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The Orlin & Cohen Orthopedic Group

Improves Patient Outcomes Through Comprehensive, Specialized Orthopedic Care

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IMPROVES PATIENT OUTCOMES THROUGH COMPREHENSIVE, SPECIALIZED ORTHOPEDIC CARE

By Jean B. Edwards

THE ORLIN & Cohen Orthopedic Group, a state-of-the-art private orthopedic practice located on Long Island, combines a subspecialist model with a highly selective physician recruitment approach to significantly improve patient outcomes.

According to Craig Levitz, M.D., a sports medicine specialist at Orlin & Cohen Orthopedic Group, because their practice physicians subspecialize, they are not only more experienced in their orthopedic specialties, but they also perform a higher volume of specific procedures. This enables them to be among the first in the country to be trained in many innovative and refined techniques. Therefore, patients have access to focused expertise and leading-edge treatments.

"Our doctors are truly among the very best orthopedic subspecialists in the nation," says Dr. Levitz. "We take great pride in recruiting physicians who have graduated from the best medical schools and have advanced fellowship training from some of the country's top programs. As a result, we treat more patients than any other private orthopedic group practice on Long Island."

Focused Subspecialization

The practice features board-certified, fellowship-trained subspecialists who treat sports medicine, knee, shoulder, joint replacement, foot, ankle, hand and spine disorders, and offer patients the latest in nonsurgical, arthroscopic and minimally invasive treatments. Patients also have access to in-house diagnostic tests, including digital X-ray, MRI, electromyography

Craig Levitz, M.D., and John Feder, M.D., access the multi-office practice's integrated digital imaging system.

Craig Levitz, M.D., Chief of Sports Medicine, takes a leading-edge arthroscopic approach to knee and shoulder surgeries to improve patient outcomes.

and nerve conduction velocity. "Our patients can get the tests they need when they need them, so treatment can begin quickly," adds Dr. Levitz. Physical rehabilitation and pain management services are also available.

Knee and Shoulder Procedures

Dr. Levitz is broadly acknowledged and respected for his minimally invasive arthroscopic techniques to repair knees and shoulders. The majority of his work focuses on evaluating and repairing rotator cuff injuries, anterior cruciate ligament (ACL) reconstruction and meniscus repairs. "With the exception of joint replacements or revision surgery for shoulder or knee repairs, I literally do not make incisions on my patients except for those tiny ones needed to use the arthroscope." Long before he resorts to surgery, he tries a variety of conservative treatments, including anti-inflammatory medications, steroid injections and physical therapy.

In addition to traditional arthroscopic rotator cuff surgery, Dr. Levitz also performs the more challenging double-row arthroscopic rotator cuff procedure. "This method secures the cuff using both medial and lateral sutures and can significantly improve cross-sectional healing."

Leading-Edge Treatments

Today, one of the newest treatments physicians are using at Orlin & Cohen Orthopedic Group is platelet-rich plasma (PRP) therapy. PRP therapy offers a promising solution to accelerate soft tissue healing. "We're using PRP alone and as an adjunct to surgery," notes Dr. Levitz. PRP can be used to treat osteoarthritis of the knee, shoulder, hip and spine; rotator cuff tears; chronic plantar fasciitis; ACL injuries; ankle sprains, tendonitis and ligament sprains. A small sample of a patient's blood is drawn and placed in a centrifuge that spins the blood at high speeds, separating the platelets from other components. The concentrated PRP is injected into and around the point of injury. It jumpstarts and significantly strengthens the body's natural healing ability.

Dr. Levitz recalls one young patient who came to see him with a torn hamstring. "He was such a great kid and had just made the NCAA playoffs in lacrosse. That's quite an accomplishment, so you can imagine how heartbroken he was when he got injured. After assessing his injury, we treated him with a series of PRP injections, and in no time, he was back on the field. He didn't miss a beat."

