

A Greenwich Hospital Alliance

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Putting Knowledge in Motion

International Fellowship Program

On April 1st ONSF proudly welcomed Dr. Lackshay Goel, Senior Resident, Department of Orthopedics with Safdarjung Hospital New Delhi, India to Greenwich where he started his one-month ONSF

Fellowship Program. Dr. Goel shadowed Dr. Paul Sethi seeing patients, observing in the OR and participating in clinical research studies at the ONSF Arthroscopy Lab.

As a direct result of Dr. Goel's very successful stay, ONSF will implement a 4month Observational Fellowship in

shoulder and sports medicine surgery to fully trained international physicians and specialists currently practicing abroad. The Observership program is a recognized shadowing experience that enables a participant to watch procedures and surgeries; attend patient rounds and teaching conferences; and have full access to learning about patient care. United States regulations prevent observers from having patient care responsibilities.

The Fellow will have exposure to clinical, operative and non-operative management of sports related injuries and will have the opportunity to learn from all members of the ONS Sports and Shoulder Service. Fellows will be in operative indications, as well as post-operative care of patients. Time will be spent in the operating room observing arthroscopic knee, shoulder and hip surgery,

the clinic understanding operative and non-

shoulder and hip surgery, including primary and reverse shoulder arthroplasty. In addition, there will be opportunities to work on research projects and participate in the ONSF cadaveric lab.

Fellows will participate in case reviews that will afford an opportunity to demonstrate clinical problem-solving skills and work up treatment plans to manage patients with a

variety of lower extremity disorders. They will be required to develop a differential diagnosis and subsequently define how they would manage and treat a patient based on the patient's presentation to the clinic.

All Fellows will be required to complete at least one research project during their training as well as attend monthly journal club meetings to review current topics in sports medicine. These requirements provide a tremendous learning experience in terms of evaluating medical literature and research. Upon successful completion, and at the discretion of the fellowship directors, the Fellow will be given a certificate of completion.

FEATURED ARTICLES -

3 ONSF Research Study Published 5 ThinkFirst Foundation Use Your Mind to Protect Your Body 7 Grafts & ACL Tears A Guide for Athletes

ONSF (ONS FOUNDATION FOR CLINICAL RESEARCH AND EDUCATION), a Greenwich Hospital alliance, strives to improve standards of excellence for the treatment of musculoskeletal disorders through clinical research, physician and patient education, and community outreach programs.



Dr. Lakshay Goel, Dr. Paul Sethi and Dr. Arvind Kumar

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Message from the President . . .

Dear Friends,

Welcome to the Spring 2019 edition of the ONSF newsletter.

Niels Bohr, the Nobel prize winning scientist famously said, "It is difficult to make predications, especially about the future." If you had asked me 11 years ago where ONSF would be today, I could not have imagined the impact of our contributions.

We continue to make major advances in the minimization of opiates after surgery. It is hard to believe that the only written



Paul M. Sethi, MD

guidelines that aid doctors in prescribing pain medicine after shoulder surgery are based on opinion. The article, featured in the newsletter, however, is the first evidence-based guideline on how to use (and limit) opiates after rotator cuff surgery. What is even more exciting is that we recommend half (or less) opiate than any other guideline, and we provide a framework for other centers to follow. We <u>will</u> beat this opiate epidemic!

Two surgeons from India visited ONSF to participate in a mini fellowship program with ONSF doctors. These two young surgeons were able to learn the newest techniques in sports medicine and shoulder surgery and now will be able to offer their patients (across the globe) the same cutting-edge surgeries. This mini fellowship program is the precursor to our soon to be established international fellowship observership.

Norwalk Community College students once again were able to complete the cadaveric anatomy lessons that will help them as physical therapy assistants. At the time of this publication, our team of college summer interns will be in full swing. We are training medical professionals and encouraging students to pursue careers in medicine.

The ONSF success record continues to be recognized as we influence care all over the world, and I welcome you all to come along for the ride. Of course, the place to start is at the 11th Annual Golf Outing, Monday, June 10th at The Stanwich Club. Let's tee it up for the future!

Many thanks for all your interest and support,

Save the Date...

