Update on Total Joint Replacement of the Knee and Shoulder/Current Concepts in Sports Medicine

An International Learning & Training Center Program

Presented by Hospital for Special Surgery and Funded by the Stavros Niarchos Foundation

Wednesday, April 13, 2011 - Saturday, April 16, 2011
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Past President, American Shoulder and Elbow Surgeons
Introduction

Founded in 1863 by James Knight, MD and 20 prominent New Yorkers, Hospital for Special Surgery is the oldest orthopaedic hospital in the United States. And now, for more than a century, it has been the educational resource for global leaders in orthopaedic surgery.

Hospital for Special Surgery is a world leader in orthopaedics, rheumatology and rehabilitation and for the 19th consecutive year, HSS has ranked above all other hospitals in the Northeast in orthopaedics. Hospital for Special Surgery is nationally ranked No. 1 in orthopaedics, No. 3 in rheumatology and No. 16 in neurology by U.S. News & World Report (2010). HSS also has been a recipient of the HealthGrades Joint Replacement Excellence Award four years in a row (2007-2010). HSS’s scientific excellence in research, as well as its state-of-the-art educational programming, continues to influence local, national and international communities.

As a pioneer of total joint replacement of the knee and shoulder, HSS has led the way in the development of new imaging protocols for MRI evaluation of cartilage, along with ground-breaking progress in minimally invasive procedures and minimization of length of stay. HSS also leads the world in the application of general anesthesia techniques.

Mission & Vision

The mission of Hospital for Special Surgery is to provide the highest quality patient care, improve mobility and enhance quality of life and to advance the science of orthopaedic surgery, rheumatology and their related disciplines through research and education. The vision of Hospital for Special Surgery is to lead the world as the most innovative source of medical care, to be the premier research institution and the most trusted educator in the field of orthopaedics, rheumatology and their related disciplines.

Hospital for Special Surgery and its International Learning & Training Center

The creation of the International Learning & Training Center builds on the Hospital’s mission and vision to be a global resource for musculoskeletal education and research. The Center offers centralization of the Hospital’s best practices in learning and training by providing continuing education opportunities to physicians and other health care providers from around the world.
Affiliations & Accreditations

Hospital for Special Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians as well as the Joint Commission on Accreditation of Healthcare Organizations. Additionally, it is a member of the NewYork-Presbyterian Healthcare System, an affiliate of Weill Medical College of Cornell University and cooperates in patient care with Memorial Sloan-Kettering Cancer Center, NewYork-Presbyterian Hospital at New York Weill Cornell Medical Center and The Rockefeller University. It is the policy of the Hospital for Special Surgery to adhere to ACCME Essential Areas, Policies and Standard for Commercial Support in order to ensure fair balance, independence, objectivity and scientific rigor in all its sponsored programs. All faculty participating in sponsored programs must disclose to the audience any potential, apparent, or real conflict of interest related to their contribution to the activity, and any discussions of off-label or investigational uses of any commercial products or devices not yet approved in the United States. All disclosures will be made at the time of the continuing professional education activity. Hospital for Special Surgery continuing professional education activities are intended to be evidence-based and free of commercial bias.

Stavros Niarchos Foundation

The Stavros Niarchos Foundation, an international philanthropic organization, supports charitable activities in four primary areas: arts and culture, education, health and medicine and social welfare.

The Foundation provides grants to nonprofit organizations throughout the world and maintains a major commitment to supporting programs in Greece through the guidance of a locally-based advisory committee.

The Stavros Niarchos Foundation aims to foster exchange and collaboration among recipient institutions by supporting a broad range of organizations worldwide. The Foundation expects recipients to become partners to improve healthcare in Greece and throughout the world.

