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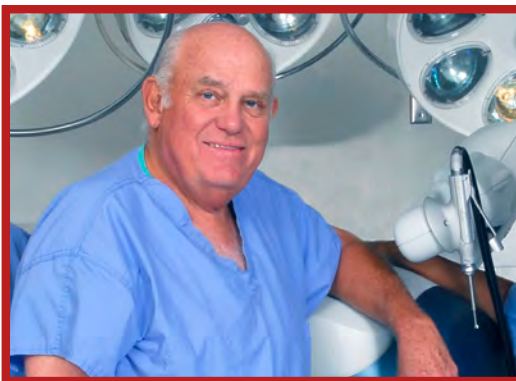
Bone & Joint Journal

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Holiday Greetings!

by Lawrence D. Dorr, M.D.

At this holiday season I would like to thank all of the members of the Arthritis Institute and Good Samaritan Hospital who are so wonderful in making the journey through hip or knee replacement surgery free from anxiety for our patients. It is such a wonderful team because everyone works together so well and truly cares for each patient. I am using this Christmas season to thank all of our staff for all of our patients. Particularly I am thanking each one of them with deep gratitude and love for their talent and commitment.



Lawrence D. Dorr, M.D.

SURGEONS

Dr. William Long - An absolute brilliant surgeon and most caring person with whom I have had the great fortune to be able to practice with. It is any patient's good luck to have William as a surgeon.

Dr. Paul Gilbert - What a fabulous addition for us and our patients. He is the Michael Angelo of the MAKO robot for unicompartmental replacement, He is such a skilled surgeon and caring person. We and our patients are so fortunate that he came to join us.

CLINIC

Surgery schedulers
Registration
Medical assistants
X-ray
Transportation

Corrine, Ruby
Tracy, Claudia, Liway, Dewayne
Barbara, Jan, Maria
Tony
Flor

Continued On Page 6

The Dorr
Arthritis Institute
Medical Associates

Good Samaritan
Hospital

637 S. Lucas Ave.
Los Angeles CA 90017
Information
213-977-2280

New Patient
Appointments
213-977-2280
Press Option 1

Follow up
Appointments
213-977-2450

Medical Director
Lawrence D. Dorr M.D.
William T. Long M.D.
Paul K. Gilbert M.D.
Jeri Ward R.N.

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Happy Holidays



KNEE ARTHROSCOPY AND ARTHRITIS ***BY PAUL GILBERT M.D.***

In September I went to Florida to visit the headquarters of Mako to familiarize myself with the latest computer robotic technologies and the people who create them. This month I traveled to New York to collaborate with experts from Orthosoft on developing the next generation of computer navigation systems. This revolutionizing work is fascinating. As I prepare for the future I cannot help but reflect on the technology we've relied on for over forty years—arthroscopy.



Paul Gilbert, M.D.

Arthroscopy is one of the most common surgeries I perform on the knee. Let me briefly outline this crucial joint's framework. There are two basic types of cartilage in the knee. One is the firm fibrous tissue that lines the end of the bone that provides most of its cushioning; this is what wears down with arthritis. The second kind consists of two firmer crescent-shaped cartilage pieces called the meniscus, which moves as the knee moves and increases shock absorption and stability.

Unfortunately, menisci are prone to tear and the resulting fragments are as irritating as loose pebbles in your shoe. In the old days, surgeons would open the knee and take out the entire meniscus. What we didn't know at the time was how important this structure is and that patients would inevitably return ten years later with advanced arthritis. The protocol then evolved to removing only the relatively small portion that was torn and leave the healthy parts intact. A scope was invented to look into the knee itself and this innovation led to arthroscopy.

Arthroscopy is a procedure that involves two small stab incisions, or portals, in the front of the damaged knee. Through those openings we pass instruments about the size of a pen. The primary one is the scope that enables us to meticulously examine the joint's interior. Through the other portal we insert and utilize tools that allow us to probe, cut, shave and trim as needed.

