From the Office of
Dr. Christopher S. Ahmad

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

Jessie Thompson has been with Dr. Ahmad for over 2 and a half years, making her the longest tenured support-staff member on *Team Ahmad*, serving as our Surgical Scheduler. She has the responsibility of training other surgical schedulers on top of her duties to the patients she shares with Dr. Ahmad. Jessie holds a Bachelor's Degree in Business Management from Berkeley College in Manhattan.

Prior to joining *Team Ahmad*, Jessie worked with the National Kidney Foundation where she served as their office coordinator. From there, she went on to act as the office manager for the Deafness Research Foundation. What got Jessie into surgical scheduling is her work with the Reproductive Medicine Associates of New York where she started as an on-site surgical scheduler.

When it comes to education, a mentor once told Jessie that "If you don't invest in yourself, it will be hard for others to invest in you as well". Forever grateful for that advice, Jessie tries to pay it forward and one way she can do that is by helping our patients reach the goal of getting back to what they enjoy doing.

Dr. Ahmad on Jessie: "Even though most patients only meet Jessie over the telephone, she makes a lasting impression on them. Her efforts to help our patients and her warm personality really help make us better!"

Cupping: What's the big deal?

Everyone saw the circular marks on Michael Phelps and various other athletes throughout the Olympics. We've come to learn that the marks were a result of cupping therapy. Over the last few months, cupping has become a topic of increasing interest. Athletes and non-athletes alike have jumped on the bandwagon – subjecting themselves to those large red marks all over.

Background

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.

Although it was seen by many for the first time during the Olympics, cupping is not something new. Cupping is an ancient technique, coming about as early as

3000 BC, used in treating pain and other disorders[1]. This therapy was used in Rome and Greece and subsequently spread throughout Europe and America, although it is much more popular in Eastern cultures[1]. Authors of a recent study pointed out that while cupping is accepted in both Eastern and Western cultures, theories for application differ[1]. The difference is seen more in how Eastern cultures use cupping therapy. Eastern medicine believes that diseases are caused by a blocked or stagnant *Qi*[2]. *Qi* is the vital energy, or life force. If blocked, cupping holds the capability of unblocking or correcting imbalances in the flow of *Qi*, leading to a greater well-being[2].

How does it work?

The object of cupping is meant to increase the circulation in a specific area of the body by placing an air-exhausted glass cup over the skin[3]. Smaller areas require less cups for treatment while larger areas call for more cups. There are several methods to cupping. The most common being where the air is heated within a glass cup and applied to the skin as the air cools, but prior to the vacuum being lost[3]. The cup is rapidly applied to the skin with the goal of drawing blood to the surface, increasing blood circulation[1, 3]. In addition to increasing blood circulation, cupping activates the immune system and stimulates the mechanosensitive fibers[1].

What does all this mean to you or your athlete?

Increasing blood circulation can aid in the recovery process after an intense game, practice, or workout where there is a lactic acid build up. Lactic acid is

what leads to soreness. By increasing blood circulation, our body can transport oxygenated blood and remove lactic acid from within the muscles leading to decreased soreness. Decreased soreness allows athletes to perform at higher levels.

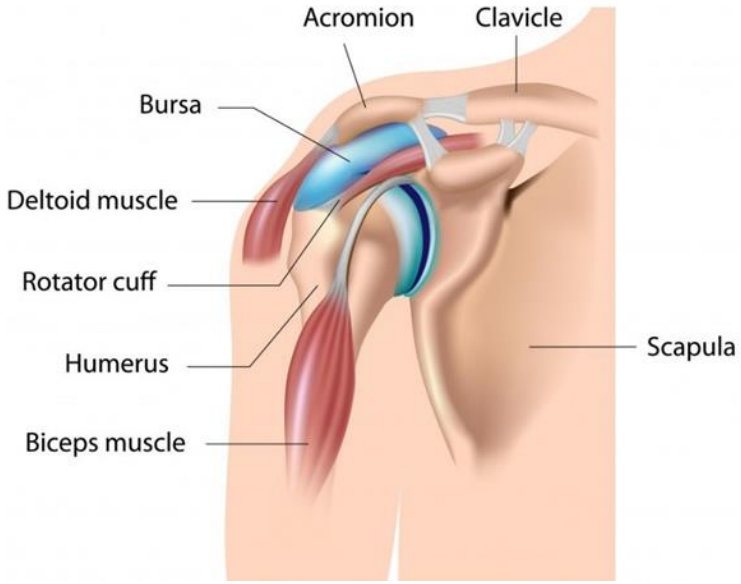
In the interest of full-disclosure, *Team Ahmad* does not practice cupping in the office. However, we simply wanted to shed some light onto this increasingly popular topic in hopes to help steer our patients in the right direction when determining a treatment course. Please feel free to use our references listed below to learn more. If you'd like to learn more about cupping, ask our team for more information and we'll be glad to help!

