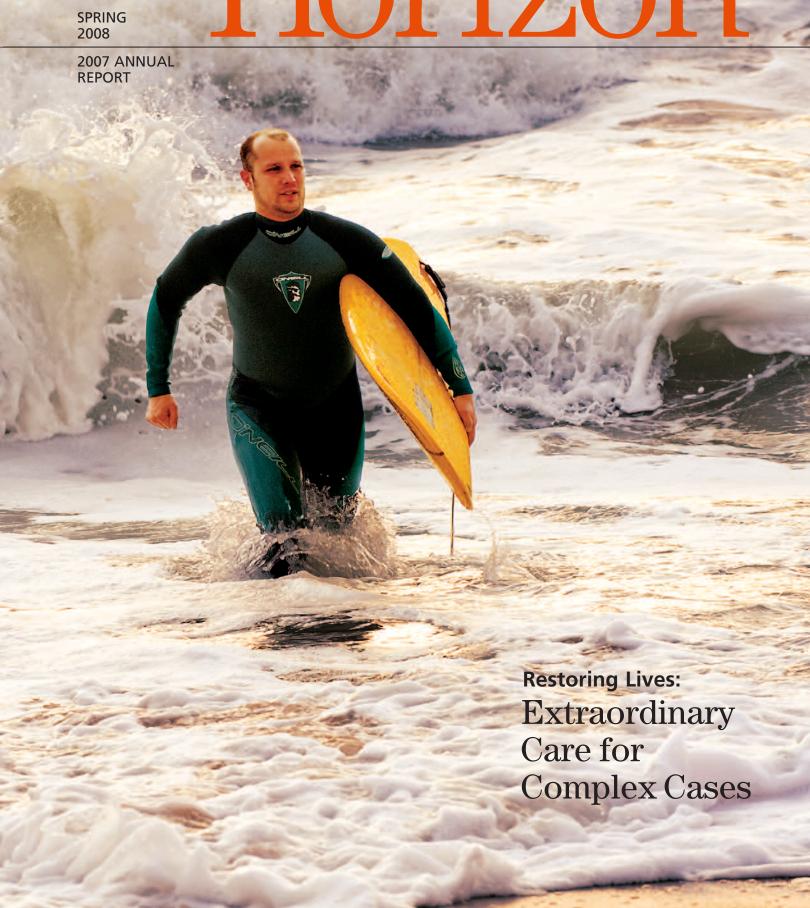
HOSPITAL FOR SPECIAL SURGERY: SPECIALISTS IN MOBILITY

# Horizon



# Horizon

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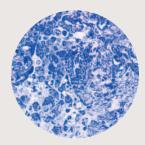
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Opposite page: Patients with complex conditions benefit from the interaction of many disciplines during a complex patient panel meeting created to develop the best approach to care. This panel came about through the efforts of Joanne Melia, Director of Risk Management, who had been impressed by a preoperative conference initiated by Dr. Oheneba Boachie, Chief of Scoliosis. "A case may be considered complex for many reasons," says Ms. Melia. "Medical issues beyond musculoskeletal needs may require the attention of multiple specialties."

On the cover: After two years of treatment for a life-threatening disease, Matthew Pirecki resumed a normal life. Now, 15 years later, he is out of college, working full-time, and enjoying calmer waters.

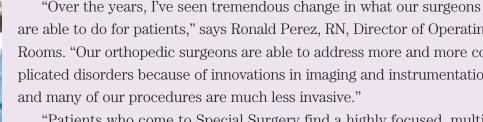


This pathology specimen is indicative of microscopic polyarteritis nodosa, a rare disease developed by Matthew Pirecki.



According to Anne LoBasso, RN, Director of Inpatient Units and Post Anesthesia Care Unit, "The panel members anticipate any potential complications that might arise. This includes making sure the patient has appropriate discharge plans."

Stephanie Goldberg, MS, RN, CNAA, Vice President of Patient Care Services and Chief Nursing Officer, agrees. "Having comprehensive information before admission helps us to effectively prepare to manage the care of a patient with complex co-morbidities."



are able to do for patients," says Ronald Perez, RN, Director of Operating Rooms. "Our orthopedic surgeons are able to address more and more complicated disorders because of innovations in imaging and instrumentation, and many of our procedures are much less invasive."

"Patients who come to Special Surgery find a highly focused, multi-

disciplinary team that can address every aspect of their musculoskeletal condition," says Dr. Sculco. "The ability to draw on their very specialized expertise assures every patient of receiving the most optimal care."



Dr. Daniel Maalouf (right) prepares to administer anesthesia during an orthopedic trauma surgery (above).



"Every facet of every surgery is carefully considered and planned by the anesthesiology team," says Gregory A. Liguori, MD,

Director of Anesthesiology. "We have pediatric anesthesiologists, those who focus on spine or trauma cases, and we have specialists in pain management."

Pathologists consult with surgeons or rheumatologists to help ascertain a diagnosis. "Our Clinical Immunology lab performs autoimmune disease testing that other labs do not do," says Stephanie Lovece, Assistant Vice President, Laboratories. "We help identify which of the many connective tissue disorders a patient might have and have experts in bone biology who can pinpoint unusual orthopedic disorders."

Rehabilitation is an important part of the patient's care plan. "Our therapists are able to manage complex cases because of the close collaborative relationships that they have with our physicians and surgeons and their incredible knowledge and skills," says JeMe Cioppa-Mosca, PT, Assistant Vice President, Rehabilitation Services. "Most have either a master's degree or a clinical doctorate coupled with advanced certifications."

Roberta Horton, LCSW, Director of Social Work Programs, and her team focus on the psychological well-being of patients. Says Ms. Horton, "Through support groups and other programs, our patients find reassurance talking with others who have similar challenges."

"There is enormous communication among the disciplines here," says Stephen A. Paget, MD, Physician-in-Chief. "Sharing information and collaborating with people who are the best in their fields is all part of ensuring a successful outcome for our patients."

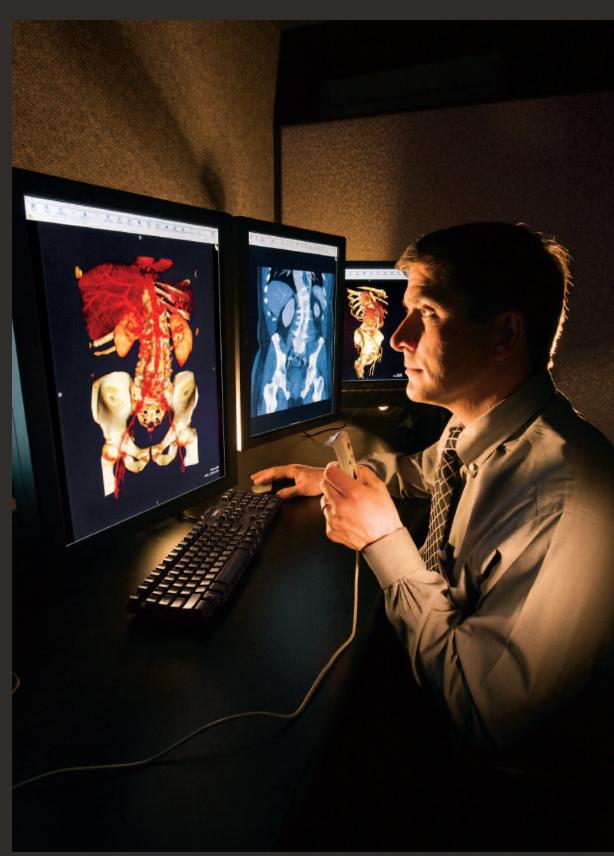
# Amazing Insights

"Today's imaging technology is very impressive, enabling radiologists to provide surgeons with both musculoskeletal and vascular information prior to surgery to help avoid unanticipated impasses," says Helene Pavlov, MD, FACR, Radiologist-in-Chief. This includes CT angiogram studies of arterial and venous anatomy, interpreted here by Gregory R. Saboeiro, MD, Chief, Interventional Radiology and CT.

Below: Using specialized software, the traditional CT image (top) can be converted to a colorized 3-D image (bottom) that enables the surgeon to easily differentiate vessels from bone.







# Complex Cases, Exceptional Care

# Making Up for Lost Bone



Ian Gillen
The strategic collaboration of Drs. John
Healey and Robert
Rozbruch, who
worked together to
save lan Gillen's life
and his leg, has
enabled him to return

to a life full of activity.

In the spring of 2004, Ian Gillen was a healthy high school sophomore being scouted by colleges for his talent on the basketball court. That ended abruptly when Ian was diagnosed with a rare cancer in the bone of his lower leg. To remove the tumor, John H. Healey, MD, an attending orthopedic surgeon at Hospital for Special Surgery and Chief, Orthopedic Service at Memorial Sloan-Kettering Cancer Center, needed to resect a 17 centimeter section – about half or nearly seven inches – of Ian's tibia.

To reconstruct the resulting bone defect, Dr. Healey referred Ian to S. Robert Rozbruch, MD, Chief of the Limb Lengthening and Deformity Service at Special Surgery, who would address the large gap in the bone with approaches he has pioneered for cases such as these.



Dr. Robert Rozbruch explains how the Ilizarov method can be used to grow bone to either increase leg length or correct bone defects.

"To make up the bone defect, we used a modification of the Ilizarov method called bone transport, shifting bone from the top down and from the bottom up of Ian's tibia to fill the gap," explains Dr. Rozbruch. (see photos on pages 8 and 9)

# Meeting a Tall Order



**Lio Spinelli**Martin and Lio Spinelli
near their home in
Lewes, England.

On September 7, 2006, the car in which 4-year-old Lio Spinelli was riding with his mom, Sasha, was struck from behind by a lorry on the M2 motorway in Kent, England. The tragic accident took Sasha's life and left Lio with critical brain and leg injuries.

"Lio had a severe growth plate fracture with extension of the fracture into the joint surface," explains Roger F. Widmann, MD, Chief of Pediatric Orthopedic Surgery. "Because of his more pressing brain injuries, the orthopedic issues were not immediately addressed. He healed with closure of the growth plate in his knee, causing a progressive leg deformity. In addition, he had severe scarring inside his knee and the bone had healed in a position that wasn't optimal, limiting range of motion and making it difficult for him to walk or participate in any activities."

Lio and his father met with Dr. Widmann, who would address the growth plate and leg length discrepancy issues, and orthopedic surgeon Scott Rodeo, MD, who would address the extensive soft tissue work needed inside Lio's knee joint. "They explained in breathtaking detail what they were going to do," says Lio's father, Martin Spinelli.

The surgeries were performed simultaneously in March 2007. Dr. Rodeo released adhesions and scar tissue and smoothed out the cartilage inside the knee in order to restore range of motion. "Because his growth plate had closed prematurely, a growth-

blocking boney bar had formed across the growth plate and had to be removed – which we did in the second stage of the surgery," explains Dr. Widmann. "We then filled in the gap with bone cement to prevent reformation of the bar and to allow for ongoing growth of the femur."

"This was a tough injury for this child," notes Dr.
Rodeo. "His recovery has exceeded our expectations.
Lio has near normal ability to bend his leg and he
continues to grow normally. It's gratifying to see how
well he's done." It seems friends back in their neighborhood of Lewes, England, feel the same way. The
local paper has taken to calling Lio "Lewes little miracle."



Dr. Roger Widmann (left) and Dr. Scott Rodeo will continue to see Lio to monitor his growth and alignment.

(see photos on pages 14 and 15) ■

# Taking On Orthopedic Trauma

As Chief of Orthopedic Trauma, David L. Helfet, MD, can get a call at any hour of the day or night from an emergency room physician or a relative of an accident victim, seeking his expertise. He and his team have operated on construction workers and skiers, the police and firefighters, and too many victims of auto accidents.

Nearly three years ago, Lucy Phillips was hit by a car that was moving at approximately 25 miles per hour as she crossed the street to the school bus stop. She was thrown some distance, but did not lose consciousness and was taken to a local trauma center. "Lucy was fortunate that she had her backpack on over both shoulders so that although she was thrown to the ground, she fell on her backpack and her head didn't hit the pavement," says her mother, Ann Phillips. "Clearly her pelvis was the major problem. It had shattered. The doctors in the emergency room told us that because of the severity of Lucy's injuries, they were referring her to Dr. Helfet."

Two days after her 13th birthday, she was moved to the ICU at NewYork-Presbyterian Hospital/Weill Cornell Medical Center until she was medically stable. While there, Dr. Helfet applied an external fixator to stabilize Lucy's pelvis and, using instrumentation, addressed the fracture in her upper leg. Six days later, Lucy was moved to Special Surgery where a team of surgeons, including Dr. Helfet and Roger F. Widmann, MD, Chief of Pediatric Orthopedic Surgery, performed a second surgery – using bolts and rods – to reconstruct Lucy's pelvis.

