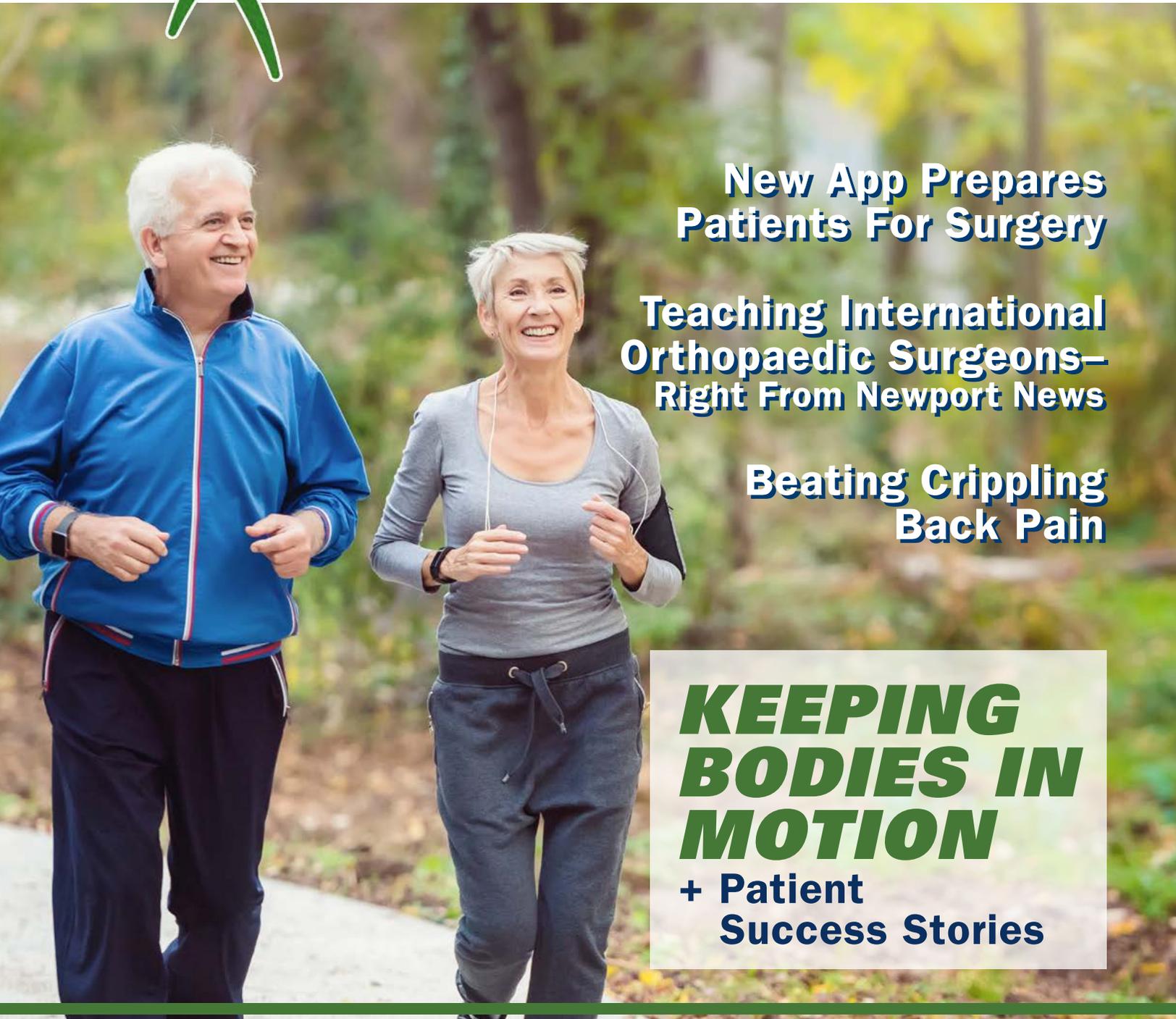


Hampton Roads Orthopaedics
Spine & Sports Medicine

HROSMMAGAZINE



Keeping Bodies in Motion



**New App Prepares
Patients For Surgery**

**Teaching International
Orthopaedic Surgeons—
Right From Newport News**

**Beating Crippling
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HROSM Magazine

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Our Mission Statement

The mission of Hampton Roads Orthopaedics Spine & Sports Medicine is to provide the highest quality of orthopaedic care while focusing on educating our patients in the prevention of orthopaedic injuries and diseases. We are committed to keeping bodies in motion.

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Thomas E. Fithian

M.D., F.A.A.O.S.

Dr. Thomas Fithian completed his surgical residency at Columbia and did an additional one-year fellowship in shoulder surgery with renowned surgeon Dr. Charles Neer. Since completing that fellowship, Dr. Fithian has been fascinated by the unique problems of the shoulder. He has been providing caring, high-quality orthopaedic treatment to area residents since 1984.

Pedaling Again, No Surgery Required

After breaking five ribs and hurting his shoulder in a bad fall off his road bike, Jim Harris feared he had a rotator cuff tear that would require surgery. Learning he could heal with more



Dr. Fithian discussing treatment options with Harris.

conservative treatments at Hampton Roads Orthopaedics Spine & Sports Medicine was a great relief.

An MRI showed the blunt impact had injured the tendon in the 77-year-old's right shoulder but left it intact. Dr. Thomas Fithian recommended a course of physical therapy to rebuild motion and function, along with a cortisone injection to relieve residual pain and stiffness.

"After several weeks, I was basically pain-free," says Harris, a Gloucester resident and retired philosophy professor at the College of William & Mary. "All of the therapies I needed were available at one practice, and Dr. Fithian took plenty of time to explain all the steps to me. He had a great bedside manner."

Whenever possible, Dr. Fithian's

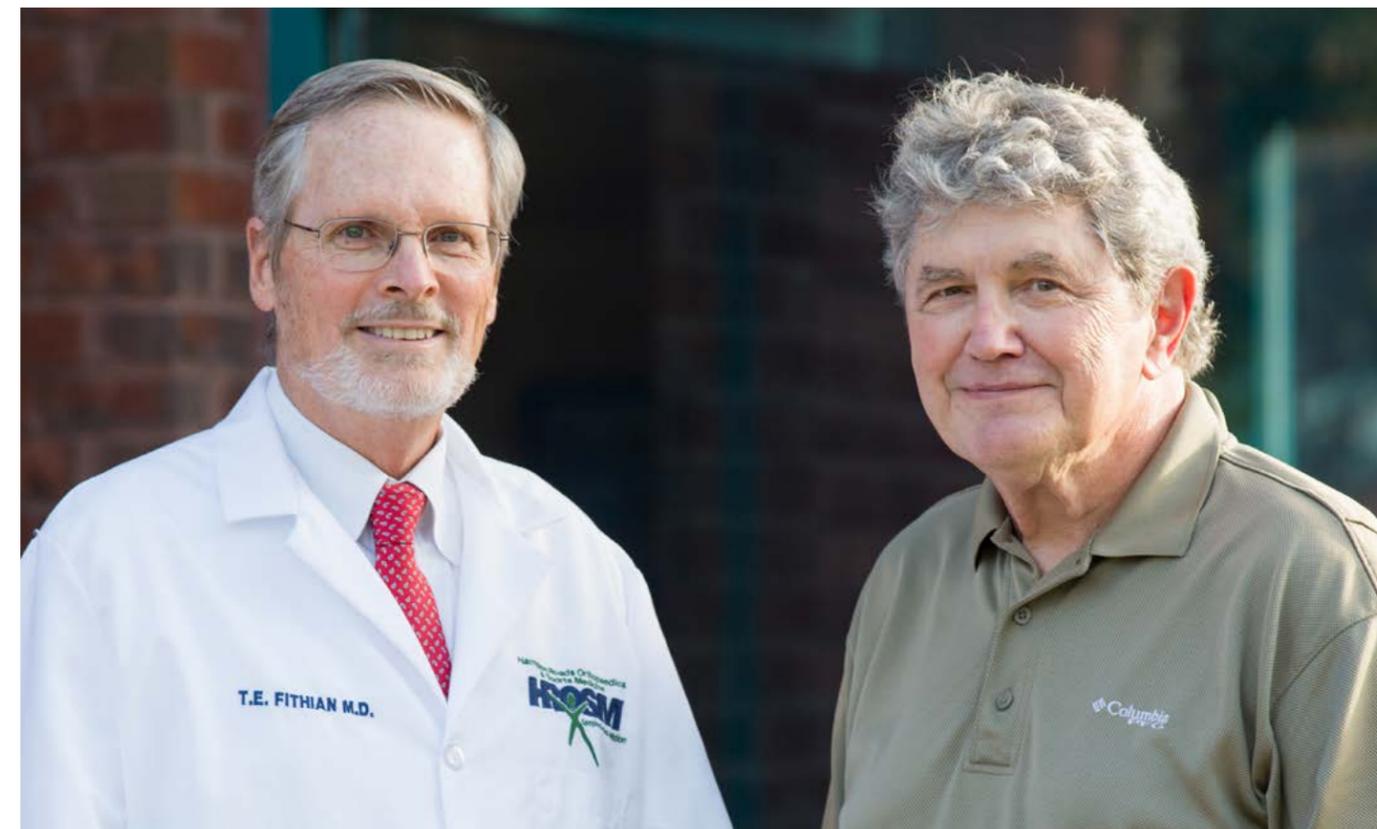


• Shoulder Surgery



• Rotator Cuff & Instability Problems

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Dr. Fithian examining Harris's right shoulder after a cycling accident.

charts, and models.

"The more they understand exactly what's going on inside their body, the better they are able to participate in their recovery," notes Dr. Fithian, a fellowship-trained shoulder specialist. "They're more likely to comply with restrictions on movement and follow physical therapy instructions. My job is to do all I can to help them succeed, which is very rewarding for me whether they need surgery or not."

