

# THE MAINE FRAME

## An Unusual Way To Stay Grounded In These Crazy Times.

What is life if not a series of challenges designed to define our characters and help us understand who we are? As medical practitioners we're often pulled in different directions. We have responsibilities, expectations (from ourselves and others), children, partners, family, a few remaining friends, and maybe even – let's get crazy here – maybe even a hobby or two?!?!

But alas, there are only 24 hours in the day and coffee only gets me to 10am. My biggest challenge, and perhaps you can relate, occurs when having to prioritise the values of my own welfare vs my family vs my job on top of whatever other surprises life decides to throw my way. These constantly conflict and once my ability to time manage them has been exhausted, I'm left questioning what values underpin my decisions. Here's where the 'unusual' part comes in: some of the core values I draw up are from the philosophy of Karate.

Perhaps it's not so unusual or strange because without Karate, I would probably never have made it through the Orthopaedic training program and I would never have had the opportunity to meet some amazing patients and individuals. It is one of the reasons I love working with young athletes as I have been on the other side of the table and I understand the challenges an injured young athlete faces.



*Pictured: Nursing a 6 week old bub following knee reconstruction #3*

My first ACL reconstruction at 19 was an unlucky netball injury (possibly preventable in retrospect) that initiated me to orthopaedics as a discipline. My second reconstruction in the second year of medical school introduced me to several surgeons who later became my "senseis" and then my colleagues. And my third was 3 years ago, 6 weeks after having an emergency caesarian and brought me a new level of understanding of what it was like to really rehabilitate a knee as let's say a "mature" individual!!

The point being, Karate taught me a philosophy I've been drawing upon throughout my life which I thought may be of at least some interest to you, and if not, then perhaps it's some light entertainment over a coffee.

### Here goes (We call this the Dojo Kun)

1. To seek perfection of character. Without the pursuit of perfection in every punch, stance, every incision, suture, or every patient and personal interaction I could never improve or grow.
2. Without being faithful to ourselves and holding ourselves responsible for our mistakes, we will never know what attributes to work on to best improve.
3. Without endeavouring to achieve, we never know our limits.

4. Doing this with respect for ourselves and others enables us to live harmoniously, yet with fortitude and an inner strength that no one else can question. And finally...
5. Refrain from violent behaviour – matches the hippocratic oath.

Please don't quote or judge me on these. I fail often and sometimes spectacularly to achieve the ideal. However, I firmly believe that without a life philosophy we leave ourselves vulnerable to a society that is becoming increasingly more self centred, judgemental and dangerous as a result.



*Pictured: Defending the Team Kata Gold medal at the TSKFA 2016 World Cup with Tracy Pearce and Alicia France*

As I wrote earlier, what is life if not a series of challenges designed to define our characters and help us understand who we are? And the Dojo Kun has helped me immensely. Becoming a mother has been an incredible experience and I have questioned myself and my decisions more than I have ever done in the past. I have discovered a love that I never thought myself capable of. I know I will make mistakes and I hope I have enough insight to manage them adequately.

As a wife, I will always try to cultivate my relationship, and give my husband and family the support and love they deserve.

Finally, as a surgeon, my patients will always be my priority and I will do everything in my power to ensure they are cared for with the best that orthopaedic medicine has to offer.



*Pictured: Post knee reconstruction #3*

## Post COVID Sports And ACL Injuries Are Back.

Many patients over the last 6 months have come to see us as the result of overuse or bone stress injuries. Providing that we have excluded medical reasons for these injuries – thanks to my trusted sports physician, Dr Stacey Compton – we need to ask ourselves why they are happening and why now?



*Pictured: Surgery – A bit of intraoperative metalwork when the plate doesn't fit...*

**Has COVID screwed up our training schedules? Have we lost a bit of our motivation and strength along with it? Have we had injuries that still require good rehabilitation? Have we not conditioned our endurance in our sports adequately?**

Are we trying to make up for lost time and training too hard without enough time to let our bodies recover? Or are we just a bit older and need to let our bodies take the time to heal that they need?

For me, the answer is probably “D” all of the above. Regardless of the reason, it’s likely your injury was avoidable. As it is pointless dwelling in the past, let’s learn from it and do our best to optimise our function in the face of injury with good rehabilitation and then stop it from happening again. In my opinion, injury prevention should be a critical part of our roles as orthopaedic surgeons. While I am not trying to put myself out of a job, I would never want another child or young adult to experience the frustration that I went through with my injuries (even though in some ways I am grateful for what I learnt). And ACL injuries are unfortunately common and potentially devastating, not only for their owners sporting career, but for the long term health of the knee.

The Queensland Children’s Hospital has recently embarked on a Paediatric ACL registry to try and address some of these issues. I hope to let you know more about demographics and treatment outcomes in future editions of this mag, but early numbers tell us that we need to do better.

