QUALITY OF LIFE RESTORED
VISION

THE DIVISION OF ORTHOPAEDICS AT BAYHEALTH IS COMMITTED TO CHANGING AND IMPROVING THE LIVES OF PATIENTS BY PROVIDING EXCEPTIONAL ORTHOPAEDIC CARE THROUGH INNOVATIVE TECHNOLOGY, ONGOING RESEARCH, EVIDENCE-BASED PRACTICE, QUALITY, AND COST-EFFECTIVE SERVICES.

IT IS OUR MISSION TO PROVIDE THE HIGHEST QUALITY CARE TO THE PATIENTS IN THE COMMUNITIES WE SERVE.

PATIENTS ARE PROVIDED WITH AN INTERDISCIPLINARY CONTINUUM OF CARE INCLUDING INPATIENT SURGERY, OUTPATIENT SURGERY, AND REHABILITATION. OUR PATIENTS HAVE ACCESS TO THE BEST REGIONAL ORTHOPAEDIC CARE THROUGH OUR AFFILIATION WITH PENN ORTHOPAEDICS.

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Dear patients, community members and physician colleagues:

We are pleased to present our first annual report from the Division of Orthopaedics at Bayhealth. The orthopaedic service line was officially formed in 2005 to help align the hospital and orthopaedic surgeons. From the beginning, our emphasis has been on patient safety, adoption of best-practice orthopaedic care, and measuring and reporting orthopaedic quality data. The service line also supports ortho-specific education for physicians, nurses and other allied health professionals.

Since 2010, Stephen Manifold, MD, has been the medical director of Bayhealth Division of Orthopaedics. He has encouraged his fellow practitioners to adopt the latest best practices to meet our patients’ needs.

Bayhealth Division of Orthopaedics is comprised of the orthopaedic surgeons on active medical staff at Bayhealth Kent General and Milford Memorial. This group of surgeons represents both employed and private practice physicians that serve our communities. The division has made great strides in collaborating to collect and use clinical orthopaedic data to develop protocols, exceed standards of care, and achieve high quality outcomes.

Orthopaedics is a cornerstone service at Bayhealth. We are a community health care system with a goal of providing high-quality orthopaedic care locally. We repair bone fractures, perform total hip and knee replacements, and get young athletes back to the playing field after an injury. Our patient population ranges from children to older adults.

In this report, we feature the stories of several patients who lived with joint pain for many years before finding appropriate relief and intervention from a fellowship-trained orthopaedic surgeon. We appreciate our patients who shared their stories of diagnosis, treatment and recovery. We hope their stories will help you better understand the high quality of care offered at Bayhealth through our orthopaedic surgeons, both employed and private practice.

After reading our report, I hope you’ll agree that our orthopaedic surgeons, nurses, and rehab professionals are committed and passionate. Their goal is to provide the highest quality of care to our patients and remain steadfast leaders in the field of orthopaedics to benefit the communities that we serve.

Sincerely,

Brad D. Kirkes, MBA, MHA, OTR/L, CHT, FACHE
Vice President of Ancillary and Clinical Services
Osteoarthritis, tendonitis, ligament and cartilage injuries, along with wear and tear over time on the joint can compromise a hip or knee, causing pain that interferes with the activities of daily living. When a patient has difficulty getting in and out of a car or even walking to the mailbox without pain, it might be time to consider a joint replacement. In fact, many patients experience such a quick recovery, they comment on how they wish they had had the surgery sooner. During the procedure, the surgeon will remove the damaged portion of the hip or knee joint and replace it with a prosthesis. A full team of rehabilitation experts help patients recover their activity level and return to their life.

