



# ONSF

ONS FOUNDATION  
FOR CLINICAL RESEARCH & EDUCATION, INC.

A Greenwich Hospital Alliance

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*Putting Knowledge in Motion*

# News Forum

## *ONSF Conducts ACL Workshops*

On three separate days in February, **ONSF** offered a course for physical therapists and athletic trainers in order to share current advances in ACL reconstruction and to achieve a better understanding of the recognition and diagnosis of the problem. Information included immediate treatment, pre-surgical principles, surgical considerations, and post-surgical care. The goal of this comprehensive course was to guide these professionals toward developing ideal methods for treating individuals with ACL tears.

A formal didactic session was followed by an open forum where the latest research in ACL surgery was discussed including choice of graft for reconstruction. Following the discussions, participants moved to the **ONSF** Research Lab for surgical demonstrations on cadavers using both hamstring and patellar tendon grafts. Attendees also had an opportunity to use equipment in the Lab on a non-cadaveric surgical simulator. In an additional open forum, the best principles in rehabilitation were considered.

In order to provide a very intimate learning environment, the course was originally limited to 15 participants. The response to the

announcement was overwhelming, and, therefore, **ONSF** expanded it to 3 sessions of 15 students each. Course instructors included Drs. James Cunningham, Demetris Delos, Tim Greene, Paul Sethi and Katie Vadasdi. Dr. Delos noted, "The overwhelming popularity of this course demonstrates recognition amongst others in the medical community that **ONSF** is at the forefront of musculoskeletal research and education. With the support of our donors and sponsors we look forward to continuing these types of endeavors in the future."



*Drs. Paul Sethi and Demetris Delos conduct surgical demonstration*

In his note of appreciation, one trainer said, "The entire experience was amazing!" Another shared her thoughts in a letter, "It was a great review of the clinical anatomy and procedure, especially with the cadaver knee. Input from Drs. Delos and Cunningham regarding surgical preference and rationale for choosing one technique over

another was also very insightful." Several others in attendance requested additional presentations that are equally open-minded and extremely relevant.

For medical professionals, hands on experiences are invaluable. **ONSF** takes pride in designing and presenting programs of this quality and will continue to do so.

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## Message from the President . . .

Dear Friends,

Year after year I say, "This has been our best year ever," and each time, I truly mean it. I encourage you to forgive the monotony and understand that reaching new heights and surpassing our goals is never boring.

These past few months underlined our research achievements and produced manuscripts that have been recognized and accepted worldwide. It is extraordinary that an independent research laboratory in conjunction with a community hospital has the capability of achieving the highest recognition at the most prestigious orthopedic conferences. In the fall issue of the News Forum, we announced that **ONSF**, alongside the world's leading medical centers, received top honors at the American Orthopedic Society for Sports Medicine (AOSSM) and at the American Society for Surgery of the Hand (ASSH). This spring an extremely prestigious publication, the Journal of Shoulder and Elbow Surgery (JSES), will publish *Efficacy of Topical Benzoyl Peroxide on the Reduction of Propionibacterium Acnes (P. acnes) during Shoulder Surgery* as its lead article. This acknowledgement fuels our determination to articulate and execute further research projects. Currently, we have several exciting projects underway that should lead to additional publications.

Too often, I neglect to mention some of the direct doctor to doctor education programs that may seem esoteric. Each year, **ONSF** prepares surgical training videos. These are instructional videos posted on a secure website where trained orthopedic surgeons review and learn the newest techniques. I recently reviewed our videos; one had 5,000 views, another 4,000 and the third 2,600 views and so on. At first glance, these appear to be generating adequate attention. But remember, there are only 20,000 orthopedic surgeons in the United States. Interpreted in an alternate way, close to one in five surgeons are following our videos, learning from our techniques.

The mentorship experience at **ONSF** complements our research programs and continues to be sensational for both doctors and students. Chrissy Conroy has run out of room on her medical school applications; she has too many productive projects to report! Samantha Stuek (now starting her second year of medical school) visits us often and Chirag Sheth is a medical student and research liaison between **ONSF** and the UCONN Medical Center. Our students and interns challenge and inspire us to be the best doctors and researchers that we can be.

