INTRODUCTION

We would like to welcome you to our centers for orthopedic and regenerative medicine. These centers, and our various technology development, research, and interventional orthopedic programs have been a long time coming. We are part of a consortium of five centers, all working together to develop technology, conduct research, and develop consensus guidelines on regenerative orthopedic technology. It was our vision to found centers of excellence in multiple locations around the country. Our institute includes physicians, engineers, and stem cell scientists, all collaborating to improve the care we provide.

Over the last few years, a new, hybrid medical subspecialty has emerged, which we have called interventional regenerative orthopedic medicine. Physicians practicing in this field are specialized in interventional, non-operative, minimally-invasive, orthopedic procedures. Typically, these physicians are not orthopedic surgeons but rather interventional spine specialists with subspecialty training, as will be explained in this article.
WHAT ARE INTERVENTIONAL & REGENERATIVE ORTHOPEDIC MEDICINE SPECIALISTS?

This field of medicine is rather new. There are no residency programs or traditional medical training programs for it to date. Although there are a handful of advanced fellowship training programs for physicians in this area, there are only a few such programs worldwide.

Fifty years ago the field was comprised of a handful of physicians who were considered mavericks at the time. They were using special injection techniques to cause the proliferation of collagen and connective tissues in ligaments and tendons. This improved joint and spine segment stability and helped tendons and ligaments heal, often leading to reduction or resolution of chronic pain. There was little research evidence to support its use and the physicians were considered “out of the box,” to say the least. Who would have known back then that the technical experience, expertise, and methods they were using would gradually become more refined and eventually transform orthopedics and musculoskeletal medicine decades later?

The technique used by these practitioners was a method of treatment called “prolotherapy,” a term used to describe the effect that this injection technique had on the proliferation of collagen and connective tissues in ligaments and tendons. Practitioners who mastered this method of treatment learned from the “forefathers” who developed it, and went on to introduce the clinical applications of stem cell and other regenerative medicine technology that are currently transforming orthopedics.

Today, there are still a limited number of practitioners who have accumulated significant expertise in this field, but the numbers are growing. One of the growing-pains of this new discipline is the increasing number of physicians jumping into stem cell therapies without foundational knowledge, experience, or training in prolotherapy. This foundational training sets forth the basic principles of regenerative medicine. It lays down the skills necessary to progress through the ranks, so to speak, leading to better skills in utilizing more invasive and technically-advanced stem cell therapies. The American Association of Orthopedic Medicine (a professional society devoted to train physicians in this subspecialty field) considers the techniques and methods of prolotherapy the gateway to understanding modern regenerative orthopedics.

The modern orthopedic medicine practitioner is a physician who has diversified their skills. Physiatrists, doctors of physical medicine and rehabilitation, with special fellowship training in spine and interventional pain medicine have, for the most part, lead the development of this field. We are now seeing anesthesiology pain physicians, sports medicine physicians, and orthopedic surgeons joining the force to advance the field.

Interventional orthopedic practitioners utilize primarily non-operative orthopedic procedures in managing spine and joint conditions. They have spent years training and mastering techniques of
ultrasonography, and they integrate the techniques of ultrasound and ultrasound-guided procedures with their advanced fluoroscopy and spine interventional skills. They are knowledgeable in how to conduct detailed physical assessment of soft tissue, joint, and spine conditions. They have special expertise in dealing with injuries and degeneration of cartilage, ligaments, muscles, tendons, and connective tissues. In the case of Dr. Brown, he also has a background in chiropractic and extensive postgraduate training in acupuncture, dry needling, sports medicine, orthopedics, and neurology.

Patients who seek the care of these specialized physicians are often those who have spent months or years doing physical therapy, manipulation, and acupuncture. They have often failed most conventional treatment, including drugs, surgery, and steroid injections. Typically when a patient sees a regenerative orthopedic specialist they will find that steroid injections are not emphasized. Interventional orthopedic practitioners seek to utilize special technologies aimed at healing soft tissues and then employ supportive rehabilitative care. This saves money, time, and, most importantly, saves the physical and emotional strain that chronic pain causes an individual.

The modern day orthopedic regenerative medicine specialist needs to be skilled in many different disciplines and will need to have years of advanced training, often outside their initial field of specialty, to truly have a mastery of this field. So, when seeking the care of someone utilizing regenerative medicine and stem cell techniques, you should be asking if they have the right foundational training to make informed decisions about providing this type of care.