Right now, PRP treatments cost anywhere from $1,000 to $2,000 per injection. They are not covered by insurance, but that will change next year when the Centers for Medicare & Medicaid Services issue a billing code for the therapy. "This speaks volumes when the government recognizes the value of PRP treatments," adds Dr. Levitz.

"We believe that growth factors like PRP may give us an edge and help turn on the healing process. Even though there have been many advances in ACL reconstruction surgeries, we acknowledge that sometimes the procedure can fail. We also recognize that 10% of the time, rotator cuff repairs don't heal, and 25% of the time, meniscus repairs don't heal."

Hyaluronic acid injections are also used after knee and ankle surgery to help lubricate a patient's joints. The thick liquid also serves as a shock absorber. It occurs naturally in the synovial fluid that surrounds a person's joints, but as osteoarthritis develops, the liquid becomes thinner, and its ability to cushion the bones begins to fail.

Shorter Surgeries Are Better

"Because our work is so specialized, we're extremely good at what we do. I think this really gives us an added edge," says Dr. Levitz. "Our physicians perform anywhere from 10-20 surgeries a week. I do about 600-700 procedures a year. When you do this many surgeries, you become extremely efficient and can perform procedures quickly," he adds. "I believe the ability to perform surgery faster is highly underestimated. The longer patients are under anesthesia, the more their tissues get stretched and swollen, which produces more pain. In addition, the longer a wound is open during surgery, the greater the risk for infection. We also find that shorter procedures really make a difference in patients' recovery during the first six weeks to three months following surgery. They have far less pain or infection, and they get through rehabilitation much quicker."

Foot and Ankle Problems

Each year in the United States, an estimated 2 million people are treated by orthopedic specialists for ankle injuries alone.

John Feder, M.D., Chief of the Foot and Ankle Division at the Orlin & Cohen Orthopedic Group, talked with *MD News* about the variety of foot and ankle treatments that are available. "Even though we have our own specialized foot and ankle program, we work closely with our colleagues here in the sports medicine division because, often, there is an overlap with sports injuries," he explains. "We see a lot of ancillary problems like acute and chronic ankle sprains, ankle instability, cartilage and midfoot injuries, stress fractures and tendonitis."

A subspecialist is also available to treat diabetic neuropathy problems, including Charcot's disease, which occurs when bones in the foot become weakened and lead to a crack or stress fracture. Because the pain goes unnoticed, individuals with neuropathy continue to walk on their foot, which can lead to severe deformity.

Interventional pain management specialist Daniel Yadegar, M.D. (center), with Ben Zickefoose, medical assistant (left), and Robert Corso, M.D. (right), in Orlin & Cohen Orthopedic Group's nationally accredited, state-of-the-art digital fluoroscopy suite.

Treatments Available

"Many of the foot and ankle problems we see are nonoperative. I'd say for every 20 patients I see, I'll probably perform surgery on just one. With proper shoes, pads, braces, orthotics, medications and physical therapy, many problems can be treated conservatively," explains Dr. Feder. When problems persist, a number of surgical options are available.

Minimally invasive arthroscopic debridement may be an option for patients with mild or moderate degenerative changes. Surgical joint fusion can help patients who suffer with arthritis and osteoarthritis. "Although patients do get pain relief, the biggest long-term problem with joint fusion is the development of arthritis at the joints adjacent to those that we fuse," explains Dr. Feder. "When you fuse a joint, the neighboring joints try to adjust to some of the movement that was lost. Eventually, this leads to arthritis because the joints simply wear out faster."

For patients with severe ankle pain from rheumatoid arthritis, osteoarthritis or trauma, a total ankle replacement can be performed. "The main advantage with this approach over joint fusion is the return of movement in the ankle, which is important for bending, walking, exercise and climbing."

