

From the Office of Dr. Christopher S. Ahmad

 **ColumbiaDoctors** | *Orthopedics*

Volume 1, Number 4

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Favorite Links

Dr. Ahmad's Website

Keep up to date with Dr. Ahmad's research and any new happenings from our team and new patient stories.

Baseball Health Network

Visit Baseball Health Network to get more baseball-oriented advice from Leaders in the Baseball World...including Dr. Ahmad!

Purchase Skill By Dr. Ahmad

Dr. Ahmad is the author of this easy-to-read page turner that will help anyone harness that skill they want to master.

Meet *Team Ahmad* of the renowned Columbia University Medical Center's Orthopaedic Department



Fiona Nugent is a licensed Registered Nurse and Board Certified Nurse Practitioner. Fiona is currently serving as Dr. Christopher Ahmad's Nurse Practitioner. The two will be working closely together to specialize in elbow, shoulder, and sport-related injuries.

Fiona earned a Bachelor's of Science in Molecular Neuroscience from Binghamton University in 2013. At Binghamton, she competed at the Division I level in track and field, specializing in the pole vault and middle distances. She then continued her

studies at Columbia University where she obtained her nursing degree in 2014 and went on to receive a Master's of Science degree as a Family Nurse Practitioner in 2015. Fiona holds a Nurse Practitioner specialty certification in Orthopedics and Sports Medicine from Duke University, and is nationally certified as a FNP with American Nurse Credentialing Center.

Fiona began her career as a Registered Nurse while working at Montefiore Medical Center from 2015-2016. She discovered her passion for orthopedics while completing her clinical rotation for her degree at Columbia Orthopedics with Team Ahmad. Additionally, Fiona worked as Assistant Track and Field Coach at The Ursuline School and Iona Preparatory from 2014-2016.

Fiona currently resides in Westchester and enjoys competing in track and field and triathlons in her free time. Due to her active lifestyle, she understands the importance of getting back to activities that bring joy to her patient's lives.

Dr. Ahmad on Fiona: "Since joining our team, Fiona has really honed her skills that come with being a practitioner. She truly understands what our patients need to return to their active lifestyles."

Contact Us

Dr. Ahmad's Office

(212) 305-5561

Surgical Scheduling

(212) 305-0622 – Ask for Jessie!

***We see patients in
Midtown, Fort Washington
Avenue, Tarrytown, and
Englewood.***

Playing in the Heat: Team Ahmad's Tips on Hydration and How to Stay Cool

Double-sessions are rapidly approaching. Double-headers, they're in full-swing. Athletes from coast to coast are preparing for their upcoming athletic season while others are currently still in the midst of their season with an end somewhere in sight. With the recent seemingly-unbearable heat, Team Ahmad wants to offer tips on how you can protect yourself and your athletes from the dangers of heat illness.



(Photo Credit: Joe Proudman/The Star-Ledger)

- About 1 to 1 ½ hours before athletic participation, athletes should consume up to half a liter of fluids to ensure adequate hydration. Athletes should then sip on fluids (half a cup every 10 minutes) to maintain a hydrated state.
- Athletes should avoid foods and drinks that have a diuretic effect such as caffeinated beverages (Red Bull, Soda, Coffee, etc.).
- Wear loose-fitting, absorbent and light-colored clothing.
- Warm-up in the shade if possible and try to limit equipment usage in practice situations (catching/football/lacrosse/etc. equipment).

If you would like more information on how to beat the heat, the National Athletic Trainer's Association produced a position statement on exertional heat illnesses which can be found through a search on Google Scholar. Just search: *NATA Heat Illness Position Statement!*

Dr. Ahmad's Patients Talk Tommy John Surgery

A tear of the Ulnar Collateral Ligament (UCL) is something every high school, collegiate, and even professional baseball player dreads. Dr. Ahmad specializes in UCL reconstruction surgery which takes a tendon from another part of the body and takes the place of the native UCL. This surgery is more famously known as Tommy John Surgery. Over the last few weeks, Team Ahmad spoke to a few of our athletes at different stages of their career as well as recovery to give their story and insight to other athletes who may need surgery. Our athletes include: Christopher Lemorocco from Adelphi University, David Wright from Fordham University, Michael Petze from Xavier High School, Patrick Zuccola and Davis Gallagher from St. Joseph's Regional High School, Thomas Graziano from Valley Stream High School, and Michael Ahearn from

Salesian High School.

