

INMOTION

NEWS FROM MEDSTAR ORTHOPAEDIC INSTITUTE

Winter 2020

A Life Changer for Detective



MedStar Orthopaedic
Institute

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COUPLE UNDERGOES SAME
ROTATOR CUFF SURGERY

CHEF IS PAIN-FREE AFTER
DOUBLE HIP REPLACEMENT

A RETURN TO NORMALCY AFTER
WRIST HEALS CORRECTLY

IN MOTION, published twice yearly, shares the latest news from MedStar Orthopaedic Institute with our community. The Institute is made up of dozens of specialists from MedStar Georgetown University Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, MedStar St. Mary's Hospital, and MedStar Washington Hospital Center.

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Cervical Disc Replacement: A Life Changer for Detective

For Detective Michael Pavero, weakness, numbness, and pain in his neck and shoulders can be show stoppers. Assigned to the ATF Arson Task Force for Washington, D.C., he is a 20-year veteran of the D.C. Metropolitan Police Department, and his physical readiness is required for his own safety, his colleagues', and the citizens he protects.

So when Detective Pavero woke one morning with upper left arm pain, he assumed it was a temporary pulled muscle, wrapped it in an Ace™ bandage and went about his day. But two days later, his fingers were tingling. Detective Pavero, 47, was a little concerned it might be something serious. Doctors at a local Emergency Department diagnosed a pinched nerve and prescribed pain medication.

The pinched nerve did not go away. For the next several months Detective Pavero ping-ponged between his primary care physician, an orthopaedist, and a neurosurgeon, along with treatments of physical therapy, steroid shots, and pain medication. Not being 100 percent, he was either on sick leave or desk duty at work.

An MRI found a herniated cervical disc and bone spurs, and a spine surgeon told him he had two choices: live with it, or have a procedure called anterior cervical discectomy and fusion, or ACDF. The procedure relieves pain and numbness by removing the problem disc and replacing it with a piece of bone, a metal plate and screws. Over time the vertebrae fuses and stabilizes that part of the cervical spine. While the surgery relieves pain, the patient loses some range of motion. And there is a long recovery.

Had Detective Pavero been retired, or in another profession, he says he may have opted for fusion. "But a physician on the police force told me that it was highly likely I would be forced to take early retirement," he says, "because I'd have limited mobility and wouldn't be able to perform at 100 percent. I knew I couldn't survive on 15 to 20 percent of my salary."

One of the doctors he had seen mentioned cervical disc replacement (arthroplasty), but said he wasn't a candidate. Yet the mere possibility of another option sent Detective Pavero to the internet looking for a second opinion.

Detective Michael Pavero is back investigating fires after cervical disc replacement surgery eliminated weakness, numbness, and pain in his neck and shoulders, which could have cost him his job.



"In cervical disc arthroplasty, instead of fusing vertebrae together, we replace the disc with an implant that mimics normal disc motion. It basically functions as a joint that allows normal range of motion and reduces stress on the discs above and below. The most amazing part about this technique, other than sparing your range of motion, is the short recovery period."

—OLIVER O. TANNOUS, MD



"I came across Dr. Oliver Tannous," he says. "He had fabulous reviews from patients and did disc replacement surgery." Detective Pavero made an appointment with Dr. Tannous at MedStar Orthopaedic Institute at MedStar Washington Hospital Center. "Dr. Tannous told me disc replacement surgery WAS an option, and I'd be a good candidate for it," he says.

"In cervical disc arthroplasty," explains Dr. Tannous, "instead of fusing vertebrae together, we replace the disc with an implant that mimics normal disc motion. It basically functions as a joint that allows normal range of motion and reduces stress on the discs above and below. The most amazing part about this technique, other than sparing your range of motion, is the short recovery period."

While it sounded like a great solution to the detective, "I didn't immediately jump on board," he says. "I wanted to try a little longer with physical therapy and other things I was doing."