11th Annual ONSF Golf Outing - The Stanwich Club, Monday, June 10, 2019

Race to Stop the Opioid Epidemic— 7th Annual ONSF 5K RUN/WALK & EXPO Eastern Greenwich Civic Center, Sunday, Sept. 15, 2019

11th Annual ONSF Medical Education Conference— Saturday, Nov. 2, 2019 Greenwich Hospital, Noble Auditorium

ONSF Research Study Published in JSES

The *Journal of Shoulder and Elbow Surgery,* April **2019** issue, published a research study by ONSF marking the first ever evidenced based guideline for opiate prescription use after rotator cuff surgery. The following is a synopsis of the article:

Over 250,000 people have rotator cuff surgery each year. The traditional risks of surgery, such as nerve injury or infection, are less than 1%. Two recent studies, however, have demonstrated that between 8 -14 % of patients will be on prolonged opiate medication after rotator cuff surgery. These frightening new facts underscore the importance of the new findings.

The ONSF researchers used a well defined and consistent protocol to control post-operative pain. When compared to the group of patients who did not receive the enhanced post-operative pain protocol, the ONSF surgeons found that patients:

- Reported statistically and clinically lower pain scores after surgery
 - o Patients had less pain and discomfort after surgery
 - o Patients did not require the higher strength pills used in other studies

• Consumed 64 percent fewer opioids

- o Fewer pills directly correlates with a reduced risk of developing dependence
- o This study refutes a recent study from New York, based solely on expert opinion, suggesting that 60 pills should be given for the same procedure. Dr. Paul Sethi believes that certain studies are dangerous because physicians rely on published recommendations without understanding the basis (or lack of scientific basis) of the study

• Did not request a refill of their opioid prescription

- **o** Each additional refill increases the risk of opiate dependence by 44 percent
- o The first refill more than doubles the risk

- Stopped taking opioids more quickly
 - o Information from the Centers for Disease
 Control and Prevention (CDC) has found that
 opiate use beyond five days, as well as the need
 for prescription refills, directly increase the risk
 of developing opiate dependence.
 - o Among surgery patients with no history of recent or chronic <u>opioid</u> use, how long a person takes the drugs is a more potent predictor of abuse and overdose than how much medication a patient takes. (Harvard Medical School, published in BMJ 2018)
 - o "This post-operative pain protocol helps patients avoid this major risk," Sethi concluded

There is a paucity of data to guide surgeons on how much pain medication to prescribe after surgery. Historically, surgeons would focus on correctly identifying problems that require surgery, performing successful surgery and avoiding complications from the surgical procedure.

These recommendations cut the use of opiates by 64 -75 %, a stark contrast to the current average amounts prescribed, that a recent report – <u>Exposing</u> <u>a Silent Gateway to Persistent Opioid Use</u> – found to be about 93 pills.

No patients in the ONSF research protocol required refills of opiate medications.

High opioid prescribing and/or overprescribing for post-surgical pain carry not only acute risks of opioidrelated adverse effects, but also the risk of long-term opioid use.

"Through greater use of multimodal, opioidminimizing pain management strategies, there is an opportunity to keep patients safe from these dangers," said Paul M. Sethi, M.D.

To read the complete article entitled *Liposomal Bupivacaine Reduces Opiate Consumption after Rotator Cuff Repair in a Randomized Controlled Trial* please go to: www.jshoulderelbow.org/article/S1058-2746(19)30042-4/fulltext

Tee-Off Party Kicks Off 11th Annual Golf Outing

ONSF held a pre-Golf Outing "Tee-Off" cocktail party on Thursday evening, April 25th, at the spectacular Miller Motorcars Ferrari and Maserati showroom for golfers,



donors and sponsors. Hosts Cyndi and Richard Koppelman were joined by 90 guests who ambled among the fabulous automobiles and enjoyed a Burgundy wine tasting presented by Greg Rubin and Horseneck Wines. An array of gourmet hors d'oeuvres

research, medical education and surgical fellowship programs. Auction



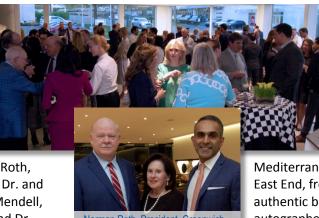
Chair, Amy Sethi, assisted by generous supporters of ONSF

catered by Watson's complemented the wine selection.

Golf Outing Co-Chairs, Dr. Michael Clain, Adam Ercoli, **Rich Granoff and Vicki Leeds** Tananbaum were joined by **ONSF** President, Dr. Paul

Sethi and his wife, Amy, Norman Roth, President of Greenwich Hospital, Dr. and Mrs. Seth Miller, Jeff and Leslie Mendell, Angela Tammaro, Allyson Tang and Dr. Thomas Widmann, Dr. and Mrs. Jim Cunningham and many other ONSF friends.

