

Michael Roberts ([00:09](#)):

Welcome to the Health Connective Show. I'm Michael Roberts. Today's episode will be hosted by our company President Scott Zeitzer and Lara Wynne. She's the co-founder of Gate Science, Chief Academic Officer at the Journal of Orthopedic Experience and Innovation, and an independent consultant on commercial strategy for orthopedics and pain management. On this episode, we are continuing our series of getting insights into the surgeon's processes for finding and adopting new technologies. Our guest today is Dr. Michael Redler. Dr. Redler is an orthopedic surgeon, speaker and consultant for companies in orthopedics. In this interview, we'll learn more about some of the new innovations Dr. Redler is using as well as his work as a consultant.

Lara Wynne ([00:53](#)):

Well, it is such a pleasure to be here with Health Connective and Scott Zeitzer as a co-host, and to have the opportunity to interview Michael Redler, who I have known for many, many years and is not only a great surgeon, but always on the cutting edge of innovation. Someone who deeply cares about his patients, someone who is a humanitarian and someone who is a great voice. So he is a frequently requested speaker and podium presenter at many orthopedic conferences and around the country. I don't even know how he gets everywhere he goes, but he has a way of sharing new ideas, new techniques, new experiences in the OR, and new products, new innovations that he's using in a way that really helps people understand what he's talking about. He is very clear and he's wonderful with messaging. And so we're really excited to talk to you today about your practice and some of the new experiences you're having, new innovations you've used that have really made an impact on your practice and improved patient care. Welcome.

Dr. Michael Redler ([02:04](#)):

Well, Lara, that that's a wonderful introduction. I appreciate it. You and I have known each other for a long time. Scott, you and I have known each other for a medium amount of time, but I'm, uh, thrilled to be, uh, sitting here with you remotely or virtually to discuss, uh, some updates and some things in orthopedics. There's a lot of exciting things going on.

Lara Wynne ([02:23](#)):

I see that you are frequently on LinkedIn and I've heard you give several talks about some of the new innovations you're using in your practice. Would you tell us a little bit about some of the really big advances that have come your way?

Dr. Michael Redler ([02:36](#)):

So I think that this is an exciting time in orthopedics. I think it's an exciting time in medicine. Obviously we're gonna speak about orthopedic surgery specifically. We know with the advent of more minimally invasive procedures, with the advent of our ability to harness biology, we are able to do so much more for our patients to allow for great outcome and a return to normal activity. And I think some of the things that, that I'm most excited about all start with the word biology. You know, who knew that back when we were in college and I was a biology major, that we'd be talking about biology all these years later? But the ability to be able to affect patient outcome, to improve healing and return patients to their pre-injury level using biology is something that's exciting. And there are a lot of companies that are really working on it.

Dr. Michael Redler ([03:30](#)):

It has come such a far way in the last few years and I think if we have this conversation five years later, it's gonna be, there's gonna be even more to talk about as well. In my office today, before we started this interview, I had a college baseball pitcher. He's got a partial tear of his ulnar collateral ligament. Every pitcher who comes in with this injury about the area of the elbow gives you that deer in the headlights look. Why? Because they're all pretty certain they're gonna need to have Tommy John surgery. In this whole year, and, and we hear this over and over again these days. However, with an injury like that, what we did today, I did my third PRP injection for him. Now, PRP, which we all know is platelet rich plasma, which harnesses the body's own growth or healing factors and concentrates them, gives us this great ability to get soft tissue to heal using the body's own healing power.

Dr. Michael Redler ([04:25](#)):

What's made it more exciting is that frankly over the last few years, our understanding of how PRP works and when it works and what we need to do to make it work has gotten much, much better. If you look at studies from years ago, PRP, about the same as placebo, and they couldn't make any conclusions. What we've come to learn is that part of what makes it effective is your platelet count. And we didn't know that. We thought if you spin it down and you get some platelets, you're probably good to go. But there have been great studies that suggest that if you can really concentrate the platelets and then do the injection, you're gonna do well. The injection I did for the baseball player today, after a double spin technique that we now use of what's called leukocyte-poor. So the white blood cells are pulled out, had 5 billion with the B platelets in it.

