

FROM THE CHAIRMAN

Greetings from the Department of Orthopaedics & Rehabilitation! We hope that you are enjoying your summer.



With the nice weather upon us, here are some tips to share with your staff and patients to help them avoid common orthopaedic injuries that occur more often at this time of the year. Many neck injuries occur when people dive into swimming pools without realizing how shallow the water is. We all need to spread the word, even though it seems obvious: no head first diving into pools!

Children can sustain injuries such as wrist fractures while falling off a skateboard, scooter or rollerblades. One way to prevent injury is to have your patients advise their children to wear wrist guards/splints, avoid sharp turns and always wear a helmet to prevent head injuries!

Please continue to share with us your news and ideas for future editions! We are specifically interested in patient comments on how to improve the patient experience with us. 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
Occupational Therapy
Pain Management & Rehabilitation Medicine
Physical Therapy
Including Lymphedema and Vestibular Rehabilitation

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)

Queens Crossing Location
136-20 38th Avenue, Suite 6D
Flushing, NY 11354
Main Line: 866-670-OUCH (6824)

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DEPARTMENT NEWS

- Congratulations to Elan M. Goldwyn, M.D., who was invited to be a Faculty Instructor at the AO “Arbeitsgemeinschaft für Osteosynthese” (Association for the Study of Osteosynthesis) Advanced Principles of Operative Fracture Management course in Boston 06/22/2011 - 06/26/2011.
- Our orthopaedic floor is undergoing a makeover! On June 21, 2011, the renovation began on 4 South, marking the first official transformation of the space since the 1950's. The entire Orthopaedic and Rehabilitation team is very excited about these renovations and its daily progress. The project will include:
 - Renovation of the registration area, providing a more aesthetically welcoming view as well as functional improvement for patient flow
 - Expansion of the registration desk to include a check out area that faces a waiting bay
 - Restoration of the conference room for patient education classes and staff use
 - New flooring throughout the space



Taking the inaugural swing!
Jeffrey E. Rosen, M.D., Chairman



*Pictured from the visit (Left to Right):
Jeffrey E. Rosen, M.D., Chairman
Mary Godfrey, R.N., Vice President for Professional Services & Strategic
Planning
Jordana A. Bailey, M.S.S., Administrative Director*

UPMC SITE VISIT

On June 16-17, 2011, our Department visited Magee-Womens Hospital of UPMC (University of Pittsburgh Medical Center) to experience firsthand the Patient and Family Centered Care Methodology and Practice (PFCC M/P) for Orthopaedics. The PFCC M/P is how you can deliver the ideal care experience with also the best outcomes, safety and efficiencies.

We were able to experience and gain insight to this approach and gain a better understanding how to build a strong PFCC community and change the culture.

We are excited to transform the delivery of care for patients and families here at New York Hospital Queens, beginning right here in our own Department.



*Pictured from the visit (Left to Right):
Jeffrey E. Rosen, M.D., Chairman, New York Hospital
Queens
Anthony M. DiGioia III, M.D., Renaissance
Orthopaedics, PC
Medical Director, The Orthopaedic Program and The
Innovation Center, Magee-Womens Hospital of UPMC*

CHONDROITIN AND GLUCOSAMINE: A USEFUL ARTHRITIS SUPPLEMENT OR A WELL-DISSEMINATED PLACEBO

BY: YEHUDA E. KLEINMAN, M.D., FAAOS



Osteoarthritis, commonly referred to as arthritis, affects over 20 million adults in the United States. Disease progression with worsening of symptoms often necessitates the need for operative intervention, including joint replacement surgeries, to help restore function and reduce symptoms. Throughout the history of the treatment of this debilitating condition, many different nonsurgical options have been tried with the hopes that symptoms could be diminished and function could be restored without intervention.

The use of glucosamine and chondroitin supplementation as an aid to help reduce symptoms and restore function in patients suffering from arthritis has remained controversial throughout its use over the past two decades. Glucosamine and chondroitin sulfate are natural substances found in and around the cells of cartilage. Glucosamine is an amino sugar that the body produces and distributes in cartilage and other connective tissue, and chondroitin sulfate is a complex carbohydrate that helps cartilage retain water. The substances are considered a supplement and not a drug and therefore are not covered by the rules of the food and drug administration (FDA) and do not require proof of efficacy to be sold to the public. The supplements remain very popular in the United States and even more so in Europe.

There is no doubt that anecdotally some patients have reported a significant decrease in symptoms with the use of these supplements. Until recently there has been a lack of scientific evidence that Glucosamine and chondroitin are efficacious. So the question remained whether patients who were experiencing symptomatic relief were truly having a direct positive effect of the supplements or alternatively were feeling better due to other causes or perhaps were experiencing a placebo effect.

The University of Utah performed the first large scale multicenter double blinded study to explore the benefits of glucosamine and chondroitin. The study reviewed groups taking only glucosamine, groups taking only chondroitin, groups taking a combination of glucosamine and chondroitin, groups taking celecoxib (Celebrex) and groups taking placebo.

The results of this study revealed a significant decrease in symptoms in the group of patients taking the Celecoxib (Celebrex) compared to the placebo group. In all patients in the groups taking glucosamine, chondroitin, and the glucosamine and chondroitin there was no significant decrease in symptoms compared to the placebo group. (Of note, however, a small subgroup of patients with severe arthritis showed a moderate decrease in symptoms in the patient's taking the combination glucosamine and chondroitin compared to placebo groups. However since this small subgroup contained a low number of patients, researchers reported that further investigation of this group needs to be performed in order to determine whether these findings are statistically significant). Radiographic evaluation of the groups taking glucosamine and chondroitin for a period of two years showed continued progressive degenerative disease in their knees consistent with the placebo group.

Based on this multicenter comprehensive double-blinded study it appears clear at present time that glucosamine and chondroitin do not have a significant effect in halting progression of arthritis or decreasing symptoms of the disease and therefore cannot be recommended. The search continues for a truly useful arthritis supplement.

GET TO KNOW DR. YEHUDA KLEINMAN!

- Dr. Kleinman has been a voluntary physician at New York Hospital Queens in the Department of Orthopaedics & Rehabilitation since 2009!
- Dr. Kleinman also has his private practice in Queens, located at 78-15 Eliot Avenue, Middle Village, NY 11379; he is board certified in Orthopedic Surgery.

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

AUGUST 2011

DATE:	TITLE:	GIVEN BY:
08/03/2011	M & M	Orthopaedic PAs
08/10/2011	Tibial Shaft Fractures: Principles of Management	Orthopaedic Residents
08/17/2011	Orthopaedic Journal Club	Dr. Elan Goldwyn
08/24/2011	Acetabulum Fractures	Dr. Elan Goldwyn
08/31/2011	Topic TBD	TBD

SEPTEMBER 2011

DATE:	TITLE:	GIVEN BY:
09/07/2011	M & M	Orthopaedic PAs
09/14/2011	Ankle Fractures	Orthopaedic Residents
09/21/2011	Musculoskeletal Radiology Conference	Dr. Ari Jonisch
09/28/2011	Billing Compliance Lecture	Guest Speaker

NEW YORK HOSPITAL QUEENS
56-45 MAIN STREET
ORTHOPAEDIC CONFERENCE ROOM
(FORMER LANG RESEARCH
CONFERENCE ROOM)
4TH FLOOR SOUTH

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