

VIBRANT

Your Connection to Healthy Living

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The return of Spring

When injury robs your passion and your profession, a cure is nothing short of a miracle.

Meredith Strathmeyer is back on stage, thanks to an advanced hip surgery that replaced her torn labrum.

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Porter
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ALL THE RIGHT MOVES

Advanced hip procedure allows Denver ballet dancer to fly once again

Dancer Meredith Strathmeyer's artistry on the stage was born on a softball field, of all places.

"My dad was a softball coach, and he put me in ballet to help give me a bit more grace and coordination," says the 30-year-old member of Denver's Wonderbound ballet company. "Little did he know, he was going to lose his shortstop," she quips.

From age 8, Strathmeyer felt like her body was made to dance. "I loved the music, loved being able to act. I loved the performance structure of ballet. You cannot change the technique; you have to change yourself to it," she says.

Periodically, the native Texan would feel a "twang" in her hip while practicing core ballet techniques. By age 24, pain radiating from her hip began to borrow from other muscles. By her late 20s, her body bowed to the relentless ticking of the clock, and Strathmeyer began experiencing excruciating pain. Her agony was born from the biomechanical stress placed on her hip joint by years of pushing her body to its limits.

She could hardly walk the day after performances. She sometimes even struggled to be in the moment during performances, plagued by questions such as, "How much will this hurt? How can I compensate?"

MRIs revealed that Strathmeyer's labrum, a ring of cartilage that surrounds the hip joint socket, was badly torn. "Dancers basically exploit their range of motion and look for more and more motion. Over the course of time, the labrum breaks down," says Brian J. White, MD, an orthopedic surgeon who specializes in hips and now performs surgery exclusively at Porter Adventist Hospital.

Meredith Strathmeyer returned to perfect form after a Denver surgeon replaced her fully torn hip labrum.

“I could tell he has the same passion for fixing hips that I do for dancing.” – MEREDITH STRATHMEYER

Two physicians had already told Strathmeyer that her dance career was likely over. “That was hard to hear at age 27. I still felt like I had a lot of dancing left to do,” she says. Then a dance colleague referred her to Dr. White.

Hip Arthroscopy

Hope surged the day Strathmeyer met Dr. White. In contrast to previous opinions, she felt confident that Dr. White could return her to the stage. “I could tell he has the same passion for fixing hips that I do for dancing,” Strathmeyer says.

Dr. White recommended hip arthroscopy. “The hip joint is a very deep joint. It’s hard to access even with open techniques. With arthroscopy, we use a camera that magnifies what we can see, and we repair structures with greater precision than we can with open hip surgery,” he says.

Hip arthroscopy is recommended for patients with:

- > **A torn labrum.** The labrum is an extension of the cartilage that, when torn, causes pain in the groin outside of the hip and occasionally in the buttocks. Symptoms worsen with sitting, rotational movement, and increased use.
- > **Femoroacetabular impingement (FAI).** This is a condition in which the hip’s ball and cup do not fit well together. With use, the two impinge the labrum, and it gets torn in the process.
- > **Acetabular dysplasia.** This is a condition in which a shallow hip socket increases the likelihood of a labral tear.
- > **Snapping hip syndrome.** This involves a painful snap that occurs around the hip joint with motion.

Using a surgical technique he has refined in a practice that performs 425 hip arthroscopies per year, Dr. White essentially made Strathmeyer a new labrum. “Instead of repairing her labrum, which was too degenerative and worn, we performed a labral reconstruction and made a new labrum for her.” His technique has evolved based on evaluations of patient data from more than 2,000 hip arthroscopies he has performed since 2009.



Dr. Brian J. White

“The problem when you repair a labrum is that you don’t take out the nerve supply,” so pain can return, Dr. White says. Additionally, if tissue in a torn labrum is too unhealthy, it may not completely heal. Patients might do well for a while, but old problems and pain have the potential to return.

Made from donor tissue, Strathmeyer’s newly constructed labrum has the advantage that it will not grow new nerves.

“You get all the biomechanical benefits of a native labrum but because it will never be innervated by the body, it should never feel pain,” Dr. White says. “This procedure has massive potential for complex hip problems. We have surgeons come from all over the world to learn this.”

Triumphant Return

During the early, grueling days of recovery, Strathmeyer remembers meeting a new acquaintance who asked her what she did professionally. “It’s hard to say, ‘I’m a dancer,’ when you’re on crutches,” she says.

Yet, as Strathmeyer rehabbed her hip, first relearning to walk and then humbly



PHOTO BY ELLEN JASKOL

enrolling in a beginner adult ballet class, she began to hope that she would dance professionally again. “The popping, the crunching, the ‘twanging’ ... it was all gone,” she says.

At one point in her recovery, a lightbulb moment occurred. A confidence born from overcoming a career-threatening injury had erupted.

“As a young artist, I was afraid of not being good enough, or being judged, or being watched. I think that fear held me back in so many ways. It kept me from really experiencing how fabulous it is to be on stage. The moment I was cleared to go back full time, that fear was gone,” she says. “And now, I think my hip is going to be the last thing to wear out on my body.”

For more information about surgical and nonsurgical treatments for hip pain, go to porterhospital.org/orthopedics.

