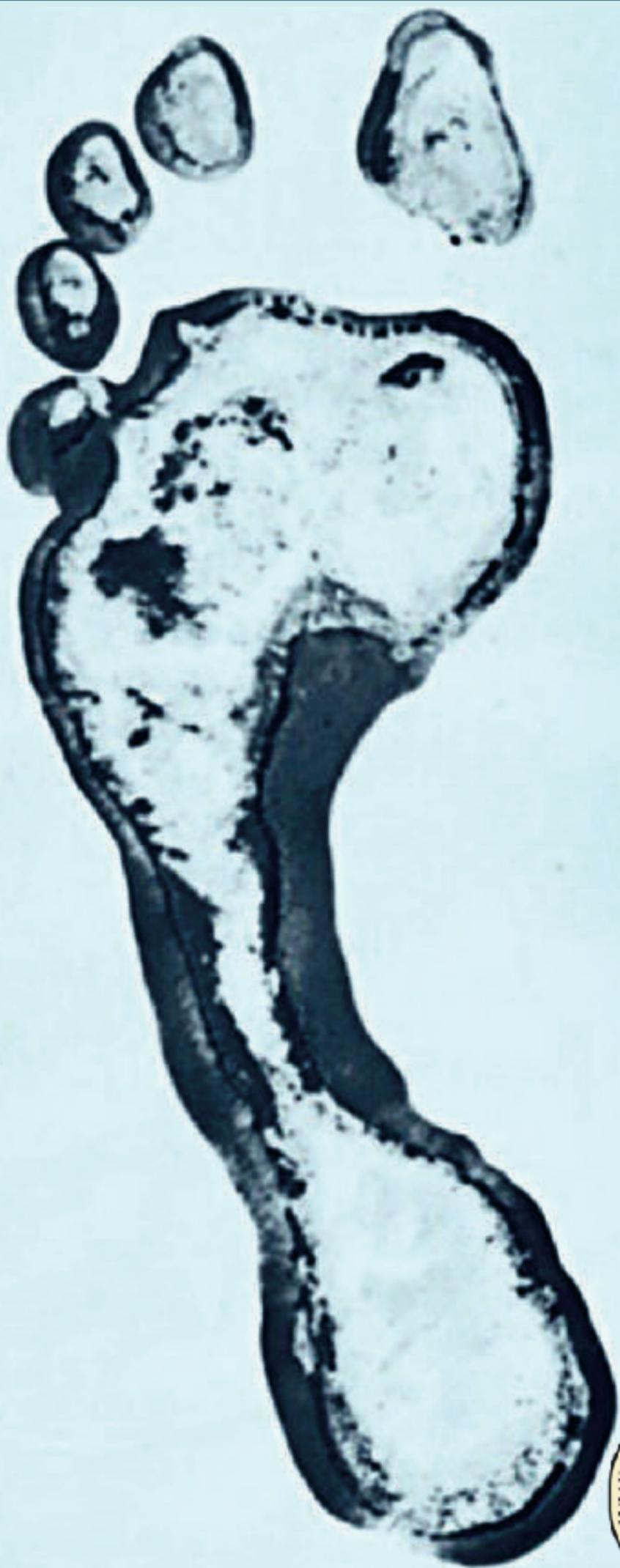


NEWSLETTER OF THE
BOMBAY ORTHOPAEDIC
SOCIETY

ISSUE 4 (VOL 1)
AUGUST 1, 2021

CADENCE



Quarterly Newsletter of the Bombay Orthopaedic Society

IT IS NOT WHAT YOU DON'T KNOW THAT HURTS YOU
IT IS WHAT YOU KNOW THAT JUST AIN'T SO ~ SACHEL PAIGE



Mumbai Monsoon - by **Dr Shekhar Bhojraj**

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From the desk of the President



Dear Friends,

The theme for this issue of "Cadence" is Orthopaedic Resident training.

Our residents have been fore runners & our strength in this pandemic. Hope this issue is helpful for them.

Even though so many sub specialties in Orthopaedics have emerged, still residents training of three years continues as the gold standard, which aims at developing them as general orthopaedic Surgeons. The structure, syllabus, training and evaluation has remained same but advancement in knowledge, technology and resources have dramatically changed in last decade.

While dealing with common trauma, most other specialities are neglected even though there is no dearth of cases. Unless speciality clinics are started

this neglect will continue. Hence, resident's goal today is to get a PG degree & then do a speciality training or fellowship.

