



Orthopedic Surgery Adds Matthew Scuderi MD to Sports Medicine Division

After a fellowship at Harvard University/
Massachusetts General Hospital, CNY native brings
latest orthopedic insights to sports-related, work-
related and degenerative injuries.

Page A2

University Hospital Earns Elite Status as Stroke Center

The NYS Department of Health awards Stroke Center
status for University Hospital's comprehensive
and proactive approach to stroke treatment and
education.

Page A4

HealthLink Debuts on Air

University Hospital delivers a one-hour dose of
health and medical news, from a local perspective,
at 9 a.m. Sundays on WSYR radio.

Page A7

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service

A1



New Concepts in Sports Medicine



Central New York native Matthew Scuderi MD has joined the Division of Sports Medicine at University Hospital as an assistant professor of orthopedic surgery. Dr. Scuderi completed a fellowship in shoulder, knee, and ankle reconstruction and sports medicine at Harvard University/Massachusetts General Hospital in Boston.

He has provided team care to the NFL's New England Patriots and NHL's Boston Bruins, as well as collegiate teams at Harvard University and the University of Utah.

Preservation Focus

"My emphasis is more on joint preservation than on joint replacement," explains Dr. Scuderi. "We work to maintain the original joint function for as long as possible, before resorting to an artificial joint."

Dr. Scuderi treats a variety of conditions including rotator cuff tears, shoulder instability, shoulder arthritis, biceps tears, knee ligament and meniscal injuries, patellofemoral instability, as well as ankle instability.

"I see a broad spectrum of patients: patients with sport-related injuries, work-related injuries, and degenerative problems," he explains.

Arthroscopic Advantages

He often performs arthroscopic or minimally invasive procedures for the

continued on page A3

THE ACADEMIC DIFFERENCE

A2

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service



Sports Medicine – from page A2

shoulder, knee and ankle. “These newer techniques offers excellent visualization of the joint and, often, greater precision – without the trauma, and post-operative pain related to an open incision.

Dr. Scuderi also cites new instrumentation, implants and suture materials as significant advances in arthroscopic surgery. “These improvements make a big difference in outcomes for our patients,” he says. “My ultimate goal, whether through operative or non-operative treatment, is to work toward providing the best clinical outcome for my patients.”

ONY Roots

Dr. Scuderi is a graduate of Fayetteville-Manlius High School. He earned his bachelor’s degree at Cornell University, graduating “with distinction” in the top

10 percent of his class, and earned his medical degree, with honors, from Dartmouth Medical School.

He completed his residency in orthopedic surgery at the University of Utah. Dr. Scuderi spent an additional year at Harvard Medical School/Massachusetts General Hospital in Boston completing a fellowship in shoulder, knee, and ankle reconstruction, focusing on arthroscopic, minimally invasive, techniques. Prior to joining University Hospital in Syracuse, he was in private practice in Saratoga Springs, New York.

“I returned to academic medicine,” he says, “because I missed the stimulus of academic medicine and the opportunity to simultaneously practice and advance orthopedics. At SUNY Upstate, I can sub-specialize in the areas of my greatest interest, conduct research and

be involved in education of residents, medical students and other health care providers on a daily basis.

“With 20 residents in our department,” he adds, “someone is always asking you questions. Questions stimulate new thoughts, which contribute to new ideas and research. This type of interaction is critical to advancing the care of our patients.”

In the department’s research labs, located at the Institute for Human Performance, Dr. Scuderi will continue to explore how bone loss in the shoulder impacts joint stability and how cartilage and ligaments heal to bone. His research has been presented at various national orthopedic meetings and published in the *Journal of Shoulder and Elbow Surgery* and the *American Journal of Orthopedics*.

Female Athletes: On the Rise And At Higher Risk

Another area of interest, for orthopedic surgeon Matthew Scuderi MD, is the disproportionate rate of injury among young women participating in competitive athletics.