Four weeks after the accident, Lucy went home. One month later, she presided at her Bat Mitzvah, albeit in a wheelchair. "She was so determined," says Mrs. Phillips.



Lucy Phillips
Three years after being struck by a car going 25 miles per hour,
Lucy Phillips has no residual effects from her injury. Says Lucy,
"It really was such an amazing thing those doctors did for me."



Dr. David Helfet leads an orthopedic trauma team of unparalleled expertise.

"Sitting on all those healing bones was incredibly painful and tiring. But she was going to do it no matter what." Lucy returned for regular follow-up visits with Dr. Helfet and, seven months after her surgery, her fractures had healed and she was walking without pain.

"It couldn't have turned out better, and we owe that to this remarkable team of doctors," says Mrs. Phillips. "I have nothing but gratitude and good things to say about the care we received."

"I'm very fortunate," says Dr. Helfet. "In order to do what I do, you need a great team...anesthesiologists, surgeons, and trauma nurses who organize the transfers, get to know

the patients, and are their advocates. Our staff understands that families are anxious, stressed, and frustrated. They have to be responsive. But by the grace of God, this could be you or me." (see photos on pages 20 and 21)

# No Ordinary Knee Replacement

Mathias P. Bostrom, MD, was not surprised when Peter Sgambati described his ordeal following a routine knee replacement at his local hospital in New Jersey. While the surgery went as planned, Peter developed a life-threatening infection. Over the next two years, he would endure several surgeries and multiple admissions to a facility where he would stay for six weeks at a time on antibiotic therapy. His knee implant had to be removed and replaced with a spacer device.

"Mr. Sgambati is typical of the kind of patients I see whose knee replacement has failed due to infection or other causes," says Dr. Bostrom. "They are very debilitated and have often been in and out of institutions for long periods of time because they can't be managed at home. When I first saw Mr. Sgambati, he had on a brace and couldn't move his knee whatsoever. He had resigned himself to living this way."

Key to Mr. Sgambati's recovery was the involvement of Howard E. Rosenberg, MD, an infectious disease specialist at NewYork-Presbyterian Hospital. "We've worked on scores of patients referred here with infected total joints," says Dr. Rosenberg of his collaborations with Dr. Bostrom over the last decade. "When someone is referred from the outside, we first try to (continued on page 11)



Dr. Mathias Bostrom specializes in revision knee replacement surgery, frequently requiring custom implants.



Peter Sgambati
"I didn't think I would ever walk again," says Mr. Sgambati.
"As far as I'm concerned, Dr. Bostrom's the top guy."

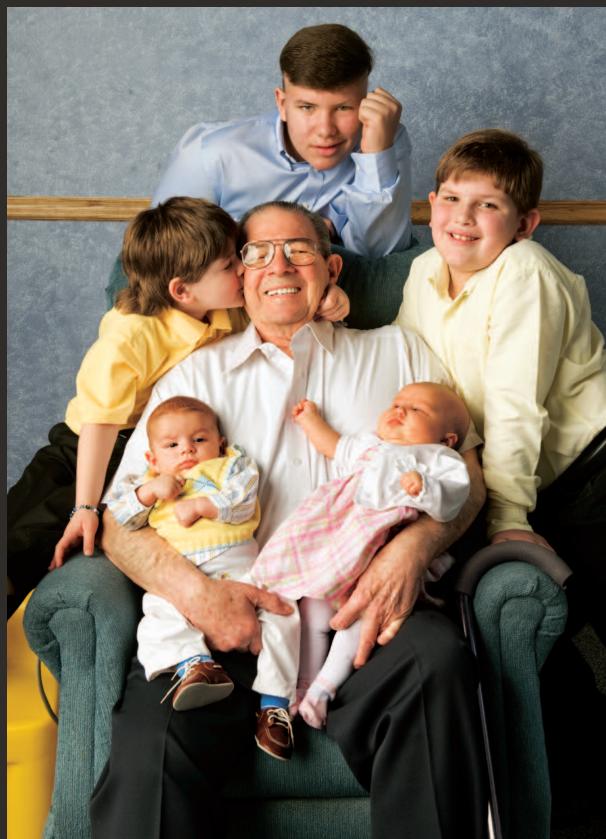
### Peter Sgambati

# Grandpa's New Knee

In June 2005, Peter Sgambati was recovering as expected from knee replacement surgery performed at his local hospital. "I seemed to be doing well, but then I hit a brick wall. I wasn't getting the motion I should have been, and my leg was swelling," says Mr. Sgambati.

The problem was an infection and it would be relentless, ultimately causing Mr. Sgambati to have the first prosthetic knee joint removed. With the infection still raging, it was suggested he go to Special Surgery. There he saw Dr. Mathias Bostrom, who, working with Dr. Howard E. Rosenberg, an infectious disease specialist, cured the infection and gave Mr. Sgambati a brand new, custom-designed knee.





Ian Gillen

# Conquering Bone Cancer

When surgery to remove a tumor left Ian Gillen with a nearly seven inch gap in his bone, Ian chose Dr. S. Robert Rozbruch to address the defect. "I was drawn to Dr. Rozbruch because I wanted to regrow my own bone," says Ian. "Quality of life was important and I felt that

there would be fewer complications with his procedure."

"In years past, amputation would have been the standard treatment for this type of tumor," says Dr. John Healey. "The expertise of Dr. Rozbruch has enabled us to really expand the repertoire of strategies to reconstruct these cases."

"lan's case really required a combined effort, applying our shared experiences and expertise to come up with a significant solution for a significant problem," says Dr. Rozbruch. "Being able to do that is what makes Special Surgery unique."



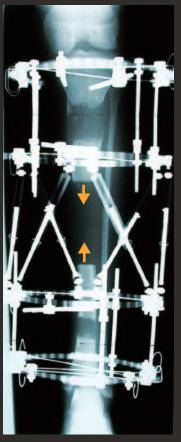
### Diagnosis

lan was diagnosed with chondrosarcoma and underwent surgery by Dr. John Healey, Chief, Orthopedic Service, Memorial Sloan-Kettering Cancer Center.



### Post-Surgery

Surgery left Ian with a 17 cm or nearly seven inch gap in his tibia that needed to be reconstructed.

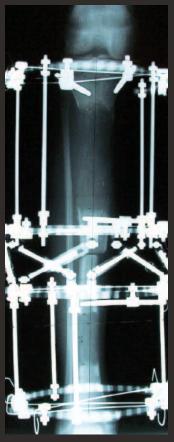


### **Reconstructing Bone**

Dr. Robert Rozbruch used a process called bone transport to reconstruct lan's bone defect internally. The method is lengthening lan's bone from the top down and from the bottom up. After a few weeks, it becomes clear that lan is growing new bone in a space that was once completely empty.









### Recovery

lan's bone grew approximately a millimeter and a half a day, with the complete process of bone transport taking about four months. The two areas of bone growths meet in the middle; the defect disappears. The new bone then sets and hardens and soon lan can put full weight on it.





### Follow-Up

A rod is inserted to support the new bone and lan resumes an active lifestyle – from biking to basketball – and attending Cornell University, where he plans to pursue Middle Eastern studies.

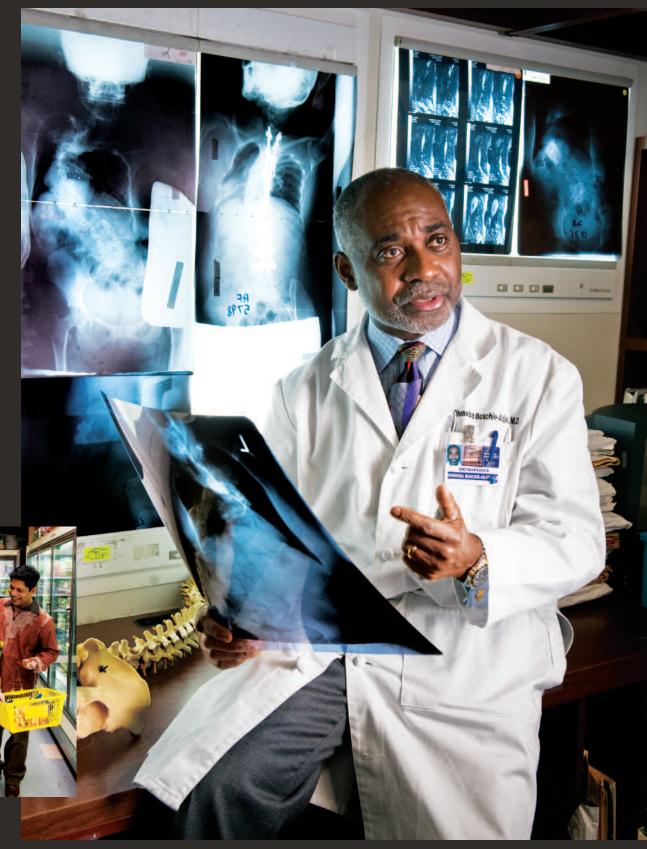


Fatima Alo

# Now Breathing Easier

Diagnosed with scoliosis at the age of three, Fatima Alo had been coping emotionally and physically with a major curvature all of her life. "Fatima's deformity was very severe," says Dr. Oheneba Boachie, Chief of the Hospital's Scoliosis Service. "She knew she wasn't going to be able to breathe well much longer or could become paralyzed." Fatima's surgery was very risky – 14 hours long.

"But," says Fatima, "I was ready to take the chance. Dr. Boachie gave me a new life, with the ability to enjoy such simple pleasures as shopping with my husband."



understand what the patient presented with initially and how it was approached," continues Dr. Rosenberg. "Then we take a giant step backwards and essentially start our treatment plan from scratch."

Dr. Bostrom removed the existing spacer from Mr. Sgambati's knee, replacing it with a larger spacer containing antibiotics. Four months later, Dr. Bostrom performed a second surgery to give him a new prosthesis. "We had to remove large pieces of bone because of the infection and have Mr. Sgambati's implant custom made. He now has a very high-technology, rotating hinge knee."

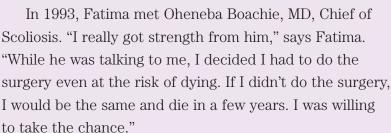
"I really thought he was going to lose his leg," says his daughter, Francine Pascarella. "Dr. Bostrom did a heck of job on that knee."

"He was a very old 78 when he came to us," says Dr. Bostrom. "I think he is quite a bit younger 78 now." ■

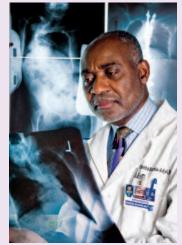
# Back in the Right Place

"We came to know my scoliosis when I was three years old because I was walking at a right angle," says Fatima Alo, who grew up in Bangladesh. "My parents took me to many hospitals for treatment and no one could help me."

Fatima came to the United States with her mother in 1991. She had difficulty finding jobs because of the way she looked. And her back was getting much worse. "Breathing was so difficult," says Fatima. "I would walk one block and have to stop. I had no hope."



"Scoliosis that appears before the age of five years has a very poor respiratory prognosis," says Dr. Boachie. "Fatima had major restrictive lung disease and her spinal deformity was so severe that her risk of paralysis with the operation was near 50 percent. We had quite a long discussion regarding the operation that we had to do, and it was going to be very, very risky. She was very brave about it."



Dr. Oheneba Boachie credits the involvement of multiple specialties with saving Fatima's life.

Fatima's surgical treatment was in two parts – separated by two months. In the first day-long procedure, Dr. Boachie needed to remove a whole section of the spine from the front through the chest. In the second procedure, Dr. Boachie reconstructed virtually her entire spine.



Fatima Alo
A spinal deformity had
caused Fatima Alo to
be physically compromised and personally
ostracized all her life.
Then she met Dr.
Boachie.

"Patients with severe restrictive lung disease and significant spinal deformities such as Fatima's are often not considered surgical candidates," notes Dr. Boachie. "However, with careful preoperative evaluation and the support of subspecialty services, surgery has successful outcomes. The key is the multidisciplinary approach. With Fatima, we had involvement by pulmonary, neurology, internal medicine, and anesthesia specialists. The coordination between disciplines makes the difference."

Says Fatima. "Dr. Boachie gave me a new life. I now work with the law firm of Simin H. Syed, PC. He made it possible for me to marry. He made me complete." (more online \ www.hss.edu/horizon) ■

# An Immune System Gone Awry



**Elise Rubin** 

"I'm not any stronger than the next person but when you are dealt a certain hand, you have to play it," says Elise Rubin, a media strategist at Microsoft.

Elise Rubin had signs of lupus dating back to 1999, but no one knew it at the time. In 2000, she found herself in a Paris hospital fighting for her life from a still unexplained illness. In 2001, Elise finally learned that she had lupus.

