Moving Moments

Knowing when it’s time for a knee replacement
Robert Kennon, MD

Same-day anterior approach hip surgery
Amy Wasterlain, MD

Scoliosis in adult care, when it’s time for surgery
Glenn Russo, MD

Connecticut Orthopaedic Institute
www.ctortho institute.org
You Are #1 With Us

It’s been an interesting and rewarding seven years for those of us involved in the Connecticut Orthopaedic Institute, as we’ve grown from a handful of surgeons to more than 130 performing 6,000+ cases last year.

Our program has always been focused on maintaining the highest level of quality and safety for COI patients, a commitment reflected in our excellent patient satisfaction scores. Achieving this level of performance is the labor of every team member — surgeons, nurses, therapists, navigators and office colleagues — and supported by Hartford HealthCare leadership. I am incredibly appreciative of this day-to-day commitment to excellence.

Together, we have grown into one of the largest providers of elective orthopaedic surgery in the state — doing more surgeries monthly than any other entity for the last six months — and our work returns patients to activities they love. But it’s not time to rest on our achievements. Rather, I invite everyone to envision how COI can continue to expand its reach and affect even more lives.

Ours is a unique, positive, effective culture of care. I see us continuing to optimize services and promote quality and performance scores to become the destination center for world-class orthopaedic care in Connecticut.

It is an honor to be part of the daily commitment to this level of care. We clearly have worked hard to achieve such phenomenal results for patients, and I look forward to what the future has in store for our institute.

John McCallum, MD
Physician-in-Chief
One Institute, Two Locations, Same Patient Satisfaction

As the team and services offered by the Connecticut Orthopaedic Institute have grown, so has the competition. Options for care are multiple for everyone from aging Boomers needing knee replacements to accident victims wishing to regain function. To promote COI as the choice for world-class, patient-centric orthopaedic care in Connecticut, we developed a robust marketing campaign that taps various media — print, television, billboards and digital — to position COI as the desired destination for orthopaedic care in Connecticut.

The campaign stresses that COI offers outstanding care and exceptional patient experience in two locations with more than 100 board-certified specialists. Achieving the highest volume of orthopaedic cases in the state means we expertly deliver a caliber of care that not only meets but beats national quality benchmarks. At the same time, the campaign highlights our concierge approach to patient care that earns us top scores in patient experience regionally and nationally and gets people back to their lives and doing what they love as quickly as possible.

See how you can improve your life with Connecticut Orthopaedic Institute
COI Navigators: Your Compassionate Guides

Schedule & Surgery (Patient scheduled for surgery).

Outreach to a patient for class registration before surgery.

If a patient cannot attend a class – online classes are available.

Navigators will follow up with a patient during hospitalization.

After surgery follow up.

Patient Education Guidebook is provided to each patient. Patients are automatically enrolled into a patient engagement platform.

Patient attends class and a pre-assessment questionnaire is completed.

Navigators are available to address concerns and questions before surgery.

Case Management arranges care services if needed after hospitalization.

Patient outreach calls are made 3 days after hospitalization and outreach is done with our patient engagement platform.

“Hi, how are you feeling today?”
A friendly recommendation leads to a new knee

Knee pain kept Jane Dinneen from enjoying her active lifestyle, but she was still scared the day before her total knee replacement at St. Vincent’s Medical Center.

She was scrolling on Facebook and saw that Joseph Dacey reported he was having his knee replaced that day.

“He was looking forward to having his knee done and I thought, ‘That’s a good attitude. I’m a nervous wreck,’” she said.

She commented on the post and Dacey messaged her with encouragement.

“She was nervous,” Dacey said. “She asked how I was feeling, so I took a photo and sent it to her. She did the same, and that started our conversation.”

Dacey had surgery with Christopher Lynch, MD, at MidState Medical Center in Meriden. It was his second surgery after having his right knee replaced two months earlier.

Dacey’s experience the first time helped him stay positive for his second.

“The attitude he had going into the surgery is probably why he did so well. If you’re optimistic about the replacement, you have a good chance of doing better,” Dr. Lynch said.

The connection proved crucial for Dinneen, whose surgery was with Jack Irving, MD, medical co-director of COI.

“It was nice to have a person to share this experience with,” she said, adding that the St. Vincent’s team and Dr. Irving were also critical to helping her emotionally through the surgery. “Dr. Irving gave me timelines for healing that were spot on. I followed his guidelines and, at nine months, I felt like I had not had anything done.”

Recovery, the doctor noted, starts immediately and patients walk just hours after surgery.

