

# Health Focus

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Special Issue:

## Orthopedic Care at the Queen

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Dennis Sisto, President & CEO

# President's Message

## Queen of the Valley Medical Center continues to provide leading-edge orthopedic care

Dear Fellow Napa Valley Resident,

As our nation ages, orthopedic care becomes an ever more important part of the health continuum. Queen of the Valley Medical Center is committed to meeting that growing need by remaining at the forefront of both medical and surgical orthopedic care. We continually upgrade our technology to provide the resources our patients and physicians need. And we invest to ensure that our clinical staff are expertly trained and consistently perform to the highest professional standards.

As one indication of that commitment, it is my great pleasure to announce that 13 nurses from our orthopedic unit have recently qualified for the Orthopedic Nurse Certificate (ONC), the only credential that documents the highest level of expertise in orthopedic nursing.

That level of professionalism and commitment runs through our entire Regional Orthopedic Center. It allows us to seamlessly coordinate the efforts of clinical and social service professionals at every level of care—up to and including rehabilitation and prevention programs through our Wellness Center.

Please take just a few minutes to look through this publication and learn more about some of the exciting care options the Queen's Regional Orthopedic Center provides for you and your family. You'll find personal stories about lives dramatically improved by breakthrough treatments for hip replacement, hand and back problems, and sports injuries.

Finally, I want to once again thank our ONC recipients for investing their time and energy to ensure that the Queen's Regional Orthopedic Center remains at the forefront of clinical excellence.

Sincerely,

Dennis Sisto  
President & CEO  
Queen of the Valley Medical Center

# On the Mend

## The comprehensive Joint Replacement Program helps patients throughout the recovery process

QUEEN OF THE VALLEY MEDICAL CENTER'S (QVMC) JOINT REGIONAL REPLACEMENT CENTER kicks into action with the first call from a patient or his or her surgeon—and supports orthopedic patients every step of the way.

“The Joint Replacement Class is a key component to the Center’s success. The content developed by staff from many areas of the hospital, along with surgeons and their office staff, helps patients learn what to expect in joint replacement surgery,” explains Orthopedic Clinical Nurse Specialist JoAnn Munski, R.N., MSN, CNS.

### About the Program

The Joint Replacement Program is integrated and collaborative. Nurses, rehabilitation therapists, discharge planners and others work closely together with physicians to deliver the best possible patient



*The Joint Replacement Class is a key component to the Center’s success.*

care—based on time-tested protocols they have all developed together.

Each patient receives a QVMC Joint Book that focuses on either hip or knee surgery. Available in hard copy or online, this easy-to-read volume covers the full continuum of care, from preparation for surgery, through inpatient and outpatient rehabilitation.

“Our book and class make the whole process clearer and less intimidating for patients and their caregivers, with ample opportunities for individual questions. And it ensures clear and timely communication,” Munski says. “We are continually monitoring and evaluating our processes to make sure we deliver the most effective and least disruptive care possible to each patient.”

The Joint Replacement Program has been a big hit with Queen of the Valley orthopedic surgeons. “They encourage their patients to attend because they see how a coordinated program benefits the patient,” says Julie Tingle, Occupational Therapist. “Greater than 90 percent of our joint replacement patients go through the preparation program and begin to plan for their discharge.



*Nurses, rehabilitation therapists and discharge planners work closely together in the Joint Replacement Program.*

Before launching the Joint Replacement Program in 2005, only 40 percent of our joint replacement patients could be discharged directly to their homes,” Tingle says. “Thanks to the program, 72 percent of patients now go directly home.”

### Program Improvements

Along with enhanced communication and intensive quality assessment, patients have access to the latest clinical technology, including computer-navigated surgery and anterior hip replacement using the Hana table (learn more about this on page 10).

“The excellent outcomes, reduced pain and shorter recovery times produced by the Joint Replacement Center have resulted in more, younger patients opting for treatment, rather than waiting until they are severely restricted in their activity,” Physical Therapist Lisa Pyle says. “The program also makes joint replacement feasible for older patients, who might previously not have been ideal candidates for surgery.” ✦

**(kneed relief?)**

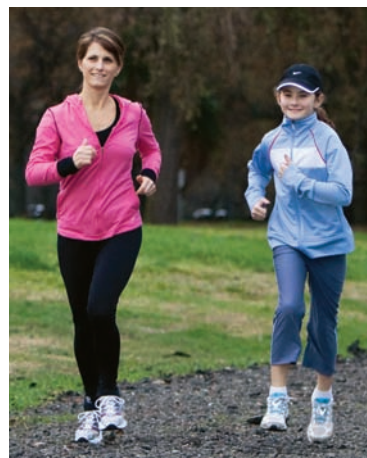
For more information on the Queen’s Joint Replacement Program, call our Orthopedic Resource Line **707-251-3509**.