This has been an exciting journey. There is a level of energy that permeates all aspects of our work. I feel it in the lab during projects, I feel it at our Board meetings, and I feel it at the Golf Outing and **ONSF** 5K where the enthusiastic support is overwhelming.

I look forward to seeing all of you on June 8th at Stanwich!



Paul M. Sethi, MD

## Save the Date. . .

**3<sup>rd</sup> Annual 5K RUN/WALK EXPO - Eastern Greenwich Civic Center, Sunday, Sept. 20, 2015**

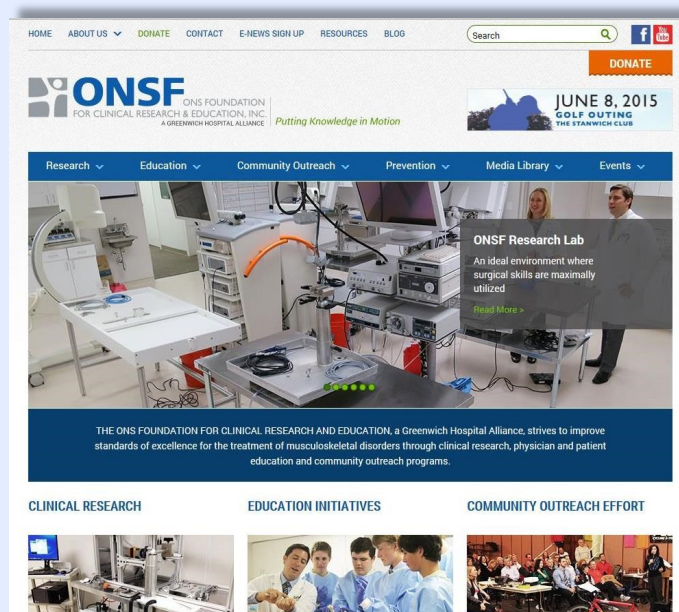
**7<sup>th</sup> Annual Medical Education Conference - Greenwich Hospital, Saturday, Nov. 7, 2015**

# ONSF Announces Launch of New Website

As **ONSF** continued to grow and expand, we realized the importance of our internet presence and its ability to mirror our progress. In launching the new website, the committee achieved its goal: to ensure that the **ONSF** mission, research projects, programs and events are displayed in a user-friendly manner.

All aspects of the original three part strategy are represented and visitors to the site will be able to easily search for developments in clinical research, education conferences and materials, and community outreach programs and seminars. In addition, a vast bibliography on musculoskeletal care, treatment and medical procedures is available. The donor response to our fund raising events is overwhelming and the Annual Golf Outing and 5K Run/Walk are highlighted to reflect this support.

We invite you to visit and explore our new site at [www.onsf.org](http://www.onsf.org).



## Shoulder and Elbow Journal to Publish Recent Research

**ONSF** continues to study patient outcomes and new and improved surgical techniques are developed in our on site, state-of-the art Arthroscopy, Surgical Skills and Biomechanical Research Laboratory. Results from these studies have been presented at prestigious orthopedic conferences and published in preeminent peer-reviewed journals worldwide.

In April, the Journal of Shoulder and Elbow Surgery (JSES) notified Dr. Paul Sethi that his manuscript, *Efficacy of Topical Benzoyl Peroxide on the Reduction of Propionibacterium Acnes (P. acnes) during Shoulder Surgery* had been accepted for publication. Authors of this study include James R. Sabetta, MD, Vishal P. Rana, BS, Katherine B. Vadasdi, MD, R. Timothy Greene, MD, James G. Cunningham, MD, Seth R. Miller, MD and Paul

Sethi, MD. The official date of publication will be the online appearance that will include its DOI (Digital Object Identifier) and can be used in a CV listing. Once posted online, the article will be accessible electronically via PubMed, Science Direct, and the JSES website, [www.jshoulderelbow.org](http://www.jshoulderelbow.org) allowing other authors to read it and reference it.

Approximately six months after the article is published online, it will be published in the print version of the JSES with the traditional citation. Its official date of publication, however, remains the electronic one mentioned above.

