



THE

Bone & Joint Journal

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Dorr Foundation Holds Event: Another Year of Research and Operation Walk in Our Future

On November 15, 2008 over 160 people gathered together for our annual fund raiser for The Dorr Institute for Arthritis Research and Education, benefiting Operation Walk. The event was held at the California Club in Los Angeles and raised over \$200,000.00.



Dr. Lawrence Dorr, Reverend & Mrs. Kelvin Calloway and Jeri Ward at this years event.

Our non profit organization has assisted over 2,500 patients in developing countries through joint replacement.

At the dinner, our updated Operation Walk video was played for the attendees. The achievements of developing several Operation Walk chapters over the past 3 years were recognized. Personal stories of patients who were helped through Operation Walk's efforts were also celebrated. Rabbi Uri Herscher from the Skirball Cultural Institute offered opening remarks and testimony to Operation Walk's efforts and achievements.

Dr. William Long gave remarks about the achievements of the Institute over the past year. He gave an overview of what is new in arthritis surgery and the current use of computers and robotics in joint replacement surgery.

An invocation was given by Rev. Kelvin Calloway of the Bethel AME Church in Los Angeles, whose wife Jacqueline has benefitted from hip surgery. Dr. Lawrence Dorr gave the closing remarks and thanked all of our loyal supporters who have helped so many patients through Operation Walk over the past 12 years. The event was a success! We appreciate all of your support, especially in these hard economic times.

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Appointments**
213.977.2450



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Table of Contents

**Dorr Foundation
Holds Event**

Pages 1, 8

Overuse Injuries

Page 2

Meet the Staff

Pages 3, 5

**Air Travel After
Joint Replacement**

Page 3

**Strait From The
Heart**

Page 4

**The Importance of
Pre-operative Class**

Page 4

**Letters to The
Editor**

Pages 5, 6, 7



Happy Holidays



Overuse Injuries

by William T. Long M.D.

Some patients believe that they must exercise, train or compete until their weakest body part fails. All of these patients will sustain an overuse injury.



William T. Long M.D.

Any patient that increases their activity after joint replacement

surgery is at risk of sustaining an overuse injury. (Inactive patients do not get overuse injuries).

Overuse injuries occur early and late and the symptoms are different. During the first six weeks after surgery, knees are more at risk than hips. This type of injury is characterized by swelling, warmth and activity related pain at the site of surgery. After three months the injuries are often at a high stress site where large muscles attach and not necessarily at the site of surgery. Doing too many stairs can leave the quadriceps sore for days. Rowing too much can make the low back sore. Bench press or chin ups can aggravate an old shoulder injury.

Early overuse injury occurs during the first six weeks after joint replacement surgery. Symptoms are more common in knee replacement patients. Heavy “band-like” tightness and deep ache with swelling that responds to ice and rest are common symptoms. Hips often have a deep soreness in a muscle group like the thigh, buttocks or groin. Pain in a well defined anatomic area is aggravated by a specific movement or activity. Avoiding the activity prevents the pain. The onset of pain is usually one day after increasing the activity level of the sore muscle group. This is the key to the diagnosis. Often pain is made worse by a single activity. The key to making an accurate diagnosis is taking a careful history. The patient will describe a beautiful day where they went out to exercise and the weather was good, they were breathing deeply and perspiring lightly with a good strong pulse and they had a great workout. The next day the legs are so sore and heavy that the patient does not want to do anything but lie on the couch.

Late overuse injuries are more traumatic and affect a well defined anatomic structure such as the quadriceps tendon, the calf muscles, the thigh muscles or low back. Another spot is where muscles turn into tendons and where tendons attach muscles to the bone. Another arthritic joint may show itself as rehabilitation of the first joint replacement allows for more activity.

Overuse patient case:

A seventy-two year old patient had a unicompartmental knee replacement four weeks ago and he had little pain after the operation or discharge home. The home exercises were easy and as the swelling decreased the patient began to play doubles tennis and even mow the lawn on the same day. One day, following a very active day, the patient noticed a sharp aching pain below the kneecap and pain and difficulty climbing stairs. The patient did not feel like exercising any more and made an appointment to see the orthopedic surgeon.

