STRICKLAND GOMOLL
ORTHOPAEDIC SURGERY

ADVANCED KNEE CARE • JOINT PRESERVATION • SPORTS MEDICINE

NEWSLETTER

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Welcome to the first issue of our newsletter. Our goal is to make our patients aware of current research and at the same time educate them about the most up-to-date information about common sports injuries.

STRICKLAND GOMOLL
ORTHOPAEDIC SURGERY

WHO WE ARE

Two surgeons. One Shared Mission

We are a husband and wife team of sports medicine orthopaedic surgeons specializing in joint preservation, with a particular focus on the knee. Our goal is to help patients maintain and restore their natural joints—whether that is a 13-year-old lacrosse player with a cartilage injury or a 50-year-old skier recovering from an ACL tear.

Our practice combines advanced surgical care with active clinical research aimed at improving treatment options and surgical outcomes. We live and work in New York City and enjoy Pilates, skiing, and playing pickleball. Our hobbies include gardening, traveling, home projects, and spending time with our five children.

Dr. Strickland earned her undergraduate degree in the College of Arts and Sciences at Cornell University and completed medical school at Rush Medical College. She then did her orthopaedic surgery residency and sports medicine fellowship at Hospital for Special Surgery. She is an Associate Professor at Weill Cornell Medical School.

Dr. Gomoll earned his M.D. from Ludwig-Maximilians University in Munich and his Ph.D. from the Technical University of Munich. He completed orthopaedic residency training at Harvard/Mass General and a sports medicine fellowship at Rush University. He is a Professor of Orthopaedic Surgery at Weill Cornell Medical School.

Together, we perform approximately 1,100 surgical procedures each year, helping patients return to what matters most to them, whether that is hiking, playing an instrument, or competing in sports at the highest level.

We also lead an active research program investigating new technologies as part of multi-center FDA clinical trials.

Our shared practice philosophy emphasizes precision surgery, evidence-based care, and individualized rehabilitation planning. Whether treating elite athletes or active individuals seeking to preserve their natural joints, our goal remains simple: to deliver durable results and compassionate care.

Sincerely,

Sabrina M. Strickland, MD

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OUR AREAS OF EXPERTISE

Two surgeons. One Shared Mission

ACL Repair & Reconstruction

We provide anatomic all inside ACL reconstruction as well as select primary ACL repair techniques when appropriate, such as the BEAR ACL procedure. Each treatment plan is customized based on patient anatomy, athletic goals, and injury pattern — optimizing stability, recovery, and long-term knee health.

Patellofemoral Instability

Recurrent kneecap instability often requires surgery beyond isolated MPFL reconstruction. We evaluate contributing bony anatomy, soft tissue factors, and cartilage damage to design comprehensive stabilization strategies that reduce recurrence and restore confidence with activity.

Joint Preservation Surgery

Our research is nationally recognized for advanced joint preservation procedures aiming to delay or prevent joint replacement. These techniques preserve native joint tissue and extend athletic longevity. We also specialize in partial knee replacement for isolated medial, lateral, or patellofemoral arthritis.

Procedure Highlights

- Cartilage restoration (MACI, osteochondral allograft, Cartiheal)
- Meniscus allograft transplantation
- Tibial tubercle, high tibial and distal femoral osteotomies (patient-specific planning with BodyCAD)
- Biologic-enhanced ligament reconstruction

RESEARCH & INNOVATION

Drs. Strickland and Gomoll are active contributors to orthopaedic research with a combined publication record of **227** peer-reviewed scientific articles, and multiple scientific books on the topic of patellofemoral and joint preservation surgery. Their work focuses on improving surgical outcomes, biologic healing strategies, and long-term joint preservation.

FEATURED 2025 PUBLICATIONS

(click the title to read more)

- ***Evaluation of Posteriorization Following Pure Distalization Tibial Tubercle Osteotomy***
- ***Radiographic Measurement of Anteriorization After Tibial Tubercle Osteotomy***
- ***Patellofemoral Joint Chondral Defects Treated With Third-Generation Matrix-Induced Autologous Chondrocyte Implantation on Porcine Collagen Membrane: Minimum 2-Year Follow-up***

FDA CLINICAL TRIALS

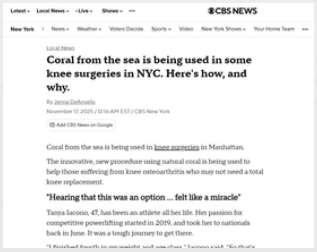
Our practice currently participates in FDA-regulated clinical trials evaluating next-generation biologic therapies and implant technologies designed to improve cartilage healing, ligament reconstruction, and long-term joint durability.

COMPLETED

- MISHA
- Organogensis
- Hymovis
- CARTIHEAL Agili-C® Implant
- Calypso

IN THE NEWS!

Click to see our CBS News Article!


CBS NEWS

Coral from the sea is being used in some knee surgeries in NYC. Here's how, and why.

"Hearing that this was an option ... felt like a miracle"

CURRENT

- **HYALEX® Cartilage Implant**
  - A cylindrical synthetic cartilage implant. The Hyalex implant treats chondral (cartilage) or osteochondral (cartilage and bone) lesions that cause pain but are too large or too deep for chondroplasty or biologics. The cartilage-like top layer mimics the mechanical properties of natural hyaline cartilage. The titanium base integrates into the bone beneath the damaged cartilage area.
- **ZKR**
  - A plastic device attached to the tibia (shinbone), that elevates the patellar tendon to reduce pressure in the patellofemoral (kneecap) joint in patients with cartilage damage. By lifting the patellar tendon, the implant modifies the tracking of the patella in the trochlea and unloads the worn cartilage of the patella and trochlea, reducing contact pressures that drive anterior (frontal) knee pain. It functions similarly to a tibial tubercle osteotomy (TTO) but without cutting bone and allows immediate weight-bearing.