"A diagnosis of lupus often gets delayed because patients do not present with all the symptoms at once," says rheumatologist Jessica Berman, MD. "In rheumatology, the facts that you gather from the patient are sometimes more important than tests in making a diagnosis. For example, Elise's history of joint swelling, fevers, and shortness of breath was initially





Dr. Jessica Berman (above) and Dr. Robert Hotchkiss represent the important collaborations that exist between rheumatologists and orthopedic surgeons at Special Surgery.

attributed to infection. Since that wasn't the answer, you have to entertain the diagnosis of an inflammatory condition...especially in a young woman in her 20s or 30s. This delay in diagnosis is unfortunately typical for lupus."

While Elise's joint pain and fatigue have been kept under control with immunosuppressant medications, she continues to suffer from significant Raynaud's syndrome in which the small vessels that bring blood to the fingers spasm. "Raynaud's causes me most of my daily discomfort and pain," notes Elise. "I have such a severe case that I get ulcerations on my fingers."

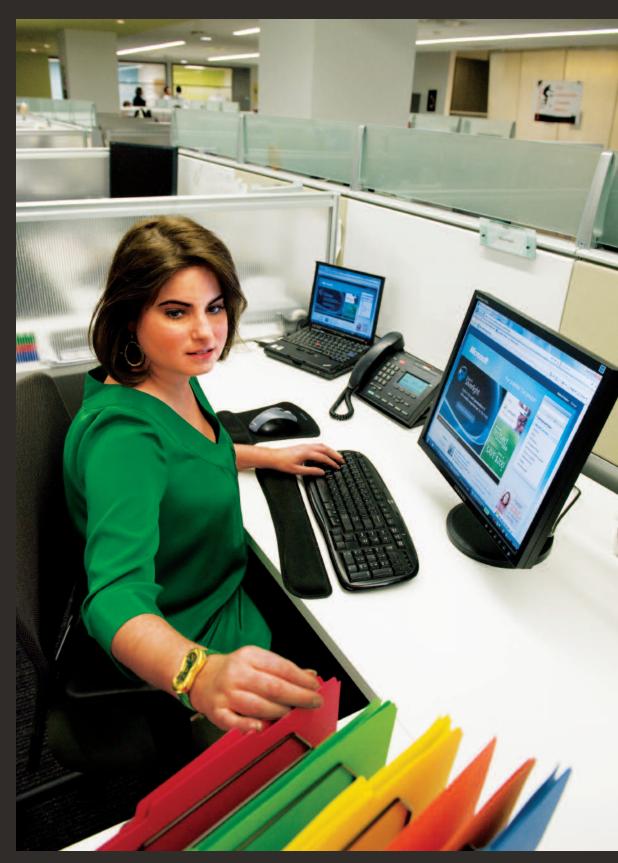
"Elise has very aggressive vascular issues," says Robert N. Hotchkiss, MD, an orthopedic surgeon with particular expertise in vascular issues of the hand. "She actually had no blood flow and was at risk of losing a finger." Dr. Hotchkiss performed a surgical procedure called sympathectomy to stop the blood vessels from constricting. (continued on page 17)

Elise Rubin

# Living with Lupus

In her junior year of college, Elise Rubin was accepted to study at Université de Paris IV La Sorbonne. Less than two months into the program, she became gravely ill and nearly died from an unknown illness. When she returned home to the States, Elise learned she had systemic lupus erythematosus, further complicated by a vascular disorder that affects circulation in her hands.

Today, under the care of Dr. Jessica Berman, rheumatologist, and Dr. Robert Hotchkiss, orthopedic surgeon, and through her own determination, Elise is meeting the challenges of living with lupus.



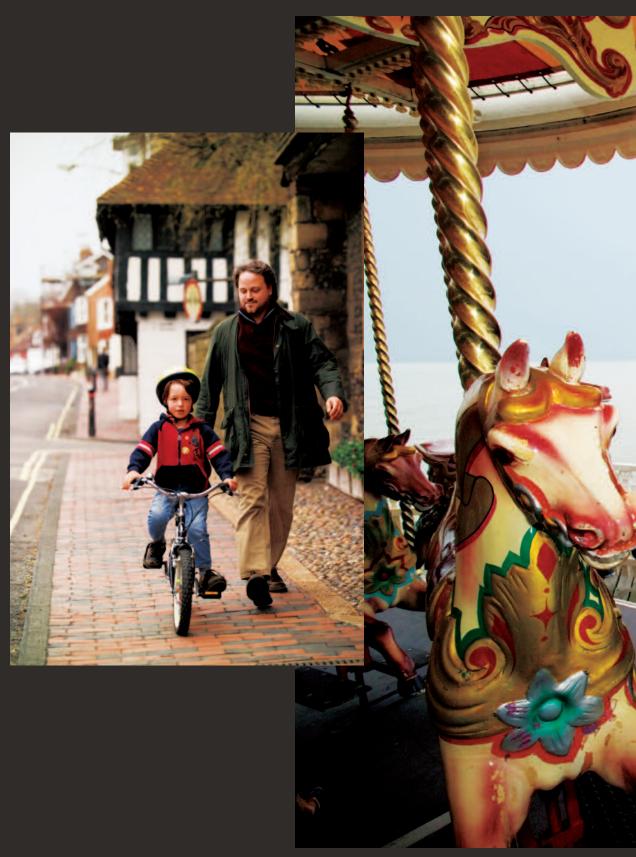
Lio Spinelli

# Crossing the Atlantic for Care

In February 2007, fouryear-old Lio Spinelli suffered severe leg injuries involving his growth plate following an automobile accident near his hometown in England. Surgeons overseas had recommended shortening Lio's good leg and stopping the growth on the injured leg so that they would remain the same length.

Roger F. Widmann, MD, Chief of Pediatric Orthopedic Surgery at **Hospital for Special** Surgery, offered a different approach in which he would correct the growth plate problem and orthopedic surgeon Dr. Scott Rodeo would address the adhesions in the knee joint. "He said that we may be pushing the envelope slightly, but that he thought it would work," says Lio's father, Martin. It did.

Today, Lio is growing normally and able to relish a day out with his dad on the Brighton pier on the south coast of England.





# Shoulders to Lean On

When Betsy Goff (below) was diagnosed with frozen shoulder, not once, but twice, she came to Hospital for Special Surgery for help. When her left shoulder developed this painful condition, which can lead to complete immobility, Betsy found relief with an image-guided cortisone injection by Dr. Jennifer Solomon. Her right shoulder was more advanced, and when cortisone injections and physical therapy didn't help, Dr. Beth Shubin Stein (center) performed an arthroscopic procedure to correct the problem.





Jillian Rose, LMSW, supervises Charla de Lupus<sup>®</sup> and Lupusline<sup>®</sup> social work support programs.

"Only at a place like Special Surgery are all the resources available quickly to treat difficult patients like Elise," says Dr. Berman. "When her Raynaud's worsened, I was able to have her see Dr. Hotchkiss right away and have the surgery. When she starts to have a flare, I can walk her over to the Hospital's infusion room for intravenous steroids, which can calm the inflammation immediately. Every little thing that gets out of balance, if it's not addressed immediately, can spiral out of control for these patients." These resources, notes Dr. Berman, include her administrative assistant, Maricel Galindez. "Maricel's the front line. Patients depend on her and so do I." (more online \ www.hss.edu/horizon)

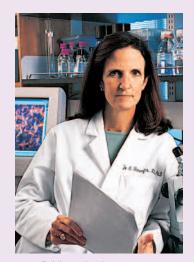
# Stopping Frozen Shoulder in its Tracks

At first it was pain in her left shoulder that got Betsy Goff's attention. Then she couldn't raise her arm past a certain level. Soon she lost any rotation motion. Betsy was exhibiting the classic symptoms of frozen shoulder, and it

was becoming a large problem for this college

professor. Frozen shoulder has long been the focus of researchers and clinicians alike at Special Surgery. Jo A. Hannafin, MD, PhD, Director of Orthopedic Research, has been pursuing research on the condition since 1991. "The condition evolves through a series

of stages," explains Dr. Hannafin. The first stage is characterized by inflammation in the lining of the joint capsule, causing pain – even at rest. As patients move into the



As a clinician-scientist, Dr. Jo Hannafin studies frozen shoulder as well as provides treatment to patients with the condition.

second stage, they have continued pain and begin to develop scarring and contracture of the capsule that surrounds the shoulder joint. If not treated, the process moves into the third stage where shoulder motion is severely limited while pain is decreased. In the final stage, motion returns slowly over a period of approximately one year.

"By addressing the inflammation early in the process, we discovered that you can alter the natural history of the disease and stop the process in its tracks," says Dr. Hannafin. "However, many patients will arrive for treatment after this process has been going on for many months. Some of these patients will still respond to a corticosteroid injection and physical therapy with recovery of range of motion while others will need surgery."

### shoulder advanced from inflammation to scarring of the shoulder capsule shown in the image at right taken during her arthroscopic surgery.

**Betsy Goff** 

The problem

in Betsy Goff's



Dr. Beth Shubin Stein explains the stages of frozen shoulder.

When Dr. Beth Shubin Stein first saw Betsy, she was in the early stage of frozen shoulder. After making the diagnosis, she referred her to physiatrist Jennifer L. Solomon, MD, who administered a cortisone injection under fluoroscopy to precisely guide the injection into the joint. "Once the inflammation was down," says Dr. Shubin Stein, "Betsy began physical therapy and, within three months, her full range of motion had returned."

Two years later, Betsy came to see Dr. Shubin Stein for the same symptoms in her right shoulder. "The inflammation was more stubborn in this shoulder," says Dr. Shubin Stein.

Although Betsy responded well to the same type of cortisone injection as was used for her left shoulder, the symptoms returned after a few weeks. At that point, Dr. Shubin Stein performed arthroscopic surgery to release the contractures caused by scarring and manipulated the shoulder to achieve full range of motion. "Betsy has done very well with both shoulders, just through two different means. The nice thing about Special Surgery is that it has all of the subspecialties under one roof. I know the problems, my associates know the problems, and together with the physical therapists, who play a huge role, we do the right thing by the patient." (more online \ www.hss.edu/horizon)

# Reckoning with Rheumatoid Arthritis



Susan Wallach
A lifelong battle with
rheumatoid arthritis
requiring multiple surgeries and medications
with major side effects
has not stopped
Susan Wallach from
enjoying a full and
productive life.

Rheumatoid arthritis first brought Susan Wallach to Hospital for Special Surgery for care in the early 1980s with Charles L. Christian, MD, Physician-in-Chief emeritus.

More than 25 years later she continues the relationship with the Hospital that allows her to live with this chronic disease. When Dr. Christian retired, Susan began seeing rheumatologist Linda A. Russell, MD. She has had a longstanding relationship with orthopedic surgeon Mark P. Figgie, MD, who has performed several joint replacement surgeries on Susan.

"I have established a personal relationship with these doctors," says Susan. "The disease is so unpredictable, you don't know when you are going to need them, and you frequently do."

(continued on page 23)





Dr. Mark Figgie (far left) and Dr. Linda Russell agree that collaboration between orthopedic surgeons and rheumatologists renders much more optimal care for patients with rheumatoid arthritis.

Susan Wallach

# Looking on the Bright Side

"If you let it, rheumatoid arthritis is the kind of disease that can cripple you," says Susan Wallach. "I was not going to let that happen. My husband, David, is a great source of support. If I say 'this is what I'm doing,' he'll help me."



Susan has had bilateral knee replacement, has had each of her elbow joints replaced, and major surgeries on both feet (image above) to ease her pain and restore mobility. The year after her knee surgery, in 1991, she and her husband welcomed their daughter, Rachel. "That is my miracle," says Susan. "It was the thrill of a lifetime calling Dr. Figgie and Dr. Christian to tell them that we were going to have a baby."



Lucy Phillips

# A Team to Tackle Trauma

Nearly three years ago, Lucy Phillips was hit by a car as she crossed the street to the school bus stop. She was thrown to the pavement, the impact shattering her pelvis.

Because of the severity of her orthopedic injuries, Lucy was transferred to the care of Dr. David Helfet, Chief of the Orthopedic Trauma Service at Hospital for Special Surgery (second from left).













Dr. Helfet and a team of surgeons developed a plan to repair multiple fractures of her pelvis.

Lucy's X-ray images (at far left) show: a) her fractured pelvis; b) external fixation to stabilize her pelvis; c) instrumentation used to hold her bones in place during healing; and d) hardware removed at 22 months post-op.

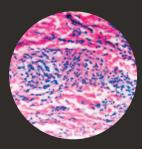
Now 16 years old, Lucy (above) has full range of motion and makes running look easy.

