



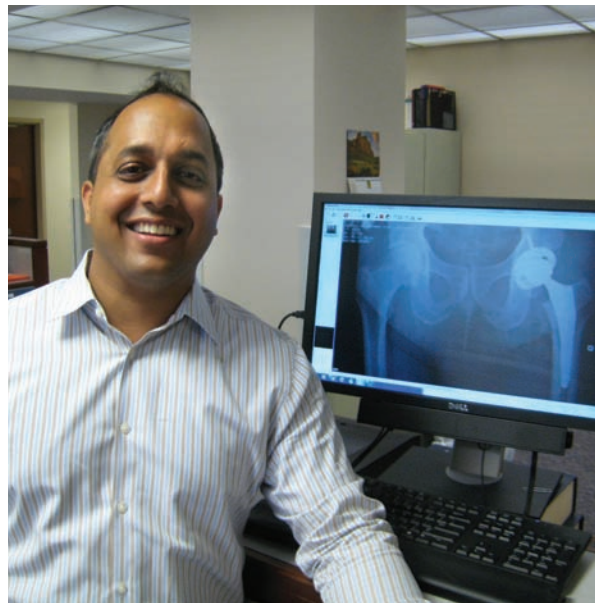
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Dr. Goyal and Team Win Prestigious Aufranc Award for Innovative Research

Fifteen years ago, patients undergoing a hip replacement could expect to spend about a week in the hospital after their surgery. Since that time, advances in joint replacement have led to decreases in length of stay, similar to trends for other commonly performed surgical procedures. In a “rapid recovery” process, the surgical team has to “choreograph” the procedure and the recovery to perfection. This means performing an efficient operation with minimal blood loss, working cooperatively with the anesthesia team to optimize pain management and treating anesthesia side effects early, all while coordinating with the physical therapy team to get the patient up and walking as soon as possible. Today, the average hospital stay for joint replacement patients ranges from 2 to 4 days but some elite centers have developed protocols that allow for discharge on the same day as the patient’s surgery.



Dr. Goyal reviews an x-ray of a hip replacement during his clinic at Mount Vernon

These procedures, commonly called “outpatient” surgeries, are one of Dr. Nitin Goyal’s passions. Dr. Goyal recently completed a study that sought to better understand the type of patient who might be eligible for outpatient hip replacement. As opposed to prior studies that have investigated outpatient hip replacement in a very specific group of people who are typically young and very healthy patients, Dr.

Goyal’s study was the first to evaluate outpatient hip replacement in a rather broad group of people. To compare the outpatients to another group of people who had hip replacements and remained in the hospital overnight (called “inpatients”), study participants were randomly assigned to the outpatient or inpatient group before their surgery. This form of research, called a prospective, randomized study, is considered the best and most scientifically rigorous type of investigation.

At the most recent Open Meeting of the Hip Society during the 2016 American Academy of Orthopaedic Surgeons Conference, Dr. Goyal and his colleagues received the Aufranc Award to recognize the quality of their research. This prestigious award, named after Dr. Otto Aufranc who developed one of the first American hip replacements, recognizes innovative research addressing important advancements in the management of hip disorders.

Working with Dr. Bill Hamilton at AORI and the Rothman Institute where Dr. Goyal completed his orthopaedic training, the study enrolled 220 patients between July 2014 and September 2015. The patients assigned to the outpatient group were expected to be discharged from the hospital on the same day within

See Aufranc Award, page 2

12 hours of their surgery while the inpatients were expected to remain in the hospital overnight and be discharged on the day after their surgery.

Patients were eligible to participate in the study if they were younger than 75 years of age at the time of their surgery, had a body mass index less than 40 kg/m², did not require a walker, and did not have any other condition that would require an overnight hospital stay. Regardless of the group they were assigned to, all patients had to meet the same criteria before being discharged from the hospital. Although study patients were told when they were expected to be discharged based on their assigned group, they could also choose to leave the hospital whenever they met the discharge criteria if they wished to go outside the study parameters.

