

INMOTION

NEWS FROM MEDSTAR ORTHOPAEDIC INSTITUTE

Fall 2020



Back on the road after crushing bike accident



MedStar Orthopaedic
Institute

IN MOTION, published twice yearly, shares the latest news from MedStar Orthopaedic Institute with our community. The Institute is made up of dozens of specialists from MedStar Georgetown University Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, MedStar St. Mary's Hospital, and MedStar Washington Hospital Center.

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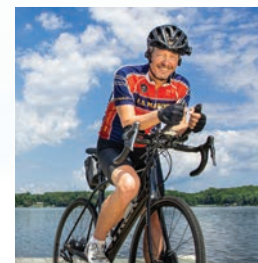
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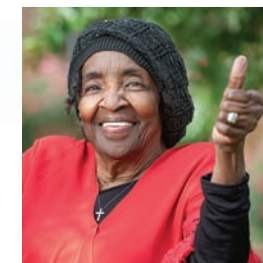
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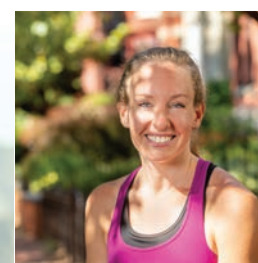
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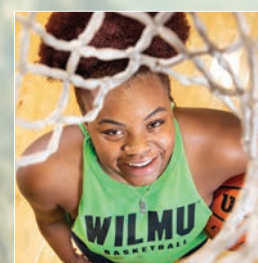
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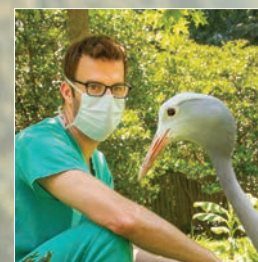
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FREAK ACCIDENT SIDELINES ENDURANCE ATHLETE

Biker is back in the saddle after rebuilt hip.

After three decades in the Marine Corps and 14 years as a triathlete, it was a first for John Bandy of California, Md. On an August morning, rounding a corner, the competitive cyclist blew a tire on an isolated stretch of road on the grounds of the Naval Air Station-Patuxent River. He fell hard, landing on his left hip and going into shock.



John Bandy at Lookout Point, Md.



“John’s thigh bone had basically punched through the acetabulum—the deep, cup-shaped socket the femoral head fits into—and penetrated into his pelvis. Putting everything back together again is a difficult and complex procedure, complicated by the presence of some very big, important vessels and major nerves in the area.”

—ROBERT GOLDEN, MD



Luckily, two truckers soon drove by and found Bandy lying in the middle of the intersection. They tried to help untangle him from his bike, but his pain was too great. After a call to 911, Bandy was rushed to MedStar St. Mary’s Hospital in Leonardtown, Md., where physicians quickly realized he would benefit from the care of a Level I Trauma Center. He was airlifted to MedStar Washington Hospital Center, home of the region’s top trauma center.

Fortunately for him, Robert Golden, MD, chief of Orthopaedic Trauma, was working that night. He’s one of only a few specialists in the area who’s experienced with repairing this type of extensive damage.

“John’s thigh bone had basically punched through the acetabulum—the deep, cup-shaped socket the femoral head fits into—and penetrated into his pelvis,” Dr. Golden explained. “Putting everything back together again is a difficult and complex procedure, complicated by the presence of some very big, important vessels and major nerves in the area.”

Bandy’s first step to recovery involved several days of traction, where weights were attached to a pin inserted through his femur. The apparatus held his hip in the proper position, helping to relieve pressure on the broken parts while preserving the limb’s length. The extra time also gave his body the chance to settle down after the trauma—and Dr. Golden and his team the chance to assure their patient was stable enough to undergo surgery.

As Dr. Golden anticipated, the operation was tricky.

“I first made a C-section-like incision on his lower abdomen, so we could work around inside his pelvis,” Dr. Golden explains. “Then we made another incision more towards his hip and worked towards the more central incision, basically meeting in the middle.”

Dr. Golden then put the bones back into place and inserted a metal plate to serve as scaffolding for the broken bones, which was anchored in place with screws. Four days later, Bandy was transferred to MedStar National Rehabilitation Network for intensive in-patient physical therapy, followed by three months of out-patient rehab.

“My last day of PT was December 30, so I ended the year on a high note,” says Bandy. “It was also the end of a series of ‘firsts’ for me: my first bike accident in over 80,000 miles ridden, my first broken bone, and my first surgery.”

Another milestone occurred when Bandy took his first outside bike ride the following year, on May 25—almost seven months to the day after his accident—logging 38 miles. Since then, he’s been able to resume all of his previous activities, competing in the Semper5K, triathlons, and even participating as part of a two-man team in the cross-country Transamerica Bike Race.

The latest accomplishment for the now-56-year-old? Competing in a virtual race across the west, riding 950 miles in less than six days this June, and placing first in his age group.

“I still get some discomfort, and have to be careful,” he admits. “But I wouldn’t be able to do any of this without Dr. Golden and the nerve-sparing approach he used. He’s first-rate!”

Editor’s Note: Less than a year after John Bandy’s operation, Dr. Golden would perform a similar procedure on Rep. Steve Scalise after he was shot through the hip. Dr. Golden and the MedStar Washington Hospital Center team were later honored at a White House ceremony for their expertise and excellence in saving the Congressman’s life and limb.

Cyclist John Bandy, retired Marine, has biked

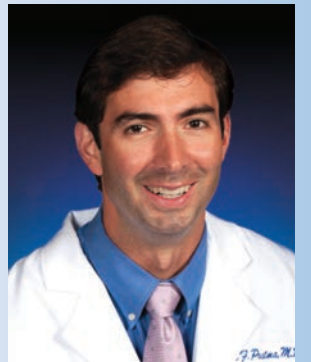
39,106.57 miles from the time of his recovery through July 16, 2020. Most recently, on June 16, he participated in the Virtual Race Across the West (VRAW) from Oceanside, Calif. to Boulder, Co., riding **950 miles in 5 days, 16 hours, and 35 minutes** from his basement on a smart trainer. He finished 29 of 83 participants and won his age group of 11 participants.