Dr. Tannous agreed. He prefers to try more conservative methods first. "In fact," he says, "if you're experiencing neck and arm pain due to disc herniation or cervical spinal stenosis, you may not need surgery at all. About 75 percent of our patients get better using physical therapy, anti-inflammatory medications, or steroid injections. It's only after we've exhausted those options that we talk about surgery."

For Detective Pavero, "some days would be ok, then I'd turn my head the wrong way, and pain would shoot up my arm. I wasn't happy. I was either on desk work or at home just moping around. I couldn't mow the lawn or do much of anything physical."

A month after first meeting with Dr. Tannous, Detective Pavero made up his mind and had the surgery. Dr. Tannous had warned Detective Pavero that fusion could still be a possibility. "He told me he was planning to do the replacement, 'but if I get in there and your anatomy is not what it looks like on film, I'll have to do a fusion.'"

Detective Pavero was in luck. "When I woke up," the detective recalls, "the first thing I did was feel for a collar, which would have meant I'd had fusion. For a minute I wondered if I'd even had surgery. But I had no pain, so I knew he was able to do the replacement."

And the recovery was equally successful. Not only was he immediately without pain and could move his neck freely, he says, "I had a day of coughing, a day of eating soup, a day of eating soft stuff, and by day four I had a pork chop!"

Six weeks after surgery, Detective Pavero was cleared to return to work. Since returning, he's had to take tests on the firing range and in defensive tactics training. He passed with no problem. "If I'd had fusion," he says, "it would have been six months rather than six weeks before I could return to work—if I could return to work at all."

Ever grateful to Dr. Tannous, he says, "There are a few people, or events, that change your life. Meeting Dr. Tannous was one of those for me. It was as though I was on a road, my car broke down, and I had to get off. Then Dr. Tannous came along and put me back on the road so I could drive again."

REPLACEMENT

Pros

- Recovery: Patients can move their necks immediately after surgery and return to work within a few days, depending on their jobs. For patients like Detective Pavero, it's 4 to 6 weeks before returning to work.
- Full range of motion immediately
- No brace or collar
- Immediately eliminates pain, numbness, and weakness

Cons

- Because replacement surgery is only about 15 years old, the long-term effectiveness is unknown.

FUSION

Pros

- Has well-documented history of success over a 50-year period
- Eliminates pain, numbness, and weakness over time

Cons

- Must wear brace or collar for six to 12 weeks, fusion complete at 6 to 9 months
- Bone graft, usually from cadaver or pelvis
- Reduced range of motion
- Discs above and below fused disc may degenerate faster due to increased stress.

SHOULDER *to*

SHOULDER

Couple with Chronic and Acute Injuries Undergoes Same Rotator Cuff Surgery

It's a tale of two rotator cuffs: one worn down by a lifetime of activity, the other torn during a split-second fall. Yet the outcomes for Bruce and Anna Marie Kesterson were remarkably similar, thanks to the expertise of MedStar Orthopaedic Institute Surgeon Daniel M. Hampton, MD.

Mr. Kesterson, an avid golfer, led the way in 2014. After years of babying an old rotator cuff tear with cortisone injections and rehabilitation, his pain had gone from nagging to acute. The retired military man sought out the best shoulder specialist near his Woodbridge, Va., home, and found exactly what he needed in Dr. Hampton, chief of Orthopaedics and chairman of the Surgical Department at MedStar Southern Maryland Hospital Center.

That January, Mr. Kesterson had a rotator cuff repair with Dr. Hampton, followed by more physical therapy.

"It was one of the best moves I ever made," Mr. Kesterson says today. "After surgery and physical therapy, I was back on the links. Five months after surgery, I played in a golf tournament and received 'The Hawk' trophy for the longest drive."

A few years later, Mrs. Kesterson—who helped her husband recover from his ordeal—was about to face her own up-close-and-personal experience with Dr. Hampton. In February 2019, she had a freak fall, landing awkwardly and twisting her arm behind her. Instead of breaking her impact, she ended up ripping her rotator cuff in three places.

Despite excruciating pain, she wouldn't let her husband take her to the Emergency Department.

