

GENERAL FINDINGS OF FACT

1. At all times relevant hereto, the Respondent, was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on October 10, 1983. The Respondent is board-certified in orthopedic surgery.
2. At all times relevant hereto, the Respondent was a member of a group practice, Orthopaedic Associates of Central Maryland, with offices in Baltimore and Columbia, Maryland.
3. On or about February 13, 2009, the Board received a complaint from a former patient of the Respondent, "Patient A",¹ alleging that the Respondent failed to properly perform the replacement of his right hip and failed to notify him.
4. Thereafter, the Board initiated an investigation, the results of which are set forth below.

Patient-Specific Findings of Fact

5. On September 6, 2007, Patient A, a male born in 1949, presented to the Respondent, having been referred by his primary care physician.
6. The Respondent noted in his consultative report that since January 2007, Patient A had been experiencing severe pain in his right hip and was limping. The Respondent noted that Patient A's x-rays of his right hip showed marked arthritis and deformity of the femoral head. The Respondent concluded that Patient A was a candidate for hip replacement arthroplasty. The Respondent noted that he had discussed with Patient A

¹ The patient's name is confidential.

the pros and cons of a metal-on-metal implant and obtained informed consent.

7. On December 11, 2007, the Respondent performed right total hip replacement arthroplasty on Patient A. In his operative note, the Respondent documented in pertinent part:
 - The acetabulum² was exposed. The labrum was excised, reamed to up to a 55. A 56 mm [acetabulum] cup was inserted in extremely stable position, about 45 degrees of abduction, 50 (*sic*) degrees of anteversion.³ This seated very nicely.
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8. On January 10, 2008, Patient A returned to the Respondent for a follow-up visit. The Respondent's physician assistant ("PA") examined Patient A and examined x-rays taken during the visit. The PA documented that he "reviewed [the x-rays] with patient noted a vertical cup, but otherwise there is no loosening noted." The PA also documented that he advised Patient A to undergo outpatient physical therapy to "work on range of motion and strength."
9. When interviewed by Board staff, Patient A stated that during the January 10 visit, the PA showed him his post-operative x-rays and told him that there was nothing wrong with his hip.
10. The Respondent referred Patient A to a physical therapy provider, Bounce Back Physical Therapy, located in the same building as the Columbia office of OACM.

² The acetabulum is a concave surface of the pelvis where the head of the femur meets to form the hip joint.

³ Anteversion is an anatomical term of location; in this instance, it describes the degree to which the hip is rotated forward. In his March 30, 2009 response to the Board, the Respondent noted that there was a typographical error in his operative report; the angle of anteversion should have been noted to be 15 degrees rather than 50 degrees..

11. On March 11, 2008, a Bounce Back physical therapist reported to the Respondent that Patient A was complaining of "minimal hip pain, was ambulating with improved gait and noted significant improvement in his strength and movement." It was noted that Patient A had suffered a recent set-back when he attempted to push against too much resistance on an exercise bicycle.
12. Patient A returned for his next follow-up visit on March 13, 2008. In Patient A's complaint he wrote that he expressed concern about pain at this visit; "I did not feel like I was healing or making progress. Every time I stood up to walk, stuff (soft tissue) would move all around and I had to put weight down and jiggle around until I could take a step. I was told that was normal and nothing to worry about."
13. The Respondent saw Patient A on March 13, 2008 and noted that Patient A "has been doing extremely well following his right hip replacement arthroplasty." The Respondent noted that other than the hip strain that had been reported by Bounce Back, Patient A "otherwise is extremely stable in terms of his hip." The Respondent advised Patient A to continue his home exercise program independently.
14. On July 2, 2008, Patient A presented to the P.A. in the Respondent's office for a six-month follow-up. The P.A. reviewed x-rays of Patient A's hip taken at that visit and noted "some slight vertical appearance to his actual acetabular cup, but otherwise, it appeared to be acceptable." The P.A. requested Patient A to return in six months for a follow-up visit.

