

Our Education Mission

Education & Academic Affairs at HSS is committed to being the source for outstanding initiatives in education, training, research and information for local, national and international communities to prevent and treat musculoskeletal conditions.

Exercise Through the Ages Issue

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HOSPITAL
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SURGERY

Kids Will Be Kids: Dealing with Sports Injuries

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Children are active creatures, and bumps and bruises are par for the course. As doctors, we see broken arms in kids trying to be superheroes, clad in capes and jumping off of tables. We treat fractured wrists from those who reach back to break a fall while roller skating. And we regularly care for active children between the ages of nine months and three years with a break in the shinbone (tibia) called a "toddler's fracture." It's all a part of growing up.

There are things you can do, however, to reduce the risk of certain sports-related injuries as children get older. Here are some of the most common childhood injuries affecting the muscles and bones.

Growth-Plate Injuries

Growth plates are areas of growing tissue located at each end of the long bones (arms and legs) in children and adolescents. When a child is finished growing — typically two years after menstruation begins in girls, and between the ages of 14 and 18 in boys — the growth plates close and are replaced by solid bone.

Since the growth plate is the weakest part of the skeleton in a child who is still growing, injuries to the growth plates are commonly seen in children involved in sports. They're twice as common in boys as girls and can occur as a result of trauma (such as falling or getting hit hard) or overuse. Gymnasts who practice long hours on the uneven bars, long-distance runners, and baseball pitchers who are exceeding the recommended number of pitches are most at risk for overuse injuries to the growth plates.

Let's look at baseball pitching. The maximum recommended number of baseball pitches is 105 per game for a 17- to 18-year-old pitcher, but only 50 for 7- and 8-year-olds. (To learn more about pitching limits, visit www.stopsportsinjuries.org). However, with the growth in popularity of organized sports and travel teams, some kids play on more than one team at a time and exceed the recommended number of

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itches in a day, resulting in Little League Elbow or Little League Shoulder — injuries which can actually pull the growth plate away from the bones in those joints.

Growth plate injuries are typically treated with rest, and growth plate fractures, when not displaced out of position, may require casting or a splint to immobilize the bone and let it heal. More severe growth plate fractures that are dislodged out of their normal position may require closed or open surgical manipulation to restore proper alignment and growth.

So it's important to treat growth plate injuries early, and even better, to prevent them from happening by avoiding overuse of the joints. For example, if your child plays on more than one baseball team, he or she should play different positions to avoid doing the same movements repeatedly. It's also a good idea to play different sports to keep one joint or part of the body from becoming overstressed.

Other Childhood Musculoskeletal Injuries

In addition to growth plate injuries and fractures, active children and teens who are still growing are prone to other problems in their muscles and bones — some of which may be related to sports, and others which can occur with normal growth. These include:

- **Osgood-Schlatter's disease:** This condition is one of the most common causes of knee pain in adolescents. It is caused by increased tension where the kneecap (patellar) tendon attaches to the top of the shinbone and is most common in boys aged 13 to 16 years. Treatment includes ice, rest, and flexibility exercises to relieve tension on the tendon.
- **Sever's disease:** This common cause of heel pain is typically seen in children ages 7 to 12. It is caused by stress where the Achilles tendon meets the tissue on the growth plate of the heel bone. Treatment includes ice, rest, and flexibility exercises to relieve ten-

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ACL Tears: When to Treat, How to Prevent

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It starts with a “pop.” Then pain. And then the swelling comes. That’s what happens when the anterior cruciate ligament (ACL) of the knee tears. Some people are more susceptible than others. And surgery isn’t always needed.

