



Louisville Orthopaedic Clinic



Louisville Orthopaedic Clinic
Expands to Indiana

Wellness Edition:

A Look Inside – How Our Docs Stay On Top

CROSSFIT: What is it and is it Right for Me?

3D Printing: Customized Knee Implants

Did I Tear My Rotator Cuff?

YOU DON'T NEED
AN AGENT TO
**GO TO
THE
PROS.**

BaptistSportsMedKY.com

Even if you're not a professional athlete, you can be seen by the pros. Baptist Health's sports medicine-trained physicians, therapists and trainers can help you get back in action and perform at your best. We provide complete sports medicine, including performance training, orthopedic surgery and an advanced facility with private treatment rooms, a gym and an indoor turf field. For more on Louisville's professional sports medicine team, call 502.253.6699 or visit BaptistSportsMedKY.com.



BAPTIST HEALTH[®]

SPORTS MEDICINE

OFFICIAL SPORTS MEDICINE PROVIDER FOR LOUISVILLE CITY FC

Take Control of Your

Joint Pain

Joint pain can make you feel like a different person, keeping you from everyday activities.

Mako Robotic-Arm Assisted Technology, the latest in total hip and partial knee replacement, is now available in **Louisville**.

It's Your Move.

Speak with a surgeon to see if **Mako Technology** is right for you.

Find a Surgeon Today!

To register call **1-888-STRYKER** (1-888-787-9537) or visit patients.stryker.com

stryker[®]



CHAMPIONS

Official Joint Replacement Products of the PGA TOUR and Champions Tour

Individual results vary. Not all patients will have the same post-operative recovery and activity level. See your orthopaedic surgeon to discuss your potential benefits and risks.

MKORIO-PE-6

Greetings from

THE ADMINISTRATOR OF LOUISVILLE ORTHOPAEDIC CLINIC



It is with great pleasure we bring you our eighth edition of the Louisville Orthopaedic Clinic Magazine. This publication provides useful information to help you understand a variety of common orthopaedic ailments and advancements in orthopaedic medicine. The Louisville Orthopaedic Clinic and Sports Rehabilitation Center's mission is to provide comprehensive orthopaedic care, in a caring and friendly atmosphere. We strive to "Get You Back in the Game."

Since the practice began in 1974, we have continued to advance to better meet the needs of the community. Our orthopaedic surgeons work in collaboration with certified physician assistants and nurse practitioners to provide timely appointments and enhanced treatment. Our surgeons are board certified in orthopaedic surgery and have completed fellowship training in custom total joint replacement; arthroscopic procedures of the knee, shoulder and ankle; surgery of the spine; foot and ankle disorders and sports medicine. We offer onsite conveniences of an open MRI, Durable Medical Equipment and Licensed Physical Therapists.

The opening of our New Albany, Indiana office is the first true expansion of the practice. We saw a need to serve the community while maintaining our independence. We look forward to serving Southern Indiana.

Our patients experience the latest technology and concepts available in healthcare. Louisville Orthopaedic Clinic continues to progress through technology with the implementation of an electronic health record. Digital x-ray and registered technicians ensure the highest quality images possible to aid in the diagnosis and treatment of our patients.

Our redesigned website at www.louortho.com offers a wide range of features to include general office information, detailed educational background on physicians, educational resources to better understand your medical condition and a patient portal. Our interactive patient portal allows patients to communicate with our office via the internet or mobile device. The patient portal is a secure method of exchanging information between the patient and facility. Patients can register, update information, request medical records, complete online payments, request refills on medication and send non-urgent medical requests. Our physicians participate in research studies; contribute to medical journals and publications, all accessible on our website.

As part of our sports medicine program, we are team physicians for Ballard, North Oldham, Sacred Heart, North Bullitt and St. Xavier High Schools along with Spaulding University providing sports physicals and urgent care. We are dedicated to providing education and treatment to the community.

We look forward to serving you at one of our three conveniently located offices in St. Matthews, Baptist Eastpoint and New Albany, Indiana.

The physicians and staff of LOC thank you for the opportunity you have given us to serve you and look forward to meeting your orthopaedic needs.

Deborah Martin, MBA-HCM
Practice Administrator

Louisville Orthopaedic Clinic and Sports Rehabilitation Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



4130 Dutchmans Lane
Louisville, KY 40207
502-897-1794
502-897-3852 fax
www.louortho.com

Click on the advertiser below or on their ad located within this magazine to visit their website.

Baptist Health

Breg

Community Home Health Care

KORT Physical Therapy

Masonic Home of Kentucky

Merrill Lynch

MCM CPAs & Advisors

Nazareth Home

Physician's Medical Center

**ProAssurance/Professional's
Purchasing Group, Inc.**

Quatris Health

Republic Bank

Springhurst Health & Rehab

Stryker Orthopaedics

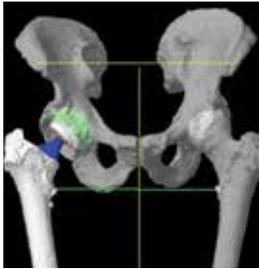
Trilogy Health Services

Xiaflex



Louisville Orthopaedic Clinic's magazine is designed and published by Wright & Associates, Inc. To advertise or to publish your own corporate publication, please call Gary Wright: (502) 721-7599

IN THIS ISSUE



Louisville Orthopaedic Clinic Expands to Indiana.....6

The Medical Management of Osteoarthritis:
What is Safe, What is Effective, What I Would Do
BY RICHARD A. SWEET, M.D.8

Crossfit: What is it and is it right for me?
BY TY E. RICHARDSON, M.D. 13

My Shoulder Hurts:
Did I Tear My Rotator Cuff?
BY J. STEVE SMITH., M.D. 18

Robotic Assisted Total Hip Arthroplasty:
A Tool for Improving Precision
BY MADHU R. YAKKANTI, M.D. 21

Customized Knee Implant:
New Concept; 3D Printing
BY ERNEST A. EGGERS, M.D. 26

A Look Inside: How Hobbies, Fitness, & Overall Well-Being Play a
Huge Role in the Success of Your Provider

 Music’s Role in Your Life
 BY GEORGE QUILL, M.D. 36

 Exercise Equals Vital Signs
 BY ERNEST A. EGGERS, M.D. 38

 MY Health and Fitness Routine
 BY SCOTT D. KUIPER, M.D... 39

 Prioritizing a Healthy Lifestyle
 BY TY E. RICHARDSON, M.D. 41

 What I Do to Be at My Best
 BY MELISSA T. PARSHALL, MS, PA-C 42

 Making the Most of My Time
 BY REBECCA KOSTYO, PA-C 43

Hip and Knee Joint Replacement -
Is Same Day Discharge Possible?
BY MADHU R. YAKKANTI, M.D. 44

Welcome Our Newest Providers..... 46

Provider Directory..... 49

Hear What Our Patients Have to Say..... 54

Louisville Orthopaedic Clinic Expands to Indiana

The physicians and staff of the Louisville Orthopaedic Clinic are excited to announce the expansion of our orthopaedic specialty coverage into southern Indiana. This is the first true expansion of our practice since Drs. Eggers and McAllister founded the LOC 42 years ago in 1974!

As of January 2016 LOC physicians began dedicating a portion of their clinic time to seeing patients at our satellite location in New Albany, IN. in the Northgate Medical Center.

The practice of medicine has changed dramatically over the last decade. Government regulations, increased costs, and declining reimbursements have caused many private medical practices to sell their practices, becoming owned and controlled by large hospital corporations. Controlling costs and complying with new restrictions has become the priority for all parties, inadvertently causing the patient experience and quality of care to suffer. We strongly believe that remaining independent will allow us to maintain some control, further allowing us to deliver the best and most personal individual care to meet our patient's needs. As a part of our strategy to remain independent, we believe that the expansion of our footprint and our referral base into southern Indiana will help secure our long term future as an independent provider of the highest quality specialty orthopaedic care.



Indiana Hospital Facility: The Physicians Medical Center (PMC)

The hospital out of which we will be basing our Indiana presence will be the Physicians Medical Center (PMC). PMC is a new 10 year old physician owned modern, state of the art boutique specialty hospital that offers full service overnight inpatient care for patients undergoing major surgical procedures such as joint replacement and spine surgery. PMC also offers efficient outpatient surgical services for many foot and ankle and arthroscopic knee and shoulder operations where overnight stay is unnecessary. Its mission is to deliver timely, personal, quality, "best in practice" care. PMC is nestled in the northwest corner of I-265 and Grant Line Road and tucked just southwest of the Indiana University Southeast campus (see map).



Our satellite location will provide a more convenient option to the residents of southern Indiana. Patients will be seen for orthopaedic problems covered by the subspecialty care for which the Louisville Orthopaedic Clinic has become so well known.



OUR INDIANA LOCATIONS:

Medical Office Location

Northgate Medical Center
 3605 Northgate Court, Suite 207
 New Albany, IN 47150
 PH. (812) 920-0408

Surgical Facility

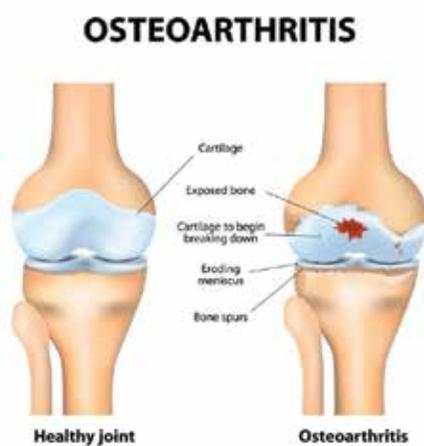
Physicians Medical Center
 4023 Reas Lane
 New Albany, IN 47150
pmcindiana.com





The Medical Management of Osteoarthritis: What is Safe What is Effective What I Would Do

Osteoarthritis affects over 30 million Americans. More than 50% of people over 65 years of age have been diagnosed as having arthritis. It is a leading cause of disability and suffering in the US. As baby boomers age, the ravages of arthritis have resulted in an explosion of joint replacement surgery and spine surgery to deal with it. However most arthritic sufferers either do not need surgery or have a problem not amenable to surgical management. For those patients, the medical treatment of their disease becomes increasingly important.



Normal knee



Osteoarthritic knee

The Problems

There are several problems associated with the medical treatment of the pain and inflammation of osteoarthritis.

- First and perhaps most importantly, the available drugs are only modestly effective. As the arthritic condition becomes more severe, these drugs become increasingly less effective (hence the frequent need for joint replacement surgery).
- Second, available drugs to treat osteoarthritis do not cure, reverse or even slow the progression of arthritis. This needs to be kept in mind when considering possible side effects of these drugs described below.
- Third, there are a host of side effects and complications associated with use of these drugs.

The Benefit of Arthritis Drugs

The major benefit of drugs used to treat arthritis is simple. They help. When using these drugs, patients with arthritis feel better, have less joint pain, can stay more active and can even rest and sleep better.

Types (Classes) of Drugs

There are three basic classifications of drugs used to treat non rheumatoid osteoarthritis

1. Steroids
2. Non-Steroidal Anti Inflammatories (NSAIDs)
3. Acetaminophen (Tylenol)

Steroids

Drugs of this class, typified by the drug prednisone, are the most effective drugs to treat symptoms of arthritis. However, they also have the most serious potential side effects when over utilized or taken over too long of a time period. Steroids are most often used in a “burst” fashion, such as a tapering 6-7 day dose pack (Medrol Dose Pack). It has been shown that this “burst” strategy maximizes effectiveness while minimizing potential side effects. The side effects of steroid over use are too long to list here. Suffice it to say that over use of steroids negatively impacts every organ and anatomic structure in the body. It can thin skin and weaken bone. Steroids make management of diabetes more difficult and cause weight gain. There is almost no part of the body unaffected by chronic steroid use. BUT, keep in mind steroids are the most potent drug available to treat the inflammation of

arthritis. When taken judiciously, steroids can safely help in the management of the pain and disability of arthritis.

Non-Steroidal Anti Inflammatories (NSAIDs)

There are a multitude of drugs available in this class. Three are over the counter and the rest are all prescription drugs. Here is the secret: they are all equally effective, including the over the counter drugs. The three over the counter options include ibuprofen (Advil & Motrin are common trade names), naproxen (Aleve) and aspirin products. Ibuprofen & naproxen were released by the FDA many years ago at what is, compared to their prescription brethren, half strength. The ibuprofen 200 mg products are recommended on the label to take two pills at a time (400 mg). Prescription strength is 800 mg (4 of the over the counter pills). Over the counter naproxen 220 mg is recommended to take one pill at a time, again roughly half the 500 mg prescription strength. Thus “doubling up” on label recommendations for over the counter ibuprofen & naproxen get the patient to a prescription level strength (and prescription level side effect risk). Prescription NSAIDs include Mobic (meloxicam), Voltaren, and Celebrex among a whole host of others.

Effectiveness of NSAIDs

NSAIDs are effective. To a point. They do help reduce joint inflammation, swelling, stiffness and soreness. Once the arthritis reaches a certain level of severity, however, their effectiveness diminishes. As noted, NSAIDs do not cure, slow or reverse the progression of arthritis.

Risks of NSAIDs

I am not a pharmacologist. This is not an all-inclusive list. But here are common (and potentially significant) potential issues with taking NSAIDs.

- Sodium retention – some patients with difficulty to treat high blood pressure are advised to stay away from NSAIDs.
- Ringing in the ears (tinnitus). This is usually reversible once NSAIDs are stopped.
- Kidney & liver damage – very rare, but patients on long term NSAIDs should be followed by their primary care provider
- Gastrointestinal issues – All NSAIDs except Celebrex are in a class called Cox-1 inhibitors. These drugs

cause gastritis, aggravate reflux or can cause stomach ulcers in up to 20% of patients. Celebrex, in a class called Cox-2 inhibitors, causes GI issues in only 1% of patients (the trade off – Celebrex may have a higher risk of heart issues – see below).

- Blood thinning – All NSAIDS (except Celebrex) thin the blood by affecting platelet function.
- Cardiac risks – Heart risks associated with these drugs have only recently been appreciated. It was first noted that the Cox-2 inhibitors were most at risk for patients developing heart attacks and strokes. Cox-2 inhibitors Vioxx and Bextra were pulled off the market. Celebrex, also in this class drug, somehow avoided recall. It is now known that, except for aspirin, all NSAIDS carry

some risk of causing cardiovascular disease. There is some evidence that naproxen may carry slightly less risk. Only aspirin, long known for its cardiovascular protective properties, seems completely safe from the risk of heart issues.

Acetaminophen (Tylenol)

Tylenol is a mild pain reliever. It does not suppress inflammation. Thus theoretically it is not quite as effective as NSAIDS, which both relieve pain & suppress inflammation. The maximum daily dose of acetaminophen is 3000 mg. A major risk of this drug is liver damage. It does not have the GI risks associated with NSAIDS.



WHAT I RECOMMEND

I have dealt (fairly successfully) with 25 years of back issues and more recently with a right hip going bad. As my wife would tell you, to say that I remain active is the world's greatest understatement. **How? I stay fit and in shape.** I stay away from activities and exercise programs I know likely to aggravate things (OK, except for an occasional 36 holes a day golf excursion with my buddies). And I utilize a very judicious medical management program. For the most part, I don't take any medications. If I get sore enough, I might take a few days of NSAIDS. I used to solely take over the counter naproxen, then it started upsetting my stomach. I switched to very occasional use of Celebrex, but I'm worried about its heart related side effects. Though I still occasionally resort to Celebrex or naproxen, currently I'm trying to take 2 regular strength (325 mg) aspirins when needed with medication to protect my stomach (that is a whole other subject, as one of the two classes of the over the counter stomach protective medications may have its own cardiac risks – I take Zantac (ranitidine) which is over the counter and seems to have the least associated risks). Only rarely will I feel the need to take a Medrol steroid pack. Bottom line, I take no more of any of these meds than I have to. When needed though and when used in moderation the available arthritis meds can and do help me, and they can help you

FOR ADULTS WITH DUPUYTREN'S CONTRACTURE WHEN A "CORD" CAN BE FELT

YOU MAY HAVE MORE OPTIONS THAN YOU THINK XIAFLEX® FOR INJECTION

ASK YOUR DOCTOR IF SOMETHING NONSURGICAL CAN BE DONE NOW

Dupuytren's contracture is a disorder of the hand that can worsen over time. XIAFLEX® is the only FDA-approved therapy that is administered during an in-office nonsurgical procedure to treat Dupuytren's contracture where a "rope-like" cord can be felt. A hand specialist trained to inject XIAFLEX® performs the procedure, and no general anesthesia is required for administration.

Studies show that prescription XIAFLEX®, along with a finger-extension procedure, may help straighten or nearly straighten the affected finger and improve range of motion after up to 3 injections. These results have been shown in contractures ranging from less severe to more severe.

In two clinical studies, 64% and 44% of patients receiving XIAFLEX® (versus 7% and 5% of patients receiving placebo) had a straight or nearly straight finger after up to 3 XIAFLEX® injection procedures.

Since February 2010, approximately 60,000 people have had their Dupuytren's contracture treated with XIAFLEX®.

WHAT IS XIAFLEX®?

XIAFLEX® is a prescription medicine used to treat adults with Dupuytren's contracture when a "cord" can be felt. It is not known if XIAFLEX® is safe and effective in children under the age of 18.

IMPORTANT SAFETY INFORMATION for XIAFLEX®

Do not receive XIAFLEX® if you are allergic to collagenase clostridium histolyticum or any of the ingredients in XIAFLEX®, or to any other collagenase product.