The 11th Annual ONSF Golf Outing in conjunction with Greenwich Hospital will be held at The Stanwich Club on Monday, June 10th. Golfers will enjoy lunch followed by a round of golf and will be joined for a dinner reception and auction by non-playing guests. This partnership will provide an outstanding golf experience to benefit ONSF clinical



Norman Roth, President, Greenwich Hospital, Vicki Tananbaum, ONSF VP; Paul Sethi, MD, ONSF President

of Arthur Avenue, from NY Yankees Youth Experience to private Chefs' dinners in your

including philanthropic individuals and businesses have made it possible for us to offer sensational auction items! From vacations to a cocktail party for 20 guests, from a weekend drive in an Aston-Martin DB11 Volante to dinners at Terra,

Mediterraneo and East End, from an authentic baseball autographed by Aaron Judge to a private guided tour

Adam Ercoli, ONSF Board Member and Susan Plant, **ONSF** Director home, from rounds of golf at the

most prestigious clubs to dinners for two at Cipriani, there is something for everyone.

College and Pre-Med Summer Internship Program

This year the ONSF Summer Internship Program will welcome six college and pre-med students. The interns come to us from the following prestigious institutes of learning: Santa Clara University, Colgate University, New York Medical College, Princeton University, Wake Forest University and the University of Miami.

The Internship Program runs for approximately eight weeks each year beginning early June. It provides a

unique opportunity for students who are considering a career in medicine and would like to observe the experience first-hand and at the same time enhance their applications to medical school.

Interns shadow the doctors, observe in the OR and work on short term research projects. They also attend weekly live streaming of Grand Rounds from Yale New Haven and observe labs conducted in the **ONSF** Biomechanical Research Laboratory.

ONSF Presents ThinkFirst for Kids Use Your Mind to Protect your Body!

On Monday, March 4th, ONSF presented a ThinkFirst Injury Prevention Seminar to over 50 Cub Scouts and parents of the Boy Scouts of America, Greenwich Council. The presentation took place at the Eastern Greenwich Civic Center, Old Greenwich, CT.

Scott Simon, MD, MPH and Director of the ONSF ThinkFirst Foundation, delivered the talk designed to help children develop life-long safety habits at an early age and to lessen their risk of sustaining brain, spinal cord or other traumatic injuries. Dr. Simon, a neurosurgeon, is committed to public education and injury prevention.

In his program, Dr. Simon focused on underlying behaviors that lead to injury by exploring issues such as peer pressure, risk taking, conflict resolution, and substance abuse, particularly as they relate to violence, motor vehicle safety, and sports/recreation safety. "Acting on impulses can be risky. There are consequences to your actions. Sometimes they are serious, so think before you act," says Dr. Simon.

The overall theme was "Use Your Mind to Protect Your Body." Everyday activities can turn deadly if safe choices

are not made. A fall off a

bicycle, dangerously crossing the street, participating in sports without using appropriate gear can all lead to serious injury that can be prevented.

During his presentation Dr. Simon addressed



Bill Bogardus, Cub Scout Troop Leader Scott Simon, MD, MPH

basic brain and spinal cord anatomy and function, bicycle and pedestrian safety, sports and recreational safety, vehicle safety, water safety, violence prevention and skills to withstand peer pressure and develop a confident self-image.

Interest in the information presented was evidenced by the many questions asked and the lively, interactive dialogue.

To learn more about the ONSF ThinkFirst Foundation and view a ThinkFirst presentation please visit www.onsf.org/prevention/thinkfirst.



Injury Prevention for Skiing/Snowboarding

While a percentage of injuries on the slopes are traumatic in nature, several are due to falls or accidents related to poor conditioning and overall fatigue.

In an effort to address these issues, the River Hills Ski Club of Stamford, CT invited **ONSF** to deliver a Skiing/ Snowboarding Injury Prevention, Safe Conditioning Program to its membership at their monthly meeting on April 2nd.

According to the president of club, this season of the year – early spring – is the time when most injuries occur; therefore, he felt the date of the talk was most appropriate. Attended by approximately 40 members, the meeting took place at the Long Ridge Tavern in



Stamford, CT.

Orthopeadic Surgeon and Sports Medicine Specialist Dr. Tim Greene, who has served as associate team physician for the U.S. Ski Team, addressed the most common skiing/

snowboarding injuries and best treatment techniques. Smart tips for safe skiing were also presented. Physical therapist Hannah Kimmel, DPT, discussed and demonstrated safe exercises and conditioning techniques. The audience demonstrated their appreciation of the valuable information presented



by engaging in lively conversation and asking many questions.



Attendees received printouts of specific conditioning exercises along with resistance bands.

