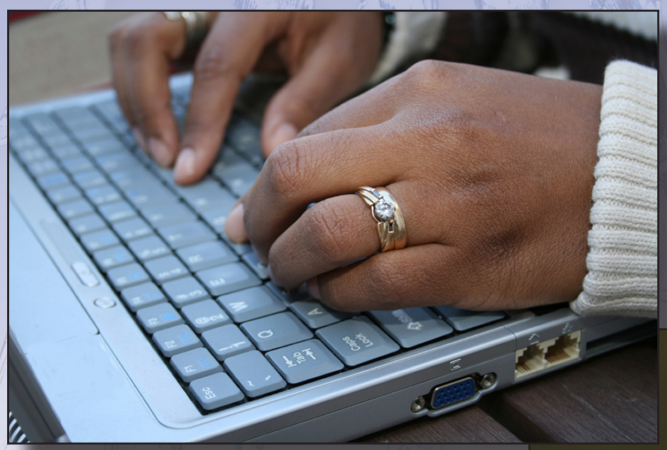
Volume 3 - Issue 1

Orthopaedics:
A Tidewater Update

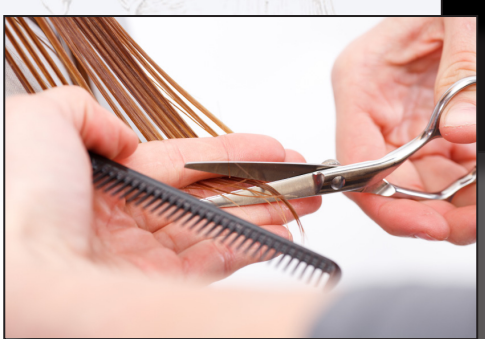












COMPREHENSIVE HAND CARE:
A TEAM APPROACH AT TIDEWATER ORTHO

ALSO INSIDE:

- **Restoring Function: Returning Patients to Active Lives Inspires this Physician**
- **ACL Injuries**
- **Orthopaedic Myths and Common Misconceptions**

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Welcome to A Tidewater Update: Your Orthopaedic Information Resource

By Loel Z. Payne, MD



Choosing a physician is a difficult process. It's hard to measure their knowledge base, compassion, ethical values, reliability and all the other qualities we hope to find in someone we are entrusting with our well being. We rely on recommendations from friends or other medical professionals. Sometimes we simply choose a physician who is conveniently located to us.

Finding a surgeon can be even more challenging. Not only do you hope for the qualities found in your primary physician, but you're also searching for surgical skills. Do they use evidence-based criteria to decide if you need surgery? Do they have good surgical skills in the operating room? Do they continue to follow your care after surgery to insure a complete recovery? These objectives are complex and not easily quantified. Relying on recommendations from trusted friends is still important, but measuring surgical outcomes requires evaluating a much larger group of patients.

Consumer Reports (www.consumerreports.org/health/doctors-hospitals/your-doctor-relationship) recommends two additional criteria for choosing a specialist. First, ask how often he or she treats cases similar to yours. Surgeons should be more than willing to share with their patients their experience with a particular operation. Second, ask about specialty board certification, which requires a surgeon to have completed advanced training and passed rigorous tests. Numerous research studies have demonstrated that surgical specialization yields better results. As I have stated in previous editions of this magazine, the more often you do something, the better you are at doing it.

I am pleased that this edition of the magazine focuses on our hand surgery department. On the peninsula, Tidewater Ortho has the only two fellowship trained hand surgeons who have completed the Subspecialty Certificate in Surgery of the Hand: Drs. Campolattaro and Smerlis. This demonstrates qualifications in hand surgery beyond those expected from other orthopaedic surgeons, by virtue of additional training in hand surgery, a practice dedicated to hand surgery and completion of an exam indicative of their knowledge in the field. Also, our dedicated team of hand therapists includes two individuals who have completed additional training to become certified hand therapists. You can trust this group of professionals to offer the highest quality of hand surgery found anywhere.

At Tidewater Ortho, we support efforts to measure our outcomes. I was told by a wise professor years ago that I should never trust anyone who said they always had perfect results. It indicated that either they were lying or had never analyzed their patients postoperatively. Our team constantly strives to improve, and we can do this only by evaluating our outcomes. As you can see in Dr. Kingston's article, we are measuring these results at the Orthopaedic Hospital at Sentara CarePlex, and will soon have more exciting results to share with you.

Over the next few months, we will implement electronic medical records in our office. This is a government mandate to improve documentation and promote patient safety. Better records will also allow us to more efficiently track patient outcomes. In conjunction with electronic medical records, we are also excited about the ability to integrate a patient portal, which will allow patients direct access to portions of their chart. Look for a link on our website (tidewaterortho.com) this fall.

Please have patience as we go through these changes. It may initially require gathering more information and asking a few more questions. However, we are excited about these opportunities to improve the care of our family of patients.

As always, thank you for reading this publication. Daily we strive to improve our patient treatment. We welcome your feedback.

Loel Z. Payne, M.D.



Orthopaedics:
A Tidewater Update

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Our Mission:

To provide the best patient experience through the highest quality of specialty orthopaedic care - blending sound medical ethics, technical excellence, integration of team members, and a commitment to leadership.

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Contents

Volume 3 - Issue 1

3 Welcome

6 Comprehensive Hand Care: A Team Approach at Tidewater Ortho

9 What a man needs in gardening is a cast-iron back, with a hinge in it

10 Hand Osteoarthritis

12 The Orthopaedic Hospital at Sentara CarePlex Update

15 Restoring Function: Returning Patients to Active Lives Inspires this Physician

17 A Cure for Painful Ankles Leads to a Hike Up Machu Picchu

19 ACL Injuries: Getting Patients Back in the Game

21 Orthopaedic Myths and Common Misconceptions

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Why Visit a Hand Surgeon?

By Nicholas Smerlis, MD

The hand is a unique area of the body composed of an intricate arrangement of underlying structures including bone, joints, ligaments, tendons, nerves, blood vessels, muscles, and skin. For the hand to function well, these components must be preserved in their normal delicate relationship with each other. A disease or injury can affect one or more structures and impair the use of the hand.

A hand surgeon receives additional training and certification to diagnose and treat all problems related to these structures in the hand, wrist, and elbow. Although a hand surgeon specializes in the technical skills needed to surgically address these areas, not all problems seen by a hand surgeon need surgery. Often a hand surgeon recommends non-operative treatments such as medications, splints, injections, and hand therapy.

