

# Ortho Times

Volume III

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**“All The News,  
No Bones About It!”**

## Customer Service Team: We're Listening!

By James Cote, Department Administrator

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For the past year, our customer service team has implemented a number of changes in our practice to deliver the best possible service to our patients and families. The feedback you have provided on the comment cards has assisted the team with many new ideas and identified areas in which we should focus our attention. Last year, improving staff courtesy and our waiting area were our two main areas of focus. Our main goal for this year will be to improve appointment availability and access in our department.

This past fall, we added two new Orthopaedic Surgeons to our practice. Megan Anderson, MD focuses primarily on Musculoskeletal Oncology and sees patients in our Longwood Practice. Donald Bae, MD focuses primarily on hand and upper extremities. He sees patients in our Lexington and Peabody locations, as well as our main campus here at Children's.

As physicians have been added to our group, the wait time in certain specialties has decreased significantly. We continually monitor wait times in each specialty area. When recruiting new physicians into the practice, we focus on recruiting in specialty areas where the wait time is the highest.

This spring, we will be adding two nurse practitioners to our practice. This will enable us to expand the number of daily appointments for urgent orthopaedic issues. Two new nurse practitioners will expand our current group to five nurse practitioners.

We feel this will enable us to meet the demand for urgent appointments which continues to grow.

Children's Hospital has long had a commitment to providing quality health care in the communities where our patients and families live. We already had a network in place to achieve that goal. Despite those efforts, our Longwood office is exceeding capacity in terms of the volume of patients served.

In the summer of 2005, we will be opening a new ambulatory specialty suite in Waltham, MA. This new site will offer a wide range of ambulatory services including many of the services offered here on the main campus. The department of Orthopaedic Surgery will offer sessions by many of our existing physicians in many specialty areas.

By providing more care to the patients of the Metro West community, we will relieve pressure on the main campus. We hope adding more Orthopaedic providers and opening this new location will significantly improve our appointment access. As a result, patients, their families and referring physicians will have more timely and convenient access to services.

As always, your continued feedback is important to us. Please continue to fill out the comment cards with your ideas and suggestions.

### The Newest Member of Our Team!



The Department of Orthopaedics has a new member of our management team! Susanne Ellard is our new Practice Administrator for the Department. Sue previously worked for Brigham and Women's Hospital, where she was the Ambulatory Practice Manager for the Department of Psychiatry.

She will be coordinating all administrative aspects and daily practice operations in the patient office, with a focus on providing the highest quality of service to the patients. She also has extensive billing and managed

### Tiffany Globe Award Recipient: Tawana Pringle



Each year the staff of the International Center nominate people for the *Tiffany Globe Award*. This award recognizes Children's Hospital employees' ongoing commitment to assist international patients. Recipients of this award understand that international patients have many needs that are different from most domestic patients (distance from home, no supports in place, limited time in US, visas etc.). Tawana was described as "always responsive, courteous and efficient when working with the IC staff to accommodate international patients and always going the extra mile in order to provide

## Meet the Staff: Mr. Brooks

Cast Technician

I first began working as an orthopaedic cast technician in the mid 1970's at Childrens Hospital, Boston. At this time plaster of Paris was the primary material for making a cast. It was messy, difficult to handle, and not very strong. In the early 1980's fiber glass casting material was perfected and we started using that to cast patients. Today fiberglass is used to make 90% of casts. In addition to fiberglass casts, waterproof or gortex casts are now available. The gortex lining in the cast has no absorbency and allows the cast to be submerged in water. Although gortex casts are not covered by insurance, they still remain quite popular, as they allow patients to shower and even go swimming!

Casting is the most skilled area of our responsibilities as an orthopaedic technician. Responsibilities other than casting include fitting knee braces and wrist splints. Undoubtedly, one of our most difficult and stressful tasks is cast removal. The cast cutter is noisy and intimidating, however with our experienced technicians, removing a cast is very safe.

I'm often asked how a person, a former high school English teacher and karate black belt can find satisfaction in what can be a repetitive and stressful job. However, I believe there are many gratifications to my job. Over the years I have formed bonds with both parents and patients. For example, when an infant born with clubfeet needs a series of 8 clubfoot casts over many weeks, I not only have the satisfaction of seeing progress each week on the baby's feet, but I will often form a bond with the parents, learning their concerns, backgrounds and interests. Last week I casted a patient for whom I first cared for in 1984 when he was 8 months old. I hope to have more experiences like these in the coming years here at Orthopaedics.



## Welcome Dr. Megan E. Anderson!



The Department of Orthopaedic Surgery at Children's Hospital Boston is pleased to announce that Dr. Megan Anderson has joined our staff. Dr. Anderson is now seeing patients and performing surgical procedures at Children's Hospital Boston.

Dr. Anderson attended the University of Florida College of Medicine, and did her surgical internship and orthopaedic residency at Cleveland Clinic Foundation. She completed a clinical fellowship in Orthopaedic Oncology at Massachusetts General Hospital and is an Instructor in Orthopaedic Surgery at Harvard Medical School.