**WHAT CONDITIONS DOES AN INTERVENTIONAL ORTHOPEDIC PRACTITIONER TREAT?**

It is important to understand the problem before one can fully understand the treatment techniques and methods used by these practitioners. The musculoskeletal system is a complex system of bones, muscles, tendons, ligaments, and other supportive connective tissues. Most individuals do not appreciate the complexity of this system. They often do not understand why, when they have a joint injury or degenerative disease, one cannot simply “stick something in there” and just make it go away.

We have abused our joints with sports and recreational activities throughout our lives. We have made lifestyle choices that alter our bodies and metabolisms, and that affects the spine, soft tissues, and joints as well. We are a society that is overweight. Some are dedicated to remaining fit, but, with improper training and abusive exercise programs, have broken the soft tissues and joints down, leading to cartilage tears, degeneration, and chronic pain.

Regardless of why an individual has developed a problem resulting in pain and functional disability, the advanced interventional orthopedic and regenerative medicine practitioner will need to select the intervention that will address the complexity of the problem. This is why practitioners in this field do not just spend the typical five minutes in an appointment. It requires significant time and attention to
detail. Unfortunately, most physicians are unwilling to spend the focused time necessary to evaluate and manage the complexity of these conditions.

Here are a few examples illustrating how an orthopedic regenerative medicine specialist might intervene. A patient comes in with shoulder pain. After a detailed history is taken (of not only the shoulder complaint but the patient's entire medical history) a detailed exam is performed. The interventional orthopedic practitioner must have skills in diagnostic imaging. He must know how to interpret CAT scans and MRI scans, which allow the provider to corroborate what has been found with further interpretation of the diagnostic imaging and physical findings obtained in the clinic. Relying on the findings of a radiologist who has written a report is often insufficient. After review of imaging, the interventional orthopedist then does a detailed ultrasound examination of the shoulder and corroborates the finding on ultrasound with the MRI and other imaging.

It takes years of training and experience to master ultrasound technology, be able to do the proper examination sequence, and interpret the findings. If you have a simple bursitis then an ultrasound-guided injection and some specific exercises to correct the muscle imbalance that lead to the problem may be all that is necessary. A typical injection done with ultrasound is shown in the ultrasound image noted above.

You may, however, have a more extensive disease. Maybe you have had a chronic problem that has lead to gradual degeneration and disease of the tendons of the rotator cuff. Maybe, in addition, you have had some chronic instability of the joint, also leading to the wear and tear of the tendons. If degeneration of the tendon progresses far enough, there is no amount of exercise, rehabilitation, laser, acupuncture, or other alternatives that will be able to turn it around. The interventional orthopedic practitioner will sort out the degree and nature of the tendon degeneration and select a regenerative medicine strategy appropriate for the problem. If the degeneration is not too severe, and the tears within the tendon are not too extensive, the practitioner may combine the use of prolotherapy on the ligaments of the shoulder (to strengthen and stabilize the joint) with a few injections targeting the tendon with platelet-rich plasma (PRP).

This injection is directed under ultrasound to the tendon in order to heal or improve its degeneration. It involves taking a sample of your blood then putting it through special laboratory processes that extract and concentrate specific cells (such as platelets) that are rich in growth factors. This can then be used to heal connective tissues and tendons. These cells are autogenous, meaning they are cells from your own body, thus presenting no risk of communicable diseases like HIV or hepatitis B or C. One to three injections may be all that are needed to help heal the tendon and get you back to the golf or tennis court!
If the rotator cuff tendons are more severely diseased or have a larger tear, then the PRP injection described above is not going to be sufficient for resolving the problem. The modern interventional orthopedic physician will then need to utilize more advanced technology to intervene. Some individuals may require surgery. Others may be candidates for a number of different regenerative techniques that could involve the use of stem cells or more advanced procedures. This could be as simple as taking bone marrow blood from the patient, putting it through a laboratory preparation to concentrate stem cells and other “regenerative cells,” and targeting the tendon with specific ultrasound-guided injection procedures.

These techniques may also use other special Siler preparations that can include platelet-rich plasma preparation, the use of extracellular matrix proteins, scaffolding, etc. These more advanced techniques actually eliminate the platelet cells altogether and concentrate growth factors from platelets that do a much better job of stimulating stem cells to be more effective. These methods improve the healing potential of the stem cell preparation.