Common issues addressed by a hand surgeon include…

RECONSTRUCTIVE	TRAUMA
Arthritis	Amputation
Osteoarthritis	Animal / Human Bites
Rheumatoid Arthritis	Burns
Joint Replacement	Hand Fractures
Dupuytren's Disease	Elbow Fractures
DeQuervain's Tendonitis	Scaphoid Fractures
Tennis Elbow	Scaphoid Nonunion
Trigger Finger	Wrist Fractures
Golfer's Elbow	Hand Infections
Kienbock's Disease	Soft Tissue Injury
Carpal Tunnel Syndrome	Extensor Tendon Injuries
Cubital Tunnel Syndrome	Flexor Tendon Injuries
Soft Tissue Mass	Fingertip Injuries
Ganglion Cysts	Lawnmower Injuries
Hand Tumor	Nailbed Injuries
Gout	Nerve Injuries
Raynaud's	Powersaw Injuries
Tendon Transfer Surgery	Replantation of Digits
Wrist Arthroscopy	Thumb Sprains
Vascular Disorders	Wrist Sprains

Comprehensive Hand Care: A Team Approach at Tidewater Ortho

By Bobbie Fisher

The lists in the opposite column illustrate just how susceptible to illness and injury our human hands are. It's no wonder: our hands are nothing less than a marvel of architecture. There are 206 bones in the human body – and one fourth of those are in the hands. We use our hands to communicate, to labor and for sport. We use them to greet a friend or to welcome a stranger. We use them to cuddle a baby, to caress a loved one or to comfort distress. We use them to signal danger and to express approval. They're in motion almost every waking moment, and the ways in which we use them are virtually limitless.

It's also no wonder that most physicians will treat patients with upper extremity problems during the course of their careers. A general practitioner will see everything from kitchen injuries to skinned elbows to debilitating arthritis. In many cases, that general practitioner can treat minor problems in the office.

But a good general practitioner knows when the injury or condition requires the specialized training and skill of Board-certified hand surgeons like Drs. Robert Campolattaro and Nicholas Smerlis. Both surgeons completed residency in orthopaedic surgery at the University of Rochester and finished their fellowship experiences in hand and upper extremity surgery at Wake Forest University.

While many orthopaedists routinely treat patients with one or more of the diagnoses listed, hand surgery within the world of orthopaedics is increasingly identified as more than a subspecialty. Dr. Campolattaro explains, "Hand surgery is defined by a separate Board certification – so Dr. Smerlis and I are Board certified as orthopaedic surgeons, but we're also Board certified beyond that as hand surgeons."

It's an important distinction. As Dr. Campolattaro elaborates, "For example, a spine surgeon is an orthopaedic surgeon who got certified in orthopaedics and then did a fellowship in spine. But hand surgery takes it to the next level: after you

do your fellowship in hand, you have to take a separate Board to obtain that certification." In other words, to be accurately designated a hand surgeon, the doctor must be Board certified in hand surgery – not just an orthopaedic surgeon who likes to operate on the upper extremities. "The academies require that we devote and demonstrate that a certain amount of our practice is hand surgery, even once we've obtained the Board certification," Dr. Campolattaro continues, "so it truly is a separate discipline."

From a patient's perspective, the difference is critical. "When we do surgery on a patient's hand or elbow, we're working with soft tissue, nerves, tendons, bones – it's all encompassing," Dr. Smerlis says. "We may be spending time dissecting out tiny 2-millimeter structures, and trying to sew it all back together with exquisite precision to ensure proper function."

Whether the surgery involves arthritis, genetic problems, injury or Workers' Compensation patients, both Dr. Smerlis and Dr. Campolattaro know that the procedures they perform represent only part of the cure. They rely on the knowledge, training and skill of the experienced hand therapists of Tidewater Ortho.



Dr. Nicholas Smerlis

Just as the hand surgeons undertake specialized training and unique certification, so do these therapists. "Our certification is through the Hand Therapy Certification Commission (HTCC)," says Terri Shipley, CHT, Director of the hand therapy department at Tidewater Ortho. "There are just 90 CHTs in Virginia," Shipley adds, explaining that a Certified Hand Therapist "must have a minimum of five years postgraduate experience with at least 4,000 hours in hand therapy, and must successfully pass the Hand Therapy Certification Commission (HTCC) exam." It's an exhaustive program, she says, with only 5,000 CHTs in the United States today. "Ninety CHTs in Virginia are registered with the American Society of Hand Therapists," Shipley notes, "and two of those are in our practice."

A graduate of Creighton University in Omaha in Occupational Therapy, Shipley also has a teaching degree from Chadron State in Nebraska, as well as a Masters in Exercise Physiology from James Madison University. She was always drawn to hand patients, and recalls once having heard Paul Harvey say on the radio that the most difficult surgery to perform isn't brain surgery, but rather hand surgery. "He said it's because you have to get all the movements just right – if you're off even a millimeter too long or too short it throws the whole mechanism off."

Shipley and her fellow therapists agree: "We have to know the precise anatomy of the patient's hand, and exactly what the surgeon did, because we're working with these patients for extended periods of time following their procedures. We're doing splints, wound care and assessments, in addition to prescribing and working with them on proper exercises."

They're also building strong relationships with the patients, and routinely sit with them while they're being



Dr. Robert Campolattaro examines a hand after surgery

followed up by the surgeons. "We work very closely with our doctors," Shipley says, "especially if we observe patients who aren't progressing well. And luckily for our patients, one of our hand surgeons is always in the office if we suspect an abnormality."

No matter how simple or complex the surgery, each of the surgeons' patients sees the hand therapists. Because the hand is so intricate, and dominates so much of our life's activities, nothing is left to chance – so every patient is seen by Shipley and her colleagues if insurance allows. "We see all of them, two or three days post-op," Shipley says, "just to make sure everything is OK. We check their wounds, their flexibility, and get them started on a home program."

The teamwork that exists between the surgeons and the hand therapists is at the heart of the care provided by Tidewater Ortho. "It has to be," Shipley says, "because we get a lot of very involved cases, and our docs are very specific about what we need to achieve." She notes that many of such cases are referrals



Terri Shipley, CHT, Director of the hand therapy department with a patient

from other orthopaedic surgeons, who rely on the unique skills Dr. Campolattaro and Dr. Smerlis can offer their patients.

Both the surgeons and therapists agree that the best part of their jobs comes from the postcards they receive – and even impromptu visits – from former patients eager to show off their restored function. Whether it's a golfer who's beaten his old handicap or a grandmother who can hold her own against a 6-year old in backyard soccer – or even a cook who can chop carrots without pain – these patients are grateful to have been returned to fulfilling lives and interests.

"That's an important piece of what we do, but we also treat a lot of work related hand trauma and conditions," says Dr. Campolattaro. "Our work has particular importance in the world of work related hand problems. We deal with patients from the very simplest wrist fractures to the most complicated wrist fractures and everything in between, and having specialized management of these injuries is important especially to someone who's retired and falls off their ladder in their garage – but it's really important to someone who's 32 years old and falls off a ladder or off a roof at work. Their return to function is so critical, not only from a personal perspective but from a professional perspective; it affects their ability to earn a living from now until retirement. And their earning capacity will directly affect the quality of their retirement. So we want to get them well for work, yes – but our goal is to get every one of our patients well – for life." ■

What a man needs in gardening is a cast-iron back, with a hinge in it.

