



**WORK SHOULDN'T HURT:** The Dartmouth-Hitchcock employee injury rate is well below the national average. Last year, it was 4.5 per 100 employees, and this year it's 5.7; the U.S. average is 7.8. And DH's injury severity is one-third the national rate.

## CULTIVATING BABIES' BREATH

Every year, millions of laboring women around the world anxiously await the sound of their baby's first cry. For many, that sound never comes. The World Health Organization (WHO) estimates that a million babies die each year because of an inability to breathe immediately after delivery, and a million more suffer lifelong disabilities due to compromised breathing at birth. In hopes of changing those statistics, WHO, the American Academy of Pediatrics (AAP), and other organizations are backing the Helping Babies Breathe initiative—one of whose leaders is Dr. George Little, a Dartmouth neonatologist.



In the U.S., when a newborn needs help breathing, birth attendants follow a clear-cut procedure. But it's "too resource-dependent and complicated" for the developing world, says Little. So Helping Babies Breathe created a procedure that can be used anywhere.

It has been tested in Kenya, India, Pakistan, Bangladesh, and Tanzania and is about to be deployed in 63 countries with infant mortality rates the United Nations deems high. At an unveiling in early June in Washington, D.C., Little and colleagues testified before Congress and trained several hundred people, who will train others. In time, there should be more tears of joy and fewer cries for help from mothers worldwide. J.D.

## A CLOSE LOOK AT ENDOSCOPY

Last November, about a dozen regional physicians gathered in a conference room at DHMC to learn about some of the latest endoscopic procedures. But instead of listening to speakers read bullet-points from slides, they watched live as DMS faculty perform several procedures. In one case, physicians used radiofrequency ablation to destroy precancerous cells in a patient's esophagus. In another, they used endoscopic ultrasound to diagnose chronic pancreatitis.



The live format allowed attendees to ask questions during the procedures. "It is a way to educate our referring physicians," says Dr. Stuart Gordon, one of the event's organizers. "I think many prefer it to the typical didactic lecture format." Dr. Timothy Gardner, another organizer, says attendees "have been impressed. We felt that this would provide a wonderful opportunity for our local referring providers to see what happens to their patients when they are referred to DHMC for advanced and routine endoscopic care." The next "EndoLive" symposium is scheduled for the fall. A.E.

## Program puts back problems on the front burner

As many as 50 million Americans suffer from chronic back pain, and only a small percentage of them can benefit from surgery. For the rest, the options for relief may be limited to standard physical therapy, painkillers, avoiding activities that aggravate their pain, or even changing jobs.

**Specialized:** But since 2003, Dr. Rowland Hazard and his colleagues at DHMC's Spine Center have been taking a different approach to back pain with the Functional Restoration Program (FRP). The 14-day program helps patients recover mobility, flexibility, strength, and endurance—despite their pain—with specialized physical training and education.

Rather than focusing just on pain relief, the FRP starts with understanding each patient's individual goals—such as returning to work, resuming a hobby, or simply doing household chores. The program includes dynamic workout sessions, as well as training in how to isolate and exercise key muscles whose function is essential for patients to meet their goals. There are also relaxation sessions to complement the physical activity. In addition, physicians teach patients pain-management strategies to help them maintain their newfound functionality.

**Model:** Patients in the FRP learn "what they can and can't do and what works for them, which is quite different from a

top-down, authoritative model," explains Hazard. "Within that model of learning . . . people learn to trust themselves, and that's really a key to getting better. [Patients] leave here with a regimen . . . that they then continue on their own."

After completing the program, patients come back to the Spine Center one month and three months later for a follow-up assessment of their strength, flexibility, and endurance and of their pain, goals, and overall mood. Based on results from 300 recent graduates, the FRP works well; pain and depression scores go down and flexibility and strength scores go up. The program bases success on participants' satisfaction with their progress, rather than on a pathology-focused model based on meeting broad norms.

**Idea:** "It's very exciting," says Hazard, "to see people getting better with an approach that is not made up of pills and shots and surgeries." Hazard, who helped create the FRP, was inspired by a similar program at the University of Texas, where he did a fellowship in orthopaedics. He brought the concept to the Spine Center seven years ago and has been refining it ever since.