The Stavros Niarchos Foundation’s Update on Total Joint Replacement of the Knee and Shoulder/Current Concepts in Sports Medicine at Hospital for Special Surgery, co-chaired by Frank A. Cordasco, MD, MS; John T. Cavanaugh, PT, MEd, ATC; and Douglas E. Padgett, MD, is designed to provide Greek orthopaedic surgeons with orthopaedic knowledge and enhanced surgical techniques.

ACKNOWLEDGEMENT

Hospital for Special Surgery gratefully acknowledges funding support from a generous unrestricted medical education grant from the Stavros Niarchos Foundation
The demand for knee and shoulder replacement continues to grow throughout the world. At the same time, patient satisfaction rates have increased as continued modifications in surgical techniques and materials have improved already excellent outcomes.

The four-day Stavros Niarchos Foundation program at Hospital for Special Surgery will focus on this growing area of orthopaedic surgical practice. During the first two days of the course, participants will conduct total and reverse total shoulder arthroplasties and perform knee exposure procedures and total and partial knee replacements on cadaveric specimens, in addition to observing HSS surgeons performing these procedures in the operating room.

The final two days of the program will focus on current trends in management of sports medicine problems, with HSS course faculty of rehabilitation staff, surgeons and physicians offering their unique perspectives on the issue.

**Target Audience**

Orthopaedic surgeons practicing in Greece.

**Learning Objectives**

HSS activities are intended to improve the quality of patient care and safety. At the conclusion of this activity participants will be able to:

1) Demonstrate an updated knowledge of knee exposure techniques in total knee replacements.
2) Perform total knee replacement on cadaveric specimens.
3) Update knowledge of indications and evaluation of problems related to total knee replacements.
4) Demonstrate an updated knowledge of total and reverse total shoulder replacements.
5) Perform total and reverse total shoulder replacements on cadaveric specimens.
6) Assess best practices through observation of live surgery by HSS faculty.
7) Understand the complications that may occur after joint surgery.
8) Describe and critique new advances in treating the athlete who has sustained an injury.
9) Prepare a plan of care to rehabilitate patients.
10) Determine the differential diagnosis and treatment options for athletes.
11) Assess current surgical and rehabilitation interventions for injuries and disorders in the field of sports medicine.

**Program Coordinators**

**Ilsa Klinghoffer, MPA**
Director
International Learning & Training Center
Education Division, Hospital for Special Surgery

**Megan Skelly**
Program Coordinator
International Learning & Training Center
Education Division, Hospital for Special Surgery
Course Topics

Wednesday, April 13, 2011 • Knee Replacement
Douglas E. Padgett, MD

Didactic Session

• Indications for partial or total knee arthroplasty
• Approaches for partial or total knee arthroplasty
• Techniques for partial or total knee arthroplasty

Bioskills Education Laboratory
Hands-on cadaveric training experience including:
• Exposure technique in partial and total knee replacement
• Perform primary partial knee replacement
• Perform primary total knee replacement

Roundtable Discussions

• Postoperative Management
• Common Complications: Prevention and Treatment
• Complex Case Discussion

Observation in the OR

Thursday, April 14, 2011 • Shoulder Replacement
David M. Dines, MD
Lawrence V. Gulotta, MD

Didactic Session

Bioskills Education Laboratory
Hands-on cadaveric training experience including:
• Exposure technique in total and total reverse shoulder replacement
• Perform primary total shoulder replacement
• Perform primary total reverse shoulder replacement

Roundtable Discussions

Observation in the OR
Friday, April 15, 2011 – Saturday, April 16, 2011
Current Concepts in Sports Medicine

Friday
Session 1—The Meniscus
Meniscal Rehabilitation 2011

Session 2—Rotator Cuff Disease in the Athlete
Biomechanics of the Rotator Cuff
Post-Operative Rotator Cuff Rehabilitation 2011

Concurrent Focus Session I
• The Athlete’s Hip
• LIVE SURGERY: Biceps Transfer

Concurrent Focus Session II
• Decision-Making in Sports Medicine
• Foot & Ankle

Saturday
Session 3—Returning the Athlete to Sport

Concurrent Focus Sessions
• Sideline Management
• Where’s the Evidence in Sports PT