Congratulations Dr. Sethi and your research colleagues on this fine work!



# Community Outreach Seminars

Partnering with groups such as Sound Cyclist Bicycle Club, Top Notch Gang, Mogul Meisters and Parsonage Cottage, **ONSF** attracts sizeable audiences consisting of enthusiastic athletes and health conscious individuals who attend at no charge. In addition, as a Chapter of **ThinkFirst**, we offer programs in schools to help children develop lifelong safety habits in order to minimize the risk of sustaining traumatic injuries.

In preparation for ski season, Top Notch Gang arranged a Safe Skiing seminar for adults – many over the age of 60. Alicia Hirscht, ONS Physical Therapist, along with ski equipment expert Skip Beitzel from Hickory & Tweed, shared tips for physical conditioning and tips that lead to safe skiing and fewer injuries. Alicia was joined by ONS orthopedic surgeon Dr. Steven Hindman at the height of the ski season when Mogul Meisters Ski/Snowboarding Club offered a similar seminar for its rather sizeable membership.

preventing brain, spinal cord and other traumatic injuries through the education of young students, parents, community leaders and the creators of public policy. Dr. Simon is committed to public education and injury prevention. He

demonstrated his passion on several occasions when he visited children at their elementary schools. Included in the roster of schools were the Whitby School, Cos Cob School and Glenville School PTA's. Dr. Simon engages the students and helps them focus on ways to lead healthy, active lives.



Scott Simon, MD

Another aspect of the **ONSF** Community Outreach program concentrates on the safety and health of



Dr. Gloria Cohen Presents Safe Cycling and Conditioning to Sound Cyclists Bicycle Club Members

Cyclists also benefit from winter conditioning and safe cycling training. Over 50 cyclists gathered at a Sound Cyclists Bicycle Club meeting in Darien where Dr. Gloria Cohen, ONS orthopedist and former Team Physician for the Canadian National Olympic Cycling Team, discussed injury prevention and proper conditioning. David Potucek, Elite Health Services physical therapist, participated and added his expertise in strength training for cyclists.

Injury prevention is likewise a major aspect of the **ONSF ThinkFirst** program, a program dedicated to

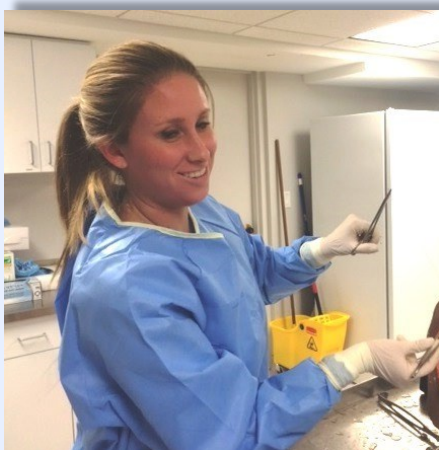
seniors, a growing segment of our population. Dr. Hindman along with ONS physical therapist Tatyana Kalyuzhny visited Parsonage Cottage in Greenwich and presented a program titled *Preventing Falls and Safe Conditioning for Balance*. The use of thera bands in exercise was demonstrated and each attendee received one as a gift.

**ONSF** will continue its efforts to bring the most current information to people of all ages who strive to live healthy, safe and active lives. Additional seminars are scheduled. Visit our website [www.onsf.org](http://www.onsf.org) for details.

## Meet ONSF Research Intern — Chrissy Conroy

The ONS Foundation (**ONSF**) has provided me with endless opportunities and unlimited use of tools to grow as a prospective medical student. I first came to ONSF three summers ago as an intern. I shadowed doctors in the office and observed cutting edge surgery in the OR. It was immediately obvious that this was a special team that worked closely together to ensure patients would achieve their best outcome. Physicians, nurses, physician assistants and physical therapists were devoted to education and committed to teaching students like myself. Following my graduation from Villanova last May, I was fortunate enough to rejoin **ONSF** as a research assistant.

