

# **STAY** **healthy**

INTRODUCING OUR NEW ORTHOPEDIC CENTER



**GRAND  
OPENING**  
UHS  
ORTHOPEDIC  
CENTER  
4433 Vestal Parkway East  
Friday, Nov. 11  
5-8 p.m.  
Get free BU basketball  
tickets!

## Under One Roof

UHS Orthopedic Center now open

### Hitting it Out of the Park

Baseball pro turns to UHS for  
shoulder surgery

### Back to Work

Chiropractic care a  
proven option

### Heads Up

UHS Concussion Center  
leads the way

### On the Attack

Fighting back against  
rheumatoid arthritis

UHS WILSON MEDICAL CENTER

UHS BINGHAMTON GENERAL HOSPITAL

UHS CHENANGO MEMORIAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

UHS HOME CARE

UHS SENIOR LIVING AT IDEAL

UHS PRIMARY CARE

UHS SPECIALTY CARE

UHS FOUNDATION

UHS MEDICAL GROUP



# A CARING TEAM

Bringing orthopedic and related specialties under one roof

ON OCTOBER 10, the 68,000-square-foot UHS Orthopedic Center opened at 4433 Vestal Parkway East. It houses orthopedics and related services, including chiropractic care, podiatry, rheumatology, concussion care and sports medicine. The center also

features a 12,000-square-foot physical therapy and rehabilitation space, and a sports performance gym. The new facility is conveniently located adjacent to UHS Vestal, a comprehensive outpatient facility including pharmacy, imaging, lab, primary care and other

specialties. “We are really excited to bring these services together in a beautiful, state-of-the-art facility that expands our ability to provide seamless care to the community,” says Lawrence Wiesner, DO, medical director of musculoskeletal services at UHS.



Lawrence Wiesner, DO, medical director of musculoskeletal services at UHS, consults with a patient in the new center.

## UHS ORTHOPEDICS 771-2220

## Our teams

Not shown: Jeffrey Avery, PA; Tina Maxian, MD; Shannon Sage, PA; Sarah Spring, PA; Samantha Vovos, PA



David Gallagher, MD



Lawrence Wiesner, DO



William Jackson, PA



Ryan Warchocki, PA



Kuang Kuo, MD



Micah Lissy, MD



Jill Sadoski, MD



Stanley Hunter, MD



Ryan Lowrie, PA



Anne Cook, PA



Henda Bouali, MD



Kelly Miller, NP



Onajite Onaodowan, MD

## UHS RHEUMATOLOGY 240-2879



**UHS PODIATRY**  
 772-8772

 Bradley Hart,  
 DPM, AACFAS

 Jennifer  
 Sweet,  
 DPM,  
 FACFAS

 Joan Adler,  
 DPM, FACFAS

 Angela  
 Freeman,  
 DPM

 James  
 McNerney,  
 DPM,  
 FACFAOM

 Shari  
 Nichols,  
 DPM,  
 FACFAS

**UHS CHIROPRACTIC**  
 754-4850


Douglas Taber, DC

# An Orthopedic Center Like No Other

The wave of aging Baby Boomers is about to reshape the American healthcare system. According to the American Hospital Association, by 2030 the over-65 population will nearly triple as a result of the aging of Boomers, and more than six of every 10 Boomers will be dealing with more than one chronic condition. Nearly one of every two — over 26 million — will be living with arthritis, and eight times more knee replacements will be performed than today.



Those are national statistics, but they're comparable with New York's Southern Tier as well: Our community is rapidly aging. As a result, hospitals and healthcare systems must be ready with the kinds of healthcare services people will need and demand. This is especially true of certain specialty areas — orthopedics being one major example. That's why UHS has invested \$30 million in the construction of a new, state-of-the-art Orthopedic Center on the Vestal Parkway. The center revolutionizes the concept of orthopedic care, creating a modern environment for patients dealing with either chronic or acute conditions of the bones, joints and muscles.

The center, at 4433 Vestal Parkway East, covers some 68,000 square feet on two levels, and includes doctor's offices and treatment areas for orthopedics, sports medicine, rheumatology, chiropractic, podiatry, physical therapy and concussion care, as well as a gymnasium for sports medicine and therapeutic activities. X-ray is available under the same roof, and right next door, at 4417 Vestal Parkway East, is UHS Vestal, featuring such outpatient support services as imaging, laboratory and pharmacy. To begin with, 25 physicians and other providers, along with 15 to 20 physical therapists and assistants, will provide care in the new building. There is ample space and opportunity for the facility to grow as the need arises.