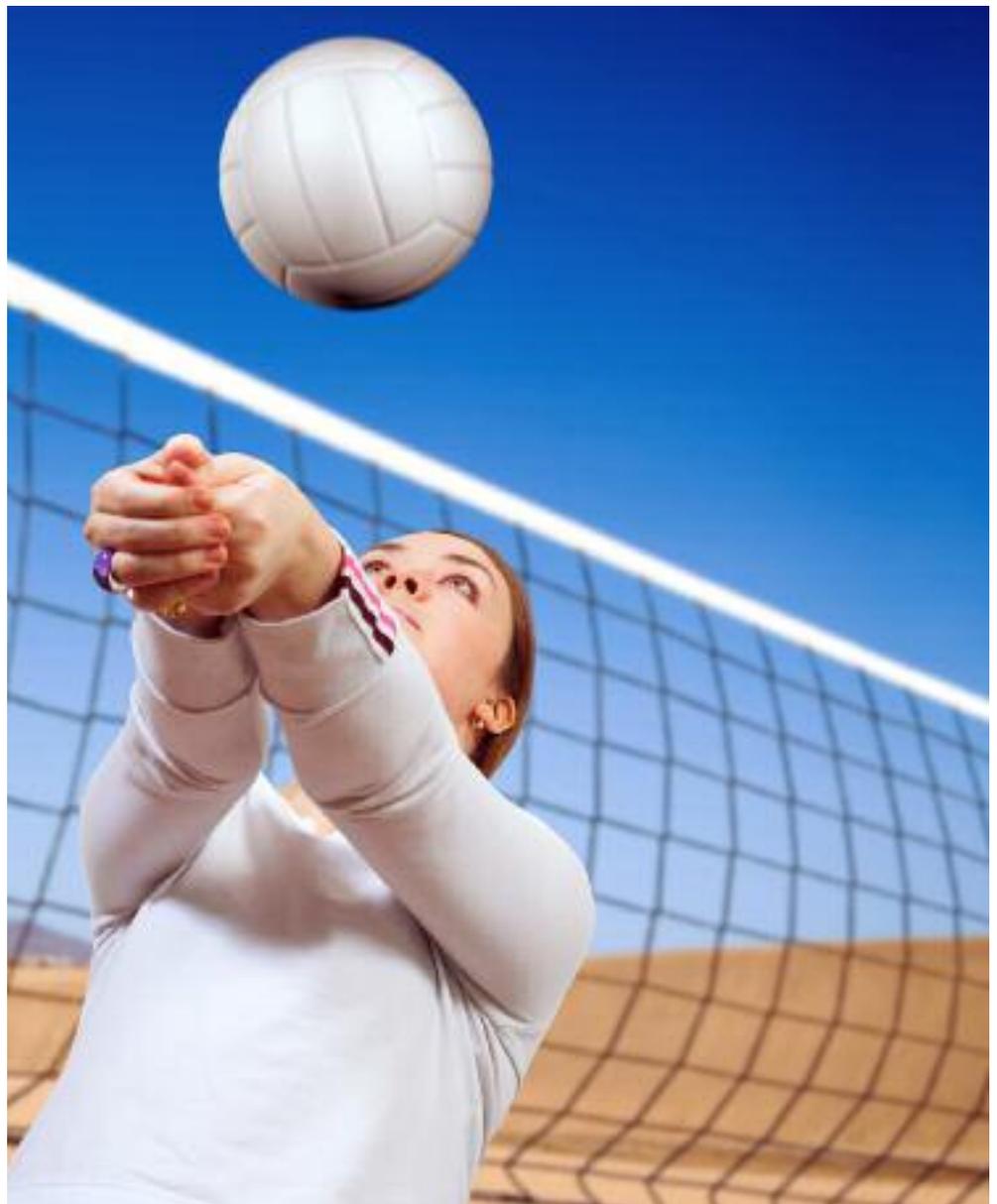
Thousands of people around the world experience this injury each year. While doctors have some clues about how and why they happen, there are more questions than answers, and plenty of research remains to be done. Here’s what we know about the ACL:

- 1. The ACL supports the front of the knee.** The ACL is one of four ligaments connecting the thigh bone (femur) to the shin bone (tibia). It prevents the shin bone from sliding out in front of the thigh bone. Together, the four ligaments provide stability to the knee.
- 2. ACL tears are commonly a result of a noncontact injury.** The ACL most often tears when someone quickly stops moving and changes direction while running, landing from a jump, or turning. A hard hit to the side of the knee, such as a football tackle, can also injure the ligament. ACL tears are related to personal biomechanics, but it’s hard to predict who will experience them and who won’t.
- 3. ACL tears are more common with certain sports.** Basketball, football, soccer, volleyball, and skiing are common sports linked to ACL tears. A recent study (Beynon et al. *Am J Sports Med.* August 2014) showed that the incidence of a first-time ACL injury was highest in soccer and rugby players among a group of high school and college athletes. These sports are more commonly associated with sudden starting and turning or landing movements that can stress the knee.
- 4. ACL injuries are more common in women.** According to the American Academy of Orthopaedic Surgeons,

female athletes who participate in jumping and pivoting sports are two to ten times more likely to sustain a knee ligament injury, such as an ACL injury, than male athletes participating in the same sports. This may be due to the

different alignment formed by the positioning of their wider hips over their knees, which can increase the torque on the knee joint. It may also be due to hormonal differences, but the answer is not yet clear.

- 5. An injury to the ACL can increase the risk of osteoarthritis later in life.** According to the Arthritis Foundation, a
- continued on page 4*



ACL Tears, cont. from page 3

torn ACL leads to osteoarthritis in more than half of affected knees five to 15 years after the injury. The risk is highest among people who also suffer a tear in the meniscus (shock-absorbing cartilage in the knee).

When to Treat, When to Watch

Doctors typically perform surgery to repair a torn ACL in:

- Children who are very active, whose activities would be limited by a torn ACL, and who may be at risk for another injury if the knee remains unstable.
- Adults who are physically active.
- Adults who are experiencing instability or other symptoms from the tear.
- Older adults who wish to remain active.

Older age is not a barrier to surgery.

- Anyone who also has an injury to the meniscus. Repairing the ACL and meniscus may somewhat reduce the risk of later arthritis related to the injury.

Adults who experience a torn ACL, are not very active, and don't have a meniscus tear may be able to forego surgery and just be monitored by their doctors. For those who do need surgery, the repair is not urgent, but should be done before further injury occurs.

Can ACL Tears Be Prevented?

While there is no sure-fire way to prevent an ACL tear, doctors do know there are some ways to reduce the chance of experiencing

an injury:

Jump and land carefully. Avoid landing on a straight leg, allowing your knees to bend and do their job. Special warm-ups and landing exercises have been developed by the Fédération Internationale de Football Association (FIFA) to reduce the risk of ACL tears. (See f-marc.com/11plus for more information.)

Learn how to fall. This is especially true for skiers, who tend to twist their knees while struggling to stay upright in a precarious situation. Sometimes it's better to fall, get back up, and resume skiing with stability and control. Also be sure your bindings are adjusted appropriately so that they will release during a hard fall, to avoid putting *continued on page 5*



The ACL most often tears when someone quickly stops moving and changes direction while running, landing from a jump, or turning.

ACL tears are related to personal biomechanics, but it's hard to predict who will experience them and who won't.

► *ACL Tears, cont. from page 4*

your ski at an odd angle against the snow that would result in a twist to your knee.

Build strength around the knees. Strengthening the muscles that support the knees in a balanced way, particularly the quadriceps (muscles in front of the thigh) and hamstrings (muscles behind the thigh), can reduce the load on your knees.

Stretch your hips. There is some indication that the risk of an ACL tear is greater in people with less hip rotation, because the stress is taken up in the knees. Hip opening exercises, such as those in yoga, may help. However, hip rotation may also be limited by the shape of the skeleton a person is born with, so only so much can be changed through stretching.

Be smart about the sports you play. Not everyone can play every sport. Choose the sports that are best suited for your body and abilities, and learn how to play them safely and skillfully.

There has been an increase in ACL tears among children and teens which is due to the rise in popularity of organized sports. Children often play on multiple sports teams and at all times of the year. But not every child can play every sport, and not everyone is a great athlete. Be honest about your children's physical abilities and don't push them to do a sport they don't enjoy and are not well-suited to do. Their knees may thank you for it. ■



► *Kids Will Be Kids, cont. from page 2*

sion on the growth plates. Some children benefit from heel cups or other shoe inserts.