Dr. Michael Redler ([05:20](#)):

And that's what you'll see for an a healthy patient.

Lara Wynne ([05:23](#)):

What is the system that you're using?

Dr. Michael Redler ([05:25](#)):

So this site, this system is EMCYTE. And it's EMCYTE and we work with Plymouth Medical on that. And they've done a great job. We've got a 55 pound centrifuge that's right in our office. We do a double spin technique. We will do that, uh, readily. And we know that by doing this double spin technique, we're getting the most concentrated PRP. And if we get PRP that is greater than 3.2 billion platelets, we're gonna have that positive effect. We didn't know that years ago. And that's a great advancement whereby I did it for another patient for a wrist. Today we're doing it for knee arthritis, we're doing it for a lot of tendinopathies, we're doing it for some partial muscle tears. And we're essentially, what I say to patients, we're supercharging their own biology. And there's the word.

Lara Wynne ([06:15](#)):

So great that patients have a conservative option too. That's not surgical, that this is a non-surgical option.

Dr. Michael Redler ([06:22](#)):

And that's an important statement you bring up. And, and that's something that I think has been true for a long period of time that we know with any of our patients, with any of our athletes, that there are so many simple. And what I mean by simple are non-operative options that can make patients better. It's really important to explore those. PRP is a great example of that, but it's really important to explore

those because frequently they work. That's number one. Number two, if they don't work, then what you know is that the patient knows that you've tried all the simple things and they're ready and they're mentally set for surgery. And here's the key, and I will tell this to all my athletes and patients, when you're mentally ready for surgery and your mind says, "okay, do something about it, fix this," they're gonna do better with exactly the same treatment because they're mentally ready. So getting to that step is really important.

Scott Zeitzer ([07:17](#)):

Yeah. You know, it's critical. You bring up, Lara had mentioned like that you're able to explain complex things simply and supercharging is a great way to have a, you know, a concise conversation about what's happening. 'Cause getting knee deep into platelet counts is exciting, maybe on this podcast, but not as exciting for the person who just wants to, you know, throw again. And I agree with you wholeheartedly. I've had so many conversations with family that will contact me and go, what do I do? And I'm like, well, you should go see an orthopedic surgeon and not talk to me. And they always go, "well, I don't want surgery." And I go, no, no, that's not how it works man. They're gonna go in and take a look at you. And this is a great example of that.

Lara Wynne ([07:59](#)):

What are some other conservative treatments that you're using in your practice, before we talk about surgical advances? What are some of the other conservative treatments you're using for patients with arthritis or tendinopathy?

Dr. Michael Redler ([08:13](#)):

So I think that what we know is that you can have the same patient with the same presentation, and different patients will get better with different things. We think, and we know for certain that for a lot of patients that uh, physical therapy or occupational therapy can be tremendously helpful. Home exercise program, when they stick to it, can be extremely helpful as well. There are some patients that nutraceuticals and supplementation can be helpful. There's some where, you know, some anti-inflammatory creams or even CBD cream can be helpful there as well. I think patient education is important there. I think, you know, there's that PRP or injections are important. There are some centers that are, are now also doing some shockwave therapy. There's some different non-operative options. And what we know is it's not a precise cookbook formula, because something different works for everyone. And I think part of the art and science and my mentor, Dr. Frank McCue at University of Virginia, would always talk about the art and science of sports medicine. And that's exactly what it is. So figuring out that art and science for each individual patient is, is what's going to give you a maximum chance for success.

Lara Wynne ([09:23](#)):

What about injections? What about viscosupplement injections or steroid injections for osteoarthritis?

Dr. Michael Redler ([09:30](#)):

So it, it's been, and you, you pardon upon the knee jerk response for someone with knee arthritis, for instance, if you want to change that, would be to do cortisone injection. And the reality is, look, we know cortisone or any of the steroids are of a strong anti-inflammatory effect. They will decrease discomfort. And they seem like something easy to do. They're readily available in the office, they don't take long to do, and they seem like an instant fix. But therein lies the rub, because if you have someone

say, come in with a lateral epicondylitis, a tennis elbow, and you inject their elbow and they go, "oh, this is all better. I'm all better. Time to get back to full activity." And in fact in that situation we have not treated the underlying problem of the, the partial tear, the muscle tightness, the weakness. And so you have to be very, very careful from, from using that type of injection like a steroid injection because too many, and I tell every single patient, it's not your cure.