“We developed a comprehensive care program that involves a patient from the minute the surgery is scheduled to months after it is done,” said Dr. Irving, adding that the program earned a gold seal from The Joint Commission in both advanced hip and knee replacement.

She didn't want to be laid up for months, even though she was tired of cortisone shots and braces to keep the knee from popping out. Then, she found courage through a childhood friend’s Facebook post.
The Best at Getting Better
2023 Quality & Excellence Highlights

Advanced Certification
Spine Surgery (first in the nation)

Aetna Institutes of Quality® (IOQ)
Orthopaedic Care Facility for Total Joint Replacement & Spine Surgery Designation (MidState)

Distinction+ for Knee & Hip Replacement (MidState, SVMC Eligible)

Distinction+ for Spine Surgery

Five-Star Recipient for Total Knee Replacement & Spinal Fusion Surgery

Premier Bundled Payment Collaborative Award Winner
“Positive Savings & Excellent Quality” & “Most Improved”

Women’s Choice Award
America’s Best Hospitals for Orthopaedics

CMS 5-Star Hospital (MidState)

Comprehensive Care for Joint Replacement Quality Rating of “Excellent”

National Association Orthopaedic Nurses (NAON)
Orthopaedic Nursing Excellence Award

“We’re proud of the many recognitions of COI’s expertise and care.”

Andrew Turczak
VP, Connecticut Orthopaedic Institute
St. Vincent’s Medical Center: A Center of Excellence for Hip Fractures

The approximate number of Americans over 65 hospitalized with hip fractures each year is more than 300,000. Numbers best tell the story of hip fracture care at the Connecticut Orthopaedic Institute at St. Vincent’s Medical Center:

The speed at which care is provided avoids prolonged immobility for the patient and yields better outcomes. New regional blocks also help the team provide appropriate pain control before and after surgery.

“Where you’re treated and the experience you have matters,” said David Martin, MD, division chief of orthopaedics at SVMC. “Everyone on the team prioritizes the patient experience, including providing immediate pain relief, expediting surgery and returning patients to an active lifestyle as quickly as possible.”

The average time to get SVMC COI patients needing surgical repair into the OR. The national recommendation is 24–48 hours, making ours one of the fastest transitions in the country.

Time the multidisciplinary COI team — emergency medicine doctors, orthopaedic surgeons, peri–operative specialists, anesthesiologists, hospitalists, nurses and rehabilitation experts — is available to patients.

David Martin, MD
Division chief of orthopaedics
How Long Does It Take to Recover from Spine Surgery?

Spine surgery recovery begins with the decision to have surgery.

It’s so important that you feel confident with your doctor and feel you’ve exhausted all nonoperative management and require an operation,” says Gerard Girasole, MD, director of orthopaedic spine surgery and co-medical director of Connecticut Orthopaedic Institute at St. Vincent’s Medical Center. “All of these things help you go in with a great attitude, and it really makes a big difference in your postoperative course.”

When do you need spine surgery?

Various issues may bring you to a spine specialist, including:

● Cervical problems often presenting as arm numbness, tingling or weakness.
● Lumbar radiculopathy (a pinched nerve in the spine) can compress your nerve roots and make them inflamed.
● Neurogenic claudication can include pain, tingling or cramping in the lower back, legs, hips and buttocks.
● Other spinal conditions include herniated disks, spinal cord injuries, spinal fractures, spinal tumors and spinal deformities.

Spine surgery recovery

Recovery begins right after surgery. The primary focus is getting patients moving. To restore the natural functions of the spine. The common misconception is patients are laid up for months, but the opposite is true. With modern techniques, we no longer advocate sedentary lifestyles after surgery. Exercise moderation is important at first. That’s why we encourage, walking and gentle bending to get acclimated and active post-surgery. Returning to work and activities depends on your procedure, surgical method, job requirements and desired activity level. Physical therapy will also help along the way.
The largest joints in the body, knees allow us to stand, walk, run, climb stairs and maintain balance. Injury or years of wear and tear on a knee can significantly impact your quality of life.

Most adults will experience knee pain at some point, according to joint replacement specialist Robert Kennon, MD. Most patients he sees experience knee problems from arthritis or degenerative issues that happen over years. Sports medicine specialists see younger patients who typically have issues from injuries.

The time to see a doctor is when you feel pain often or your mobility is impacted, he said. Even then, surgery isn’t usually the first action. Most orthopaedic surgeons start with conservative measures like modifying physical activity or losing weight. Other options include physical therapy, anti-inflammatory medications, injections or using a brace.

“We turn to surgery once the conservative options are no longer enough, people are still bothered by the pain every day and it impacts their ability to do activities, such as going up and down stairs, sitting, standing or exercising,” Dr. Kennon said.