- **Snapping hip:** This condition is most often seen in female adolescent dancers and causes a sometimes painful snapping sensation in the hip. It is usually caused by a tight or inflamed tendon that “snaps” over the front of the hip bone. Treatment may include rest, ice, anti-inflammatory medications, flexibility exercises, and physical therapy.
- **Anterior cruciate ligament (ACL) tears:** We are witnessing an increase in the incidence of these knee injuries with the rise in youth sports. See the article on page 3 to learn more.

even gets worse — should be evaluated by your primary care physician or an orthopedic surgeon. It is particularly important if your child is limping, or if he or she is experiencing pain at night. While the cause of the pain is most likely due to a sports injury, overuse, or even “growing pains,” occasionally the cause is something more serious, like a bone tumor.

Let's promote youth participation in sports for the multiple benefits it provides to kids. Most importantly, don't push your child to do more than he or she wants to do. Winning a game often seems to be the priority for parents and coaches, but for kids, they are drawn to participate because they just want to have fun. Focusing on the enjoyment of playing a sport and the camaraderie they have with their friends on the team, as well as not overdoing it to avoid overuse injuries, can make the experience better for everyone. ■

When to Take Your Child to a Doctor

While occasional muscle pain and strain are normal in active children, any pain that does not seem to be getting better — or

Eating Well at Every Age

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When it comes to good nutrition, it's all about balance and moderation. When you incorporate exercise into your daily routine, it's especially important to make sure you get foods from all food groups, and make sure that you don't take in more calories than you burn each day. You need carbohydrates for energy, protein for muscle mass, and even fat for hormone production and brain health. No food is taboo — even sweets are okay every now and then — but just be sure not to overdo it.

Your food needs change as you get older. Here are some simple guidelines for how to adopt and follow a healthy diet at any age — one that will fuel and support your body as you learn to maintain a physically active lifestyle.

Children (Up through Age 12)

The goal of nutrition during childhood is to provide a balanced diet containing the nutrients children need to grow and thrive. The key to getting children to eat healthy is variety and participation. Introduce them to different types, colors, and textures of foods from a young age, and involve them when you make meals. Continue to offer them a new food even if they don't eat it the first few times. Talk to them about how good they feel when they eat healthy foods, like sweet fruits and crunchy vegetables. And model these behaviors yourself, so they see you following a healthy diet and will want to do the same.

It's best not to force children to finish everything on their plate if they are no longer hungry; they need to learn how to recognize their "hunger cues" in order to maintain a healthy weight. How many calories does your child need? That varies greatly according to age, height, and activity level. Ask your pediatrician for guidance.

Be sure your kids get enough calcium and vitamin D during these prime bone-building years. Dairy products like fat-free milk, yogurt, and low-fat cheeses are excellent sources of these nutrients. Also display healthy snacks on the kitchen counter or your dining room table within your child's

reach, and away from less nutritious foods like cookies and chips. Examples include a bowl of apples and bananas, a plate of granola bars, or individual packets of nuts. Children may need to be introduced to a new food as many as 20 times before trying it, so keep the variety coming!

Teenagers

As teens become more independent, you'll want them to learn how to make healthy food choices on their own, so they will become self-sufficient in meeting their nutritional needs. Talk with them to identify healthy foods that they enjoy, can make themselves, and can grab when they're on the go. Tasty snack choices to have on hand include individually packaged nuts, fresh fruits, hard-boiled eggs, and yogurt. Encourage them to eat real, whole foods over processed foods. A healthy whole-wheat wrap containing lettuce, red pepper strips, turkey, and hummus can make the school lunch period more interesting!

If your teen is playing sports, make sure he or she gets enough calories, fats, and water (which is better than sports drinks). Fats are especially important to support a teen girl's menstrual cycle. Healthy fats include nuts, hummus, and avocado. Teens will also need to continue getting adequate calcium and vitamin D for bone health, which can reduce their risk of fractures.

