Vanderbilt Bone & Joint in Franklin - More Comprehensive Care for the Area

Vanderbilt Bone & Joint (VBJ) in Franklin remains open for patients, now with extended hours and more comprehensive, extensive care for patients in Williamson and surrounding counties. Conveniently located on Bedford Lane, Vanderbilt Orthopaedics has two Franklin clinic offices as well as an outpatient surgery center to facilitate patient care. The clinics are open six days a week with X-ray, MRI, ultrasound, and physical therapy services on site.

Vanderbilt Orthopaedics brings its brand of nationally-recognized specialists in musculoskeletal care from downtown Nashville directly to Franklin. Twenty providers are available for the convenience and benefit of the community. In contrast to competitors, VBJ offers patients same-day appointments with experts who only care for specific orthopaedic subspecialties such as hand, sports medicine, spine, hip-knee joint preservation, arthritis and muscle-joint-bone problems unique to children and adolescents. The practice of evidence-based medicine and documented quality outcomes are now an everyday experience for patients in Williamson County.

The new Pediatric Orthopaedic service will be at VBJ daily to serve the unique needs of injuries to the growing skeleton, a complement and extension of the services of Monroe Carell Jr. Children’s Hospital at Vanderbilt. A new Comprehensive Spine team will also practice at VBJ, co-located with providers who focus on diagnosis, pain relief, rehabilitation, and non-operative means to recovery. Of course, surgeons from Orthopaedics and Neurosurgery will be present to evaluate and treat as well. This will include a large concussion service to assist young athletes in the community with back-to-school and back-to-play programs. Notably, our quality outcome data in spine care is nationally recognized for excellence, while most competitors do not even monitor such important information. Our Sports Medicine team—including experts who manage the Predators, Vanderbilt Athletics, Nashville Sounds, Nashville Soccer Club, and some Titan players—offers evidence-based treatment to all ages of athletes who come to VBJ. Specialty service in hand problems is led by a surgical team to whom the most difficult cases are referred to. Hip preservation surgery, joint replacement, and complete foot care complement our most up to date services.

In summary, nationally recognized experts in the many disciplines of orthopaedic surgery are available to care for the residents of Williamson and surrounding counties daily. This includes professional and Olympic team doctors, master clinicians, Nashville Best Doctors and researchers who understand and often create the evidence-based guidelines general orthopedists follow. Please let your friends know and invite them to our friendly atmosphere.

Sincerely,

Herbert S. Schwartz, M.D.
Professor and Former Chairman of Orthopaedics and Rehabilitation
Vanderbilt Department of Orthopaedic Surgery
MCE South Tower, Suite 4200
Nashville, TN 37232-8774
Phone: 615.322-0543, Fax: 615.875-1079
herbert.s.schwartz@vanderbilt.edu
New Franklin Clinic Benefits Community & Clinicians

The Vanderbilt Bone and Joint Clinic in Franklin opened March 20, 2018, following the departure of a private practice that Vanderbilt acquired in 2008. The immense effort required to care for our patients during the transition and rapidly rebuild our Williamson County practice involved the entire department and medical center, from leadership to clinicians to OR scheduling personnel; many of our faculty and staff put in extra hours to bounce between sites. Ultimately, we chose to close some satellite sites and redirect those resources to enhancing our VBJ Franklin location, including hiring six additional surgeons. After months of dedication, we are proud to now offer more specialized services, an expanded staff, a new surgery center, and extended hours at a convenient Franklin location for our VBJ patients. The care that we provide in Williamson County is now more integrated than ever with our campus clinic and park in an outdoor parking lot right outside the clinic,” Desai said.

As opposed to a private, general orthopaedic practice, VBJ also offers Franklin patients the benefits of an evidence-based academic medical practice that monitors outcomes and often participates in advancing standards of care.

“We generate a lot of clinical volume, which generates a lot of outcomes data, so our ability to provide outcomes in a more scientific manner is an important strength for us and for our patients. Our level of care isn’t just because we’re clinically experienced but because we are also experienced in interpreting outcomes,” Weikert said.

