

Reverse Shoulder Surgery Gets Patients Back to Life's Daily Tasks

While patients undergoing a reverse shoulder replacement may not be able to play tennis or hurl a football, they will be able to complete many of life's little tasks, such as brushing their teeth, combing their hair or pouring a cup of coffee – free of nagging shoulder discomfort and pain.

According to **Thomas Kovack, DO**, a board-eligible physician in shoulder, elbow and sports medicine, founder of Orthopaedic Specialists of Central Ohio and affiliated with Doctors Hospital, the typical candidate for reverse shoulder replacement surgery is age 70 or older and suffering from an irreparable rotator cuff tear. They won't necessarily suffer from shoulder arthritis, he explains, although that is common. "They have minimal function" in the affected shoulder, says Dr. Kovack, who performs the surgery at Doctors, Grant and OhioHealth's newest hospital, Dublin Methodist.

The shoulder joint is comprised of two bones, the arm bone and the shoulder socket. They are connected together like a ball-and-socket joint. In the reverse shoulder replacement, a round sphere is attached to the shoulder socket with metal screws, instead of to the arm bone.

Procedure Creates New Option for Those in Pain

Before the Federal Drug Administration approved reverse shoulder replacement surgeries in 2004, the most common option for patients who had this type of debilitating shoulder pain was to have a partial shoulder replacement. While that procedure lessened the patient's shoulder pain, says Dr. Kovack, patients gained very little mobility in their shoulder. With this advancement in shoulder replacement operations, patients not only regain mobility in the affected shoulder, they do so with little or no discomfort.

Dr. Kovack says he has performed more than 130 reverse shoulder replacements. Following surgery, patients are hospitalized for two to three days. Upon their release, patients wear an immobilizer, similar to an arm sling, until their follow-up appointment about two weeks after surgery.

"Patients undergoing this operation usually do not need formal physical therapy," says Dr. Kovack. Their most overriding concern is just to be able to use their arm again. "This surgery restores patients to their daily lives, and they do quite well."

Doctors Hospital is the only central Ohio hospital to be accredited by both The Joint Commission (TJC) and the American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP) – the nation's leading monitors of quality healthcare.

To find out more about the full spectrum of healthcare services at Doctors, visit www.ohiohealth.com/doctors.

Don't live another day with nagging pain or discomfort. Call your doctor if you have any sudden pain issues that interfere with your daily activities. If you don't have a family physician, visit www.ohiohealth.com or call OhioHealth's Physician Referral Line at (614) 4-HEALTH or call (800) 837-7555.

Reverse Shoulder Replacement Could Offer Best Option For Older Patients With Arthritis and Rotator Cuff Injury

For older patients with severe shoulder arthritis and irreparable rotator cuff damage, reverse shoulder replacement could be their best option, according to

Thomas Kovack, DO. Dr. Kovack, who started Orthopaedic Specialists of Central Ohio and joined the medical staff at Doctors Hospital this past June, specializes in shoulder and elbow surgery and sports medicine.

"In the reverse shoulder replacement, we can rebuild the joint with the ball and socket reversed," Dr. Kovack explains. Reversing the shoulder anatomy in

irreparable rotator cuff injuries and arthritis. Aging causes the muscle and tendon of the rotator cuff to lose some elasticity. Rotator cuff injuries are more common in the aging population.

End-of-the-Line Effort

"For many patients, reverse shoulder surgery is an end-of-the-line procedure," Dr. Kovack says, noting that the reverse surgery for some is the only option. Patients opting for reverse shoulder replacement have tried rehabilitation or other forms of surgery, including failed conventional joint replacement, and are still in pain with severe limitations of movements.

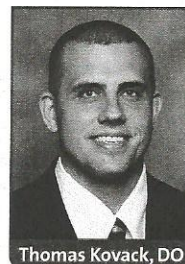
"Before the surgery, some patients can't feed themselves. They can't bring their hand to their mouth. They can't brush their hair," Dr. Kovack explains. "After the surgery, the patient is able to move the joint with different muscles that 'take the place' of the damaged rotator cuff."

Reverse shoulder surgery is conducted under general anesthesia and usually takes about 60 to 90 minutes to complete. Dr. Kovack stresses that reverse shoulder surgery is still open surgery, so patients need to have adequate time for recovery and rehabilitation, working with a physical therapist to strengthen shoulder muscles and resume daily activities. It could take up to one year to fully regain strength. (See related article on physical therapy and rehabilitation on page 7.)

