

NEWSLETTER

Volume 2 Issue 2

Fall 2010

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Another Year, Another Success: Recap of the 2nd Annual Medical Education Conference



The Foundation held its 2nd annual Medical Education Conference on Saturday, October 16, 2010 in the Noble Auditorium of Greenwich Hospital. Over 115 doctors, physical therapists, nurses, technicians, physician assistants and personal trainers were in attendance to learn about this year's topic: "The Aging Athlete."

For the second year, Program Chairman Dr. Frank Ennis led the event. Presenters discussed the aging process emphasizing musculoskeletal changes that occur in one's body. They stressed that aging athletes are at risk for chronic overuse injuries that cause reduced flexibility and endurance. Some common injuries are arthritis, rotator cuff tears, Tendonitis, Epicondylitis (also known as "golf" and "tennis elbow"). In addition, doctors spoke about surgical as well as non-surgical treatment options available including the use of platelet rich plasma, minimally invasive procedures, total joint replacement, reverse total shoulder replacement surgery with the use of prosthetics, motor unit remodeling and rest.

The 2010 keynote speaker, Donna de Varona, former Olympic swimmer and two-time gold medalist, discussed life after the Olympics and her experience now as an aging athlete. She is credited with co-founding the Women's Sports Foundation, where she served as its first President and continues to be an honorary Trustee and Chairman. Her passion for swimming continues, but even she recognizes changes in her abilities and endurance. She noted life as an aging athlete can be challenging. For this reason, she whole-heartedly supports the Foundation's efforts to educate medical providers about injury prevention and treatment.

Upon conclusion of the Conference, guests were asked to complete a short evaluation. One grateful guest commented: "This was a first class presentation; informative, educational, well-delivered, and very professional. Love the fact there is zero commercial bias- just information and education. Thank you." Another described the Conference as "excellent, current and engaging." Many appreciated the use of photos and video clips and welcomed the humor. Frank Corvino, President/CEO of Greenwich Hospital said "Greenwich Hospital was proud to welcome the participants and to join the ONS Foundation in advancing the quality of health care in our area and beyond."



Overall the Conference achieved its goal to educate medical providers about the anatomic and physiologic changes brought forth by age and to help aging athletes maintain function. Physicians and allied health professionals earned credits towards their certifications commensurate with the extent of their participation.

Special thanks to: Greenwich Hospital staff and President/CEO, Mr. Frank Corvino, Conference Chairman Dr. Frank Ennis, Keynote Speaker Donna de Varona, ONS presenters, Rey de la Cruz and a very generous anonymous sponsor.

PRESIDENT'S MESSAGE

It's been two and a half years since my son was born and the ONS Foundation started. As I step back and survey these important milestones, I am amazed at the little person my son has become and the full life that the Foundation has taken. I am inspired by the people that surround the Foundation and the generosity of our extended family.

As a Foundation, we continue to maintain our ideals and accomplish the work we had outlined at our inception. With each of our accomplishments, we set the bar progressively higher and look forward to an even more successful future. The synergy of our group continues to turn unthinkable tasks into common goals.

We are effectively reaching out and educating our community. This fall we have had over 6 seminars. We have maintained our focus on injury prevention with an emphasis on prevention of youth injuries and safe participation in youth sports. In addition, we have included lectures to better understand concussions in sports. The needs of the adult community are also incorporated into the seminar schedule. Dr. Steve Hindman recently featured a program about osteoporosis which was an event that over 50 people attended.

Medical professional education has been very rewarding.



Twenty five regional orthopedic surgeons were at our most recent sports medicine surgery conference. One guest, Nik Verma, MD (Chicago, IL) was amazed that our community held regular high level sophisticated conferences. Donna deVarona was the keynote speaker at our 2nd Medical Education Conference. Once again, it was standing room only at Noble Auditorium with rave reviews from the over one hundred attendees.