As part of the research, participants recorded their pain levels using a 0 to 10 scale (with 10 representing the most severe pain) prior to surgery, on the day of surgery, the first day after surgery and at their 4-week follow-up visit after surgery. Satisfaction levels were also recorded on a 100 point scale (with 100 representing complete satisfaction) on the day of surgery, the first day after surgery and at 4-week follow-up after surgery.

Of the 112 patients randomized to outpatient surgery, 85 (76%) were successfully discharged as planned on the same day as their surgery. Among the remaining 27 patients, 26 were discharged after one night and a single patient was discharged after two nights in the hospital.



When he is not working as an orthopaedic surgeon, Dr. Goyal enjoys spending time with his wife, Rachna, and his daughters. Sarina is currently 2 years old and Riya was born in June of 2016.

For the 27 patients who were not discharged on the same day as their surgery, the reasons for delayed discharge included dizziness (nine), pain (six), patient preference (five), nausea (four), ambulatory issues (two), and urinary retention (one). Of the 108 patients randomized to inpatient surgery with an overnight hospital stay, 81 (75%) were discharged as planned. Of the other 27 patients in this group, 18 met the discharge criteria on the day of their surgery and decided they wanted to leave the same day while nine patients stayed more than one night. The reasons for staying more

than one night included dizziness (three), pain (two), weight-bearing restrictions (two), and urinary retention (two). Compared with the 90 inpatients who remained in the hospital for one or more nights, the 18 patients randomized to inpatient surgery who elected to leave the same day were younger (with an average age of 55 versus 61) and predominantly male (94% versus 46%).

As expected, there was no difference in the pain levels prior to surgery or on the day of surgery among patients randomly assigned

to either outpatient or inpatient surgery. However, the patients who were successfully discharged on the same day as their surgery had higher satisfaction scores on the day of surgery than those who remained in the hospital one or more nights (averaging 96 versus 87). On the first day after surgery, patients who had been discharged on the same day as their surgery reported slightly higher pain scores (averaging 3.8 versus 2.7) but there was no difference in satisfaction scores (averaging 90 for all participants). At their 4-week follow-up visit, both groups had low pain scores (averaging 1.7 for all participants) but the patients who were successfully discharged on the same day as their surgery had higher satisfaction scores than those who had remained in the hospital for at least one night (averaging 89 versus 81).

The study showed no difference in complication rates or readmissions to the hospital between the two groups. Some surgeons have been concerned that discharging patients on the same day as their surgery might increase the amount of work for the surgeon's office after surgery if these patients need to contact their doctor's office more frequently. However, in this study the number of calls and emails to the surgeon's office were similar for inpatients and outpatients.

These findings led Dr. Goyal and his colleagues to conclude that outpatient hip replacement can be implemented without requiring additional work for the surgeon's office. For institutions with the resources and expertise, Dr. Goyal

and his colleagues believe that outpatient THA is the next step in a national movement toward more streamlined services for joint replacement patients.

Summarizing the study and its implications, Dr. Goyal concludes that, "Patients discharged home on the day of surgery had the highest satisfaction scores. I strongly believe that patients who are able to recover in their own home will do better after surgery. It saves patients from having to stay in the hospital when they really don't have to. Now, this clearly does not apply to every patient and some patients

"I strongly believe that patients who are able to recover in their own home will do better after surgery."

- Dr. Nitin Goyal

may require an overnight stay for one or more reasons. This study is the first prospective, randomized study of discharge timing in total hip replacement patients and it gives us the confidence that when doing hip replacement surgery in a broad population of patients a large majority of them can be discharged on the day of surgery and that these patients do extremely well."

While the doctors affiliated with AORI have received many awards over the years, Dr. Goyal's most recent award marks the first time that a surgeon has received an award from the Hip Society, the Knee Society, and the American Association of Hip and Knee Surgeons (AAHKS) for outstanding research. Dr. Goyal received the Knee Society Award in 2012 for a study titled, "Intraarticular Analgesia After TKA Reduces Pain: A Randomized, Double-Blinded, Placebo-Controlled, Prospective Study," that was completed during his fellowship. In 2013, Dr. Goyal received the Lawrence D. Dorr Award from the American Association of Hip and Knee Surgeons for a study he performed along with Dr. Andy Engh and Dr. Kevin Fricka titled "Do You Have to Remove a Corroded Femoral Stem?"