Question: What made you decide on seeking Dr. Ahmad's opinion?

Chris Lemorocco (CL): A friend of mine at Adelphi recommended I see Dr. Ahmad because he's the best at what he does. All I initially knew was that Dr. Ahmad is a well-known elbow specialist that takes care of the Yankees. I put my trust in my friend, and Dr. Ahmad, and made the call to come in to see him. I cannot be any happier with the decision I have made.



(Photo courtesy of Chris Lemorocco)

David Wright (DW): Being a Fordham University athlete, our team physician is on staff at Columbia University Medical Center. Once my athletic trainer ran tests on my elbow and talked it over with the team physician, it was recommended I see Dr. Ahmad. All I needed to hear was "Yankees Team Physician" and I felt comfortable heading into the appointment with Dr. Ahmad that my right elbow was in tremendous hands.

Davis Gallagher (DG): Dr. Ahmad is one of the most renowned orthopedists and I had seen him when I had another injury. My coach, Steve Hayward, was the first one to recommend I see him. I loved how friendly he was and very caring about my health.

Mike Petze (MP): Through my research of the best doctors in the New York area, Dr. Ahmad was the best fit for me. I wanted the best of the best and Dr. Ahmad and his team proved to me that I had made the right decision.



(Photo courtesy of Michael Petze)

Q: Chris, you've had Tommy John in the past. How did you approach your rehab and throwing this time around?

CL: Since this is my second surgery, this time was much different. It was still the same exercises I was used to day in and day out, but I had a better idea than ever. I viewed rehab and throwing in another way since I knew what to expect and how to go about it. The mindset part of it was tough because I'm doing all this rehab for the second straight year, but in order to come back to pitch I know this is what I have to do.

Q: What is the best advice someone has given you regarding your journey so far?

Patrick Zuccola (PZ): The best advice came from another Dr. Ahmad patient who has completely recovered from Tommy John Surgery and is pitching at a college in Arizona. He said to listen to Dr. Ahmad and my Physical Therapist, Vinnie Perez. He said if I stick to my PT schedule, everything will work out and I'll come back better than ever.





(Photo courtesy of Patrick Zuccola)

Q: What has been the most encouraging thing throughout your rehab?

Michael Ahearn (MA): The most encouraging thing has been the support from everyone around me; from Dr. Ahmad, his staff, my family and friends and even my therapists and coaches. Everyone wants me to succeed and get back to pitching.



(Photo courtesy of Michael Ahearn)

Q: You're unique in this group in the sense that you involved a strength and conditioning coach in your rehab. What have you found to be the most beneficial from working with him?

MA: I was working with my strength and conditioning coach prior to surgery and was in the best shape I've ever been in. I attribute the ease of my recovery to this. Once I was able to get back to working with him, it just made sense. It also helped ease my frustration of not being able to throw a ball. I could do something athletic that would improve my recovery.

Q: You've just received our Return to Throwing Protocol. What is the most exciting part about being cleared to throw?

PZ: I am so excited, you have no idea! Baseball is my life – it is what I love to do most. I dream of playing Division 1 ball and I feel I'm going to achieve my goal through hard work and Dr. Ahmad's guidance.

Q: Did you ever feel that you needed to rush back to playing? How did you stay on track and not allow yourself to skip steps of rehab?

Thomas Graziano (TG): I wanted to play the field so bad this spring, but my dad was in constant contact with Team Ahmad. Whenever I wanted to do something risky, my dad would say "Email Team Ahmad, and they'll tell you what to do!" That made it much easier to stay on track.





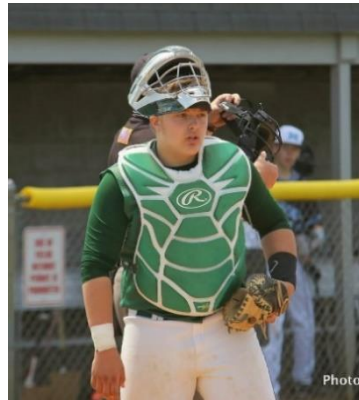
(Photo courtesy of Thomas Graziano)

Q: How were you able to stay positive in times that some would find it easy to throw in the towel?