Comparing injury rates in male and female athletes playing similar sports, Dr. Scuderi says that females are injured at least four times as often, particularly with regard to tears of the anterior cruciate ligament (ACL) of the knee.

“While reconstruction techniques for addressing ACL tears have been refined greatly and provide excellent stability, this type of injury can be devastating to the young, ambitious athlete,” he says.

Female athletes may be at higher risk for a variety of reasons. “The female

athlete typically has a different skeletal, muscular and ligamentous makeup,” Dr. Scuderi reports. “But there is more involved than muscular and skeletal issues.

“We know that high levels of physical activity can disrupt hormonal balance – another important factor in developing skeletal mass,” he says. “There may be other issues, related to hormonal cycles, that make these young women more vulnerable to injury.”

Dr. Scuderi believes a high percentage of these injuries could be prevented, through such strategies as risk awareness and off-season conditioning. At Upstate, he is working with physical therapists to define and disseminate these strategies.

He is committed to educating coaches, trainers, athletes and parents, placing particular emphasis on pre-season, sport-specific training as a form of injury prevention.

From his experience with professional and collegiate athletes, Dr. Scuderi has learned that injury prevention is often about timing: pulling at-risk athletes out of sports in time, and sending injured athletes back into sports in a safe fashion.

A very big component, he says, “is allowing enough time to heal after injury, so that an athlete can safely return to sport and avoid chronic injury.”

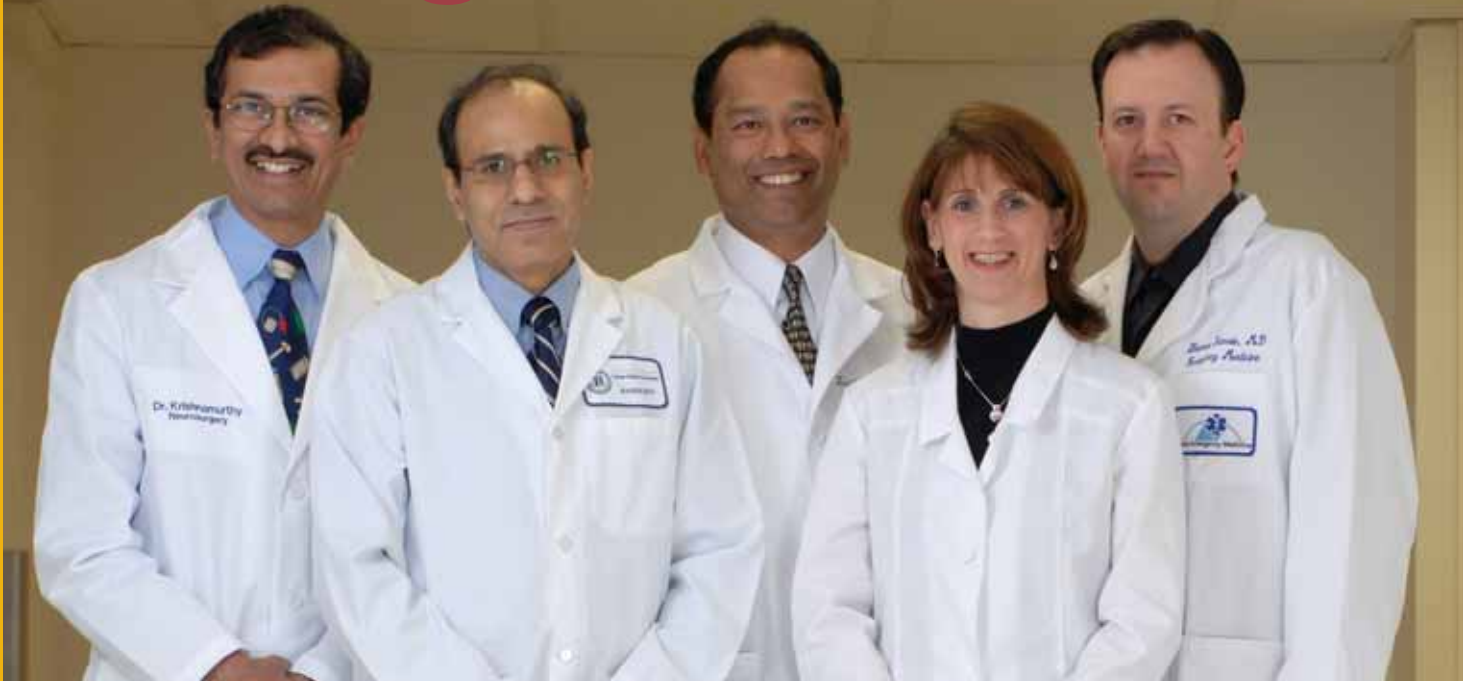
THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital’s Physician-To-Physician Service