"I thought—hoped—that maybe it was only a bad sprain," says Mrs. Kesterson. "I wanted to tough it out and see if it would get better in a few days."

It didn't.

After suffering for weeks, she finally followed her husband's footsteps to see Dr. Hampton. Because of the extent of her injury, Mrs. Kesterson needed surgery as soon as possible.

"Unlike Bruce, whose problem had come about slowly over years of wear and tear, Anna Marie needed a more aggressive approach," says Dr. Hampton. "It's the difference between a chronic and an acute injury to the rotator cuff. With the first, we can afford to take our time and try out all other available options first, before moving to surgery. But with trauma, we often need to be more aggressive and perform surgery sooner rather than later."

That's the standard, conservative approach throughout MedStar Orthopaedic Institute, where treatment is tailor-made to each individual patient's needs, and surgery is viewed as a last resort. Fortunately, the program's specialists have multiple advanced treatments at their fingertips, including medication, rehabilitation, and minimally invasive, out-patient arthroscopic surgery.



In fact, Dr. Hampton and his associates perform the vast majority of their rotator cuff repairs as outpatient surgeries at MedStar hospitals and surgery centers across the region.

All sites also provide follow-up services and physical therapy. The goal is to keep patients away from heavy duty anesthesia, prolonged bed rest in either the hospital or home, and get them up and moving as quickly as possible.

Several months after her surgery, Mrs. Kesterson continues physical therapy and home exercises to improve the range of motion in her damaged shoulder. While her progress hasn't been quite as fast as her husband's, she remains a stalwart fan of Dr. Hampton.

"We both had textbook surgeries and outcomes, despite different reasons for our injuries," says Mrs. Kesterson. "Dr. Hampton is a star!"

Anna Marie and Bruce Kesterson on the links at Forest Greens Golf Club in Triangle, Va.



"It's the difference between a chronic and an acute injury to the rotator cuff. With the first, we can afford to take our time and try out all other available options first, before moving to surgery. But with trauma, we often need to be more aggressive and perform surgery sooner rather than later."

—DANIEL M. HAMPTON, MD



Ask a Doc

Replacement surgery is becoming a more attractive option as technology improves. Here are two questions that patients often ask their orthopaedic surgeons.



INNOVATION

"Because the implant construction is based on patient-specific imaging data, the match is nearly perfect."

—BRENT WIESEL, MD



HOW OLD IS TOO OLD FOR A HIP OR KNEE REPLACEMENT?



J. Ryan Macdonell, MD
MedStar Montgomery Medical Center

Hip and knee replacements are elective surgeries meant to improve function and quality of life. Most often, it's older people who seek joint replacements, because they've developed pain and arthritis from decades of wear and tear on those joints.

When considering a replacement, we look at your medical history, current condition, and the risks of the operation. For instance, some patients in their 80s and even 90s may be healthier than patients in their 50s or 60s. However, we know that medical complications after joint replacement are higher in patients older than 85 years.

Ultimately, there is no set age limit. We carefully consider your age, medical status, and severity of your symptoms to determine if the procedure's benefits outweigh the risks. In the end, the decision for surgery rests with you and your family. In all cases, we carefully plan the surgery along with you, your family, primary care physicians, specialists, and therapists to ensure a smooth, uncomplicated recovery and a return to your active lifestyle.

WHAT CAN I DO ABOUT MY ANKLE? MY ARTHRITIS IS MAKING ME MISERABLE!



Paul S. Cooper, MD
MedStar Georgetown University Hospital

Ankle arthritis is frequently associated with trauma, usually from a previous fracture or a sports injury (ankle sprain). Over time, the ankle joint deteriorates and becomes stiff. This can result in walking with a limp or turned-out foot that puts stress on the leg and back. Physical therapy and braces can help short term, but as arthritis progresses, those treatments become less effective.

