



ISSUE 2 / 2024

Stay Healthy

YOUR RESOURCE FOR HEALTHY LIVING AND WELLNESS

Game-changing technology

How the BEAR Implant® is reshaping the future of ACL treatment for UHS patients

PERFORMANCE PROGRAM HELPS YOUNG ATHLETES

Empowering young athletes to conquer injuries and reach their goals with the UHS Bridge Program.

FROM PEDIATRICIAN TO PRIMARY CARE

A guide for parents: Transitioning teens from their pediatrician to a primary care provider.



Eye on the future



At UHS, our top priority is always our patients. Every day, our dedicated teams strive to deliver the highest quality care to those who have placed their trust in us. This commitment drives us to stay up-to-date with the latest medical technology and innovative advancements.

One area where our innovation is making a difference is in orthopedics, particularly in treating ACL injuries. Our cover story in this edition of *Stay Healthy* highlights the groundbreaking BEAR® Implant, revolutionizing ACL tear treatment.

As you read through this issue, you will learn how our teams work closely with patients throughout their healthcare journey, ensuring they have the information and tools needed to make informed decisions about their treatment. Transitioning from pediatric to primary care can be daunting for young patients, but our team is here to provide guidance and support during this important stage.

Regardless of age or medical needs, our providers and healthcare professionals are dedicated to supporting you every step of the way. In our previous issue, we introduced the Wilson Main Tower, a significant addition to UHS' services at UHS Wilson Medical Center. I am excited to announce that the tower is now open, serving as the new entrance to a wide range of healthcare services.

Thank you for taking the time to stay informed about your own care and the many resources offered at UHS. It's our pledge to ensure that this magazine is useful to you as you make those all-important choices about your health and well-being. Our progress and achievements are driven by our unwavering commitment to meeting your needs as a patient and staying at the forefront of medical innovations. We are here to provide you with the tools necessary to achieve wellness and lead your best life, both now and in the future.

John M. Carrigg

PRESIDENT AND CEO OF UHS

Wilson Main Tower is now open!

The UHS Wilson Main Tower is now officially open! Serving as the new "front door" to UHS Wilson Medical Center in Johnson City, the Wilson Main Tower began welcoming patients and visitors on June 26. The opening transforms the campus into a state-of-the-art healthcare facility streamlining access for all individuals arriving at UHS Wilson Medical Center.

UHS volunteer ambassadors are available to personally escort you upon arrival. Personalized service, combined with complimentary valet parking, will make you feel more comfortable with the new space the moment you walk in the door.



PLEASE VISIT

nyuhs.org/wilson-project to learn more about the Wilson Main Tower, including entrance and parking changes.



Game-changing technology

How the BEAR® Implant is reshaping the future of ACL treatment for UHS patients

In the world of medical advancements, the BEAR® Implant promises to change the way anterior cruciate ligament (ACL) tears are treated. Recently approved by the U.S. Food and Drug Administration (FDA), this groundbreaking technology marks a shift in the treatment of ACL tears. UHS is proud to be one of the only providers offering the BEAR® Implant procedure in the greater Southern Tier region of New York and Northeast Pennsylvania.

ACL injuries are common, with around 400,000 occurring in the U.S. each year due to sports like soccer, basketball, tennis and football. Traditional ACL reconstruction surgery is effective but has drawbacks. The BEAR® Implant, however, now offers patients a new treatment option.

Kristen Herbst, DO, Orthopedic Surgery and Sports Medicine, has been performing the new procedure on UHS patients and explains its benefits and who is a good fit for the BEAR® Implant.

"A range of patients tear their ACL: young athletes, people who play recreational sports on weekends. It is for anyone with an acute ACL tear," Dr. Herbst says. "In the beginning, recovery is a little slower, and the patient must comply. But long-term, we've been able to get all these patients back to all their respective sports, so it's not limited to any specific sport or age group."



+ Kristen Herbst, DO, Orthopedic Surgery and Sports Medicine



THE FUTURE OF ACL TREATMENTS

For more than 30 years, ACL tear treatments remained essentially unchanged, relying heavily on reconstruction techniques. Traditional ACL reconstruction requires harvesting a healthy tendon from another part of the patient’s leg or using a tendon from a deceased donor.

“In the past, the only way we’ve been able to address ACL tears is to do a reconstruction: Meaning take out the torn ligaments, take a piece of tendon from somewhere else in the patient’s body,” Dr. Herbst says. “That was the gold standard.”

