

LANE COUNTY MEDICAL SOCIETY | OCTOBER 2026

MEDICAL MATTERS



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The Lane County Medical Society is a professional organization that represents, unifies, and supports its physician members as they practice medicine. The Society promotes the interests of member physicians and advocates for the health of the community.



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MEDICAL MATTERS

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Outreach & Opportunities

A Summer of Advocacy

We kicked off our Advocacy Series in May with the goal of identifying key issues facing our medical community that we can help focus on in the 2027 state legislative long session.

The monthly meetings with physicians, legislators, providers, and key community partners led to a breadth of options and resources.

The Lane County Healthcare Sector Partnership partnered in this series for broader community outreach and helped fill the conference room at McKenzie-Willamette with over 60 physicians, providers, and community leaders at our final meeting of the summer.



Kianna Cabuco, LCMS Executive Director, and Deleesa Meashintubby, VIM Executive Director, at the last session of the Summer Advocacy Series.

The Oregon Medical Association's Care First Coalition has a number of committees aimed at tackling various administrative burdens, including prior authorization requirements, use of AI, clawbacks, streamlining credentialing, health care market oversight reform, and more. To get involved, email Courtney Dresser at courtnei@theoma.org.

PeaceHealth's Alicia Beymer helped convene the Lane County Emergency Care Coalition over a number of weeks, discussing the state of emergency services in our area, examples and comparisons to other cities across the country,



Eugene Emergency Physicians (EEP) at the family-friendly LCMS Picnic at the Park.

and the greatest needs to move our community forward.

Celebrating Our Community

The Eugene Emeralds partnered with us again this summer for an evening in the park fundraiser for the Physician Wellness Program. Not only are we raising money for wellness services, but enjoying a ballgame is a great option for getting away from the office and building connections with friends, family, and colleagues.

Our end-of-summer Picnic in the Park was a hit with a number of activities like (plastic) axe throwing, bocce ball, bubbles, and the playground close by for all the kids. Plus, the shaved ice from Pacific Ice Co. was so yummy, you couldn't help but to try all the flavors.

It was also a great way to celebrate Eugene Emergency Physicians and the way our entire community came together to support them. Their story, along with Oregon Senate Bill 951, has helped bring attention to the corporatization of medicine to a national level, with lawmakers bringing this issue to the U.S. legislature in the Stop Corporate Takeovers of Physicians Act.

September brought our annual Allies in Medicine Appreciation event, which allows us to reconnect with and say thank you to all our community partners, advertisers, and sponsors. It also allows us to

share some of our plans for the coming year – events, programs, projects, etc. It's always nice to see new and familiar faces.

Congratulations are in order as we also celebrated three physicians who received the Eugene Chamber's 20 Under 40 Award – Dr. Nicholas Jones, Dr. Bo Wang, and Dr. Erin Wos. Medicine was well-represented in this cohort, and an emphasis on the importance of accessible and innovative medicine was shared throughout the evening.

As we head into the last quarter, we're excited to partner with Cascade Health's Festival of Trees, benefiting the Pete Moore Hospice House, for our final event of the year.

Save the date for the evening of November 24 as they kick off the festival with their Cocktails, Crafts, & Conifers event. This year, there will be a special area reserved for LCMS only, so members, spouses, and guests can connect while viewing the beautifully decorated trees lining the halls.

We hope you'll dress up and join us for a fun, festive evening celebrating the start of the holiday season. ♦



Kianna



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End-of-Year Gathering: LCMS at Festival of Trees, Tuesday, November 24th



Celebrate the season with LCMS and Cascade Health at Festival of Trees: Cocktails, Crafts & Conifers on Tuesday, November 24th, from 5:30–8 PM at the Graduate Hotel.

Enjoy an exclusive LCMS section with early-bird tree previews, holiday crafts, live music, festive beverages, and delicious bites. Gather with fellow

members and colleagues for an evening of holiday spirit, creativity, and connection. Spouses and guests are welcome. Cocktail attire encouraged.

Tickets start at \$25 per person, with an optional full-price \$50 ticket to support Pete Moore Hospice House. Scan the QR code to register. See you there!

Become an LCMS Ally in Medicine in 2027!

LCMS is now accepting advertising reservations and event sponsorships for 2027! Reserve your

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– **DR. GREGORY PHILLIPS** ON THE IMPORTANCE OF HELPING PATIENTS GET THEIR LIVES BACK.
SEE MEMBER PROFILE ON PAGE 14.

RESOURCES

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- **October 14th at 10 AM, join Eric Schulz, MBA, CHBC, Director of Consulting, for “The 5 Decisions Leaders Should Make Before Year-End.”**
- **November 11th at 10 AM PT, Taya Gordon, MBA, FACMPE, Chief Revenue Cycle Officer, will present “RCM – Downcoding.”**



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Farther, Faster, and More Often

BY JOHN F. STEINER, MD, MPH

DIVISION OF GENERAL IM, DEPARTMENT OF MEDICINE, UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CENTER, AURORA.