XIAFLEX® can cause serious side effects including tendon rupture (break) or ligament damage which could require surgery, nerve injury or other serious injury of the hand, allergic reaction or hypersensitivity reactions, including anaphylaxis and increased chance of bleeding.

Call your healthcare provider right away if you have trouble bending your injected finger after the swelling goes down, problems using your treated hand, pain, tingling, numbness, increased pain, or tears in the skin (laceration) in your treated hand.

Call your healthcare provider right away if you get hives, swollen face, breathing trouble, chest pain, low blood pressure, dizziness or fainting. It's important to tell your doctor if you have had a previous allergic reaction to XIAFLEX®.

Bleeding or bruising at the injection site is common in people who receive XIAFLEX®. It's important to tell your doctor if you have a bleeding problem or use a blood thinner. XIAFLEX® may not be right for you.

Other common side effects include swelling, pain or tenderness at injection site or hand, swelling of glands in the elbow or armpit, itching, breaks or redness or warmth in the skin, and pain in the armpit.

Tell your doctor if you have any other medical conditions and about all the medications you take. XIAFLEX® should be injected into the cord by a healthcare provider who is experienced in injection procedures of the hand and treating people with Dupuytren's contracture.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see the Medication Guide on the following page.



Find a XIAFLEX®-experienced hand specialist near you. Use the Physician Locator tool at XIAFLEX.com/lou.

XIAFLEX®
collagenase clostridium histolyticum

Watch a video about one person's treatment experience, and find more information at XIAFLEX.com. Then, talk with your doctor to see if XIAFLEX® may be right for you.

FOR MORE INFORMATION, CALL 1-877-XIAFLEX.

endo
pharmaceuticals
an endo international company

Rx Only

XIAFLEX® is a registered trademark of Endo International plc or one of its affiliates.
© 2015 Endo Pharmaceuticals Inc. All rights reserved. Malvern, PA 19355
XD-038811/July 2015 www.xiaflex.com 1-800-462-ENDO (3636)

Medication Guide
XIAFLEX® (Zi a flex)
(collagenase clostridium histolyticum)
For injection, for intralesional use

Read this Medication Guide before you receive XIAFLEX for the treatment of Dupuytren's contracture and each time you get an injection. There may be new information. This Medication Guide does not take the place of talking with your healthcare provider about your medical condition or treatment.

What is the most important information I should know about XIAFLEX for the treatment of Dupuytren's contracture?

XIAFLEX can cause serious side effects, including:

1. **Tendon rupture or ligament damage.** Receiving an injection of XIAFLEX may cause damage to a tendon or ligament in your hand and cause it to break or weaken. This could require surgery to fix the damaged tendon or ligament. Call your healthcare provider right away if you have trouble bending your injected finger (towards the wrist) after the swelling goes down or you have problems using your treated hand after your follow-up visit.
2. **Nerve injury or other serious injury of the hand.** Call your healthcare provider right away if you get numbness, tingling, increased pain, or tears in the skin (laceration) in your treated finger or hand after your injection or after your follow-up visit.
3. **Hypersensitivity reactions, including anaphylaxis.** Severe allergic reactions can happen in people who receive XIAFLEX, because it contains foreign proteins.

Call your healthcare provider right away if you have any of these symptoms of an allergic reaction after an injection of XIAFLEX:

- Hives, swollen face, breathing trouble, chest pain, low blood pressure, dizziness or fainting

What is XIAFLEX?

XIAFLEX is a prescription medicine used to treat adults with Dupuytren's contracture when a "cord" can be felt. It is not known if XIAFLEX is safe and effective in children under the age of 18.

Who should not receive XIAFLEX?

Do not receive XIAFLEX if you:

- are allergic to collagenase clostridium histolyticum, or any of the ingredients in XIAFLEX, or to any other collagenase product. See the end of this Medication Guide for a complete list of ingredients in XIAFLEX.

Talk to your healthcare provider before receiving this medicine if you have any of these conditions.

What should I tell my healthcare provider before receiving XIAFLEX?

Before receiving XIAFLEX, tell your healthcare provider if you:

- have had an allergic reaction to a XIAFLEX injection in the past, have a bleeding problem, have received XIAFLEX to treat another condition, have any other medical conditions, are pregnant or plan to become pregnant. It is not known if XIAFLEX will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if XIAFLEX passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you receive XIAFLEX.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Using XIAFLEX with certain other medicines can cause serious side effects.

Especially tell your healthcare provider if you take:

- medicines to thin your blood (anticoagulants). If you are told to stop taking a blood thinner before your XIAFLEX injection, your healthcare provider should tell you when to restart the blood thinner.

Ask your healthcare provider or pharmacist for a list of these medicines, if you are not sure.

Know the medicines you take. Keep a list of them to show to your healthcare provider and pharmacist when you get a new medicine.

How will I receive XIAFLEX?

- XIAFLEX should be injected into a cord by a healthcare provider who is experienced in injection procedures of the hand and treating people with Dupuytren's contracture. If you have more than 1 contracture, your healthcare provider may give you 2 injections in 1 of your hands during your visit.
- Your healthcare provider will inject XIAFLEX into the cord that is causing your finger to bend.
- After an injection of XIAFLEX, your affected hand will be wrapped with a bandage. You should limit moving and using the treated finger after the injection.
 - Do not bend or straighten the fingers of the injected hand until your healthcare provider says it is okay. This will help to keep the medicine from leaking out of the cord.
 - Do not try to straighten the treated finger yourself.
- Keep the injected hand elevated until bedtime.
- Call your healthcare provider right away if you have:
 - signs of infection after your injection, such as fever, chills, increased redness, or swelling, numbness or tingling in the treated finger, trouble bending the injected finger after the swelling goes down
- Return to your healthcare provider's office as directed 1 to 3 days after your injection. During this first follow-up visit, if you still have the cord, your healthcare provider may try to extend the treated finger to "break" the cord and try to straighten your finger.
- Your healthcare provider will provide you with a splint to wear on the treated finger. Wear the splint as instructed by your healthcare provider at bedtime to keep your finger straight.
- Do finger exercises each day, as instructed by your healthcare provider.
- Follow your healthcare provider's instructions about when you can start doing your normal activities with the injected hand.

What are the possible side effects of XIAFLEX?

XIAFLEX may cause serious side effects, including:

- See "What is the most important information I should know about XIAFLEX?"
- **increased chance of bleeding.** Bleeding or bruising at the injection site can happen in people who receive XIAFLEX. Talk to your healthcare provider if you have a problem with your blood clotting. XIAFLEX may not be right for you.

The most common side effects with XIAFLEX for the treatment of Dupuytren's contracture include:

- swelling of the injection site or the hand, bruising or bleeding at the injection site, pain or tenderness of the injection site or the hand, swelling of the lymph nodes (glands) in the elbow or armpit (axilla), itching, breaks in the skin, redness or warmth of the skin, pain in the armpit

Tell your healthcare provider if you have any side effect that bothers you or does not go away.

These are not all of the possible side effects with XIAFLEX. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of XIAFLEX.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about XIAFLEX. If you would like more information, talk to your healthcare provider. You can ask your healthcare provider or pharmacist for information about XIAFLEX that is written for health professionals.

For more information, go to www.XIAFLEX.com or call 1-877-663-0412.

What are the ingredients in XIAFLEX?

Active ingredient: collagenase clostridium histolyticum

Inactive ingredients: hydrochloric acid, sucrose, and tromethamine. The diluent contains: calcium chloride dihydrate in 0.9% sodium chloride

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Manufactured and distributed by:

Auxilium Pharmaceuticals, Inc.

Malvern, PA 19355

US License No. 1816

US Patent Nos. 7,811,560 and RE39,941

PL-1109-001.g

Approved: 05/2015

XD-03881f

XIAFLEX®
collagenase clostridium histolyticum



CROSSFIT:

What is it and is it right for me?

I have been involved in exercise in one way or another since my teens. I took part in multiple sports and worked at a large health club while in high school. I worked as a personal trainer for a time during college and have at times worked at Golds Gym, Presidents Health Club, and have seen a lot of exercise “crazes” come and go. I remember the Nautilus principle of Ellington Darden, PhD., the step aerobics phase, Schwarzenegger’s “muscle confusion principle”, and more recently, P90X, Insanity, and the boot camp phenomena. As a sports medicine specialist, I see the deleterious effects that some of these plans have on people. CrossFit is one of the most interesting workout theories I have come across. I have seen an increasing number of patients who take part in CrossFit and I decided to find out more about it.



CrossFit: History and Main Principles

The term “CrossFit” was first coined by former gymnast Greg Glassman in 2001. He developed the principles of CrossFit and since 2001, 11,000 CrossFit affiliates have opened up across the United States. The definition of CrossFit is “high intensity exercise with constantly varied, functional movements designed to elicit a broad adaptation response”. The goal is to “increase work capacity over broad time and modal domains”. In plain English, lift more, lift faster, even after it hurts. One of the characteristics of CrossFit workouts and those that do them in a focus on intensity. The hallmark of these

programs is the W. O. D. or “workout of the day”. This is where the variety is found. One day the WOD may be staggered sprints of 400m/800m/1600m/800m/400m with 90 seconds rest between runs and the next workout is 3 sets of 25 squats with body weight alternating with deadlifts, 15 reps per set. Most exercises utilize multiple muscle groups and multiple joints simultaneously. The Olympic lifts, cleans, snatch, squats, and deadlifts are mainstays of CrossFit weight workouts. Other exercises include ring dips, chest-to-bar pullups, handstand pushups, box jumps, and military favorites like burpees and mountain climbers.

Risks

Like any other exercise program, there are benefits and risks. My concern with CrossFit is the focus on high performance weight exercises such as the clean, squat, and deadlift. When done with imperfect form, or to the point of exhaustion, these moves can easily cause injury. Most CrossFit gyms have digital clocks in prominent locations and exercises are done by time. Participants are encouraged to continue for the allotted time, even past the point of exhaustion or pain. This is where these gyms get the reputation for intensity. In some gyms, stickers or t-shirts are given to members who work out until they puke; it is a point of pride. For the average person, this is a sign you are hurting yourself. You are nauseous because you have become dehydrated and caused such a rush of lactic acid from you damaged muscles that you have lowered the pH of your blood. The most severe, and often reported risk of CrossFit workouts is rhabdomyolysis. This is a condition where large amounts of myoglobin, a protein found in muscle, are being released into the blood stream from damaged muscles. It can cause smoke colored urine and in severe cases, renal failure.

Benefits

Of course, not all CrossFit enthusiasts end up injured, in fact, many see significant benefits from their workouts. The constant changing of the WOD encourages the development of new skills and strengths and prevents boredom and burnout from doing the same old thing every day. The focus on functional movements that involve multiple muscle groups can improve athletic performance. I have several close personal friends who have integrated CrossFit principles into their workouts and have made significant gains. That being said, there are no published studies in peer reviewed exercise physiology or kinesiology journals that document any real benefit of CrossFit over any other exercise plan. Most strength and conditioning coaches at the college and professional level do not incorporate CrossFit into their athletes' regimen. If you choose to take part in one of these programs, make sure that you feel comfortable and safe and remember that any exercise plan has to be customized to your abilities and expectations to get the best result.

Am I a Good CrossFit Candidate?

While CrossFit does have its' risks, when practiced by persons who are in overall good health and are already at a high fitness level, it can be a great option to change things up and reach an even higher level of fitness. Former athletes who have remained active, current athletes, and those who exercise regularly are all good candidates. CrossFit is best suited for the advanced fitness buff looking to push beyond what they've been able to accomplish either on their own or by attending standard group fitness classes.

QUESTIONS TO ASK YOURSELF:

1. Have you had any prior injuries?

i.e. fractures, dislocations, torn ligaments, etc. If so, consult a physician before trying CrossFit.

2. How is your current overall health?

Do you have any diseases or conditions that may be adversely affected by participating in an intense workout?

Common Sense

If you're not at an advanced fitness level but are in overall good health and exercise regularly, then CrossFit could still be an option for you. The main key for you is going to be using common sense and listening to your body. There IS a difference between pushing beyond your comfort zone and pushing until you feel actual pain. Everyone is different. What your body can endure and what someone else's body can endure can be vastly different. The other key is going to be finding the right CrossFit gym for you. Do your research and find out about the coaches who run the CrossFit classes. There should be some kind of screening process in place to assess your current fitness level. From there, they should be able to recommend a plan based on your strengths and weaknesses and monitor exercises closely.

Bottom Line

CrossFit is not for everyone. However, when practiced responsibly, it has proven to be a successful way for many participants to make gains in strength and endurance, as well as satisfying those looking for a seriously intense workout.



PHYSICAL THERAPY

IN YOUR NEIGHBORHOOD

Call KORT today to begin your Road to Recovery

LET OUR TEAM OF PROFESSIONALS HELP YOU WITH...

- Neck Pain
- Back Pain
- Sports Injuries
- General Sprains & Strains
- Carpal Tunnel Syndrome
- Post-Op Rehab
- Accidents
- Work Related Injuries

Appointments Available Within 24 Hours |
Most Insurances Accepted | Free Screening |
Extended Hours Available

KENTUCKY ORTHOPEDIC REHAB TEAM
KORT
The Best In Rehab.

1-800-645-KORT
www.kort.com



BETTER BALANCE ASSESSMENT

Masonic Homes of Kentucky partners with VirtuSense Technologies to provide quick, convenient, evidenced-based balance, gait and functional assessments

According to the Centers for Disease Control and Prevention (CDC), one out of every three Americans age 65 and older experience a fall each year. In fact, falls are the leading cause of injuries, both fatal and non-fatal, in older adults. That's why Masonic Homes of Kentucky partnered with VirtuSense Technologies last year, to be able to quickly and conveniently identify falls risks and prevent them.

Typical balance and gait assessment technologies use a pressurized gait mat and are paired with bulky equipment that is difficult to transport. But VirtuSense Technologies VirtuBalance™ 3D motion analysis system uses a small camera to evaluate patients as they normally walk through its field of vision. "The device itself is one-of-a-kind, essentially," says Mike Truax, vice president of Therapy Services for Masonic Homes.

The VirtuBalance system helps identify and reduce the risk of falls by providing, evidence-based balance, gait and functional assessments. The device stores the data from each assessment and provides automated reports, so therapists can track progress or decline over time, as well as share reports with other healthcare providers. The technology affords a level of objectivity that cannot be achieved by therapist observation alone.

With the goal of keeping residents as functional and independent as possible, VirtuBalance allows Masonic Homes to take screenings to residents in their communities and homes. "The nice thing about the device is it's very functional and very portable. It's no bigger than the size of a small shoebox," says Truax. "All we need is a flat surface to set the computer and camera on and access to an electrical outlet to do a screening."



The screenings take only seconds and overall testing averages about six minutes. Truax's goal is to visit each of Masonic Homes' independent living and personal care communities every six weeks. "What we try to do is be proactive in our approach, to be able to identify the risk of falls early and be able to initiate treatment interventions early," says Truax. The device is also available for inpatients and outpatients in Masonic Homes' skilled nursing facility, Sam Swope Care Center. "We're

the only skilled nursing setting in Louisville area that has this technology currently," says Truax.

Moving forward, Masonic Homes is working with VirtuSense to build filters into the system to objectively track outcomes to share with physician and hospital partners, as reducing falls risk is a major component in preventing hospital readmissions.

Masonic Home of Kentucky does not discriminate against any applicant based on race, creed, national origin, sex, disability or affiliation.



Short-stay rehab services that get you back on track before you know it.

Schedule your rehab reservation today by calling 866.876.6631 or visiting masonichomesky.com/rehab.

MASONIC
HOME
— of —
LOUISVILLE





My Shoulder Hurts: Did I Tear My Rotator Cuff?

As a sports medicine surgeon, the complaint of shoulder pain is prevalent throughout my clinic. The human shoulder is composed of many structures that can become injured and, thus, there are a multitude of reasons why your shoulder can hurt. The shoulder joint is an extremely complex joint that is composed of bones, ligaments, muscles, tendons, and the joint capsule. All of the shoulder's bone and soft tissue components must coalesce to provide strength and stability to an inherently unstable joint. While each individual structure is crucial to overall shoulder health, none is more important than the rotator cuff tendons. The rotator cuff is composed of four tendons (supraspinatus, infraspinatus, teres minor, and subscapularis). These tendons surround the humeral head, which is the "ball" component of the shoulder's ball and socket joint. The function of the rotator cuff is to help elevate the arm, provide rotational strength, and keep the humeral head stabilized within the glenoid, or the "socket". Thus, their importance to the shoulder cannot be understated.

Injury to one or more of these tendons is extremely common. The highest incidence of rotator cuff tears occurs in patients over 60 years of age and in the dominant arm. However, some rotator cuff tears are not painful and occur in normal functioning shoulders. Therefore, a thorough physical examination and careful patient history are crucial in determining the cause of shoulder discomfort and/or loss of function. Furthermore, all

rotator cuff tears are not treated the same and many will not require surgery. Individuals who have failed specific nonoperative treatments will be those patients considered for surgical intervention.

Rotator cuff damage occurs in two general flavors. Tears of the rotator cuff receive more attention because this type of injury leads to surgery more commonly than the second type of injury known as tendinopathy. Rotator cuff tears can be acute or chronic. Chronic tears are commonly found with repetitive overhead use (e.g. tennis players or factory workers) or with impingement of the tendons on bones within the shoulder. Acute tears of the cuff occur with falls, shoulder dislocations, or a sudden force on an outstretched arm. The second general type of injury is tendinopathy. This is a generic term that applies to inflammation of the tendons, micro-tears, and degeneration of the tissue with age.

