

## Orthopedic Surgery and Sports Medicine

Recorded August 2022



♪ [music] ♪ - [Dr. Ransohoff] Hello. I'm Dr. Kurt Ransohoff, the CEO and chief medical officer here at Sansum Clinic.

I'd like to welcome you to "Sansum Speaks," a speaker series presented by the Sansum Clinic Women's Council lead by Julie Nadel and Bobbie Rosenblatt. The series demonstrates our commitment to providing not only the highest quality healthcare, but also informing and educating our community on important health-care topics. These talks will be filled with valuable information presented by some of our most distinguished health-care providers.

The more you know, the more you will get out of your health-care experience at Sansum Clinic. So, again, thanks for joining us. ♪ [music] ♪ - Hello. We are here today with Dr. Chad Burgoyne, one of our orthopedic surgeons at the Sansum Clinic Foothill Medical & Surgical Center.

Dr. Burgoyne received his medical degree at the Medical University of South Carolina. He then completed his residency in New York City at Mount Sinai Hospital before wising up and coming to the West Coast, where he did his fellowship in orthopedic sports medicine at the West Coast Sports Medicine Center in Manhattan Beach, California. Most recently, he was an orthopedic surgeon at Providence Medical Group in Hood River, Oregon.

Dr. Burgoyne specializes in orthopedic sports medicine, sports trauma, and orthopedic surgery. Tell us, how did you get interested in orthopedics?

- [Dr. Burgoyne] Well, I was a competitive swimmer growing up. So, all through high school and college, I was swimming at a relatively high level. I competed at the college level, University of South Carolina Division I athlete. And my dream was always to go to the Olympics. I, you know, I wasn't going to make it as an athlete, so I thought, "Hey, how can I get there? I could take care of athletes."

So, I started looking at ways I could be involved with athletics. As I went on in life and at a high level and started to realize that orthopedic surgery and surgeons are the ones who take care of athletes. And so, I was able to put some shadowing in with orthopedic surgeons and got to know a few guys and just really fell in love with it.

Everything from the fracture care to the on-field work, and sports medicine and surgery. So, it really, kind of, became my passion. And luckily, did well in college, was able to get into med school, and then ultimately, in orthopedic surgery so... It all kind of panned out in the end, but still haven't made it to the Olympics yet. It's still a goal of mine.

- When you're seeing patients, if they have, sort of, orthopedic swimming-related issues with their shoulder and so forth, do you tell them your backstory?

- Oh, yeah, always, always. I also dread it. Swimmers are high demand. And so, they're some of the tougher patients. Swimmers and runners tend to be tough. The injury athletes, you know, the ball sports, football, basketball, baseball, soccer, they have acute injuries, and you can fix them and get them back on the field. It's the endurance athletes that get the chronic injuries that really put us to the test sometimes.

- Just out of curiosity, are there any specific sort of swimming-related orthopedic issues?

- There are, yes. It's always shoulders. Swimmers end up with bad shoulders. And they're either loose because they've stretched them out over the years, or the labral tears are pretty common with swimmers. So, yeah, it's the chronic loose shoulder that can be a tough one on us.

- So, Chad, did you grow up in South Carolina?

- I, kind of, grew up all over the South. My father moved around a good bit: Tennessee, South Carolina, North Carolina. But, yeah, I went to college and med school in South Carolina, worked there for a little bit when I first was in practice. Like you said, I did that fellowship in Manhattan Beach, and I had to come back out to the West Coast so...

- Well, it sounds like your residency training up in New York City that must have been certainly a different place for you to live. Maybe you could talk a little bit about your experience in your residency.

- New York City is a very competitive environment up there. There are so many programs, so many hospitals. And quite literally, you can go two blocks and there's another orthopedic surgeon. And so, it was a nice place to train because there was a lot of business, a lot of high-level academic-oriented programs. So, I feel like I had some really great training there.

Mount Sinai Hospital was a massive hospital. It was 1200 beds, right on Central Park there on the Upper East Side. I think I worked with something like 40 different orthopedic surgeons throughout training. So, I got a great spectrum of everything there. We had incredible pediatric tumor surgeons and spine surgeons, sports medicine. We actually did our trauma work out in Queens.