Dr. Anderson's area of expertise is in Musculoskeletal Oncology and will be working with Dr. Mark Gebhardt who is the Director of the Tumor Program here at Children's Hospital. Dr. Anderson is a full time clinician in the Orthopaedic Surgery Department at Beth Israel Deaconess Medical Center where Dr. Gebhardt is chief.

## Scoliosis: Nonoperative Management, A Team Approach

By Margaret Magin, BSN, RN

Scoliosis is a sideway curvature of the spine. There are several causes for the spine to curve to the side and as it curves, the spine also rotates or twists like the "stripes on a barber pole." For the purposes of this article we will focus on the most common type of lateral curvature. We refer to curves that occur in the spine for no known reason as idiopathic. It has no identified cause or prevention. It is known to be genetic but we don't know how the gene causes the curve. It tends to run in families and girls are 8 times more likely to have it than boys. One in ten children who are screened positive in school for scoliosis need treatment. One of the most common non surgical treatments for advancing curves in children is the Boston Bracing system. Curves greater than 25 degrees or that show documented progression in a growing and maturing child use this system to halt the progression of the spinal curve.

The Boston Brace System has evolved as a cooperative venture between the late Bill Miller, CO and Dr. John Hall since 1972. Today, it is the most widely used brace in

the world. Many types of braces have been used over the centuries. The Milwaukee Brace with visible superstructure was a standard choice for years. That system utilized a cast made to the patient to form the girdle of the brace and then the superstructure, visible metal up to the neck was added with pads to control the curve. The Boston Brace replaced the Milwaukee Brace.

Mr. Miller reasoned that when you buy a pair of shoes you do not have a cast molded, but you are measured and a size is selected. Mr. Miller began with 6 standard modules, which fit a large population of patients and then added the superstructure. When a patient refused to wear her brace because of the superstructure and promised to wear it if the superstructure was removed, slight modifications were made to the under arm brace. X-rays showed better correction without the superstructure and the Boston Bracing system began.

Since the beginning, the Boston Brace system has been a collaborative effort. The patient and their families are always at the

center. The team consists of the orthopaedic surgeon, orthotist (brace maker), physical therapist and the nurse. Each team member brings their expertise to an integrated plan of care which addresses the spinal curve and the overall well being of the patient. Each of us has a very good knowledge of each other's discipline and can switch roles to meet patients' needs and individual situations. Just as the Boston Brace system has evolved and changed to provide better patient outcomes, so has the team.

It is extremely difficult for any child to wear a brace 18 hours a day especially in the pre and adolescent years. Our team's goal is to encourage the patients and families to join our team in its effort to beat the spinal curve. Their feedback enhances our program and helps others to become comfortable with sharing information. I am very proud to be a member of the Boston Brace team. I continue to be impressed at the strength and dedication of our patients who are successful at halting the progression of their scoliosis. They are the winners!

# Research Notes: Pediatric and Adolescent Scoliosis

By Michelle Ciarlo

One thing that many Orthopaedic patients at Children's Hospital, Boston know is that the Department of Orthopaedic Surgery is a very busy place. While the majority of patients seen in the Department of Orthopaedics may only see the clinical aspect of the department, there is a lot of research that goes on behind the scenes. Many patients are not aware there are multiple clinical research studies going on in Orthopaedics that are in need of your participation.

As a patient at Children's Hospital, Boston, you have the opportunity to participate in research studies that will make a difference in the treatment of fractures, growth deformities, hip dysplasia, birth palsies, and more. Many of the studies that take place in Orthopedics, like the Prospective Pediatric and Adolescent Scoliosis Study (PPSS) require very little patient time and results in large gains in the knowledge and treatment of scoliosis in the pediatric population.

The Prospective Pediatric and Adolescent Scoliosis Study (PPSS) is

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the first study to take place that will compare over 2,500 patients nationwide who are having spinal surgery for the correction of their idiopathic scoliosis, which is a curvature of the spine. Spinal fusion is the standard treatment for severe idiopathic scoliosis. There is some controversy about how much of the spine to fuse, and which of several surgical techniques to use. Although there have been many studies of spinal fusion for scoliosis, there has yet to be a comprehensive multi-center prospective study comparing the functional as well as the surgical outcomes of different surgical techniques. We are doing this study to answer which

techniques seem most beneficial to scoliosis patients over a longer period of time. So while the patients who are participating in this study may not directly benefit directly from the study, the data that is being collected will help future children/adolescents who have scoliosis and undergo spine surgery. We at Children's Hospital, Boston intend to enroll 250–400 patients overall and currently there are over 100 patients participating.

The PPSS study enrolls patients with idiopathic scoliosis undergoing surgical correction of their spine. By participating in this study, patients fill out short questionnaires during their routine clinical appointments. The questionnaires cover topics regarding pain, function, appearance, etc and take less than 15 minutes to complete and are often done while waiting to see a physician.

*If you think that you are interested in the PPSS study of any research studies at Children's Hospital, Boston visit [www.childrenshospital.org/research](http://www.childrenshospital.org/research). If you have any questions regarding the PPSS study please contact the research study coordinator Michelle Ciarlo at 617-355-2748.*

## Surgical Corner

We understand that preparing for your child's surgery can be overwhelming. We hope to further clarify the surgical process and terminology by answering some frequently asked questions we receive from families.

