

healthy *together*

**NEW HOPE FOR
SPINAL CORD PATIENTS**

**SUBSTANCE
USE DISORDERS
HELP FOR MOMS**

**NEW LUNGS,
NEW LIFE**

**STATE-OF-THE-ART
HEART VALVE CARE**



*Best
Summer*

SAFETY TIPS

Core Values That Guide Care



The summer months are a time when we often have opportunities to connect with friends and family. RWJBarnabas Health is a proud partner in your community, providing emergency, wellness, preventative and specialty care all year round.

As the state's largest and most comprehensive academic health care system, RWJBarnabas Health has the privilege to care for more than 3 million individuals every year. Whether we are caring for the sick and injured, advancing research that

will change the health care landscape of tomorrow or working with our partners to increase access to healthy food and safe housing, our 41,000 team members and 9,000 physicians work tirelessly to deliver accessible, equitable and high-quality care to the residents of our great state.

Together, our team members are united by a series of eight core values that guide our work: accountability, compassion, curiosity, empathy, excellence, kindness, respect and teamwork. In every interaction we have, whether it be with a patient, a family member or a colleague, we are guided by these principles. I am extremely proud of my colleagues' dedication to these values.

Thank you for the trust you place in RWJBarnabas Health as we pursue our noble mission to build and sustain a healthier New Jersey.

Have a safe, healthy and enjoyable summer!

Sincerely,

MARK E. MANIGAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER

RWJBarnabas Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see the link on our home page at www.rwjbh.org.

RWJBarnabas Health provides free language services, including qualified interpreters, to people whose primary language is not English. The following Language Assistance Services information is provided in multiple languages.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.844.465.9474**

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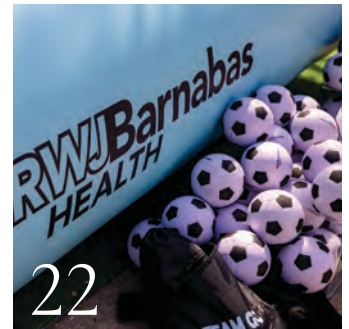
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Inpatient rehabilitation and the True Grit Spinal Cord Program helped Adrian Lanza (right and above, far right) adapt to an active life that includes outings such as getting Italian ice with members of his family and playing adaptive golf (below).

‘JUST KEEP WORKING AT IT’

INPATIENT REHABILITATION AND A SUPPORT PROGRAM HELP A MAN WITH A SPINAL CORD INJURY FOCUS ON THE FUTURE.



Adrian Lanza was just 17 when he sustained the spinal cord injury that changed his life. He was climbing a tree in front of his home in February 2015 when he fell. He dropped almost 30 feet, breaking his back.

After being rushed to receive back surgery at Robert Wood Johnson University Hospital in New Brunswick and spending 10 days in the hospital, Adrian was transferred to the Inpatient Spinal Cord Rehabilitation Program at Children’s Specialized Hospital (CSH).

It was the beginning of a long journey that also has included a unique CSH initiative called the True Grit Spinal Cord Program. True Grit provides

ongoing support and rehabilitation for young people with spinal cord injuries even after they have undergone long periods of rehabilitation.

But in the months immediately after his fall, Adrian—who now uses a wheelchair—focused on extensive and immersive inpatient therapy to restore as much function and independence as possible.

CRITICAL INPATIENT CARE

Adrian spent five months in the CSH Inpatient Spinal Cord Rehabilitation Program, which provides intensive, comprehensive rehabilitation services for infants, children and adolescents

with acquired, traumatic or congenital spinal cord dysfunction.

The program treats patients with all levels of spinal cord dysfunction, including those who are ventilator dependent or need medical support, special equipment or special feeding assistance through intravenous or central lines.

After providing a comprehensive evaluation, a specialty physician and a rehabilitation team plan a treatment program for each patient, meeting regularly to monitor progress and set goals. State-of-the-art equipment helps maximize each patient's rehabilitation potential.

During his inpatient period, Adrian focused on positive thoughts. His attitude was so upbeat that, looking back, he says, "I had fun the whole time."

He looked forward to daily therapy sessions and enjoyed getting to know therapists, nurses and doctors. Despite knowing the severity of his injury, he thrived by adopting the outlook that he would be OK and focusing on hopes for what he would accomplish.

Breakthroughs provided important encouragement. As Adrian learned to navigate his wheelchair, conquering a hill outside the hospital became a goal. "A big milestone for me was being able to roll up that hill," he says. CSH's Rehabilitation Technology Department helped him transition into various wheelchairs with less support as he progressed, which made Adrian increasingly hopeful about his new lifestyle.

Discharge planning begins as soon as a patient is admitted to inpatient rehabilitation. Patients and families are thoroughly educated about future needs and receive assistance in transitioning to home, school and community activities. The program provides comprehensive follow-up, from referring a patient to proper medical specialists to ensuring continuity of care.

Skills that Adrian learned during inpatient care helped him navigate

his new lifestyle out in the world. He stresses the importance of staying motivated through challenges and new activities—like those he went on to encounter through the True Grit program.

GRIT AND DETERMINATION

True Grit seeks to fill gaps in rehabilitation by hosting adaptive (modified) sports and leisure activities with support from peer mentors and experienced spinal cord injury therapists. Aimed at adolescents and youth ages 16 to 21, the program also provides a five-day residential rehabilitation experience hosted at Rutgers University.

Taking part in a dorm-based program away from home helps attendees gain independence, identify possible future leisure and recreational interests, socialize with peers and work toward achieving individual goals with help from physical, occupational, recreational and other forms of therapy. Participants also receive education about living with a spinal cord injury and transitioning to adulthood in a safe, encouraging environment.

The program's overall impact is to provide healing, hope and inspiration that helps participants improve self-care, mobility and quality of life. Such benefits further promise to reduce hospital readmissions and improve outcomes.

Playing adaptive wheelchair basketball in the program, Adrian—a former high school soccer player—found dormant athletic instincts kicking in as he rediscovered his love of sports. Through the program's support, he also felt less alone when navigating real-life challenges.

"Seeing someone with a spinal cord injury who had fought to regain their independence then find the courage to get back to what they love is the feeling that True Grit was built on," says Cassandra Boyd, OTD, OTR/L, an occupational therapist who began

HELP FOR SPINAL CORD CONDITIONS

Conditions treated at the Inpatient Spinal Cord Program at Children's Specialized Hospital include:

- Traumatic spinal cord injuries
- Cervical spinal cord injuries
- Cervical-level injuries with ventilator management and weaning
- Spinal tumors
- Lower-level spinal cord injuries
- Spina bifida
- Transverse myelitis
- Nerve damage
- Spinal cord stroke
- Spinal stenosis
- Scoliosis
- Guillain-Barré syndrome