We covered LaGuardia Airport. We covered Rikers Island prison. So, a lot of really interesting trauma. We even were, Elmhurst Hospital, where I did my trauma training, was known throughout South America and even in Central America. There were times where patients would fly with injuries, land in LaGuardia Airport, take a taxi over to Elmhurst to get their care, because doctors in their country were like, "Go to New York City, take a taxi to Elmhurst Hospital, and they'll take care of you."

So, we saw amazing pathology from, sometimes, all over the world. But, yeah, all in all, it was a wonderful place to train.

- So you'd actually see... Somebody broke their...had a compound...a difficult fracture of their leg in Peru and would wind up at your hospital?

- Yeah. I mean, we saw a spectrum. I was an intern there. So, there were times someone had pancreatic cancer and would show up with CT scans and all that in the ER, saying, "I was told to come here to get my pancreas removed." But, yeah, the trauma... It would end up being cold trauma, meaning, days and weeks later, and they would show up in our ER, and we'd find out later it happened, yeah, in Peru two weeks ago.

So, it was pretty interesting work, really was.

- What made you come out to the West Coast?

- You know, looking at sports medicine fellowships, so orthopedics is five years of training or five years of residency training. And then, the majority of us go on to do an extra year of fellowship training. So, I chose to go into sports medicine based on my original interests and found a fellowship in Manhattan Beach, and pretty decent volume, and a good general sports medicine program, and got to live on the beach for a year.

So, it wasn't too bad.

- So, did you really, after that experience of living on the Pacific Coast there, you thought, "I'm staying."

- Well, I'd actually already accepted a job back in South Carolina and went back there, and I missed it. I was back in Charleston, South Carolina, it was amazing place, but the West Coast, it was just it for me. So, I'm a snowboarder and swimmer. I dabble in triathlons and surfing. And for me, California had it all.

So, kind of searched around and eventually found Oregon, and then down here and back in Santa Barbara.

- Yeah. I don't think sometimes the people watching this realize just exactly how long the training is to be an orthopedic surgeon. So just to remind everybody, so there's the four years of medical school, and then five years of orthopedic surgery residency, and then you did one or two additional years?

- I just did one additional year. Most orthopedic surgery fellowships are extra year there. So, obviously, the four years of college, four years of med school, five years of residency, a year of fellowship. And so, I was 33 by the time I first got out and had my first job and started practicing medicine.

- A long haul.

- It is. It is. As you know, thankfully, after those first two years of med school, you're actually functioning like a doctor whether you're officially practicing or not. Yeah, you get to get out there and start being a doctor, taking care of patients, and are finally out of the books.

- So, what's been the transition when you came from Oregon back down to Santa Barbara? How has that been for you and your family?

- It's been great. Where I was in Oregon was a small town, Hood River, and kind of an outdoors mecca. It was a great place to be, but I wouldn't call it the most challenging place. It was one of two orthopedic surgeons at the hospital. A pretty low volume. We were working about four days a week. So recreationally, it was great.

Had all the time in the world, but professionally, it wasn't as much of a challenge. Probably, was doing about half the amount of work that I do here. And then, we really missed the beach. I grew up in South Carolina and Tennessee, been living at the beach, and warm weather and sunshine was just too good to pass up. I've got three kids.

And Santa Barbara is just an amazing place for raising kids and sports, and going to the beach, and hiking in the mountains, driving to Mammoth. We do it all.

- Yeah. I think Santa Barbara is very unusual in that it has all that sort of outdoor access, and yet it still has phenomenally good medical care with people like yourself, who have trained all over the country and have decided to come here, and both for professional and for lifestyle reasons.

- Come to learn that everybody in town is excellent pedigree, excellent training, and it pays off. I've been surprised how many people travel to come get their care at Sansum. The rich history of people from Central Valley, up the coast, you know, even as far as Fresno, Visalia, all those places.

Every day, I'm seeing patients from three, four hours away.

- Yeah. I actually saw somebody from London this week. He wasn't here to see me. He lives in London, and his parents lived in Santa Barbara. Maybe you could talk about what drew you to Sansum.

- I've actually been in a couple different practice models. Earlier in my career, I started off with what I'd call a more traditional orthopedic group. We had 12 surgeons, couple pain management guys. We owned our own surgery center, multiple offices. And I found that we, both I and the partners, spent a good 30% of our time during the week running the business.