According to Mihir Desai, M.D., M.S., Assistant Professor of Orthopaedic Surgery and Rehabilitation, the primary benefit for VBJ Franklin patients is convenient, local access to nationally-recognized clinical excellence, cutting-edge specialty care, and evidence-based practices. For patients coming from southern Tennessee or northern Alabama, the location saves them from driving all the way to Nashville.

“It’s incredibly easy for patients to drive to the VBJ clinic and park in an outdoor parking lot right outside the clinic,” Desai said.

VBJ can offer patients same-day appointments with specialists, and seamless clinical care with main campus provides access to experts in a range of fields.

“The strength of Vanderbilt is certainly our affiliation with world-class leaders in various subspecialties. At my fingertips I have access to great endocrinologists, primary care providers, oncologists—leaders in basically every specialty. It’s an integrated system, and that’s a real advantage over a practice that is more segregated,” said Byron Stephens, M.D., Assistant Professor of Orthopaedics and Rehabilitation.

The new VBJ Surgery Center, meanwhile, offers a space unlike anything in Nashville, and has facilitated increased efficiency in treating cases.

“The VBJ Surgery Center allows us to see more patients in less time with the same quality of care,” said Douglas Weikert, M.D., Associate Professor of Orthopaedics and Rehabilitation and Division Director of Hand and Upper Extremity Center. “Having an efficient system is critical for people who have mature practices because our time becomes so important as we are expected to see more patients, conduct research, and write papers. The VBJ Surgery Center has allowed us to become increasingly effective in how we care for our patients.”

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The new VBJ clinic additionally offers an important experience for orthopaedic residents and fellows to see a broader range of cases, while many that present in the campus clinic are complex traumas requiring specialty care.

“The Franklin clinic provides an opportunity for residents to see more of an elective, outpatient type of practice and a higher volume practice. This is a huge benefit to their education,” Desai said.

For surgeons, the new VBJ has been a welcomed experience that complements their campus practice. "I think it feels like a complete home," Weikert said. "For me personally, this is my fourth stop in Williamson County. Each of the three prior sites had components of a clinic but not the full complement. And I was there basically by myself. Part of the fun part of being in clinic and working your tail off is that you have your partners there to share the experience with. If you’re practicing on an island it’s not nearly as much fun. For me the Franklin clinic has the complete feel in terms of what I can provide to my patients and what I can get out of as a practicing orthopaedic surgeon.”

“Our level of care isn’t just because we’re clinically experienced but because we are also experienced in interpreting outcomes.”

- Douglas Weikert, M.D.
IN THE NEWS

Portrait Unveiling of Neil E. Green, M.D.

A portrait unveiling of Neil E. Green, M.D., former director and chief of the Division of Pediatric Orthopaedics, took place on June 22nd during the 6th Annual Neil E. Green Lecture. Steven Frick, M.D., Chief and Professor of Orthopaedic Surgery at Stanford University, was guest speaker at the lecture series and David S. Raiford, M.D., Senior Associate Dean of Faculty Affairs at VUMC presented the portrait. Green's son, Bruce, who, at the time was biking across the U.S. to raise funds for Children's Hospital in honor of his late father at the time was able to call in to the ceremony. To read more about Bruce’s 3,400-mile bike journey click here.

Herbert S. Schwartz, M.D., Professor and Former Chairman of Orthopaedics, and Gregory A. Mencio, M.D., Neil E. Green Professor and Vice Chairman of Orthopaedics unveil portrait of Neil E. Green, M.D.

Vanderbilt Orthopaedics is among the top-ranked orthopaedic departments in the country, jumping 15 spots in the 2018 U.S. News and World Report’s Best Hospital’s ranking to number 30, the highest ranking we have ever received. We were specifically recognized as high-performing in hip replacement and knee replacement.

“I hope that everyone involved with our department feels equally proud of these rankings. They are a reflection of achieving the highest standards in medicine, whether in our patient care, research, or education and training. I am deeply appreciative to our team for their hard work and to our alumni and colleagues for this recognition,” said Herbert S. Schwartz, M.D., Professor and Former Chairman of Orthopaedics and Rehabilitation.

In a separate ranking released in June, U.S. News named Monroe Carell Jr. Children's Hospital at Vanderbilt among the nation’s 'Best Children's Hospitals,' with Orthopaedics ranking 16th in the country.

