



Physician Update

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Reverse shoulder replacement offers new options for patients with deficient rotator cuff, advanced shoulder arthritis



Matthew D. Bush, M.D. (left) & Patrick J. Fallon, M.D.

Until recently, procedures for patients with a deficient rotator cuff and/or advanced shoulder joint arthritis with bone and cartilage loss offered limited outcomes. Traditional shoulder surgery — even total shoulder replacement — could not accomplish both mobility restoration and pain alleviation.

Now there is good news for these patients. It's a relatively new procedure called reverse shoulder replacement, and it's being performed in Maine by Matthew D. Bush, M.D., and his colleague, Patrick J. Fallon, M.D.*

"Most people know that the shoulder has a ball and socket joint," said Dr. Bush. "Free gliding movement of the ball (humeral head) within the socket (glenoid) allows complete, pain-free mobility of the arm and shoulder. Normal movement is enabled through the support of the rotator cuff (four muscles and several tendons attached at the joint) and cushioned by cartilage.

"Injury, repetitive motion, aging, and other conditions can create tears and/or serious degeneration of the rotator cuff, to the point where those muscles and tendons can't be repaired. Without normal function of the rotator cuff, the humeral head may move upward out of the glenoid socket, making it difficult or even impossible to raise the arm. The same conditions may also wear away or damage the protective cartilage. Without that cushion, joint movement quite literally becomes a grind. Bone moving on bone is very painful.

"Traditional shoulder replacement helps alleviate the pain and can restore some mobility, but, in cases of deficient rotator cuff, advanced arthritis, complex fractures or other difficult shoulder reconstructions, those procedures generally can't bring back the range of motion enjoyed prior to the injury or condition."

That's where the reverse shoulder replacement comes in. Quite literally, the replacement implant is reversed — putting the ball on the socket side and vice versa. This positioning allows the deltoid muscle to compensate for the torn or degenerated rotator cuff and restore the ability to fully lift the arm and do so without pain.

Dr. Bush is quick to point out that the reverse shoulder replacement procedure is not the answer for everyone with shoulder problems. He works closely with patients' primary care physicians to match the right procedure for the best outcome for each case. If a reverse shoulder replacement is indicated, the physician can feel quite comfortable referring his or her patient to Central Maine Orthopaedics (CMO) and the Orthopaedic Institute of Central Maine (OICM)."

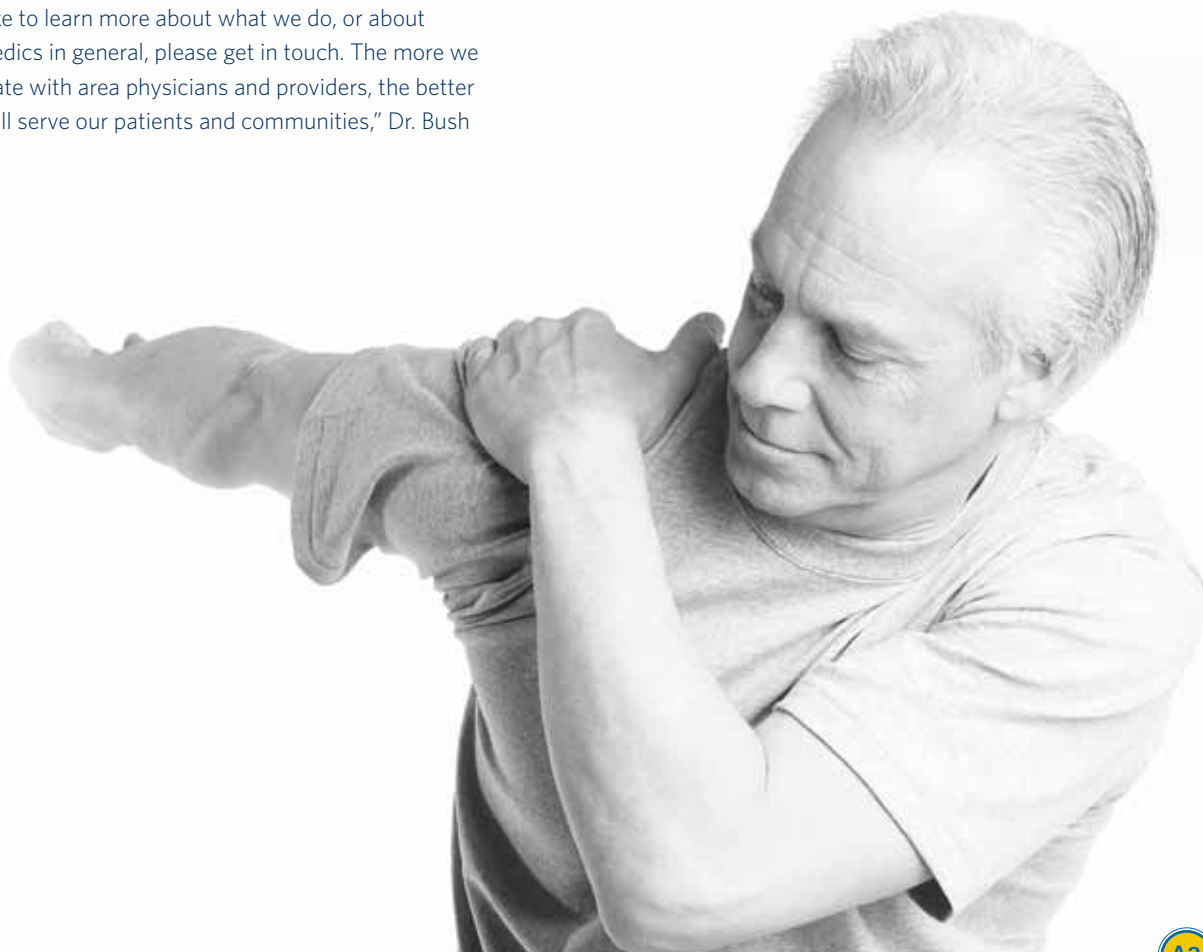
"The reverse shoulder replacement is more challenging, requiring increased joint exposure frequently on shoulders that have undergone several prior operations. It's important that the specialist performing this operation be experienced with this technique as well as standard shoulder joint replacement. We hope to continue to offer this lifestyle improving technique as physicians become aware of this option for their patients. We are as comfortable with this newer operation as we are with more traditional procedures such as arthroscopy and fracture fixation," Dr. Bush said.

Both CMO and the OICM are conservative in their approach to care, Dr. Bush explained. Prevention of orthopaedic problems is always goal number one. After that, non-invasive techniques — such as physical therapy and building strength in supporting musculature — are recommended. Once a patient and their primary care physician have exhausted non-surgical options, Dr. Bush encourages them to consult with the orthopaedic specialists at CMO. From there, ambulatory or in-hospital surgery may be indicated. And, should the need be there, it's good to know that Dr. Matt Bush and the rest of the CMO/OICM team are highly skilled and experienced in the latest surgical techniques, including reverse shoulder replacement.

"We are here to help. If you need a consult, if you would like to learn more about what we do, or about orthopaedics in general, please get in touch. The more we collaborate with area physicians and providers, the better we can all serve our patients and communities," Dr. Bush said.

For more information about reverse shoulder replacement, Central Maine Orthopaedics, or the Orthopaedic Institute of Central Maine, call 207-344-2288 or visit www.oicm.cmmc.org

*Matthew Bush, M.D., and Patrick Fallon, M.D., are two of nine surgeons at Auburn-based Central Maine Orthopaedics (CMO). CMO recently partnered with Central Maine Medical Center (CMMC) to form the Orthopaedic Institute of Central Maine (OICM). The OICM is a dedicated unit within CMMC where orthopaedic surgical patients receive Core Connect CareSM, a fully collaborative, start-to-finish approach to orthopaedic services. This is a full continuum of care from assessment through surgery to post-operative care to recovery.



Cholesterol . . . how low should you go? Exercise testing . . . who needs it?



By Richard Shulman, M.D.

There is convincing data to support that a physiologic (that is “normal” or “healthy”) total cholesterol level should be <150 and LDL <75 mg/dl.

Comparative studies with other mammals suggest that the prevalent levels of lipids in our society are an aberration. What has gone wrong is that evolutionary forces that give us control of our environment (how we live and what we eat) especially in the developed Western world have progressed at a more rapid rate than the more fundamental genetic control of lipid metabolism. The new drugs – especially the statins – offer an opportunity to modify the expression of those genes. At LDL levels <75 atherosclerosis does not develop, and when present even regresses.

These simplified guidelines were developed over three decades of cardiology practice for lipid management to prevent CAD and exercise testing to diagnose it.

Lipid Management

Some valid generalizations:

- Humans are the only mammals with LDL levels >80 and TC levels >160
- Within all species, CV disease correlates with LDL levels
- Lowering LDL levels by any means – diet, exercise, drug therapy – reduces risk regardless of which drug – what is paramount is the level of LDL reduction achieved
- Statins have revolutionized our ability to alter LDL levels over the past 30 years – they are well tolerated agents that offer the opportunity to alter the genetic expression of cholesterol metabolism
- Despite the claims of the pharmaceutical industry that claim advantages unique to individual statins – they are

all more alike than different – and their main effect, and perhaps their only real significant effect, is how much they lower LDL

- Practically speaking, there is no such thing as too low an LDL

See Table 1 on page A5 for a simplified table for 1° and 2° prevention goals for LDL.

Exercise Treadmill Testing (ETT)

The particular type of ETT – nuclear, ECHO or simple ETT – and the frequency with which it is ordered depend on the clinical question that needs clarification.

- For a low risk patient with atypical chest pain a plain old-fashioned ETT will usually answer the question as to whether this represents angina
- In a patient with known CAD and recurrent angina, a regular ETT will also usually answer the question as to the severity of the ischemia – since it will define the cardiac workload at which the ischemia occurs – often the critical information for the clinician
- For patients where there is still a question regarding the etiology of chest pain and for patients where it is important to define the ischemic burden – an imaging ETT can be helpful. I adhere to the philosophy that a nuclear ETT is more sensitive – will detect minor ischemia more precisely at the cost of more false positives – and an ECHO ETT is more specific – when it is positive it is real but it may miss mild ischemia.

See Table 2 on page A5 for how often different patients should have an ETT.

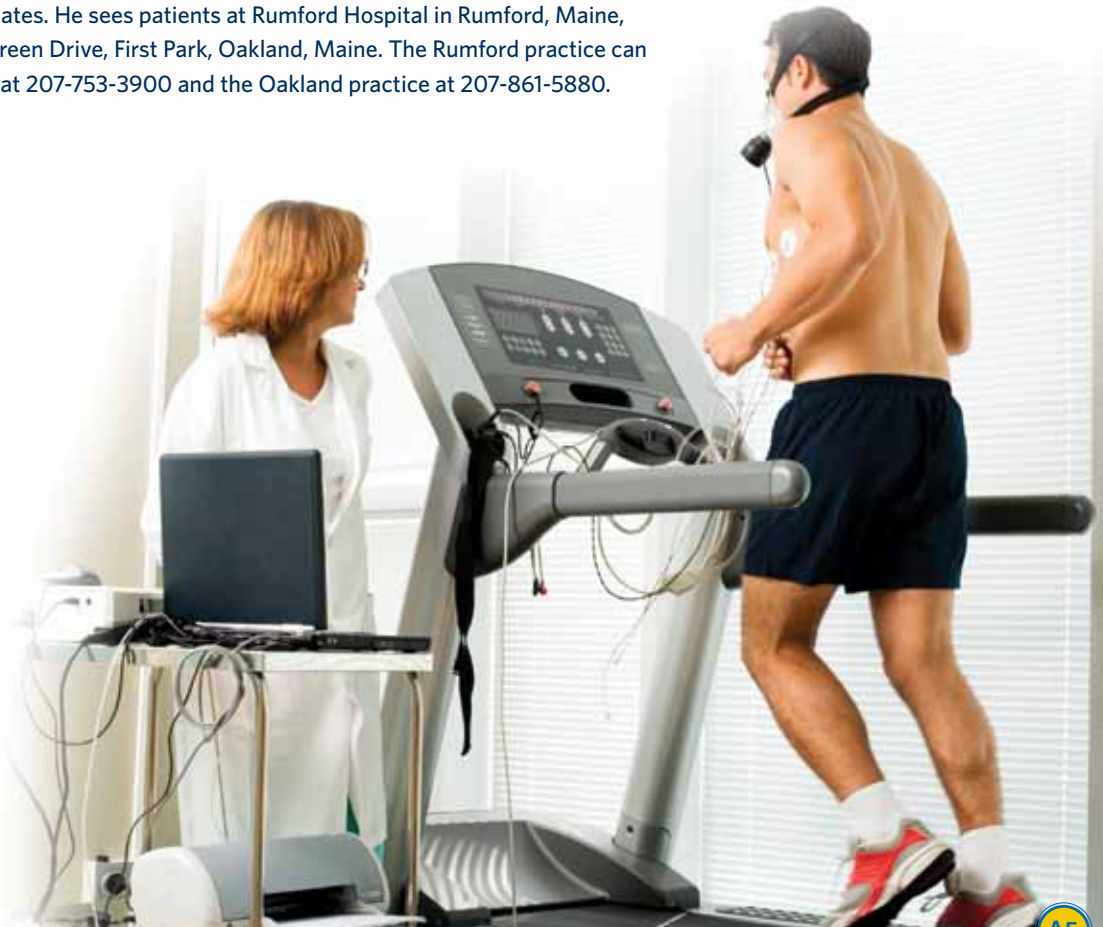
Table 1
TARGET LDL GOALS

	Other Risk Factors	MG/DL
NO CV Disease	Low	<130
	Medium	<100
	High	<70
With CV Disease		<70

Table 2
HOW OFTEN FOR ETT

	Other Risk Factors	Do ETT Every
NO CV Disease	Low	No ETT
	Medium	Q 3-5 Yrs
	High	
With CV Disease		Q 1-3 Yrs

Richard S. Shulman, M.D., F.A.C.C., F.A.C.P., practices with Central Maine Heart Associates. He sees patients at Rumford Hospital in Rumford, Maine, and at 11 Evergreen Drive, First Park, Oakland, Maine. The Rumford practice can be reached at 207-753-3900 and the Oakland practice at 207-861-5880.





Orthopaedic Institute of Central Maine: here for your patients, here for you.

Put your orthopaedic patients in our hands with complete confidence. The new Orthopaedic Institute of Central Maine (OICM) is available to referring physicians for patient consults, treatment, surgery, and pre- and post-operative care. OICM is a collaboration between Central Maine Medical Center (CMMC) in Lewiston and Central Maine Orthopaedics of Auburn. Services include diagnostic tests, arthroscopic surgery,

spine surgery, total joint replacement, foot and ankle surgery, hand surgery, sports medicine, physical therapy, and much more. Our specialized approach, Core Connect Care,SM provides a team focus and continuum of care for each patient. Best of all, OICM is local — in a newly renovated, state-of-the-art unit within CMMC. For more

information, please call Michael H. Cox, Ph.D., Executive Director of OICM, at 207-344-2403. We think you'll be glad we're here.



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