"FAI starts off slowly and, in many cases, doesn't ever cause any significant problems. But in high level athletes, from teenagers to folks in their 40s, it can deteriorate quickly, causing pain and stiffness in the groin and front of the hip."

—WILLIAM F. POSTMA, MD



Hip arthroscopy ends pain for two young athletes.

Sarah Moumami was a high school freshman on the soccer team when she thought she had torn something in her hip. For Sara Shaner—a former collegiate swimmer who still runs and works out every day—her first indication that something was wrong was when she was only 25 and felt sore and stiff after sitting at work all day in her job as a forensics accountant.

For both young women, the hip discomfort would come and go, a dull ache here, a sharp stab there. But their pain got more intense and persistent as time went by.

That's the nature of femoroacetabular impingement, or FAI, says William F. Postma, MD, chief of sports medicine at MedStar Georgetown University Hospital's Department of Orthopaedic Surgery. Especially if you're active.

"FAI starts off slowly and, in many cases, doesn't ever cause any significant problems," says the expert in hip and knee reconstructions, "but in high level athletes, from teenagers to folks in their 40s, it can deteriorate quickly, causing pain and stiffness in the groin and front of the hip."

The condition is caused by an abnormality in one or both of the major bones in the hip: the neck of the thigh bone (femur) or the socket itself (acetabulum). The two are meant to fit tightly yet smoothly together, lubricated by the synovial fluid within the joint. But with FAI, either bony bumps form on top of the femur, rubbing unnaturally against the socket, or the socket itself is too deep for a smooth fit, with the femur wearing away part of the thick band of cartilage (labrum), which holds the two bones together.

Up to 75 percent of patients have both forms of FAI, often affecting both hips. For symptomatic patients, the first line of offense is typically the most conservative, often involving physical therapy. But if that doesn't help, surgery's the answer.

Sara Shaner followed that track, starting with aggressive physical therapy at the MedStar Health Orthopaedic and Sports Center at Lafayette Centre.

"The PT team there was great...very experienced and supportive," says the DC resident who went to them off and on for a couple of years. "But we reached the point where PT wasn't helping anymore. I asked them for a referral, and they sent me to Dr. Postma."



After an MRI, Shaner was diagnosed with both forms of FAI on both sides, along with a labral tear. She underwent arthroscopic surgery on her left hip, the worse of the two, in March 2019, followed by the right hip that August.

While it's a same-day procedure, recovery is a fairly lengthy process, invariably taking six months of phased-in activity for the patient to return to their pre-injury capabilities.

"I thought maybe I'd beat the clock, since I was otherwise young, healthy and in good

shape," Shaner admits. "But nope. It took the full amount of time to get back to where everything felt right. And now I can sit, run, and be as active as I like without giving a thought to my hips. I feel great."

Likewise, Sarah Moumami also started with physical therapy, with similar results. As her pain worsened, however, the onus of finding the right orthopaedic surgeon for the 17-year-old fell on her mother, Siham.

"I went online to look for the best doctor out there," she says. "And Dr. Postma's name kept coming up, with phenomenal reviews! I especially liked what I saw about his experience with this type of surgery."

On Oct. 9, 2019, Moumami had the first of her two hip arthroscopies, with the second occurring on Dec. 20.

Physicians don't totally understand the underlying cause of FAI, but suspect a combination of genetics and overuse, particularly in sports that require repetitive movement of the hip. What they do know, however, is that the condition can be a precursor to early-onset osteoarthritis, often leading to a future hip replacement if not treated early on.

"Hip arthroscopy can be very successful for FAI, lasting for a long time and returning patients to their former quality of life," notes Dr. Postma. "That said, there's a steep learning curve with this procedure. To get the best results, you really need

an experienced orthopaedic surgeon who specializes in arthroscopies."

Moumami's mother, Siham, wholeheartedly agrees.

"Dr. Postma has just been amazing with his knowledge and compassion," she says. "He's truly one of the best doctors I've ever encountered."

Adds Moumami, "If you have borderline pain from FAI and are active, get it taken care of sooner versus later. I was being stubborn and didn't want to stop playing soccer or running, so I postponed the surgery. But now I'm so thankful I had it. I'm not in any pain anymore, and that's huge!"

For more information or to schedule an appointment, call 888-906-7361.



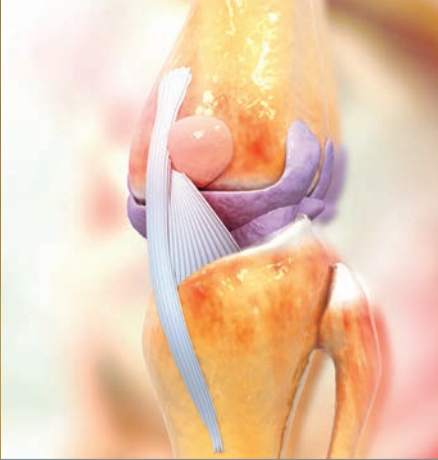
Sarah Moumami is no longer in pain after double hip arthroscopy.

Sara Shaner works out and runs daily after her treatment for femoroacetabular impingement, or FAI.



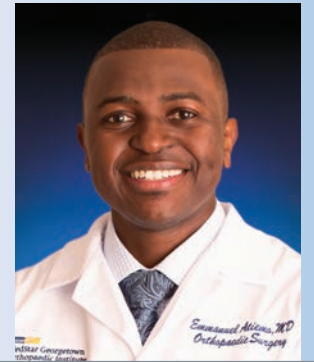
100% READY TO GO!

Tanasia Miles Returns to Court After Surgery for Torn ACL.



“Depending on the patient’s level of activity and previous conditioning, rehab for ACL reconstruction is typically between 6-9 months. This tends to be much longer in those considered to be high level athletes, and Tanasia Miles is what I consider to be a high level athlete. Thus it would take her a significant amount of time to regain her level of strength, conditioning, and confidence in herself and her knee.”

—EMMANUEL ATIEMO, MD



Tanasia Miles felt the pop.

Just 30 seconds into her first scrimmage following a summer knee injury, the varsity basketball player took a shove from an opponent. Then a junior at The King’s Christian Academy in Callaway, Md., Tanasia had been “feeling good, dribbling, warming up” before she felt the burst of pain and fell during a November game.