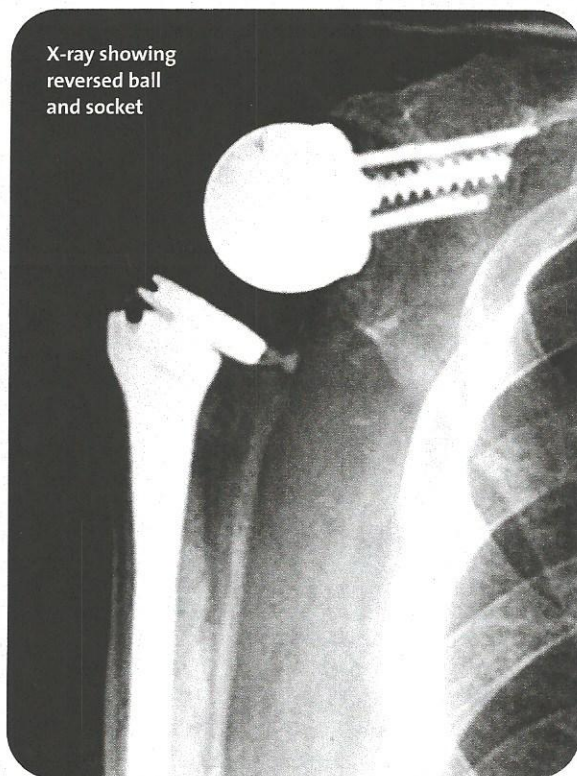
While the procedure is relatively new in the United States, it has been used in Europe for several years. Dr. Kovack uses and is an instructor for the Encore Medical - Reverse® Shoulder Prosthesis (RSP), a metal and polyethylene implant.

Dr. Kovack also is involved in a multicenter study comparing open reduction internal fixation (ORIF) vs arthroplasty for severe proximal humerus fractures.

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Thomas Kovack, DO



X-ray showing reversed ball and socket

patients with rotator cuff arthropathy allows the shoulder to move by using the deltoid muscle instead of the damaged rotator cuff giving patients a greater range of motion and relief from pain. Patients must have a functional deltoid muscle to receive the reverse shoulder implant.

Patients considered prime candidates for the reverse shoulder replacement are usually in the age range of 60 to 70 with

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He uses "locking technology, which has revolutionized modern orthopedics," Dr. Kovack explains. "This technique is giving patients with severe fractures the chance to heal their own bone instead of receiving a partial joint replacement, which has been the treatment of choice up until now."

Elbow and Knee Procedures

Dr. Kovack also performs arthroscopically many elbow procedures that are typically done as open procedures. This includes surgery for tennis elbow or lateral epicondylitis surgery. Patients recover quicker and are back to full activity sooner.

Rather than a total knee replacement, patients (both young and old) who have arthritis mainly in one compartment of the knee may benefit from a unicompartmental joint replacement. In this minimally invasive procedure, a metal and plastic prosthesis is most commonly used to replace the medial compartment of the knee in patients with an intact anterior cruciate ligament. Compared to total knee replacement, unicompartmental knee replacement offers a much quicker recovery and return to normal activities. Most patients leave the hospital within 23 hours after surgery, compared to three to four days later for patients who have a complete knee replacement.

Vision Fulfilled

Dr. Kovack regards his relocation from Florida to Columbus and the subsequent relocation of his colleague James Cassandra, DO, as the fulfillment of a "vision we had to build a group of subspecialists in every area of orthopedic care." In addition to shoulder and elbow surgery and sports medicine, those subspecialties include hand surgery, foot and ankle surgery, spine surgery, total joint replacement and a wide range of musculoskeletal problems such as joint pain, sports injuries, arthritis, and fracture care.



Before moving, Dr. Kovack discussed this vision and plans to accomplish it with administrators at Doctors Hospital and OhioHealth, including OhioHealth President and Chief Executive Officer David P. Blom and Chief Operating Officer Robert Millen, and former Doctors Hospital President Keith Goodwin. Dr. Kovack, who completed his residency training at Doctors Hospital after earning his medical degree at the University of Health Sciences in Kansas City, says he is "glad to be back."

The feeling is mutual. "Efforts to recruit an orthopedic surgeon have been a priority for our program at Doctors Hospital and Dr. Kovack is an outstanding addition to our staff," notes Doctors Hospital Medical Staff President Marcus Topkina, MD. "His expertise is helping extend our program and highlights what Doctors has to offer to patients in need of specialized orthopedics." ■