In high school, I was a captain of the swim team. I then abandoned the pool for more than 30 years and turned my attention to learning and practicing medicine and doing research. I began to swim again in my 50s, when I could sneak in the time. I chose not to swim competitively at that point or, at least, not to compete with others because I had plenty of opportunity to compete in other domains. As it turned out, swimming still had a special appeal for my quantitative mind. The poolside time clock was always flashing. I could immerse myself in lap times, distances, and hours in the pool. I could compare myself with myself, a classic experimental design.

Along came COVID-19, and the pools shut down. When they reopened, I struggled to achieve my prior standards. My aging hip proved to be bone-on-bone arthritis. I developed sudden bradycardia in the middle of my workouts. Modern medicine eventually worked its wonders, and I began to reestablish my exercise routine. A year ago, I retired. Now I mostly swim with other older folks, at times when the water is calm, and I rarely need to share a lane. I proudly tell my family and friends that I am swimming farther, faster, and more often than I did before the pandemic. They join the epidemiologists in an evidence-informed chorus that says, “This is great! Now, could you swim even faster, even farther, even more often?”

On the surface, this all sounds good. But swimming helps me ponder depths as well as surfaces. As I examine the lane lines at the bottom of the pool, I now ask myself: How far is far enough? How fast is fast enough? How often is often enough? Why does everyone, including me, seem to instinctively advocate for more? And

how will I respond as I get older, when my lap times inevitably slow?

All of these are really questions about my values, none of them limited to swimming. Three values in particular: quantification, trade-offs, and relinquishment.

Like many physicians and academics, I have been a lifelong competitor and achiever. The slogan “farther, faster, and more often” guided much of my life outside the pool. Prior to medical school: college admissions, course grades, test scores, the MCAT. As a clinician: relative value units (RVUs) and quality measures. As an academic: grants, manuscripts, frequent flier miles, job titles, salary, and leadership roles. Most of these goals had quantitative measures attached to them, which made it straight forward for me and for others to gauge my progress.

Yet something about these goals rang hollow even when I met them. Course grades didn’t reflect what I actually learned. The MCAT didn’t assess qualities that I suspected would be foundational to good doctoring. RVUs did not measure the time I spent listening to patients with complex lives. Clinical quality measures were dominated by social and organizational factors outside my control. In research, I confronted the constant temptation to measure the wrong outcomes with great precision rather than the right outcomes in more qualitative ways. In short, something was missing whenever I relied too much on metrics to gauge or direct my actions. Looking back, many of my most gratifying choices defied the logic of measurement.

The philosopher C. Thi Nguyen uses the term value capture to describe the temptation to allow quantitative measures to substitute for reflection on our values and choices.¹ He emphasizes that there is nothing inherently wrong with measurement. (How could I disagree after a career in research?) People too often make the mistake of accepting

quantitative measures as ends in themselves rather than as means to help clarify values and make choices consistent with those values. At this point in my life, swimming could easily perpetuate this quantitative bias. But if I plot my lap times on a graph, the slope will be inexorably negative, setting me up for disappointment as I age.

I have long recognized that choices involve trade-offs. As a clinician, I constantly had to individualize the benefits of any treatment recommendation against its risks. As a researcher, I learned that seemingly straightforward interventions in complex health care delivery systems often produced unexpected and unintended consequences that offset their usefulness. In retirement, my life remains full of such trade-offs.

To start with, my body is increasingly vocal about the consequences of swimming faster, farther, or more often. Most days, my body whispers its concerns through the stiffness in my shoulders and my use of nonsteroidal anti-inflammatory drugs. Rarely, it shouts, as I learned when my hip and my heart vetoed my physical ambitions. I suppose I could ignore the messages my body sends me, but it has brought me joy for more than seven decades, and its voice deserves my respect.

The time trade-offs I constantly faced in the workplace did not end when I retired. I am still tempted to believe, as I did as a child, that time is infinite and my choices about how to spend it are free of consequences. Grown-up me knows these are illusions. Simply put, when I am in the pool, I am not anywhere else. Every hour I spend in the pool is an hour that I do not refurbish one of my garden beds or write an essay. Swimming is a solitary sport, and every hour I swim is an hour that I do not share a cup of tea with a friend or phone call with my kid who lives in

another state. More exercise may be associated with a longer life, but at this point I find more meaning in balancing the activities I enjoy than in doing any one of them more often.

Swimming also forces me to confront the perennial questions of aging: How do I prepare for physical and cognitive decline, for sickness, and for my own death? Emptying my mother's apartment after her death forced me to acknowledge the clutter in my own basement and led me to promise that I would not leave this legacy for my children. In my professional life, I tried to make changes before it became obvious that I had grown stale in my roles. I closed my clinical practice when I was in the office too seldom to maintain my skills. I tried to adhere to the presidential "2 terms" rule and turned over my leadership roles to younger colleagues. Although these experiences taught me something about

relinquishment, aging is proving to be a master class in letting go.