The Hip Preservation Clinic

The Hip Preservation Clinic is an innovative model of pairing pediatric and adult reconstructive surgeons in real-time collaborations to avoid or delay a total hip replacement. To read more, click here.

Remarkable Recovery after 22 Surgeries

An Antioch woman who nearly lost her arms after a pit bull attack ten years ago has made a remarkable recovery after 22 surgeries by a Vanderbilt team including Douglas Weikert, M.D., Associate Professor of Orthopaedics and Rehabilitation. To watch a video of her recovery, click here.

Douglas Weikert, M.D.
Safe Stars

Safe Stars, a collaboration between the Tennessee Department of Health and the Program for Injury Prevention in Youth Sports (PIPYS) at Monroe Carell Jr. Children’s Hospital at Vanderbilt, kicked off on May 2nd. Safe Stars is the nation’s first statewide rating system for how closely youth sports leagues follow state-recommended safety protocols. A committee headed by Rebecca Dickinson, P.T., D.P.T, of youth league coaches, VUMC experts, and Tennessee Department of Health Officials agreed upon the actions required for the star designations. To read more, click here.

Osso VR Training

The Vanderbilt University School of Medicine Orthopaedic Residency program now has eight programs deploying the OSSO VR Training solution. Read more here.

Top Surgeons Nashville Lifestyles

Ten Vanderbilt Orthopaedic surgeons ranked as top surgeons by Nashville Lifestyles Magazine.

Hand Surgery
Donald H. Lee, M.D.
Douglas R. Weikert, M.D.

Orthopaedic Surgery
Charles L. Cox III, M.D.
Ginger E. Holt, M.D.
A. Alex Jahangir, M.D.
Gregory A. Mencio, M.D.
Herbert S. Schwartz, M.D.
Andrew A. Shinar, M.D.

Sports Medicine
Andrew J. Gregory, M.D.
John E. Kuhn, M.D.

Hillman Lecture

The 41st Annual J. William Hillman Lecture was held on May 18th, 2018 with Kurt P. Spindler, M.D., Adjoint Clinical Professor, serving as Hillman Professor.

In Memory of Paul P. Griffin, M.D.

Former Chairman of Vanderbilt Orthopaedic Surgery, Paul P. Griffin, M.D., passed away at his Greenville, SC home on June 4, 2018 at the age of 91. A renowned and beloved surgeon, he served as Chairman from 1971 – 1981. In his more than 50-year career, he also taught and practiced at Harvard, Johns Hopkins, MUSC, and Greenville Memorial.

Archer Leads Research on Psychologically-Informed Rehab for ACL Injury

Kristin Archer, Ph.D., D.P.T., Associate Professor of Orthopaedics and Rehabilitation, is the first recipient of the American Orthopaedic Society for Sports Medicine /Aircast Foundation Return to Play Clinical Research Grant for a study investigating psychologically-informed rehabilitation can improve return to play after an ACL injury.

The randomized clinical trial, conducted at Vanderbilt and Cleveland Clinic, will focus on addressing fear of returning to sports in athletes between age 14-35 who have undergone ACL reconstruction. The recovery time following surgery, which takes six months or longer, sets the stage for fear and doubt, Archer said. She worked closely with Vickie Woosley, PsyD, a Vanderbilt University sports psychologist, in designing the study.

Half of the randomized participants will receive a psychological intervention delivered by a physical therapist, while the other half will be given educational information by a physical therapist that highlights the physical challenges of returning to play.

“The study interventions include a pre-operative session to set expectations, followed by weekly check-ins for a month and then every two weeks for a total of six post-operative sessions.

Embedded within the study is a validation project to determine the best assessment tool for return to sport in patients following ACL reconstruction.

There’s a scarcity of research on the efficacy of psychosocial interventions after ACL surgery, according to a review of medical literature published March 2018 in Clinical Rehabilitation. Archer is the senior author of that article. Read more here.

The research also received support from the Vanderbilt Institute for Clinical and Translational Science.

Orthopaedics Resident Graduating Class of 2018

Congratulations to the Class of 2018.