Dr. Michael Redler ([10:31](#)):

It may be your window of opportunity to let other things be more helpful. But if you think that, boom, I'm all better, then you fooled yourself. And, and I've seen patients who've had, come in who've had multiple steroid injections and just, their soft tissue has just been devastated. And then if I have to operate on them, it's become twice as hard. So it is one of those things that I will tell patients, even if you're doing a short term fix like that and that little voice in your head says, "if it feels better, then I'm all better." And I said, don't believe that little voice in your head because it's lying to you. And if you believe that, you're gonna be right back at the beginning again. So these little short-term fixes like a steroid injection are still something that occasionally we'll use, but it has to be very judicious and it has to be with the patient really informed with what you're actually doing.

Lara Wynne ([11:28](#)):

Yeah, I think you just gave a talk about, for Bioventus, just last night, right? And I think you said you use Durolane. Tell us a little bit about that and which patients you choose to use viscosupplementation for.

Dr. Michael Redler ([11:42](#)):

Yeah, so and that wasn't last night's discussion, however, it is a, a product, and the viscosupplementations that we use frequently. So all the viscosupplementations are hyaluronic acid. And hyaluronic acid we know is the natural lubrication in a knee. An arthritic knee where you've lost the articular cartilage where you start to have bone rubbing against bone gives you significant discomfort. And we, there are reasonably good studies that show that one of the, some of the things that can be most effective for non-operative treatment of mild to moderate arthritis. And there's something called a Kellgren Lawrence score. If you have the Kellgren Lawrence twos or threes, which are the mild to moderate arthritis, viscosupplementation can be extremely helpful for a lot of patients. The nice thing, the injections are easy to do, they're well tolerated. And unlike steroid injections where too many clearly weakens the tendons and ligaments and can affect the health of the cartilage, the viscosupplementation will not do so. So it's a nice option. It's not the only option, but it can be done in conjunction with other things. It doesn't replace good strength, it doesn't replace choosing your activity as well. But it's one of those things that you can get patients more comfortable and you can do so in a non-operative fashion. It, it's a win for the patients.

Lara Wynne ([13:00](#)):

That's great. I think it's so important that patients have those options and I know that biologic options aren't just limited to conservative treatments. There are some really exciting biologic options that you're using in the operating room.

Dr. Michael Redler ([13:14](#)):

Yeah, I think the biologic options in the operating room are exploding in an exponential fashion in front of us. And it's a really exciting time. You know, we know with a lot of the procedures that we do, we think we do a great job in terms of what we do surgically. We hopefully do a great job in choosing those

patients that will both benefit. But one of the challenges is the variability of how patients heal. And if you have patients, for instance with a rotator cuff tear, if they've got a large retracted tear, they're gonna heal less well. If they do a heavy manual labor type of job, they're gonna heal less well. If they're a diabetic, they'll heal less well. If there are smokers, they definitely will heal less well. If there is a fatty atrophy of the rotator cuff will heal less well. So I've just listed a plethora of factors that are challenges for the surgeon.

Dr. Michael Redler ([14:06](#)):

Well how do we battle this? Well one is certainly excellence in surgical technique. Another is, is doing so in a minimally invasive fashion so that we haven't disrupt a lot of tissue. But these days we can also augment our repairs. And in the rotator cuff, and frankly in ACL reconstructions, you know one of the ones that I've used most readily is BioBrace. BioBrace was originally developed by Biorez in New Haven. It's now part of ConMed and it is a great option for us because, frankly, it gives us immediate strength plus biology. It is a substance that you can put suture through, you can reinforce your repairs. I can do it for an ACL reconstruction and make my graft larger and get immediate strength. It is stress sharing as opposed to stress shielding, so that it will allow the normal tissue to heal more readily.