I have learned that I too easily conflate relinquishment with surrender. In swimming terms, to surrender is to sink. But to relinquish is simply to acknowledge that my lap times will get slower despite my efforts, and that each time I swim I move closer to the day when I will never swim again. From that perspective, swimming a mile more slowly doesn't seem like such a big deal.

As I watch the best swimmers in my local pool, I am reminded that they don't thrash. They balance the force they exert against the resistance that water imposes. If I am to avoid thrashing as I age, I need to get better at relinquishment on many levels. Even if I can't completely escape competing with my former selves, I can work to mute the calculator in my head. Even if part of me wants to spend more time in the pool, I can balance that

impulse against the messages from my body or the opportunity to do other things I value. I can try to let go of my illusions of control.

Water resists forward motion, but it also supports us when we simply breathe and float. I hear this buoyancy in quiet voices like the sage, Lao Tsu: *The ten thousand things rise and fall while the self watches their return. They grow and flourish and then return to the source. Returning to the source is stillness, which is the way of nature.*²

However successful I am at living in consistency with my values, each time I swim I can recognize the good fortune that has enabled me to be in the pool this day. However fast, far, or often I swim, each time I put on my goggles, I can still celebrate the many gifts of my time in the pool. ♦

This article was sourced from the JAMA Network website at jamanetwork.com.

1. "Value Capture," CT Nguyen, *Journal of Ethics and Social Philosophy*, 2024. jesp.org.

2. "Tao Te Ching," Lao Tzu, Feng G-F and English J, trans., Vintage Books, 2012.

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Research as the Foundation of Independent Orthopedic Care

BY KATE SPITZLEY, PHD

DIRECTOR, SLOCUM RESEARCH & EDUCATION FOUNDATION

Independent orthopedic groups face a familiar tension: stay purely clinical or build a research infrastructure usually reserved for academic centers. For more than six decades, Slocum Orthopedics and the Slocum Research and Education Foundation have chosen the harder path, and Lane County's orthopedic care is better for it.

A Research Culture Built into the Practice

The instinct goes back to the group's founding generation. In 1962, Dr. Donald Slocum and UO track coach Bill Bowerman co-authored "Biomechanics of Running," sparking a partnership that was joined soon after by Dr. Stanley James to redesign athletic footwear and prevent running injuries. James built on this with more than 50 published papers alongside UO's Human Physiology Department, helping define the sports medicine research agenda.

In 1971, Dr. Dennis Collis performed Eugene's first total hip replacement, then spent his career pioneering computerized outcomes tracking in a private practice setting. Research was at the forefront of clinical decision-making.

Research that Feeds Back into the Clinic

That trajectory holds today. The Slocum Foundation's research team provides essential support to orthopedists pursuing clinical research, grounding studies in what physicians see in the exam room. Foundation president Dr. Jenna Godfrey's research portfolio includes work to lower procedure costs, evaluate opioid prescribing protocols to limit excess exposure in adults and adolescents, and track outcomes from high-volume

hand and wrist procedures. Continuing work that Collis started, Drs. Brian Jewett, Craig Mohler, and Steven Shah have long studied how to improve total hip replacement outcomes.

This year, Dr. Lyle Jackson joined a third consecutive study monitoring total ankle arthroplasty outcomes, and Dr. Rudolf Hoellrich is tracking results for more than 400 total shoulder arthroplasty patients. Trauma surgeons Drs. Daniel Fitzpatrick and Bradon Wilkinson lead multiple studies on treating urgent and emergent orthopedic injuries, including research into normal gait recovery after fracture and antibiotic selection for severe open fractures. None of this is research for its own sake, it's how the group decides what to keep doing and what to stop.

Fitzpatrick describes the process this way: "Research isn't separate from patient care, it's one of the ways we make patient care better. When you track outcomes and ask questions about the problems you see every day, you create a cycle where clinical experience drives research and research improves the next patient's care."

Investing Beyond the Exam Room

That same evidence-driven instinct shows up in how the Foundation spends its time outside the clinic. The Duck Parking fundraiser raises roughly \$40,000 per year for local athletic programs and community partners, reducing financial barriers to youth sports participation.

The Emerging Health Professionals of Lane County Scholarship Program awards annual scholarships to graduating local high school seniors headed toward careers in healthcare, health-related research, or public and community health. Partnering with the UO's Knight

Campus and Western University of Health Sciences, the Foundation has hosted the Perry Initiative programs, giving high school and medical school students hands-on exposure to orthopedic surgery and biomedical engineering. The internship program provides an excellent landing place for medical-school-bound individuals to hone their research skills.

The reach extends past Lane County. Each winter, Foundation team members spend ten days in the Dominican Republic with the Restore Together Foundation for Care, led by Fitzpatrick, performing formal program evaluation to guide future improvements. Closer to home, Slocum Orthopedics and the Foundation are longtime supporters of Healthy Moves, whose before-school "Jump Start" program for local elementary students has produced measurably better behavior and fewer disciplinary referrals.