The first line treatment of most injuries to the rotator cuff is physical therapy, anti-inflammatory medicines (e.g. Ibuprofen or Naprosyn), and ice. A steroid injection in the shoulder may also be offered by your physician. This injection can decrease inflammation, as well as, provide valuable diagnostic information. Most evaluations of the shoulder also include baseline x-rays to rule out arthritis, fracture, dislocation, or malignancy. Many physicians also utilize magnetic resonance imaging (MRI) or ultrasound to further evaluate the specific structures within the shoulder.

The first line treatment of most injuries to the rotator cuff is physical therapy, anti-inflammatory medicines, and ice. If non-operative treatments do not alleviate pain and/or weakness then surgery may be a viable option.



If non-operative treatments do not alleviate pain and/or weakness then surgery may be a viable option. Traditionally, rotator cuff surgery has been performed through a somewhat large incision on the shoulder, known better as “open” rotator cuff repair. This surgical approach requires more dissection and release of muscles than arthroscopic rotator cuff repair. Open cuff repair has very favorable outcomes and remains the standard to which arthroscopic repair is compared. However, many surgeons are turning to arthroscopy because the outcomes (success rates) are better than, or at least equal to, open repair. Rather than one large surgical incision, arthroscopy requires a couple of small incisions that are less than an inch long. This allows for a more pleasing cosmetic result and much less of a scar. Furthermore, arthroscopic surgery is outpatient, meaning you can go home the same day as your surgery. Several studies have also shown less pain after surgery with arthroscopy. With arthroscopy the entire shoulder and entire rotator cuff can be visualized. This is of a great benefit to the

surgeon and patient because all torn or injured structures in the shoulder can be repaired. Some of these injuries would go unnoticed with open rotator cuff surgery.

After surgery, patients go into a sling to protect the repaired tendons until range of motion can be safely resumed. Physical therapy is a mainstay of the post-operative recovery period and patients should plan to attend several therapy sessions after surgery. Returning to work is highly variable and depends greatly on the demands of your job and whether light duty is available at your work place. Most patients can resume their pre-surgical activities around 4 months, but strength gains and decreases in pain continue for up to a year.

In summary, shoulder pain is common and is the result of several distinct causes. However, there is an extremely good chance the pain can be alleviated. Comprehensive and timely evaluation can dramatically improve your quality of life and return you to pre- injury status and activity levels.



502.459.9681

2000 Newburg Road • Louisville
www.nazhome.org

Sponsored by the Sisters of Charity of Nazareth



U.S. News and World Report
5 Star Rating

Your Road to Recovery Begins at Nazareth Home

Recovery to Home Program

Rehabilitation programs can make an incredible difference in your health and well-being. Short-Term Rehabilitation is available for those individuals who need additional recovery time and rehabilitation after a surgery, illness or hospital stay.

**Nazareth Home provides the perfect environment for getting you back on your feet.
Rehabilitation is our specialty. Your Recovery is our goal.**

Our team of physical, occupational and speech therapists are highly trained and experienced in treating a wide range of conditions. We use the most researched and successful therapeutic interventions to reduce pain and inflammation and encourage healing.



While enrolled in our Recovery to Home Program, you will enjoy:

Specialized Rehabilitation Programs

- Fractures
- Shoulder Pain
- Back and Neck Pain
- Joint Replacements
- Stroke Recovery
- Orthopedic Conditions
- Arthritis
- Post Cardiac Surgeries
- Pain Management
- Neurological Conditions
- Balance & Gait Training
- Dysphagia (Swallowing)
- Vestibular Rehab
- Dementia Care

- ✦ All private rooms with Wi-Fi accessibility
- ✦ Customized 1-on-1 treatment
- ✦ Dedicated short-term rehab unit
- ✦ Therapy available 7 days a week
- ✦ Private rehab gyms for short-term and outpatient therapy
- ✦ State-of-the-art therapy equipment & technology
- ✦ Complimentary room service
- ✦ Full-time social worker
- ✦ Outpatient Therapy available to the public and all ages



ROBOTIC ASSISTED TOTAL HIP ARTHROPLASTY: A Tool for Improving Precision

Degenerative joint diseases (DJDs) are chronic conditions often resulting in pain and the loss of an active lifestyle and quality of life. Osteoarthritis (OA) is the most common type of DJD (Fig. 1). Other causes are Post-traumatic arthritis, Rheumatoid arthritis, Avascular Necrosis and Hip Dysplasia. Total hip replacement done to manage DJD of the hip is one of the most satisfying procedures in Orthopaedic Surgery. It is also often done to treat a hip fracture in an active, independent living elderly person.

Front (anterior) view of the pelvis

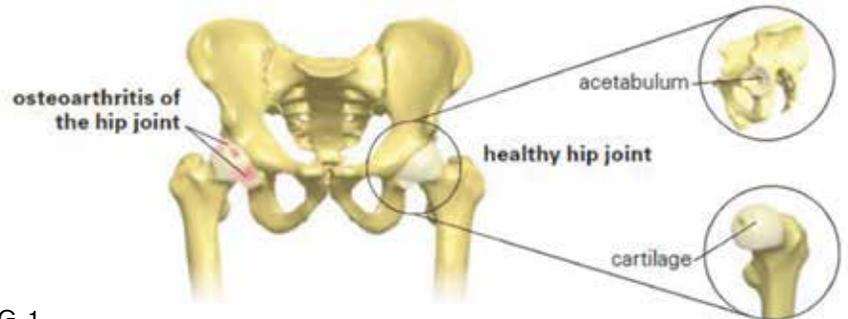


FIG. 1

What is Total Hip Replacement?

Total hip replacement, also referred to as total hip arthroplasty, is a surgical procedure in which the ball-and-socket of the hip joint are replaced by surgical implants. A metal cup lined by a polyethylene liner replaces the socket. A ceramic or metal head attached to a metal stem replaces the femoral head. The new



FIG. 2

femoral head and cup liner provide a smooth bearing surface allowing the joint to move smoothly. Titanium alloy is used to make the metal cup and stem. Modern implants have a surface that allows the bone to grow into the implant for permanent fixation. These materials have demonstrated durability if implanted in the correct position.

Correct sizing, the accurate placement and alignment of implant components are critical factors for a successful total hip replacement. A Robotic assisted hip “MAKOplasty®” total hip, powered by the surgeon-controlled RIO® Robotic Arm Interactive Orthopaedic System, provides a new level of accuracy and precision in total hip replacement (Fig. 2, Fig. 3).



FIG. 3



FIG. 4

How Does a Robot Help in Surgery?

A robot is a machine capable of carrying out a complex series of actions automatically, especially one programmable by a computer. Here is how we as surgeons take advantage of robotic arms to perfectly execute a preoperative plan:

1. The patient is diagnosed with debilitating hip pain from DJD based on X-ray or MRI.
2. As the surgeon determines that you are a good candidate for MAKOpasty, you will be scheduled for a CT scan of your hip.
3. The RIO® system creates a virtual model of your hip from the CT scan (Fig. 4)
4. A patient specific surgical plan is created for optimal implant size and placement, based on your unique anatomy.

Maximizing Accuracy

The plan is validated by your surgeon prior to the actual procedure. Your surgeon essentially does the whole procedure. Using real-time information and images of your hip, your surgeon knows and controls accurate implant placement (Fig. 5). Early clinical data suggests that MAKOpasty demonstrates 4-6 times greater accuracy in cup implant placement than manual techniques in laboratory settings, reducing chances for complications such as impingement (rubbing together), implant wear, and dislocation.



FIG. 5

Telemedicine Benefits and Risks

By Jeremy A. Wale, JD, ProAssurance Risk Resource Advisor

The healthcare landscape has changed radically in recent years. Implementation of the Affordable Care Act, expanding roles for nurse practitioners and physician assistants, meaningful use, and ICD-10 preparation are just the highlights. But one change that often gets overlooked is the rapid expansion of telemedicine.

Forty years ago hospitals used a form of telemedicine to reach patients in remote areas. Triaging a patient over the phone is, after all, just another form of telemedicine. Modern technology has opened up many new avenues for patients and physicians to communicate. Today telemedicine encompasses a vast array of services offered by virtually all medical specialties. Telemedicine is defined as “the ability to provide interactive healthcare utilizing modern technology and telecommunications.” It includes interactive video, home monitoring devices, scanning and emailing photos, and myriad other ways physicians and patients can communicate without a face-to-face interaction.

Telemedicine is expanding not only by volume, but also by services offered. In 2013, a consulting firm estimated worldwide telemedicine use would grow by 18.5% per year through 2018. Another source opines that the United States telemedicine market “will grow from \$240 million in revenue in 2013 to \$1.9 billion in 2018”—an annual growth rate of more than 50%.

Telemedicine not only could increase revenue, but also decrease spending. One study revealed a health insurer saved approximately \$10 million over six years using telemedicine. The study followed 3,000 congestive heart failure patients receiving in-home monitoring of weight, blood pressure, heart rate, and pulse oximetry. Readmissions dropped by 44% for these patients, boosting savings. Although this study represented a small sample size, the savings realized were significant—just using common telemedicine tools. As telemedicine expands and services become more accessible, cost savings presumably will grow.

Drivers

Several factors are driving the telemedicine explosion, and convenience may be the biggest. A patient can sit in their living room and consult with a dermatologist who can view the problem area. A cardiologist can review monitor readings from their office while the patient is at home. Diabetics can check blood sugar levels and upload the results for their physicians to monitor.

Cost effectiveness makes telemedicine an attractive alternative to traditional healthcare models. Telemedicine allows physicians to consult with more patients within a smaller timeframe. This increases revenue for the physician, saves patients money on travel expenses, and decreases patients’ time away from work and family.

Consultations also can be more efficient for all parties involved. Rather than sending x-rays or medical records to another provider through the mail, images and documents can be sent electronically. The consulting physician can conduct an electronic visit with the patient. This convenience decreases the potential for noncompliant patients (especially with regard to specialist follow-ups), saves time, and increases physician-to-physician collaboration.

Rural communities with limited means to access healthcare still benefit from telemedicine. Someone living 200 miles from the nearest urban area needs to see a dermatologist, but does not have the means to travel the requisite distance. Telemedicine offers that individual an opportunity to speak with a specialist through a computer screen. These patients may end up being treated for something within a couple of days—even hours—for an ailment that, 20 years ago, may have gone undiagnosed for several years.

Drawbacks

While technological advances have helped drive telemedicine, technological failures can be one of its biggest drawbacks. Networks are subject to interruptions, delays, system overloads, or other technical difficulties. Because telemedicine is wholly dependent on working technology, its effectiveness is severely hampered when technology fails.

Privacy, security, and confidentiality are other potential problems. Even when healthcare providers take necessary security precautions, hackers may still access electronic communications—and HIPAA extends to the patient’s living room. It’s important to take necessary precautions to ensure telecommunications are as protected as possible. Use encrypted emails, consult with cyber-security experts when setting up your telemedicine practice, and develop a well-written consent form that addresses the risk factors of telemedicine.

It also is important not to overlook physical interactions between physicians and patients. Sometimes patients need a physical exam for an effective diagnosis (e.g. broken bones). Seeing patients in person helps establish a trusting, cooperative

relationship that may be challenging to build electronically. Both parties may be more engaged if conversations are conducted in-person. This may be less of an issue if you only use telemedicine for established patients. It is still a good idea to suggest an annual in-office examination.

Mobile Apps

Mobile app use is booming. According to one estimate mobile app revenue will reach \$13 billion in 2015, with a compounded annual growth rate of 40% over the next six years. The implications are equally enormous.

In January the FDA approved an app for glucose monitoring via a mobile device. This app allows healthcare providers to track patient glucose levels via a smartphone or tablet.

Mobile apps can be used for anything from monitoring patients remotely to facilitating physician/patient communication. A brief review of cardiology related mobile apps revealed several that allow physicians to demonstrate, illustrate, or show videos to patients to help explain certain conditions. Mobile apps also can provide decision support for physicians or help with diagnoses.

Dermatology apps can help patients track moles and other skin lesions to document changes. One app, developed by University of Michigan physicians, includes a skin cancer risk calculator. Another dermatology app claims to be 70% accurate in predicting the severity of a mole; dermatologists are about 85% accurate according to the same article.

Risk Management Considerations

Increased availability and real-time data are key telemedicine benefits. But while these two factors seem to foster patient/physician communication and nurture that relationship, they also may increase your risk exposure.

If you offer electronic availability to your patients, consider how it could negatively impact you when something doesn't go as planned for a patient. A plaintiff's attorney could present to a jury your claim to be available, and then state the patient didn't receive the type of response promised. The attorney could assert your failure to be immediately available directly led to the patient's negative outcome.

Real-time data also can present challenges. On one hand, it may increase your effectiveness as a healthcare provider. However, it also can create professional liabilities, particularly in the event of a claim. Consider: If you receive real-time blood sugar results from a patient and fail to notice a large spike or depression, could you be held liable for a negative outcome? A juror might look at this information and ask, "Why didn't the doctor notice this sooner?"

These examples highlight the importance of full disclosure and informed consent when it comes to telemedicine. It is important patients and healthcare providers are aware of both the advantages and limitations telemedicine presents.

Services providing online consultations to the general public, like "HealthTap," "InteractiveMD," or "MYidealDOCTOR," are another area of liability concern. While these sites are great

for patients and provide immediate access, physicians need to consider certain risks before participating:

- Are you licensed to provide medical care in the state the patient is contacting you from?
- Are you required to be licensed in the state the patient is contacting you from?
- How can you track and follow up with patients if necessary?
- How will calls be documented?
- If a liability claim arises, in which state will you have to defend yourself?
- How can you verify treatment recommendations?
- Will your service provider be involved in any way if you have a claim filed against you? (Review your contract with your provider.)
- Does your state's medical board prohibit this practice across state lines?
- Does the patient's state prohibit this practice?
- Are you allowed to prescribe any medications?
- Is the service HIPAA compliant?

Before entering into any agreement, be sure to thoroughly research and consider all of the pros and cons. You also may wish to consult with your insurance agent to determine if your current policy covers internet-based services.



Mr. Wade is a licensed attorney in Michigan where he works as a Risk Resource advisor for ProAssurance. He has authored numerous articles about mitigating medical professional liability risk. Mr. Wade also conducts loss prevention seminars to educate physicians about new and emerging risks.

¹What is telemedicine? American Telemedicine Association website. <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VS6-1WYya70>. Accessed April 15, 2015.

²What is telemedicine? Telemedicine.com, Inc. website. <http://www.telemedicine.com/whatis.html>. Accessed April 16, 2015.

³Thomas K. Year in review: 2014 was the year of explosive growth for telehealth. Advanced telehealth solutions website. <https://www.advanced-telehealth.com/2014/12/year-review-2014-year-explosive-growth-telehealth/>. December 18, 2014. Accessed April 20, 2015.

⁴Shaping your telehealth strategy: Leveraging telehealth technologies to lower costs, improve quality outcomes and enhance the patient experience. Ernst & Young website. [http://www.ey.com/Publication/vwLUAssets/EY-shaping-your-telehealth-strategy/\\$FILE/EY-shaping-your-telehealth-strategy.pdf](http://www.ey.com/Publication/vwLUAssets/EY-shaping-your-telehealth-strategy/$FILE/EY-shaping-your-telehealth-strategy.pdf). Accessed April 20, 2015.

⁵Ridin R, Auerbach D, Zaydman M, & Mehrotra A. Paying for Telemedicine. AJMC website. <http://www.ajmc.com/journals/issue/2014/2014-vol20-n12/Paying-for-Telemedicine>. December 12, 2014. Accessed April 30, 2015.

⁶Chief Editor. 10 major pros and cons of telemedicine. NLCATP website. <http://nlcatp.org/10-major-pros-and-cons-of-telemedicine/>. January 26, 2015. Accessed April 22, 2015.

⁷Chief Editor. 10 major pros and cons of telemedicine. NLCATP website. <http://nlcatp.org/10-major-pros-and-cons-of-telemedicine/>. January 26, 2015. Accessed April 22, 2015.

⁸Mcaskill R. Mobile healthcare market expected to reach \$13B in 2015. mHealth Intelligence website. <http://mhealthintelligence.com/news/mobile-healthcare-market-expected-to-reach-13b-in-2015>. March 26, 2015. Accessed April 27, 2015.

⁹FDA news release. FDA permits marketing of first system of mobile medical apps for continuous glucose monitoring. FDA website. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm431385.htm>. January 23, 2015. Accessed April 27, 2015.

¹⁰Misra S. Top 10 medical apps for cardiology. iMedicalApps website. <http://www.imedicalapps.com/2014/10/top-10-medical-apps-cardiology/>. October 23, 2014. Accessed April 28, 2015.

¹¹Dolan B. University of Michigan Health System offers skin cancer app. Mobihealthnews website. <http://mobihealthnews.com/17863/university-of-michigan-health-system-offers-skin-cancer-app/>. July 12, 2012. Accessed April 28, 2015.

¹²Dolan B. University of Michigan Health System offers skin cancer app. Mobihealthnews website. <http://mobihealthnews.com/17863/university-of-michigan-health-system-offers-skin-cancer-app/>. July 12, 2012. Accessed April 28, 2015.

