



# JOINT JOURNAL

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## Dr. Jerry Engh, Humanitarian: Leading and Inspiring Medical Missions

by Renée Burkett

**W**e are delighted to announce that our own Dr. Gerard Engh, better known as Dr. Jerry, has received the 2018 American Association of Hip and Knee Surgeons (AAHKS) Humanitarian Award for his dedication to medical mission work through Operation Walk Virginia. Operation Walk Virginia serves patients in developing nations who cannot afford to pay for needed joint replacement surgery. This award is a great honor, considering that AAHKS is one of the largest organizations in the world dedicated to advancing hip and knee patient care through education, advocacy and research. Their annual meeting brings together thousands of clinicians in early November of each year. A highlight of the meeting is the presentation of awards to those outstanding individuals who have made exceptional contributions to the field of hip and knee surgery. To quote the AAHKS, “The AAHKS Humanitarian Award recognizes AAHKS members who have distinguished themselves by providing humanitarian medical services and programs with a significant focus on musculoskeletal diseases and trauma including the hip and knee in the United States or abroad.”

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Dr. Jerry Engh proudly displays his AAHKS Humanitarian Award.

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While speaking with him about this honor, Dr. Jerry says, “I was contacted by the AAHKS a few months before last fall’s meeting. They wanted to be sure I would be there. You see, in 2006, I started a program called Operation Walk Virginia.” And with that Dr. Jerry’s voice breaks with emotion as he describes how Operation Walk Virginia impacts his life.

Dr. Jerry started Operation Walk Virginia in 2006. That was the year he was invited by Dr. Lawrence D. Dorr to Nicaragua for his first experience with Operation Walk. Dr. Dorr, founder of Operation Walk, asked Dr. Jerry to bring half of the team (approximately 25 people) on a charitable mission to the country of Nicaragua in Central America. The trip’s mission was to provide joint replacements to patients who have debilitating arthritis but could not pay for the surgeries. That first trip deeply affected Dr. Jerry. “After I went on that first trip to Nicaragua, I decided that this is something we really need to do. So, I came home and started Operation Walk Virginia.”

Dr. Lawrence Dorr founded Operation Walk to better teach physicians in other countries how to perform joint replacements by showing them how to perform an operation instead of just describing it. He also saw that many patients who needed mobility-restoring surgeries did not have access to medical care or the necessary resources. In 1996, he contacted a former patient who connected him with underserved people in Havana, Cuba. Dr. Dorr quickly assembled a team from Los Angeles, California. That first team operated on 45 patients in Havana thus beginning Operation Walk. When Dr. Jerry started Operation Walk Virginia in 2006, it was one of the first state chapters.

From the time that he began his medical training, Dr. Jerry’s motivation to be a doctor stemmed from his desire to help people. That desire created significant changes in orthopaedics and transformed the sidelines of sports in our area. According to his nephew, Dr. Andy Engh, the practice of having athletic trainers began with Dr. Jerry. Dr. Andy relates that, “When Dr. Jerry started working at the Anderson Clinic, there were no athletic trainers at local sports events. He volunteered after work on the sidelines at the local high school. Dr. Jerry was quite literally saving kids with head injuries. He took students with broken bones to the hospital. Jerry was an early advocate of having athletic trainers available at all sporting events, something that we take for granted today.” Dr. Jerry explains, “When I began my practice, I volunteered as the team doctor for Edison High School in Fairfax County. I had to care for brain bleeds from concussions on the field my first two years. I petitioned the Fairfax County Public Schools system to require certified athletic trainers at all contact sports events and such positions eventually became mandatory.” Dr. Jerry went above and beyond the typical office hours to care for student-athletes. “I also started a walk-in clinic on Saturday morning so athletes who sustained injuries on Friday night wouldn’t have to wait until Monday to see a sports medicine doctor. I did this for 10 years and then switched to treating patients with arthritis because my brother, Charlie, had become so busy he couldn’t keep up with the number of patients seeking joint replacements and he wanted to focus on hips.”