Putting the Research to Work

Each December, the Foundation's Annual Orthopedic & Sports Medicine Update turns a year of research into practical instruction for frontline providers. This year's 34th Annual Update will be held December 5 at the Slocum Center for Orthopedics & Sports Medicine. Titled "Fundamentals of Musculoskeletal Care," the conference gives health professionals practical training in musculoskeletal palpation, orthopedic-specific exam techniques, and criteria for specialist referral, for up to 4.25 AMA PRA Category 1 Credits.

That's the real payoff of a research culture for a community-based orthopedic group: not publications for their own sake, but sharper exam-room judgment and outcomes that improve because someone was tracking them all along. ♦



Dr. Gregory Phillips poses outside the Hatfield-Dowlin Complex courtyard, where he frequently visits to consult with Oregon student-athletes.

Photos provided by Angel Montes

A Duck for Life

Dr. Gregory Phillips turned a love of football into a lifelong career caring for athletes and patients.

BY VANESSA SALVIA

FOR LANE COUNTY MEDICAL SOCIETY

Dr. Gregory Phillips logs into our Zoom call on a weekend afternoon in full green — decked out in Oregon Ducks gear — even though it's not a Ducks game day. His dedication is more than just being a fan; it's because he has actually worn the Duck uniform.

A former Oregon Ducks football player turned triple board-certified physician, Phillips has spent nearly two decades building a career that lets him practice in the town he loves, near the sidelines of the sport he loves, and in the operating room helping athletes and non-athletes alike get back to the activities they enjoy.

Phillips is a partner at Pacific Sports and Spine, a practice he co-founded in 2018. The clinic has grown from a two-doctor partnership to include eight physicians, seven physician assistants, three facilities, a surgery center, a physical therapy team, a research arm, and a fellowship program that has already trained two young sports medicine doctors. He is board-certified in sports medicine, physical medicine and rehabilitation, and interventional pain management, a combination that lets him treat the whole patient rather than a single diagnosis.

From Long Beach to the Rose Bowl

Phillips was born in Long Beach, California. His family moved to Boise, Idaho, before settling in Salem, where he attended high school. It was there that his football talent caught the attention of recruiters, and he made the choice to stay in Eugene, close to home.

He played football at the University of Oregon and graduated before heading back north to Salem, where he spent five years working for State Farm Insurance. Working at State Farm, he says, made him feel too “comfortable,” and he wasn’t putting his general science degree to much use.

“After five years, I felt I don’t really want to be comfortable and continue with this job. So I quit, and then went to medical school,” he recalls.

Among his favorite memories from his playing days is a trip to the Independence Bowl in Shreveport, Louisiana. “We hadn’t gone to a bowl game in years,” Phillips says. “It was a lot of fun. My sister came in from South Carolina, so I got to hang out with her. They really treated us well down there.”

He also got to play a game in the Rose Bowl stadium in Pasadena, which he says was “a dream” of his as a kid. Above all, he treasures the lifelong friendships he made. He still gets together every year with former teammates for a barbecue.

A Later-in-Life Calling

Despite the detour working for an insurance company, a career in medicine wasn’t a total surprise. Phillips grew up watching his father work as a respiratory therapist and admired an uncle who was a dentist — “the most successful person I knew,” he says. Phillips always gravitated toward science in school.

At 28, he enrolled at Ross University School of Medicine,

planning on a career in general surgery. That plan changed when he met an anesthesiologist finishing pain procedures after Phillips’s own surgical cases were done for the day.

“I asked him what he was doing,” Phillips recalls. “He said, ‘Well, I do pain. I don’t have patients in the ICU, don’t have any calls, I still get to do surgery, and I make more than a young surgeon.’” Phillips shadowed him and learned about physical medicine and rehabilitation, a residency path that would let him pursue pain management. He completed that residency at the University of Washington and a fellowship in California, where he started working.



Phillips received multiple academic and athletic honors, including the Ray Farmer Family Scholar-Athlete Award, Oregon Club Student-Athlete Award, State of Oregon Scholar-Athlete Award, and Sports Fever Student-Athlete Scholarship Achievement Award.

Coming Home to Eugene

A mentor from his playing days, orthopedic surgeon Dr. Kenneth Singer, operated on Phillips’s knee and later recruited him back to Oregon. Phillips says Singer let him know Slocum Orthopedics was looking for someone who was doing the work that he was doing. A job interview brought him back in 2007. He was offered the position and moved to Eugene a

couple of months later. Reconnecting with the university and the team he’d once played for was a big part of the reason he took the job.

“I wanted to come back up here and be involved with the team, be involved with the university, and be in Oregon,” he says.

He spent five years at Slocum Orthopedics before moving to the Neurospine Institute, where he began working alongside Dr. Greg Moore, who became his longtime business partner. The two had been informally covering each other’s patients and comparing notes on care for years.

When Neurospine dissolved around 2017, Phillips and Moore struck out on their own and founded Pacific Sports and Spine. They later brought on a third partner, built a surgery center, and grew the practice into what it is today.

