Founded in 1863, Hospital for Special Surgery is internationally regarded as the leading center for musculoskeletal health, providing specialty care to individuals of all ages. The Hospital is nationally ranked #1 in orthopedics and #3 in rheumatology by *U.S. News & World Report*, and has been top ranked in the Northeast in both specialties for 20 consecutive years.
They inspire us with their art. They astound us with their talents. At times, they seem superhuman such is their creative genius or the magnitude of their performance. But actors, artists, sculptors, musicians, and dancers are as human as the rest of us. Their bones break, their muscles fail, and their joints creak and give them pain. Perhaps they suffer more than others given the physical demands that their chosen professions often place on their bodies. While their gifts are many and varied, these artists share an intense devotion to their careers. And if they are impaired by an illness or an injury, they are equally as motivated in their desire to recover. That is why these working artists come to Hospital for Special Surgery. They know we will treat them as we do all of our patients – providing the best musculoskeletal care available in the world today.

With the construction of three new floors atop Hospital for Special Surgery due to be completed in August 2011, HSS will soon celebrate the opening of its East Wing expansion. The new addition will feature the CA Technologies Rehabilitation Center and the Pharmacy Department on the 9th floor. The 10th and 11th floors will have new inpatient units; the majority of rooms on the 11th floor are private.
Horizon

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On the cover: HSS physicians are frequently sought out by prominent artists and performers, such as David Hallberg, a principal dancer with the American Ballet Theatre.
Thousands of patients choose Special Surgery each year for a return to mobility through surgical and non-surgical treatments. In this issue of Horizon, we focus on performers, actors, musicians, and artists who have a heightened sense of urgency – the need to return to the stage, get in front of the camera, or back to work in their studio. Like all of our patients, the 10 working artists we profile chose our doctors and our team of healthcare professionals because they wanted the best care. The musculoskeletal injuries or conditions that brought them to HSS are the same as those of any patient who walks through our doors; their stories of recovery mirror those of each patient we treat. With careers dependent on being able to manage the complex moves of dance, the agility of their hands to play the piano or guitar, or the muscle strength to stand over sculptures and paintings for hours at a time, there are some differences.

“Performers may be like the rest of us in that they have two arms and two legs, but they need to use their bodies in different ways,” says Lisa R. Callahan, MD, a primary care/sports medicine physician. “When they come to see me it’s usually because whatever is hurting them is in some way jeopardizing their livelihood. That’s huge.”

Dr. Callahan notes that it is imperative to obtain an understanding from patients about what their career necessitates in terms of their body. “They may not think about how important posture or core strength is if they’re going to be sitting at a piano for hours,” adds Dr. Callahan. “If you’re drumming, it’s not just your hands or your wrists that are affected; it’s your shoulder, your back, your knees. Performers have jobs that require more physical stability and physical endurance than a lot of people realize.”
Thomas P. Sculco, MD, Surgeon-in-Chief, agrees. “Performing artists are basically professional athletes,” says Dr. Sculco. “Their careers are based on their mobility and function, and it’s important that when we operate on them, we return them to that function at the very highest level. This is our goal for each of our patients, but when the very foundation of their career is at risk, we will refine our approach accordingly. For example, when operating on the hip, you may tighten structures differently in the patient who is a dancer in order to optimize stability and flexibility.”

When doing hip replacement surgery on a dancer, Douglas E. Padgett, MD, Chief of the Adult Reconstruction and Joint Replacement Division and Hip Service, notes he chooses the implant and the technique, in part, based on the type of dance that is performed. “Ballerinas have a lot of turnout from their hips and tend to be in more external rotation. Modern dancers do things more in parallel or require even a bit of internal rotation,” explains Dr. Padgett. “You have to keep these differences in mind when performing total hip replacement.”

“If the performer needs to be able to kneel, squat, or bend, you may choose an implant that’s more amenable to doing those types of activities,” adds Steven B. Haas, MD, Chief of the Knee Service, who has pioneered a minimally invasive technique for knee replacement. This is an appealing alternative to performers for reasons of recovery, which is much quicker, and appearance – the incision scar is smaller.

“As with any patient that comes to us for care, the performing or visual artists have a need to improve their mobility and function. In all cases, you have to know who you’re treating and what their expectations and hopes are and see if your recommendation can match
that,” says Robert N. Hotchkiss, MD, who is also a member of The Center for the Performing Artist at NewYork-Presbyterian/Weill Cornell, a comprehensive healthcare program that addresses all types of performance concerns, from mental health issues to voice disorders.

Michelle G. Carlson, MD, who specializes in the hand and upper extremities, stresses the time factor in caring for artists. “Who realistically could give up painting or playing their instrument for a couple of months? Lost time can equal loss of income or missed opportunities,” says Dr. Carlson. “You need to have an appreciation of the importance and the urgency of returning their function as close to perfection as possible. Anything less can make a pivotal difference in their careers.”

Physiatrist Elizabeth M. Manejias, MD, trained as a classical ballet dancer but after suffering multiple injuries she turned her personal knowledge into a professional career in medicine with a major focus on providing non-surgical care for dancers and others who make their living on the stage. Based in the Hospital’s Integrative Care Center (ICC), Dr. Manejias says, “Dancers respond very well to physical therapy because they’re so in touch with their movements. Your average patient might have some difficulty feeling a certain muscle or understanding what we’re describing to them. Whereas, when you correct a dancer’s alignment, the message from their brain to their leg, for example, is easily accessible. So that helps them recover more quickly.” Dr. Manejias will also use meridian or myofascial acupuncture with patients, when appropriate, identifying trigger points to relieve pain, increase range of motion, and reduce inflammation.

According to Steven Fetherhuff, a certified Pilates instructor with the ICC, “All artists seem to benefit from the Pilates method, whether you’re a painter standing and looking...
up at your canvas, if you’re sitting at the piano, or if you’re using your body in an incredibly physical way when dancing or acting.” Mr. Fetherhuff danced professionally for 15 years, and since 1990 has been studying the Pilates method, which calls on a range of equipment to train the body, increase strength and flexibility, and develop controlled movement from a strong core.

An integral component of care for performers and artists following surgery or an injury is physical therapy. HSS physical therapist Robert Turner was a ballet and modern dancer when he transitioned to a career in rehabilitation. “That is really what ushered me into working with performers and a focus on dance medicine,” says Mr. Turner, who will watch his patients perform in their shows or rehearsals to study their dance forms. “I’ll analyze footwear, movement, and the style of the choreography. Eventually, you begin to see patterns of injury within a specific technique. I emphasize ways that artists can cross train to prevent or reduce the risk of injury.”

Aija Paegle, MPT, CFMT, CPI, whose first profession was also as a dancer, agrees that it is valuable to see a performing artist’s situation from both sides of the stage. “An injury to a performer’s body is really an injury to the instrument – both visually and mechanically. That instrument allows them to be who they are, whether they are a conductor, a violinist, or a dancer,” says Ms. Paegle. “When I work with artists, I have in the back of my mind the end result – the mobility they need for that performance, as well as the projection and energy they need to transcend what they are doing physically into an experience for their audience.”

Elizabeth M. Manejias, MD, notes that performing artists who are injured generally prefer to start treatment with a more holistic approach, such as acupuncture, Pilates, or physical therapy.

“When treating performing artists, you have to speak to them about their craft and what in particular about their condition is preventing or making difficult the performance and/or practice of what they do,” says Robert N. Hotchkiss, MD.