While my undergraduate studies as a biology major made me a student of the sciences, my time at **ONSF** has allowed me to experience the next step with real world applications. I learned firsthand how doctors explore ideas that would improve clinical practice. Real life patient outcomes cause the surgeons to ponder their current standard of practice, explore alternatives, and then systematically trial procedures.



I am currently working on several research projects under the guidance of Dr. Paul Sethi and Dr. Mark Vitale. My research with Dr. Sethi is primarily focused on new methods

that surgeons can use to clean the skin before surgery in order to reduce the risk of infection. Obviously this study is born out of the desire to prevent this postop complication, improve the standard of care and enhance the patient outcome. After I designed the research protocol, I presented the study to Greenwich Hospital's Institutional Review Board (IRB) for review. I am grateful to Dr. Sethi for his confidence in me as a researcher under his guidance. The proposal has been approved and we are beginning to enroll subjects. It is

our hope that these findings will be conclusive and will be submitted for publication. From this experience I have learned how critical it is for doctors to examine their practices in order to deliver the best care to their patients.

I have also seen this desire to improve patient care in the **ONSF** Arthroscopy Surgical Skills and

Biomechanical Research Laboratory. The lab is unique and allows medical practitioners the opportunity to scientifically compare different surgical techniques. I am currently working with Dr. Sethi on a cadaver lab to study the effects of adding a skin graft to the distal biceps. It is so exciting to be a part of this process and to participate in these trials with the benefit of cadavers.

I believe that one of the most noteworthy aspects about **ONSF** is the ability to apply knowledge and research to patient care. It is evident that each patient's injury is looked at in the context of the individual's lifestyle. **ONSF** has taught me that every patient comes with unique needs and every medical decision must take those needs into account. The lessons that I have learned about patient care have been invaluable and will guide me as I go forward in my career.

As you can see, my year at **ONSF** has been a once in a lifetime experience! The lessons I have learned go far beyond what can be learned in a classroom. I have realized that no matter what you do, it is imperative to examine your practice, to consider the whole person and to be willing to teach others. I will always be grateful to everyone at **ONSF** for their willingness to teach me.



Christine Conroy



# ONSF 7th Annual Golf Outing "Tee-off" Cocktail Party

ONSF in conjunction with Greenwich Hospital held a pre Golf Outing "Tee-Off" cocktail party for golfers, donors and sponsors on Thursday evening, April 23<sup>rd</sup> at the spectacular Miller Motorcars Ferrari and Maserati showroom. Over 100 guests ambled among the fabulous automobiles and enjoyed a wine tasting of superb California and Italian selections presented by Horseneck Wines. Golf Outing Co-Chairs, Dr. Michael Clain and Vicki Leeds Tananbaum were joined by Rebecca and Dave Karson, Cyndi and Richard Koppelman, Casey and Barb McKee, ONSF President Dr. Paul Sethi and his wife, Amy, Lauren and David Mazzullo, Pixie and Jack Schmeltzer, Claudia and David Hirsch and many other Foundation friends.



ONSF Vice President, Vicki Leeds Tananbaum and President, Dr. Paul Sethi



Auction Committee L to R - Lauren Mazzullo, Lora Greene, Katie Peden, Rebecca Karson, Amy Sethi (Chair), and Amanda Miller

Members of the 2015 Auction Committee announced some of the Live Auction highlights that include a stunning CHANEL ceramic ladies watch from Betteridge Jewelers, a golf trip to St. Andrews Old Course in Scotland donated by the Old Course Experience and an extraordinary African Safari Adventure donated by African Temptations.

Fine South African wines were offered at the party and provided a "taste" of the African Adventure that not only includes an Extraordinary Safari but also a helicopter trip from Singita Ebony Lodge to the exclusive

Hans Merensky Golf Course for 18 holes. Gary Freeman represented the Safari and shared magnificent video with the gathering.



Gary Freeman and Amy Sethi, Auction Chair

## Conditioning Tips for the Golfer

Although they are not running miles or taking hits on the field, golfers need to take care of their bodies just like all other athletes. They need to be strong and functional if



their goal is to play the game for the long haul. How can someone expect to drive the ball further or have a consistent swing when his or her body lacks the proper foundation to swing the club effectively?