Harris, an avid recreational biker, was riding alone at Yorktown Battlefield in July 2018 when he lost control and crashed as he turned around on a cul-de-sac. He managed to get up, straighten his bike, ride three miles back to his truck, load up his bike, and drive himself home. His wife, Andrea, took him to the emergency room at Sentara Williamsburg Regional Medical Center.

For the first weeks after his accident, Harris's broken ribs were his main source of pain. After about a month, he realized his shoulder was still aching and called HROSM, worried he would face an invasive

Dr. Fithian pictured with his patient Jim Harris.

surgery and long recovery. Delighted that he didn't, Harris also was relieved that his appointments always ran on time and addressed all of his questions about in-office and at-home therapies.

Three months later, Harris is already back on his trail bike and hoping to resume road riding in the coming spring. "I'm waiting to get my body completely right again, but I'm definitely planning on that," he says. "I can't wait."

An animal lover who grew up on a farm, the grandfather of three is also back to volunteering weekly at the Virginia Living Museum in Newport News and enjoying the outdoors on his 7-acre property along the York River.

Dr. Fithian is grateful, too. "I've always been a relatively conservative surgeon, and I think it's served my patients well," he says. "It makes me happy to know that he's doing so well."



- Minimally Invasive Total Joint Replacement



- Shoulder Surgery



- Sports Medicine



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Jon H. Swenson

M.D., F.A.A.O.S.

Dr. Jon Swenson has been practicing orthopaedic surgery on the Peninsula since 1991. He specializes in sports medicine, arthroscopic surgery, and minimally invasive joint replacement surgery of the shoulder, knee, and hip. He travels the country to instruct other orthopaedic surgeons in joint replacement techniques – especially the tissue-sparing anterior approach total hip replacement.

New App Prepares Patients for Surgery

When you are preparing for a total hip or knee replacement, you will receive pages and pages of instructions on what to do in the days and weeks leading up to your surgery. It can be difficult to keep track of your surgery preparation, especially if you are managing other health conditions.

Jon Swenson, M.D., F.A.A.O.S., an orthopaedic surgeon at Hampton Roads Orthopaedics Spine & Sports Medicine, is working to make the surgery process easier for his patients by providing a free, downloadable app called “HROSM.”

“After you sign up for surgery, the app will notify you about when various things for your surgery are ready to be done,” says Dr. Swenson. “It tells you things like when and how to get your house ready, when to stop medicines like fish oil or blood thinners, and when to find someone to drive you home from the hospital.”

The app helps you through each process of preparation, all the way through the day of surgery. The timed notifications



[The app] really helps coordinate the patient, the caregivers, and the family.”

inform you of each step, so you don’t have to constantly review your paperwork.

As you complete each action, you check it off the list, and the app stops sending notifications for that item. By following all preparation instructions, you can avoid a canceled surgery.

Around surgery time, the app also provides education, helping you feel comfortable with your care. After the surgery, it will remind you to go to rehabilitation appointments and follow-

up visits. It gives you all the contact information you need to reach the office and keep your care on track.

The HROSM app can also help any of your caregivers stay organized. Family members or friends who will take care of you can also download the app and receive the same notifications.

Dr. Swenson’s son Nicholas, a software engineer from MIT, first created a similar app for plastic surgeons at Stanford Medical Center in California. Dr. Swenson worked with Nicholas to adapt it for orthopaedics and has been using it for nearly a year to help his patients.

“So far, patients are very pleased with it,” says Dr. Swenson. “It really helps coordinate the patient, the caregivers, and the family.”

Even if you are not scheduled for surgery, you can still download the free app from the App Store and see what is involved in preparing for joint replacement surgery. The app is available for both iPhone and Android users.

- Anterior Hip Replacement

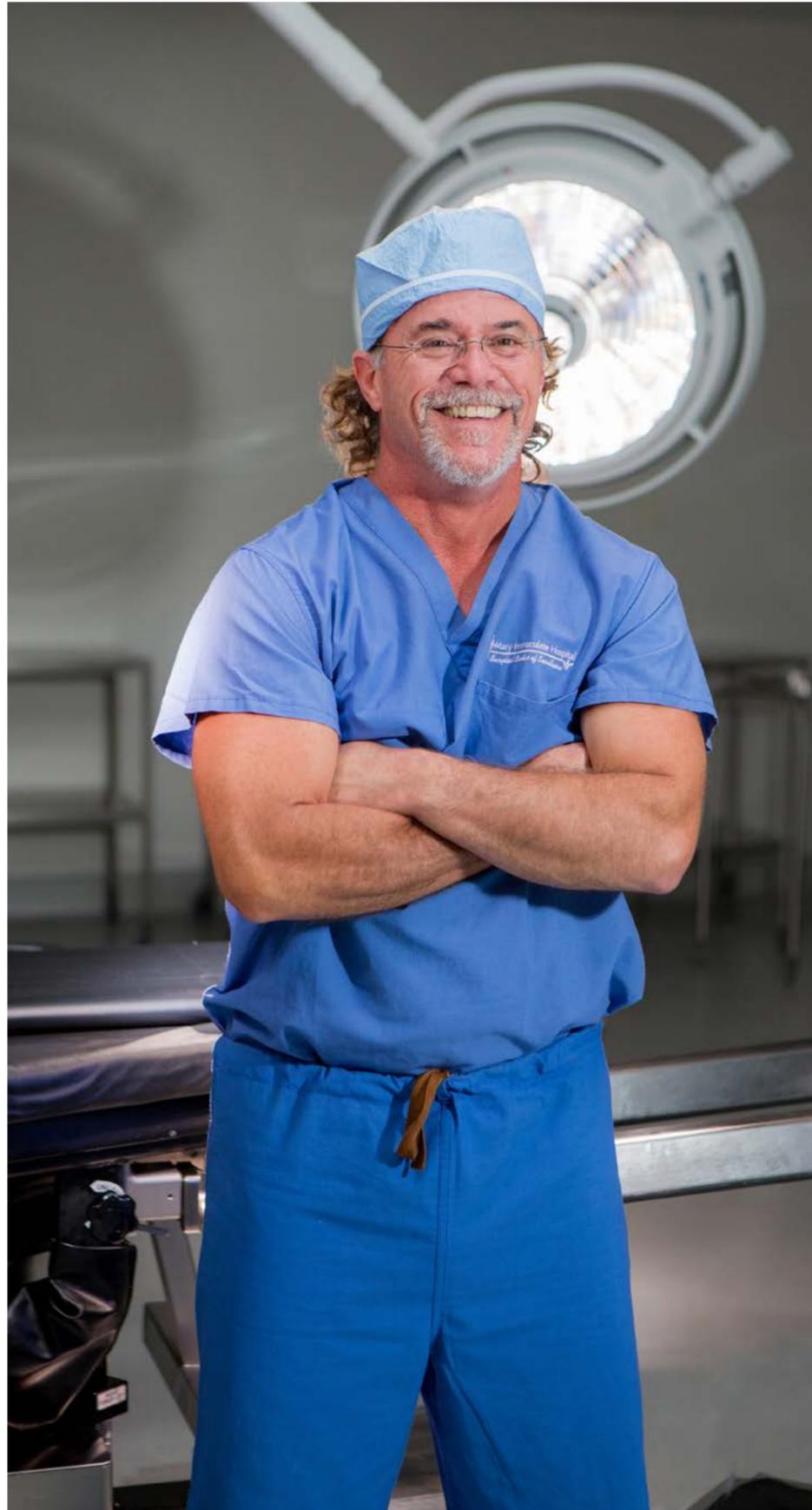


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Anthony T. Carter

M.D., F.A.A.O.S.

Dr. Anthony Carter is a pioneer in his field. He introduced many firsts in the Hampton Roads area, including the direct anterior approach to total hip replacement (Jiffy Hip) as well as robotic knee surgery (MAKOplasty), both of which he has performed more cases than any other area surgeon. He is constantly seeking new and innovative techniques, including improved pain management and accelerated recovery protocols, as well as comprehensive blood management programs for the Hampton Roads area.

Teaching International Orthopaedic Surgeons – Right From Newport News

The specialists at Hampton Roads Orthopaedics Spine & Sports Medicine are recognized experts in Hampton Roads and across the globe. Anthony Carter, operating in Newport News, is using new technology to teach surgeons all over the world how to perform the latest techniques.

“Inside the operating room, we have six high definition cameras,” says Dr. Carter. “We can use these cameras to livestream surgeries and showcase newer technologies we are fortunate to have at Mary Immaculate Hospital.”

Dr. Carter has used the cameras to teach surgeons how to perform anterior hip replacement surgeries at a national Anterior Hip Foundation course as well as the International Conference of Joint Replacement.

The cameras, located in the lights and around the room, give surgeons multiple viewpoints to study Dr. Carter’s techniques. They can also speak to him live, asking questions as he works through the surgery.



Surgeons are very visual learners. They have to see it to understand it, but since these are live, they can communicate with me, too.”

“Surgeons are very visual learners,” says Dr. Carter. “They have to see it to understand it, but since these are live, they can communicate with me, too.”

Dr. Carter hopes the new technology will improve patient outcomes all over the world by helping surgeons get access to the more advanced, precise techniques used in Hampton Roads.

“We are showcasing the newer technology we are able to trial first,” says Dr. Carter. “We can expand other surgeon’s

knowledge so they can take that to their patients. It also gives them a chance to talk through the surgery with me so they can ask specific questions and receive more one-on-one teaching.”

Patients in the livestreamed surgeries volunteer to be part of the teaching exercise. Their privacy is carefully protected so that other surgeons can’t see the patient’s face or identifying marks. Dr. Carter says the patients who have participated so far have been enthusiastic.