In the Hand Therapy Center at HSS, occupational therapists design individualized treatment programs to treat acute, post-surgical, and chronic conditions involving the hand, wrist, and elbow.
David Hallberg
Principal dancer, American Ballet Theatre

At 28 years old and a principal dancer for the American Ballet Theatre, David Hallberg has performed in dozens of demanding and majestic roles. Described as “noble in physique and style, and prodigiously fluent in technique,” Mr. Hallberg uses the power of his physical attributes with breathtaking results. Six years ago, however, just 22 years old and at the start of his career, he dislocated his shoulder while lifting his partner during a performance.

“During the lift, the bone of my arm came out of its socket at the back of my shoulder,” recalls Mr. Hallberg. “I’ve been blessed with a very flexible build, but it comes at a price.”

“Male professional dancers are at risk of developing shoulder instability,” says Frank A. Cordasco, MD. “In most cases athletes dislocate the shoulder anteriorly – the humeral head or ball pops out the front of the socket. Since male dancers are required to lift their dance partners overhead, the shoulder is at risk of dislocating posteriorly – the humeral head or ball pops out the back of the socket, and this is the mechanism of injury that occurred in David’s case. This is similar to the injury that offensive linemen sustain in professional football.”

Mr. Hallberg came to see Dr. Cordasco at the recommendation of William Hamilton, MD, who has served as the “team” doctor for the American Ballet Theatre and New York City Ballet for more than three decades.

“It was clear that David couldn’t perform with his shoulder instability,” says Dr. Cordasco. “A principal male dancer in a company like ABT has to be able to lift other dancers.” In December of 2004, Dr. Cordasco performed arthroscopic surgery to stabilize David’s left shoulder joint, repairing the tear of the posterior labrum that reinforces the back of the joint and tightening up the posterior portion of the capsule that surrounds the shoulder.
“As dancers, our careers, like for many athletes, are not very long,” says Mr. Hallberg. “Time is ticking along and we’re always anxious to get back. What needs to be understood in healthcare is that these are our lives. I didn’t choose this profession – it chose me.”

“When you look at our shoulders placed in awkward positions, or our hips and our knees, which we often can turn out in grotesque ways, most would say that we can’t do that; it’s not natural to our bodies,” says Mr. Hallberg. “Well, what we’re doing is not natural for our body; we’re forming it into a ‘sculpture’ in essence. So you need a doctor and healthcare team that really understands that. These doctors do exist, one being Frank Cordasco. I wasn’t aware of how good HSS was when I was injured. I’ve since learned how great an institution it is.”

Mr. Hallberg returned to the ABT stage five months after surgery. “He’s been in great shape ever since,” says Dr. Cordasco. “He really is a testimony to what an extraordinary athlete can do when given the ability, from a structural standpoint, to carry on.”
Rhea Perlman
Actress

It’s not just a bar in Boston “where everybody knows her name.” To millions of TV viewers and moviegoers, award-winning actress Rhea Perlman is adored by fans the world over. The Brooklyn-born Perlman attended Hunter College in New York City majoring in drama before setting off on her extraordinary career in stage, television, and film. It was during a rehearsal that she suffered a knee injury which was, as she said, ‘the final straw,’ capping a 20-year history of knee injuries, non-operative therapies, arthroscopic surgery, and the replacement of her anterior cruciate ligament.

“I had to jump off a bar into the arms of two guys,” recalls Ms. Perlman. “It wasn’t that hard, but after the ninth time, they didn’t catch me the right way. I landed on my knee, which was already in very bad shape. When considering parts, I had to start asking myself if I am going to be able to run through the streets or will I be able to squat down and talk to a kid. I would think about how to modify the part to accommodate my knee.”

But it wasn’t just being able to perform that concerned her. Incredibly fit, she spends a lot of time doing yoga, hiking, and working out in the gym. These activities were becoming too difficult. “My knee was just killing me; I couldn’t stand it anymore,” says Ms. Perlman.

So Ms. Perlman started doing her homework on doctors who perform knee replacement. She was pretty sure she would have the surgery on the West Coast, but the experience of a friend who had a minimally invasive double knee replacement with Dr. Steven B. Haas at HSS convinced her otherwise. What stood out in Ms. Perlman’s mind were the words minimally invasive.

“That’s when I called Dr. Haas,” says Ms. Perlman. “By the time I came to New York, I had done my research and I was absolutely certain what I wanted to do and that I wanted to do it with him.”

“One thing that was really helpful to us is that Rhea’s very petite,” says Dr. Haas. “She was the perfect candidate for this technique because we could use a smaller implant and maximize flexibility.”

On October 11, 2010, Dr. Haas replaced Ms. Perlman’s left knee using the minimally invasive technique, minimizing trauma to the soft tissues surrounding the knee and hastening recovery. “She got up to walk right after surgery; you don’t hold her down!” says Dr. Haas. “So we moved her quite aggressively. She had physical therapy nearly every day before she returned to L.A. just two weeks after the surgery.”

“By the time I left New York, I was walking on my own,” notes Ms. Perlman. “If you’ve ever thought about having knee replacement surgery, don’t hesitate. It wasn’t just about my work. It was about being able to get back to doing all the regular things you love to do.”◆
The Right Chord
Gene Bertoncini
Jazz Guitarist

Gene Bertoncini – one of the most versatile jazz and classical guitarists of our time – has been coming to Hospital for Special Surgery for care for the past 15 years. His long-term relationship began with C. Ronald MacKenzie, MD, his internist, and has included care by Robert N. Hotchkiss, MD, Daniel I. Richman, MD, and Andrew A. Sama, MD.

“Gene really is an extraordinarily talented and influential musician, and also radiates this exuberance,” says Dr. Hotchkiss, who over the years has helped to manage Mr. Bertoncini’s care for carpal tunnel syndrome, tennis elbow, and nerve compressions. “We monitor Gene closely and have been able to manage these conditions without surgery. When you operate on guitarists they’re really out of commission for a while.”

“A chronic back problem had become much more functionally limiting for Gene,” says Dr. MacKenzie, who has overseen Mr. Bertoncini’s general health care for many years. Indeed the two men have developed a close friendship that includes a shared love of music and the guitar. “In addition to a long-standing degenerative problem, Gene had developed a synovial cyst in his back. It was the combination of these problems, through their resultant compression of his spinal cord, that was accounting for his pain and increasing difficulty walking. We simply ran out of conservative approaches to his treatment and surgery became necessary.”

“I had been having difficulty walking for years,” says Mr. Bertoncini. “I often had to stop and stretch and do some kind of pose to relieve an oncoming pain in my lower back.” When Mr. Bertoncini’s back pain became debilitating, he was referred to Dr. Andrew Sama.

“Gene had chronic lower back pain for about three years prior to my meeting him,” says Dr. Sama. “He then progressively developed sciatica – severe pain down into his legs, and failed to improve despite a series of injections to manage the pain.”

In December 2010, Dr. Sama performed surgery to remove the cyst. Though still recovering and undergoing physical therapy, Mr. Bertoncini has returned to the stage, giving thanks and credit to his HSS medical and surgical team for their clinical expertise and, just as importantly, for their support and encouragement. “To get to this point, it took a considerable amount of belief in my doctors, for one thing,” says Mr. Bertoncini. “The nurses, the physicians – there was always somebody right on the spot just in case you needed anything. It’s a great feeling to know that these people are in your corner and that they care about you.”

