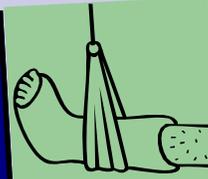


Department News "Cast"



Volume 1, Issue 2

January 2011

Message from the Chairman

Happy New Year! We wish you, your practice and your families much health, happiness and success in 2011.

The past 12 months have brought many challenges and successes to our Department. We have much to be proud of as we continue to be committed to bringing a higher level of Orthopaedic and Rehabilitative care to the Queens community and beyond with the expertise you trust and the service you deserve.



We all have reason to celebrate the latest initiatives and innovations:

- The hospital has opened 10 new ambulatory ORs in the new West Wing building, with state of the art functionality.
- The new orthopaedic inpatient floor (4W) has 40 beds and our new inpatient physical therapy rehabilitation gym to accommodate our inpatient orthopaedic patients, for post operative recovery.
- Our Department is at the center of a new marketing campaign, with AM radio ads and a newly branded program: we are now known as the Orthopaedics and Rehabilitation Program at *The Bone and Joint Hospital of Queens*.

I'm also excited to let more of our community know about our Orthopaedic Trauma Specialist, Elan Goldwyn, M.D. and the impact he has made in the short time he has been here. On a clinical end, his presence has delivered a more consistent and continuous care to our trauma patients throughout their stay. He has integrated himself with our Emergency Department and ambulance corps to provide excellent care to our patients. On a teaching end, he has been working with Dr. Alexander Golant and Dr. Tony Quach to enhance the trauma rotation experience that our HSS rotating residents receive while learning here. Please read his article on page 3 to become better acquainted with Dr. Goldwyn!

Overall, the future is bright for the Orthopaedics & Rehabilitation Program at the Bone and Joint Hospital of Queens. The credit for past accomplishments is shared by all the people who contribute on a daily basis to our success. We are very grateful for their efforts; their efforts will continue to enhance the musculoskeletal care we provide.

Please continue to share with us your news and ideas for future editions! For any and all comments, please contact me at rosenje@nyp.org.

A higher level of Orthopaedic
and Rehabilitative care.



Specializing In:

ORTHOPAEDIC SURGERY

Sports Medicine &
Arthroscopic Surgery
General Orthopaedics
Total Joint Arthroplasty
Hand & Upper Extremity
Orthopaedic Spine
Joint Preservation
Surgery
Injection Therapy

REHABILITATION MEDICINE

Physical Therapy
*Including Lymphedema and
Vestibular Rehabilitation*
Occupational Therapy
EMG/Neurodiagnostic
Testing
Pain Management &
Rehabilitation Medicine

Locations:

New York Hospital
Queens

56-45 Main Street

4th Floor South

Flushing, NY 11355

Main Line: 718-670-2558

NYHQ Center for

Orthopaedics &
Rehabilitation Medicine
163-03 Horace Harding

Expressway

2nd Floor

Fresh Meadows, NY
11365

Department News

- We welcome Ignatius Daniel Roger, MD to our Department Ambulatory Clinics. He is double board certified in hand surgery and plastic surgery. Dr. Roger will be covering our Hand & Upper Extremity Clinics weekly on Tuesday mornings; to refer a patient or make an appointment, please call 718-670-2558.
- We also welcome Richard Gasalberti, MD to our Department Ambulatory Clinics. Dr. Gasalberti will be covering our Physical Medicine & Rehabilitation (PM&R) Clinics weekly on Tuesdays; to refer a patient or make an appointment, please call 718-670-2558.
- To continue our “Educated Patients are the Healthiest Kind of Patients” campaign, we have published our first inpatient education booklet this month. The “Inpatient Guide to Orthopaedic Trauma” serves as an education and navigation tool for patients with whom have been admitted with regards to an unanticipated orthopaedic traumatic injury. Our goal is to help patients feel more comfortable during this unplanned hospital stay that occurred during their normal daily life.
- Congratulations to Magdalena Cadet, M.D., Director of Rheumatology, who received the 2010 Queens’ Leaders Award from the Arthritis Foundation. Dr. Cadet is an integral part of our interdisciplinary team, providing transitional care to our osteoporosis patients and collaborating with our surgeons on our hip fracture and geriatric fall patients.
- Congratulations to Dr. Rosen, who was chosen as the Co-Chair for the Arthritis Foundation 2011 Arthritis Walk in New York City. In 2012, he will be the Chairman of the event and we look forward to him possibly moving the event to our own backyard of Queens!



