



NEW ENGLAND LEADER IN Heart Transplants

Tufts Medical Center
performed 22 heart
transplants in 2007 —
more than any other medical
center in New England.

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A LETTER FROM ELLEN ZANE

Dear Valued Referring Physician,

Welcome to the first edition of *Working Together Is Good Medicine*, Tufts Medical Center's publication just for you — our valued referring physician. In addition to our new publication, I hope you have heard about our new name. In March, we performed a little surgery on our name, and Tufts-New England Medical Center became Tufts Medical Center. Though our new name is shorter, easier to say and more memorable, the main reason we changed it is to rightfully highlight our

proud relationship with Tufts University. Tufts Medical Center is the principal teaching hospital for Tufts University School of Medicine. Through this partnership, our physicians and researchers collaborate daily with their colleagues at the Medical School. In addition, Tufts University President Larry Bacow, Dean Michael Rosenblatt and I are in constant communication, seeking new ways for our affiliation to advance health care regionally, nationally and internationally.

As you will find in this publication, there is so much happening at Tufts Medical Center. We are growing in services and physicians. In this edition, you will read about four new, talented orthopaedists. These three men and one woman have incredible experience, including a deep knowledge of sports injury. In fact, they have been physicians for professional sports teams, including the U.S. Women's Soccer team and the San Diego Padres.

I hope you will view these professionals as a new resource for you and your patients.

In addition, please read about our new Chief Scientific Officer Michael Mendlesohn, MD, who is committed to building our research offerings, including new clinical trials to benefit your patients as well as new methods for fast-tracking advancements from lab to patient. And for new services, you can read about the addition of the Elekta AXESSE™ for stereotactic radiosurgery — surgery without a knife to treat cancers through powerful doses of radiation that are precisely targeted with the latest in image guided radiation technology. You will also read about HIPEC; Tufts Medical Center is the only hospital in Massachusetts and much of New England to offer this advanced treatment for abdominal cancers.

With all that is new about our Medical Center, let me be clear that what remains steadfast is our commitment to working hand in hand with you for the good of your patients. We want to be the best academic medical center partner you can select in this market. I hope you will call our physicians and let them show you how we can deliver exceptional service to you and to your patients. It is an exciting time at Tufts Medical Center; we hope you will be part of it with us.

If you have any questions or thoughts on how we can be a strong partner for you, please call me directly at 617 636-9589 or e-mail me at ezane@tuftsmedicalcenter.org. I value your input and look forward to working with you.

Sincerely,

Ellen Zane,
President and CEO, Tufts Medical Center



NEW ENGLAND LEADER IN Heart Transplants



“We are thrilled with the work of our Heart Failure and Cardiac Transplant Center. This team has taken our transplant center to new heights and continues its commitment to excellence.” – Ellen Zane

Tufts Medical Center performed 22 heart transplants in 2007 — more than any other medical center in New England. And the success continues in 2008. Already, Tufts Medical Center has performed 17 transplants, leading us to believe we will exceed last year's market-leading pace.

“We are thrilled with the work of our Heart Failure and Cardiac Transplant Center,” says Medical Center CEO Ellen Zane. “This team has taken our Transplant Center to new heights and continues its commitment to excellence.”

The transplant statistics were compiled by the Boston Center for Heart Transplantation, a consortium of four academic medical centers: Tufts Medical Center, Brigham and Women's Hospital, Massachusetts General Hospital, and Children's Hospital. The Medical Center's Heart Failure and Cardiac Transplant Center — led by a multidisciplinary team of surgeons, physicians, nurses, administrators and social workers — is the largest in the region, measured both by the number of transplants performed and the number of patients on the transplant waiting list.

David DeNofrio, MD, medical director of the Heart Failure and Cardiac Transplantation Program at Tufts Medical Center, attributes the program's success to “an incredible infrastructure

of personnel and facilities to manage these complex patients.” Among these assets, he explains, is the program's nine-bed inpatient Cardiomyopathy Center.

“We really have a very capable team that I think is the envy of all New England,” he says.

Critical to this program, says DeNofrio, is its partnerships with heart experts in the community. He and members of his medical team spend time at local clinics conducting heart evaluations. Meanwhile, specialists from the community hospitals see and manage patients at Tufts Medical Center.