“Most patients think it’s exciting to be a part of it,” says Dr. Carter. “They enjoy that they are going to help teach other people and help other patients like themselves.”

In the future, Dr. Carter hopes to expand the use of livestream technology to improve opportunities for medical education. Many surgeons may be too busy to take time off to go to a conference or course. However, this technology would allow them to interact with Dr. Carter from their desks so they can learn without taking time out of the operating room.



Daniel R. Cavazos

M.D., F.A.A.O.S.



- Minimally Invasive Total Joint Replacement



- Sports Medicine



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Dr. Daniel Cavazos has been practicing medicine since 1986. Dr. Cavazos specializes in sports medicine, arthroscopic surgery, and minimally invasive total joint replacements. Since joining HROSM, he has enjoyed advancing the group’s reputation for progressiveness and innovation. He assisted in recruiting the first physician assistants to the practice, developed the Workers’ Compensation Program, and was instrumental in HROSM becoming the first practice in Virginia to purchase an Open Multi-Positional MRI.

A New Hip for a Hip New Grandmother



Dr. Cavazos, talking to Wheatley about her new grandchild. Wheatley’s hip replacement surgery has made it possible for her to enjoy her new granddaughter.

Hip replacement surgery ended 15 years of pain for Jennifer Wheatley – just in time for her to keep up with her first grandchild.

“My goal was to be fully recovered before my granddaughter started walking,” Wheatley says. “Now I can take her to the park and get down on the floor to play with her. I thought getting older meant you have to hurt every day, and I’m so grateful that it doesn’t.”

Wheatley, a 55-year-old massage therapist, benefited from a newer surgical approach perfected at Hampton Roads Orthopaedics Spine & Sports Medicine,



They can move very quickly without restrictions. That’s especially important for someone who is younger or wants to stay very active.”



Dr. Cavazos pictured with his patient Jennifer Wheatley.

which helps patients recover rapidly. The direct anterior, or front, approach to the hip socket allows surgeons to bypass muscles, tendons, and ligaments that stabilize the joint.

“Patients improve so much within the first three months that they gain a lot of confidence moving forward,” explains Dr. Daniel Cavazos, Wheatley’s surgeon. “They can move very quickly without restrictions. That’s especially important for someone who is younger or wants to stay very active. Jennifer had high expectations, and happily we met all of them.”

By the time Wheatley came to HROSM in December 2017, she had been in crippling pain for a year and was struggling with

basic chores such as grocery shopping, pumping gas, and cooking at her Newport News home. Her right hip had first started to ache in 2003, when she worked for UPS; at various points she was misdiagnosed with bursitis and a muscle injury.

A holistic person who had never even broken a bone, Wheatley had tried ice, rest, ibuprofen, stretching, water therapy, salt baths, ointments, and sleeping with a pillow between her knees. “My world just kept getting smaller,” she says. “I was looking for a doctor who would really listen and bring a positive, compassionate energy, and that’s exactly what Dr. Cavazos did.”

An X-ray revealed severe osteoarthritis in the hip, leaving surgery as Wheatley’s only option. She was stunned to be on her feet within two hours of her March 7 operation and in physical therapy that afternoon. At her six-week follow-up, she asked Dr. Cavazos for a big hug.

Most patients can go home the day of surgery with the anterior approach, which

has an extremely low risk of complications or subsequent joint dislocation. Typically, they’re off narcotic pain medications in three or four days and can drive within about two weeks. Dr. Cavazos, who has nearly 15 years of experience with the technique, can even operate on both hips at once if needed.

“Not surprisingly, we have patients traveling here from other states because we have so much expertise,” he says. Thanks to durable ceramic and polyethylene materials, the prosthetics should last a good 25 years.

Today, Wheatley, a married mother of three, has dropped more than 20 pounds and has newfound energy for work, exercise, and family, including several loved ones with chronic illnesses, a 16-year-old son, and, of course, that 1-year-old granddaughter. Next in line to play: a newborn grandson.

“This surgery was life-changing,” she says. “It’s incredible I can feel so good.”

• Spine



• Total Joint



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John W. Aldridge

M.D., F.A.A.O.S.

Dr. John Aldridge is a Board Certified orthopaedic surgeon who has been specializing in minimally invasive muscle-sparing spinal surgery and total joint replacement surgery in the Hampton Roads area since 2002. He was the first on the Peninsula to perform the AxiaLIF spinal surgery and the Zimmer Gender Specific Total Knee replacement. He is also the lead developer for the instruments used for the anterior total hip replacement technique for a major orthopaedic company.

Regain Function with Total Shoulder Replacement

John Aldridge, M.D., F.A.A.O.S., has performed thousands of total shoulder replacement surgeries in his 16-year career. He has seen firsthand the positive difference it can make in a person's life.

"For people who are having pain and disability, it is a very successful operation," Dr. Aldridge says. "Patients get very good pain relief and return to near normal shoulder function."

Dr. Aldridge says total shoulder replacement surgery can help patients of any age who have pain or loss of shoulder function that doesn't improve with physical therapy, cortisol injections, or pain medicines. These patients should also have signs of arthritis on X-rays or MRIs.

Some people are at higher risk for arthritis in the shoulder, including people who:

- have had a prior shoulder surgery
- do a lot of physical labor
- have a genetic predisposition for arthritis

But you don't have to have one of these risk factors to develop arthritis or qualify



If your shoulder pain is keeping you from doing the things you need to do, you should be evaluated for a replacement."

for a shoulder replacement.

"If your shoulder pain is keeping you from doing the things you need to do, you should be evaluated for a replacement," says Dr. Aldridge.

A shoulder replacement works similarly to a hip replacement. During the procedure, Dr. Aldridge places an artificial joint made of metal and plastic. The joint includes a socket placed in the shoulder and a ball placed on the top of the arm bone. The two fit together to act just like your natural shoulder.

However, unlike a hip replacement, a shoulder replacement has to have a greater range of motion. To achieve a full range of motion and function in the shoulder, you must be ready to put in the work.

"There's quite an extensive rehabilitation after shoulder replacement," says Dr. Aldridge. "It is three to six months of exercises after surgery, starting with a therapist for the first couple of months and then doing home exercises."

The main reason for the long rehabilitation is that you may not be using your shoulder much before surgery. This can cause the muscles and tendons to grow weak and stiff. A slow, safe rehabilitation after surgery gets them back into shape.

Though rehabilitation can take months, a joint replacement in your shoulder should last around 15 years. The hard work is worth the result of a pain-free shoulder that allows you to resume the activities you love, whether it's playing sports, going for a swim, or returning to work.



• Total Joint



• Sports Medicine



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Adrian T. Baddar

M.D., F.A.A.O.S.

Dr. Adrian Baddar was the first fellowship-trained hip and knee replacement specialist on the Peninsula. He was one of the first in the area to offer hip resurfacing and custom-fit knee replacements. Dr. Baddar specializes in a variety of surgical techniques, including anterior, posterior, and anterolateral approaches to the hip.

Back To Full Speed With Partial Knee Replacements

The very day after Bob Whitehead's bilateral partial knee replacement, he already felt better than he had in months.

Since then, life has only improved for the retired police sergeant and Air Force veteran.

"I used to be in pain every time I moved," says Whitehead, now a facilities and security manager for the Newport News Police Department, where he spent 26 years on the force. "I thought my recovery would be much more difficult, but I was back to work in three weeks and really felt back to normal after three months.

This experience was nothing but positive."

Whitehead, 63, was a perfect candidate for a partial knee replacement, as his arthritis was confined to one inner compartment of his joints, says Dr. Adrian Baddar, his surgeon at Hampton Roads Orthopaedics Spine & Sports Medicine.

"I describe the procedure as one-third of a total joint replacement, which is still a very effective option if arthritis has spread throughout the knee," Dr. Baddar says.

"You're not creating as much inflammation, so patients experience an easier recovery and, generally, a more natural-feeling knee."



... patients experience an easier recovery and, generally, a more natural-feeling knee."



Today's partial knees are holding up for 15 to 20 years, similar to total knees, according to Dr. Baddar. Patients often abandon walkers within days and need

much less physical therapy. He even has done some single-sided partial knee replacements as outpatient procedures.

By the time he started struggling to climb stairs and get out of his car, Whitehead had heard police colleagues speak highly of HROSM. At his first appointment, in the fall of 2017, Dr. Baddar removed 20 cc of fluid – over half an ounce – from Whitehead's swollen right knee and administered a cortisone shot.

Whitehead returned about a month later for another shot, but his left knee soon also began to ache. "Dr. Baddar told me, 'They look like twins on X-rays, and both need to be replaced,'" Whitehead relates. "He was surprised I wasn't in a lot more pain."

The decision on single versus bilateral replacement involves each patient's overall health and knee damage. If one knee is significantly worse, fixing that knee can relieve pressure and keep the other knee functional for several years,

Dr. Adrian Baddar pictured with his patient Bob Whitehead.

Dr. Baddar notes. Otherwise, if a patient is strong enough, the obvious advantage to bilateral surgery is avoiding two rounds of anesthesia and recovery.

Whitehead's only previous surgery was an appendix removal at age 13, but he credits HROSM and Mary Immaculate Hospital staff – and Dr. Baddar's sense of humor – with keeping him at ease. He stayed one night, navigated a few steps that evening, and was off narcotic pain medication after four days, taking only Aleve for lingering swelling. He also was shocked at how thin his incisions were.

After a life of service, the married father of three and grandfather of seven is happy to be back in action. "I've been to lots of doctors' offices where you think, 'Wow, I never want to go back there,'" he says. "Not this time. I got the help I needed very promptly."



Dr. Baddar examining Whitehead's painful left knee.



