

## From the Office of Dr. Christopher S. Ahmad

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ACL Reconstruction
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### Favorite Links

#### Dr. Ahmad's Website

*Keep up to date with Dr. Ahmad's research and any new happenings from our team and new patient stories.*

#### Baseball Health Network

*Visit Baseball Health Network to get more baseball-oriented advice from Leaders in the Baseball World...including Dr. Ahmad!*

#### Purchase Skill By Dr. Ahmad

*Dr. Ahmad is the author of this easy-to-read page turner that will help anyone harness that skill they want to master.*

#### Crutches-4-Kids

*Crutches-4-Kids is a non-profit organization that collects and distributes crutches to underserved communities worldwide.*



## Meet *Team Ahmad* of the renowned Columbia University Medical Center's Orthopaedic Department

Mercedes Maier joined *Team Ahmad* in 2015, serving as Dr. Ahmad's Office Coordinator. Mercedes has been a part of the Columbia Orthopaedic family for 3 years having previously worked at the

Midtown location. While in Midtown, she was the Front Desk Lead and found her real passion: managing the quality of patient centered care. Mercedes graduated from CUNY City College with a degree in Graphic Design and worked for several years in design before redirecting to a more customer-service-focused field. Her passion for customer service led her into the medical field beginning with obtaining a Certification in Spanish Medical Interpreting. She began her interpreting career by volunteering her time at Mount Sinai Eye and Ear Infirmary. Working there as an interpreter provided Mercedes the fulfillment she never found in the graphic design world. The ability to make a real difference in the patient's experience during what is usually a very stressful time in their lives is as important to her as it is to the patient themselves. In her role, Mercedes acts as a liaison between *Team Ahmad* and our patients. She provides real-time support to her colleagues and keeps the clinical team abreast of any issues that may arise to better manage functions of the office. Patients are Mercedes' Number One concern and keeping great communication is key. Acting as the Office Coordinator to one of the most prestigious Orthopedic Surgeons is a privilege she enjoys daily.

*Dr. Ahmad on Mercedes:* "Mercedes joining our team has really rounded out our team. She goes above and beyond for all of our patients and our team has benefitted greatly from having her!"

## Contact Us

### **Dr. Ahmad's Office**

(212) 305-5561

### **Surgical Scheduling**

(212) 305-0622 – Ask for Jessie!

***We see patients in  
Midtown, Fort Washington  
Avenue, Tarrytown, and  
Englewood.***



Team Ahmad would like to wish all of our teachers and student-athletes the best of luck in the upcoming school year both in the classroom and on the athletic fields!

## **Athletic Trainers: What's in your "kit"?**

The summer ended long ago for the athlete's guardian angels – the Athletic Trainers (ATs). Athletic trainers stand at the ready at every football game from the youth levels all the way to professional ranks. They're quietly pacing the sidelines with soccer coaches and volleyball coaches as well during the fall seasons. Chances are, if there is a game being played, these dedicated professionals are sitting waiting for action. Unfortunately, that "action" comes at the price of an athlete getting injured or needed some sort of medical attention. Here we offer both physical and skillful tools that every AT should have in their kit when covering a game whether it is football game, soccer match, cross-country meet, or any sporting event.

### **Personal Skills**

- Know your athlete. Having a great rapport and developing trust with your athletes can make the world of difference. It may be the difference in that athlete disclosing they're dizzy after a big hit, or as simple as an ankle tape job.
- Introduce yourself to the visiting AT, coaching staff, and referees – building relationships not only helps gain trust in the event of a serious injury but also speaks volumes to the AT that makes themselves available.
- Create a professional relationship with your team physician. He or she holds the key in how much or how little you will be allowed to perform. Gaining their trust will be key in establishing yourself as a key player and health-care professional.
- Be aware of your surroundings – texting isn't an epidemic only in the athletic population ATs cover.



#### Physical Tools

- The “Trainer’s Angel” is a must have for all football-covering ATs. If one is not available, a cordless drill is a great option for quick helmet removal. Be aware of the helmets your team may have – quick release buttons on the facemask are becoming more popular in the newer helmets.
- Hone your evaluation skills! That sideline knee evaluation may be able to help mentally prepare your athlete for the devastation of an ACL tear confirmed by the Team Physician.
- Don’t forget to keep your sideline kit fully stocked. It can be embarrassing if you’re not prepared. Every professional is different and what one AT needs may be vastly different than another. For a comprehensive list of supplies you may want to stock your kit with reach for your *Arnheim’s Principles of Athletic Training* book by William Prentice.