SUNY UPSTATE MEDICAL UNIVERSITY
& University Hospital Syracuse, New York

Striking Back at Stroke



University Hospital Named "Stroke Center"

In response to reports that Onondaga County has the second highest stroke mortality rate in New York State, University Hospital resolved to strike back at stroke with all its resources. Now its efforts have earned the prestigious "stroke center" designation from the New York State Department of Health. University

Hospital, the only Central New York hospital with this stroke status, has also received the 2006 Specialty Excellence Award for Stroke Care from Health Grades, Inc., a leading healthcare ratings organization. The award ranks University Hospital's stroke care with the top 10 percent of hospitals nationwide.

continued on page A5

THE ACADEMIC DIFFERENCE

A4

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service



At left: Members of University Hospital Stroke Team: Satish Krishnamurthy MD, neurosurgery; Amar Swarnkar MD, radiology/interventional radiology; Tarakad Ramachandran MD, medical director of University Hospital's stroke program; Rochelle Clark RN, stroke program coordinator; and Thomas Lavoie MD, emergency medicine.

Ready & Waiting

University Hospital's immediate response stroke team includes an emergency department physician and nurses, neurologist, neurosurgeon (as needed), radiologist, CT scanner technician and administrative supervisor, all prepared to respond within minutes of a patient's arrival at University Hospital.

After patients have been diagnosed and admitted, the stroke team expands to include certified neuroscience nurses (AANN), physical therapists, speech therapists and others.

Striking Back – continued from page A4

But University Hospital is far from finished with its assault on stroke – the third leading cause of death and the leading cause of disability in the USA. Stroke education and prevention especially require major attention.

Spread the Word

Misinformation is the greatest barrier to timely stroke intervention, according to neurologist Tarak Ramachandran MD, stroke director at University Hospital.

“There seems to be a nihilistic attitude that nothing can be done for stroke,” he says. In fact, organized stroke care already results in a 21 percent reduction in early mortality, 18 percent reduction in 12-month mortality and decreased stays in hospitals and rehabilitation centers.

Studies show that nurses are the most proactive about sending family members with stroke symptoms to the hospital. The general public is prone to delay, misunderstanding stroke symptoms or believing that damage to brain tissue is irreversible.

“We need to treat stroke with the urgency of trauma and spread the word that time is of the essence,” insists Ramachandran. “Certain interventions must begin within three hours of symptom onset.”

Often the public does not recognize stroke symptoms, says Ramachandran, citing a recent report that less than five percent of patients who could benefit from timely stroke therapy receive that treatment, simply because they arrive at a hospital too late.

Clot Buster

More than 80 percent of strokes are caused by blood clots which disrupt the flow of oxygen to the brain. Many of these ischemic strokes can be treated with tissue plasminogen

activator (tPA), an enzyme which dissolves blood clots. But tPA must be administered within three hours of symptom onset.

A second type of stroke – hemorrhagic stroke – causes bleeding in the brain and is not appropriate for tPA. But it may often be treated by a neurosurgeon, with surgical clipping or endovascular coiling.

Ready and Waiting

Diagnosis of ischemic or hemorrhagic stroke requires a hospital with a CT scanner and a coordinated stroke protocol. University Hospital's multidisciplinary stroke team follows a protocol developed by the National Institutes of Health.