Residents during their training must be pushed for publications by the seniors as they come across rare cases or compile results of a procedure which also imparts training to analyze and review literature on that subject. Teachers should encourage their thought process, creative thinking or bring out of box ideas. Skills development centers and cadaveric labs can also be a boon in training.

A good working environment will give a good emotional & mental fitness.

The future is: they are going to work & adapt with some technology which are not born yet!

Please share this newsletter with your residents.

Prof. Sangeet Gawhale
Hon. President, BOS



Subspecialty training

By **Dr Samir Dalvie & Dr Siddharth Shah**

Are we meeting expectations of subspecialty training in India?

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Doormats & Matadors

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Health is Wealth

By **Dr Ashish Jain**

"Motivation is what gets you started but HABIT is what keeps you going".

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Are we meeting expectations?

Dr Samir Dalvie and Dr Siddharth Shah

The Need

Modern orthopaedics has undergone an axiomatic paradigm shift from being a course of three years of institutional residency to a much more complex process with a much longer and specialized training pathway.

The rapid advances in the various subspecialties of orthopaedics have led to each of them becoming more intricate, detailed and complex. A greater understanding of pathologies and diseases specific to regions has also led to development of newer and complex modalities of treatment. A 3-year residency in general orthopaedics cannot possibly cover the ever-increasing knowledge base of the sub-specialties.

'If I have seen further than others, it is by standing upon the shoulder of giants'
- Sir Isaac Newton

The second factor responsible for the paradigm shift in the institution of orthopaedic learning is 'The Patient'. Increased level of awareness and insight into personal healthcare, better access to internet and online resources enabling patients to understand and explore all the latest treatment modalities suited to their orthopaedic health condition as well as screen their treating clinician and lastly, easy provision for direct access to the highest level of 'specialized care'; all these have cumulatively resulted in the patients wanting their treatment to be in the hands of the most specialized consultants with focused interests and training.

Finally, in the ever competitive clinical and academic world, doctors are compelled to demonstrate higher levels of competence in a particular field, or exhibit skills which set them apart from the 'competition'. Speciality qualification would also put them ahead in getting appointments to corporate or other major hospitals.

The Current Status

At the University level, Orthopaedics is by itself considered a speciality, with no further sub-specialization. Any higher training in the country, is informal and unstructured, with a few notable exceptions.

The National Board of Education instituted fellowships (FNB) programs in a few areas such as Spine, Joint replacement, Trauma micro vascular surgery and Hand. These are well structured programs with an entry and exit exam, structured logbook and thesis. Similar fellowships are now run by a few societies such as the



ASSI, institutes like AIIMS Rishikesh and the MUHS (Maharashtra University of Health Sciences). However, the total number of seats in the country for such programs would be around 40 per year.

Hence most of the higher training opportunities are unstructured programs which are institution or surgeon based, and appointed by a consultant. There is no formal selection process for majority of these fellowship programs. The programs definitely aim to subserve the interests of both the mentor and mentee. For the mentee it encompasses learning from the mentor's practice: from patient assessment, outpatient clinics, assistance in surgeries to postoperative care and rehabilitation. The true 'hands on' experience is limited, as most of these are in the private sector. That being said, there is ample opportunity for development and growth by even active intuitive observation and assistance to the mentor, as these skills are steppingstones to bigger achievements. All fellowship mentors and guides have a lifetime of experience and teachings at hand to dispense, and it falls on to the enthusiasm and proactive learning of the fellow to extract, absorb, uptake and imbibe as much fine learning as they can from such fellowships.

The other pathway to getting trained is to continue to work in the academic and government institutes. One can develop a speciality, based on the interest of the seniors in the unit, and the patient load as well as hands on experience is vast. What may lack is structure and formalized training as well as infrastructure and equipment in many of the government institutes. However, this may still be the best avenue to gain experience and confidence.

Are we meeting expectations?