While Dr. Jerry has improved the quality of life for thousands of patients during his distinguished career, he has also become highly regarded by his

peers in the orthopaedic community. His accomplishments include creating a proprietary procedure for bone-saving knee implant surgery, advancing minimally invasive uni-compartmental knee arthroplasty surgery, and creating a bone classification system known as the AORI Bone Defect Classification System that continues to be used by many orthopaedic surgeons today. For over 30 years, he also enjoyed training fellows in hip and knee joint replacement surgery through the Anderson Orthopaedic Adult Reconstruction Fellowship.

While he has had the opportunity to work with patients from every walk of life including professional athletes, politicians and even a king from a Middle Eastern country, Dr. Jerry candidly shares that going on medical mission trips through Operation Walk Virginia has had the most profound and lasting effect on him. “The real rewards for me are seeing the gratefulness in the patients who cannot pay. They offer us such kindness, such thanks. One woman brought me a watermelon from her watermelon farm because that is what she had to offer. I regarded that watermelon as a precious gift since it was her only means of livelihood. It meant a great deal to me.”

To organize an Operation Walk Virginia medical mission is no small feat. “It is a tremendous amount of work just to set up a trip. We have an advance team that goes to the country. All of our medical tools, required supplies, our passports, everything, has to be approved by our host country ahead of time.” Every item used for the trip must meet U.S. standards. “We do not use any expired medications. We take state-of-the-art implants and high-quality medical supplies.” In



America there are several companies that rotate donating for the trips. “We obtain some supplies from Gleaning for the World, ([www.gftw.org](http://www.gftw.org)), including catheters, anesthetic packs, drapes and gowns.” Patty, Dr. Jerry’s wife, who has also gone on Operation Walk Virginia trips, goes with Dr. Jerry to buy or find supplies.

Above and beyond the donated items, a typical trip costs a minimum of \$150,000. The 50-member team includes seven orthopaedic surgeons, plus nurses, physical therapists, internists, anesthesiologists and a few non-medical volunteers. Everyone donates their own vacation time and pays their own roundtrip airfare. “But,” assures Dr. Jerry, “we do feed the entire team.”

Most Operation Walk Virginia trips are a week long. Typically, the team travels on Saturday. They set up and pre-screen patients on Sunday. “Monday through Wednesday we operate on 20 cases a day in three or four operating tents. The hosting medical team, including doctors and nurses, will scrub into cases with us.” On Thursday and Friday, patients are taught physical therapy exercises, evaluated by their doctor and then discharged. “When we aren’t in surgery, we teach seminars for the staff of the host country involved with the care.” Dr. Jerry adds, “And then, we have a celebration at the end of the week!”

“We mostly go to Central America although I wanted to go to Vietnam, but the added days and expenses were prohibitive.” Dr. Jerry and his Operation Walk Virginia teams have gone on medical missions to Bolivia, Ecuador, and Guatemala. Three times they’ve gone to Managua, Nicaragua. They’ve also gone to Panama. “This spring we went back to Panama,” Dr. Jerry says, adding, “It is very rewarding for those who go. It gives them an understanding of being in healthcare.



Dr. Lawrence Dorr (left) presents Dr. Jerry Engh with the 2018 AAHKS Humanitarian Award.

In this country we can lose track of that. My wife, Patty, has gone with me several times and helped comfort the patients before surgery. We don’t speak the same language as the patients, so we try our best to explain what we will do and assure them we will take good care of them.” It is important to Dr. Jerry as well as the entire medical team

to share the experience of a medical mission with friends and family. “I have taken two grandchildren on Operation Walk Virginia trips. Some of the staff members have brought along neighbors or one of their children to expose them to what healthcare is all about.”

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## Dr. Jerry Engh

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While Dr. Jerry began Operation Walk Virginia, he has now handed over leadership responsibilities to his younger colleagues. “I went on one trip after I had my stroke but realized I could not do things as well as the doctors I’ve trained. It was time for me to step aside. We have orthopaedic surgeons lined up for years in advance now to go on trips. That truly speaks to me of the lasting impression we’ve made upon them. Many of them are former fellows from our program at AORI and some of them are surgeons who hear about it and want to participate. Dr. Bill Hamilton and Dr. Kevin Fricka go every year. They have done things that I never could get done.” But then Dr. Jerry shares an exciting development in his vision for Operation Walk Virginia. “This year for the first time, we are inviting the doctors from the host country to come here for two weeks of training before we go there.”