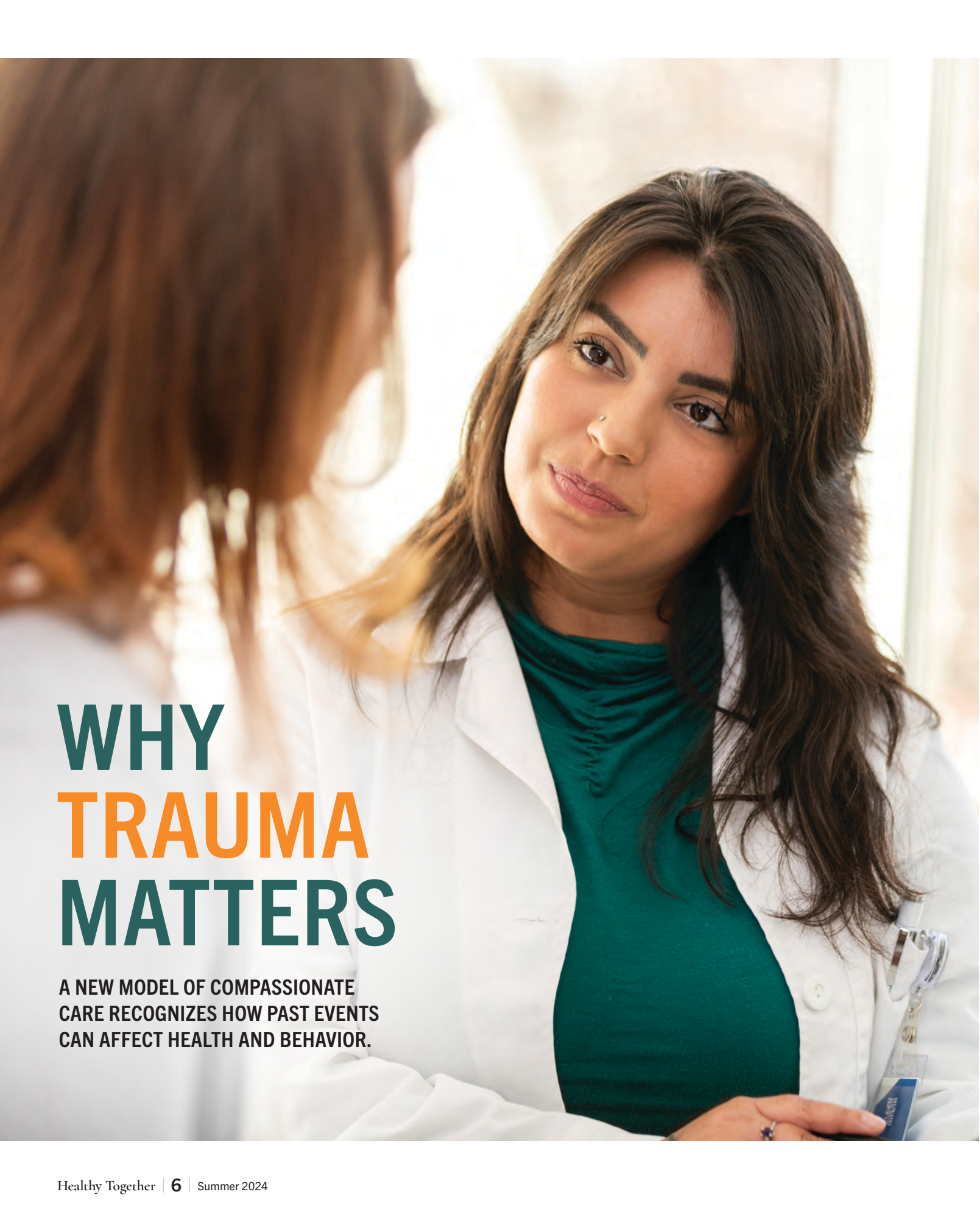
working with Adrian more than nine years ago.

Adrian has returned to True Grit and has had an impact on teens in the program. "He's able to provide mentorship about adapted driving, for example, through lived experience that is more meaningful than if I were to provide education," Boyd says. "It's been such a privilege to see Adrian—who trusted me to help find his courage all those years ago—now be the one who others are looking to when they need some extra strength."

True Grit "helps you get in touch with people who understand your situation," says Adrian, who sums up his attitude toward life with a spinal cord injury this way: "Just keep working at it. You might not achieve what you want or what you thought you could, but it's important to try to achieve the most you can and focus on your own progress."

SCAN THIS QR CODE TO LEARN MORE ABOUT THE PEDIATRIC INPATIENT SPINAL CORD REHABILITATION PROGRAM AND THE TRUE GRIT SPINAL CORD PROGRAM.





WHY TRAUMA MATTERS

A NEW MODEL OF COMPASSIONATE
CARE RECOGNIZES HOW PAST EVENTS
CAN AFFECT HEALTH AND BEHAVIOR.

How do you respond to a person whose behavior you find difficult or troubling? That question lies at the heart of behavioral health training being implemented at RWJBarnabas Health (RWJBH).

The training educates staff about an approach to patients called trauma-informed care. Its goal is to enhance understanding, compassion, empathy and relationships with patients, especially those who have experienced trauma and often are affected by mental health conditions.

“Trauma-informed care is a shift in the paradigm of how we treat patients and collaborate with them,” says Nicole Powasnick, MSN, RN, NEA-BC, CEN, Chief Nursing Officer at the RWJBH Behavioral Health Center in Toms River, who is leading the initiative systemwide. “It’s about relationships and showing patients that we are in this together.”

The new approach promises not only to help patients get the medical and behavioral health services they need but also to help staff manage stress, fatigue and emotional fallout that can arise from providing care.

FLIPPING THE SCRIPT

Trauma-informed care flips a number of approaches often found in traditional models of care. “The traditional approach is to say that health care providers are the authorities and we know best,” Powasnick says. “But that approach doesn’t meet people where they are and often doesn’t work with people who have been traumatized.”

Trauma is important because it is common among patients and can affect both health and behavior. “It could be due to one event, a series of events or a set of circumstances that are threatening or harmful,” Powasnick says. “Trauma can have lasting effects on a person’s physical, emotional or spiritual health and their ability to function.”

Sources of trauma range widely and can include sexual abuse, natural disasters, violence and childhood neglect. “But people experience and respond to trauma differently,” she says.

Those affected by trauma often find it hard to form healthy relationships and may behave in ways that have helped

them cope in the past but can distress others. “They often have more difficult health outcomes than people who don’t have trauma,” Powasnick says.

When health care becomes trauma-informed, providers realize the widespread impact of trauma and understand potential paths for recovery; recognize signs and symptoms of trauma; and integrate this knowledge into policies, procedures and practices that also avoid re-traumatizing people.

Trauma-informed care differs from traditional approaches by:

- Prioritizing collaboration instead of control
- Viewing negative behavior as existing for a reason that needs to be figured out rather than simply needing to be stopped
- Placing priority on building emotion-regulating skills instead of getting rid of negative behavior
- Seeing relationships—not rewards and punishment—as the primary agent of change
- Acting as collaborators, not as authorities or experts
- Expecting to be affected by emotions that need to be talked about and managed, not striving to be invulnerable or considering emotions to be unprofessional or weak

Practicing trauma-informed care can de-escalate tense interactions and help providers realize that they don’t need to take patient behavior personally. “Once you recognize that someone acts this way because of something in their past, you can respond in a different way that builds relationships and lets the patient know that you are not the enemy but are here to help them,” Powasnick says.

CRITICAL TRAINING

The new initiative is a significant advance for RWJBH Behavioral Health Services, which, together with Rutgers University Behavioral Health Care, is a leading provider of integrated mental health and substance abuse treatment services, serving over a half-million people

each year.

RWJBH training for trauma-informed care launched at the Behavioral Health Center and is now being implemented for behavioral health services at Trinitas Regional Medical Center in Elizabeth and Jersey City Medical Center (JCMC). Training is also planned for Monmouth Medical Center in Long Branch and Clara Maass Medical Center in Belleville, with additional sites and service lines to follow.

Staff who have undergone training for trauma-informed care readily see how it helps both patients and providers.