### **Matthew Pirecki**

# Out of Rough Waters

As a young teenager, Matthew should have been hanging out with friends, playing baseball, and dealing with the normal trials and tribulations of adolescence. But for two of those years, life was anything but normal. One day in late February 1993, Matthew developed an unusual array of symptoms that didn't track with any obvious disease despite a multitude of medical tests. By the time he came to see Dr. Thomas Lehman, his condition was critical – untreatable without a diagnosis. Fortunately for Matthew, the majority of Dr. Lehman's practice is spent taking care of rare childhood diseases.

A pathology image, such as the one below, helped confirm Matthew's elusive diagnosis of microscopic polyarteritis nodosa.





"When I first met Susan in 1988, she was having trouble with her knees," notes Dr. Figgie. "We replaced both of her knees at the same time. The surgery was technically demanding because of severe contractures and deformity of her knees. The size and shape of her bones necessitated the use of custom-made prostheses." Robert Hotchkiss, MD, was called in to repair severed tendons in her thumbs – also caused by the arthritis.

"Whenever there is a problem with any of her joints, Dr. Figgie and I work together," says Dr. Russell. "The key factor for complex cases is to know when medication will help the situation and to know when surgery will help."

"It's a fairly complex issue," says Dr. Figgie. "If I have patients who come in with multiple joints bothering them, the question is what do you do first? The nice thing about the Surgical Arthritis Service at Special Surgery is that we look at the whole patient and coordinate their care with the rheumatologist, the therapist, and other disciplines to develop a game plan. It's a joy to work with people of such quality."

## A Rare Find

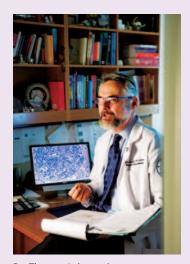


Matthew Pirecki
To look at him today,
you would never
know that Matthew
Pirecki endured a rare,
life-threatening illness
in his teens that only
Dr. Thomas Lehman
was able to identify.

Thomas J.A. Lehman, MD, Chief of Pediatric Rheumatology, routinely receives calls from other physicians who say to him, "I don't know what this is." "I tell them it's not their job to recognize all the symptoms of rheumatic diseases. 'If you knew what the diagnosis was, you wouldn't need me."

Matthew Pirecki was 13 when he first met Dr. Lehman. He's 28 now and in good health. But in 1993, he was a very sick teenager and no one knew why. His symptoms included vomiting, fevers, and weakness. He was losing weight and had an unusual rash. "I was in the hospital all the time. The doctors finally sent me home – still sick with no diagnosis."

"I thought it likely that Matthew had one of three conditions – microscopic polyarteritis nodosa being one of them," says Dr. Lehman. "It can be difficult to recognize. His symptoms could suggest any number of diseases. It



Dr. Thomas Lehman is a master diagnostician often called upon by colleagues to help identify diseases so unusual that few will ever see a case in their careers.

was a matter of looking beyond the obvious and knowing what to look for."

Microscopic polyarteritis nodosa is a progressive inflammatory condition of the small blood vessels that results in inadequate circulation. "It's a relatively rare childhood disease with unknown cause, with probably under 1,000 cases in the United States per year in children," says Dr. Lehman. Pathology studies confirmed the polyarteritis nodosa and Matthew was started immediately on treatment with a chemotherapy agent. Today, the disease is under control. It's been 15 years and, according to Dr. Lehman, Matthew is considered cured.

Dean R. O'Hare Co-Chair, Board of Trustees (left)

Aldo Papone Co-Chair, Board of Trustees (right)





Louis A. Shapiro President and CEO (left)

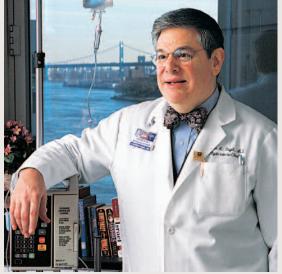
Thomas P. Sculco, MD Surgeon-in-Chief and Medical Director (right)





Stephen A. Paget, MD Physician-in-Chief (left)

Steven R. Goldring, MD Chief Scientific Officer (right)





# 2007 Leadership Report

ospital for Special Surgery realized important achievements on many fronts in 2007: the opening of new operating rooms and inpatient facilities, the implementation of advanced information systems, major growth in patient volume, tremendous philanthropic support, and recognition of the Hospital's excellence here and abroad. Throughout this period of major transformation, our staff continued to provide the exceptional care and service for which we are well-known.

### A Reputation for Quality

In 2007, Hospital for Special Surgery was named the top hospital in the nation in orthopedics by U.S.News & World Report in its "America's Best Hospitals" survey. The Hospital also ranked third in the nation for rheumatology. For the 17th consecutive year, Special Surgery has ranked above all other hospitals in the Northeast in orthopedics and rheumatology. And New York Magazine's 2007 list of Best Doctors in the New York tri-state region included 42 of the Hospital's physicians across all specialties. These acknowledgements underscore the talent and commitment of our staff, who strive every day to ensure that our patients receive the best care and have a positive experience throughout their visit.

Early in 2007, the Hospital became the first in New York State to be re-designated for Magnet recognition by the American Nurses Credentialing Center. In the spring, The Joint Commission conducted Hospital-wide and laboratory-specific unannounced site reviews, with the Hospital meeting and exceeding the Commission's standards and receiving continued accreditation.

National rankings, regulatory certifications, and accolades from our peers are rewarding. But another important measure of the care we provide comes in the form of the letters we receive each day from patients and family members. These notes tell us many things – where we have succeeded in our mission and also how we can do even better in the future.

### **Realizing Our Goals for the Future**

In 2007, we introduced a strategic plan that is guiding our efforts to continue to meet our mission to provide the highest quality patient care, improve mobility, and enhance the quality of life for all. We recognize that in order to achieve our goals, we rely on the commitment and talents of each and every one of our staff.

Communication throughout all levels of the Hospital and a shared understanding of our vision is vital to sustaining and enhancing our worldwide leadership position in musculoskeletal medicine.

During the first quarter of 2008, we presented the strategic plan to all Hospital staff during a series of Town Hall forums. These forums provided an opportunity for us to discuss the important role that each individual employee plays in helping to achieve our future goals.

The respect and regard among employees and departments that is so apparent here fosters an environment in which patients and families can benefit in countless ways. As the Hospital grows in size and scope, we are committed to maintaining the sense of family that has been at the heart of Special Surgery throughout its history and remains a key component of our future success. As part of our strategic plan, we will focus on developing our most valuable resource – the people of Special Surgery, while continuing to set the standard in musculoskeletal medicine, research, and education.

U.S.News & World Report ranked Special Surgery as the top hospital in the nation in orthopedics and number three for rheumatology in its 2007 "America's Best Hospitals" survey.

# Welcome to New Physicians

Hospital for Special Surgery continues to recruit outstanding physicians who enable us to lead our fields and serve the increasing number of patients who seek out our care for musculoskeletal conditions.



Simon Ho, MD Anesthesiology



Yi Lin, MD Anesthesiology



John G. Muller, MD Anesthesiology



Cephas Swamidoss, MD Anesthesiology

### **Nursing: At the Core of Excellence**

Proud of its Magnet redesignation, the Department of Nursing continues to promote the Magnet ideals into the organization. To this end, the Department has redesigned its council structure to give staff nurses more autonomy and to facilitate their input into clinical decision making. It is also currently in the process of changing the delivery of care model in order to better coordinate care at the bedside.

In 2007, the Department focused on meeting the demands for additional staffing to accommodate the opening of new operating rooms, a new Ambulatory Surgery Center, a Hand and Foot and Special Procedures Center, a new inpatient unit, and additional beds in the Post Anesthesia Care Unit.

In order to meet these staffing requirements, the Department hired 77 registered nurses and also drew on a pool of graduates from its own Perioperative Nurse Residency Training Program. In 2007, the Department's nursing vacancy rate was less than 2 percent – an impressive accomplishment in light of nationwide nursing shortages. With a view to future staffing needs, the Department is designing a Graduate Nurse Residency Program to provide training to nurses on caring for patients with complex needs.

### **Enhancing Care through Technology**

The Hospital's strategic goal to invest in clinical systems in order to enhance patient safety and quality outcomes reached a new level with the completion of Phase 1 of the CliniCIS (Clinicians for Caring, Innovation, and Safety) system launched in July 2007. CliniCIS, an important tool for safe and efficient communication, currently allows for prescriber order entry, results reporting, and some nursing documentation. The next phase will focus on medication management, followed in Phase 3 by documentation of all patient data electronically. CliniCIS is expected to be completed in 2009. In addition, a wireless network and new PCs were installed throughout the Hospital and in all patient rooms to maximize clinical access to the new system.

The PACS (Picture Archiving and Communication System), which was installed in 2006, enables physicians to receive all types of radiology images instantaneously on computers in their offices. In 2007, PACS became accessible in the Hospital's operating rooms.

### **Pacesetters in Science**

With 59 full-time research faculty, another 50 part-time clinician-scientists, 17 basic research laboratories, 166 laboratory benches, and a dedicated biomedical research facility of 50,500 net square feet, the research enterprise of Hospital for Special Surgery occupies an influential position in the world of musculoskeletal science. In 2007, the Division of Research recorded \$29.2 million in awards an increase of 7 percent over the previous year; and Federal grants totaled \$20 million an increase of 6.4 percent over 2006. The Hospital has 33 active National Institutes of Health grants and two National Science Foundation grants. More than 180 clinical research projects are currently underway.

In 2007, the Hospital received two major clinical research awards:

Center for Education and Research on Therapeutics (CERT) This five-year, NIHfunded \$2.5 million grant to study orthopedic devices is well underway. A collaborative project with the Department of Public Health at Weill Cornell Medical College, CERT supports research, clinical, and economic studies to help clinicians, regulators, and payers make decisions about how best to use these devices. The Hospital's objective is to enroll 90 percent of all knee, hip, and shoulder arthroplasty surgical patients into registries that will collect preoperative, intraoperative, and postoperative data from the Hospital, surgical, and patient perspectives. CERT data collected by Special Surgery has already resulted in the awarding of funding for four pilot projects, including the assessment of a new pain outcomes instrument in joint replacement surgeries and a study of total elbow replacement.

Clinical and Translational Science Center In collaboration with Weill Cornell Medical College, the Clinical and Translational Science Center is supported by a five-year, \$2.6 million NIH grant to develop a network with Hospital for Special Surgery, Weill Cornell Medical College, Memorial Sloan-Kettering Cancer Center, Cornell University Cooperative Extension in New York, and Hunter College, along with affiliated institutions that will work together to translate research discoveries to patient care. Peggy Crow, MD, Benjamin M. Rosen Chair in Immunology and Inflammation Research, and Director, Autoimmunity and Inflammation Program at Special Surgery, serves as one of two Coordinating Program Directors. The Center also provides funding for pilot studies to encourage multidisciplinary and cross-institutional collaboration, with three awards made to Special Surgery investigators for projects bridging basic and clinical research related to the repair of soft-tissue defects, the pathogenesis of diabetic foot ulcers, and basic disease challenges following stem cell transplantation.

A major goal of the Division of Research is to foster translational research through the establishment of teams that bring clinicians and basic scientists together to solve disease-related problems and to translate research findings and accomplishments into new technologies that improve patient care and outcomes. Our plans going forward are to create registries to better permit us to more rigorously analyze patient outcomes and use that information to improve patient care.

We have launched a major Osteoarthritis Initiative that integrates clinicians, basic scientists, and clinical researchers focused on osteoarthritis as the major cause of disability in the adult population and to find better ways to diagnose, treat, and manage patients.

### **Meeting Our Academic Mission**

Continuing to take a leadership position as a global center for musculoskeletal care, the Hospital hosted the Inaugural Meeting of the International Society of Orthopaedic Centers. The two-day scientific program was designed to foster an exchange of ideas among representatives from the largest orthopedic centers in the world. Coming from England, Germany, Switzerland, Italy, Mexico, Chile and China, attendees participated in productive scientific sessions, opening up opportunities for international collaboration in research, education, and clinical areas.

To ensure the Hospital's legacy as global thought leaders, the Division of Education has established an advisory committee that will develop a strategic plan to increase our international learning and training programs and further promote the sharing of the Hospital's knowledge and expertise worldwide.

In 2007, the Hospital received formal authorization from the Accreditation Council for Continuing Medical Education to become a national accrediting institution. This outstanding achievement allows the Hospital to issue CME credits for postgraduate education programs. With a CME program base that is local, national, and international in scope, the Hospital will not only be able to issue credits for Special Surgery CME programs, but can also serve as the accrediting body for CME programs of other institutions that have valuable educational opportunities.

The Hospital's musculoskeletal training programs in all disciplines are among the largest in the world with residents from the United States and abroad. In January 2007, the Residency Selection Committee interviewed 57 of 500 outstanding applicants for our highly competitive orthopedic surgery residency program. All eight positions were filled with talented and diverse candidates coming from the prestigious medical schools of Columbia, Harvard, Johns Hopkins, New York University, University of Pennsylvania, and University of Southern California. In June 2007, eight orthopedic residents and 52 fellows were recognized at the Hospital's 119th graduation ceremonies.