Concurrent Workshops—Wave 1
• Knee Evaluation
• Prevention Strategies for the Swimmer
• Overtraining in the Adolescent Athlete
• Lower Quarter Screening Lab
• Motion Analysis: Tools to Evaluate Performance
• Pilates Core Fundamentals
• Bracing the Athlete in 2011

Concurrent Workshops—Wave 2
• Shoulder Evaluation
• Troubleshooting in Sports PT
• Electro Diagnostic Testing for the Rehab Specialist
• Upper Quarter Screening Lab
• Soft Tissue Massage for the Problematic Shoulder
• Hand: Managing Wrist & Hand Injuries in Sports
• Functional Movement Screen

Course Topics (cont’d)
2011 Hospital for Special Surgery
Update on Total Joint Replacement of the Knee and Shoulder

Submission Deadline: February 8, 2011
Notification Deadline: March 1, 2011

Please Note: all course materials submitted for review must be in English

Eligibility & Selection

Applicants must be Greek nationals currently working in Greece as orthopaedic surgeons (Epimelitis A or B) in a Greek public hospital. Priority will be given to orthopaedic surgeons who are currently practicing in remote areas of Greece (North, Northwest and Northeast Greece, Pelloponnisos and islands).

The following information must be included to complete the application:
1) Description of current working position from your hospital director
2) Letter from hospital director authorizing participation in the course
3) Short curriculum vitae
4) Personal statement including the following:
   a) Indication of commitment to return to Greece and transfer knowledge at home institution to improve patient outcomes
   b) Explanation of role this course will play in your work
5) Completed Health Statement
6) Completed Safety & Confidentiality Statement
7) Completed Admission to OR Statement
8) Completed Letter of Understanding
9) Proof of Medical Licensure


For further information, please contact:
Megan Skelly
International Learning and Training Center
Program Coordinator, Education Division
tel: 212.774.2893
call: skellym@hss.edu

All application materials may be submitted as email attachments to Megan Skelly or via fax to 212.734.3833.
Update on Total Joint Replacement of the Knee and Shoulder

Name ___________________________________________________________
Surname ___________________________ Given Name ________________________

Highest Degree ______________________________________________________

Home Address _______________________________________________________

Postal Code (TK) _____________________________________________________
City _________________________________________________________________
Town ________________________________________________________________

Mailing Address ___________________________________________________

Postal Code (TK) _____________________________________________________
City _________________________________________________________________
Town ________________________________________________________________

Home Phone
Country Code     City Code     Phone Number

Work Phone
Country Code     City Code     Phone Number

Cell Phone
Country Code     City Code     Phone Number

Email Address _________________________________________________________ @ ___________________.

Date of Birth
Month     Day     Year

Medical School _______________________________________________________

Graduation Date ___________________________ Degree Title ___________________________
Month / Day / Year

Additional Schooling

School _______________________________________________________________

Graduation Date ___________________________ Degree Title ___________________________
Month / Day / Year
Post-Doctoral Training

Institution

Position

Dates from __________________________ to __________________________
    Month / Day / Year                Month / Day / Year

Present Position

Institution

Department

Title

Director’s Name

Director’s Title

By signing below I attest that the information contained herein and additional materials submitted for review are accurate as of the date signed below.