“Many patients experience trauma throughout their lives, not just in one incident,” says Jenise Lum, PhD, Program Coordinator at the Trauma Recovery Center at JCMC. “They also might feel frustrated or angry because their needs are not being met elsewhere in the community. This initiative gives us a consistent vocabulary when helping them.”

For example, in one instance, Lum says, a patient arrived at the center for therapy without an appointment. “This person had taken time and used public transportation to come in, but we were not able to see her that day,” Lum says.

In dealing with the patient’s frustration, Lum applied a concept called RICH, for respect, information, connection and hope. She empathized with the patient and explained that appointments helped everyone be seen. She then set up another time for the woman to receive care. “The hope part was, ‘Here is how we can help in this moment,’” Lum says. “A case management person was able to sit down with her that day to discuss housing-related needs that she was struggling with.”

Lum’s team has also found it helpful to recognize what’s called vicarious trauma that can rub off from patients to providers. “We check in with each other, engage in self-care outside of work and give each other support,” Lum says. “That’s important because if we’re not taking care of ourselves, we are not able to be fully present for patients.”

To learn more about behavioral health services, visit www.rwjbh.org/behavioralhealth.



The TAVR team at Jersey City Medical Center includes (from left) Kimberly Skelding, MD; Deepak Singh, MD; Lori Pennell, APNC; and Michael Benz, MD.



DOUBLE INNOVATION

**A NEW APPROACH FURTHER ADVANCES A
MINIMALLY INVASIVE HEART TREATMENT.**



Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.

Call it an innovation of an innovation: Jersey City Medical Center (JCMC) is among the few world-class facilities in the region to use a highly specialized approach for an already advanced cardiac procedure.

The advanced procedure, called transcatheter aortic valve replacement (TAVR), is a minimally invasive way to treat the heart's aortic valve. It entails accessing the heart using a catheter (tube) threaded through an artery rather than opening the chest and accessing the heart through an incision (see sidebar).

TAVR procedures most commonly access the heart through an artery in the groin. But recent advancements have introduced alternative access sites. One highly specialized innovation is to access the heart using a catheter inserted through the carotid artery in the neck.

"Traditionally, the femoral artery in the groin is the preferred access point for TAVR," says Kimberly Skelding, MD, Division Chief of Cardiovascular Services at JCMC. "However, some patients have blockages or other issues in this area that make this approach unsuitable. For these patients, the carotid artery access becomes a critical alternative."

MINIMIZING RISKS

The innovative procedure using the carotid artery approach was performed in the hospital's cardiac catheterization laboratory on a patient with severe symptomatic aortic stenosis, a narrowing of the aortic valve that restricts blood flow.

Michael Benz, MD, Medical Director of the Structural Program in Hudson County at JCMC, along with Dr. Skelding and Deepak Singh, MD, Division Chief of Cardiothoracic Surgery and Surgical Director of Advanced Heart Failure and Mechanical Circulatory Support at JCMC, performed the procedure.

The patient went home within 48 hours and enjoyed a quick recovery with minimal discomfort—and lower overall risk of complications.

"Stroke is a potential complication associated with TAVR, and the carotid artery approach minimizes this risk, providing a safer option for high-risk patients who wouldn't be candidates for traditional femoral access," Dr. Skelding says.

WHAT IS TAVR?

Transcatheter aortic valve replacement (TAVR) is a minimally invasive surgery used to treat aortic stenosis, a condition that occurs when the aortic valve in the heart becomes narrowed, restricting blood flow to the body and making the heart work harder.

Traditionally, treatment for aortic stenosis required open heart surgery. Open procedures often remain the best option for some people with valve disorders, but TAVR offers significant advantages for the right patients.

Minimally invasive TAVR procedures can be performed through a catheter—a thin, flexible tube—that is threaded to the heart with the heart still beating. TAVR offers an alternative for high-risk patients with severe aortic stenosis who may not be ideal candidates for open heart surgery due to age or underlying health conditions.

Minimally invasive valve procedures such as TAVR offer a number of advantages for patients who are good candidates, including:

- **SMALL INCISIONS:** Because TAVR allows surgeons to install a replacement valve inside the patient's original valve using a catheter, there's no need for a large incision in the chest to access the heart.
- **NO HEART-LUNG MACHINE:** Avoiding open heart surgery means the minimally invasive TAVR team doesn't need to stop a patient's heart during the procedure. As a result, the patient doesn't require a heart-lung machine to keep blood and oxygen flowing to the body.
- **FASTER CARE:** A TAVR procedure usually takes about 30 minutes to an hour, while open heart surgery typically takes about 2½ hours. Most TAVR patients go home the day after surgery, while open heart surgery patients may spend three to seven days in the hospital.
- **NO GENERAL ANESTHESIA:** Most TAVR patients only need to be sedated, while open heart surgery patients require general anesthesia.
- **FASTER RECOVERY:** Taken together, the benefits above generally mean that TAVR patients have a significantly shorter recovery time than open heart surgery patients.

ADVANCED CARE CLOSE TO HOME

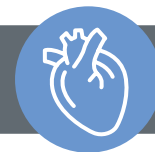
The success of the carotid artery approach using TAVR highlights JCMC's commitment to providing advanced cardiovascular care to Hudson County and area residents. This commitment has long been central to JCMC's mission.

As JCMC this year celebrates its 20th anniversary at its Grand Street location, it remains dedicated to healing, enhancing and investing in Hudson County. A key aspect of this mission is offering innovative treatments such as TAVR to expand options available to patients and potentially allow them to improve their outcomes without traveling long distances.

In 2004, the rapidly expanding facility relocated to a 15-acre campus overlooking New York Harbor and Liberty State Park. The downtown location is convenient for mass transportation and has helped attract physicians, staff and patients throughout northern New Jersey and New York City.

Significant innovations such as the carotid artery approach are possible at JCMC in part through the use of advanced imaging technology and a multidisciplinary team approach, which help ensure that each TAVR procedure is performed with precision and care, minimizing risks and maximizing patient comfort.

To learn more about transcatheter aortic valve replacement, visit www.rwjbh.org/tavr.





GUARD YOUR SKIN IN THE SUNNY SEASON

SKIN CANCER IS ON THE RISE, BUT THESE STEPS CAN REDUCE RISKS AND CATCH CANCER EARLY.

Skin cancer is becoming more common. One in two men and one in three women will develop nonmelanoma skin cancer in their lifetime. Having a nonmelanoma type makes you at higher risk of developing more skin cancers, including melanoma, the most dangerous form.

These trends are especially concerning during summer, when skin-damaging ultraviolet (UV) rays are most

intense and sunshine is most abundant. But advice from experts at RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute—the state’s only NCI-Designated Comprehensive Cancer Center—can help lower the risks of developing skin cancer, catch worrisome skin growths early and treat threats both quickly and effectively.

Here are key steps to keeping skin cancer-free.

SHIELD YOUR SKIN

Protection begins with avoiding or blocking radiation from sunlight.

- **Seek shade:** Stay out of the sun if possible, especially between 10 a.m. and 4 p.m., when UV rays are strongest. Keep in mind that UV exposure occurs even on cloudy days, and radiation from the sun can damage skin regardless of skin tone. UV rays can also bounce off surfaces such as

water, so avoid reflected light as well.

- **Cover up:** If possible, wear darker fabrics with tighter weaves, which provide the greatest UV protection, or wear clothing designed to protect against the sun. Wear a hat, preferably broad-brimmed, and UV-filtering sunglasses.
- **Apply sunscreen:** Cover exposed skin with ample sunscreen whenever you're outdoors. Don't rely on makeup for protection; slather your face with sunscreen that has a sun protection factor (SPF) of at least 30 before applying makeup. Reapply sunscreen at least every two hours.