# New Physicians (continued)



John S. Blanco, MD Orthopedic Surgery



Matthew E. Cunningham, MD, PhD, Orthopedic Surgery



Joshua S. Dines, MD Orthopedic Surgery



Michael L. Parks, MD Orthopedic Surgery



Anil S. Ranawat, MD Orthopedic Surgery



Rebecca A. Demorest, MD Pediatrics

# New Physicians (continued)



Vincenzo Castellano, MD Physiatry



Alex B. Maderazo, MD, MBA, Radiology



Theodore T. Miller, MD Radiology



Alexa B. Adams, MD Rheumatology/Medicine



Matthew L. Buchalter, MD Rheumatology/Medicine

Six of our orthopedic residents had submissions accepted to the New York City Orthopaedic Research and Educational Foundation meeting, an impressive acceptance rate that speaks to the quality of research being done by residents and the mentoring support given by the Hospital. Another resident, Carolyn Hettrich, MD, received the Arthritis Foundation Quality of Life Research Award.

Hospital for Special Surgery has taken a leadership role in bringing together residency program directors and chiefs of orthopedic services from major medical centers across the country to discuss the challenges facing the traditional residency training model. Planning is well underway for the first meeting to be held in Spring 2008 to discuss such issues as keeping pace with the explosion of knowledge, advances in research, and changing surgical techniques, and providing adequate training within the limitations of trainee work hour restrictions. The goal is to begin developing a strategic plan and universal solutions for training the orthopedic surgeons of tomorrow.

The Richard Laskin Chair in Medical Education has been established with significant funding already contributed to support medical education and the *HSS Journal*, which will soon publish its sixth edition. The publication, one of few multidisciplinary musculoskeletal peer-reviewed journals in the world, presents innovative research, clinical pathways, and the latest in techniques to educate physicians and surgeons and to further the Hospital's broad-based education mission.

To ensure academic excellence and enhance our role as trusted educators in the field of musculoskeletal medicine, we will continue to advance the training experiences of our residents and fellows, further engage faculty in teaching, and identify new channels to educate the public about orthopedic and rheumatology care.

### **Philanthropic Milestones**

In the last 10 years, Hospital for Special Surgery has seen a four-fold growth in philanthropy. In 2007 an incredible \$47 million was raised, made possible by the generosity of the Hospital's many friends and long-time supporters.

Raising a record-breaking \$2.3 million, the Hospital's 24th Annual Gala at the World Financial Center Winter Garden drew more than 850 guests to honor Richard S. Fuld, Jr., Chairman and CEO of Lehman Brothers, with the 2007 Tribute Award, and Eduardo A. Salvati, MD, with the 2007 Lifetime Achievement Award. A Chair in Dr. Salvati's name has been established to fund arthroplasty research.

In order to meet the needs of our growing patient population and to keep pace with groundbreaking clinical research, the Hospital launched a landmark \$100 million fundraising effort – Building on Success: The Campaign for the Future of Hospital for Special Surgery. Announced by Hospital Trustees and Campaign Co-Chairs Patsy Warner and Kendrick Wilson at the 2007 gala, the Campaign will support the expansion and renovation of clinical facilities, as well as the creation of a vigorous clinical research program.

Building on Success has already raised nearly \$80 million toward its \$100 million goal, thanks in part to an unprecedented lead gift of \$25 million from Trustee David Koch, and a gift of \$5 million from The Starr Foundation, the leading supporter of the Hospital's previous research campaign. Other major contributors to the Campaign include Rheuminations, Inc., \$1.4 million; and \$1 million gifts from Finn M.W. Caspersen, Lehman Brothers, Inc., and two anonymous donors.

A new Children's Pavilion is also receiving enormous support. An anonymous donor made a \$15 million lead gift toward the renovation of nearly 35,000 square feet for existing and future services for children.

With an extraordinary show of support from the Special Surgery family, the Campaign has drawn 100 percent participation by the Board of Trustees and the greatest level of medical staff support in the Hospital's history.

Since patient facilities were last expanded in 1996, the Hospital's surgical volume has increased by approximately 65 percent. This tremendous growth, fueled by a growing number of active people in their 60s and 70s who are likely to need an orthopedic procedure, makes this expansion program essential.

The Campaign will support the addition of more than 200,000 square feet of new space and the renovation of another 100,000 square feet of existing space, making it the largest clinical expansion in the Hospital's history. Throughout Special Surgery, this renovation is already visible with the opening of a new Ambulatory Surgery Center that adds eight new surgical suites and a new area designated for surgical procedures of the hand and foot. Two new inpatient operating rooms have been added as well.

As part of its ongoing commitment to support medical education, Hospital for Special Surgery's Opera Benefit Committee, chaired by Cynthia D. Sculco, hosted "A Night at the Opera" at the promenade of the New York State Theater at Lincoln Center. More than 300 guests attended the dinner and production of *Cendrillon*, the French adaptation of the classic love story, Cinderella, raising more than \$400,000.

The Hospital's Board of Trustees welcomed Lara Lerner, a longtime friend of Special Surgery, who started as a volunteer in the Cerebral Palsy Clinic more than 14 years ago. A graduate of the Wharton School of Business and the Annenberg School for Communications at the University of Pennsylvania, Ms. Lerner previously held positions at Goldman Sachs and Viacom.

Our Board of Advisors welcomed Erik Bronner, Mary Ann Deignan, Anne Ehrenkranz, Dr. Holly Johnson and Kurt Johnson, Douglas Sacks, and Jonathan Sobel. The Board of Advisors brings together civic-minded friends of Hospital for Special Surgery who are interested in developments in orthopedics, rheumatology, and related medical specialties. Members are encouraged to promote a greater awareness of the Hospital's leadership in its fields among prominent members of the media, business, government, cultural, medical, and social sectors of the metropolitan area.

The Young Professionals for Hospital for Special Surgery, formerly known as the Junior Committee, continues to advance the Hospital's mission by raising public awareness of the Hospital and its clinical and research endeavors among young adults. Committee members also provide the Hospital with insight into the changing values and needs of this very active and important constituency. Funds raised through The Young Professionals support the Pediatric Outreach Program.

The Russell F. Warren Research Chair has been completed, thanks to the final grant from the Challenge for Excellence, which has thus far made possible the creation of 14 research fellowships and chairs.

### **Achievements of Note**

Our physicians and health professionals regularly receive kudos for their work and contributions to medicine. In 2007, individuals recognized for their achievements included:

Answorth Allen, MD – received the 2007 Dr. James McCune Smith Award for excellence in medicine from the Harlem Dowling-Westside Center for Children and Family Services.

### Super Docs for Super Bowl Champs

When the New York Giants won the Super Bowl, Hospital for Special Surgery which has been treating the players for over 20 years showed their team spirit with a full page ad in The New York Times. Gathering right after the game are Brian Feely, MD, Robert Hotchkiss, MD, Russell F. Warren, MD, Scott Rodeo, MD, Bryan Kelly, MD, and Mark Muller, MD, wearing newly minted Super Bowl Champions hats.



### In Memoriam



### Henry U. Harris, Jr.

On January 15, Hospital for Special Surgery lost a friend and lifelong supporter with the death of Chairman Emeritus Henry U. Harris, Jr. at the age of 81. Mr. Harris had served on the Board of Trustees for over 45 years, and was Chairman from 1972 until 1988.

In 2003, Mr. Harris retired as Vice Chairman Emeritus of Smith Barney Inc. Previously, he had been with Harris Upham & Co. from 1951 until the merger with Smith Barney in 1976, and was CEO and President for the last five years.

Before joining the business world, Mr. Harris served in the U.S. Army as an Infantry Officer, and contracted polio while stationed in the Philippines during World War II. He met his late wife, Mary Jeanne Johnston, when he returned home and was being treated at the Georgia Warm Springs Foundation, where she was a therapist. Mr. and Mrs. Harris had three sons and nine grandchildren.

While Mr. Harris spent the later years of his life confined to a wheelchair, those who knew him agree that he never let his disability impose limitations on his activity. During his lifetime, Mr. Harris made significant contributions to Hospital for Special Surgery, both through financial support and through active membership on the Board, which he joined in 1961. Philip D. Wilson, Jr., MD, who was Surgeonin-Chief during Mr. Harris's tenure as Chairman, describes Mr. Harris as an "extremely loyal, helpful, and witty friend. He was truly an inspirational person."



### Richard S. Laskin, MD

It is with deep sorrow that we note the passing of Richard S. Laskin, MD, on March 1, 2008. Dr. Laskin was Chief of the Division of Arthroplasty and previously Co-chief of the Knee Service at Hospital for Special Surgery and Professor of Orthopedic Surgery at Weill

Cornell Medical College. He also served as Editor-in-Chief of the *HSS Journal: The Musculoskeletal Journal of Hospital for Special Surgery* since its debut in 2005.

"Our mission is to constantly improve upon standard methods of surgery so that patients will have less pain and obtain more motion," said Dr. Laskin. It was a mission he pursued throughout his career.

A Brooklyn native, he received his MD degree at New York University and completed residency training at the Albert Einstein College of Medicine. He was a Captain in the United States Army Medical Corps, serving in Vietnam and Ft. Devens Army Hospital in Massachusetts. Prior to joining Hospital for Special Surgery, Dr. Laskin served as Chairman of the Department of Orthopedic Surgery at Long Island Jewish Medical Center from 1980 to 1991.

"Dick was a superb surgeon, an innovator in the field, and a compassionate physician to his patients," said Thomas P. Sculco, MD, Surgeon-in-Chief. "The orthopedic surgery community has lost a good friend and a gifted colleague."

Carl Blobel, MD – was appointed to the NIH Intercellular Interactions Study Section and was invited to join the editorial board of *Cancer Research*.

Janet Cahill, PT, CSCS – received the 2007 Wholeness of Life Award from the HealthCare Chaplaincy for providing quality care that includes an understanding of spiritual needs.

Frank P. Cammisa, Jr., MD – received Best Paper honors at the International Society for the Study of the Lumbar Spine meeting.

**Peggy Crow, MD** – was named President of The Nehry Kunkel Society – an association of distinguished investigative immunologists and co-chaired the NIH/NIAMS Study Section for Multidisciplinary Clinical Research Centers.

Matthew Cunningham, MD, PhD – was awarded the 2007 North American Spine Society Young Investigator Research Grant Award for his innovative work in percutaneous anterior spinal fusion.

Stephen Doty, PhD – was appointed Chairman of the External Advisory Council for the National Space Biomedical Research Institute.

Mary Goldring, PhD – was elected to the Board of Directors of the Osteoarthritis Research Society International.

Steven Goldring, MD – served as the invited discussion facilitator at the NIH Center for Scientific Review Open House Workshop and participated in an international site visit panel to review the Kennedy Institute of Rheumatology in London.

Jo Hannafin, MD, PhD – was appointed to the NIH Skeletal Biology Structure and Regeneration Study Section.

Lionel Ivashkiv, MD, Lu Wang, PhD, Ioannis Tassiulas, MD, Kyung-Hyun Park-Min, MD, and colleagues at Weill Cornell Medical College and Yale University School of Medicine, published an article in *Nature Immunology* on a new therapeutic approach for lupus.

Mary Kelly, RN – was named the Hospital's 2007 Employee of the Year and honored at the New York Liberty women's basketball team's Inspirational Women's Night.

Thomas J.A. Lehman, MD – received the 2007 James T. Cassidy award from the American Academy of Pediatrics for outstanding contributions to pediatric rheumatology.

Hollis G. Potter, MD – was the first radiologist and the first female to be nominated for membership in the Hip Society.

Laura Robbins, DSW – was appointed to an expert panel by the Centers for Disease Control and Prevention to review the last decade of public health funding for arthritis.

Jane E. Salmon, MD – was awarded the Carol Nachman Prize, the most prestigious honor in the international rheumatology community, for her innovative research in systemic lupus erythematosus, and the Theodore E. Woodward Award from the American Clinical and Climatological Association for the most meritorious presentation.

Richard J. Slote, RN, MS, NOC, RNC – served as an item writer for the Orthopaedic Nursing Certification Board, which is responsible for the formulation and administration of the International Orthopaedic Nursing Certification Examination.

Jennifer Solomon, MD – was named Medical Director of the Association of Volleyball Professionals Brooklyn Open, and Hospital for Special Surgery was named as the Tournament's official hospital.

Peter Torzilli, PhD – was presented with a Certificate of Appreciation by the New York City Louis Stokes Alliance for Minority Participation for the support and caring he has shown to students of New York City.

Marjana Tomic-Canic, PhD – was elected to the editorial board of the *Journal of Biological Chemistry*.

