

DAVID J. KING, MD

Orthopedic Surgery, Sports Medicine, Hip Arthroscopy



A Leader in Sports Medicine, Hip Arthroscopy, Knee and Shoulder Surgery and the Care of Injured Workers

- Board Certified Orthopedic Surgeon
- Team Orthopedic Surgeon for the St. Louis Cardinals and the Gateway Grizzlies
- Fellowship Trained in Orthopedic Sports Medicine and Hip Arthroscopy at the Steadman-Hawkins Clinic in Vail, Colorado under J. Richard Steadman, MD and Marc Philippon, MD
- Former Team Physician, Fellow - Denver Broncos NFL Team, Colorado Rockies MLB Team and the US Ski Team
- Experience in the treatment of industrial injuries of the hip, knee, shoulder and ankle
- While at Steadman-Hawkins, Dr. King spent extensive time training with Marc Philippon, MD, a pioneer in hip arthroscopy. His fellowship focused on the treatment of injuries to the shoulder, elbow and knee, with a special emphasis in the arthroscopic treatment of hip impingement, labral tears, cartilage injuries and other abnormalities.

Education

- Sports Medicine and Hip Arthroscopy Fellowship: Steadman-Hawkins Clinic, Vail, Colorado
- Orthopedic Surgery Residency: Washington University School of Medicine, Barnes-Jewish Hospital, St. Louis, Missouri
- Medical School: Emory University School of Medicine, Atlanta, Georgia
- College: University of Virginia, B.A., Charlottesville, Virginia as an honors major in neuroscience

Affiliations

- American Academy of Orthopedic Surgeons (AAOS)



Team Orthopedic Surgeon
to the St. Louis Cardinals
in Affiliation with Mercy Sports Medicine

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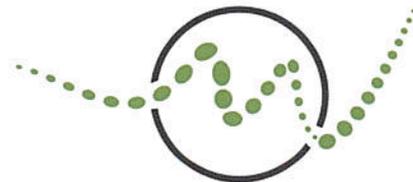
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509 Hamacher Street • Waterloo, IL 62298

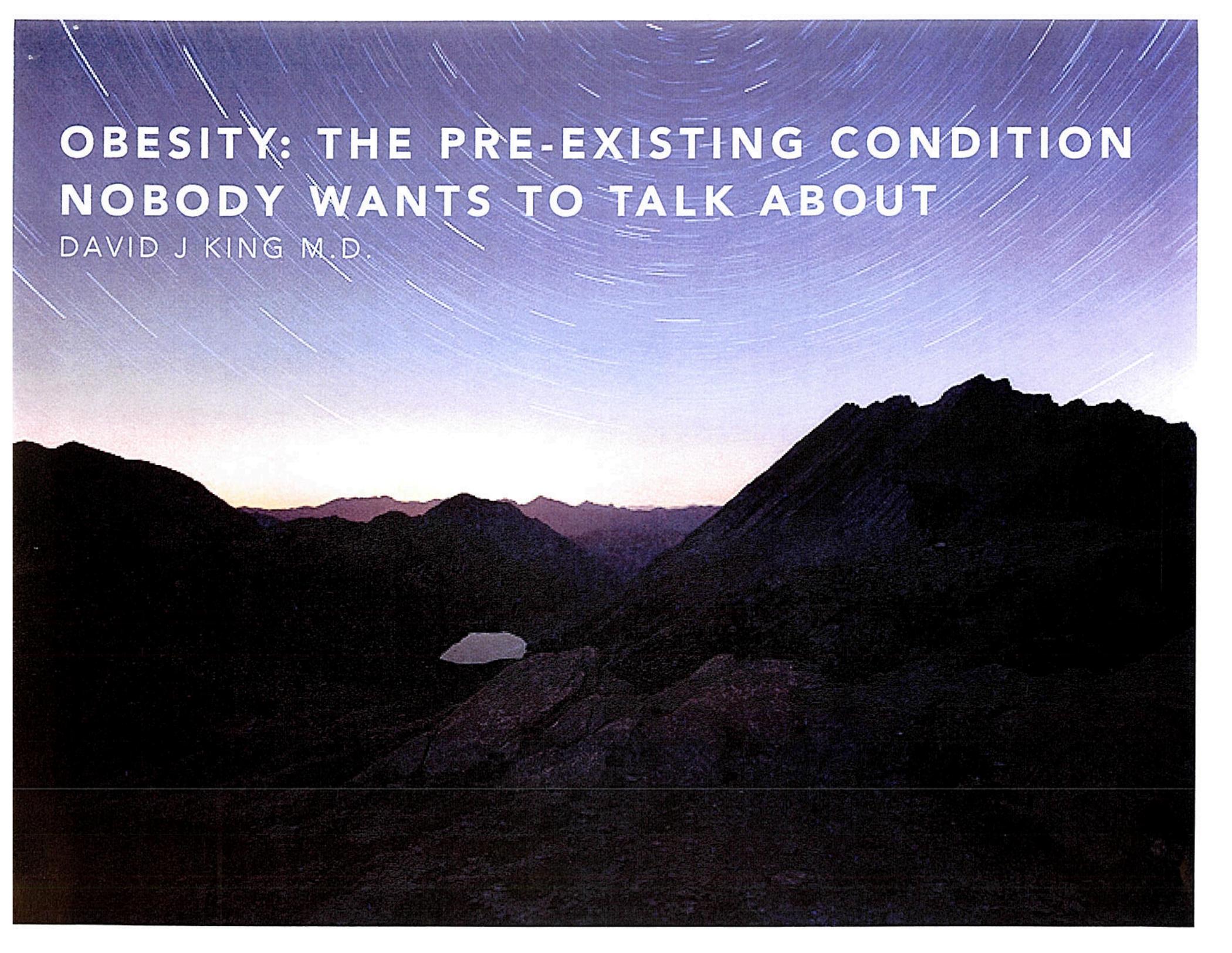
Medical Assistants: Stephanie and Cynthia