You know, the day in, day out of hiring, firing, and HR and all that, and that's just not why I went into medicine. I didn't want to run a business. I wanted to be a surgeon. I wanted to treat patients. So, I, kind of, decided that the classic private practice model wasn't for me. And when I started looking at multispecialty groups, where we had a, kind of, cohesive system where I could reliably see patients from primary care doctors, if I needed consults from people, we could get them, you know, access quite easily plus having all the imaging, the surgery centers, all the amenities at hand, I think it's just a great model to have.

So, I'm happy to, kind of, sit back and be part of a larger system. I can focus on being a surgeon and don't have to worry so much about making a business run.

- Maybe you could talk a little bit about what services are offered in the orthopedic department now that you're part of it.

- So, we have a pretty good balance. We've got some mid-levels, which we call our nurse practitioners and PAs. We have some nurses doing some casting and other small treatments for us. And then, we have a well-balanced group of orthopedic surgeons. So, three of our surgeons, we kind of function more as general orthopedic surgeons.

We do sports medicine, some trauma, some joint replacements. I have sports medicine fellowship training. One of my partners is trained in sports medicine and trauma. Another partner is fellowship trained in joint replacement surgery. We have a hand specialist, and we have another one coming on board. So, we kind of can provide the bulk of what you need for orthopedic surgery.

We see and treat people for nonoperative injuries, casting, bracing, coaching people through injuries, physical therapy. We run the gamut of all the nonoperative measures we try. Ultimately, if those are not successful, then we've got the full cadre of operations, procedures that we can offer people.

So the only thing we're lacking that we may look into in the future would be more of a comprehensive spine program. But I think, otherwise, we've got most of the bases covered here. We also partner very closely with our colleagues down the hall, the podiatry group. So, we have several podiatrists that do the bulk of our foot and ankle work. I think we do a pretty good job of covering all the bases. We do all the arthroscopic minimally invasive procedures.

We do that right upstairs here at our surgery center. We do all the inpatient cases such as joint placements, including shoulders, hips, knees. Dr. Dunbar and I do a lot of the trauma work. We take trauma call for Cottage Hospital, and all the major trauma that comes in from Central Coast will funnel down through Cottage here.

So, I think we got it pretty well covered.

- Yeah. People might be interested to know that, you had mentioned the new hand surgeon. It's a sort of first for Sansum Clinic in that we're going to have a mother and daughter hand surgeons. We're delighted to have the new Dr. Brown joining us to work alongside her mother.

- Yes. Yeah. We're excited to have her on. She's very well trained, did a bunch of general orthopedic surgery work, and just finishing up her hand fellowship. So, I think they're going to be partnering together. And I think, coming fresh out of fellowship, she's going to have a lot more to offer as well. So, we're excited about that.

- Maybe you could say, and you've been practicing orthopedics for 15 years or so, I think. You know, maybe, what are the most common things that you see on a daily basis in your practice?

- I kind of split that up into two venues, if you will. About half of what we see in the office is kind of chronic degenerative problems. As everybody ages,

things wear out. And the most common things we see are hip arthritis and knee arthritis. In our patient population here at Sansum, we see probably about half of the major arthritis in the city.

So, we do a good job of servicing that. We've got our PAs, nurse practitioners that do a lot of the injections and some of the medical management, the bracing and things. And then, ultimately, when it's time for something like a joint replacement, then they'll see one of the surgeons and we can offer them that. So, I would say that's some of the bread and butter stuff we see. And then, we see a good bit of the sports injuries.

So, I particularly have a interest in shoulders. And so, I see a lot of shoulder injuries, rotator cuff problems. I would say, after the arthritis, rotator cuff is probably the second most common thing we see. The other is meniscus injuries. Meniscus is probably the most common injury we see in knees. So between arthritis of hips and knees, rotator cuffs of shoulders, and meniscus tears in knees, those are the top four for sure.

- Is there anything that you particularly like to do, or that is the sort of most satisfying experience for you as an orthopedic surgeon?

- Yeah. I'd say the arthroscopic rotator cuff repairs. My fellowship director was a world famous shoulder surgeon. And when I was in training, we're kind of the leading edge of doing arthroscopic rotator cuff repairs. And it's just kind of been both a passion and a skill of mine, I guess, since then. So, I feel like I could do a really good job with it.