Our research continues to be recognized on a national level, and our efforts will continue to impact musculoskeletal care on a regional and national level. We have numerous projects underway and are excited about our collaborative efforts with the University of Connecticut and Yale University School of Medicine.

I hope that you enjoy reading this edition of the newsletter; please send us your comments and thoughts.



Paul Sethi, MD
President

Save the Date!

ONS Foundation *3rd Annual Golf Outing*

The Stanwich Club
Greenwich, CT
June 13, 2010

Brunch— Golf— Dinner— Auction

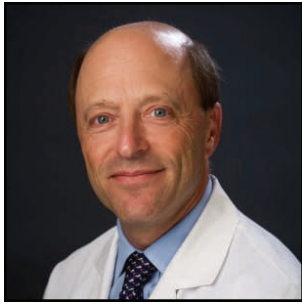
RESEARCH UPDATE

Research provides a great deal of excitement for the Foundation. As perpetual students, we are all eager to learn. It is even more rewarding when we are able to help others learn or contribute to the fields in which we practice.

Neurosurgery

Concussions and Youth Ice Hockey, Mark Camel, MD

On Monday, November 1st ONS Neurosurgeon Dr. Mark Camel presented a program about concussion prevention and management to Darien Youth Hockey coaches during their annual meeting. This group is the largest youth hockey association in Connecticut with most of the members from Darien, New Canaan and Norwalk. Because these coaches come in contact with a vast number of children and families, their knowledge of concussion prevention and management is extremely important.



Concussions are brain injuries most often caused by hitting one's head, and as a result can cause psychological, as well as physiological problems. According to the Swedish Elite Hockey System, 14% of all ice hockey injuries are concussions resulting from body checks. Players in contact ice hockey leagues are 4 times more likely to suffer from a concussion than non-contact leagues. Although most concussions are mild, serious head and spinal cord injuries in players are twice as likely to occur in hockey than football! If those statistics are not surprising enough, players who have experienced their first concussion are 3 times more likely to suffer from a second.

What can make these injuries difficult to diagnose is that they do not always stem from a blow to the head and do not always require a loss of consciousness. Additionally, players are not reliable reporters of symptoms, either. Regardless, coaches, parents and players should take no risks when it comes to having a concussion. The standard sideline assessment, recognized by the Olympics, FIFA and other global organizations is to suspect a concussion if players exhibit any change in behavior, coordination, or mood. See the chart for more information. If a player does exhibit such changes, they should be taken to the hospital for proper tests and a diagnosis. Doctors will determine if the athlete can return to their sport and when it is safe to do so.

Recovery for youth and teens takes much longer than college-level and adult players. While recoveries are often unpredictable, girls' recoveries are most likely to be prolonged. Same day play and continued play is never appropriate. Other factors should also be taken into effect when determining a proper return to play. Athletes with neurological conditions and disorders such as ADD, ADHD, and migraines usually require additional recovery time. Returning too early can have disastrous and sometimes deadly effects, especially in youth. Second impact syndrome is one such condition and often results in death. It occurs if an athlete suffers a second concussion without having properly healed from the first. Even a mild concussion can cause the brain to swell. Those who do not die from this condition usually become severely disabled.

It is extremely important to recognize the symptoms of a concussed athlete and to have them immediately removed from play. Likewise, coaches, parents and players need to be equally aware of the dangers of returning to play too soon. Athletes should rest until all symptoms have subsided and then gradually return to aerobic play. After one week without any symptoms during both rest and aerobic exercise athletes are usually permitted to engage in contact sports.

Concussions can cause permanent cognitive changes depending upon the severity of the impact and number of concussions sustained. Changes can also occur as a result of inadequate recovery time. It's important to prevent concussions as much as possible, however, if one does occur, recognizing symptoms and following recovery procedures is necessary. Never allow athletes to "play through" a head injury. The best advice is to follow the message of a timeless adage: It's always better to be safe than to be sorry.