We may use a host of “orthobiologic substances” that have become available to enhance healing and connective tissue proliferation with the injection. It is possible that the bone marrow-derived stem cell may not be enough and we may select other sources of stem cells. In the past we have utilized, for example, lipoaspiration procedures to obtain stem cells from fat. We have, for the most part, abandoned this practice, but it was an excellent source of stem cells and we enjoyed significant success in the past with its use.

There are numerous techniques that can be utilized to improve healing potential of injection procedures far beyond standard PRP preparations. This may include the use of growth factors, extracellular matrix proteins, cellular therapies, etc. Sometimes rotator cuff tears are large enough that surgical intervention is required, and we can augment repair by regenerative injection interventions thereafter. It does take knowledge and experience to know the limitations of these therapies and appropriately refer patients for surgical intervention. We believe it is as important to know when not to treat as it is knowing when to try.

A patient may be seen suffering with knee pain from an injury of the ligaments, cartilage, or advancing osteoarthritis. Patients with knee pain can have numerous soft tissue sources of pain that will need to be resolved. A similar complex evaluation and decision process will need to be made in this case as well. We feel it is important to evaluate the foot, ankle, and biomechanics of gait and walking to sort out the reasons why a patient may have developed a condition of the knee or hip. We have specialized training in gait analysis and biomechanics as well as orthotic casting and fabrication. Again, ultrasound examination and diagnostic imaging can be used to sort out
the source of pain, which can involve ligaments, tendons, articular cartilage, etc.

There are numerous approaches that can be taken for knee complaints, depending on the source. Typically, we try to reduce the use of corticosteroids and emphasize more regenerative technologies, which may include prolotherapy. Occasionally, depending on how extensive the disease or the cause of the pain, stem cell therapies can be utilized. The majority of patients seeking care do not require stem cell therapy. It takes experience with various regenerative medicine approaches to be able to make a decision as to whether or not an individual may benefit from a specific approach.

As stem cell therapy becomes more readily available, you need to be asking questions to evaluate the background, education, and experience of the provider you are selecting to make these decisions. Anyone can advertise that they do “stem cell injections.” They can purchase a vial of stem cells from a few companies and do an intra-articular injection. We have heard of doctors charging up to $10,000 for some of these injections and we feel this may be misleading and the charges excessive. What is the foundational skill-set of that physician? Ask a simple question: How many years and how many thousands of cases of prolotherapy have they done before they trained in stem cell technology? You will figure out quickly if they are a serious interventional orthopedic practitioner or someone who has just jumped in to take advantage of the new public interest in this area.

**ANOTHER EXAMPLE**

A 46 year old woman has been suffering from chronic low back pain for years. She has seen a good physical therapist and may be utilizing appropriate exercises. She has sought care frequently over the years from chiropractors, osteopathic physicians, and advanced physical therapists for manipulation. She has been told she has a chronic “sacroiliac problem.” (We have an article on our website addressing the complexity of sacroiliac joint problems and we refer you there if you want more information.) What choices does this patient have for management? If she fails conservative treatment she may be referred to a pain specialist.

The pain specialist may utilize steroid injections directed under x-ray guidance into the sacroiliac joint. But what does that accomplish? Very little! Typically, the patient undergoes a series or trial of multiple corticosteroid injections, each time providing temporary symptomatic relief. Eventually the patient is offered a radiofrequency nerve ablation procedure. This involves thermal lesioning of the nerves in the joint, leading to a period of about 6 months of symptomatic relief. Then the pain returns. The procedure often costs more than simpler orthopedic medicine interventions. It is often possible to gain longer-term relief by selecting a regenerative approach to strengthen and stabilize the sacroiliac ligaments rather than choosing to “burn a nerve.” We may utilize platelet-rich plasma or a host of different injection techniques that stimulate the production of collagen and increased connective tissue within the
infrastructure of the ligament to help support the joint and resolve chronic instability. This often provides much longer-term benefit than traditional nerve ablative procedures.

More often than not, a back pain patient is much more complicated than this. They often have multiple pain generators. They may have pain from a number of facet joints of the spine, ligaments, muscles and soft tissues, and sometimes even the disc. The multiple sources of pain can often be confusing to physicians evaluating a patient with chronic back pain because, besides the MRI and other diagnostic testing, they have little additional tools to sort out the complex sources of pain. And, unfortunately, if they know or understand the source of pain they have few tools available to them to treat the problems causing this pain. Since surgical intervention is only required in about 2% of spine cases, the public is seeking nonsurgical options for management.