At QLRC, we are trying to implement some strategies to not only prevent injuries in our patients, but also help our injured kids return to sport safely. One of these interventions involves biomechanical assessment and strength testing using the AxiT system.

This involves using force plates to assess symmetry and strength of both limbs on squatting, lunging and more importantly landing jumps, which is when many ACL and Meniscal injuries occur. We can also assess a patient’s biomechanics to see if there is something we can change to improve their training. It gives baseline data for teams to look at players’ strength and if a child does have an injury we can use that baseline to compare it to the post injury data and make sure the kids are not going back to sport too early and risking further injury.

We’re still early in this program and are looking for numbers to get better data. We’re recruiting local sports teams to come in and have their kids tested on the machine. Our Physio will then give them a program to potentially prevent injuries. If you know of any teams that may benefit, from any of the sporting codes but especially Rugby, then please send them our way.

**Luckily at QLRC we keep urgent appointments available for acute knee injuries. Just call Bek or Colleen on the office number and they can help.**



### Team Spotlight

We would like to introduce Colleen Schmierer as one of our new reception staff. She has a background perfectly suited to our practice having been a qualified Paediatric nurse and also having 4 gorgeous children of her own. Colleen’s vibrant and compassionate personality has already endeared her to many of our patients. We hope she will continue working with us for many years to come!

*Thank you  
Colleen*

*Pictured above: Colleen  
Reception Staff*

# ACL Injury: A Patients Journey.

## David Day's injury and recovery from the perspective of mum Keri, with input from David.

- ▶ Injured 26 July 2020
- ▶ Surgery 13 October 2020

As my 11yr old son came limping down the hallway on arrival back home after his second game of the Rugby League season in 2020 I thought 'oh what now?', as injuries are common in this high contact sport. He said he was fine and that it had hurt really bad when he was tackled but not so much now. On advice of the First Aid Officer at the game, we took him to the GP the next day who referred him for an MRI. None of us were expecting the scan to show a completely ruptured left ACL.

What followed that diagnosis was a huge learning experience for both my son and our whole family, as a knee reconstruction in a pre-teen is a lot to get your head around. Our journey as a family took us on a very steep learning curve about a pre-teen anatomy and what the best options were for my son to ensure that not only would he be able to play sport again in the future, but we wanted to make sure that he could get back to the simple things in life we took for granted like being able to ride his bike or scooter with his mates.

We decided on a knee reconstruction using the IT Band technique to allow him to have good use of his knee, without having to go to the extremes

of potentially stunting his growth by doing a traditional reconstruction and interfering with the growth plates (again, more lessons learned).

A surgery date was set and then it was just down to wait and have light physio in the meantime to keep his knee from deteriorating. This time was a struggle for my son as he suddenly was unable to play all the regular games at school with his mates in break time and unable to ride his bike or scooter on the weekends. This continues to be a struggle for him 5 months post surgery as he is still unable to play sports and is taking a long time to gather the confidence to ride his bike again. The fear of pivoting or twisting the knee in a fall and damaging the graft is in the forefront of his young mind and that's really tough to watch as a parent and for him to deal with as at age 11 ½ yrs he is still just a child.

5 months post op he is seeing his sports physiotherapist every 3 weeks and has a routine of exercises every 2 days. He also walks to and from school each day (approx 5kms return) to improve his fitness and allow him to lose some of the excess weight he's gained during the time he was less mobile. It takes a very strong person, with a great deal of will power to be able to stick to the exercises and be responsible for his progression. I don't think we could have done it without the support of his friends (carrying his bag at school for months), our strong bond as a family and the great medical support team we had alongside us from the beginning. We have great hopes for his future and know that this injury has only made him more resilient and ready to take on challenges, big or small.



### Join Our Journey

We recently purchased this beautiful piece of land which will very shortly have our brand new clinic and rooms. It's early days, but we wanted you to be part of the journey. We're very excited!



### Pop Quiz

As part of our commitment to education and teaching, here is our second Peadiatric Orthopaedic Pearl (POP) Quiz.

A 3yo boy presents with a 3 month history of knocked knees and an externally rotated left foot. He is otherwise well with no fevers, malaise or inability to weightbear. The most likely cause for this finding is:

(psst...The answer is on the back page.)

- a) Septic arthritis
- b) Screening for possible CP
- c) Perthes disease
- d) Idiopathic genu valgum
- e) He is playing with a syringe and his parents should be reported to child safety?!

