

EXTRAORDINARY ENGLEWOOD: Howard Liss

BY HILLARY VIDERS

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ENGLEWOOD

Dr. Howard Liss is a renowned physiatrist specializing in musculoskeletal and sports rehabilitation. He is the co-founder of The PM&R (Physical Medicine and Rehabilitation) Center, and an attending physician at both Columbia Presbyterian Hospital and Englewood Hospital.

Liss is listed in Castle Connolly's "Top Doctors," New Jersey "Top Doctors" and New York Magazine's "Best Doctors."

Since 1981, Liss has had a highly successful practice in Englewood. He is currently opening new offices in Englewood and Fort Lee and a comprehensive rehabilitation institute in Tenafly in the near future.

Since 1991, Liss has been an assistant clinical professor of rehabilitation medicine at Columbia University, and served as chairman of rehabilitation at Englewood Hospital and Medical Center, Barnert Memorial, Meadowlands Hospital and Bergen Regional Medical Center.

Liss founded and chaired two academic societies, Englewood Hospital Rehabilitation Grand Rounds and Northern Valley Rehabilitation Society, and he is a member of numerous medical societies.

Liss was the chairman of the medical committee of the 2003 Maccabi Games at the Kaplen JCC on the Palisades.

Liss has been an invited lecturer at Grand Rounds at Columbia Presbyterian rehabilitation, orthopedic, neurology and neurosurgery

departments, and an invited lecturer at Englewood Hospital Grand Rounds in internal medicine, pediatrics, oncology, obstetrics and gynecology and general surgery departments and has been a featured speaker at many other conferences. He has chaired national courses on physical diagnosis, lumbar disc disease and rotator cuff disorders.

Liss is also the author of chapters on lumbar disc disease and has served on a number of hospital committees.

Hillary Viders: For those of our readers who may not be familiar with the term, what exactly does a physiatrist do?

Dr. Howard Liss: A physiatrist treats patients with pain and disabilities. Physiatrists benefit from an education that includes neurology, orthopedics, rheumatology and unique aspects of rehabilitation medicine. This education places the physiatrist in an advantageous position diagnostically and therapeutically. We are taught to be team leaders that coordinate the care of other health care practitioners.

HV: Some people go directly to an orthopedic surgeon when they are in pain and suspect an injury. As a physiatrist, how is your approach different?

HL: As a physiatrist, my focus and expertise is in the conservative (non-operative) care of musculoskeletal and neurological conditions. My educational background in multiple specialties positions me well to make the correct diagnoses.



DR. HOWARD LISS

As examples, patients with hip or shoulder pain or weakness may have orthopedic problems. However, they may have neurological problems. A physiatrist is comfortable seeing patients with both neurological and orthopedic conditions.

HV: What is the difference between a physiatrist and a physical therapist?

HL: A physiatrist's background includes medical training that enables him to order and interpret studies and make a very specific diagnosis. In addition to ordering therapy, a physiatrist has many other treatment options, including prescribing medication and giving injections.

HV: What percentage of musculoskeletal injuries can be resolved without surgery?

HL: Well over 95 percent. Firstly, the human body is capable of healing in many cases. Secondly, therapy, orthotics, activity modification, injections and exercise are usually effective means to a satisfactory resolution.

HV: What are the overall most common sports injuries that patients come to you to treat?

HL: Lumbar and cervical injuries are what I see most, but I see plenty of patients with knee injuries, rotator cuff pain, elbow pain and assorted strains.

HV: It seems that there are many more amateur sports injuries today than years ago. Is this because children are starting sports at a younger age?

HL: I think our society is more engaged in exercise than ever before. Children are training aggressively for long hours. Middle aged and older adults are much more active in sports than they were a generation ago. There is an enormous increase in the participation in endurance sports. With the medical and psychological benefits of such participation comes injuries.

HV: Are seniors vulnerable to different injuries than younger people?

HL: Yes, seniors do get different types of injuries. Because of osteoporosis, they will sustain fractures more easily. Rib, hip, shoulder and wrist fractures are not uncommon. Exacerbation of arthritis is fairly common with an increase in activity. Structures such as the rotator cuff which naturally thin out with age are easily injured.

HV: I've been told that as we age, everyone eventually develops arthritis. Is this true?