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Kinjal B. Sohagia

M.D., F.A.A.F.P.

Dr. Kinjal Sohagia is fellowship-trained in the non-operative management of spine and sports medicine problems. He has experience in a variety of nonsurgical procedures to help reduce patients' suffering from vertebral or disc-related problems. He has a special interest in back pain and overuse injuries.

Wheeling In, Dancing Out: The Promise of Stem Cell Therapy

By the time Linda Burton came to Hampton Roads Orthopaedics Spine & Sports Medicine in September 2017, crippling arthritis pain in her left foot had left her wheelchair-bound. Yet the invasive surgical solution proposed by a specialist in a different medical practice – four joint fusions – scared her.

Dr. Kinjal B. Sohagia had a far different answer. He could harvest Burton's own stem cells from abdominal fat cells, via a quick liposuction procedure, and inject them directly into the damaged joints. By coaxing her body to grow new cartilage, he could ease Burton's bone-on-bone arthritis pain without an operation.

A month after her procedure,

Burton, 73, literally danced into Sohagia's office. "Stem cell therapy has been like a miracle for me," the Hampton woman says. "My pain is virtually gone. I have my life back."

Since 2014, Dr. Sohagia has offered cutting-edge therapies at HROSM. The practice's Stem Cell Therapy Center frequently tackles osteoarthritis-related multiple joint pain, muscle ligaments and tendon injuries, sprain/strain, chronic pain from non-healing fractures, tendinitis and bursitis pain throughout the body, as well as degenerative disc disease and sacroiliac joint pain in the lower back. Patients turn to the center after conventional treatments or previous surgeries have failed.

"I believe so strongly in regenerative

“Stem cell therapy has no risk because you're truly fixing the problem without a surgery or a medication that could cause both short- and long-term complications.”



medicine and its future," says Sohagia, who has nearly a decade of experience with the treatments. "Stem cell therapy has no risk because you're truly fixing the problem without a surgery or a medication that could cause both short- and long-term complications."

Fusion surgery, for example, tends to stress other joints down the road. Permanently immobilizing the joints between Burton's arthritic bones could



Dr. Sohagia examining Linda Burton's left foot where she suffers from crippling arthritis pain.

have thrown off her gait and ultimately led to back or hip pain.

Dr. Sohagia's practice includes adipose stem cell therapy, which uses a centrifuge machine to isolate live stem cells from fat or bone marrow, and platelet-rich plasma (PRP) therapy, which similarly concentrates blood components that promote healing. During same-day appointments of 60-90 minutes, patients undergo liposuction and/or simple blood draws, followed by their injections.

Dr. Sohagia's practice utilizes amniotic and umbilical cord-derived stem cells, as well as autologous stem cells from a patient's own body, which pose no risk of rejection. He often combines stem cell therapy with PRP for maximum benefit.

In Burton's case, Dr. Sohagia targeted six damaged areas of her foot, including a tear in her Achilles tendon. "He was so precise, especially with the tiny joints at the top of my foot," Burton

Dr. Kinjal Sohagia pictured with his patient Linda Burton.

notes. "He was persistent until he got it right, and he talked to me the whole time to keep me comfortable."

The current downside to regenerative medicine is cost, as insurance plans still consider it experimental. "We've worked hard to make these therapies as affordable as possible to our patients," Dr. Sohagia says. "I am hopeful that as we collect more data on success rates, insurance coverage will follow."

Burton could undergo repeat treatments if necessary, but for now she's back on her feet and embracing favorite activities such as shopping and strolling on the beach. "I'm just so thankful I don't have to be in a wheelchair," she says. "This treatment was a tremendous answer to my prayers."



- Podiatry:
Foot & Ankle



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Phone: (757) 873-1554

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4030 Geo. Washington Mem. Hwy.
Suite B
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Phone: (757) 873-1554

Dr. Brendan McConnell

D.P.M., F.A.C.F.A.S.

Dr. Brendan McConnell has been recognized by Hampton Roads Magazine in the “Top Docs” issue for several years. As a Board Certified, American Board of Foot and Ankle Surgery Fellow, Dr. McConnell has been practicing foot and ankle surgery and podiatric medicine on the Peninsula since 1987. He specializes in the medical and surgical management of the foot and ankle.

A No-Pin Solution to Forefoot Pain

There are many conditions that can result in pain in the forefoot, including but not limited to tendinitis, arthritis, bursitis, irritated nerves, fractures, stress fractures, and bone spurs. A frequent location of pain in the ball of the foot is the second toe and metatarsal. Mechanical imbalance between the great toe joint (worse if a bunion is present) and second toe/ second metatarsal can result in a wear and tear syndrome in which the joint capsule/ligaments of the second toe can cause pain and swelling. The excess stress on the second toe and metatarsal can cause the joint ligaments to microscopically tear and in some cases

fully tear the joint ligaments. This can result in the second toe buckling and crossing toward the great toe. It is common to have significant pain and swelling in the ball of the foot with difficulty walking and taking a full propulsive step.

“The key to successful treatment starts with an accurate diagnosis. This puts you on the road toward solving the problem. If treatment is started early with tape splints, ice, physical therapy, and better shoes, the condition can be conservatively controlled and resolved,” says Brendan McConnell, DPM, FACFAS, a podiatrist at Hampton Roads Orthopaedics Spine & Sports Medicine. However, left untreated,

“The key to successful treatment starts with an accurate diagnosis. This puts you on the road toward solving the problem.”



the second toe can start to splay, crossing toward the big toe. Dr. McConnell says once crossover hammertoe deformity becomes established, the only effective treatment is surgery.

In the past, surgical solutions for the second toe and second metatarsal

required placing a metal pin/wire in the toe. Unfortunately, this pin would protrude out of the toe, slowing down rehabilitation. “The pin, called a K wire, acts as a splint,” says Dr. McConnell. “But people could bump them and get into all sorts of misadventures, slowing down their ability

Dr. McConnell discussing a no-pin solution to her forefoot pain.

to rehabilitate. They also couldn’t get their foot wet for four to six weeks.”

Dr. McConnell has used an advanced approach over the last 10 years to treating crossover toe/hammertoe/metatarsal joint pain that uses no pins and allows for a faster recovery. During this procedure, he shifts the metatarsal position, transfers a toe tendon to a new location, and then places an internal implant into the toe joint to help stabilize and support the bone without any pins. “It’s a very effective treatment,” Dr. McConnell says. “You can get your foot wet after two weeks and start physical therapy earlier.”

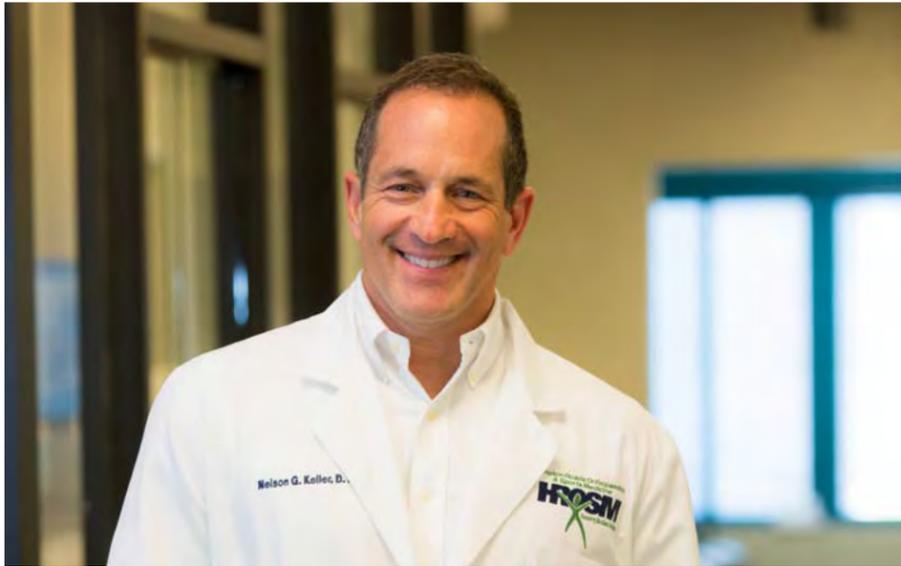
Dr. McConnell says the new procedure offers more consistent results and pain relief for his patients. These improvements help his patients enjoy a better, faster recovery so they can get back on their pain-free feet.



Before: Painful second toe crossover toe deformity out of alignment.



After: The corrective surgery for crossover toe puts the second toe and second metatarsal in better position without using any pin devices.



• Podiatry:
Foot & Ankle



NEWPORT NEWS OFFICE
730 Thimble Shoals Blvd.,
Suite 130
Newport News, VA 23606
Phone: (757) 873-1554

YORKTOWN OFFICE
4030 Geo. Washington Mem. Hwy.
Suite B
Yorktown, VA 23692
Phone: (757) 873-1554

Nelson G. Keller

D.P.M., F.A.C.F.A.S.

Dr. Keller has extensive experience in reconstructive foot and ankle surgery, in addition to 20 years of wound care experience. He has been the primary physician at the Mary Immaculate Wound Clinic for over 12 years. He is an active lecturer and participates in medical research.

Cosmetic Foot Fix Brings New Confidence — and Sandal Shopping



Dr. Keller examining Donaldson's foot for possible treatment options.

Her whole life, 20-year-old Kiana Donaldson has wanted to fix the fourth metatarsal on her left foot. Due to a congenital deformity, the toe was so short that it essentially sat on top of her foot, leaving her embarrassed to wear open-toed shoes or go barefoot at the beach or pool.

Thanks to Dr. Nelson Keller at Hampton Roads Orthopaedics Spine & Sports Medicine, who oversaw a multi-step procedure to lengthen the metatarsal, Donaldson recently bought her very first pair of strappy sandals.