An infographic with a light blue background and a dark blue border. At the top, there are logos for the Paralympic Games, FIFA, the NFL, the Olympic Games, and the U.S. Olympic Committee. The main text reads: "Concussion should be suspected in the presence of any one or more of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour." Below this, it says "1. Symptoms" and "Presence of any of the following signs & symptoms may suggest a concussion." There are two columns of bulleted symptoms. The first column includes: Loss of consciousness, Seizure or convulsion, Amnesia, Headache, "Pressure in head", Neck Pain, Nausea or vomiting, Dizziness, Blurred vision, Balance problems, Sensitivity to light, and Sensitivity to noise. The second column includes: Feeling slowed down, Feeling like "in a fog", "Don't feel right", Difficulty concentrating, Difficulty remembering, Fatigue or low energy, Confusion, Drowsiness, More emotional, Irritability, Sadness, and Nervous or anxious.

Orthopedic Surgery

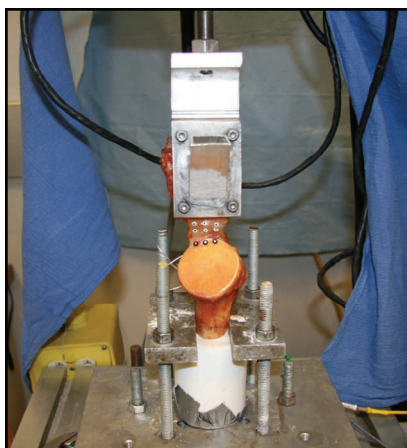
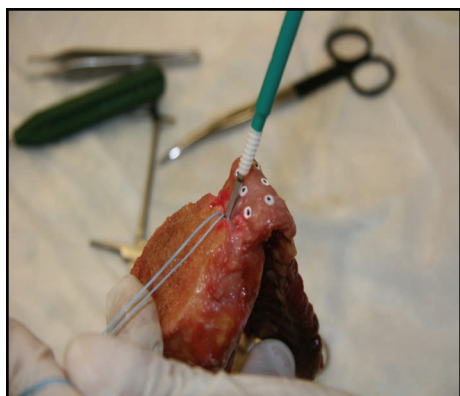
In the spring Newsletter, we featured a lecture and article about platelet rich plasma (PRP). This summer, William Wassmer, one of our summer interns, returned to Greenwich to work on projects with us. He reviewed the outcomes of PRP injections performed locally. The finding showed over seventy percent efficacy; in certain cases patients were able to avoid surgery, to return to competitive sports faster and to eradicate chronic tendonosis. Lateral epicondylitis (tennis elbow), hamstring tendonitis and MCL sprains of the knee were the most common conditions for which successful injections were performed. This data suggests that published literature and anecdotal experience with PRP may indeed generalize to our local population.

The Foundation continues to pursue the rotator cuff. Our clinical study was so successful that we have embarked on three other studies (see image above). The first will examine the morphology of the long head of the biceps tendon. It is currently believed that the long head of the biceps tendon is a persistent source of pain in some patients, so much so that some French surgeons will remove it in all shoulder surgeries. We will identify physical characteristics of the proximal biceps to better understand who should be treated.

We are also working on a system to predict which patients will heal versus not after their rotator cuff surgery. We will examine the cellular features of the torn tissue and develop an algorithm to grade and predict healing based on the appearance of the tissue at the time of surgery. This data may help surgeons to determine the most ideal course of treatment and surgical procedure.

We are halfway through with a biomechanical study examining a method of repairing the rotator cuff. In certain situations when the tissue is partially torn, the surgeon must decide whether to complete the tear and repair all the tissue or to work through the partial tear and repair the torn tissue. The latter can be very technically challenging. We have developed a method to work through the torn tissue, and now will investigate if this is biomechanically sound when done in the lab and tested on cadavers. This work is being done at the University of Connecticut.

As these studies are completed and published, the work we do will impact the way patients are treated all over the world.



This is the rotator cuff tendon being repaired in a cadaver model. Once it is repaired it is mounted to a servo-hydraulic machine and tested.