References
1. Rozenfeld, E., & Kalichman, L. (2016). New is the well-forgotten old: The use of dry cupping in musculoskeletal medicine. *Journal of Bodywork & Movement Therapies* 20, 173-178.
2. Tham, L. M., Lee, H. P., & Lu, C. (2006). Cupping: From a biomechanical perspective. *Journal of Biomechanics*, 39, 2183-2193.
3. Kravetz, R. (2004). Cupping glass. *The American Journal of Gastroenterology,* 99, 1418.

Subacromial Bursitis: What is it and what are your treatment options?

Injuries of the shoulder do not have to be traumatic in nature. Sometimes they can have an insidious onset where there is no specific mechanism of injury or can be related to overuse. It might start as a nagging pain but may eventually land you in our office. The shoulder is a common area for overuse injuries and not just in elite overhead athletes such as baseball, volleyball, or tennis players. One such injury that can be a result of overuse is subacromial bursitis.

What is subacromial bursitis?



We can start by reviewing the anatomy of the shoulder. There are 3 bones that make up the shoulder joint: the humerus (upper arm), scapula (shoulder blade), and the clavicle (collarbone). A prominent part of the scapula that creates the bump on the top of our shoulder is called the *acromion*. The acromion is also the part of our scapula that articulates with the clavicle forming the *acromioclavicular joint*. Between the acromion and the head of the humerus is the *subacromial space*. Within the subacromial space is the rotator cuff and fluid-filled sacs called *bursa*. The bursa sit between tendons and bones to limit friction caused during movement. There are bursa in every joint of the body. When the bursa becomes inflamed, it is called *bursitis*.

What are my treatment options? There are a few different ways to treat bursitis. One method of treatment may be an oral anti-inflammatory in conjunction with physical therapy. Another treatment may be a cortisone injection in conjunction with physical therapy. Both the oral medication and cortisone injection treat the inflammation that is occurring. However, there is a difference between the two methods of treatment. That difference is that an oral anti-inflammatory treats the bursitis through a systemic approach. When something is treated systemically, it means that it has to pass through other bodily systems – in this case our digestive system – to deliver the medication where it is needed most. Comparatively, the cortisone injection delivers the anti-inflammatory medicine directly to the source of the inflammation in hopes of eliminating it much sooner than a systemic approach would. Both types of

medicine would be followed by a course of physical therapy to strengthen the rotator cuff muscles and decrease any shoulder dysfunction that may have caused or be a result of the inflammation.

If you have injured your shoulder, or have known bursitis, Dr. Ahmad and our Team can discuss at length what your options are and guide you towards the best treatment for you. Keep in mind that although diagnoses are the same, treatment is individualized for each patient!

CC Sabathia's surgery a success with Dr. Ahmad

On October 11th, Yankees starting pitcher CC Sabathia underwent right knee surgery with the Yanks' Head Team Physician, Dr. Christopher Ahmad. The "clean-up" procedure was performed arthroscopically at New York Presbyterian – Columbia University Medical Center. Dr. Ahmad and the Yankees expect CC to be ready for the start of Spring Training.

Dr. Ahmad honored by Crutches 4 Kids

On October 25th, Dr. Ahmad was honored by C4K, a non-profit organization

that delivers ambulatory devices all over the world. The event title – *50 Million Reasons* – highlights the fact that there are approximately 50 million children in the world in need of mobility devices. 50 Million Reasons shed a broad light on the many lives that are affected by the use of ambulation assistive devices such as crutches and walkers. It was apparent how these devices significantly improved the lives of children all over the globe thanks to the efforts of C4K. Dr. Ahmad was honored for the tremendous difference he has made in the lives of countless children not only in his practice but through his global work with C4K.

If you missed *50 Million Reasons* and would like to make a donation, please do so **here**. If you have used crutches and would like to donate them, you can stop by any of our locations and an East Coast Orthotic and Prosthetic representative will gladly assist with your donation! To read more about C4K and their cause, visit their website located above in our *Favorite Links* tab in the left hand column!

CRUTCHES4KIDS
www.crutches4kids.org