Invited Commentary on “COVID-19 Response in the Global Epicenter: Converting a New York City Level 1 Orthopedic Trauma Service Into a Hybrid Orthopedic and Medicine COVID-19 Management Team”

Many orthopaedic departments have modified their workflows to continue providing acute musculoskeletal care, while others in hotspots are being redeployed to help their colleagues in various patient care and telehealth roles in the emergency department, medical wards, and intensive care units.^{1,2} Most plans have been developed by departmental leadership with consideration for institutional needs and have included local contingencies for patient surges and workflow demands with possible redeployment. This report provides a detailed account of the hybrid model adopted by the NYU Department of Orthopaedic Surgery at Jamaica Hospital Medical Center and how they incorporated care of noncritically ill COVID-19 medical patients onto their own (still active) orthopaedic trauma service with oversight by Family Medicine.³ I commend the authors for their bravery and work on the front lines in what has become the global epicenter of the COVID-19 pandemic—New York City.

There is a growing body of literature for evolving best practices on managing orthopaedic trauma and the orthopaedic service line during the COVID-19 pandemic.^{1,2} This is an excellent addition to help guide orthopaedic departments that may need to help treat COVID-19 patients with and without musculoskeletal issues as the end of the pandemic is not yet in sight. Orthopaedic surgeons must be prepared to continue serving patients with urgent (and eventually nonurgent) musculoskeletal needs, but many may also be called upon to go back to their roots as medical doctors and help in ways that they may not have envisioned revisiting. Articles like this can help to inform us as we make our way through these challenging times.

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REFERENCES

1. Stinner DJ, Lebrun C, Hsu JR, et al. The orthopaedic trauma service and COVID-19—practice considerations to optimize outcomes and limit exposure. *J Orthop Trauma*. 2020 [epub ahead of print]. doi: 10.1097/BOT.0000000000001782.
2. Prada C, Chang Y, Poolman RW, et al. *Ortho Evidence Best Practices for Surgeons—COVID-19 Evidence-Based Scoping Review. Version 2.0*. Available at: <https://myoe.blob.core.windows.net/docs/OE-Best-Practices-for-Surgeons-COVID-19-Evidence-Based-Scoping-Review.pdf>. Accessed April 26, 2020.
3. Konda SR, Dankert JF, Merkow D, et al. COVID-19 response in the global epicenter: converting a New York city level orthopedic trauma service into a hybrid orthopedic and medicine COVID-19 management team. *J Orthop Trauma*. [epub ahead of print].

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