This operation is invaluable for those with knee pain. Despite comprehensive exams, X-rays and MRIs, there are times when it is difficult to fully appreciate the pathology and extent of the existing disease. For example, the source of a person's pain could be simple inflammation, a torn meniscus, arthritis or other abnormalities. Arthroscopy gives us real-time interior visualization that assures a definitive diagnosis and lets us clean out bothersome cartilage debris.

This outpatient procedure takes about thirty minutes; the patient goes home a couple of hours later. The prognosis for some is better mobility and less or no pain. Arthroscopy, however, will not significantly alleviate knee discomfort if its principal source is arthritis. The surgery will, nonetheless, afford your doctor critical information that will best guide him or her as to further treatment.

Arthroscopy is a proven technology that helps lead patients to the most advantageous outcomes. It has even expanded to advances such as less intrusive abdominal and chest surgeries. It is yet another indispensable tool at our disposal to insure that our patients receive the most sophisticated, minimally invasive and appropriate care.

Please Visit Our Website
www.dorrarthritisinstitute.org

HIP PAIN REFERRED TO THE KNEE ***BY WILLIAM LONG M.D.***

When a new patient comes to the Arthritis Institute complaining of knee pain an x-ray that shows both hips is ordered. The reason for taking this screening radiograph is because of a phenomenon called referred hip pain. Medical



William Long, M.D.

professionals have learned that an arthritic hip can make the patient's knee hurt. A patient with an arthritic hip may come to the doctor's office complaining only of knee pain. Even when the patient doesn't know that the knee pain coming from their hip, the orthopaedic surgeon is expected to make the correct diagnosis.

How is it possible that a patient with severe hip arthritis believes that he or she has a knee problem? Many people are familiar with another example of referred pain; as when an ischemic heart muscle is known to cause referred pain to the left upper extremity. When a 68 year old man complains of left shoulder and arm pain with physical exertion his wife will often insist that he go to an emergency room to have his heart checked. The wife, in this case, is aware that heart pain can present as arm pain.

There are several theories for how and why referred pain occurs. The arrangement of the nerves within the body and mechanism through which the nerves send signals to the brain explains referred heart and hip pain. In the lower extremity the obturator nerve sends branches to the knee joint and the hip joint. The theory is that the brain has trouble distinguishing the source of the pain because the pain signal comes up to the brain from the same nerve.

The best way to make an accurate diagnosis is to combine a careful medical history, thorough physical examination and a screening radiograph of the pelvis. The medical history is reliable but imperfect. The physician cannot always rely on the patient to give an accurate description of the origin of symptoms. Communication is compromised when the patient is a young child, when the doctor and patient speak different languages or when the patient has altered mental status. Mental status may be altered because of dementia, medications, alcohol abuse or a variety of problems. Even when there is no communication barrier the diagnosis can be missed because the patient simply complains only of knee pain. Some patients with hip arthritis simply don't complain of hip pain.

When an accurate medical history fails to reveal source of pain a careful physical examination can detect the origin of the problem. A hip that is severely damaged by arthritis will not rotate normally within the socket. A femoral head that is no longer perfectly round will not turn inward as much as a normal, healthy hip. This is referred to as loss of internal rotation. The combination of a thorough medical history, a careful physical examination and an x-ray of the pelvis will identify the hip as the source of the problem in the vast majority of cases.

Referred hip pain may affect the surgical decision making when a patient has hip and knee arthritis. An experienced surgeon will recommend an operation on the hip in a patient who is diagnosed with severe arthritis of both the hip and knee of the same side of the body. If the knee is operated first it is possible that the knee pain will continue even after the knee arthritis is fixed. If some of the knee pain is caused by the arthritic hip, the pain referred from the arthritic hip will continue to make the knee hurt. If the hip is fixed first it is possible that the hip pain will be completely resolved, and the knee pain will also improve, even without knee surgery. Fixing the hip first occasionally results in this two-for-one effect.