# Back on Track

Two patients get results from nonsurgical orthopedic treatment for their sports medicine concerns

## Kari Chapman

Kari Chapman has been a dedicated runner for many years, with the usual assortment of aches and pains, but one recent problem came on more suddenly. “I was running with my yellow Lab when she got ‘spooked’ by a passing car and tripped me. I fell on my right shoulder and the pain began immediately,” Chapman recalls.



*Kari Chapman and her daughter*

“I’m seeing more older athletes with injuries from tennis and racquetball, and knee problems from years of running,” points out Stephen Franzino, M.D. “The overall benefits of these activities are indisputable, but the wear and tear on our connective tissues is very real, too.”

In spite of focused physical therapy and rest, Chapman’s discomfort worsened during the next year. Eventually she couldn’t run, work, play softball with her daughter or grip the handlebars on her bike.

“Running and fitness are more than hobbies to me. They are my passion,” Chapman says. “I had no interest in giving them up. So I decided to see Dr. Franzino about what could be done.”

“After trying less aggressive treatments,” Dr. Franzino explains, “we reconstructed the ligaments that held Kari’s right collarbone in the correct position. Then she rested her arm in a sling for 90 days.”

“Today, I’m back to at least 90 percent full strength and able to do all the things I love to do,” Chapman says. And she has some advice for fellow dedicated athletes: “Don’t ignore persistent aches and pains. Many injuries respond well to nonsurgical treatment, if you deal with them quickly.”



*Stephen Franzino, M.D.*

## Mike O’Neil

“People say 60 is the new 40,” says Brian Freeto, M.D. “That’s true in the sense that we all want to continue doing the things we did when we were younger. Unfortunately, our tendons and ligaments keep reminding us that time marches on.”

Mike O’Neil, a 65-year-old engineer, has played racquetball two or three times a week for the past 35 years. “I love the game and my hope was to keep playing forever,” O’Neil explains.



*Mike O’Neil with his grandson*

“However, the wear and tear of that regimen finally took its toll when I started to feel continued soreness in my right shoulder while playing racquetball. I hoped the pain would go away, but over time it got worse until I was in discomfort much of the time away from the court,” O’Neil recalls. “I read an article in the local paper about Dr. Freeto and, after a physical examination and an MRI, ordered by my primary physician, Dr. Freeto and I sat down to map out a treatment plan.”

“We looked at the X-ray and MRI results,” O’Neil continues. “After a physical exam of my shoulder, he pointed out that if I wanted to keep playing racquetball, I would probably need surgery. But if I was willing to stick to other activities like golf, bike riding, proper physical therapy and walking with my grandson, nonsurgical treatment might work.”

Dr. Freeto and O’Neil opted for anti-inflammatory injections and rehabilitation, while leaving the racquetball court behind. “Today, the pain is gone and I’m back doing most of my favorite things. If it gets worse someday, we’ll go to plan B, which may involve surgery. But with the right lifestyle changes and continued therapy, may not.”



*Brian Freeto, M.D.*

# A Fast Recovery

**“I had surgery in November. They decompressed two vertebrae and repaired a disc but I was out of the operating room in about two hours.”**

**– QVMC patient George Steinauer**

IF YOU’VE EVER DRIVEN THROUGH NAPA VALLEY, you’ve driven past a house George Steinauer helped build. The 72-year-old retired carpenter, who lives with his wife, Sharon, in St. Helena, has helped to build or remodel more than 100 area homes during his long construction career.

“I always liked being outside and keeping active,” Steinauer says. “Since I retired, I’ve stayed active and in good shape. I do aerobics and calisthenics at least three times a week and I keep busy around the house. So I was really surprised when my back started giving me fits.”

Steinauer was sitting in his office, doing paperwork in early November. “I turned to get something off the shelf behind me and my back just ‘locked up’ all of a sudden. It hurt so much and I got so stiff I was actually stuck. I’d never felt anything like that before in my life.”



*Patient George Steinauer experienced a quick recovery after minimally invasive spine surgery at Queen of the Valley Medical Center.*



*Jason Huffman, M.D.*

## **What’s Up, Doc?**

“Mr. Steinauer was suffering from spinal stenosis,” says Jason Huffman, M.D. “Pain, numbness or weakness results when osteoarthritis or injury produce changes in the spinal column that cause pressure on the nerves that run through it.”

The first option for treating stenosis is nonsurgical treatment. According to Dr. Huffman, “People who expect to need surgery are often surprised

at how much they improve, even after years of chronic pain. When rehabilitation doesn’t work, as in Mr. Steinauer’s case, the Queen offers surgical technology to minimize the trauma, including the latest minimally invasive fusion technology and nonfusion alternative called microdecompression.”

