

# MidWeek

## Returning Players To Their Game

March 05, 2008

By



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Orthopedic Surgeon at The Queen's Medical Center

Interviewed by Melissa Moniz

**Do you have an area of specialty?**

Arthroscopic and reconstructive surgery, and sports medicine.

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**Where did you go to school and receive your training?**

Everyone always wants to know where you went to high school here in Hawaii - I went to Iolani. Georgetown University was where I did my undergrad and majored in biology. Then I went on to med school at Georgetown, and I did my residency there as well in orthopedic surgery. Then I did my fellowship in sports medicine and knee and shoulder reconstructive surgery in the Southern California Center for Sports Medicine, which is in Long Beach, and that's where I stayed on as faculty for a few years.

**When did you decide to come back to Hawaii?**

When the real bosses were born - when I had children. I loved living on the Mainland, but there's no place like Hawaii. And there's nothing like having family. So when we had children, my husband, who's not from here, wanted our children to grow up near family. His family is from St. Louis and mine is from Hawaii, so you pick. (laughs) So that's what brought us here - and it's been a true blessing.

**Can you explain what you do?**

An orthopedic surgeon is a specialist in the musculoskeletal system of the body, which are bones, joints, cartilage, ligaments, tendons, muscles. There are non-operative orthopedists, and there are orthopedic surgeons. I do surgery. There are different sub-specialties such as spine, hand, trauma, cancer - and then there's sports medicine, and that would be my specialty. In my specialty, we take care of sports-related injuries, and fortunately for patients a number of injuries don't require surgery. So we oversee the non-operative treatment as well as the post-operative return to sport. We do the diagnosis, perform surgery, oversee their rehabilitation and sports-specific conditioning to return them back to their level of play.

**What are the most common conditions and/or injuries that you see patients for?**

There are different types of sports injuries. There is the chronic overuse and the weekend warrior injuries. So those are usually the muscle strains and sprains. Then you have also have acute traumatic injuries such as muscle tears, cartilage tears, dislocations of joints and ligament tears that a lot of people know about - like ACL

tears or rotator cuff tears, for example.

### **In what sports do you see a lot of injuries?**

Everything, actually. But with particular sports there are particular injuries. For example, something near and dear to my heart is women's sports, and especially in the sports of volleyball, soccer and basketball, they have two to nine times the risk of ACL injuries than their male counterparts in the same sport. So I see a lot of female ACL injuries. But we do see a gamut of injuries. In sports medicine, you really deal with everything. As sports medicine surgeons, we do minimally invasive surgery more than any other, and it's called arthroscopic surgery.

### **Are most of the injuries you see completely treatable, where the patient comes out of it 100 percent?**

Our goal as sports medicine orthopedic surgeons is to return them to the most optimal level and ideally return them to their pre-participation level. I would say for the most part we are 90 percent successful. But it depends on the injury and its severity.

### **Are many of the injuries you see preventable?**

Again it's very injury specific. Take for example the ACL - for men, their injury is primarily a contact injury when they tear their ACL. That's due to contact, and that you really can't prevent. Contact is contact, and you can't predict it and you can't prevent it. In contrast, what we are now finding out with women is that it is preventable, because what we have found is that the primary reason for their increase in ACL injuries is non-contact. It has nothing to do with being clipped or falling down. It's actually their technique of play, mostly their jumping and landing mechanics.

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### **So it has nothing to do with the anatomy of the female body?**

That used to be the common belief, even among orthopedic surgeons. We wondered: Is it hormonal? Is it their shape? Is the size of the ACL? Is it the size of the notch that the ligament sits in? Is it shoe wear? And then there was a huge consortium in 1999 in Maryland where they had orthopedic surgeons there, kinesiologists, epidemiologists and athletic trainers, just looking at female ACLs. All of the questions and theories were debunked and not proven as the reason for the higher risk of ACLs. And the only thing that has been shown to reduce the risk of ACL injuries in females is their jumping and landing techniques. And that's why it has nothing to do with anatomy. That is great news, though, because that information bodes very well for the future of female athletes - that if they learn how to jump and land appropriately, studies have shown that they can reduce ACL injuries by 70 percent! And I have to say that it's not as big of a deal here in Hawaii as it is on the Mainland. On the Mainland, they have clinics run only for female athletes to prevent ACL injuries. Here, we're not up-to-speed with it yet. When a lot of people think of ACL injuries, they just think: "Poor athlete. But she'll have her ACL surgery and be back next season." That's very true. And to answer your question if we get them back: Absolutely, we get them back to their sport by the next season or sometimes sooner. But the problem is that 10 years down



Dr. Elizabeth Ignacio checks out a patient's X-rays

the road, even with a great ACL surgery, the result of the initial injury is that those patients have an increased risk of arthritis earlier in life than those who never tore their ACL. So if we can prevent that initial injury, that's phenomenal.

**In 2007, Queen's really stepped up the Joint and Reconstruction Center. What has been done exactly?**

A lot of it is community awareness of the experience and aptitude of surgeons that we have here at Queen's. Probably one of the largest orthopedic groups in Hawaii is my group of partners, and we're all fellowship trained, which is that extra level of training beyond the general orthopedic training. We're also involved in teaching and training other orthopedic surgeons on up-to-date surgical techniques. For example, I've been involved not only with teaching orthopedic surgery residents here in Hawaii, but I've also been involved with conferences, workshops, and symposiums on the Mainland to help train advanced techniques to orthopedic surgeons there.

The Joint Reconstruction Center is also about setting an exemplary standard of care. Medicine and surgery are science, but also are an art. And that's a nice way of saying that everybody does things a little bit differently, but that can become a bit difficult for a facility when you have surgeon A wanting one thing, and surgeon B wanting another. What Queen's has done in a very excellent, very scientific and very thorough fashion is it basically set a protocol with all the surgeons' input to kind of mainstream the quality of care and level of expectation, so that everybody is on the same page.

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