The interventional orthopedic physician is also an interventional spine practitioner, usually board certified in pain medicine, which requires advanced fellowship training after finishing residency training. Special, image-guided, advanced diagnostic blocks can be used to map where the pain is coming from and assist him in developing a regenerative strategy to intervene.

Sorting out the source of pain is a complex process, requiring special training and expertise. Through these diagnostic techniques a physician can sort through the complex sources of pain, which can then be targeted with interventions directed at the site of the problem. By using ultrasound guidance, a specific location can be targeted with precision. This may involve prolotherapy, platelet-rich plasma, or various stem cell and regenerative injection procedures, depending upon the extent, location, and degree of the problem.

The same patient diagnosed with sacroiliac pain may, in fact, not have pain from the sacroiliac joint at all. Misdiagnosis is a rather common problem that we encounter in our practice. The patient may have been seeking care from others using physical therapy, exercise, manipulation, and a myriad of other procedures directed to a sacroiliac joint problem when in fact the primary problem is not the sacroiliac joint at all. The patient may have a tear or disruption in the disc which was not identified on MRI or by the physicians and specialists the patient has sought care from.

We have an article on our website entitled “Annular Tear or Fissure: The Great Masquerader.” In that article we describe how disruptions within the disc can mimic many pain syndromes in the lower back, causing the patient to suffer for years with chronic back pain while receiving ineffective care. In recent years, interventional orthopedic practitioners have been gaining experience with using stem cell and other regenerative injection therapies within the disc. Using proteins, stem cells, and other substances, the structure and function of the disc can, in fact, be changed in carefully selected patients. If knowledgeably selected,
these patients may find relief, or improvement of chronic pain, from the disc disease that has plagued them for years.

What if the patient has a herniated disc with pain radiating into the legs? Many patients are told that they need spinal surgery and do not know that there are simple, nonsurgical procedures that can be just as effective as surgery! There is a special injection procedure directed under image guidance, using a technique called fluoroscopy, in which a substance can be injected into the disc. The injection oxidizes the nucleus within the disc and, in the correctly selected patient, can lead to rapid relief and resolution of the herniated disc with little to no down-time.

A surgical intervention requires excision of the disc and the extraction of nuclear material. This can lead to a breaking down of the disc, destabilizing the spinal segment and causing further trouble later in life. It is possible, in some patients, to avoid the surgical excision of the disc and thus preserve the disc in the future. Most individuals can be treated with even more conservative treatment and do not require intervention directed to the disc at all. For brevity’s sake, we will not expound upon that here.

**WHAT ABOUT NERVE ENTRAPMENT SYNDROMES?**

The interventional orthopedic practitioner also possesses specialized skills in dealing with countless nerve entrapment syndromes. With years of study utilizing ultrasound diagnostic evaluation of nerves and specialized ultrasound-guided procedures directed to nerve entrapment syndromes, the interventional practitioner can often help patients with intractable nerve entrapment pain that has been unresponsive to other conservative care or even surgery. Pioneers from Japan and other parts of the world have integrated the use of advanced ultrasound procedures, regenerative medicine principles, and nonsurgical methods to decompress the nerve. We have adopted and learned from these providers and utilize these techniques in our centers. A patient, for example, may have elbow pain, numbness, and tingling radiating from the elbow into the ring and little finger. Special nerve diagnostic testing, such as nerve conduction velocity and EMG studies, may suggest an ulnar nerve entrapment at the elbow. The patient may be offered a surgical procedure, or may have already had a surgical procedure but symptoms have remained the same or worsened over time.

The interventional orthopedist with advanced skills in neurosonography can use ultrasound to evaluate the nerve throughout the upper or lower limb. The focal area of entrapment can often be identified and the nerve can be evaluated to determine if there are signs of dysfunction and disease. The ultrasound imaging findings can often be utilized to determine the extent of the problem and how severely the nerve is affected. An entrapped nerve can...
become swollen and its fascicles enlarged. This can clearly be seen on ultrasound. A nerve is easily visualized on ultrasonography, as depicted by the yellow arrow in the picture above, on the left. Advanced practitioners can utilize ultrasound to target the nerve using special injection techniques and, placing the needle next to the nerve, can hydrodissect connective tissues away from the compressed nerve, relieving chronic compression. That is done with a needle and does not require surgery. They also utilize special formulations of medications and cellular therapies or growth factors to stimulate nerve regeneration and repair. There have been a number of mixtures of solutions, growth factors (and even stem cells, on occasion) that have been found to aid in nerve recovery.