Last year was quite a year for Dr. Jerry, not only did he win the 2018 AAHKS Humanitarian Award but he also won the Distinguished Alumni Award from his alma mater, Davidson College. “When they asked me at the AAHKS presentation about the award from Davidson, and they wanted me to tell them about it, I said, ‘What matters is Operation Walk Virginia, one of the best things I’ve been able to initiate at Anderson and with former fellows.’” He explains that a few of AORI’s



In an emotional acceptance speech at the 2018 AAHKS Meeting, Dr. Jerry Engh spoke about Operation Walk Virginia and the life-changing experiences of medical mission trips.

former fellows are looking into starting local chapters in their own areas.

During the AAHKS Humanitarian Award presentation, Dr. Jerry shared from his heart about his passion for Operation Walk Virginia. “It got very emotional for me. My former fellows found out I was receiving an award, and they all came up there and they were hooting and hollering, and it was very emotional...” Dr. Jerry takes a breath. He summarizes with this, “I consider Operation Walk Virginia to be my greatest legacy. Witnessing medical teams embark on a mission to restore pain-free mobility to people who could never otherwise achieve it has been the

highlight of my career.” To learn more about Operation Walk and see videos from the trips, please visit <http://www.opwalkvirginia.org/>.

The entire staff of AORI would like to honor Dr. Jerry for the example he sets in every aspect of his life. From his excellence in research to his live-to-give attitude, and his perpetual desire to help people everywhere, Dr. Jerry embodies the most noble aspects of modern medicine. Congratulations, Dr. Jerry for winning the 2018 AAHKS Humanitarian Award and for being a wonderful example of human compassion!

**Your partnership with us is making a difference!**

If you would like to make an online donation to AORI using PayPal, please go to [www.AORI.org](http://www.AORI.org) and click on the “Donate” link at the top of the page.

**100% of your gift is tax deductible.**



## Peter Gabrielli—Partial Knee Replacement Continues to Serve Well

by Renée Burkett

**P**eter Gabrielli has always enjoyed vigorous physical activity. Because his style of play was all-in, he was no stranger to occasional injuries. When he was nine, he was riding his bicycle on the sidewalk. As he came around a corner, he saw two girls with a lemonade stand set up on the sidewalk where he was riding. He had to act fast to avoid hitting them, so he dropped his bike and landed on what he thought was grass. Unfortunately, there was one razor sharp rock jutting from the ground and he hit it with his left knee as he went down. He got up quickly and pulled up his pant leg to see if he was bleeding. He saw a hole in his knee but very little blood, so he picked up his bike and walked home. “About halfway home, the adrenalin must have let up a bit. I started to feel discomfort in my knee and something squishy and warm in my shoe. I pulled my pant leg up and saw blood running down my leg. I had to walk a block to my house. I didn’t know how I would make it home, but I did.” Turned out he had severed his left patellar tendon. “That’s when I had my first knee surgery.”

About one year later, Peter was playing football with friends. He was running with the ball but got tackled short of the goal. Falling on his right knee, he landed on a glass bottle. The glass bottle broke, cutting up inside his knee cap. When he looked down at his knee, he saw a large shard of glass sticking out, so he yanked it out. From that accident, Peter had two surgeries on his right knee to repair damaged cartilage, ligaments and blood vessels. “The right knee rebuild did pretty well though. I went back to playing football with my buddies. I was in my last semester of college when the knee completely gave out. I finished school on crutches.”

At 22 years old, Peter had his right knee reconstructed at Georgetown University Hospital. After his knee surgery at Georgetown, Peter discloses that he was given a shot of morphine every four hours in his left hip. “My hip was hurting worse than my knee. I didn’t like being groggy. I told them, ‘No more morphine.’” When Peter’s knee surgeon told him that he would always walk with a limp and never run again, Peter said, “We will see about that!” Hoping to avoid a permanent limp and return to running, Peter used his bicycle for rehab. “For three months, I rode my three-speed bike up and down the same hills I did as a child.” Peter also put canned goods in a pillow case, tied it around his ankle and did leg



Peter Gabrielli with his black Labrador Retriever, Enzo.

lifts. “If I slacked off, my dad would give me a verbal kick in the butt to keep going with the therapy.” It did the trick! Peter recovered without a limp.