TOTAL JOINT REPLACEMENT TEAM

EILEEN CRAWFORD, MD*
GREGORY DAUT, MD*
RICHARD DUSHUTTLE, MD*
GABRIEL LEWULLIS, MD*
STEPHEN MANIFOLD, MD*
TRINITY PILKINGTON, MD*
STEVEN TOOZE, MD
NELSON WEIGMAN, MD

*MULTIPLE SPECIALTIES

PROCEDURES

Hip resurfacing — When there is a relatively healthy “ball” (also called the femoral head) of the hip joint, that upper end of the femur is capped rather than replaced.

Anterior total hip replacement — One of the most innovative methods, the anterior approach to hip replacement involves making an incision from the side using a special table—called a Hana table. Since there is less trauma, there is less residual pain, potentially resulting in a quicker recovery. There are often limited surgeons that are able to perform this procedure.

Total hip replacement — If both the “ball” or femoral head and the femoral stem of the hip along with the hip socket itself are damaged, surgeons remove them and replace them with an artificial stem and socket. These typically consist of a metal or ceramic head and metal cup with a plastic liner. The surgery may be performed using a minimally invasive technique, which involves a shorter incision and typically a faster recovery.

Partial knee replacement — If a person suffers from arthritis in only one compartment of their knee, they may be a candidate for a partial knee replacement. During this procedure, a small incision is made to access the affected area. The cartilage and bone tissue that are affected are removed and replaced with prosthesis components.

Total knee replacement — During a total knee replacement, all of the cartilage surfaces of the knee are replaced with metal implants and a plastic liner. The surrounding ligaments and muscles are preserved to maintain stability. A minimally invasive technique is used for most total knee replacements during which the quadriceps muscle is not violated or “cut.” This results in less pain and quicker functional recovery.

Bilateral knee replacement — When a person needs both knees replaced, bilateral knee replacement (also known as double knee replacement) may be considered. During a bilateral knee replacement, all of the cartilage surfaces of both knees are replaced with metal implants and plastic liners. The surrounding ligaments and muscles are preserved to maintain stability. If a patient is eligible for bilateral knee replacement, both knees are replaced simultaneously during one hospital stay, requiring one anesthesia and a single rehabilitation period.
Todd Sheldon

Ongoing pain in his left hip restricted Todd Sheldon’s golf game. More so, it was affecting his quality of life. “I wasn’t able to tie my shoes without pain from the pressure of bone-on-bone,” said Sheldon. When the strain became too much to tolerate, Sheldon turned to Trinity Pilkington, MD, of Bayhealth Orthopaedics & Sports Medicine.

Dr. Pilkington performed the muscle-sparing anterior hip replacement procedure with a faster recovery, no restrictions and a shorter hospital stay. Just two hours after surgery, Sheldon was able to walk without assistance and was released from the hospital the next day. “Less than a week later, I was back to work and within a few weeks I was playing golf,” recalled Sheldon.

Doug Ellingsworth

For Doug Ellingsworth, arthritis in both his knees crippled his ability to work as a customer service associate at Southern States in Milford, Delaware. “I couldn’t stand anymore,” said Ellingsworth. Lifting 40 pound bags of feed and loading them onto beds of trucks was also out of the question. He began researching orthopaedic surgeons and eventually met Stephen Manifold, MD, of First State Orthopaedics.

Taking a conservative approach, Dr. Manifold recommended physical therapy and corticosteroid injections to reduce the inflammation of the knees. As time passed, it was clear the cartilage in both Ellingsworth’s knees were worn so badly they needed replacing. Dr. Manifold performed bilateral knee replacement surgery on Ellingsworth at Bayhealth Milford Memorial. During the procedure, both knees were replaced with prostheses on the same day, under one anesthesia, requiring one hospital stay and a single rehabilitation period.

“Before the surgery, I was forcing myself to be mobile as I was in pain pretty much constantly,” said the 80-year-old Ellingsworth who was back working at Southern States two months post-surgery. “Dr. Manifold got to the point, and did what he was supposed to. He’s a talented doctor.”
In June 2011, Hazel Riley understood that something was wrong with her knees. Riley was a teacher at Milford Christian School and always stood as she instructed her class. In recent years, arthritis pained her knees so badly that she began teaching while sitting at her desk. “Although the kids adapted, I didn’t feel good about it.”