Dr Samir Dalvie and Dr Siddharth Shah

The Overseas Enigma

The nature of Specialty training and Fellowships in overseas nations, reflects a more stratified path to training, in each subspecialty. The commonest countries, which are generically chosen by orthopaedic graduates going for overseas training are US, UK, Canada, Singapore and Australia. The common factor amongst most these training programs is the emphasis on balance of academics with surgical training, active focus on finer surgical skills, the 'hands-on-training', centres with big specialty units in university hospitals and lastly more focused and disciplined training and learning objectives. The majority of the overseas programs embark on a rigorous selection process, with fellows being selected from all across the globe. Since there is a more intense focus on the development of the trainee, the mentor implements and delivers mandated learning objectives to ensure the fellowship targets are met by the trainee by the end of the fellowship. Since the structure of healthcare systems in these countries is different, as they are more focused as tertiary government setups or university grade private hospitals, there is more liberty and allowance for a trainee to garner surgical skills and finesse. Many of the overseas institutes have dedicated research departments which assist in conducting research and publication activities, further enticing the interest of an orthopaedic graduate to pursue these programs abroad. Lastly, the scarcity of at-par programs in India, makes it lucrative for the passionate & motivated trainees to pursue such intense programs overseas, as a necessary means of achieving their end goal of being a skilled, proficient, and confident Specialty Orthopaedic Surgeon, be it in arthroplasty, spine, hand, shoulder or foot & ankle surgery.

Conclusion

Specialty training is an irreplaceable part of Orthopaedic training in the modern era. In-land Indian fellowships are evolving and provide opportunities to Orthopaedic graduates to pursue finer training, but there is a dearth of more structured and long term fellowships to achieve uniform and holistic training. Overseas fellowships are driven by their inherent detailed growth and development prospects as well as the status of having a label of foreign training.

Today's trainee has a lack of choice and opportunity, and getting high quality training and experience is a struggle. There is no proper qualification bestowed either. The powers that be should recognize this lacuna and create training programs to benefit advancement of the art and science of orthopaedics at large. With proper planning, guidance and impetus, we have limitless academic, scholastic and surgical resources in the Indian structure to further develop and promote the highest level of specialty training, at par with any institute in the world.



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UPCOMING BOS COURSES

Click on the images for more details

[CLICK HERE TO REGISTER](#)

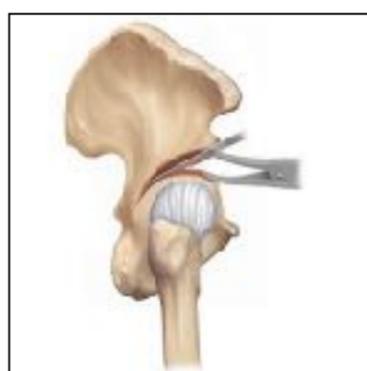


Orthopaedic Oncology

August 11-15, 2021

Registration Rs 2655

Convener - Chetan Anchan



Hip Osteotomies

August 19-20, 2021

Registration Rs 2655

Convener - Swapnil Keny



Hand Surgery

Sept 22-25, 2021

Registration Rs 2655

Convener - Bipin Ghanghurde



Basic Arthroplasty Course

Sept 29-Oct 1, 2021

Registration Rs 2655

Convener - Abhijit Kale

The "Bull Run" of Orthopaedic Senior Residency

Dr Swapnil Keny



The business of orthopedic residency requires the highest level of discipline and commitment. Three years of uninterrupted work, with a dearth of personal time and a highly engaging academic period towards the end of residency to square off things .

Then, where is the time to plan and streamline, life's career path? This opportunity arrives during the immediate post residency period, which is usually a senior registrar position or a specialty medical officer position. This period, which lasts for a year or two is the rate limiting step of one's orthopedic career . Sandwiched between the pandemonium of a buzzing residency program and the responsibility of a faculty position , it can very well be classified as the ' Bull Run' towards a very successful career path .

The Opening Bell

This surge towards success needs to be planned laboriously and executed meticulously . Just like the ring at Wall Street or even for that matter any conventional equity market, 3 indices are extremely important .