Being back in Oregon not only meant being closer to home and to Duck games; it meant reconnecting with Duck athletics in a professional capacity. Phillips works closely with University of Oregon sports medicine staff, treating athletes for spine-related injuries as well as other conditions. “It’s kind of a dream fulfilled, really, to come back here and work at the University of Oregon,” he says.

A Field Transformed

Pain management has changed dramatically since Phillips started practicing. Pain management used to rely primarily on medication and the occasional injection. Today, treatment options include minimally invasive spine surgery, endoscopic discectomies, spinal cord stimulator implants, nerve ablation, and regenerative treatments like stem cell and platelet-rich plasma injections.

“The field really has grown,” he says. For Phillips, more options mean more patients can get real relief, and that is what keeps him going.

“When I have a patient say that they got their life back by seeing me,

that's the most rewarding thing that I can hear," he says. "It's not about the money, it's not about anything else. It's just about the patient care."

He describes developing relationships with his patients because he sometimes cares for them over the course of several years, as they return for follow-ups or treatment for different issues over time. "I really have a close bond with my patients," he says, "and just having them say thank you, or having a family member come in and say 'my wife is doing so much better,' that's really what makes it worth it."

Family, Fishing, and Fall Saturdays

Outside the clinic, Phillips's life is all about his family. He and his wife, Jennifer, a nurse who works at the practice's surgery center, are approaching 25 years of marriage. They met in Bakersfield, California,

while Phillips was completing rotations and she was in nursing school. The couple has three children. Their oldest son is studying aeronautical engineering in North Dakota with plans to become a commercial pilot. Another son, who hopes to become an anesthesiologist, plays football at Linfield University, while their daughter plays volleyball at Marist.

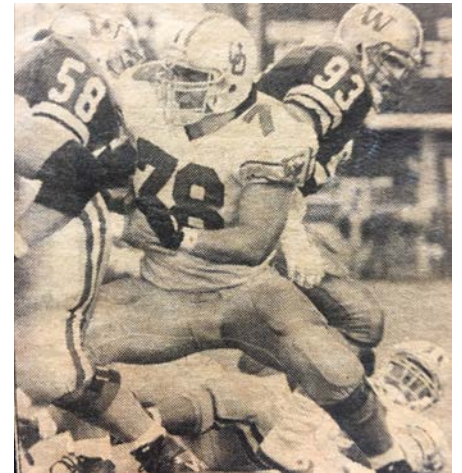
When he's not working, Phillips can usually be found tailgating before Duck football games, occasionally playing golf, or fishing.

Investing in Eugene's Medical Community

Phillips joined Lane County Medical Society in 2007. As a member, he values the camaraderie among local physicians and worries about providers leaving the area.

"I find that the physicians who move here do it for a reason," he says.

"It's a destination for them. They want this kind of a lifestyle and to be in a smaller community. They want to be outdoors. They want to be involved in the community or maybe the University of Oregon. It's a great place to live." ♦



Phillips played center on the University of Oregon's offensive line from 1987–1991.

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The Evolution of Sports Medicine: Why Minimally Invasive Care Is Reshaping Patient Outcomes

BY GREGORY MOORE, MD
PACIFIC SPORTS & SPINE



Sports medicine has entered a new era. Once defined by rehabilitation at one end of the spectrum and surgery at the other, the specialty now offers a growing spectrum of minimally invasive interventions that allow physicians to treat injury, reduce pain, and restore function with greater precision. These advances are changing not only how injuries are managed, but also how clinicians think about recovery, performance, and long-term musculoskeletal health.

At the center of this transformation is a simple principle: the best treatment is often the least disruptive one capable of achieving the desired outcome. For athletes and active adults alike, minimizing tissue trauma, reducing recovery time, and preserving function have become increasingly important

goals. As a result, sports medicine has embraced technologies and techniques that bridge the gap between conservative care and surgery.

Among the most influential advances has been the widespread adoption of musculoskeletal ultrasound. Unlike static imaging modalities, ultrasound allows physicians to evaluate tendons, ligaments, muscles, and joints in real time during movement. This dynamic assessment can reveal pathology that may be difficult to appreciate through conventional imaging alone while improving diagnostic accuracy. Ultrasound has also transformed procedural medicine, enabling highly accurate image-guided injections and interventions that enhance precision and reduce risk to surrounding structures.

Precision-guided procedures have become an increasingly valuable component of sports medicine practice. Targeted injections can address inflammation, pain, and biomechanical dysfunction while facilitating rehabilitation. For many patients, these interventions offer an opportunity to progress through recovery without the morbidity, cost, and downtime associated with surgery. Image guidance has elevated these procedures from relatively simple injections to sophisticated treatments tailored to individual anatomy and pathology.

Regenerative medicine has also generated significant interest across the field. Platelet-rich plasma (PRP)

and other biologic therapies are increasingly utilized for chronic tendon disorders, ligament injuries, and selected degenerative joint conditions. The appeal is understandable: rather than focusing solely on symptom management, these approaches seek to harness the body's intrinsic healing mechanisms.