# This news is all about you...

## With Heartfelt Thanks For Your Referrals.

There's no question I have the BEST patients and referring doctors on the entire planet:

- Dr M. Akbar, Dr J. Antic-Pavlovic, Dr H. Askari Sirizi, Dr Y. Aung, Dr D Bade, Dr B. Basnayake, Dr T. Batiya, Dr A. Cheriyan, Dr L. Cochrane, Dr S. Compton, Dr M. Davoren, Dr M. Evans, Dr K. Gajjar, Dr S. Gilliland, Dr A. Gupta, Dr M. Hansen, Dr T. Harding, Dr G. Inglis, Dr P. James, Dr D. Kritzinger, Dr I. Kwoh-Gain, Dr E. Kwok, Dr M. Lakshmaiah, Dr S. Liu, Dr K. Majumdar, Dr M. McGill, Dr G. McNally, Dr M. Mills, Dr P. Murphy, Dr A. Nadler, Dr J. Parasuraman, Dr C. Pitt, Dr F. Raciit, Dr S. Rajaretnam, Dr P. Rodriguez, Dr I. Roux, Dr P. Satyasiv, Dr F. Scoffell, Dr A. Sharma, Dr O. Simpson, Dr J. Soo, Dr A. Thompson, Dr J. Tran, Dr D. Tsai, Dr I. Walsh, Dr D. Whittle, Dr B. Williams, Dr Y. Zhang.



### Who Is Reading Our Newsletter:

Tom was very excited to get his in the mail - he did help to make it, after all. Send us a photo of you reading your Maine Frame and we'll put you in the next issue.

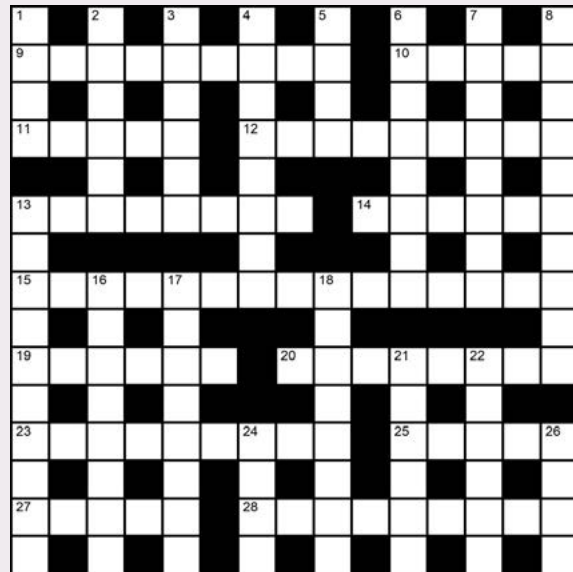
*Pictured: Tomasz Forfa with Issue One.*

## Across

- 9 Independent kind of writer (9)
- 10 Broadcasting (2,3)
- 11 Hold sway (5)
- 12 Immigrant-processing island (9)
- 13 Somewhere unimportant (4,4)
- 14 Geniality (6)
- 15 Flinders Island climbing challenge (10,5)
- 19 Teach bit by bit (6)
- 20 Egg-laying mammal (8)
- 23 Widespread shrub with petal-less flowers (9)
- 25 Gesture of indifference (5)
- 27 Frequently (5)
- 28 Clover bush (6,3)

## Down

- 1 At a distance (4)
- 2 South North American republic (6)
- 3 Completely redone (3-3)
- 4 Short true story (8)
- 5 Mean (4)
- 6 Mallee archaeological site (3,5)
- 7 Meryl Streep musical (5,3)
- 8 Product of an arms factory? (10)



Answers will be in next months newsletter!

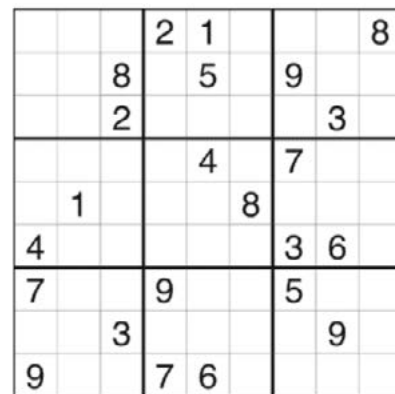
- 13 President saw nothing wrong (10)
- 16 Honours (8)
- 17 Variants (8)
- 18 Pro golfer known as "The Pymble Crusher" (3,5)
- 21 Prepares a salad (6)
- 22 Equivalence (6)
- 24 Corporate image (4)
- 26 Plot holes (4)

## Pop Quiz Answer

The most likely diagnosis in this case is D. Without a limp or systemic symptoms, a septic arthritis is possible but highly unlikely. A neurological condition can sometimes present with an unusual gait but this would normally entail toe walking. Perthes could present with external rotation and a limp and is definitely a possible diagnosis, but uncommon under the age of 4.

Normal limb alignment in the child starts as Genu varum (bowed legs) in the infant and progresses quickly into maximal valgus (knock kneeling) at the age of 3. For further information please see our website:

[qldlrc.com.au/paediatric-limb-alignment/](http://qldlrc.com.au/paediatric-limb-alignment/)



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