
THE ORTHOPAEDIC FORUM

What's Important: A Resilience Found in Running

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I grew up as active as I wanted to be. Early on, I discovered my natural running ability, and I strove to be the “fastest girl in class.” At recess, I spent most of my time proving to the boys that I could be the best wide receiver and could outrun tackles from even the fastest kids. I signed up for every opportunity to run and frequently served as team captain. Despite my speed, however, there was always something attempting to hold me back: my hips and knees.

In elementary and middle school, a simple complaint to my parents about pain in my hips and knees while running or playing basketball turned into a regular occurrence. I also walked with exaggerated lordosis, and my feet turned out like a duck. One aunt even tried tying my shoelaces together to bring my feet closer together, but it was no use. I was unable to stand with my feet together without experiencing severe pain. Doctors' visits shed little light on the cause, but I didn't let it stop me from running. The endorphins from competing were enough to overcome any pain and so I continued to push myself further. At a typical track meet in high school, I alternated between the long jump, the triple jump, the 100-m dash, and the 200-m dash, and still had enough energy to run anchor in a relay race at the end of the day. A lot of credit for the perseverance I displayed through this time goes to my high school cross-country and track coach. Coach Bishop saw my potential and a resilient spirit within me. On days when I started to doubt my abilities or felt inadequate, she would remind me with a smile, “Your mind will quit before your body does; don't give up!”

On my collegiate track and field team, I continued the trend of participating in as many events as possible, although in the background I had started to become frustrated and distressed. By senior year, the pain had increased to the point where I struggled to walk after most competitions, and I could barely

sleep because of the discomfort. My coaches and teammates supported me as I was forced to endure daily ice-bath sessions, but the pain was increasingly becoming a burden. I refused to stop competing because I was still performing well at a high level. I was scared to seek care because I dreaded the news that I would no longer be able to continue running. After my college graduation, with the pain too severe to ignore, I sought definitive help.

During my first appointment with my surgeon at Boston Children's Hospital, I was elated to finally receive an answer. After a thorough discussion and review, I was diagnosed with hip dysplasia and femoroacetabular impingement. My surgeon suggested that I undergo procedures to fix the anatomy of my dysplastic hips and retroverted femora as the degeneration process was already quite substantial. Initially, I felt overwhelmed with the idea of altering my pelvic and femoral anatomy, but I was reassured by my physician, who presented the procedures and recovery as a journey that we would embark on together. We discussed the recovery process and the upcoming demands of medical school, which I was planning to attend. But despite our preparation, I could never have imagined both the mental and physical toll my recovery would take.

In June 2017, I underwent my first periacetabular osteotomy and femoral osteotomy. Less than a year later, I underwent the same procedures on the contralateral side, just in time to start my first year of medical school. For 2 years, I was in physical therapy twice a week. In some sessions, I made progress toward “normal function.” I distinctly remember the joy when, after days of unsuccessfully staring at my quadriceps, willing my body to fight against gravity, I was able to lift my leg. But there were also many lows, as my specific anatomy made my case quite complex. I was frustrated with the slow pace of my recovery, which was limited by pain and factors that

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seemed beyond my control. After years of compensating, my muscle and osseous anatomy could not seem to harmoniously agree, and I developed a limp that stayed with me for almost 2 years. I had to continue using crutches and was well-known by my medical school classmates as “crutch girl.” Although definitely meant in good fun, this nickname was a painful reminder of how far I was from my former glory days.

During weekly physical therapy sessions, my physical therapist recorded me taking 15 steps. I was then instructed to watch these recordings and to practice walking daily. When I wasn't at physical therapy or attending lectures, I was in the gym doing simple side leg lifts while the treadmills taunted me with the memory of what I used to be able to do with ease. Unsurprisingly, the slow pace of my recovery, coupled with the constant pain of my recovering hips, began to affect my mental health. I had a prevailing thought that “my body is broken.” I couldn't equate the previous competitive, active version of myself with the limping, defeated person I saw during my recovery. I briefly considered taking a semester off from school to focus on my recovery, but I was determined to continue. The runner inside me remembered the difficult races from long ago, when even in moments of incredible pain, I found a way to persevere. This determination motivated me to work hard through the low points of my recovery and ultimately allowed me to achieve post-surgical goals beyond what I could have ever imagined.

In December 2019, more than 2 years after my first surgery, I returned to the starting line for the first time since college to run a 5K. Crossing the finish line, I was emotional knowing that the days of practicing my gait and trying to find strength after class and clinical duties to do my daily strengthening exercises had not been in vain. I'm proud that I can finally stand with my feet together, facing forward, something I truly thought would never be possible. My nickname of “crutch girl” has come in handy as I've regularly loaned my crutches and helped care for other medical students with more acute injuries.

Whenever I'm reminded of the nights that I was tortured by pain or frustrated by my limp, I reflect on how immensely grateful I am for my restored function. I would not have been able to get through this recovery without my family, coaches,

and close friends, whose support kept me smiling through difficult days. I'm also grateful for the multidisciplinary team that was unwilling to give up on me, including my multiple physical therapists, who invented exercises and challenges to keep me engaged and celebrated even the smallest of victories; my mental health provider, who encouraged me to find an outlet for my pain through art therapy; and finally, my surgeon, whose words at every appointment—“the sky is the limit”—encouraged me to keep going. In an age in which medicine is becoming more impersonal, I strongly encourage physicians to continue to find ways to truly connect with patients and not to overlook the whole person in their care. The joy in connecting with patients is not just for our benefit but can also improve patient outcomes. My successful recovery was largely due to my surgeon who, beyond his surgical skill, chose to be regularly engaged with me in my recovery. I was motivated to persevere through such a long and difficult recovery because I had a great coach cheering me on. I knew from long ago that I had it in me, that my body wasn't going to quit on me, but the reminders were invaluable.

My recovery was also motivated in part by the goal of someday being able to care for patients on similar journeys of “body-defying” resilience. The privilege and opportunity as an orthopaedic surgeon to actively be a part of “the fix,” to be involved in seeing a patient take steps that no one ever thought possible or returning to excel in their sport of choice, is truly powerful. My experience has inspired me to become an orthopaedic surgeon, to care for and guide patients through what I personally know can be a tough but rewarding recovery, aided by grit and a sustained spirit of resilience. ■

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