"I love it," she says. "It doesn't look identical to my other foot, but I think it's



My job is to do all I can to help [my patients] succeed, which is very rewarding for me whether they need surgery or not."



Dr. Keller examining Donaldson's congenital deformity on the fourth metatarsal on her left foot.

perfect. Dr. Keller is awesome. He was always there for me. He knew how insecure I was about the appearance of my toe, and I felt like he valued that as much as I did. That really meant a lot to me."

Donaldson was born with a condition called brachymetatarsia, caused when a joint in her toe closed too early during development. In addition to cosmetic concerns, the condition can cause difficulty walking and pain with wearing many types of shoes.

Dr. Keller treated Donaldson with two surgeries. During the first, in March 2018, he precisely cut the bone in her toe and inserted a specialized external fixator device, which attached to the two bone segments with pins. Once a day for about two months, Donaldson turned a knob that very gradually pulled those segments apart, which also stimulated new bone to form in the gap over time.

In May, Dr. Keller removed the fixator and pins in a second surgery. He placed Donaldson in a cast for six weeks as the toe healed, followed by a walking boot and some activity restrictions for another month.

"Everything has to stretch with the bone: the tendons, blood vessels, and

Dr. Keller discussing treatment options with his patient, Donaldson.

nerves," Dr. Keller explains. "Ultimately, we were able to lengthen her toe about 1½ inches total. We made her foot look 'normal' for the first time, and the bone is now completely solid. We were both very happy with the results."

Dr. Keller sees about five patients a year with brachymetatarsia, most commonly in their fourth toe. Donaldson's case was one of the more severe, he says.

Other than some minor aching as her toe grew, Donaldson had no complications. The scar beneath her toe is of no cosmetic concern to her. In fact, as soon as her cast came off, her mother gave her a pair of Old Navy flip-flops that she had long envied on friends.

"I probably won't be wearing closed-toed shoes the rest of the year – even in the winter," she says with a smile. "And I really can't wait for next summer. I might just live at the pool."



• Sports Medicine



• General Orthopaedics



WILLIAMSBURG OFFICE

5335 Discovery Park Blvd.
Suite B
Williamsburg, VA 23188
Phone (757) 873-1554



Alexander Lambert II

M.D., F.A.A.O.S.

Dr. Alexander Lambert specializes in sports medicine and has been a physician since 1988 and in private practice since 2002. Dr. Lambert has also served as a team physician for the College of William & Mary since 2002. His practice focuses on sports medicine, knee and shoulder ligament reconstructions, and general orthopaedics.

Don't Ignore Persistent Ankle Pain

Ankle sprains are one of the most common injuries among athletes and non-athletes. Usually, you can heal an ankle sprain by wrapping the ankle, elevating it, applying ice, and resting it. However, if ankle pain persists or keeps coming back, it can be a sign of bigger problems in the joint.

Alexander Lambert, II, M.D., says when pain lasts more than a week, or if you experience recurring ankle sprains, it is time to see a specialist.

"Don't ignore it," Dr. Lambert says. "There is a reason why you have that pain, but you don't have to live with it."

Dr. Lambert specializes in caring for ankle injuries. He says there can be many reasons for persistent ankle pain, including:

- A sprain that failed to heal
- Osteochondral defects (damage to ankle cartilage)
- Tendonitis
- Tendon tears
- Undetected ankle fracture



If your muscles around the lower leg and ankle are strong, that can stabilize the ankle and prevent severe injuries."

When caught early, many of these problems can be treated with an ankle brace to stabilize the joint, medicine to reduce inflammation, and physical therapy to strengthen the ankle. The goal of these therapies is to correct ankle laxity (looseness). When the ankle is too loose, it puts strain on tendons and ligaments, which can lead to tendonitis, tendon tears, bone spurs, or arthritis.

"If, despite braces, we still have continual laxity in the ankle, we have to do surgery to physically tighten the ligaments,"

says Dr. Lambert.

Dr. Lambert can use minimally invasive techniques to treat most sources of ankle pain, such as cartilage damage or ankle sprains. However, the longer the pain goes untreated, the more likely you will need a more complex surgery.

Unfortunately, it can be difficult to prevent ankle sprains. They are often caused by stepping in a hole you didn't see or being hit by someone else while playing a sport. Some athletes, such as volleyball players, wear ankle braces to prevent sprains before they occur.

"The other way to prevent ankle sprains is to maintain good strength around the ankle," says Dr. Lambert. "If your muscles around the lower leg and ankle are strong, that can stabilize the ankle and prevent severe injuries."

If you do experience ankle pain, try to rest the ankle as much as possible. If pain doesn't go away within a few days or pain is severe, make an appointment to see your physician.



• **Interventional Physical Medicine & Rehabilitation**



WILLIAMSBURG OFFICE
5335 Discovery Park Blvd.
Suite B
Williamsburg, VA 23188
Phone (757) 873-1554

Scott Bradley

M.D.

Dr. Scott Bradley is Board Certified and fellowship trained in Physical Medicine and Rehabilitation. He is a member of the American Academy of Physical Medicine and Rehabilitation, American College of Sports Medicine and the Spine Intervention Society. Dr. Bradley specializes in disorders of the spine, musculoskeletal system, and acute sports-related injuries.

Beating Crippling Back Pain

The back pain that brought Al Lambiase to Hampton Roads Orthopaedics Spine & Sports Medicine was so excruciating – so unrelenting, even if he tried not to move a muscle – that he was essentially bedridden



Dr. Bradley discussing pain management options with Lambiase.

for more than a month.

When Dr. Scott Bradley heard Lambiase’s story, the pain management specialist immediately gave up his lunch hour for an emergency appointment to administer an epidural steroid injection. Over the next several months, Dr. Bradley gave Lambiase two more injections and also prescribed an at-home medication for radiating pain, along with physical therapy to help rebuild his atrophied muscles.

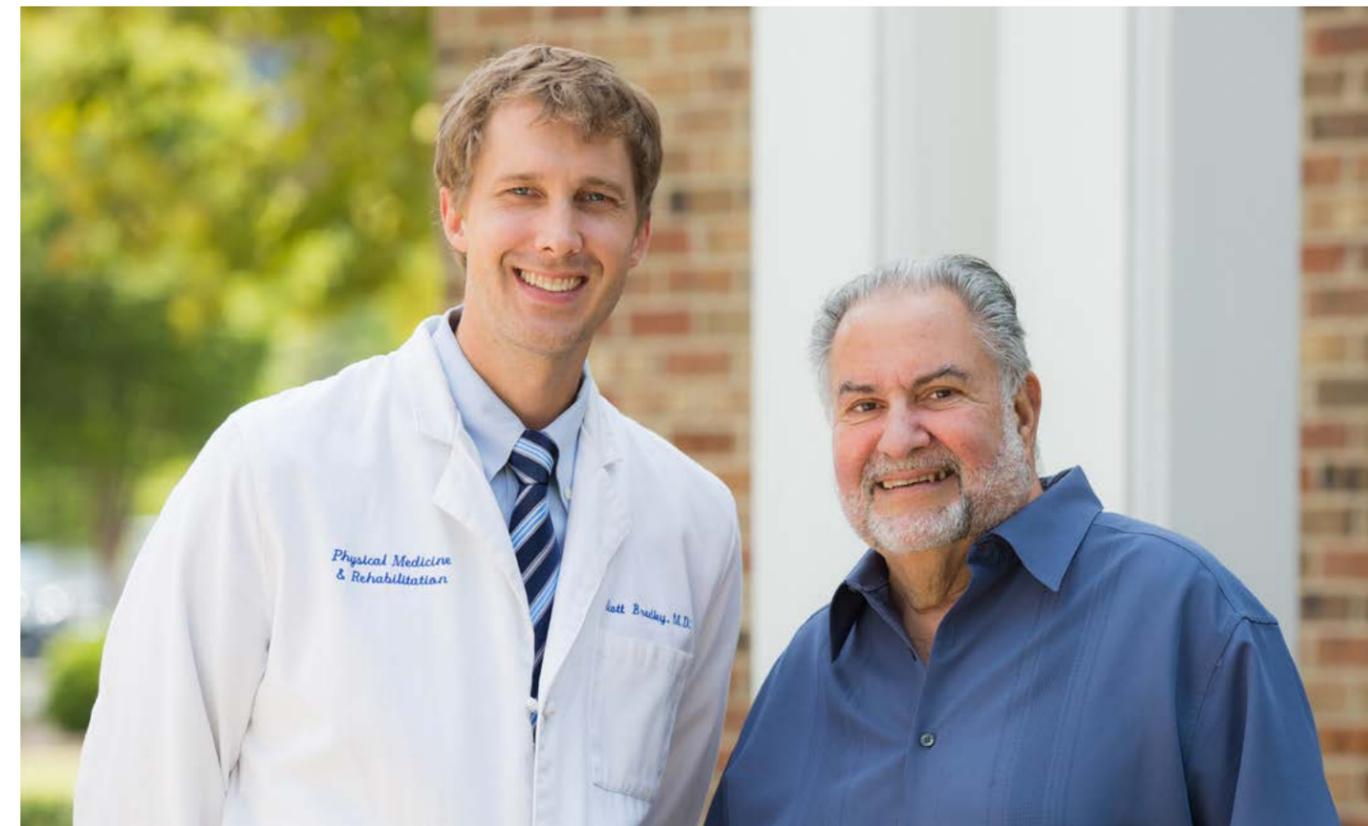
Once the 75-year-old Army veteran had regained enough strength, he underwent a successful back surgery the following January with another HROSM physician, Dr. John Aldridge.