Riley loves children. Prior to her 10 year teaching career, she had been a school bus driver for 16 years in Milford. In her down time, Riley’s favorite activity is taking her grandchildren to the park and reading to them. Riley faced reality: pain was keeping her from doing things she loved.

Riley made an appointment to see Orthopaedic Surgeon Stephen Manifold, MD, of First State Orthopaedics. Dr. Manifold earned his medical degree at Temple University in Philadelphia and completed his orthopaedic residency at Columbia-Presbyterian Medical Center in New York City. He is fellowship trained in knee and shoulder reconstruction and sees patients in Dover and Milford. Riley told Dr. Manifold that her goal was to be able to walk up and down 15 steps four times every day by August 23 — the first day of school. When Dr. Manifold recommended total knee replacement surgery, Riley was more than ready.

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Before surgery, Riley participated in the Total Joint Class at Bayhealth Milford Memorial. “I had the opportunity to ask a lot of questions,” she said. “It took a lot of the fear away.” The class is taught every week at Bayhealth by the Orthopaedics Nurse Navigator Janelle Hobbs, BSN, RN, CMSRN, 3E Nurse Manager Kathleen Boyer, MSN, RN, CMSRN, CNML, and Mary Battista, BSN, RN, CMSRN, RN-C, of Pain Management, with presentations from physical therapists, case management staff, and operating room staff. In the Total Joint Class, Riley learned how to prepare for her surgery, inpatient stay, return to home, and therapy.

The day of the surgery, Riley was still nervous but felt prepared. A nurse from Bayhealth Milford Memorial called her a few days before to review the pre-op instructions and answer any of Riley’s remaining questions. Dr. Manifold met her in the operating room. “Dr. Manifold is very thorough and knows exactly what he’s doing,” said Riley.

ANEMIA CLINIC
Patients with a low blood count may require a blood transfusion after joint replacement surgery. Blood transfusions are costly to the patient, and can increase a patient’s risk of infection.

Bayhealth Orthopaedics and Hematology/Oncology Associates established an Anemia Clinic to treat patients with a low blood count prior to surgery. Elevating their blood count allows them to avoid transfusions in most cases.

About 10 patients are treated at the Anemia Clinic each year.
After surgery, Riley was admitted as an inpatient at Bayhealth Milford Memorial. “I love the people there,” she said. “I’ve stayed at other hospitals before, and I prefer Milford. The nurses are great.” Riley had some very clear goals for physical therapy before she could be discharged. The therapists came to her and provided physical therapy services on the unit. “I had to walk the whole hallway and be able to go up and down two steps.” Riley went home just three days later.

When Riley was discharged, she had clear instructions. Bayhealth physical therapists came to her home for two weeks, getting her up and moving, doing everyday tasks. “After that, I went to the Bayhealth Outpatient Center at Milford three days per week for continued therapy,” said Riley. In six weeks, Riley graduated from a walker to a cane, then from a cane to walking on her own. “I made good progress,” said Riley. “I was very determined.”

Throughout her experience, Riley said that Dr. Manifold and the staff at Bayhealth Milford Memorial worked well as a team to make her surgical experience go smoothly. “Dr. Manifold and his team kept me informed,” she said.

On the first day of school, Riley was able to hike those 15 stairs without a walker or cane. She has since retired from teaching, but loves her new flexibility and freedom from pain. “Now I can keep up with my grandchildren,” she said. “I’ve never been able to do that.”

Riley has become something of an advocate for knee replacement surgery at Bayhealth. “I wish I had done this sooner. I encourage other people that have issues with their knees to look at total joint replacement,” she said.

Riley said there’s a good chance her other knee will have to be replaced, but this time, she won’t wait until it stops her from doing what she loves.