Dr. Michael Redler ([14:58](#)):

And I've gotta tell you, it's been a big advancement for us and one that when I'm looking at a given patient I say, hey, are there gonna be problems with healing? And if so, can I add biology to do so? There are other products around as well. We know that Anika makes what's called an Integrity Patch, which is hyaluronic acid with strength to help reinforce a partial rotator cuff tear. Smith & Nephew has had regen around for a long period of time. There's another product called Rotium. So there, there are a bunch of different products around all trying to tap into that most important market of making biology a friend and allow it to get more patients to heal.

Lara Wynne ([15:38](#)):

It was such a, such a privilege to be able to join you in Honduras for the One World Surgery mission recently. And um, I think that ConMed had donated BioBrace for these ACL and you were doing back to back ACL and rotator cuff procedures all week long on these patients. What do you think BioBrace would do? I mean, do you think it has some unique benefits for some of those patients where you're not able to follow up with them, or they have difficulty accessing care?

Dr. Michael Redler ([16:08](#)):

So a couple things I'll say first, so Lara and her daughter Delaney came down to Honduras as general volunteers, worked with patients, worked with the volunteers, worked in the operating room, worked in the clinics, worked in the kitchen, worked in the office, and helped so many people. So a big shout out to both Lara and Delaney for giving their time and effort. And I think that what you find is one of those missions is that you get more back than you give. Speaking of giving back, the fact that ConMed donated so much in the way of BioBrace to be used down in Honduras is fantastic. The patients you treat in any of these third world countries are challenging because their access to state-of-the-art medical care is so limited. And so what you see is if you see a patient with a rotator cuff tear, it may have been torn for six or seven or eight years. If they had an ACL tear, they've waited years and had secondary damage in their knee, secondary to instability.

Dr. Michael Redler ([17:06](#)):

And so our ability to add additional strength to try and maximize healing, especially when they may not have the same level of follow-up, and certainly not the same level of physical therapy that you would in this country, becomes imperative. So I would argue as important as it is to use in a country like the US where we are right now, our ability to be able to offer that as a patient option in a third world country, where their one chance is the surgery they've been waiting for for so many years, becomes even of greater significance and uh, have a greater effect on their entire life.

Lara Wynne ([17:43](#)):

Just fantastic. Just fantastic.

Scott Zeitzer ([17:46](#)):

I'll give kudos to both you, Lara, and uh, of course you Dr. Redler. I know you went down there with Dr. Sigman and a few other, uh, people, uh, doing quite a bit of surgery down there and uh,

Lara Wynne ([17:56](#)):

Yes we were with Greg Colbath, Mark Miller

Dr. Michael Redler ([17:59](#)):

Peter Novak, and Greg Colbath, Mark Miller and the voice of orthopedics, Dr. Scott Sigman,

Scott Zeitzer ([18:06](#)):

The Fro

Lara Wynne ([18:07](#)):

Absolutely, absolutely. Now I know there's another product you've been excited about. I saw a post the other day, a product that you're using for ACL repair. And you know, what's interesting to me is what makes you know these products unique? When do you choose to use a BioBrace or when do you choose to use Miach's BEAR?

Dr. Michael Redler ([18:27](#)):

So, great questions. And again, the overall heading is biology. And look, I think that the standard traditional treatment for an ACL rupture through the years has been a reconstruction. It's been a reconstruction because what we were taught during residency, we were we're taught during fellowship is that when the ACL when your anterior cruciate ligament tears, it's not gonna heal. And so we've gotta replace it. Well the way you replace it is you take tissue from elsewhere about the area of the knee. That can be a patellar tendon, it can be hamstring tendons, it can be a quadricep tendon. There was a long period of time where it could also be a cadaver graft. And so you were replacing that ACL because it couldn't heal. It couldn't heal, rather. There were early advocates that tried to get these ACLs to heal. They tried some artificial ligaments that was with variable amount of success.

Dr. Michael Redler ([19:19](#)):

About 10 years ago, studies were done originally up at Boston Children's Hospital trying to use a special collagen implant to try and help these ACLs to heal. Uh, so there is some history, there's some follow-up there as well, whereby properly chosen patients. And in my hands, those are patients where it's a newer ACL tear. I'm not gonna do one that's five years old. I ideally would like to have an ACL tear that has a, a

longer stump. So if it's more off of the femur though, there are some of my colleagues that are doing the ones that are mid substance or even lower, and I want them to, to be, we have now an opportunity to heal it. And I mean we're healing it by, uh, reattaching the ACL. We're using this BEAR, which stands for bridge enhanced ACL repair, collagen implant. And there's the word again, Scott, we are supercharging the healing and that's part of the magic of the procedure.