Got a very efficient team upstairs, and we can get the rotator cuff repairs done. I'm surprised I'm doing in, now in half the time that I did in training. And so, I feel like over the years the techniques have progressed, and we can just do a much better job than we used to. But, yeah, arthroscopic rotator cuff repair used to be a very difficult procedure. It was kind of known to be painful and a difficult recovery, but now, we've got it where, you know, after a couple weeks of letting the cuff heal and working through some initial therapy, it's honestly not that bad of a procedure to go through anymore.

- It's funny, we often, when we're talking to doctors, we don't typically ask the question, but in orthopedic surgery, it seems like an important question to ask is, "What advice can you give people to, sort of, avoid ever needing your services?"

- Honestly, my philosophy is I think people should live their lives, and it's my job to deal with the consequences. Now, you certainly can do some preventative

maintenance work, shoulders, for example. Keeping your muscles strong and compliant. So keeping a strengthening program going along with a stretching program, I think, is the best thing you could do for your shoulders.

You know, posture work. Pay attention to how you hold your body throughout the day. So, be it your shoulders, your neck, your back, just being conscious of how you sit, how you work on a computer, how you lift and carry, how you sit in a car throughout the day. All these things really add up over the years. And if you can be conscious of that and do some preventative, say, core strengthening, rotator cuff strengthening, general muscle maintenance is probably the best way.

They have shown that some of the ways to almost delay aging is to maintain good muscle mass, ways to prevent falls, injuries, fractures. If you have good muscle mass, if you maintain good lean muscle tone, it's good for metabolism, it's good for balance, it's good for strength.

And all these things really, kind of, extend your life, if you will. A little bit of maintenance work, a little bit of stretching. If someone's inclined, things like yoga, pilates can be some of the healthiest things for your body because they work both the strengthening and the stretching end of the spectrum there. I'm a swimmer.

I love swimming as a sport. It's low impact. It's good fitness. You, typically outdoors here in California, so it's another one that I'm a big fan of.

- Yeah. I had a patient with some knee problems, and she went to one of, to see one of your colleagues, and that was his recommendation. Swimming does seem like it's a good exercise for your joints.

- It is. It is. And then, one of the things that keeps us in business is ball sports. You take any ball sport. And after a while, a lot of people become endurance athletes because they picked up injuries, be it tennis, soccer, basketball, football when you're younger. Those are the ones that keep us in business.

So, yeah, if you want some longevity, become an endurance athlete.

- By the way, since pickleball has become a big, huge thing, are you seeing pickleball injuries?

- Absolutely. Absolutely.

- Are they just like tennis injuries?

- Just like tennis. Surprising number of falls. Several wrist fractures from people getting aggressive on the pickleball court, diving for things, breaking wrists. Definitely some shoulder injuries, very similar to tennis in that way. But, yeah, I've been surprised as well as the rates of people participating in pickleball have increased, the injuries have as well.

And I made the mistake of assuming that it was a retirement community sport. But no, they're strong pickleball leagues. And I had a 30-year-old patient really put me in my place when I told him that he was playing a retiree sport. So, it's really taken hold.

- I guess, I'm not surprised that it'll keep orthopedists busy in the future. So speaking of future, kind of looking ahead, Chad, do you ever think about where do you see the future of medical care going in Santa Barbara and maybe even more widely? Is that something that you think about?

- Yeah. Certainly, in orthopedics, we're always eyeing that. Orthopedics is...I wouldn't say it's unique, but it's one of the specialties that is very reliant on technology. And so, we're always eyeing, what's the new technology that's panned out to be good, not just cutting edge for the sake of it, but what's effective, what can be efficient, what can really add value to patients in their recovery.

So, in orthopedics, we look a lot at the hardware we use. In joint replacements, a lot of computer technology, a lot of computer planning, 3-D modeling. Even robotics is trending right now. So using technology in joint replacements allows us to improve our precision, to improve our accuracy, improve our reproducibility.

And all those things matter a lot because when you're putting in a joint replacement, it's all about the wear and longevity of it. So, the more precise you are, the tighter tolerances you have, the longer those replacements will last. So, that's one part of orthopedics that is just constantly in development. Another part of orthopedic specifically is what I call the biologics.