ORTHOPAEDICS NURSE NAVIGATOR

Janelle Hobbs, BSN, RN, CMSRN, the nurse navigator for Bayhealth’s Orthopaedic Service Line, serves as a resource and contact person for orthopaedic patients who are undergoing total joint replacements, hip fracture repair or other orthopaedic inpatient procedures.

Hobbs makes herself available round the clock for her patients. She coordinates the Total Joint Class, where she helps patients understand what to expect before, during, and after surgery. She works with patients while they are hospitalized to recuperate after surgery and coordinates the discharge plan with the care manager.

Hobbs’ goal is to coordinate each person’s care to ensure that they have every service they need. She collaborates with nurses, therapists, orthopaedic surgeons, and other members of the patient care team.
The American Academy of Orthopaedic Surgeons keeps a running record of knee and hip replacement implants in case of a product recall. This program is called the American Joint Replacement Registry (AJRR).

The Division of Orthopaedics reports joint replacement data to the AJRR to ensure that patients are alerted on the rare occasion that their joint replacements have been recalled. Bayhealth is the only hospital system in Delaware that participates in the program.

AJRR monitors patient data to look for trends on certain implants, provide feedback to physicians, and to keep patients apprised of issues relating to their joint.

For more information about the AJRR, visit aaos.org.

**AMERICAN JOINT REPLACEMENT REGISTRY**

### How does it work?

The American Joint Replacement Registry (AJRR) is a program that keeps a running record of knee and hip replacement implants in case of a product recall. The program is run by the American Academy of Orthopaedic Surgeons. Bayhealth, the only hospital system in Delaware that participates in the program, reports joint replacement data to the AJRR to alert patients on rare occasions that their joint replacements have been recalled.

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For more information about the AJRR, visit aaos.org.

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**OUTPATIENT THERAPY**

Bayhealth offers outpatient physical therapy and occupational services at multiple locations throughout Delaware.

- **Bayhealth Outpatient Center, Kent General**
- **Bayhealth Outpatient Center, Middletown**
- **Bayhealth Outpatient Center, Milford Memorial**

For more information, visit bayhealth.org/rehab.

**NUMBER OF ORTHO PATIENTS WHO WENT TO BAYHEALTH OUTPATIENT THERAPY LAST YEAR**

<table>
<thead>
<tr>
<th>Location</th>
<th>PT</th>
<th>OT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milford Outpatient PT</td>
<td>276</td>
<td></td>
</tr>
<tr>
<td>Milford Outpatient OT</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Kent Outpatient PT</td>
<td>1107</td>
<td></td>
</tr>
<tr>
<td>Kent Outpatient OT</td>
<td>354</td>
<td></td>
</tr>
</tbody>
</table>

More than 1,700 of Bayhealth’s orthopaedic patients go on to complete physical or occupational therapies each year.

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**ORTHOPAEDIC DISCHARGE DISPOSITIONS: FISCAL YEAR 2015**

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Kent (764 Patients)</th>
<th>Milford (207 Patients)</th>
<th>Combined (971 Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care</td>
<td>60%</td>
<td>63%</td>
<td>61%</td>
</tr>
<tr>
<td>Rehab</td>
<td>14%</td>
<td>10%</td>
<td>14%</td>
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<tr>
<td>Outpatient Physical Therapy</td>
<td>12%</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Transfer to Another Hospital</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Sports-related injuries are common at every age. It takes a special orthopaedic understanding of bones, muscle and related tissue to effectively develop a successful treatment plan. At Bayhealth, we continually pursue the latest solutions and surgical options to help patients regain function.

PROCEDURES

**Rotator cuff repair** — The four muscles and tendons that make up the rotator cuff provide stability to the shoulder joint. When any of them are torn, repair may be necessary. During the procedure, the surgeon removes fragments of bone (called bone spurs) that have accumulated in the rotator cuff space, and sews together the edges of the damaged tendon.