“I went to get back up, as I’d done many times before – but I couldn’t,” she said.

Her parents, Tony and Denise, are their daughter’s greatest supporters, along with her brother, Tylik, who looks up to his big sister; her father is also a coach. After months of physical therapy and hard work to get back in shape following the previous knee injury, the Miles family was in disbelief that she could be seriously hurt again.

“Why is this happening to me?” Tanasia remembers asking her father.

“As a coach, I’ve always tried to have the answers for her,” says Mr. Miles, who witnessed his daughter’s injury from the bench. “But as her father, I didn’t have an answer to that. It made me feel vulnerable. She was in tears; I was almost in tears. After all her hard work, thinking about colleges—her mother and I, we just wondered, what is this going to do to her future?”

The varsity captain actually stayed to watch the game until the third quarter, when the pain became overwhelming. She was brought to the Emergency Department of MedStar St. Mary’s Hospital, where her knee was placed in a brace. Tanasia was able to get around on crutches as the family waited for the results of an MRI to reveal the extent of her injury.

Meeting with Emmanuel Atiemo, MD, orthopaedic surgeon and sports medicine specialist at the MedStar Orthopaedic Institute, Tanasia received the news no athlete wants to hear: she’d torn her anterior cruciate ligament (ACL), a knee injury typically requiring surgery to repair the unstable joint.

Given the telltale “pop” she had felt, this was not unexpected. Still, she recalls,

“When Dr. Atiemo told me I tore my ACL, I just got quiet.”

Then, as with other challenges the 17-year-old has faced, she and her parents got down to work.

Her surgery was on a Friday in December. By that Monday, she was back to working hard in physical therapy – a display of the dedication she once exhibited when she’d first asked to take up basketball in fifth grade.

Her mother, Denise, accompanied her daughter to therapy sessions, recording video of her workouts so they could be carefully replicated at home. The goal was always to make sure Tanasia could get back to safely doing what she loved.

“As soon as she could walk, we were back to playing basketball,” says Mr. Miles. “Whatever Dr. Atiemo told us Tanasia was ready to do, we were doing it. Whatever we could, we did.”

Tanasia focused on strength and conditioning as well as agility training, getting back on a treadmill at home between physical therapy sessions. She continued to serve as captain of the varsity team her junior year, receiving the “most inspirational” award at the end-of-year sports banquet.

Following her longtime mentor, Coach Toyja Somerville, Tanasia began her senior year at St. Mary’s Ryken High School in Leonardtown. Now a junior at Wilmington University, Wilmington, Del., she’s back on the court “and is 100 percent ready to go.” She looks forward to an active basketball season.

Now 20, Tanasia is majoring in sports management and mass communications and hasn’t ruled out playing professionally when she finishes school. “We want to see her walk across that stage with a diploma first,” says Mr. Miles. “We’ll see what happens after that.”

The Miles family is grateful for the community support they received after their daughter’s injury, as well as Dr. Atiemo’s calming presence as he helped guide the student athlete back to health.

For more information or to schedule an appointment, call 888-906-7361.



Tanasia with her parents, Tony and Denise, and her brother Tylik.

Alice

STRIDES AGAIN



MedStar Orthopaedic Surgeon Evan Argintar, MD, visited Alice, a Stanley Crane, at the Smithsonian's National Zoo this summer, months after he performed a successful lateral collateral ligament repair on her leg.

Ordinarily, Evan Argintar, MD, would have spoken at length with Alice about her ligament issues and explained how the procedure might help. But any questions he posed would likely be met with a cocked head or ruffling of feathers.

Alice, you see, is a bird—a six-year-old Stanley Crane who resides at the Smithsonian's National Zoo in Washington, D.C.

Native to the grasslands of South Africa, Stanley Cranes are distinguished by their long, thin legs and blue-gray wing feathers that trail to the ground. Considered a vulnerable species by conservation groups, Stanley Cranes have been among the Zoo's nearly 100 bird species for many years.

But Alice has always been special. She was hand-reared by the Zoo's Bird House keepers after hatching from an egg her parents had abandoned in 2014. Alice quickly acclimated herself to human companionship. Her enthusiastic personality and easygoing demeanor in large groups made her the perfect "ambassador bird," often joining her keepers on supervised jaunts around the Zoo to delight and help educate visitors of all ages.

Injuries to long-legged bird are cause for concern.

Last summer, Bird House keeper Debi Talbott, noticed swelling around Alice's left hock (roughly the crane version of a human ankle, though the birds have an extra joint). Alice seemed as playful as ever, including doing her trademark wing-flapping dance at the sight of her BFFs. But Talbott, a zookeeper for more than 30 years, knew any injury to a long-legged bird was cause for concern.

"They're not pretty, and the prognosis is not always good," says Talbott.

Radiographs by the Zoo's veterinary staff revealed swelling and fluid around the area's soft tissue, but no broken bones or a tumor. Pain medications and antibiotics provided only temporary relief, however, and Alice soon began favoring the leg, which was also becoming increasingly bowed. That's when veterinarians began to suspect ligament damage.

As is often the case for human patients with similar conditions, non-invasive methods were the first choice of treatment.

"Any other adult crane would've been difficult, since they can be quite aggressive," says Zoo veterinarian Jessica Siegal-Willott, DVM. "Alice was very amenable to human care, so we could try other techniques before risking surgery."

Alice apparently saw her treatment regimen as a game, delighting in picking and ripping soft-support leg wraps until a new one was needed. After a few weeks of massage and deep-tissue laser therapy, Zoo vets worked with specialists at Animal OrthoCare to customize an orthotic leg brace to stabilize the joint. Because the device quickly proved uncomfortable and ineffective, Alice would have to undergo surgery.

An expert joins the team.

That's when Dr. Argintar received a call from his friend Matt Glassman, a veterinarian at Friendship Hospital for Animals.

"I've been involved with a lot of interesting consultations, but this really was a first," Dr. Argintar says with a laugh. "Still, it was a fascinating case, and when Matt invited me to help, I was eager to do what I could."

