

healthy *together*

NEW HOPE FOR
SPINAL CORD PATIENTS

SUBSTANCE USE
DISORDERS
HELP FOR MOMS

NEW LUNGS,
NEW LIFE

EXPERT CARE
FOR A DANGEROUS
HEART
DISEASE



*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

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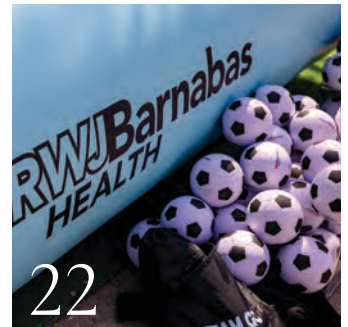
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Inpatient rehabilitation and the True Grit Spinal Cord Program helped Adrian Lanza (right and above, far right) adapt to an active life that includes outings such as getting Italian ice with members of his family and playing adaptive golf (below).

‘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. 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.

"Typical feedback I get after training

is, 'Wow, this opens my eyes and makes a lot of sense,'" says Jaime Basile, LCSW, therapist for the Stepping Stones outpatient program at the Behavioral Health Center. "The new approach is less 'What's wrong with you?' and more 'What happened to you?' It helps to understand that someone behaves the way they do because it's what they know, and they're doing the best they can."

Basile also sees how the approach reduces

vicarious trauma in staff. "It helps prevent me from feeling burned out," says Basile, who values monthly self-care sessions in which staff can talk about their own issues.

"Trauma-informed care may be the most important training we've ever provided," Powasnick says. "Once you learn it, you can't turn it off."



Among those gathered at a March 4 ribbon-cutting ceremony for the new Medical/Behavioral Specialty Unit at Monmouth Medical Center Southern Campus (MMCSC) were (from left) Raymond Coles, Mayor, Lakewood; Mark E. Manigan, President and Chief Executive Officer, RWJBarnabas Health (RWJBH); Nicole Powasnick, Chief Nursing Officer, RWJBH Behavioral Health Center; Philip Passes, DO, Chief Administrative Officer, Monmouth Medical Center (MMC)/MMCSC; Mabel LaForgia, Chief Nursing Officer, MMCSC; Frank Ghinassi, PhD, Senior Vice President, Behavioral Health Services, RWJBH, and President and CEO, Rutgers University Behavioral Health Care; and Eric Carney, President and CEO, MMC/MMCSC.

A NEW UNIT FOR MEDICAL/BEHAVIORAL CARE

In March, Monmouth Medical Center Southern Campus (MMCSC) announced the opening of a new Medical/Behavioral Specialty Unit dedicated to the comprehensive care of patients with behavioral health needs. The unit provides safe care for hospitalized adults who have both medical and psychiatric illnesses.

Located in a secure, limited-access area of the hospital, the eight-bed unit is staffed by a dedicated team of nurses, clinical care technicians and mental health associates who are trained in both medical/surgical and behavioral health care.

Mental illnesses are among the most common health conditions in the United States, and underlying medical conditions such as heart disease or diabetes that require specialized care often go untreated due to behavioral health issues.

"We are very excited about this opportunity to deliver exceptional care to those who need it the most in our community and throughout the RWJBarnabas Health system," says Philip Passes, DO, Monmouth Medical Center/MMCSC Chief Administrative Officer.

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





SOLUTIONS FOR A PROTEIN PUZZLE

A NEW CENTER OFFERS DIAGNOSIS AND PERSONALIZED TREATMENTS FOR CARDIAC AMYLOIDOSIS.

Amyloidosis is sometimes described as mysterious. Caused by an abnormal protein that accumulates in organs such as the heart, kidneys, nerves or liver, amyloidosis is both rare and often



SABAHAT BOKHARI, MD



PARTHO SENGUPTA, MD

misdiagnosed—or undiagnosed.

That's partly because symptoms of amyloidosis can be subtle and often involve multiple organs at once. Symptoms frequently overlap with those of other conditions, including heart failure, renal failure, carpal tunnel syndrome and neuropathy.

But one aspect of amyloidosis is not a mystery: Variations of the disease can be fatal—often within years or even months—if left untreated.

Although scientists have long known about amyloidosis, a range of diagnostic tools and treatments have recently been developed as researchers increasingly

unravel the disease's protein puzzles.