**ACL reconstruction** — The anterior cruciate ligament, or ACL, cannot be sewn together. Surgeons use a tendon from another part of the leg from either the patient or from cadaver sources to replace the damaged ligament. This procedure is typically done arthroscopically through small incisions.

**Torn bicep repair** — If ice, rest and physical therapy are not improving the injury, surgery may be required. The surgeon reattaches the torn tendon to the bone, using minimal incisions.

**Meniscus tear** — Located in the knee joint, the meniscus is cartilage that provides a cushion. When a tear occurs, the patient may experience pain, swelling and catching of the knee. If a tear can be repaired, the surgeon sews the torn meniscus tissue together arthroscopically. If the tear cannot be repaired, arthroscopic removal of the torn meniscus tissue can relieve symptoms.

**Cartilage repair/regeneration** — Injuries to the knee can result in damage to the articular cartilage (the cartilage surface covering the ends of the bone), resulting in pain, swelling and “locking” of the knee. A technique called microfracture involves creating channels or “holes” in the bone to allow tissue called fibrocartilage to “fill in” the defect. More advanced techniques attempt to fill the defect with more “normal” cartilage tissue. These procedures are for patients with well-defined isolated lesions in the knee, but not for patients with degenerative arthritic conditions.

**Achilles tendon repair** — The Achilles tendon, located on the back of the ankle, can rupture and require surgery. For the procedure, the surgeon will sew the tendon back together through a large incision or through several small incisions. The approach will depend upon the extent of the tear.
Cape Henlopen High School student Rasheed Woods took a hit during a fall 2015 football scrimmage. “When I turned over, I knew something wasn’t right,” he said. Eileen Crawford, MD, of Bayhealth Orthopaedics & Sports Medicine found a tear of his anterior cruciate ligament (ACL) and of the meniscus cartilage in his knee.

“Trying to avoid surgery is an option for older patients,” said Dr. Crawford. “But, in order to protect the cartilage in his knee and allow him to play at the level he wants to play, the most realistic option was to treat it with surgery.” Woods was given a new ACL ligament using one of his own tendons, and repairs of the meniscus were made.

Thanks to Woods’ diligence in his physical therapy regimen, he was able to return to playing football six months after surgery. “Now that I’m back on the field I feel great. I am confident, and I feel like the injury never happened,” said Woods.

SPORTS MEDICINE IS IN OUR BLOOD

Many of our orthopaedic surgeons combine their skills as physicians with their interest and background in athletics. Along with their office hours, some of our orthopaedists and physician assistants serve as team medical providers for high schools and universities in Delaware. They stand on the sidelines at local high school and universities ready to evaluate athletes who may be injured.
Adam Greenly

In the heat of a wrestling match, Adam Greenly had his arm pinned backwards. From that point forward, he experienced soreness in his arm that never fully disappeared. “It was hard to open heavy doors or pick up my book bag,” said the 16-year-old Caesar Rodney High School student athlete. A year after his injury, Greenly saw Eric T. Schwartz, MD, of Delaware Orthopaedics & Sports Medicine.

“Dr. Schwartz described how the tendon that connects my bicep muscle to my shoulder was shredded — it was the worst case he had ever seen,” said Greenly. After trying physical therapy, Greenly underwent laparoscopic surgery to repair his labrum. “Dr. Schwartz was very good at describing everything so I was comfortable before surgery,” he recalled.

Now into a new school year, Greenly is preparing for his upcoming wrestling season at POLYTECH High School. “I feel better than before — the surgery helped a lot.”

Bruce Ney

Bruce Ney is a competitive stock shooter who has been world champion. He traveled the globe to compete amongst the world’s greatest marksmen. But shoulder pain started to interfere with his sport. Tired of the discomfort, Ney turned to Gabriel Lewullis, MD, of Bayhealth Orthopaedics & Sports Medicine.