Timothy Wright, PhD – co-chaired the NIH/AAOS Research Symposium on Implant Wear and Osteolysis.

### A Resource to the World

Hospital for Special Surgery is a vital resource for patients who need our clinical and surgical expertise, for residents, fellows, and other physicians who want to train with the best, and for scientists who come here knowing they will work with a team that is making meaningful contributions to the treatment of diseases that affect millions of people.

Delivering extraordinary care requires an extraordinary team. At Hospital for Special Surgery, we are fortunate to have outstanding clinicians practicing at the forefront of their professions, experienced and dedicated nurses, and staff in all other disciplines and services whose daily contributions and commitment make it possible for our patients to have positive experiences with the best possible outcomes.

Dean R. O'Hare

Co-Chair

Aldo Papone

Co-Chair

Stephen a. Poget frum Ros

Louis A. Shapiro President and CEO Thomas P. Sculco, MD

Surgeon-in-Chief and Medical Director

Stephen A. Paget, MD Physician-in-Chief Steven R. Goldring, MD Chief Scientific Officer



# David H. Koch: Building on Excellence

A \$25 million lead gift from David H. Koch has propelled Hospital for Special Surgery's capital campaign – Building on Success: The Campaign for the Future of HSS – to new heights. For Mr. Koch, it's not just about helping to build a new facility, it's what takes place inside that really counts.

The Hospital's modernization project (rendering above) will accommodate unprecedented growth in patient volume and meet a rising demand for specialty orthopedic procedures.

Modernization design by Smith-Miller+Hawkinson Architects, LLP

"I've been a fan of Hospital for Special Surgery for years," says David Koch, Executive Vice President of Koch Industries, Inc., a diverse group of companies engaged in trading, petroleum, chemicals, energy, fibers and polymers, forest and consumer products. "The more I got to know the Hospital as a board member, the more I was impressed with it."

Mr. Koch joined the Hospital's Board of Trustees in 2004 bringing with him a very personal perspective dating back to the 1960s. A best friend was an orthopedic surgery resident here, and Mr. Koch has had several surgeries at the Hospital, including shoulder replacement and bilateral knee replacement stemming from injuries he suffered as an athlete in school. "When I was finally elected to the Special Surgery board," says Mr. Koch, "I attended my first meeting, was introduced graciously, and told them that it was a lot more pleasant being at the Hospital and looking at it from the top down rather than lying on my back in the O.R. looking up.

"Of course, I have enormous gratitude for what the Hospital's physicians and surgeons did for me," continues Mr. Koch. "Out of this gratitude and respect, I offered to provide a gift to help support the expansion, and I'm delighted that they've accepted it. The talents

and experience of the Hospital's physicians are so exceptional that the demand for their expertise has virtually outgrown what the current space can accommodate. The idea of this new building to be constructed over the FDR Drive is a fantastic concept and will decompress the facilities of the Hospital. It will be a wonderful addition to their physical plant."

### The Modernization of Special Surgery

In the past decade, Hospital for Special Surgery has added more than 95 medical staff and numerous centers dedicated to patient care, research, and education in orthopedics and rheumatology. At the same time, surgical volume increased by approximately 65 percent – with some 21,000 procedures performed per year – and is expected to grow by another 25 percent over the next five years.

The *Building on Success* campaign is supporting the addition of more than 200,000 square feet of new space and the renovation of another 100,000 square feet of existing space, making it the largest clinical expansion in the Hospital's history.

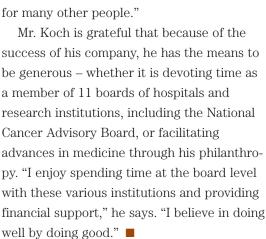
### The Importance of Research

This was not the first time Mr. Koch, whose understanding of medicine far exceeds his patient point of view, has provided significant support for Special Surgery. As a member of the Research Committee, Mr. Koch is keenly aware of the past accomplishments of the Hospital's clinician-scientists in the development and refinement of implants, as well as the broad base of research they conduct in arthritis and autoimmune diseases.

"I am a passionate believer in research," says Mr. Koch, who maintains that ultimately answers to life-threatening diseases and disorders will be found through science. His generosity made possible the establishment of the David H. Koch Chair in Arthritis and Tissue Degeneration currently held by Lionel B. Ivashkiv, MD. With support provided by the Koch Chair, Dr. Ivashkiv is leading the effort to build interdisciplinary teams of scientists, physicians, and surgeons that promises to accelerate the pace of discovery

and more rapidly translate medical breakthroughs into advanced treatment for patients.

Mr. Koch's contributions to cancer research are also extraordinary. "I've been suffering with prostate cancer for many years, and it's very much under control," he says. "However, it has made me extremely sensitive and concerned about health, not only for myself, but also





David H. Koch

# Finance Report

he Hospital has been able to maintain a solid financial foundation through strong volume and revenue growth as the demand for our services continues to increase, successful fundraising, and a continued organization-wide emphasis on prudently managing our financial resources. Philanthropic giving during 2007 was \$47.3 million, an all time high.

Our consistently strong financial results and successful fundraising efforts have provided the resources to make the significant investments in personnel and capital infrastructure that have advanced the strategic goals of our mission. Accomplishments in recent years include the expansion and renovation of our facilities, the implementation of advanced information technology systems, and increased recognition of the Hospital's excellence in patient care, research, and medical education.

The aging of the population in general, as well as the growing population of people over 50 years of age who desire to lead a pain-free and active lifestyle, are favorable demographic trends for the growth of orthopedics and rheumatology. These favorable demographics, along with the quality of patient care provided by the Hospital and the increased awareness thereof, will continue to fuel the demand for our unique and specialized services.

In order to accommodate this increasing demand for the Hospital's services and continue to achieve volume growth, we embarked on a major facility expansion and renovation during 2005. The initial phases of the project were completed during 2006 and 2007 and provided the Hospital with additional operating rooms and related support services, inpatient beds, doctor offices, magnetic resonance imaging (MRI) units, and administrative space. Subsequent phases of the expansion will continue through 2012 and provide the Hospital with more operating rooms, patient beds, doctor offices, and expanded space for radiology and other outpatient services. A children's pavilion to serve the unique needs of our pediatric patient population is also planned. The total cost of the expansion is being financed by outside borrowings and a capital fundraising campaign.

The Hospital's Research Division is internationally recognized as a leader in the study of musculoskeletal disorders and related autoimmune diseases. Our commitment to both basic and clinical research is an important

component of the overall Hospital mission and is critical to Special Surgery maintaining and enhancing its status as a premier institution in orthopedics and rheumatology. The close relationship between our scientists and medical staff enables a rapid application of scientific discovery to the patient care setting. During 2007, \$31.7 million was dedicated to a wide variety of research initiatives and programs. The ongoing recruitment and retention of gifted scientists and clinicians will enable the Hospital to continue to expand the scope of its research activities and maintain its leadership position in its fields.

The Hospital continues to operate in an environment that poses numerous financial challenges. These challenges include continued Federal and State reductions to our Medicare and Medicaid reimbursement, the current uncertainty in the economic environment, complex and costly regulatory requirements throughout various areas of our operations, labor shortages in critical staff categories, and significant increases in the cost of construction and the cost of leased space.

Hospital for Special Surgery remains committed to managing these challenges while generating and investing the resources necessary to accommodate the demand for its services, to advance its ability to provide the highest quality musculoskeletal care, to train top physicians, and to conduct pacesetting research. In addition, we are committed to the development and implementation of technology that will enhance our ability to deliver care in a safe and efficient manner, while at the same time upgrading the Hospital's infrastructure to support each aspect of our mission. As a fiscally sound organization, the Hospital will align the management of its financial resources with the priorities and goals of its mission.

Stacey L. Malakoff Executive Vice President and Chief Financial Officer

Sacy Malakoff

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# Financial Information (1)(2)

### Statement of Income<sup>(3)</sup>

(In Thousands)	$\it Year Ended,$	
	2007	2006
Hospital for Special Surgery		
Total Revenue <sup>(4)</sup>	\$470,711	\$424,369
Total Expenses <sup>(5)</sup>	456,240	420,081
Operating Income from Hospital for Special Surgery	\$ 14,471	\$ 4,288
Affiliated Companies		
Total Revenue <sup>(5)</sup>	\$ 46,697	\$ 44,197
Total Expenses <sup>(4)</sup>	46,869	44,715
Operating Loss from Affiliated Companies	\$ (172)	\$ (518
Operating Income	\$ 14,299	\$ 3,770

### Statement of Financial Position

(In Thousands)	December $31$ ,	
	2007	2006
Assets		
Current Assets (Excluding Investments)	\$ 98,972	\$ 96,262
Investments <sup>(6)</sup>		
Current	168,923	152,238
Long Term	60,924	56,589
Assets Limited as to Use	29,699	36,724
Property, Plant and Equipment – Net	310,236	302,930
Other Non-Current Assets	38,010	40,962
Total Assets	\$706,764	\$685,705
Liabilities and Net Assets		
Current Liabilities	\$136,405	\$129,777
Long Term Debt	189,045	191,715
Other Non-Current Liabilities	22,326	13,936
Total Liabilities	347,776	335,428
Net Assets	358,988	350,277
Total Liabilities and Net Assets	\$706,764	\$685,705

<sup>(1)</sup> Includes activities relating to Hospital for Special Surgery and its affiliates (Hospital for Special Surgery Fund, Inc., HSS Properties Corporation, HSS Horizons, Inc., HSS Ventures, Inc., and Medical Indemnity Assurance Company, Ltd).

<sup>(2)</sup> Complete audited Financial Statements of both Hospital for Special Surgery and affiliates are available upon request from the HSS Development Department at 212.606.1196.

<sup>(3)</sup> Excludes \$43.0 and \$30.6 million of restricted philanthropic contributions in 2007 and 2006, respectively.

<sup>(4)</sup> Includes \$1.1 million and \$1.0 million of transactions between affiliates that are eliminated in consolidation in 2007 and 2006, respectively.

<sup>(</sup>a) Includes \$32.7 million and \$29.3 million of transactions between affiliates that are eliminated in consolidation in 2007 and 2006, respectively.

<sup>(9)</sup> Hospital for Special Surgery is the beneficiary in perpetuity of income from an outside trust. The fair value of investments in the trust are not included above and were \$41.3 million and \$39.5 million at December 31, 2007 and 2006, respectively.

# More Than \$47 Million Raised in 2007

Unprecedented Philanthropic Support Bolsters Campaign

ospital for Special Surgery made history in 2007, with a record \$47,030,690 raised in a single year. "The remarkable generosity that we have seen this year – from our Board of Trustees, our physicians, and thousands of donors – indicates that people understand Special Surgery's role in meeting the demand for the highest quality musculoskeletal care," said Louis A. Shapiro, President and Chief Executive Officer.

Our trustees have helped others understand that support from individuals is crucial in order to continue improving patient care, medical education, and research at HSS.

Grateful patients and friends of Hospital for Special Surgery continue to be our largest source of support, and the success of the Annual Benefit and Annual Giving program helped to bring in more than \$4 million in unrestricted gifts.

Building on Success: The Campaign for the Future of Hospital for Special Surgery completed 2007 with \$80 million raised toward the goal of \$100 million for the expansion of clinical areas, including expanded rehabilitation facilities and a new Children's Pavilion, along with the creation of a more robust clinical research program. One of the highlights of the year was a \$25 million gift from Trustee David H. Koch. "This gift is not only an outstanding example of our Board's commitment to Hospital for Special Surgery, but is the largest gift that the Hospital has ever received," said Patsy Warner, Campaign Co-Chair. Mr. Koch's gift will support the expansion of the Special Surgery campus to meet the growing needs of patients, visitors, and the medical staff (see page 32).

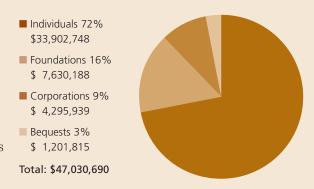
"This campaign kicked off with a generous \$5 million gift from The Starr Foundation," said Richard L. Menschel, Honorary Campaign Chair, noting that The Starr Foundation was a lead and continuing supporter of Special Surgery's

previous research campaign as well. Principal support in 2007 was also provided by Rheuminations, Inc. with a \$1.4 million gift and \$1 million gifts from Finn M.W. Caspersen, Lehman Brothers, Inc., and two anonymous donors.

"Raising such an extraordinary amount of money would not have been possible without each one of our trustees," said Ken Wilson, Campaign Co-Chair. "They have not only made gifts themselves, but have helped others understand that support from individuals, foundations, and corporations is crucial in order to continue improving patient care, medical education, and research at HSS."