On behalf of everyone at AORI, we offer our congratulations to Dr. Goyal and his colleagues. We also look forward to the high-quality research that he will continue to do in the future. If you would like to read more about Dr. Goyal's study, you can find it in *Clinical Orthopaedics and Related Research*. If you would like to check out some of the other awards that AORI-affiliated surgeons have received over the years, please visit <http://www.aori.org> and click on "Awards" at the top of the page.

Nearing the Finish Line of Her AORI Journey: Celebrating Debbie Ammeen's Retirement

by Renée Burkett

Debbie Ammeen loves people, the Anderson Orthopaedic Research Institute, and the Steelers. She is particularly fond of Troy Polamalu, retired strong safety, whose successful career with the Pittsburgh Steelers along with Debbie's faith in Polamalu's good heart, makes Debbie enthusiastically proclaim, "I am Troy Polamalu's greatest fan!"

We spoke with Debbie about her 31-year-long career with the Anderson Orthopaedic Institute and what's next. Debbie's last day at AORI is November 30. With mixed emotions, Debbie talked about her retirement plans and what it's been like to be a part of the Anderson "family."

During our interview, Debbie was knee-deep in packing boxes for her family's move back to their hometown, Pittsburgh, Pennsylvania, at the end of 2017. "I'm finished at the end of this year, but my husband has one more year." Debbie and her husband have sold their Virginia home but will rent a place nearby until her husband's retirement. They bought a home in Pittsburgh where they will move permanently in late 2017. Meanwhile, Debbie is using her excellent organizational skills to choreograph boxes of belongings for three dwellings.



Debbie Ammeen pauses during her busy work day to pose with her friend and co-worker, Susan Sensi, AORI Administrator.

Career Life

While she is looking forward to a new phase in life, Debbie, a very structured person, feels a little apprehensive. "I've always worked," she says. "In fact, when I came to interview at the Anderson Orthopaedic Clinic, I had just grad-

uated from college with a degree in computer science." On the day Debbie interviewed with Dr. Jerry Engh, she just needed a job. Debbie intended the job to be temporary, but, she liked her co-workers, so she stayed. "It was an environment where I could always learn.

See Debbie Ammeen, page 6

“Debbie was my secretary before moving to the Research Institute. She came to work for me fresh out of college with a degree in computer science. She took on managing the Knee Database using her computer skills. Debbie was constantly looking out for us to be sure that we were doing everything in research by the book. No cutting corners, no exceptions. She brought her intelligence, dedication and charisma to her work. She was mild-mannered but had a conviction to do it right so that no issue about the accuracy or integrity of our work could be questioned. She often did the first draft of many of the articles we published and constantly worked to enhance her own personal knowledge about issues we were writing about. She was like a daughter to Patty and me. I am privileged to say that she trusted me to the point that I am godfather to her eldest son, Eddie. Thanks for recognizing all that she is and has been to AORI.”

– Dr. Gerard Engh, (Retired)
Joint Replacement Surgeon
Anderson Orthopaedic Institute



Rob Hopper, AORI Director admires Debbie's dedication,

“The practice of medicine depends on the entire team and research is no different. Debbie was an indispensable part of Dr. Jerry's research team. Over the many years she worked with him, Debbie provided the highest level of support and integrity. AORI will always be grateful for Debbie's dedication and her many contributions to the Institute.”

– Rob Hopper, AORI Director

Dr. (Jerry) Engh would teach me something and then something else and so on.”

Debbie was in the clinic for about 10 years. “I've worked for the Anderson Orthopaedic Institute since 1985. Originally, I was hired by Dr. Jerry Engh to be his secretary. I very much enjoyed that but I started learning and doing research a few hours a week. Soon my weekly hours devoted to research were full-time.”

Debbie's degree in computer science came in handy. “I designed a computer program to schedule surgery with a companion database for recording the surgery details. Using my computer skills made me feel like I was making Dr. Engh's life easier.”