During knee replacement surgery, which is typically done robotically, he removes damaged cartilage and worn bone and replaces it with a new surface over the ends of the bones.

Nearly a million people in the U.S. have a total knee or hip replacement each year and most do very well with a big improvement in their quality of life, Dr. Kennon said. Healthy patients can even go home the same day.

Recovery depends on the patient’s health before surgery. Most people are back to activities, with the help of therapy, after eight weeks.

NOW YOU KNOW

Time for a knee replacement?

Robert Kennon, MD
Which Type of Hip Replacement is Right for Me?

In health and in life, we are so often torn between tough decisions. Fortunately, choosing a type of hip replacement surgery usually isn’t one of them.

Amy Wasterlain, MD, an orthopedic surgeon at the Connecticut Orthopaedic Institute at MidState Medical Center, explains what to expect if you have arthritis and are considering a hip replacement.

Picking the best option.
Technically, there are three types of hip surgery: total replacement, partial (or “hemi”) replacement, and hip resurfacing. “For most people, total hip replacement is going to be the correct answer,” says Dr. Wasterlain.

What’s the difference between each type of hip replacement?
- Total hip replacement both replaces the ball of the hip joint and modifies the socket it fits into, creating an artificial joint. “Total replacement is usually the most common and appropriate choice for hip arthritis or other degenerative conditions,” says Dr. Wasterlain.
- Partial hip replacement doesn’t help with arthritis. It’s often for elderly patients who’ve broken a hip and need urgent surgery.
- Hip resurfacing is bone-preserving, and may last longer than a total hip replacement. But it comes with several major downsides, like a being more invasive surgery.

Expertise over approach.
For total hip replacements, a surgical team will either use an anterior approach — an incision through the front of the hip, which avoids cutting any muscles — or a posterior approach, through the back of the hip. They may or may not use robotic surgery. “Your surgical team matters more than the approach or robotic technology,” says Dr. Wasterlain. In skilled hands, all of the above lead to the same successful long-term outcomes. The key is finding the right team.
A cold muscle is a muscle at risk, but warm-ups sometimes take a back seat for recreational athletes. If you’re playing pickleball or tennis, skipping warm-ups can hurt more than just your performance – it could result in injury.

“For all sports that involve twisting, pivoting, short sprints and quick stops like pickleball, tennis, basketball and soccer, it’s very important to warm up and stretch before playing. This reduces the risks of muscle and tendon injury like Achilles tendon ruptures, back strain and hamstring pulls,” said Alan Reznik, MD, an orthopedic surgeon at MidState Medical Center specializing in sports-related injuries.

Jumping right into play is tempting, but your body won’t perform optimally and can suffer cramps, strains and stiffness. Aim for improved performance with some light cardio and stretching to raise your heart rate, increase blood flow and oxygenates muscles.

Benefits of a full warm-up:
- Heightened reflexes
- Improved agility
- Increased endurance

Alan Reznik, MD
Dr. Reznik’s five-minute warm-up

Don’t forget time to cool down after the game, too!

<table>
<thead>
<tr>
<th>Warm-up Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Walk or jog</td>
<td>Start with a brisk walk or jog until warmed.</td>
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<tr>
<td>Neck stretches</td>
<td>Tilt your head side to side and hold for 15–20 seconds. Then, slowly roll your head in a circular motion, clockwise and counterclockwise.</td>
</tr>
<tr>
<td>Shoulder stretches</td>
<td>Extend one arm at a time across your chest and use your other to gently pull it closer to your body. Hold for 15–20 seconds. Roll your shoulders in a circular motion to warm up your joints.</td>
</tr>
<tr>
<td>Arm and wrist stretches</td>
<td>Extend one arm straight in front of you, palm up and use your other hand to gently pull your fingers back toward your body. For wrist stretches, extend one arm straight in front of you, palm down and use your other hand to gently pull your fingers toward the ground.</td>
</tr>
<tr>
<td>Leg (quad) stretches</td>
<td>Stand straight, bend one knee and bring your foot toward your glutes. Hold for 15–20 seconds. Switch sides.</td>
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<tr>
<td>Calf stretches</td>
<td>Lean against a wall, placing one foot forward with knee bent slightly, and press the heel of the back foot into the ground. Hold for 15–20 seconds. Switch legs.</td>
</tr>
<tr>
<td>Core stretches</td>
<td>Core stretches. Stand with your feet hip–width apart, raise your arms overhead and lean gently to one side. Hold 15–20 seconds.</td>
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Achy Ankle? Here’s What You Can Do About It

We’re on our ankles all the time, which can make them ache.