Top row, left to right: Phillip M. Mitchell, M.D., Sandra S. Gebhart, M.D., Schuyler J. Halverson, M.D.

Seated, left to right: Elliott J. Kim, M.D., William J. Grantham, M.D.
IN THE NEWS

Obremskey Leads DOD Study to Explore Guidelines for Ankle, Knee Surgery Patients

Although military personnel often suffer ankle and knee fractures requiring surgery, there’s no definitive consensus on when they should stop using crutches and start putting weight on their injured limbs again.

Vanderbilt Orthopaedics is leading a study to come up with recommendations.

The four-year study, which began in September, is supported by the U.S. Department of Defense (DOD) and conducted through the Major Extremity Trauma Research Consortium (METRC). Established in 2009 with DOD funding, the METRC consists of medical centers that work collectively to establish guidelines for optimal care.

Patients with unicondylar proximal tibia fractures and bimalleolar ankle fractures will be eligible to participate.

“Lots of military personnel jump out of airplanes or are young active people who hurt their ankles,” Obremskey said. “The question is, when can they really return to weight bearing? Historically, orthopaedic surgeons have said sometime between six weeks and three months, but there is no firm data on when the right time is.”

Some research on timing has been conducted but lacked sufficient numbers of participants to be conclusive. For this study, a dozen participating METRC medical centers will follow the same protocols, randomizing half of patients to early weight bearing and half to not. Some of the participants will be footed with a special insole that will monitor in real time the amount of weight they put on the injured limb.

“These injuries are also applicable to the general public in determining when you can return to work, when you can get back on your feet and get back to your normal activities,” Obremskey said.

Read more here.

Nyman, Schoenecker Receive Federal Funds for Research

Jeffry Nyman, Ph.D., Associate Professor of Orthopaedics and Biomedical Engineering, received two NIH R21 awards and funding is approved for his VA MERIT Award in October.

Jeffry Nyman, Ph.D.

In March, Nyman and Florent Elefteriou, Ph.D., of Baylor University, (former Director of the Vanderbilt Center for Bone Biology), received a multi-PI award, R21 AR072483, titled Matrix-Sensitive Tools for Detecting NFI-Related Changes in Bone Quality. This research builds on their previous neurofibromatosis type 1 (NFI) research. Current diagnostic instruments cannot predict whether an NFI patient will experience tibia bowing, fracture and pseudarthrosis. Nyman and Elefteriou propose to test clinically translatable techniques that are sensitive to bone matrix properties as potentially new informative predictors of NFI-related deficits in bone quality. If successful, useful instruments can be developed to identify NFI patients requiring an intervention to prevent pseudarthrosis and to monitor the response of the bone matrix to the therapy.

Nyman was also awarded R21 R073133, Advancing Raman spectroscopy toward the clinical assessment of bone quality, in July. Anita Mahadevan-Jansen, Ph.D., Professor of Biomedical Engineering at Vanderbilt University, an expert in Raman spectroscopy, is Co-investigator on this award. This project seeks to determine Raman-derived predictors of fracture resistance, as current diagnostic instruments cannot assess whether patient-specific changes in the bone matrix are increasing the likelihood of fracture. Therefore, the proposed research will assess the ability of several clinically feasible strategies for acquiring Raman spectra to provide predictors of fracture resistance of human cortical bone as determined from material properties (independent of structure but not porosity). Moreover, characteristics of the bone matrix such as, sugar-mediated collagen crosslinks and percentage of denatured collagen, could be identified as determinants of the Raman-derived predictors of the fracture resistance.

Nyman will receive funding this fall through a VA MERIT Award, for his project titled Diabetes-related Changes Affecting Bone Quality. According to Nyman’s research, although low bone mineral density and strength is the basis for current clinical diagnosis of osteoporosis, elevated fracture risk among those with type 2 diabetes (T2D) is not necessarily a problem of low bone mineral density and strength. The risk of bone fracture and subsequent high morbidity increases with the progression of T2D, and the clinical assessment of bone mineral density (BMD) is not particularly effective in diagnosing this risk. Moreover, lowering fracture risk among patients with T2D requires an understanding of the changes in the bone that affect fracture resistance.