Now Robert Wood Johnson University Hospital (RWJUH) in New Brunswick and Rutgers Robert Wood Johnson Medical School (RWJMS) have established the Cardiac Amyloidosis and Cardiomyopathy Center. Located at RWJUH, the multidisciplinary center seeks to diagnose patients with amyloid conditions earlier and treat them more effectively.

WORLD-CLASS EXPERTISE

Patients in the Cardiac Amyloidosis and Cardiomyopathy Center at RWJUH will benefit from specialists in a wide range



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.

of disciplines, including cardiology, neurology, hematology, nephrology, pathology and bone marrow transplantation.

Clinical teams will work to identify different forms of the disease and develop an effective, personalized treatment plan for each patient.

Sabahat Bokhari, MD, an internationally recognized amyloidosis expert, will serve as director of the center, the first program of its kind in New Jersey. Dr. Bokhari is also a professor in the Division of Cardiovascular Disease and Hypertension at RWJMS and will be the Director of Advanced Cardiac Imaging at RWJUH as well as Program Director of the Advanced Cardiac Imaging Fellowship Program.

Dr. Bokhari has served as Director of Nuclear Cardiology and Advanced Cardiac Imaging at the New York-Presbyterian Hospital/Columbia University Medical Center and at Lehigh Valley Heart and Vascular Institute, in Pennsylvania. He has trained candidates from top-tier cardiology programs throughout the country.

“Amyloidosis can be a serious medical condition if it is not diagnosed properly,” Dr. Bokhari says. “Our center combines expertise across a broad range of disciplines with the most advanced cardiac imaging capabilities to identify these conditions much earlier and develop individual treatment plans that will give patients the best chance to live longer, healthier, more active lives.”

ADVANCED DIAGNOSIS

Dr. Bokhari has made significant contributions to the proper diagnosis of amyloidosis.

He pioneered the development of a noninvasive imaging method called technetium-99m pyrophosphate scintigraphy (PYP) imaging, which is used worldwide and is recommended

WHAT IS AMYLOIDOSIS?

Amyloidosis is a rare disease in which an abnormal protein accumulates in vital organs, causing significant damage. In the heart, for example, it stiffens walls, making it more difficult for blood to be pumped through the body.

Nearly all amyloidosis cases fall into two types:

- AL amyloidosis, also called primary amyloidosis. If left untreated, AL amyloidosis can be fatal in six months.
- Transthyretin cardiac amyloidosis. In this category are two subtypes: hereditary and wild type. Hereditary, or familial, amyloidosis can be fatal in 2½ to 3½ years on average.

Amyloidosis can have a range of effects depending on how it affects different organs, which can include the heart, kidneys, nerves and liver.

In the heart, for example, a reduced ability to fill chambers with blood and pump blood with each beat can cause shortness of breath. If amyloidosis affects the heart’s electrical system, it can cause heart rhythm problems. Amyloid-related heart problems can become life-threatening.

In the kidneys, amyloid protein buildup can harm the kidneys’ filtering system, affecting the ability to remove waste products from the body, which potentially can lead to kidney failure.

In the nervous system, amyloidosis can cause nerve damage that may trigger pain, numbness or tingling of the fingers and feet. If amyloid protein affects nerves that control bowel function, it can cause periods of alternating constipation and diarrhea. Damage to nerves that control blood pressure can make people feel faint or lightheaded.

Other possible symptoms of amyloidosis include an irregular heartbeat, shortness of breath, severe fatigue and swelling in the legs and ankles.

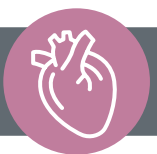
by the American College of Cardiology, the American Heart Association and the American Society of Nuclear Cardiology for evaluating a form of the disease called cardiac transthyretin amyloidosis.

A physician who suspects amyloidosis will monitor a patient closely with several screening tests, including a PYP scan.

The scan uses a radioactive form of a substance called pyrophosphate, which is injected into an arm vein. Patients then undergo a CT (computed tomography) scan to identify telltale abnormalities that indicate cardiac amyloidosis. The scan can even tell what form of amyloidosis an individual may have.

“Dr. Bokhari brings a wealth of knowledge in this field and the capabilities to dramatically impact the health of people in New Jersey and the region,” says Partho Sengupta, MD, FACC, Chief of the Division of Cardiovascular Disease and Hypertension at RWJMS and Chief of Cardiology at RWJUH. “A center like this can only exist at an academic medical center where there is broad expertise across many disciplines that can be convened to benefit patients. Dr. Bokhari is enabling that for our state and beyond, and will advance our vision for academic medicine enabled by technology and collaboration.”