By Bobbie Fisher



When he wrote My Summer in a Garden in 1870, American essayist and novelist Charles Dudley Warner might just have easily been speaking to a group of orthopaedists as to the gardening enthusiasts of his acquaintance. Indeed, as Warner and anyone who has ever dug in the soil knows, there are few activities more physically demanding on the layman than gardening. It requires significant stamina, flexibility and dexterity.

But the rewards are in the realm of the sublime. A fresh tomato – a brilliant flower – a compliant vine – the fruits of a gardener's labors sustain body and soul. And because backs aren't made of cast iron and don't come with a hinge, any injury or illness that threatens to compromise motion can be devastating to someone who loves being outside and digging in the dirt.

The good news is that a diagnosis of arthritis doesn't have to signal the end of gardening. In fact, done with proper care and thoughtful planning, gardening can be great exercise, and can actually help patients maintain their joint flexibility and range of motion. The surgeons at Tidewater Ortho tell their patients to be sure to warm up their muscles with stretches, and always, always to wear sunblock outdoors and gloves when working with pruning shears and other garden tools. About those – there are tools that say they are specifically made for gardeners who suffer from carpal tunnel syndrome or arthritis. Lisa Ziegler, a local commercial cut flower grower with more than 14 years of experience, cautions against believing all of the "too good to be true" claims. "Good tools are essential for any gardener," she tells the people who come to her lectures, "but they don't have to be expensive or specially made."

As important as having good tools is using them in the proper manner, Ziegler says, giving the example of the garden hoe. "Proper posture is vital," she stresses. "You should never be hunched over. Instead, you should stand straight up with the handle of the hoe close to your body and the blade flat. It should be used like a razor, not like an axe."

To protect the knees, she recommends one of the kneeling benches that come with arms to help gardeners raise and lower themselves more easily – again with a view toward maintaining proper posture and reducing the strain on joints. A good garden shop will keep these items in inventory, and maintain a knowledgeable staff to provide information about how to use them correctly. Ziegler's suggestion: visit a reputable garden shop and find the person who actually uses the tool every day. "It's all about having good tools and using them properly," she says. "That's the best way to help your garden grow."

Hand Osteoarthritis

By Nicholas Smerlis, MD

Arthritis is the inflammation of a joint. A joint is the area in the hand where two bones meet. In a normal joint, cartilage covers the bones to serve as a shock absorber to allow smooth, pain-free movement. Without the normal amount of cartilage, the bones rub together and cause pain, swelling, and stiffness. The most common forms of arthritis in the hand are osteoarthritis ("degenerative arthritis"), post-traumatic arthritis (after an injury), and rheumatoid arthritis. Other causes of arthritis in the hand are infection, gout, and psoriasis.

In osteoarthritis (OA), the cushioning cartilage that covers the joint begins to wear out, allowing the bones direct contact to rub against each other and produce pain and deformity. In the hand, OA most often develops at three sites:

- at the base of the thumb where the wrist and thumb come together (the basilar joint);
- at the middle joint of the finger (the proximal interphalangeal or PIP joint); and
- at the end joint closest to the fingertip (the distal interphalangeal or DIP joint).



Common symptoms include pain, swelling, and stiffness. In basilar joint arthritis, pain at the base of the thumb can be aggravated by activities that require pinching, such as

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opening jars, turning keys or door knobs, and writing. As severity progresses, a bump develops at the base of the thumb as the thumb metacarpal bone slides out of the saddle joint and causes limited motion and weakness, making the ability to pinch difficult. Sometimes, the joint above the basilar joint compensates by loosening and bending further back as the thumb collapses into the palm. In the fingers, bony nodules may develop at the PIP joints (Bouchard's nodes) and DIP joints (Heberden's nodes).

Diagnosis is made by the history and physical exam. X-rays are used to confirm the diagnosis, although symptom severity often does not correlate with x-ray findings. Characteristic findings on x-ray include narrowing of the joint space, the formation of bony outgrowths (osteophytes or "spurs"), and the development of dense, hard areas along the bone margins of the joint.

The goal of treatment is to reduce pain and improve function. Activity modification with brief periods of rest may help if arthritis has flared up. Anti-inflammatory or other analgesic medication may be beneficial in relieving pain. Other modalities such as moist heat or warm wax might help and even cold modalities when swelling is present. Bracing may include soft sleeves or rigid splints for support. Hand therapy is often helpful with exercises, splints, and modalities. A cortisone injection can often provide relief of symptoms but does not cure the arthritis.

Surgery is usually indicated after conservative treatment fails and the patient has too much pain or too little function. The goal is to restore as much function as possible and to eliminate the pain or reduce it to a tolerable level. At the basilar joint, a joint reconstruction is performed by removing the degenerated joint in order to eliminate the irregular, rough bone-to-bone contact that causes pain and restricts motion. The joint is then reconstructed using a tendon which is a rope-like structure to support the thumb metacarpal bone. Sometimes, the PIP joint is replaced by a silicone joint replacement implant. At the DIP joint, a joint fusion is performed in which the arthritic surface is removed and the bones on each side of the joint are fused together to eliminate motion from the problem joint.

Before any treatment, Tidewater Hand Specialists will discuss realistic goals, possible risks, and expected results. ■

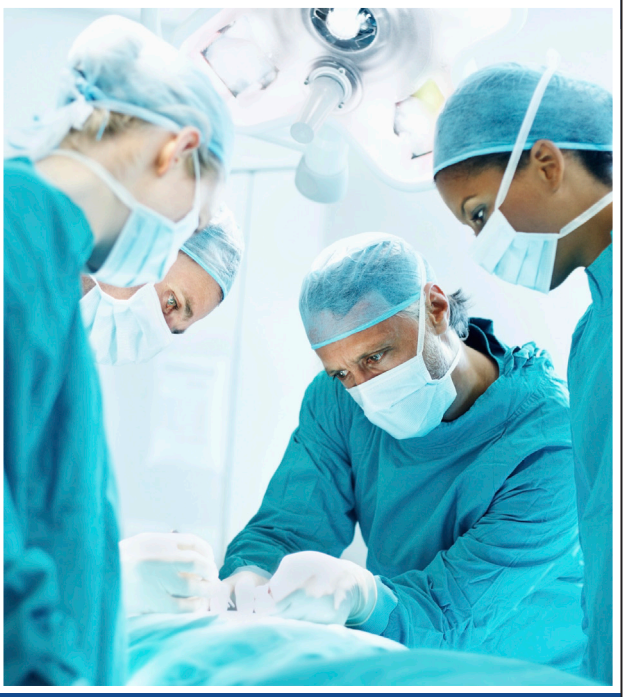


Nicholas Smerlis, MD *is a board-certified hand surgeon with Tidewater Ortho. His practice solely focuses on conditions of the hand, wrist, and elbow. He completed a fellowship in hand and upper extremity at Wake Forest University Baptist Medical Center and has a practice that focuses solely on the treatment of hand, wrist and elbow conditions.*

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Surgical Outcome System (SOS)

Surgeons at Tidewater Orthopaedic Associates recently began participating in an international web based orthopaedic and sports medicine registry research study called the OrthoIllustrated Surgical Outcome System. Using pre and post surgical information collected from their patients regarding pain, function and well being, Dr. Payne and Dr. Kingston can track and analyze their patient outcomes, and use this information to compare the effectiveness of different surgical procedures and implants. Using the System's Internet technology, Dr. Kingston and Dr. Payne can analyze combined data from US and international surgeons in order to determine the best methods for treating patients, using evidence based data.



