

Orthopedics This Week

WEEK IN REVIEW

5 Zimmer/Biomet Deal in the FTC Gears >> It's been more than 60 days since Zimmer announced it was acquiring Biomet. The FTC has 30 days to decide if they want to block the deal. What's happening? The former FTC antitrust lawyer who negotiated the consent decree which allowed Synthes and DePuy to merge, gives his opinion. Read it here.

8 Surprising MicroPort Orthopedics >> Simply put, MicroPort is the most interesting company in large joint recon. With the big guys pushing scale economics, MicroPort is betting on innovation economics—and geographic expansion. Think #1 ortho company in China on top of a powerful innovation engine—all from Memphis, USA. These guys are on to something.

11 Rosenberg, McDonald Debate Tourniquet-less TKA >> "Pain is lower without a tourniquet, and non-tourniquet patients have better ROM," says Aaron Rosenberg. "Hold up," says Steve MacDonald. "Do you really want to increase OR time and cost when there is no evidence to support the supposed downsides of using a tourniquet?"



15 Health Care Happenings at the World Cup // Rush University: OA Pain is Lower With PRP AND HA // Columbine-Tested Doctor Advises Orthopedic Colleagues on Behavior During Mass Casualties// Navy Seals' Orthopedic Surgeon Discusses Massachusetts General, Sports Medicine >> Bert Mandelbaum, M.D. is on site at the World Cup and lets us know the structure and challenges of health care at this massive event. Brian Cole, M.D. of Rush details findings of his new study on OA, PRP, and HA. Up-close lessons for orthopedic surgeons from the Columbine and Aurora theater shootings. And Matt Provencher, M.D. talks about his new role at Mass General, and gives his thoughts on sports medicine.

BREAKING NEWS

- 20 Expanding Orthopedics Awarded Chinese Patent**
-
- Olympus Halts OP-1 Effort**
-
- \$1.7 Million to Case Western Engineer for Growing Tissue**
-
- Frustrated Canadian Surgeon Opens Own Clinic**
-
- Top 11 Recommendations to Improve the FDA**
-
- Boeing and ACOs Dump Insurance Middle Man**

For all news that is ortho, read on.

moment. Everyone must understand what we do when and how it should be done. I think our area of vulnerability will be the connectivity between some of the venues, such as between me and any given venue medical director and between them and the hospitals.”

“Running through it all is the smell and the feel of immense excitement. And when the whistle goes off there is a crescendo of intensity and everything goes from 0-110 MPH.”

Physical Therapy NOT Helpful With Hip OA

A new study published in the *Journal of the American Medical Association (JAMA)* has found that among adults with hip osteoarthritis (OA), physical therapy does not produce greater improvements in pain or function as compared to a placebo treatment. Kim Bennell, Professor and Director of the Centre for Health, Exercise and Sports Medicine, in Physiotherapy at the School of Health Sciences, University of Melbourne, led the study. Patients with hip OA were randomly assigned to attend 10 sessions of either active physiotherapy treatment (which included education and advice, manual therapy, home exercise and walking with an aid, if needed) or placebo treatments (inactive ultrasound and gel). The researchers found that patient outcomes were about the same at the 13 and 36 week intervals.

Professor Bennell commented to OTW, “We had expected that ‘real’ physical therapy would have greater benefits for pain and function than placebo physical therapy—in actual fact, while both treatments did improve pain and function, there was no difference in these benefits between the two groups. I think this highlights the very powerful ‘placebo’ effects of seeing a caring therapist who listens, shows empathy and lays hands on the affected part together

with the patient’s beliefs and positive expectations around the treatment.”

“We have a number of other trials for people with hip osteoarthritis and others for people with knee osteoarthritis. We are testing a range of different interventions including knee unloading shoes, pain coping skills training and use of a walking stick as well as other studies looking at what factors trigger increases in pain to help us design better treatments.”

Harry N. Herkowitz, M.D. Distinguished Chair in Orthopaedics Created

Beaumont Health System has announced the creation of the Harry N. Herkowitz, M.D. Distinguished Chair in Orthopaedics. This effort was made possible because a cadre of about 300 physicians, friends, family, and former students contributed more than \$2.2 million to honor Dr. Herkowitz and Beaumont Health System.

In the June 12, 2014 news release, Jeffrey Fischgrund, M.D., chairman of the department of Orthopaedic Surgery at Beaumont and the first Herkowitz Distinguished Chair appointee said, “If you made a tree of spine surgery, all the branches lead to Harry Herkowitz.” Dr. Fischgrund will use the funds to support ongoing education and research at Beaumont, two areas of utmost importance to Dr. Herkowitz.