“I think these partnerships have helped establish a steady stream of patient referrals that have made us number one,” says DeNofrio. □

DOCTOR'S NOTES

To refer a patient to the Heart Failure and Cardiac Transplant Center, or to learn more, call 617 636-8068 or e-mail David DeNofrio, MD at ddenofrio@tuftsmedicalcenter.org



Creating Partnerships **TO TREAT** Metastatic Cancer

“We want this service to build on our strong tradition of respectful dialogue and partnership with our referring physicians” – David Wazer, MD

Tufts Medical Center has a powerful approach for treating patients with metastatic cancer: a unique partnership with the patient’s personal physician, multidisciplinary evaluation and care teams, and cutting-edge, state-of-the-art technologies.

Distinct from other cancer care centers in the city, the Medical Center has developed a unique, even special, service area designed especially to treat these complex patients, says David Wazer, MD, Radiation Oncologist-in-Chief.

Tufts Medical Center has a powerful approach for treating patients with metastatic cancer: a unique partnership with the patient’s personal physician, multidisciplinary evaluation and care teams, and cutting-edge, state-of-the-art technologies.

“We want to be the added value to what the referring physicians are doing for their patients.”

– David Wazer, MD

“We want this service to build on our strong tradition of respectful dialogue and partnership with our referring physicians,” says Wazer. “We want to provide a specialized service for the most refractory clinical problems without disrupting the patient’s continuity of care,” he says. “We want to assist with difficult clinical management issues, but patients are best served as they return to their community physicians.”

Metastatic disease is difficult to treat, and the long-term care is complex. That is why Wazer and the other physicians of the Cancer Center at Tufts Medical Center are so committed to working closely with referring physicians, who are integral to treatment decisions and who are kept informed of every phase of a patient’s care while in the hospital.

“We want to be the added value to what the referring physicians are doing for their patients,” says Wazer.

A Multifaceted Approach

Every patient referred to the Cancer Center is evaluated by a multidisciplinary team of cancer specialists that includes a radiation oncologist, a surgeon and a medical oncologist. The team discusses all available options before determining the best approach, which is then discussed with the patient and his or her personal physician.

A treatment plan may then involve one — or a combination — of several cutting-edge technologies. “The technology is fantastic,” says Wazer. “It’s all state-of-the-art.”

Among them is the Elekta AXESSE.™ Similar to the Gamma Knife used in brain surgery, the Elekta AXESSE utilizes image guided radiation therapy to deliver an extraordinarily precise beam of radiation directly to a patient’s tumor. Most significant for spinal surgery, this technology leaves healthy tissues surrounding the tumor untouched, thus limiting the risk of increased morbidity by broader beam radiation.

Elekta AXESSE therapy is appropriate for metastatic cancers of the spine, brain, liver and lungs. In 2009, this high-tech lineup of services will also include one of the first-in-the-nation FDA-approved proton beam therapies.

“The art of this is to have a good, combined multidisciplinary approach that delivers the right choice for that individual patient,” says Wazer. □

DOCTOR’S NOTES

To refer a patient to the Cancer Center at Tufts Medical Center or request a comprehensive brochure about our metastatic cancer services, please call our special physician line at 617 636-1100. You can also request a copy of the brochure by e-mailing goodmedicine@tuftsmedicalcenter.org



INSIDE JOB:

New Leader Chosen to Direct Research

Michael Mendelsohn, MD, founder and director of the 10-year-old Molecular Cardiology Research Institute (MCRI) at Tufts Medical Center and a leader in groundbreaking research in the role of estrogen in cardiovascular disease and the molecular regulation of blood vessel function and blood pressure, has been named the new Chief Scientific Officer.

“MIKE has been an exceptional and dedicated leader and researcher at Tufts Medical Center and Tufts University School of Medicine for more than a decade,” says Ellen Zane, President and Chief Executive Officer. “We are thrilled that he has accepted this new position and will use his talents to further elevate the Medical Center’s research enterprise and international reputation.”

Tufts Medical Center is among the top 10 independent hospitals in the nation receiving National Institutes of Health funding and is recognized for its significant contributions to the health sciences. Mendelsohn will be charged with advancing the Medical Center’s research programs broadly, including in the areas of cancer, cardiology, pediatrics, genetics, neurosciences, psychiatry, transplantation/immunology and several others.

“I am excited to work to strengthen our current environment by providing our research community with the support needed to advance and grow our existing programs, to create new, broad-based, multidisciplinary programs, and to recruit a new generation of cutting-edge investigators to Tufts Medical Center who will further establish us as a leader in all aspects of research for our society’s major health challenges,” says Mendelsohn.