- **Golant A**, Christoforou D, Kwon Y, Zuckerman J. Sports participation after shoulder arthroplasty. Accepted for podium presentation at the Annual 2010 AAOS Meeting, New Orleans, LA.
- Assessment of arthroscopic training in U.S. orthopedic surgery residency programs--a resident self-assessment. Hall MP, Kaplan KM, Gorczynski CT, Zuckerman JD, **Rosen JE**. Bull NYU Hosp Jt Dis. 2010;68(1):5-10.
- Distal biceps tendon injuries--current treatment options. Quach T, Jazayeri R, Sherman OH, **Rosen JE**. Bull NYU Hosp Jt Dis. 2010;68(2):103-11.

**2010
Publications &
Poster
Presentations**

Limb Lengthening and Deformity Correction Surgery: What is Possible?



Limb lengthening and surgical correction of limb deformities has been performed by surgeons going back as far as the 1950s. The concept was discovered accidentally by an Orthopaedic surgeon in Siberia, Dr. Gavriil Ilizarov. He found that by gradually stretching apart two ends of a bone, new bone would form in the gap between the two ends. Over the past fifty years, as this technique has been refined, it has become possible to safely lengthen bones, straighten chronically deformed limbs, and promote bone healing in severely injured limbs.

In a process called Distraction Osteogenesis, the bone is surgically cut and the ends are gradually pulled apart (distracted). This leads to new bone formation in the resulting gap (osteogenesis). This new bone is normal, strong, healthy bone. As the new bone forms, the surrounding, nerves, blood vessels, and muscles also grow, ultimately resulting in new tissue indistinguishable from the surrounding original limb.

Distraction Osteogenesis is a relatively minimally invasive procedure, consisting of applying an external fixator to the limb and having the patient slowly turn knobs every day to gradually move the bones. Because the distraction is so gradual, there is very little pain associated with the process and it can be done by the patient at home.

There are several conditions that are appropriate for this procedure. The most common being broken bones that have healed in a deformed or crooked position (malunions) or broken bones that have not healed despite standard treatment (nonunions). Other common indications are treatment of chronic bone infections (osteomyelitis) and chronic limb deformities in adults resulting from growth problems during childhood.

As with all surgeries, there are risks and downsides associated with Distraction Osteogenesis. The most obvious concern being the length of time that the external fixator must remain in place. This can range anywhere from three months to greater than one year. Because of this long duration, infections (usually minor) are also common, often requiring antibiotics and sometimes, in rare occurrences, additional surgery.

Distraction Osteogenesis is an extremely powerful and effective procedure. Used for the right patient, it can dramatically improve function, quality of life, and the cosmetic appearance of a limb.

A higher level of Orthopaedic
and Rehabilitative care.



Department of Orthopaedics & Rehabilitation

Grand Rounds Schedule 2011

JANUARY 2011

DATE	TITLE	GIVEN BY
01/05/2011	An Update on the Surgical Management of Focal Cartilage Defects Eric J. Strauss, M.D.; NYU Hospital for Joint Diseases	Guest Speaker
01/12/2011	Trauma Indications and Fracture Conference: Fracture Healing and Osteobiologics in Trauma	Ortho Residents
01/19/2011	Musculoskeletal Radiology Conference	Dr. Ari Jonisch
01/26/2011	Trauma Indications and Fracture Conference: Principles of Internal and External Fixation	Ortho Residents

FEBRUARY 2011

DATE	TITLE	GIVEN BY
02/02/2011	M&M	Orthopaedic PAs
02/09/2011	Trauma Indications and Fracture Conference: Open fractures: Principles of Management	Ortho Residents
02/16/2011	Orthopaedic Trauma Journal Club	Dr. Elan Goldwyn
02/23/2011	Trauma Indications and Fracture Conference: Clavicle Fractures: To Fix or Not to Fix	Ortho Residents

MARCH 2011

DATE	TITLE	GIVEN BY
03/02/2011	M&M	Orthopaedic PAs
03/09/2011	Trauma Indications and Fracture Conference: Proximal Humerus Fractures: ORIF vs. Hemiarthroplasty	Ortho Residents
03/16/2011	Musculoskeletal Radiology Conference	Dr. Ari Jonisch
03/23/2011	Trauma Indications and Fracture Conference: Humeral Shaft Fractures: Principles of Management	Ortho Residents
03/30/2011	Damage Control Orthopaedics	Dr. Elan Goldwyn

*New York Hospital
Queens
56-45 Main Street
Classroom 3
Flushing, NY 11355*

**Locations
&
Times**

*6:30am-7:30am
Fracture Conference*

*7:30am-8:15am
Grand Rounds*