WATCH FOR WARNING SIGNS

Be alert for anything that doesn't look right. Especially watch moles or spots for signs of dangerous melanoma that are spelled out by a memory aid known as the ABCDEs.

- **A for asymmetry:** One side of a mole doesn't match the other.
- **B for border:** Edges are irregular, ragged, notched or blurred.
- **C for color:** Color varies and may include different shades of brown, black, tan or even red, white or blue.
- **D for diameter:** A spot is larger than about the size of a pencil eraser—typical of malignant (cancerous)

moles, though malignant growths can sometimes be smaller at first.

- **E for evolution:** The mole changes in size, shape or color, or develops new traits such as growing higher or crustier.

SEEK TREATMENT

When skin cancer is caught early, treatments have high success rates. A collaborative, multidisciplinary team of RWJBH/Rutgers Cancer Institute surgical, radiation and medical oncologists along with radiologists, pathologists, nurses and social workers create an individualized plan for each patient that often includes surgery to remove cancerous cells. Methods may include:

- **Excision:** The tumor and some normal tissue around it are cut from the skin (simple excision) or shaved from the skin's surface (shave excision).
- **Mohs micrographic surgery:** A surgeon cuts the tumor from the skin in thin layers, removing as little normal tissue as possible and inspecting each layer and its edges through a microscope until no more cancer cells are seen.
- **Electrosurgery:** The tumor is cut from the skin and the area is treated with an electric current that curtails bleeding and destroys any remaining cancer cells.
- **Cryosurgery:** Abnormal tissue is destroyed by freezing it.
- **Brachytherapy:** A small pellet placed next to a tumor delivers small, precise doses of radiation to get rid of nonmelanoma cancers.
- **Advanced therapies:** A variety of immunotherapy treatments, targeted therapy, radiation and, less commonly, chemotherapy can be used for cases of advanced skin cancer and/or when patients are unable to have surgery. Clinical trials can also be considered.



BEAT CANCER

RWJBarnabas Health, in partnership with Rutgers Cancer Institute—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.

To learn more about prevention and treatment of skin cancers at RWJBarnabas Health and Rutgers Cancer Institute, visit www.rwjbh.org/beatcancer.



STILL NEW JERSEY'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER

Rutgers Cancer Institute, the state's only Comprehensive Cancer Center as recognized by the National Cancer Institute (NCI)—together with RWJBarnabas Health (RWJBH), the state's leading academic health system—scored in the “exceptional” range and was recently redesignated by the NCI, placing it among the top cancer centers reviewed in 2023.

Here, voices of leadership highlight ways in which being an NCI-Designated Comprehensive Cancer Center benefits patients.

ADVANCED CARE: “Redesignation by the NCI reaffirms the value Rutgers Cancer Institute provides to our state through research, treatment, prevention and education, and our commitment to providing integrated, cutting-edge cancer care to those in New Jersey and beyond.”


– Steven K. Libutti, MD, FACS, Director, Rutgers Cancer Institute, and Senior Vice President, Oncology Services, RWJBH

WORLD-CLASS RESOURCES: “This incredible achievement underscores the partnership between RWJBH and Rutgers Cancer Institute and our shared commitment to provide our patients and communities with access to world-class physicians, clinical trials and services that are transforming cancer care in New Jersey.”

– Mark E. Manigan, President and Chief Executive Officer, RWJBH

RESEARCH AND INNOVATION: “Through pioneering clinical trials and cutting-edge research, Rutgers Cancer Institute has evolved our understanding of this disease and helped countless families overcome devastating diagnoses.”

– Phil Murphy, Governor, New Jersey



Active 9-year-old Lily Diver loves sports and could keep practicing while she healed after open heart surgery. She looks forward to full participation as catcher on her softball team.

A HEART CARE HOME RUN

HOW AN EXPERT TEAM OF
PEDIATRIC SPECIALISTS CAUGHT AN
ACTIVE GIRL'S HEART DEFECT

In many ways, Lily Diver is a typical 9-year-old. She plays softball and basketball, and cheers with a local cheer gym. “She also loves skin care, Stanley cups and Taylor Swift,” says her mom, Denise Leonard. The youngest of three children, Lily will be in third grade at William Shemin Midtown Community School in Bayonne, where she lives with Denise, a teacher at the school.

What is not typical about Lily: She was born with a critical heart defect.

Although she had lived with the condition her whole life, she and her mother only found out about it in February. That’s when Lily was diagnosed with coarctation of the aorta by Donald C. Putman, MD, Division Chief, Pediatric Cardiology, at Cooperman Barnabas Medical Center—part of the Children’s Health network at RWJBarnabas Health—and a member of RWJBarnabas Health Medical Group.

Coarctation is a narrowing of the aorta, the main artery that carries blood from the heart to the rest of the body. The congenital (present at birth) condition forces the heart to pump harder to move blood.

While the narrowed artery can cause problems including chest pain, headaches, high blood pressure and shortness of breath, no symptoms ever stood out to Denise.

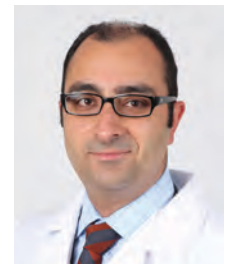
ALERT DOCTORS

Denise and Lily discovered that something was amiss almost by happenstance.

In October 2023, Denise took Lily for a flu shot. During the routine appointment, Vincent Serafino, MD, a pediatrician at Jersey City Medical Center, noticed a heart murmur. Knowing that Denise had recently undergone heart surgery for a congenital valve condition, Dr. Serafino suggested that she take Lily to a pediatric cardiologist as a precaution.



EMILE A. BACHA, MD



MARK MICHAEL, DO

Denise was referred to Dr. Putman, who conducted a thorough exam and several tests. He noted telltale discrepancies in Lily's blood pressure and pulse. "The blood pressure in Lily's right arm was 148 over 85, which is high even for an adult," says Dr. Putman. "However, the blood pressure in her left leg was 105 over 78." Such a mismatch is a classic indicator of aortic coarctation.

"Dr. Putman was very surprised that Lily wasn't experiencing any symptoms and was as active as she is," says Denise.

Now clued in to a potential problem, Denise realized in retrospect that Lily had in fact experienced headaches. "I attributed them to allergies or not wanting to go to school," Denise says. In reality, Lily's coarctation had caused severe high blood pressure that triggered head pain.

Dr. Putman ordered an electrocardiogram (EKG) and an echocardiogram, or ultrasound of the heart. He also referred Lily to the Children's Heart Center at Children's Hospital of New Jersey (CHoNJ)—part of a program at Newark Beth Israel Medical Center for treating congenital heart disease in infants, children and adults.

At CHoNJ, Mark Michael, DO, a pediatric cardiologist and a member of RWJBarnabas Health Medical Group, performed a cardiac CT scan.

The imaging not only confirmed the diagnosis but also provided important details. Lily's defect was a particularly long form known as long-segment coarctation. What's more, the arch where the aorta curves like a candy cane to deliver blood to the body was underdeveloped—a condition known as aortic arch hypoplasia.

Denise consulted Rajiv Verma, MD, Director of the Children's Heart Center, to discuss the findings and options for next steps.



