The Heart of the Shriners Hospital Beats to the Child's Rhythm

The OrtHopedik

Volume 1, Number 1 Winter 2006

In this Issue...

Naomi Cape, a former patient, presenting a *gift of experience* to Dr. François Fassier, Chief of staff and Sharon Brissette, Interim Administrator.

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A word of welcome to our first edition...

We are pleased to offer our colleagues and community partners the first edition of our newsletter ***The Orthopedik***.

The Orthopedik gives us a great opportunity to share with you our expertise and programs and to highlight what we are all dedicated to and most proud of: our patients and their families.

With more than 80 years of background history in child-care delivery and being part of a 22 hospital organizational network, we have been able to build on each other's wealth of knowledge in research, education and clinical practice. Our collaboration with McGill University and Université de Montréal continues to help us assess and fine-tune our programs in order to best meet the needs of our children and youth.

We hope that this newsletter will be a source of inspiration to you in developing best practices in orthopaedic care. Success stories, patient feedback, fundraising activities and innovative programs are all described in a way that will help you get a better sense and understanding of what we do.

We also invite you to visit our hospital and meet with the professionals who conduct our programs. They are talented and passionate individuals who would be delighted to share their expertise.

Sharon Brissette
Interim Administrator

The First of its Generation in Canada

François Champion

The Radiology Department has just received its mobile fluoroscopy device, the latest innovation in medical imaging.

Usually called the C-arm because of its "C" shape, it is primarily used to provide the doctors of the Operating Room (OR) with radiological pictures in the course of their surgeries. This new scanner offers surgeons 3D pictures and tomographic images while they operate. This technology is called computed tomography.

Compared to classic radiology, one of the main advantages of this new technique is that it delivers clearer pictures than the fluoroscopic imaging normally used. The problem with classic fluoroscopy is that the images are shown in one plane only, so depth cannot be appreciated. With the new 3D C-arm, it is now possible to scan in three planes. The result is a 12 cm^3 virtual block that technicians can manipulate according to the doctor's needs.

This is particularly interesting in cases involving fractures. It gives doctors a much better idea of the work to be done. It allows them, for example, to get better views of the broken fragments or be assured that a hip has been correctly reduced in the three planes. They can even request pictures not only before and after, but during the course of the surgery. As they can get pictures directly from the OR, doctors are now informed of the operation's outcome within seconds of completing the surgery.

Finally, considering that doctors are able to book in-house CT scans for their patients, they no longer need to request an appointment at the Montreal Children's Hospital following their operation. This is a significant improvement for the quality of the child's care because that last step often required sedation.

Having said that, it is clear that both patients and physicians foresee a number of great opportunities with the arrival of this new device.

Illustrious Guests at the AOLF Seminar

In September 2006, Montreal was the host of the 10th seminar of l'Association internationale des chirurgiens orthopédistes de langue française (the International Association of the orthopedic surgeons of French language). François Fassier, M.D. and Chief of staff at the Shriners Hospital for children, was chairman of this year's

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From left to right: Captain Luc Bédard, Lieutenant Governor 's aide de camp, Dr. François Fassier, Chairman of the AOLF 2006 Seminar, His Excellency Daniel Jouanneau, Ambassador of France in Canada, Dr. Jean-François Dupuis, Chairman of the AOLF and the Honourable Lise Thibeault, Quebec's Lieutenant-Governor.

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Set the Table for our Kids

Guillaume Le Nigen

Over the last six months, operating room (OR) staff at the hospital have been using a new modular table called the Jackson Table System (JTS).

With this table worth $250,000, the hospital can replace three tables by just one. In the past, three tables and their supporting equipment were used for various operations: the staff was required to arrange pillows and frames in order to fully customize the setting for every surgery. The new JTS comes with a number of improved fixtures and accessories, which most importantly allow the equipment to be customized to each individual surgery. Another advantage of the new system is that the staff no longer needs to switch tables between operations.

The Jackson Table System consists of a modular table base with three interchangeable tabletops that are appropriate for several different types of surgery:

1- The Spinal Surgery Top is used for back surgery, mostly scoliosis (spine malformation), and comes with adjustable head, chest, hip, and thigh supports in several sizes. The whole tabletop can be flipped 180° if the doctor needs to operate on the spine from the front of the body.