DW: Staying positive was the biggest challenge of my recovery. My arm would feel great one day and completely opposite the next. It plays games with your mind and Dr. Ahmad played a large role in helping me stay positive and optimistic. Each check-up Dr. Ahmad was so calming and positive. I thought "If one of the best surgeons in the world was optimistic about my recovery, how could I not be?" I cannot thank him enough for that.

Q: Davis, you're unique in the fact that you're a catcher that needed Tommy John. Tell us about how your rehab process differed from the others.

DG: The throwing program Dr. Ahmad and the Team gave me takes some time but it was really fun because of how long I had been sidelined. My first throw gave me a sense of so much joy and pride after some long and hard work. I was different in I was able to catch bullpens and see live pitching shortly after I was cleared to throw. My Return to Catching program was another big difference. I was able to progress throwing at mostly 90-percent from base to base and that was exciting as a catcher.



(Photo courtesy of Davis Gallagher)

Q: Getting back on the mound, what obstacles did you face and how did you overcome them?

TG: I was exciting at first to get back on the mound. When it came time to face live batters and compete, I found it difficult to convince myself I could really do this. It's still a work in progress but I know I'm almost there.

Q: What did it feel like when you stepped back onto the field to play in a game again?

MP: Being able to play again was one of the best feelings I've had in a while. Stepping into the box was quite nerve racking especially because I had forgotten most of my pregame rituals. In my first at-bat in 7 months, even striking out felt great. No matter how negative striking out is, it feels great to play on a daily basis.

Q: What is your perception of Tommy John Surgery after having surgery compared to prior to surgery?

DW: There is only one word to describe Tommy John Surgery: *grind*. Every day has been a grind – mentally, physically, and emotionally. Surgery changed my life and the grind that came along with it taught me so much about myself. My perception is that Tommy John Surgery is not for the weak or unsure, it is a life altering decision and demands an “All-In” mentality. Only the person with the 4-inch-scar on their elbow will know when they’re ready to get back on the horse. It also humbled me and made me appreciate so many more things in life other than just baseball.



(Photo courtesy of David Wright)

Q: What would you tell someone that needed Tommy John Surgery?

MP: After I had surgery, I had a few friends who needed a UCL reconstruction. Prior to their surgeries, I gave them the same advice: take rehab seriously and not slack off in their strengthening process. It all pays off in the end!

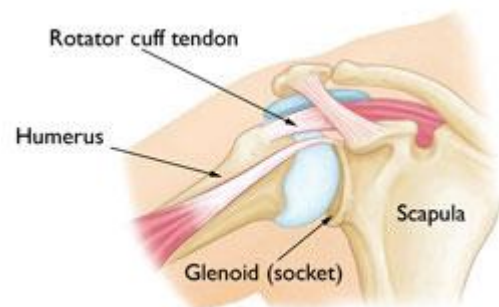
CL: If someone needed surgery and came to me, I’d tell them: It is not all you read about and see on television. You don’t automatically come back and throw harder. You have to work hard during your rehab and throwing progressions for that to happen. It is about how hard you rehab and work in the gym in order to get stronger on the mound. Before you do anything, you have to get your mind right and have a positive mindset you’ll return to the field and it just takes time. You’ll get through it all, return to the mound and once again be healthy.

Team Ahmad would like to thank Chris, David, Michael P., Michael A., Davis, Thomas, and Patrick for taking the time to answer our questions. We would also like to wish them nothing but continued success in their rehab and return to the field!

What You Should Know: Shoulder Replacement

In some cases, a patient may be told they need a shoulder replacement, believe it or not there are a number of different replacement options for each unique patient situation. For the purpose of this discussion we will focus on a Total Shoulder Arthroplasty (TSA), more commonly recognized as a shoulder replacement. We’ll quickly review the anatomy of the shoulder to better understand what parts of the shoulder are involved in a TSA.