DONALD C. PUTMAN, MD



VINCENT SERAFINO, MD



RAJIV VERMA, MD

COMPREHENSIVE CARDIAC CARE FOR KIDS

Children's Hospital of New Jersey (CHoNJ) is New Jersey's most comprehensive pediatric cardiac surgery center and draws patients from throughout the state and beyond.

RWJBarnabas Health also offers extensive pediatric cardiology services at the Anne Vogel Family Care and Wellness Center, part of The Unterberg Children's Hospital at Monmouth Medical Center; the Pediatric Specialty Center at Cooperman Barnabas Medical Center; and The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital in New Brunswick.

Advanced cardiac services for children available at both CHoNJ and BMSCH include lifesaving technologies such as pediatric extracorporeal membrane oxygenation (ECMO), a critical form of life support. The programs together offer care for a wide range of heart issues in children, including valve conditions, structural defects, arrhythmias, heart failure, tumors and sudden cardiac arrest.

Lily was in urgent need of treatment. But Dr. Verma, cardiac surgeon Emile A. Bacha, MD, and their team had to weigh the merits of different approaches carefully.

PLAYING THE LONG GAME

One option was to use a catheter, or tube, to reach the coarctation through blood vessels and open the narrowed passage with a balloon or stent. This minimally invasive approach, known as angioplasty, is often recommended for long-segment coarctation because it does not involve cutting the chest and recovery is relatively fast.

But a child like Lily would eventually outgrow a stent, so it later would need to be revised. "Lily was too young for a definitive transcatheter-based procedure, and her aortic arch was small," Dr. Bacha says.

The team looked to surgery as a more viable option. "Though surgery is technically challenging for a long-segment coarctation, the likelihood of Lily ever needing another procedure would be small," Dr. Verma says.

Dr. Verma explained the pros and cons to Denise. "I opted for open heart surgery because it was a fix rather than a Band-Aid," she says. "I felt that the more we can do now, the

better for Lily in the long term."

On March 8, Dr. Bacha performed Lily's four-hour surgery, repairing the aortic coarctation and reconstructing the arch by removing the narrowest portion and augmenting the entire arch with a patch.

Lily took it all in stride, asking Dr. Bacha before surgery if she could play in a championship basketball game that night. ("Let's see how you feel first," he said.)

"She was a star patient and handled everything like a champ," says Kelly Thibault, RN, MSN, CPNP, a nurse practitioner in pediatric cardiac surgery who cared for Lily from diagnosis through recovery.

While she was hospitalized, Lily's biggest concerns were matters like the availability of blue ice pops and the unpleasant taste of pain-relieving acetaminophen. "Considering that she had open heart surgery, I'll take those complaints any day!" Denise says.

Lily will need to see a cardiologist for the rest of her life, Dr. Verma says, but restrictions on her activity were short-term. She should be able to fully participate in sports this school year.

To learn more about the Children's Health network at RWJBarnabas Health, visit www.rwjbh.org/childrenshealth.

A man with glasses, wearing a white Adidas hoodie, dark blue jeans, and white sneakers with three black stripes, is climbing a rusty metal structure. He is also wearing a white bucket hat with the NY Yankees logo. The background shows a park-like setting with trees and a clear sky.

**TWO
NEW HIPS,
ONE
NEW LIFE**

TANDEM JOINT REPLACEMENT SURGERIES GET A MAN WALKING, DRIVING AND DANCING AGAIN.

For 45 years, Robert Bruce has spent workdays on the road. “Any day I’m driving, it’s a good day,” says Robert, a 64-year-old professional truck driver from Jersey City. “I see a lot of scenery on my routes, and, inside the truck, I’m my own boss.”

One day about two years ago, as he climbed into his truck, his right hip started to hurt. “I didn’t think anything of it,” he says. “I thought I was just getting old.”

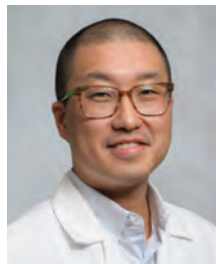
But as time went on, the pain got worse. It soon occurred in both hips. He needed to use the door handles and grab bars on his truck just to climb into the driver’s seat of his cab.

Robert lived with the pain for nearly a year. “But then it got to the point where it hurt all the time,” he says. “I couldn’t climb onto the truck anymore. I needed a helper to unload the truck. I had to go to the hospital.”

A PAIN-RELIEF PLAN

Retirement wasn’t an option for Robert—he needed to continue his career. So, he sought help at his hometown hospital, Jersey City Medical Center (JCMC), from Richard S. Yoon, MD, FAAOS, an orthopedic surgeon at JCMC and a member of RWJBarnabas Health Medical Group. “My mother-in-law had her hip replaced by Dr. Yoon about 10 years ago and highly recommended him,” Robert says.

“When Robert saw me, he was in miserable pain,” Dr. Yoon recalls. “His gait was off, and he was limping horribly.”



RICHARD S. YOON, MD, FAAOS

An X-ray revealed the full extent of the damage. “He had no cartilage left in his hips, and his hip joints were

completely obliterated,” Dr. Yoon says. “He was at the point of no return.”

Dr. Yoon’s plan: two hip replacement surgeries, spaced several months apart. For both, Dr. Yoon would use the direct anterior approach to hip replacement, a minimally invasive, muscle-sparing technique designed to accelerate healing (see sidebar).

“I was ready to have the surgeries and get them over with,” Robert says.

QUICK RECOVERIES

On January 5, 2023, Dr. Yoon performed the first surgery on Robert’s right hip. “The next morning, they got me walking and up on a stair, and I couldn’t believe it,” Robert says. “I was tempted to start walking again right then and there.”

“The direct anterior approach was ideal for Robert to allow for a rapid recovery,” Dr. Yoon says. “He was back on his feet immediately, and, after the surgery on the first side, he only needed to use a cane because we still had to do the second side.”

After physical therapy and some rest, Robert returned to JCMC on May 6, 2023, for the second surgery. Again, he was up and walking the next day. “I had no pain, no stiffness, no soreness,” Robert says.

Through it all, Robert and Dr. Yoon developed a good rapport. “He was a straight-up guy with me,” Robert says. “He treated me real nice and even had me laughing the day after surgery.”

A year after his hip replacement procedures, Robert is back to a normal life. He’s driving a truck and enjoying dinners out and dancing with Eula, his wife of 29 years. “I can do everything I want to do—even on the dance floor,” he says. “This hip surgery is the best thing that ever happened to me. I’d recommend Dr. Yoon to anyone.”

AN ADVANCED APPROACH TO TOTAL HIP REPLACEMENT

Orthopedic surgeon Richard S. Yoon, MD, FAAOS, is highly experienced in performing total hip replacement surgery and, in most cases, uses the direct anterior approach because the advanced method offers unique advantages for many patients.

In a traditional posterior approach, surgeons access the hip joint through an incision close to the buttocks. This involves cutting through the hip muscles and soft tissue.

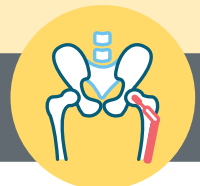
In a direct anterior approach, surgeons make an incision in the front of the hip and access it through a naturally occurring space between the muscles. This technique minimizes post-surgery pain, promotes faster healing and reduces the risk of complications.

During the procedure, patients lie on a table designed specifically for the direct anterior approach. Dr. Yoon uses interoperative fluoroscopy—a special type of X-ray—to guide the hip implant into the proper position.

“The anterior approach is probably my favorite surgery to do because patients have such good results,” Dr. Yoon says. “In fact, I sometimes have to tell patients not to overdo it during recovery because they feel so good.”