In addition to 100% participation by the Board of Trustees, the campaign has also benefited from the generosity of HSS's physicians, with contributions from over 90% of our physicians. "This level of support shows that the members of our medical staff don't just work at Special Surgery – they believe in its mission and are eager to contribute to its ongoing success," said Thomas P. Sculco, MD, Surgeon-in-Chief and Medical Staff Campaign Co-Chair.

### 2007 Philanthropic Giving by Source



## Professional Staff

(April 1, 2008)

### Medical Board

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Thomas P. Sculco, MD

### Secretary

Bernard A. Rawlins, MD

### Board Members

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### Medical Staff

### Surgeon-in-Chief and Medical Director

Thomas P. Sculco, MD

### Surgeons-in-Chief Emeriti

Russell F. Warren, MD Andrew J. Weiland, MD Philip D. Wilson, Jr., MD

### Executive Assistant to Surgeon-in-Chief

Mathias P. Bostrom, MD

### Department of Orthopedic Surgery

### Clinical Director

Charles N. Cornell, MD

### Academic Director

Mathias P. Bostrom, MD

### Orthopedic Research Director Jo A. Hannafin, MD, PhD

Faculty Development Director Scott W. Wolfe, MD

### Orthopedic Surgeons Emeriti Stanley E. Asnis, MD

Stephen W. Burke, MD Michael J. Errico, MD Allan E. Inglis, MD Lewis B. Lane, MD David B. Levine, MD Peter J. Marchisello, MD Richard R. McCormack, Jr., MD Thomas D. Rizzo, MD

Attending Orthopedic Surgeons David W. Altchek, MD Oheneba Boachie-Adjei, MD Mathias P. Bostrom, MD Charles N. Cornell, MD Edward V. Craig, MD Jo A. Hannafin, MD, PhD John H. Healey, MD David L. Helfet, MD Joseph M. Lane, MD Paul M. Pellicci, MD Chitranjan S. Ranawat, MD Scott A. Rodeo, MD Leon Root, MD Eduardo A. Salvati, MD Thomas P. Sculco, MD (Surgeon-in-Chief) Russell F. Warren, MD (Surgeon-in-Chief Emeritus) Andrew J. Weiland, MD (Surgeon-in-Chief Emeritus) Thomas L. Wickiewicz, MD Philip D. Wilson, Jr., MD (Surgeon-in-Chief Emeritus) Russell E. Windsor, MD Scott W. Wolfe, MD

# Associate Attending

Orthopedic Surgeons Answorth A. Allen, MD Edward A. Athanasian, MD John S. Blanco, MD Walther H.O. Bohne, MD Robert L. Buly, MD Frank P. Cammisa, Jr., MD Frank A. Cordasco, MD Jonathan T. Deland, MD David M. Dines, MD James C. Farmer, MD Mark P. Figgie, MD Federico P. Girardi, MD Daniel W. Green, MD Steven B. Haas, MD Robert N. Hotchkiss, MD John P. Lyden, MD Robert G. Marx, MD Bryan J. Nestor, MD Stephen J. O'Brien, MD Patrick F. O'Leary, MD Martin J. O'Malley, MD Douglas E. Padgett, MD

Bernard A. Rawlins, MD

S. Robert Rozbruch, MD

Harvinder S. Sandhu, MD David M. Scher, MD Geoffrey H. Westrich, MD Roger F. Widmann, MD Riley J. Williams, MD

# Assistant Attending

Orthopedic Surgeons Michael M. Alexiades, MD Scott W. Alpert, MD David E. Asprinio, MD Friedrich Boettner, MD Michelle G. Carlson, MD Struan H. Coleman, MD Matthew E. Cunningham, MD, PhD Aaron Daluiski, MD Joshua S. Dines, MD Shevaun M. Doyle, MD Andrew J. Elliott, MD Stephen Fealy, MD Austin T. Fragomen, MD Alejandro Gonzalez Della Valle, MD Charles B. Goodwin, MD William G. Hamilton, MD Russel C. Huang, MD Edward C. Jones, MD Lana Kang, MD Anne M. Kelly, MD Bryan T. Kelly, MD John G. Kennedy, MD Alejandro Leali, MD David S. Levine, MD

John C. L'Insalata, MD Dean G. Lorich, MD Patrick V. McMahon, MD John D. MacGillivray, MD

David J. Mayman, MD Michael J. Maynard, MD

Michael L. Parks, MD Andrew D. Pearle, MD

Cathleen L. Raggio, MD

Amar S. Ranawat, MD Anil S. Ranawat, MD

Daniel S. Rich, MD Matthew M. Roberts, MD

Jose A. Rodriguez, MD

Howard A. Rose, MD Andrew A. Sama, MD

Mark F. Sherman, MD

Beth E. Shubin Stein, MD

Sabrina M. Strickland, MD

Edwin P. Su, MD

William O. Thompson, MD Kurt V. Voellmicke, MD

Steven B. Zelicof, MD, PhD

### Associate Attending Surgeons

Gary A. Fantini, MD (Vascular Surgery) Francis W. Gamache, Jr., MD (Neurosurgery) Lloyd B. Gayle, MD (Plastic Surgery)

### Assistant Attending Surgeons

Peter L. Faries, MD (Vascular Surgery) Lloyd A. Hoffman, MD (Plastic Surgery) Kenneth O. Rothaus, MD (Plastic Surgery)

### Orthopedic Surgeons to Ambulatory Care Center Consulting Staff

Steven Z. Glickel, MD (Pediatric Hand)

### Fellows in Orthopedic Surgery

Mohana Amirtharajah, MD (Hand)

Harpreet Basran, MD (Foot/Ankle)

Asheesh Bedi, MD (Sports Medicine/Shoulder)

Pierre Bruneau, MD (Adult Reconstruction)

Eben Carroll, MD

(Trauma) Neal Chen, MD

(Sports Medicine/Shoulder)

Camille Clinton, MD

(Sports Medicine/Shoulder)

Mahidhar Durbhakula, MD (Hand)

Scott Ellis, MD (Foot/Ankle)

Brian Feeley, MD

(Sports Medicine/Shoulder)

Lauren Friend, MD (Pediatrics)

Robert Gallo, MD

(Sports Medicine/Shoulder)

Ariel Goldman, MD

(Trauma)

Florian Huber, MD (Trauma)

Todd Jackman, MD (Spine/Scoliosis)

Nakul Karkare, MBBS

(Adult Reconstruction)

Yongjung Kim, MD (Spine/Scoliosis)

Jennifer Kummer, MA, MD

(Hand)

Ryan Livermore, MD

(Sports Medicine/Shoulder)

Satyajit Marawar, MBBS (Spine/Scoliosis)

Derek Moore, MD

(Spine/Scoliosis)

Mark Muller, MD (Sports Medicine/Shoulder) Kris Okumu, MD (Spine/Scoliosis) Victor Prisk, MD (Foot/Ankle) Amar Rajadhyaksha, MD (Adult Reconstruction) James Ryan, MD (Adult Reconstruction) Raheel Shafi, MBBS (Limb Lengthening) Steven Shah, MD (Adult Reconstruction) Mark Shekhman, MD (Adult Reconstruction) Howard Yeon, MD, JD (Spine/Scoliosis)

### Residents PGY5

Christopher Dodson, MD Mark Drakos, MD John Ehteshami, MD Thomas Lawhorne, MD Shane Nho, MD William Robertson, MD Katharine Vadasdi, MD Tony Wanich, MD

### PGY4

Joseph Barker, MD Lawrence Gulotta, MD Frank R. Henn, MD Carolyn Hettrich, MD Benton Heyworth, MD Christoper Mattern, MD Michael Shindle, MD Adrian Thomas, MD James Voos, MD

### PGY3

Cassie Gyuricza, MD Christopher Kepler, MD Anna Miller, MD Ngozi Mogekwu, MD Andrew Neviaser, MD Darvl Osbahr, MD Bradlev Raphael, MD Seth Sherman, MD

Haydee Brown, MD Michael Cross, MD Demetris Delos, MD Duretti Fufa, MD Sommer Hammoud, MD Patrick Jost, MD Han Jo Kim, MD Travis Maak, MD Daniel Osei, MD

### PGY1

Constantine Demetracopoulos, MD Kristofer Jones, MD Alison Kitay, MD Dennis Meredith, MD Curtis Mina, MD Denis Nam, MD Keith Reinhardt, MD Mark Schrumpf, MD

### Department of Applied Biomechanics in Orthopedic Surgery

Timothy M. Wright, PhD

### Associate Engineers

Peter Evans, MS Joseph Lipman, MS Darrick Lo, MEng

### Department of Medicine

### Physician-in-Chief and Director of Medicine

Stephen A. Paget, MD

Physician-in-Chief Emeritus Charles L. Christian, MD

### Physicians Emeriti

Klaus Mayer, MD William C. Robbins, MD

Attending Physicians Richard S. Bockman, MD, PhD (Endocrinology) Barry D. Brause, MD (Chief, Infectious Disease) Mary K. Crow, MD Allan Gibofsky, MD Lawrence J. Kagen, MD Thomas J.A. Lehman, MD (Chief, Pediatric Rheumatology) Michael D. Lockshin, MD Joseph A. Markenson, MD Irwin Nydick, MD (Cardiovascular Disease) Stephen A. Paget, MD (Physician-in-Chief) Francis Perrone, MD (Cardiovascular Disease) Richard S. Rivlin, MD Jane E. Salmon, MD James P. Smith, MD (Pulmonary Medicine)

Harry Spiera, MD

### Associate Attending Physicians

Anne R. Bass, MD Harry Bienenstock, MD Lisa R. Callahan, MD (Sports) Theodore R. Fields, MD Lionel B. Ivashkiv, MD C. Ronald MacKenzie, MD Steven K. Magid, MD Carol A. Mancuso, MD Martin Nydick, MD (Endocrinology) Ernest Schwartz, MD (Metabolic Bone) Sergio Schwartzman, MD Robert F. Spiera, MD Richard Stern, MD

Assistant Attending Physicians Alexa B. Adams, MD Dalit Ashany, MD Laura V. Barinstein, MD Helen Bateman, MD Jessica R. Berman, MD Matthew L. Buchalter, MD Gina DelGiudice, MD Rebecca A. Demorest, MD (Sports) Stephen J. DiMartino, MD, PhD Doruk Erkan, MD Matthew Fred, MD Richard A. Furie, MD Jacobo Futran, MD Flavia A. Golden, MD Susan M. Goodman, MD Stewart G. Greisman, MD Brian C. Halpern, MD (Sports) Wesley Hollomon, MD Michael I. Jacobs, MD (Dermatology) Osric S. King, MD (Sports) Kyriakos K. Kirou, MD Mary J. Kollakuzhiyil, MD Lisa A. Mandl, MD Jaqueline M. Mayo, MD Charis F. Meng, MD Jordan D. Metzl, MD (Sports) Sonal S. Parr, MD Edward J. Parrish, MD Janice Pieretti, MD

Jill M. Rieger, MD

Linda A. Russell, MD

Ariel D. Teitel, MD

Evette Weil, MD

Daniel Weitz, MD

Lisa C. Vasanth, MD

Mary Beth Walsh, MD

Lisa R. Sammaritano, MD

Arthur M.F. Yee, MD, PhD Diana A. Yens, MD Wendy S. Ziecheck, MD

### Physicians to Ambulatory Care Center

James P. Halper, MD Bento R. Mascarenhas, MD Lakshmi Nandini Moorthy, MD Hendricks H. Whitman III, MD Dee Dee Wu, MD David A. Zackson, MD

### Consulting Staff

Thomas M. Novella, DPM (Podiatric Medicine)

### Fellows in Rheumatic Disease

Juliet Aizer, MD Kun Chen, MD, PhD Diana Goldenberg, MD, MPH Jessica Gordon, MD Suhail Hameed, MBBS Neal Moskowitz, MD, PhD Dana Orange, MD Carla Scanzello, MD, PhD Ora Singer, MD Antigoni Triantafyllopoulou, MD

### Fellows in Pediatric Rheumatology

Sheila Angeles, MD Lilliana Barillas-Arias, MD Jennifer Belasco, MD Julie Cherian, MD Emma MacDermott, MB, BCh

### Fellow in Metabolic Bone Diseases

Alana Serota, MD

### Neurology

### Chief

Moris Jak Danon, MD

### Neurologist Emeritus Peter Tsairis, MD

### Attending Neurologists

Abe M. Chutorian, MD Moris Jak Danon, MD

### Associate Attending Neurologists

Barry D. Jordan, MD Howard W. Sander, MD

### Assistant Attending Neurologists

Bridget T. Carey, MD Carl W. Heise, MD Brion D. Reichler, MD Teena Shetty, MD Gerald J. Smallberg, MD Dexter Y. Sun, MD, PhD Anita T. Wu, MD

### Fellow in Neurology

Zulfigar Hussain, MBBS

### **Pediatric Service**

### Chief

Lisa S. Ipp, MD

### Attending Pediatrician

Thomas J.A. Lehman, MD (Chief, Pediatric Rheumatology)