Young Adults (20s-30s)

While young adults may still have active me-

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A Word of Caution for People of All Ages

Try to avoid sports drinks and bars, which are highly processed and often contain lots of sugar and extra calories. (An exception: Sometimes it's okay to consume these products when engaging in a lengthy period of exercise, such as training for a marathon, hiking a high peak, or riding your bicycle for several hours.) Ditto for "vitamin waters." For something like a typical exercise session at the gym or a run in the park, choose regular water for hydration and a banana to get muscle-fueling electrolytes like potassium.

► *Eating Well, cont. from page 6*

metabolisms compared with older people, they may burn fewer calories each day if they start working less physically active jobs. If you're in this age group, you'll need to pay attention to how many calories you're taking in compared with how many you're burning. Incorporate exercise into your routine to offset the time you may be sitting on the job. During the workday, it's helpful to get up and walk around the office periodically, and to take the stairs instead of the elevator when going to meet with a colleague.

Make sure to eat a variety of foods, with lots of vegetables and fruits. Include

sources of calcium and vitamin D for bone health (such as low-fat cheeses, milk or almond milk, and yogurt); healthy fats (like those in some vegetables, nuts, and fish) for your brain, skin, and hormone function; and proteins like chicken or fish for muscle mass and lasting energy.

During these years, you may be going out to eat and drink more often with your friends. Watch out for the empty calories that you take in when you're drinking alcohol. The recommended maximum alcohol intake is no more than one drink per day for women and two for men. Also beware of large portion

sizes in restaurants. Consider sharing an entrée with a friend or take half of it home to eat the next day, and choose grilled and steamed foods over fried choices.

Middle Age (40s and 50s)

As you enter your middle years, your metabolism slows down and muscle mass begins to decline. It's a good idea to step up your protein intake during this time. Examples of healthy proteins include poultry, lean meats, eggs, low-fat cheeses, fat-free milk, nuts, and Greek yogurt. How much do you need? One way to learn is to divide your weight in pounds by two, and that's how many grams of protein you should try to eat each day (example: 75g of protein for a 150-pound person). This is a general guideline — your protein needs may be slightly higher or lower depending on your activity level and/or any health conditions you may have. Consider speaking with a nutritionist to examine your current diet and identify ways you can improve it.

Find ways to incorporate more physical activity into your day, such as walking an extra block or two, getting off the bus or subway a stop sooner and walking the rest of the way, and taking the stairs whenever you can. If you're not doing so already, it would be a great time to start lifting light weights to build strength and tone your muscles.

The Golden Years: 60+

After age 60, muscle mass continues to decline even more. It's very important to make sure you are continuing to get enough protein in your diet. Have some source of protein at every meal, again aiming for a daily intake based on your body weight (see the section for eating in middle age for guidance). Make sure you're not taking in more calories than you are expending. People in their 60s typically need fewer calories than younger adults because they tend to become more sedentary.

Choosing “real,” natural foods at all stages of your life and maintaining a balance of calories and nutrients will always serve you well, no matter what your age! ■



Moving through Menopause

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It's not unusual for women to gain weight during menopause. Hormonal fluctuations, an increase in appetite, a decline in metabolism, and a drop in calorie-burning muscle mass all combine to create the "perfect storm" for gaining weight. But there are things you can do to keep your weight in check and avoid (or at least minimize) developing a "menopot" – that bulge around the abdomen that many women begin to see during their middle years.

Here's what's happening during menopause: Your ovaries begin to make less estrogen as they start to go into retirement. Fat cells also make estrogen. So during menopause, your body makes more fat cells to try to compensate for the decline in estrogen production by your ovaries. In addition, changes in prog-

esterone production can cause you to retain more water, making you feel bloated.

Even though you're a woman, your body also makes testosterone, though not as much as men. Testosterone supports the development of lean muscle and boosts metabolism. During menopause, however, testosterone

levels also decline, making it more challenging to build muscle and burn calories.

