

Surgeon Spotlight Series: Darren J. Friedman, MD

Clinical Assistant Professor of Orthopaedic Surgery, New York University School of Medicine
Partner, Seaport Orthopaedic Associates, New York, NY

Allen Medical Interview With Darren J. Friedman, MD

AM: Describe the evolution of your commitment to orthopaedics.

DR. FRIEDMAN: I was initially on the receiving end of the medical arts. I was participating in high school athletics when I was diagnosed with a rare condition in my lumbar spine; Scheurmann's Disease. It meant abstaining from all athletics for a year and then wearing a back brace upon my return, along with extensive rehab. I continued to wear the brace during my undergraduate years at Cornell University while participating on the Men's Soccer team.

So my thought processes naturally turned to musculo-skeletal injuries, and since I was already tending toward the sciences, it pushed me right into Ortho. I began doing a lot of research, and it just struck a nerve.

AM: How's your back now?

DR. FRIEDMAN: Fine; just a twinge here and there.

AM: Describe the evolution of your commitment to patient positioning.

DR. FRIEDMAN: During my training I would see some patients sliding on the table, and sometimes even sliding off the table. On occasion we would have to hold the patient stable in the middle of the procedure - that just seemed very wrong. So from the outset I made sure to take as long as necessary to correctly position the patient at the beginning of each case. This has proved to be even more important with larger patients; especially during surgery of the upper limb. For shoulder cases I personally rig the table and secure the straps and position the neck collar to maximize patient safety.

AM: What problems does the Allen Intraoperative Arm Positioner solve?

DR. FRIEDMAN: The arm positioner is smaller, more compact, easier to set up and more user-friendly than others on the market. There's no hydraulics and therefore less cumbersome and intimidating to the OR staff. It has proven very beneficial in securing better access to the shoulder for open and arthroscopic procedures. It allows for improved exposure and safe positioning of the limb in space.

AM: What are the advantages of the Allen Arm Positioner and how does it improve the surgical outcome?

DR. FRIEDMAN: It produces tangible, quick results. It has proven to be



DARREN J. FRIEDMAN, MD

- Partner, Seaport Orthopaedic Associates in New York, NY.
- Clinical Assistant Professor of Orthopaedic Surgery, NYU School of Medicine.
- Attending Surgeon at NYU Hospital for Joint Diseases, NYU Medical Center, NY Downtown Hospital, and Bellevue Medical Center.

SPECIALTY / AREA OF FOCUS:

Shoulder surgery, sports medicine, and musculoskeletal trauma surgery.

Extensive experience in arthroscopic rotator cuff repair, arthroscopic shoulder stabilization, arthroscopic nerve decompression, sports medicine, minimally invasive joint preservation, tendon transfers, shoulder replacement, reverse shoulder replacement, and fracture care.

MEDICAL EDUCATION

University of Medicine and Dentistry of New Jersey (UMDNJ) Robert Wood Johnson Medical School

RESIDENCY TRAINING

St. Luke's Roosevelt HC - University Hospital of Columbia University College of Physicians and Surgeons

CLINICAL FELLOWSHIPS

- AO Trauma Fellowship - Hospital for Special Surgery (HSS)
- Harvard Shoulder Service - Massachusetts General Hospital, and Brigham And Women's Hospital

useful in both open and arthroscopic procedures. It frees up an assistant who previously had to hold the arm during the procedure thus decreasing operative time as the assistant can concentrate on the procedure and not the position of the limb.

AM: How does the Allen Intra-operative Arm Positioner improve the surgical teamwork?

DR. FRIEDMAN: When my Physician's Assistants and residents are free from having to hold the arm, they become available to fine tune other aspects of the procedure. They can perform functions such as manipulating the joint or the soft tissues that further decreases operative time and improves the ease of the surgery. It becomes a "team approach" to the surgery and not to the position of the limb.

AM: What procedures do you perform utilizing the Allen Intraoperative Arm Positioner?

DR FRIEDMAN: I use the arm positioner for all my open and arthroscopic shoulder cases; arthroplasty, tendon transfers, nerve decompression, rotator cuff repair, slap lesion repair, anterior and posterior labral repair, capsular release among others. It can be used equally well during anterior and posterior approaches. I also use the positioner when treating clavicle fractures, and humerus fractures. The more you use it, the more you like it. The device is at its best during complex and revision cases.

AM: Do you think the pricepoint is appropriate, given other devices on the market?

DR. FRIEDMAN: Yes.