For more information on this study, please contact 757-827-2480.

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The Orthopaedic Hospital at Sentara CarePlex Update

By Colin Kingston, MD



It's been nearly two years since the hospital opened on 1 July 2010. The vision of becoming the region's choice for orthopaedic care is being realized. Five years ago, in a collaboration between Tidewater Ortho and Sentara, we shared a concept of specialty care that would raise the bar for orthopaedic outcomes and patient satisfaction. That concept would be based on the Sentara Heart Hospital on the southside and the Hospital for Special Surgery (HSS) in New York, a dedicated orthopaedic hospital often ranked as the best hospital in the US. Studies have shown that hospitals that specialize in a specific area typically will have better outcomes for their patients. Our goal was to develop a microcosm of those two hospitals and emulate their excellence at a smaller level for a smaller community. We have subsequently attracted orthopaedic surgeons and a podiatrist who specialize in one particular part of the musculoskeletal system. In general, the more one specializes, the greater the expertise and precision leading to better outcomes and ultimate patient experience.

Tidewater Ortho currently has 11 providers, nine of whom are Board certified surgeons who cover the greatest range of sub-specialization in this geographic area. What does this mean? Most orthopaedic surgeons have been trained to perform basic operations on a variety of musculoskeletal maladies, such as arthritis, fractures and injuries. However, most are not trained to re-implant a finger or a hand, or deal with complex deformities. We have eight orthopaedic surgeons who each completed five years of orthopaedic residency training. Two of these, Dr. Campolattaro and Dr. Smerlis, followed their residencies with a year of hand fellowship training, and then six months of submitting hand cases, in order to take a national subspecialty test called Certification of Additional Qualification (CAQ). They are both CAQ certified in hand surgery in addition to being Board certified in orthopaedics. They can provide a degree of expertise usually found only in communities much larger than Hampton Roads.

Tidewater Ortho also has four orthopaedic surgeons who specialize in sports medicine. Dr. McCarthy was recruited from Pittsburgh, where he served as a team physician for the Pittsburgh Penguins. Dr. Payne did his sports fellowship at HSS in New York and was a team physician for the New York Mets and Giants. Dr. Sablan has recently completed his fellowship in Los Angeles, where he was a team physician for the Dodgers and Lakers. And I served in the Air Force, and had the distinct pleasure and honor of providing care for our military athletes,

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including Special Forces at Hurlbert AFB and the 2nd tier of Ranger school in the swamps of Florida. Like my hand surgeon partners, I submitted six months of sport injury cases, took the national test, and am now CAQ certified in sports medicine.

Dr. Higgins has completed a fellowship in Total Joint Replacements in Roanoke, Virginia, and is an expert in dealing with complex joint deformities and revision cases, as well as basic cases like the direct anterior approach to hip replacement (Jiffy Hip) and computer assisted surgery. Dr. Phillips, our trauma expert, is the co-founder of our group. He has probably done more fracture care than any active orthopaedic surgeon in the region, and is a pillar of knowledge. He remains a great resource for all of us, as he has handled many cases that you just won't find in the literature or in a book. Dr. Bouraee is our foot and ankle expert, who was recruited from Philadelphia. She performs many complex foot and ankle reconstructions, as well as general foot cases like bunions and hammertoes.

Tidewater Ortho also has two Physician Assistants (PA), Amanda Watkins and Sarah Bott, who have enhanced our ability to improve and provide personalized patient care.



Dr. Phillps, a trauma expert, is the co-founder of Tidewater Orthopaedics.

The recruitment of these experts was the first step in achieving our goal for the Orthopaedic Hospital.

In 2005, I personally reviewed much of the outcome data and patient experiences from our region's hospitals. Most of the data was derived from surveys completed by patients following their hospital stays. Many of them rated their hospital experience 60-68% satisfactory; less than 10% gave a rating of good-to-excellent, and the rest described their experience as poor. This was true for almost every hospital. To



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Dr. Kingston wears a "Space Suit" to help prevent infection during surgery.

me, this represented a failing grade of many of the hospitals in our community, and I really felt the solution was simple: provide better, compassionate care in a setting that offers comfort and has specialized clinical expertise.

After many meetings, Sentara, in a collaborative effort, agreed to build the Orthopaedic Hospital based on this premise. Since our doors were open, we have steadily climbed from that failing grade to 92% good-to-excellent reviews from our patients – one of the highest in this region and State. We achieved a 100% rating for one month, which is our ultimate goal. Sentara and Tidewater Ortho are committed to realizing this goal.

The staff and physicians at Tidewater Ortho and the Orthopaedic Hospital strive to provide an excellent orthopaedic experience for both the patients and their families with high quality patient outcomes. Through follow-up visits and patient surveys, we track our patient comments and rely heavily on the feedback we receive. Many positive changes are implemented based on patient recommendations. For example, most patients who have joint replacements cannot shower for one to three weeks. For many, sponge baths are more than just an inconvenience: they complain they don't feel like themselves until they can shower and get back into a more normal routine. With this feedback, we have found a company that makes dressings that stay on and allow for showering on the second post-operative day. This is a minor change, but one that has made a big difference. Uniquely, the private, in-room showers at the Orthopaedic Hospital at Sentara CarePlex are specifically designed walk-ins, with no step up or down, to accommodate patients who have had fracture care, joint replacements and/or limited mobility.

Because most of our patients have a much faster post-operative recovery, in-hospital length-of-stays are reduced. In addition, we have been rated by an insurance company as the best in Total Hip replacement outcomes in the state. We've put in place a plan of care that gets our patients moving on the road to recovery. Physical therapy at the hospital starts the day of surgery, and we have unique design features that might be missed by the untrained eye. For example, the floor tile color changes every 10 feet, so that our physical therapists can measure walking progress with greater accuracy. Prior to discharge, all patients are taught the proper way to get in and out of a mechanical car that adjusts to simulate the type and make of their own vehicle.