If you're gaining weight during menopause, you're not alone. Studies show that before and during menopause, it's not unusual to put on an extra pound per year. Over the entire period of time when your body is gearing up for menopause and then going through it, you may end up carrying an extra ten pounds. That's why it's so important to eat a healthy diet and to exercise during this time. (For more about nutrition in middle age, see the article on page 6.)

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If you're gaining weight during menopause, you're not alone. Studies show that before and during menopause, it's not unusual to put on an extra pound per year.

► *Menopause, cont. from page 8*

What Kinds of Exercise Are Best?

The best kind of exercise is the one you enjoy the most. The more you like an activity, the more likely you are to do it and to stick with it over the long run. Find something that adds enjoyment to your life which you will do on a regular basis. Try to incorporate a variety of exercises into your routine:

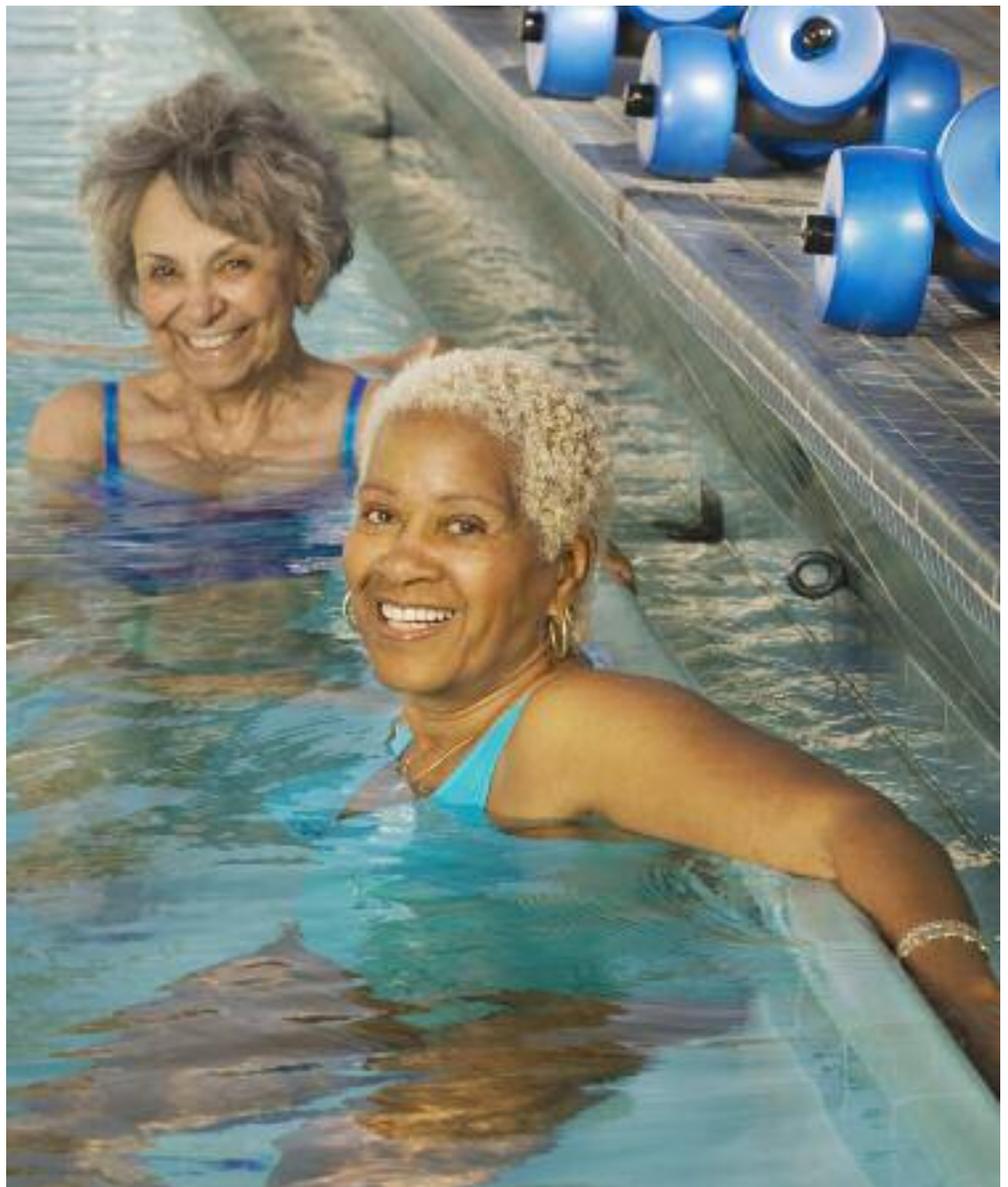
- **Aerobic activities** — such as brisk walking, stair climbing, bike riding, swimming, and running — are good for your heart and lungs, burn calories, improve mood, reduce hot flashes, and help keep your bowels regular.
- **Strength training**, such as lifting light weights or even your own body weight, help build lean muscle mass, increase bone density by putting pressure on the bones, strengthen muscles around your joints, and improve the shape of your body. Strength training doesn't have to take place in a gym. You can do push-ups, "downward dog" in yoga, squats, or stair climbing in your home or outside in the park.
- **Stretching** keeps your muscles flexible, makes it easier to move throughout the day, and reduces your risk of injury. Stretching is best done after exercise, when your muscles are warm.
- **Stress reduction activities** provide a nice balance to other kinds of exercise by engaging both the body and the mind. Simple exercises like walking and bike riding can provide relaxation. Consider practicing yoga, t'ai chi, meditation, or Pilates.