J Shoulder Elbow Surg (2010) ■, 1-8



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Repair results of 2-tendon rotator cuff tears utilizing the transosseous equivalent technique

Paul M. Sethi, MD^{a,*}, Benjamin C. Noonan, MD^b, James Cunningham, MD^a, Evan Shreck^a, Seth Miller, MD^a

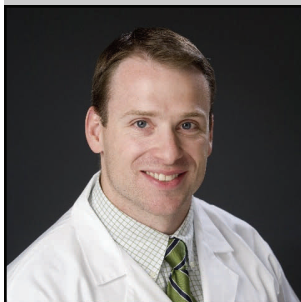
^aONS Foundation for Clinical Research and Education, Greenwich, CT

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Background: The purpose of this study was to examine the healing rate of 2-tendon rotator cuff tears repaired by the use of a transosseous-equivalent (TOE) suture bridge technique.

Materials and methods: Forty-three patients with combined supraspinatus and infraspinatus tendon tears underwent arthroscopic repair using TOE technique. Forty of these patients were then evaluated by MRI

Hip Arthroscopy, Timothy Greene, MD

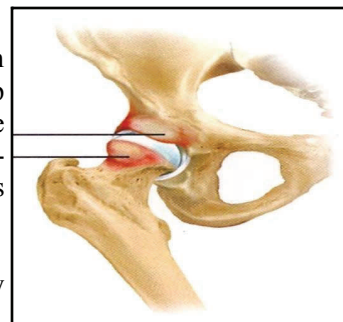


Not all chronic hip pain is due to arthritis. Hip impingement, also known as femoroacetabular impingement (FAI), can cause significant pain in the groin during sports activity, as well as during daily routines like getting dressed, climbing stairs and even sitting comfortably in a chair.

Hip impingement that tends to occur in active young adults, especially athletes, is a painful and often unrecognized condition that involves a tear in the labrum. The problem may occur for various reasons, including the way the bones are formed at a young age. This causes bone spurs to develop and these, in turn, pinch the labrum and damage the joint cartilage.

In the past, when hip impingement was identified, open surgery with a long recovery was the best course of treatment. Today, the condition can be corrected using hip arthroscopy. With two small incisions and a small camera, the surgeon can clearly visualize the hip ball and socket, see exactly where the impingement is, repair the labral damage and re-contour the hip joint toward normal anatomy. Because it's minimally invasive surgery, there is significantly less pain, minimal scarring and a shorter recover time than with open surgery.

Not all hip impingement patients are best treated arthroscopically. Joint reconstructive surgery may be a better option for those with significant osteoarthritis.



Meet our Board!

The ONS Foundation Board of Directors represents a broad spectrum of individuals that includes orthopaedic surgeons, neurosurgeons, community leaders, philanthropists, business leaders and volunteers. This fall, we are proud to introduce two distinguished members of the Board, volunteers who participate wholeheartedly in all Foundation programs.



Nat Barnum

Nat Barnum lives with his family in Riverside, CT and is the Executive Vice president of New England Land Company, Ltd. in Greenwich specializing in commercial leasing and sales. He is a member of the Board of the Greenwich Chapter of the American Red Cross, a past Board member of the Greenwich Field Club and a member of the Brunswick Alumni Council. Nat attended Brunswick School and received a B.A. from Ithaca College. An avid squash player, Nat also enjoys softball, cycling and coaching Little League baseball.



Lauren Corrigan

Greenwich resident Lauren Corrigan is an owner of Englewood Marketing Group, Inc., located in Green Bay, Wisconsin. She is a partner in the Yellow Cab Company of Chicago, Illinois and has an ownership interest in Transit Funding Associates, LLC, also in Chicago. Mrs. Corrigan was a long-time member of the Planning and Architectural-Review Committee (PARC) at Conyers Farm in Greenwich. A member of the Planning Committee of the Women's Initiative of Northwestern (WIN), Lauren graduated Tufts University in 1985 and New York University School of Law in 1988. She practiced corporate law with the firm of Proskauer, Rose in New York City, and afterward, became Assistant Counsel to The Stamford Capital Group, Inc.