To prepare for Alice's surgery, the two physicians reviewed bird anatomy and case reports of similar surgeries. Alice's procedure would prove to be a first, as there were no records of Stanley Cranes having undergone lateral collateral ligament repair. Below the skin, the configuration of ligaments and tendons is just a few millimeters wide. But on the whole, the surgical steps were not all that exotic.

"I came up with a plan for a procedure that's popular for repairing the same kind of ligament issues with humans," says the Sports Medicine orthopaedic surgeon.

Drs. Argintar and Glassman operated on an anesthetized Alice at the Zoo's veterinary center. During the 45-minute ligament repair, they created an internal brace for the repaired lateral ligament. Temporary pins inserted in the surrounding bones supported an external fixator to protect the ligament repair during healing.

"The added support is needed because ligaments actually become weaker after surgery before regaining strength," Dr. Argintar says.



Dr. Argintar specializes in sports injuries. His clinical interests include arthroscopic surgery, ligament reconstruction, joint reconstruction/replacement, cartilage restoration, hip arthroscopy and hip preservation.

Below: Veterinarian Matt Glassman and MedStar Orthopaedic Institute Surgeon Evan Argintar, MD, assess Alice the Crane's joint stability under anesthesia.



Alice came through the surgery in fine form and spent the next several months recovering under close supervision by Zoo veterinarians. Restricted activity was not easy for such a highly sociable bird, nor was keeping her beak off the fixator. The staff came up with a variety of distraction tactics, the most effective of which were DVDs of "Mamma Mia," "The Sound of Music," and any other movie with a lot of movement and chatter.

Reinforcing her reputation as "the perfect patient," Alice was also amenable to regular post-op check-ups, which included brief sedation for x-rays.

"She would wake up and walk out like it was nothing," Talbott says.

Alice returns to Bird House after successful surgery.

Alice's pins were removed 12 weeks after surgery, and she was allowed to return to the Bird House the following month. At a party to celebrate her "discharge," Alice was treated to special cake topped with her name spelled out in crickets, her favorite food.

Today, Alice's life has largely returned to normal, roaming freely with a small limp and a slight bow to her left leg being the only reminders of her one-of-a-kind experience.

"Her leg has never looked 'normal,' and we're not sure if the cause is congenital or developmental," Dr. Siegal-Willott says. "But considering what could have happened, her surgery and recovery couldn't have gone smoother."

The only thing missing from Alice's life are visitors to meet and entertain. The Zoo's closure for the COVID-19 outbreak coincided with a full renovation of the Bird House, which is scheduled for completion in 2021. By then, Talbott expects Alice will be more than ready to resume her social schedule.

"Every morning, she greets us by enthusiastically jumping up and down, and her disposition is as sweet and charming as ever," Talbott says. "She is and has always been a happy girl."

Relatively young for a Stanley Crane, Alice may well benefit from her unique surgical experience for decades to come. And she won't be the only one.

"It was exciting to collaborate with a friend whose work is similar to mine, but in a different environment," Dr. Argintar says, adding that he and Dr. Glassman exchanged insights into dealing with non-compliance with post-operative treatment and applying human surgical techniques on animals.

What helped most, he adds, was having the perfect patient. "It was all about Alice," he says. "She made the experience a pleasure for everyone."

Knee injury during squash match does not keep college president down.

Dickinson College President Dr. Margee Ensign credits her doctor, Melissa Yadao, MD, and her physical therapist, Lauren Carruthers, DPT, with her recovery and the ability to return to her active lifestyle.



"A (meniscal) root tear is a very special tear. Regardless of age, it is almost always worth fixing. I have taken care of these in both athletes and non-athletes, and it's one of those tears that if you fix it, you can really help the patient."

—MELISSA YADAO, MD



Dickinson College President Margee Ensign, PhD, was in a heated match with the men's and women's squash coach last November—and winning by a score of 9 to 4—when she heard a pop and fell to the court. Collegiate players on the team who were watching the college administrator beat their coach immediately came to help.

The Carlisle, Pa., resident knew immediately that something was wrong with her left leg and sought care from a local physician who diagnosed her with a hamstring injury. He recommended rest and strengthening exercises.

"I've never had a sports injury before so I thought it would heal. But it never did," says Dr. Ensign.

As the holidays neared, Dr. Ensign knew she needed a second opinion. Her role as a college president frequently brings her to Washington, D.C., for meetings, and she had driven by MedStar Health at Lafayette Centre. After further research, she contacted Melissa Yadao, MD, a board certified, fellowship-trained, sports medicine orthopedic surgeon at MedStar Health.

"She was incredibly responsive," recalls Dr. Ensign, who first met Dr. Yadao on Dec. 23, 2019, and had an MRI of her left knee the next day. "She told me she would call me over the holidays when she knew the results, and sure enough, she called me as soon as she knew."

The MRI revealed Dr. Ensign had suffered a posterior root tear of her lateral meniscus. The root anchors the meniscus to middle of the knee. Left untreated, this type of tear often renders the meniscus unstable. Dr. Yadao recommended surgery.

"A root tear is very special tear," says Dr. Yadao. "Regardless of age, it is almost always worth fixing. I have taken care of these in both athletes and non-athletes, and it's one of those tears that if you can fix it, you really help the patient."

On Jan. 16, Dr. Ensign underwent outpatient arthroscopic surgery at a surgery center and returned home with instructions to be non-weight bearing for four weeks. She also started physical therapy with MedStar Physical Therapist Lauren Carruthers, DPT, to work on range of motion and quadriceps strengthening.

"The first weeks post-surgery were challenging," says Dr. Ensign. "I was on crutches for a while, and attended physical therapy both in person and then virtually due to COVID-19. Carruthers is the most amazing therapist and has been truly instrumental in my recovery."

Dr. Yadao was impressed with Dr. Ensign's rapid progress. "What she was able to do in the first month was amazing," she says.

Dr. Yadao also notes the seamless coordination in Dr. Ensign's care. "From her initial appointment, to scheduling the MRI and then surgery, and eventually starting physical therapy, we were able to get everything taken care of very quickly," she says.

That was exactly what Dr. Ensign, who frequently travels for work, needed. She credits Dr. Yadao for the quality of her surgical care. "She is thorough, thoughtful, and caring," says Dr. Ensign.