Almost anyone can benefit from the direct anterior approach when it’s performed by a skilled surgeon. (Exceptions include patients with morbid obesity, who generally don’t qualify for the approach.) “At Jersey City Medical Center, we see a lot of patients who are younger and need to remain active to make a living,” Dr. Yoon says. “The anterior approach helps them get back on their feet to live a pain-free life, return to work and take care of their families.”

For more information about joint surgery services at JCMC, visit rwjbh.org/ortho.





STIGMA-FREE SUPPORT FOR MOMS

**A NEW PROGRAM
HELPS PREGNANT
WOMEN WITH
SUBSTANCE USE
DISORDERS GET THE
CARE THEY NEED.**

It's a common scenario: A woman is pregnant but also has a substance use disorder that makes it difficult for her to quit using alcohol, tobacco, marijuana or other drugs during pregnancy. She may welcome help to overcome her disorder, yet she may also feel reluctant to speak openly about it.

To address such issues, collaboration with the Institute for Prevention and Recovery (IFPR) at RWJBarnabas Health

(RWJBH) is helping obstetric providers learn how to recognize and respond to mothers with substance use disorders to ensure they get the treatment and referrals they need.

The initiative is important because substance use and substance use disorders during pregnancy are associated with adverse outcomes for moms and babies, and are the leading cause of pregnancy-associated deaths in the state, according to the most recent New Jersey Maternal Mortality report.

Yet pregnant and postpartum women still experience barriers to treatment for substance use disorders despite many

positive changes, says Suzanne Sernal, Senior Vice President of Women's Services at RWJBH, which delivers more babies than any other health care system in New Jersey. Sernal is also co-chair of the New Jersey Perinatal Quality Collaborative, a multiyear initiative funded by the Centers for Disease Control and Prevention.

"Providers want to support their patients but often feel they are not equipped with appropriate training and resources to address the complex and challenging needs of women and families impacted by addiction," Sernal says.

In addition, stigma about substance use creates a significant barrier to care, especially for mothers. "A recent national study found that women are more likely to report stigma as a barrier to treatment compared with men," Sernal notes.

PEER RECOVERY SPECIALISTS

One example of this multi-intervention initiative is the grant-funded maternal health program being offered at Robert Wood Johnson University Hospital in New Brunswick. The design of IFPR's maternal health program builds in part on previous successes of peer-based support from recovery specialists who themselves are in long-term recovery from a substance use disorder. The new program employs maternal health recovery specialists who have also been trained as doulas.

The IFPR was awarded one of two nearly \$1 million federal maternal health grants to address substance use issues during and after pregnancy with the goal of reducing related maternal deaths.

"We are bringing all of our experts together—including the voices of women with lived experience—to design a patient-centered, integrated care model that improves engagement and retention of pregnant and parenting women in substance use disorder treatment programs," Sernal says. The new model ultimately promises to reduce stigma and barriers to care.

"The first step to decreasing mortality



AWARD-WINNING PROGRAMS

RWJBarnabas Health (RWJBH) has received numerous national accolades for maternal health services and outcomes, including *U.S. News & World Report* recognition as 2023-2024 Best Hospitals for Maternity Care for Cooperman Barnabas Medical Center (CBMC), Monmouth Medical Center (MMC), Robert Wood Johnson University Hospital (RWJUH) in New Brunswick and RWJUH Somerset.

The system has also implemented structured, evidence-based models of care for healthy moms, babies and families throughout the pregnancy journey, including:

- Centering Pregnancy, a program of clinically led group prenatal care that brings together moms with similar due dates to support healthy pregnancies and babies. It was launched at CBMC and Newark Beth Israel Medical Center and will soon be available at RWJUH.
- TeamBirth NJ, a national program to support better provider and patient communication to enhance the birthing experience and improve outcomes for moms and babies. It was launched in 2022 at CBMC and MMC, and will be expanded to include RWJUH and Jersey City Medical Center.
- The RWJBH Center for Perinatal Mood and Anxiety Disorders, a first-in-state facility that increases access to care for those affected by this most common complication of childbirth. It opened at MMC in 2017 and expanded to the Anne Vogel Family Care and Wellness Center in Eatontown and a second location at CBMC in Livingston.

is for providers to recognize substance use disorder as a medical condition that can be treated in our own hospitals and offices," says Alexis LaPietra, DO, Director of Addiction Medicine, RWJBH, and Medical Director of the IFPR. "This starts with education and empathy, which both directly address stigma."

ENCOURAGING RESULTS

Sernal points to the recent success of a mom who was connected to IFPR's services through the grant program at Robert Wood Johnson University Hospital in New Brunswick.

"The maternal health recovery specialist was able to build a trusting, stigma-free relationship with the patient, who utilized all of the services offered to her," Sernal says. Resources included attending an All Recovery Meeting—a social support gathering facilitated by peer recovery specialists—designed specifically for mothers, called Moms Healing Together.

"When the patient experienced a

crisis in her last trimester, the IFPR team responded and ensured that she was seen by familiar providers who knew her history," Sernal says. "They advocated for her, and adjustments were made to her treatment plan using a shared decision-making approach so she could be safely discharged to home."

After five months of program participation, she delivered a healthy baby boy. "This would not have been possible," Sernal says, "without the peer-based support offered to this mom."



WHERE TO CALL

If you or someone you know is pregnant or postpartum with a substance use disorder and needs support services, call the RWJBarnabas Health maternal health team at **848.303.0008**. To reach the Center for Perinatal Mood and Anxiety Disorders in Eatontown, call **862.781.3755**; in Livingston, call **973.322.9501**.

To learn more about comprehensive maternal health services available through RWJBarnabas Health, visit www.rwjbh.org/womenshealth.

A woman with long dark hair, wearing a white denim jacket over an orange floral dress, stands in a sunlit forest. She has her arms raised and is looking upwards with a joyful expression. The background is filled with green foliage and sunlight filtering through the trees.

BREATHING FREELY

A WOMAN SAYS HER LIFESAVING DOUBLE LUNG TRANSPLANT ‘CHANGED MY LIFE COMPLETELY.’

At first, Marcela Urrego’s doctors didn’t know what to think when she developed shortness of breath and severely swollen hands and ankles. Was it a thyroid problem? A liver condition? Continued investigation finally produced a startling diagnosis in 2019: The 42-year-old mother and Boonton resident had scleroderma, a rare type of autoimmune disease in which the body’s immune system overreacts and attacks healthy tissues.

“I had thought it was just a skin problem,” says Marcela, who has a 22-year-old son and a large extended family from Colombia. “When I started reading about scleroderma, I learned what a bad disease it is.”

Scleroderma causes abnormal tightening of the skin, which can affect internal organs. In the lungs, it can trigger inflammation and

Marcela Urrego is thankful that a lung transplant was able to correct life-threatening breathing difficulties from scleroderma, an autoimmune disease.

scarring, called pulmonary fibrosis, which makes breathing difficult.

Marcela's condition seriously worsened, and in March 2021, she was put on supplemental oxygen 24 hours a day, an anxiety-provoking situation. She required a wheelchair to get around. "I was in bed almost all the time," she says. "I couldn't take a shower by myself; somebody had to help me."

It was clear she needed highly specialized care, and Marcela's doctors referred her to the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), a Center of Excellence for Lung Transplantation and New Jersey's only lung transplant center.