Grand Opening

Springhurst Health and Rehabilitation, a non-profit skilled nursing facility, has opened a new \$5.2 million therapy center on the campus of Springhurst Pines.



The new addition features
ALL MEDICARE CERTIFIED PRIVATE ROOMS,
will accept most insurance and is
also licensed for out patient therapy.

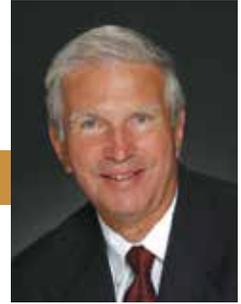


Call and schedule a tour!

3101 N. Hurstbourne Parkway • Louisville, KY 40241
Cornell Trace Patio Homes • Parr's Personal Care Apartments • Springhurst Health & Rehab
(502) 412-3775 • www.springhurstpines.org



A Ministry of
Baptist Homes, Inc.



CUSTOMIZED KNEE IMPLANT: New Concept; 3D Printing

There were over 600,000 knee replacements performed in the U.S. in the last year. The majority are successful at relieving pain and restoring function. It is unfortunate that up to 20% or more of these traditional knee replacements have patients that are not happy with their results. Continued symptoms of swelling, aching and at sometimes pain persists, particularly after long hours or increased activity. At least seven clinical analysts have reviewed many thousands of cases of various high volume surgeons and arrived at this conclusion.

The ConforMIS company has answered this problem with an advancement in personalized implant production. Breakthroughs in computer imaging and 3D printing allow a patient's knee to be accurately modeled with a prosthesis to fit only that patient (Fig. 1, Fig.2). These custom parts are specific to each patient and follow every curve and surface in the real knee. It not only corrects deformity and angulation of the knee, but reproduces the geometry.

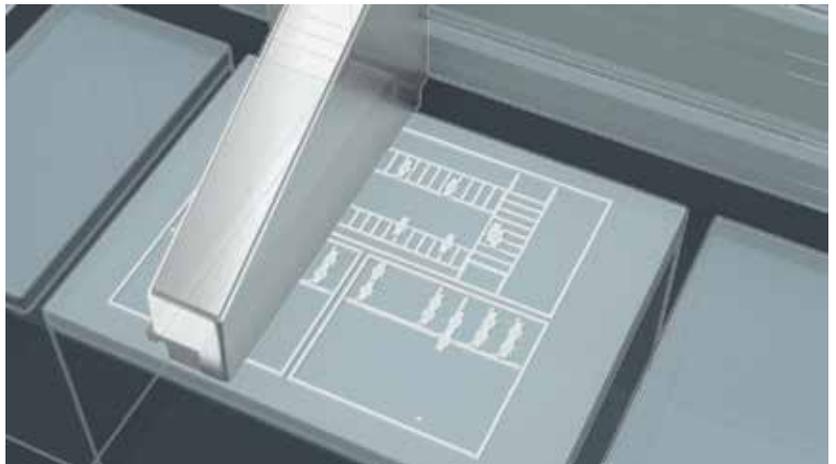


FIG. 1

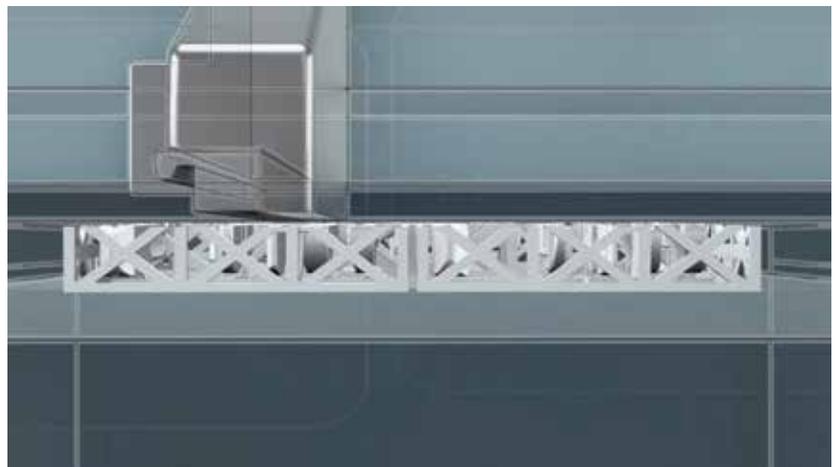


FIG. 2



In traditional knees there are different sizes, but the geometry of the surface is that of the average knee. There may be the best fit the surgeon can realize in surgery, but this may leave a mismatch, not only in size but also rotation of the prosthesis.

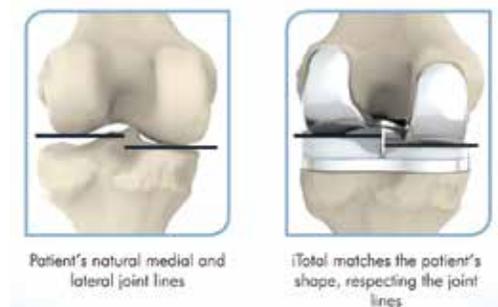
Several clinical studies have shown that the ConforMIS implant leads to superior outcomes, including better function and greater patient satisfaction. Early range of motion and more pain relief has also been described. The customization in the knee allows for less bone to be removed and more accurate balancing of the soft tissues.

There are other technologies that include robotics, computer assisted, and GPS-type surgical procedures that have been known to help the surgeon in producing a better fit alignment and balance of the postoperative joint. Even these have met with a certain percentage of problems long-term due to the fact that the “off the shelf” implants are used. The ConforMIS implant is thinner and actually stronger mechanically than the traditional knee prosthesis, and I believe allows a more natural movement.

Another added benefit of the ConforMIS system is that 80% or more of the usual instruments are unnecessary with this procedure. Inventory and costs associated for the off-the-shelf prosthesis are reduced. The surgeon is still the “captain of the ship”, and the surgical procedure requires less change in the original plan, using the customized approach. Early data reveals that the customized knees have less pain and more rapid return of motion, with a more normal feeling postoperatively.

Further study is necessary to see if these results hold up for years and there undoubtedly will be improvements in the process presented thus far by the company. This technology may well involve the future of hip and shoulder replacements.

ConforMIS is the first FDA approved custom total knee replacement system for osteoarthritis of the knee. It is designed for each individual patient. I feel it is another step in the future of joint replacements, leading to better recovery rates and outcomes.



For Your Next
Orthopaedic Surgical Procedure,
This Joint
is Jumpin'!



To better serve the needs of their patients and physicians, Louisville Orthopaedic Clinic is now serving patients in Southern Indiana at Physicians' Medical Center.

For elective or non-emergency surgeries, for inpatient or outpatient procedures, there is an alternative to traditional hospitals and clinics: Physicians' Medical Center, the region's only physician-owned hospital.

At Physicians' Medical Center, surgeons provide the highest quality care, using the latest medical technologies, in a private, comfortable environment. Our Highly skilled staff treat you not only as a patient, but as a special guest. In fact, at Physician's Medical Center there are no limits to visiting hours. Families, friends and patients are always welcome.



PHYSICIANS'
Medical Center

Patient Focused. Quality Care.

4023 Reas Lane . New Albany, IN 47150 . 812-206-7660
PMCIndiana.com

Physicians' Medical Center is a 100% Physician Owned Hospital.



tools for a **BETTER PRACTICE**

GE's Centricity[®] Practice Solution

As a medical practitioner, you're constantly balancing two roles: caring for patients and managing administrative issues such as insurance and billing. GE's Centricity Practice Solution combines a comprehensive EMR system with superior practice management software—smoothly integrating both aspects of your practice to save you time and resources.

STAY INFORMED AND COMPLIANT WITH:

- Access to a database of more than 30 million de-identified patient records.
- Automated alerts about drug recalls, test results and other time-sensitive information.
- Reports that benchmark clinical outcomes and document Meaningful Use.
- Mobile access from a variety of devices.

INCREASE EFFICIENCY AND PROFITABILITY WITH:

- Reliable billing systems.
- Faster payment turnaround.
- User-friendly interface.

Practice Management

While improving patient outcomes should always be your first priority, no doctor can provide consistent, high-quality care without a reliable system for managing appointments, billing and communication. Centricity PM provides sophisticated task management tools to streamline your workflow. With built-in electronic claims, statements and financial reports, you'll be able to get paid faster and see more patients.

ALL TOGETHER NOW

- Accounting, administrative, financial and scheduling reports.
- Automated forms, letters and documentation.
- Electronic claims and remittance (EDI).

Electronic Medical Records

Electronic recordkeeping is more than just a mandate — it's the future of U.S. healthcare. Centricity gives you access to GE's Medical Quality Improvement Consortium (MQIC), a database of nearly 30 million de-identified patient records. Using this data, you can benchmark your patient outcomes against the records of your past patients as well as patients in other practices across the country. Combining big data with sharp systems, Centricity EMR makes it easy to meet PQRI reporting requirements and demonstrate Meaningful Use.

POWER IN NUMBERS

Nearly **30 MILLION** patient records are available through MQIC.

More than **18,000** clinicians use Centricity EMR.

Data Hosting

Quatris Health's secure cloud services allow you to enjoy the benefits of Centricity without having to install, configure or maintain your own database. We offer three different data solutions depending on your needs, so you can focus on your practice and leave the technical details to us.

HOSTING YOUR WAY

Secure **CLOUD DATA HOSTING** for practices large and small.

Private, local data hosting for those looking for an **ON-SITE SOLUTION**.

Training & Support

When you purchase Centricity through Quatris Health, support comes standard.

IMPLEMENTATION & TRAINING

We introduce your personnel to the software gradually and thoroughly, making the transition as smooth as possible. Once you're up and running, we're just a phone call away, with live customer service available from 7:00 a.m. to 8:00 p.m. EST.

CLASSES & WEBINARS

We offer classes and webinars for new staff just learning the software, as well as sessions designed to introduce existing users to the latest updates and advanced features.



Community Home Health Care

Home Therapy for Common Orthopaedic Conditions

Home health therapy can provide a valuable service to persons suffering from bone and joint conditions. Individuals who undergo bone and joint surgery such as joint replacement or repair of fractures can benefit from post-surgical home health therapy. In addition, persons who have increased pain or decreased mobility due to arthritis can also benefit from home health occupational or physical therapy.

“Early discharge to home, with home-based rehabilitation and physical therapy, has been associated with reduced cost, improved clinical outcomes and increased satisfaction.”¹

Home health therapy following joint replacement

The need for knee or hip joint replacement can occur in various age groups, although it is more commonly seen among those persons who are in the older adult age group. Often, persons may go to an inpatient rehabilitation or skilled nursing facility for further care after hospital discharge. Some individuals may go directly home. In many cases, after the inpatient stay, home therapy is prescribed by the individual’s physician. Home therapy is a significant supplement to a patient’s treatment plan to facilitate optimal recovery from joint replacement surgery.

“Home care after orthopaedic surgery has been shown to improve outcomes and reduce health care costs among patients receiving a hip replacement.”²

Following admission to the home health agency, the physical and/or occupational therapist performs an evaluation to identify what therapy needs the patient has. The therapist works with the physician to establish a treatment plan appropriate for each patient. The plan will include various exercises aimed at improving the function of the joint as well as to address and control any pain the patient may be experiencing.

Home health therapy following fracture repair

Bone fractures occur due to various reasons. Some are the result of accidental injury such as falls. Others may be due to certain conditions such as osteoporosis. Fractures may require surgical or non-surgical repair, depending on the location, type of fracture, and other factors.

As with joint replacements, home health therapy to facilitate recovery from a bone fracture can be quite beneficial. Hemiarthroplasty is a type of surgery often used to repair fractures of the shoulder and hip. The addition of home health therapy to continue treatment following hemiarthroplasty or other type of surgical repair of the fracture can help maintain adequate function of the bone and joint.

A study of patients discharged to home following hip hemiarthroplasty showed those patients who received home care were at 43% lower risk of death within three months after discharge than those discharged home without such care.³

Home health therapy for arthritis

Arthritis is a common problem experienced by a large portion of the population. Arthritis has many types. The most common type is osteoarthritis, also referred to as degenerative arthritis or degenerative joint disease. Osteoarthritis affects the joints, causing pain and stiffness. Pain and stiffness leads to limited movement and can interfere with performance of routine daily activities and general functioning.

Osteoarthritis may be treated in a variety of ways, including medication, diet, and exercise. Home health therapy can provide a range of treatments to improve the effects of osteoarthritis or to prevent worsening of the symptoms. Therapy services can develop a treatment plan aimed at improving mobility and joint function as well as decreasing pain.

Advantages of home health care

In addition to receiving appropriate treatment to address a patient's illness or injury, home health care has many other advantages, including, but not limited to:

- Continuation of skilled care after inpatient discharge
- Shorter recovery time – patients often recover more quickly at home
- Greater privacy – patients often feel more at ease and in control in the familiar surroundings of their home
- Convenience – no transportation to arrange, less disruption of schedules
- Early hospital discharge
- Lower healthcare costs – often lower than inpatient care or permanent placement in a long term care setting
- Prevention of acute inpatient admission or readmission
- Tailored care for the patient's specific needs and environment

Transitioning to home health care

For some patients, transitioning from inpatient care to home health care or even arranging home health care when there has been no inpatient stay can be overwhelming.

Community Home Health Care provides both occupational and physical therapy to address the conditions discussed in this article as well as numerous other conditions. In addition to therapy services, Community Home Health Care also provides nursing services.

To ease the transition to home, Community Home Health Care has staff who serves as liaisons to coordinate

home health care services. The liaisons are available to answer questions prior to hospitalization for surgery as well as while the patient is recovering in the hospital and skilled nursing or rehabilitation facility.

Prior to hospitalization for joint surgery, the liaison will provide information to the patient and caregivers about the home health care transition process. The liaison will also work with physicians and discharge planners to coordinate home health care services.

Community Home Health Care will contact the patient's insurance company to determine if the insurance will cover the costs associated with home health care. Medicare, VA, and Medicaid will cover 100% of home health care therapy and nursing services provided to eligible patients.

Once it is determined the patient needs home health care services, the physician or discharge planner will contact the home health agency. The agency will contact the patient to arrange a time for a nurse to go to the patient's home to conduct an initial evaluation and admit the patient once eligibility is confirmed. Then, the therapist will conduct a home visit to perform an evaluation to identify therapy needs. The physician will be contacted to establish a plan of treatment to address the patient's specific needs. Therapy and/or nursing staff will make visits to the patient's home to provide the physician-prescribed care. While a patient is receiving services from Community Home Health Care, a nurse is on call 24 hours a day, 7 days a week to address any needs the patient may have.

The information in this article pertains to Community Home Health Care and may not apply to all home health agencies. Community Home Health Care provides services to persons who live in the following Kentucky counties: Breckinridge, Daviess, Grayson, Hancock, Hardin, Henderson, Larue, Marion, McLean, Meade, Ohio, Union, Washington, and Webster.

To arrange for services from Community Home Health Care, contact the agency at 800-866-9696 or contact a liaison directly at 502-507-1846.

¹ Froimson, M. I. (2013). In-home care following total knee replacement. *Cleveland Clinic Journal of Medicine*, 80 (E-Supplement 1), e-S15 – e-S19.

^{2, 3} Rhame, E., Kahn, S.R., Dasgupta, K., Burman, M., Bernatsky, S., Habel, Y., & Berry, G. (2010). Short-term mortality associated with failure to receive home care after hemiarthroplasty. *Canadian Medical Association Journal*, 182 (13), 1421 – 1426.



Community Home Health Care



Let Our Family Take Care Of Yours

Caring is at the heart of who we are at Community Home Health Care. Locally operated for over 30 years, we are familiar with the community and have experience providing in-home care across the state of Kentucky.

We understand how overwhelming and stressful it can be to find care while recovering from surgery or illness, or living with a chronic disease. Our caregivers work closely with physicians to coordinate all aspects of care from home-based skilled nursing, rehabilitation and chronic disease management. Weather you need services yourself, or you have a loved one who needs assistance at home or in an assisted-living facility, we are here to help.

How can we help?

- Nursing
- Disease Management
- Physical Therapy
- Speech Therapy
- Social Work
- Medication Management
- Post Hospitalization Care
- Post-Surgery Care
- Occupation Therapy
- Personal Care Aide
- Mental Health
- Rehabilitation Care and Services

Make an appointment

(800) 866-9696

info@chshomehealth.com

www.chshomehealth.com



AN INDUSTRY LEADER IN PUBLISHING CUSTOM MAGAZINES

- High Impact • Distinguish yourself from the competition
- Target new markets • Introduce new products and capabilities
 - Position your company as an authority in your industry
- Recognize clients, vendors and employees • Share messages from management
- Profile clients, projects and accomplishments • Profile special anniversary year of your company



For more information, call:
Gary Wright • 502.721.7599

87TH
RANKED
FIRM IN THE
U.S.

5

MCM OFFICES
IN 3 STATES



1 AND ONLY TOP 100
FIRM IN THE REGION
WITH A FEMALE
MANAGING PARTNER



50⁺

DIFFERENT
CERTIFICATIONS



280 PROFESSIONALS

38 %
♀/♀

of partners & principals
are women, well above
national average

★
BEST PLACE
TO WORK
IN KENTUCKY
& INDIANA

120⁺

original leadership
articles composed in 2014

MCM

CPAs & ADVISORS



www.mcmcpa.com | 888.587.1719

Expert guidance, beyond the bottom line.