While effective, this approach comes with its own challenges and complications, including the necessity of a second surgical wound site.

Enter the BEAR® Implant—a device designed to bridge the torn ends of the ACL using a minimally invasive procedure. This implant does not require an additional surgical site. Instead, it leverages the body’s natural healing abilities to repair the torn ACL, making the recovery process smoother for patients.

“With the BEAR® Implant, an environment is provided to allow the patient’s native ACL to heal. This allows the patient to preserve their own anatomy and not have to undergo reconstruction,” Dr. Herbst adds.

HOW DOES THE BEAR® IMPLANT WORK?

The BEAR® Implant functions as a scaffold that facilitates healing of the torn ACL. The procedure begins with the surgeon injecting a small amount of the patient’s blood into the implant. This

blood-infused implant is then placed between the torn ends of the ACL. Combining the BEAR® Implant and the patient’s blood initiates healing, allowing the ACL to recover while maintaining its original attachments to the femur and tibia. Dr. Herbst explains that by keeping these original attachments, this process lowers the risk of reinjury in the future.

Remarkably, the body resorbs the BEAR® Implant within approximately eight weeks as the ACL heals. This natural resorption means no foreign material remains in the knee after the healing process.

Another benefit, Dr. Herbst says, is that it’s more bone-preserving. “Instead of drilling large sockets into the bone with the reconstruction operation, we just drill tiny pinholes to suspend the sutures connecting the ACL and the BEAR® Implant.”

What happens if a patient re-tears their ACL in the future? “Their second surgery is a lot easier because now they can have a reconstruction the second time around, instead of having a revision reconstruction, which can sometimes be challenging because of bone loss and hardware previously inserted.”

PROVEN SUCCESS AND PATIENT SATISFACTION

Clinical studies have shown that the BEAR® Implant not only restores the quality and size of a torn ACL to that of an uninjured ACL, but also leads to faster recovery of muscle strength. However, patients should know that a BEAR® Implant procedure requires rehab to heal fully.

“The patient has to comply with the postoperative course and restrictions. We’re asking the body to heal this ACL instead of relying on a graft, so it is a more conservative protocol. So, they have to be able to comply with following the restrictions of not putting all their weight on their leg initially, going forward with their range of motion, and more.”

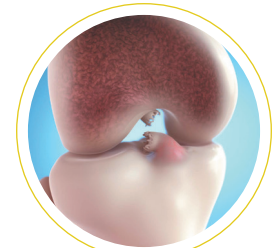
Dr. Herbst says that she still requires her patients to undergo a rigorous return-to-play protocol and that can take a similar amount of healing time as those who underwent traditional autograft ACL reconstruction, but the patience pays off.

“We have a lot of patients who have returned to college sports and are very happy with their outcome.” 🎓

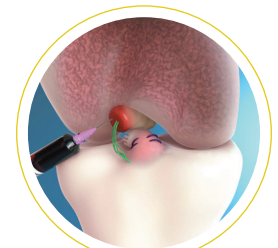
✦ The BEAR® Implant acts as a bridge to help the torn ends of the ACL heal together.



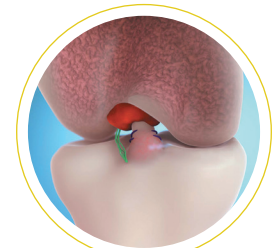
BEAR® Implant



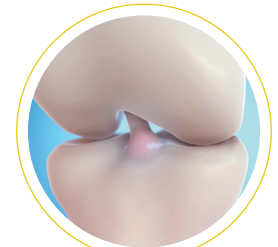
Torn ACL



Surgeon adds patient’s own blood



Surgeon inserts BEAR® Implant between torn ends of ACL



BEAR® Implant is replaced with healed ACL



FOR MORE INFORMATION and to see if you’re a good fit for the BEAR® Implant, visit nyuhs.org/bearimplant.



PERFORMANCE *program helps young athletes*

How the UHS Bridge Program helps young patients overcome injuries and achieve their goals

Aubrey Marroquin and Nadia Wojcik were star soccer players at Chenango Valley High School with Division I college dreams when they experienced injuries young female athletes are particularly at risk for—repeated-torn ACLs.

Ms. Marroquin's first knee injury came when she landed roughly during a travel-team game. She was cleared to play six months later. Then, in her fifth high school game of the season, she stepped over the ball wrong and suffered a reinjury. Ms. Wojcik tore her anterior cruciate ligament when she was going around a defender and got pushed from the side during the last game of her junior year high school season, then got hurt again not long after she returned to play. For both girls, the college recruitment process was put in jeopardy.