But aside from the both visible and hidden aesthetics of the building, it is ultimately the people who make the biggest difference. Rather than have an old-fashioned central nurse station with a ward clerk, there are computers on wheels with nurses carrying wireless phones. In most hospitals, when patients need to use the rest room, they hit the call button and ask the ward clerk for the nurse or a nurse's aide. The ward clerk then has to find the nurse or nursing assistant assigned to that room, which can take time. In that brief moment, their hospital experience has been compromised. The surgery performed and the rehab may have been great, but not that patient's experience. At our hospital, when a patient hits the call button, the nurse's phone rings directly. It can be answered in a timely fashion. Once again, that's a service we know improves our patient experience.

Nothing matches the personal attention patients at the Orthopaedic Hospital at Sentara CarePlex receive from the orthopaedic navigator, Cathy Robins. Long before you are admitted for surgery, she will be providing information and assistance to guide you through the joint replacement process. Cathy also teaches our Joint Replacement Workshop, a free educational class for pre-surgery patients and their family members to learn all you can about your upcoming surgery and recovery.

We frequently hold open houses and other events at the hospital. Once people have taken the tour, they are always impressed with the friendliness of the staff and cleanliness of the facility. Our last such event drew over 175 people who attended lectures, toured and talked with physicians, caregivers and staff. For more information about the orthopaedic care we provide at the Orthopaedic Hospital at Sentara CarePlex, watch our video at www.sentara.com/ortho or call 73-ORTHO (757-736-7846) to speak with our Orthopaedic Navigator. ■



Colin Kingston, MD, *is a Board-certified, orthopaedic surgeon with Tidewater Ortho. He completed medical school and his residency while serving in the United States Air Force. He has served in both gulf wars in Operation Southern Watch, Operation Enduring Freedom and Iraqi Freedom. Dr. Kingston has written a chapter for a review course for orthopaedic surgeons to become Board-certified and currently serves as the Orthopaedic Medical Director of the region's only dedicated orthopaedic hospital. He is also Certified for Additional Qualification (CAQ) in Sports Medicine.*

Restoring Function: Returning Patients to Active Lives Inspires this Physician

By Jim Ducibella

The goal of an orthopaedic surgeon is to help patients maximize their function, whether it is a child with a broken arm, an athlete who needs to return to his sport, a person with a worn out hip or knee who loves to play golf, or a patient with a fractured hip who wants to remain independent in activities of daily living.

"Just being able to button your shirt, or hold onto a golf club, can be a huge improvement in one's life. I take pride that patients of mine no longer sit on a porch in a rocking chair, but are enjoying retirement with active lives as a result of successful joint replacement."

Every week, it seems there's a new medical "breakthrough" designed to mend bones faster or replace joints quicker. It would be easy for a doctor to latch onto these newest orthopaedic "sensations," but 24 years of practicing orthopaedic surgery has made Dr. John McCarthy carefully analyze the products or techniques. "Newer is not always better," Dr. McCarthy says. "Yes, we are always trying to push the envelope looking for new materials or new techniques, but I also believe that we are starting to see that 20 to 30 years of labor by our predecessors is yielding excellent clinical results."

Dr. McCarthy has had first hand experience with orthopaedic injuries. As an alpine ski racer from Pennsylvania, he suffered injuries that resulted in several broken bones, a development that actually started him on the road to orthopaedic surgery. "The father of one of our team mates on the ski team was the chairman of the orthopaedic program in Pittsburgh," he says. "We became good friends and had a mutual respect for each other, and that led me to orthopaedics."

Dr. McCarthy's credentials are impressive: he's a third generation physician, a graduate of the College of the Holy Cross and Georgetown University Medical School. Dr. McCarthy completed his orthopaedic residency at the University of Pittsburgh and a hand surgery fellowship at the Thomas Jefferson University Hospital in Philadelphia.

He served as a Clinical Assistant Professor at the University of Pittsburgh and the Children's Hospital of Pittsburgh before moving to Williamsburg, Virginia in 2003.



Total knee replacement is intended for use in individuals with joint disease resulting from degenerative, rheumatoid, and post-traumatic arthritis, and for moderate deformity of the knee.

As with any surgery, knee replacement surgery has serious risks which include, but are not limited to, blood clots, stroke, heart attack, and death. Implant related risks which may lead to a revision include dislocation, loosening, fracture, nerve damage, heterotopic bone formation (abnormal bone growth in tissue), wear of the implant, metal sensitivity, soft tissue imbalance, osteolysis (localized progressive bone loss), and reaction to particle debris.

The information presented is for educational purposes only. Knee implants may not provide the same feel or performance characteristics experienced with a normal healthy joint.

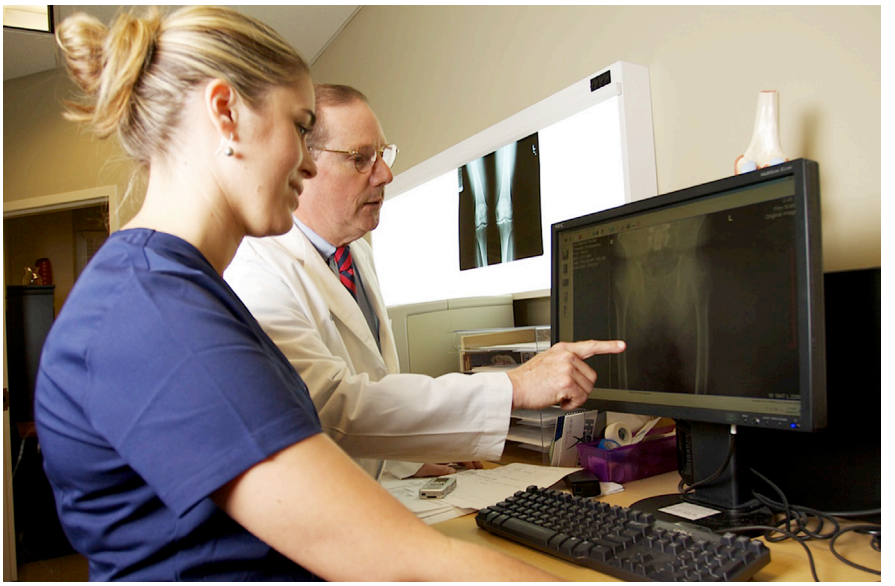
Speak to your doctor to decide if joint replacement surgery is appropriate for you. Individual results vary and not all patients will return to the same activity level. The lifetime of any device is limited and depends on several factors like weight and activity level. Your doctor will help counsel you about strategies to potentially prolong the lifetime of the device, including avoiding high-impact activities, such as running, as well as maintaining a healthy weight. Ask your doctor if the GetAroundKnee is right for you.

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True to his love of athletics, Dr. McCarthy was a member of the Pennsylvania Alpine Ski Team and the Holy Cross Ski Team. An avid golfer, one of his most memorable volunteer projects was as the Medical Director for the 2003 United States Amateur Golf Championship, staged at the famed Oakmont Country Club. He also served as an assistant team physician for the National Hockey League powerhouse Pittsburgh Penguins.

