

Extra Pandemic-Related Precautions Put in Place

Patients and visitors to Englewood Health can feel reassured that hospital staff take every step to ensure their safety, particularly in view of the COVID-19 pandemic. Englewood Health has instituted many procedural changes since the onset of the pandemic.

Among these changes is the elimination of the waiting room; now, patients are checked in electronically and wait in their car until they receive a text noting when they can proceed to their appointment. Patients, with the exception of pediatric patients, are asked not to bring others into the examination room.

Plexiglass guards have been installed in offices to mitigate possible airborne spread. The room-cleaning policy after each patient encounter has been optimized, and all operative patients are required to be screened for COVID-19 prior to surgery.

As operations transition to this new normal in hospitals across the country, patients receiving orthopedic treatment are not only benefiting from state-of-the-art surgical techniques and



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advanced medical equipment, but also careful pandemic precautions. Postoperatively, patients receive follow-up care via telehealth, whenever possible.

As one orthopedist noted for patients who are anxious about health care visits, “At this point, you’re doing yourself much more harm by not getting your problem fixed if you’re living in pain.”

Managing Spinal Conditions in Athletes

The main concern when athletes have spinal issues that make them stop exercising is they become deconditioned and start losing muscle tone and muscle memory, according to Frank Moore, MD, a **neurological surgeon** at Englewood Health.

“If you golf and you stop for several months, you forget how to do your swing properly, for example,” Dr. Moore said. “We focus on early and personalized treatment. The idea is to get patients back on track as quickly as possible.”

Englewood Health has access to a variety of surgical options, according to Dr. Moore.

“Some of these include minimally invasive surgery where we can preserve the musculature of the spine, which allows patients to start rehab a lot sooner. Other surgeries allow us to do disc replacements.”

Cervical disc arthroplasty is often the treatment of choice when there is a problem between two vertebrae. “The aim is usually to decompress the disc. Until recently, what we have done is a fusion, where we link the two vertebrae, so there is no more motion at that segment,” Dr. Moore said. “Now, if we can replace that disc by a structure that allows movement, we can preserve mobility at that vertebral level.”

In the neck, disc arthroplasty has the advantage of allowing increased mobility and possibly less wear and tear at adjacent levels. Damage to a disc can happen in any sport as a result of direct trauma or repeated



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movements. If a patient is a tennis player, their disc may be injured from repeated serves. A football player may hit someone head-on and herniate a disc. “Disc arthroplasty has been done for 10 years, but there is just now a body of literature that proves it is safe and something that can be done routinely,” Dr. Moore said. “Postoperatively, patients start physical therapy sooner rather than later, to prevent deconditioning.”

Disc arthroplasty is not appropriate for all patients, however. “It is important to personalize treatment in relationship to the patient,” Dr. Moore said. “If you have a boxer who has a neck injury and we know that he wants to go back to boxing, that patient will probably get a cervical fusion. If a boxer is going to withstand repeated blows, then the fusion is going to be stronger to hold everything in place. If you have someone who is a dancer and they have an injury in the neck, they will probably get an arthroplasty.”

Dr. Moore has a particular professional interest in athletes because he is one himself. “Because I do a lot of sports, including Ironman triathlons, I have a good idea of what athletes want and need. Like any athlete, I’ve been injured.”