It's exponentially more important to enter this next phase of your life with strong bones, strong muscles, and the ability to get a good night's sleep. Exercise can get you there. If you haven't exercised in a while, see your doctor to get clearance for activity. Consider meeting with a certified trainer who is familiar with activity for people in your age group, who can help you create a program that fits into your life. A small investment up front can have a big payoff in the future in the form of a healthier, happier you! ■

The Benefits of Exercise

In addition to helping you burn calories, exercising during menopause can also:

- Reduce the development of insulin resistance and type 2 diabetes by keeping your blood sugar low.
- Increase bone density, which is important as you enter the years when osteoporosis risk rises.
- Lower your risk of heart disease, which rises during menopause as your body makes less heart-protective estrogen.
- Control menopause symptoms, such as hot flashes, sleep problems, and mood swings. These are especially reduced by aerobic exercise, such as brisk walking, stair climbing, bike riding, and running.
- Build muscle mass, which is so important since your hormone changes are working to reduce your muscle mass.



It's Never Too Late to Exercise!

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There's the age-old image of a granny sitting in a rocking chair, biding her time to the click of her knitting needles as she watches the hours of her golden years tick past. But it doesn't always have to be that way, and it shouldn't: You need to exercise at all stages of your life, no matter how old you are. And it's never too late to begin.

MYTH VERSUS FACT

Myth: It's pointless to start exercising. I'm too old to make a change.

Fact: It's never too late to start something new! Lifestyle changes can be made at any age. Or you can go back to doing something you used to enjoy but haven't done in a while, like taking a walk each day. Take it slow — there's no rush.

Myth: I hurt myself, so I can't exercise anymore.

Fact: This may be somewhat true if you have an injury that prevents you from engaging in certain activities, like running. See a doctor or physical therapist and find out what you can do. Start slow and build up to an activity you feel comfortable doing and that you enjoy.

Myth: I'm already in pain. Exercise will only make it worse.

Fact: If your pain is from an injury or surgery, talk to your doctor or physical therapist about how much you should do. But if your pain is from arthritis, exercising will actually help reduce the pain by warming up your joints and getting them moving, and by sending blood to your muscles. Start with simple exercises within your range of motion, and then expand your range of motion as you do the exercises regularly. A physical therapist can guide you in learning what activities are best for you.

Myth: I don't want to exercise because I might fall.