“I didn’t want to slow down,” said Ney. “But there was a continuous ache in my right shoulder that kept getting progressively worse.” Ney had a torn rotator cuff.

Dr. Lewullis explored conservative treatments, but when Ney’s pain didn’t lessen, he performed an arthroscopic repair instead of a full shoulder replacement. A few months out from surgery, Ney returned to competitive shooting.
In June 2015, Gabriel “Gabe” Lewullis, MD, of Bayhealth Orthopaedics & Sports Medicine, was published in the medical journal of the University of Pennsylvania’s Department of Orthopaedic Surgery. His article, which discussed the condition of neuropathic arthropathy of the glenohumeral joint as the presenting symptom of a cervical syrinx, provided a comprehensive look at a patient who was systematically losing feeling and dexterity in his upper extremities.

“Neuropathic osteoarthropathy, otherwise known as Charcot neuroarthropathy, is a chronic, degenerative arthropathy and is associated with decreased sensory innervation,” said Dr. Lewullis. “Numerous causes of this arthropathy have been described. We reported a case of neuropathic osteoarthropathy of the shoulder, also known as Charcot shoulder, secondary to syringomyelia.”

The patient featured in Dr. Lewullis’ journal article and case study had a softening of the spinal cord, as well as a cyst (called a syrinx) that was encircling his cervical and thoracic spine. After many tests and imaging studies, Dr. Lewullis and his team settled upon a diagnosis; it was left shoulder neuropathic arthropathy secondary to syringomyelia, a rare condition.

Go to upoj.org to download your own copy of the June 2015 edition of the University of Pennsylvania Orthopaedics Journal.
The hand is a unique and specialized part of the body that enables us to work, create, and express ourselves. It is composed of joints, bones, ligaments, nerves, muscles, tendons, blood vessels, and skin. When injured, these delicate structures can significantly impair the use and function of the hand.

Our orthopaedic team provides both surgical and nonsurgical specialty care for musculoskeletal disorders such as ligament and tendon injuries, arthritis, rheumatoid arthritis, fractures, tendon and nerve lacerations, carpal tunnel syndrome, trigger finger, and Dupuytren’s disease. Conservative treatment consists of activity modification, splinting, stretching exercise, anti-inflammatory medication, and possible cortisone injections. Surgery becomes necessary when other treatments have not been successful.

**PROCEDURES**

**Carpal tunnel syndrome treatment and surgery** — When the inflammation of the tissues in your wrist put pressure on the median nerve, you may experience numbness and tingling. Treatment consists of an evaluation and certain lifestyle changes, such as eliminating the wrist action that has caused the symptoms to worsen. You may have to wear a wrist splint to keep the wrist in a straight position. Surgery becomes necessary when other treatments have not been successful, and consists of a small incision where the ligament that forms the carpal tunnel is cut to relieve pressure.

**Complex fractures** — Injuries or accidents may cause severe fractures or dislocations of bones in your hand. Our skilled surgical team can determine an effective method to repair them that could include immobilization through a splint or cast, K-wire fixation used to correct finger placement and surgery to repair unstable or multiple fractures.

**Tendon repair** — When the extensor or flexor tendons in your hand are damaged or have been affected by disease such as arthritis, causing you to be unable to straighten out one or more of the affected fingers or use your hand normally, tendon repair is necessary. Our expert surgical team can repair tendons in the hand using delicate surgical techniques.

**Dupuytren’s contracture** — When the tissue in the palm of the hand — which are represented as cords or strands under the skin — thicken, they can contract and cause the fingers to appear bent. If this condition impairs your ability to grasp items or use your hand normally, we can provide a surgical solution that involves cutting the thick bands of tissue.
Lindsey Cowan

When dental hygienists Lindsey Cowan developed carpal tunnel syndrome during pregnancy she was told there was little that could be done for her. Her carpal tunnel syndrome was so severe it limited her daily tasks, such as dressing her baby, and it prevented her from working. When she was referred to D. I. Singh, DO, MS, of Bayhealth Orthopaedics & Sports Medicine, she found answers.