The patient was walking slowly with no limp. There was slight swelling of the knee, but no abnormal fluid collection. The knee was slightly warm and tender to deep touch below the kneecap but the range of motion was good and the joint was stable. He admitted that most of the symptoms had improved since the day of onset three days before. He had stopped working out.

X-rays appear to be normal. There were no fractures or loose components. The patient is reassured that he has not broken a bone or harmed the implant.

Most overuse injuries can be defined by naming the injured or irritated structure and describing the severity of the insult. Inflamed, strained, bruised or torn are common terms used to describe the severity. Major complications like fractures, ruptured ligaments or joint dislocations do not fit into this category.

Treatment:

Don't abandon training altogether. That is the wrong answer. Take time to rest and recover. Ice, aqua therapy and compression are excellent treatment modalities. Anti inflammatory may help reduce pain by reducing inflammation. Exercise the uninjured muscle groups while resting the injured part. Resume working out the injured area again at a lower level then slowly increase exercises. Remember, after surgery “more is not better”. Overuse injuries slow down the recovery phase after joint replacement surgery.

Meet the Staff

Claudia Galindo and Tracy Cook

My name is Claudia Galindo and my co-worker is Tracy Cook. You may see us at the front desk when visiting the Arthritis Institute. I have worked for the Institute for four years. I accepted this position with the intention of helping people. Even though our office gets busy and our patients are in pain, I always try to lift their spirits by smiling and making them as comfortable as I can. Tracy and I are always smiling. People often say “You must really like your job. You are always so happy”! Our answer is YES. We enjoy working here.

Tracy has been with the Institute for nine years. She knows all of our established patients. Tracy is very calm and patient with them.

Rudy Costales, Surgical Technician

Rudy has worked with the AI surgical team since 1992. He went to Glendale Career College to earn his surgical tech license and has been handling Dr. Dorr instruments ever since!

His responsibilities include setting up the operating room for each surgical case, laying out the instru-



Rudy Costales

ment trays and prosthesis to be used, handing the surgeon instruments during the case and resetting surgical trays for sterilization. Rudy has outstanding skills in the operating room. He can predict what instruments will be needed for difficult surgical cases as well as making routine cases efficient. This translates to a shorter operating time for the patient, which means less anesthesia and less blood loss, and quicker recovery time.

“Each person on our team has a role in making surgery a positive experience for the patient. I don’t get to see the patients awake or progressing after their operation since I am always in the operating room, but I know by making everything safe, sterile and efficient in the OR I am getting them off to the best start possible”.

Rudy likes doing small home improvement projects and playing with his children Nichole 14, and Paolo 4, in his spare time.

Tracy’s hobbies are eating, reading and going to the movies. My hobbies are going to the gym, salsa dancing and meeting new people. Although Tracy and I are very different, we enjoy working together and helping all those who visit us.



Claudia Galindo and Tracy Cook, Customer Service Representatives

Meet the staff continued on page 5

Air Travel After Joint Replacement

We are no longer issuing “airport cards” for patients with joint implants. Airport security has gone through many changes and the cards are no longer recognized as a “pass through” security. We do issue letters, upon request, for those of you traveling. The letter will indicate that you have a hip or knee prosthesis and how to contact our office for further questions. The easiest method for travel is to let the security personnel at the beginning of the x-ray queue know that you have an implant. Don’t wait until you have waited in a long line and are approaching the metal detector. If you let them know at the beginning of the queue, they will direct you to another area where they can use the wand to determine where the metal in your body is located. This could save you a lot of time.

Don’t forget about the courthouse or entering crowded events or venues. Often times there are metal detectors in unexpected locations. Please let us know if you need a letter for travel.

For more information on air travel with disabilities and medical conditions you can check the TSA website at: www.tsa.gov/travelers/airtravel/specialneeds/index.shtm

Straight from Heart !!

by Prashant Deshmane M.D.

After finishing my orthopedic residency from a prime institute in India I decided to train in joint replacement surgery from USA. The race inside me to be amongst the top physicians was still on and what more could I have asked for than to be accepted for the clinical Research fellowship in joint reconstruction with Dr Lawrence Dorr!! I am completely amazed with what finesse the joint reconstruction is done here and through the work they contribute to the arthroplasty society with the highest quality research publications. What is even more amazing to see is, they have a team of people working in every specialty right from top physicians to caring RNs, intelligent PAs and the best scrub techs I have ever seen .When I came here , I had a nice warm welcome by Jeri Ward, Director of Arthritis Institute, who is like my American family now! I enjoyed all the new customs of USA, including Halloween when me and my wife, Swati, wore our traditional Indian costumes and had a great time watching all the cute kids wearing all kinds of costumes.