Knee disease does not cause pain in the hip. When the knee is fixed first this will not relieve hip symptoms. This does not seem fair

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OPERATION WALK USA

BY JERI WARD R.N.

The weekend before Thanksgiving 2010, Operation Walk teams from across America coordinated an effort to help our fellow citizens by operating on people needing hip and knee replacement surgery. These citizens without employment, insurance or means to pay for surgery. In our current economy, many people have lost jobs and benefits. People with pre-existing conditions can not get insurance. With bad hips and knees, they can't find employment, and many are years away from MediCare eligibility. Over the years we receive many letters, phone calls and see patients in the office that have these circumstances.

In 1991 we did our first operations for charity here in the USA in Los Angeles. Because of our legal system, and the way the hospital system is structured, it is far more difficult to do an Operation Walk program here. We try to operate several patients each year, but it is not always possible. It is much easier to travel to another country, take over 4 operating rooms and a post-op ward and operate 60 patients, than it is to operate 6 patients here!

Thanks to the good graces of Good Samaritan Hospital, we got approval to operate prior to Thanksgiving. We worked with the other Operation Walk teams across the USA to coordinate that we would all operate around the same time. This was a new concept for all of them, so it took some time to organize, but it definitely paid off.

We were able to help a patient that lost her job because she was unable to stand working as a cashier, a musician who is self employed and working in pain nightly, a woman who works on a horse ranch and was unable to perform her duties. In all, nine Operation Walk Teams operated 36 patients. Our hope is that we can continue the relief effort for years to come.

To see if you qualify for the program, please send a letter to Operation Walk, 637 S. Lucas Ave. #500, Los Angeles, CA 90017.

LETTERS TO THE EDITOR

DEAR EVERYBODY AT OPERATION WALK AND THE DORR ARTHRITIS INSTITUTE



Chris Giapapas and his family Theo (20), on the left, Chris, Lars and my daughter Seanna.

Putting my gratitude into words is going to be difficult, but here goes ... First off to: Dr Dorr, how can the many people thank you for what you have created, but simply look you straight in the eye and say, "THANK YOU" (pretend I'm looking you straight in the eye)!

To: Dr Long, whose skilled hands had me walking within hours after surgery and walking without a cane in just days, your skills are second to none. THANK YOU!

To: Jeri Ward, who makes that special connection with all of us that are fortunate enough to receive this amazing gift, you are amazing; you embody the emotion and compassion of Operation Walk. I never realized that more, until all six of us were together and feeling our collective joy. THANK YOU!!

One can pay back a loan of gold but one dies forever in debt to those who are kind.
-Malayan Proverb

Chris Giapapas

Nov. 29, 2010

**For More Information About
Operation Walk Please Visit Our
Website
www.operationwalk.org**

WHERE DO I BEGIN?

BY C. LOUISE BRUNER, R.N.

From the first day that I heard of the Dorr Arthritis Institute this has been a totally enjoyable total knee replacement experience for me.

Starting with:

- The totally informative website www.dorrrarthritisinstitute.com,
- The totally pleasant “meet the surgeons” seminars.
- The totally reassuring “meet the staff and happy patients news letters”.
- The totally thorough pre-op exams, x-rays, ekg, blood work.
- The totally expert knee evaluation by my (totally brilliant, kind, and handsome) surgeon, Dr. William. Long.

I was off to a good start, feeling confident that I had found the totally right place to be, to totally replace my right knee.

The day of surgery at Good Samaritan Hospital went like clockwork. In the pre-op room I met the nurses and the anesthesiologist, Dr. Julio Raya, who totally explained his plan for my comfort and sedation. Dr. Long appeared, looking like a surgeon, very pleasant and alert for 6 am. He patiently answered all my last minute questions while I video taped his every word. He is sooo totally reassuring with his understanding smile. I knew I was in totally skilled hands. As an old R.N., it is somewhat difficult to submit to being the patient, but I was determined to be trusting, pleasant and “compliant” (as usual).