2- The Imaging Top allows X-rays of the entire body to be taken. This is especially useful when operating on bones.

3- The Orthopedic Tabletop enables the use of traction, necessary for operations on the hip or leg.

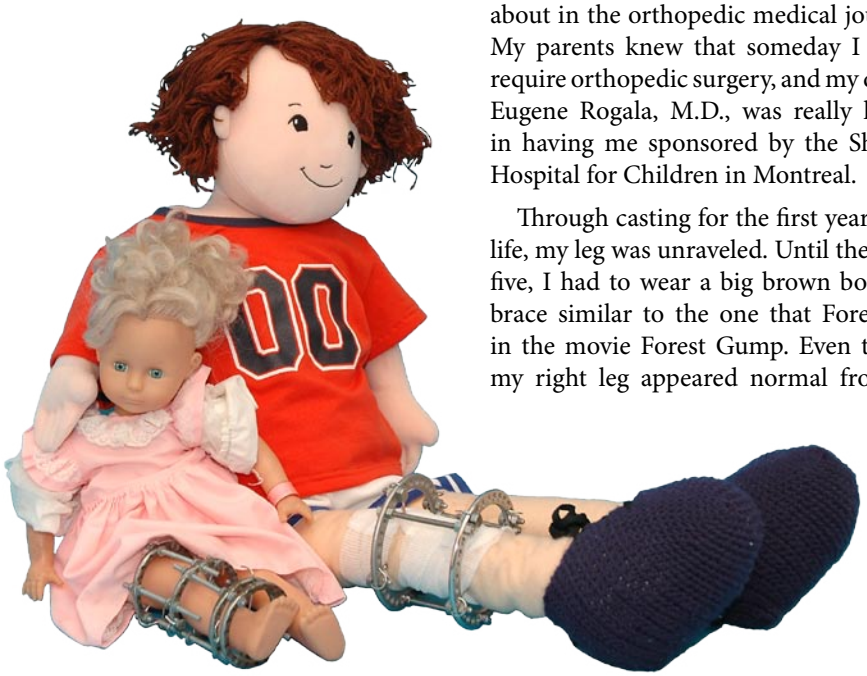
It also comes with a variety of table accessories to help position the patient in the correct manner. All tabletops are made from a carbon composite material allowing X-rays to be taken through it using our new C-arm scanner. Our surgeons and nurses alike greatly appreciate the improvements in patient care that this new equipment has provided.

As reported by Jean-François Richard, Assistant Head Nurse, "This system is mostly valued by institutions dealing with orthopedic conditions."

A Gift of Experience, from One Patient to Another.

Naomi Cape

My name is Naomi Cape. I was born with a birth defect affecting my right lower leg and foot. I am now 30 years old and have had nine surgeries to correct it. At birth, the doctors called this deformity posterior medial angulation (bowing) of the tibia and fibula with calcareous valgus.



Basically, my lower leg was twisted upward like a corkscrew to the point where the arch of the top of my foot was indented by my kneecap.

At the time, the doctors felt that I would never be able to walk. Only eight cases of other people like me had been written about in the orthopedic medical journals. My parents knew that someday I would require orthopedic surgery, and my doctor, Eugene Rogala, M.D., was really helpful in having me sponsored by the Shriners Hospital for Children in Montreal.

Through casting for the first year of my life, my leg was unraveled. Until the age of five, I had to wear a big brown boot and brace similar to the one that Forest had in the movie Forest Gump. Even though my right leg appeared normal from the outside, it was shorter by three inches, my foot was two sizes smaller, my ankle was thicker and the two bones in my calf remained bent like an "S". Even my parents took part in the investigation to find the most progressive and appropriate solution for me. I still remember all the work they did for me, and there was no Internet back then.

It was at the age of 17 that I had my first three surgeries at the Montreal Shriners Hospital. François Fassier, M.D., who had a fractured leg at the time he performed the surgery, had to work for seven hours on my first operation! He must have been in so much pain. He was a champ, my hero.

The Ilizarov method used by Dr. Fassier involves the surgical application of circular rings attached to wires that pass through the shinbone. Since the operations succeeded in lengthening my bones and straightening my leg, my life seemed to be fine for about 10 years. When I had to be operated on again, I was not a child anymore and my last six surgeries had to be done outside the Montreal Shriners Hospital. Following my first Ilizarov surgery at the Rubin Institute of Advanced Orthopedics in Baltimore, a patient gave me an Ilizarov cover. After having so many Ilizarov apparatuses, I was glad to find such suitable clothing. While also preventing people from seeing the leg, the wrap protects it from rain and other outdoor elements.

