

Innovations in Orthopedics

Rady Children's

Hospital
San Diego



*Rady Children's - A comprehensive system
focused solely on children.*



PEOPLE

Dr. Yaszay: Editor of first-of-its-kind spine book



Burt Yaszay, M.D., a pediatric spine surgeon in the Division of Orthopedics & Scoliosis at Rady Children's Hospital-San Diego and associate clinical professor of orthopedics at UC San Diego School of Medicine, is an editor of the first comprehensive book on the pediatric cervical spine.

"The Management of Disorders of the Child's Cervical Spine" focuses on both major and minor conditions affecting the pediatric cervical spine. The authors discuss basic science, clinical aspects, and medical and surgical treatment of pediatric cervical spine disorders.

The book is the project of a group of international surgeons interested in pediatric cervical spine treatment. Dr. Yaszay is the current president of the group, which he founded in 2013 with two other surgeons and now includes about 50 members. The group has been focused on research and education. One of its major endeavors is developing a more standard protocol on the clearance of the pediatric cervical spine following trauma.

In his practice, Dr. Yaszay treats both traumatic injuries and scoliosis, including early onset scoliosis. His research focuses on scoliosis and using the magnetic growing rod operation to treat the condition.

Along with heading the pediatric cervical spine group, Dr. Yaszay is a member of the American Academy of Orthopaedic Surgeons, American Orthopaedic Association, American Medical Association, Pediatric Orthopaedic Society of North America and Scoliosis Research Society.



PROGRAMS

CP/Rehab Medicine collaboration
enhances patient care

Rady Children's [Cerebral Palsy Center](#), headed by [Henry Chambers, M.D.](#), partners with the [Rehabilitation Medicine division](#), headed by [Andrew Skalsky, M.D.](#), to offer a comprehensive, multidisciplinary cerebral palsy clinic.



Through this collaboration, rehabilitation medicine specialists serve as the primary providers, performing all of the orthopedic screenings and referring back to the Cerebral Palsy Center for orthopedic-specific services. Protocols have been created on how often to provide the screenings, which are also based on national guidelines by the American Academy for Cerebral Palsy and Developmental Medicine.

Along with the orthopedic screenings, rehabilitation medicine doctors provide medical treatments for spasticity, including medications, botulinum toxin and phenol neurolysis. These interventions have helped patients avoid reconstructive surgery. Additionally, the team addresses the full range of cerebral palsy-related issues, from bowel and bladder problems, and sleep disturbance to nutrition concerns and school difficulties.

The clinic also partners with the California Children Services (CCS) of San Diego County Medical Therapy Program, where most children with cerebral palsy in the county receive care. A CCS physical or occupational therapist comes to the Hospital to be a part of the care team, which also includes a Rady Children's nurse and social worker.

The clinic sees a large volume of patients -- about 200 a month -- which led to a recent expansion of the [rehabilitation medicine team](#). Patients can be as young as 6 months, and children are followed into adulthood. A transition clinic run by [Joan Le, M.D.](#), helps patients make the move to adult cerebral palsy care.

As a result of the positive patient outcomes and family feedback, the clinic will be offered at Rady Children's new outpatient facility in southern Riverside County, scheduled to open later this year.



RECOGNITION

Division earns top video award at AAOS meeting

Division members received the best video presentation award for a pediatric topic at the recent annual meeting of the American Academy of Orthopaedic Surgeons.



The video, "Surgical Treatment of Pediatric Ankle Instability: Outcomes of a Modified Broström Procedure," shows how surgeons used the modified Broström technique of direct, anatomic repair to manage chronic lateral ankle instability in the immature athlete, followed by six weeks of postoperative casting. An accompanying [abstract](#) by [Kathleen](#)

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belongs in every moment



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[Past Issues](#)



[Rickert, M.D.](#), and team describes the surgery and outcomes as follows.

Forty-six patients were treated over a seven-year period, but only 18 met inclusion criteria. Demographic, surgical and clinical data were collected. Marx activity; University of California, Los Angeles (UCLA) activity; and Foot and Ankle Outcomes Score (FAOS) outcomes scores were collected via telephone survey. The mean clinical postoperative follow-up was 25.3 months. Ten of the 18 patients underwent concomitant ankle arthroscopy, and only one of those had an associated chondral injury. The mean Marx activity score was 13.2 ± 4.0 , the mean UCLA score was 8.2 ± 2.2 , and the mean total FAOS score was 83.2 ± 18.1 .

Thirteen patients (72.2 percent) achieved optimal results (i.e., score >75 percent in at least three categories). No postoperative complications were identified in this cohort. Five patients (27.8 percent) reported a feeling of recurrent instability and sprains. One patient (5.6 percent) underwent revision surgery for ankle instability within six months of the primary procedure. A longer duration of casting may not result in improved functional scores; however, it does appear to improve the Marx activity score in children compared with shorter-duration casting (i.e., two weeks).

[Watch the video trailer.](#)



RESEARCH

Obese patients at greater risk of infection after adolescent idiopathic scoliosis surgery

A study by [Peter Newton, M.D.](#), and his team finds that patients who underwent posterior spinal fusion for the correction of adolescent idiopathic scoliosis (AIS) and were obese had a greater risk for postoperative infection.

Data was reviewed of patients from 14 participating scoliosis treatment centers who experienced an infection within 90 days following posterior spinal fusion for the treatment of AIS. Patients with a deep infection (irrigation and debridement performed) were compared with those without an infection with regard to age, sex, body mass index (BMI) percentile for age, Lenke classification of curve type, primary curve magnitude and estimated three-dimensional sagittal kyphosis (T5-T12). A regression model was created to identify variables that were associated with infection, and the performance of the risk model was evaluated. The actual infection rate by site was divided by the predicted infection rate for that site and multiplied by the overall rate to create a risk-adjusted rate.



Results showed that of the 2,122 patients analyzed, 21 (1.0 percent) had an infection within 90 days following surgery. Obesity was the only significant risk factor (odds ratio [OR], 7.6; $p \leq 0.001$), with the resultant model demonstrating good discrimination and

calibration.

For the eight sites that enrolled 100 patients or more, the predicted infection rates based on the proportion of obese patients ranged from 0.8 percent to 1.2 percent. The range of the risk-adjusted infection rates varied more substantially, from 0.2 percent to 2.0 percent.

The study was published in *The Journal of Bone & Joint Surgery*. [See the abstract.](#)

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