“Tufts Medical Center and Tufts University School of Medicine have long benefited from a unique and special collaborative spirit among departments and between the Medical Center and the university,” says Tufts University School of Medicine Dean Michael Rosenblatt. “With Mike as the new CSO, I am certain that this collaboration will be taken to an even higher level, benefiting both organizations but, most important, benefiting modern medicine.”

Creating a Legacy

In 1997, Mendelsohn became the first director of the Molecular Cardiology Research Institute, which was created to enable Tufts Medical Center to build on its emerging leadership in cardiovascular medicine on national and international levels.

At a recent celebration of MCRI’s 10th anniversary, the many contributions the institute has made to the field of cardiology in the past decade were highlighted. Soon after the MCRI’s inauguration, its investigators showed that blood vessels and the heart have molecular receptors for the hormone estrogen, a finding that pioneered the field of understanding hormone action on the cardiovascular system and that has led to safer and more effective hormone therapies for women’s heart health.

“It’s hard to believe that 10 years have passed since the MCRI was created,” says Mendelsohn. “From one laboratory focused on vascular function, the Institute has grown to nearly 100 members, with 10 robust laboratory programs and 17 principal investigators.” Other projects include those being conducted by the MCRI Center for Translational Genomics to explore the genetic causes of heart and cardiovascular diseases. Iris Jaffe, MD, PhD is leading studies out of a finding that a molecular receptor for aldosterone, a hormone that regulates blood pressure, is located in the cells of the human blood vessel, where it controls the pattern of genes expressed in the vessel wall. This work has already provided new drug targets for the prevention and treatment of heart attacks. In addition, new trials are being developed out of the work of Jonas Galper, MD, PhD and his lab, where a new relationship between diabetes and cholesterol was discovered that may define a new role for drugs commonly used to lower cholesterol in protecting the heart against the development of abnormal heart rhythms. □

NEW TREATMENT OPTIONS

for Abdominal Cancers at Tufts Medical Center

Cancer that has spread to the lining of the abdominal wall and organs, also known as carcinomatosis, is a difficult problem for both patients and physicians. These peritoneal surface malignancies cause bowel obstructions, pain, and a buildup of fluid in the patient’s abdomen, all of which lead to a diminished quality of life and a shortened life expectancy. At the present time, there are few good treatment options: surgery is used to bypass an obstruction or remove tumors but will leave microscopic disease behind, which in most cases progresses rapidly; except in the treatment of ovarian cancer, chemotherapy has only limited benefits.

Tufts Medical Center has a new approach for these patients. Martin Goodman, MD, Director of the Peritoneal Surface Malignancy Program, offers a treatment option called hyperthermic intraperitoneal chemotherapy (HIPEC). Tufts Medical Center is the first cancer center in Massachusetts and one of only 45 in the nation to offer HIPEC.

A patient undergoing this therapy first undergoes a 6- to 12-hour procedure to remove all visible tumor in the abdomen. Immediately following — and while still in the surgical suite — an FDA-approved device circulates a mixture of heated isotonic fluid combined with high doses of chemotherapy, either Mitomycin C or Cisplatin, through the abdominal cavity. This “belly bath” lasts 90 minutes.

Median Survival (in months)

Cancer	Standard Therapy	HIPEC
Colorectal	6	18–32
Gastric	1–3	15–21
Sarcoma	10	22–42
Peritoneal Mesothelioma	1–10	40–92
Ovarian (chemoresistant)	7–12	25–28

Candidates for this procedure are patients with peritoneal disease only with no solid organ involvement and a good performance status. The different diseases include appendix cancer (pseudomyxoma peritonei), colorectal cancer, gastric cancer, ovarian cancer, peritoneal mesothelioma, primary peritoneal cancer and sarcomatosis.

“The procedure has shown to prolong survival and improve the quality of life of select patients who otherwise would have died from their diseases sooner,” says Goodman. □

RESOURCES

Looking for additional information on the topic? Try these resources recommended by Tufts Medical Center professionals.