To find out more about Athletic Trainers visit the [National Athletic Trainers’ Association website](#) and the [NATA’s public outreach site](#). If you’re in the office and want to find out more about ATs and what they can do, feel free to ask Team Ahmad’s athletic training expert, Frank Alexander.

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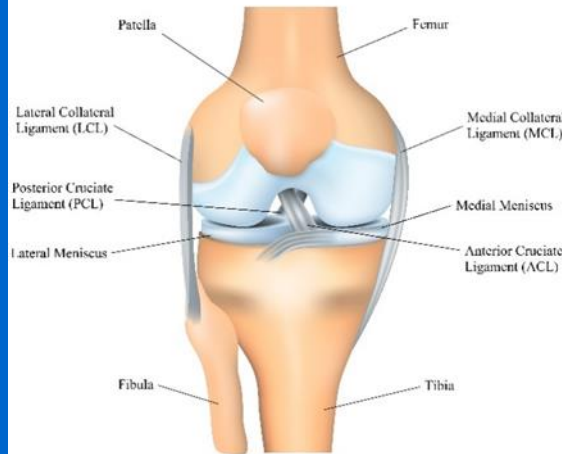
## Athletic Trainers: What’s in your “kit”?

Mariano Rivera, Lindsey Vonn, Adrian Peterson. Aside from being elite professional athletes they have something else in common. Like so many other athletes, they have torn their anterior cruciate ligament (ACL). When discussing athletic knee injuries, ACL tears are a pretty hot topic especially in the fall season. From the brief list above, you can see athletes of all ages and sports can be affected by an ACL tear.

If you’re on Twitter and follow the ACL Recovery Club (@ACLrecoveryCLUB) you will see 22 NFL athletes have torn their ACL. Yes, you read that correctly, 22 - and that is just the pre-season! The regular season doesn’t officially start until September 11<sup>th</sup> and already too many athletes are lost to the Injured Reserve. Not only do ACL tears affect the professional ranks, but the younger levels of competition as well. Research by Dr. Ahmad and other leading professionals has shown that each fall season, at least one female soccer player per team will wind up tearing her ACL. Females are more susceptible to ACL tears due to physiology, however, males are not immune to this season ending injury.



First we'll discuss the knee anatomy to become oriented, then we'll discuss ACL reconstruction surgery and recovery. The knee is a hinge joint comprised of four bones: the femur (thigh bone), patella (knee cap), and the tibia and fibula (shin bones). There are 4 main ligaments of the knee:



the posterior cruciate ligament (PCL), medial collateral ligament (MCL), lateral collateral ligament (LCL), and the ACL. The ACL is considered the main stabilizer of the knee. There is also a C-shaped piece of cartilage that acts as a *shock absorber* between the femur and tibia called the meniscus. When the ACL is injured, it is typically a non-contact injury where the athlete is decelerating, the foot is planted, and the knee twists. Commonly associated with ACL tears is meniscus and/or MCL injuries.

The athlete will typically head to the sideline where an assessment of the knee is performed by their athletic trainer or Team Physician. This evaluation can give a primary indication of the status of the ACL. However, an MRI scan is needed to determine the extent of the injury.

Unfortunately, an ACL tear will not heal on its own and, in many cases, will require an ACL Reconstruction. Like nearly all surgeries Dr. Ahmad performs, an ACL reconstruction is done as an out-patient procedure where the patient goes home the same day of surgery the vast majority of the time. The surgery itself takes roughly 1 hour, but the patient can expect to be spending 3-4 hours in the post-anesthesia care unit (PACU). Between arrival time, surgical time, and time spent in the PACU, the patient should expect to spend the whole day at the surgical facility. For this procedure, a regional anesthetic and sedation is used. The regional anesthetic comes in the form of a nerve block which can last 8-24 hours post-operatively. ACL reconstruction is done mostly in the arthroscopic setting where two small incisions are made on either side of the knee cap and a third incision will be made depending what type of graft is used in the procedure.

There are three different graft that Dr. Ahmad typically uses. Two called *autografts* which means the comes from the patient themselves. two grafts can be either a bone-tendon-bone autograft or a hamstring autograft. The third graft is an *allograft* which means it comes donor. If you would like more information on graft types, you can team of experts about them in the



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As previously mentioned there are injuries associated with an ACL tear, most common is a meniscus tear. Depending on the situation and the patient's goals, a *meniscectomy* (removal of the meniscus) may be performed in conjunction with the ACL reconstruction.

After surgery, we prescribe a regimen of medications to help combat any discomfort the patient experiences which will be discussed at your office visit and again in the recovery room. Additionally, most patients will start physical therapy within a few days of surgery. Depending on your sport,



return to competition varies but sports that require physical contact will require a minimum of 6 months before practicing with an opponent.