1. An optimal strategy for Entry
2. Investment in the blue chips of academics
3. A well planned strategy to Exit

Strategy of Entry

As a matter of ease, most residents tend to continue their senior residency program in the same institute where they have pursued their Post Graduation . However its best to put things into perspective and explore options before one takes the leap of faith . It needs extrapolation of thoughts into the near and distant future

to foresee growth and avoid stagnation. The three most important factors to look for are

1. Opportunities to gain teaching experience
2. Opportunities for research, both clinical and fundamental
3. Opportunities for faculty positions

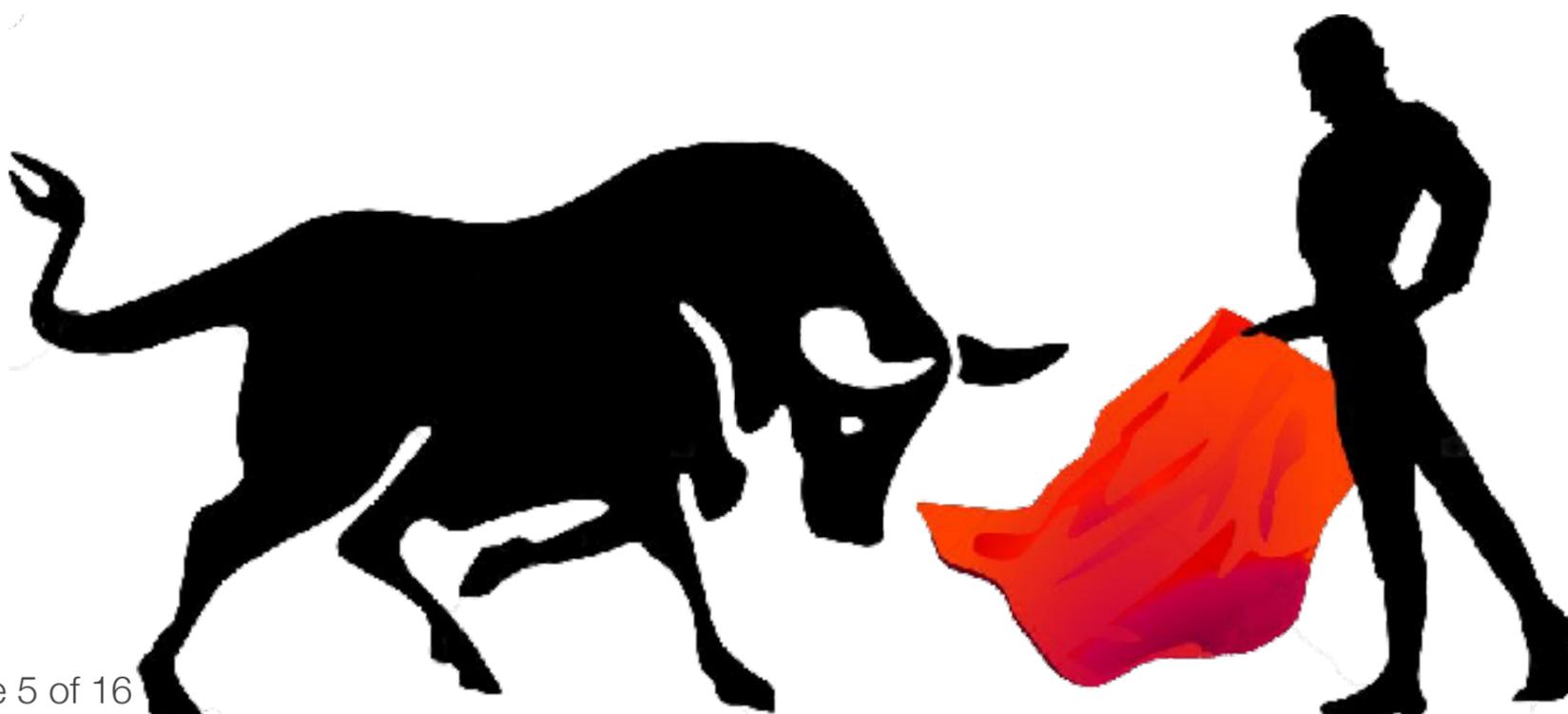
Post graduate teaching experience is pertinent for an academic and faculty position in any reputed institute, both in the public and private sector. The validity of this experience remains life long and hence the aim should be to maximize it during this phase.

Post Graduate institutes are the fertile grounds for academic and basic research. A well-functioning department with an array of sub speciality services, facilities for documentation and data storage which can be retrieved retrospectively , easy access to literature and access to a basic science lab are sure winners amongst all other factors to be considered . It is imperative not to be inclined towards purely monetary gains as an institute with a lesser pay package but better training and research is certainly an investment which pays rich dividends in the future .

Investment in the Blue Chips of academic growth

Any investor worth his salt would tell you that the best ROI (Return on Investment) in the long term is on the blue chips of equity . Similarly there are three blue chips one needs to invest in for long term academic growth and benefit.