Fact: There is a risk of falling during exercise, but there is also a risk of falling when

you're doing any movement. By building strength, exercise will actually improve your balance and lower your chance of falling and experiencing a fracture. There are things you can do to reduce your risk of falling, such as holding onto a kitchen counter while you exercise. If you cannot tolerate standing, you can do exercises in a chair or lying in bed. T'ai chi is also a nice option to help improve balance while providing meditation and relaxation.

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The Importance of Exercise in Older Age

Regular physical activity has a number of benefits for:

Your Body	Your Brain	Your Stability
Reduces risk of heart disease and type 2 diabetes	Provides emotional balance and lowers your risk of depression	Reduces your chance of falling and experiencing a fracture
Lowers blood pressure and heart rate	Improves sleep	Lowers your risk of osteoporosis by putting pressure on your bones
Controls weight	Increases blood supply to the brain	Supports joints
Helps reduce menopause symptoms	Reduces sense of isolation when done with others	Builds muscle mass, which naturally declines with age



Myth: I'm too depressed to exercise. I can't seem to get started.

Fact: Many older adults experience depression. Exercise can help reduce depression by stimulating the release of natural mood-enhancing chemicals in the brain, such as dopamine and serotonin. Begin by taking a walk around the block. Start small, and work your way up to a regular routine. Try to be active to some extent every day.

The ideal exercise regimen includes a mix of weight-bearing exercises, stretching, and aerobic activity at least three days a week. Examples include walking, swimming, bicycling, and yoga. Consider exercising with a partner or joining a wellness class designed for older adults. The SilverSneakers program (www.silversneakers.com/) is a Medicare-supported national exercise program that can help you get started. Just remember...it's never too late to get moving! ■



Programs and Resources

Hospital for Special Surgery offers a variety of wellness exercise classes designed to help you gain endurance, strength and flexibility. Meditation, relaxation and general wellness programs are also offered.

Better Balance for Older Adults: Unique exercises selected for individuals who would like to increase their balance control and decrease the risk of falls.

Therapeutic Yoga: The slow, controlled physical movement of yoga can provide pain relief, relax stiff muscles, ease sore joints and help build strength.

Pilates: A series of specific movements designed to strengthen the powerhouse muscles of the abdomen, back and waist.

Yogalates: A popular form of exercise that blends the best of yoga and Pilates.

T'ai Chi Chih®: Simple, rhythmic movements that provide benefits such as improved balance, strength, flexibility and maintenance of bone mass.

Dance for Fitness and Fun: Studies have shown that dance maintains cardiovascular fitness, enhances emotional well-being, strengthens weight-bearing bones and slows loss of bone mass.

For more information on the schedule, location and cost of these classes, visit www.hss.edu/pped or call 212.606.1613. Additional programs and offerings can be found by visiting www.hss.edu/pped.

Integrative Care Center (ICC): The ICC, located in mid-Manhattan and affiliated with Hospital for Special Surgery, offers alternative care services including Pilates, acupuncture, massage therapy, chiropractic medicine and pain management. Please visit www.hss.edu/icc for more information or call 212.224.7900.

Other resources:

- The SilverSneaker program: www.silversneakers.com
- The North American Menopause Society: www.menopause.org
- Choose My Plate: www.choosemyplate.gov
- Let's Move: www.letsmove.gov
- U.S. Centers for Disease Control and Prevention: www.cdc.gov/physicalactivity/index.html

Online Webinars:

Check out our free HSS webinars at www.hss.edu/pped-webinars. All webinars can also be accessed as podcasts at www.hss.edu/podcasts. Topics include:

- 4th Annual Bone Health Education Seminar. Healthy Bones: Build Them for Life
- Runner's Health and Marathon Training Programs
- Honoring Lupus Heroes
- Lupus Care: The Past, the Present and the Future
- Advances in Lupus Research: Spotlight on Treatment
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- Osteoarthritis: Today's Options for Osteoarthritis Management

A short video excerpt on "Meditation for Pain Management" is also available for patients via our YouTube playlist.

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