While still smiling and chatting with everyone I went off to the operating room and la la land, and woke up soon after. That same morning, I found myself being helped to stand up on my new knee!

Wheeee! Totally no pain, (a little faint, “weak in the knees”). I was totally amazed that the operation on this 75 year old knee, that i had been thinking and praying about for so long was accomplished.

Fifty four hours later I was on my way home. Yes, I needed to take my pain medication now and then for the next few weeks, especially before and after physical therapy, but

my recovery was rapid and soon I could say “what new knee?”. I am now walking pain-free on my new knee and can’t believe that all the worry is now in the past. At 4 months post-op, I am dusting off my titanium tennis racquet, (to match my titanium knee) and plan to head for the courts next month when I visit my family in Florida .

“If you want to look younger, hang around with older people.” (Jackie mason quote) some of the tennis players there are 90 years old, with 15 year old knees ! I’ll feel sooooo young there.



C. Louise Bruner: diving off of the roof of a tour boat in Mexico.

My appreciation wouldn’t be complete if I didn’t add how amazed I am at the way the body was designed to heal and totally accept the new knee; namely titanium and chrome; being sawed and hammered and glued and screwed, through layers of skin, muscle, fat, tendons, nerves, blood vessels and things I don’t even know exist. As I said to my beloved surgeon, “if our bodies were not designed to totally heal by our loving creator, there would be no surgery !!” My totally brilliant surgeon, Dr. William Long, humbly agreed.

During my 3 month check up Dr. Long was so pleased with my knee-leg extension as I stretched my toes to the ceiling, that he remarked, “That is perfect diving form, pointed toes and all.” Well, diving was one of my favorite sports next to tennis. I am enclosing a photo of me diving off of the roof of a tour boat into the Pacific Ocean off the coast of Mexico . I loved diving from very high places

Letters To The Editor Continued On Page 7

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Jeri Ward R.N.

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*(ANESTHESIOLOGISTS WHO KEPT YOU ALIVE AND WELL
DURING YOUR OPERATION)*

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Dr. Walter Watson, and
Tyrone Camua, our tech

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Mary Ellen Sieben R.N.

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*(NURSES AND TECHS WHO KEPT YOU SAFE AND MADE SURE
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Cathi Deadman

It will be an absolute pleasure to continue
to work with all these wonderful people in
2011.

Lawrence D. Dorr M.D.

Hip Pain Referred to the Knee Continued from page 3

but it is simply consistent observation in the
treatment of hip and knee arthritis.

In November of 2010 teacher came to the
Arthritic Institute complaining of crippling
pain in both knees. Over the past nine years
the pain had progressed so much that she
went from normal physical activity to walking
by pushing a wheelchair. She continued to
go to work every day and she kept regular
doctor's appointments. Physicians focused on
the x-rays of her knees but the knee arthritis
did not look severe. She was told that the knee
radiographs did not justify knee surgery. For
nine years she never complained of hip pain.
During her first visit to the Arthritis Institute
a routine physical examination revealed that
she did not lift her thighs when she walked
and there was no internal rotation of either
hip. The screening radiograph of the pelvis
showed that both hips had severe bone-
on-bone arthritis. The dedicated and hard-
working teacher was moved to tears when
she learned the accurate diagnosis for the first
time. For nine years she had been suffering
from worsening hip arthritis.

Medical knowledge is the key to successful
diagnosis and treatment. Sharing medical
knowledge with patients can help give more
people the chance to get the care that they
need and avoid a missed diagnosis.

Meet The Staff

by Jeri Ward R.N.

Director Arthritis Institute



Jeri Ward R.N.