WHY DOES INSURANCE NOT COVER THIS CARE? IT DOESN’T MAKE SENSE!

You’re right! Unfortunately, it is not about making sense. The system of both government-based healthcare coverage (such as Medicare) and healthcare insurance companies had to posture themselves many years ago to limit the rising cost of healthcare services. Over the years the system has become more and more restrictive. Patients with chronic pain, joint pain, back and neck pain, and various traumatic and degenerative conditions felt as if they were caught in a maze.

The complexities of the healthcare delivery system are indeed a maze. The system may be more efficient in delivering primary care, cardiology, infectious disease management, and a host of other medical services, but it has not done well over the last thirty years at delivering care to the chronic pain, spine, and joint pain population. This is not to say that there have not been significant advancements in the field of orthopedic surgery, rheumatology, etc., but there has been something missing. There was a great deal of abuse of the system, including the excessive use of procedures that did little to resolve patients’ problems. At the same time, we have witnessed an era of excessive opioid use and abuse. America alone now consumes 80% of the world’s opioid supply and 99% of the world’s hydrocodone (Vicodin) supply while containing only 5% of the world’s population.1 Prescription pain medication became the third leading cause of accidental death, leading to vast changes in opioid prescription laws several years ago in the state of Washington.

Medicare and healthcare insurance companies saw a 600% increase in interventional procedures for the treatment of chronic pain by pain medicine specialist. Did this change anything? Did it result in less opioids and a more healthy population? No. The healthcare delivery system, which includes physicians and surgeons, physical therapist, chiropractors, medical centers, and various allied healthcare providers, were simply not prepared to deal with the chronic pain and musculoskeletal complaints of the aging baby boomer population.

While these problems continued to plague the system, a limited number of physicians worldwide began to focus on a regenerative medicine approach to chronic orthopedic and musculoskeletal conditions. Over the course of the last ten to fifteen years, significant advancements have been made. However, the healthcare insurance companies and Medicare were too busy fighting the rising cost of care for chronic pain, placing significant restrictions on interventional procedures, lest they be unable to keep up with rising costs. They were too busy placing stop measures in place to realize the potential that advancing regenerative medicine science had to offer as a means of saving money. With a multibillion dollar
problem on their hands one cannot tell an insurance company “we have the answer!” It falls on deaf ears. Their job is to reduce access, save cost, and increase profits. The burden of proof is with the providers of care, and more research and validation through publication of outcomes is the only way to change the system. This will take time.

So, today we have a system that provides little access. Physicians developing regenerative medicine technology desperately need money for research to validate and demonstrate the efficacy of their newfound skills and technology. In addition, there has been a seemingly insurmountable regulatory burden for physicians and pioneers developing regenerative medicine to advance the clinical applications of these emerging technologies. We have, unfortunately, seen a two-tier healthcare system develop in the US, with some individuals feeling trapped in healthcare plans where they have few options and do not possess the resources to step outside the system to seek this type of care. There are also those equally fed up with not getting answers to their problem, who have insurance coverage but also the resources to seek expert care outside the system.

Is it only by providing overwhelming evidence through research that we can change the system and force insurance companies and government programs to cover these services. This requires funding and research publication to prove these techniques have better efficacy than what they are currently paying for. We are working desperately to develop a nonprofit foundation whose mission is to fund research that expands and advances the field of orthopedic and regenerative medicine, as well as providing care for those who cannot afford it. We are still working toward this goal.

