

FROM THE CHAIRMAN

Welcome to May! Here in the Department of Orthopaedics & Rehabilitation, we have been keeping busy during the extended cold weather.



In collaboration with HANYS (Healthcare Association of New York State) and IHI (Institute for Healthcare Improvement), we have the opportunity to participate in a six-month collaboration to implement new surgical site infection bundle elements for orthopedic surgery patients. IHI JOINTS (Joining Organizations In Tackling Surgical Site Infections) is a project for hip and knee orthopedic surgery that will begin May 1; we are excited to start this endeavor in the best interest of our patients and community-based physicians. The Department is proud to be selected as a site to help guide the future of quality improvement in patient care.

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.

SPECIALIZING IN:

ORTHOPAEDIC SURGERY

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

REHABILITATION MEDICINE

EMG/Neurodiagnostic Testing
Physical Therapy
Including Lymphedema and Vestibular Rehabilitation
Occupational Therapy
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
Main Line: 866-670-OUCH (6824)

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136-20 38th Avenue, Suite 6D
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DEPARTMENT NEWS

- Speaking of quality, I would personally like to congratulate Anderson “Min” Gim, Orthopaedic Triage Tech, who was recognized as the New York Hospital Queens March Employee of the Month. Congratulations to him on a job well done!
- Our “Inpatient Guide to Orthopaedic Trauma” was made available in print in April 2011; it is available on the Department page of nyhq.org . Led by Elan M. Goldwyn, M.D. and Jeffrey E. Rosen, M.D., this brochure was created to help trauma patients become more educated on their unplanned hospital stay and help them focus on their road to recovery.
- On May 15, 2011, the NYC Arthritis Walk will be taking place in historic Battery Park. This year’s event will have our Chairman, Dr. Jeffrey Rosen, among those cutting the ribbon to start the event as co-chair. Special thanks to our NYHQ team co-captains, Marcia Levine and Jordana Bailey, who are raising money for this fundraiser to help prevent and treat arthritis.
- Our 2nd Annual Community Symposium on Bones, Joints and Muscles was held on Tuesday, March 29, 2011. We had a 15% higher turnout than last year; looking forward to an even more successful event next year!

Pictured from the event (Left to Right):

Anthony Vucenik, PT, MS; Alexander Golant, M.D., Jeffrey E. Rosen, M.D.; Tony N. Quach, M.D.; Anita Liu-Chen OTR/L; Elan M. Goldwyn, M.D.



- Yohei Imoto, Inpatient Physical Therapist, coordinated with the Department of Orthopedics & Rehabilitation to organize a bake sale for the victims of the earthquake and tsunami in Japan. It was held by the cafeteria from Monday, April 4 through Friday, April 8, 2011. We were able to raise \$2,271 from the bake sale and many other generous donations. All proceeds from this charity event will be donated to the Japan Society, which distributes 50% of the money to immediate relief and 50% to long term recovery funds. Thank you for everyone’s support and generous donations!

MAY SPOTLIGHT:

OCCUPATIONAL THERAPY (OT)

- Celebrating OT Education Week! Occupational therapy focuses on maximizing an individual’s ability to regain their functional independence in activities of daily living at work and community, while maintaining physical, cognitive and emotional health. On April 4-7, 2011, the Occupational Therapy team was in the cafeteria providing employees, medical staff and visitors the definition of occupational therapy, demonstrations, free giveaways and a free raffle.

- Two of our Occupational Therapists presented their graduate program project at the National American Occupational Therapy Association Conference in Philadelphia, April 14-April 17, 2011.

- “A Clear View of Childhood Obesity: Bobo’s Midnight Adventure”

Purpose: A children’s book on mindful eating, exercise, and healthy snacking for children ages 6-10 years old.

Presented by: Petrina Byrne, OTR/L and her colleagues from Stony Brook University.

- “Crystal Clear Waters: A University Adaptive Aquatics Program for Volunteer Staff”

Purpose: A program implemented for university-based adaptive aquatics program.

Presented by: Emily Yuk Yee Ng, OTR/L and her colleagues from Stony Brook University.

ROTATOR CUFF DISEASE: A PAIN IN YOUR SHOULDER

BY: ALEXANDER GOLANT, M.D.



Shoulder pain is a common complaint in the aging population, and may be particularly bothersome in individuals who participate in athletic, recreational or work activities that involve repetitive elevation and rotation of the shoulder. Examples of such activities are golf, bowling, tennis, fishing, gardening, carpentry, painting, and construction.

Problems of the rotator cuff represent one of the most common diagnoses of shoulder pain in the aging athlete or laborer. The rotator cuff consists of four muscles (supraspinatus, infraspinatus, teres minor, and subscapularis) and the respective tendons that surround the shoulder joint. Although these muscles are not “power-movers” like the pectoralis or the deltoid, they have an important role in shoulder stability and motion, and an injured or degenerated rotator cuff may result in significant shoulder pain and dysfunction.