HOPING FOR A TRANSPLANT

The NBI team determined that Marcela also had severe pulmonary artery hypertension secondary to the scleroderma and that she was a good candidate for a lung transplant. "She was very likely to benefit from the procedure by having a better quality of life and living longer," says Joshua Lee, MD, Lung Transplant Medical Director. "Her goal was to be able to spend more time with her child and her parents."

But Marcela's transplant team contended with a number of challenges.

"Her scleroderma had affected her esophagus," says Dr. Lee. "That meant she had a higher risk of aspirating [breathing in] food. After a lung transplant, aspiration could increase the risk of developing a graft injury and chronic rejection." Such an injury could cause the transplant to fail.

Use of a feeding tube for a period of time as Marcela's body adjusted to the transplant promised to reduce the risk. "This is a big challenge for many patients, but she didn't even

hesitate," says Dr. Lee. "She was willing to sacrifice in order to get through the transplant."

Yet there was another serious concern: In November 2021, Marcela contracted COVID-19 and was hospitalized. Discharged after 10 days, she developed a fever and returned to the hospital, where for five days she battled a type of severe pneumonia common in people with scleroderma.

"COVID didn't have as dramatic an effect on her lung function as we've seen in some patients," says Dr. Lee. "But we had to make sure that she was able to overcome the infection before even thinking about a transplant."

Marcela's transplant continued to be deferred as she fended off two more bouts of COVID in the months that followed.

She was finally placed on the transplant list in September 2022—and the wait for a donor organ began.

A LIFE-CHANGING SURGERY

The call that would change everything came on February 14, 2023—Valentine's Day. A fresh set of lungs was available, and Marcela's family rushed her to the hospital. "I was happy but scared," she says.

While her son and parents kept vigil in the waiting room, Marcela had bilateral lung transplant surgery performed by Jesus Gomez-Abraham, MD, Lung Transplant Surgical Director.

It was one of the first cases in New Jersey of ex vivo lung perfusion (EVLP), a highly specialized lung bioengineering organ preservation system. NBI is among several programs in the U.S. that participated in EVLP research and FDA-approved clinical trials—important milestones for the only lung transplant center in New Jersey.

When Marcela regained consciousness, she looked out the window from her hospital bed and thought, "Thank you, Lord." Her son remained at her bedside during her monthlong hospital stay.

Marcela slowly regained strength. She proceeded with having a feeding tube after the surgery but before long was able to start eating again. No longer tethered to an oxygen tank, she breathes freely.

Immunosuppressive medications that Marcela takes to prevent her body from rejecting her new lungs have calmed her overactive immune system. In April, she even passed a high-altitude simulation test at Cooperman Barnabas Medical Center, clearing her for travel to visit relatives in Colombia.

"She can now eat, drive, shop and do activities that she couldn't have dreamt of doing before her transplant," says Dr. Gomez-Abraham. "She is doing very well and enjoying the gift of life."

"The first year after transplant is crucial," says Dr. Lee. "If patients can get through it without major issues, their survival prospects and prognosis become better. And Marcela has done that."

He credits Marcela's success to the many NBI people who are involved in the transplant process, from procurement of lifesaving organs to post-transplant rehabilitation.

"It's really a team effort that includes our nurse coordinators, nurse practitioners, pharmacists, social workers, transplant surgeons, anesthesiologists, therapists, nurses and many others," says Dr. Lee. "We work collaboratively to make sure our patients have the best possible outcomes."

"We provide not just the transplant, like EVLP with lung bioengineering, but also a conglomeration of multispecialty and multidisciplinary services that are needed in conjunction with transplants—an approach that makes us successful," says Dr. Gomez-Abraham.

"Getting a transplant has changed my life completely," says Marcela. "I am very grateful."



JESUS GOMEZ-ABRAHAM, MD



JOSHUA LEE, MD

To learn more about lung transplants at RWJBarnabas Health, visit www.rwjbh.org/lungtransplant.





STAY SAFE THIS SUMMER

HOW TO PREVENT COMMON CAUSES OF SEASONAL INJURY AND ILLNESS

From hikes in the woods to days at the beach, there's no shortage of amazing summertime adventures throughout the Garden State. Yet the increase in outdoor activities also raises the risks for injuries.



SCHUBERT PEROTTE, MD

“You can have a fun—and healthy—time by creating an environment

of prevention in advance,” says Schubert Perotte, MD, Chair of Emergency Medicine at Jersey City Medical Center. “Set ground rules with children and always pack enough water, sunscreen and protective gear to keep everyone hydrated and safe.”

Here, Dr. Perotte unpacks seven common reasons for summertime emergency department visits and offers tips to help you avoid them.



SEVERE SUNBURN

Sunburn can be an emergency. While minor-to-moderate sunburns can be treated at home with aloe vera and other over-the-counter remedies, severe sunburn requires emergency treatment. Warning signs include blistering skin and uncontrollable pain. These symptoms may take 12 to 24 hours to develop. Steps to prevent sunburn include using a sunscreen with a sun protection factor (SPF) of 30 or higher. Reapply it every two hours and every time you come out of the water.



HEAT-RELATED ILLNESS

These types of illnesses happen when your body can't cool its core temperature on its own. Heat exhaustion is marked by heavy sweating, dizziness, nausea and thirst. When heat exhaustion becomes heatstroke, it can cause confusion and even unconsciousness.

Heatstroke is a medical emergency—call 911. Older people are typically more likely to suffer from heatstroke. To limit your risk of heat-related illness, stay properly hydrated. Water and fluids with electrolytes are the best options; limit soda and alcohol. Avoid outdoor exercise or other physical activity during the hottest times of day, typically early to mid-afternoon.



FIREWORKS-RELATED INCIDENTS

Fireworks are a time-honored summer tradition, but when used improperly, they can lead to serious burns, deep cuts and eye injuries. Reduce your risk by using legal fireworks and following all safety guidelines on the package. Never light fireworks in your hand. Leave duds alone; don't walk up to them to see why they didn't ignite. Douse all used fireworks in a bucket of water. If you have any doubts about handling fireworks safely, attend a community event and leave the seasonal show to professionals.



SPORTS INJURIES

A little planning can help you stay on the field or court longer and avoid injuries like muscle sprains, muscle strains and twisted ankles. Always stretch and perform warm-up exercises prior to starting any kind of physical activity. Give yourself time to cool down after you play. Stay properly hydrated. If you're cycling, skateboarding or riding a scooter, always wear a helmet. Avoid aggressive speed and maneuvers when bicycling, riding a personal watercraft or operating any type of vehicle.



PLAYGROUND MISHAPS

Trips and falls on the playground can lead to scrapes, bruises and lacerations. Keep children safe by always supervising them and limiting running and horseplay as much as possible. Look for playgrounds with softer ground cover, such as rubber or mulch instead of asphalt or concrete. Discourage high-risk activities such as pushing a child higher on a swing than they find comfortable.



TICK BITES

Deer ticks are most active in late spring and early summer. A tick bite can lead to an emergent condition called babesiosis, a bloodstream infection that brings flu-like symptoms such as body aches. Tick bites can also cause Lyme disease, a chronic condition marked by fatigue and joint soreness. Ticks can bite anywhere—in the woods or even in your backyard. Prevention includes wearing moisture-wicking, long-sleeved shirts; long pants; and tall socks to cover your skin. Most people don't feel tick bites, so check yourself for ticks or signs of a bite when you step back inside.