Yet regenerative medicine remains an area where clinical enthusiasm must be balanced with scientific discipline. While emerging evidence suggests PRP may benefit some patients, particularly those with mild-to-moderate osteoarthritis and chronic tendinopathies, outcomes remain variable. Differences in preparation methods, treatment protocols, and patient selection continue to complicate interpretation of results. At present, regenerative therapies are best viewed as promising adjuncts within a comprehensive treatment strategy rather than universally applicable solutions. Careful patient selection, shared decision-making, and realistic expectations remain essential.

The same principle applies to the broader category of minimally invasive interventions. Procedures such as radiofrequency ablation and other image-guided pain treatments have expanded options for patients with chronic musculoskeletal and spine-related conditions. Particularly for aging athletes and highly active adults, these treatments can provide meaningful symptom relief while preserving

mobility and delaying or avoiding more invasive surgery. Advances in imaging technology have further improved procedural accuracy, safety, and reproducibility.

Perhaps the most important development, however, is philosophical rather than technological. Modern sports medicine increasingly recognizes that procedures alone rarely determine outcomes. Success depends on integrating intervention with rehabilitation, movement analysis, strength training, and injury prevention strategies. The most effective programs bring together physicians, physical therapists, athletic trainers, and performance specialists to address not only symptoms, but also the biomechanical factors that contribute to injury.

This multidisciplinary approach reflects the broader direction of the specialty. The question is no longer

“The most effective programs bring together physicians, physical therapists, athletic trainers, and performance specialists to address not only symptoms, but also the biomechanical factors that contribute to injury.”

simply whether a patient needs surgery. Instead, sports medicine physicians now have an expanding toolkit that allows treatment to be individualized according to pathology, activity level, performance goals, and patient preferences. For many individuals, the result is a pathway that prioritizes function, preserves tissue, and accelerates a return to activity.

As technology continues to evolve, minimally invasive treatments will play

an increasingly central role in sports medicine. The challenge for clinicians will be to embrace innovation while maintaining rigorous standards of evidence. When applied thoughtfully and in the right clinical context, these advances offer an opportunity to improve outcomes, enhance patient satisfaction, reduce reliance on surgery, and redefine what recovery can look like for athletes and active individuals alike.”♦



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Expanding Access in RehabilitationCare

BY JIM MUREZ

COMMUNICATIONS MANAGER,
PEACEHEALTH MARKETING &
COMMUNICATIONS

Residents of Lane County now have access to a state-of-the-art facility and cutting-edge care in their own community with the recent opening of the PeaceHealth Springfield Rehabilitation Hospital in Springfield.

The hospital is the first freestanding inpatient rehabilitation hospital in Oregon and includes the region's first dedicated traumatic brain injury unit. The facility, which began accepting patients in mid-September, will meet the community's growing need for more intensive treatments and often complex recovery processes.

"The advanced clinical capabilities of this facility, placed in the hands of our extraordinary team, will truly transform the delivery of rehabilitation care across Springfield and the surrounding region," says Ashley McDonald, CEO of the new hospital.

The hospital was designed with a patient-centered focus and incorporates numerous details and technologies to help patients recover from a range of injuries. It will serve 42 patients to start and eventually expand to 60.

A Wide Range of Features

With a substantially larger footprint, the new hospital will be able to offer options that were unavailable when the unit was housed at PeaceHealth Sacred Heart Medical Center at RiverBend.

A key element is the ability to treat

traumatic brain injuries. Patients previously had to go out of the state to receive such care. The new hospital brings that expertise to Lane County along with the facilities designed to offer such care.



Spacious rehabilitation gym designed to support patients throughout their recovery.

Elsewhere in the hospital, patients can step into a simulated apartment, complete with a kitchen, bedroom, and even a dryer to help ease their transition from the hospital to their home.

In another room, physical therapists can have patients walk up a variety of stairs and ramps as part of their recovery process. A track system above can help support a patient's weight as they work out on a treadmill.

Patients will perform their therapy in an airy, 3,000-square-foot gym with soaring windows letting in natural light. A trove of new equipment is distributed throughout the room.

That includes advanced technology such as virtual reality headsets and mechanical lifts to help support patients relearning to walk.

They'll also find wide-open spaces for patients and therapists to spread out.

"This room will give our therapists so much more flexibility to work with their patients, and several of them can work in here at the same time, which benefits everyone," McDonald says.

A door in the gym leads outside, where not only can patients get fresh air, but they can practice walking on different types of surfaces to regain confidence. One of those surfaces is rounded river rock, which surrounds a smaller version of an iconic McKenzie River drift boat that patients can practice climbing in and out of. This is typical of the local touches that designers from Lifepoint seek to include in the hospitals they help run around the country.

Patients will also find raised garden beds, a walking path, and a putting green – all part of the recovery process as patients work to return to their daily lives.



Apartment mockup where patients practice everyday skills before returning home.

One feature designers focused on was the patient rooms. Small details such as perfectly smooth transitions between rooms, with no raised surfaces to potentially catch the

wheel of a walker or wheelchair, were incorporated. The walls are painted in calming colors, and large photos of famous Oregon landmarks and landscapes can be found throughout the two-story building.

