

THE MAINE FRAME

On being a surgeon who's also a woman.

I often get asked to talk at women's events and I've turned the majority down.

Partly because I needed to figure out how I thought about it before I said yes. I don't want to just tow the line politically. That's not something that I feel is necessary. It doesn't do the cause justice. There is a cause, but it's not what people, or the media, are portraying it to be. I'm a lead-by-example person. So the fact that I'm doing it, rather than making a statement about it is the best way I can see to do it justice.

Also, I often hear that it's so wonderful I'm breaking barriers. The way I see it,

It's only a barrier if you perceive it to be a barrier.

It actually irritates me that they make a big thing of it because we're surgeons. We're not 'female surgeons'. We're just surgeons. If you choose to compartmentalize then it actually accentuates the problem rather than dealing with it. The problem is more deep seated within society. As a result, instead of tackling the issue from the bottom up, people are trying to change the superficial perception of things rather than the cause of the problem.

Because let's face it, women and men are different.

I will never be physically as strong. I can't go in the open men's division in a karate tournament



Pictured: Sheanna at a recent Orthopaedic conference.

and win. We cannot pretend that we're the same. We are not. But we're capable, as women, of doing equivalent jobs because these jobs don't require us to be fundamentally different.

The problem occurs when you are perceived to be different, or someone has a negative connotation associated with that difference. Hence, you believe that difference to be something that separates or that compartmentalizes a group of people based upon that trait. If we then make a statement about the fact that we're women doing this stuff, to me, that perpetuates the problem because you're seen as a female orthopedic surgeon.

I don't want to be seen as a 'female' orthopedic surgeon.

I want to be seen as a very competent surgeon who does a damn good job and equivalent to that of my other colleagues who are men. From my point of view, the problem is society's perception of me. Which I can't change.

That's why it has to be something that we instill in our children.

If we can infuse a sense of equality in our children and demonstrate that gender does not have to be the issue it's perceived to be, then that's bottom up. All we can do is teach them that you can be a good human. Just be a good human and it doesn't matter whether you're male or female.

See people for who they are.

See people for the attributes that they express. Ultimately, this issue is very deep, very complex and I don't want to perpetuate a problem and buy into this notion that female orthopedic surgeons are a thing. That's not the way to approach the issue. It's a societal problem, much like racism, and the only way we can stand a hope for changing that, is to instill that lack of judgment in our children.

And I'll admit, that's a really hard thing to do.

Judgment is something that's inherent and it requires an incredible amount of self-awareness on a parent's part and the education systems. It's something I'm working hard on through self awareness and leading by example.

Post COVID sports and ACL injuries have been in force.

Many patients over the last 10 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 – thank you to my trusted sports physician, Dr Stacey Compton – we need to ask ourselves why they are happening and why now?

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 rehab? Are we not conditioned with 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. 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 one of the most common in our children.

The Brisbane Children’s Hospital states that,

“Australia has the highest incidence of ACL injuries in the world, and sports injuries are now primary reasons for admission of youths to hospital.”

As a result, at the BCH we have embarked on one of the world’s first paediatric ACL registries. It will enable us to track the demographics, mechanisms of injury and outcomes of the patients that sustain ACL injuries and are treated through the BCH. As someone who has a special interest and focus on young athlete ACL injuries, I’m proud to be part of the team working on this.

The early results of the BCH’s ACL registry are in and they have been surprising.

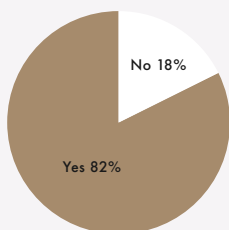
I expected to see more Soccer, Netball and AFL numbers but it was Rugby that stood out. This makes me wonder if the Rugby teams have injury prevention programs as part of their training. Or perhaps soccer, netball and AFL have lower numbers because they do have injury prevention programs.

Either way, these early numbers tell me that we need to do better. Having such high rates of injuries isn’t good for our kids.

My team and I at QLRC are reaching out to local sports teams to see what kind of injury prevention programs they have in place. In fact, we’re recently invested in an AXiT machine. AXiT allows us to look at our kids’ biomechanics to see if there is something we can prevent, change, or improve in their training. It also gives baseline data for teams to look at their kids’ 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.