- Honing sub-specialty surgical skills sets
- Establishing research credentials
- Developing an aptitude for academic excellence



The "Bull Run" of Orthopaedic Senior Residency

Dr Swapnil Keny

The intricacies of Orthopedic sub-speciality work can only be understood after post graduate qualification. The period of senior residency is an opportunity for rotations in various sub specialty units in addition to performing independent complex trauma and reconstruction surgeries. The biases in the mind as a result of having done majority of residency in a particular sub-specialty can be undone during this period.

A well planned exit strategy

What differentiates excellence from genius is the level of futuristic planning. Most of those who pursue senior residency fail to plan for their exit strategy. Every training program has a saturation point beyond which teaching and learning can become repetitive and monotonous. Hence an optimum exit strategy needs to be planned.

Writing exams for foreign training, applications for specialty fellowships and pursuing openings for faculty positions in institutes needs to be planned in advance. In addition, one needs a mentor who can not only serve as a referee but also guide the post graduate in career

planning. Building lasting relationships with mentors can serve as a master stroke for many, while building a career.

The Closing Bell

An academic life always provides an opportunity to every trainee to enter the bull ring. Life classifies the doormats as those who are overwhelmed and distracted during this period of growth and the matadors as those who seize the bull of academic progress by its horns and surge ahead in this dream run.

So, who are you ... and what would you want to be ... a Matador ? or a Doormat ?

Dr. Swapnil Keny is a Pediatric Orthopaedic Surgeon at Sir HN Reliance Foundation Hospital and Apollo Hospital, Mumbai.

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Email: peadortho@gmail.com

100 YEARS AGO

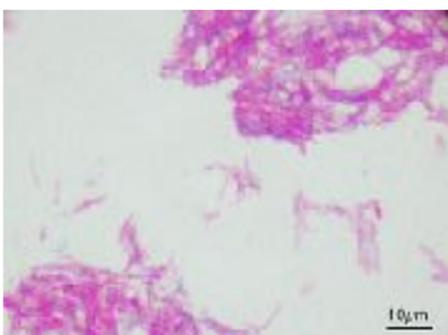


Edward Mellanby

Vitamin D prevents Rickets

Edward Mellanby was a British Biochemist and Nutritionist.

He discovered that feeding caged dogs on a diet of porridge induced rickets, which could then be cured with [cod liver oil](#) and concluded that rickets was caused by a dietary factor. It was later discovered that the actual cause of rickets is lack of vitamin D due to lack of sunlight which can be prevented or remedied by ingesting food rich in vitamin D, such as cod liver oil.



Calmette-Guérin bacillus,
Ziehl-Neelsen stain

BCG is first used medically in 1921

BCG is named after its French inventors Albert Calmette and Camille Guérin (Pasteur Institute).

The vaccine is given to about 100 million children per year globally. Among children it prevents about 20% from getting infected and among those who do get infected it protects half from developing disease.

The NERD Guidelines for Residents to get an Overseas Fellowship

Dr Prashant Meshram, MS, DNB



The narrative around whether to do fellowship in a subspecialty after orthopedic residency has rapidly changed in the last 5 years. While there are young doctors who follow the traditional “get into practice ASAP” spiel, the number of those who want to pursue an overseas fellowship after

residency is rapidly rising. Personally, on any given day, I receive messages and/or emails from at least 5 curious resident doctors or post-PG senior residents asking how to get an overseas fellowship. The reason for this increasing trend of young doctors pursuing overseas fellowship could be the desire to enhance skill in a chosen subspecialty and get the tag “specialist”, get better job prospects in future, settle abroad, and in some cases, post cool travel pics on Instagram (I Know Right?!).

Whatever your reason may be, if you are looking for an overseas fellowship, huddle up!

Here are 4 core tips you should be working on ASAP that will help you clinch your goal: Networking, Exams, Research, and Diligence aka The NERD Guidelines.