**BREAKTHROUGHS IN REGENERATIVE MEDICINE TECHNOLOGY AT OUR CENTER**

We have been working diligently over the last few years to expand and develop regenerative medicine technology. Historically, our focus has been on the use of prolotherapy and platelet-rich plasma. We also focused on using special platelet preparations designed to extract growth factors from platelets as a means of stimulating repair and regeneration of connective tissue, treating degenerative changes and injury. Over the course of the past five years we have been traveling around the world exploring stem cell therapies. We have worked very hard to acquire new techniques in laboratory preparation to improve bone marrow and other stem cell technology at our center. We are coordinating these efforts with a team of individuals nationwide, organized into a single network. This network of physicians will be organizing and developing centers of excellence all under a single umbrella organization to develop specific, advanced protocols and methods for the patients they serve. The collaboration and integration of the skills of this group of physicians has benefited and advanced everyone involved. In addition, this team of regenerative medicine specialists will be a network of physicians participating in multi-center clinical trials to advance the field of regenerative orthopedic medicine.
HOW DO I DECIDE WHERE TO GO FOR REGENERATIVE ORTHOPEDIC MEDICINE CARE?

There has been a substantial increase in the number of physicians offering regenerative medicine services. Unfortunately, there is sometimes a problem with the manner in which these physicians have entered the industry. Doctors can simply take a weekend seminar, purchase some basic lab equipment, and begin advertising stem cell and regenerative medicine services. The best advice that we can give patients is to become an informed consumer.

The first step is to evaluate the physician’s background and basic training. Is the physician residency-trained in a medical subspecialty that would at least provide expertise in the field of musculoskeletal medicine, joint, and spine degenerative disease and injury? This would include the disciplines of physical medicine and rehabilitation, interventional spine specialists, sports medicine and orthopedic surgeons, or pain medicine specialists.

Next, the patient should investigate how many years of experience the physician has and the amount of research and work he/she is doing in the field. Patients should inquire about whether the practitioner is skilled in image-guided procedures such as ultrasonography. In addition, patient should ask how many years of experience the practitioner has had in delivering basic regenerative medicine services, such as prolotherapy, to patients. If the physician possesses little skill or experience in these areas they are probably not well suited to making decisions about implementing more advanced regenerative medicine procedures.

A significant number of patients seek our care thinking that they want stem cell treatments who do not actually need it. They have a condition that can be treated with much simpler interventions. Making this distinction requires that your physician be well-versed in a host of regenerative medicine procedures, including prolotherapy and regenerative injection therapies.

We also advise you to ask questions about the cost of these procedures. Make comparisons to determine how reasonable they are. It only takes a few phone calls and inquiries to determine which institutions are more suitable for delivering this unique service. So ask questions!

THE NEED FOR INTERVENCIONAL & REGENERATIVE ORTHOPEDIC MEDICINE

Hip and knee pain associated with osteoarthritis is a common source of chronic pain in older adults.\(^2\) Prevalence of hip osteoarthritis ranges from 0.4% to 27%.\(^3-5\) Osteoarthritis (OA) of the knee is even more common.\(^6\) Advancements in medical science and technology are allowing us to live longer. With growing life expectancy it is expected that we are going to see a
higher incidence of musculoskeletal complaints and arthritis of large joints. At present, this is prevalent in the baby boomer population. It is not that these problems are new, rather that there has never been a time in history when medicine has had so many options for dealing with chronic joint and musculoskeletal disease. It is the regenerative orthopedic practitioners who have advanced the field to this level!

According to the Agency for Healthcare Research and Quality, more than 600,000 knee replacements and 285,000 total hip replacements are performed each year in the US. The demand for repeat joint replacement or revision of the previous joint replacement will double in the next 10 years. As the demand for joint replacement surgery is going up, the supply of orthopedic surgeons performing this procedure is declining, which may lead to a demand crisis. Individuals in the baby boomer population may have enjoyed success and lived healthy lifestyles with few medical problems but still have orthopedic problem such as hip osteoarthritis. They want to enjoy their success and walk on the beach, play golf, play tennis, and enjoy the fruits of their labor only to be disabled and have chronic pain from osteoarthritis of the hip. More often than not it is not just a single joint causing disability but a myriad of orthopedic problems, including back pain, neck pain, knee osteoarthritis, etc. Over just the last few years we have entered a new area of regenerative orthopedic medicine in which alternatives to surgical procedures are more widely available than in any other time in history. There is indeed a demand for a new breed of physician with specialized training in this field.

**OUR STAFF & FACILITIES**

Our professional staff is overseen by Sheila (our West Coast administrator) and Kim and Deb (our back office and surgical administrators). We have supportive staff and medical assistants in both our California and Washington locations who we consider to be the best! You can reach our offices by contacting us at 425-326-1665, where you can get further information on setting up a consultation and answers to any questions you may have.
REFERENCES