The rehabilitation unit was previously at PeaceHealth Sacred Heart Medical Center at RiverBend. That unit's operations were wound down once the rehabilitation hospital opened. The move frees up space at RiverBend for other needs and will increase the system's overall capacity as the beds are made available for general use.

The hospital is jointly owned and operated by PeaceHealth and Lifepoint Rehabilitation, an operating division of Lifepoint Health.

"As PeaceHealth envisioned bringing this facility to our community, we knew it would become a tremendous asset not only for our



The newly opened PeaceHealth Springfield Rehabilitation Hospital, designed with patients' recovery and comfort in mind.

region, but for the entire state," says Alicia Beymer, chief administrative officer at PeaceHealth Sacred Heart Medical Center at RiverBend. "This hospital will enable individuals requiring intensive rehabilitation, including those recovering from traumatic brain injuries, to receive highly specialized care closer to home,

addressing a significant gap in access. At the same time, transitioning these services to a dedicated rehabilitation hospital expands capacity at RiverBend, allowing us to better meet the growing healthcare needs of our region and serve more patients across the continuum of care."♦

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Connecting Breast Cancer Care

WILLAMETTE VALLEY CANCER INSTITUTE AND RESEARCH CENTER

From Surgery & Treatment to Research and Survivorship

Most breast cancer journeys begin in a primary care office. A PCP identifies a concern, reviews an abnormal finding, or delivers a diagnosis that changes the course of a patient's life. What follows is often a series of referrals, consultations, treatment decisions, and follow-up appointments involving multiple specialists. Breast cancer care is rarely delivered by a single physician. It is a continuum of care that depends on effective communication and coordinated handoffs across every stage of a patient's journey.

Navigating those transitions can be overwhelming. Questions about diagnosis, surgery, pathology findings, and treatment options often arise within a matter of weeks. Timely access and clear communication can help reduce uncertainty while ensuring informed treatment decisions.

At Willamette Valley Cancer Institute and Oregon Surgical Wellness, we're continually working to strengthen the connections between providers, services, and patients. We know the breast cancer journey can be confusing and filled with uncertainty. By bringing surgeons, medical oncologists, radiation oncologists, nurse navigators, and support services together, we're striving to create a more coordinated experience for patients and referring providers.

One of the most important moments in that journey occurs immediately after diagnosis. Whether

a patient enters the breast cancer care pathway following an abnormal screening mammogram, a biopsy-confirmed cancer diagnosis, or a concerning breast symptom, early consultation with a specialist can provide clarity during an especially stressful time. Our goal is to help patients understand what comes next, evaluate their options, and move forward with confidence.

**“By bringing
surgeons, medical
oncologists,
radiation
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navigators, and
support services
together, we’re
striving to create a
more coordinated
experience for
patients and
referring providers.”**

Expanding Access Through Multidisciplinary Care

The breast surgery team serves as a critical entry point for many patients. Through Oregon Surgical Wellness, breast surgical oncologists work closely with medical oncologists and radiation oncologists to develop individualized

treatment recommendations. The addition of Sara B. Cartwright, DO, further expands access to fellowship-trained breast surgical oncology expertise within the region, joining an established team that includes Winnie Henderson, MD, PhD, FACS, CGRA and Teisha Shiozaki, MD, FACS. Together, these physicians help patients understand their options and coordinate the next phases of care.

As treatment planning progresses, collaboration becomes increasingly important. Complex and advanced cases are reviewed through Lane County's Breast Tumor Board, bringing together expertise from across specialties. This collaborative approach helps ensure treatment recommendations are informed by diverse clinical perspectives and current evidence.

A key component of surgical coordination is the dedicated breast nurse navigator. Every surgical patient is assigned a consistent point of contact who helps coordinate appointments, provide education, facilitate communication, and connect patients with resources. The navigator nurse serves as a guide and advocate through an often-complex healthcare journey.

Bringing Clinical Research to Community Cancer Care

Access to clinical research has become an increasingly important part of cancer care. While many patients associate clinical trials with large academic medical centers, community-based research programs can provide access to emerging therapies and treatment approaches.

As a member of The US Oncology Network and affiliated with Sarah Cannon Research Institute, WVCi provides access to clinical research opportunities and can help connect eligible patients with additional studies when appropriate. For referring physicians, this means patients can be evaluated for innovative treatment options while remaining connected to a coordinated local care team.

Supporting Survivorship & Understanding Risk

Yet even the most successful treatment plan is only one part of a patient's breast cancer journey. Some of the most important questions come after treatment is complete:

- How do I prevent recurrence?
- What follow-up care do I need?
- How do I move forward after cancer?

Survivorship planning, long-term monitoring, and ongoing communication remain essential

parts of the continuum. Many patients continue to manage other chronic health conditions throughout cancer treatment and recovery. Diabetes, cardiovascular disease, autoimmune disorders, and other medical concerns do not pause because of a cancer diagnosis.