Regaining his ability to run, Peter picked up where he left off, playing football with his friends. Peter explains, “I was a good quarterback, halfback, cornerback, safety, but an especially good wide receiver - quick, fast enough, excellent moves, good patterns, good hands. I practiced constantly. My friends and I were fanatics, playing in all kinds of weather. We drove around the DC metro area to colleges and local fields looking for guys playing ball and asking if we could play them.” Peter and his friends did this for more than 24 years. “We were playing guys who were less than half our age, some really good players. But, my friends and I were very good. We only lost one game! I was very hard to cover until I stopped playing at age 42.”

During his years of intense play, Peter took ibuprofen to reduce pain, but eventually his stomach bled so he had to stop. “I couldn’t take muscle relaxants either.” He refused to take narcotic drugs, “I didn’t want to get addicted.” But as time

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## Mr. Bernie Greene: Hip Replacement Patient—Enduring Sports Competitor

by Renée Burkett



Bernie Greene on his 74<sup>th</sup> birthday with spinning participant, Sherif Almiggabber.



Bernie Greene with Rob Roa, one of his instructor-students.

**B**ernie Greene thrives on competitive sports. It is no wonder. Bernie grew up with a father who was an avid baseball and basketball player in a small town where sports was “the” thing. “My hometown, Renovo, Pennsylvania, was to Pennsylvania basketball what French Lick, Indiana (home of Larry Bird), was to Indiana basketball, a basketball-crazy town.” So from the time Bernie was two or three years old he was playing basketball, baseball and tennis. “Within a block of my home in Renovo, population 1,200, there was a baseball field, a tennis court, and a YMCA with basketball courts, a swimming pool and a bowling alley. Being involved in

sports was a great way to grow up. Sports kept me and my sports-obsessed buddies out of trouble.”

Bernie played basketball and baseball through high school (1959-1962) and again in college at North Park University in Chicago, IL (1962-1966). In 1990, North Park University inducted him into their Athletic Hall of Fame.

Around 1970, Bernie gravitated to distance running. He ran competitively until 2005. “I ran 100,000+ miles, hundreds of races, 17 marathons in the first 7 years of running, and one ultramarathon. I was more competitive at distances shorter



than a marathon including 5K, 5 miles, 10K, 10 miles, and half marathons. I liked the intensity of the shorter races.”

Bernie’s love for intensity flowed into his work life too. From 1987 until 2008, Bernie was a statistician and project officer for the National Center for Education Statistics (NCES) within the U.S. Department of Education. His projects included researching emerging issues. “The report on childhood obesity was one of the last ones I directed for NCES. It was a Fast Response Survey System report on the then-emerging issue of childhood obesity.” During his career years, besides his full-time job, Bernie authored over 600 running and fitness articles. His works were published in competitive sports magazines including: *Runner’s Gazette*, *Washington Running Report*, *Running Times*, *Marathon & Beyond*, and *Oregon Distance Runner*.

Despite his passion for running, a family propensity for osteoarthritis and three knee arthroscopies in 1994, 1999, and 2005 led Bernie to transition from competitive running to indoor cycling. Never one to simply dabble in an athletic endeavor, Bernie immersed himself in stationary biking and became a weekly LA Fitness spinning instructor. “In the last 14 years I have taught 2,900 classes and counting. That’s an average of over 200 spinning classes a year! At 75 years old, I might be the oldest spinning instructor, or one of the oldest spinning instructors, in the country.”

While Bernie’s knees were happy with his transition from competitive running to indoor cycling, his right hip became a source of increasing discomfort over the years and a fall in 2013 exacerbated his pain. “I was carrying a litter box up the stairs because I had gotten a new kitty and I wanted to keep him separate from my other cat for a few days. The litter box I was carrying blocked my view of the stairs. I

thought I had one more step before I reached the upper hallway, but I didn’t. The misstep caused me to stumble forward and my hip jammed into the corner of the litter box. I also fell forward and hit my shoulder. At the time, I was worried I had broken my collarbone, but my shoulder was just bruised.” As the days went by Bernie’s right hip began to hurt more. His lower back also bothered him, and at times the pain radiated into his right thigh.