________________________________________
SIGNATURE                     Month / Day / Year
Occupational Health Services: Health Statement

Supporting documentation must accompany this Health Statement (i.e. title of lab reports or vaccination certificate)

Name __________________________________________________________________________________________

Given Name __________________________ Surname ________________________________

Rubella (German Measles):

1 Vaccine __________________________ or Pos. Titer __________________________

Month / Day / Year Month / Day / Year

Rubeola (Measles):

2 Vaccines __________________________ or Pos. Titer __________________________

Month / Day / Year Month / Day / Year

Or 2 MMR (measles, mumps, rubella) Vaccines __________________________

Month / Day / Year Month / Day / Year

MMR Booster 1 __________________________ MMR Booster 2 __________________________

Month / Day / Year Month / Day / Year

Mumps:

2 Vaccines __________________________ or Pos. Titer __________________________

Month / Day / Year Month / Day / Year

Or 2 MMR (measles, mumps, rubella) Vaccines __________________________

Month / Day / Year Month / Day / Year

MMR Booster 1 __________________________ MMR Booster 2 __________________________

Month / Day / Year Month / Day / Year

Varicella (Chicken Pox):

2 Vaccines __________________________ or Pos. Titer __________________________

Month / Day / Year Month / Day / Year

Or MD/NP Documentation of Illness __________________________

Month / Day / Year

Hepatitis B Vaccine: 1 2 3

3 Vaccines __________________________

Month / Day / Year Month / Day / Year Month / Day / Year

Titer: Hep B sAB Pos. __________________________ Neg. __________________________

Month / Day / Year Month / Day / Year

Declination: I do not wish to receive the Hepatitis B Vaccine

Visitor’s Signature ____________________________________________

Tuberculosis Screening:

* Please note: a BCG scar is not sufficient representation of PPD screening

* Screening must be done no more than 12 months prior to planned arrival date

Mantoux (PPD) Negative __________________________/mm Positive __________________________/mm

Month / Day / Year Month / Day / Year

*If Positive: Chest X-Ray: Date __________________________ Read by: __________________________

Contact Number: ____________________________________________
Safety & Confidentiality Protocols: Academic Visitors Guide

While a Visitor to Hospital for Special Surgery you are the responsibility of the physician who is your host during your time at the hospital. During your time at the hospital you must be aware of and follow the safety and confidentiality guidelines listed below.

Emergency Codes:
- **Fire** • Code 10: report to host
- **Disaster** • Code 5: report to host
- **Child Abduction** • Code Pink: dial 1111, inform of abduction, then report to host

In any event, Security may be contacted by dialing 1234. If you have contacted security for any reason, you must also notify your host.

Patient Confidentiality:
We are committed to maintaining the confidentiality of patient and other Hospital information in strict accordance with legal and ethical standards. Breaches of confidentiality are not tolerated by the Hospital.

Protected Health Information (PHI) is any information about health status, provision of health care, or payment for health care that can be linked to an individual. Breach of this is a federal violation against Health Insurance Portability and Accountability Act (**HIPAA**).

All Academic Visitors must:
- Respect the privacy of our patients and fellow employees
- Adhere to all established confidentiality & privacy policies, & procedures as outlined in HIPAA
- Actively protect and safeguard patient information
- Not discuss PHI in any public area, including elevators, hallways & dining areas

I ______________________________ hereby state that I have received, reviewed and will comply with all safety and confidentiality guidelines listed above while visiting Hospital for Special Surgery.

Visitor, Printed Given Name           Visitor, Printed Surname

Visitor Signature                        Date (Month, Day, Year)

ILTC Program Coordinator  ILTC Program Coordinator
Printed Name                Signature                Date
Statement and Certification of Visitor Seeking Admission to Hospital for Special Surgery Operating Room

Your signature on this document is required before you will be permitted to enter a Hospital for Special Surgery Operating Room. Please read this statement carefully, sign below, and return to the Education Division.

I understand that I will only be permitted to be in a Hospital for Special Surgery ("Hospital") operating room upon the request of the attending surgeon, with the consent of the patient and at the discretion of the Assistant Vice President, Nursing Perioperative Services (or Designee).

I understand that I am to consider all information regarding patient care and welfare, including the presence of the patient in the Hospital, as privileged and confidential information, and I will not divulge information of a confidential nature to other individuals, unless the patient consents in writing to my release of such information.