When I went back home, I asked my good friend Stephanie Silverman to help me create an Ilizarov wrap of my own. Now that I am doing well, we work together on making various types, sizes and colors for other children and adults who have Ilizarov-type frames. Ilizarov wraps can be used for other body parts, such as forearms and thighs. All of the materials are generously donated by the Fabricville Company in Montreal, Quebec.

The Montreal Shriners Hospital has always had a special place in my heart and this is the reason I decided to create these Ilizarov wraps. I thought I could give something back to the hospital and to the patients who would truly benefit from having them. I find they not only protect but offer a sense of dignity and pride.

Better Safe than Sorry...

Matthew Hunt

The Physiotherapy Department at the Shriners Hospital has been hosting a training course on the principles of training and the prevention of sports injuries. Invitations were broadly distributed to Montreal-area minor league coaches, physical education teachers and sports associations, and 32 participants attended the inaugural session. The majority of participants were coaches of adolescent soccer teams from the Island of Montreal, as well as the South Shore of Montreal and Laval.

Members of the Physiotherapy Department, in collaboration with Dr. Marc Burman, orthopedic surgeon, provided participants with a three-hour bilingual seminar. During that time, they covered topics that included an overview of the anatomy of the knee, the surgical management of ligamentous injuries of the knee, principles of training, an examination of injury risk factors for young athletes and injury prevention principles. The seminar concluded with the presentation of an exercise program that could be included in team practices as a means of improving performance and preventing injuries.

For the clinicians involved, this seminar was a valuable opportunity to participate in a program addressing the prevention of sports injuries in adolescent athletes. A second presentation was given to a soccer team from Longueuil, Quebec. The Physiotherapy Department looks forward to offering further presentations to interested groups, including physical education teachers, teenage athletes and coaches.

The Physiotherapy Department evaluates and treats 80 percent of all patients seen or admitted to the hospital.

Daily Life Achievements

Kathleen Montpetit

Children affected by musculoskeletal conditions are referred to the occupational therapy department (OT) either during their admission or from the outpatient clinics. The occupational therapists evaluate and treat these children with physical or developmental problems which have an impact on their functional abilities.

With the interdisciplinary team, the four occupational therapists work towards improving the child's independence in activities of daily living at home, school and in the community (for example; dressing, toileting, transferring). Assistive technology, such as adapted spoons or computer access with adapted mouse is a key component of occupational therapy treatment. Occupational therapists also evaluate the mobility and seating needs for children with limitations in walking.

Shown below is Raghad Susa, affected by osteogenesis imperfecta, learning to transfer from her wheelchair to the toilet with the help of adaptive equipment.

Given this goal of maximizing function, occupational therapists have a particular focus on the upper extremities. Various treatment methods are used to strengthen, regain movement and prevent deformities including fabrication of splints. The occupational therapy department uses many standardized assessment tools to accurately understand the delays and evaluate changes following the interventions.

The OT department also offers an equipment loan service for car seats and wheelchairs. It is a means of assisting families with reintegration of their child at home and in the community. This service is provided at no charge.

Finally, along with several collaborative research activities, the OT department has an academic partnership with McGill University receiving students on a regular basis and lecturing on specialty topics.

Osteogenesis Imperfecta: A Model

Guillaume Le Nigen

Through the years, the Shriners Hospital for Children - Canada (located in Montreal) has become known as a world center for the treatment of osteogenesis imperfecta (OI). The Montreal Shriners Hospital now follows over 350 children affected by this condition, an inherited bone fragility disorder characterized by decreased bone quality and quantity (brittle bones) and variable bone deformities.

Based on their experience, the Montreal Hospital's experts were able to put together what soon became a great reference to the treatment of OI: ***Osteogenesis Imperfecta: A Model of Treatment for Health Care Providers***. On the heels of this material's success, 22 health professionals of the Montreal Shriners Hospital decided to create a book about their family-centered approach to OI. It turned out to be a great success; the book is available in 27 countries. Originally written in English, it has since been translated into French and Spanish.