This new Orthopedic Center represents the second stage of the development of our Vestal campus, following the opening of UHS Vestal in 2012. It's all part of our efforts to create or expand healthcare facilities to meet the growing patient and provider demand, and to situate them in areas — such as the centrally located Parkway — that make access easy from anywhere in Greater Binghamton. We at UHS invite you to take a look at our new facility, and talk with your doctor about using its services if you are ever confronted with an orthopedic injury, illness or challenge. You'll find that it's a center like no other, offering an incomparable patient experience.

As Southern Tier residents seek greater access to the finest in orthopedic care, we're confident it will be an exceptional resource for many years to come.

*Matthew J. Salanger, FACHE*  
 PRESIDENT & CEO OF UHS

UHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.







# HITTING IT OUT OF THE park

Luis "Machete" Rodriguez got back to work as the manager of the Blueport Bluefish shortly after shoulder surgery.

## >> BASEBALL PRO TURNS TO UHS FOR SHOULDER SURGERY

In his 24 years of playing professional baseball, catcher Luis "Machete" Rodriguez says he never had a major sports injury. Instead, it was a fall from a hoverboard at a 2015 Christmas party that sent him to UHS Orthopedics and Sports Medicine with shoulder damage. A ride on his nephew's new board looked like fun, but he didn't get far. "I never even got my second foot on the board" before ending up on the ground, says Mr. Rodriguez, who has spent his career in the major leagues and independent organizations.

The pain was bad, but the timing was even worse. After eight years with the Bridgeport Bluefish of Connecticut, he had just been named the team's manager and the spring season started in three months. "I needed to be ready to work," he says.





## Close to home

Residents of Delaware and Chenango counties have nearby access to UHS orthopedic expertise at the following locations:

**UHS Orthopedics – Norwich**  
4 Newton Avenue  
Monday–Friday, 8 a.m.–5 p.m.  
**337-4950**

**UHS Primary Care – Walton**  
2 Titus Place  
Monday–Thursday,  
8:30 a.m.–7 p.m.;  
Friday, 8:30 a.m.–5 p.m.  
Same-day appointments  
available  
**865-2400**

That’s why the 42-year-old Johnson City resident was happy to find experienced, specialized care close to home with UHS Orthopedics and Sports Medicine. After an MRI and in-depth consultations with orthopedic surgeon and sports medicine specialist David Gallagher, MD, Mr. Rodriguez says he felt “100 percent confident” about his decision to have surgery to repair a torn rotator cuff and a SLAP tear (torn cartilage) in his shoulder joint.

### SPORTS MEDICINE EXPERTISE

Dr. Gallagher specializes in the latest, most effective shoulder surgery techniques. “He knew exactly what the problem was and explained all of my options,” both surgical and nonsurgical, Mr. Rodriguez says. It also helped that Dr. Gallagher came highly recommended by friends who had also had shoulder surgery, he adds.

Mr. Rodriguez’s two shoulder injuries were addressed in one outpatient arthroscopic visit, under regional anesthesia. “Arthroscopy uses smaller incisions than traditional open surgery and the sutures we use are absorbable — there’s no need to remove anything after surgery and less chance for infection,” Dr. Gallagher explains.