What Gene Bertoncini found at HSS was not only a team of physicians who have cared about his health, but also about his vocation. “They really care about the music part, as well as the person who is performing. It just makes my care a little bit more special,” says Mr. Bertoncini.
Ellsworth Kelly
Painter and Sculptor

This past February, contemporary artist and sculptor Ellsworth Kelly opened an exhibition of 13 new paintings at the Matthew Marks Gallery in New York City. “Tell Dr. Altchek that I would like for him to go see it because he’s responsible for me being able to paint again; to get up and work,” says Mr. Kelly.

David W. Altchek, MD, performed a minimally invasive knee replacement surgery on Mr. Kelly on June 25, 2008. “I had very bad pain and difficulty with mobility,” recalls Mr. Kelly, who was 85 years old at the time of surgery. “It was getting worse and a friend recommended me to Dr. Altchek.”

“Mr. Kelly had severe osteoarthritis of his knee,” says Dr. Altchek. “He couldn’t stand or walk comfortably anymore.”

Mr. Kelly spent four days in the Hospital following surgery, continuing with physical therapy for several months. “Of course when I was trying to walk that first week it was hard. It wasn’t exactly painful; it was just difficult. I began painting again at the end of August and early September because I was beginning to really walk again and able to work,” says Mr. Kelly. “I considered it a very good experience. I remember when I went to see Dr. Altchek for my first appointment after the surgery he had his assistants there. He kept saying, ‘Look how good that looks!’ I think he was really proud of it.

“I had heard of HSS before I met Dr. Altchek and the ‘special’ part of it always interested me,” says Mr. Kelly. “In fact, when I moved to New York in the late 1950s, I remember passing it one day. A friend said, ‘Oh, Special Surgery – I wonder what that means?’”

Mr. Kelly now knows from personal experience just what is “special” about Hospital for Special Surgery. “I was very lucky to get to Dr. Altchek,” says Mr. Kelly. “I think he’s a real master.”

Orange Diagonal, 2008, an oil on canvas painting of two joined panels, stands 87 1/4 inches high by 60 inches wide. Ellsworth Kelly created Orange Diagonal when he was 85 years old. That same year, he had his knee replaced at Hospital for Special Surgery. Now nearly 88 years old, Mr. Kelly shows no indication of slowing down, with exhibitions scheduled this year alone in New York City, Munich, and Boston.
David McCallum

Actor

For more than 50 years, stage, screen, and television actor David McCallum has been chasing bad guys, solving murder mysteries, and making female viewers swoon. In his spare time, the accomplished musician has also produced several albums. For the past eight years, he has played medical examiner Dr. Donald “Ducky” Mallard in the number one hit series NCIS, becoming proficient in forensic pathology for the role. While filming takes place on the West Coast, Mr. McCallum calls New York City his home, having moved here with his wife, Katherine, following completion of his first number one hit show, The Man from U.N.C.L.E.

“It was through Katherine that I was introduced to everything medical in New York and indeed HSS,” says Mr. McCallum. “I can’t remember which one of us got there first but we worked with Dr. Bohne – a good friend and a superb doctor. He has probably treated every single member of my family.”

Growing up, Mr. McCallum played the oboe. He gave up music to become an actor, but continued to develop his musical acumen. “When I discovered that the pinky finger on my right hand was beginning to curl, I sought medical counsel,” notes Mr. McCallum. He was told that he had Dupuytren’s contracture, a progressive shrinkage of the connective tissue in the palm of the hand that can make fingers curl in. Not only would it make it difficult to navigate the keys of the oboe, Dupuytren’s would affect filming of medical scenes with close-ups of the hands – a key image if you’re playing a doctor on TV.

“I let it go for quite a long time,” he notes. “But when I accompanied Katherine to an appointment with Dr. Carlson, she happened to notice my finger and told me that she could fix it. And so she did.”

“The only approved treatment right now for Dupuytren’s is surgery,” explains Michelle G. Carlson, MD. “You go in and remove scar tissue and straighten out the joints that have become contracted. David did very well. Half of it was surgical and half of it was his work in therapy afterwards. The surgery is pretty quick – a two-hour procedure. It’s the rehab that takes time and is something that I can’t do for patients. Participation in therapy is especially important with hand surgery. Patients need to be ‘on-board’ with that. David totally was. He did the work required after surgery to get a good result.”

“Working as an actor playing a pathologist, and having studied pathology for eight years, I know what’s happening to my body, which is an insight that most people don’t have,” says Mr. McCallum, who has been made an honorary medical examiner of the Armed Forces Institute of Pathology. “Their chief pathologist told me it was because I’m the only one on television who really tries to keep it as accurate as possible. That is my mandate. If the dialogue says it’s one kind of x-ray but they give me the wrong one, I ask, ‘what do you want to change – the x-ray or the dialogue?’

“I do try to keep it right, but it did get to the point of obsession,” he jokes. “People now believe I think of myself as a medical examiner who sometimes acts.”

But when he’s the patient, Mr. McCallum says, “I have a rule of thumb that if I cut myself, bump myself, or do anything at all – no matter where I am in the United States – I head straight for Hospital for Special Surgery. I feel that it is, without exception, the one place where I know that I’m going to get fixed, and in the best possible way. I am confident that anytime I have a medical condition that requires attention within HSS, I’ll be able to give its performance rave reviews.”

Dr. Michelle G. Carlson corrected David McCallum’s Dupuytren’s contracture, which causes a fixed flexion contracture of the finger. At left: Dupuytren’s contracture after release through an incision in the palm, restoring the ability to fully extend the finger.
On the set of NCIS: David McCallum, as Dr. Donald “Ducky” Mallard, has learned so much about anatomy that it has helped him understand some of his own medical issues. The only concern is that his co-stars think he’s forgotten that he only plays the part of a pathologist.
Reaching New Heights
Mark di Suvero

Sculptor

Mark di Suvero was not going to let a devastating spinal cord injury at the age of 27 keep him down. Critically injured in a freight elevator accident, the internationally renowned sculptor spent two years in hospitals and rehabilitation facilities, gradually regaining some use of his legs. Mr. di Suvero, now 77, went on to become a master sculptor known for using a crane and acetylene torch to create monumental assemblages of steel and wood.

“He is just an amazing individual,” says Thomas P. Sculco, MD, Surgeon-in-Chief, who replaced each of Mr. di Suvero’s hips, which had deteriorated in all likelihood as a result of the accident. “For some 50 years, he has been overcoming mobility issues and weakness in his legs, climbing up the steel and in and out of cranes to create these brilliant sculptures.”

Because of medical issues associated with the original injury, Mr. di Suvero’s hip replacement surgeries and recovery were more challenging. “He’s courageous, strong, and determined,” says Dr. Sculco. “He didn’t go to a rehab center. He insisted on going home. Artists tend to know what they need in terms of their bodies, particularly those who make a living with their hands or their legs. Their careers are based on their mobility and function. It’s important when we operate on them that we return them to that function at a very high level.”

“I work with my hands. They’ve allowed me to build my dreams,” said Mr. di Suvero in a 2005 interview in Sculpture magazine. Mr. di Suvero’s works are created in three studios – in Long Island City, New York, and in California and France. His sculptures have been exhibited in museums and outdoor settings all over the world, and on March 2, 2011, he received the 2010 National Medal of Arts from President Barack Obama, the highest award given to artists and art patrons by the United States government.

