

M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



Children's Orthopaedic and Scoliosis Surgery Associates, L.L.P.

Tampa Bay's Premier Pediatric Orthopaedic Practice

Special Considerations

Meeting the Orthopaedic Needs of Children

By Paul J. Watkins

When Sheila M. Love, M.D., FAAOS, a fellowship-trained pediatric orthopaedic surgeon and founder of Children's Orthopaedic and Scoliosis Surgery Associates (COSSA), opened her office within the walls of All Children's Hospital in St. Petersburg, FL, in 1988, she was already a pioneer. She was the first pediatric orthopaedic specialist in Pinellas County, and the first female pediatric orthopaedic specialist in the Tampa Bay area.

Her interest in the sub-specialty of pediatric orthopaedics was sparked when she saw all the new and exciting advances in treating everything from scoliosis and hip dysplasia, to club feet and routine fractures.

"I was enthralled with what could be done to restore a child's mobility," she says, "And I always thought kids were great, so I felt this specialty was the one for me."

Over the next 11 years, Dr. Love was joined in practice by Jeffrey B. Neustadt, M.D., FAAOS, Scott W. Beck, M.D., FAAOS and Gregory V. Hahn, M.D., FAAOS. All are fellowship-trained pediatric orthopaedic surgeons, and all share Dr. Love's dedication to providing infants, children and adolescents with the highest level of orthopaedic care.

Carlos Valenzuela, ARNP-C



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"Orthopaedics has become highly specialized," explains Dr. Hahn. "Some physicians focus on the orthopaedic needs of older people; others focus on the needs of professional athletes and highly active people.

"The orthopaedic needs of infants, children and adolescents are addressed in another subspecialty of orthopaedics that has emerged, and that's the focus of our practice. We bring a wide range of experiences from all areas of our specialty, and that allows us to work together to treat the full spectrum of orthopaedic problems."

Currently, less than 20 physicians nationwide are seeking fellowship training in pediatric orthopaedics.

Children face many of the same impediments to proper mobility that adults face, including scoliosis, fractures and symptoms resulting from cerebral palsy and muscular dystrophy. However, the impact of these conditions and the effect of their treatments are complicated by the fact that children are still growing physically.

COSSA draws referrals not only from primary physicians throughout the Tampa Bay area, but also from a 15-county outlying area extending as far south as Naples, as far north as Citrus County, and as far east as Polk County.

Forty percent of COSSA's patients are Medicaid and self-pay patients. The specialists strive to serve the needs of the 30 to 50 percent of children in Florida who have underfunded health care. They regularly donate their time to see Medicaid kids at state Children's Medical Services clinics in Tampa and St. Petersburg.

"Insufficient health care funding should never keep a child from receiving the care he or she needs," says Dr. Neustadt. "We will always work something out when a child's problem requires a pediatric orthopaedic surgeon."

COSSA is not part of All Children's Hospital; it is a private practice whose physicians are on staff at ACH. The hospital receives the majority of pediatric trauma cases in the area, and this has meant an increase in the number of orthopaedic cases in which the surgeons of COSSA have been involved. Additionally, the specialists may see as many as 10 emergencies a day in their office.



PHOTOS BY COSSA

Physician extenders provide invaluable assistance to the specialists by caring for certain patients while preserving COSSA's high level of care.

Carlos Valenzuela, ARNP-C, joined the practice two-and-a-half years ago and spent the first year receiving extensive orientation in pediatric orthopaedics under the specialists' guidance. Nurse Valenzuela worked as an Operating Room nurse before joining COSSA and brings a great deal of orthopaedic experience to his patient care.

Donna Spencer, P.A., joined the practice recently. As part of her training, she shadows the specialists as they see patients in the office and at the hospital. Her training will continue for another year.

Both Nurse Valenzuela and Ms. Spencer see patients who are scheduled based on specific diagnoses, and each of their cases is reviewed by the surgeons.

"They definitely help maintain the quality of care," states Dr. Love. "Before, if a child didn't require urgent care, he or she waited months to be seen in our office. Now, that child can be seen much sooner."

REASONED REFERRALS

The specialists at COSSA see patients referred to them by primary physicians for the full range of pediatric orthopaedic problems, from complicated joint dysfunctions to routine fractures.

"Many fractures referred to us involve the growth plates," explains Dr. Love, adding that the treatment protocol for something as routine as casting a fracture can differ when a child is the patient.

"Some adult orthopaedists keep kids in a cast too long," she says. "A pediatric orthopaedic specialist is more familiar with the

potential complications and important considerations inherent in treating children's orthopaedic problems, and can ensure that the length of treatment is appropriate to meet each child's needs."