HL: The incidence of arthritis goes up almost exponentially with age to the point that it becomes almost universal. However, it is very common for individuals in their mid-fifties or above to have at least one arthritic joint secondary to osteoarthritis (wear and tear arthritis).

HV: How do you treat osteoarthritis?

HL: When necessary I prescribe physical therapy to maintain mobility and strengthen supportive muscles. I also prescribe orthotics and I give various injections. Currently, injections of platelet rich plasma and stem cells are under clinical investigation for use in arthritis. In certain cases, I refer patients for surgery, and I always recommend proper weight maintenance.

HV: Back pain is common amongst people of all ages. How do you diagnose a back injury?

HL: It is important to obtain and properly interpret a detailed patient history and perform a comprehensive physical examination. This allows an accurate diagnosis 90 percent of the time. Only occasionally do patients need imaging. Most people do not realize that MRI imaging, CAT scans and other expensive tests can be misleading and are often not necessary to treat back pain.

HV: But MRIs are ordered all the time! Are they really not that helpful?

HL: There have been many published studies that report that MRIs have a large incidence of false positive results. If you take a random group of people off the street who are over the age of 60 and have no back-related symptoms at all and give them an MRI, about 75 percent will show significant abnormalities.

HV: So, how do you treat back pain?

HL: The vast majority are treated non-operatively. I prescribe physical therapy with very specific orders, in which proper body mechanics are addressed and restricted joints are mobilized. Occasionally, I utilize injections. I also give each patient a customized exercise program and when their treatment is completed, I empower them to care for themselves.

HV: I have heard people complain that their physical therapy "failed." How does this happen?

HL: When physical therapy fails, it is often because the patient has not been given the right diagnosis. Successful physical therapy requires detailed communication between the physician and the therapist.

HV: Many years ago, I had two torn rotator cuffs that required surgery. Following my first shoulder surgery, I was given a very strong dose and long term prescription for OxyContin. Opioid addiction is currently a crisis in this country and large doses of prescription medications has been cited as a bridge to heroin. What are your feelings about this?

HL: I agree that there is an appropriate and great concern about the over-prescription and overuse of

narcotics. There is a potential for addiction and intentional or accidental overuse. Narcotics are excellent pain relievers, but they must be used appropriately and with careful monitoring and precautions. Educators in the field of pain management 20-25 years ago promoted the relatively free use of narcotics for "benign" pain. This turned out to be a mistake.

HV: What innovative devices and techniques are used to treat musculoskeletal injuries?

HL: The most noteworthy advance in the past 10 years in the treatment of musculoskeletal disorders is high resolution ultrasound for both diagnosis and injection guidance. Diagnostically, without the use of radiation, ultrasound can be used statically and dynamically to view pathology that could not be seen before. Therapeutically, structures can be accurately injected, that could not be reliably injected prior to the use of ultrasound.

Injection with PRP (platelet rich plasma) and stem cells may prove to have a role in treating degenerative joints and tendons.

HV: What general precautions can people take to avoid musculoskeletal injuries?

HL: My best advice to avoid injuries is to stay within your ability when exercising. Strengthening supportive musculature is important as is very selective stretching (although never proven). Also, maintaining proper weight and good posture in daily activities as well as in sports is essential.

HV: You have successfully treated many thousands of patients. Were any of these cases particularly rewarding?

HL: I have been blessed with a very rewarding career overall. I have been fortunate to have treated so many thankful patients. Some of my most appreciative patients have been those that I did not actually treat but promptly referred for surgery or to other physicians because I made a serious diagnosis. It has been extremely rewarding to make a correct diagnosis in patients who have been in pain for a long time and as a result treat them successfully.

HV: You used to be very active in basketball, tennis and golf. Did you ever have a severe orthopedic injury?

HL: I joke around with my patients and tell them that I think I have become a better physician because I have had so many of the problems that I treat, including a herniated disc that required surgery when I was 29 years old. Experiencing all of these injuries has indeed made me a better physiatrist. After all, I have experienced symptoms, testing and treatments first hand.

HV: Did these personal experiences make you more compassionate toward your patients?

HL: I realized the importance of compassion at a very young age because of health issues endured by members of my family. I treat my patients like they are my close relatives and I have always been passionate about helping people.

Note: Dr. Howard Liss can be reached at 2150 Center Ave., Suite 1B in Fort Lee, (201) 829-7610, at 177 N. Dean St., Englewood, (201) 390-9200, or by visiting www.liss-rehab.com.

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