Clearly, Mr. di Suvero’s injury early in his life and, more recently, hip replacement surgery at Hospital for Special Surgery, have not diminished his ability to construct sculptures that “...connect earth and sky” and bring great joy to the millions who have the opportunity to see his creations.

To this day, Mark di Suvero continues to operate a crane and welder, skills he learned after being critically injured while working a day job in construction. For more than half a century, he has been creating such monumental steel structures as (from top) Baby Beyond, a steel and stainless steel piece that stands 15 feet tall; Jambalaya, a painted steel masterpiece that reaches a height of 60 feet; and The Calling, made of steel I-beams and measuring 40 feet in height.
Staying on Point
Cady Huffman
Actress

Years of punishing dance routines had finally taken their toll on Cady Huffman. “I was a ballet dancer growing up and danced on my toes a lot,” says the Broadway star, who also performs in film and television. “I banged my feet around quite often throughout my childhood. As a professional, I was dancing in high heels all the time, constantly jamming my toes – even performing en pointe for different shows. My toes have never been terribly flexible, so I would just force them because that’s what you do.”

Through all of her ballet training, Ms. Huffman notes that “my wiring was to deny any pain in my feet. My brain didn’t compute a whole lot of pain until it was dire.” In fact, during the run of The Producers, for which Ms. Huffman won the Tony Award, she danced in constant pain, learning to ‘grin and bear it.’

In 2005, a physical therapist suggested she see Martin J. O’Malley, MD, at Hospital for Special Surgery. “Cady is a singer and a dancer, but she describes herself as a ‘hoofer,’” says Dr. O’Malley, who diagnosed her condition as hallux rigidus – arthritis of the joint of the big toe that causes pain and stiffness, and in time makes it increasingly hard to bend the toe. “This condition is not uncommon in dancers. It’s progressive and quite disabling because of the amount of time that they have to be on the ball of the foot – even in plain shoes. And if you’ve seen pictures of Cady on stage, she’s wearing five-inch heels!”

In order to save the joint and allow Ms. Huffman to experience full mobility and less pain, Dr. O’Malley performed a cheilectomy, a shaving of bone spurs around the joint margin of the big toe. “We did both of her feet at the same time because the issue was how quickly she could return to her next role,” says Dr. O’Malley. “The surgery improved her range of motion, she can now get into different shoes for her various roles, and she’s better able to dance.”

Two weeks after surgery, Ms. Huffman was walking on her feet fully, and within three weeks, she attended a wedding with members of the Giants and Yankees management. “They were all stunned because I was dancing at the wedding,” she says. “They told me that I was tougher than any football player they had ever seen!”

“I’m an excellent patient,” agrees Ms. Huffman. “When I get an instruction from my doctor to do this on this day and that the following week, that’s exactly what I do. I’ve always been very focused. And because I do more than I need to, I tend to heal more quickly.

“Today my feet are leagues beyond what they were before surgery and are doing much better than I ever thought they would be again. I love Hospital for Special Surgery, and I recommend it all the time.”

(Left to right) From her Tony-award winning role as Ulla in The Producers with Matthew Broderick; as the pirate maid Ruth in a new musical, Pirates!; to the maid Sabina Fairweather in All About Us, and with many movies and TV appearances to her credit, Cady Huffman knows full well that “the show must go on.”
The Next Set
George Coleman, Jr.

Musician

As the son of renowned jazz musicians, it seemed inevitable that George Coleman, Jr., would join the family business. But life as a drummer took a back seat to executive positions in the corporate world until 2007, when Mr. Coleman decided to embrace his musical destiny. His next career came together quickly, beginning with production on a documentary, *Another Kind of Soul: The Coleman Family Legacy*, the establishment of his music enterprise – The Rivington Project – and the creation of a new band, the Organic Chemistry Group. The band’s first engagement was set for early February 2011 at New York City’s Jazz Standard.

Mr. Coleman began to look forward to completing his transition to professional musician, but pain that had begun in his shoulder about two years earlier had worsened and was starting to affect his ability to play. “I was excited about the gig and, like most musicians, I wanted to find the opportune time, a slow time, for me as a musician to get it fixed,” he says.

That time came unexpectedly during a workout at the gym. “My bicep stopped functioning,” says Mr. Coleman. “I couldn’t even curl a 10 pound weight.” Mr. Coleman came to see Lisa Callahan, MD, at HSS. Tests revealed a severe impingement of the spinal cord that could only be addressed with surgery.

With the important concert date approaching, he wanted to have the surgery as soon as possible. “I thought about canceling the gig,” says Mr. Coleman, “but I had great doctors and I had great faith in them.”

On December 13, 2010, James C. Farmer, MD, performed the nearly six-hour surgery, which would involve removing four bulging discs between cervical vertabrae and fusion of a portion of the cervical spine. “George told me he would really like to get back to the band,” says Dr. Farmer. “But he didn’t push things. I think he wanted to get the right treatment in the right way.”

“The day after surgery I had strength back in certain muscles in my arm, and the function in my arm gets better every day,” says Mr. Coleman. On February 3, 2011, less than two months after major spine surgery, Organic Chemistry, with George Coleman, Jr., on the drums, performed at the Jazz Standard.
As Georgia Shreve prepares for the debut of her new piano concerto, she credits a commitment to physical therapy and Pilates for helping her regain both her physical and emotional strength.
Composed and Confident

Georgia Shreve
Composer

For hours at a time, composer and writer Georgia Shreve would sit at her piano, staff paper propped up on the music rack, alternately writing the notes on the paper and going back to playing in the act of composing. But in the process, she subjected herself to the cumulative effects of what she calls “bizarre” and awkward posture.

“I would switch back and forth between working at the piano and working at the computer, which caused problems with both my shoulders and my hands,” says Ms. Shreve. “It was unbelievably painful. It would be particularly bad at night; my arm and fingers would go numb.” The numbness in the hands was resolved with surgery by Robert N. Hotchkiss, MD. In 2003, Ms. Shreve’s primary care physician referred her for ongoing musculoskeletal care to Lisa R. Callahan, MD, and since that appointment, she has been seeing Dr. Callahan for a range of related issues. More recently, Ms. Shreve came to see Dr. Callahan for relief during a pain flare.

As the founder and creative force behind Ideation Productions, a prolific writer and composer, and with her pieces performed in concert halls throughout New York City, Ms. Shreve’s multifaceted career had kept her on the go, and she was frustrated at having her life interrupted by illness and pain. “I was not myself,” recalls Ms. Shreve. “I did it religiously. And I followed Lisa’s instructions in her book, The Fitness Factor, from the beginning.” Ms. Shreve continues to go regularly for physical therapy and Pilates at the Hospital’s Integrative Care Center, praising the staff there for their skills, their ability to communicate with patients and with each other, and “their appreciation of the rigorous elements involved in the performing arts. It’s a phenomenal facility,” she says.

“Georgia was dedicated to getting well,” notes Dr. Callahan. “And that’s one of the great things about working with performers...they’re really motivated to do whatever it takes to get them back to either something they’re passionate about or something that is their livelihood.”

