

From the Research and Clinical Trials Administration Office

Effective Exercises on Knee Osteoarthritis

The Section of Rheumatology is conducting a study examining the effects of focused hip exercises in the treatment of knee arthritis. Patients will be required to make four office visits and eight visits to a physical therapist at Rush over a 12-week period.

Participants must meet the following criteria:

- Have radiographic osteoarthritis of the knee
- Be able to perform a regular exercise regimen
- Not have any serious medical condition
- Not have had knee or hip arthroplasty or surgical arthroscopy of either knee within the previous three months

This is a partial list of inclusion and exclusion criteria. **Laura Thorp, MPT, PhD**, is the principal investigator at Rush. For more information, please contact Rita Tharpe at (312) 563-2956.

Epileptic Medication Study

The Department of Neurology is participating in a safety and efficacy study of a new epileptic medication when used as monotherapy in subjects with partial onset seizures with or without secondary generalization.

Participants must meet the following criteria:

- Be between 16 and 75 years of age
- Have at least two but not greater than 40 partial onset seizures during the eight-week baseline period
- Be on a stable dose of at least one but not more than two antiepileptic drugs for at least four weeks before baseline visit
- Not have significant EKG abnormalities

This is a partial list of inclusion and exclusion criteria. **Paul Motika, MD**, is the principal investigator at Rush. For more information, contact Laura Przepiora at (312) 563-2689.

Programs and Services Spotlight

Rush University Asthma Center

Because asthma is a complex disease, with many factors contributing to a patient's symptoms, the Section of Allergy and Immunology recently launched the new Rush University Asthma Center, the first multidisciplinary center in the Midwest for the treatment of asthma. The combined expertise of specialists at the center — including allergists; pulmonologists; otolaryngologists; gastroenterologists; and women's health, sports medicine and sleep medicine specialists — ensures comprehensive, customized care for each patient.

A Full Range of Services

The center supports primary care physicians in the diagnosis and treatment of asthma by offering the following services:

- Comprehensive evaluation featuring specialized diagnostic testing and an assessment of contributing factors
- Development of individualized asthma action plans and monitoring of the plans' effectiveness
- Individual and group education to enhance compliance with treatment
- Coordination with primary care physicians and, if necessary, other referring specialists such as gastroenterologists and otolaryngologists
- Specialized testing and treatment, including the following:
 - Pulmonary function testing to document a patient's reactivity
 - Nitric oxide measurement to determine degree of inflammation and need for acute or chronic medication
 - Biologic mediators, such as omalizumab and anti-immunoglobulin E, for moderate to severe asthma
 - New medications offered through clinical trials

Improving Asthma Care Through Research

Research is a key focus of the center, which aims to bridge the gap between pharmacological, physiological and immunological investigations in developing new treatments for asthma. Physicians at the center are in the process of developing a cell and tissue repository to be used for clinical and basic research projects. To further augment asthma research, they are creating a clinical database of demographic information specific to each type of asthma and respiratory problem, as well as collecting blood samples from patients so they can match clinical scenarios with genetic and inflammatory markers.

Participating Physicians

Mary Tobin, MD, center director
Allergy and immunology

James Moy, MD, director, clinical research studies
Allergy and immunology

Garish Sharma, MD, MBBS, MRCPI, director, clinical investigation and education
Pediatric pulmonology and cystic fibrosis

Robert Balk, MD, pulmonology and critical care medicine

Jay Dutton, MD, facial plastic and reconstructive surgery and nasal sinus disorders

Paul Jones, MD, pediatric otolaryngology

Garth Swanson, MD, MS, gastroenterology and nutrition

Rush University Asthma Center
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Eye on Quality:

KNOW THE NATIONAL PATIENT SAFETY GOALS

Rush's triennial Joint Commission survey will take place this year, and it's important for every physician at Rush to be fully prepared. As part of your Joint Commission readiness, the quality improvement department recommends that you review the 2009 National Patient Safety Goals, which include the following goal:

Accurately Identify the Patient

All staff must use at least two patient identifiers before administering medications or blood products, taking blood samples or specimens; transporting patients; delivering food; or providing any other treatments or procedures. This applies to all inpatient and outpatient settings. Do the first two steps simultaneously:

- **Confirm the identity of the patient.** Ask the patient for his or her name and date of birth and match to

the patient's name and date of birth on the identification band.

- **Match the patient to the care, treatment or procedure** by comparing the two patient identifiers to the medication order, specimen requisition, medical record or other source document.
- **Before initiating a blood or blood component transfusion**, the patient is objectively matched to the blood or blood component during a two-person bedside or chairside verification process.

For a complete list of the 2009 National Patient Safety Goals, go to the quality improvement page on the Rush intranet site at <http://iris.rush.edu/quality>. If you need education or consultation, contact Marcia Hargreaves in the quality improvement department at ext. 2-5499.



Clinical CORNER

Immune Reaction Leads to Early Failure of Joint Implants

Researchers at Rush have identified a key immunological defense reaction to the metals in joint replacement implants that leads to loosening of the components and early failure. The NIH-funded study won the annual William H. Harris, MD, Award for scientific merit from the Orthopaedic Research Society and will be published in the June *Journal of Orthopaedic Research*.