“These doctors truly brought me back to life,” Lambiase says. “I’m a pretty tough, hard-charging guy, but this absolutely wiped



It was wonderful to be able to step in quickly – when clearly there was no time to waste – and watch him regain his independence.

me out. I’m not ashamed to say that I was in tears at my first appointment. It was just horrific pain that spread through my whole body.”



Dr. Bradley and Lambiase.

Lambiase had an extruded herniated disc in his lower back, a degenerative condition that placed enormous pressure on the nerves in his spine. He was so debilitated that he would not have tolerated surgery and recovery well without first receiving conservative treatments, says Dr. Bradley, a fellowship-trained physical medicine and rehabilitation physician.

“This is the perfect example of a problem that goes beyond a single, quick fix,” he notes. “We got him 70 to 80 percent better, and then surgery took him the rest of the way. It was wonderful to be able to step in quickly – when clearly there was no time to waste – and watch him regain his independence.”

The crippling pain began to ease within a week of Lambiase’s first injection and progressively improved over the next four months. “I went from wheelchair to walker to cane,” he reports. “To me, it seemed miraculous to simply be able to stand up and walk again.”

Lambiase had already been a satisfied HROSM patient seven years earlier, when

Dr. Bradley pictured with his patient Lambiase.

he underwent a total hip replacement with Dr. Daniel Cavazos. His back surgery involved removing a portion of a damaged vertebra, installing a spacer device, and cleaning out debris, all to relieve pressure within his spinal cord. “Everyone at HROSM treated me with such patience, care, and sensitivity,” he says.

Most importantly, the New York City native is back to living his dream after a busy career in military intelligence: an idyllic life on 7½ acres in New Kent County, where he and his wife share space with bald eagles, deer, and rabbits and he enjoys hiking, swimming, and tackling home improvement projects.

“I do have to remember that I’m not 18 anymore,” he says with a smile. “No heavy lifting. Still, I’m strong enough for just about every activity I want to do. I feel so grateful and blessed.”



• Interventional
Pain Management



NEWPORT NEWS OFFICE
Interventional Pain Management
732 Thimble Shoals Blvd.
Suite 803
Newport News, VA 23606
Phone (757) 933-8888



Rebecca Shoemaker

M.D.

Dr. Rebecca Shoemaker is fellowship-trained in physical medicine and rehabilitation and fellowship trained in Pain Medicine. Dr. Shoemaker is a member of the American Academy of Physical Medicine and Rehabilitation and the Association of Academic Physiatrists. Dr. Shoemaker specializes in physical medicine and rehabilitation and interventional pain management.

Is Your Shooting Pain Sciatica?

If you experience shooting pain down your leg, you aren't alone. Almost 40 percent of people experience sciatica pain at one point in life. The name comes from the sciatic nerve that runs from the lower spine into the leg.

But sciatica isn't the only cause of leg pain, says Rebecca Shoemaker, M.D., a pain medicine physician at Hampton Roads Orthopaedics Spine & Sports Medicine.

"If someone has a true sciatica, they have irritation of the nerve roots in their lower back," says Dr. Shoemaker. "If pain is coming from those nerve roots, a doctor can find signs indicating that during a physical exam."

At your appointment, your doctor will perform a physical exam to find the cause of your pain. During the exam, you may:

Bend Backward

If you bend backward and your pain flares up, it may be arthritis.

"Sometimes arthritis in the lower spine can mimic sciatica," says Dr. Shoemaker. "Usually that pain doesn't go past the knee, but occasionally it will."



If someone has a true sciatica, they have irritation of the nerve roots in their lower back."

Sit in Different Positions

Pain while you're sitting may be a sign of piriformis syndrome. Sometimes the sciatic nerve runs through or over your piriformis muscle in your buttocks. The muscle can put pressure on the nerve and cause pain. Your doctor may have you sit in different positions or press on your piriformis to check for this condition.

Feel the Pressure

Your doctor may press on your back or hips to check for bursitis (irritation of fluid-filled sacs that cushion your bones, tendons, and muscles). Pelvic bursitis can

cause sciatica-like pain. If the sacs are irritated, you'll know it when your doctor presses on them.

Receive an Injection

Your sacroiliac joint connects your hips to your spine. If the joint moves too much, it can cause pain that mimics sciatica.

"There are many tests doctors can perform to determine if the sacroiliac joint is the source of pain," says Dr. Shoemaker, "but often the best test is a steroid injection."

If the injection relieves pain, you'll know the joint was the cause.

Lift Your Leg

When you are lying down, your doctor will pull up your leg while keeping it straight. This pain indicates you have sciatica.

Once your doctor knows the cause of your pain, he or she may prescribe treatment such as rest, physical therapy, pain relievers, or steroid injections. These treatments relieve shooting pains so you can get back to the activities you love.



• Spine



NEWPORT NEWS OFFICE
730 Thimble Shoals Blvd.,
Suite 130
Newport News, VA 23606
Phone: (757) 873-1554

WILLIAMSBURG OFFICE
5335 Discovery Park Blvd.
Suite B
Williamsburg, VA 23188
Phone (757) 873-1554

Zachary Tan

M.D., F.R.C.S.C.

Dr. Zachary Tan is a Board Certified orthopaedic surgeon and is fellowship-trained in spine surgery. After completing his surgical residency training at the University of Toronto, he remained for an additional one-year fellowship in spine surgery focusing on the management of spine trauma, oncology, deformity, and degenerative diseases. Dr. Tan specializes in minimally invasive muscle-sparing spinal surgery, and total joint replacement surgery.

New Spine Surgery Technology Improves Patient Results

Historically, spine procedures and fusions required surgeons to make a large incision on the patient's back. This would allow surgeons to identify certain anatomic features on the vertebrae which help to determine where screws should go. This technique would be coupled with the use of intraoperative X-Rays, prolonging surgical time and radiation exposure. During each surgery, surgeons had to cut through a lot of muscle in the back, making recovery a longer process for patients.

But spine surgery has undergone tremendous changes.

Zachary Tan, M.D., F.R.C.S.C., a fellowship-trained spine surgeon at Hampton Roads Orthopaedics Spine & Sports Medicine, says new technology is helping physicians to make smaller incisions and perform more accurate surgeries.

"We have so much technology at our disposal that allows us to see into the spine so we do not need to expose all that anatomy anymore," says Dr. Tan.

Dr. Tan and other spine experts at



We have so much technology at our disposal that allows us to see into the spine so we do not need to expose all that anatomy anymore."



HROSM use computerized navigation to perform surgeries. This technology uses a low dose CT scan of the spine, taken before surgery. During surgery,



Dr. Tan uses a spine model to show patients which vertebrae is causing problems.

Dr. Tan makes a small initial incision in the spine and takes a picture of the exposed vertebrae. The computerized navigation system then uses the picture and the pre-operative CT scan to create a map for surgery.

"It allows us in real-time to determine where we should best place our surgical instruments and implants," says Dr. Tan. "That is beneficial because we don't have to expose a large part of the spine and can minimize muscle damage. It really allows us to safely and efficiently install spinal hardware with a high degree of accuracy."

Spine surgeons can also take a new approach to lower back surgery. Instead of going through the large muscles in the back, surgeons can get to the spine through a small incision in the side of the abdomen. This new approach can even be paired with the computerized navigation, leading to

Dr. Tan discusses computerized navigation he will be using during spine surgery with his patient.

better patient outcomes.

With less damage done to muscles, the patient may only spend one or two days in the hospital after surgery instead of three or four. The patient may also be out of bed faster and need less pain medicine during recovery. Best of all, muscle-sparing lower back surgery will also help to maximize long-term outcomes following spine surgery.

Dr. Tan says that with new technology, surgical approaches, and tools, patients should feel safer and more confident in the hands of spine surgeons. "A fast recovery and return to function is of paramount importance to patients," says Dr. Tan. "We truly have the tools to do what is best for our patients."



Our Physician Assistants

HROSM is pleased to introduce our team of skilled and devoted Physician Assistants. These are highly trained, certified, and knowledgeable professionals who are dedicated to supporting our patients. In addition to their education credentials listed below, each is a proud member of the American Academy of Physician Assistants.



MELVIN PALMER, PA-C

Melvin joined Hampton Roads Orthopaedics Spine & Sports Medicine in July 2012. He attended Old Dominion University where he earned his Bachelor of Science in Biology. He received his Master of Science in Physician Assistant Studies from Eastern Virginia Medical School. Melvin is licensed by the State of Virginia to practice as a physician assistant and earned his National Commission Certification of Physician Assistants.



SARAH BOTT, PA-C

Sarah returned to Hampton Roads Orthopaedics Spine & Sports Medicine in July 2013. Sarah received her Bachelor of Science in Biology from James Madison University. She then received her Master of Health Sciences in Physician Assistant Studies from the University of South Alabama. Sarah is licensed by the State of Virginia to practice as a physician assistant and earned her National Commission Certification of Physician Assistants.



JENNA NASH, PA-C

Jenna joined Hampton Roads Orthopaedics Spine & Sports Medicine in February 2014. She attended the College of William & Mary where she earned her Bachelor of Science in Neuroscience. She received her Master of Science in Physician Assistant Studies from Eastern Virginia Medical School. Jenna is licensed by the State of Virginia to practice as a physician assistant and earned her National Commission Certification of Physician Assistants.



SEAN HINDMAN, PA-C

Sean joined Hampton Roads Orthopaedics Spine & Sports Medicine in November of 2015. Sean is a graduate of James Madison University where he earned a Bachelor of Science, double majoring in Psychology and Anthropology. He then received his Master of Science degree in Physician Assistant Studies from Eastern Virginia Medical School. Sean is licensed by the State of Virginia to practice as a physician assistant and earned his National Commission Certification on Physician Assistants.



SHANNON HOLLOMAN, PA-C, A.T.C.