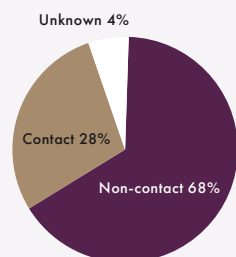
We’re still early in this program and are looking for numbers to get better data. We’re recruiting local sports teams to come in and have their kids tested on the machine. Our Physio will then give them a program to potentially prevent injuries. If you know of any teams that may benefit from any of the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

Sporting Injury



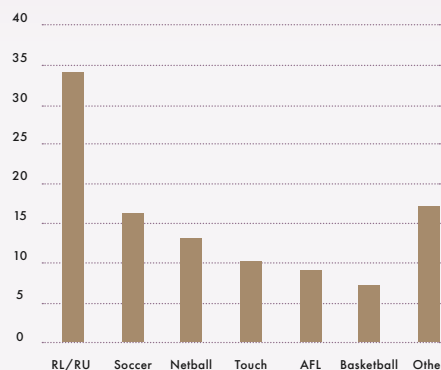
Analyse further by age subgroups

Contact vs Non-contact*



*For both sport and non-sport
Need to analyse further by sport vs non-sport, then individual sports

Sports* MOI (106 patients)



*Non-sport MOI data collected
Analyse further by gender, ethnicity, and agegroup subsets



Our amazing Bek got an iron infusion this month and she was back at work the same day. So hardcore!



A throw-back to when elective surgery was cancelled during lockdowns: Sheanna built this wooden Olay frame for her son. I guess rebuilding bones and joints has it's perks at home, too!



Sheanna was at the APOS meeting this month supporting other ortho's and demonstrating the equipment.

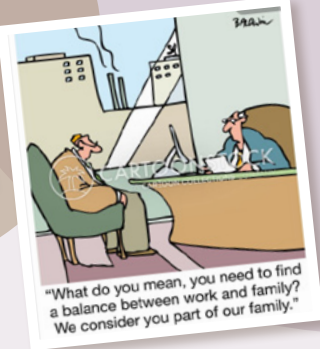
And here he is, Sheanna's son keeping Bek company in the office



The cool new ride for paediatric patients at the North West Private Hospital. Doggie comes included.



Thank you for our beautiful patients for these amazing flowers! They brightened up the clinic this month.



"What do you mean, you need to find a balance between work and family? We consider you part of our family."



Team Spotlight

We would love to introduce Yvonne Fleming who is our Typist here at QLRC.

Yvonne has her own Transcription Company and has an extensive background in Medical Administration and Management.

With 3 girls of her own, Yvonne fits in wonderfully here at QLRC with a compassionate, loyal and nurturing personality and often jumps in in times of need with no hesitation.

We hope that Yvonne will come on board in a more permanent role in the coming years.

Thanks Yvonne

Pictured above: Yvonne Fleming

Question

A 14yo boy has a tackling injury at footy and twists his left knee. There is immediate pain and swelling and he is helped off the field. He is examined by a team doctor and his knee feels stable, he is advised to RICE. Two days later he is able to walk but the swelling persists and he seeks your further advice on what to do. You are worried he may have a soft tissue injury and suggest the following investigation...

- A** Aspiration of fluid
- B** XR
- C** USS
- D** MRI
- E** CT



Answer

XR is the initial investigation of choice to exclude any bony injury which could present this way. The radiation dose is small and should not deter you from performing the scan. An USS is not a useful investigation in the acute knee injury as intraarticular problems such as meniscal injuries are poorly visualised. If possible, an MRI should be performed to define ligamentous structures and meniscal or chondral pathology.

We are happy to review acute knee injuries for patients that require a specialist referral for MRI on financial grounds, on an urgent basis.

This news is all about you...

With Heartfelt Thanks For Your Referrals.