To schedule a community program on topics related to sports medicine, sports related injuries, or fitness conditioning contact our office.



MOTION ORTHOPAEDICS

Visit us at: www.motion-ortho.com



**OBESITY: THE PRE-EXISTING CONDITION
NOBODY WANTS TO TALK ABOUT**

DAVID J KING M.D.

1 **Obesity: The Pre-existing Condition nobody wants to talk about**

- David J King M.D.

2 **Education**

- David J King, M.D.

3 **Motion Orthopaedics**

- New Practice June 1st, 2014

4 **team orthopaedic surgeons
st. louis cardinals**

5 **practice**

- David J King, M.D.

6 **obesity**

- The epidemic is here to stay

7 **forecast 33% increase in prevalence in 2 decades**

\$549 billion savings if we could maintain 2010 levels

- cdc study - american journal of preventative medicine

8

9 **What does this have to do with work comp?**

10 **duke university study**

- Obese workers filed twice the number of workers comp claims as their counterparts

11 **Obese workers miss 450 million days
more than normal-weight counterparts**

- gallup poll 2011

12 **legal landscape**

- Prevailing Factor 2005
- The fact that an injured worker has a preexisting condition does not prohibit a work injury from affecting the condition and being compensable

13 **legal landscape**

- Injured employee must show that work was the prevailing factor (as opposed to a substantial factor) in causing the resulting medical condition and disability.

- The prevailing factor is defined as the primary factor in relation to any other factor, causing both the medical condition and disability.

14

- Lichtinger v Swiss Meats July 1, 2011
- The fact that an injured worker has a preexisting condition does not prohibit a work injury from affecting the condition and being compensable

15

-
- Tillotson v St. Joseph Medical Center June 14, 2011
- For an injury to be compensable, the work activity must be the prevailing factor in causing the disability and resulting medical condition.
- This is the only area where the prevailing factor applies. Where there is a compensable injury, the employer must provide whatever treatment is reasonably necessary to cure and relieve of the effects of the injury.

16 **Even scarier....**

17

-
- The Oregon Supreme Court ruling in SAIF Corp. vs. Edward G. Sprague
- Mr. Sprague had suffered a work-related left knee injury in 1976, and nearly 25 years later the knee had deteriorated when he hurt it again while working. BMI >>>
- Needed gastric bypass surgery to treat his “severe morbid obesity,” court records state, before he could have his knee surgery. The Supreme Court said work comp had to cover his bypass.
- Courts and workers comp boards have found in some cases that employers and insurers are responsible for addressing injured workers' weight conditions when doing so is necessary for the treatment of their workplace injuries to succeed.