Adam Ferguson, DO, with Connecticut Orthopaedic Institute at MidState Medical Center, said ankle replacement surgery is an option for relatively young, active patients having trouble doing things they enjoy.

“Pain in the ankle — specifically the top bone in the ankle, called the talus — can come from many things, most commonly arthritis that causes the cartilage between the bones to wear,” he explained.

The cause can be genetics, certain activities or, most commonly, trauma.

“Trauma can be something small, like rolling your ankle a bunch of times as a kid. Or it can be something larger like a break,” Dr. Ferguson said.

Ankle replacement surgery involves removing of the bottom part of the tibia (shin bone) and the top part of the talus and replacing them with medical-grade metal and plastic components that he said hold up very well for a long period of time, leaving patients with what is, essentially, a new ankle.
Avoid injuries on the golf course

Golf is a low-impact sport but, like any activity, there’s the potential for injuries, especially in the shoulder.

“Choppers’ who pound the club into the ground are most at risk for shoulder injuries,” said Paul Protomastro, MD, orthopedic surgeon with the Connecticut Orthopaedic Institute at St. Vincent’s Medical Center. And it only takes one bad shot to cause a shoulder injury.

“Errant shots that take a chunk of earth or a tree root can cause tears in the rotator cuff,” Dr. Protomastro said.

“Overzealous follow-through can impinge arms against the shoulder blades at the finish, putting excessive load on rotator cuff tendons.”

For others, the wear and tear of the game can add up.

“The obsessed tend to practice and play to the point of exhaustion which can shoulder bursitis from excessive practice on plastic mats,” he said.

Avoid shoulder injury with these tips:

- **Stretching your neck**, shoulders, core and lower body before heading out. Use resistance bands and light weights to strengthen shoulder muscles and tendons.
- **Warming up** for 15–20 minutes.
- **Watching your overswing.** “The golf swing is a fluid motion optimized by timing and technique. Muscling shots rarely leads to great results and can cause structural damage to the shoulders,” Dr. Protomastro said.

If you find yourself with shoulder pain or injury, talk to your doctor for an accurate diagnosis.

“Rest, anti-inflammatory pills, cortisone injections and a rehabilitation program can fix most overuse problems and minor injuries,” Dr. Protomastro said.

If pain persists, you may need an MRI to look for structural damage and to determine if surgical intervention is needed.
Any things get better as we age, but scoliosis, unfortunately, tends to get worse. “Scoliosis is a mechanical process that can progress to the point that it causes significant back pain and poor function,” said Glenn Russo, MD, medical director at the Connecticut Orthopaedic Institute at MidState Medical Center.

Scoliosis surgery, however, is only appropriate for some adults. First, providers recommend lifestyle changes like exercise, weight loss and eating foods that promote bone health. “When patients suffer from more scoliosis-related pain and stiffness, we suggest focusing on these lifestyle changes that may help them feel better and move easier,” Dr. Russo said.

The next nonsurgical steps:

- Physical therapy
- Supportive bracing
- Pain management with anti-inflammatories, muscle relaxers or corticosteroid injections

“Nonsurgical treatments can be highly effective for mild and moderate symptoms,” Dr. Russo added. “Typically, we only consider surgical treatment when nonsurgical options have failed.”

At that point, providers look at the patient’s anatomy and overall health to determine if surgery is an option. Your doctor will study x-rays to understand exactly how your spine is out of alignment, and if that contributes to your symptoms.

“Each patient and each spinal curve is different,” Dr. Russo said.

The next consideration is whether surgery will improve your quality of life.

“Surgery is only offered if it will provide a meaningful improvement in the quality of a patient’s life, and only if it aligns with their goals and medical conditions,” Dr. Russo said.

Surgery for scoliosis is considered a unique field in spinal surgery, so find a specialist. “Today’s surgeons and patients benefit from years of research and significant advances in technology that make surgery, recovery and outcomes much better than they were in the past,” Dr. Russo noted.
Text Claw: What to Do About Finger & Hand Pain From Smartphone Use

That daily deluge of texts isn’t just damaging your calm. Constant tapping, typing and swiping could also be damaging your hands. Maybe you already feel it: pain in your fingers or wrists from too much smartphone use — informally known as “text claw.”

The human hand wasn’t designed for smartphones. When you text and swipe, especially when you do it relentlessly, you’re putting unnatural pressure on your fingers and wrists. Same goes for the simple act of clutching a phone for hours on end. These repetitive actions cause microtrauma in your muscles and tendons.