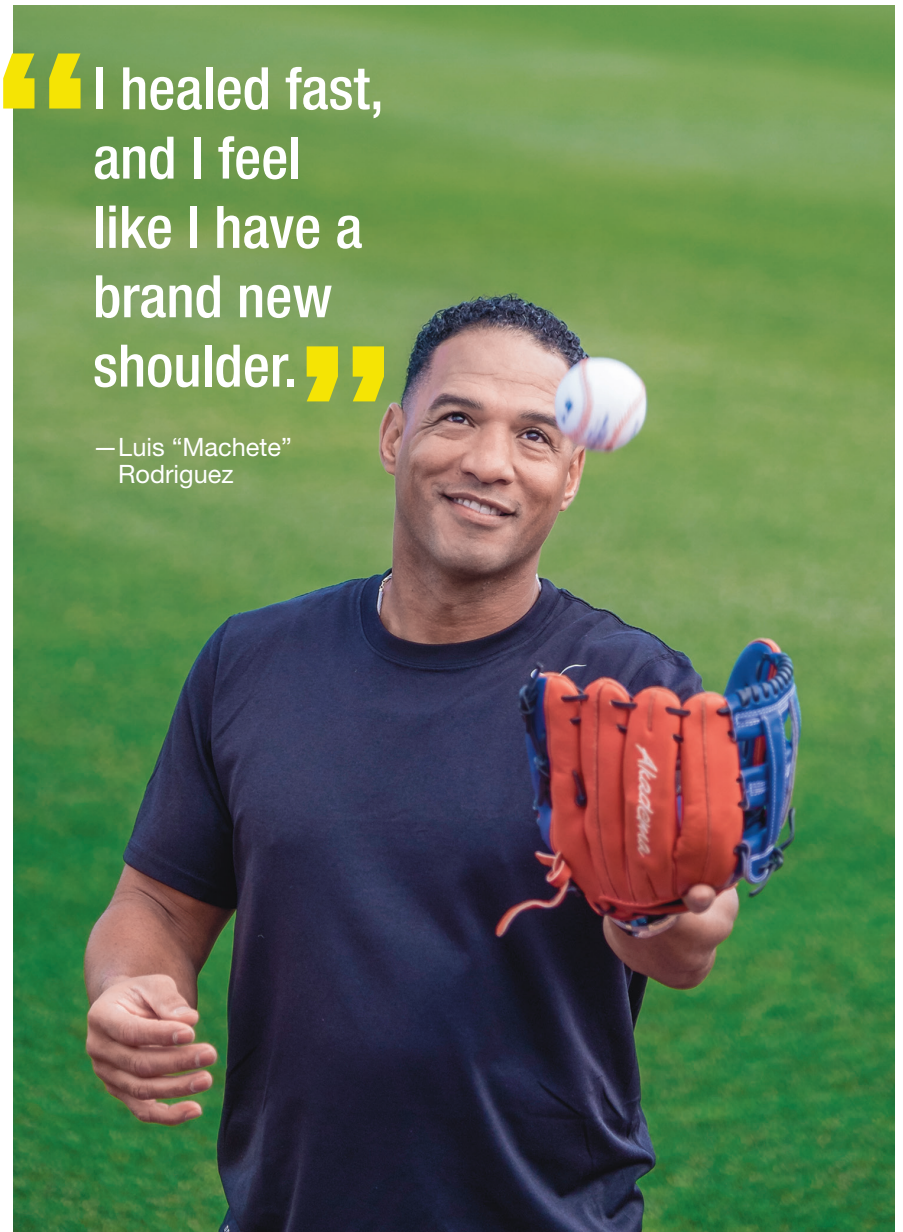
To repair Mr. Rodriguez’s torn rotator cuff, the surgeon used double-row sutures, “a new technique that is biomechanically superior to the standard single-row suture technique,” and promotes better healing, he says. To address the cartilage tear and relieve pain and inflammation, Dr. Gallagher also performed a newer procedure called biceps tenodesis, which repositions the biceps tendon. “This technique can result in a less painful recovery and a quicker return to activities compared with traditional procedures,” he says.

### BACK TO BASEBALL

Mr. Rodriguez returned home the day of his surgery. After a two-week rest with his arm in a sling, he returned to UHS for physical therapy. By week three he says he no longer needed pain medication or the sling. A month after the surgery, he was given a clean bill of health by Dr. Gallagher, and was ready to start the spring season as the Bridgeport Bluefish’s new manager. “I healed fast, and I feel like I have a brand new shoulder. I can tell Dr. Gallagher did a great job,” he says. **SH**

“I healed fast, and I feel like I have a brand new shoulder.”

—Luis “Machete” Rodriguez



>> **START HEALING.** To make an appointment with a sports medicine or orthopedic specialist at the UHS Orthopedic Center, call **771-2220**.

## Get back in the game with physical therapy

Personalized physical therapy and rehabilitation at UHS can help you get back to your favorite activities after an orthopedic injury or surgery. Your care team will perform a comprehensive evaluation and create an individualized care plan to help you achieve goals such as:

- Rapid return to prior function
- Greater confidence
- Quick return to sport
- Decreased fall risk

UHS Physical Therapy and Rehabilitation is available for those recovering from surgery in the hospital, those in the transitional care unit who need additional time

preparing to return home, and those patients recovering at home. Experienced physical and occupational therapists have a diverse knowledge of conditions and treatment options, and many have advanced training in specialized areas.

“Our orthopedic physicians coordinate directly with UHS physical therapists and rehabilitation experts,” says Lawrence Wiesner, DO, orthopedic surgeon and medical director of musculoskeletal services. “The department is easily accessible, with convenient locations in the UHS service area.”