Dr. Michael Redler ([20:15](#)):

And by doing so, in the properly chosen patient and following the rehab protocol, we've seen outstanding results. The beauty of it is we've not taken a graft, we've not burned any bridges. It's a very comfortable procedure. We're essentially now doing them all arthroscopically, which is pushing the envelope. And these patients are still maintaining their normal proprioception. So all the little nerve endings that you have around their initial ACL are still there. And so that's been a rewarding procedure. It is a very happy patient who has had their ACL repaired and has been able to return to normal activity.

Scott Zeitzer ([20:53](#)):

Yeah, doc, you know, I was thinking about that 'cause it's, it's not just you're supercharging what's going on by changing the technique, but then you've gotta have a long conversation with PT people. 'cause it's a different type of PT post, uh, BEAR implantation.

Dr. Michael Redler ([21:07](#)):

Exactly. And and frankly even that PT protocol, as success is going along there tends to be, uh, even more aggressive PT program. So even that isn't change as, as changes as we're going along. It's fun to see and it's the natural thing that we see in a lot of things in orthopedics that we, by advancing our techniques, what also happens is advancing of how aggressive we can be with the rehab afterwards.

Scott Zeitzer ([21:31](#)):

It's just extraordinary really. And and again, going back to like the bringing in the biology side of things, you know, we were talking to Dr. Langworthy the other day, and he was talking quite a bit about having to have a conversation with the hospital about, "hey, I get it, it might cost a little bit more upfront, comma, but..." Do you run into that as well when you're starting to bring in different types of technologies, whether they're biology or implant?

Dr. Michael Redler ([21:57](#)):

I think the advances that we've seen all come with a cost and, and so you have to sort of lay out that scale, if you will, about how you can, one, substantiate the cost that may occur for some of these products with some of the outcome. And you know, I think you can, you can draw some good conclusions and equations that will make it work. One, if we wanna talk about BEAR ACL repair that we just talked about, sure we're not taking a graft. It's a probably a shorter procedure than normal ACL. These patients are healing more comfortably, they're requiring less opioids. And that's such an important topic to talk about as well. And as such, I think that, you know, the shorter OR time, the shorter time in the recovery room, quicker recovery afterwards, it, it makes the dollars and cents work. You know, on the other hand, you, you have to be careful because you have to still be conscious of economics because that's the way the world goes round. And so it's not a, no one's writing you a blank check. You need to be able to substantiate what you're doing, demonstrate how in different ways you can still maintain cost savings.

Lara Wynne ([23:07](#)):

Now it's interesting to me that you mention, you know, how using these less invasive techniques and these newer technologies reduces opioid use and speeds recovery for patients. Are there any specific products that you've incorporated that have also really contributed to reducing opioid use after surgery that have you excited?

Dr. Michael Redler ([23:27](#)):

Well, I mean what really excites me is my ability to do these major surgeries and use little or no opioids as well. And I will tell you that every single patient that I see gets a discussion about that, whether it's a carpal tunnel or whether it's a revision rotator cuff repair. And what we will tell patients is that we're gonna use a multimodal approach in terms of controlling their level of discomfort. And I purposely use the word discomfort, not pain. It's the same concept. It has a whole different meaning, the way it's interpreted. And that starts off with, you know, talking about, you know, having that conversation with ahead of time. So number one is education. Two, what are we doing intraoperatively? Well, it all is a matter of fantastic anesthesia. And frankly, I've gotta sit here right now with you and tell you that one of the things that makes me have the ability to offer these minimally invasive but higher acuity cases in an outpatient have comfortable outcomes is great anesthesia.