To learn more about Safe Skiing and Snowboarding please visit the ONSF website <u>www.onsf.org</u>

6th Annual NCC/ONSF Lab Collaboration

Norwalk Community College (NCC) Physical Therapy Assistant students attended a course provided by **ONSF** entitled "Observation of Upper and Lower Extremity Dissection with Clinical Instruction." The course took place at the ONSF Arthroscopy Surgical Skills and Biomechanical Research Lab on April 4th & 5th and April 25th & 26th. Dr. Paul Sethi, Orthopedic Surgeon and ONSF president, mentored the 18 students along with a team of other surgeons.

The following are quotes from student evaluations of the course:

"...The whole experience was awesome and greatly reinforced what we learn in the classroom."

"I never thought I would experience something like this ever in my life!...I loved the experience of being able to be hands on and really see what we are learning and that they weren't just pictures in a text book." "Once in a lifetime opportunity to get a look inside the body to better understand the mechanics and anatomy."

"I loved how the surgeons really engaged us to identify what the structures were ... I loved that we really got to dig in there and see real muscles especially because I never thought I'd get the opportunity to do this!"



What Graft Do You Choose When You Tear Your ACL? A Guide for Athletes *Paul Sethi, MD*

There are more than 200,000 ACL injuries each year in the United States alone, and approximately 65% of these injuries are treated with reconstructive surgery. ACL graft options and selection is one of the main topics of discussion between orthopedic surgeons and their patients

Once an athlete has decided to proceed with an ACL reconstruction, a great deal of time is spent discussing ACL graft options. Many factors such as age, activity level, existing tendinopathy, and sport play a role in determining the most optimal graft choice for an athlete.

Graft Selection:

Evidence has given us some great general guidelines, but the most important thing is to be honest with yourself and your doctor about your activity level and goals for the future. Based on large studies we have seen that younger age and higher activity level are the biggest risk factors for re-injury after ACL reconstruction. Many studies show that patients in their early twenties or younger have a much higher risk of tearing the newly reconstructed graft if they have a donor graft placed compared to using their own tissue for a graft. As such, allograft (donated or cadaver) has cons. The most common complaint is pain in the front of the knee from where the graft was taken. This knee pain is usually felt with kneeling in the first two years



Paul Sethi, MD

after surgery and generally improves. Also, there is a very small chance that the knee cap can break since bone is being removed from it for the graft. This is also associated with a larger incision on the knee.

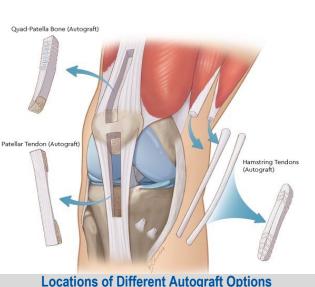
The hamstring graft can be a better option with good results for those athletes who must kneel a great deal since it has a lower likelihood of pain in the front of the knee with kneeling. Additionally, the hamstring graft requires a much smaller incision for those who are concerned with cosmetics. However, some patients experience a slight loss of hamstring strength which can be a problem for certain athletes, but has not been our ONS experience. This is probably because we have been using only one of the three hamstrings (semintendonosis), that is removed through a hidden incision. This quadrupled graft seems to be as strong as the patellar tendon graft and has been associated with return back to high level competition.

tissue is used in rare circumstances in athletes.

As an athlete, the best choice for you is your own tissue (autograft). The two most common graft choices are hamstring tendon and patellar tendon. However, in recent years the quadriceps tendon has become more popular. All three are good graft choices with successful outcomes.

The two most commonly used autografts in both the US and Europe, patellar tendon and hamstring tendon. Currently, the most common graft choice being used in the United States in professional basketball and

football players is the central third of the patellar tendon (which includes bone from your knee cap and from your shin bone on either end). The advantages of patellar tendon include that bone heals into the bone tunnels that are created for the new ligament. Bone to bone healing has been shown to be more reliable and stronger than soft tissue to bone healing. Despite its pros, patellar tendon also



Graft Locations

in ACL Reconstruction

The final autograft option is quadriceps (quad) tendon. The quadriceps tendon is taken above the knee cap and can either be taken with a portion of bone (from the kneecap) on one side, or with no bone at all. There is a great deal of excitement about this graft, however, there are few longterm studies at this point. In short and intermediate term studies it has been shown to be a great option. Its major advantages are the thickness of the graft and that it causes minimal anterior knee pain. Its largest disadvantage at this stage is that we do not have the sample size or years of results

like the other two grafts; so only time will tell.

Regardless of which graft you feel fits you best, it is important to discuss all options with your surgeon and make sure it is a graft he or she has a great deal of experience using.



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