More Than a Sprain

"Although 60% to 80% of sprained ankles will heal with standard treatment, another 20% to 40% of patients will continue to have problems three months or longer after the initial sprain," says Dr. Feder. "Patients I see usually fall into one of two groups. The first group has a persistent feeling of instability in their ankle because they have loose ligaments that need to be tightened. I can stabilize the ankle by using the Brostom-Gould technique, where the patient's ligaments are advanced and inserted into bone grooves and the inferior extensor retinaculum is then sewn into the repair," he explains. "The second group usually has joint damage, scar tissue or a problem in the ankle joint. Sometimes, it's necessary to surgically reconstruct torn ligaments. One way to do this is to harvest a portion of the peroneus brevis tendon, then drill holes around the ankle bone. The harvested tendon is passed through the holes, so we can reconstruct the damaged ligaments. We can also use donor tissue if needed."

Physician's assistant Kevin Bell sets up one of the digital X-ray machines at Orlin & Cohen Orthopedic Group, which also offers in-house MRI, electromyography and nerve conduction velocity testing.

Bradley Gerber, M.D., Chief of Total Joint Replacements with (L-R): Louise Berardelli, medical receptionist; Molly Cantos, medical assistant; and physician's assistant Michelle Petrsoric, members of the professional support staff who help augment patient care and comfort.

Conservative Therapies for Spinal Problems

Michael Shapiro, M.D., is a highly successful spine surgeon at Orlin & Cohen Orthopedic Group, but he also strongly advocates nonsurgical methods to relieve pain. Most of his work focuses on lumbar and cervical problems.

"I frequently prescribe rest, physical therapy, anti-inflammatory medications, mild prescription drug pain relievers, acupuncture, yoga or other complementary approaches," he explains. "When these therapies no longer work, I find that

ACADEMIC ACHIEVEMENTS

John M. Feder, M.D., is Chief of the Foot and Ankle Division at the Orlin & Cohen Orthopedic Group and also serves as Associate Director of Orthopedics at South Nassau Communities Hospital. As the first fellowship-trained foot and ankle specialist on Long Island, he specializes in sports medicine, trauma and degenerative and congenital conditions of the foot and ankle.

Dr. Feder received his medical degree from New York Medical College. He completed postgraduate training in general surgery at New York Hospital/Cornell Medical Center and in orthopedic surgery at Montefiore Medical Center/Albert Einstein College of Medicine. He completed a fellowship in foot and ankle surgery and was junior associate attending physician at the Hospital for Special Surgery and Roosevelt Hospital in New York.

Dr. Feder, a board-certified physician, is the author of numerous publications and is affiliated with Alpha Omega Alpha Medical Honor Society, American Academy of Orthopedic Surgeons, American Orthopedic Foot and Ankle Society, Medical Society of the State of New York and the Nassau County and Suffolk County Medical Societies.

Craig L. Levitz, M.D., specializes in sports medicine at the Orlin & Cohen Orthopedic Group. He is board certified in both orthopedic surgery and sports medicine, and fellowship trained in sports medicine. Dr. Levitz also serves as Chief of Orthopedic Surgery and Sports Medicine at South Nassau Communities Hospital and is well-known and respected for his minimally invasive arthroscopic procedures to repair knees and shoulders. In addition, he is also assistant clinical professor of orthopedic surgery at New York College of Osteopathic Medicine.

Dr. Levitz received his medical degree from the University of Pennsylvania where he also completed his internship and residency. He completed a fellowship in sports medicine at the American Sports Medicine Institute in Birmingham, AL. Dr. Levitz is the author of numerous publications and was recognized several years in a row by *Castle Connolly* as one of the Best Doctors in Orthopedic Surgery and in *Long Island Business News* as Top Orthopedic Surgeon on Long Island.

Michael B. Shapiro, M.D., is among the nation's leaders in spinal instrumentation, revision spinal and disc arthroplasty surgeries. A board-certified, fellowship-trained spine surgeon, Dr. Shapiro treats spinal disorders, lower back and neck pain, osteoporosis, scoliosis and sciatica at the Orlin & Cohen Orthopedic Group.

He is also Chief of Orthopedic Spine Surgery at South Nassau Communities Hospital and practices at Rockville Centre and Bohemia locations.