# Associate Attending Pediatricians

Jessica G. Davis, MD (Genetics) Donna DiMichele, MD Nunzia Fatica, MD Gail E. Solomon, MD (Neurology)

### Assistant Attending Pediatricians

Alexa B. Adams, MD
Suchitra S. Acharya, MD
Laura V. Barinstein, MD
Susan B. Bostwick, MD
Hyun Susan Cha, MD
Rebecca A. Demorest, MD
(Sports)
Mary F. DiMaio, MD
Lisa S. Ipp, MD
Jordan D. Metzl, MD
(Sports)
Stephanie L. Perlman, MD
Rebecca J. Scott, MD

### **Psychiatry Service**

### Chief and Attending Psychiatrist

J. Warren Brown, MD

# $Assistant\ Attending \\ Psychiatrist$

Ruth Cohen, MD

Consulting Psychiatrist Allan M. Lans, DO

### Department of Anesthesiology

### Director and Chief

Gregory A. Liguori, MD

## Attending Anesthesiologists

Spencer S. Liu, MD Nigel E. Sharrock, MD

### Associate Attending Anesthesiologists

Stephen N. Harris, MD Gregory A. Liguori, MD Jeffrey Y.F. Ngeow, MD Cephas Swamidoss, MD Michael K. Urban, MD, PhD William F. Urmey, MD Victor M. Zayas, MD

### Assistant Attending Anesthesiologists

James D. Beckman, MD Devan B. Bhagat, MD Bradford E. Carson, MD Mary F. Chisholm, MD Kathryn DelPizzo, MD Christopher Dimeo, MD Chris R. Edmonds, MD Michael A. Gordon, MD Enrique A. Goytizolo, MD Douglas S.T. Green, MD Michael Ho, MD Simon Ho, MD Kethy M. Jules, MD Richard L. Kahn, MD Richard S. King, MD Vincent R. LaSala, MD Andrew C. Lee, MD David L. Lee, MD Yi Lin, MD Daniel Maalouf, MD Stavros Memtsoudis, MD John G. Muller, MD Joseph A. Oxendine, MD Leonardo Paroli, MD, PhD Thomas J. Quinn, MD Daniel I. Richman, MD James J. Roch, MD Lauren H. Turteltaub, MD Philip J. Wagner, MD Seth A. Waldman, MD David Y. Wang, MD Jacques T. YaDeau, MD, PhD

### Fellows in Anesthesiology

Jonathan Beathe, MD Andrew Cameron, MB, ChB Cynthia Feng, MD Lauren Fisher, MD Joshua Goldstein, MD Rana Movahedi, MD Neesa Patel, MD

# Department of Laboratory Medicine

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Peter G. Bullough, MD

### $Pathologist\ Emeritus$

Klaus Mayer, MD

### $Attending\ Pathologists$

Manjula Bansal, MD Peter G. Bullough, MD

### Associate Attending Pathologist Edward F. DiCarlo, MD

Assistant Attending Pathologist Giorgio Perino, MD

### Chief of Blood Bank, Attending Hematologist and Immunohematologist David L. Wuest, MD

Associate Attending Hematologist and Immunohematologist Lilian M. Reich, MD

# Consulting Neurologist in Pathology

Moris Jak Danon, MD

### Department of Physiatry

Director and Chief Gregory E. Lutz, MD

### Associate Attending Physiatrists

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### Assistant Attending Physiatrists

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Paul M. Cooke, MD
Stephen G. Geiger, MD
Svetlana Ilizarov, MD
Julie T. Lin, MD
Christopher Lutz, MD
Peter J. Moley, MD
Alex C. Simotas, MD
Jennifer L. Solomon, MD
Vijay B. Vad, MD

### Consulting Staff

Rock G. Positano, DPM (Podiatric Medicine)

### Fellows in Physiatry

Tracy Allen, MD, MA Elizabeth Manejias, MD David Tung, MD, MPH

# Department of Radiology and Imaging

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### Academic Director

Carolyn M. Sofka, MD

### $Research\ Director$

Hollis G. Potter, MD

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(Chief, Teleradiology)
Theodore T. Miller, MD
Helene Pavlov, MD
Hollis G. Potter, MD
(Chief, Magnetic
Resonance Imaging)
Robert Schneider, MD
(Chief, Nuclear Medicine)

### Associate Attending Radiologists

Douglas N. Mintz, MD Carolyn M. Sofka, MD

### Assistant Attending Radiologists

Eric A. Bogner, MD Li Foong Foo, MD Alex B. Maderazo, MD Gregory R. Saboeiro, MD (Chief, Interventional Procedures and CT)

### Radiologist to Ambulatory Care Center

Bonnie G. Lemberg, MD

### Fellows in

### Musculoskeletal Radiology

Brandon Black, MD (MRI) Jarett Burak, MD Anthony Chang, MD Jean Jose, DO Patrick Lee, MD Scott Lehto, MD

# Department of Rehabilitation Medicine

## Director and Chief

Leon Root, MD

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(Orthopedic Surgery)
Charles L. Christian, MD
(Medicine)
Robert H. Freiberger, MD
(Radiology)
David B. Levine, MD
(Orthopedic Surgery)
Klaus Mayer, MD
(Laboratory Medicine)
Robert C. Mellors, MD, PhD
(Laboratory Medicine)
Peter Tsairis, MD
(Neurology)

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Edward Lai, MD Jason A. Liss, MD Sophia Pachydaki, MD Scott Warden, MD

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### Urology

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Scott G. David, MD
Marc Goldstein, MD
Steven A. Kaplan, MD
Marcus H. Loo, MD
Thomas P. McGovern, MD
Rajveer S. Purohit, MD
Jonathan D. Schiff, MD
Peter N. Schlegel, MD
Alexis E. Te, MD

### Vascular Surgery

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### Allergy-Immunology

Daniel A. Burton, MD Barton Inkeles, MD Gillian M. Shepherd, MD

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Anjali Dahiya, MD
Jalong Gaan, MD
Richard D. Granstein, MD
Peter S. Halperin, MD
Henry Lee, MD
Nicole A. Neuschler, MD
Neil S. Sadick, MD
Mathew Varghese, MD
Horatio F. Wildman, MD

### Endocrinology

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### Family Practice

George J. Kessler, DO

### Gastroenterology

Brian P. Bosworth, MD Bradley A. Connor, MD John E. Franklin, Jr., MD Christine Frissora, MD Howard Goldin, MD Arthur D. Heller, MD Ira M. Jacobson, MD Arnon Lambroza, MD Brian R. Landzberg, MD Charles Maltz, MD Paul F. Miskovitz, MD Jerry Nagler, MD Robert A. Schaefer, MD Michael J. Schmerin, MD Arnold L. Weg, MD Gil Weitzman, MD

### Hematology-Oncology

Mark S. Brower, MD Maria DeSancho, MD Bruce R. Gordon, MD Barbara L. Hempstead, MD Charles I. Jarowski, MD Jeffrey Laurence, MD Margaret Lewin, MD David M. Nanus, MD Allyson J. Ocean, MD Mark W. Pasmantier, MD Raymond D. Pastore, MD Roger N. Pearse, MD Jia Ruan, MD Andrew I. Schafer, MD Jeffrey Tepler, MD Babette B. Weksler, MD

### Infectious Disease

Sophia Archuleta, MD Lewis M. Drusin, MD Marshall J. Glesby, MD Linnie M. Golightly, MD Roy M. Gulick, MD Barry J. Hartman, MD David C. Helfgott, MD John L. Ho, MD Sian Jones, MD Jason S. Kendler, MD George V. Lombardi, MD Kristen W. Marks, MD Henry W. Murray, MD Thomas W. Nash, MD Anthony Ogedegbe, MD Kyu Y. Rhee, MD

Howard E. Rosenberg, MD Paul T. Smith, MD Rosemary Soave, MD Mark Y. Stoeckle, MD Carlos M. Vaamonde, MD Mary A. Vogler, MD Timothy Wilkin, MD Cecilia Yoon, MD Gianna J. Zuccotti, MD

### Internal Medicine

Richard P. Cohen, MD
Mark S. Dursztman, MD
Daniel Goldin, MD
Christina Harris, MD
Keith A. LaScalea, MD
Samuel J. Mann, MD
Katherine A. Mathews, MD
Mark S. Pecker, MD
Jacek J. Preibisz, MD
R.A. Rees Pritchett, MD
Richard F. Scofield, MD
Carolyn R. Steinberg, MD

### Nephrology

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### Neurology

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Eduardo A. Salvati, MD

Marjana Tomic-Canic, PhD Michael Urban, MD William F. Urmey, MD Thomas L. Wickiewicz, MD

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Itzhak Binderman, DDS Yingxin Goa, PhD Francisco Valero-Cuevas, PhD

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(April 1, 2008)

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Perioperative Services

Operations Susan Flics, RN

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Physician Services
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Quality Management Michelle Horvath

Radiology and Imaging
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Rehabilitation Services JeMe Cioppa-Mosca, PT

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Ambulatory Care Services Virginia Forbes, RN

Ambulatory Surgery Lisa Autz, RN

Anesthesia Roberta Stack

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Case Management
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Central Sterile Processing
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Corporate Compliance Dan Aiken

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*Finance*George Spencer

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Health Information Management Glenn Rispaud

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International Center Alyssa Cohen

Managed Care Ross Sadler

Marketing
Rachel Sheehan

Materials Management
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Medical Staff Services

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Neurology Elizabeth Pinkhasov, PhD

Nursing

Anne LoBasso, RN
Inpatient Units and PACU

Ronald Perez, RN
Operating Rooms

Patricia Quinlan, RN

Nursing Education, Quality

and Research

Pastoral Care

Sr. Margaret Oettinger, OP

Patient Access
Services/Admitting
Gwendolyn Rhoss

Pharmacy
Tina Yip, PharmD

Physician Assistants Pamela Katkin, RPA-C

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Phyllis Fisher

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Volunteer Services Wendy Yondorf

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Private Duty Liaison

Alicia Fisher 7 East

Sally Frings, RN Special Procedures Unit

 $\begin{array}{c} \text{Debbie Harris} \\ Ambulatory \ Surgery \end{array}$ 

Jayne Hoffmann, RN

Pre-Surgical

Screening/Holding Area

Linda Leff, RN
Infusion Therapy

Joy Matejevich, RN 5 East

Ken Osorio, RN

Ambulatory Surgery

Imsoo Park, RN
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Julie Pollino-Tanner
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Noreen Ryan, RN PACU/4 East

Anne Stroud, RN 8 East

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Ms. Elisa Clarke

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Ms. Shirley Hyppolite

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Ms. Mary Murphy

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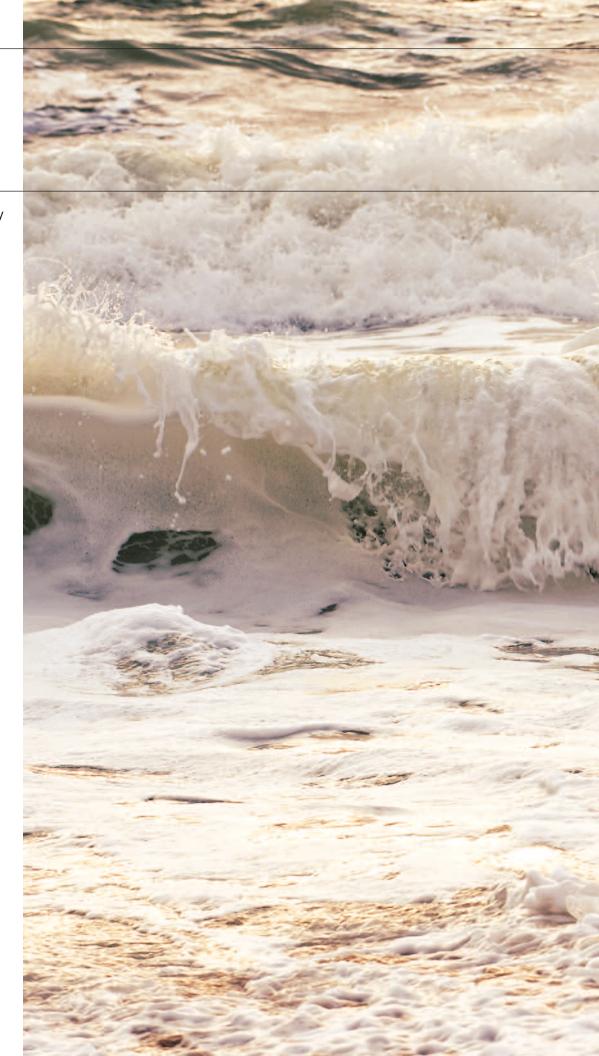
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