“After that fall, when I stood on that leg I could hear the clunking of the ball and socket.” Bernie finally went to see an orthopaedic doctor for an x-ray. The doctor told Bernie he had arthritis. Pointing to a space around Bernie’s hip socket the doctor said, “Look how narrow the space around your hip socket is.” In six months the pain in Bernie’s hip had intensified so he returned for a second x-ray. The doctor told him, “You’re very fit but your hip is a mess.” Bernie found it difficult to sleep. “I didn’t realize how much I moved around during the night. When I moved in bed, it woke me up. I couldn’t find a good way to position my leg without pain.” Bernie reflects, “The hip was affecting my everyday life. When something is interfering that much, it’s time to fix it.”

Bernie was accustomed to doing research before making decisions. “As my hip grew worse and worse, I started researching total hip replacement surgery, with the goal of finding the very best surgeon. During my search, I happened upon a website extolling the benefits of the anterior approach to total hip replacement and decided that was the procedure for me. During the same search, I also discovered that the Anderson Orthopaedic Clinic was the go-to place for that particular procedure, not to mention joint replacements in general, so I called immediately and got an appointment with Dr. Goyal.” To confirm his decision, Bernie polled the participants in his spin class. He

asked them whom they recommended for joint replacements. “I also asked a doctor who takes my class and she said, ‘All of my colleagues who’ve had joint replacements have gone to the Anderson Orthopaedic Clinic.’ I knew I was on the right track.” A couple of the class participants echoed the doctor’s recommendation. They mentioned Dr. Bill Hamilton and Dr. Andy Engh with glowing recommendations. “I couldn’t get to the Anderson Clinic fast enough!”

Dr. Goyal saw Bernie on February 11, 2016. When Dr. Goyal examined his right hip, x-rays confirmed joint space narrowing and bone changes consistent with degenerative arthritis. Just two weeks later, Bernie was on the operating table. “I was amazed, the blood work and all the tests and in less than two weeks!” Describing his surgery, Bernie relates that his operation began at 7:30 AM and he walked back into his own home (with a walker) at 5:00 PM the same day. “When they took me up to the rehab facility after surgery, they had furniture and stairs similar to the furniture and stairs at my home, and I had to demonstrate that I could negotiate my way around my place when I got home. I thought that was a brilliant idea. The surgical scheduler had told me ahead of time to measure the height of my toilet seat, my bed, and other furniture, so everything would be ready for me to be discharged as soon as it was safe to go home. Dr. Goyal is a big proponent of outpatient recovery.”

As a former researcher, Bernie understands the difference research makes, “I think it is a huge benefit to the Anderson group. They have done their homework. Everything I heard about Anderson was true. From soup to nuts, from office personnel to x-ray technicians, I’ve never seen a place of business or a medical practice that well run—and I am extremely observant. Going to Anderson for the hip replace-

## Hedda and Martin Brock – A Legacy of Generosity

Although they grew up on opposite sides of the Atlantic Ocean, Hedda and Martin Brock developed a romance that spanned seven decades. Hedda Raemaker was born on April 4, 1919, in Belgium where her father owned a photography shop. Xavier Martin Brock, Jr., known as Martin to his friends and family, was born on February 15, 1918, in New Bern, North Carolina. During his childhood, Martin's family moved to Richmond, Virginia, where he attended high school and spent one year at the University of Richmond. In 1940, Martin came to Washington, DC, and got a job as a messenger with the Veterans Administration. Shortly after the United States entered World War II, Martin enlisted in the United States Army in February of 1942 and became an airplane maintenance technician. He subsequently served with the Ninth Air Force in Tunisia, Normandy, northern France, the Rhineland, and the Ardennes.