SMART WAYS TO PREVENT DROWNING

According to the Centers for Disease Control and Prevention, accidental drownings lead to about 8,000 emergency department visits nationwide each year. Ways to reduce the risk of drowning and potentially save a life include:

- **KNOW:** Small children can drown in shallow water.
- **SUPERVISE:** Make sure at least one adult swimmer provides constant supervision of any children near or in the water.
- **PROTECT:** Install fences and gates around home pools. Consider adding an alarm that alerts you anytime someone goes into the water.
- **RESTRICT:** Prohibit children from running around the outside of pools to reduce the risk of slips and falls.
- **TEACH:** Enroll children in swim lessons. Make sure they wear life jackets, vests and floaties in the water if they can't swim.
- **JUMP:** Never dive headfirst into water unless you know how deep it is. Instead, wade in or jump in feetfirst.
- **RESPECT:** Always swim near a lifeguard. Heed red-flag warnings for high rip currents at the shore. If you get caught in a rip current, swim parallel to the shore.



BARBECUE HAZARDS

Don't let a friendly get-together go bad. Never light a gas grill with the lid closed. Use only the amount of lighter fluid you need to start a charcoal grill. Cook any meat, seafood or poultry thoroughly. And keep food—along with your guests—safe by refrigerating leftovers so they don't spoil in the sun.

To learn more about emergency medicine at RWJBarnabas Health, visit www.rwjbh.org. If you are having an emergency, immediately call 911.



TEAMING UP WITH GOTHAM FC

RWJBARNABAS HEALTH BECOMES THE OFFICIAL HEALTH CARE PROVIDER FOR THE NWSL CHAMPION SOCCER CLUB.

Behind any elite professional sports team stands another team: a medical corps that keeps players healthy and performing at a high level.

To strengthen that support, NJ/ NY Gotham FC, the reigning National Women's Soccer League champions, recently announced that RWJBarnabas Health (RWJBH), New Jersey's most comprehensive academic health care system, will be the club's official health care provider.

The multifaceted partnership reflects Gotham FC's commitment to high-

quality player care and aligns with RWJBH's and Gotham FC's joint mission to build healthier communities.

RWJBH delivers best-in-class sports medicine and overall health care services to Gotham FC. The relationship offers the club the added advantage of harnessing resources and centers of excellence throughout the RWJBH system.

Jason Krystofiak, MD, CAQSM, Chief, Section of Sports Medicine, Cooperman Barnabas Medical Center (CBMC), will serve as the chief medical officer for Gotham FC. Dr. Krystofiak is also Medical Director of Sports Medicine and Medical Director of the Matthew J. Morahan III Health Assessment Center for Athletes at RWJBH. He currently serves as a team physician for Rutgers University Athletics and is the team physician for Rutgers Football.

Peter DeLuca, MD, Chief of Orthopedic Sports Medicine, CBMC,

will serve as the head team orthopedic physician for Gotham FC. Dr. DeLuca is the former head team physician for the Philadelphia Eagles and head of team orthopedics for the Philadelphia Flyers, and currently serves as a team physician for the New Jersey Devils.

Both Dr. Krystofiak and Dr. DeLuca are members of RWJBarnabas Health Medical Group.

COMPREHENSIVE CARE

"Care of elite athletes is very broad, and it takes a team effort from top to bottom," Dr. Krystofiak says. "Everyone plays a role, and for athletes who are performing at the highest level in the world, every aspect of health needs to be optimized."

A player who is injured or ill not only needs to have her health needs addressed appropriately but also needs to heal safely—and as quickly as possible. "Optimizing all aspects of



PETER DELUCA, MD



JASON KRSTOFIAK, MD, CAQSM



HOME GAME TICKETS

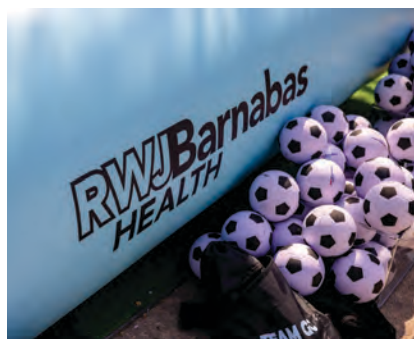
RWJBarnabas Health encourages you to visit a Gotham FC home game this season. Scan this code to purchase tickets at a special discounted rate.



health puts players in the best possible position to excel,” Dr. Krystofiak says.

Members of the health care team include not only the lead RWJBH physicians but also physical therapists, dietitians, athletic trainers, and sports science and performance experts, along with a wide variety of medical specialists and subspecialists.

“It’s imperative to have good communication among everyone on the team,” says Dr. DeLuca. “Players need their health back in order to perform, and part of our role is to ensure that everyone



The partnership between RWJBarnabas Health and Gotham FC will not only keep the team’s athletes healthy and performing at the highest levels but also promote community health through measures such as education, screenings, family-focused programming and integration with youth sports.

knows what the player can do based on a medical evaluation.”

Partnering with RWJBH helps expedite care in part by having world-class experts and resources—including diagnostic imaging technologies such as MRI and CT scans—readily accessible through a single integrated health care system.

RWJBH care for the club’s players includes performing physicals and examinations, and working with trainers and players to communicate about diagnoses, conditions, rehabilitation plans and preventive strategies to best support player fitness while keeping athletes on the field and performing at the highest level.

ENGAGING THE COMMUNITY

Among other initiatives, RWJBH and Gotham FC will also develop meaningful community outreach and education programs to engage with local communities on the importance of proper nutrition, healthy habits and preventive measures.

“As women’s professional sports continues to grow, this partnership will further support our women’s health initiatives and our joint mission of building healthier communities,” says Mark E. Manigan, President and Chief Executive Officer, RWJBH.

Additional highlights of the partnership include hospital visits, player appearances, and community-based programs and special events such

as on-site fan engagement at Gotham FC’s home stadium, Red Bull Arena, along with health and wellness education and health screenings. The partnership will further include family-focused programming and integration with youth camps.

“Gotham FC is proud to welcome RWJBarnabas Health as the club’s official health care provider,” says Yael Averbuch West, Gotham FC General Manager and Head of Soccer Operations. “The partnership will provide exceptional care to our world-class roster of players, with services administered by renowned sports medical professionals who will help keep players performing at their peak levels.”

“With medical care at the forefront, we look forward to integrating our partnership far beyond the playing field,” says Gotham FC Senior Vice President of Partnerships Nan Vogel. “Through the development of new programming, together we will celebrate building healthy lifestyles and deliver great patient experiences, and collectively our impact will reach far into the communities we serve.”

“For RWJBH and our team of providers to be caring for the most elite women soccer athletes in the world is a wonderful opportunity,” Dr. Krystofiak says. “These players, who are of Olympic and World Cup caliber, are amazing athletes on the field and outstanding individuals off the field. It’s a privilege to be part of their health care team.”

To learn more about RWJBarnabas Health, visit www.rwjbh.org.
To learn more about Gotham FC, visit www.GothamFC.com.



The best kind of back support is spine care close to home. Do it right. Here.

Find relief with our board certified specialists just minutes away.

When you need treatment for spinal problems, even the thought of traveling out-of-state for care can be painful. At RWJBarnabas Health, our orthopedic surgeons and neurosurgeons work with you to create a personalized treatment plan, right in your own community. We offer non-surgical treatments in addition to the latest surgical techniques, such as reconstruction, minimally invasive robotic surgery and endoscopic spine surgery. [Visit **rwjbh.org/spine** to learn more.](http://rwjbh.org/spine)

RWJBarnabas
HEALTH

Let's be healthy together.

