joint replacements can have. The surgeon should have a working knowledge of multiple implant systems and techniques for salvaging, removing, and completely revising a variety of joint replacements. Many of my mentors stressed the idea that knowing how to fix problems can help surgeons avoid making them in the first place. One of the best quotes I've heard from a patient when counseling them about the risk for possible revision in the future was, "Doc if I didn't trust you to land the plane if the engine failed or the wheels didn't deploy then I wouldn't take off with you." To discuss your personal options and to schedule an appointment with a fellowship-trained, board certified joint replacement surgeon, please call 732-537-0909.



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Our Doctors in the Community





BY CHARLES J. GATT, JR., MD, JEFFREY R. BECHLER, MD,
AND KENNETH G. SWAN, JR., MD

Making Sense of Adolescent Shin Pain

It is estimated that over 30 million adolescents participate in sporting activity each year. Involvement in organized high school sports often increases the intensity and frequency of training and competition which often causes injury. It is estimated that over half of the injuries reported by adolescents are overuse injuries. Adolescence is also a time of bony growth and maturation. Increased activity coupled with the inherent demands for growth and development can often overload developing bones and create bony stress injuries. The most common site for bony stress injury is the tibia or shin.

For the past three years, UOA physicians have been closely studying adolescent shin pain while attempting to validate a scoring system which could be utilized by physicians

to accurately predict the incidence and severity of bony stress injury of the shin. “Adolescent shin pain is a huge problem” remarks Charles Gatt, MD, a fellowship-trained, Sports Medicine Specialist at UOA. “Adolescent shin pain is frequently called “Shin Splints” which is a non-defining term without meaning. Because adolescent shin pain is so common, it is often dismissed by athletes, coaches and many primary care physicians who struggle to make sense of the shin pain. Many physicians don’t know how to properly evaluate the athlete with shin pain which perpetuates the problem,” notes Gatt. “We know from the literature that if shin pain is not appropriately recognized, it can progress to more significant injury with a more prolonged recovery,” notes Jeffrey Bechler, MD, also a fellowship-trained, Sports Medicine Specialist who

is participating in the study. “Injuries that are identified > than 3 weeks after initiation of symptoms have significantly worse prognosis than those identified earlier. Recovery from bony stress injury may take just a few weeks or some may take >6 months,” notes Bechler. “It’s important to develop a reliable and usable tool that can easily identify those with significant bony injury sooner vs later,” remarks Kenneth Swan, MD also a fellowship-trained Sports Medicine Specialist at UOA.

The validation of the Shin Pain Scoring System studied 13-18 y.o patients who presented with >1 week of shin pain due to athletic activity. Participants completed a brief questionnaire, received a clinical exam, x-rays and bilateral MRI to document their shin pain. Each finding was given a score or a value that can be added up into a summary score to determine bony stress injury.

The study has resulted in some significant findings which we hope to publish this year. 90% of adolescents who present with a history of >1 week of shin pain demonstrate bone marrow edema or swelling within their tibia. 70% of those patients demonstrate a finding in both legs. “That’s a pretty significant finding,” notes Gatt. “The average age of our study population was 15 and includes both girls and boys. This is a key time for bony growth and development as the bone

is growing in length and it isn’t as strong or mineralized as adult bone, but it’s being stressed by the rigors of intensive training and activity. This vulnerable time of development is overloaded resulting in a bony stress injury,” notes Bechler. “The Shin Pain Scoring System actually functioned very well when we look at the statistics and its ability to predict varying degrees of bony stress injury. This is important because it will give clinicians a good tool to utilize with their patients,” notes Gatt. “Once a patient is identified with a bony injury, then the process of identifying factors that contributed to the injury need to happen as there are many factors that contribute to bony stress injury in adolescents including, Female Athlete Triad, (low body weight, menstrual dysfunction, and eating disorder), prior history, dietary issues, training issues, etc. Treating bony stress injury is like managing a disease like heart disease with many contributing factors. The goal is to identify as many of the variables as you possibly can and make the appropriate modifications” notes Swan. Gatt notes that “this study has highlighted some interesting findings and validating a clinical tool to help identify these injuries sooner will have a positive impact on outcomes and decrease health costs.”

**Got a question about bony shin pain?
Please schedule an appointment with one of our
fellowship-trained, Sports Medicine Specialists.**

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Integrated Risk Management System

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BY LEWIS SHARPS, M.D.

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References: 1. DePuy Synthes test data on file, Windchill 0000268245. 2. Hofmann L, Zéric I, Hagen J, Agarwal Y, Scherrer S, Weber A, Allmann M, Windolf M, Gueorguiev B. Biomechanical effect of bone cement augmentation on the fixation strength of TFNA blades and screws. Presented at 22nd Congress of the European Society of Biomechanics, 10-13 July 2016, Lyon, France. 3. Kammerlander C, Gebhard F, Meier C, et al. Standardised cement augmentation of the PFNA using a perforated blade: A new technique and preliminary clinical results. A prospective multicentre trial. *Injury*. 2011;42(12):1484-1490. 4. Kammerlander C, Doshi H, Gebhard F, Scola A, Meier C, Linhart W, Garcia-Alonso M, Nistel J, Blauth M (2014). Long-term results of the augmented PFNA: a prospective multicenter trial. *Arch Orthop Trauma Surg* 134(3):343-9.

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