“Dr. Singh took me seriously and was very compassionate and understanding,” explained Cowan. “He explained the endoscopic procedure to me, what to expect, and the recovery time,” said Cowan of her experience. “The recovery time was fast – almost immediately after surgery, I didn’t have any pain.”

Shortly after her endoscopic surgery, Cowan was able to get back to doing daily tasks, as well as exploring her passion for painting.

“THE RECOVERY TIME WAS FAST — ALMOST IMMEDIATELY AFTER SURGERY, I DIDN’T HAVE ANY PAIN.”

— LINDSEY COWAN
SPINE

The spine is made up of individual bones called vertebrae that are stacked forming the spinal column. A herniation occurs when the outer part of the disc between the vertebrae becomes weak and tears, causing the central portion to protrude, usually pinching a nerve.

Our orthopaedic team’s approach for treatment is to assess each patient’s unique issues by carefully listening to, observing, and examining the patient. After proper diagnosis, the goal is to assist the patient in deciding a treatment plan. Ensuring a firm understanding of expectation is vital to patient satisfaction.

Minimally invasive surgical techniques can be used to reduce pain and recovery time. In addition, our orthopaedic surgeon performs complex anterior and posterior procedures in the cervical, thoracic and lumbar spine for trauma, deformity, and degenerative conditions. Herniated disks are more common in the lower part of the spine. However, herniated disks also occur in the cervical and thoracic spine. Treatment typically involves an initial trial of conservative modalities such as medication and physical therapy, among others. Only after these have been exhausted will other techniques be employed.

When you are considering orthopaedic care, you have many options. Only at Bayhealth will you have the advantage of innovations being put into practice to enhance your patient experience and ensure the best possible outcome.

Marion Raskin

After suffering from neck pain and arm numbness for six months due to a cervical disk herniation, Marion “Mara” Raskin of Wilmington was referred to Stephen Malone, MD, of The Orthopaedic Spine Center.

As a yoga and Pilates instructor, being active and healthy is especially important to Raskin.

“From the very beginning, they were very attentive, open, and kind,” said Raskin of her experience with Dr. Malone and his staff. “I was treated like a person, not like a number — they treated my individual needs.”

“Dr. Malone took the time to explain the procedures and expectations, ensuring I had a clear understanding of surgery and recovery,” explained Raskin.

After consultation, she underwent a disk arthroplasty where the cervical disk is replaced with a motion-preserving implant — much like a total knee or hip.

Ten days after the procedure, Raskin was able to go back to working as a yoga and Pilates instructor. “I feel great, and am so thankful for Dr. Malone and his staff.”
“I FEEL GREAT, AND AM SO THANKFUL FOR DR. MALONE AND HIS STAFF.”

— MARION RASKIN
Bayhealth has Trauma III designation at Kent General and Milford Memorial hospitals. Both emergency departments earned their Trauma III designation in 2000, and have maintained this verification for the past 15 years.

Every member of the Bayhealth trauma team is committed to providing optimal care to the patient based upon evidence-based practices. The trauma team’s goal is to give the patient every opportunity to recover from their injuries.

Trauma patients at Bayhealth have access to specialty services. Board certified Orthopaedic Surgeons Trinity Pilkington, MD, and Gregory Daut, MD, of Bayhealth Orthopaedics & Sports Medicine are also fellowship trained orthopaedic traumatologists, a relatively new surgical specialty. They help the trauma team manage complex fractures from falls, motor vehicle accidents, and injuries where a limb or joint is crushed.

Many fractures can be treated by a general orthopaedic surgeon, while some may benefit from fracture specialists. This is true when a patient has a more significant injury such as multiple broken bones, compound fractures, and fractures near a joint.