We're always looking for ways to help the body heal itself. So, classically, we repair with surgery, we repair with hardware, but there's a trend, and there's a lot of good treatments coming out that try to help your body heal. So PRP, which is platelet-rich plasma, is a way to help stimulate the body to heal.

And so that's being tested in different places in the body in ways that help tendons heal, help arthritis, those type of things. In a similar vein, stem cells. It's somewhat controversial in certain ways. And is certainly in development

right now, but stem cells hold the power to hopefully help regrow tissues in the future.

So, the potential there to regrow cartilage and kind of stave off arthritis over the years is very tempting. We're not quite there yet. The science is still in development, but there's still a lot of potential there. So, in orthopedics, specifically, I would say those are two of the more exciting avenues for the future.

When you start to talk about medicine in general, that's bordering on more of a social commentary. Where do we go? How do we care for patients? How do we take care of this burgeoning population of baby boomers? We're heading a crisis in orthopedics. We are not going to have enough orthopedic surgeons in the country to do all the joint replacements that are needed.

How do you manage that on a countrywide scale, on a city-wide scale even? So, yeah, I think there's... One way we're doing it, and I think other people are doing this as well, is trying to utilize mid-level providers. We have four here in our office that are very good about diagnosing problems, doing some of the initial management, doing some of the workup that's needed, and able to care for people even though they aren't surgeons.

And then, when it comes time to do surgery to where they need the operation, not only do they refer them to us, but these are also some of the people that assist us in the operating room. So, we're able to keep a continuity of care there where the person that you've met may be at the beginning and is doing your initial care also is participating in your surgery and even on the back end with your recovery as well.

So, using those mid-levels to extend our capabilities, I think, is something we use. Certainly, it'll be a trend over the next few years throughout the country.

- I have found referring... If you, kind of, can tell that somebody doesn't need surgery right away, it's been really great to be able to have the patient, seeing them mid-level, and they're very skilled at getting joint injections and managing things nonoperatively. So, I think it's a real benefit the way you guys, as a department, are working with them.

- Yeah. We have a couple guys, 2 of our providers, they've been with us, gosh, going on 15, 20 years even. So, as far as experience in our field, the number of years they have equals what I have, and they're really good at what they do.

- I think we talked a little bit about this, Chad. But maybe it's just...as we near the end, just to remind me and everybody else. So, you certainly have talked about your incredibly busy career, but what is it that you like to do for fun, you and your family, here in Santa Barbara?

- Well, I've got three young kids. I've got a 5-year-old, an 8-year-old, and a 12-year-old. Right now, we're coming off the summer camp season. It's the classic thing in Santa Barbara. See how many camps you can get your kids into and just hold on for the ride. So, it's been a fun, busy summer. Two of my kids are in club soccer, and one is about to start up AYSO soccer.

So, I'm out there on the field with them helping ref. I'm going to be participating with the club, trying to help take care of some of the young athletes there. So that keeps me busy as well. But we're outdoors people. We go bike riding. We get up to Mammoth every time we can to go snowboarding.

My kids are better surfers than I am. I'm trying to play catch up with them. Yeah, they're getting to grow up on the beach, which I love, and we're trying to facilitate that the best we can. I used to dabble in triathlons, and I hope to get back to that one day. Still swam on a regular basis with a crew of guys, get some inspiration from friends doing the Nite Moves, and Reef & Run swims, and some of the smaller triathlons around town so...

As I approach 50, I think I'll start transitioning back into that, I think.

- All right. And maybe a little pickleball, too, I hope.

- Maybe a little pickleball.

- Well, Chad, it's been really interesting talking with you and hearing about your life, both your nonwork life, and your incredibly productive work life and everything that you've brought to this community. So, I'm really glad that we were able to get you down from Hood River, Oregon. And it's been a real pleasure talking with you. And I want to thank you for joining us for this session of "Sansum Speaks."

Thanks so much.

- Thank you. Everyone, have a good day.

- Thank you for joining us for "Sansum Speaks." We hope you found this to be of valuable information. To view all of our talks, please, visit [sansumspeaks.sansumclinic.org](https://sansumspeaks.sansumclinic.org). ♪ [music] ♪



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