Dr. Herkowitz did his orthopedic residency at Beaumont Health System in 1975, followed by a spine fellowship at Pennsylvania Hospital. He was named Chairman of the Department of Orthopaedic Surgery at Beaumont, Royal Oak in 1991.

Rush University: Pain, Function Superior Using PRP over HA

Rush University researchers have recently un-blinded their results from a double-

blind prospective randomized controlled trial comparing clinical outcomes and intra-articular biology in patients injected with leukocyte poor platelet-rich plasma (PRP) to those injected with hyaluronic acid (HA) for the treatment of knee arthritis. Brian Cole, M.D., professor in the Departments of Orthopaedic Surgery and Anatomy & Cell Biology at Rush University Medical Center, told OTW, “There has been a great deal of discussion surrounding the idea that platelet-rich plasma PRP is a biologic alternative to HA. Some think that it may cause changes in the intra-articular biologic milieu and thus mitigate the symptoms of osteoarthritis (OA). In our study, a double-blind prospective clinical trial, we randomized 111 patients into either the HA or PRP cohort. We found statistically significant improvements in pain and function at six months in those patients who received PRP as well as HA, with PRP demonstrating superiority for some outcome measures at six months. It was also interesting to note that some patients who initially failed to respond to HA injections administered prior to initiating the study actually responded favorably to PRP in the study.”

“Our study followed many of the existing requirements provided in the guidance document from the FDA that describes the basic tenants of methodology and outcomes when comparing two treatments in patients with osteoarthritis. Each patient underwent a blood draw so they did not know which arm of treatment they were assigned to, were blinded as to the nature of their injection and did not receive any insurance charges or explanations of benefits that would otherwise alert them as to the treatment received. It’s important to note that whoever got PRP also underwent a CBC [complete blood count] to quantitate the platelets in the PRP. We also did a unique biologic assay,

an ELISA analysis of the synovial fluid, something that has not been done to date for both patient groups. This allowed us to understand the characteristics of the biology of the joint. We saw that those who received PRP had a significant improvement in the overall biologic milieu in the joint.”

“At this point we are still going through the data, and will be submitting this work for presentation at several upcoming meetings. The biggest challenge is that payers will look at this and ask, ‘Is there FDA biologic labeling?’ And, in absence of that, payers often challenge it. Going forward we may include a saline control to get this properly labeled for OA. Hopefully we will make enough progress in order to make a difference with payers...patients with OA

really need more options that are safe and cost-effective.”

Dr. Cole’s co-authors on this study were Dr. Lisa Fortier, Ph.D., D.V.M., Vasili Karas, M.D., M.S.; David B. Merkow, B.A.; Kristen Hussey, B.S.; Angela Stuckey, B.S.; Nikhil Verma, M.D.; Bernard Bach Jr., M.D.; Bryan Forsythe, M.D.

Matt Provencher, M.D. Talks Comprehensive Care, New Role at Mass General How to take something terrific and make it even better? That is the challenge facing the new head of sports medicine at Massachusetts General Hospital. But Matt Provencher, M.D., the medical director for the New England Patriots and a visiting professor at Harvard Medical School, has a plan. He

tells OTW, “In considering the future of our program I turn toward trends in the field of sports medicine. It is becoming clear to my colleagues and I that people are athletes *for life*, whether your pursuits are a professional, occasional, or collegiate in nature. We have an emerging young, healthy population that wants to stay that way...and we must consider treatment concepts that do not involve surgery. I can’t think of a better word than ‘comprehensive’ when it comes to the future of sports medicine. We will increasingly see a team care approach that will take into account things such as core strengthening, better nutrition, less inflammatory food, adrenal access disorders, etc. Thus far, we have not done a great job with looking at these and other nonoperative, often nuanced, issues.”

Fusion Is A Contact Sport

Run the InFill® Option for the Best Post-Game Highlights

UP TO 94% More
Graft Material For Maximized Endplate Contact

Our groundbreaking in situ graft delivery approach ensures up to 94% more material between the vertebral endplates than traditional pre-packing alone.*

Traditional Pre-packed | InFill Optimized

InFill
Interbody Fusion System

Our patented InFill Graft Delivery System, and large single graft chamber of our InFill Implants allow for a more complete fill of the disc space.

See us at NASS Booth #2239

www.pinnaclespinegroup.com

PINNACLE
SPINE GROUP

*Burak M. Ozgur, MD FAANS, Eric Glaeckman, PA-C (2013) InFill® Lateral System: a novel technique for optimizing graft filling and endplate contact in lumbar interbody fusion surgery.

Advertisement