The pathology of the rotator cuff most commonly occurs in the tendon, i.e. the part that connects the muscle to bone. The spectrum of rotator cuff problems varies from tendinopathy (degeneration and/or inflammation of the tendon) without tears, to partial-thickness tears, to full-thickness tears. Full-thickness tears vary in size from small non-retracted tears to massive, retracted tears with associated muscle atrophy.

Rotator cuff problems may arise from chronic overuse as well as from an acute injury, such as a shoulder dislocation. Symptoms may be intermittent, occurring only with specific activities, or nearly constant, bothering a patient at rest and even disturbing sleep. Treatment of rotator cuff disease depends on the degree of symptoms, severity of the tear, as well as patient’s age, activity level and overall health.

Initial treatment for rotator cuff tendinopathy without a tear is non-operative, with a combination of physical therapy, medications and sometimes a cortisone injection. In refractory cases, arthroscopic surgery can be done to decompress the space above the rotator cuff (subacromial bursa) and to remove the inflamed tissue (bursitis) in this area.

Most tears, especially full-thickness ones, do not heal and may actually increase in size over time, eventually becoming irreparable.

Therefore, patients who are in relatively good health and who engage regularly in activities that involve repetitive use of their shoulder should consider surgical repair if they have a full-thickness, or a high-grade partial thickness, tear.

Traditionally, rotator cuff repair surgery was done through an open incision, but more commonly today it is done arthroscopically. Arthroscopic surgery involves making several (3-4) small (quarter of an inch long) incisions around the shoulder and using a fiberoptic camera and special instruments to visualize inside the joint and perform the appropriate surgical procedure. In some cases, other common shoulder problems may be identified and addressed at the time of arthroscopy for rotator cuff disease.

Repairing the rotator cuff arthroscopically is a step-wise process. The tear is first identified, and the torn tendon is mobilized. Special anchors (metal or plastic) with sutures are inserted into the bone, and the sutures are passed through the torn edge of the rotator cuff tendon, and tied, bringing the tendon down to bone. The latest techniques of rotator cuff repair involve placing two rows of anchors for fixation of intermediate and large tears, to improve stability of the repair.

Post-operative rehabilitation is very important, with the goal of protecting the repair while allowing mobilization of the shoulder to prevent stiffness. A sling is usually worn for 4-6 weeks, but formal physical therapy should be initiated within the first week after surgery. Most patients are able to get back to sports and manual labor partially after 3-4 months and fully after 4-5 months. The postoperative protocol may be altered based on intraoperative findings and the surgeon’s preferences.

In summary, rotator cuff pathology is a common cause of shoulder pain and dysfunction in the aging athlete and other individuals. In a properly selected patient, arthroscopic rotator cuff repair can provide good results, including improvement in pain and return to normal function.

MAY 2011

DATE:	TITLE:	GIVEN BY:
05/04/2011	M & M	Orthopaedic PAs
05/11/2011	Distal Radius Fractures: Who Should We Fix? How Should We Fix Them?	Orthopaedic Residents
05/18/2011	Musculoskeletal Radiology Conference	Dr. Ari Jonisch
05/25/2011	Trauma Indications and Fracture Conference: Femoral Neck Fractures: ORIF vs. Hemiarthroplasty vs. Total Hip	Orthopaedic Residents

JUNE 2011

DATE:	TITLE:	GIVEN BY:
06/01/2011	M & M	Orthopaedic PAs
06/08/2011	Pelvis Fractures	Dr. Elan Goldwyn
06/15/2011	Orthopaedic Journal Club	Dr. Elan Goldwyn
06/22/2011	Trauma Indications and Fracture Conference: Femoral Shaft Fractures: Principles of Management	Orthopaedic Residents
06/29/2011	Topic TBD	Dr. Tony Quach

JULY 2011

DATE:	TITLE:	GIVEN BY:
07/06/2011	M & M	Orthopaedic PAs
07/13/2011	Distal Femur Fractures: Principles of Management	Orthopaedic Residents
07/20/2011	Musculoskeletal Radiology Conference	Dr. Ari Jonisch
07/27/2011	Tibial Plateau Fractures: Who Should We Fix? How Should We Fix Them?	Orthopaedic Residents

NEW YORK HOSPITAL QUEENS
56-45 MAIN STREET
LANG RESEARCH CONFERENCE
ROOM (4TH FLOOR SOUTH)
FLUSHING, NY 11355

6:45 AM – 7:30 AM
FRACTURE CONFERENCE
7:30 AM – 8:15 AM
GRAND ROUNDS