For them, this book was a means of empowering families affected by OI and a guide for health care specialists working with those families. They made sure to cover every aspect of treatment:

- the clinical and diagnostic aspects of OI (Part one)
- the clinical management of young people with OI (Part two)
- the psychosocial aspects of OI (Part three)

Among the important contributors to this book, Leonid Zeitlin, M.D., and Craig Munns, M.D. worked as its co-editors along with Ms. Rose-Marie Chiasson, head of social services. Considering all the costs involved in publication, the Montreal Hospital's medical illustrator, Mark Lepik, sealed the project by producing in-house all of the formatting for this book. "It's a great achievement for all of the contributors, as they were able to work on this project while pursuing their daily duties," said Ms. Chiasson.

Thanks go to Francis Glorieux, M.D. Ph.D., François Fassier, M.D., and the Montreal Hospital's Board of Governors, which approved the financing of this project. They acted as the project's ambassadors, as they knew that it would benefit not only health professionals, but the families of the children affected by OI as well.

To order copies of this book, ***Interdisciplinary Treatment Approach for Children with Osteogenesis Imperfecta***, please visit: **www.shriners-genetics.mcgill.ca**

An Electronic Medical Record

Carole Lalande

Since 2004, 20 of the 22 Shriners Hospitals for Children have launched a new tool for accessing their patients' records. The purpose of the Shriners Hospital for Children Information System (SHCIS[1]) is to make patients' medical records available via intranet to health professionals within each Shriners Hospital.

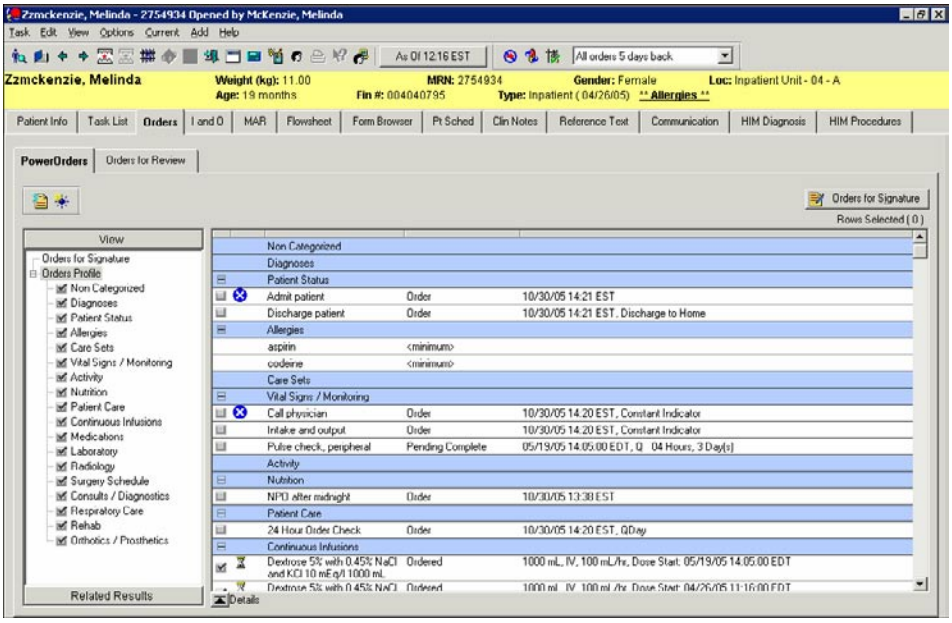
"Cerner's HNA Millennium applications (from which the SCHIS program is derived) will allow Shriners to standardize care across our 22 hospitals," said Mr. Ralph W. Semb, chairman for the Shriners Hospitals Board of Trustees. The main feature of this program is a singular pathway to several functions, including patient demographics and scheduling, patient's registration, care plans, clinical documentation, flow sheets and medical orders.

To date, all of the 20 Shriners Hospitals in the United States have successfully completed their transition to the new program. Their experience, combined with the help of the Cerner team, should lead the Shriners Hospital in Canada to bridge old and new practices smoothly. Considering the impact this change will have on the work of nurses, they are the ones who have been mandated to assess the design of the Montreal Hospital's internal processes and to create flow charts. Also, they serve as an indicator for other health care professionals who will eventually be affected by the change.