To learn more about the Cardiac Amyloidosis and Cardiomyopathy Center at Robert Wood Johnson University Hospital, call **866.NJAMYLOID (866.652.6956)** or visit **www.rwjbh.org/rwjuhamyloidosis**.





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.

NOW AT BAT: INJURY PREVENTION

FOLLOWING BEST PRACTICES CAN HELP KEEP YOUNG BASEBALL PLAYERS SAFE AND HEALTHY.

Baseball season is here, with many young athletes not only benefiting from its combination of physical activity and coordination but also learning important lessons about teamwork and leadership.

But as with most sports, baseball also comes with risks. Repetitive throwing and improper technique can lead to injuries that sideline young players, and it's best for players, parents and coaches

to stay abreast of best practices to minimize potential problems.

"Many baseball injuries are preventable," says Christopher Spagnuolo, MD, an orthopedic surgeon



CHRISTOPHER SPAGNUOLA, MD

with RWJBarnabas Health (RWJBH) partner Seaview Orthopaedic & Medical Associates who is on staff at Monmouth Medical Center, an RWJBH facility, and is team physician for the Jersey Shore BlueClaws minor league baseball team. "By focusing on proper mechanics and responsible pitching practices, we can ensure that young players stay healthy and enjoy America's pastime through adolescence and into adulthood."

COMMON CAUSES

Among the most common issues are overuse injuries, particularly in the elbow and shoulder. These often occur when repetitive throwing creates stress on growth plates—areas of bone that are weaker than mature bone in developing children and adolescents.

Studies have linked pitch count and injury risk. Major League Baseball and

other organizations publish a variety of guidelines and best practices to keep young players healthy. These include setting and following limits on the number of pitches that athletes should throw daily.

Throwing mechanics are another important consideration. "Improper throwing motion puts undue stress on certain joints and muscles, which may increase the risk of injury," says Dr. Spagnuolo. "Qualified and experienced coaches who can teach proper mechanics are essential."

Pitchers should strive for a smooth, controlled motion that engages the entire body, not just the arm, Dr. Spagnuolo says. "Young players should learn to throw a fastball first, followed by a changeup," he notes. "Certain types of pitches, such as curveballs, can lead to an increased chance of arm injury and are not recommended for younger athletes."



He also advises caution about playing multiple sports simultaneously, which can increase the likelihood of overuse injuries if proper rest and recovery aren't prioritized.

"Open communication between coaches, parents and other caregivers is vital," says Dr. Spagnuolo, who points out that adults may need to pull back enthusiastic team players to keep them safe and healthy. "Coaches should be aware of a player's participation in other sports and be willing to adjust playing time and practice intensity accordingly. Parents, meanwhile, should be alert for signs of fatigue or pain."

PRINCIPLES FOR PLAYERS

A variety of additional best practices can help baseball players—and other young athletes—perform at their peak while maintaining optimal health:

- **Use proper equipment:** A well-fitting glove and appropriately sized bats can help prevent hand and wrist injuries. Regulation helmets for batters are crucial to safeguard against risks of serious injury or even death.
- **Warm up and cool down:** Warm-up activities, including light cardio, arm circles and stretches, are essential before throwing or playing. Stretching after a game can also help prevent strain and soreness.

- **Increase strength and conditioning:** A strong core and muscular system can provide stability and help absorb forces generated during pitching and throwing. Age-appropriate strength training programs can reduce injury risk and improve athletic performance.
- **Take time to rest:** Many eager young players are tempted to get out on the field and play as often as possible, but they need to allow ample time for rest and recovery.
- **Listen to your body:** Even as parents and coaches monitor young athletes, it's important for players to monitor themselves as well. Pain is the body's way of saying something is wrong. In today's competitive youth sports environment, young players should never feel pressured to "play through the pain" but should communicate discomfort to parents and coaches so appropriate steps can be taken.

"When it comes to baseball or any youth sport, if you aren't having fun, then something is wrong," says Dr. Spagnuolo. "By encouraging proper education and communication, emphasizing the importance of injury prevention and reminding young players to speak up, we can keep athletes safe and let them focus on the most important parts of the game: working together as a team, staying fit and healthy, and having fun."