“Constant texting and smartphone use can cause tendinitis (inflammation) of the thumb and fingers,” says orthopedic surgeon and hand expert Henry Backe, MD, who practices at St. Vincent’s Medical Center.

From finger pain to hand cramps, text claw tends to come on gradually with:

- Aching or throbbing pain in your fingers, palms or wrists
- Tingling or numb fingertips
- Stiff or cramped hands, especially upon waking or after a lot of phone use
- Weakness in fingers or hand

Try these 5 hand-healthy alternatives.

For times when your smartphone is a must, try changing up your routine to protect your hands and wrists.

1. For scrolling, use an ergonomic device like a stylus or keyboard attachment.
2. Instead of texting or emailing, send an audio message or call.
3. Instead of holding your phone to talk, use headphones and hands-free devices.
4. Instead of tapping out phone commands, use voice commands.
5. Practice alternating hands when using your phone

Need something to do with your hands now that they’re freed up? Stretch those fingers and wrists. “Hand-stretching exercises can help keep your muscles from cramping and improve blood supply,” says Dr. Backe.

Most of all: Take breaks.

Finally, the golden advice you already knew but were hoping to avoid: “Take regular breaks from cell phone use,” says Dr. Backe. “We don’t need to be connected 24/7!”

Henry Backe, MD
Maintaining excellence: Safer surgeries, fewer infections

Surgical site infections can lead to significant problems — patient morbidity, increased length of stay, readmission, return to the OR and increased costs. Reduction and prevention are crucial to improving quality of care and patient outcomes.

We continue to provide excellent surgical care, while remaining well below the benchmark for both hip and knee replacements and spine surgeries.

Keeping surgical site infections low

![Graph showing surgical site infection rates for hip and knee replacements and spine surgeries, with a target of less than 1% and 12-month average for 2022 and 2023.]
Total Hip and Knee Replacements: Getting you home sooner

Our enhanced recovery model helps patients mobilize early and minimize complications, resulting in an overall reduced length of stay.

Shorter stays — over a long period of time

Days in hospital
Our patients have gone home sooner in the past year.

1.1 days

2022
2023

12-month average

National Average
1.3 days

COI
1.1 days
Total Hip and knee Replacements: 30-day readmissions

Our COI navigators play an integral role in communicating with and educating our patients. We continue to improve patient outcomes and experiences through enhanced communication and care team coordination, which helps reduce readmissions.

Fewer people returning after treatment

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<thead>
<tr>
<th>Month</th>
<th>2022</th>
<th>2023</th>
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<tbody>
<tr>
<td>Jan</td>
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<tr>
<td>Feb</td>
<td>3%</td>
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<td>Dec</td>
<td>1%</td>
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12-month average

- National Average: 5%
- Regional Average: 3.6%
- COI: Fewer than 1.3%
Spine Surgeries: Better than the national average

About 90% of our spine patients went home after surgery instead of going to skilled nursing facility.

More people headed home after surgery

<table>
<thead>
<tr>
<th>COI</th>
<th>89%</th>
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<tr>
<td>National Average: 89%</td>
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12-month average
About 97% of our hip and knee replacements patients went directly home after surgery. People who go home after surgery instead to skilled nursing facility often recover faster and experience decreased complications and readmissions.

**Total Hip and Knee Replacements: Transitioning to home**

A shorter stay

- **97% COI patients**
- **93% National Average**

12-month average
Total Hip and Knee Replacements: Going home same day

With advances in surgical techniques and pain management, patients can recover successfully in the comfort of their own home without spending the night in the hospital.

Year over year, COI MidState Medical Center has increased the number of patients going home the same day as their surgery.

Surgery, Then Home — in the Same Day

Fiscal Year • October to September
When the Epson Tour returns to Milford in July, surgeons from the Connecticut Orthopaedic Institute will be right on the greens, not with clubs but tips for the golfers to maintain bone health as they swing for a win.

The tour stop is for the 2024 Hartford HealthCare Women’s Championship, planned for Sacred Heart University’s Great River Golf Club in July.

“We are so proud to bring back the official qualifying tour of the LPGA,” said Karen Goyette, Hartford HealthCare’s executive vice president and chief strategy and transformation officer, of the Epson Tour. “This partnership clearly aligns with our vision and commitment to engage with the community while investing in and empowering future women leaders.”

The 2024 event will be one of select ticketed Epson Tour events on the schedule, with general admission ticket revenue donated to the First Tee of Connecticut LPGA USGA Girls Golf Program. This dovetails with the Epson Tour’s mission to prepare the best young women professional golfers for a successful career on the LPGA Tour.