Shannon joined Hampton Roads Orthopaedics Spine & Sports Medicine in January 2016. She attended Averett University where she earned her Bachelor of Science in Athletic Training. She received her Master of Science in Physician Assistant Studies from Eastern Virginia Medical School. Shannon is licensed by the State of Virginia to practice as a physician assistant and earned her National Commission Certification of Physician Assistants. She currently maintains her NATA certification as an Athletic Trainer.



JULIA HOUGH, PA-C, A.T.C.

Julia joined Hampton Roads Orthopaedics Spine & Sports Medicine in 2016. She attended Duquesne University where she earned her Bachelor of Science Degree in Athletic Training. While working as a Certified Athletic Trainer, she earned a Master of Science Degree in Rehabilitative Sciences from Clarion University. Julia returned to school to earn her Bachelor of Science in Physician Assistant Studies from Pennsylvania College of Technology. Julia is licensed by the State of Virginia to practice as a physician assistant and earned her National Commission Certification of Physician Assistants. She currently maintains her NATA certification as an Athletic Trainer. She is a member of the National Athletic Trainers Association.



ANDREW JOHANSSON, PA-C

Andrew joined Hampton Roads Orthopaedics Spine & Sports Medicine in June of 2016. He attended Old Dominion University where he earned his Bachelor of Science in Exercise Kinesiology. Andrew continued his education at Eastern Virginia Medical School, earning his Master of Physician Assistants Studies. Andrew is licensed by the State of Virginia to practice as a physician assistant and is Board-Certified by the National Commission Certification of Physician Assistants.



LAUREN LABRA, PA-C

Lauren joined Hampton Roads Orthopaedics Spine & Sports Medicine in January of 2017. Lauren is a graduate of Gannon University, where she earned both a Bachelor of Science in Health Science and a Master of Science in Physician Assistant Sciences. Lauren is licensed by the State of Virginia to practice as a physician assistant and earned her National Commission Certification of Physician Assistants.



MEGAN WITTUSEN, PA-C

Megan joined Hampton Roads Orthopaedics Spine & Sports Medicine in January 2018. She previously attended Christopher Newport University where she earned her Bachelor of Science in Biology. She then attended East Carolina University where she received her Master of Science in Physician Assistant Studies in December 2017. Megan is licensed by the State of Virginia to practice as a physician assistant, and earned her National Commission Certification of Physician Assistants in December 2017. She is a member of the American Academy of Physician Assistants and the Virginia Academy of Physician Assistants.



• Open/Upright
Multi-Positional
MRI



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Suite 120
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The Only Open/Upright Multi-Positional MRI On The Peninsula

Pain is a given in virtually every orthopaedic presentation. HROSOM physicians know that patients don't see them unless they're hurting, and hurting badly. They also know that patients in pain are nervous or frightened, so every care is taken to ensure their maximum comfort. HROSOM surgeons and staff have the experience and understanding to work effectively with these patients, and that's especially evident in the Open Multi-Positional MRI Center. That combination helps patients embrace comprehensive, innovative exercise and stretching programs to rebuild their strength, flexibility, and balance after an injury or surgery.

Dr. Adrian Baddar, Medical Director of the Center, describes conventional MRI as "...like going into a coffin, like a torpedo

tube," he says. "It's tight. If your hand is by your side, there's not enough room to lift it to touch your nose." It can be extremely anxiety-producing for a patient in pain. As Dr. Baddar says, "Even if people aren't claustrophobic, they become claustrophobic when they're in there."

That's the unique advantage of HROSOM's Open Multi-Positional MRI: by design, there's no tube in this open upright MRI machine, so patients can be scanned in a variety of positions - such as sitting, standing or lying down. In most cases, they can even watch a 42" flat screen TV while their study is being done. It makes MRI a much more comfortable experience for claustrophobic patients and those who experience pain when lying down. No one knows that better than MRI Technologists



We have the ability to scan patients in positions that are more comfortable and less painful."

Karen Stanley, Debbie Bergman, and Vivian Bryan, who collectively bring more than 50 years of patient care experience.

They have seen patients in the worst kind of pain, who are anxious about their MRI scans. They've learned to deal with them gently. "I worked the night shift for ten years," Stanley says, "when patients are under extreme stress." "Each one is



The Open/ Upright Multi-Positional MRI is unlike any other MRI scanner because it can scan patients in any position.

unique," Bergman says, "and most of them need help to get through a study." Karen, Debbie, and Vivian have all had patients who are so terrified by what they've heard (or experienced) with MRIs that they're unable to participate in the procedure. It takes a long time to assure them, these technicians agree, but after so many years, they each understand the value of listening and talking.

HROSOM surgeons gratefully acknowledge the MRI team taking time to work with patients, to explain calmly what's needed and why. "Sometimes," Stanley admits, "we'll sit or stand in the machine ourselves, showing them exactly what we need from them. It lessens their nervousness and ensures their comfort." And lessening nervousness, the MRI team knows, means a better scan.

"We have the ability to scan patients in positions that are more comfortable and less painful," Bergman says.

Dr. Baddar agrees and explains the benefits of HROSOM's patient-friendly, Open Multi-Positional MRI: "First, it allows the physician to see pathology that other machines would miss, by placing patients in a position that accentuates their problem. A good example of this

is a disc herniation that is present when standing or sitting but disappears when lying down. Secondly, we have the ability to scan patients in positions that are more comfortable and less painful in cases where they cannot tolerate certain positions." When the patient is comfortable, the entire procedure is quicker and runs more smoothly. As Stanley says, "We know we've done a good job when patient has completed a study easily and without stress and the surgeon has a good, clean report."

Dr. Baddar and his partners know that the most current technology in the hands of inexperienced personnel doesn't work if a patient feels rushed or afraid. Each member of the MRI team has the experience and caring to get the best result possible.

The MRI Concierge Service at HROSOM is also available for referring physicians and their patients. This service is staffed 7 days a week, offering evening and weekend appointments. They also offer a variety of services for referring physicians and patients, including MRI screening, obtaining insurance authorization, and coordinating/scheduling appointments to better serve patients.

WHY CHOOSE HROSOM MRI CENTER:

- Open 7 days a week.
- Spacious open environment and TV for viewing.
- Accredited by American College of Radiology.
- Quick accurate diagnosis.
- Accommodates children, claustrophobic, and larger patients.
- Non-invasive procedure with no known side or after-effects. The procedure is painless.
- Costs much less than MRIs performed at hospitals.
- The magnetic field strength of the FONAR MRI is 0.6 TESLA.

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- Orthopaedic Rehabilitation
- Sports Medicine
- Industrial Rehabilitation



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 730 Thimble Shoals Blvd.,
 Suite 130
 Newport News, VA 23606
 Phone: (757) 873-1554

HROSM Physical Therapy

At Hampton Roads Orthopaedics Spine & Sports Medicine, our physical therapy department provides comprehensive outpatient services to suit your needs. The therapists are here to assist you during your recovery from surgery, injury, or illness and to help restore function and promote overall wellness. Our therapists specialize in orthopaedic care, sports medicine, and industrial rehabilitation.

HROSM's Physical Therapy Center has all the expertise and equipment to provide the best possible rehabilitation program for every patient. The center also offers two invaluable

advantages: close partnerships between therapists and practice physicians, and a warm, supportive professional environment and staff.

That combination helps patients embrace comprehensive, innovative exercise and stretching programs to rebuild their strength, flexibility, and balance after an injury or surgery.

"The relationship between a patient and their physical therapist is based on trust – trust that we are educated on the latest research and evidence-based practices and always have their best interests in mind," says Marc Forrest, PT, DPT, OCS, who also serves as HROSM's Director of Physical Therapy. "That is what allows patients to relax and begin to move that joint they just had replaced, or do those exercises that



The relationship between a patient and their physical therapist is based on trust – trust that we are educated on the latest research and evidence-based practices and always have their best interests in mind."



Stacye Seay, DPT working with a patient on her physical therapy goals.



Marc Forrest, DPT working with a patient during a PT session.

may be difficult at first but are exactly what they need to improve their overall function."

Dr. Forrest is certified as an Orthopaedic Clinical Specialist from the American Board of Physical Therapy Specialties. This designation demonstrates advanced clinical knowledge in the field of orthopaedics. The specialist certification program was established to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice and to assist consumers and the health care community in identifying these physical therapists.

Working in a modern, recently renovated space, HROSM Physical Therapy utilizes the latest techniques in orthopaedic care to maximize each patient's recovery. The therapists are trained in all facets of

sports medicine, industrial medicine, and comprehensive orthopaedic care.

Marc and his team – Bill Powers, PT; Chad Carlson, PT, DPT; Stacye Seay, PT, DPT; and Rob Williams, PTA – are passionate about continuing education and finding the latest evidence-based interventions and hands-on manual skills to improve patient outcomes. "The knowledge and experience the therapists and therapy assistants have in this clinic is far above average, and the physicians recognize and respect that," Dr. Forrest says. "We have a very open line of communication with the doctors here, especially since we can take a minute to walk across the hall and have face-to-face discussions about a patient's progress."

HROSM's therapists bring diverse backgrounds to the clinic, which help them connect with all types of patients. Bill has worked as a physical therapist in the Tidewater area for almost 40 years; there is not much in the way of orthopaedics he has not seen. Chad played football for

four years at Virginia Tech, where he was exposed to Division I athletics which helped drive his passion for sports medicine. Stacye, our most recent addition to the therapy team, has practiced as a PT in the Tidewater region for 13 years in several different orthopaedic and sports medicine settings. Rob brings a wealth of hands-on skills he has gained over the last 15 years of practice.