Dr. Yadao believes Dr. Ensign will make a full recovery. "I wouldn't be surprised if she is out there hitting balls before the end of the year."

Dr. Ensign looks forward to resuming her beloved game of squash. "I will play again," she says, "and I will finish that game and beat our coach."

To make an appointment with one of our MedStar Orthopaedic Institute surgeons, call 888-906-7361.

Ehlers Danlos Syndrome

Beating the odds once again with a surgeon's expertise.



"Alice Boswell's knuckle joints and the tendons around them were all dislocated, as a result of her disease. She had adapted over time, but her condition was very disabling. When we met, we talked about her options including surgery to replace her joints with silicone implants and to realign her tendons. There were some risks because of her other health issues, but we both agreed that the procedure would improve the quality of her life."

—JOHN FOLEY, MD



Alice Boswell can open and close both hands now after surgeries to replace joints and realign her tendons.

For most of her 79 years, the odds were stacked against Alice "Bunny" Boswell. Yet she beat them one after another. A lifelong resident of Montgomery County, Md., she was one of the first African Americans to integrate public schools. When a mysterious illness made movement difficult, she powered through.

At 18, doctors finally diagnosed her with an inherited disease called Ehlers Danlos Syndrome, which affects the connective tissues. They predicted she would likely not walk, but she did. And when told she would not graduate high school; she proved the naysayers wrong. Then after doctors told Alice she could not have children, she gave birth to two sons.

It hasn't been easy. The disease affects her joints and skin and, over the years, she has had multiple surgeries on her back, feet, and heart. "I'm the bionic woman," she says, referring to all the metal and plastic implants in her body.

For many years, her hands seemed to escape the problem but then they too succumbed to the disorder. Last year, she was referred by her primary care physician Mercy Obamogie, MD, to John Foley, MD, hand surgeon at MedStar Montgomery Medical Center. When she first saw Dr. Foley, her left hand was nearly frozen into a fist. Dr. Foley is a fellowship-trained hand surgeon with

special expertise in disorders of the hand, wrist, and elbow.

"Alice's knuckle joints and the tendons around them were all dislocated, as a result of her disease," Dr. Foley explains. "She had adapted over time, but her condition was very disabling. When we met, we talked about her options including surgery to replace her joints with silicone implants and to realign her tendons. There were some risks because of her other health issues, but we both agreed that the procedure would improve the quality of her life," he adds.

Boswell was convinced—and even more excited that surgery would be performed close to home at MedStar Montgomery. "I'm a go getter," she says. "So, I just wanted to get on with it!"

In September 2019, Dr. Foley performed her procedure under general anesthetic and a nerve block in her hand. He made an incision to expose her knuckles and replaced these bones with "spacers" made of silicone. Then he put the tendons that allow the hand to flex into their appropriate places around her new knuckles and closed the incision.

"Our hand therapists created a splint for Alice, which she wore for six weeks. Then she began working with these specialty trained therapists to strengthen her hand and learn to move it again," Dr. Foley explains.

"After my therapy, I could wave again," says Boswell, happily. "And I continue to do exercises at home, and now I can open and close my hand. The result was so good I had Dr. Foley do the procedure on my other hand!"

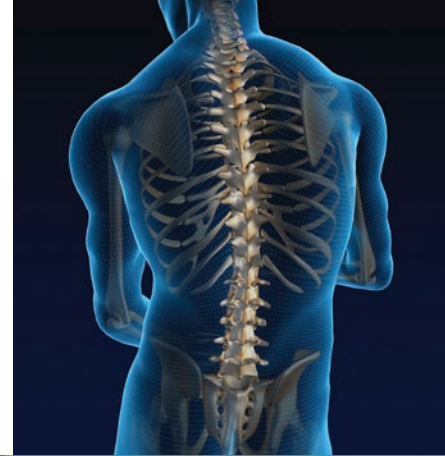
That surgery was performed in late July. Meanwhile, Boswell is home schooling her great grandson, juggling other family responsibilities—and still working as a contractor for Athena Consultants as a case manager for Montgomery County's Adult Drug Court Program. "I tried to retire," she says. "They just wouldn't let me go. But that's ok. I'm a people person and I want to continue to help."



Alice continues occupational therapy with Stephanie Daugherty, MS, OTR/L, CHT.

For more information or to schedule an appointment, call 888-906-7361.

For physical therapist-turned-surgeon, expert care for spinal disorders is second-nature.



"I think I'm a better surgeon and physician for having done both. Overlaying physical therapy with medical knowledge lets me see the patient's whole picture."

—JOSEPH L. FERGUSON, MD



From the time of his first knee injury as a high school athlete, Joseph L. Ferguson, MD, DPT, knew he wanted to be an orthopedic surgeon. Now, as a surgeon at MedStar Orthopaedic Institute, he's fulfilled that ambition with a special focus on treating spinal disorders.

On his way to turning those early ambitions into reality, Dr. Ferguson took a somewhat different career path. While a student in the undergraduate pre-med curriculum at Davidson College, his original interest in medicine gradually shifted to a related discipline—physical therapy.

"It involved physics and sports—everything I loved," Dr. Ferguson recalls. "It really seemed like a good fit."

After completing the Doctor of Physical Therapy program at Drexel University in Philadelphia, Dr. Ferguson joined nearby Magee Rehabilitation Hospital, where, during his training, he had been attracted to cases involving brain and spinal cord injuries, and stroke recovery. Dr. Ferguson loved his work, and the stage seemed set for a successful career. He soon realized, however, that his interest in orthopedic surgery had only been sidelined, not silenced.

"I increasingly wanted something where I could use my hands in ways that physical therapy didn't offer," he explains. "Therapy work can also take a long-term physical toll on providers,

which might eventually limit my ability to treat patients."

Despite having an advanced clinical degree, a shift to orthopedic surgery would mean starting training from scratch—four years of medical school, followed by another six years of internship, residency, and fellowship. "Some people thought I was crazy for even considering it," Dr. Ferguson says with a laugh. "But I was fortunate to have an incredible, supportive wife who basically said, 'take the MCAT exam and see what happens.'"