Historically, the only surgical solution to relieve pain was ankle fusion, resulting in locking up the joint, decreased range of motion, and stress to adjacent joints. Recent advances in ankle replacement are offering new and improved options with similar pain relief and increased joint mobility. Newer versions of ankle replacements are lasting 10 to 15 years, almost doubling what previous generations offered. The surgery takes about an hour and may be performed as an outpatient surgery. The patient can often begin weight-bearing activities in as little as two weeks, and fully recover in two to four months.

New Hope for Severe Shoulder Arthritis



(Top) Severely eroded shoulder joint. (Bottom) X-ray after a reverse shoulder replacement with a custom made socket component allowing for restoration of the worn-away bone.

A person's reach should exceed his or her grasp, as the old saying goes. But for those with shoulder arthritis, reaching for anything—especially if it's on a shelf or other elevated location—becomes increasingly painful and frustrating as the years go by.

In cases where medication and other arthritis therapies no longer provide sufficient relief, surgical interventions such as total shoulder replacements have proven highly successful in alleviating pain and restoring shoulder mobility. Relatively routine in scope, the procedure replaces the joint's worn ball and socket elements with a metal ball atop the upper arm bone, or humerus, and a plastic socket on the surface of the shoulder blade, or scapula. For patients with rotator cuff damage, a procedure called a reverse shoulder replacement achieves the same result.

Until recently, however, not all patients have been able to take advantage of shoulder replacement surgery.

"In extreme cases of shoulder arthritis, one or both bones have eroded to the point where they can't support a shoulder replacement," explains Brent Wiesel, MD, chief of the shoulder service at MedStar Orthopaedic Institute. "The same condition can also occur in cases where a previous shoulder replacement has failed."

Expanded Possibilities for Patients Previously Not Eligible

Those obstacles can now be overcome using a Zimmer Comprehensive® Vault Reconstruction System, or VRS. Recently approved by the U.S. Food and Drug Administration following extensive trials, the VRS combines CT imaging and advanced 3D reconstruction techniques to create a custom implant that wraps around the patient's remaining bone. The resulting base provides a more suitable surface to support the new reverse shoulder replacement.

"Because the implant construction is based on patient-specific imaging data, the match is nearly perfect," says Dr. Wiesel, who began performing reverse shoulder replacements using VRS for select cases while the technology was undergoing FDA trials.

"We were the first hospital in metropolitan Washington to use them," he adds. "It's been quite interesting to see how refinements have made this system even better."

Dr. Wiesel notes that a reverse shoulder replacement using VRS takes about the same amount of time as a conventional procedure and the recovery time is the same—about three to four months—when combined with a series of prescribed progressive stretching and strengthening exercises that can be performed at home.

"VRS allows us to treat a significant population that could not get help before," he says. "The reduction in pain and improvement in overall use is remarkable."



Hiking

Physicians' Rx for Adventure



(l to r) David, father Leon, and Dan Hampton trekked 180 miles to the summits of Mts. Whitney, Muir, and Russell in late summer.

Brothers Dan Hampton, MD, and David Hampton, MD, have a lot in common. Both are surgeons with MedStar Orthopaedic Institute, both graduated from Georgetown University's School of Medicine, and both share a lifelong love of the outdoors—hiking, rock climbing, and anything else that combines physical activity with beautiful scenery.

The brothers' most recent adventure—an ambitious 18-day backpacking trip on the John Muir Trail through the Sierra Nevada Mountains—was a true family affair, as they were joined by their 66-year-old father, Leon, an IT consultant and an active outdoors enthusiast himself.

Having grown up in Southern California, the high Sierras are familiar territory for the Hampton family. In 2016, father and sons did a five-day backpacking trip through the area. This time, however, they raised the stakes, as their 180-mile route would take them to the summits of Mts. Whitney, Muir, and Russell, all three with elevations above 14,000 feet.

"We had never done a trip of this magnitude before," says Dan, a sports medicine specialist who also chairs the Surgery and Orthopaedic Surgery departments at MedStar Southern Maryland Hospital Center in Clinton, Md.