Dr. Michael Redler ([24:27](#)):

It is so, so important. And so the ability to do regional blocks becomes tremendously important. The ability to do, uh, blocks like uh, Sanjay Sinha created like the IPACK block for knees becomes very important. And then, what are you doing the blocks with? And our ability now to do these regional blocks with a liposomal bupivacaine, EXPAREL, has made a huge difference in terms of level of comfort. We will use it both for our blocks. We will also mix it with, uh, Marcaine and with normal saline to use on the field for a field block as well. And as such, we can get that greater level of comfort. We have all of our patients use extra-strength Tylenol afterwards, anti-inflammatory Meloxicam, very many cases. And then, so you may have a few pain pills that are prescribed just for breakthrough pain. And when I say pain pills, it's just the basic five milligram oxycodone.

Dr. Michael Redler ([25:20](#)):

And I can tell you there's not a procedure that I do with any of the things we've discussed where any patient ever gets more than 10. And it's only for breakthrough pain, not for regular use. And patients will come in and shake the bottles and say, "I didn't use any of that." It's fantastic. Now, there's more on the horizon because there, we, we know for total joints, and I don't do total joints, but for total joints and and knees, there's Zynrelef, which is another product and give you a long-acting analgesia. I'm very excited to hear that down the road, hopefully not too long, there's gonna be a long-acting ropivacaine product coming out. And I think that's so exciting because ropivacaine can be put into the joint whereas Bupivacaine cannot. And we're getting a little geeky and techy here, but it actually makes a big difference.

Lara Wynne ([26:07](#)):

Yeah. Cali Biosciences and our friend Erol Onel.

Dr. Michael Redler ([26:10](#)):

I can't wait till they come out and I hope they'll ask me to be involved because I think it is so exciting. Beyond that, then we have to look at what can we do to bridge the efficacy gap And because any of

these long-acting anesthesia will last in that 72 hour period of time. But we know that once the block wears off, patients sometimes get rebound pain as well. There's a company now called Gate Science that is in their, uh, study phase and their trial phase to look for adding neuromodulation to bridge that efficacy gap where the patient will be able to control a neuromodulation to overwhelm those pain fibers to block that gate, if you will. And so they don't perceive the pain, they'll be able to control it themselves. We'll be able to document it because they'll be able to do it with their iPhone. How exciting is that because not only can they control their own level of comfort, but the other thing that can happen is we now have realtime data. How often are they needed to use it, when are they doing it? And this, uh, opens a whole new world of options in terms of what you can do, in terms of controlling patient discomfort. If we can control patient discomfort, we can overcome one of the greatest obstacles to delivering great care, doing high acuity cases, and doing them as an outpatient.

Lara Wynne ([27:28](#)):

It's fantastic. And you know, before you were talking about some of the challenges dealing with the hospital system or the ASC when trying to bring on new technologies and present a value case for why they should bring on a more expensive technology. But you and I were both on a JOEI Open Mic session about the NOPAIN Act. Can you tell us a little bit about what, about that and how that might affect patients' ability and physicians' ability to have access to some of these newer pain management options?

Dr. Michael Redler ([28:02](#)):

Yeah, so the NOPAIN Act is really exciting and it came into effect as of January 1st, 2025. So yes, we are recording this in February. It is out there and it's happening. And what it does is a mandate to allow for separate reimbursement for any of those measures that can help to minimize opioid use for patient comfort. And that can span, that can be injectables, it can be some different devices as well. And I think that the list for that's going to be expanded. But if you have a separate code and if you know, and if the surgical center or the hospital knows they're gonna be reimbursed plus 6% or whatever their number is there as well, then that decreases one of those barriers. And you guys all ask, how do you convince the hospitals to go for these more expensive options? Well, now you've got with NOPAIN Act, which was a bipartisan bill and using the word bipartisan today is, you know, pretty exciting.

Lara Wynne ([29:00](#)):

<laugh> Unheard of.

Dr. Michael Redler ([29:01](#)):

But bottom line is, is that's going to allow those measures to take place and, and it's gonna remove that barrier in terms of some of the costs there as well. You know, I think that what we have to also talk about the hospital is even with the NOPAIN Act, what are the other things you're saving on? Well, if you have a patient who's comfortable, is not taking opioids, they're not gonna come back to the hospital with constipation, with nausea, they're not gonna come back with breathing issues as well. So we've helped patients in so many other ways by minimizing or eliminating opioids with our, with our procedures.

