



2021 K Street, NW
Suite 516
Washington, DC 20006
Phone: 202.833.1147
Fax: 202.296.2515

5454 Wisconsin Avenue
Suite 1000
Chevy Chase, MD 20815
Phone: 301.657.1996
Fax: 301.951.6160

5215 Loughboro Rd NW
Suite 200
Washington, DC 20016
Phone: 202.787.5601
Fax: 202.787.5606

Richard W. Barth MD
*Hand and Wrist
Upper Extremity*

Marc D. Connell MD
*Sports Medicine and Arthroscopy
Joint Replacement*

Richard M. Grossman MD
*Sports Medicine and Arthroscopy
Adult Reconstruction*

John J. Klimkiewicz MD
*Sports Medicine and Arthroscopy
Joint Replacement*

Edward G. Magur MD
*Foot and Ankle
General Orthopaedics and Arthroscopy*

J. Stuart Melvin MD
*Hip and Knee Replacement
Trauma*

David P. Moss MD
*Hand, Wrist, Elbow
Upper Extremity*

Jonas R. Rudzki MD
*Sports Medicine and Arthroscopy
Shoulder, Elbow and Knee*

John K. Starr MD
*Spine Surgery
Complex Reconstruction*

Anthony S. Unger MD
*Joint Replacement
Hip, Knee and Shoulder*

Andrew B. Wolff MD
*Athletic Hip Injury
Hip Arthroscopy, Hip Preservation*

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Dear _____,

You are scheduled to undergo a total knee replacement - in efforts to reduce post-operative pain and swelling we utilize a motorized ice machine called a Polar Care that continuously delivers ice cold water to a pad secured around your knee. Ice immediately following orthopedic surgery has been shown to decrease pain and swelling and thus reduce the need for larger amounts of post-operative pain medications which can carry side effects.

Immediately following surgery you will have the knee pad placed on your knee and will be connected to the machine that delivers the ice. You will use this for your entire stay in the hospital, and will be able to take the unit home with you. The unit is reusable and can be used with pads for other body parts, if the need arises in the future.

If you are interested in participating in this please see below. We will submit to insurance for you but generally this is an item not covered by insurance. You may submit to your FSA if you have one. The total cost for the ice unit and one pad for the knee is \$250. If you are having bilateral surgery (both knees at the same time), the cost for the ice unit and two pads with a connector is \$350. Again this can be submitted to your FSA, but may not be covered by insurance.

Please review the two choices for the polar care pad. When you call in for purchase you will indicate which option you need/want.

Option 1: I would like to purchase entire unit (\$250)

Option 2: I am having bilateral surgery and would like to purchase the unit and extension (\$350)

Please call the front desk at the Sibley Office, 202-787-5601 ext. 601, prior to your surgery date to make payment over the phone or physically go in to the Sibley office prior to surgery to make payment. The address is 5215 Loughboro Rd, Suite 200, Washington, DC 20016. **Please make sure to secure your polar care device at least a week in advance of your surgery date.**

Thank you!

Signed: _____ Date: _____

If you have any questions, please contact Mariam at 301-657-1996 ext 538 or email her drmelvin.ma@wosm.com.