COMING UP (2026)

- **CARTISTEM®**
  - Stem cell–based surgical cartilage regeneration therapy for patients with early arthritis. The surgical procedure combines allogeneic umbilical cord blood–derived mesenchymal stem cells (hUCB-MSCs) with a hyaluronic acid (HA) matrix. During surgery, the damaged areas are prepared, and the hUCB-MSC + HA mixture is applied directly. The MSCs differentiate into chondrocytes to regenerate high-quality cartilage.

RESEARCH-BASED FAQS

We're often asked about supplements, devices, and emerging therapies for pain relief, recovery, and cartilage and joint health. Below is a brief overview of products we use and recommend, and what the published research suggests.

NICE RECOVERY SYSTEM

Cold therapy is a standard tool used after many knee procedures to help with pain and swelling.[1] Studies suggest that combining cold with intermittent compression can improve short-term comfort and may reduce early reliance on narcotic pain medication in some settings.[2,3] In our practice, we view these devices as essential.

SUPERFEET

Evidence suggests foot orthoses can help certain patients with patellofemoral pain by improving mechanics and comfort. Meta-analyses show functional improvement is more consistent than pain reduction, and benefits vary by patient subgroup and device type.[1] Randomized trials suggest orthoses may be better than flat inserts in the short term, and in selected patients, adding foot-focused work plus orthoses can improve pain at early follow-up, though differences may lessen over longer follow-up.[2,3] We view inserts/orthoses as a great option when symptoms and alignment suggest they may help.

CREATINE

Creatine monohydrate has a strong evidence base for improving strength and high-intensity exercise capacity when paired with training.[1] The International Society of Sports Nutrition concludes creatine is safe and well-tolerated in healthy individuals when used appropriately, including in studies with longer-term use.[1] In orthopaedics, its potential value is indirect, supporting strength and rehab tolerance rather than cartilage or joint regeneration.[1]

TURMERIC

Systematic reviews and network meta-analyses suggest turmeric/curcumin preparations can reduce knee osteoarthritis pain and may improve function, but results vary by formulation and study quality.[1,2] Some analyses suggest curcumin may have a favorable adverse-effect profile compared with NSAIDs, though certainty of evidence is often low.[1,2] We suggest turmeric/curcumin as a symptom-management option for some patients, not a cartilage-restoring therapy.[1,2]

TART CHERRY

Meta-analyses suggest tart cherry products may provide modest benefits for certain recovery outcomes after strenuous exercise (eg, muscle soreness and strength recovery), though results are mixed across study designs and dosing protocols.[1,2] A more recent meta-analysis focused on tart cherry juice reported improvements in some muscle function measures and select inflammatory biomarkers, while other outcomes showed no clear change.[2]

CLINICAL TOPIC:

Anterior Cruciate Ligament (ACL) Reconstruction

What is an ACL Tear?

- The anterior cruciate ligament (ACL) is a crucial ligament inside the knee that stabilizes it during pivoting and twisting.
- ACL tears are common in cutting sports involving sudden changes in direction, jumping, or collisions.

Potential consequences if untreated:

- Recurrent knee instability
- Increased risk of meniscus or cartilage injury
- Possible early-onset arthritis in some patients (Giannakis et al., 2025)

Non-Surgical Treatment

- Physical therapy to strengthen quadriceps, hamstrings, and hip muscles
- Bracing during activities to prevent giving-way
- Activity modification to avoid twisting
- Limitations: Non-surgical treatment may not be enough for athletes or those who perform pivoting activities, as residual instability can cause additional injury (Ohji et al., 2023)

Why ACL Reconstruction May Be Recommended

- Surgery is generally recommended for patients who are active, participate in sports, and experience knee instability.
- Goals of ACL reconstruction:
  - Reconstruct ACL to restore knee stability and function
  - Reduce risk of further knee injuries
  - Enable a safe return to activity or sports (Giannakis et al., 2025)

Graft options

- Hamstring tendon autograft: Less anterior knee pain and strong functional outcomes.
- Quadriceps tendon autograft: Increasingly popular for adolescents or patients needing revision surgery
- Bone-patellar tendon-bone autograft: Traditional graft, more anterior knee pain, and higher risk of arthritis.

Recent Research We Found Interesting

- Anterior cruciate ligament reconstruction combined with anterolateral ligament reconstruction using hamstring autograft versus anterior cruciate ligament reconstruction using bone-patellar tendon-bone autograft: a randomised controlled trial with 5-year follow-up (Sonnery-Cottet et al., 2025).
- Both hamstring and bone-patellar tendon-bone grafts provide excellent stability and low graft failure rates (Connors et al., 2025).
- Pediatric and adolescent patients often achieve high rates of return to sports post-surgery (Thorolfsson et al., 2025).
- Proper surgical technique, graft choice, and individualized rehab minimize the risk of re-injury (Giannakis et al., 2025).
- No clinically significant differences in outcomes after anterior cruciate ligament reconstruction when comparing quadriceps, bone-patellar tendon-bone, and hamstring autografts of 9 mm or greater (Medina et al., 2024).
- Addressing psychological readiness improves likelihood of successful return to sport (Ohji et al., 2023).
- Non-surgical treatment may be appropriate for some patients but carries a risk of persistent instability (Ohji et al., 2023).