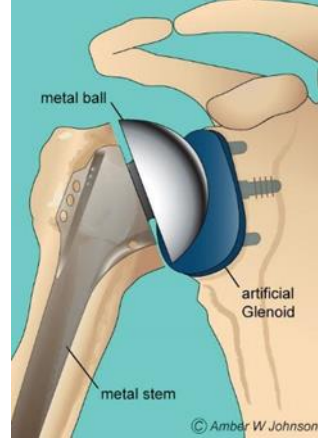
The shoulder, or glenohumeral joint, is a ball-and-socket joint that consists of the humerus (ball), clavicle (collarbone), and scapula (shoulder blade). As you re-read the previous sentence, you’ll notice that *socket* is not specifically mentioned. The socket component of the shoulder is a shallow groove in the shoulder blade



called the glenoid. The humerus is larger than the glenoid so the muscles surrounding the joint, such as the rotator cuff, work together with the labrum (lining tissue of the glenoid) to help stabilize the ball in the socket. Now that we've reviewed some of the anatomy, we'll discuss the reasons for which a patient may need a shoulder replacement.

Each patient and their situation are different, so a replacement is not for everyone. Criteria for surgery include: failed non-operative treatment, severe pain, stiffness, and loss of motion due to osteoarthritis. Complex shoulder or humerus fractures could lead to a patient needing a shoulder replacement as well.

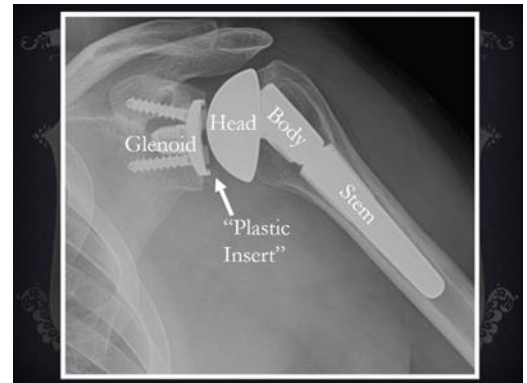
The procedure itself is performed under regional anesthesia



(interscalene nerve block – for more information, please ask for our handout in the office) in conjunction with sedation so the patient will be asleep for the procedure. Sedation should not be confused with general anesthesia. A TSA generally takes 1 ½ to 2 hours to complete but could be longer depending on the shoulder. The prosthesis is made up of the humeral and glenoid components. The humeral component Dr. Ahmad typically uses is made up of cobalt chromium-based alloys or titanium. The glenoid component is made of high-density polyethylene (plastic).

The patient should expect to spend up to two days in the hospital post-operatively, although most patients are discharged the day after surgery. In the post-operative period, the patient can expect to be in their sling for 4-6 weeks. However, physical therapy typically starts immediately after discharge from the hospital. For example, if surgery is on Friday then physical therapy should begin the following Monday. If our rehab protocol is followed, range of motion is nearly restored six weeks after surgery and significant improvements are seen around the 4 to 6 month mark. Within one year from surgery the patient should be near complete recovery!

A shoulder replacement is a detailed surgery and comes with a recovery that deserves much attention. Let *Team Ahmad* be the team to help you through your surgery



and get you back to the activities you enjoy! Should you or a loved one need a shoulder replacement and would like more information, feel free to check online for our brochure. Visit the Center for Shoulder, Elbow, and Sports Medicine's [website](#) for our patient information packet!

Team Ahmad takes on the Lake Placid Ironman!

This July, Team Ahmad's Nurse Practitioner Fiona Nugent volunteered her time in the Medical Tent at Ironman Lake Placid! An Ironman is an ultra-

endurance racing event consisting of a 2.4 mile swim, 112 mile bike ride, and 26.2 mile run. This year's Lake Placid event played host to over 2,600 elite athletes participating, with an average of 15-25% of these athletes visiting the medical tent. Fiona, along with other volunteers from a wide range of medical disciplines, provided care for athletes at the finish line and throughout the course of the race. Fiona participates in triathlons



herself and this event was able to bring together two of her passions: sports medicine and elite competition.

Fiona on her experience at Ironman Lake Placid:

“Working the medical tent and seeing thousands of

athletes pushing themselves to the limit in the heat was inspirational. Many athletes received care in our tent for dehydration, hyponatremia, orthopedic and gastrointestinal complaints, and then returned to competition!”

In Case You Missed it...

Last month, Dr. Ahmad spoke to the audience at the SVA Theatre in Manhattan regarding ulnar collateral ligament injuries. You can catch a bit of Dr. Ahmad at the Town Hall event in [this video](#) from the MLB Network!

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email: Ortho-
ahmad@cumc.columbia.edu