Scott Zeitzer ([29:35](#)):

Yeah, you know, I think part of this conversation in the long term will also be this, we're living in a sea of data. You know, you, you talk about with the Gate Science product, we're gonna be getting a

tremendous amount of data points back about how often they're clicking that button, so to speak, and when they're clicking the button, et cetera, and taking those data points, whether that's for specific product or a specific procedure. Which, you know, when you talk about multi multimodal pain or discomfort care, you are running into so many data points. And I'm, as a developer, I'm very excited about kind of taking that sea of data and coming up with a way to pull out salient points and then gain not just the data points, but gain real insight into what's working, what's not working, what to attack, so to speak, both from a care perspective and a cost perspective. And often it seems like, uh, and this is the great thing, they're coming hand in hand, which is very exciting.

Dr. Michael Redler ([30:37](#)):

I think our ability to be able to document with hard data, what our clinical impressions are, is very impactful. And it's, it's hard to argue with the numbers as long as you've been able to collect that data in an efficient fashion. And so I think that that's the next stage's gonna strengthen our position and, you know, who ultimately benefits from all this? The patients.

Scott Zeitzer ([31:00](#)):

Patients.

Dr. Michael Redler ([31:01](#)):

And that's what it's all about.

Lara Wynne ([31:03](#)):

I wanna pivot to another topic, and that is the fact that you have been a really highly sought-after consultant for many different companies for many of the reasons that we discussed earlier. But one company I know that you have been very loyal to for many years and who you really believe in them, is J&J MedTech, used to be DePuy Mitek, but now they're going by J&J MedTech. I know that you have worked with them for many years. Are there a few, what are, what are your feelings about J&J MedTech and why do you remain so loyal to them? What do they have that really has made a difference for you and your practice?

Dr. Michael Redler ([31:46](#)):

So I think that there are a variety of reasons that you become loyal to a company and frankly, I've worked with them intermittently on and off for so many years back to, there was a guy by the name of Dick Lynch was one of their original first guys who walk around with a suitcase with some little metal anchors and goes, "Hey Doc, can I show you these?" And I said, "I'm not sure what you're gonna open and show us Dick." But it turned out, it turned out to be metal anchors that were pretty good. They have been consistent with their products in terms of things that have helped me with ACL reconstructions, with, uh, rotator cuff repairs, even with small joint fixation, you know, ulnar collateral ligament, in the, in the thumb, you know, some elbow procedures as well. They have generally always had great people that work with them as well.

Lara Wynne ([32:34](#)):

That makes such a difference.

Dr. Michael Redler ([32:35](#)):

Exactly. Because part of what makes you loyal to any given company are the relationships and the people that you work. And what does that mean? Well, I spend some time and even and with J&J MedTech, uh, teaching some of their reps, their new reps. And I feel it's so important because they're, I feel like the reps are such an important part of the team. And one of the things I will talk about with them is the right stuff. How do you become that outstanding rep? Well, part of the right stuff, which is, which by the way is a reference to an old movie about choosing the first astronauts for NASA for the Mercury space missions. And a lot of these guys were test pilots, but what was right stuff? Well these guys had to be brave enough, but they had to be controlled enough and they had to be able to check their emotions at the door.

Dr. Michael Redler ([33:20](#)):

Well, for a rep, what do you need to do? Well, one, you need to know the information, you need to know the pathology, you need to know the terminology so that you're having a discussion. And if you don't, you get found out in a minute. Beyond that, what do you do? Well, you need to know your products down cold. You need to know how to use them yourselves. You know, Lara, when we were down in, in Honduras for instance, we could have reps where they scrubbed in with us and did a fantastic job, and they know how to use the products as well. Beyond that, you have to be there and you have to be interested. If you have a rep that's in an OR and they're busy scrolling their phone, you know, looking at Reels or checking emails, that's not gonna help. But someone who can look up on the screen and say, "Hey, uh, are you concerned that perhaps that this is gonna be tangled or do you need to do this as well?" That's the sign of the great rep. And if you can have those reps that have the right stuff and you could create that great relationship, it goes back the same thing we said before, Scott. You get those great patient outcomes. And that's why I've, I've worked with them for so many years.