The McCarthys – John and his wife Amy, a Tidewater native, and their three children – came to Williamsburg nine years ago. Sentara was in the process of building the Geddy Outpatient Surgery Center and the Sentara Williamsburg Regional Medical Center. They thought it would be a great opportunity to return to the area his wife enjoyed visiting as a child.



Dr. McCarthy reviews a patient's x-ray

Dr. McCarthy maintains tremendous admiration and respect for Sentara's efforts in our community. "It is very expensive to continue to provide state of the art medical technology," he explains. In the old days, a hospital would try to raise several millions of dollars from the community to build a hospital or purchase major equipment. Sentara has provided that vehicle to the community, he says. "It has invested $200 million dollars in its Williamsburg Hospital, and continues to bring new equipment and cutting-edge technical advances to the area."



Dr. John McCarthy

One of the leading motivators for any orthopaedic surgeon is the thrill of seeing a patient transformed from watching life passively from the sidelines to full participation. " I like reconstructive surgery because the procedures enable people to be active again," he says. "Whether it's reconstructing an arthritic thumb, or replacing a painful hip or knee, the goal is to improve a patient's quality of life.

"Just being able to button your shirt, or hold onto a golf club, can be a huge improvement in one's life. I take pride that patients of mine no longer sit on a porch in a rocking chair, but are enjoying retirement with active lives as a result of successful joint replacement."

Twenty-four years after entering his profession, Dr. McCarthy says he still abides by the doctrine his mentor, Pittsburgh's Dr. Albert Ferguson, long ago put forth. "He said, 'Everybody walks into your office with pain and it's your honesty and integrity that will enable you to tell them what they need rather than just trying to sell them something or performing an operation,'" Dr. McCarthy remembers. "'It's up to you to analyze their problem or injury and find the best solution for them.'" ■



John McCarthy, MD, FAAOS, *is a Board-certified orthopaedic surgeon. He specializes in hip and knee replacements and has an interest in hand surgery as he completed a fellowship in this at the Hand Rehabilitation Center –in Philadelphia, PA. While practicing in Pittsburgh, PA, he served as a team physician for the Pittsburgh Penguins professional hockey team.*

A Cure for Painful Ankles Leads to a Hike Up Machu Picchu

By Bobbie Fisher

Dr. Sara M. Bouraee is accustomed to patients asking her to help them relieve pain in their aching feet. She's used to patients saying they need treatment specifically because of an upcoming event: because they're going on vacation, or on a golf excursion, or even that they'd like to run a 5K. As a doctor Board certified in foot surgery, she's well familiar with severe and complex podiatric problems and the patients who present with them – but even she wasn't fully prepared for the request she received from Carol Lanshe.

At 80+ years old, Mrs. Lanshe was suffering foot pain so severe it was preventing her from walking. She was unsteady on her feet and uncomfortable with any weight bearing activity. But it wasn't the daily short walks around her apartment that you'd expect an octogenarian to be concerned about. Instead, Mrs. Lanshe was planning a trip to Peru to hike Machu Picchu, the majestic 15th century Inca site some 7,970 feet above sea level in the Andes.

She called Tidewater Ortho and made an appointment with Dr. Kingston, who referred her to Dr. Bouraee. Taking her history, Dr. Bouraee learned that Mrs. Lanshe, a recent widow, had been participating in all sorts of physical activity usually engaged in by patients much younger – including skydiving! But the trip to Machu Picchu was going to be especially grueling, and Mrs. Lanshe knew she



Dr. Sara M. Bouraee and patient, Carol Lanshe



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needed professional care. The pain (in both feet), while severe, was isolated to the lateral aspect by the ankle. Mrs. Lanshe explained it was the only pain in her body that was preventing her from doing some of what she called "the wild, off-the-wall things" she'd always wanted to do. She had been taking anti-inflammatories for relief, and using ice throughout the day, but to no avail. She had bought countless pairs of shoes and changed them often, trying to mitigate the pain, but also without success.

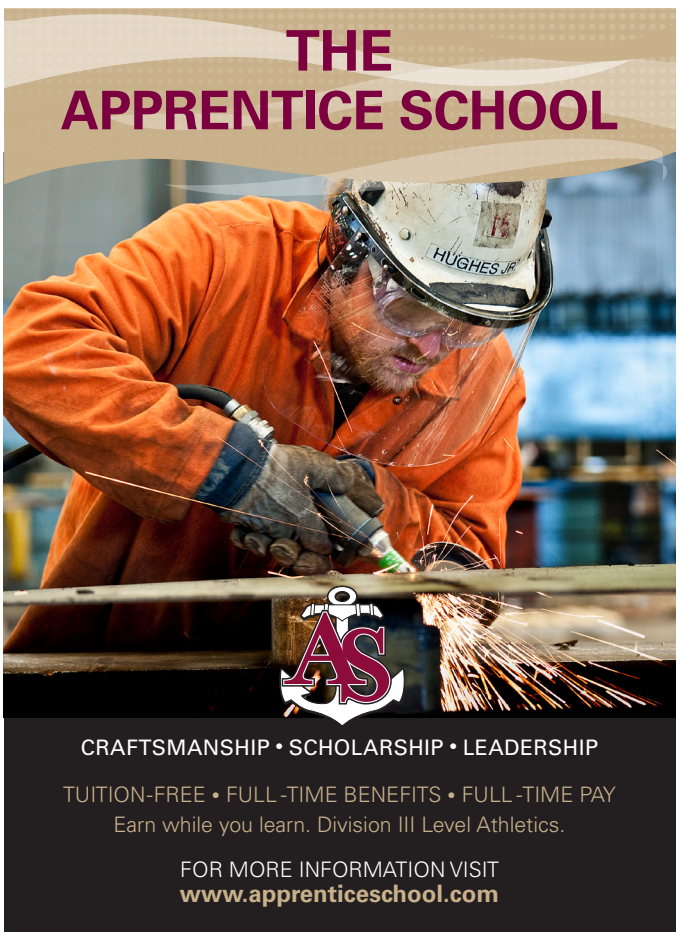
Her diagnosis was simple enough: as revealed through xray, MRI and clinical examination, she was suffering from sinus tarsi syndrome. During her evaluation, Dr. Bouraee noted Mrs. Lanshe had a biomechanical deformity and multiple ankle sprains in the past, and her feet were so inflamed that she was unable even to put shoes on because of swelling and pain.



Because of expert treatment, Carol Lanshe was able to hike Machu Picchu.

As for treatment, Dr. Bouraee took a conservative but effective approach: "I treated her with cortisone injections into the sinus tarsi to decrease the inflammation, and I made her an orthotic for each foot." And a couple of weeks later, Dr. Bouraee reports, "I received a post card from her, from Peru." The card read, "It's fascinating. And my feet feel great!"

Mrs. Lanshe calls Dr. Bouraee "nothing short of a miracle worker."