# BACK to work

## >> CHIROPRACTIC CARE A PROVEN OPTION

**U**HS security guard Jason Sullivan had experienced nearly every form of back pain imaginable — fractured vertebrae, bulging disks in his neck and back — you name it. The pain got so bad that it started to interfere with his work. “Every day my back hurt,” he says.

“I was taking lots of ibuprofen every day, and three or four times a year, I would miss work because my back gave out. I wouldn’t be able to stand up. I’d be all crooked.”

Mr. Sullivan saw several doctors, all of whom were ready to operate on his back. But, he says, “I just wasn’t ready for that.” Finally, Mr. Sullivan scheduled an appointment with Douglas Taber, DC, a chiropractic physician at UHS.

Chiropractic care is a conservative, non-invasive alternative to medical and surgical treatment. Rather than operating or prescribing medication, chiropractors use spinal manipulation, exercise prescriptions, nutritional advice and other therapies to reduce or eliminate pain. In the past, chiropractic care was considered a form of alternative medicine, but today it has become a proven solution for neck, back and muscle pain. “It offers non-invasive treatment, which a lot of people are looking for — and frankly need — in lieu of things that are more invasive, more dangerous, and come along with addictive medications,” Dr. Taber says.

“A lot of the fears of chiropractic care have been dispelled by research,” he continues. “The safety of chiropractic treatment has been studied *ad nauseum* at this point, and it’s been shown to not only be safe but very effective, especially compared to more invasive procedures that are out there.”

In 2015, the Joint Commission, the national organization that accredits more than 20,000 health care organizations in the United States, added chiropractic care to its standard on pain management. Chiropractic care has been under the UHS umbrella for six years now, but until recently, it has hardly been the standard in large health systems. “We’re ahead of the curve locally, but it has been looked at by larger governing bodies, and has been recommended,” Dr. Taber says.

At UHS, Dr. Taber practices in an interdisciplinary environment, allowing him to treat a wider number of conditions than a typical chiropractor. His relationships with other specialists and care providers in the health system allow for quick and easy referrals. If he sees someone with joint damage from advanced arthritis, for example, he can refer them to an orthopedic surgeon. In the new UHS Orthopedic Center, Dr. Taber’s patients have easy access to X-ray facilities, as well as a new digital foot scanner that tracks foot issues leading to back pain.

For some people, like Mr. Sullivan, chiropractic care has saved their jobs and improved their overall well-being. “I’ve gone from waking up every morning and barely being able to get out of bed, to maybe having pain in my back once a month,” Mr. Sullivan says. “I have no regrets about going to Dr. Taber. I recommend him to pretty much everyone I talk to that has back pain.” **SH**



Douglas Taber, DC, eased Jason Sullivan’s back pain after years of suffering.

>> **ALIGN UP.** To make an appointment with Dr. Taber, call **754-4850**. No referrals are needed for chiropractic care, and it’s covered under many insurance plans.





“Everyone needs to recognize that we cannot just brush aside a concussion.”

— Stanley Hunter, MD

# HEADS up

>> UHS CONCUSSION CENTER LEADS THE WAY

**C**oncussion diagnoses for children and young adults under age 22 increased 500 percent between 2010 to 2014, according to FAIR Health, an independent nonprofit healthcare information agency. In truth, this statistic is welcome news because it doesn't indicate an increase in concussions *per se*, but rather an increase in properly diagnosed concussions that were once brushed off. “We used to refer to head injuries as ‘getting your bell rung’ and the treatment was ‘walking it off.’ We know better now. The tide is turning,” explains Stanley Hunter, MD, sports medicine specialist at the UHS Concussion Center.

Riding the wave of change, the center is one of the area's first to offer a centralized, multidisciplinary approach to the diagnosis and treatment of concussions and other mild traumatic brain injuries.

Here are three myths that the UHS Concussion Center is dedicated to reversing:

## MYTH: CONCUSSIONS HAVE IMMEDIATE SYMPTOMS.

A concussion is a type of traumatic brain injury that occurs when the head sustains a direct or indirect blow, often caused by a fall, accident or sporting/recreational activity.

Symptoms can appear immediately, such as a mild headache, dizziness, light sensitivity, and in extreme cases, loss of consciousness. Symptoms can also

be delayed and appear unconnected to brain injury, including vomiting, mood swings, fatigue, poor coordination, unsteady balance and cognitive deficits.