Once the system is in place, many new computers will be installed at strategic locations within the Montreal Hospital, allowing the professionals who work there to have all patient-related information and records at their fingertips. With respect to privacy, only those employees with a user name and password will be able to access the system.

Given the amount of time it took other Shriners Hospitals to implement the change, it should not take the Montreal Hospital more than nine months to get on board. With all the benefits that can be expected from this system, the Montreal Hospital's staff embraces the arrival of such a program.

[1] Pronounced "Shish"



AOLF *Continued from page 2*

edition. Remarkable guests attended the event, including Quebec's lieutenant governor, the honorable Lise Thibeault and the French Ambassador in Canada, his Excellency Daniel Jouanneau.

Over the course of five days, more than 600 participants from 35 different countries had the opportunity to discover Montreal and participate into over 50 different conferences. Thanks to Reggie Hamdy, M.D. and President of the Scientific Committee, this seminar has been an opportunity for them to explore specific topics related to orthopedics and trauma. Many bursaries were offered to orthopedists under the age of 35 involved in post-graduate studies.

Founded in 1986, the AOLF is based in Geneva, Switzerland. Its mission is to spread awareness on scientific topics related to orthopedics and trauma while maximizing communications between French-speaking specialists. To achieve this goal, the organization offers different seminars and scientific meetings for post-graduates. They are also mandated to frequently organize educational commissions. Finally, a committee is appointed every other year throughout the course of their seminars to select their bursaries' recipients. The next seminar will be held in Marrakech in 2008.

Patient Satisfaction,

September 2006 Edition

- Overall mean score, inpatients: **2nd**
- Meals section: **5th** in terms of appreciation of the food among all Shriners Hospitals
- Trust in child's physician: **98.1%**
- Cheerfulness of the hospital: **97.4%**
- Care given at this hospital: **96.9%**
- Friendliness of staff: **94.0%**
- Skill of staff who administered treatment: **93.7%**

Key Volumes

(from January 2006 to September 2006)

- Turnover rate, all staff: **0.39%**
- Number of Outreach consultations: **207**
- Number of non-shrine volunteer hours: **805**
- Number of evaluations in physiotherapy, including Outreach clinics: **2,339**
- Number of evaluations in occupational therapy, including Outreach clinics: **1,427**
- Number of X-Rays: **8,041**

Random Facts

(from January 2006 to September 2006)

- **6,900** metres of casting ribbon ≈ **725** casts
- Number of towels and face cloths: **400**

An Unusual Clinical Placement - Learning About Interprofessional Practice

Susan Takahashi

In May 2006, an innovative program came to life at the Shriners Hospital. Students in health professions were involved in the first Interprofessional Education Program (IEP) to take place at the Montreal Hospital.

The program was planned with guidance from the McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient-Family Centred Practice. It was designed to coincide with the students' usual clinical placements. The participants were two nursing students, two physiotherapy students, and one occupational therapy student. Over five weeks, they attended seminars at the Montreal Shriners Hospital's spina bifida clinic, where they looked at the impact of collaboration, teamwork and the roles of different health care professionals.

This clinic, with its high degree of interprofessional communication, provided an ideal setting for students to learn about interprofessional practice. Students were invited to describe their own roles and to teach each other about different aspects of patient care. By the end of the program, they were able to work in interprofessional teams to come up with collaborative care plans.

From left to right: Vanessa Segreti (nursing),Shirin Shallwani (Physiotherapy), Alissa Carter (Occupational Therapy), Stephanie Thibault-Gagnon (Physiotherapy), Tina Kusaian (nursing).

The aim of IEP is to create a sense of cooperation in order to maximize the skills of each professional, to share important information, to avoid duplication and to work toward common, patient-centered goals.

As far as outcomes, students have reported better understanding and respect for the roles of their own and other professions. Also, they considered it as having increased their ability to work together in a collaborative manner. Overall, the program allowed them to realize the important contribution of nurses, physiotherapists, occupational therapists, dieticians, social workers, orthotists and physicians of different specialties.

Considering the success of this program, the Montreal Shriners Hospital is looking forward to developing the IEP and offering it to other students_it's our way of helping to make tomorrow's health care professionals the best they can be!