Martin was an avid photographer during the war and frequently sought places to have his film developed. In 1944, while stationed at an airfield near Louvain, Belgium, he took some film to a shop in Brussels, which was the closest place for processing. As it turns out, that shop was the one owned by Hedda's father and she was working there that day. And so, in the midst of a war that would ravage a continent, a small spark between two strangers would mark the beginning of a seven-decade love affair. Over the course of many months, a rather bashful Martin repeatedly made the trip to Brussels and slowly cultivated a romance with Hedda during his visits. Although they never went on a formal date, their love



Hedda and Martin celebrate the holidays as a young couple shortly after their arrival in the United States.





Hedda and Martin always enjoyed the company of friends and relatives. Here they are pictured with Martin's cousin, Anne (on the right) and his niece, Judy.

for each other grew and the couple was married on June 16, 1945, while Martin was on a three-day pass.

After the war ended, Hedda and Martin settled in Bethesda, Maryland, where they lived for the rest of their lives. Although she was in a new country, Hedda took advantage of her roots and found employment with the Belgian Embassy. Upon returning to civilian life, Martin worked for the U.S. General Accounting Office. Under the G.I. Bill, he graduated from George Washington University in 1948 with a degree in business administration, and transferred to the Department of Defense as a military transport freight specialist in 1960. When Martin retired in 1981, he had devoted 40 years of his life to

government service. During that time, he and Hedda had consistently invested a portion of their income in blue chip stocks.

After his retirement, Martin and Hedda became Washington tour guides, leading senior citizens and school groups on tours of the United States Congress, the Cherry Blossoms and other sites of interest. Routinely walking long distances, it was during this time that Hedda began to develop right hip pain. After two years of progressively increasing pain, Hedda made her first visit to the Anderson Orthopaedic Institute in February of 1989. Otherwise in excellent health, she was initially prescribed nonsteroidal anti-inflammatories. As her degenerative arthritis pro-

gressed, Hedda eventually began using a cane and limiting the distances she walked. Having exhausted conservative treatment options, Hedda had her right hip replaced in September of 1990 at the age of 71 using porous-coated implants pioneered by Dr. Charles Engh. After spending a week in the hospital (which was typical at the time), Hedda was discharged to her home where she completed her recovery and was able to return to all of her activities without any pain or limitations.

Over the course of their lives together, Hedda and Martin shared a passion for gardening in addition to their mutual interest in photography. Each also had

*See Hedda and Martin, page 10*



## Hedda and Martin

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their own special talents. Martin could build anything if given a hammer, nails and wood, while Hedda produced many lovely oil paintings. When Martin was working, he and Hedda enjoyed rather modest vacations, camping and hiking in national parks. After Martin's retirement, the couple continued to live modestly on a day-to-day basis but extended their travels to Africa, Asia and Europe. As they grew older, Hedda and Martin enjoyed cruises to Alaska, Hawaii and the Caribbean. Both remained in good health until Martin suffered a stroke in 2011. Although the stroke left him mildly disabled, he and Hedda still enjoyed their life together until his passing in July of 2013 at the age of 95. Hedda cherished the memory of her devoted and loving husband until she passed away in February of 2018, at the age of 98.

When she passed, Hedda's personal property was valued at less than \$10,000 but she bequeathed a multi-million dollar stock portfolio to family, friends and several charitable organizations. Consistent with Hedda and Martin's desire to help others, the majority of their estate was directed to educational, healthcare, and humanitarian organizations. As a nonprofit organization that relies on donations to support our work, AORI is deeply grateful to be included among the beneficiaries. We are also delighted to report that the hip replacement Hedda received in 1990 continued to serve her well for the rest of her life. In the same way that her surgery provided a lifetime of pain-free mobility, we are committed to using the estate donation from Hedda and Martin to continue our research as we strive to improve the outcome of joint replacements for all patients.



Hedda and Martin celebrated many special occasions during their 68 years of marriage.



During their retirement years, Hedda and Martin returned to visit Europe where they first met during World War II.

Do you have a story you would like to share with the readers of the Joint Journal or a question you would like to ask? Please contact Susan Sensi at (703) 619-4411 or email [research@aori.org](mailto:research@aori.org).