For her age, Mrs. Lanshe says, she was in good shape. And she says that Dr. Bouraee's treatment "made all things possible," not just because it eliminated the pain that had debilitated her, but also because it made her unafraid to move. "She gave me confidence that I could keep up with the group," she says, and indeed she did. She may have been the oldest person on that hike, but she had no trouble keeping pace with hikers in their 20s and 30s.

With no real history of physical activity – she didn't start her now customary walks until she reached her 70s, when she moved to Hampton from California – she notes, "I moved into a neighborhood of very active women, and I wanted to join them." Both she and her sister have become hiking devotees. They walk every morning, picking up trash in their neighborhood; and they're already planning a trip to hike in Turkey and Kyrgyzstan in July of 2012. "It's three miles a day, which really isn't hiking," she says, "but it is uphill and downhill."

Mrs. Lanshe has a message for people her age – and for those both younger and older – if you want to be healthy and enjoy life, you have to keep moving. "Motion is lotion" is a favorite maxim – and she wants her peers to know that there are ways they can keep moving, even in the presence of chronic pain. Above all, she cautions, "don't let something like sore knees or sore ankles keep you from exercising and having fun. Call Dr. Bouraee!"

Both patient and physician think she'll maintain quite well having injections in her ankles just once a year. It wasn't until October of 2011, a full year after her first shots, that Mrs. Lanshe felt the time had come for another round.

Contemplating the trek next summer, she says, "It's like the Alps, so we'll be climbing there too. But I have absolutely no fear; right away I said, sure, I'd love to go. I knew with Dr. Bouraee's help I could go and be confident." And, very happily, pain free. ■



Dr. Sablan examines patient after ACL reconstruction.

ACL Injuries:

Getting Patients Back in the Game

By Nicholas Sablan, MD

"Is there anything you can do to prevent ACL tears?" That's a question I'm frequently asked, mostly by people who have just torn their own ACL, which stands for Anterior Cruciate Ligament. It's the most high-profile ligament in the knee, and is what the media is usually talking about when they say an athlete has "blown" out his or her knee. The ACL isn't needed for walking and jogging, but is vital to prevent instability during cutting activities such as basketball and soccer.

There are more than 250,000 ACL injuries a year in the United States. An ACL injury occurs once every 6,500 girls' soccer practices and once every 9,800 football practices. These are amazing statistics when you think about how many practices and games are going on throughout the United States. Soccer, basketball and football are the sports most commonly associated with ACL tears, and females are up to eight times more likely to injure their ACL. That is due to a variety of anatomical as well as biomechanical reasons: women have naturally wider pelvises that put more stress on the ACL. They're also more "quad dominant",



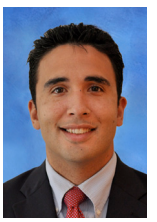
There are more than 250,000 ACL injuries a year in the United States. An ACL injury occurs once every 6,500 girls' soccer practices and once every 9,800 football practices.

meaning that when they land after jumping, they fire their quadriceps much more than their hamstrings, which predisposes them to ACL tears.

So can we "prevent" ACL injuries? The answer is no, but we can definitely reduce the number of injuries that are occurring. There is now scientific data that doing a 6-week ACL prevention program focusing on plyometrics, balance and strengthening prior to the start of a sports season can decrease the risk of ACL injury by as much as 70%. Those are amazing numbers when one considers the number of injuries that occur per year.

The good news is that we are getting a lot better at reconstructing ACLs after they're injured. New techniques and equipment allow us to recreate an ACL that is similar to the one we were born with. One of the problems with ACL reconstructions in the 1980s and 1990s was that we could only put the ACL where the techniques and equipment used at the time allowed. Now we have a much better understanding of proper placement of the ACL graft, and we have the equipment to securely fix the graft, which allows us to do intensive physical therapy earlier. Although the biology of healing still delays when an athlete can return to sports, we're getting them ready much sooner than before.

Getting awareness about ACL prevention programs is important. As orthopaedic surgeons, we have a duty to help our patients avoid a difficult injury like ACL tears. While we can't "prevent" ACL injuries, we now know that we can do something to minimize the number of injuries. Although ACL injuries are no longer the career-ending events they once were – because of our new techniques in reconstructing them – the more injuries we "prevent," the more athletes we can keep on the field. ■



Nicholas Sablan, MD *is an orthopaedic surgeon who completed a fellowship in orthopaedic sports medicine at Kerlan Jobe Clinic in Los Angeles, and has served as the assistant team physician for the Los Angeles Lakers, the LA Dodgers, the LA Angels, the PGA Tour, among others. He is the author of published multimedia, peer-reviewed publications and a book chapter on arthroscopy of the hip. He has experience in all forms of cartilage restoration and joint preservation.*





Orthopaedic Myths and Common Misconceptions

By Michael E. Higgins, MD

Medical myths are surprisingly common in our popular culture and collective conscious. Most are harmless bits of advice handed down from generation to generation or from one friend to another, but it's nice to know the facts. An article in the British Medical Journal in late 2007 exposed several medical myths that most had accepted as true. For example, reading in dim light does not harm your eyesight – despite what we were all taught growing up.

So let's take a look at five common misconceptions or myths about orthopaedic conditions:

Myth# 1
Cracking your knuckles will cause arthritis in your hands.

Adolescents of the world rejoice! You can continue cracking your knuckles at will, knowing that at least as far as arthritis is concerned, you have nothing to worry about. That's right: there is no evidence supporting the commonly held myth that knuckle cracking is bad for you. The "crack" is made by a gas bubble that forms momentarily in the joint of the knuckle and then pops.

So why do people crack their knuckles? Some people report their joints feel more mobile and flexible for a while after cracking and of course some people (kids) enjoy the attention it may garner.

Myth# 2
I will lose weight after I have my hip or knee replaced.

Many people afflicted with arthritis of the hip or knee are hoping/expecting weight loss postoperatively as their activity level increases. However, most studies have shown that after hip or knee replacement, patients do not lose weight. Some studies have even shown patients continue to gain weight after surgery. The data is somewhat mixed, with some studies showing a trend towards weight loss; for instance, a study published in the journal Orthopaedics in 2010 showed that the average weight changed from 175 lbs to 172 lbs, an average of nearly 2 years after surgery. That is a trend, but hardly what most people were hoping for.



The reason for this is that our bodies are efficient, and it's hard for most adults to lose weight through exercise/activity alone. Proper diet and caloric intake is the key to losing weight, but requires a major long-term lifestyle change, which is hard. Exercise is great for your health, promoting lower blood pressure, cholesterol, blood sugar, and raising energy levels – and of course, it augments weight loss when combined with a healthy diet.

Myth # 3
My (Osteo)Arthritis has spread all over my body.