15. On November 17, 2008, Patient A presented to a physical therapist other than the Bounce Back therapists. The physical therapist noted that Patient A had had moderate to severe pain in his right lower extremity since his December 2007 hip replacement. The physical therapist advised Patient A that continued physical therapy would not be beneficial because Patient A had been strengthening and stretching for ten months with no relief. He recommended that Patient A seek a second surgical opinion to determine the cause of his persistent pain.
16. In December 2008, Patient A sought second opinions from two orthopedic surgeons ("Dr. B" and "Dr. S"). Both reviewed Patient A's x-rays and advised him that his acetabular cup was malpositioned with an excessive abduction angle of between 70 to 80 degrees.
17. Both orthopedic surgeons advised Patient B that the acetabular component should be revised in order to correct the angle to an acceptable range of 40 to 45 degrees, in light of the complaint of pain.
18. On December 26, 2008, Dr. B performed revision surgery and replaced Patient A's acetabular cup with a different device
19. Patient A reported to the Board that after Dr. B had performed the revision surgery he had not experienced the pain that he had endured for a year after the Respondent had performed his hip replacement. Patient A reported that he stands up without pain or instability and is able to walk without pain.

20. The Respondent failed to meet the standard of quality care, in violation of H.O. § 14-404(a)(22) for reasons including, but not limited to:

- a. Total hip replacement is a technically demanding procedure; placement of the acetabular cup is a critical step. Post-operative x-rays revealed Patient A's acetabular cup at 70 to 75 degrees of abduction; and
- b. The Respondent violated the standard of care in not discussing revising the surgery on the last postoperative visit.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent failed to meet the appropriate standard of quality care, in violation of H.O. § 14-404(a)(22).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 27th day of June, 2011, by a majority of the quorum of the Board considering this case:

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **ONE (1) YEAR**, beginning on the effective date of the Consent Order with the following terms and conditions:

- a. Within six (6) months of the effective date of the Consent Order, the Respondent shall successfully complete at his own expense a Board-approved course in joint replacement. The course shall be in addition to the Continuing Medical Education ("CME") credits required for licensure; and it is further

ORDERED that the Respondent shall comply with the Maryland Medical Practice Act and all laws, statutes and regulations pertaining to the practice of medicine; and it is further

ORDERED that the Respondent's failure to comply with any of the conditions of this Consent Order, shall be considered a violation of probation and a violation of this Consent Order; and it further

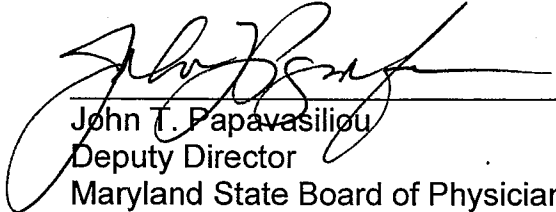
ORDERED that if the Respondent violates any of the terms and conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing before an Administrative Law Judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, or an opportunity for a show cause hearing before the Board, may impose any other disciplinary sanction for with the Board may have imposed, including a reprimand, probation, suspension, revocation and/or monetary fine, said violation being proven by a preponderance of the evidence; and it is further

ORDERED that after one (1) year from the date of this Consent Order, the Respondent may submit a written petition to the Board requesting termination of probation. After consideration of the petition, the probation may be terminated, through an order of the Board, or a designated Board committee. The Board, or designated Board committee, will grant the termination if the Respondent has fully and satisfactorily complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and it is further

ORDERED that the Respondent shall be responsible for all costs under this Consent Order; and it is further

ORDERED that this Consent Order shall be a public document pursuant to Md. State Gov't Code Ann. § 10-611 (2009 Repl. Vol.).

6/27/2011
Date


John T. Papavasiliou
Deputy Director
Maryland State Board of Physicians

CONSENT

I, Sam V. Sydney, M.D., acknowledge that I am represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

5/19/2011
Date

Sam V. Sydney
Sam V. Sydney, M.D.
Respondent

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 19th day of May 2011, before me, a Notary Public of the foregoing State and City/County personally appeared Sam V. Sydney, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Karen J. Cunningham

My Commission Expires
March 08, 2015
Notary Public