Because of concussions' unpredictable nature, Dr. Hunter emphasizes that the UHS Concussion Center considers all head injuries serious until properly evaluated.

## MYTH: AFTER A BLOW TO THE HEAD, IT'S OKAY TO REJOIN ACTIVITIES ONCE SYMPTOMS SUBSIDE.

Immediate symptoms cannot indicate the extent of concussion damage, which makes an evaluation by a

sports medicine specialist the safest way to diagnose a concussion. To meet this need, the UHS Concussion Center maintains an integrated team of experts, including two sports medicine physicians, an urgent care physician and two orthopedic surgeons. In addition, about 20 UHS Concussion Center athletic trainers attend practices and events at nine Greater Binghamton high schools, Binghamton University and SUNY Broome.

“Athletic trainers are our eyes and ears on the ground,” Dr. Hunter says. “They have direct access to UHS sports medicine

physicians — to ask questions or fast-track someone into our clinic.”

On the sidelines and in the clinic, evaluations begin with the Sport Concussion Assessment Tool (SCAT), which measures symptoms, orientation, memory, recall, balance and gait. To rule out additional injuries, clinic evaluations may also include neurological and physical therapy exams, and cognitive and imaging tests.

## MYTH: FOLLOWING A BLOW TO THE HEAD, A REASONABLE TREATMENT IS TO “WALK IT OFF.”

“The central hallmark for concussion treatment is rest until further evaluation shows that an individual is symptom-free,” Dr. Hunter says. He recommends gradually increasing activity levels. “As we expand activity levels, we re-evaluate symptoms and SCAT scores,” he adds.

## FACT: KNOWLEDGE IS POWER.

The UHS Concussion Center is dedicated to educating coaches, parents, individuals and spectators about concussions. “Everyone needs to recognize that we cannot just brush aside a concussion,” Dr. Hunter says. “Educating the public gives us an opportunity to make a big difference in every child and adult's safety.” **SH**



## >> FIGHTING BACK AGAINST RHEUMATOID ARTHRITIS

>> **TIME TO HEAL.** To make an appointment with Dr. Bouali or another UHS rheumatologist, call **240-2879**.

# on the ATTACK

“Having everyone in one space will allow easy discussion and better care for patients overall.”

—Henda Bouali, MD



**A**ffecting roughly 1.5 million Americans, rheumatoid arthritis (RA) is one of the most frequent diagnoses by rheumatologists at UHS. RA is an autoimmune disorder that occurs when the body's immune system attacks its own tissue, particularly the joints. This leads to painful swelling and inflammation, which can eventually cause bone erosion and joint deformity.

Fortunately, according to Henda Bouali, MD, board-certified specialist in rheumatology and internal medicine at UHS, the earlier RA is diagnosed, the better the outcome is for the patient. “The sooner the diagnosis and the sooner we treat RA, the lesser the damage to the joints and the cartilage,” she says. “The patient will also be less likely to need or use more

medication or stronger medication, so they stay active, stay productive, and have no disabilities or loss of range of motion.”

Dr. Bouali notes that this is currently a good era for treating RA, because there are many different medications available that are effective and work within a patient's lifestyle, age and medical history, from prescription biologics to corticosteroid medications and infusions. She explains, “If a patient is over 60 and forgetful, for example, I don't expect them to remember to take a pill every day, so maybe infusions will be better because they can come in, get it done and provide their feedback.”

Rheumatologists at UHS are also using ultrasound to monitor and detect inflammation caused by RA, so they can treat it before bone erosion can occur. Remission is the ultimate goal of treatment, but rheumatologists can also help slow the progression of RA and reduce the swelling, stiffness,

fatigue and pain, so that patients can still perform their daily activities.

Aches and pains that occur with aging are one thing, Dr. Bouali says, but anyone who is experiencing swollen, red or tender joints that hurt longer than a week, especially those with a family history of rheumatoid arthritis or other condition, should speak to their primary care provider about seeing a rheumatologist.

While rheumatoid arthritis is the most common diagnosis, rheumatologists at UHS also deal with other autoimmune and musculoskeletal diseases that affect the muscles, bones and joints, such as osteoporosis, lupus and vasculitis.

Rheumatologists work directly with primary care providers for referrals, and the move to the new UHS Orthopedic Center allows for even more communication between specialties, says Dr. Bouali. “Having everyone in one space will allow easy discussion and better care for patients overall.” **SH**