WELLNESS LIFE DIET EXERCISE SPORT RUNNING MUSCLE POSITIVE RECREATION HAPPINESS SPORT POSITIVE DIET MUSCLE LIVING POSITIVE RECREATION RUN

HEALTHY

WELLNESS LIFE DIET EXERCISE SPORT RUNNING MUSCLE POSITIVE RECREATION HAPPINESS SPORT POSITIVE DIET MUSCLE LIVING POSITIVE RECREATION RUN



A Look Inside:

How Hobbies, Fitness, & Overall Well-Being Play a Huge Role in the Success of Your Provider



Music's Role in Your Life

Ask yourself a question and take some time to reflect upon the answer: How much has music been a part of your life?

If your answer is as truthful as mine, you will probably be surprised at the monumental role music has played in the fabric of your life.

Through the significant milestones such as birthdays, weddings and liturgical events, musical themes are paramount and interwoven with the event. Music can soothe us during sad times and elevate the good times to memorable heights. Even on a daily basis, there are many of us who can't go about daily routines without music in the background or a tune in our head. Music, like a certain sight or smell, can bring us back to a particular time in our lives in a very experiential way.

This is why the name of my current band, Decades (www.thedecadeslouisville.com) is so poignant. The band is made up of 8 musicians from very different backgrounds, "day jobs," and musical pedigrees, who come together once a week to practice and frequently perform in various venues around Louisville. I have performed stage shows and weddings with these men as far away as Reno, Nevada and San Diego, California, enjoying every minute of rehearsals and performances. Playing in an accomplished band has challenged me and made me a much better musician. I do feel

that playing in this band has also made me a better surgeon in some ways.

Looking back on my childhood, there always seemed to be music in the house. My father was an accomplished clarinet player and sang better in church and in the shower than most contestants that I have heard on American Idol. My father and mother made it a point that all my brothers and I would at least start out on the piano and have an introduction to music, and could thereafter venture in which direction we chose. My father, ever the prudent one, I later found out, acquired our first piano (which I still own) on a rent-to-own basis, just in case his boys were not as musically gifted as he.





Music has proven to be a wonderful counterpoint to the demanding calling I have as an orthopaedic surgeon. Playing music balances the hectic, serious, scientific and challenging life of a surgeon.

I played in my first Rock and Roll garage band before I was old enough to drive. When I moved to downtown Chicago to attend medical school, I became infatuated with the local jazz and blues scene there. The live music was phenomenal and definitely piqued my interest. Once again, my parents stepped in and helped me nourish my musical talents. As a gift to help me maintain balance and sanity during the rigors of medical school and residency, my parents bought me a Rhodes suitcase electric piano that I could play at any hour of the day or night with headphones and not disturb my neighbors. This was a welcome balance to the sights and smells of the anatomy lab.

While in medical school I formed a band called “The Towels” with other med students performing in the annual musical variety show. We wrote and performed our own original music, thrilling the audience with tunes sur the sake of science,” and” I want to be a TV doctor.”

Upon moving to Louisville, I studied improvisational music with a teacher only slightly more than half my age. He further broadened my musical horizons by giving me the confidence to improvise and play in The Doctors Band, a 16-piece orchestral band in which I was the only keyboard player.

I next played for 10 years with other physicians, pharmacists and nurses in the Disoriented Pedestrians. It was only 3 years ago, however, that the father of a former patient of mine, an accomplished trombonist

who shared my love of the band Chicago, asked me to audition for The Decades.

Music has proven to be a wonderful counterpoint to the demanding calling I have as an orthopaedic surgeon. Playing music balances the hectic, serious, scientific and challenging life of a surgeon. We are, after all, very good with our hands! I feel everyone should have a hobby, especially if one’s day-job can be so all consuming as that of an orthopaedic surgeon and one who tries to manage a private practice.

Physicians make excellent musicians because music is after all a mathematical enterprise with its own rhythm, rhyme and meter. There are only 12 different tones which a musician can combine in an infinite sequence. There is also a bit of “ham” in all of us, so I do find performing for my friends and family very enjoyable. Music has also proven to be a wonderful bond between the generations our age and that of my children. It is wonderful seeing my friends dancing with their kids as The Decades perform the music they enjoy. My children long ago raided my CD collection and appreciate the music with which I grew up.

I would conclude this article by stating that music always has been and will be an integral part of my life and I cannot imagine life without it. The role of music in one’s life is difficult to describe with pen and paper. Perhaps Hans Christian Andersen said it best: “Where words fail, music speaks”.



Exercise Equals Vital Signs

Exercise has been part of my life since teenage years. Of course it began with sports, but continued into medical school, residency training, and then private practice. Time and family were frequently a concern; discipline had to prevail.

Initially, it was running, weight training and handball. Following a rotator cuff injury at age 40, I continued to run, exercise with machines, and took up high impact aerobics.

This requires four to six hours a week minimum in order to stay fit. Frequently time and classes were at 5 o'clock and later in the p.m. At 6'5" and 250 pounds, it was not a question of "possibly" but one of necessity.

After 35 years so running, my knees changed my focus to aerobic cycling (after spinning).

Exercise has led to an increase in stamina and an improved ability to perform at 12-14 hour

days. Many of my early years required 60 to 70 hours a week at a minimum. Other than a cardiac arrhythmia inherited from both of my parents, my health has been excellent. My blood pressure has stayed in the low range without medication.

For most of my professional career I have advised more than many patients to exercise to help with chronic back problems, knee problems and shoulder. The twice a week athlete with tennis would have much less chance of injury with frequent exercise to the shoulders and lower extremities. Joining a health facility or YMCA branch should be a priority for many individuals. In my opinion, regular exercise is essential in combating the stress and rigors of everyday life and work, along with weight control, fatigue and more normal vital signs. Antiaging is another benefit we all desire. Look at the health food and pill industry aimed in that direction.

May many of those who read this add a regular exercise regimen to their life.





MY Health and Fitness Routine

About 15 years ago I started to seriously evaluate my fitness and diet routine. Long hours at work and free time spent eating ice cream cones while watching Little League games had taken its toll on my fitness. I saw a group of cyclists roll by my neighborhood and decided to dust off my old road bike and go for a spin. About an hour later I was laying under a tree over heated and dehydrated. This was not the start of my new fitness routine that I had envisioned. I did, however, start spinning and riding a few days a week to the point where I treated myself to a new lighter bike with modern gears. I was hooked! That was the beginning of a decade plus of cycling and regular cardio exercise that has really changed how I feel everyday.

Stamina

There is nothing better than getting my heart rate up to its threshold over multiple intervals in a workout. Not everyone wants to ride a bike. I get it. You can get injured, motorists hate you, and not everyone wants to wear spandex. However, finding something you like to do that incorporates intervals will, overtime, provide innumerable benefits. Interval training is addictive and moderate-to-moderate intense exercise gives me more energy (not less), helps me sleep better, and helps me concentrate with more focus. Orthopaedic surgery is a physical job that requires strength and stamina. In many surgeries we literally have to hold an extremity while we operate on it. As my fitness level improved, the 8-10 hour days in surgery became that much easier. I built up my time on the bike over a period of years and

currently ride 8- 14 hours a week depending on specific race and recreation goals. I enjoy indoor training in the winter with a goal of being in shape for a yearly west coast mountain bike trip to the Santa Ana Mountains with Texas Roadhouse Cycling teammates. In the spring, summer and fall I ride both my road bike and mountain bike. It's a great way to maintain fitness while exploring your city and state.

Diet & Nutrition

As my fitness improved I took a greater interest in my diet. Controlling weight is a high priority for cyclists that want to be competitive at cycling. I was fortunate that my wife made it her goal to always provide healthy meals for our family. My problem was all the “between and after meals” eating I would do and thought was normal.



“I enjoy indoor training in the winter with a goal of being in shape for a yearly west coast mountain bike trip to the Santa Ana Mountains with Texas Roadhouse Cycling teammates. In the spring, summer and fall I ride both my road bike and mountain bike. **It’s a great way to maintain fitness while exploring your city and state.**”

A double burger, fries, and Frosty on the way home from a Friday night St. Xavier football game at 11pm is not exactly good for you.

Our society has made it so easy and tasty to load up on unhealthy carbs that we can commonly consume 3-4 times our daily allowance and think we are “eating healthy.” My wife and I researched so many diets plans (Adkins, Weight Watchers, Caveman, Sugar Busters, Wheat Belly, Daniel Plan, etc.) my head was spinning with words like medium chain fatty acids, branch chain amino acids, gluten free, sucrose, fructose, and glucose. The confusion over such things could drive you to eat a pint of Grater’s chocolate chip ice cream in one sitting (don’t do that)! The common thread I derived from all of this is to limit carbs, and eat “goods fats” and protein. My breakfast was adjusted first. Goodbye Peanut Butter Captain Crunch. Hello Bullet Proof Coffee. “What?” you ask! Yes, organic coffee with coconut oil and grass feed butter. Tastes like a latte but healthier. Its healthy fat (medium chain fatty acids) to satiate your appetite and teach your body to burn fat! Yes, I know, caffeine isn’t good for you but you want me, as your surgeon, to have some in the morning! Lunch was next. No more bread, buns, and tortillas. I pretty much have some tuna or chicken salad with some almond crackers, grapes, tomatoes, veggies, and some nuts. I do carb up prior to working out. You can’t work out hard without adequate glycogen stores and some sugar in your blood

stream. Don’t be afraid to eat carbs prior to a vigorous workout. You will burn them off. Don’t be afraid to eat carbs and protein after a workout. You need to replace depleted glycogen stores and provide protein to rebuild muscles.

Don’t Underestimate Core Work

The most recent piece of my fitness routine was to add some core exercises to my program. I noticed my back aching of long rides and after long days in surgery. I knew my wife and kids did a lot of core exercises in the Yoga, barre, and fitness classes they went to. Because of my tight schedule I basically developed my own 10 – 15 minute routine that I can do in the morning. I get up and immediately do a program that consists of front and side planks, holding a superman pose, and abdominal crunches. Life changer! I had more pep in my step, better posture, and the backaches went away!

As I said earlier, diet and fitness are a dynamic and we always have something to work on. Cyclists tend to be caffeine addicts. Yes, this is an embarrassing weakness that I am working on. I can justify the pleasant jolt a cup of organic coffee in the morning but corrosive artificially sweetened diet Coke in the afternoon? I’ve got it down to two or three days a week. It’s just hard to say “no” to that cold can filled with refreshing, fizzy, caramel delight... Like I said, “something to work on.”

How Our Docs Stay Healthy

TY E. RICHARDSON, M.D.



Prioritizing a Healthy Lifestyle

Exercise is like anything else, you get out of it what you put into it. I am frequently asked by patients how I stay fit. They seem surprised that a busy surgeon and father of four finds time to exercise. I think that like anything else that is important to you, the key is to put exercise at the top of your list of things to do, and stay committed to it.

I like to incorporate exercise into our family activities. For example, my kids are all active and involved in sports, and I involve myself as either coach or assistant coach. Not only is this more fun than sitting in a chair on the sidelines, but it allows me to stay active while being a part of their activities. We also find active things we can all do together, such as cycling, hiking, and driveway basketball. On the days I am not riding my bike, coaching my kids' teams, or involved in family activities, I work out in my home gym.

I spend a lot of time talking to patients about exercise. I try to make them understand that I, as a surgeon, can do things to help them. But what is just as important, is what they do to help themselves.



“I like to incorporate exercise into our family activities.”



How Our Docs Stay Healthy

MELISSA T. PARSHALL, MS, PA-C



What I Do to Be at My Best

Fitness

I try to run 3 miles/3 days per week. Sometimes that is a walk/run while I push my three kids in the stroller. Two days a week I do strength training either at the gym or in my basement with a Beachbody video.

Balancing Life

I think some days I balance work/family/fitness better than others. I find that on the days I am able to wake up at 5am and get my workout in before my little ones wake up, I feel very accomplished. On the other days, unfortunately, fitness is the first thing to fall off of the to do list if an issue with work or family arises.



Is Knee Osteoarthritis Limiting You?

See the possibilities with Freestyle™ OA.

Breg's Freestyle OA brace helps you get back to doing what you love. The Freestyle OA has a wraparound design making it easy to put on. It's comfortable, lightweight and fits under most clothing.

The Freestyle OA is covered by most insurance. Ask your doctor, call 502-417-6057 or visit www.Breg.com/Freestyle.



LIMITED MOVEMENT
OA knee without the
Freestyle OA brace.



NEW POSSIBILITIES
Same knee with Freestyle OA
brace to align the joint*.



© 2015 Breg, Inc. All rights reserved. M 2576-12/15
*X-rays are from one individual's experience and may not be representative for all patients.



Breg.com/FOA
View the patient video.

How Our Docs Stay Healthy

REBECCA KOSTYO, PA-C

Making the Most of My Time

My goal is to run 3-4 days a week and I also add cross training or strengthening at the YMCA 2x a week. I like to mix it up those days, spinning class, yoga, elliptical, etc.

The balance between work, family and fitness can be a real struggle at times. My 13-year-old is active in multiple sports so at times when she's practicing field hockey or soccer at the park, I'll run during that time. If it's a gym day, then I will go straight after working otherwise I find myself getting caught up at home and won't go back out.



Marine Corp Marathon 2013

I think the biggest lesson I learned when dealing with injury is to listen to my body! I've been known to push through when I shouldn't have and really regretted it later. Your body needs rest also! There may be other options to stay active when dealing with injury. Stay positive and allow your body to heal. I personally think stretching is important. I put emphasis on stretching after my runs. I also love using the foam roller to work out tight muscles.

Easy banking for your hard earned money.

There are two kinds of banks here in Louisville: those where managing your money is harder than it should be. And Republic Bank. It's easier here with local banking centers that get to know your name. You can get loans quickly and easily here. And, here, we offer advanced, people-friendly online and mobile banking services* that allow you to bank wherever. Whenever.



MARY ROSE HULSEY
Vice President
502-420-1841
mhulsey@republicbank.com
NMLS #419177

REPUBLIC BANK
It's just easier here.

RepublicBank.com Member FDIC

* Messages and data rates may apply from your wireless carrier. Usage and qualification requirements apply for Mobile Deposit.

Don't Let Your Business Become a Statistic

Protect the business you've worked so hard to build up, with Backup and Security solutions from SKYE Technologies.

- Email Protection
- Wireless Information Security
- Web Filtering
- Email Archiving
- Managed Firewall
- Data Backup and Restoration



Much more than just another IT company

SKYE TECHNOLOGIES
Solutions Made Simple.

502.585.9669 • skyetechologies.com



Hip and Knee Joint Replacement - IS SAME DAY DISCHARGE POSSIBLE?

Joint replacement surgeries have evolved over the past several decades with focus on safety, accuracy and rapid recovery. Hip and knee replacement is one of the most commonly performed surgeries in adult orthopaedics. The major deterrent for early discharge was the postoperative pain control. With the advent of multimodal analgesia, outpatient joint replacement has become a reality for the motivated patient.

The trend for outpatient hip and knee replacements has been progressively increasing over the last few years globally. This has been dictated mostly due to the well-informed patient who is interested in the procedure and outcome. Individual surgeons, hospitals and insurance companies have shown interest after careful consideration of the safety and cost benefit for the society. The important factors which can favor this procedure include preoperative screening of the patient's medical co-morbidities and home environment.

PREOPERATIVE PATIENT INFORMATION- PREPARING FOR OUTPATIENT JOINT REPLACEMENT

The major complications following joint replacement surgery include infection, deep vein thrombosis (DVT), pulmonary embolism, dislocation of the joint, stiffness, persistent pain, leg length discrepancy, and blood transfusions. The Surgical Care Improvement Project (SCIP) protocols initiated by the Joint Commission has made a tremendous impact on the use of proper antibiotic prophylaxis to prevent infection and DVT. Early

mobilization, portable DVT prevention therapy systems and thermal compression therapy have helped with pain control, DVT prophylaxis and rapid recovery.

Careful selection of patients for outpatient Arthroplasty is imperative for the safety and successful outcomes. The patients are leaving the hospital before pain breakthrough and likely complications from co morbidities. The general rule is no medical co-morbidities is the best scenario. Coming to the office visit prepared with a complete medical history will help your surgeon to assess your risk comprehensively.

1. Surgeons and hospitals prefer that the patients undergo the surgical procedure early in the day to give adequate time for the physical therapist to fulfill functional discharge criteria.
2. It is mandatory to have a caregiver at home for the first 24-48 hours.
3. The ability to reach a staff member for advice on pain breakthrough, wound drainage, dizziness, nausea, and constipation is crucial.

PRE ANESTHETIC TESTING (PAT) AND JOINT CLASS

Healthcare institutions, which have joint commission accreditation focus on adequate testing of the patient prior to surgery. It is well known that preoperative education reduces patient anxiety, decreases pain and increases overall satisfaction.



The physical therapy and rehabilitation must be arranged including provision of crutches, practicing walking with them, stair training, elevated toilet seat, grabber, shoe kit etc. Home health for therapy should be arranged the evening or the next day after the surgical procedure.

Verify with your insurance provider whether your surgeon and the hospital are in the network. Obtain information regarding your benefits for medication, home health, and outpatient physical therapy.

PERIOPERATIVE PAIN MANAGEMENT

Modern perioperative pain management includes multimodal and preventive analgesia. The thumb multimodal means the combination of more than one class of analgesic drugs, improves pain control and has the ability to minimize Opioid. Preventive analgesia extends to the preoperative and post-discharge pain control measures. A dedicated and enthusiastic orthopaedic anesthesia team is an integral part of outpatient joint replacement surgery. Short-acting spinal and analgesic with or without adductor canal block and sciatic nerve block will minimize the necessity for narcotics during surgery.