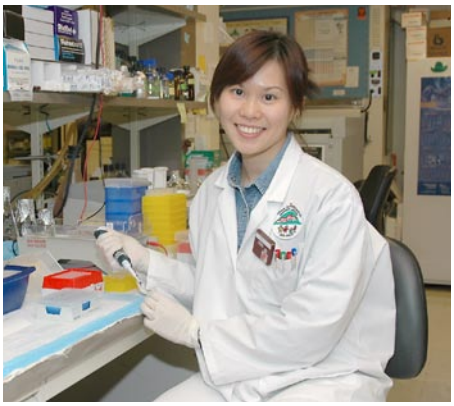
Vionnie Yu - A Student Profile

Guillaume Le Nigen

For most of us, "Fiat" is the name of a car. For Vionnie Yu, a student at the McGill University human genetics department, it's a world in itself. For her, Fiat is a possible therapeutic agent and represents research.

At the age of fifteen, Ms.Yu moved from Hong Kong to British Columbia, Canada. Following her ambitions, she moved from there to Montreal. Four years ago, when she was contemplating graduate studies, Ms. Yu considered the McGill University, specifically, their renowned medical research department.

With a background in cell biology and genetics, she was looking to do basic research. Having heard of the work of René St. Arnaud, PhD, at the Shriners Hospital for Children in Montreal, she thought this would give her the opportunity to work on her thesis: ***"How does Fiat regulate bone formation?"***



"I like this hospital because we can see that the efforts we put into research are translated daily into patient care. As well, the Shriners Hospital for Children provides a warm and friendly working environment."

Ms. Yu describes Fiat as a recently discovered gene that may provide new insights into the treatment of osteoporosis and osteopetrosis. As Ms. Yu explains it, "We study the function of a gene by deleting or making extra copies of models used in the lab, and then we can see how these genetic changes affect bone growth." Ms. Yu believes that someday her molecule could become a therapeutic agent used in clinical research.

Since the Montreal Shriners Hospital specializes in bone research, Ms. Yu was happy to become part of its research team. She is now able to showcase some of her work. She accomplished this recently by attending the American Society of Bone and Mineral Research seminar in Philadelphia. For her, this is a means of getting closer to the scientific community and to learn from them.

Strong Legs Run so that Weak Legs May Walk...

Guylaine Ouellet

The 20th edition of the Montreal Shrine Bowl featuring the McGill Redmen against the Concordia Stingers brought an audience of more than 4 000 cheering fans on October 7th to the Concordia Stadium. Concordia won 41-13 over McGill.

Since the inaugural bowl game in 1987, this annual event has resulted in $519,000 being directed towards the Shriners Hospital for Children - Canada. This year, organizers expect to add another $75,000 to that total. The funds were raised through advertising, honorary coaches program, golf tournaments and generous donations from the public at large.

The Honorary Chairman for the 2006 Montreal Shrine Bowl, Anthony Cavillo, quarterback of the Montreal Alouettes.

In the back; Noble Grant Peterson and Imperial Sir Dale Stauss, Imperial Marshall and Chairman of the Shrine Athletics Committee of North America. In front,Tony Vézina and Maryna Bérubé who were patient ambassadors for the game and Andrew Hamilton, Concordia Stingers player.

The Montreal Shrine Bowl was based on a vision held by Skip Rochette, coach of Concordia, and Grant Peterson, Karnak Shriner, who saw the success in the U.S.A. of raising money to help the Shriners Hospitals through football. In 1987, Grant Peterson, potentate of Karnak Shriners, oversaw with Jim Gearey, game chairman, the inaugural game.

Not only has this special game increased awareness of the Montreal Hospital but in recent years, the annual affair has also created a greater awareness of the calibre of football in the Quebec Intercollegiate Football Conference. Over the past 20 years, some 44 football players have turned pro after having played in the Montreal Shrine Bowl game.

A Donation from Bell Employees and Retirees

Guillaume Le Nigen

Bell employees have donated $1,576 to the Shriners Hospital through their company's Giving Program. A number of Bell Canada employees and retirees proudly contribute to specific charities by means of direct income deductions. When choosing the Montreal Shriners Hospital, Ms. Jocelyne Fournier, a Bell employee and member of the program, had in mind her sister's wonderful experience at the Montreal Shriners Hospital, where she was treated for a foot problem.