Even with their collective outdoors experience, the Hamptons knew a trip through one of the country's most remote and rugged regions would require extensive planning—two years' worth, in fact. That included studying maps to plan daily mileage goals and camping sites, testing gear on short hiking trips near D.C., and selecting clothing for weather extremes that could range from high heat to snow flurries.

"Weight is always a big deal for backpacking," says Dave, an attending orthopaedic trauma surgeon at MedStar Washington Hospital Center, "so we try to bring only gear that we'll really need and get the most use out of."

Because it would be impractical to carry food for all 18 days, the Hamptons made arrangements with one of the Muir Trail's many resupply services to deliver a cache of fresh provisions around their halfway point.

The Hamptons also worked on preparing themselves physically, with plenty of endurance training and core strengthening that would be important for carrying camping essentials up and down rugged trails. Back in Southern California, Leon was preparing himself, too, tackling several long hikes after being briefly sidelined by an ankle injury earlier in the year.

As physicians, Dan and Dave had few qualms about handling any medical issues that might arise as they ventured further into the backcountry, and beyond the reach of cell phone coverage. Dan always brings along a portable satellite device to trade texts with his family and signal for help in an emergency.

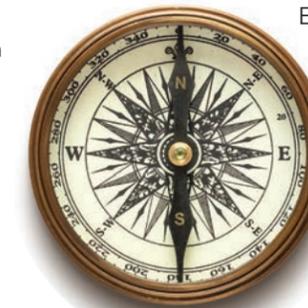
"But no email," he says with a laugh. "Part of the enjoyment of these trips is being off the grid for a little while."

It's Go Time!

The adventure began on August 3, with some family camping at Yosemite National Park. The intrepid hikers used those relaxing days to make last-minute preparations, acclimate themselves to the higher elevation, and help minimize the potential for altitude sickness. (Even the floor of Yosemite Valley is 10 times higher than Washington, D.C.)

Luck was on the Hamptons' side when they hit the trail with perfect weather that would last the entire trip.

"We set up our itinerary to start with relatively low-mileage days to help us get used to the conditions, with Dad setting the pace," Dan says, adding that scenery, not speed, was most important. "We wanted to see what was there."



Even with their comfortable schedule, the Hamptons covered more trail than expected on the first few days. So much so that they were able to take a day off after about a week to physically recharge for the big climbs ahead. As for their 66-year-old pace-setter, Dave says, "Dad always did great. It never really felt like we were going too slow, especially on the uphill sections."

Over the next several days, those sections would rise higher and steeper, cresting passes as lofty as 13,000 feet. Yet each new exertion was always rewarded with yet another spectacular view.

"The scale of the high Sierras is so grand," Dave says, "and so much different from the eastern part of the country."

Complementing the unspoiled beauty was an absence of glitches to spoil the backcountry experience. A family friend joined the Hamptons for the latter part of the trip right on schedule, as did the pack mules bearing their supplies.

"I was always waiting for the other shoe to drop," Dan admits, "but logistically, the trip couldn't have gone much better."

Still, as the hikers neared the end of their journey, a shared sense of exhaustion began to compete with the exhilaration of completing a fun, yet demanding trek. And after almost three weeks of eating camp food and sleeping in a tent, the end of the trail with its celebratory pizza and beer, plus other comforts of civilization, couldn't come soon enough.

"Part of the enjoyment of these trips is being off the grid for awhile...The scale of the high Sierras is so grand and so much different from the eastern part of the country."

—DAVE HAMPTON, MD

"Even with the exertion, I don't sleep well when out backpacking," Dan says. "The first night back in a regular bed felt glorious!"

After a day of relaxing at their parents' house, Dan and Dave headed back to D.C. and their busy work schedules. Not surprisingly, however, the brothers' thoughts have already turned to their next big adventure. One possibility is a rock-climbing trip up the face of Yosemite's famed El Capitan, a 3,000-foot vertical climb that typically takes several days to complete.

Until then, the brothers will have no shortage of Muir Trail memories to savor.

"It's just fun going out to the backcountry," Dave says, "and being someplace that takes time and effort to get to."