What Debbie won't mention is that she created the knee database AORI has used for over 20 years. Humility is Debbie's long suit. Although she has many, she doesn't like to talk about her accomplishments.

Neone Smith, a co-worker at AORI shares, “Debbie co-designed and developed the current knee data

base in approximately 1995. It is still very functional and malleable which is a testament to how much foresight and thought she put into it. She has an incredible wealth of knowledge and strives for excellence which is evident in all of her research endeavors whether writing, editing, gathering or analyzing data. She enjoys working on projects with others and has never asked for recognition. She is satisfied knowing she has been helpful.”

Debbie prefers to talk about her love for people and how much she enjoyed the interaction with patients in the Clinic. “The Clinic was very people-centered of course, but even when I became more involved in the research side, I had access to patients and that is so important to me.”

Besides people, her love for learning has been the hallmark of her career and of great value to the Anderson Orthopaedic Clinic and AORI. “As I mentioned, I gradually started to do more research. It was more mentally stimulating. I worked with the fellows who came to AORI. Dr. Bugbee, who did his year-long fellowship in 1994,

was one of the fellows who was a very good teacher. I learned so much from him.” In Debbie's ever-learning mind, seeing how things truly did change kept her learning and growing. Her job stretched and she stretched with it. “I had the privilege of attending the American Academy of Orthopaedic Surgeons (AAOS) Meeting a few times. I learned so much about what everyone else was doing. It kept me from being stagnant.”

On a personal note, Debbie smiles, “Because Anderson is a small workplace environment, we all got to know each other on a deeper level. Dr. Jerry Engh became my family. The Director of Research at that time was Nancy Parks. She became my boss on the research side. She hired Rob Hopper to assume her role. I've been there long enough to see my colleagues get married, have kids and so on.”

Research

“At AORI I felt like I was an important part of a group doing something worthwhile making a difference.” Although she doesn't say the words, it is clear listening to

the passion rise in Debbie's voice she loved doing her job. "Helping Dr. Engh make his research the best, give the best information... be in the best light..." Debbie's structured personality kept them on track. "Research has methods and the methods change. So from the beginning I would say, 'We can't do it that way anymore. We have to do it the new way.'" As Debbie explains the importance of doing the highest quality research and staying current with the latest guidelines, it is clear, this was Debbie's calling.

Describing her sweet spot at AORI, Debbie effervesces, "Finding out patients are doing well and the clinical research outcome is good, I feel most rewarded." One of her favorite highlights was assisting Dr. Jerry edit his book titled, *Revision Total Knee Arthroplasty*, (Engh, GA, Rorabeck CH, 1997.) "I read all of those chapters and it was such a great learning experience. Dr. Engh also did video recordings of surgeries. I watched the videos to learn and understand more about surgery so I could be of greater value in our research processes."

"If a patient was not really happy I would say, 'We have to worry about this person.' It is great to

know the outcomes, even when they aren't completely favorable. The outcomes steer much of the clinical research." Clinical studies are sometimes done 5 to 10 years after surgery. For these types of studies, Debbie called to check up on many patients who could not return for a follow-up visit. Debbie chuckles warmly, "Over time, some people would forget who I was. One person even forgot he had a knee replacement!" Debbie loved the people interaction of years gone by. "When we were a smaller organization, I would visit patients in the hospital."

Things She'll Miss

"My co-workers and I are a close-knit group. I will miss them. I've never been without a job. I'll miss the contact with patients, the phone calls to them. Actually, that is why I plan to work with the elderly once I retire from AORI." In this moment of reflection, Debbie admits, "The proudest I've ever felt was when I worked on something knowing that I contributed, making it a little bit better, helping AORI be in the lime light. I liked knowing I helped them be successful."

Her co-workers will miss Debbie too. Susan Sensi, AORI's

Administrator shares, "Debbie will be greatly missed. She has been a very devoted employee working very closely with the physicians, (especially Dr. Jerry), both on the research side and the clinical side. She is genuine and an extremely compassionate person. Her presence and knowledge will be missed."

Debbie's Take Away?

