

Summer 2019 Newsletter

Jump into Summer with Hip Health



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PAO +/- Scope RCT



Dr. Wilkin



Dr. Beaulé

Our ANCHOR PAO +/- Hip Arthroscopy RCT project (led by Drs. Wilkin and Beaulé at The Ottawa Hospital) continues to recruit participants into this important study whose primary purpose is to compare patient outcomes of those who receive a PAO alone with those who receive a PAO and a hip arthroscopy at the same time. This study is taking place at a number of sites across North America. The results of this study will add to our knowledge in hip preservation methods and may benefit future patients with hip dysplasia.

For more information, please contact Cheryl Kreviazuk at ckreviazuk@ohri.ca

PAO +/- Scope RCT

Recruitment Update as of 2019-07-29

Site #	Site	Status	Date of Last Randomized	Recruitment During Month of			Total Recruitment
				May 2019	June 2019	July 2019	
1	Ottawa	Active	15-Jul-2019	0	2	2	14
2	WUSTL		3-Jun-19	0	2	0	9
3	Beaumont		15-Jul-19	0	1	2	3
8	Laval		NA	NA	NA	NA	NA
4	Northwestern	Pending contracts	NA	NA	NA	NA	NA
6	CHEO	Pending REB	NA	NA	NA	NA	NA
5	Boston Children's	Pending IRB & Contracts	NA	NA	NA	NA	NA
7	HSS		NA	NA	NA	NA	NA

Thank you for your continued support!



Academic Network of Conservational
Hip Outcomes Research

Important New Manuscript to be Published in the Journal of the American Academy of Orthopaedic Surgeons (JAAOS)

Developmental Dysplasia of the Hip in Adolescents and Young Adults

Schmitz, M. R., et al. (2019). "Developmental Dysplasia of the Hip in Adolescents and Young Adults." Journal of the American Academy of Orthopaedic Surgeons Publish Ahead of Print ISSN 1067-151X; DOI: 10.5435/jaaos-d-18-00533; Accession Number: 00124635-900000000-99316

Review Article

Developmental Dysplasia of the Hip in Adolescents and Young Adults

Abstract

Developmental dysplasia of the hip (DDH) in adolescents and young adults can cause notable pain and dysfunction and is a leading cause of progressive hip osteoarthritis in affected patients. Recognition of the clinical symptoms and radiographic presentation of DDH in adolescents and young adults are paramount for early management. Plain radiographs are critical for making proper diagnosis, whereas three-dimensional imaging including MRI and/or CT detects intra-articular pathology and better characterizes hip morphology. Management of early, symptomatic DDH includes nonsurgical modalities and open joint preservation techniques. Arthroscopic management can be used as an adjunct for symptomatic treatment and for addressing intra-articular pathology, but it alone does not correct the underlying osseous dysplasia and associated instability. The periacetabular osteotomy has become the mainstay of efforts to redirect the acetabulum and preserve the articular integrity of the hip; however, the proximal femur is also a potential source of pathology that should be considered. Open hip procedures are technically demanding yet provide the opportunity for pain relief, improved function, and preservation of the hip joint.



2019 Annual ANCHOR Meeting

When: Thurs Nov 14 (dinner) | Fri Nov 15 (all-day meeting)

Where: Hilton Chicago O'Hare Airport (pictured below)



Main Agenda Items for Discussion:

- (A) Department of Defense (DoD)
- (B) JP Repository 2 (ANCHOR-2)



Get To Know an ANCHOR Surgeon: Matthew R. Schmitz, MD, FAOA, FAAP



Describe your current position at San Antonio Military Medical Center (SAMMC), the patients that you see in your practice and how long you have been an ANCHOR member?

I am the Vice Chair of the Department of Orthopaedics at SAMMC and hope to matriculate into becoming the Chair this fall. In addition, I am the Chief of the Pediatric Service and Chief of the Hip Preservation Service. My patients include the children of active duty military members in addition to seeing active duty military members and their spouses sent from across the globe for hip problems. I have been an ANCHOR member since the fall of 2017.

How did you get involved in the area of hip preservation?

I became interested in hip pathology and preservation as a resident because it seemed that there were so many research answers that had yet to be defined. Except for a handful of centers, hip arthroscopy and hip preservation were still in the relatively early stages and it appeared there were a multitude of research directions and questions that had yet to even be asked. That fostered my interest that has blossomed over the last 15 years. After training, I was able to come back and establish the Department of Defense's first Hip Preservation Service.

What is the one aspect of your profession that you enjoy the most?

I enjoy caring for both pediatric and adult patients. I still spend a great deal of time caring for pediatric fracture patients and congenital musculoskeletal issues, in addition to adolescent sports and hip preservation. Although hip preservation has increasingly become a larger part of my practice each year, I love that I can care for patients from infancy into middle adulthood.

What advice would you give young surgeons who are just starting out in the field?

Find something you are passionate about and it won't be a job. It is a cliché, but if you love

what you do, you will never work a day in your life.

Also, one of my mentors stressed to me that "To whom much is given, much is expected." To me that means that you should give back. I would advise young surgeons to look for ways to give back. Whether on a local stage or internationally, find a way to use your talents and abilities as a surgeon to make the world a better place.

Is there anything in your career that, if you had it to do over, you would change?

No. I think every choice and path has a purpose. Every turn in my life and career up to this point has made me the person I am today. My time in the military has taught me a great deal about what to be thankful for in a practice and in life. I've deployed downrange and seen atrocities of modern warfare, but have also been witness to the incredible impact that military medicine has had from an orthopaedic standpoint not only on wounded warriors here in the states but also in the countries we've been in conflict with. When deployed, you care for not only the US soldiers and allies, but also our host countries soldiers and even those on the other side of conflict. I wouldn't change anything thus far.

What do you like to do for fun?

I love fitness training. Jogging, weight training, etc. I'd love to play more golf, but seem to only have time for it when I travel. Hopefully as my girls get older we can play together. I also volunteer my time as a team physician for the US National Rugby Team. I was involved as a player during medical school and now give back each year traveling with the team. Being around and immersed in a team environment with young elite athletes keeps me feeling young each year. Or at least it keeps me from feeling too old.



What was the last book you read for fun? Would you recommend it?

The last book I read for fun (that wasn't a leadership style book) was "Every Day I Fight"

by Stuart Scott, the ESPN broadcaster that composed his memoir before he passed away in 2015. I would recommend it to anyone as it shows his extreme courage in fighting cancer but also the wonderful relationship and example that he was trying to set for his daughters.

How do you find work-life balance?

One of the most important things I do on a yearly basis is a medical mission trip to Ecuador every fall where we mainly treat hip dysplasia in infants and toddlers. Although this is considered "work" by some, it is the most rewarding thing I do in medicine. My 3 co-fellows and I from San Diego lead a team down there for a week and work on fund-raising, etc the rest of the year. It annually "refills my tank" with the care that we provide and the impact we have on not only the lives of the children we help but also the surgeons there we have developed a relationship with in teaching and collaborating.



What is your favorite holiday?

Christmas is my favorite. I have 2 young daughters and I love spending that day with them. I am charge of cooking on Christmas morning and a large dinner and it is secretly one of the things I love doing (when I have the time). I always make time to cook on Christmas Day.



I am driven by trying to always be better. Whether in life, in the clinic, or in the operating room, there is always room for improvement. I feel that setting that example is important as a father, as a mentor, and as a teacher.