“My balance has improved 200 percent; my reaction time is great,” says Ms. Shreve, who credits Dr. Callahan and the Integrative Care Center with the newfound ‘spring in her step.’ “As your body recovers, everything recovers...your mind, your creativity. I can honestly say I feel much younger than I did 10 years ago. I’m in amazing condition now.”
A High Note

“The major incentive to recover quickly isn’t money,” says Kate Lindsey, shown here in the role of Rosina in *The Barber of Seville*. “It’s really the fact that your identity, your heart, is soaked in that work.”
Kate Lindsey  
*Mezzo Soprano*

*Take a deep breath.*

Mezzo-soprano Kate Lindsey bases her livelihood on this exercise, using it as a foundation to sing complex repertoire in opera houses around the world. But the words took on new meaning in August of 2009, when she sustained a knee injury during a performance of *Don Giovanni* at the Santa Fe Opera.

“For pain management, I just had to breathe through it,” describes Ms. Lindsey. “If you breathe through it, the pain will subside.” But after an MRI exposed significant damage, it became clear she would also need surgery. The Metropolitan Opera, where Ms. Lindsey was to be performing in just a few months, recommended that she see Frank A. Cordasco, MD. “I was on a plane the next day. He went out of his way to take a look at me and to make sure that I would get back on my feet as soon as possible,” she recalls.

“When Kate came to see me, she had completely torn her ACL (anterior cruciate ligament). She also had an injury to her MCL (the medial collateral ligament); a lateral meniscus tear; and transchondral fractures (bone contusions),” says Dr. Cordasco. On September 9, 2009, Dr. Cordasco performed a revision of an ACL reconstruction that Ms. Lindsey had undergone after tearing the ACLs of both knees as an athlete in middle school and high school.

“This injury was not new to me - it’s just that I never thought it would happen to me on the opera stage!” says Ms. Lindsey.

“My view is that these performing artists are professional athletes,” says Dr. Cordasco, who emphasizes, “Although Kate has transitioned from competitive soccer to professional opera, her roles on the stage require a physical performance and agility in addition to a vocal performance.”

With rehearsals approaching quickly after surgery, she worried about being on her feet in time, but was humbled by recognition of her passion for singing professionally. “It was actually a good time for me to gain some new perspective on the love for what I do. When it’s taken away from you, that’s when you see its real value in your life,” says Ms. Lindsey, who used this outlook – and of course, breathing exercises – as the impetus for recovery.

As it turns out, Ms. Lindsey was walking in time for rehearsals at the Met on October 26, 2009, just seven weeks after surgery. “I needed to be back on stage by a very specific date. They made it happen.”

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2010 Report

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Hospital for Special Surgery is one of the only independent academic medical centers in the world exclusively focused on providing musculoskeletal care for adults and children. Our doctors, scientists, nurses, and therapists are specialists in their field, and this focus enables us to achieve extraordinary outcomes for our patients. Given our unique position as an academic specialty hospital, we have an obligation to be the best in the world at what we do, which drives our motivation each and every day. As we approach our 150th anniversary in 2013, we are proud to report on another remarkable year, made possible through the dedication of the 3,500 members of the HSS family and our supporters.

Special Surgery is unlike any other hospital. Our strong reputation for excellence draws patients to us from across the United States and around the world in increasing numbers each year. In 2010, our surgeons performed more than 25,000 orthopedic surgeries — more than any other hospital in the world. Patients made over 275,000 visits to all our doctors, including more than 35,000 visits to our rheumatologists. Our growth has been phenomenal, with a 40 percent increase in patient volume in the past four years alone.

It is proven that volume is linked to quality in medicine, where evidence confirms that the more you do something, the better you do it and the better outcomes you obtain. This is true at HSS, where each HSS surgeon specializing in joint replacement performs well over 300 procedures each year. Nationwide, five out of six hip replacements are done by surgeons who perform fewer than 50 per year. HSS has one of the largest rheumatology divisions in the country, and our physicians care for patients with some of the most complex and challenging immune system disorders.

Our specialization and high volume of the same kind of procedures allow us to have more robust patient-oriented research than would be possible anywhere else. Our scientists engage in innovative, multidisciplinary, collaborative research that is focused on our academic specialty areas. For example, biomechanical engineers are working with orthopedic surgeons to continuously improve joint replacement implants. Rheumatologists, orthopedists, and basic scientists are working together to identify the root causes of and improve treatments and therapies for osteoarthritis.

We have more than 30 clinical registries that track outcomes and disease mechanisms in common and complex conditions and treatments. These registries will have an important impact on advancing patient care by allowing us to identify trends and improve on the care that is provided. The National Institutes of Health (NIH) has recognized our scientists by awarding multi-year grants totaling $61.5 million, and increasing our funding in 2010 by 20 percent over 2009 levels. As of December 2010, Special Surgery’s research division has an annual operating budget of $33 million, supported by the Hospital, NIH, foundations, industry, and generous donors.

At Special Surgery, we engage in a hospital-wide, systematic focus on quality, which includes setting benchmarks. Through our registries, we are one of the only hospitals in the country that regularly keeps in touch with patients to assess how they are doing following treatment, and the results are outstanding. For most orthopedic procedures, measurable outcomes include increased movement and reduced pain. Two years following hip or knee replacement surgery, the majority of our patients say they have made dramatic improvements in their ability to move without
pain. We hope that other hospitals will follow our lead and begin to collect and share their patient-reported outcomes data. Transparency empowers consumers to choose the doctor and hospital that will provide the best care.

Our complication rates are very low. Special Surgery has the lowest mortality rate of any orthopedic program in the world. We also have one of the lowest infection rates in the country. To achieve this, we have implemented hospital-wide initiatives for hand washing and post-surgical antibiotic administration. During surgery, patients are isolated from the environment as much as possible to minimize exposure to contaminants: our joint replacement operating rooms are equipped with laminar airflow, and surgery is performed within a Plexiglass enclosure. We have been recognized twice by the State of New York for having the only infection rate statistically lower than the State average for hip replacement surgery.

Patient satisfaction is also a strategic priority. We routinely survey our patients and are proud to report that for the past 10 consecutive quarters we have been in the 99th percentile for “likelihood to recommend,” a leading indicator of patient satisfaction.

Another factor in our success is an incredibly engaged workforce. All members of the Special Surgery family are committed to excellence, and we recruit and retain the best of the best. We listen to employees’ ideas, regularly surveying the entire staff to ensure alignment and to identify areas for improvement, which we then work on throughout the organization. Members of the HSS family are proud of their role, and their engagement is the highest it has ever been.

The Hospital continues to maintain a solid financial foundation. 2010 was another outstanding year, with an operating income gain of $50.2 million compared to $24.3 million in 2009. Our supporters helped raise more than $116 million for the Hospital’s recently completed campaign Building on Success: The Campaign for the Future of HSS. Donors contributed over $32 million in 2010 to support our capacity to meet increased demand for our medical expertise and scientific research.

Our strong financial position enables us to invest in personnel, capital infrastructures, research, and education, which are all essential to our ongoing success. In 2010, HSS recruited world-class physicians, both as faculty and as students in our top-rated residency and fellowship programs. Last year, 17 new physicians joined our active medical staff. We have approximately 300 physicians focused on taking care of our patients, who come to us for care from all over the world.

We have continued to modernize and expand our facilities to ensure that we can meet the rapidly increasing demand for our services. In 2010, we completed the modernization of the main entryway to the newly named David H. Koch Pavilion; relocated and expanded the Marcia Dunn & Jonathan Sobel Department of Neurology; and celebrated the opening of the Center for Hip Pain and Preservation. We will soon welcome the addition of three new inpatient floors, four new operating rooms, and a new CA Technologies Rehabilitation Center for our pediatric patients, which will provide children with a fully equipped, state-of-the-art environment to receive the rehabilitation therapies they need to resume full and active lives. We will open new offices on 75th Street to house new facilities for Physiatry and Pain Management and additional MRI, x-ray, and procedure rooms. We are also making progress toward the opening of the new Children’s Pavilion scheduled for 2012.