I agree and acknowledge that I shall: (1) be under the supervision and direction of the attending surgeon at all times when I am in the operating room, (2) not enter into or otherwise participate in the sterile field, (3) abide by and comply with all instructions given to me by the attending surgeon and the circulating nurse, or their designees; (4) wear an identification badge issued by the Hospital at all times during my visit, and (5) abide by and comply with all other applicable Hospital policies and procedures.

I certify that to the best of my knowledge, I am not currently infected with and have not been exposed within the past three (3) weeks to any disease which is of potential risk to patients and/or personnel in the operating room, and that I am free from any other health impairment which is of potential risk to patients or operating room personnel. I understand that I have an ongoing obligation to inform Perioperative Services Administration (Room 404) of any changes in this regard.

I know that there are potential risks to me by being present in an operating room. I am voluntarily attending this surgical procedure and assume all risks associated therewith, including, but not limited to, incidents involving blood-borne pathogens, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my presence in the operating room, I, for myself and anyone entitled to act on my behalf, waive and release the Hospital, its trustees, officers, employees, medical staff, students, representatives and successors from all responsibilities, claims or liabilities of any kind arising out of my presence in the operating room.

I understand and acknowledge that my failure to comply with any of the terms of this Statement and Certification will jeopardize my presence in the operating room.

Visitor, Printed Given Name

Visitor, Printed Surname

Visitor Signature

Date (Month, Day, Year)
Hospital for Special Surgery maintains strict policies and procedures that govern who may provide clinical services to our patients. Specifically, as a Visiting Observer, you are not permitted to have any contact with patients. This means that you are also not permitted to assist with surgical procedures, physical exams or any other clinical services within any area of the Hospital, including operating rooms. You must be under the visual supervision of your host at all times and are not allowed to stay in the operating room if your host leaves, nor are you allowed to observe under the supervision of another attending unless previously arranged and agreed to in writing by the attending.

If you attempt to provide patient care or have direct patient contact, you will be subject to termination from the Academic Visitors Program – Visitor Observership at HSS and required to leave the hospital.

You must review the attached document outlining the expectations set forth by HSS for all Academic Visitors.

Please indicate your understanding of the above by signing the attached copy of this memorandum and returning it to the attention of Megan Skelly, Program Coordinator, Education Division.

If you have any questions, please contact Megan Skelly at skellym@hss.edu 212.774.2893.

Thank you.

I understand my participation in the HSS Academic Visitors Program is dependent upon complying with the following expectations:

- Timely arrival to the location specified by the host.
- All electronic devices (i.e. cell phones, pagers, Ipod) silenced while in the office or the OR.
- No food or beverages allowed in patient areas or the host physician’s office.
- Do not disturb the office staff of the host physician with matters unrelated to patient care.
- Bring a lab coat with the understanding that one will not be provided the institution.
- Follow the appropriate HSS dress code:
  * Wear your HSS ID at all times
  * In the office setting: business attire
  * In the OR: cranberry colored scrubs and closed toe footwear

All interaction with HSS employees and patients should reflect compliance with aforementioned expectations.

I understand that HSS, the Education Division, and/or my host attending have the right to terminate my participation in the Academic Visitors Program at any time and for any reason, including if I do not meet the Academic Visitors Program requirement that participants be proficient in the English language. I represent to HSS that I am proficient in the English language and, specifically, in medical terminology and that if at any time HSS deems my communication skills in English inadequate, I understand that HSS can terminate my participation in the Academic Visitors Program immediately.

I understand the limitations on my clinical activities at the Hospital as described above and agree to comply with same.

Visitor, Printed Given Name

Visitor Signature

Date (Month, Day, Year)
HOSPITAL FOR
SPECIAL SURGERY

HSS Education Division
Programs Promoting
Musculoskeletal Health
www.hss.edu

Hospital for Special Surgery is an affiliate of NewYork-Presbyterian Healthcare System and Weill Cornell Medical College.