"I don't think any research can be successful if you don't have the patients reporting back about how their lives are going. The patients are equally as important as the researcher. My part was the people who come back. It's great to hear their stories because they teach us so much."

As our conversation comes to a close, Debbie is still in work mode. She encourages knee and hip patients, "Remember, be in touch. Tell us how you are doing, even if you can't get back. Write a note or send an email. We always want to hear from you."

AORI and the entire team wish Debbie a long and happy retirement. Many thanks, Debbie, for all your wonderful years of service!

Do you have a story you would like to share with the readers of the Joint Journal or a question you would like to ask? Please contact Susan Sensi at (703) 619-4411 or email research@aori.org.



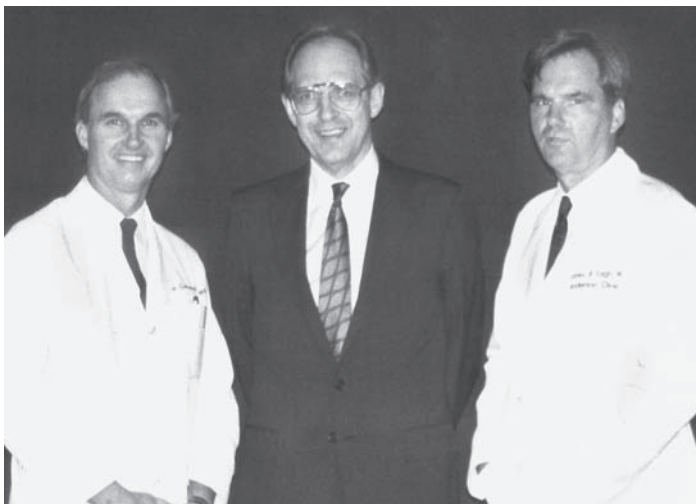
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Mary Ann Keffer Double Knee Replacement Patient Summits Old Rag Mountain

By Renée Burkett

Mary Ann Keffer has played sports her whole life. During high school she played volleyball, basketball and softball. “Since I attended a small school, I probably played more varsity sports than other students because our pool of players was small,” Mary Ann humbly explains. Mary Ann Keffer is a 54-year-old teacher, mother of 3 children, including a set of twins, a double knee replacement patient and a strong proponent of staying active.

“My knees hurt badly in my forties. By the time I was in my late forties, I hurt all of the time. Unfortunately,” she says, “I inherited the arthritis that runs in my family.” And, she had twins. “I gained quite a bit of weight carrying twins.” She discussed having knee replacements but everyone she spoke with told her she was too young. “I wasn’t quite 50 at the time.”

During an evening out with friends, “My husband’s friend who recently had a hip replacement with Dr. Goyal, raved about Dr. Goyal’s expertise.” He also wisely told Mary Ann, “You will know when to have the surgery.”

Mary Ann made an appointment to see Dr. Goyal not long after that evening. “I was in pain significantly limiting my sport and

daily activities. By the time I saw Dr. Goyal my knees were bone on bone.” Dr. Goyal told Mary Ann the only answer was knee replacements.

Although people were telling her she was too young, Mary Ann decided quality of life was most important. She remembered the wise counsel of her husband’s friend telling her, she’d know when. “One day I went to a big box store with a friend who needed an item at the back of the store. I told my friend to walk ahead, I’d catch up. But I couldn’t. I knew it was time to have surgery.”

When Dr. Goyal asked Mary Ann which knee he should do first, she became concerned that she may not be willing to return a second time. So in 2012, at the age of 50 she made the decision to have both knees replaced at once in what is called a “simultaneous bilateral” surgery. For both of her implants, Dr. Goyal used a crosslinked polyethylene insert that is intended to minimize wear.

After surgery she had to learn how to walk again, how to climb stairs again. “But it’s the best thing I could have ever done. I meet people who see how active I am and they don’t believe me when I say I’ve had both knees replaced.”