"Nathalie always had trouble running. She was born with one foot much smaller than the other, and running always made her fall. After her first unsuccessful operation, a family friend suggested that we consult the team at the Montreal Shriners Hospital. So, at the age of eight, Nathalie was admitted there for the first time. After many tests, doctors found that her big toe had no nerves. They also told her that she had a neuromuscular condition called muscular dystrophy, the Charcot-Marie-Tooth type. When she learned that, she smiled and turned to us, saying: "When I grow up, I'll save the world."

Today, Nathalie is 38 and works as a nurse. In her own way, she is now making a difference in the world.

Who are The Shriners ?

What you first need to know to have better insight on the Shriners is that they are part of the oldest known fraternity; every Shriner is a Master Mason, the highest degree in Freemasonry. So, what's Freemasonry then? It's a non-profit fraternal organization involved in charitable, educational and civic projects. While Masonry does require a belief in a Supreme Being, each Mason worships in his own fashion according to his religious faith. It was in 1872 that the first chapter of the Shriners opened its doors in New York City. They also chose to make use of their distinctive Arabic theme at this time.

Even though the Shrine of North America has always been involved in charitable endeavors, it's only in the 1920s that they started supporting what has become the "World's Greatest Philanthropy": the Shriners Hospitals for Children. Today, there are 22 Shriners Hospitals to provide expert specialized care to children under the age of 18 affected by orthopedic conditions, burns, spinal cord injuries and cleft lip and palate. All of the 191 chapters contribute to the charity by the means of different fundraisers.

The Karnak Shriners Aid Transportation

William Pitts

The Karnak Shriners not only raise funds for the Shriners Hospital for Children but are also involved with the patient transportation service (PTS).

In the beginning, the Karnak motor corps was responsible for providing this service from the airport. In 1980 the Greeters Unit took it over. In 1996, after seeing their operating costs escalate, the Shriners decided to create what later became known as the PTS. Using their personal vehicles at their own expense, approximately 20 drivers decided to offer their time for this service. Considering the resounding success of this service, it soon became apparent that they would need to have a dedicated vehicle. Then in 1998, Karnak Shriners decided that a van was required which was also sponsored by the Tunis, Luxor, Philae, Mazol and Mount Sinai Shriners. The Shriners are now once more responsible for the funding of this program.

Today, seven drivers, one for each day of the week, are involved with the Unit. Two drivers even remain on call in the event of an emergency. These Nobles are kept very busy and save the Shriners a significant amount of money.

Sometimes, it can be intimidating for patients and their families who live in small communities to come to a big city like Montreal. That is the reason they are always happy to see a driver they can relate to. The PTS is also a wonderful opportunity for the people involved with the charity to meet the beneficiaries.

The name of each Shriners chapter is taken from a famous Arabic temple. The Karnak and Philae names originate from Egypt. According to the fraternity's etiquette, it is customary to use the word Nobles when referring to the members of a Center.

The Philae Shriners - The Giving of a New Van

John Philips

For many years now, the patient transportation service (PTS) has been recognized as an indispensable service at the Shriners Hospital for Children - Canada (located in Montreal). As they did five years ago, the Philae Shriners, consisting of Shriners from Nova Scotia and Prince Edward Island, have solicited people from their region to assist in the purchase of a brand new van for the Montreal Shriners Hospital.

To raise money, the Shriners periodically organize what they call Paper Crusades fundraisers. For the occasion, the Shriners go to regional shopping centers to receive donations and provide information about the Shriners Hospitals. It's also a great opportunity for them to tell the stories of local children who have been helped by their hospitals. Depending on the location, clowns, bands, motorcycles and cars help make the occasion a fun experience for the entire family.

Following their last Paper Crusade, the Philae Shriners asked the Shriners International Headquarters for permission to purchase a new van. As part of the PTS program, the new van is being used to transport children and their families between the Montreal airport and the Montreal Shriners Hospital.

To present this donation, a group of 18 Nobles and Daughters of the Nile made the trip from Nova Scotia and P.E.I. to Montreal. They were very proud to donate this van, which will benefit the patients and their families.

Sir John Philips, Potentate, Philae Shriners, presents the key of a new transportation van to Noble Gary Morrison. Chairman of the Board of Governors, Canadian Hospital.

The Shriners' red "fez," worn at all official functions, simply got its name from its original manufacturer.