Our commitment to excellence has brought us widespread recognition. We received the #1 ranking for orthopedics and #3 ranking for rheumatology by U.S. News & World Report’s 2010 “America’s Best Hospitals” issue. We are pursuing recertification for a third Magnet award for Nursing Excellence. Consumer Reports rates HSS the best hospital in New York City in its most recent report.

As we look to the future, we are building on our success and reaching new heights in all three areas of our mission – patient care, teaching, and research. The current healthcare environment is now entrenched in many uncertainties, challenges, and opportunities, all of which Special Surgery approaches from a position of strength. Healthcare reform is driving providers toward a coordinated, specialized, outcomes-oriented approach to achieving measurable, safe, high quality care. We already practice a care model that achieves extraordinary outcomes through collaborative work in our specialty areas of orthopedics, rheumatology, and other specialties. We are looking forward to continuing to build on our success.

Dean R. O’Hare
Co-Chair

Louis A. Shapiro
President and CEO

Mary K. Crow, MD
Physician-in-Chief

Aldo Papone
Co-Chair

Thomas P. Sculco, MD
Surgeon-in-Chief and Medical Director

Steven R. Goldring, MD
Chief Scientific Officer
More than 120 years since founding one of the first hospitals in the country to focus on pediatric orthopedic care and treatment, the St. Giles Foundation continues that mission through wide-ranging support of research, programs, and facilities that benefit children. For more than two decades, St. Giles has generously supported a number of Hospital for Special Surgery’s pediatric clinical and research programs, and most recently made an extraordinary $1.5 million commitment to create the St. Giles Education and Conference Center within the new Children’s Pavilion.

Scheduled to open in 2012, the Children’s Pavilion – a “hospital within a hospital” at HSS – will encompass more than 31,000 square feet dedicated exclusively to pediatric musculoskeletal medicine, including a 7,000 square-foot rehabilitation center. The St. Giles Education and Conference Center will serve as the educational focal point for the Pediatric Division. “In our meetings at the Hospital, one of the things that became clear was a greater need for doctors to be able to meet to discuss complex pediatric cases and hold lectures and seminars on relevant pediatric topics,” says Richard T. Arkwright, President of the St. Giles Foundation. “In order to have these meetings, they needed to have a larger and better facility than what they have now. In addition, the new Center is going to have a high degree of technology that will benefit everybody, including giving HSS physicians the ability to communicate with physicians from outside the Hospital.”

The new Conference Center’s state-of-the-art technology will include plasma screen televisions and full video and audio conferencing capabilities. With some 450 square feet, the St. Giles Education and Conference Center will accommodate a seating capacity of 45, enabling the Pediatric Division to host lectures by visiting physicians and surgeons; weekly pre- and postoperative conferences for pediatric surgical cases; continuing medical education courses in pediatric orthopedics; and educational conferences on the latest advances in pediatric rehabilitation. The Conference Center, which will feature the colors and child-friendly theme of the Children’s Pavilion, will also provide a wonderful space to host pediatric patient education programs.

Continuing a Tradition of Giving
The St. Giles Foundation was established as a charitable foundation in 1978 following the closing of St. Giles Hospital, whose facilities had provided treatment for children stricken by polio. Today, the St. Giles Foundation continues to help children with disability and disease. The Rockefeller University, New York-Presbyterian/Columbia University Medical Center, Bassett Hospital in central New York, Children’s Hospital at Stanford, and Harvard Medical School - Children’s Hospital of Boston are among the many institutions who have been the recipients of St. Giles’ grant distributions for a variety of research projects, facilities, equipment, and therapy programs.

Hospital for Special Surgery’s relationship with St. Giles began in 1988 with funding to convert a rooftop area into a pediatric solarium. Since that time, the Foundation has provided funds for construction of the pediatric rehabilitation area and has made a gift of $1.75 million to support the creation of the St. Giles Chair in Pediatric Genetic Research.

St. Giles Foundation’s commitment to HSS and its clinical and research endeavors stems from a shared mission of providing children with disabilities with the highest level of medical, surgical, and rehabilitative care. “It’s obvious that Hospital for Special Surgery is a premier hospital; they do wonderful work and always have,” says Mr. Arkwright. “It is an outstanding hospital and well known throughout the country. The physicians here continue to strive to be the best. They are the best.”
2010 – Milestones in HSS Philanthropy

Hospital for Special Surgery had an incredible milestone year in 2010! With the extraordinary support of thousands of generous individuals, foundations, and corporations, we:

➤ Raised more than $32.2 million to support research, education, community programs, and the Hospital’s capital needs

➤ Completed Building on Success: The Campaign for the Future of HSS, raising more than $116 million

Donors are the Foundation of Our Success
HSS continues to enjoy a broad base of support; more than 5,900 donors contributed to the Hospital in 2010. Individuals and family foundations remain the cornerstone of our success; with gifts totaling close to $20 million, they were responsible for nearly 65 percent of the funds raised, with institutional foundations accounting for 16 percent and corporations for 21 percent of our 2010 total.

Corporate giving was especially high in 2010 thanks to a gift of $5 million from CA Technologies for the creation of the CA Technologies Rehabilitation Center in the new Children’s Pavilion. An additional $5 million gift was received from an anonymous donor to establish the Richard L. Menschel Research Chair.

Building on Success: The Campaign for the Future of HSS
One of the largest and most successful campaigns in the Hospital’s history, Building on Success reflected the Hospital’s commitment to excellence and innovation in patient care, research, and education. When construction is complete, the contributions of nearly 3,000 donors will be visible in our improved clinical facilities, which will include 35 operating rooms, 205 patient rooms, a welcoming and accessible entrance and lobby, expanded adult and pediatric rehabilitation centers, and extensive MRI, radiology, and imaging facilities. The campaign has also helped to advance a robust clinical research program, including patient registries that will permit each patient to take part in the exploration of best treatments for his or her condition.

Sharing Our Mission
HSS’s Annual Gala remains the single largest source of unrestricted funds, while increasing awareness of the Hospital’s work and mission. Thanks to the leadership of Trustee Patricia G. Warner and a dedicated dinner committee, this event raised more than $2 million in 2010 and brought together nearly 1,000 guests while honoring Anne Mulcahy and Dr. Stephen A. Paget. With the leadership of committee chair Mrs. Thomas P. Sculco, MD, the Autumn Benefit raised more than $525,000 for medical education, the most in its history. The Big Apple Circus Benefit raised more than $200,000 for pediatric care and research, a 25 percent increase since its debut four years ago. This success was made possible through the dedicated efforts of Trustee Susan W. Rose, Board of Advisors member Kate Doerge, Michelle G. Carlson, MD, and Daniel W. Green, MD.
### Statement of Income\(^{(3,4)}\)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
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<tbody>
<tr>
<td>Hospital for Special Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenue(^{(5)})</td>
<td>$650,302</td>
<td>$577,307</td>
</tr>
<tr>
<td>Total Expenses(^{(6)})</td>
<td>600,131</td>
<td>552,994</td>
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<tr>
<td>Operating Income from Hospital for Special Surgery</td>
<td>$ 50,171</td>
<td>$ 24,313</td>
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<tr>
<td>Affiliated Companies</td>
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<tr>
<td>Total Revenue(^{(5)})</td>
<td>$ 51,786</td>
<td>$ 51,319</td>
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<td>Total Expenses(^{(5)})</td>
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<td>50,199</td>
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<td>Operating Income from Affiliated Companies</td>
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<td>$     1,120</td>
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<tr>
<td>Operating Income for Hospital for Special Surgery and Affiliated Companies</td>
<td>$ 50,676</td>
<td>$ 25,433</td>
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### Statement of Financial Position