Apart from having a small head start in basic courses like anatomy at Jefferson Medical College in Philadelphia, Dr. Ferguson says the main advantage of returning to school as an adult were time-management skills honed from his experience in the working world. "That's not always true when you're 22 years old—something I remember well," he adds.

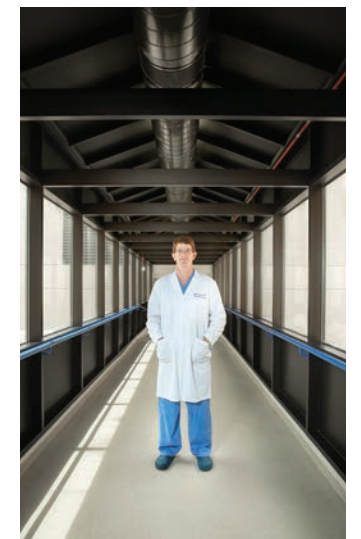
Dr. Ferguson came to MedStar Georgetown University Hospital for his residency, and returned last year after a fellowship in Orthopaedic Spine Surgery at Chicago's Rush University Medical Center. He believes his dual background enhances his treatment skills, especially when helping patients understand elements of the post-operative recovery process.

"If I think physical therapy will help with a certain condition, I can advise the patient on what they'll need," he says.

"If not, I can explain why focusing on recovery may be a better approach, rather than waste several months on something that may not provide many benefits."

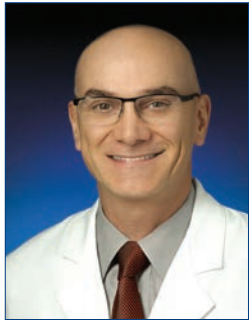
Dr. Ferguson gets his own kind of physical therapy with the help of two young daughters, and his hobbies of biking and golf. Although his double-dip of medical education and training put some unusual demands on his family, he considers the experience well worth it.

"I think I'm a better surgeon and physician for having done both," he says. "Overlaying physical therapy with medical knowledge lets me see the patient's whole picture."



Joseph Ferguson, MD, believes he is a better surgeon and physician for having a background in physical therapy.

MedStar Orthopaedic Institute welcomes our new physicians.



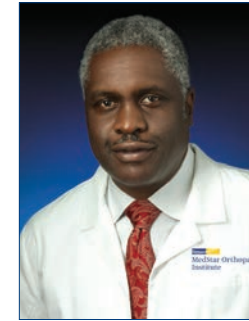
JOHN A. KURI II, MD, is an experienced, board-certified orthopaedic surgeon who treats patients with a range of orthopaedic issues. His areas of special expertise include: sports medicine, shoulder and elbow surgery, and sports-related trauma. Dr. Kuri sees patients at MedStar St. Mary's Hospital.

While in training, Dr. Kuri participated on the medical teams for the Philadelphia Eagles and Philadelphia Phillies.

Dr. Kuri's says, "My goal is to provide high-quality, compassionate orthopedic care without compromise, so that each patient can reclaim his or her pre-injury life. I do this through active listening, attention to detail, and by maintaining cutting-edge expertise in orthopedic surgery. I believe in educating all patients about their diagnosis and treatment options so they can make informed decisions."

Dr. Kuri received his medical degree from Georgetown University School of Medicine. He did his residency at Albert Einstein College of Medicine/Montefiore Medical Center, and completed fellowships in Sports Medicine at Rothman Institute, Thomas Jefferson University Hospital and in Shoulder and Elbow Surgery at University of Pennsylvania Health System.

Outside of work, Dr Kuri enjoys spending time with his family, walking his dogs and fishing with his wife Holly. He enjoys cooking and grilling at home but also venturing out to the many small local establishments throughout Southern Maryland.



AHAM ONYIKE, MD, is an orthopedic surgeon who specializes in hip and knee replacement. His areas of special expertise include complex joint problems, hip and knee replacement revision, sickle cell-related joint problems, and avascular necrosis. He sees patients at MedStar Southern Maryland Hospital Center.

He says, "My approach to treating patients focuses on tailoring treatment and providing the best evidence-based care for each patient's specific problem. I listen carefully to my patients so I can understand how their orthopedic problems affect them and involve them in choosing the treatment path that offers the best proven option to achieve the best outcome."

Dr. Onyike received his medical degree from Rutgers New Jersey Medical School. He completed his residency at Howard University and his fellowship at Virginia Commonwealth University.

In addition to treating patients, Dr. Onyike founded and leads a non-profit foundation, Operation Stand-Walk-Run. The foundation has established two hospitals in Nigeria (Center for Advanced Specialty Surgery). Through the foundation and hospitals, he and his team have undertaken several medical missions to Africa, where he has provided state-of-the-art orthopedic care to children and adults with various orthopedic afflictions. In 2019, he was named a Humanitarian Award winner by the Healthcare Corporation of America for this work.

He lives in Washington, D.C. with his wife and two sons. His hobbies include football, basketball, biking, disc-jockeying, traveling, and cooking.

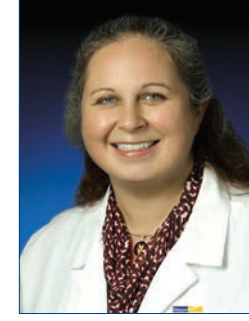


WILLIAM C. LENNEN, MD, orthopaedic surgeon, specializes in hip and knee replacements. He has special interest in hip osteoarthritis, loosening of the hip and knee prosthesis, knee osteoarthritis, and osteonecrosis of the hip. He sees patients at MedStar St. Mary's Hospital.

He says, "My philosophy is to educate the patient to understand their orthopedic condition as well as their treatment options. That way the patient is able to make an educated decision that fits their life and makes the choice theirs. Above all else, I strive to treat my patients the way that I would want to be treated, as a respected partner in their care plan."

Dr. Lennen received his medical degree from Georgetown University School of Medicine, where he also completed his residency and internship. He was a fellow at John Hopkins Hospital. Prior to joining MedStar Orthopaedic Institute, Dr. Lennen practiced in Harrisonburg, Va. and was affiliated with Sentara RMH Medical Center.

In his free time, Dr. Lennen enjoys spending time with his family and pets, including his 2-year-old granddaughter. They enjoy boating, as well as searching for local and vintage treasures and supporting local businesses.