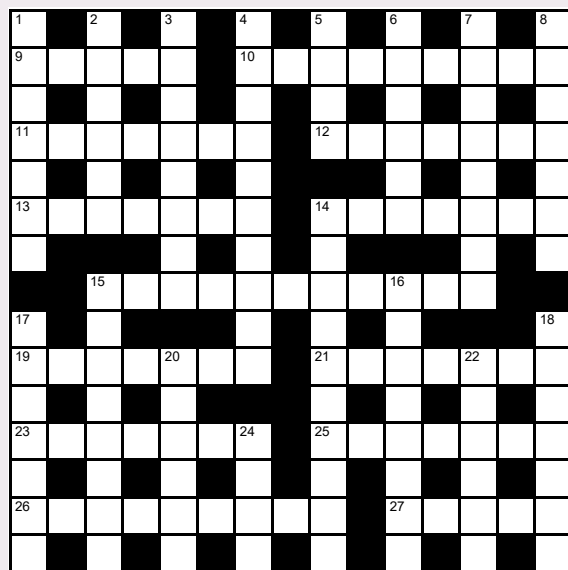
There's no question I have the BEST patients and referring doctors on the entire planet:

- Dr B. Adeli, Dr M. Agarwal, Dr K. Blake,
 Dr R. Brosnan, Dr A. Currey, Dr E. Darveniza,
 Dr G. Du Preez-Wilkinson, Dr O. Ekeocha,
 Dr P. Freeman, Dr H. Fuentes, Dr J. Garlick,
 Dr P. Gibling, Dr M. Griffin, Dr P. Hendry,
 Dr G. Henricks, Dr T. Honore, Dr J. Kazamias
 Dr S. Nandam, Dr M. Raines, Dr S. Rajaretnam
 Dr P. Satyasiv, Dr M. Seawright, Dr W. Sedhoff
 Dr R. Somasundaram, Dr D. Sriramula,
 Dr R. Tattersall, Dr S. Thilakarathne,
 Dr I. Van Der Steen, Dr C. Watson, Dr L. Watson,
 Dr K. Win, Dr N. Win, Dr Y. Yang.

		8		3	4
9					5
	6		5	9	
1		4	3		
			6		2
	7	8			
1				8	3
3	2		9		
			4		

Across

- 1 Gulps of air (7)
- 9 Like Little Boy (1-4)
- 10 Clearing (4,5)
- 11 Begin (4-3)
- 12 Cooling drink (4,3)
- 13 Disputed region between Pakistan and India (7)
- 14 Waldorf salad necessity (7)
- 15 Juggler banished Cal to a settlement in Nepean Bay, SA (6,5)
- 19 Lewd (7)
- 21 Affair of the heart (7)
- 23 Misery (7)
- 25 Iconic Volkswagens (7)
- 26 Former national rugby player and heavyweight boxing champ (4,5)
- 27 Adult insect (5)Down



Answers will be in next months newsletter!

Down

- 1 Hawaiian surfing site (7)
- 2 Compels (6)
- 3 Irregular (8)
- 4 Association of sports teams (10)
- 5 Pickle place (4)
- 6 Additionally (2,4)
- 7 Old Man ---, edible shrub (8)
- 8 A word to the whys? (7)
- 14 Worn by those over the eight? (6,4)
- 15 Those in the know (8)
- 16 Don (8)
- 17 Designer of 25 Across (7)
- 18 On thin ice (2,1,4)
- 20 Sizing up (6)
- 22 Ottoman ruler (6)
- 24 Free from doubt (4)

Last month's crosswords answers:

1	B	2	R	3	E	4	A	5	T	6	H	7	S	8	W	9	E	10	L	11	F	12	A	13	R	14	E
	E		T		A																						
9	U	10	P	11	R	12	O	13	A	14	R	15	U	16	T	17	T	18	O	19	U	20	S	21	E	22	
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13	J	14	A	15	M	16	I	17	E	18	D	19	W	20	Y	21	E	22	R	23	I	24	R	25	A	26	N
17	I	18	D	19	E	20	A	21	R	22	E	23	S	24	P	25	E	26	C	27	T	28	I	29	20	V	E
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25	L	26	Y	27	R	28	E	29	B	30	I	31	R	32	D	33	A	34	C	35	A	36	C	37	I	38	A
	D		N		Z																						
27	V	28	I	29	R	30	T	31	U	32	A	33	L	34	P	35	E	36	R	37	S	38	I	39	S	40	T

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