Although both orthopaedic traumatologists help manage fractures immediately with the trauma team, they also help to coordinate patient care after stabilization and throughout their hospitalization. When patients return home, they may see their orthopaedic traumatologist on an outpatient basis.
Bayhealth has participated in the Synthes Geriatric Fracture Program for three years. The program focuses on patients that are age 65 and older who suffer from a hip fracture. The goals of this program are to decrease the amount of time the patient is in the Emergency Department (ED), decrease the length of time before the fracture is repaired, and decrease the length of the hospital stay for the patient. Accomplishing these goals reduces the mortality and sickness rates for patients as well as standardizes care to meet national benchmarks.

We work diligently to move patients to a bed and out of the ED within four hours of a patient’s arrival. By moving patients to a bed in a timely manner, the patient has a reduced risk of getting bed sores, decreased pain, and a better patient experience.

To decrease the time before the fracture is repaired, we ensure patients are in an operating room within 24 hours after the injury. This allows healing of the fracture, decreases pain, increases mobility, and reduces the risk of complications.

After surgery, Bayhealth’s goal is to discharge the patient within 4.3 days in order to reduce risk of complications. We want to ensure our patients get the next level of care to return home safely.

Most hip fractures in patients over the age of 65 are due to osteoporosis. The orthopaedic nurse navigator provides education about osteoporosis to these patients. The orthopaedic surgeons at Bayhealth have partnered with rheumatologists in the area to provide screening and follow up care for patients with osteoporosis.
As part of Bayhealth’s orthopaedic affiliation with Penn Medicine, we initiated a residency program that brings Penn orthopaedic surgeons to our hospitals to experience working as community physicians.

Residents receive practical knowledge not learned in the classroom or academic hospital setting, in addition to learning important concepts such as value-based purchasing, legal and business aspects of running a practice, pros and cons of being in a private practice or employed physician, physician contracting, and compensation.

Stephen Manifold, MD, serves as medical director of the program and together with Bayhealth Vice President, Ancillary and Clinical Services Brad Kirkes, FACHE, produces the curriculum and collaborates with other orthopaedic attending physicians at Penn to ensure the curriculum meets Penn standards.

Under the supervision of an attending physician, the residents examine patients, make a diagnosis, decide which tests to order, develop a treatment plan, work in the operating room, and participate in follow-up care.

“The program introduces residents to this community and can potentially help recruit new surgeons,” said Dr. Manifold. “We will need more specialized surgeons as the baby boomers start getting older and needing surgery. At academic centers residents might not see the common, straightforward patient problems that we see here. You would only see very complex cases that are referred in for that level of care. Here, you get training in community surgeries — hip fractures, rotator cuff injuries, shoulder ailments, arthritic conditions.”

Clifford Turen, MD, an internationally recognized orthopaedic traumatologist, died on Sunday, January 13, 2013, in a single-engine plane crash. He was 55 years old.

At the time of his death, Dr. Turen was employed by Bayhealth as an orthopaedic traumatologist. He came to Bayhealth in 2011 from the Georgia Orthopaedic Trauma Institute where he served as director and chair. Previously, he spent 20 years at the University of Maryland Shock Trauma Center in Baltimore, where he held the positions of chief of Orthopaedic Trauma and director for the Orthopaedic Traumatology Fellowship. He was also a member of the American College of Surgeons Committee on Trauma.

Dr. Turen served as a commander in the Medical Corps of the United States Naval Reserve for 28 years and was selected for the Presidential Medical Support Team for President George H. W. Bush.

To honor Dr. Turen’s memory and his love of teaching, the Clifford Turen, MD, Memorial Trauma Conference was established. Held annually since 2013 in conjunction with Penn Orthopaedics, the symposium focuses on orthopaedic trauma cases presented by keynote speakers. Participants include local orthopaedic surgeons and orthopaedic residents from the University of Pennsylvania. Bayhealth and Penn Orthopaedics strive to honor Dr. Turen by hosting this educational conference.