“I had surgery in November. They decompressed two vertebrae and repaired a disc but I was out of the operating room in

about two hours,” Steinauer says. “The difference was obvious as soon as I stood up ... about an hour after surgery. I had no pain in my back or legs. Even my feet, which had been killing me previously, felt great.”

## **Recovery**

Steinauer went home the morning after surgery. His only restrictions were to avoid twisting, driving or lifting more than 10 pounds for the next two weeks. “Since then I’m completely back to normal,” reports Steinauer.

Steinauer and his wife were able to enjoy Thanksgiving in Oregon with their son Mark and his family. “I was able to drive all the way with no trouble,” Steinauer says. He’s also back to work on his fleet of classic Ford pickup trucks. “I don’t drive them. I just ‘keep’ them,” Steinauer says. “I figure your back is kind of like a car. If you notice something out of whack, you should get it looked at right away. The problem won’t go away by itself and it will only get worse if you don’t do something about it.” 🌱

# Joint Solutions

## New technology allows hip and knee replacement surgery patients to get back to life quickly

ONE IMPORTANT ORTHOPEDIC BREAKTHROUGH of the past few years has been the development of the “Hana table,” now available to orthopedic surgeons at Queen of the Valley. The table’s unique capability to position the patient’s

leg makes it possible for surgeons to perform “muscle sparing” hip replacements.

### About the Hana Table

“The table helps us treat more hip replacement patients using an ‘anterior’ procedure,” explains John Diana, M.D. “The muscles attached to the front of the hip are much smaller than the massive posterior muscles, so we can work between them rather than cutting through them. It takes additional training to operate this way, but it results in less damage, usually less pain and shorter rehabilitation time for our patients.” Additional benefits are low risk of postoperative hip dislocation and reduced blood loss.

Susan Wells can attest to the benefits provided by the Hana table. “As a professional housekeeper, I’m on my feet, bending and stretching all day. I had back pain for many years but managed to work through it,” Wells explains. “But



John Diana, M.D.



Michael Shifflett, M.D.

about a year ago the pain got so bad I had trouble going up and down stairs, making beds, vacuuming and doing other normal activities. Pain pills and therapy no longer helped.”

Last April, Wells went to see Dr. Diana, who looked over her X-rays and MRI and felt she had early onset osteoarthritis from hip dysplasia (a congenital defect) diagnosed a few years earlier. After continued hip pain despite non-operative treatment, she underwent a minimally invasive hip replacement using the Hana table.

“I went home three days later and could get around right away at home,” Wells recalls.

### A Fast Recovery

Three weeks after surgery, Wells was free of hip and back pain. After two months, she was back to work. “And I never felt that pain again,” she assures. Just five months later, she had her opposite hip replaced using the same procedure. 🌟



Susan Wells after her hip replacement

## Computer-Assisted Knee Surgery

Another leading-edge orthopedic procedure made possible by technology available at Queen of the Valley is computer-assisted knee surgery. “Rather than inserting rods and aligning bones manually, we can now attach sensors to guide the surgeon in cutting, creating and aligning surfaces and placing artificial components,” explains Michael Shifflett, M.D. “That helps us accurately align joints with less damage to the bones and get patients back on their feet more quickly.”

One beneficiary of this new technology is Harry Devorak, a 78-year-old resident of the Yountville Veterans Home. After a lifetime of strenuous work, including overseas service during the Korean War, years spent in a lumber mill and decades on the flight line of Pan

American Airways, Devorak’s knee finally had enough. “I was in constant pain,” he recalls. “So I decided to get it looked at.”

X-rays found advanced arthritis and extensive damage to the cartilage in Devorak’s knee. Dr. Shifflett performed his surgery using the Queen’s computer-assisted alignment technology in October 2009. “I was in recovery for about two hours and was back to the medical facility at the Veterans Home the next day,” he recalls. “All the therapists who helped me back on my feet said I couldn’t possibly have been doing any better. There wasn’t much pain at all and I was back to work delivering mail quickly and thankfully able to visit my son and grandchildren for Christmas.”



Harry Devorak in the mail room



Cyndi Nalley back at her desk

# Grasping Life

**Pain from arthritis was eliminated thanks to minimally invasive surgery**

AS MORE AND MORE U.S. JOB DUTIES involve repetitive movements like typing, page turning and filing, arthritis of the hand and particularly the thumb joint are becoming more prevalent and occurring at younger ages.

Cyndi Nalley's "thumbitis" was a typical case in point. "I've been a medical assistant for 11 years," she explains. "Most of my workday involves flipping through charts, reviewing and distributing medical records. Years ago, I cut hair professionally and still do part-time. So my hands get a good workout every day."