"Fracture treatments also differ depending on the age of the child," adds Dr. Beck. "The specific type of treatment for a 12-year-old is not the same as that for a six-year-old, and both treatments may be different from the treatment appropriate for a three-month-old.

As pediatric orthopaedic specialists, our knowledge and experience can play a vital role not just in the successful treatment of the neuromuscular patient, but also in his or her successful recovery.

- Jeffrey B. Neustadt, M.D.

Dr. Beck adds that consideration of a child's age is also important when treating other problems, such as polydactyly, or extra digits. "Polydactyly is usually not corrected before the child's first birthday. We will obtain radiographs to see if there is bone in the extra digit, and then monitor the development and function of the hand or foot over time. The information we learn helps us decide which digit to remove. In most cases, the finger or toe that is best aligned with the metacarpal or metatarsal is preserved."

Surgery to remove the extra digit may also involve the transplantation of tendons from the amputated digit to the remaining digit to maximize its function. Joint reconstruction and reshaping of bony prominences may also be required.

Many primary physicians refer their patients to COSSA for

surgical consultations. However, more than a few of the very same primary physicians who make those referrals are not aware of the role a pediatric orthopaedic specialist can play in the management of a patient's rehabilitation following both surgical and nonsurgical treatments.

"We receive a significant number of referrals of patients with congenital orthopaedic deformities with related cardiac or renal disease or neuromuscular conditions, such as muscular dystrophy or cerebral palsy," says Dr. Neustadt. "As pediatric orthopaedic specialists, our knowledge and experience can play a vital role not just in the successful treatment of the neuromuscular patient, but also in his or her successful recovery. We feel that the pediatric orthopaedist is the 'captain of the ship' with regard to the rehabilitation of neuromuscular patients."

The pediatric orthopaedic specialist directs the PT and OT involved in the rehabilitation of most neuromuscular patients. The specialized knowledge he or she brings to the patient's care is important not just in choosing the correct treatment, but also in guarding against the application of harmful techniques.

The pediatric orthopaedic specialists at COSSA stay current with the latest techniques and technologies in all areas of their specialty.

"A lot of therapists will ask a primary physician to sign a prescription for a brace," explains Dr. Neustadt, "but it's not so simple. A brace can do more harm than good if it's applied incorrectly, or if a brace is contraindicated for a particular patient. Some therapists' orthotic training is limited to only a couple weeks, and that may not be enough training to properly diagnose a child's need for bracing.

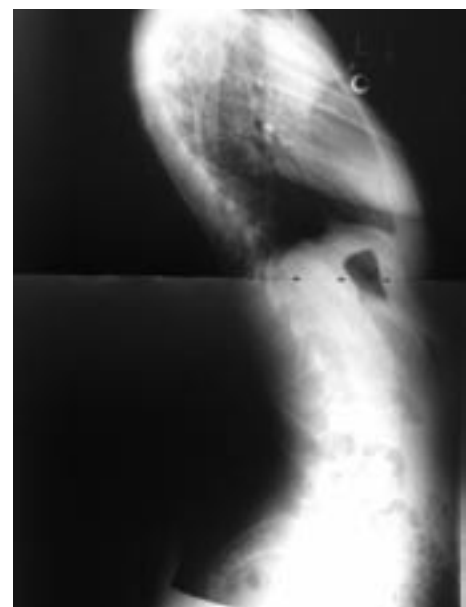
"The pediatric orthopaedist is in the best position to decide if bracing best serves the interests of the patient. Those interests are best served when the pediatric orthopaedist works closely with the therapist and the primary physician to design a course of treatment that thoroughly meets the patient's needs."



Pre-op Scoliosis.



Post-op Scoliosis.



Pre-op Spine.

Surgical and Nonsurgical Care, Including:

- Scoliosis
- Fractures
- Club feet
- Extra digits
- Pediatric trauma
- Hip dysplasia
- Congenital orthopaedic deformities
- Neuromuscular rehabilitation

SECOND OPINIONS

Primary physicians throughout the Tampa Bay area rely on the specialists at COSSA as a valuable source to which they can refer patients and their parents. Family physicians are becoming more aware of the unique skills and knowledge available from pediatric orthopaedic specialists and the dedication with which these surgeons stay current with the latest techniques for treating infants, children and adolescents.

“It used to be that primary physicians sent only the complicated cases to a pediatric orthopaedist,” says Dr. Neustadt. “Now, those physicians understand that children with any type of orthopaedic difficulty, even a routine fracture, can benefit from the specialized knowledge available from a pediatric orthopaedist.”