Celebrating recertification by the Joint Commission at Monmouth Medical Center's Joint Replacement and Spine Center are (from left) Dana Delatush, RN, MSN, AGPCNP-BC, Clinical Director, Todd 6 East and Greenwall 6; Jason Cohen, MD, Chair of Orthopedic Surgery; David Chalnack, MD, Medical Director of Joint Replacement Surgery; and Nicole Wilps, RN, BSN, Assistant Clinical Director and Joint and Spine Surgery Program Coordinator.

ACHIEVING JOINT COMMISSION CERTIFICATION—AGAIN

Monmouth Medical Center (MMC) has achieved Joint Commission Disease-Specific Certification for Total Hip, Knee and Spine Surgery in recognition of the program's commitment to excellence in providing care for joint replacement and spine surgery patients.

MMC has held the certification for 13 years, reflecting the center's world-class care from experienced, board-certified physicians as well as low complication rates, outstanding outcomes and high patient satisfaction.

The recertification came with positive feedback from the Joint Commission's surveyor, according to MMC's Jason Cohen, MD, Chair of Orthopedic Surgery, and David Chalnack, MD, Medical Director of Joint Replacement Surgery. Aspects of the program that garnered praise included physician and leadership support, collaboration and teamwork, research-based recovery protocols including pain management, and community involvement such as former joint replacement patients who volunteer to coach new patients.



For more information about orthopedic and sports medicine services at RWJBarnabas Health, 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.



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.

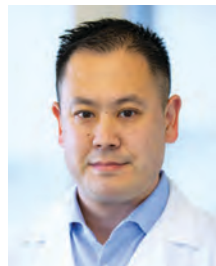
"It's really a team effort that includes our nurse coordinators, nurse practitioners, pharmacists, social workers, transplant surgeons, anesthesiologists, therapists, nurses and many others," says Dr. Lee. "We work collaboratively to make sure our patients have the best possible outcomes."

"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.



GERARDO CHIRICOLO, MD

"Given our proximity to the beach, we see a spike in emergency

department visits each summer, but many of them can be prevented," says Gerardo Chiricolo, MD, Chair of the Emergency Department at Community Medical Center in Toms River. "By taking a few precautions, you can enjoy the fun and sun responsibly and avoid a trip to the hospital."

Here, Dr. Chiricolo 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.



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.



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.



PLAYGROUND MISHAPS

Trips and falls on the playground can lead to scrapes, bruises, fractures 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. Jumping on trampolines and climbing monkey bars in particular are very high-risk activities.



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 be 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. Certain bug sprays can also help keep ticks away. Most people don't feel tick bites, so check yourself for ticks or signs of a bite when you step back inside.



FIREWORKS-RELATED INCIDENTS

Fireworks are a time-honored summer tradition, but when used improperly, they can lead to serious burns, deep cuts, blast-type injuries 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.

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, allow it to carry you until you are able to swim parallel to the shore. Do not swim against the current, as this will tire you out and put you at risk of drowning.



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,

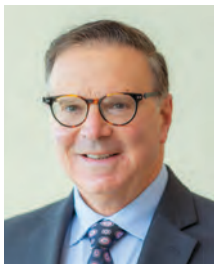
will serve as the head team orthopedic physician for Gotham FC. Dr. DeLuca is the former head team physician for the Philadelphia Eagles and head of team orthopedics for the Philadelphia Flyers, and currently serves as a team physician for the New Jersey Devils.

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 KRYSSTOFIAK, MD, CAQSM



HOME GAME TICKETS

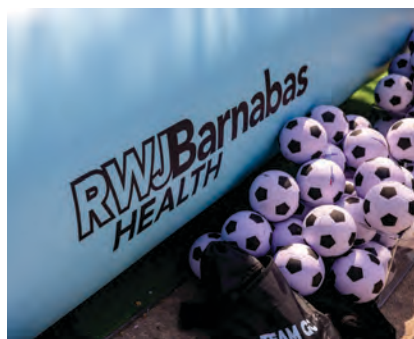
RWJBarnabas Health encourages you to visit a Gotham FC home game this season. Scan this code to purchase tickets at a special discounted rate.



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.



Once you decide to see a doctor about your joint pain, your next decision is equally important. Do it right. **Here.**

When you need relief from joint pain, you want nothing less than the highest level of orthopedic care. At RWJBarnabas Health, you'll find board-certified surgeons using the latest treatments and technology, including robot-assisted joint replacement and other minimally invasive procedures, with physical therapy right on site. [Visit **rwjbh.org/ortho** to learn more.](http://rwjbh.org/ortho)

RWJBarnabas
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