About 80 people participate in the FRP each year, coming from all over, primarily New England and New York State. They range from a soldier injured in Iraq to a teenager with inex-

**It's "exciting to see people getting better [without] pills and shots."**



MARK WASHBURN

**Hazard, left, observes an FRP patient.**

plicable back pain. A great FRP candidate, says Hazard, is someone who can't work, have fun, or perform daily activities, even after trying medication, physical therapy, or surgery.

Patients bring varying attitudes and expectations, Hazard emphasizes. He and his colleagues recently assessed the effectiveness of using goal achievement to measure the success of the program. Their findings, based on one-year follow-up surveys and published in the journal *Spine*, showed that goal achievement was a better predictor of patients' satisfaction with the program than traditional measures, such as improvements in pain, flexibility, and endurance.

**Disseminate:** Hazard and his team are also working to disseminate what they have learned to other providers, nationally and locally. In the meantime, he looks forward to the arrival of each new crop of FRP patients, who arrive at the Spine Center with high hopes. "The program itself is 14 days," Hazard says, "but it's just the beginning."

ALICIA I. KIM

## CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

**John Turco, M.D.**  
**Associate Professor of Medicine**

*Turco is director of the Dartmouth College Health Service and a clinical endocrinologist. He specializes in sports injuries, treatment of transgender patients, and adrenal and thyroid disorders.*

### What made you decide to become a physician?

I mentioned to my mother when I was a freshman in college that I was "thinking" of being a physician. I never had a chance to change my mind after that, since I was quickly being referred to as "my son, the soon-to-be doctor"! Actually I've never regretted the decision.

### How did you become interested in endocrinology?

I eliminated a lot of other possibilities. I'm an ex-jock, so it was often assumed I'd be an orthopaedic surgeon. But I always enjoyed the intellectual challenge of figuring out and treating



endocrine-related disorders and also liked the fact there are a variety of endocrine issues, and in most cases the patient can be helped by successfully treating the disorder. Something I have discovered, however,

is that I spend much of my time answering the question "What the heck is an endocrinologist?"

### What do you like most about your job?

The variety—between college health and endocrinology and within each field. I'm a people person and get to interact with people of all ages as colleagues, peers, patients, and students.

### What are your favorite nonwork activities?

Spending time at home with my family, and also visiting family now that our children are grown;

doing odd jobs around the house; watching sports live and on TV—baseball, hockey, football, the Olympics; reading when I get a chance; and spending as much free time as I can with my "trophy wife" of 37 years!



### What about you would surprise most people?

I still passionately care if the Boston Celtics win! I've been around Hanover and Dartmouth since '74 (1974 that is, and, no, dinosaurs weren't roaming the Dartmouth Green at that time).

### What kind of music is on your iPod?

My 28-year-old daughter loaded my iPod so I could use it working out at the gym in the morning. She separated her own music into "Dad OK" and "Dad not OK," then mistakenly loaded the wrong set on my iPod. So I've been listening to a variety of eclectic music, including rap, hip hop, opera, and country. I have learned quite a bit about life, especially from the rap, and it takes a lot to shock an endocrinologist!

### Where would you most like to travel?

India, Southeast Asia, South America, and China (haven't been there). I very much like to see and experience different cultures up close.

### Who, living or dead, would you like to invite for dinner?

Robert E. Lee. I would love to ask him what the hell he was thinking at Gettysburg.

### What was your first paying job?

Bus boy at a Hayes Bickford pancake house. I learned to dread Sundays during first Communion season, since in those days kids had to fast overnight to receive Communion, and afterward they flocked into the pancake house and pigged out and made a huge mess that I had to clean up. Another lesson I learned is not to try to make hot chocolate in the coffee maker.

### When you were young what did you want to be?

I am sure a professional athlete, then a teacher-coach. But, alas, as I noted, I made the fatal mistake of mentioning the possibility of becoming a physician and "that's all she wrote."