1. **Networking** is the action or process of interacting with others to exchange information and develop professional or social contacts. The goal is to find and get in good books of a local or overseas mentor/s who can offer or lead you to your desirable fellowship. I would define a good local mentor for fellowship guidance as someone in your choice of subspecialty who is academically active, fellowship trained, and/or has an international network. There are several ways to identify overseas mentors for a fellowship of your choice, including but not limited to, recommendations from local mentor, PubMed (email id of corresponding author), and international meetings/conferences. If in person, just walking up to the potential mentor to strike a friendly conversation could do wonders. If over an email, well-structured email, pubs in the CV, letter of recommendations from other mentors in subspecialty are a good start of networking. My webinar explaining the details of networking for doctors is [here](#).
2. **Exams**. MRCS and USMLE are the most common exams given by orthopedic residents in India for clinical fellowships in UK and USA, respectively. The young doctors who choose this option should prepare as early as 2nd year of residency. For someone

who is determined to do a clinical fellowship in USA, it may be wise to do a research fellowship there for a couple of years after residency while clearing USMLE steps. The path to clear multiple steps of an overseas board certification is a long one and demands perseverance, especially for those who wish to settle abroad after fellowship. Needless to say, it's proportionately rewarding. Insights on preparing for exams after orthopedic fellowships is available at an Instagram live panel discussion [here](#).

3. **Research publications** combined with networking with right mentors are often enough to land you an overseas fellowship that does not require medical licensing exam. Research may seem difficult at the beginning. However, just like learning a surgical procedure, research is a skill set that needs practice. A skill set that will not only drastically improve your chance of getting fellowship but also pay dividends in future in patient care and marketing your practice. For residents, I would say, do not waste the golden opportunity of minting a pub and a podium presentation out of your thesis. Be bold and approach local and overseas mentors. Offer help in their research. Throw everything at the wall and see what sticks. Something usually does. Regarding pubs in your CV, it is not about the quantity but the quality that counts. Being a first author and publishing in a PubMed indexed journal with an impact factor makes a difference. **The list of 82 orthopedic journals to choose from is available here.** My further insights on research for young doctors are discussed **after 30 mins in this Instagram live session.**



ON FELLOWSHIP TRAINING



The NERD Guidelines for Residents to get an Overseas Fellowship

Dr Prashant Meshram, MS, DNN

4. **Diligence.** An example of diligence is a person who does a job efficiently and takes care of little details. Of several residents trying to get a fellowship, those who bring diligence to work every day are most likely to land a highly coveted overseas fellowship. The quality of results of aforementioned tips of networking, exams, and research depends on your diligence while working with your mentors. Diligence with passion and humility will lead to mutual respect between mentor and mentee which eventually leads to trust. This is the best way to get personalized recommendation letters, phone calls, and emails from local mentors to your desired fellowship director overseas.

For those nerds who are still reading, an international perspective on getting and excelling in fellowships is [available here](#).

I am not sure who said the quote below first, but I heard it from my mentor Prof TK Kim.

It has stuck with me ever since. Hope it carries you home too.

“Until You Spread Your Wings, You Will Have No Idea How Far You Can Fly”

Dr. Prashant Meshram is a shoulder and knee surgeon at KB Bhabha Hospital. He did his fellowship at Johns Hopkins, USA and Seoul National University, South Korea

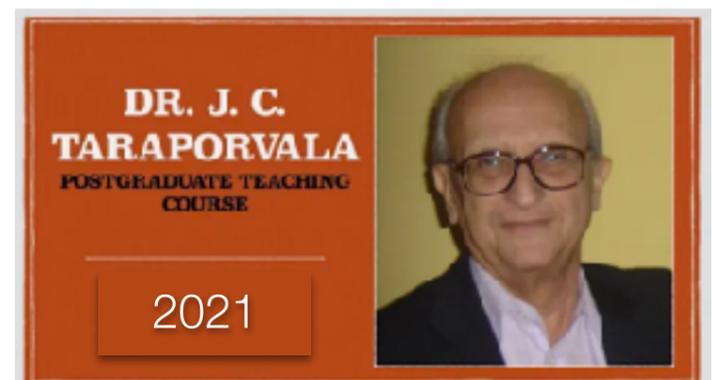
Follow him on instagram: [@thatorthoguy](#)

Email: drmeshramortho@gmail.com

DR JC TARAPORWALA PG TEACHING COURSE ~ 2021



Dr J.C.Taraporewala **PG teaching activity of BOS** was conducted at LTMMC , Sion hospital under the **mentorship of Dr A R Karkhanis and convenership of Dr Binoti Sheth**. On **20th June**, long cases of Hip and short cases of upper limb were presented to the faculty - Dr Sunil Shahane, Dr S S Mohanty, Dr Swapnil Keny, Dr A R Karkhanis and Dr Binoti Sheth. The second session was held on **11th July** where long cases of Spine were presented to the faculty- Dr A B Goregaonkar, Dr. Ashok Rathod, Dr Mihir Bapat, Dr A R Karkhanis and Dr Binoti Sheth. The 3rd session was held on **25th July** where short cases of Shoulder and Knee were presented to the faculty- Dr Roshan Wade, Dr Kumar Dussa, Dr Mihir Bapat, Dr A R Karkhanis and Dr Binoti Sheth. On all the 3 days, around 85-90 post graduate students of various hospitals across Mumbai and Pune attended the meetings.