In up to 10 percent of the 600,000 total joint replacements performed in the United States annually, the metal components of the implant loosen, requiring premature revision surgery. The loosening is often caused by localized inflammation, an immune reaction to tiny particles of debris created when the components rub together, says the study's author **Nadim Hallab, PhD**, an associate professor at Rush.

Now that the study has revealed the inflammatory pathway caused by wear debris, researchers hope this information will enable the development of new, specific therapeutic strategies to prevent early failure of joint replacements.

Study Finds Behavioral Link Between Insomnia and Tension-Type Headaches

Using sleep or napping to cope with chronic pain caused by tension-type headaches could lead to chronic insomnia, according to a new study by researchers at Rush. The study, published in the *Journal of Clinical Sleep Medicine*, found that napping to relieve headache pain could serve as a behavioral link between headache and sleep disturbance.

"Insomnia is a common complaint among headache sufferers," says principal investigator and lead author **Jason C. Ong, PhD**. "While napping may relieve pain, it may also decrease the brain's need for sleep at night, leading to reduced ability to initiate and maintain sleep."

The study found 58 percent of those with tension-type headaches reported sleep problems as a trigger for headaches compared to 18 percent of those who only suffer minimal headache pain. Similar studies have found that sleep disturbances, which include difficulty falling asleep or staying asleep, have been identified as a risk factor for developing chronic headaches.

Ong encourages further behavioral treatment studies to examine alternative coping strategies for pain that do not involve sleep and notes that clinicians should be sensitive to the dilemma of managing pain and sleep disturbances. The study also concludes that medical experts should assess daytime napping behaviors among individuals who report insomnia and headaches; such an assessment may be important for developing behavioral sleep interventions.

INTRODUCTIONS

The following is a list of physicians who joined the Medical Staff of Rush University Medical Center between January 1 and March 15, 2009. The Medical Staff Office and the Office of Marketing and Communications have made every effort to publish accurate information that is as complete as possible; if, however, the information below is incorrect or we have omitted information, we apologize and ask that you contact Muriel Coleman in the Medical Staff Office at (312) 942-5496.

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Your physician profile is used for "find a doctor" on the Rush Web site and by the Rush call center to guide referrals, so it's important that your information is always up-to-date. Make sure to update your profile any time your information changes, which you can do quickly and easily using a convenient Web link. To request the link, contact Barb Krah, director of call center services and customer relationship management, at (312) 563-4723 or Barbara_J_Krah@rush.edu. She will send the link to you via e-mail, along with instructions on how to access the online profile form.

Progress Notes

Wound Care Center at Rush Oak Park Hospital Earns Distinction

Building on a decade of high patient satisfaction, exceptional healing rates and outstanding clinical outcomes, the Wound Care Center at Rush Oak Park Hospital has earned the new Center of Distinction Award from its wound care partner, Diversified Clinical Services, Inc. (DCS).

A chronic or hard-to-heal wound is one that does not respond to normal medical care within 30 days. For 12 consecutive months, the Wound Care Center has consistently obtained patient satisfaction rates higher than 97 percent and has healed 93 percent of patient wounds within 28 days.

The award — given for the first time this year — recognizes 10 years of high-quality care and exceptional performance by the nurses and physicians at the Wound Care Center. Out of 300 hospitals evaluated, Rush Oak Park Hospital was one of only five centers that met or exceeded the stringent award requirements, placing it among the top two percent of DCS wound care centers in the country.

Jamil Bayram, MD, has been named the new chair of the Emergency Preparedness Committee (EPC), replacing **Dino Rumoro, DO**, who is stepping down because of other responsibilities in the Office of Transformation and the emergency department. As the new EPC chair, Bayram will provide organization-wide

leadership for emergency management activities, focusing on preparedness, response, recovery and mitigation. Some of the key topics the committee will address include development of a hospital-wide emergency operations plan, Joint Commission readiness, and implementation of and training for the hospital incident command system.

Kudos

Bernard Bach, MD, a sports medicine specialist with Midwest Orthopaedics at Rush, has received an honorary membership in the National Athletic Trainers' Association, an exclusive honor reserved for individuals who are not certified athletic trainers but have made significant contributions to the athletic training profession. Bach, a former team physician for the Chicago White Sox and Chicago Bulls, is president of the American Orthopaedic Society for Sports Medicine and was inducted into the Illinois Athletic Trainers Hall of Fame in 1995.

Kimberly Y. Smith, MD, associate professor of medicine in the Department of Infectious Diseases, was honored as a "hero" at the Black AIDS Institute's 8th Annual Heroes in the Struggle Gala Reception and Awards Presentation for her commitment to ending the AIDS pandemic in black communities. Smith's major areas of interest include immune-based therapies for HIV and issues related to blacks and HIV. She is an active investigator and chairs several studies in the AIDS clinical trials group.

Correction

The phone number for **Rema A. Gupta, MD**, Consultants in Endocrinology, was listed incorrectly in the Introductions section of the March issue. The correct phone number is (312) 942-6163. *Rush Physician* regrets the error.