## Early Intervention

Nalley first noticed stiffness, pain and weakness in the basal joint of her left thumb about three years ago. "I used painkillers and hot and cold compresses,

at first. But when the pain got so bad I was waking up almost every night, I finally decided to do something about it."

"Arthritis in the basal joint of the thumb is a very common hand problem," says Napa Orthopedic Surgeon Daniel Birkbeck, M.D. "It's usually brought on by regular, repetitive movements. When conservative measures such as medications, splints and steroid injections no longer work and pain or weakness is interfering with activities of daily life, it's time to consider other options."

Fortunately, Nalley connected with Dr. Birkbeck before her thumb joint deteriorated too badly.

"First we tried cortisone shots. That didn't help much, at all," Nalley explains. "Then he suggested a relatively new, minimally invasive alternative to joint replacement being offered at the Queen."

In the past three years a new treatment option, long in use in Europe, has been offered for patients in early

stages of arthritis. It involves placement of a bio-absorbable "spacer" between bones of the affected thumb joint. Advantages over total joint replacement are faster recovery, less pain and preservation of the patient's own bone tissue.

"It's a judgment call as to which patients are good candidates for the minimally invasive approach," Dr. Birkbeck says. "But generally they are in the earlier stages of arthritic progression."

## Thumbs Up

"My only inconvenience was that my thumb had to be immobilized for a few weeks after surgery," Nalley recalls. "It didn't hurt, but I have to admit, you never realize how much you need your thumb until you can't move it for a while."

Nalley's pain disappeared immediately after surgery. She now experiences only occasional stiffness, and brief rest clears that up. "I don't follow any particular precautions now. I don't even think about my thumb anymore. My only regret is that I waited so long." ❁



Daniel Birkbeck, M.D.



## Specialized Rehabilitation Programs

**THE TOTAL JOINT CLASS** at Queen of the Valley Medical Center provides presurgical education for joint replacement patients and their caregivers. People considering joint replacement surgery also are invited. Participants are taught how to use adaptive equipment, therapeutic exercises, pain management and home modification. Classes are usually held the first and third Thursday of the month. Call **707-251-3509** for further information.

**Specialized Rehabilitation Programs** at the Queen of the Valley Wellness Center are provided by physical therapists, occupational therapists and

speech-language pathologists. These rehab experts work with patients and their loved ones to create individualized programs to meet a wide variety of rehabilitation needs. Some of those specialized programs include:

- **Balance/Fall Risk Reduction**  
Includes use of the Nintendo Wii system and the HUR Balance System, along with recommendations for modification of home environments.
- **Aquatic Rehabilitation**  
The warm-water pool serves as part of a comprehensive rehabilitation program.

- **Edema/Lymphedema reduction**  
Provided by Certified Lymphedema Therapists.
- **Dysphagia**  
Includes Vital-Stim-certified staff to assist in restoring swallowing function.
- **Ergonomic (workplace) Assessments and Modifications**
- **Wheelchair Seating and Mobility Training**
- **Temporomandibular Joint Dysfunction (TM) Rehabilitation**
- **Women's Health Issues**  
Incontinence is treated using biofeedback modalities.

## Orthopedic Rehabilitation Services at the Queen

THE QVMC REHABILITATION SERVICES department prepares our total joint patients for success before and after surgery. In our Total Joint Class, expert physical and occupational therapists provide presurgery patient and caregiver education regarding use of adaptive equipment, therapeutic exercises, pain management and home modification.

Following surgery, the training provided in Total Joint Class hastens the recovery process. Patients work with physical and occupational therapists in the hospital to regain their mobility and self-care skills as well as manage their swelling and pain.

Following discharge from the hospital, continued recovery and success occurs through outpatient Rehabilitation Services. QVMC Outpatient Rehabilitation Services are provided at the state-of-the-art Wellness Center

with therapists providing evidence-based treatments utilizing modern, cutting-edge equipment and technology. The indoor warm-water pool is an important part of the skilled therapy rehabilitation program for many of the total-joint patients.

"We value and provide a hands-on therapy approach to treatment including comprehensive individualized home programs," says Mike Smith, P.T., DPT.

Upon "graduation" from skilled therapy services, many total joint patients choose to join Synergy, the Medical Fitness Center at the Wellness Center. Close communication between the outpatient therapists and Synergy personal trainers and group exercise instructors ensures that total joint patients benefit from an individualized program that maximizes the benefit and minimizes the risk of participation



*Mike Smith, P.T., DPT*

with progressive exercises. Synergy Medical Fitness Center offers many water-based exercise classes (including an Arthritis Foundation-approved class) that are ideal for the total joint patients' return to an independent and active lifestyle.

To learn more about Orthopedic Rehabilitation at the Queen, visit [www.wellnesscenternapa.com](http://www.wellnesscenternapa.com) or call **707-257-4089**.