Click here to watch recordings of the virtual JCT course (**pediatric teaching cases**) conducted at Wadia Hospital under the covernership of **Rujuta Mehta** in Feb 2021.



INVITED EDITORIAL

Dr. Ashish Jain

"Health is Wealth" - This is something that has been taught to us in our schools when we were too busy playing, eating to grow and studying to achieve our goals. We join medical school and once again we are introduced to "Health" as absence of disease or pathology. We learn about human anatomy & physiology but more in the context of disease and 'patients'. During orthopaedic training, we are made masters of our musculoskeletal system and taught to focus on all things that can go wrong with this amazing machine 'Our body'. In our pursuit to be the best clinicians and surgeons, we overlook the marvel of our own bodies and fail to care for our own Health.

"Mental toughness is a lifestyle." - David Goggins

It is often said that you can only pour from a cup that is full itself. How can



you treat others of their ailments when you aren't healthy and happy from inside. There is no shame in being a little 'Selfish' before being 'Selfless'. I too am guilty of not taking care of my health till I became an Orthopaedic Consultant. It's never too late to begin your Fitness journey. It's all about 'How badly you want to' and following the basic principles of Nutrition and exercise.

Fitness is a physiological bodily state that makes us capable of handling challenges 'above a Resting Threshold' of activity. It encompasses strength, flexibility, balance, en-

durance and cardiovascular capacity. You can be Healthy yet Unfit and vice versa.

Everyone has their own obstacles and excuses for not taking care of their health. For us Doctors it's the 'Noble Profession' and we must put our patients Health before our own right? I beg to differ. COVID 19 and its associated Lockdowns has put our lives in perspective. In the last year we have experienced a drastic change from the normal 'Rat race' we were so accustomed to.

- Working from home
- Restricted outdoor activity & exercise
- Closure of Gyms and Clubs
- Sedentary home lifestyle
- Mental stress (Pandemic & Future)
- Comfort eating

But this year has also taught us some lessons;

- Your Health is your greatest asset
- Co-morbidities like Obesity, DM, HT, asthma are high risk for infection & mortality
- Individual immunity varies
- Diet & Supplements are a potent weapon
- Exercise enhances your defence mechanisms
- Mental Health is essential to get through these trying times

So friends it's not just about Fitness now; IT'S ABOUT SURVIVAL

My Outlook to Lockdown

Complete Time Management

- No traveling
- No office / hospital

Complete Diet Management

- No eating out
- No carrying food to work excuses
- Surround myself with healthy foods only

Complete Exercise Management

- No dressing up for gym
- Flexible workout times
- No time restraints

- No pressure of Training

Most people consider staying at home as an excuse to binge. Friends, you have been asked to stay home and not in the fridge. Yes we are all foodies



and everyday seems like a Sunday right? So how does one keep these hunger pangs at bay? First and foremost you must make a daily schedule of your activities, waking up to bedtime. Designate time slots for meals, online meets, family socialising, TV times, reading or any other hobby you may have. It's very easy to confuse boredom with hunger; trust me. I for one have started trying out Intermittent Fasting during these times of stress. It helps in many ways especially in disciplining my meal times. I eat only between 12 noon and 8pm that's 8 hrs and then remaining 16 hrs are fasting. It helps in fat loss if you eat sensibly during those 8 hrs and also aids your body systems in self repair and recovery. I ensure a low carbohydrate, moderate protein and high fat diet during the 'feasting' period. You must take 'Ownership' of your diet and stay away from junk and processed foods which in any case are not that accessible today.