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<tr>
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<th>2009</th>
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<tr>
<td>Assets</td>
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<tr>
<td>Current Assets (Excluding Investments)</td>
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<td>$131,615</td>
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<tr>
<td>Investments(^{(7)})</td>
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<tr>
<td>Current</td>
<td>251,964</td>
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<tr>
<td>Long Term</td>
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<tr>
<td>Assets Limited as to Use</td>
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<tr>
<td>Property, Plant and Equipment – Net</td>
<td>368,481</td>
<td>308,667</td>
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<tr>
<td>Other Non-Current Assets</td>
<td>26,076</td>
<td>28,757</td>
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<tr>
<td>Total Assets</td>
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<td>$767,582</td>
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<tr>
<td>Liabilities and Net Assets</td>
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<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$168,638</td>
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<td>Other Non-Current Liabilities</td>
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<td>Total Liabilities</td>
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<tr>
<td>Net Assets</td>
<td>436,066</td>
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<tr>
<td>Total Liabilities and Net Assets</td>
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<td>$767,582</td>
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\(^{(1)}\) Includes activities relating to Hospital for Special Surgery and its affiliates (Hospital for Special Surgery Fund, Inc., HSS Properties Corporation, HSS Horizons, Inc., HSS Ventures, Inc., and Medical Indemnity Assurance Company, Ltd.).

\(^{(2)}\) Complete audited Financial Statements of both Hospital for Special Surgery and affiliates are available upon request from the HSS Development Department at 212.606.1196.

\(^{(3)}\) Excludes $27.9 million and $14.9 million of restricted philanthropic contributions in 2010 and 2009, respectively.

\(^{(4)}\) Excludes changes in unrealized gains and losses on investments.

\(^{(5)}\) Includes $1.1 million and $1.2 million of transactions between affiliates that are eliminated in consolidation in 2010 and 2009, respectively.

\(^{(6)}\) Includes $42.6 million and $42.0 million of transactions between affiliates that are eliminated in consolidation in 2010 and 2009, respectively.

\(^{(7)}\) Hospital for Special Surgery is the beneficiary in perpetuity of income from an outside trust. The fair values of investments in the trust are not included above and were $34.1 million and $31.6 million at December 31, 2010 and 2009, respectively.
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Surgeons-in-Chief Emeriti
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Andrew J. Weiland, MD
Philip D. Wilson, Jr., MD
Executive Assistant to
Surgeon-in-Chief
Mathias P. Bostrom, MD

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Eduardo A. Salvati, MD
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(Surgeon-in-Chief)
Russell F. Warren, MD
(Surgeon-in-Chief Emeritus)
Andrew J. Weiland, MD
(Surgeon-in-Chief Emeritus)
Thomas L. Wickiewicz, MD
Philip D. Wilson, Jr., MD
(Surgeon-in-Chief Emeritus)
Russell E. Windsor, MD
Scott W. Wolfe, MD

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Edward A. Athanasiadis, MD
John S. Blanco, MD
Walther H.O. Bohne, MD
Robert L. Buly, MD
Frank P. Cammisa, Jr., MD
Michelle G. Carlson, MD
Frank A. Cordasco, MD
Jonathan T. Deland, MD
David M. Dines, MD
James C. Farmer, MD
Mark P. Figgie, MD
Federico P. Girardi, MD
Alejandro González Della Valle, MD
Daniel W. Green, MD
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Dean G. Lorig, MD
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John D. MacGillivray, MD
Bryan J. Nestor, MD
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Patrick F. O’Leary, MD
Martin J. O’Malley, MD
Douglas E. Padgett, MD
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Amar S. Ranawat, MD
S. Robert Rozbruch, MD
Andrew A. Sama, MD
Harvinder S. Sandhu, MD
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Ernest L. Sink, MD
Geoffrey H. Westrich, MD
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Riley J. Williams III, MD

Assistant Attending
Orthopedic Surgeons
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Scott W. Alpert, MD
David E. Asprinio, MD
Friedrich Boettner, MD
Struan A. Coleman, MD, PhD
Matthew E. Cunningham, MD, PhD
Aaron D. Dahulski, MD
Gregory S. D’Incalci, MD
Joshua S. Dines, MD
Shevaun M. Doyle, MD
Andrew J. Elliott, MD
Scott J. Ellis, MD
Stephen Fealy, MD
Austin T. Fragomen, MD
Charles B. Goodwin, MD
Lawrence V. Gulotta, MD
William G. Hamilton, MD
Russel C. Huang, MD
Alexander F. Hughes, MD
Edward C. Jones, MD
Lana Kang, MD
Anne M. Kelly, MD
Bryan T. Kelly, MD
John G. Kennedy, MD
Alejandro Leal, MD
David S. Levine, MD
John C. Linsalata, MD
Patrick V. McMahon, MD
David J. Mayman, MD
Michael J. Maynard, MD
Michael L. Parks, MD
Cathleen L. Raggio, MD
Anil S. Ranawat, MD
Daniel S. Rich, MD
Matthew M. Roberts, MD
Jose A. Rodriguez, MD
Howard A. Rose, MD
Mark F. Sherman, MD
Beth E. Shubin Stein, MD
Sabrina M. Strickland, MD
Edwin P. Su, MD
William O. Thompson, MD
Kurt V. Voelmicke, MD
Steven B. Zelicof, MD, PhD

Associate Attending
Orthopedic Surgeons
Gary A. Fantini, MD
(Vascular Surgery)
Francis W. Gamache, Jr., MD
(Neurosurgery)
Lloyd B. Gayle, MD
(Plastic Surgery)

Assistant Attending
Orthopedic Surgeons
Lloyd A. Hoffman, MD
(Plastic Surgery)
Kenneth O. Rothaus, MD
(Plastic Surgery)

Orthopedic Surgeon to
Ambulatory Care Center
Allan E. Inglis, Jr., MD
Assistant Attending Physiatrist to
Ambulatory Care Center
David Hyams, MD
Consulting Staff
Steven Z. Glickel, MD
(Pediatric Hand)