The center's patients receive custom tailored and varied routines that both address their physical concerns and motivate them to improve in a fun, energetic atmosphere. "Patients and staff often encourage, motivate, and joke with each other. People tell us they feel at home here," says Dr. Forrest. "It's never an institutional feel or a cookie-cutter approach to care. Everyone is treated as an individual, and we become like a family. Patients may walk in the door on the first day in pain and not want to be there, but so many of them walk out on the last day giving hugs and high-fives."



Navigating the Maze of Workers' Compensation Claims: An HROSM Specialty

For workers injured in the course of employment, there may be nothing so complicated - or so intimidating - as the system that must be navigated before relief can be achieved. The relief these patients seek is as much from the physical pain endured as from the labyrinth of rules that regulate compensation in such cases. For the employer, that same situation represents an employee impaired from performing his duties - and thus reduced efficiencies. For those employers, the goal is always to restore the worker first to

health and then to productivity.

Hampton Roads Orthopaedics Spine & Sport Medicine supports both workers and employers by unraveling these rules and regulations and providing optimum care for patients with orthopaedic injuries. Today, Dr. Adrian Baddar and Dr. John Aldridge are the medical directors of HROSM's Workers' Compensation Program.

One of the program's most powerful assets is its Disability and Legal Administrator, Tania Wessells. Her expertise and experience in the area of workers'

“

I had the utmost respect for these surgeons when I represented the employer, and that respect has grown since I've worked with them on a daily basis.”

compensation law have contributed greatly to HROSM's reputation for knowledge and integrity.

Wessells had worked for 33 years representing the interests of employers when she was recruited by Dr. Daniel Cavazos, who first established the Workers' Comp program at HROSM. “She had been immeasurably helpful to our workers' compensation patients when she was employed by Newport News Public Schools,” Dr. Cavazos says, “and as a member of our staff, she's completely solidified our position in the market through her very specialized knowledge and experience.”

Wessells elaborates: “There are three disparate entities involved in any workers' compensation claim: the injured employee, the employer, and the treating physician. And there are many different aspects to each claim, each more complex than the next. If you're not familiar with them, it can seem impenetrable, like a cobweb.”

Understanding those diverse aspects

and keeping up with the laws that govern them have been Wessells' area of expertise for many years.

The HROSM staff relies on Wessells to help them understand both the patient's perspective and the employer's, both because of her extensive medical background and her almost encyclopedic knowledge of the laws governing workers' compensation claims. “That's unique to this practice,” Wessells says, “because we actually have meetings where the surgeons will ask questions from the legal aspect that I can explain to them.” When opinions come down from the Virginia Deputy Commissioner's office, she reviews them and summarizes them for the surgeons. The HROSM doctors want to fully understand the legality of workers' compensation claims, Wessells emphasizes, because “they always want to be sure that their evaluations are fair and impartial.” In fact, she says, “I had the utmost respect for these surgeons when I

represented the employer, and that respect has grown since I've worked with them on a daily basis.”

She's accompanied the doctors when they conduct independent medical examinations, an element of the practice that has increased by about 70% over the course of a year - and she's been invited to observe surgeries as well. “As interested as these doctors are in learning, they're equally willing to reach,” Wessells says. “It's their open-mindedness that's made this Workers' Compensation program as successful as it is; that and their determination to find the truth, and to report it thoroughly.”

The members of the Workers' Compensation/Disability Team are Adam Dooley, Workers' Compensation Program Coordinator, and Paneka Parker, Disability Case Manager. Wessells stresses the team effort, hard work, and dedication of everyone involved in this program are what make it such a success.



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1. Barrett WP, et al. “Prospective Randomized Study of Direct Anterior vs Postero-Lateral Approach for Total Hip Arthroplasty.” *The Journal of Arthroplasty* 2013; (28): 1634-1638. 2. Vail TP, et al. “Approaches in Primary THA.” *The Journal of Bone and Joint Surgery* 2009; (91): 10-12. 3. Bourne MH, et al. “A comparison between direct anterior surgery of the hip (DASH) and the anterolateral (AL) surgical approach to THA: Postoperative outcomes.” 2010 AAOS New Orleans, LA, Poster #014. 4. Christensen CP, et al. “Comparison of Patient Function during the First Six Weeks after Direct Anterior or Posterior Total Hip Arthroplasty (THA): A Randomized Study.” *The Journal of Arthroplasty* 2015; (30): 94-97.



• Urgent Care



• Occupational Medicine



• Orthopaedic Medicine



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Hampton Roads Urgent Care, a division of Hampton Roads Orthopaedics Spine & Sports Medicine, has been open since August 2017. Hampton Roads Urgent Care combines three sub-specialities under one roof, including general, occupational, and orthopaedic medicine. Our urgent care helps to save patients time and money, and provide immediate access to physicians.

Why More Patients Are Using Urgent Cares

Due to high patient demand, almost 400 new urgent care facilities opened across the country in the past year alone. After long waits or high medical bills, many patients strive to avoid emergency rooms, and urgent cares help meet their needs.

“Unfortunately, emergency rooms are really inundated with minor medical problems,” says Dan Naumann, M.D. “That’s not the purpose of emergency rooms. When you come to an urgent care, you are going to get expeditious care, more personal care, and care that’s cost-effective.”

Hampton Roads Urgent Care, located conveniently in Newport News City Center, offers more convenient care than emergency rooms. Though urgent care centers aren’t open around the clock, you can still walk in for care without an appointment in the evenings and on Saturdays.

Your experience at an urgent care should be much different than an emergency room, starting with checking in.

“We have a top-notch staff,” says Dr. Naumann. “We offer really patient-centered, personalized care all the way from the front office to the nurses and providers.”



We offer really patient-centered, personalized care all the way from the front office to the nurses and providers.”



Dr. Naumann offers comprehensive medical treatment to assess general health concerns, as well as sports and work-related injuries in a prompt, professional, and caring environment.

Your wait in an urgent care should be much shorter, too. Dr. Naumann says the friendly staff strives to get every patient in and out in under 45 minutes. They treat minor illnesses and injuries, such as:

- Allergies
- Back pain
- Broken bones
- Cold and flu
- Cuts
- Eye redness or itchiness
- Fever
- Insect bites
- Minor burns
- Muscle strains and sprains
- Painful urination
- Sinusitis
- Sore throat or cough
- Vomiting or diarrhea

Dr. Naumann and other trained providers can provide splints, stitches, braces, and other minor medical treatments. Located

next door to Hampton Roads Orthopaedics Spine & Sports Medicine, Hampton Roads Urgent Care physicians have access to the latest X-ray technology to diagnose problems. They can also quickly consult with orthopaedic experts on injuries to ensure patients can receive quick care for their needs.

Finally, when your urgent care bill arrives, it should be far less than an emergency room bill; sometimes less than half of what it would have been in an ER.

Dr. Naumann warns that when a condition or injury threatens your life or limb, you still need to call 911 or go to the nearest emergency room. These conditions may include, but aren’t limited to:

- Chest pain
- Complex bone fractures (bone protruding through skin or showing a serious deformation)
- Excessive bleeding
- Head trauma

- Loss of vision
- Serious burns (burns that are widespread or severe)
- Stroke

By using an ER only in emergency circumstances, you help everyone receive faster care.

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Dr. Tan was the first in Virginia to complete a cervical fusion using the 7D Surgical System. This system virtually replaces standard fluoroscopy, providing the surgical team with a fast, accurate and radiation-free tool for the placements of spinal implants.



HROSM SCHOLARSHIP OF EXCELLENCE

Since 2010, HROSM has been pleased to expand our role in supporting the community by offering college-bound graduating seniors a scholarship opportunity! Every year our physicians have award 5 students the 'Scholarship of Excellence' to provide them with financial support as they move onto college.



PROUD SPONSOR

For several years now, our practice has been a sponsor of the Bacchus Food & Wine Festival at the Virginia Living Museum (VLM). It is important to our practice to provide ongoing support to organizations such as the VLM who seek to enhance the learning experience for the youth in our local community.



PROVIDING SPORTS MEDICINE FOR COLLEGIATE ATHLETES

Since 2002, Dr. Lambert has served as a team physician for the College of William & Mary. Dr. Lambert is dedicated to working alongside athletes to keep them in the game.



RUNNING CLUB POWERED BY HROSM

Our practice enjoys the opportunity to partner with local running clubs such as Point 2 Running in Newport News and Dog Street in Williamsburg to encourage our community to keep moving and stay active.



OUT PATIENT HIP REPLACEMENT: ONGOING TREND

Dr. Aldridge performed the first outpatient total hip replacement at Mary Immaculate Ambulatory Surgery Center. The benefits of outpatient surgery include reducing the risk of infection, improving patient satisfaction, and the opportunity to begin their recovery at home on the same day.

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- David E. Thompson, MD - Anesthesiologist



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- Del Bolin, MD - Sports Medicine

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Buttock Pain?

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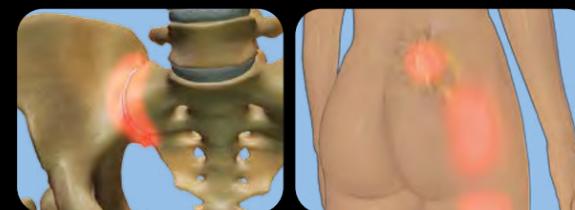
Hip Pain?

Leg Pain?

Do any of the following apply to you?

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- Trouble sleeping on one side
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- Difficulty riding in the car

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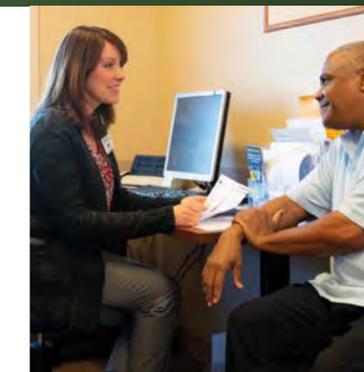
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