**Q: Will my child stay in the hospital over night?**  
**A:** The physician will determine whether your child needs to stay over night or not.

**Q: Am I allowed to stay with my child overnight?**  
**A:** Yes, one parent is allowed to stay with the child over night.

**Q: What is a pre-operative appointment?**

**A:** The pre-op appointments help prepare you and your child for surgery. Your child will have several appointments at that visit. These may include but are not limited to a physical exam, blood test and x-rays. You will also meet with an Anesthesiologist and sign consent forms at that time.

**Q: Who Needs a Pre-op appointment?**  
**A:** Any patient that will be staying in the hospital overnight requires a pre-operative appointment.

**Q: What is a Day Surgery?**  
**A:** Day Surgery is when a patient will be admitted to the hospital, has their procedure and is discharged from the recovery room a couple of hours later.

**Q: What is Extended Recovery/Day Surgery?**  
**A:** That is when the patient is admitted to the patient floor and observed for about 24 hours after the procedure.

**Q: What is a Same Day Admit?**  
**A:** A Same Day Admit is when a patient comes in for his/her procedure and is admitted to one of the inpatient floors after the surgical procedure. They will stay in the hospital until the surgeon feels the patient is ready to go home.

For more information, questions or concerns regarding your surgery, please call 617-355-6021 and choose option number 4 to speak with a surgical coordinator.

**-Your Surgical Coordinator**

**Ask April: Ortho FAQ's**



**Question:** I received a bill for my child's orthopaedic appointment. I have several questions about the bill, who should I call?

**Answer:** Before calling the billing department, please note that the "Children's Hospital Orthopaedic Surgery Foundation" is responsible for the office visit with the physician or other healthcare provider. Visits to radiology or the cast room would constitute a bill from "Children's Hospital." Patients seen in the Cerebral Palsy Session will also receive a bill from "Children's Hospital." Billing questions about office visits from the "Children's Orthopaedic Surgery Foundation" should be directed to Hart Associates at 1-800-769-4278. Questions about other hospital services that are billed from "Children's Hospital" should be directed to 617-355-7114

**KIDS' CORNER**

K	I	D	O	P	A	T	H	I	C	C
X	Y	B	N	O	E	G	R	U	S	M
E	S	D	O	S	H	L	S	A	T	C
T	U	R	R	T	I	O	S	U	T	S
R	R	A	T	O	L	E	E	Y	E	H
O	G	C	H	N	Z	N	C	O	C	H
G	E	T	O	B	A	R	C	R	H	C
J	R	N	T	R	E	A	A	M	N	R
J	Y	E	I	A	Y	O	R	U	I	A
K	C	M	S	C	S	B	E	W	C	E
C	O	M	T	E	L	V	W	Q	I	S
M	P	O	E	G	I	M	Y	N	A	E
L	E	C	Z	G	E	W	Q	U	N	R

**Word Bank**

- IDIOPATHIC**
- DAY SURGERY**
- CAST TECHNICIAN**
- RESEARCH**
- GORTOX**
- BOSTON BRACE**
- SURGEON**
- ACCESS**
- ORTHOTIST**
- COMMENT CARD**



**SAVE TIME AND ENERGY!**  
 In order to make your visit with us more enjoyable and stress-free, please see our newly updated website!  
 You can now:  
 \*Fill out necessary forms ahead of time  
 \*Have questions about your visit answered  
 \*Get important contact information  
 \*Find programs and specialists to fit your needs

**Patient Access Center- Works for You!**  
 By Julie Leighton

If you have been a long-term patient at Children's Hospital, Boston, you may remember having to register on Fegan 1 before coming upstairs to the Department of Orthopaedics. Since this registration process was very time consuming for patients, the Patient Access Center was developed in 2000 offsite and accessible by telephone. Patients now register within minutes by telephone either from home or by using the Patient Access Phones, located in every outpatient department waiting room.

The Patient Access Center is the pre-processing department for Children's Hospital, Boston outpatient offices. Specifically, they are responsible for verifying registration information in the hospital computer system. This type of information includes checking the status of insurance referrals, verifying insurance is

active and checking patients' benefits to ensure services will be covered. Whether you have been a patient for 3 months or 3 years, every 90 days the Patient Access Center is required to verify your child's insurance information to make sure it is accurate to ensure that the bill will be processed properly. We do recognize that having to verify the same information over the Patient Access Phone and at check-in can be repetitive, but it is done with your child's best interest at heart.

We recommend calling the Patient Access Center a week before your child's appointment, to make sure all information is updated and completed.

Their phone number is 617-355-6387.



Children's Hospital, Boston  
 300 Longwood Avenue  
 Boston, MA 02115

**Phone: 617-355-6021**

**Option 2: Speak with a Nurse**  
**Option 3: Schedule an Appointment**  
**Option 4: Speak with a Surgical Coordinator**

Fax: 617-730-0456  
[www.childrenshospital.org/ortho](http://www.childrenshospital.org/ortho)  
 Orthopaedic Surgery Foundation  
 Fegan Building, 2nd Floor