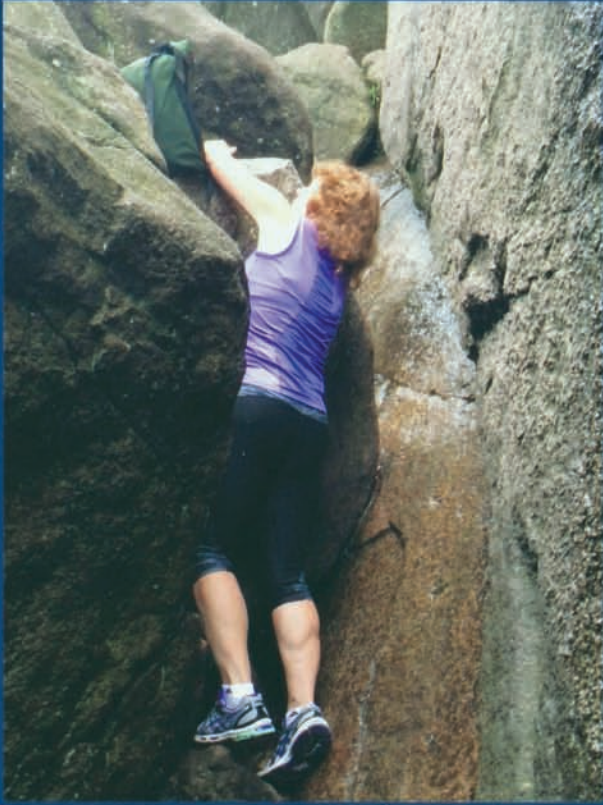
To Mary Ann, two things caused her to prevail: “First of all, Dr.

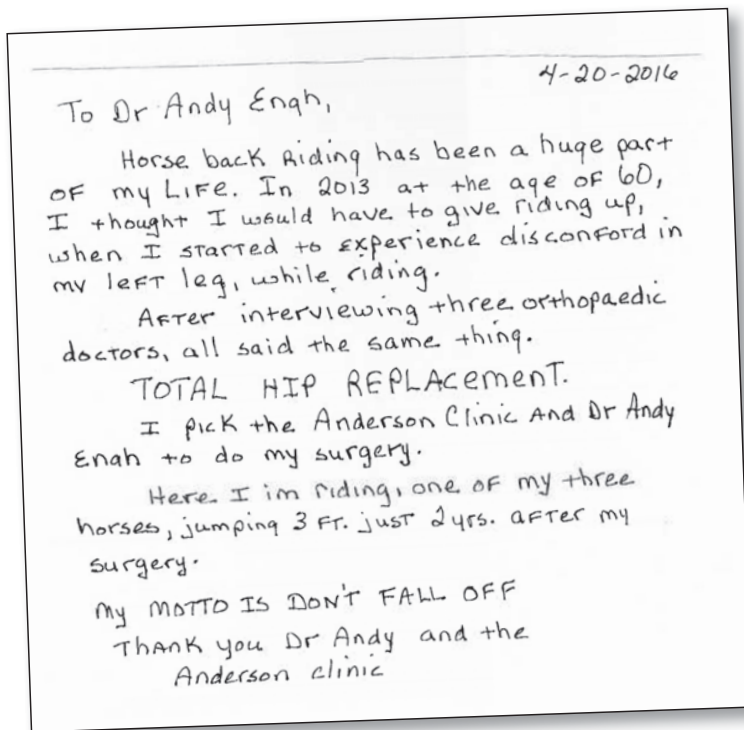
Goyal is a very good surgeon. I am so grateful to have had such a wonderful surgeon. Secondly, I did exactly what the physical therapists told me to do. I followed the regimen every day. Yes, it was painful at first. I heard people complaining about how hard it was, but for me, it was *the pathway* back to my lifestyle. Once I was released from the hospital, I went to physical therapy 3 times a week. For me, movement was the key to recovery.”

Mary Ann is a full-time special education teacher at Loudoun Valley High School in Virginia. She teaches students with emotional disabilities and autism and co-teaches environmental science. “I walk a minimum of three miles a day primarily in the school hallways before school. My co-workers see me walking and remark how good my knees are.”