Addressing these unmet needs, the proposed project aims i) to determine the primary biomechanical reason for the increase in fracture risk with T2D, ii) to identify molecular changes in the bone matrix that can significantly affect fracture resistance, and iii) to ascertain the ability of matrix-sensitive tools to assess significant differences in bone quality between age-matched non-diabetics and diabetic individuals.

Daniel S. Perrien, Ph.D. Research Assistant Professor of Medicine, Clinical Pharmacology, an expert in bone physiology and Paul Voziyan, Ph.D. Research Associate Professor of Medicine, Nephrology serve as Co-investigators. Dr. Voziyan’s lab characterizes biochemical modifications to collagen and such effects on protein structure and function.
Jonathan Schoenecker, M.D., Ph.D., Associate Professor of Orthopaedics, Pediatrics, Pathology, and Pharmacology, has received notice of funding for a Fiscal Year 2017 Department of Defense Peer Reviewed Orthopaedic Research Program (PRORP) Applied Research Award. The PRORP Focus Area addressed by this work, Plasmin Therapy to Prevent Post-Traumatic Heterotopic Ossification in the Upper Extremity After Severe Injury is the prevention of Heterotopic Ossification (HO) in the upper extremity. This research focuses on pathologic tissue repair of muscle in the setting of a severe injury-provoked acute phase response. When muscle is injured in conjunction with an injury known to prompt an exuberant and prolonged acute response, such as blast, burn or neurologic injury, it often heals improperly including the development of myofibrosis and HO.

Plasmin is an essential protease that initiates repair during the acute phase response for musculoskeletal tissue including skin, muscle, nerve and bone. Schoenecker’s team has determined that plasmin plays two essential roles in preventing HO in muscle following severe injury. First, it prevents the development of calcification within injured muscle. Second, it is required for removal of calcification prior to muscle repair. Importantly, if not removed, calcification within muscle is sufficient to instigate endochondral ossification in muscle leading to HO. They also have determined that plasmin plays two roles in preventing HO.

- **Division of Hand and Upper-Extremity Fellowship Program, Donald Lee, M.D., Director**

  Depuy Synthes and Zimmer Bomet generous support this fellowship.

- **Division of Pediatric Orthopaedics, Gregory Mencio, M.D., Director**

  Matheny and Crypto Synthes generously support this fellowship.

- **Division of Orthopaedic Trauma, William Obrinerskey, M.D., Director**

  Depuy Synthes and Zimmer Bomet generously support this fellowship.

### Other Funding

The Division of Orthopaedic Trauma has received additional funds from the Center for Orthopaedic Trauma Association (COTA) and AO North America/Trauma, in support of our Orthopaedic Trauma Fellowship program.

Sports Medicine has received funds from the Arthroscopy Association of North America and Smith and Nephew to support sports medicine surgical fellowships. Charles Cox, M.D., serves as Sports Medicine Surgical Fellowship Director.
Vanderbilt Orthopaedics
Nashville
Medical Center East, South Tower
1215 21st Ave. S.
Nashville, TN 37232
(615) 93-ORTHO

Gallatin
300 Steam Plant Rd., Suite 420
Gallatin, TN 37066
(615) 936-7846

Mt. Juliet
Providence Medical Pavilion
5002 Crossings Ctr., Ste. 230
Mt. Juliet, TN 37122
(615) 779-2710

Vanderbilt Bone and Joint
206 Bedford Way
Franklin, TN 37064
(615) 790-3290

1003 Reserve Boulevard, Suite. 130
Spring Hill, TN 37174
(615) 790-3290

Vanderbilt Pediatric Orthopaedics
Monroe Carell Jr. Children’s Hospital at
Vanderbilt
2200 Children’s Way, Ste. 4202
Nashville, TN 37232
(615) 343-5875

Vanderbilt Spine
One Hundred Oaks
719 Thompson Lane, Ste. 23108
Nashville, TN 37204
(615) 875-5100

Vanderbilt Adolescent
Sports Medicine
One Hundred Oaks
719 Thompson Lane, Ste. 36300
Nashville, TN 37204
(615) 936-8200

VanderbiltHealth.com/orthopaedics