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For Immediate Release

**New Shoulder Surgery Offers Hope to Mature Adult Recreational Athletes  
*Reverse procedure restores movement to long- suffering patients***

**NY, NY and Greenwich, CT, June 2006** – Swinging a golf club, serving a tennis ball and swimming were once thought impossible for people with severe shoulder damage. The pain was just too unbearable and the arm could not even be lifted to shoulder height. They are now back on the “to do” list, thanks to a new procedure for people with an irreparable rotator cuff. Its called reverse total shoulder replacement and the procedure has been shown to restore shoulder movement for patients who previously were told that nothing could be done for them.

The procedure is ideal for patients who up to now could not have traditional shoulder replacement surgery because of an irreparable torn rotator cuff, says Kevin Plancher, M.D., a leading NY-area orthopaedist and founder of the Orthopedic Foundation for Active Lifestyles ([www.ofals.org](http://www.ofals.org)) – a non-profit organization dedicated to advancements in research and education for orthopedics and sports medicine.

Reverse total shoulder replacement was approved for use in the United States in November 2004 and has been done in Europe for the past 20 years. Mature adult patients, especially those who have played sports like golf and tennis for many years, are the ideal candidates for this new procedure. “Severe tearing in the rotator cuff, combined with arthritis, can limit arm movement to the point where patients can’t even raise their arms out to the side. Sports and every-day activities like combing hair become impossible,” says Dr. Plancher.

In a traditional shoulder replacement, an artificial socket is attached to the shoulder blade and a corresponding ball is attached to the end of the upper arm bone, the humerus, he explains. This prosthesis is aided by the rotator cuff, a group of four muscles and tendons, Dr. Plancher explains. Patients with irreparable rotator cuffs, due to multiple or severe tears and arthritis, could not in the past have this typical surgery because the rotator cuff would never function again to lift the arm past the shoulder.

“In reverse total shoulder replacement, we shift the strength needed to move the arm from the damaged rotator cuff to the stronger deltoid muscle that covers the shoulder joint,” explains Dr. Plancher. For the reverse procedure, the ball is put on the shoulder blade and the socket is placed at the end of the humerus. The shape of the shoulder often stays the same, and movement is now restored. In one European study, most patients who had the procedure reported pain-free movement afterward.

Following the surgery, patients are able to lift their arms and begin simple exercises, which are later augmented with formal physical therapy for several sessions. According to Dr. Plancher, most patients can resume their daily activities in a couple of weeks. “The change in their range of motion following this surgery is dramatic,” concludes Dr. Plancher. “It makes such a difference in their lives after years of chronic pain.” This procedure requires special training and can help many patients who had previously been told that there was nothing that could be done for their malady.

**Bio:**

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S, is a leading orthopaedic surgeon and sports medicine expert with extensive practice in knee, shoulder, elbow and hand injuries. Dr. Plancher is an Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in NY. He was formerly on the Editorial Review Board of the Journal of American Academy of Orthopaedic Surgeons. He is currently on the Editorial Review Board of American Journal of Medicine and Sports and the American Journal of Orthopaedics.

A graduate of Georgetown University School of Medicine, Dr. Plancher received an M.S. in Physiology and an M.D. from their school of medicine (cum laude). He did his residency at Harvard’s combined Orthopaedic program and a Fellowship at the Steadman-Hawkins clinic in Vail, Colorado where he studied shoulder and knee reconstruction. Dr. Plancher continued his relationship with the Clinic for the next six years as a Consultant. Dr. Plancher has been a team physician for over 15 athletic teams, including high school, college and national championship teams. Dr. Plancher is an attending physician at Beth Israel Hospital in New York City and The Stamford Hospital in Stamford, CT and has offices in Manhattan and Greenwich, Connecticut. [www.plancherortho.com](http://www.plancherortho.com)

Dr. Plancher lectures extensively domestically and internationally on issues related to Orthopaedic procedures and injury management. During 2001, 2002, 2003, 2004, 2005 and 2006. Dr. Plancher was

named among the Top Doctors in the New York Metro area and was the New York State Representative for the Council of Delegates to the American Academy of Orthopaedic surgeons. For the past six years Dr. Plancher has received the Order of Merit (Magnum Cum Laude) for distinguished Philanthropy in the Advancement of Orthopaedic Surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded "The Orthopaedic Foundation for Active Lifestyles", a non-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. [www.ofals.org](http://www.ofals.org).