PMP Pals’ Network, www.pmpals.org; PMP Belly Button Club, a Yahoo Group dedicated to people with peritoneal and related cancers, www.pmpbellybuttons.org; Appendix Cancer & Peritoneal Surface Malignancy, www.appendix-cancer.com; www.advancedcancerhope.com; www.hipectreatments.org



MARTIN D. GOODMAN, MD

Director, Peritoneal Surface Malignancy Center

Medical School

Robert Wood Johnson Medical School

Residency

Cooper Hospital, NJ
University of Pittsburgh Medical Center

Fellowship

Cooper Hospital, NJ
University of Pittsburgh Medical Center

Board Certifications

Surgery

Specialties

Surgical Oncology

Clinical Specialties

Abdominal and gastrointestinal malignancies, recurrent highly advanced cancers

DOCTOR’S NOTES

If you have a patient you would like to refer to Tufts Medical Center for heated intraperitoneal chemotherapy, contact Martin Goodman, MD, at 617 636-9248 or mgoodman@tuftsmedicalcenter.org

“With Mike as the new CSO, I am certain that this collaboration will be taken to an even higher level.”

– Dean Michael Rosenblatt

CAN SURGERY RESOLVE TYPE 2 DIABETES?

Tufts Medical Center Surgeons Aim to Try



Type 2 diabetes is rapidly becoming a major public health concern worldwide. While gastric bypass surgery has been proven highly effective in the treatment of type 2 diabetes, many individuals afflicted with this disease are not morbidly obese.

In fact, the average BMI of a type 2 diabetic in the United States is 30, making gastric bypass somewhat unappealing, given its restrictive nature. Finally, however, some good news in this increasing problem has emerged in research showing that a novel, minimally invasive surgical procedure may induce type 2 diabetes remission.

“Within 48 hours, patients who have had gastric bypass surgery (and thus duodenal bypass) are no longer diabetic.”

— Michael Tarnoff, MD

The procedure, called laparoscopic duodenal jejuna bypass (DJB), aims to mimic the positive physiological effects of gastric bypass with respect to diabetes while leaving the stomach intact. Motivated by these recent findings, Michael Tarnoff, MD, assistant professor of surgery at Tufts Medical Center, has launched a one-of-a-kind U.S. study to further investigate the role of laparoscopic DJB in this patient population. Tarnoff and other surgeons around the world are increasingly convinced that there is something about bypassing the duodenum that induces resolution of type 2 diabetes in select patients.

“Within 48 hours, patients who have had gastric bypass surgery (and thus duodenal bypass) are no longer diabetic. Those results are obviously not weight-related,” says Tarnoff. “Why is that?”

Several studies in non-obese diabetic rats aimed specifically at isolating duodenal bypass in the form of DJB have convincingly shown that this anatomic modification is solely responsible for the rapid restoration of glucose control seen after gastric bypass.

Looking for a Few Good Patients

Because his interest is type 2 diabetes and not necessarily obesity, Tarnoff is looking to include patients in his study who have a BMI in the range of 22 to 34.9 — below the BMI of 35 recommended to qualify for gastric bypass surgery to treat weight loss. Patients selected will also be those who have been unable to control their diabetes with medication as indicated by a HbA1c between 7 and 10 percent.

“We’re taking a very cautious approach,” says Tarnoff. “We want to be sure we choose the right people.” The international medical and surgical community will be looking at Tufts Medical Center to see what this treatment is going to be. Medical therapy leaves significant numbers of type 2 diabetics with poor or uncontrolled disease. This renders these individuals highly susceptible to the cardiovascular complications of diabetes, which often leads to premature death. While surgery itself carries risk, it may ultimately prove to be the safer option for these patients if it more effectively restores glycemic control.”

A projected 22 million adult Americans will be affected by type 2 diabetes by the year 2012. While there is still much work to be done to evaluate this procedure, says Tarnoff, “laparoscopic duodenal jejuna bypass surgery may evolve as a more standard treatment for this disease in lighter-weight patients.” □



MICHAEL TARNOFF, MD

Assistant Professor of Surgery,
Tufts Medical Center

DOCTOR'S NOTES

To refer a patient to participate in this study to determine the effectiveness of duodenum bypass surgery in resolving type 2 diabetes, patients should meet the following criteria:

- Have been diagnosed with type 2 diabetes for less than 10 years
- Have a BMI of 22 to 34.9
- Have been unsuccessfully able to manage sugar levels with medication, diet, and other means with HbA1c > 7 < 10%
- Understand the risks, but believe that the risk of complications from type 2 diabetes outweighs those from surgery
- Management of the medical regimen for diabetes is overly burdensome

Please call Anne Marie Melanson,
617 636-0736 with a patient referral.