“Primary physicians know there’s a difference between sending a patient to us and sending a patient to a general orthopedist who agrees to treat children,” states Dr. Beck. “This is especially true with complex fractures and scoliosis.”

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“Our standard of care is very high,” says Dr. Hahn. “Also, we understand the anxiety parents feel when their child is injured or impaired. We’re able to reassure them and educate them about the cause of the problem and the appropriate treatment options. The key to doing this successfully is building a rapport with both the parents and the child.”

Lack of rapport between a child and an adult orthopaedist is a common reason parents request a second opinion from the pediatric orthopaedic specialists at COSSA.

Gregory V. Hahn, M.D., and Jeffrey B. Neustadt, M.D.



PHOTO BY COSSA

“A common complaint we hear from parents is that the adult orthopaedist doesn’t include the child in discussions or decisions about the child’s own treatment,” says Dr. Hahn.

In other cases, lack of confidence prompts parents to seek a second opinion.

“They’re concerned that the adult orthopaedic physician didn’t diagnose their child’s problem properly,” says Dr. Love. “They often ask us to evaluate their child’s case, offer our own opinion about the child’s need for surgery, and talk to them about what treatments are reasonable.”

“Parents and children have to trust us,” says Dr. Beck, “and that means building a rapport with them.”

SCOLIOSIS SPECIALISTS

Historically, idiopathic scoliosis patients were treated with metal and leather braces, such as the Milwaukee Brace, which was both uncomfortable and unsightly. Advances in the field of orthotics and prosthetics have produced lighter, more comfortable plastic braces, which can be worn beneath clothing.

“Unfortunately, to date, no brace has been shown to actually improve scoliosis by permanently decreasing the magnitude of deformity,” says Dr. Love. “That desired outcome is only available via surgical treatment.”

The pediatric orthopaedic specialists at COSSA stay current with the latest techniques and technologies in all areas of their specialty. This fact is clearly demonstrated by their surgical correction of scoliosis.

Surgical treatment is usually reserved for curves greater than 40 or 45 degrees. Until recently, most scoliosis surgery for children with significant remaining growth has included posterior spinal fusion with instrumentation, as well as adjunctive anterior spinal fusion to prevent recurrent deformity known as the “crankshaft phenomenon.”

However, the development of pedicle screw fixation, commonly used in posterior lumbar spine surgery in adults, has enabled pediatric orthopaedic specialists to eliminate the anterior procedure completely.

“Where 50 percent correction of frontal plane deformity was seen with the use of hook and rod constructs,” says Dr. Neustadt, “pedicle screw and rod fixation has resulted in scoliosis correction of 75 to 80 percent, normalization of sagittal plane profile and better derotation of the spine.

The specialists’ dedication to staying on the leading edge of advancements in pediatric orthopaedics has made COSSA a learning center for visiting surgeons.

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“The patients and their families treat us like long-lost friends,” describes Dr. Beck. “Younger kids bring us pictures they’ve drawn. Older kids bring us photos of their families. Most patients are previously healthy children who are injured, and we get to see how they regain their health and continue with their lives. As specialists who have played a role in helping them regain their health and their mobility, we feel a lot of satisfaction and joy.”

“It’s common for us to see patients from infancy all the way through high school age,” says Dr. Neustadt. “We develop a relationship with the patient and his or her family.”

“Kids make wonderful patients,” states Dr. Hahn. “Nothing is more challenging than working with kids, and nothing is more rewarding than helping them regain their health.”

“Primary physicians who refer their infant, child and adolescent orthopaedic patients to us can be confident that those patients will get absolutely the best care available — the kind of care they’d want for their own children,” says Dr. Love. “The professionals on staff at Children’s Orthopaedic and Scoliosis Surgery Associates hold themselves to a very high standard of care and excellence.” ■

Contacting the Practice

The specialists at Children’s Orthopaedic Scoliosis and Surgery Associates, LLP, strive to work patients into their schedule quickly, and can treat most fractures the same day.

Their St. Petersburg office is located at 880 Sixth Street South, Suite 310. Their Tampa office is located at 2727 W. Dr. Martin Luther King Boulevard, Suite 720.

Contact the office by phone at (727) 767-4133 or (813) 879-2663, or by e-mail at: dmitchell@chortho.com.

Bilingual staff members can assist Spanish-speaking patients and their families during regular business hours.

Hours in both offices are Monday through Thursday, 8:30 a.m. till 5 p.m., and Friday, 8:30 a.m. until 4:30 p.m.