An ACL reconstruction is a detailed surgery and comes with a recovery that deserves much attention, especially for the competitive athlete. Let *Team Ahmad* be the team to help you through your surgery and get you back to the sports you love! Should you or a loved one need an ACL Reconstruction and would like more information, please visit the Center for Shoulder, Elbow, and Sports Medicine's [website](#) for our patient information packet!

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## Team Ahmad talks Insurance

Team Ahmad's Appointment Scheduling Financial Coordinator Max Celestin is our in-house expert when it comes to insurance and surgery coverage. Max gives some helpful insight into the process of surgical scheduling and how he works with our patients' and their insurance companies.

**Q:** When a patient books surgery, what is the thing that needs to happen on your end?

**Max:** Before anything can happen, I get a Booking Sheet from the clinical team. A booking sheet displays the procedure(s) the patient may have. Every booking sheet has Current Procedural Terminology (CPT) codes which are a group of numbers that help insurance companies determine which body part and what procedure is going to be performed. Once I get booking sheet, I can assess the codes. I look at the procedures that may take place and pull up my CPT pricing list. Then I calculate the *estimated* cost for the surgery. We like to say estimated because the procedure(s) may cost more or less than expected. The prices estimated are Dr. Ahmad's fees *only*. This does not include the surgical facility or anesthesia. A majority of the time, the facility is in-network with a patient's insurance. These estimated costs are the costs associated with each physician that does not participate with your insurance within the Columbia practice. That being said, Dr. Ahmad *does not* determine the price of surgery.



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**Q:** What does it mean to be out-of-network with a physician?

**Max:** To be out-of-network means that the physician does not accept the patient's insurance. Normally, patients would have to worry about the physician's fees as opposed to the other fees (hospital/anesthesia). There may be in-network fees depending on the coverage as well. There may also be a portion of the fee that a patient may have to pay for hospital and anesthesia but that is typically in-network.

**Q:** What are out-of-network benefits and deductibles?

**Max:** When it comes to out-of-network (OON) benefits and deductibles, most of our patients have that option available to them. Similarly to how patients see an in-network physician with deductibles, the same applies to OON physicians. If a patient goes to an OON physician, they will meet the OON deductibles and out-of-pocket expenses for the calendar year. Once the out-



of-pocket expenses are met, the insurance company will cover the procedure at 100% of the *reasonable and customary* fee. Reasonable and customary is what the insurance company deems is an appropriate reimbursement rate. While the insurance company

reimburses 100% of what they feel is reasonable, there may be a balance associated after receiving the insurance company fees. When it comes to being OON, the insurance company sends the payment directly to the patient and it becomes the patient's responsibility to forward that check to the office after endorsing the check. I typically try to explain this process to all of our patients prior to surgery.

**Q:** How does the patient know if the surgical facility and anesthesia teams are in-network?

**Max:** We provide each patient with the phone numbers to call the respective departments. A majority of the time, every patient is in-network with the facility and anesthesia. Since they are different departments they would be able to let the patient know what their coverage and fees are. Coverage can be 90/10, where insurance covers 90% of in-network charges while the patient is responsible for only 10, sometimes coverage is 80/20. We strongly suggest that our patients contact their insurance company directly to find out what their in-network benefits are.

**Q:** You're the expert when it comes to insurance and financials. How do you coordinate with insurance companies to make sure our patients get the best care possible?

**Max:** Most of the time, the insurance companies will work with us. Other times, we have to negotiate with insurances to make it less of a financial burden for our patients. When it comes to OON, we provide each patient with the CPT code so they can find out what their reimbursement rate is from their insurance company. Unfortunately, insurance companies will not provide us with their reimbursement rates directly. We ask all our patients to always write down the reimbursement rates, the representative's name that they spoke with, and the reference number for their call. We want our patients to hold the insurance companies responsible to pay what they say they are going to, otherwise it can become the patient's responsibility.

If you have any questions regarding your in- or out-of-network coverage, CPT codes, or general insurance questions, you can reach Max in our main office at 212-305-5561. He will gladly answer any and all questions you have to ensure you get the best care possible!

## Yankees' Eovaldi has Surgery with Dr. Ahmad



New York Yankees' starting pitcher Nathan Eovaldi underwent a revision Tommy John surgery with Dr. Ahmad in August. Dr. Ahmad diagnosed the injury after Eovaldi was pulled from his last start in Boston. You can read more about the surgery [here](#).

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email: Ortho-  
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