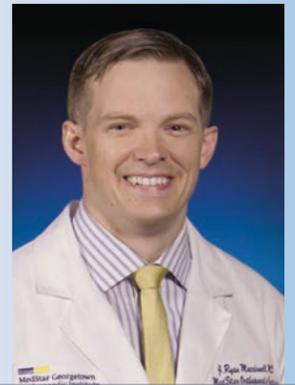


Chef Antonio Lombardi is pain-free after double hip replacement surgery.



"This is the outcome we want to see with every patient we treat. Our ultimate goal is to maximize function and improve the quality of their lives."

—J. RYAN MACDONELL, MD



New Hips for a *Maestro* of the Kitchen



Chef Antonio Lombardi leads his busy team in a carefully choreographed ballet. Together, they produce the authentic Roma dishes that patrons of his Olney, Md., restaurant have come to love.

But when hip pain began to slow him down, he knew it was time to act. "I had X-rays that showed both hip joints were deteriorated by arthritis. Joint replacement was recommended," says Chef Lombardi. "The first surgeon I saw told me I'd be out of work for months recovering. I knew I couldn't take that much time away from my restaurant."

That's when the chef met J. Ryan Macdonell, MD, an orthopaedic surgeon and expert in hip and knee replacement at MedStar Montgomery Medical Center. He performs a procedure with a much faster recovery time: direct anterior hip replacement.

Saving Muscle for Faster Recovery

"Direct anterior hip replacement is a muscle-sparing approach that speeds recovery," explains Dr. Macdonell. "In this procedure, I make a four-inch incision at the top of the thigh from the front of the patient. Gaining access to the hip joint saves muscle, which translates into less pain and a much easier rehabilitation."

Chef Lombardi, 57, required the surgery on both of his hips. In April 2018, he had the first procedure on his left side. During the surgery, he underwent general anesthesia and his deteriorating hip was replaced with a metal, ceramic, and plastic joint implant that should last for decades. The procedure took less than 90 minutes. "I went into the hospital at 5:45 a.m. on a Monday, was back in my room by 11:45 a.m., and up on my feet walking soon after that," he says. "I went home the next day, had some home physical therapy, and went back to work on Thursday!"

Protocol for Optimal Recovery

Chef Lombardi benefited from a rapid recovery protocol for joint replacement that relies on a diverse team of experts, says Dr. Macdonell. "Even before surgery, we want to ensure the optimal result by eliminating medical issues that might impede recovery. That might mean weight loss or reducing blood pressure, for example. Patients also attend a pre-op class where nurses and physical therapists from the hospital's joint unit describe what patients can expect."

Physical therapy is part of the process, Dr. Macdonell says. "Some patients with muscle weakness will benefit from physical therapy before surgery. And just hours after surgery, patients will be up and moving to reduce pain and the possibility of blood clots. After they leave the hospital, patients will likely have home physical therapy for a week or two, and then continue with outpatient therapy right here at the hospital."

During his post-operative outpatient physical therapy, Chef Lombardi scored a perfect "two-fer." While strengthening his left hip, he was also preparing for surgery on the right. "I was rehabbing one hip and strengthening and stretching my right leg and hip muscles, so I would do even better after my second surgery," Chef Lombardi says. Just three months after the first procedure, Dr. Macdonell replaced the chef's right hip. "I could tell right away that I was stronger this time," he says. "This is the outcome we want to see with every patient we treat," Dr. Macdonell says. "Our ultimate goal is to maximize function and improve the quality of their lives."

For Chef Lombardi, living pain-free has been delicious. "My hips are great now. I was really happy with the whole process, from A to Z. Everyone at the hospital was an angel. I'd recommend the procedure to anyone."

WRIST REPAIR

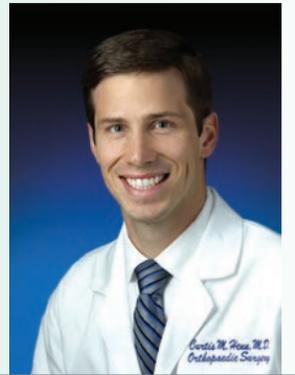


Desmond Barr has recovered nearly full range of motion in his wrist after surgery to repair an improperly healed fracture.