Although their injuries ended their seasons, they were determined to return to the pitch, or soccer field, and qualify as prospects with top college teams. Since it was both their second time going through the rehabilitation process, they knew they needed to take it more slowly to get back to where they wanted to be. That's why, just days after surgical repair, they began physical therapy at UHS, eventually graduating to a specially designed approach called the Bridge Program.

A DIFFERENT SET OF CHALLENGES

Marcella Mughetti, PT, DPT, was Ms. Marroquin's physical therapist at UHS Physical Therapy and Rehabilitation in Vestal. For six months, she worked with Ms. Marroquin one-on-one, twice a week and was assigned exercises to complete at home the other five days a week. "Aubrey is a highly motivated athlete," Dr. Mughetti said. "She was doing really well post-surgically and came in ready to work."

Dr. Mughetti explained that while physical therapy is most effective when patients are willing to work hard, athletes as driven as Ms. Marroquin present a different challenge. "An athlete at Aubrey's level needs to be held back a smidge. She had her goals and aspirations in place," the therapist said. "But since this was her second time tearing the ACL in the same knee, she needed to take her recovery more slowly to safely get her back to a high level of function."

Site Manager Ben Dvorsky, PT, DPT, had a similar experience with Ms. Wojcik at UHS Physical Therapy and Rehabilitation in Vestal. "Nadia was an easy patient because she was highly motivated to get back to sports and her life and did everything I asked her to do," he said.

Dr. Dvorsky said that young athletes require a different approach because they may push themselves too quickly if they feel good. On the other hand, they can hold themselves back out of fear of injuring themselves again. "We encourage them to move progressively through exercises, understand their safety boundaries and make sure they are well-healed," he said.

The physical therapists at UHS maintain professional relationships with high school trainers



✦ Benjamin Dvorsky, PT, DPT

and coaches, sports medicine physicians and other providers to keep athletes safe and get injured athletes on a path to recovery. For higher-level athletes, the next step in this path after physical therapy is the Bridge Program at UHS Sports Performance.

BACK IN THE GAME

After six months in physical therapy, Ms. Wojcik and Ms. Marroquin graduated to the Bridge Program with strength and conditioning coach Garvin Taylor, MS, CHC. This program is designed to fill the gap between physical therapy, which focuses on the injured area and the structures supporting it, and the return to sport, which requires athletes to gain back the strength and conditioning they lost after their injury.

The program takes a holistic, whole-body approach by introducing complex exercises that hit on all aspects of sports performance, including cardio, strength, function, stability, balance and conditioning, as well as proprioception, which is the body's ability to sense motion and locations. "PT focuses on the injured part, and Bridge is where we tie it all together," said Mr. Taylor. "We're not just working on preventing re-injury, but on avoiding new injuries as well."

The typical Bridge Program includes two on-site training sessions a week that last up to two and a half

hours each, along with a program to be completed on off days. Each program is individualized and customized to meet the athlete's goals and work on skills and risk management specific to their sport. For soccer players, that means exercises, like blinded jumps, to teach them to sense where the ground is and land safely while they are looking up at the ball, along with exercises meant to improve single-leg landings and safer horizontal movements.

Before coming to UHS, Mr. Taylor worked with Olympic and national athletes in Grenada, proving the value of a sports performance program with demonstrated results. He applies the same approach and skillset to up-and-coming athletes in the Southern Tier. "There's something unique about higher-level athletes. You can tell who is going to move forward," he said. "They have the willingness to sacrifice and work hard to achieve the successes they seek."

Ms. Marroquin and Ms. Wojcik told Mr. Taylor they wanted to play soccer at Division I colleges since they were children, so he did everything he could to help them meet their goals. They both spoke highly of his approach and attitude that mirrored theirs.

"I wanted to be better than before, so I pushed myself, and so did Garvin. He will make you do things you didn't think you could do," said Ms. Marroquin. "His workouts made me sore in places I didn't think I could be sore!"

Ms. Wojcik echoed: "Garvin is someone I can depend on. I really trusted him to get me stronger and back to playing soccer. Without him, I wouldn't have regained the confidence to play at a high level. He expects a lot from his athletes, and that's what I needed."