BLOOD LOSS MANAGEMENT

Hip and knee replacements have traditionally been associated with substantial blood loss during and after the surgery. The importance of improving hemoglobin prior to this elective procedure cannot be emphasized enough. Use of certain medications like tranexamic acid have drastically decreased the intra-and postoperative blood loss.

HEALTH CARE TEAM FOR A SAFE, SATISFACTORY & SUCCESSFUL PROCEDURE

The pivotal role is played by your surgeon and hospital with adequate surgical volume, and experience to improve your outcome. Your surgeon's front desk, medical assistant, medical records, and financial counselor help in various aspects of your surgery. The surgical team including the anesthesiologist, the nursing staff, scrub tech, your surgeon's first assist, the implant vendor helps in performing the procedure safely and efficiently. Recovery is heavily dependent on your physical therapist and your compliance with the therapy.

WHEN NOT TO CONSIDER OUTPATIENT JOINT REPLACEMENT

Patients with Opioid dependence, smoking, above ideal weight, cardiac conditions, pulmonary conditions, uncontrolled diabetes, chronic medical conditions, and psychiatric disturbances are in general a contraindication for outpatient hip and knee replacements.

In summary, outpatient joint replacements for hip and knee arthritis can be performed safely. The emphasis has been on the patient experience. The expectations of the patient and the patient's family and the ability of the surgeon and his healthcare team must be in alignment. Minimally invasive surgery, material advancements, and precision in placement of implants have given confidence to release patients home same day after joint replacement surgery.

Welcome Our Newest Providers



WILLIAM SLIGAR, MD

General orthopaedic surgeon, treating an array of orthopaedic diseases and conditions.

Dr. Sligar joined our practice as of January 2016. He works exclusively at our clinic location in New Albany, IN.

Dr. Sligar has had a long and successful career practicing as a general orthopaedic surgeon. With this experience, he welcomes and treats an array of orthopaedic diseases and conditions. He earned his Bachelors of Science and Medical Degree from Tufts University in Medford, MA. Following his internship and residency at Case Western Reserve University Hospitals, he served as a lieutenant commander in the U.S. Navy.

A native of Indianapolis, Dr. Sligar has spent most of his professional career practicing in Indiana. He served two terms as Clark Memorial Hospital's Chief of Staff and President Elect of Medical staff.



JOHN LEWIS JR., MD

Orthopaedic surgeon specializing in all disorders of the foot and ankle.

Dr. Lewis specializes in all disorders of the foot and ankle, including athletic injuries, ankle sprains, trauma/fractures, Achilles and other tendon injuries, deformity correction, joint preservation, and forefoot conditions including bunions and hammertoes. He has had extensive training in complex ankle reconstruction for patients with ankle arthritis and has a special interest in performing ankle replacement surgery. He has published multiple articles, book chapters, and review papers as well as given numerous presentations at regional and national meetings of the American Academy of Orthopaedic Surgeons and the American Orthopaedic Foot and Ankle Society.

Dr. Lewis was born and raised in Louisville, Kentucky and attended Saint Xavier High School. He completed his undergraduate training at Duke University. He earned his medical school degree at Duke University and received a fellowship grant from the Howard Hughes Medical Institute for his research on joint arthritis in an animal model. He then completed his residency training at Duke University Medical Center. He completed subspecialist fellowship training in foot and ankle surgery at the Foot and Ankle Institute at OrthoCarolina in Charlotte, North Carolina. During this time, he trained with renowned foot and ankle specialist Dr. Robert Anderson and helped care for the Carolina Panthers and Charlotte Bobcats as well as numerous other professional and collegiate athletes.

His wife, Dr. Lauren Lewis, is an obstetrician/gynecologist who has joined the Women's First practice in Louisville. He enjoys golfing, soccer, running, and spending time outdoors and at the lake with his wife and children.





MEGAN COURTNEY, PA-C

Certified Physician Assistant specializing in orthopaedics under the supervision of spine surgeon, Venu Vemuri, D.O.

Megan is a certified Physician Assistant specializing in orthopaedics under the supervision of Venu Vemuri, D.O. She graduated from the Physician Assistant Program at the Wake Forest School of Medicine in 2011. Not only is Megan a member of the American Academy of Physician Assistants, but she is also board certified by the National Commission of Certification of Physician Assistants.

While pursuing her undergraduate degree at Northwestern University, Megan worked as a student athletic trainer with all varsity sports. In 2001, she became a certified Athletic Trainer. After finishing a Graduate Assistantship with KORT Physical Therapy, she worked with the Orthopaedic and Sports Medicine department at Duke University in North Carolina. Before going to school to become a certified Physician Assistant, she also served as an Athletic Trainer for the Men's Football and Basketball programs with the United States Military Academy in West Point, NY.

Following her graduation from Physician Assistant school, Megan finally moved back home to Louisville, KY. For the past several years she has been working as a certified Physician Assistant for a local physician office specializing in Gastroenterology.



JEANIE DOAN, APRN

Certified Nurse Practitioner working under the supervision of the Louisville Orthopaedic physicians.

Jeanie is a certified Nurse Practitioner working under the supervision of the Louisville Orthopaedic physicians. She earned her Bachelors of Science degree in Nursing from the University of Phoenix and went on to graduate from Walden University, Baltimore, Maryland with a Master's in Nursing. Jeanie has an array of experience working in healthcare, treating patients in settings such as the ER, ICU, Med-Surg, Pre-Op, PACU, ambulatory care and beyond.

Jeanie was board certified by the American Academy of Nurse Practitioners in 2014. She is a member of the American Academy of Nurse Practitioners, American Nurses Association, and Sigma Theta Tau, The Honor Society of Nursing.

Jeanie primarily works out of our New Albany, IN clinic location.



REBECCA KOSTYO, APRN

Certified Nurse Practitioner working under the supervision of J. Steve Smith, MD, Sports Medicine specialist.

Rebecca is a certified Orthopaedic Nurse Practitioner working in collaboration with Dr. J. Steve Smith who specializes in sports medicine. After earning a Bachelor's of Science in Nursing from Spalding University in 1998, she completed her Master's degree in Nursing from the University of Louisville in 2004.

With over ten years working in orthopaedics specializing in Sports Medicine, treatment of osteoarthritis and total joint arthroplasty; Rebecca brings experience and expertise to the patients of Louisville Orthopaedic Clinic. A native of Louisville, KY, Rebecca gained her education and professional experience learning and working alongside Louisville's medical professionals.

Rebecca became board certified by the American Academy of Nurse Practitioners in 2004. She became an Orthopaedic Certified Nurse Practitioner in 2011. She is a member of the American Academy of Nurse Practitioners and the Kentucky Coalition of Nurse Practitioners and Nurse Midwives.



JORDAN TINNELL, PA-C

Certified Physician Assistant specializing in orthopaedics under the supervision of Ty Richardson, MD, Sports Medicine specialist.

Jordan is a certified Physician Assistant specializing in orthopaedics working alongside Ty E. Richardson, M.D. who specializes in Sports Medicine. He is from Louisville and graduated from Centre College where he earned his B.S. in Biology. While attending Centre he was an all-conference football player and participated on the track & field team. Jordan began his graduate work at the University of Louisville where he earned a Masters of Science degree in Exercise Physiology and then continued at Sullivan University where he earned his 2nd Masters of Science degree in Physician Assistant studies.

Jordan has been a member of Louisville Orthopaedic Clinic since 2007 and has served in various roles in Physical Therapy and Durable Medical Equipment. Prior to becoming a Physician Assistant, Jordan was a high school football coach for 7 years.

Jordan became board certified by the National Commission of Certification of Physician Assistants in 2016 and has been practicing in orthopaedics. He is a member of the American Academy of Physician Assistants (AAPA), the Kentucky Academy of Physician Assistants (KAPA) and the Physician Assistants in Orthopaedic Surgery (PAOS).



PLANTAR FASCIITIS

Plantar fasciitis is the most common causes of heel and foot pain. What is plantar fasciitis and what options are available for treatment? The plantar fascia is connective tissue located at the bottom of the heel and extends to the undersurface of the metatarsals, which are the bones below the toes. It supports the arch of the foot during standing or walking, and aids in shock absorption. With plantar fasciitis, the tissue becomes strained from increased tension and can cause small tears. Symptoms include stabbing pain in the heel, usually with the first steps after waking up and with prolonged standing or walking. Tenderness to small amounts of pressure is usually found at the bottom of the heel or along the arch of the foot. Potential risk factors include obesity, being over the age of 40, occupations with increased standing or walking, exercise/sports involving increased stress on your feet (ex. Long-distance running), anatomical anomalies (high arches, low arches, bone spurs, etc.), tight calves, and poorly fitting shoes.

Possible treatment options for plantar fasciitis includes: orthotics, night splinting, stretches/exercises, injections, surgery, and physical therapy intervention. In most cases, conservative treatment is effective in alleviating the symptoms and resolving biomechanical issues. Physical therapy can offer multiple treatment options to help resolve this ailment. A standard evaluation will be performed to observe range of motion of the foot/

ankle, foot posture, gait mechanics, palpation, and joint mobility assessment. If the findings coincide with plantar fasciitis, treatment will begin immediately. Stretching the calves and the plantar fascia will be essential to a home exercise program. In addition, strengthening the intrinsic muscles (small muscles in the feet) will aid in providing support to the arch of the foot. A physical therapist can utilize manual therapy as part of treatment, which can include instrument-assisted soft tissue mobilization (IASTM), joint mobilization, massage, or dry needling. In addition, modalities may be administered to help control inflammation or increase blood flow to the injured area to promote healing. These modalities may include ultrasound, iontophoresis, and cryotherapy. It is best to treat plantar fasciitis sooner rather than later in order to resolve the symptoms quicker as well as prevent surgery in the future.

If you have questions about plantar fasciitis or would like to be treated for this condition, contact your nearest KORT and you will be seen within 24 hours.



Sara Flowers, PT, DPT, is a physical therapist at KORT Preston Physical Therapy.



PROVIDER DIRECTORY



Comprehensive Orthopaedic Care

To serve your needs our facility consists of eleven orthopaedic surgeons, four physician assistants, and two nurse practitioners. Our surgeons are board certified in orthopaedic surgery and have completed specialized training in custom total joint replacement; arthroscopic procedures of the knee, shoulder, and ankle; surgery of the spine; foot and ankle disorders; sports medicine; and orthopaedic fracture management. To better accommodate the needs of our patients, we have an open MRI, outpatient surgery suites, and a physical therapy department. Digital X-ray equipment and registered technicians ensure the highest quality images possible to aid in the diagnosis and treatment of our patients.



ERNEST A. EGGERS, M.D.

Dr. Eggers is the area's first physician to perform knee and hip replacement surgery. He is considered a foremost expert in the study of joint reconstruction and is approaching 16,000 hip and knee replacement surgeries. His counsel has been sought by manufacturers of joint implants from many companies and has taken him to Germany, England, Belgium, France, and

Canada. Another symposium was held in Johannesburg, South Africa, for the orthopaedic congress of that country.

Dr. Eggers has particularly specialized in the treatment of younger hip and knee patients with improvement in cementless fixation and metal articulation. He was one of the first in the country 17 years ago to perform an FDA study on metal/metal hip replacement. Dr. Eggers has been involved in many symposia through the years involving orthopaedic surgeons, surgical equipment personnel, patients and nurses. This has involved presentations including complete and partial knee replacements and hip replacements, both traditional and custom. He helped to promote the use of custom implants with large patients many years ago, both in the hip and the knee.

Dr. Eggers was regarded a top orthopaedist in joint replacement by the Consumer Research Counsel of America beginning 20 years ago. The last award was in 2010. He began minimal invasive procedures on the hip 30 years ago and in the knee approximately 15 years. Minimal invasion wound infers the smallest approach to hip or knee that can correctly address the surgery. His specialty includes all age ranges of patients and includes several implants from different companies according to the needs of the patient.

Dr. Eggers is a native of Indiana and served in the United States Navy. He completed his internship and residency at the University of Louisville. He has studied hip surgery where it started in England and Switzerland. He is a member of many local and state societies, The National Society for Arthritic Joint Surgery, Association of Hip and Knee Society, and the Academy of Orthopaedic Surgeons. He is board certified in orthopaedic surgery.



RICHARD A. SWEET, M.D.

Dr. Sweet specializes in the area of total joint replacement. He completed the Aufrank Reconstruction Fellowship in joint replacement surgery at the New England Baptist Hospital in Boston. He has been involved in both clinical and scientific research in this field, which has included implant and instrument development for

hip and knee replacement surgery. These research and development efforts have focused particularly on minimal incision techniques. An avid teacher, he often conducts seminars on the subject of total joint replacement for both medical personnel and the community at large. This includes physician cadaver lab teaching of minimal incision total knee replacement and total hip replacement surgery. He has a special interest in sports medicine and particular expertise in knee reconstructive surgery.

Dr. Sweet was born in Kentucky and earned his undergraduate and medical degrees at the University of Kentucky. He served his residency at the University of Louisville. He belongs to all the state and local medical societies and is board certified in orthopaedic surgery.



GEORGE E. QUILL, JR., M.D.

Dr. Quill is one of the region's first fellowship-trained orthopaedic surgeons sub-specializing in disorders of the foot and ankle. His academic appointments are quite numerous, and many awards and honors have been bestowed on him. His research and writings on the subject of the foot and ankle have been extensive, including seventeen published articles, five book chapters, and Academy-sponsored instructional videotapes and DVDs.

He gives many scientific presentations each year on the subject of foot and ankle disorders, and is a member of the clinical faculty at the University of Louisville School of Medicine. Current interests are in foot and ankle reconstruction and orthopaedic device development. Dr. Quill is a consultant to numerous orthopaedic implant manufacturers, and he maintains an interest in implant design and orthobiologic research.

Dr. Quill was born in Chicago, Illinois. He attended the University of Notre Dame, earned his medical degree at Northwestern University, and completed his residency at Chicago's Rush-Presbyterian-St. Luke's Medical Center. His fellowship was completed in Baltimore at Union Memorial Hospital. He is board certified and voluntarily re-certified in orthopaedic surgery.



SCOTT D. KUIPER, M.D.

Dr. Kuiper specializes in shoulder, knee, and elbow arthroscopy, as well as the treatment of athletic-related injuries. He completed his fellowship training at the world-renown American Sports Medicine Institute in Birmingham, Alabama. He participated in the care of Auburn athletics and cared for numerous NFL, NBA, and NHL athletes with his mentors James R. Andrews, M.D. and William Clancey, M.D. Dr. Kuiper has published basic science research on ACL reconstruction, book chapters on PCL reconstruction, and a number of peer-reviewed papers on shoulder surgery. He has helped to develop state-of-the-art implant devices for rotator cuff and labral repair. He has been voted a *Louisville Magazine* "Top Doc" for orthopaedic surgery several times and, most recently, he was selected by his peers as one of *Louisville Magazine's* "Top Surgeons" for Knee Arthroscopy, ACL Reconstruction, and Shoulder Arthroscopy.

Dr. Kuiper earned his undergraduate degree at DePauw University and attended the University of Louisville School of Medicine. He completed his residency, as well as an Orthopaedic Research Fellowship at the University of California, San Diego. He then completed an Orthopaedic Sports Medicine Fellowship under the direction of Drs. James R. Andrews and William Clancey in Birmingham, Alabama. He is board certified in orthopaedic surgery, and is a fellow of the American Academy of Orthopaedic Surgeons and a member of the American Orthopaedic Sports Medicine Society, as well as other national, state and local medical societies.

Dr. Kuiper is the team physician for St. Xavier High School and Sacred Heart Academy. He is a consultant for Spalding University and Indiana University Southeast baseball teams.



ROBERT A. GOODIN, M.D.

Dr. Goodin is a Louisville native earning his medical degree and completing his orthopaedic residency at the University of Louisville, where he received numerous honors and awards. He has done extensive research and presentations in hip and knee techniques. He also completed the Adult Reconstruction Fellowship at Indiana University Medical Center.

Dr. Goodin became board certified by the American Board of Orthopaedic Surgery in July 2004. He is a member of local and state medical and orthopaedic societies, as well as the American Academy of Orthopaedic Surgery.



TY E. RICHARDSON, M.D.

Dr. Richardson specializes in orthopaedic sports medicine and athletic injuries. He attended Baylor University and earned his medical degree at the University of Texas Medical Branch. He completed his orthopaedic residency at the University of Louisville, receiving numerous honors and awards. He has done extensive research and presentations in orthopaedic trauma.

Dr. Richardson attended an Orthopaedic Sports Medicine Fellowship at the Hughston Clinic in Columbus, Georgia. He is board certified in orthopaedic surgery. He is currently the team physician for Manual High School.



J. STEVE SMITH, M.D.

Dr. Smith is the Medical Director of Baptist Sports Medicine. He is also the team physician for Ballard High School and North Oldham High School. In addition, he was on the medical staff of the LA Lakers, LA Dodgers, USC Football Trojans and numerous other collegiate and high school sports teams. He has published numerous research papers, abstracts, and

has made presentations relating to the advancement of arthroscopic surgery in sports medicine.

Dr. Smith is a native of Kentucky earning his undergraduate degree at Western Kentucky University and attending the University of Kentucky College of Medicine. He completed his internship and residency at the University of Rochester in New York, and then completed his orthopaedic sports medicine fellowship at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles, California. He is board certified in orthopaedic surgery and is a member of many national, state, and local medical societies.