Lara Wynne ([34:23](#)):

I know that there were moments where he wished he had his, his J&J MedTech products, anchors and screws and plates and sutures, right?

Dr. Michael Redler ([34:34](#)):

Correct. Mm-hmm

Scott Zeitzer ([34:35](#)):

That was my very first job. I was a Johnson and Johnson rep. That was my first job. Um, so coming out of

Dr. Michael Redler ([34:41](#)):

The name Dick Lynch probably rang a bell.

Scott Zeitzer ([34:44](#)):

Yeah, absolutely. And I still, to this day, I've owned a, I own a company for 25 years now, and when I hire somebody, I actually put the J&J credo in front of 'em and walk 'em through what it meant to me and what it means to us as a company. Doc, I, I really wanna thank you for taking the time with us. It's always a pleasure. I'll be seeing you soon at Academy and I'll be, uh, stretching like you taught me to, okay?

Dr. Michael Redler ([35:07](#)):

Elbows in the back pockets in the pockets.

Scott Zeitzer ([35:10](#)):

Elbows in the pockets.

Dr. Michael Redler ([35:11](#)):

<laugh>

Lara Wynne ([35:11](#)):

<laugh>.

Scott Zeitzer ([35:13](#)):

But thank you very much, doc. Uh, I appreciate it sincerely, Lara.

Dr. Michael Redler ([35:16](#)):

Of course. You're welcome. Hopefully it's much. You know, the one thing that you know, that we didn't discuss if you wanted to talk by a biology was the, you know, arthroscopic opportunity to do a MACI autologous chondro implantation, which is another biology topic there as well. I can give you 20 seconds on it if you want, if you wanna,

Lara Wynne ([35:32](#)):

Oh, I wish you would. I wish you would tell us a little bit about your experience with MACI. I know that Vericel has MACI, I worked for Genzyme Bio Surgery, so back in the days when it was Carticel, but MACI is a big advancement, and I believe it can now be used arthroscopically. Did you do, you did one of the first MACI cases in the, in the state of Connecticut. Am I right?

Dr. Michael Redler ([35:55](#)):

That's true. So MACI as doing, uh, autologous cartilage implantation is another great example of biology at work. And so you have someone who's got an osteochondral lesion, who has a big defect in their femoral condyle or the patella for a femoral condyle. You can now take a cartilage sample, they'll grow the cells in the lab for you. They implant it to a special membrane, but we now can do it arthroscopically as a minimally invasive procedure. I did one about a few weeks ago now, arthroscopically. Fantastic for a lateral femoral condyle injury. Patient had almost no discomfort afterwards, a victory of it being minimally invasive, no arthrotomy. We did use EXPAREL and he got an IPACK block and an adductor block, and he's done fantastically. And our ability to now implant these cells arthroscopically is a triumph, not only of biology, but a partnership with great industry.

Scott Zeitzer ([36:54](#)):

It's fantastic.

Lara Wynne ([36:55](#)):

I love that story. I feel like Vericel, I call them the, the company. They're like the little engine that could, you know, they were part of Genzyme, a huge, massive company, powerhouse Genzyme Bio Surgery. And when Sanofi took over Genzyme, they spun off Carticel and MACI and, uh, Vericel bought them for

really pennies on the dollar. And they have grown exponentially. And it's so exciting to see what they have done, how far they've come, and, uh, really I love that story.

Dr. Michael Redler ([37:28](#)):

Well, I'm glad we got to throw that in because that's another triumph of, of biology and technology. And again, theme is still the same, the winner.

Scott Zeitzer ([37:39](#)):

Yeah, you're absolutely right, doc.

Michael Roberts ([37:42](#)):

In this interview, Dr. Redler shared insights into some of the new technologies he's adopted, how they improve patient care, and his role as a consultant for medtech companies. Thanks to Scott and Lara for hosting this episode. If you'd like to keep up with Lara, you can find her on LinkedIn. That's Lara Wynne, W-Y-N-N-E. And lastly, thank you to our listeners and our viewers for joining us for this episode. For more on the Health Connective Show, please visit hc.show for previous episodes and Health Connective as a company.