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THURSDAY, APRIL 16, 2026  
4:00 PM—6:00 PM



VegasHealthCARE



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## 2025 Safety in Spine Surgery Summit Marks a Decade of Guiding Fieldwide Best Practices

Dr. Vitale's realization that the field needed better surgical safety protocols began in 2008 when, soon after becoming chief, a spike in infections prompted him to temporarily suspend pediatric spine surgeries. "The infection rate was not acceptable, which led us to conduct an in-depth, interdisciplinary review of infection-prevention protocol at our institution to determine the root causes and implement targeted interventions," he says. Following the review, several new protocols were put in place, including:

- An antibiotic prophylaxis education program
- Room traffic reduction program
- Addition of tobramycin to prophylaxis regimen
- High volume lavage
- Pre-operative chlorhexidine gluconate showers

The result: zero infections were reported in the 12 months af-

ter implementation. This success prompted Dr. Vitale to create the Safety in Spine Surgery Project (S3P) and its accompanying Safety in Spine Surgery Summit to help develop and share best practices with his colleagues around the country and world; the organization has since become a cornerstone of quality improvement in the field.

### Tackling a Range of Spinal Surgery Risks

Each meeting since has focused on a different aspect of preventing harm in spine surgery, generating peer-reviewed consensus guidelines and checklists on topics such as:

- Adolescent idiopathic scoliosis bracing
- Use of halo gravity traction for pediatric spinal deformity
- Prevention of wrong level surgery in spinal deformity

- Surgical site infection (SSI) prevention with surgical treatment of early-onset scoliosis
- Response to intraoperative neuromonitoring (IONM) changes in patients with a stable spine
- Response to IONM events in high-risk spinal deformity surgery
- Recommendations to prevent, diagnose, and treat SSI in high-risk pediatric spine surgery
- Recommendations for avoiding errors in robotic-assisted spine surgery (RASS)

"In just one day, attendees walk away with actionable strategies to improve surgical safety for their patients," says Dr. Vitale. "A lot of the people coming to our meetings are not necessarily part of a big university-based system. They are starting to adopt these same practices, have multidisciplinary preoperative conferences, and are doing formal risk stratification, which are part of a systems approach that, in the past, was unusual."

This forum allows us to work

across disciplines, institutions, and countries to tackle the most urgent challenges in spine surgery. **Dr. Michael Vitale**

Topics covered at the 2025 summit included intraoperative neuromonitoring technologies for pediatric and adult spine procedures, enabling technologies, safety in surgical education, and surgeon well-being, among others. New York-Presbyterian physicians presenting at the conference included:

**Lawrence Lenke, M.D.**, co-director of Och Spine at New York-Presbyterian and Columbia and co-chair of the Safety in Spine Surgery Summit, who discussed new research in spinal deformity intraoperative monitoring and machine-learning risk factors for spinal-cord related and lumbar nerve root-related IONM data loss.

**Joseph Lombardi, M.D.**, orthopedic spine surgeon at Och Spine at New York-Presbyterian and

(continued on page 15)