Mary Ann’s motto is, “Just keep moving.” She tells her co-workers and anyone who will listen the value of movement. She shakes her head when her co-workers say they feel too bad to move. She retorts, “You feel bad because you aren’t moving!” Her daily activity levels at work have left some of her co-workers speculating whether she really had surgery.

Thanks to Dr. Goyal and his staff...I conquered "Old Rag" on 8.11.15!
 Mary Ann Keffer (double knee replacement May 2012)





Bobbie Jankauskas With New Hip, Equestrian Lives Her Dream

By Renée Burkett

“When I was 10 years old I got my first pony. The pony’s name was Twiggy. Twiggy was a very famous model back then, so that is what I named my pony,” Roberta (Bobbie) Jankauskas chuckles softly as she recounts her horse riding beginnings. “I’ve been riding horses English style since age 10. I tried riding Western, but as a youngster, I couldn’t lift the heavy saddles. Then I found English riding. The small saddle was easy for me to carry. I’ve been riding English ever since.”

Bobbie is discussing her love for horses, passion for riding and her goal-oriented, active lifestyle. She is explaining the gratitude she feels for the hip replacement surgery performed by Dr. Andy Engh that got her back on her horse.

“From elementary school until high school I took riding lessons and did local hunter/jumper shows.

Through high school, I groomed horses and cleaned stalls part time for extra money. After that I went to professional groom school.” While in groom school, Bobbie was introduced to the sport of polo. She became a groom for the sport and traveled all over the United States until she was 30. “I didn’t need to own a horse back then because every day I rode the players’ horses,” Bobbie explains.

When Bobbie came home to Virginia at the age of 30, she bought her first horse. She began fox hunting. Later, she and her husband moved to West Virginia, expanding their horse business by breeding horses. She bred draft horses then thoroughbreds. “My current horses are some of the babies of my thoroughbreds I decided to keep.”

Clearly, Bobbie Jankauskas’ life is all about outdoor living, horses and being active. “In West Virginia, there’s tons of trails. The thorough-

breeds do well on trail rides.” Bobbie both judges and participates in trail riding. “Trail riding keeps me fresh but back in 2011-2012, I began to experience a limitation to the amount of time I could ride.”

Before Bobbie’s hip started hurting, she could ride for hours but by 2012 the amount of time she could ride diminished greatly. The time she could stay on a horse decreased until her leg and hip became so painful that they were barely tolerable. As the amount of time she was able to sit in the saddle continued to decrease, she began searching for an orthopaedic doctor.

Bobbie went to a local doctor but didn’t feel he was the right fit for her. Then she found another doctor she liked but she didn’t feel comfortable with the affiliated hospital. However, that doctor gave her a script for physical therapy. She did three months of physical therapy to help rebuild her atrophied muscles.

“I continued trail riding. When my hip hurt pretty bad I went to a doc and got cortisone injections. That was the last year before the surgery. It was sort of working for me, but then I went to Texas for my annual 5-day trail ride.” When Bobbie returned home she did more competitive trail riding. “And that was it. My hip was done. I couldn’t even walk up the stairs.”

“Dr. Andy was my third try at finding the right doctor for me.” A friend’s mother told Bobbie about the Anderson Orthopaedic Institute and specifically Dr. Andy Engh. When Bobbie was in a hardware store one day, the sales associate who had a double hip replacement at Anderson told her how great his experience was. “And that sold me on making the trip in from West Virginia,” Bobbie declares.

“When I met Dr. Engh, I felt very inspired by him. He answered all of my questions right off the top of his head. He told it to me straight and



After Bobbie Jankauskas, (second from the left), had her hip replacement with Dr. Andy Engh, she lived her dream of a week-long riding vacation across Ireland.



Hip Replacement Patient, Bobbie Jankauskas, jumps her horse with ease in an Eventing Competition.

didn’t try to hide anything. I liked him. I said, ‘OK, you’re here and I like you. You’re the one.’ ” Bobbie believes it’s important you get a good feeling from your doctor.

So in January of 2013, Bobbie had her hip replaced by Dr. Andy Engh. For her implants, Dr. Andy used a porous-coated stem that his father, Dr. Charles, pioneered coupled with a porous-coated cup and a highly cross-linked polyethylene liner. These components have demonstrated excellent long-term durability based on AORI’s research.