VENU VEMURI, D.O.

Dr. Vemuri specializes in the treatment of and procedures related to diseases of the spine. He received the Orthopaedic Student of the Year award for excellence in orthopaedics from Midwestern University's College of Osteopathic Medicine. Following his position as Chief Resident during his final year of residency in orthopaedic surgery, he

went on to complete advanced training in orthopaedic and neurosurgical spine surgery. Dr. Vemuri completed this additional training at Louisville's Norton Leatherman Spine Center through their Spine Fellowship program.

While Dr. Vemuri is a spine surgeon, he is committed to exhausting all non-surgical treatment options before considering surgical intervention. His primary objective is to help patients get back to enjoying their lives through restoring function from painful spinal conditions. His interest in minimally invasive surgeries is due in large part to increased chances for reduced blood loss, less tissue damage, and a faster recovery time for his patients.

In addition to his medical degree, Dr. Vemuri also has a bachelor's in Cello performance from Lawrence University Conservatory of Music and a master's degree in Cello performance from the world renowned Indiana University Jacobs School of Music.



MADHU R. YAKKANTI, M.D.

Dr. Yakkanti specializes in the area of fracture management and total joint replacement. He completed his Orthopaedic Trauma Fellowship and Adult Reconstruction Fellowship at University Hospital and Jewish Hospital in Louisville. He has extensive surgical training and experience in

managing complex and complicated fractures, as well as, hip and knee replacements. By virtue of his experience he has a special interest in managing geriatric orthopaedic fractures.

Dr. Yakkanti has a long association with teaching the art of Orthopaedic surgery. He was awarded the best resident teacher award on multiple occasions in his role as assistant professor of Orthopaedics at the University of Louisville. He regularly communicates with his peers, students and teachers regarding management of complex orthopaedic problems. He participates in annual academic meetings of Orthopaedic societies on a regular basis. He is a member of the American Academy of Orthopaedic Surgery, Orthopaedic Trauma Association, American Academy of Hip and Knee Surgeons, Mid America Orthopaedic Association, Kentucky Orthopaedic Association, Kentucky Medical Association, and Fellow of American College of Surgeons.

Dr. Yakkanti was born in India where he earned his basic medical education and completed his Orthopaedic residency training. He went on to complete advanced training in managing complex fractures and poly trauma at the University of Louisville. He then completed the adult reconstruction fellowship at the University of Louisville. Dr. Yakkanti is board eligible by the American Board of Orthopaedic Surgery.



LORI L. EDMONDS, APRN

Lori is a nurse practitioner working in collaboration with George E. Quill, Jr., M.D., specializing in disorders of the foot and ankle. She graduated magna cum laude from the University of Louisville with a Master's of Science in Nursing in 2005. She also received a Bachelor's of Science in Nursing from the University of Louisville in 1997.

Lori became board certified by the American Academy of Nurse Practitioners in 2005. She is a member of the American Academy of Nurse Practitioners, The Kentucky Coalition of Nurse Practitioners and Nurse Midwives, and Sigma Theta Tau.



KATE S. HAMILTON, PA-C

Kate is a certified physician assistant specializing in orthopaedics under the supervision of Richard A Sweet, M.D. She is from Northern Kentucky, graduating from the University of Kentucky with a B.S. in Dietetics and Physician Assistant Studies.

Prior to her employment with Louisville Orthopaedic Clinic, she had extensive training in the orthopaedic clinic at Fort Knox, Kentucky.

She is a member of the American Academy of Physician Assistants, Kentucky Academy of Physician Assistants, and National Commission on Certification of Physician Assistants.



MELISSA T. PARSHALL, MS, PA-C

Melissa is a certified physician assistant specializing in orthopaedics under the supervision of Scott D. Kuiper. She was an athletic trainer during her four years at Hanover College and graduated with a bachelor's degree in Sports Medicine. She worked as research assistant/athletic trainer at Methodist Sports Medicine Clinic in Indianapolis for three years. She then traveled to New Jersey, where she

attended Seton Hall University and received her master's degree in Physician Assistant Studies.

Melissa became board certified by the National Commission of Certification of Physician Assistants in 2005 and has been practicing in orthopaedics. She is a member of the American Academy of Physician Assistants and the Kentucky Academy of Physician Assistants.



CARLY O. BELL, PA-C

Carly is a certified physician assistant specializing in orthopaedics under the supervision of Robert A. Goodin, M.D. A former player on the University of Kentucky women's basketball team, Carly served as team captain during the 2009 basketball season. She graduated from the University of Kentucky with a B.S. in Biology and a M.S. in Physician Assistant Studies with cum laude honors.

Previous to her employment at Louisville Orthopaedic Clinic Carly gained experience through her numerous clinical clerkships within the inpatient and outpatient settings. Throughout her athletic and academic career, she received a number of awards for her community service projects, as well as serving as a leader for many university and athletic committee activities. Carly is a member of the Kentucky Academy of Physicians Assistants (KAPA).



MAIN OFFICE LOCATION:
4130 Dutchmans Lane
Louisville, KY 40207
502-897-1794

SPORTS MEDICINE SATELLITE OFFICE:
Baptist Eastpoint Sports Center
2400 Eastpoint Parkway, Suite 110
Louisville, KY 40223

INDIANA OFFICE:
Northgate Medical Center
3605 Northgate Court, Suite 207
New Albany, IN 47150

www.louortho.com

www.facebook.com/LouisvilleOrthopaedicClinic

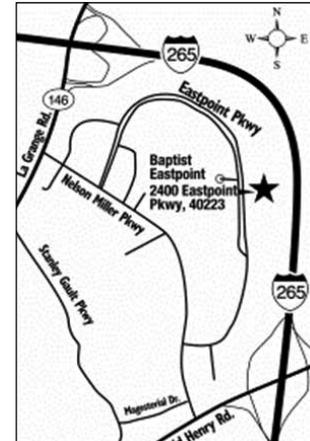
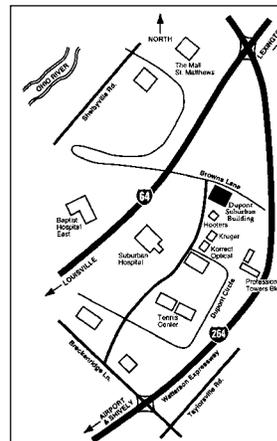
DIRECTIONS

From I-71: Take Watterson Expressway, I-264 West to Breckenridge Lane North, Exit 18B. Turn right onto the first street, Dutchman's Lane. Proceed to end of street.

From I-64: Take Watterson Expressway, I-264 East to Breckenridge Lane North, Exit 18B. Turn right onto the first street, Dutchman's Lane. Proceed to end of street.

From I-65: Take Watterson Expressway, I-264 East to Breckenridge Lane North, Exit 18B. Turn right onto the first street, Dutchman's Lane. Proceed to end of street.

4130 Dutchman's Lane is the last building on the right, the Dupont Suburban Building. Main office is in suite 300. We occupy the entire third floor. Handicapped accessible parking is available in both front and back parking lots. Automatic door entrance is available from the back parking lot.



Home Again. Independent Again.

At Trilogy Health Services, our goal is to get you back home and back to maximum independence as quickly as possible. Our *Home Again* rehabilitation program combines innovative therapy approaches with expert therapists and hotel-like amenities to do just that.

For more information or to schedule a private tour, please call or stop by your local campus today!

Follow us on your favorite social networks



Forest Springs Health Campus
502-243-1643 • forestspringshc.com

Westport Place Health Campus
502-893-3033 • westportplacehc.com

Franciscan Health Care Center
502-964-3381 • franciscanhc.com

Glen Ridge Health Campus
502-297-8590 • glenridgehc.com

Park Terrace Health Campus
502-995-6600 • parkterracehc.com

WHAT MAKES US DIFFERENT?

Home Again Personal Wellness Plans

Meds-to-Home Program

Prehabilitation

i-STAT System

Hourly Rounding

Please see our article in this issue for more information.



TRILOGY
HEALTH SERVICES, LLC



HEAR WHAT *Our Patients* HAVE TO SAY!

“BEST IN LOUISVILLE”



Debbie Barnett

I had my knee replaced in August, 2015, before my 60th birthday. My mother was a patient of Dr. Eggers, he had replaced her knee and her surgery was very successful. She kept telling me “you need to come up here and see Dr. Eggers, he will take care of it.”

In 2007, I had a repair done on a torn meniscus on my right knee. For several years, the problem went away and then suddenly the pain started again. My family doctor placed me on a NSAID for pain, unfortunately, this didn't help. So, I was taking the NSAIDs plus Advil and Osteo-Bioflex every day to control the pain. I was too young to be in that much pain and I had too much passion for life.

In June, 2015 I saw Dr. Eggers. The x-ray showed I was bone-on-bone. I explained I was going to be 60 and I felt handicapped from being mobile and enjoying life. I was dragging my leg, it hurt with every step I took. I will never forget, he looked

at me and said “what are you waiting for?” :-). Made my day! I was so happy that I started the journey to have my knee replaced. I had my surgery done on August 18th and I went back to work on September 21st.

I did everything I was told to do, all the exercises, physical therapy, and with my perseverance I became stronger each and every day. I knew that I had made the right choice in seeing Dr. Eggers, I am so thankful for him and Tim and all the staff at Sports Rehabilitation Center - they were all wonderful. I couldn't have done it without them, they all played a major role in my recovery. My sweet husband drove me back and forth to Louisville twice a week for my physical therapy because we wanted the best therapy I could get. I said “I had the best surgeon in the world, now I want the best therapy.”

I am blessed and I love showing people my scar and telling them - “you need to go see Dr. Ernest Eggers and Louisville Orthopaedic - he's awesome!”

My surgery was a complete success! I love hearing people at work tell me “are you sure you had surgery, you act like nothing ever happened!” It makes me smile and very happy!

Kaye Trunnell

My knee was so bad that my leg appeared to be in a semi-circle. I was also bent over from my pain. Had the full knee replacement on Dec. 8, 2015. I was scheduled to be in the hospital for 3 days but I was doing so great that I left the next morning. I have been almost pain free from the beginning. I have not heard of anyone that has had the result that I have received. Everyone has told me that I had an incredible doctor. I never used the walker or the cane, walked steps immediately, life has been great. Dr. Sweet gave me quality of life without enduring terrible surgery pain to get there. I will be forever grateful to him and his skills.

Susan Nowak

It was my good fortune to recently have a bunionectomy performed by Dr. Quill. He is competent, kind, communicative, and truly has all the fine qualities a patient would want in an orthopaedic surgeon.

I researched before choosing him since I am extremely particular about doctors. His credentials and experience are outstanding. An added plus is he is a graduate of University of Notre Dame which in my opinion, says a lot.

My recovery is going even better than anticipated unlike some friends who chose podiatrist for this same procedure resulting in nightmare type stories.

The only negatives are he is quite busy. It may be a wait to get an appointment. Don't be surprised if there is an office wait but let me assure you he is worth the wait! The office and nursing staff are also outstanding.



“OUTSTANDING STAFF”

Suzanne Korfhage

Dr. Robert Goodin with Louisville Orthopaedic Clinic performed a knee replacement on November 10th 2015. It came as a complete surprise when he indicated I needed a replacement because I had no severe pain. There was discomfort on occasion. I felt it was from my job when I had several bad falls & always landed on that knee.

Due to other urgent health issues I was unable to have the surgery

until almost a year later. By then my knee was bowing inward & looked somewhat deformed. The surgery was a complete success. I had no major pain & seldom needed all the pain medication available. There should be no reason for anyone to stall having this surgery. I am aware of many that go thru painful injections & other temporary fixes to put off the surgery. They surely suffer more than if they just moved forward with the recommended treatment.

On the third day following surgery I went to a rehab facility for three weeks. When I came home I had exercises to do & was told by many that this was the key to a good recovery. I was already using a walker from a head & neck surgery I had in May to aid in balance & having my head in a fixed position.

Happy to say in March 2016 I am able to walk alone in most instances. Six months without normal use of muscles causes rapid deterioration. I am still working on improving the muscles in legs & body. The incision from the knee replacement is almost invisible. It looks & works like it is the original.

Nothing but a positive experience with Dr. Goodin & the staff at Louisville Orthopaedic Clinic. A huge “Thank you” to all involved.

“FOREVER GRATEFUL”

Bruce Kleinschmidt

I thought Dr. Eggers did a wonderful job on my knee replacement. He gave me good advice about preparing for the surgery and I embraced it. I lost some weight and hired a trainer which made it easier to do the post-operative therapy. I left both the hospital and the convalescent center earlier than anyone (including the insurance company) expected. I have had no complications at all.



Trina Mattingly

I was 21 and in a motorcycle wreck on 7-17-2013. I shattered my left tibia and fibula and had a broken wrist, besides all the broken bones that were causing me pain. I also lost my father due to this accident. I had 4 surgeries prior to becoming a patient with Louisville Orthopaedic. My surgeon decided to move out of the state and referred me to Dr. Yakkanti promising that he would take good care of me. As sad as it was to leave the person that had become family to me, it was a blessing in disguise. I met with Dr. Yakkanti shortly after & his staff was very warm and welcoming. Everything seemed to look good and I was not due back for another few months. That is when I started to have problems. I called the office in August complaining of a knot that had popped up on my leg. They were very quick to get me into see the doctor and after x rays and scans it was determined that I would have to have a 5th surgery. The emotions hit me like a ton of bricks. I was about to have to go through yet another surgery with a new doctor, at a new hospital and with all new staff. He promised me everything would be fine and I would be in the best of care. All I really wanted was to just be fixed. I was 23 years old and had been in and out of the hospital with surgeries for over 2 years. I also wanted to be emotionally healed. The continuing surgeries were always reminding me of how I came into the situation and the loss of my father. Finally, on September the 4th, 2015 my prayers had been answered. Dr. Yakkanti fixed the problems I had been having, the pain and my leg was healing properly. I am forever grateful for how well I was treated from the doctors, the hospital staff all the way down to the billing department in the office. Everyone was so helpful. A lot of the people in this office did not know my story or how I was longing to reach an end to this tragedy. They do not realize that yes the doctor does the miracles but that also being treated as an individual and not as a quota of patients that are needing to be seen for the day can make the world of difference.

Today I run with my dog (which I have not ran since the accident), I can work out, I can do anything I want to do all thanks to Louisville Orthopaedic. Once again a true blessing in disguise.



Marta Miller

I first came in to see Dr. Goodin almost 15 years ago. I saw him due to having major knee problems in both knees. I had my right knee replaced in December 2012, my left knee was replaced in 2014. My experience with everyone at Louisville Ortho was nothing but kindness and a great experience. I also started having some issues with my back. After a MRI Dr. Goodin referred me to Dr. Vemuri, who is also with Louisville Ortho! I had my surgery and, again, had the most wonderful staff. They are there to answer any question and they take the time to know their patients.

I love when I have an appointment, I can walk down the halls and I get “hello”, “hey how are you doing.”

I would, and have, referred my friends and family to Louisville Ortho!

Janet Clark

As far as I am concerned your group is the best orthopaedic group in Louisville.

My husband treated with Dr. Sweet with two knee replacements. One partial and one full knee. He was back out on the golf course in 3 weeks with the partial and 5 weeks with the full knee. Other friends have not had these excellent results when treating with other groups. My friend had a hip replacement with Dr. Sweet and within a week was walking a mile

I personally had back surgery with Dr. Vemuri and again excellent results were received. I had a microdiscectomy and was taken to surgery at 10:00 and was home at 3:30. Very little discomfort was involved with this procedure. Dr. Vermuri took his time in explaining the procedure and let me ask as many questions as I needed.

I have referred many friends to your group who have been very pleased with their services. Keep up the good work and so glad to see you are now in Indiana!

“A TRUE BLESSING”

Jackie Graves

October 8, 2015 I had a right total knee replacement by Dr. Sweet. It went perfectly. I had no problem with exercises or movement. Actually, the 2nd week I was climbing the bleachers at a local high school to watch my nephew play soccer. I actually could say I could never tell I had a knee replacement. Dr. Sweet & Kate were wonderful. Dr. Sweet told me I didn't need to come back in a year but to wait 5 years. I will definitely come back if/when I need the other one replaced.

My only issue was on my last follow-up. The appointment was scheduled by Lou Ortho on January 19th. Unfortunately, someone didn't know it had to be scheduled within 90 days. I have a new insurance plan this year & I had to pay for the visit out of my HRA. I truly think this service should have been included in the surgery package and the scheduling was not my fault but someone in the office should have known it had to be within the 90 days.

“LIFE CHANGING” “THANK YOU” “GREAT SUCCESS”

Daniel Sutherland

I have been a patient of Dr. Quill's for several years. I was recommended to him by a Lexington physician, who told me that Dr. Quill was the best ankle and foot orthopaedic surgeon in KY. With that glowing recommendation, I scheduled an appointment and have been exceptionally pleased since then. To date, I have had two surgeries for different reasons, the last was March 7. I'm happy to say that there was little or no pain and I am now on a fast track to a full recovery. Dr. Quill and his PA were very professional and showed concern and compassion for my situation. I recommend him and his staff to anyone suffering with an ankle or foot malady!

Dolores Hoyland

A friend referred me to Dr. Eggers after I had a bad experience with another doctor who canceled my surgery with no explanation. On my first visit with Dr. Eggers and his staff they had my surgery scheduled and was reassured that it would not be as traumatic as the other doctor had indicated.