Having said so, I can say that I have learned one more thing from Dr Dorr and Jeri and their team, and that is the humanitarian aspect of being a health care professional. Before coming here, I always wanted to be a great surgeon, but now I am sure I shall not only achieve that, but also be a great human being. Thanks to all in Dorr Arthritis Institute!

Sincerely,

Prashant Deshmane M.D.

Clinical Research Fellow



Prashant and Swati Deshmane

The Importance of Pre-operative Education Class

Any patient that has undergone surgery at the Arthritis Institute knows the benefit of attending pre-op class. Class is held twice a week, Monday's for hip patients and Wednesday's for knee patients. After observing how patients fare through the peri-operative period, the surgeons decided several years ago that the class would be mandatory for all patients.

Jeri Ward R.N. is the primary teacher. She has worked with joint replacement patients for over 25 years. In her absence, the class may be taught by Vi Gabule R.N. (15 years) or Lynne Zawacki (11 years). The class is based on the newest protocols. Through the AI research we are watching how patients respond to different anesthesia, physical therapy, medications and pre-surgical preparation. Through the data we collect, we are able to teach our patients the best ways to manage pain, swelling, exercises, wound care and give helpful hints to enhance their recovery.

The class covers the surgical procedure, pre-surgical skin care, medication management, post surgical wound care, driving after surgery, follow-up visits, diet and exercise and more. "We cover a lot of information in a short time", said Jeri, "but the feedback from the patients is that it is very helpful. It is satisfying to hear them say "the things you taught us in class were true and the information helped me during my hospital stay and recovery."

"Some institutions show patients a video before surgery, but it does not allow the patient to ask question that might not have been covered, or are pertinent to their specific case. I always allow time after class for those patients who have a personal question, difficult home situations or extensive questions. My philosophy is that the better prepared the patient is, the smoother the recovery will be. I let the patients know that they can call me as many times as it takes to answer all their questions and make them comfortable with the preoperative period."

To register for class call 213 977 2511

Letters to the Editor

Dear Jeri and Staff,

Fortunately, I had the opportunity to be with my husband during two knee replacement surgeries at a recognized hospital in Newport beach. Since I was in need of surgery too, this was a learning experience for me. As an observer, I gained the wisdom and knowledge to research and seek out the best orthopedic surgeon and facility that would give me quality of care.

On a recommendation from my primary physician I made an appointment with Dr. Dorr at the Arthritis Institute at Good Samaritan Hospital. Following my consultation with him, I immediately set the date for surgery.

On July 15th, 2008 I had a total knee replacement. The care I received far exceeded my expectations. First, the pre-op crew were very calming. My anesthesiologist, Dr. Chan, was very accommodating. I never felt intimidated. He worked with me. The surgery nurses, Nina and Yvonne were reassuring and made me feel very comfortable.

During my recovery at Good Samaritan, I was surrounded by care, kindness and humor. My physical therapist Don, and the occupational therapist, Ester, prepared me to be self sufficient and independent. Finally, your follow-up at home was extraordinary. I appreciated my "home visit" from PT and nursing which assured me of my progress.

I am extremely thankful to all of you who participated in my recovery and I deeply appreciate the expert care and kindness the staff gave me at Good Samaritan. God Bless all of you and may you continue with your great work.

Yvonne Baldoni



Yvonne Baldoni with her husband and grand children Noah 9 and Dillon 12



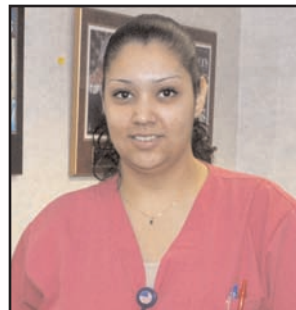
Knee replacement patient Karen Beatty hiking in the High Sierras near Budd Lake

I am Karen Beatty, a 69 year-old retired teacher. I have spent every summer for more than 55 years hiking and backpacking in the Sierras. This photo captures my joy of being at Budd Lake in the Tuolumne Meadows region. The hike is six miles round trip and the elevation ranges from 8,600 feet to 10,000 feet. I had not been there for two or three years because over the past decade my arthritic knees have made hiking increasingly challenging. At first I compensated by using two hiking poles, but my left knee became so painful, especially hiking downhill, that I was not hiking to some of my favorite sites. On April 9th 2008 Dr. Michael Harris replaced my left knee. In August I was able to hike to Budd Lake and many of my other favorite sites. The most dramatic improvement is in my ability to hike downhill and walk down stairs foot over foot. My "new" knee performed flawlessly and I am faster while hiking downhill. I thank Dr. Harris and the staff at Good Sam for your exemplary care.

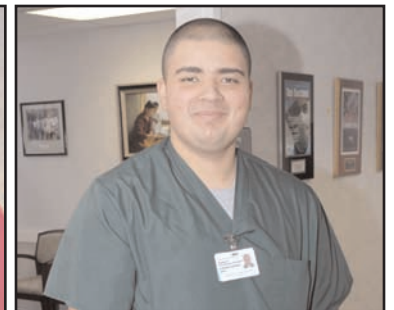
Karen Beatty

Letters continued on page 6

Meet the staff continued from page 3



Flor Perez



Daniel Cervantes

Welcome Flor Perez and Daniel Cervantes, patient transporters for the Arthritis Institute. Flor joined us from the Good Samaritan Volunteer office. She has volunteered more than 500 hours to the hospital. Flor likes working with people and has aspirations to become a nurse. Daniel works part time with us. He also holds a job as an EMT. Daniel is good at helping patients with reduced mobility. He also likes helping people and getting to know our patients.

Flor and Daniel are here to assist you in getting to the x-ray department, lab, to the Internist office or to your car. Just ask for help and they will be happy to assist you!

In spring of 2001 I suffered what I thought was a "minor" knee injury. Having raced motorcycles, played football, and participated in other sports and physical activities I had never really experienced a knee injury before. I went to a local orthopedic specialist and subsequently had arthroscopic surgery to my left knee.

Fast forward 6 years and 4 arthroscopic procedures later and I found myself in a predicament. There I was, 42 years old and my Orthopedic Specialist telling me my only option was a total knee replacement. Wait a minute; I thought I was way too young for a knee replacement. My mind was racing with several different thoughts, Joint replacement is for older people; How will this affect my career as a California Highway Patrol Officer?; Will I still be able to play with my children as I used too (before my knee got too bad).

In reality, I had really ignored how bad my knee had been affecting my life. I was in constant pain, taking way too much pain medication, and the discomfort was impacting my relationships with all the people I loved and cared about.

In the fall of 2007, I had my first consultation with Dr. Long. He told me I was more than ready to have a knee replacement based upon his evaluation.

In November of 2007 I entered the Hospital on a Thursday morning to have my left knee replaced. I woke up after surgery and soon they were telling me I was to get up and start walking on my "new" knee. I thought they were crazy, didn't I get some time to recover? I was assisted from my bed by a member of the "team". The physical therapist assured me I was ready and before I knew it I was walking around the floor with little or no assistance. It was not as painful as I thought it would be, however that would come later. Throughout my stay at the hospital I was impressed with the care I received from all of the members of Dr. Long's team (especially the PA'S). I wish I could remember all of their names, they all deserve a great deal of credit for my recovery.

The next three months were not very comfortable. I went through ups and downs. I was assured through this part of my recovery that the rough times would eventually grow further and further apart. I was really helped through this challenging part by a physical therapist named Moe Craemer at the Tehachappi Hospital Rehab Center. Moe knew what I wanted; to return to full activity and work, Moe tailored my therapy for this return.



The Smith Family

On April 1st 2008 I returned to full duty as an officer for the California Highway Patrol. In a little over four months from surgery to full activity I was given my life back. Despite my wife Beverly encouraging to have it done sooner, I WAITED TOO LONG to get this procedure done. I wish I would have listened to her wisdom sooner.

Today, my left knee is virtually pain free. I am told I am one of two officers on the California Highway Patrol with a total knee replacement. I am truly grateful to the entire staff at the Arthritis Institute for my gift I received in the form of a new knee. I encourage people that are considering a total knee replacement to evaluate their quality of life, without my knee replacement I cannot imagine how much my family and life experiences would suffer. The total knee replacement procedure and recovery was not the easiest thing to experience, but the rewards for my family and me have been priceless.

In closing I would like to thank the entire team at the Arthritis Institute. Their knowledgeable staff, the front desk, the Nurses, the PA's, the physical therapist, the X-Ray Guys, and certainly Dr. Long. Dr. Long is a quiet, humble man, but he is a highly skilled surgeon that was able to help me in my return to a fully functional life. I respectfully say thank you a thousand times over for the gift you all have given me

Edward Smith



Charles Valentino

November 19, 2008

In constant pain, no job, no insurance, what was I supposed to do?

Both of my hips were gone, The muscles had atrophied, and I could barely walk.

I looked like "Quasimoto".

Then Operation Walk happened and it changed my life!

As a dancer/singer/actor, I couldn't be at my best because of the pain.

But my prayers were answered when Operation Walk and Dr. Dorr gave me my life back.

People say I'm lucky, but I think I've been blessed. It was truly Divine Intervention.

That was three years ago.

I'm dancing ballet again three days a week, working for the TV Show CSI as a Lab Tech, and writing songs and singing without pain. To quote a song from The Wiz, "Can't You Feel A Brand New Day". That's exactly how I feel. This is truly my brand new day!

Thank you Dr. Dorr, Jeri Ward and the entire staff of Operation Walk.

Forever in your debt,

Charles Valentino

Dear Dr. Long,

What a great job you did on me! My legs feel great most of the time and it is only three weeks after surgery.

I've been out to the market, to the hair dresser and a few other places, and doing so well I can't wait to go to the casino.

I love the way your group took us through each step of the way from start to finish, even the nurse and therapy....right on the ball. Thanks Dr. Long. You are great.

Sincerely

Fern Burris

Dear Dr. Harris and Staff,

I am sure you receive many thank you letters, so indulge me another.

I wanted to thank everyone for the wonderful care I received. I went into this surgery with some trepidation. I came to see you for two reasons. First, you came highly recommended to me, and secondly because you were the only doctor that ever dared utter the words "I may be able to lengthen your leg"."

After years of hearing "It can't be done", I had hope! I want to thank my daughter Elise and Dr. Kelly for steering me in the right direction.

From the first day I walked in your office, I knew I was in the right place. Everyone was polite and helpful. It took me six months to talk myself into having the surgery.

It wasn't until the day of my surgery, while waiting in the lobby, that all my fears went away. Even then I wasn't focused on my leg length, just wanting the pain to be gone. I didn't think about the length because I feared you wouldn't be able to fix it, and I didn't want to be disappointed. After all I had lived with it all these years and it was part of me I learned to accept.

I was amazed when I got up to walk the first time after surgery. For the first time in my life I put on a regular sandals and I didn't limp! You do not know what that felt like. It was right up there with having my daughter. To this day, 1 year later, I thank God. Dr. Harris, you gave me my life back. I was merely existing because the pain was so intense. I have a high pain tolerance, but there were many days I didn't think I'd make it through work. I would have to stop several times just getting out to my car after work, and then sit for half an hour and cry before I drove home. It hurt just to touch the gas pedal. There was no position I could get into to relieve the pain. My bone hurt from my hip to my knee. I will never forget that.

In closing I would like to thank the entire staff, both in the office and the hospital. This includes Jeri, Chris, Maria, all the nurses, techs, x-ray, appointment desk and anyone else I may have forgotten. I have never been at a facility that was so well organized from the pre-op class to recovery to home. You all made it so easy for me.

Thank you Dr. Harris, for my leg. That's as simple as I can put it! You will always be my "miracle doctor".

Nancy A. Hayes



Photos from the Dorr Institute Dinner: Top left, Mary Ellen Sieben and Marilyn Dorr.
Top right: Nina Winterbottom, Dr. Kim Le, Dinner Chairman, Dr. Andrew Fishman and Steve Winterbottom.
Bottom left: Matt Sandusky his mother Judy, sister Amy and her husband Romeo.
Bottom Right: Sam Bird and Winifred Crowley.

www.dorrarthritisinstitute.org

The Dorr Arthritis Institute Medical Associates

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