

# PONY

Morgan Stanley Children's Hospital of NewYork-Presbyterian/Columbia University Medical Center

## Welcome to the PONY newsletter!

Please enjoy our inaugural issue of our newsletter - "PONY" - from the Division of Pediatric Orthopaedics at Morgan Stanley Children's Hospital of NewYork-Presbyterian



*Our Team pictured back left to right:  
Michael G. Vitale, MD, MPH,  
David P. Roye, Jr., MD,  
Joshua E. Hyman, MD;  
front left to right:  
Francis Y. Lee, MD, PhD,  
Linda Waters, MSN, PNP,  
specializes in treating babies and  
children with congenital,  
developmental, and traumatic  
musculoskeletal conditions.*

### OUR TEAM

The team of physicians and nurses at the Division of Pediatric Orthopaedics at Children's Hospital of NewYork-Presbyterian is comprised of experts in all fields of pediatric orthopaedics. All of our doctors are fellowship-trained in orthopaedic surgery and are leaders in academic research, teaching, and clinical care.

Our specialty areas encompass treatment of spinal deformities, joint diseases, sports injuries, complex fractures, conditions affecting the growth plate, bone and soft tissue tumors and limb length discrepancies. Working collaboratively with general surgeons and neurologists, our surgeons are advancing the use of minimally invasive procedures, such as hip and knee arthroscopy, complicated spinal cases, injuries and disorders affecting the hand, wrist and elbow joints, and non-surgical and surgical treatment of clubfoot deformity.

Serving the tri-state area with multiple office locations, infants and children with complex problems of the musculoskeletal system benefit from the specialized expertise of pediatric orthopaedics.

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## New Options for Young Children with Scoliosis

**Michael Vitale, MD, MPH**

*Herbert Irving Assistant Professor of Orthopedic Surgery*

In the past, treatment options for young children with a curvature of the spine were bleak. Congenital scoliosis can result in dramatic and rapidly progressive

deformity of the spine if not treated early. In some cases, the curvature can be treated with the removal of extra vertebrae, but most often the complex nature of the deformity requires


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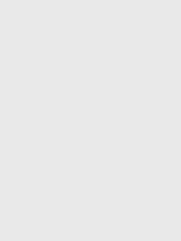
**Morgan Stanley  
Children's Hospital  
of NewYork-Presbyterian**  
Columbia University Medical Center

# New Options for Young Children with Scoliosis

(CONTINUED FROM P. 1)



that the spine is fused to stop the progression of these difficult curves. What had become clear, however, is that fusion of the spine in very young children leads to cessation of growth of the thorax and inhibition of lung growth. These children do not develop adequate lung function to support them as young adults—a condition known as thoracic insufficiency. We now know that a large number of these children have a significantly shortened life expectancy as a result of subsequent respiratory problems.

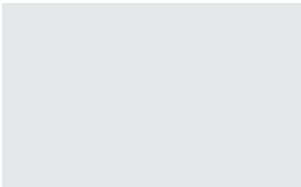


Recognition of this issue has led investigators to develop new options to treat this problem. The VEPTR (Verticle Expandable Prosthesis Titanium Rib) is now undergoing multicenter testing, with early results that have shown great promise. This device is attached to the child's ribs and acts as a "jack" to maintain and expand the volume of the thorax throughout growth. In the Spring, 2003, Drs. Michael Vitale, David Roye, Eric Lazar, and Beverly

Sheares traveled to Utah to receive hands-on training in this new procedure. Though not yet FDA approved,

“ ... early results have shown great promise. ”

a number of VEPTR-like procedures have already been done at Morgan Stanley Children's Hospital/Columbia, with encouraging results.



Given the specialized strengths of our institution, we have been chosen to be the referral base for children with these types of problems in the Tri State Area, and expect to be the first institution to gain FDA approval in New York.

*This device is attached to the child's ribs and acts as a "jack" to maintain and expand the volume of the thorax throughout growth.*

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## Congenital Scoliosis

By **David P. Roye, Jr., MD**  
St. Giles Professor of Pediatric Orthopaedic Surgery

While most children first notice scoliosis or a curve in the spine when they are close to the teen years, there is another type of scoliosis called congenital scoliosis that affects newborn and very young children. These curves requires special attention as they have the potential to progress and to cause real problems for the child.

Congenital scoliosis usually means that there is either an extra part of the spine or two parts fused together which are contributing to the curvature. A pediatric orthopaedic surgeon can often predict the chance of progression based on the specific appearance of the curve. It is also important to work closely with other specialists to ensure that there are no other related problems. Heart and kidney problems sometimes occur in infants with scoliosis and it is important to pay attention to this early.