INVITED EDITORIAL

Dr. Ashish Jain

A good diet will not only help your body by itself but also reduce the guilt that many have and the constant frustration of not being able to exercise adequately. Whichever diet you decide to be on the basic principles remain constant. There are some food groups that should be avoided or minimised:

- Sugar and sweets
- Soft drinks and alcohol
- Packaged foods
- Refined flour (maida) containing foods
- Excess of fruits and Dairy
- Deep fried foods
- Breads and biscuits

The Hidden Factors for Health

- Adequate sleep (restful) 6-8 hrs
- Hydration (2-3 litres)
- Fibre rich diet (30 gms daily); Isabgol
- Mindful eating
- Stress management (Meditation, positive thinking)

Now that you have your diet plan on track it's time to get some amount of exercise going. I am a regular gym rat and am feeling like a fish out of water during this lockdown period.

For those who were so busy with their careers and lives, what's going to be your excuse now? Yes the fitness centres are closed but please make full use of this time on hand and get moving. Exercise I believe should be a 'Celebration' of what your body is capable of and NOT a 'Punishment' for what you ate earlier. One must know owns motives or goals for exercising. It can be getting stronger, more flexible, improved stamina and endurance, or some sport related goals we seek. These goals change as we age and our priorities evolve with the passing years. As orthopaedic surgeons we are seeing an increase in fragility fractures in our elderly population. Till now our focus was entirely on osteoporosis and the resultant weakening of bones. We are now getting aware of the new evil called sarcopenia; ie. progressive

loss of muscle mass with advancing age. Sarcopenia results in muscle weakness, incoordination, imbalance and eventually increased falls. Physical exercise helps prevent and also reverse both Osteoporosis and Sarcopenia by strengthening our Musculoskeletal system. I for one have taken up this challenge to make the most of my situation and emerge fitter and stronger from it, whenever it ends.

Exercise is essential not only to burn calories but also to keep your muscles and joints mobile and strong during this time of home arrest. Most of us are ill prepared for a situation like this and find ourselves without any exercise equipment at home. No reason to despair as there are numerous alternatives available if only you seek them. Let me enumerate a few that I'm familiar with.

- Free hand exercises and stretches
- Yoga
- Calisthenics and Body weight exercises
- Dance (any form)
- Aerobic exercises like Zumba
- Resistance training using Resistance bands, tubes and other home items like buckets, chairs and even empty cylinders.

Necessity is the mother of invention and we humans are awesome at this when pushed into a corner. Fortunately for us we are in a lockdown with internet facilities. There are numerous online fitness apps and videos available to guide you in the right direction and track your progress. Some are free and many need a subscription which brings us to the point of 'are they worthy?'. Many of us are social media savvy and can follow numerous Fitness trainers and Gym pages for their exercise plans. Some trainers also provide real time two-way video training sessions where you are under the direct supervision of your trainer as regards form and intensity of workout. Others offer periodic video consultations based on the data and exercise videos you upload to them on a daily basis. Cost aside all these portals

and apps have their pros and cons. When in doubt always take advantage of the Free trial.

Pros:

- Great for beginners and advanced exercisers alike
- Workout at your time of comfort.
- Global Selection of workouts and training options
- Once personal data fed in the app , it guides one in diet and exercise
- Illustrated exercises categorised by type and body part
- Video exercise classes are fun and can be selected based on preference of intensity
- Variety of workout options keeps one interested and enthusiastic
- Live classes are energetic and gives you a virtual gym like feel that you are not alone.
- Workout anywhere; even while you travel.
- Often less expensive than a membership with trainer fees.

Cons:

- You are paralysed for choice(worse than selecting a nearby gym).
- User driven motivation (know thyself before considering an online program)
- Not so clear instructions for some
- Injury prone due to over-enthusiasm and lack of direct supervision
- Rough guide to diet (not tailor made)
- Virtual at best (unlike a group exercise class)
- Monotonous at times leading to boredom and eventual discontinuation
- Lastly cost issues (Popular trainers and apps)

INVITED EDITORIAL

Dr. Ashish Jain



I for one follow a simple home workout plan. My present goals are:

- Stay active
- Keeps muscles and joints supple
- Maintain endurance by cardio exercises
- Resistance train exercises to stimulate existing lean muscle mass
- Have a regular fitness schedule
- Avoid injuries
- Explore some new vistas of fitness like flexibility and core muscle exercises

This is my checklist before Workouts:

- Gym wear is a must to be comfortable and get you into the mindset for exercise.
- Proper shoes
- Water bottle and towel
- