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# THE Bone & Joint Journal

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## Life is a "Moving" Experience!

**Our new address is:** The Dorr Arthritis Institute at Good Samaritan Hospital  
637 S. Lucas Ave. Los Angeles CA 90017 Ground Floor

"We are moving!" Those words strike fear into most of us. Moving always involves a lot of work and a lot of unknowns. But when those words were spoken by Dr. Lawrence Dorr, Medical Director of the Arthritis Institute, there was a rally cry from over 50 employees "LET'S GO TEAM"!!

In November 2007, Centinela Hospital Medical Center was bought by Prime Healthcare and changes were made in how the institution was run. These changes work well for the new owner, but not for our practice which is based on elective surgery. We found, with little notice, that the hospital was canceling all insurance policies as of 1/1/08. This would affect our patients that were scheduled for surgery as well as patients who were due in for follow-up visits. Over half of our patients carry private insurance and we would no longer have our hospital listed as a provider. Doctors can not admit patients to hospitals that do not have contracts with the insurance carriers they are contracted with. This would cause a multitude of problems in trying to provide services for our patients, not to mention that we would not be listed in provider manuals that people routinely consult when looking for a doctor that will honor their insurance plan.

So, painful as it was, we decided as a group to move to another hospital to better serve our patients. Naturally we looked in the South Bay area, and in fact, were ready to move to Marina del Rey, when it hit us that we were a much bigger entity that the hospital there could hold. Breaking up our team or downsizings were not an option, as each team member's role was vital to a successful outcome for the patient. We needed to find an organization that could maintain our program. Good Samaritan Hospital to the rescue!

The Arthritis Institute bases its program around team management. We know that if we have the same people performing the same duties consistently, we have very predictable outcomes. By keeping the same staff we have improved our efficiency as well as our patient outcomes. Our institute is visited by other surgeons and their staff several times a year to learn our model of patient care. At Good Samaritan Hospital we will be able to keep practicing in the manner that our patients have become accustomed to. We have moved the pre-op nurse, the operating room staff and anesthesiologists, the post-op nurses and the physical therapists. We have also moved all of the office staff. Please come and see us at our new location

Please call for more information 213. 977. 2280

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# Return to Fitness after Joint Replacement Part II

## Core Conditioning

by William T. Long M.D.

The previous issue of the Joint Journal discussed cardiovascular fitness and aerobic exercise. Once cardiovascular fitness is established then the next order of business is to develop the core muscles. These muscles support the spine and transfer power from the legs and hips to the upper extremities during exercise and athletic activities. Muscles below the neck and above the pelvis are commonly referred to as the core muscles. In the beginning, teaching core muscle development is complicated because each patient has a different level of strength. A patient's body weight can affect the type of exercise that can be done, and any problem involving the spine or extremities can impact the ability to do core exercises. For this reason most patients will require assistance from a physical therapist, personal trainer, or instructor to help them begin a safe and effective core fitness program. Arthritis Institute patients can be divided into three groups. For those that can do less than ten sit-ups.



**William T. Long M.D.**

These patients should begin working with a physical therapist. Most of the exercises will use resistance that is less than the body weight and the movements will fall short of the full range of motion allowed by the spine. The second group of patients who can do greater than 15 sit-ups without difficulty should begin training with the supervision of a physical therapist but they can progress to work-outs in the gym with the help of a personal trainer. Most of the exercises in the gym can be done using only the body weight for resistance and a few simple exercise machines. The third group of patients have some background in physical training and have little or no difficulty doing three sets of 15 or more sit-ups and back extension exercises. These patients are looking for increased endurance, body control, and muscle mass. They can work-out in a gym with a personal trainer or with a coach or sports instructor. The training for these patients might include added weights to increase resistance over and above that provided by the weight of the body.

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## The Arthritis Institute Team Approach

The Arthritis Institute utilizes a team approach, with multiple health care professionals to facilitate a smooth pre-operative and post-operative continuum. Patients are familiar with the roles of an "orthopedic surgeon" and "nurse." Several other licensed members of the Arthritis Institute include "physician assistant", "physical therapist" and "occupational therapist."

The role of the physician assistant (PA) at the Arthritis Institute includes but is not limited to assisting the orthopedic surgeon in the operating room, setting up the operating room schedule, performing or assisting the orthopedic surgeon with follow up visits after surgery, prescribing medications and obtaining medical histories and performing examinations to provide the best care. This is all performed under the supervision of the orthopedic surgeon.

The physical therapist (PT) and the occupational therapist (OT) at the Arthritis Institute teach the pre-operative class. The orthopedic surgeon will routinely order physical therapy after a joint replacement. The PT will evaluate the patient and develop treatment techniques that facilitate the patient's ability to move in order to return home safely (getting in and out of bed/walking/stairs). The PT also instructs the patient with a walking/home exercise program so that the goal of restoration of function can be continued after discharge.

The occupational therapist (OT) evaluates the patient and helps to improve their ability to perform the activities of daily living after the joint replacement. These include but are not limited to dressing, hygiene, transfers within the bathroom environment (toilet/shower/tub), cooking, time management skills, pacing/conservation techniques and use of any adaptive equipment (temporary or permanent) to restore functional independence.

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# Letters To The Editor

## Thank you

Dr. Dorr and Staff for allowing me to resume living again as existing with pain is awful.

I was able to go on my annual 5 day fishing trip on the sportfishing boat with my husband just 10 months after my double hip replacement surgery.

Thank you all so much for all your help and care.

The very best to all of you at the Arthritis Institute in Inglewood, California

Sincerely,

Martha N. Bummer

La Crescenta, California



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## Our Trip to Italy

by Jim Maechling



One day during our vacation last August, I climbed up the steep stairway of an ancient villa at the top of the island of Capri. As I gazed down at the spectacular blue-green Mediterranean and the Bay of Naples in the distance, an overwhelming feeling came over me. It was about making the climb, the incredible view, and the experiences of the trip. But it was also the realization that five years earlier, this vacation would have been impossible for me. At 65, I was living one of the dreams I had actually given up on in my late 50's. The reality was that before my hip replacement surgery,

the arthritis pain was so severe I couldn't even walk around the local supermarket. Usually, I would have to sit in the car while my wife Jeanne did our shopping. Those painful days now seem like distant memories from a previous life.

Our tour was called "*The Magic of Italy*" and the travel agent had warned us that the walking factor would be strenuous. However, the walking never seemed to bother us. Jeanne and I trekked all over Italy together from the hills of Tuscany right through the great cities of Florence, Venice, and Rome. Sometimes we would stand in crowded lines as we gazed inside the world's greatest cathedrals and art museums. When we got tired, we would find a place to sit and rest with a cappuccino or a gelato.

Over the three weeks we gathered some fantastic memories such as Touring Milan and going inside the famous La Scala Opera House, Staying at a hotel on the shoreline of the beautiful Alpine Lake Como, and dining in the picturesque village of Bellagio. In Venice, it was a tour of the Doges Palave, St. Marks Basilica, and of course, the cruise in the gondola. Our three days in Florence were unforgettable. The first evening after dinner, we walked from our hotel a few miles across the city to the Academia Museum. There we gazed at Michelangelo's David. Florence is so filled with the most beautiful art and architecture such as the Duomo that we know we will return some day. After stops in Bologna and Perugia, we visited Assisi and the basilica dedicated to St. Francis. Inside we studied the moving frescoes by Giotto that were explained to us by our local guide who was an American Franciscan priest.

The last part of the trip was down in southern Italy. We walked through the ruins of an ancient Pompei; partied in Sorrento and explored Capri. Perhaps the most fabulous sight of the trip was underneath the island. Somehow we squeezed into a rowboat, passed through the jagged opening, and gazed at the lighted turquoise waters of the famous Blue Grotto. We made the most of our last four days in Rome by soaking up all the Ancient and Renaissance history and culture we could: The Coliseum, Forum, Catacombs, St. Peter's Basilica, Vatican museum, Sistine Chapel, Pantheon, Tivoli Gardens and the Capitoline Museum which is right next door to the Victor Emmanuel monument. I have been to Italy once before in the mid 1960's. That experience inspired me to begin a career in education.

**Continued on page 7**

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# Operation Walk Vists Lima Peru

by Jeri Ward R.N.

The Operation Walk team operated in Lima , Peru from October 10 to 17, 2008. We screened over 70 patients and were able to operate 63 joints. How do we put this program together?

First, we make contact with a doctor in a country that has a large population of patients needing joint replacement. Sometimes we have patients here in the U.S. that help us make contact, sometimes one of our doctors will meet an orthopedist from another country at a scientific meeting that has heard about Operation Walk or sometimes we will be contacted through our website.



Once we make contact, we ask that they prepare up to 70 x-rays for us for patients needing hip or knee replacement. Sometimes they patients mostly need knees, but in our upcoming trip to Vietnam in 2008, hip replacement is need 3:1.

Mary Ellen Sieben and I go on a scouting trip. Our goal is to figure out the general logistics of the trip; (flight, ground transportation, visas, and hotel). We check out the capabilities of the hospital; (how many operating rooms are available for us to use, how many sterilizers are working, the number of post operative beds, staffing, working equipment, and meals for patients and staff)?

We have many things to check out and we can do it all in a little less than 2 days! We also squeeze in meeting with the hospital administrative staff, the orthopedic surgeons, and the Minister of Health or another government official that can guarantee helping us get our cargo through customs without paying duties or taxes.

After Mary Ellen and I get back to Los Angeles, we work with Dr. Dorr to select a team. He selects outstanding surgeons from across the U.S. and Canada (and even England !) that are willing to volunteer their surgical skills. We select anesthesiologists, internists, physical therapists, post-op nurses, surgical technicians and circulating nurses.

We also bring physicians assistants, people to work in the sterilization area and interpreters.

Then the hard work starts. We work on getting all of the items donated for the surgery. We take everything with us so there are no costs to the patients, and we don't deplete the hospital of its meager resources. We take everything with us from medicines to band aids and the prosthesis to the suture and TED hose. Our cargo is usually about 28 pallets and around 9000 pounds. Some of the items return to LA with us, like the unused implants and our surgical instruments, which can them be used on another Operation Walk trip.

We get our team members together to help sort and pack supplies. Every single item has to be documented so when the cargo goes through customs it will not be denied. We have to document out-dates on each item. Nurses work on making sure we have all the medications we need, and enough for each patient. The physical therapists sort the canes, walkers, crutches and commodes (thanks everyone, for saving these things for us!!) The surgical team count drapes, gowns, instruments and all of the other OR items. Most of the things we bring are used in the OR.....so the OR crew has a big job!

We also have a biomedical engineer, Matt Sandusky, with us. He brings all of the tools he will need to fix anything that breaks while we are there. We have been doing this for over 13 years now and some of our equipment is getting pretty old. Donor contributions go to sharpening instruments, refurbishing old equipment, or buy new tools when the old tools just plain give up! Matt always comes and makes sure all of the monitors and tools are packed and accounted for.

**Continued on page 5**

## Peru Continued from page 4

If we are going to do any surgical demonstrations for the local doctors, we bring our video equipment as well. There is always a photographer on the team, to take photos of each patient for their chart. In many countries the names are very similar, so each patient gets an Operation Walk number, a photo and their name in the chart to compare with their arm band as we check them in for surgery.

I start collecting the volunteer staff's passport copies, curriculum vitae's and copies of their professional licenses which all need to be sent well ahead of the trip so the hospital we are visiting can make sure we are all qualified professionals!

Next, we start working on the best deals we can get from the cargo carrier, airline and hotel, letting the team members know what immunizations are necessary, and what personal supplies they need to bring. Each person is required to bring their personal "tools of the trade", so if you are a nurse without a stethoscope or blood pressure cuff, or an anesthesiologist with out the special medication you like to use to put someone to sleep, then you might not be so happy! We take everything required to do the job, but we do not bring all the fancy, new fangled stuff we have here in the U.S. . This means we often have to be creative. The PT's learned to make shoe lifts out of rubber floor mats, when lacking a flight of stairs to practice walking up, Matt quickly nailed some boards together to make a flight of stairs, and for lack of a commode, a tire inner tube placed on the toilet did just fine. You can also make urinals and female urinals out of those big plastic soda bottles, and lung exercisers out of balloons and drinking straws!

Once we arrive, Mary Ellen is the General in the OR and I am the General outside of the OR. Dr. Dorr is the Commander in Chief. Everyone has been apprised of their role before the trip so they can jump right in and start working.

Once the surgeries are done (over a 3 1/2 day period), the OR crew packed up everything that is coming back to the US and the post-op staff worked on recovering the patients, teaching them and their family what exercises to do, how to care for their incision, and when to follow up with the local orthopedic surgeon. We also get 4-5 people on the team to volunteer to come back in 3 months so we can hold a follow up clinic ourselves. We let each patient know what day we are coming back and what time to be at the follow-up clinic so we can be sure they are all informed.

As you know from other Joint Journal articles, the patients have compelling stories. We see so many patients that are young and extremely crippled. The damage to their joints is such that local surgeons won't even attempt to operate on them, even if the prosthesis were available. To see these people walking within a day of surgery is awesome. To realize you are a part of a miracle to someone is profound and life changing. Many people say "I would like to be a part of Operation Walk".

It doesn't take just doctors and nurses to make this happen. Every patient who saved their TED hose, canes and crutches....every one who donated money.....everyone who packed supplies, and especially folks like **Josephine** and **Richard Moore** and **Winifred Crowley** who saved piles of medical equipment for us and trucked it to the ware house, all of you have changed someone's life for the better.

We performed 63 procedures in Peru and left a lot of people better for it. Especially ourselves!



## New Faces at The Arthritis Institute



Julie and Molly Anderson  
Molly's mother is Julie Anderson RN on 7N,



Zen Shimabukuro  
Zen's dad is Don Shimabukura PT on 7N.

### Return to Fitness continued from page 2

Regardless of the level of fitness, basic core training involves only six body movements. Three types of motion work the front of the trunk and abdomen, and three types of motion work the posterior the trunk and lower back. Anterior core muscle fitness can be accomplished with exercises commonly referred to as crunches. The starting position is lying flat on one's back with knees bent and both feet flat on the floor. The abdomen and neck muscles contract and the back of the head slowly lifts off of the floor, followed by the neck, upper back, and finally the middle of the back. Exhale as the upper body lifts from the floor. The lower back stays flat against the floor. Relax and exhale as the body lowers back to the floor. First crunch to the center, next crunch rotate the head, neck and trunk to the right, and finally crunch to the left. The three types of crunches will work most of the major muscle groups of the anterior core. The posterior core can be strengthened by doing back extensions. The starting position for back extensions is standing upright with slightly bent knees and feet shoulder width apart. Bend forward slowly at the waist as if to touch one's toes. Slowly come back to the standing upright position. Next bend forward as before, then rotate the head, neck and shoulders gently to the right as the body rises to the upright position. Finally, repeat the forward bend then rotate slowly to the left while rising to the upright position.

These six movements are the foundation of core training because they are movements required for most activities of daily living and they are common to all sports. The core muscles make up a large percent of the body's total muscle mass so the exercises can become aerobic for the well conditioned athlete. There are many variations to these basic movements and they include changing the angle of the body to add or remove resistance or using weights, rubber bands or pool exercise. This is why core conditioning exercises are important. An excellent way to incorporate core training into a complete workout program is to begin each workout using the core exercises as a warm-up. Approximately 15 minutes per work out should be devoted to the core. The lower extremities and upper extremities will be discussed in future articles of the Joint Journal.

## Letters

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### Dear Jeri

Jeri, that was an awesome trip. It was really nice to see old friends and make new ones as well. I am always surprised at the number of procedures performed in such a short period of time. Here are a few thoughts I brought back from those trips.

It is the satisfaction I feel that allows me to help my fellow man unconditionally. There is no greater gift than the gift of love. You can't buy it, nor can you sell it, for it has no price. Operation Walk is a prime example of the gift of love spread from one to another.

I am thankful that I live in America. Even though this is my 4th trip, I am still amazed at the conditions outside of our country. We are not aware of how good we have it until we step outside the "bubble". I returned home today to see children playing in the park, green grass, blue skies, and people enjoying their freedom. I watched my daughter play soccer on a public field without fear of her safety. I walked the streets without the stress of being totally aware of my surroundings or in fear. It is a wonderful feeling to be free.

I have come to realize how all Americans take things for granted. We think there is an unlimited supply of everything from gas to water. We take for granted clean streets and nice neighborhoods. We don't worry about whether or not we will have water or electricity on a daily basis but we do get upset when someone cuts us off on the highway, our cell phone drops a call, and our high taxes. We have everything but still it's not enough. We have a disease called MORE. No matter what we have, we want MORE.

These trips taught me to be more **conscience** of my surroundings, to be thankful for everything I have and not to waste things. I have learned that some old things are just as good as new things. These trips opened my heart and appreciate my own community and help those with less and those in need. I pass these thoughts on to my children and all whom I come into contact with.

It was really good to connect with you and your staff. I look forward to our next trip whenever you need me. Please pass this message to Dr. Dorr. Thanks again. I will be in touch.

Matthew "Redwolf" Holsbeke



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### Our Trip to Italy continued from page 3

Now, after teaching World History and European History AP for over 40 years, it was a tremendous thrill to once again visit all those famous places in the history books.

Almost everything seemed to go well for us. Food, usually pasta served with excellent wine, was delicious. Hotels were conveniently located, comfortable and air-conditioned. It was like August. There were few warm days but the heat never felt oppressive enough to limit our sight-seeing. Luck always seemed to be on our side. We had read that the canals of Venice were supposed to have a bad odor in the summertime, but they didn't. We were told that we wouldn't be able to see the Blue Grotto under Capri because the tide had been too high for the last three days. But conditions improved and we were able to get in.

Actually, there was only one quite embarrassing incident that happened. This was indirectly related to my artificial hip. While entering the Uffizi Gallery in Florence, I set off the metal detector. With hundreds of irritated tourists waiting behind me, the guard told me to remove my money belt that held my wallet. Unfortunately, I had tied the belt through each loop of my jeans. It seemed to take forever to get the whole thing to come off and when it finally did, my pants came down with it!

Oh well, that's life!

Sincerely  
Jim Maechling

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# AI Researcher Graduates from Nursing School

After four years of working in orthopedic research with the exceptional team at the Dorr Arthritis Institute, I chose to pursue a new career in the field of nursing. In June 2007, I completed the Registered Nurse component of my program at California State University, Los Angeles and recently passed state board exam in October. I now work full time on a medical-surgical unit at Glendale Memorial Hospital in Glendale, California. The experience so far has certainly been rewarding. Nursing is truly my calling. Ultimately, my professional goal is to become a Family Nurse Practitioner, and I am currently taking courses at CSULA to complete the Master's degree portion of the program over the next two years. I feel very blessed to have had the opportunity to begin my medical career at the Arthritis Institute where I grew personally, professionally, and academically. And thanks to the entire AI team's support and guidance, I have successfully transitioned into my new role in medicine; my role as a nurse.



**Myriam Boutary, R.N.**

Check our website for news and current information about joint replacement and the Arthritis Institute.

[www.dorrrarthritisinstitute.org](http://www.dorrrarthritisinstitute.org)

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## **The Dorr Arthritis Institute**

**Good Samaritan Hospital**

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