After completing her post-operative rehabilitation as recommended by Dr. Andy, Bobbie got back on her horses and she’s not stopped since! “My range of motion is restored. My strength is back. My surgery is a success story!” Bobbie optimistically offers this advice, “If today is a bad day, forget it. There’s always tomorrow. Don’t dwell on the past. Tomorrow is a new day.”

Since Bobbie’s surgery in 2013, she’s been enjoying every day of riding. And, she just recently returned from Ireland where she lived a 30 year-long dream. “For 30 years, Bobbie says enthusiastically, “It’s been my dream to go to Ireland and go on a riding vacation.” In August 2016, Bobbie lived her dream.

Bobbie effervesces as she shares, “For 6 days I rode 5-6 hours a day across all kinds of terrain; shoreline, ocean, mountains, beautiful fields and across country. We rode from one location to another. At the last location, the owner gave me such a wonderful experience, offering me his best jumper, Lady Grey. Lady Grey was absolutely beautiful and possibly the tallest mare I have ever ridden. We went across fields and jumped over rock walls. She was so at ease doing her job. And even better, I felt terrific the entire time!”

See Bobbie Jankauskas, page 14

AORI would like to express its sincere condolences to the family of Arnold Palmer.



AORI will always be grateful for Arnold Palmer's participation in our Golf and Tennis Tournament that raised funds for our research work and celebrated the restored mobility that joint replacements afford.

Bobbie Jankauskas Continued from page 13

At 63 years old, Bobbie is currently planning her next adventure. On her bucket list she says, "I want to do a western ride, like a cattle drive." While shopping the ranches she is interested in and setting her sites for her next adventure, she isn't one to take it too easy. Thanks to her joint replacement, her hip is keeping up with her pace. "I'm also looking for-

ward to moving up a rank in a newer horse riding sport to me called Eventing." Bobbie explains she had been stuck at the pre-novice level before her surgery, but now she is working to advance to novice. "I'm very goal oriented, Bobbie gleams, "After all, it keeps you off the couch!"

Mary Ann Keffer Continued from page 11

"After my knees healed, my big goal was to climb Old Rag in the Shenandoah Mountains. I had heard so much about it. It is a challenging climb that generally attracts a younger crowd, but I wanted something tough." It was cathartic for Mary Ann to climb Old Rag. A few times she wasn't sure she could make it all the way to the top, but getting an occasional push from behind, she made it to the summit! "I wasn't sure if my knees would be able to bend or stretch that far. But they did, with no pain."

Since Mary Ann summited Old Rag, she says she'll have to find another challenge. "I love hiking and walking. I'm also a nature photographer." She muses, "I have a very supportive family."

Mary Ann ponders that she may have beaten her joints pretty badly in her early life, or maybe the familial arthritis got her, but regardless, she isn't looking back. "I want to live the best quality life I can for as long as I can," she says. And her double knee replacements are doing their part to keep her moving!

Announcement: AORI Launches Brand New Website!

By Renée Burkett

Everything is different about our new and improved website while remaining true to our purpose and our patient-centric past. The Anderson Orthopaedic Research Institute's new www.aori.org site was deployed in late July 2016. Our goal was to launch a website that would be modern and eye-appealing while focusing on the things that are most important to us, the patient-centric focus of our research and the quality of our work. We hold ourselves to the same high standards we always have.

We would love for you to check out our new website's look and updated content. On the home page you will find links to some of the highlights of our best and most awarded research, the history of our beginnings and some early groundbreaking successes. See our patient profiles to read stories of people who have benefitted greatly from our diligence over the years and our dedication to the field of orthopaedic joint replacement research.



Then we would love your help telling others about our new website. Ours is a history of exceptional care and commitment to improving the lives of joint replacement patients and raising the standard of our field of research. Although we are well-known in our field, we rely on committed partners

to help us continue our mission. Please share our story by posting our link or sharing our website with your friends and family members. We thank you for your interest in AORI and our continued mission to answer the contemporary questions that joint replacement patients and their doctors confront.

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