

HEALTH CARE

University partnerships help propel Rockford Orthopedics to prominence

By Mike DeDoncker
ROCKFORD REGISTER STAR

ROCKFORD — The surgeons at Rockford Orthopedic Associates pride themselves on performing the most up-to-date procedures in the field.

For the past 12 years, they've also had an ever-increasing hand in teaching them.

A 10-week rotation with trauma surgeons Anthony Sorkin, Marc Zussman and Andy Blint has been part of the curriculum for chief orthopedics residents from Chicago's Rush University Medical Center for the past three years, but doctors from Poland, Germany, Austria, Switzerland and China also come to Rockford as students to learn a technique for rotator cuff and shoulder instability repair that Dr. Scott Trenhaile helped to develop.

Before that, students at the University of Illinois College of Medicine at Rockford were able to choose a rotation at Rockford Orthopedic as part of their training.

In short, the practice is among the elite in the orthopedic field in the Midwest and meets its goal of providing university-quality care to its patients and university-quality research and education for upcoming surgeons without the university setting.

Sorkin also does grand rounds presentations — in which training is done by presenting the medical problems and treatment of patients to an audience that includes doctors, residents and medical students — at university hospitals and holds instructional dinner meetings with other surgeons.

Trenhaile spoke at a shoulder conference in Poland in January and was scheduled for a

trip to China this month, during which he may demonstrate his technique on patients.

The surgeons said the idea of teaching the young doctors coming behind them was appealing. Academia wasn't.

"I wanted to be free of some of the constraints of academic medicine," said Sorkin, who joined Rockford Orthopedic Associates in 1999. "I didn't want to live in a big city, but I didn't realize how much I was going to miss the teaching aspect of medicine."

Rush did an on-site visit, looked over the case lists and chose Rockford Orthopedic over such competitors as Loyola University Medical Center, Christ Hospital and Medical Center and Advocate Lutheran General Hospital, all of which are closer to Rush in Chicago.

"It's basically university-level orthopedics in a private practice setting," Zussman said. "It's an advantage for the resident because, when you're in residency, you really only see academic medicine for the most part. (Here) they get to see the private practice side of orthopedics, but they also get a university level of care with everything."

Blint, who came to Rockford from Chicago, said the Rush students have rated the Rockford rotation among the top three in their curriculum all three years of the program. The initial contract with Rush concludes this year, and Sorkin said he believes renewal is likely.

Trenhaile's international visitors are brought to Rockford through an Arthroscopic German Association fellowship, the Arthroscopy Association of North America and

privately financed continuing education programs.

"I think the initial interest in Rockford came when we helped develop a technique and a device for shoulder surgery that is now being used worldwide," Trenhaile said. "This certain device was developed with Smith and Nephew Endoscopy, a very well-known company worldwide, and surgeons started to gain interest in the technique and what was behind it."

"We became sort of this destination for surgeons to learn, not only about the biceps pathology and techniques, but also shoulder surgery in general. They saw a lot of things that they thought would be helpful in their practices and advanced techniques that they were interested in learning."

Trenhaile is scheduled to perform some kind of training for international surgeons through the first five months of 2011 and expects more to come.

The surgeons said growing their teaching outreach, possibly expanding the Rush program to include a junior resident in each 10-week rotation, is a goal for the future of Rockford Orthopedics, but they also see advances coming in the field of orthopedics.

Both Sorkin and Trenhaile pointed to something called clinical outcomes evaluation — "meaning, how well is the patient doing for the treatment that is provided?" Sorkin said — as an immediate issue.

"The sharp end of the cutting edge of medicine, right now, is the self-evaluation of outcomes," Sorkin said. "Insurance companies and the federal government have been spending a lot of energy want-



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Dr. Marc Zussman (from left) Dr. Andy Blint and Dr. Anthony Sorkin work with Rush University Medical residents including Dr. Kianoosh Fallahi at Rockford Orthopedic Associates in Rockford.

ing to look at outcomes.

"The bottom line is that the most expensive treatment may not be the most effective and the newest, greatest technology may not get you the best outcome. That's something that has to be very critically reviewed."

Trenhaile said Rockford Orthopedics has been asking its patients for information about how they are recovering after surgery so they can be tracked and monitored for possible publication of results that will validate the techniques being used.

"The potential is huge for identifying best practices and improving quality of care if we can track their return to normal function over the long term," Trenhaile said. "The idea is to find the best way to get there with the least amount of ... bumps in the road, if you will."

The surgeons also said biologics — biologically friendly ways to augment healing by respecting the soft tissues surrounding repaired bones and the blood supply — will be a part of the future of orthopedics.

"This is finding ways to make healing more complete and to happen more quickly,"

Trenhaile said. "We've looked at things like bone marrow aspirate, where you take marrow from a bone and apply it to soft tissue repairs to get them to heal more quickly. Then, you hear about platelet-rich plasma, where you draw blood from an IV from someone's arm, spin that down until all you get is the platelets where the red cells and the white cells are taken off and then that platelet-rich plasma is injected into a soft tissue repair site to, theoretically, make it heal more quickly."

"As an orthopedic community, we're developing the substances, but we also need to develop the vehicles to deliver them. I've had a little bit of experience with that, and the more I look into it, the more I know we need to learn a lot more."

He said the result could, some day, heal damaged tissue without surgery.

"That, certainly, is well into the future, but I think that's where people are looking to head," Trenhaile said. "It's a very big area. It's a very expensive area. And it's an area that needs to be validated. The only way to do that is (to study) outcomes."

The increasing role of elec-

tronic records also will affect orthopedics, the surgeons said, not only in initial treatments but in the ability to extract large amounts of information on outcomes.

"There would be no more going into a chart by hand and picking out pieces of data and then putting it onto a spreadsheet. You could literally mine the data with the touch of a button and collect outcome scores."

Dr. Sanford Emery, chairman of the Department of Orthopaedics at West Virginia University, agrees with the Rockford surgeons.

"Biologics are hot, and they will stay hot for quite a while," Emery said. "When you get into things like biologics for replacing joints, that gets to the question of cartilage regeneration, which has been a Holy Grail for decades."

The Rockford surgeons said their goals are to continue to produce and expand university-level teaching experiences and research as they provide day-to-day care for their patients.

"From day one, we've been growing," Sorkin said, "and nobody's talking about taking the foot off the accelerator."