## Peter Gabrielli *Continued from page 5*

went by, the pain in Peter's right knee worsened and he developed instability. "For my daily commute I used a cane. It was a painful journey on the Metro from Maryland to DC where I was a GSA/Department of Commerce project manager for the design of the \$650,000,000 renovation and environmental cleanup project for the historic Department of Commerce building." To do his job, Peter had to routinely walk throughout a 14-story building the length of a city block. The cane wasn't enough support, so the Department of Commerce bought him an electric wheelchair. "In 2006, I was looking for good orthopaedic doctors. My wife was an anesthesiologist. She had heard good things about the Anderson Clinic. So, I made an appointment to see if they could help me."

Peter's right knee was worn out by the time he met with Dr. Jerry Engh, a specialist in both full and partial knee replacements. Dr. Jerry felt Peter was a good candidate for a partial. "Back then I heard some controversy about partial knee replacements. They were supposedly a more technically-challenging surgery," Peter points out. Peter retired

at the end of 2006 to have his knee replacement. When he had his surgery in 2007 at the age of 56, Dr. Jerry did a partial knee replacement after confirming that the medial (inside) compartment of Peter's knee had extensive degeneration but the lateral (outside) compartment and patellofemoral joints were intact with no significant cartilage defects. Staying true to his convictions, Peter relates, "I told them I didn't want any morphine after surgery." But in fact, the pain was manageable. "In 24 hours, I was out of the hospital with a partial knee replacement!"

Before Peter had his partial knee replacement, walking was exceptionally difficult. He had to stop and rest during his commute. He couldn't wait to get to his office and sit down in the electric wheelchair. But since his knee surgery, he walks and hikes most days in the beautiful surroundings of local parks. "There are things I don't do now. Since I no longer play football, I don't run. But I can hike six to ten miles providing it's fairly level ground," he explains, adding, "I only have slight discomfort in my knee that generally dissipates within 24 hours." Peter began walking

in his neighborhood during his knee replacement recovery. Then he decided to try hiking. "I've hiked multiple times at most parks in Montgomery County where I live. Sometimes I take a book. I walk, stop and read, then walk some more. I feel good afterwards. I want this knee to last as long as possible." He does add that he can easily climb up and down a two-story ladder to paint his house or clean out gutters.

Although Peter has had many injuries and surgeries in his lifetime, he takes it in stride. "I take one or at most, two Tylenol, when absolutely necessary. I'm used to pain." He asserts, "The body will heal. People don't understand how I've recovered from the injuries and surgeries I've had. But I tell them, 'Learn how to recover and don't quit! Keep the right mental attitude about it. It's up to you to get better.'"

Peter Gabrielli's partial knee replacement is now in its 12<sup>th</sup> year and, as he reports, "My knee is doing well. It gets sore if I drive for three hours without cruise control. But, I can still dance, even rock-and-roll-style dancing!"

## Bernie Greene *Continued from page 7*

ment was like shopping at Nordstrom versus shopping at Target. I had a sense that people know they are providing an important service and they take their mission seriously. I could see the hand of research and thoroughness running throughout."

"Since then, my hip has been fantastic! It doesn't give me a moment's pause." Bernie describes his recovery as pain-free, fast and uneventful. "For the first month, my medication was one aspirin in the morning and one Celebrex as needed. I stopped taking the Celebrex after three weeks. I didn't need

any opioids." Evidencing his rapid recovery, Bernie only missed two spinning classes. "I stood next to my bike and exhorted the class-takers," he says with a chuckle. Bernie started riding a little after six weeks. "I felt 'normal' after three months."

Bernie's competitive nature compels him to inspire others. "My mission is to nurture the physical, spiritual and emotional lives of the people in my classes through music and sweat." Bernie is proud that 14 of his cycling students have become instructors themselves. As Bernie contemplates his future

athletic endeavors, he thinks he may take up running again. After reading articles about other hip replacement patients who have resumed running, Bernie thinks he needs to expand his horizons. With his competitive nature beckoning, Bernie says, "I think I've been way too cautious." However his future sports endeavors evolve, there is no doubt Bernie will continue to compete for his own new best. All of us at AORI wish Bernie many more years of intense, pain-free activity with his hip replacement.

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