"They had days, like everyone else, where they had doubts. The process is long, and there are hills and valleys in the process," Mr. Taylor said. "That's where my job is, to continue to motivate them and remind them that tomorrow is a new day. It's an emotional roller coaster, and that's where a great coach comes in."

STRENGTHENING MIND AND BODY

"A lot of times, when athletes have a season-ending injury, it can be a challenge for them psychologically as well as physically, because they lose their sense of worth when their identity as an athlete is taken away from them," Dr. Dvorsky said. "It can be difficult for them to visualize living up to their potential."

Both student athletes benefitted from the emotional support they got from their physical therapists and coaches during their time away from the sport. "I think the hardest part was staying positive the whole time," said Ms. Marroquin. "It was definitely emotionally challenging not being able to play my senior year."

"It definitely sucked watching from the sidelines and wishing I could play during the long recovery process," agreed Ms. Wojcik. "Ben, Garvin and my family all helped me stay positive whenever I had bad days."

The hard work paid off. Ms. Marroquin was offered a chance to play at the University of Houston, and Ms. Wojcik now plays for Fairleigh Dickinson University's Division I team in New Jersey. 🏈



+ Garvin Taylor,
MS, CHC



FAST ACCESS

All five of UHS' physical therapy clinics offer quick access to get patients established with an individualized plan of care to get them better faster and back to sports, exercise or work. Visit nyuhs.org for more information about physical therapy at UHS.



The **NEXT** *phase: from pediatrician to primary care*

Getting teens ready to move from their pediatrician to a primary care provider

As your teen navigates their transition into adulthood, there is one important task the family should not forget—helping your teen transfer their care from their pediatrician to an adult primary care provider.

Parents are responsible for managing their child's visits to a pediatrician from birth. But when the child turns 18, parents can no longer be intermediaries for medical care (except in special cases) to comply with the rules set out by the Health Information Portability and Accountability Act (HIPAA). As an adult, an 18-year-old must take on that responsibility.

Pediatricians at UHS are ready to help each family and young adult patient make the necessary changes to their care team. Mary DeGuardi, MD, director of UHS Pediatrics in Binghamton, says many patients have a fairly seamless transition

ONLY ABOUT
20%
**OF YOUTHS IN THE U.S. RECEIVED
NECESSARY HEALTHCARE
TRANSITION PREPARATION.**

Source: Trends and Disparities in Health Care Transition Preparation from 2016 to 2019: Findings from the US National Survey of Children's Health

MILESTONES FOR CARE TRANSITIONS

Parents and older teens should have a plan in mind for how and when medical care responsibilities will shift. Here are some guidelines that can help:

Ages 16–17

- Encourage your teen to make their own doctor appointments.
- Ask the pediatrician to talk with your teen about privacy rights when they turn 18.
- Work with your teen and pediatrician to make and share a medical summary.
- Before they turn 18, figure out if your child needs help making healthcare decisions.
- Talk with your teen about the age they want to transfer to a new primary care provider.



Ages 18–21

- At age 18, your child is a legal adult and legally responsible for their healthcare. Parents cannot access their medical information or be in the physician visit unless the teen agrees.
- Encourage your teen to ask their current pediatrician for help finding a new adult provider.
- Parents and young adults should discuss how insurance and copayments work.



to an adult care medical team. “Because we are part of a large multispecialty group that provides pediatric care, adult medicine care, gynecologic and obstetric care, we have an opportunity to help our patients navigate this transition.”

ACCOUNTING FOR SPECIAL NEEDS

Dr. DeGuardi also notes it is important to understand how a young person’s medical needs affect how they make their transition to adult care providers.

“For patients who have special needs, such as developmental or intellectual disabilities, patients with autism, ADHD, Crohn’s disease, cystic fibrosis, cardiac disease and so on, we want to make sure that these patients don’t fall through the cracks,” she says.

“We want to be sure they receive ongoing, quality care, so we recommend adult care providers who we think would be a good fit for their medical needs.”

“In the last four or five years, the UHS Medical Group has made more of an effort to enhance that communication between the UHS pediatric providers and the UHS adult medicine providers so we can make the transition smoother, especially for the patients who have special needs,” adds Dr. DeGuardi.

Young patients with chronic or ongoing conditions may also have pediatric subspecialists—such as endocrinologists or pulmonologists—managing their care, and those providers also have to transfer to adult care specialists. It would ease those transitions

if they don’t all happen at once; Dr. DeGuardi recommends staggering those new relationships to ensure a smooth transition.