While inflammatory arthritis can affect several joints or spread, osteoarthritis is by far the most common type of arthritis (think wear and tear) – and it does not spread from one joint to the next. While it may seem intuitive that arthritis in your knee could spread to your hip or shoulder – like a virus – this does not happen with osteoarthritis. Simply put, osteoarthritis occurs when the rate of cartilage repair cannot keep up with the rate of damage, resulting in erosion of cartilage, hardening of the underlying bone (sclerosis) and bone overgrowth or bone spurs. This can occur for any number of reasons, but it is a set of conditions in a particular joint that causes osteoarthritis and therefore cannot spread around your body. The conditions that led to osteoarthritis – in say your left knee – may in fact arise in the right, leading to two arthritic joints, but the arthritis does not spread from one joint to another.

Adolescents of the world rejoice! You can continue cracking your knuckles at will knowing at least as far as arthritis is concerned you have nothing to worry about

Myth # 4
Exposure to cold damp weather causes arthritis.

While it's no secret that cold damp weather can exacerbate arthritic joints, these conditions do not cause arthritis. Many people assume that they or a loved one has developed arthritis as a result of exposure to the elements, especially since their arthritic symptoms are often made worse by cold and damp conditions. However, there is no evidence that this is true, and it is worth noting that people who live in warm dry climates are susceptible to arthritis like everyone else.

Myth # 5
All joint pain is arthritis.

While arthritis does cause joint pain, there are many other conditions that cause joint pain and many of these are easily treated, if diagnosed. Tendonitis, bursitis, torn cartilage, gout, pseudogout, fibromyalgia and neuropathy are just a few examples of non-arthritic joint pain. The take-home message here is if you are experiencing persistent joint pain, see your doctor to get a diagnosis and an appropriate treatment plan. ■



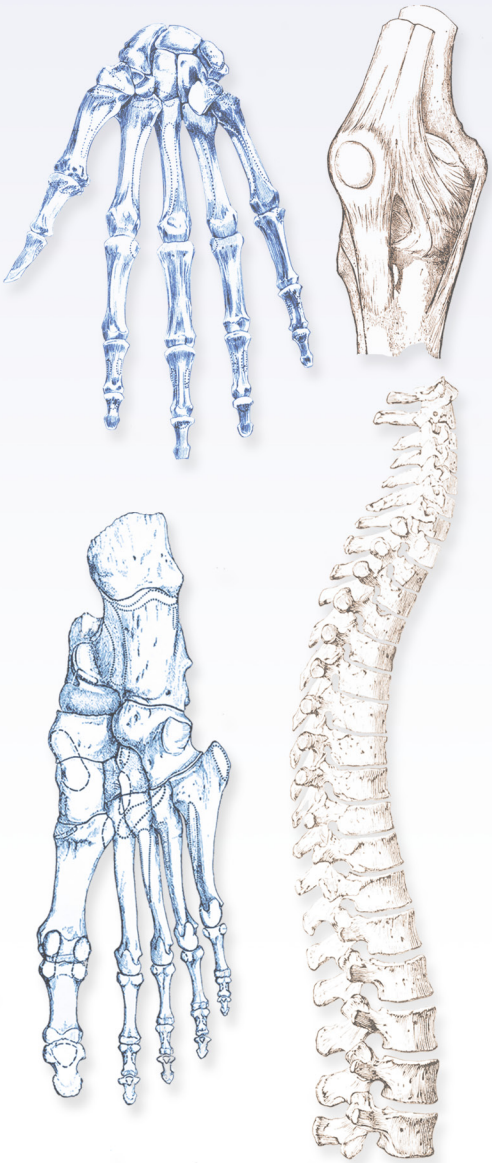
Dr. Michael Higgins explains the cause of joint pain to a patient.



Michael Higgins, MD, *is a Board-certified, orthopaedic surgeon with Tidewater Ortho. He completed a fellowship in joint replacement and reconstruction at the Roanoke Orthopaedic Center. He has written articles and lectured on hip and knee replacement. He has been named a Top Doctor by U.S. News and World Report.*

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James L. Phillips*, MD / Trauma
James Phillips, MD, FAAOS, is a Board-certified orthopaedic surgeon. He completed his residency at the Johns Hopkins School and served with the U.S. Navy Staff at the Naval Medical Center in Bethesda, Maryland. Dr. Phillips was co-founder of Tidewater Ortho and is a member of the Orthopaedic Trauma Association.



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Colin M. Kingston*, MD / Sports Medicine and Joint Replacements
Colin Kingston, MD, FAAOS, is a Board-certified, orthopaedic surgeon. He completed medical school and his residency while serving in the United States Air Force. He has served in both gulf wars in Operation Southern Watch, Operation Enduring Freedom and Iraqi Freedom. Dr. Kingston serves as the Orthopaedic Medical Director of the region's only dedicated orthopaedic hospital. He is also Certified for Additional Qualification (CAQ) in Sports Medicine.



Robert M. Campolattaro*, MD / Hand, Wrist and Elbow
Robert Campolattaro, MD, FAAOS, CAQSH, is a Board-certified, orthopaedic surgeon. He completed a fellowship in hand and upper extremity at Wake Forest University Baptist Medical Center and has a practice that solely focuses on the treatment of hand, wrist, and elbow conditions.



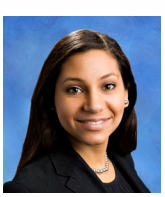
Michael E. Higgins*, MD / Joint Replacements and Reconstruction
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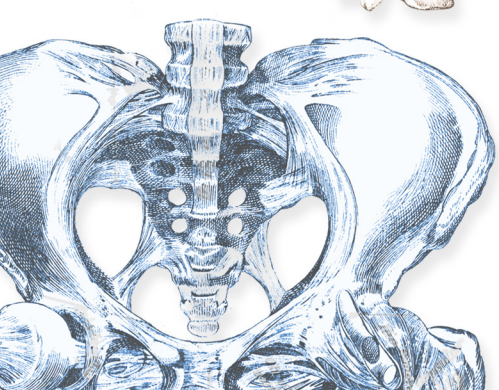
John J. McCarthy III*, MD / Joint Replacement and General Orthopaedics
John McCarthy, MD, FAAOS, is a Board-certified orthopaedic surgeon. He specializes in hip and knee replacements and has an interest in hand surgery as he completed a fellowship in this at the Hand Rehabilitation Center –in Philadelphia, PA. While practicing in Pittsburgh, PA, he served as a team physician for the Pittsburgh Penguins professional hockey team.



Sara M. Bouraee, DPM / Foot and Ankle
Sara Bouraee, DPM, AACFAS is a Board-qualified podiatric surgeon (foot and rear foot/ankle). She completed her residency at Drexel University College of Medicine/ Hahnemann University Hospital where she also served as Chief Resident (Foot and Ankle Surgery).



Nick Sablan, MD / Sports Medicine
Nick Sablan, MD, an orthopaedic surgeon who completed a fellowship in orthopaedic sports medicine at Kerlan Jobe Clinic in Los Angeles, and has served as assistant team physician for the Los Angeles Lakers, the LA Dodgers, the LA Angels, the PGA Tour, among others. He is the author of published multimedia, peer-reviewed publications and a book chapter on arthroplasty of the hip.



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