Many of these curves can be observed and surgery can be avoided in many children. However, if the curve gets

to a certain size or seems to be progressing too quickly, it may become necessary to do something to stop spine growth. Removal of the extra vertebrae, limited fusion, and use of a "growing rod" are the traditional surgical options in this area.

“ ... these curves require special attention. ”

Sometimes the ribs of children with progressive early scoliosis become fused together thereby reducing the volume of the rib cage. In this condition, known as thoracic insufficiency syndrome, the limited chest volume interferes with lung growth, causing problems with breathing. Surgery may be good early intervention to prevent progressive problems. Each child's situation is different and requires specialized and individualized care.

# CHILDREN OF CHINA PEDIATRIC FOUNDATION: The 2004 Bike Ride to Change a Life

*Support Drs. Roye, Hyman and Vitale on their rides through China*

**CCPF** is hosting the *2004 Ride to Change a Life*, an international non-competitive cycling adventure to raise money for the Foundation's medical and surgical programs that benefit hundreds of disabled and disfigured children in China's orphanages.

**WHEN:** October 9 to October 18

**WHERE:** The Ride will take place in Southwestern China from HeZhou to Longsheng and Guilin known to the Chinese as the "most beautiful place in the world." The scenic itinerary includes the Li River famous for its unique landscape of karst mountain formations, and the seldom accessed Yao and Dong tribal minority region where colorful costumes and age-old customs still prevail today.

**CONTACT:** To support Drs. Roye, Hyman and Vitale on their 2004 ride, donate to the Children of China Pediatric Foundation, or to join next year's ride call (212) 248-7561 or visit [www.china-pediatrics.org](http://www.china-pediatrics.org)



Photo: Betty Hyman

*Dr. Roye with just one of our special patients.*

## Trauma and Bone Fractures in Children: Staying Safe During the Game

By **Joshua E. Hyman, MD**  
Assistant Professor of Orthopaedic Surgery



injury remains a common reality. Despite the best efforts of parents and coaches, children can get hurt breaking a bone or dislocating a joint.

Boys are generally at a higher risk of traumatic injuries than girls, although there are exceptions. Among recreational injuries, bicycling, basketball, and football are the most common causes of injuries to muscles and bones.

The two most common fractures which result in hospitalization in children are fractures of the elbow

With school back in full swing, children are more involved with team contact sports. Although we have made great progress with sports safety programs, childhood

and fractures of the femur. While the vast majority of children with these injuries can go on to have a perfect outcome without any problems in the future, it is important that these fractures are treated quickly and appropriately.

Children are actively growing which presents both advantages and disadvantages to the treatment of a fracture. On one hand, we can count on remodeling. A certain amount of angulation in a child's bone will straighten over time as the child grows. However, children have open growth plates at the end of most every bone and if this growth plate is injured there is a risk of the bone stopping growth or not growing straight. While surgery is sometimes necessary, many childhood injuries can be treated with casting and close observation.

Parents and coaches should make every effort to include warm-up exercises before every game, ensure that their young athletes are wearing protective gear properly, and have a plan to quickly transport an injured child to care.

Support the 2004 Bike Ride through China to Change a Life  
for children in China's orphanages. *See details inside.*

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The newly constructed, **Morgan Stanley Children's Hospital of NewYork-Presbyterian** offers a state of the art, child and family friendly, environment for the care of children with a wide range of musculoskeletal problems. As one of the largest pediatric groups in the tri state area, we maintain offices at the following eleven locations for your convenience. For an appointment at any of our locations call: **212-305-4565**

**New York**

*Manhattan*

- Children's Hospital of NY-Presbyterian, 3959 Broadway at 165th Street
- Herbert Irving Center, 161 Fort Washington Avenue at 165th Street
- Columbia Eastside, 16 East 60th Street

*Brooklyn*

- Sclafani-Vitale Orthopaedics, 9711 Third Avenue
- Methodist Medical Center, 263 Seventh Avenue
- Maimonides Medical Center, 1301 57th Street

*Middletown*

- Horton Medical Pavilion, 75 Crystal Run Road

*White Plains*

- Medical Office Park, 244 Westchester Avenue

**New Jersey**

*Edgewater*

- Palisades Medical Arts Building, 968 River Road

*Teaneck*

- Medical Office Building, 699 Teaneck Road

**Connecticut**

*Greenwich*

- Greenwich Hospital, 5 Perryridge Road

Visit our website [www.childrensorthopaedics.com](http://www.childrensorthopaedics.com)



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