ANGELA TOMASCHKO, MD, is a fellowship trained, board certified orthopedic surgeon. She specializes in hip and knee surgery. Her areas of special expertise include hip and knee replacement, knee arthroscopy, partial and total knee replacement, and the treatment of complex failed hip and knee replacements. She sees patients at MedStar Orthopaedic Institute's Lake Ridge, Lorton, and Alexandria locations.

Dr. Tomaschko served in the U.S. Navy and was an orthopedic surgeon at Walter Reed National Military Medical Center and Kimbrough Ambulatory Care Center at Fort Meade, treating active duty military members, their dependents, and military retirees. She was also a Staff Surgeon, teaching orthopedic residents at those institutions.

"I believe in providing my patients with a care plan that works with their specific goals and expectations," she said. "To that end, I offer both surgical and non-surgical approaches to treatment that help get patients back to a life they enjoy and the activities they love."

Dr. Tomaschko received her medical degree from Boston University School of Medicine. She did her residency in orthopedic surgery at the Naval Medical Center, San Diego, and completed her fellowship in joint reconstruction at Holy Cross Hospital, Fort Lauderdale.

In her free time, Dr. Tomaschko enjoys hiking, biking, skiing, and traveling.



KEVIN O'MALLEY, MD, is a fellowship-trained orthopaedic surgeon specializing in hand and upper extremity surgery and chief of Orthopaedic Hand Surgery at MedStar Washington Hospital Center. His areas of special interest and expertise include treatment of acute upper extremity trauma; hand, wrist and elbow arthroscopy; fracture care; soft-tissue reconstruction, including tendon transfers, nerve repair, and soft tissue coverage; and surgical treatment of wrist, elbow, and shoulder arthritis.

"I understand that I'm caring for the whole person, not just the hand and upper extremity. I take time to listen to patients to find treatment plans tailored to each individual's life and goals," he says.

Dr. O'Malley earned his medical degree at Georgetown University School of Medicine, where he also completed his residency in orthopaedic surgery. He did his fellowship in hand and upper extremity surgery at Tufts University Medical Center and New England Baptist Hospital.

Dr. O'Malley has presented at conferences on hand and upper extremity surgery and trauma and is involved in ongoing research on these topics.

Outside of the office, he enjoys spending time with his family.



KEN VAZ, MD, is an adult reconstruction orthopaedic surgeon. His areas of special interest and expertise include knee and hip replacement; hip and knee replacement revision; and treatment of complex failed hip and knee replacements.

"I focus on meeting the needs of patients at every point in the joint replacement process," he says. "I discuss all options with patients, from non-operative treatments including medical therapy and injections to surgical options including partial or total knee replacement, hip replacement, and revision hip and knee replacement."

Dr. Vaz earned his medical degree at Feinberg School of Medicine, Northwestern University and

completed his orthopaedic surgery training at the University of California-San Diego. He completed fellowship training in adult reconstruction at Scripps Clinic in San Diego, and completed an additional year of specialist training in the UK at the world-renowned Nuffield Orthopaedic Centre.

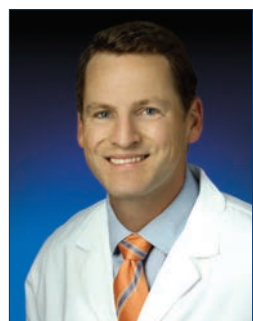
Dr. Vaz has published articles and presented in the U.S. and internationally on a wide range of joint replacement topics.

Outside of the office, he enjoys spending time with his wife and son, watching Georgetown Hoyas basketball, and cooking.

Ask a Doc

Knee and ankle injuries are quite common. Here are two questions that patients often ask their orthopaedic surgeons about these injuries.

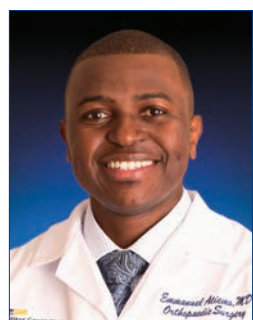
MEET OUR TEAM



Nick Casscells, MD
MedStar Georgetown University Hospital

WHAT'S THE BEST WAY TO TREAT MY SPRAINED ANKLE, AND HOW LONG WILL IT TAKE TO HEAL?

When it comes to ankle sprains, one size does not fit all, both in terms of how severe the sprain is and how long it will take to heal. Some patients can roll their ankle and pop back up and finish playing the game of soccer while others require immobilization and are quite debilitated for six to eight weeks. We have learned that a cast and strict non-weightbearing with crutches is the wrong approach even for a severe ankle sprain. The best treatment is a removable boot or brace, which allows the patient to bear weight on the ankle comfortably and keep the foot limber by removing the boot several times a day, and moving the ankle up and down, and eventually side to side. This has been shown to speed recovery so the patient can return to activity and sports. Rehabilitation tends to be a moving target, too, and while some patients may only need a week or two in a boot or brace, many require a boot for four to six weeks and then an ankle brace for another four to six weeks before they truly get back to normal. Lastly, physical therapy is an important tool for those who have difficulty returning to normal after a severe ankle sprain, and, more importantly, for those who have had multiple ankle sprains. Physical therapists use balance exercises to retrain and strengthen the muscles of the ankles to dynamically support the injured ligaments and can actually prevent future sprains.



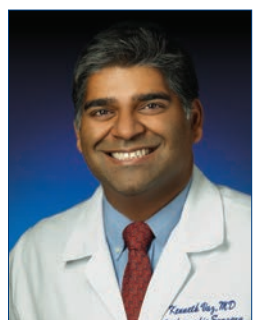
Emmanuel Atiemo, MD
MedStar St. Mary's Hospital

WHAT IS THE BEST TREATMENT FOR AN ACL TEAR?

Anterior cruciate ligament, or ACL, injuries are quite common. They account for about half of all knee injuries and occur four times more often in females than in males. Also, females sustain ACL injuries at a younger age than males.