This is why proper conditioning and strengthening is so

important to achieve a successful golf experience and to prevent injury. Whether you're a weekend golfer or at the Professional level, you deserve to play your best golf and move without pain. Many times our golf game is not a reflection of our skill as a golfer or the equipment we use. It is actually a reflection of our body's physical limitations.

A golf training program consisting of exercises that incorporate flexibility, core conditioning and balance helps to achieve physical endurance on the golf course. For more information and a PDF of a Golf Training Program please visit "Sports Injury Prevention Exercises" on our website at [www.ONSF.org](http://www.ONSF.org).

# Shoulder Dislocation in the Young Athlete

Marc S. Kowalsky, MD

The shoulder is the most common joint to dislocate. This injury is particularly frequent among contact or collision athletes. The prevalence can approach 15% in rugby and football and 8% in ice hockey. These traumatic dislocations are most common among youth athletes. Dislocations and subluxations, or partial dislocations, in athletes younger than 22 years account for up to 40% of shoulder instability events. As youth sports participation intensifies, the rate of shoulder dislocation in this vulnerable patient population can be expected to increase over time.

Fortunately, many traumatic shoulder dislocations can be managed conservatively. This approach consists of a brief period of rest in a sling, followed by rehabilitation in preparation for return to sports. Early range of motion, followed by progressive strengthening of the rotator cuff and surrounding musculature is extremely important. Criteria to return to sport include: (1) full, painless range of motion, (2) strength comparable to the other side, and (3) absence of instability or apprehension on examination. An athlete can typically return to sport within four to six weeks following injury. Bracing can be helpful upon return to avoid the vulnerable position and decrease the risk of recurrence.

Despite diligent rehabilitation, certain athletes will experience repeat dislocation. The challenge rests in identification of those patients who are likely to dislocate again, as they may benefit from early surgical repair. Age represents the single most important factor related to risk of recurrent dislocation. In young patients, the rate of recurrence has been estimated between 60 and 100%. The younger the athlete at the time of injury, the more likely he or she is to dislocate again. Other factors associated with risk of recurrence include participation in contact sports, presence of ligamentous laxity, and gender. While for most patients, a course of conservative management is recommended following a primary dislocation, for patients at high risk for repeat dislocation, including certain young contact athletes, primary surgical repair should be discussed.

Indications for surgical repair include patients who have already sustained recurrent dislocations and those that

represent significant risk of recurrence. The majority of patients who require surgery can be treated with an arthroscopic, minimally invasive approach. The torn labrum is reattached to the rim of the glenoid socket with small suture anchors. This procedure is extremely effective in restoring stability to the shoulder, allowing the patient to return to their sport of choice within 6 months.



Dr. Marc Kowalsky

In general, arthroscopic repair has demonstrated equivalent outcomes compared to the traditional open approach. However, certain patients may experience a recurrent dislocation despite arthroscopic repair. Identification of risk factors for failure allows the surgeon to select appropriate candidates for the procedure. Certain factors associated with failure of arthroscopy include age,

gender, sport participation, number of dislocations, and the number or type of suture anchors used. The single most important risk of failure of arthroscopic treatment is the presence of bone loss.

Patients who sustain a fracture of the glenoid rim at the time of injury, or those who sustain multiple dislocation, may demonstrate bone loss of the socket. Extensive research has been done to define the critical amount of bone loss that predisposes to failure of arthroscopic repair. For patients who present with critical bone loss, an alternative procedure should be recommended to restore stability to the joint. A bone transfer using the patient's own tissue or bone grafting using cadaveric tissue effectively stabilizes the shoulder in these cases. While these complex procedures are most often performed through an open incision, novel arthroscopic techniques have recently been perfected to allow a minimally invasive approach, even when bone loss is present.

Shoulder dislocations are quite common in young athletes, and these individuals are likely to experience recurrent instability. Proper identification of at-risk patients is helpful in recommending appropriate treatment. If required, arthroscopic repair is quite effective in restoring shoulder stability. An individualized approach is required, however, to identify those patients who may instead benefit from a more complex, reconstructive procedure in order to assure a successful outcome.



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