Fellows in Orthopedic Surgery
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MD, MPH, MSc
(Metabolic Bone Diseases)
John A. Anderson, BMBS
(Adult Reconstruction Surgery)
Thomas W. Axelrad, MD, PhD
(Orthopedic Trauma)
Deidre M. Blake, MD
(Adult Reconstruction Surgery)
John Caridi, MD
(Spinal Surgery)
Lan Chen, MD
(Foot/Ankle Surgery)
Fernando Conterras, MD
(Sports Medicine/Shoulder
Surgery)
Keith M. Crivello, MD, MA
(Hand Surgery)
Courtney K. Dawson, MD
(Sports Medicine/Shoulder
Surgery)
Tracey A. Delucia, MD, PhD
(Pediatric Orthopedics)
Michael R. Fraser,
(Department of
Surgeons Emeriti)
Robert B. Kohen, MD
Zakary A. Knutson, MD, BS
Gregory J. Galano, MD,
Chief Fellow (Sports Medicine/
Shoulder Surgery)
Mark W. Gesell, MD
(Adult Reconstruction Surgery)
Jaspaul S. Gogia, MD
(Spinal Surgery)
Vladimir Goldman, MD
(Limb Lengthening and
Complex Reconstruction
Surgery)
Paul S. Issack, MD, PhD
(Spinal Surgery)
Seth A. Jerabek, MD
(Adult Reconstruction Surgery)
Gregory G. Klingenstein,
(Adult Reconstruction Surgery)
Zakary A. Knutson, MD, BS
(Sports Medicine/Shoulder
Surgery)
Robert B. Kohan, MD
(Sports Medicine/Shoulder
Surgery)
Suheil Y. Kotwal, MBBS, MS
(Spinal Surgery)
Aaron J. Krych, MD
(Sports Medicine/Shoulder
Surgery)
Joshua H. Lamb, MD
(Foot/Ankle Surgery)
Darren R. Lebl, MD
(Spinal Surgery)
Arthur Ta-Tzu Lee, MD
(Hand Surgery)
David J. Leu, MD
(Orthopedic Trauma)
Fred F. Mo, MD
(Spinal Surgery)
Kieran E. O’Shea, MB, BAO, BCH, BA
(Hand Surgery)
Abhijit Y. Pawar, MBBS
(Limb Lengthening and Complex Reconstruction Surgery)
Alejandro Pino, MD
(Foot/Ankle Surgery)
John M. Solic, MD
(Sports Medicine/Shoulder Surgery)
Matthew M. Thompson, MD
(Sports Medicine/Shoulder Surgery)
Aasis Unnanuntana, MD
(Metabolic Bone Diseases)
John L. Wang, MD
(Adult Reconstruction Surgery)
David S. Wellman, MD
(Orthopedic Trauma)

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Lazaros A. Poultisides, MD, MS, PhD

Residents
PGY5
Haydee Brown, MD
Durretti Fuwa, MD
Sommer Hammoud, MD
Patrick Jost, MD
Han Jo Kim, MD
Travis Maak, MD
Daniel Osei, MD

PGY4
Michael Cross, MD
Demetris Delos, MD
Constantine Demetracopoulos, MD
Kristofer Jones, MD
Alison Kitay, MD
Dennis Meredith, MD
Curtis Mina, MD
Denis Nam, MD
Keith Reinhardt, MD
Mark Schrumpf, MD

PGY3
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Christopher Dy, MD, MS
Peter Fabricant, MD
Milton Little, MD
Benjamin McArthur, MD
Moira McCarthy, MD
Samuel Taylor, MD

PGY2
Curtis Henn, MD
Michael Khair, MD
Lauren LaMont, MD
Benjamin Ricciardi, MD
Patrick Schottel, MD
Peter Sculco, MD
Kenneth Durham Weeks, MD
Phillip Williams, MD

PGY1
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(Chief, Infectious Disease)
Mary K. Crow, MD
(Physician-in-Chief)
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Allan Gibofsky, MD
Lionel B. Ishakikhv, MD
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Michael D. Lockshin, MD
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Joseph A. Markenson, MD
Stephen A. Paget, MD
Francis Perrone, MD
(J Cardiovascular Disease)
Jane E. Salmon, MD
James F. Smith, MD
(Pulmonary Medicine)
Harry Spiera, MD

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Brian C. Halpern, MD
(Sports)
C. Ronald Mackenzie, MD
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Soumyad Chakravarty, MD, MS, PhD
Lindsay J. Forbes, MD
Diana Goldenberg, MD, MPH
Beverly K. Johnson, MD
Susan Kim, MD
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Mary J. Kollakuzhiyil, MD
Kyriakos K. Kirou, MD

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Thirty years ago, Rose Franzone, who recently celebrated her 100th birthday, was having trouble with her hip. Told she needed a hip operation, she called Hospital for Special Surgery and asked for the names of three physicians. “The person on the line told me ‘I have the one for you,’” recalls Ms. Franzone, and that is how she learned about orthopedic surgeon Mark P. Figgie, MD.

“I called Dr. Figgie’s office and he got on the phone,” says Ms. Franzone. “He asked me why I thought I needed a hip replacement. I told him all my symptoms, and he said, ‘you’re right.’

On February 1, 1981, Ms. Franzone had hip replacement surgery and, she says, “I couldn’t believe I was up and walking the next day.”

In preparation for surgery by Dr. Figgie, Ms. Franzone needed a physician who could do her pre-operative medical examination. “When they told me I could have my choice of medical doctors to evaluate me, I picked Dr. Parrish.”

And that is how she met HSS rheumatologist Edward J. Parrish, MD, who became her regular internist.

Over the decades they have known her, Drs. Figgie and Parrish developed a relationship with Ms. Franzone that had as much to do with friendship as it did with medicine. “She’s like part of my family,” says Dr. Figgie. “She’s seen my kids grow up, and we exchange Christmas cards every year. I just went to her 100th birthday party!”

Dr. Parrish was at the celebration too. “It was a momentous occasion,” says Dr. Parrish. “She’s still extremely spry and living independently. I have been blessed to have her in my care. She’s been very special in allowing me to be a part of her life.”

Ms. Franzone, who along with her late husband, Louis, owned a construction company in Lake Ronkonkoma, Long Island, became a regular donor to the Hospital. But more recently, she made a decision to leave the Hospital in her will, specifying in the $200,000 charitable trust she established that it should support the work of Drs. Figgie and Parrish. “She had asked how she could help the educational efforts here at HSS,” says Dr. Parrish, “but this gift took me by surprise.”

“I was honored,” adds Dr. Figgie. “It meant a lot to us and will be put towards the Allan E. Inglis, MD, Chair in Surgical Arthritis to continue our work in research and development in arthroplasty, especially for patients with inflammatory arthritis. It is much appreciated and will be put to good use there.”

Rose Franzone is a prime example of the generous, grateful patient whose support of the work being done at HSS culminates in a bequest or other planned gift. The form of the gift may be a bequest in the will, a charitable trust, an HSS gift annuity, an IRA beneficiary designation, or some other gift plan. The gift may be designed for the general use of the Hospital, to support a particular department, or to help fund the research of a respected HSS staff member. In all cases, these gifts are grateful received and are instrumental in enabling HSS to maintain its position as the leading orthopedic hospital in the nation.

If you would like more information on planned giving opportunities, please contact Janice Rossel at 212.774.7239 or rosselj@hss.edu.
They inspire us with their art. They astound us with their talents. At times, they seem superhuman such is their creative genius or the magnitude of their performance. But actors, artists, sculptors, musicians, and dancers are as human as the rest of us. Their bones break, their muscles fail, and their joints creak and give them pain. Perhaps they suffer more than others given the physical demands that their chosen professions often place on their bodies. While their gifts are many and varied, these artists share an intense devotion to their careers. And if they are impaired by an illness or an injury, they are equally as motivated in their desire to recover. That is why these working artists come to Hospital for Special Surgery. They know we will treat them as we do all of our patients – providing the best musculoskeletal care available in the world today.
Founded in 1863, Hospital for Special Surgery is internationally regarded as the leading center for musculoskeletal health, providing specialty care to individuals of all ages. The Hospital is nationally ranked #1 in orthopedics and #3 in rheumatology by U.S. News & World Report, and has been top ranked in the Northeast in both specialties for 20 consecutive years.