My surgery went beautifully. The staff at Baptist East Hospital were constantly telling me that Dr. Eggers's patients never had problems. That was so true in my case. I was walking without a walker or cane after my visit post-surgery. It is truly a joy to be pain free and mobile after years of pain. I no longer fear steps and stairs. Dr. Eggers and his staff are my heroes.

Regina O'Brien "Jeannie"

“Life Changing” are the 2 words that best describe my recent knee surgeries.”

Dr. Sweet performed a TKR on my left knee in November, 2015 and TKR on my right knee in December, 2015. “Life Changing” are the 2 words that best describe my recent knee surgeries. Before my surgeries, I had to send my husband and daughter into stores to pick up items for me. I was not even able to do my own grocery shopping. I dreaded walking any distance, the arthritis in my knees made every step extremely painful. Because of my inactivity, I gained about 30 pounds and was facing a diagnosis of diabetes.

I won't lie, the surgery is intense and you must be committed to doing the therapy after the surgery in order to get the best results. Only recently would I tell you that I'm glad I had the surgery.... Because the recovery is so grueling. But it is so worth the effort. It's now 4 and 5 months after my surgery and my ROM is getting better every day. The things you gain from the surgery far outweigh all you have to endure.

I'm now able to go to the grocery without sitting down and shopping is no longer a dreaded activity. I've lost around 35 pounds and plan to lose more. I now enjoy walking and riding my exercise bike. A big change from this time last year. The surgeries made a 56-year-old woman feel young again.

Thank you Dr. Sweet and staff for everything!!!

“AWESOME!”

REHAB AT IT'S BEST



At Trilogy Health Services, we have what it takes to get patients back on their feet again!

The comprehensive rehabilitation services we offer at each of our Louisville locations focus on helping residents return home following an illness, injury or surgery. Our Home Again Rehabilitation Program offers a full range of medical and rehabilitation services, including physical therapy, occupational therapy, and speech language pathology. Residents exercise with some of the most modern equipment available, using innovative therapy approaches with proven results. Our team works directly with physicians to ensure therapy goals are met and help their patients regain the strength, functioning and mobility they need to return home as independently as possible. And, once they're ready to return home, we'll include a courtesy meal that can easily be prepared in their own kitchen, and perform a home inspection to ensure their safety.

Not only does this benefit our patients, but also our community and hospitals by reducing recidivism rates. Last year, we were able to reduce hospital readmissions through partnerships with physicians, hospitals, nurse practitioners and other health partners. What are the services we offer that can accomplish all of these great things for our patients and our community? Take a look:

Home Again Personal Wellness Plans

Our Personal Wellness Plans provide education to recent hospital discharges and their family members based on over 20 diagnoses. These include information on symptom management, medication information,

rehabilitation plans, follow-up appointments, medical equipment information, community resources, legal forms, educational information, a care plan map and more. Knowledge is power when it comes to health!

Meds-to-Home Program

One of the leading causes of hospital readmission is failure to take medications as prescribed. The Meds-to-Home Program we offer at our campuses provides a 30-day supply of medications that will be sent home with patients upon discharge from our campus. This allows patients to have all of the medications they need for the next 30 days without having to stop at a pharmacy on the way home. Their medication regimen can also continue as prescribed, reducing the chance of them missing a dose, especially since their medications will be presorted into an easy to use punch card that is clearly marked with medication names, as well as dates and times of doses.

Prehabilitation

Our campuses also offer a Prehabilitation (Prehab) program that will help patients quickly return to maximum independence. Our staff is specially trained to assist patients in becoming as well-conditioned as possible prior to surgery. Our specialized care even extends throughout the entire recovery process. Patients will develop a close relationship with our team of dedicated therapists, who will also help them prepare for their rehabilitation routine after surgery, whether it's at home or in our health campus.

i-STAT

The iSTAT machine offers a broad range of tests and treatment indicators related to disease state management and clinical practice guidelines. Using just two or three drops of blood, we can receive real-time, lab quality results within minutes so we can address our resident's condition quickly. All of our Louisville campuses are currently using the i-STAT system.

Hourly Rounding

Our staff at each of our campuses makes rounds to ensure our residents have everything they need to enjoy their time with us as much as possible. By doing

routine rounds throughout all areas of the campus, our clinical team and campus administration can proactively determine resident needs, while also ensuring our service standards are in place.

Our Staff

Our rehab provider, Paragon Rehabilitation, boasts an industry low turnover rate of 4%, allowing consistency in our staff and the programs they deliver. Also, our commitment to continual staff education and training plays a key role in the success of our rehab services. Trilogy employees are handpicked to ensure a culture of caring and commitment to our company values.

OUR LOUISVILLE LOCATIONS!



Park Terrace Health Campus

In addition to rehab services, Park Terrace also offers Long-Term Care, Skilled Nursing and Transitional Care, and has since 2006. To learn more about our services and wonderful amenities, please stop by 9700 Stonestreet Road in Louisville, or call (502) 995-6600.



Glen Ridge Health Campus

Glen Ridge has served Louisville residents since 2006. Our senior health and hospitality services include Long-Term Care, Skilled Nursing and Transitional Care. Visit 6415 Calm River Way in Louisville, or call (502) 297-8590 to find out more about our services.



Westport Place Health Campus

Westport Place has been part of the Louisville community since 2011. We offer Personal Care, Short-Term Rehab, Long-Term Care, Skilled Nursing, Outpatient Therapy, Respite Care and more. Want to know more about Westport Place? Stop by 4247 Westport Road in Louisville, or call (502) 893-3033.



Franciscan Health Care Center

Franciscan has been a part of the Trilogy family since 2009. Our senior health and hospitality services include Assisted Living, Long-Term Care, Skilled Nursing, Short-Term Rehab, Transitional Care, Outpatient Therapy, and Respite Care. Find out more about Franciscan Health Care Center when you stop by 3625 Fern Valley Road in Louisville, or call (502) 964-3381.



Forest Springs Health Campus

Our newest Louisville campus opened last year and also offers Independent Living Villas on its campus. The main campus offers Personal Care, Short-Term Rehab, Skilled Nursing, Transitional Care and Respite Care. If you are interested in the services offered at Forest Springs or would like to learn more about our Villa Patio Homes, please stop by 4120 Wooded Acre Lane in Louisville, or call (502) 243-1643.

Cybersecurity: Protecting Your Electronic Health Records

By Jeremy A. Wale, JD, ProAssurance Risk Resource Advisor

With the increased use of technology comes increased risk of cyberattacks. Anything transmitted or stored electronically is at risk of being stolen by a hacker.

Many people don't believe—or understand why—medical information is valuable or at risk. According to a compilation of data breach statistics, there were 783 security breaches in the United States in 2014. Of those, 42.5% were breaches of medical or healthcare information. This equated to over eight million individual records being accessed or stolen by cyberattacks.



Large healthcare systems, hospital networks, and individual healthcare providers have all been attacked, but the size of the entity is no clear indication of the size of the breach. For example, one Blue Cross Blue Shield attack yielded only 300 records, while a large system in Tennessee yielded approximately 4.5 million records. Several individual physician practices were breached as well, yielding as many as 7,500 records from one practice.

Why are medical records targeted?

Medical records seem to be targeted because they contain all of an individual's personal information: finances, social security numbers, health information, and family information. This gives thieves more potential uses for the stolen information, including applying for credit cards, store accounts, or other lines of credit. They also can use the information to steal healthcare services. These are just a few reasons why a medical record can fetch up to \$50 on the black market, while a credit card number may only earn \$5.

Another example of how valuable a medical record may be: a security firm CEO shared an example of a black market advertisement to sell ten Medicare numbers. "It costs 22 bitcoin—about \$4,700 according to today's exchange rate."

The transition to electronic health records has given criminal hackers more opportunities to steal medical records. The chief information officer for a hospital system in Salt Lake City states his hospital system "fends off thousands of attempts to penetrate its network each week."

Another reason is ease of access. Some hospitals and healthcare providers are using systems that have not been updated in more than ten years. While hospital systems and healthcare providers rush to prepare for ICD-10 implementation and meaningful use, cybersecurity seems to be falling through the cracks. Many healthcare systems "do not encrypt data within their own networks." Once a hacker penetrates whatever security the system does have, the unencrypted information is there for the taking.

Criminals also use stolen medical records to fraudulently bill healthcare insurance providers and Medicare/Medicaid. The victims may not discover the theft for several months—or even years. In some instances, victims have received debt collection requests for medical services they never received.

What can you do to safeguard electronic medical records?

When implementing or updating an EHR system, talk to your vendor about cybersecurity. Ask whether the stored information is encrypted. It also is a good idea to determine if or when the vendor will provide security updates for your EHR software.

Organizations may need to "invest more money and employee talent in shoring up the walls around their electronic data." Cybersecurity is a highly specialized area that requires a certain expertise. Your EHR vendor may be able to provide some assistance in this area, but remember their expertise is creation and functionality. Hiring in-house cybersecurity experts or contracting with a cybersecurity firm specializing in this area may be the best options to protect your organization and your patients.

Several organizations, such as the Department of Homeland Security, the American Hospital Association, the Centers for Medicare & Medicaid Services, and the National Institute of Standards and Technology, offer guidance and resources on cybersecurity. Their web addresses are included in the endnotes of this article. These are just a few of the vast number of resources available to organizations regarding cyber-security.



Mr. Wale is a licensed attorney in Michigan where he works as a Risk Resource advisor for ProAssurance. He has authored numerous articles about mitigating medical professional liability risk. Mr. Wale also conducts loss prevention seminars to educate physicians about new and emerging risks.

¹Identity theft resource center breach report hits record high in 2014. Identity theft resource center Web site. http://www.idtheftcenter.org/images/breach/DataBreachReports_2014.pdf. December 31, 2014. Accessed May 8, 2015.

²Identity theft resource center breach report hits record high in 2014. Identity theft resource center Web site. http://www.idtheftcenter.org/images/breach/DataBreachReports_2014.pdf. December 31, 2014. Accessed May 8, 2015.

³Murphy T, Bailey B. Hackers mine for gold in medical records. The Boston Globe. February 6, 2015. Accessed April 28, 2015.

⁴Shahani A. The black market for stolen health care data. NPR website. <http://www.npr.org/blogs/alltechconsidered/2015/02/13/385901377/the-black-market-for-stolen-health-care-data>. February 13, 2015. Accessed April 28, 2015.

⁵Humer C, Finkle J. Your medical record is worth more to hackers than your credit card. Reuters website. <http://www.reuters.com/article/2014/09/24/us-cybersecurity-hospitals-idUSKCN0HJ21I20140924>. September 24, 2014. Accessed April 28, 2015.

⁶Humer C, Finkle J. Your medical record is worth more to hackers than your credit card. Reuters website. <http://www.reuters.com/article/2014/09/24/us-cybersecurity-hospitals-idUSKCN0HJ21I20140924>. September 24, 2014. Accessed April 28, 2015.

⁷Shahani A. The black market for stolen health care data. NPR website. <http://www.npr.org/blogs/alltechconsidered/2015/02/13/385901377/the-black-market-for-stolen-health-care-data>. February 13, 2015. Accessed April 28, 2015.

⁸Radcliffe S. Patients beware: hackers are targeting your medical information. Healthline News website. <http://www.healthline.com/health-news/hackers-are-targeting-your-medical-information-010715#1>. January 7, 2015. Accessed April 28, 2015.

⁹<http://www.dhs.gov/topic/cybersecurity>, <http://www.aha.org/advocacy-issues/cybersecurity.shtml>, <http://www.nist.gov/cyberframework/index.cfm>, <http://www.cms.gov>

Money Sense: Live Better Longer

By Cynthia L. Hutchins, Director of Financial Gerontology at Bank of America Merrill Lynch

Like many people, you've worked hard over the years to build your wealth for a more secure future. But have you taken time to consider your health in retirement and the financial implications?

Health care expenses are people's top financial concern in retirement however, less than one out of six pre-retirees (15 percent) has ever attempted to estimate how much money they might need for health care and long-term care in retirement. Beyond limiting what you can do, health conditions can be very costly. Preventive care can help on both counts, and the good news is it's more affordable than ever.

Medicare expanded its roster of free preventive services in 2010, eliminating co-payments and deductibles for many of them. Taking advantage of preventive services that are available at no charge under traditional Medicare and most Medicare Advantage plans can help you have a healthy and fulfilling retirement.

In your first year of enrollment, you're entitled to a free "Welcome to Medicare" exam from your doctor, and you can get annual wellness visits in subsequent years. Use the initial exam to talk with your physician about your health, lifestyle, social support system and family medical history, and work with the doctor to develop a plan for the health screenings, immunizations and counseling you may need. The 2010 Affordable Care Act now covers many of those services.

It's important to incorporate regular exercise into your lifestyle. Numerous studies confirm the health benefits associated with it, and many Medicare Advantage plans now cover fitness and yoga classes as a supplemental benefit — as long as your doctor prescribes them. Check with your plan about its rules.

Medicare also now covers dozens of free screenings your physician can use to detect potential health problems. There are a number of tests available which you may want to speak with your doctor about such as screenings pertaining to blood pressure, high cholesterol, breast cancer and diabetes.

Proper financial planning is also imperative. Not only can chronic health conditions such as diabetes, asthma and heart disease ruin plans for an

active and rewarding retirement, such conditions can cut deeply into your retirement funds.

Properly prepare for the healthcare costs you expect and those that are less predictable such as a need for long-term care. Incorporate health care costs into your retirement plan by addressing the following questions with a financial professional:

1. How can I incorporate future health care costs into my retirement strategy?
2. Do I need long-term care insurance even if I'm taking care of my health?
3. How can I make sure that I won't be a burden to my children as I age?

As with any type of planning, the sooner you begin to prepare, the more options you'll have and the greater likelihood that your retirement lifestyle lasts a lifetime.

For more information, contact Merrill Lynch Financial Advisor Christopher L. Sprenkle of the Cincinnati, Ohio office at 800-919-3618 or Chris_sprenkle@ml.com

The investments or strategies presented do not take into account the investment objectives or financial needs of particular investors. It is important that you consider this information in the context of your personal risk tolerance and investment goals.

This material should be regarded as general information on health care considerations and is not intended to provide specific healthcare advice. If you have questions regarding your particular situation, please contact your legal or tax advisor.

Always consult with your independent attorney, tax advisor, investment manager, and insurance agent for final recommendations and before changing or implementing any financial, tax, or estate planning strategy.

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated ("MLPF&S"), a registered broker-dealer and member SIPC, and other subsidiaries of Bank of America Corporation ("BofA Corp."). Merrill Lynch Life Agency Inc. is a licensed insurance agency and wholly owned subsidiary of BofA Corp.

Bank of America Merrill Lynch is a marketing name for the Retirement Services business of BofA Corp.

Investment products offered through MLPF&S and insurance and annuity products offered through MLLA:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
Are Not Deposits	Are Not Insured by Any Federal Government Agency	Are Not a Condition to Any Banking Service or Activity

© 2016 Bank of America Corporation. All rights reserved.
ARNVLY7V

Retirement. It's a totally different beast.®

Future retirees will live longer than ever. That means more time for a new career, cause or passion. With Merrill Lynch, you'll be connected to an advisor and a company with a fresh perspective. We'll help make your retirement as meaningful as everything before it.



The Sprenkle/Frey Group



Christopher L. Sprenkle, CFP®, CRPS®
Senior Vice President – Wealth Management
Wealth Management Advisor
513.579.3618 • chris_sprenkle@ml.com

Merrill Lynch
312 Walnut Street
Cincinnati, OH 45202



Life's better when we're connected®

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated, a registered broker-dealer and Member SIPC, and other subsidiaries of Bank of America Corporation.

Investment products: **Are Not FDIC Insured** **Are Not Bank Guaranteed** **May Lose Value**

The Bull Symbol, Life's better when we're connected, Merrill Lynch and Retirement. It's a totally different beast are trademarks of Bank of America Corporation.

Certified Financial Planner Board of Standards Inc. owns the certification marks CFP®, CERTIFIED FINANCIAL PLANNER™ and CFP® in the U.S. CRPS® is a registered service mark of the College For Financial Planning.

© 2016 Bank of America Corporation. All rights reserved.

ARKDPDL9 | AD-04-16-1854 | 471363PM-0715 | 04/2016



We would not tell a lie... our therapists are **GREAT!**

CORNELL TRACE PATIO HOMES

Maintenance-free independent living, spacious floor plans

PARR'S PERSONAL CARE APARTMENTS

Beautiful apartments, assisted-living amenities,
24/7 nursing, all-inclusive pricing

SPRINGHURST HEALTH & REHAB

A licensed, skilled nursing facility and
professional rehabilitation services



A NON-PROFIT SENIOR LIVING COMMUNITY

Call and schedule a tour!

3001 N. Hurstbourne Parkway • Louisville, KY 40241
(502) 412-3775 • www.springhurstpines.org



A Ministry of
Baptist Homes, Inc.

Keeping the **game fair...**



...so you're not fair game.

Your Kentucky medicine
is getting hit from all angles.

You need to stay focused and on point—
confident in your coverage.

Get help protecting your practice,
with resources that make important
decisions easier.



800.333.1774
professionalsagency.net



PROASSURANCE.
Treated Fairly



Healthcare Liability Insurance & Risk Resource Services

ProAssurance Group is rated **A+ (Superior)** by A.M. Best.

Want to reduce risk? >> ProAssurance.com/Seminars



800.282.6242 • ProAssurance.com