Maintaining communication between oncology specialists and primary care providers helps ensure that the patient's overall health remains part of the conversation throughout treatment and beyond. For some patients, that ongoing conversation also includes understanding hereditary cancer risk.

Oregon Surgical Wellness offers specialized genetic cancer risk assessment through Winnie Henderson, MD, PhD, FACS, CGRA, one of only four surgeons in the nation certified in Cancer Genetic Risk Assessment (CGRA). For individuals with significant family histories of cancer, genetic cancer

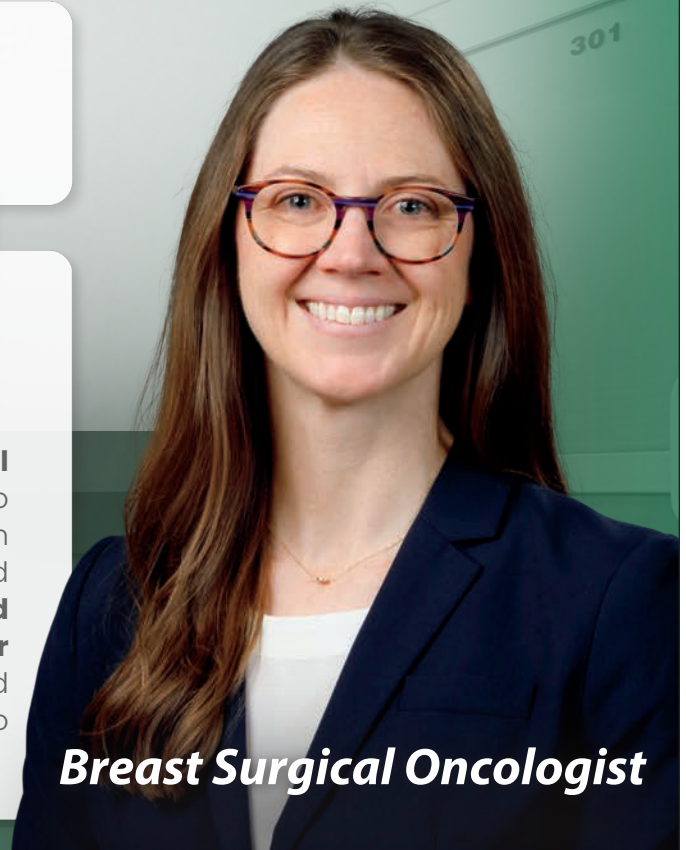
risk assessment can provide valuable guidance regarding hereditary risk, screening strategies, surveillance recommendations, and preventive care options. These insights can help guide conversations not only for the patient, but also for their family members and the referring providers who continue to support their long-term care.

Breast cancer care continues to evolve, but one principle remains constant: patients benefit when providers work together. Strengthening communication, improving transitions between specialties, and supporting patients through every phase of care require ongoing collaboration across the healthcare community. By continuing to build those connections, we can help ensure that every patient receives not only expert treatment, but a more coordinated and compassionate care experience. ♦



Welcome, Dr. Sara B. Cartwright

Now seeing patients at **Oregon Surgical Wellness**, Dr. Cartwright is committed to helping patients understand their options, align treatment with their goals, and move forward with confidence. As a **fellowship-trained breast surgical oncologist** and **former registered nurse**, she brings both specialized expertise and a compassionate perspective to every patient she serves.



Breast Surgical Oncologist

Announcements

LCMS Events

Visit the **LCMS website** to sign up for future events or email us at info@lcmedsociety.com for any inquiries.

Join us for the last **LCMS main event of the year at Festival of Trees for Cocktails, Crafts & Conifers**. Enjoy an exclusive LCMS section at The Graduate Hotel on Tuesday, November 24, from 5:30–8 PM, featuring early-bird tree previews, live music, festive drinks and bites, holiday crafts, and more! Cocktail attire is encouraged. Register today!

Community

Join the **Women Physicians Group** for a fun evening of cookie decorating and connection on **Tuesday, October 20, from 6–8 PM at the Pete Moore Hospice House**. Enjoy an evening of cookie decorating and fun with fellow women physicians. Email us for more information or register on our website.

Lane County Caduceus meets every Wednesday from 7:30–8:30 PM for licensed healthcare professionals seeking peer support during addiction recovery.

Join the **Healthcare for All Lane County Chapter** to advocate for affordable, simplified healthcare for all Oregonians.

Meetings are the first Tuesday of each month at 7 PM at First United Methodist Church, 1376 Olive St., Eugene, OR, and via Zoom.

NOTES

New LCMS Member Benefit: Need a space for meetings, team sessions, or workshops? Enjoy a 15% discount at The District Coworking! Email us for details.

The **Clinical Undergraduate Shadowing Program (CUSP)** connects University of Oregon undergraduate students interested in medicine with physicians for firsthand exposure to clinical practice. Physicians can sign up to host a student. Scan the QR code to learn more and sign up.


A photograph of a woman with glasses and a purple sweater smiling while holding a small bowl of food. In the background, other people are seated at tables in a bright, modern setting.

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