RESOURCES

Looking for additional information on the topic? Try these resources recommended by Tufts Medical Center professionals.

In this link, Michael Tarnoff, MD, describes the duodenum bypass procedure and discusses its effect on type 2 diabetes,

www.metabolic-education.com/presentation.htm

American Diabetes Association, www.diabetes.org

Weight Loss Surgery Health Center, WebMD.com, www.webmd.com

Gastric Bypass Surgery Tufts Medical Center, www.tuftsmedicalcenter.org/obesitytreatment

ON CALL

A regular feature introducing the specialists at Tufts Medical Center

ORTHOPAEDICS

The Tufts Medical Center Department of Orthopaedics got a long-anticipated surge at the beginning of the year with the addition of four new members.

Now a full house, says Director Charles Cassidy, MD, the department offers expert, comprehensive care in all areas of orthopaedics, including hard-to-find specializations in women's sports injury, state-of-the-art arthroscopic surgery to treat athletic injuries, computer-navigated joint surgery, and an unbeatable expertise in treating upper extremity trauma. This department's mission to provide patient-driven care, combined with its approachable and friendly environment makes the Department of Orthopaedics at Tufts Medical Center a reliable resource for all of your patients' orthopaedic needs. □

To refer a patient to Tufts Medical Center's orthopaedists, call 617 63-ORTHO (67846)



CHARLES CASSIDY, MD

Orthopaedist-in-Chief and the Henry H. Banks Associate Professor and Chairman

Medical School
Northwestern School of Medicine

Residency
Tufts Medical Center

Fellowship
Hand and Upper Extremity,
Tufts Medical Center

Board Certifications
Orthopaedic Surgery; Certificate of
Added Qualifications in Hand Surgery

Clinical Specialties
Adult and pediatric hand, elbow and
shoulder surgery, upper and lower
extremity trauma reconstruction,
management of acute skeletal trauma

**To refer a patient to Charles Cassidy,
MD, please call 617 636-5150**

CHRISTOPHER GEARY, MD

Sports Medicine

Medical School
Columbia University College of
Physicians and Surgeons

Residency
Tufts Medical Center

Fellowship
San Diego Sports Medicine and
Arthroscopy Fellowship

Prior Positions
San Diego Padres, San Diego State,
and University of California, San Diego,
Assistant Team Physician; Co-Team
Physician for Tufts Athletics,
Emerson College

Clinical Specialties
Adult and adolescent sports medicine,
including open and arthroscopic
treatment of the shoulder, knee, elbow,
and ankle, and general orthopaedics

**To refer a patient to Christopher Geary, MD,
please call 617 636-5148**

ELIZABETH MATZKIN, MD

Sports Medicine

Medical School
Tulane University School of Medicine

Residency
University of Hawaii

Fellowship
Duke Orthopaedic Shoulder and
Sports Medicine Fellowship

Board Certification
Orthopaedic Surgery

Prior Positions
U.S. Women's Soccer team, Physician

Clinical Specialties
Knee cartilage, meniscus and ligament
injury, rotator cuff problems, shoulder
instability, women's sports injury and
prevention, and overuse muscle/tendon
injuries, minimally invasive arthroscopic
surgery for shoulder and knee, multi-
ligament reconstruction, rotator cuff and
labral repair and shoulder replacement,
general orthopaedics

**To refer a patient to Elizabeth Matzkin, MD,
please call 617 636-6014**

ERIC L. SMITH, MD

Director of Arthroplasty Service

Medical School
Tulane University School of Medicine

Residency
Tripler Army Medical Center,
Honolulu, HI

Fellowship
Otto E. Aufranc Adult
Reconstructive Fellowship,
New England Baptist Hospital

Board Certification
Orthopaedic Surgery

Prior Positions
General Orthopaedic Surgeon, U.S.
Army, including being deployed to
Afghanistan in support of Operation
Enduring Freedom

Clinical Specialties
Primary and revision total hip arthroplasty,
hip resurfacing and hip arthroscopy,
computer-assisted primary and revision
total knee arthroplasty

**To refer a patient to Eric L. Smith, MD,
please call 617 636-5160**

JOSEPH IZZI, MD

Hand and Upper Extremity

Medical School
Boston University School of Medicine

Residency
Rhode Island Hospital, Brown University
School of Medicine

Fellowships
Orthopaedic Trauma Fellowship, Rhode
Island Hospital, Hasbro Children's
Hospital; Hand and Microvascular
Surgery Fellowship, Hospital for Special
Surgery in New York

Board Certification
Orthopaedic Surgery

Clinical Specialties
General orthopaedics, trauma and
hand surgery, hand and upper extremity
treatment, including congenital, traumatic,
and reconstructive surgery of the hand,
elbow and shoulder

**To refer a patient to Joseph IZZI, MD,
please call 617 636-5155**

STUART BRAUN, MD

Chief, Pediatric Orthopaedics

Medical School
University of Vermont School
of Medicine

Residency
University of Vermont

Fellowships
Pediatric Orthopaedic Fellowship,
Hospital for Sick Children, Toronto

Board Certification
Orthopaedic Surgery

Clinical Specialties
Pediatric orthopaedics, scoliosis,
neuromuscular disorders, and trauma

**To refer a patient to Stuart Braun, MD,
please call 617 636-7920**

TIMOTHY CURRAN, DPM

Podiatry

Medical School
Dr. William M. Scholl College
of Podiatric Medicine

Residency
The Cambridge Hospital

Fellowship
Boston Medical Center

Clinical Specialties
Disorders of the foot and ankle,
bunionectomy, diabetic foot care

**To refer a patient to Timothy Curran, DPM,
please call 617 636-5269**

VIEW AN ORTHOPAEDIC SURGERY

Tufts Medical Center orthopaedic specialist Eric L. Smith, MD, performed a patello femoral replacement live on the Internet while Elizabeth Matzkin, MD, provided commentary on the procedure. Patello femoral replacement is used for patients with symptomatic and isolated patello femoral arthritis. It can relieve pain and improve mobility and still allow for a future total knee arthroplasty if necessary.

You can view this surgery anytime at
www.or-live.com/tuftsmedicalcenter/2167

Tufts Medical Center offers a wealth of expert specialists to assist you in the care of your patients. During the past several years, we have added new physicians in many specialties to better serve you. This feature highlights several of our newest physicians, your newest referral resources. To learn more about our other new specialists, visit tuftsmedicalcenter.org and click on "find a physician."

WORKING TOGETHER

Real experiences from our referring physicians

TED HERWIG, MD

“I have had more communication in a month from the folks at Tufts Medical Center than from the other tertiary centers combined in the 18 years I’ve been in practice,” says Ted Herwig, MD, a family physician on Cape Cod whose practice includes many seniors. “I am responsible for my patients’ minute-to-minute, hour-to-hour, day-to-day care, so I need to be in the loop. Every fax, e-mail, note and call helps. My experience with the Medical Center has been uniformly excellent.”

Herwig’s story is illustrative of Tufts Medical Center’s commitment to working in partnership with the community physicians who refer their patients here.

He recalls a patient with pancreatic cancer, who he referred to Seng-lan Gan, MD, a specialist in the Department of Gastroenterology, who administered an ultrasound the very next day. Herwig’s patient then received a CT scan the following day and was ready for surgery by her third day at the Medical Center. It is this fast attention to his patients that Herwig has come to depend on in the three years he has been referring them here.

“That immediate communication and availability from the doctors at Tufts Medical Center is very important to me. My patients often come back to me to check in or understand what the specialists told them, to mull it over. It is so helpful to know what the thought process is and what’s being recommended.”

While it’s clear that Herwig is happy, how do his patients feel about their experience at Tufts Medical Center? “They love it!” he says, telling the story of another of his patients who had been diagnosed with cancer on both kidneys. “Gino called the patient directly,” says Herwig of Gennaro Carpinito, MD, Urologist-in-Chief of the Department of Urology. “It’s just fabulous.” □



At Tufts Medical Center, we value our referring physician partners and are committed to doing all we can to make it easy for you to refer your patients here. It is our mission to ensure that they, and you, have a positive experience during the entire referral process. If you have a story to tell about your experience with Tufts Medical Center, please contact us at goodmedicine@tuftsmedicalcenter.org. We would love to include it in a future *Working Together* column.

News of Note

CARDIOLOGY LEADER Takes National Position



Marvin Konstam, MD

Marvin Konstam, MD, Chief of Cardiology at Tufts Medical Center and Professor of Medicine and Professor of Radiology at Tufts University School of Medicine, on January 1,

assumed a leadership position at the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health. Konstam is now the Senior Advisor to the Director for Cardiovascular Diseases, Elizabeth Nabel, MD.

“Dr. Konstam brings many exciting ideas and provides strategic guidance that will help us advance our national research program on the causes, prevention, and treatment of cardiovascular diseases,” says Nabel.

Widely known for his expertise in heart failure and cardiac transplant, Konstam will oversee the NHLBI’s entire extramural program. In this new position, he explains, he will improve the Institute’s strategic plan and help drive the direction of the nation’s cardiac research in the coming years. Among these pursuits are projects to enhance the understanding of heart failure, arrhythmias, heart development and structure, and cardiac transplant. Other research avenues include exploring advanced technologies and surgical techniques, including nanotechnologies and genomics.

Konstam came to Tufts Medical Center as a postdoctoral fellow in 1981, and never left. “I have devoted my entire career to this hospital,” he says. “And I continue to be quite dedicated.” He will continue at

Tufts Medical Center in his role as Professor of Medicine at TUSM, see patients a few days a month at the hospital, and serve on the Tufts Medical Center Board of Trustees.

“We are very proud of Marv and congratulate him on his appointment to the NHLBI,” says Ellen Zane, CEO, Tufts Medical Center. “We are especially honored that this prestigious institute has recognized the Medical Center’s excellence and leadership in cardiovascular research and medicine in its choice of Marv. We look forward to watching his success in this new role and having his continued strong leadership at the Medical Center.” □

A GOOD RAP

The Massachusetts Corporate Reputation Survey has ranked Tufts Medical Center 14th in its lineup of Massachusetts’ top non-profit and for-profit companies for 2007. This ranking is a seven-place jump from the Medical Center’s 2006 position. The hospital even placed above a few of its competitors, including Massachusetts General Hospital and Beth Israel Deaconess, and in front of some well-known local companies, including Reebok, Stop and Shop, and Citizens Bank.

“This is just one example of how all of our staff’s hard work is paying off and getting

noticed,” says Ellen Zane, CEO, who predicted that next year, Tufts Medical Center would rank higher, perhaps giving the two hospitals ahead of it a challenge.

The Massachusetts Corporate Reputation Survey (MCRS) annually ranks the reputations of the state’s leading private and public organizations. The survey, released by Morrissey & Company, asks business executives to rate the reputations of the Commonwealth’s leading private and public enterprises. The reputation ratings were calculated by asking 200 area business leaders to rate 74 Boston-area businesses,

universities and hospitals on six different factors, including:

- Overall reputation
- Products and services
- Place to work
- Social responsibility
- Ethics and corporate governance
- Financial stability □

For more information, visit www.morrisseyco.com/survey/default.asp



Health Sheet

A quick resource guide for your patients:
clip and copy or download at
www.tuftsmedicalcenter.org/ortho

ELIZABETH MATZKIN, MD

Orthopaedic Surgeon

Medical School

Tulane University School of Medicine

Residency

University of Hawaii Orthopaedic

Fellowship

Duke Orthopaedic Shoulder and Sports Medicine

Board Certification

Orthopaedic Surgery

Prior Positions

U.S. Women's Soccer team, Physician

Specialties

Minimally invasive arthroscopic surgery for shoulder and knee, multi-ligament reconstruction, rotator cuff and labral repair and shoulder replacement

Clinical Specialties

Knee cartilage, meniscus and ligament injury, rotator cuff problems, shoulder instability, women's sports injury and prevention, and overuse muscle/tendon injuries

DOCTOR'S NOTES

Contact our Sports Medicine

Department at 617 63-ORTHO (67846)

Sports Injury Q&A with Elizabeth Matzkin, MD

SUMMER is a tricky time for weekend warriors and even serious athletes. The weather is warm, the days are longer, and the runners, hikers, golfers, bicyclists, softball and soccer players, Frisbee players, pickup basketball players and more start to head outdoors. But while getting fresh air and, flexing the muscles is good for one's health, working what might be some very relaxed muscles for the first time in a while may bring some unwanted aches and pain and, in some instances, even serious injury. What do you need to watch out for as the warm weather pulls you outside?

Elizabeth Matzkin, MD, a specialist in sports medicine at Tufts Medical Center and a former staff physician for the U.S. Women's Soccer Team, answers some common questions about sports injuries and offers some good advice for staying safe while you play your favorite sports this year. □



What are the most common injuries suffered by the amateur athlete?

Injuries suffered by the "amateur" athlete really are no different than those experienced by professional athletes. Differences exist more in the "weekend warriors" and the aging athletes. Many of these injuries are overuse injuries, such as muscle or tendon strains and ligament sprains.

Are there some sports that are particularly prone to causing injury in the weekend athlete?

Any "weekend" athlete can suffer an injury if he or she has not properly prepared for a sporting event. This includes the athlete who plays soccer, basketball, golf, cycles or runs. Preparation may include previous training, warming up, appropriate gear and not overdoing it.

Are people who have been working out at the gym all winter long at less risk of hurting themselves once they start to play spring and summer sports?

They may be at less risk if they have been doing "sport-specific" training during the winter months. For example, someone who has been running on the treadmill will be properly trained to run outside, but may not be properly trained to play tennis. More "sport-specific" training for tennis may include rotator cuff strengthening exercises and maybe an indoor racquet sport such as racquetball or squash.

What are some things people can do to protect themselves?

Exercising and watching your weight are probably the most important. Proper training to include flexibility and strength training will be important for prevention of common strains and sprains. Use of proper equipment is also important. This includes appropriate shoe wear — especially important for runners and endurance athletes — and use of properly fitted protective equipment when recommended, including kneepads, helmets and eye protection.

When do people need to pay attention to what might be a more serious problem than just a pulled muscle?

The most important thing is to "listen to your body." If it hurts, then stop what you are doing. "No pain, no gain" does not apply for the weekend or aging athlete. If a day or two of rest, ice and an anti-inflammatory does not resolve your problem, then you may want to consult your doctor.

When to ice?

For any acute injury, we recommend ice for 20 minutes at a time.

Do women and men have different risks or get injured differently?

Definitely. For example, there have been many studies that demonstrate the risks of ACL tear are higher in female athletes — as much as 2 to 8 times higher in female soccer and basketball players compared to their male counterparts. The most important thing to prevent this type of injury is for women to develop proper neuromuscular control with strength and stability training programs.

What parts of the body are the most vulnerable and what can people do to protect each one?

This is really sport-specific. Runners and cyclists have more lower extremity injuries, while tennis and volleyball players have more upper extremity injuries. Most injuries can be prevented with proper training and common sense. In general, you should not increase your training more than 10% per week. Whether you increase mileage, weights or time on the playing field, the 10% rule will allow adequate recovery time for your body. If you are unsure how to begin an exercise program or train for a specific sport while avoiding recurrent or chronic injuries, talk with a sports medicine physician about safely maintaining an exercise program.

When to rest and when to get up and back in the game?

Rest is extremely important, especially for endurance athletes. Again, listen to your body. Muscles need time to recover and training too often or too long can do more harm than good. Overuse injuries can consist of tendonitis or stress fractures, which will result in many more missed days at the gym or on the playing field than taking a day of rest when you need it.

What's the number one piece of advice you give to the patients who come to your clinic?

Keep exercising! Younger athletes usually need to focus on strength training to avoid patellofemoral problems and injuries secondary to muscle weakness. Middle-aged athletes need to focus on flexibility training, as they are more prone to chronic or overuse injuries secondary to decreased flexibility and endurance. Older and aging athletes should find a low-impact activity such as walking, swimming or the stationary bike that allows them to continue to benefit from exercise without exacerbation of arthritis or old injuries.

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Tufts Medical Center

Have Our Physicians Visit You

If you would like to schedule a meeting with any of our physicians or have them to your hospital for grand rounds or other educational sessions, **please contact Physician Liaison, Jennifer Roberts (formerly Bush) at 617 636-1398 or jroberts2@tuftsmedicalcenter.org**

In the next edition of *Working Together Is Good Medicine* read about:

- **Our Physician Liaison Service:** Tufts Medical Center is bringing its specialists to you for one-on-one meetings and educational opportunities. In addition, this service seeks to make your referral experience the best it can be for you and your patients.
- **Advancements in Glioblastoma Research:** Al Charest, MSc, PhD, is taking bold steps in his laboratory — steps he believes will ultimately reverse this bleak diagnosis.

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Working Together Is Good Medicine is for physicians who are interested in learning more about referring their patients to Tufts Medical Center. We value your partnership with us and are committed to doing all we can to make it easy for you to refer your patients to us. It is our mission to ensure that they, and you, have a positive experience while benefiting from some of the finest care and cutting-edge research available in New England.

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