Members of the stroke team evaluate patients within 10 minutes of arrival at the hospital and begin a CT scan with 25 minutes, to determine if the stroke is ischemic or hemorrhagic. Within one hour of arrival at the hospital, the appropriate patient is cleared for tPA.

FAST Response

With its clinical response aligned, University Hospital is reaching out to educate the community about stroke symptoms and the need for a FAST response (see sidebar).

“We want to inspire the same sense of urgency that people associate with chest pain,” explains University Hospital's stroke coordinator Rochelle Clark RN.

“Stroke symptoms, like facial droop and slurred speech, tend to be vague,” she says. “People often lay down to see if the symptoms go away. The average person waits 22 hours before seeking medical attention for stroke.

“But a stroke is a medical emergency,” Clarke insists. “You need to call 911 right away.”

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service

A5



Stroke

Striking Back As a Community

“We need to approach this problem not as competitors, but as one giant hospital meeting this community’s serious need for stroke care.”

Only a small fraction of strokes require intervention by a neurosurgeon, but that hasn’t stopped University Hospital neurosurgeon Satish Krishnamurthy MD from rallying the community to strike back at stroke.

In 2003, Krishnamurthy agreed to chair the CNY Regional Stroke Task Force, assembled by the American Heart Association.

His motivation? “Better stroke care for our community. At that point, Onondaga County had the second highest stroke mortality rate in New York State and no standardized stroke care.”

At 7 a.m. monthly meetings, the task force first identified deficits in local stroke awareness and care. The group gathered strength as Krishnamurthy recruited his peers at other hospitals and stroke-related organizations.

“Our first question,” he reports, “was why are so many people dying from stroke?”

“It turned out that close to 50 percent of mortality was related to not getting to the hospital in time,” he says.

“People do not recognize the severity of stroke symptoms or the importance of prompt intervention.”

But local hospitals also needed to fine-tune their stroke response.

University Hospital, the region’s Level 1 trauma center, was first to mobilize its stroke response team and seek certification by the New York State Department of Health.

Now it’s helping other local hospitals develop their stroke protocols.

“We need to approach this problem not as competitors, but as one giant hospital meeting this community’s serious need for stroke care,” Krishnamurthy says.

“Stroke is a problem that requires lots of resources, lots of attention,” he adds. “But there’s so much synergy and enthusiasm in this group. It’s the most exciting thing I’ve done in this community.”

Krishnamurthy believes that education is key to effective stroke management – and that physicians must be the most adamant educators. “We have to warn our patients who are at risk of stroke from obesity, diabetes, smoking, hypertension – and age. Age-related stroke is an epidemic just waiting to happen.”

Krishnamurthy is encouraged by the medical community’s evolution from reactive to proactive stroke response. “This generation is moving from treating stroke after it’s happened to addressing the problem before it happens, which is how it should be.”

THE ACADEMIC DIFFERENCE



Tackling Health Issues On Air

University Hospital's
HealthLink

Every Sunday at 9 a.m.
On 570 WSYR AM Radio

HealthLink On Air is University Hospital's hour-long radio program dedicated to health and medical issues affecting Central New York.

This interview-format program covers – from a local perspective – the medical news, advances, trends and events of interest to you and your patients.

HealthLink on Air is the offshoot of University Hospital's live HealthLink seminar series at ShoppingTown. The goal of both programs is to make Central New Yorkers smarter health care consumers.

The host for HealthLink On Air is Trisha Torrey, a Syracuse native, passionate patient advocate and author of the "Every Patient's Advocate" column which appears biweekly in the *Syracuse Post-Standard*.

For a listing of upcoming topics and guests – plus past interviews, recent health headlines, related resources and more, log on to: www.healthlinkonair.org.



Radio host Trisha Torrey, right, interviews University Hospital neurosurgeon Satish Krishnamurthy MD about stroke for a Sunday morning HealthLink On Air.

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service

A7