Dr. Shapiro received his medical degree from New York Medical College in Valhalla and completed his internship in general surgery at St. Vincent's Medical Center, New York and a residency in orthopedic surgery at St. Mary's Medical Center in San Francisco. Dr. Shapiro also completed a fellowship in spinal reconstructive surgery at Johns Hopkins Hospital and Health System in Baltimore.

Dr. Shapiro is a member of a number of professional organizations, including American Academy of Orthopedic Surgeons, the North American Spine Society and the Spine Arthroplasty Society. He is also the author of numerous publications and has presented his work in spinal surgery throughout the nation.

John Feder, M.D., Chief of the Ankle Division, opts for conservative treatment approaches first, including therapy, pain management and therapeutic injections.

The practice's specialty-trained approach involves an entire team focused exclusively on knee, shoulder and sports injuries. Here, subspecialist Craig Levitz, M.D., is pictured with (L-R): Danielle Bombara, physician's assistant; Nancy Gathy, radiological X-ray technician; Shannon Cousin, medical assistant; and Verity Berg, medical receptionist.

many patients get relief through an epidural steroid or a facet injection, which includes both a long-lasting corticosteroid and an anesthetic numbing agent. Patients can receive a series of three injections about two to three weeks apart.

"Facet injections work well for spinal stenosis, spondyloysis, sciatica, herniated disc and arthritis pain," notes Dr. Shapiro. "We deliver these drugs to the painful facet joint, either inside the joint capsule or in the tissue surrounding the joint capsule. Corticosteroid injections can reduce inflammation and are very effective when delivered directly to the painful area.

"When the conservative methods fail, I tell my patients they have two options: they can live with their pain, or they can have the problem fixed surgically. I feel my job is to help give them back their life."

Surgical Alternatives

Dr. Shapiro is exceptionally skilled at performing lumbar spine fusion surgery — long considered the best treatment for degenerative disc disease of the lumbar spine. The procedure is designed to permanently lock two or more spinal vertebrae together, so they cannot move except as a single unit. Patients will have some loss of motion and flexibility with the procedure.

Today, artificial disc replacement is emerging as an alternative to spinal fusion for treating severe disc problems. "The procedure is still relatively new — about six years old — but I've had fantastic results and have had no problems or revision surgeries," adds Dr. Shapiro. Over the years, he has remained at the forefront as the development and evaluation of these safe and effective artificial discs have evolved. The materials used today are similar to those found in hip and knee replacements.

"By performing artificial disc replacement rather than spinal fusion, we can reduce damage to the patient's nearby discs and joints. Artificial disc replacement allows for motion preservation, near-normal distribution of stress along the spine and restoration of predegenerative disc height," he explains. "I'm very selective on which patients can undergo this type of surgery. They must have excellent bone density to successfully support the new disc and also have at least one herniated disc. In terms of age, I usually perform this type of surgery on people who are 30 to 50 years old. All of my patients who have undergone disc replacement surgery have been very happy. We've had no problems and no revision surgeries. Our outcomes have been just fantastic.

"One 38-year-old woman I treated had been an avid exerciser. Unfortunately, she began to suffer with herniated discs in her neck and could no longer enjoy all the activities she loved. We decided that disc replacement surgery was a viable option for her. Four months after surgery, she ran her first half marathon. This woman is a great example of the kind of results we can deliver for our patients."

Been There, Done That

Dr. Levitz, Dr. Feder and Dr. Shapiro collectively share a special bond with many of their patients. They have all been intimately involved in sports throughout their lives and still are today. They understand how important it is for an athlete or weekend warrior to get back in the game, both physically and mentally. "We've all been there, so I think we have street credibility with our patients," says Dr. Feder. "Some of us have suffered with injuries and have undergone the same procedures we're recommending for our patients, so we know firsthand what they're going through and how successful these treatments can be. Because we're at both the start and the finish line with our patients, they realize we're actually living the experience with them." ■