"The wrist can tolerate a certain amount of deformity, but Mr. Barr's deformity was such that I felt surgery was the only way to ultimately reduce his pain and improve his function."

—CURTIS HENN, MD



Bouncing Back



FROM IMPROPERLY HEALED WRIST FRACTURE

Desmond Barr, 50, had just dropped his wife off at work one day, when suddenly another vehicle struck his car. Mr. Barr immediately felt severe pain in his right arm. He was transported by ambulance to a nearby Level I Trauma Center because there was concern he had a head injury as well.

X-rays at that hospital confirmed Mr. Barr had fractured his wrist. Doctors there aligned the displaced bone and ultimately elected to treat him in a cast.

Mr. Barr followed up on his orthopaedic care, but his wrist remained in pain. "The doctor prescribed pain medication," he recalls, "but I didn't want that. I wanted my wrist to heal so I wouldn't be in pain!" The doctor then referred him to hand therapy to improve strength and range of motion. Mr. Barr chose MedStar Georgetown University Hospital for his rehabilitation and began seeing Occupational Therapist Deborah Furcolo, OTR/L, CHT.

"I still couldn't write," says Mr. Barr, who is right-handed. "And I couldn't work at all, as I cook for a living. In my mind, I thought it just needed more time."

But as the weeks passed, time and therapy did not ease the pain or improve his range of motion. At his wife's insistence, Mr. Barr sought a second opinion. Ms. Furcolo recommended Orthopaedic Hand Surgeon Curtis Henn, MD, at MedStar Georgetown.

Mr. Barr saw Dr. Henn nearly three months after the accident. New X-rays ordered by Dr. Henn showed his fracture had healed in an improper position. To remedy it, and since conservative measures had failed, Dr. Henn recommended surgery.

"The wrist can tolerate a certain amount of deformity, but Mr. Barr's deformity was such that I felt surgery was the only way to ultimately reduce his pain and improve his function," says Dr. Henn.

Mr. Barr agreed and underwent outpatient surgery with Dr. Henn, who used a saw and a chisel-like instrument to recreate the fracture. He then put the bone in correct alignment and secured it with two stainless steel plates and nine screws. The technically challenging surgery took about two-and-a-half hours.

"My wrist is great now. I have no numbness or weakness, and absolutely no pain. I'm so glad I went to see Dr. Henn."

—DESMOND BARR

After spending several days in a splint, Mr. Barr's arm was placed in a cast, which he wore for six weeks. He then returned to see Ms. Furcolo for additional hand therapy sessions.

Mr. Barr's wrist subsequently healed in the appropriate alignment, and he has regained nearly normal range of motion. His hand and wrist no longer bother him. "My wrist is great now," he says. "I have no numbness or weakness, and absolutely no pain. I'm so glad I went to see Dr. Henn, and I put him at the top of my list of doctors. Not only does he make sure you understand everything, he cares about your overall well-being."

MedStar Orthopaedic Institute Welcomes Our New Physicians



NICHOLAS CASSELLS, MD, Orthopaedic Surgeon, specializing in foot and ankle surgery, sees patients at MedStar Georgetown University Hospital, Lafayette Centre, and Chevy Chase.

He says, "I like to place emphasis on treating the whole patient and not just the foot and ankle. I believe it is important to listen to patients and their problems related to their feet and how it affects their life. I provide options so we can work together to develop a treatment plan tailored to each individual's diagnosis, lifestyle, and activity goals."

Dr. Casscells received his medical degree from Jefferson Medical College, Philadelphia, Pa. He completed his residency in Orthopaedic Surgery at MedStar Georgetown University Hospital and a fellowship in Foot and Ankle Surgery at MedStar Union Memorial Hospital.