Usually a non-contact, pivoting injury typically is associated with a "pop" or "tearing" sensation felt in the knee followed by swelling and brief pain. After the initial injury, patients usually say that within 24 hours the pain resolves fairly quickly but they experience instability in the knee or that it feels "funny," and if they twist it or turn a particular way, the knee will give out. Overall, about 90 percent of ACL patients should have it reconstructed. A small percentage will do fine with conservative treatments, usually reserved for elderly and less active patients. Left untreated, those with more active lifestyles can have a negative impact and even lead to further injury to the knee. There is no true age cut off when to perform the reconstruction. An active 65-year-old who runs and plays tennis and tears their ACL is as much a candidate as the 25-year-old who plays recreational sports. I would, however, recommend a trial of bracing and physical therapy for the 65-year old, first to see if he or she can be successfully treated non-operatively.

Success rates after ACL reconstruction are typically about 75-85 percent. Much of this is dependent on good surgical technique and significant rehab. Rehab for ACL reconstruction is typically between 6-9 months. This tends to be much longer in those are considered to be high level athletes.



Ken Vaz, MD
MedStar Georgetown University Hospital

SHOULD I CONSIDER A PARTIAL KNEE REPLACEMENT INSTEAD OF A TOTAL KNEE REPLACEMENT?

I completed a fellowship in partial knee replacement at the Nuffield Orthopaedic Centre at the University of Oxford in the United Kingdom. The procedure was pioneered at the Nuffield and has been performed there for over 40 years now. Studies show that 30 to 40 percent of all patients who underwent total knee replacement may have been a candidate for a partial replacement. The advantages of partial knee replacements are a quicker recovery, a more natural feeling knee, and fewer complications including stiffness but also more serious ones including infection, heart attack, or stroke. Some patients worry that if they have a partial knee replacement they may need a total knee replacement if the other parts of their knee wear out, but only 2 percent of partial knees required reoperation for another portion of the knee wearing out at Oxford after 10 years. While the partial knee was thought to be an operation for older patients, new research shows younger patients can be excellent candidates if screening knee X-rays show they're eligible.

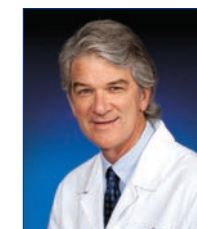
FOOT AND ANKLE SURGERY



Nick Casscells, MD
MedStar Georgetown University Hospital
Chevy Chase Lafayette Centre



Paul Cooper, MD
MedStar Georgetown University Hospital



Francis McGuigan, MD
MedStar Georgetown University Hospital

ORTHOPAEDIC TRAUMA



Robert Golden, MD
MedStar Washington Hospital Center



David Hampton, MD
MedStar Washington Hospital Center

HAND AND ELBOW SURGERY



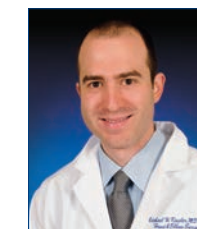
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MedStar Montgomery Medical Center



Curtis Henn, MD
MedStar Georgetown University Hospital
Lafayette Centre



Ryan Jander, MD
MedStar Southern Maryland Hospital Center
Alexandria Brandywine Lake Ridge



Michael Kessler, MD
MedStar Georgetown University Hospital
Chevy Chase Lafayette Centre



Kevin O'Malley, MD
MedStar Washington Hospital Center
Mitchellville

HIP AND KNEE REPLACEMENT



Brian Evans, MD
MedStar Georgetown University Hospital
McLean



William Lennen, MD
MedStar St. Mary's Hospital



Aham Onyike, MD
MedStar Southern Maryland Hospital Center
Brandywine Waldorf



Angela Tomaschko, MD
Alexandria Lake Ridge Lorton



Ken Vaz, MD
MedStar Georgetown University Hospital

SPINE SURGERY



Joseph Ferguson, MD
MedStar Georgetown University Hospital
Chevy Chase



S. Babak Kalantar, MD
MedStar Georgetown University Hospital
Chevy Chase
McLean



Fred Mo, MD
MedStar Georgetown University Hospital
Chevy Chase
McLean



Alan Schreiber, MD
MedStar Southern Maryland Hospital Center
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Oliver Tannous, MD
MedStar Washington Hospital Center
Mitchellville



James Tozzi, MD
MedStar Washington Hospital Center

ORTHOPAEDIC ONCOLOGY



Brock Adams, MD
MedStar Washington Hospital Center
Mitchellville



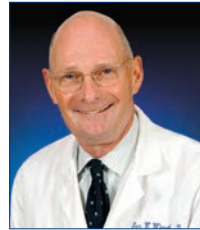
Robert Henshaw, MD
MedStar Washington Hospital Center
McLean

SHOULDER AND ELBOW SURGERY



Brent Wiesel, MD
MedStar Georgetown University Hospital
Chevy Chase
McLean

SPINE SURGERY



Sam Wiesel, MD
MedStar Georgetown University Hospital



Evan Argintar, MD
MedStar Washington Hospital Center
Navy Yard



Emmanuel Atiemo, MD
MedStar St. Mary's Hospital



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Shaun Khosla, MD
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Bruce Knolmayer, MD
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Jeffrey Sabloff, MD
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SPORTS MEDICINE



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MedStar Washington Hospital Center



John A. Kuri II, MD
MedStar St. Mary's Hospital



Carter Mitchell, MD
MedStar Montgomery Medical Center
Chevy Chase



William Postma, MD
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Melissa Yadao, MD
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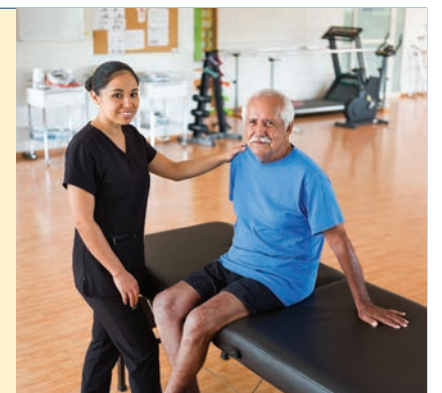
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Some of the photos in this publication were taken prior to the COVID-19 pandemic. All patients and providers are expected to follow the current MedStar Health guidelines for safety including proper masking and physical distancing where appropriate. Learn more at [MedStarHealth.org/Safe](https://www.MedStarHealth.org/Safe).