Intern



Emil Stefan Vutescu

Stefan Vutescu has joined the Foundation this Fall as a research intern. He is a recent graduate of Columbia University, where he earned a Bachelor of Arts degree in Biology. He is fascinated with sports medicine and aspires to become an Orthopedic Surgeon. Currently he is training for the Romanian Olympic team, where he will compete in the short sprinting competitions, 60m and 100 m. After this, he intends to go to medical school. He worked with us on the medical education conference and will now focus his efforts on the anatomy of the proximal biceps tendon. We are thrilled to have a doctor in training join us for the year and we wish him good luck in the 2012 London Games!

EDUCATION AND COMMUNITY OUTREACH

Public Programs

Since December 2009, the ONS Foundation sponsored eleven free seminars in the Greenwich-Stamford area. Fellowship-trained orthopedic surgeons, sports medicine physicians and neurosurgeons spoke to community groups on topics including youth and adult sports injury prevention, concussion injury awareness and minimally invasive spine surgery.

September 14th— Sports Concussion: Know the Facts!

A sports concussion program was presented by Dr. Scott Simon and Greenwich High School Athletic Trainer and Concussion Management Coordinator/ImPACT Test Supervisor Peter Falla. The seminar took place at the Eastern Greenwich Civic Center. It focused on the causes and prevention of head injuries.

September 21st— Running Right!

The Running Right seminar offered valuable information on running biomechanics, running injuries and injury prevention. More than 30 attendees learned how to recognize and avoid the most common injuries from Board-certified sports medicine specialist and runner Dr. Gloria Cohen. Physical therapist Abigail Ramsey discussed stretching and strengthening conditioning, safe training methods, physical therapy treatments for injuries, and returning to running after an injury. Andy Kimerling, running shoe specialist from Westchester Road Runners in White Plains, discussed the latest running shoe technology.

October 5th— Arthritis Treatment for Active People

More than 70 percent of adults over age 55 have some form of arthritis, a degenerative condition characterized by the gradual wearing away of the joint cartilage. Vast improvements have been made in non-surgical and surgical treatments as more and more people seek solutions for pain relief to maintain an active lifestyle. Over 100 people attended the seminar held at Greenwich Hospital to hear Board-certified orthopedic surgeon Dr. Steven Hindman discuss arthritis with a focus on causes of joint pain, signs and symptoms of various forms of arthritis, and non-surgical and surgical treatment options.

October 26th— Avoiding Holiday Injuries

The October 26th talk was delivered to residents of The Osborn Retirement Community in Rye, New York. Dr. Steven Hindman has been “on call” at Greenwich Hospital for 22 of the past 23 Thanksgivings, and each year, he sees a significant number of “holiday injuries”, many resulting from falls. Out-of-town guests, visiting a parent or grandparent in the area, become victims of throw rugs, electric cords, pets, toys, and icy sidewalks. Add winter weather to the equation and the potential for a hip, wrist or ankle fracture is even greater. Dr. Hindman recommended measures to help keep holidays safe. This talk was filmed and featured on local television network “Rye TV”.

November 2nd— Osteoporosis: Prevention, Treatment and Management

More than 50 people came to hear Orthopedic surgeon Dr. Steven Hindman, Endocrinologist Dr. Judith Goldberg Berman, and Physical Therapist Betsy Kreuter talk about osteoporosis. The seminar covered a range of related topics including bone anatomy, fracture prevention exercises to promote bone health, updates on treatments, measures to promote strong bones, and personal risk factors for Osteoporosis.

November 3rd— Ski Injury Prevention, Pinnacle Ski Club, Stamford, CT

Dr. Steven Hindman, Dr. Tim Greene and Physical Therapist Chalon Lefebvre discussed common ski injuries, strength and conditioning exercises and gave information about new treatment options available.