DON’T LET THINGS SLIDE

For teen patients who are in good health, they may not feel much pressure to formalize their medical care changes, but it is still important. With high school graduation and other big milestones around age 18, young adults might let this drop low on their to-do list.

“That’s often a time when we will have that conversation: ‘Have you thought about what you’re going to do about your ongoing medical care?’ Because some kids are going away to college, others are staying in town, but either way, that 18th birthday is when, if you want your parents to still have access to your medical records, you have to give them permission because of HIPAA,” says Dr. DeGuardi. “That’s usually when the lightbulbs go on, and they ask me, ‘How long can I still see you?’”

Dr. DeGuardi says it’s perfectly fine for patients to remain with her until age 21 if they choose, and most UHS pediatricians follow that rule of thumb. But some pediatricians may draw a hard line at 18, so be prepared and ask questions early.

Dr. DeGuardi advises her young adult patients about who a good primary care provider would be for them, but UHS care coordinators are also available to help find a new provider and make first appointments. “In the end, it’s really going to be the patient’s choice,” Dr. DeGuardi emphasizes. “We just want to make sure they don’t have years without seeing a provider for a routine well check because medical issues can go undetected. If somebody goes several years without medical care, it could cause more of a problem than if it was detected early.”



THE RIGHT FIT

Find a UHS primary care provider at nyuhs.org/care-treatment.

PROTECTING *your* skin from the sun

Understanding the risks and dispelling myths can help protect you from long-term damage

The increase in outdoor activities this season brings an additional risk of sun damage. Online, we are overwhelmed with so much sun safety information (some of it inaccurate) that it can be challenging to know what's best for our skin.

However, understanding sun safety can be lifesaving. "The latency period between sun exposure and skin cancer is 30 to 40 years. So many people get most of their sun damage by age 20. And they start getting skin cancer when they're 50 to 70," says Genadij Sienkiewicz, MD, a dermatologist at UHS. "Cumulative exposure to sunburns over a lifetime can be particularly bad. For melanoma, childhood sunburns are the worst."

Dr. Sienkiewicz recommends the following:

- **Cover up.** "Avoid intentional sunbathing, especially during peak hours, and cover up as much as you reasonably can while still being comfortable," says Dr. Sienkiewicz.
- **Apply sunscreen liberally.** Putting on a more generous amount of sunscreen improves protection more than using a very high SPF product. The minimum SPF to use is 30. Reapply in a few hours if swimming or sweating heavily.
- **Get skin checks.** "People are generally unaware of the signs of skin cancer and the potential problems." Dr. Sienkiewicz says people with pale skin, a family history of skin cancer, frequent sunburns or freckles should especially look into yearly skin checks. 🌞

GET CHECKED

Schedule your annual skin check with UHS Dermatology today at nyuhs.org/care-treatment/dermatology. For more information, visit the American Academy of Dermatology at aad.org.

DISPELLING MYTHS

X MYTH EXPENSIVE SUNSCREEN IS BETTER

It can be hard to distinguish which sunscreen is the best option, especially when many boast additional benefits, says Dr. Sienkiewicz.

"Inexpensive products usually have the same active ingredients as expensive ones," he adds. "Added botanicals and antioxidants do not give more protection. I would recommend using a stronger cosmetically elegant product for the face, ears and neck and a less expensive one for the rest of the body."

X MYTH SUNSCREEN IS TOXIC

While Dr. Sienkiewicz does recommend mineral sunscreens for people with chemical sensitivities, kids, infants and pregnant women, "no one has documented any health, fertility or endocrine effects or anything else from absorption of sunscreens," he says.

Ultimately, ultraviolet rays are more toxic than the chemicals in sunscreen. Over a lifetime, the benefits of sunscreen far outweigh the risk of skin cancer.

X MYTH SUNSCREEN INHIBITS VITAMIN D PRODUCTION

Sunshine on the skin provides health benefits—it stimulates the production of vitamin D. But you don't have to worry about sunscreen preventing that. The only people who truly have to worry may have impaired vitamin D production or absolute sun intolerance, Dr. Sienkiewicz says.

X MYTH TANNING BEDS CAN PROTECT YOU FROM BURNS

While it is true that when the skin tans, it can help protect you from a more severe sunburn injury, this only holds true for natural tans. Are you considering tanning beds to get a base tan before going on vacation? Dr. Sienkiewicz says a tanning bed is less likely to protect you and recommends saving your money.



UHS-088 | sidmay, Nadezhda Nazarova/Getty Images