In his free time, Dr. Casscells says he enjoys water sports (skiing, wakeboarding, and sailing) as well as racquet sports, hiking, and watching college basketball. "Mostly," he says, "I enjoy spending time with my family."



JOSEPH L. FERGUSON, MD, DPT, is an Orthopaedic Spine Surgeon, with a special interest in degenerative spine disorders. Dr. Ferguson sees patients at MedStar Georgetown University Hospital and Chevy Chase.

Dr. Ferguson says, "I believe in patients taking an active role in directing their care and recovery. I work with patients to find the treatment that will most effectively restore or preserve their maximum level of function. I had a previous career as a physical therapist and believe that the body is often capable of healing itself with the proper guidance, with surgery being used as a last resort when conservative management has truly failed."

He received a doctorate in Physical Therapy from Drexel University, Philadelphia, Pa., and his medical degree from Jefferson Medical College, Philadelphia, Pa. He was a research intern at Shriners Hospital for Children, and completed his residency at MedStar Georgetown University Hospital, and a fellowship in Orthopaedic Spine Surgery from Rush University Medical Center, Chicago, Ill.

Outside of work, Dr. Ferguson says he likes "travel and athletics, but most time is spent with my family. I have two young daughters that take the majority of my free time!"



JOHN S. FOLEY, MD, Orthopaedic Hand Surgeon, specializes in hand, wrist, and forearm surgery. He has special interest in arthritic and inflammatory conditions of the hand and wrist, and in nerve compression disorders, including carpal tunnel and cubital tunnel syndrome. He sees patients at MedStar Montgomery Medical Center in Olney, Md.

Dr. Foley says his goal as a physician is to provide "individualized care that employs appropriate conservative, therapeutic, and surgical interventions in a comprehensive, compassionate treatment plan."

Dr. Foley received his medical degree from New York Medical College, Valhalla, NY. He did his orthopaedic surgery residency at SUNY Downstate, Brooklyn, NY, and a hand surgery fellowship at Mount Sinai Beth Israel, New York, NY.

Outside of work, Dr. Foley says, "I enjoy skiing, reading, travel, movies, and exploring our new neighborhood with my family."

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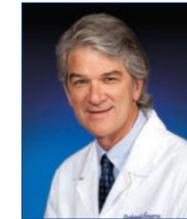
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Lafayette Centre



Paul Cooper, MD
MedStar Georgetown University Hospital



Francis McGuigan, MD
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Brian Evans, MD
MedStar Georgetown University Hospital
Additional Locations:
McLean



William Lennen, MD
MedStar St. Mary's Hospital



J. Ryan Macdonell, MD
MedStar Montgomery Medical Center
Additional Locations:
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HAND AND ELBOW SURGERY



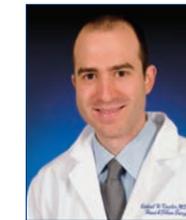
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MedStar Montgomery Medical Center



Curtis Henn, MD
MedStar Georgetown University Hospital
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Lafayette Centre



Ryan Jander, MD
MedStar Southern Maryland Hospital Center
Additional Locations:
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Brandywine
Lake Ridge



Michael Kessler, MD
MedStar Georgetown University Hospital
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MedStar Georgetown University Hospital
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Brock Adams, MD
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Robert Henshaw, MD
MedStar Washington Hospital Center
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David Hampton, MD
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MedStar Georgetown University Hospital
Additional Locations: Chevy Chase, McLean



Fred Mo, MD
MedStar Georgetown University Hospital
Additional Locations: Chevy Chase, McLean



Alan Schreiber, MD
MedStar Southern Maryland Hospital Center
Additional Locations: Alexandria, Brandywine, Lorton, Waldorf

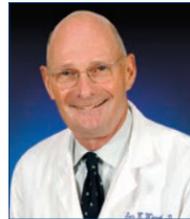


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Additional Locations: Mitchellville



James Tozzi, MD
MedStar Washington Hospital Center

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Wiemi Douougih, MD
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Daniel Hampton, MD
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