FUTURE EVENTS:

December 3rd— ThinkFirst program in West Hill High School, Stamford, CT

Neurosurgeon Dr. Scott Simon will provide a ThinkFirst presentation to West Hill High School students addressing injury prevention by focusing on the underlying behaviors that lead to injury. He will discuss issues such as peer pressure, risk taking, conflict resolution and substance abuse as it relates to violence, motor vehicle safety and sports/recreation safety.

Community Outreach (continued)

Ski Injury Prevention Seminars

December 1st - Snowcats Ski Club, Rye, NY

December 7th - ONS, Greenwich, CT

These seminars on ski and snowboard injury prevention will be presented by Dr. Steven Hindman and Dr. Tim Greene. The focus will be on the causes of common skiing injuries and how they may be avoided and will include tips on safe skiing and information on the latest treatments for common injuries such as a ruptured ACL. ONS physical therapist Chalon Lefebvre will explain and demonstrate ski conditioning and strengthening exercises. A representative from Hickory and Tweed Ski Shop in Armonk, NY will discuss proper equipment sizing and the importance of having equipment properly checked and maintained.

January TBD— Junior United Way Sponsored Injury Prevention Seminar

Plans are underway for the ONS Foundation and the Junior United Way to partner in presenting a sports injury prevention seminar for students, parents and coaches in early 2011. Co-Presidents Courtney Griffin (Greenwich Academy), Heather Miller (Greenwich Academy), and Melody Pabon (Greenwich High School) met with their student committee and selected the theme: ACL injuries, stress fractures, concussions and prevention. Dr. Paul Sethi and Dr. Katie Vadasdi will work with the student Board to design a program that meets its goals.

March TBD – Preventing Throwing Injuries

Parents, children, coaches and athletic trainers are invited to join sports medicine and shoulder specialist Dr. Paul Sethi for a seminar on preventing arm injuries associated with throwing sports. Come learn “what can be done to keep young athletes on the playing field and out of the operating room.”

FUND DEVELOPMENT

Recap: 2nd Annual Golf Outing At Winged Foot Golf Club

Golfers attending the 2nd Annual ONS Foundation Golf Outing on June 21st at Winged Foot Golf Club in Mamaroneck enjoyed perfect weather. ONS Foundation Vice President Vicki Leeds Tananbaum and orthopedic surgeon Michael Clain, MD co-chaired the event that was themed *Linking Knowledge to Motion*. Funds raised from the Outing will go towards the development of the Foundation’s own biomechanics research laboratory.

After enjoying a beautiful buffet lunch on the clubhouse porch, twenty-three foursomes played a round on Winged Foot’s renowned West Championship Course. In the evening, golfers were joined by other guests for cocktails, an elaborate buffet dinner and a silent auction that was orchestrated by Auction Chair Susan Curtin. Highlights of the auction included the Old Course Experience at St. Andrew’s in Scotland, and a vacation in Antigua.



In 2011, the ONS Foundation will continue the Golf Outing tradition at The Stanwich Club on Monday, June 13th.

Updates

The ONS Foundation continues to receive contributions in the form of grants and gifts from generous donors and sponsors who understand the importance of our mission and want to make a difference in the care, treatment and prevention of musculoskeletal disorders. These contributions enable us to enhance our Education and Community Outreach programs and to disseminate vital information to physicians, medical professionals, educators, athletes, students, parents and coaches. In addition, the plans for establishing the ONS Foundation Biomechanics Laboratory continue to move forward and it is our goal to complete this project in 2011. All contributions are greatly appreciated. You may donate at www.ons-foundation.org or complete the attached form.

Your support, interest and generosity are greatly appreciated.



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To donate online, visit www.ons-foundation.org or complete the attached form. We look forward to keeping you informed about our progress, successes and exciting future events.

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☐ I am enclosing a check made out to the **ONS Foundation for Clinical Research and Education, Inc.**

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Thank you for your generous support!