18 **body mass index (BMI)**

- What is Obese?

19

- Overweight: 25-30
- Obese: >30
- morbid obese:>40

- Super morbid: >50

20 **Height 5 ft 6 in
weight 145 lbs**

- BMI Examples

21 **Height 5 ft 4 in
weight 165 lbs**

- BMI Examples

22 **Height 5 ft 4 in
weight 180 lbs**

- BMI Examples

23 **limitations of Bmi**

- overestimates fat in the muscular

24 **consequences of obesity**

- The higher your BMI, the higher your risk of disease
 - Heart disease
 - High blood pressure
 - Type 2 diabetes
 - Gallstones
 - Breathing problems
 - Certain cancers

25 **Orthopedic Impact and Obstacles**

26 **Increased Complications**

- Orthopedic Impact and Obstacles

27 **Obesity and surgical site infections risk in orthopedics: a meta-analysis**

- Complication - infection

28 **Incidence, prevalence, and analysis of risk factors for surgical site infection following adult spinal surgery**

- Complication - infection

29 **The influence of obesity on the complication rate and outcome of total knee arthroplasty**

- Complication & outcomes

30 **aggravation and Decreased Outcomes**

- Rotator cuff

31 **The influence of obesity on rotator cuff pathology**

- aggravation of shoulder conditions

32

Outcomes of arthroscopic rotator cuff repairs in obese patients

- decreased outcomes
- shoulder

33 **aggravation and Decreased Outcomes**

- spine

34

Disk Degeneration and Low Back Pain: Are They Fat-Related Conditions?

- aggravation of conditions

35 **aggravation of preexisting arthritis**

- Knee

36

Trajectories and risk profiles of pain in persons with symptomatic knee osteoarthritis

- Aggravation of arthritis
- knee

37 **Obesity and orthopedics summary**

- Increased complication rates and infection
- Meta-analysis indicates that obesity had about twofold increased risk of surgical site infections risk in orthopedics.
- Decreased success in arthroplasty and spine surgery
- Obesity has a negative impact on the operative time of arthroscopic rotator cuff repairs, length of hospitalization, and functional outcomes.
- Obesity increase the pain in patients with pre-existing knee arthritis

38 **We have to make a change**

- Our work force is dying

39 **What can we do?**

40 **The primary goal is to help claimants become healthy and get back to work**

- Goal-primary

41 **predict and Control the cost of the claim**

- Goal-secondary

42 **don't just roll the dice. have a plan**

- do we just roll the dice?

43 **How can workers compensation cut the fat in claims**

- focus on the entire patient and not just the body part

44 **Obese working may need clearance**

- recognize health risks during treatment

45

- Plan for a successful recovery

46 **Add
Cardio**

47 **Increase Lean Protein**

Shop the outer aisles in the grocery store

it's easier to say no once at the store vs twenty times at home

medifast centers

- Nutrition

48 **graduated work hardening**

49 **join a gym**

50 **prevention and wellness is the key**

51 **Navigation**

- The Centers for Disease Control and Prevention

52 **examples of successful leadership engagement**

- • Creating a company health message map, which is used in speeches and messaging of company executives
- • Using a company health environment and health culture index.
- • Adhering to tobacco policy.

53 **examples of successful leadership engagement**

- • Providing access to healthy foods.
- • Providing access to physical activity.
- • Promoting leadership advocacy for participating in health programs.
- • Providing personal examples of desired health engagement by leaders.

54 **examples of how company leaders reach out to employees to show their support of the wellness program**

- • Incorporating statements of support into internal and external speaking engagements.
- • Emphasizing the business value of health in department and staff meetings.
- • Encouraging employee participation in company sponsored health programs and services.

55 **examples of how company leaders reach out to employees to show their support of the wellness program**

- • Sharing their own struggles to be healthy and urging employees to really support each other in healthy lifestyles.
- • Acknowledging the importance of health to our individual and company success.
- • Being a role model and personally leading health efforts.
- • Incorporating healthy culture and healthy environment goals into the site goals and using the healthy work site index.

56 **Big Picture**

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- Plan for a successful recover

58 **Motion Orthopaedics**

- New Practice June 1st, 2014

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