My name is Jeri Ward and I have worked with the Arthritis Institute doctors for a very long time. I met Dr. Lawrence Dorr in 1983 when I was an orthopedic nurse at Centinela Hospital. I worked on 6E for six years, taking care of hip and knee replacement patients, developing pre-op classes before they were popular, and working on community programs for people with joint problems. I left orthopedics to work in the emergency room for a few years, but at the same time I kept working with Dr. Dorr on his research projects by helping him in his post-op clinic at Kerlan/Jobe. In 1991 I left the South Bay with Dr. Dorr to start the Arthritis Institute at USCUIH. I swore I'd never commute to downtown LA, but after working so many years with Dr. Dorr and seeing that his research, combined with his genuine care for his patients had him at the forefront of orthopedic surgery, I felt like I wanted to be a part of his organization for the long term. With Dr. Dorr, you never reach the pinnacle of your career...there is always something new to develop or discover. Working with him is both a challenge and a joy. Now I am the Director of the Institute and coordinate Operation Walk, the charitable finger of The Dorr Institute for Arthritis Research and Education. I oversee the office staff, education, marketing and development of the program. Operation Walk takes me around the world, but there is no place like home. I am happiest taking care of all of you! I am the wife of Greg Ward, Director of R&D for See's Candies (it doesn't matter how much I do, when people hear Greg works for See's, I am suddenly chopped liver!), mother

of Sam Ward PT, PhD, Associate Professor Department of Radiology, Orthopedic Surgery and Bioengineering, UCSD and Charlie Ward, Battalion Command Sergeant Major currently in FT. Benning, GA and serving his 22nd year in the Army. I am also caregiver to my Uncle Jim, and petter of my cat Dixie .

I enjoy reading and movies. My work is my biggest joy. We have an outstanding team and I admire the dedication of my colleagues and all they do to support our program.

Letters To The Editor Continued From Page 5

if I'm sure the water is really deep. This picture was taken after I turned 60 and I hope to soon get a more recent picture of me and my new knee doing the same dive at 75.

My total thanks and appreciation goes to the Dorr Arthritis Institute, their competent staff, and the totally skilled hands of Dr. William Long, my surgeon; and to our creator, Jehovah God, for the healing process and the wonderful way we are made.

Ever so gratefully, C. Louise Bruner, R.N.
(Jehovah's Witness)

P.S. My thanks also goes to Good Samaritan Hospital for their support and understanding on the issue of surgery without blood transfusion.



Help Operation Walk Help Others!

Operation Walk wants your old unneeded Medical Equipment. Operation walk will recycle that old surplus medical equipment and donate it to it's less fortunate patients around the world. We need your old: Ted Hose, Crutches, Canes, Walkers, Shower and Toilet Chairs

To donate please call Jeri Ward at 213-977-2511

WALK
OPERATION WALK

JOIN US AT ONE OF OUR FREE SEMINARS

Please come join us at one of our up coming Tuesday night seminars. Experts from the Dorr Arthritis Institute Medical Associates at Good Samaritan Hospital will discuss some of today's most advanced hip and knee replacement techniques. During this free seminar, you will learn how new computer and robotic precision guided surgery is offering patients a less invasive and longer lasting option for joint replacement.

For more information call 1(213) 977-2511

January 11, 2011 (Tuesday)

South Pasadena Public Library

1115 El Centro Street

South Pasadena CA 91030

Registration 6:00 to 6:30 pm

Program begins at 6:30 - 8:00 pm

February 12, 2011 (Saturday)

Doubletree Hotel Bakersfield

3100 Camino Del Rio Court

Bakersfield CA 93302

Registration 10:00 to 10:30 am

Program begins at 10:30 - 1:00 pm

Please RSVP to 1 (800) GS Cares ♦ 1 (800) 472-2737

Seating is Limited

www.dorrrarthritisinstitute.org

The Dorr Arthritis Institute Medical Associates

www.dorrrarthritisinstitute.org

Good Samaritan Hospital

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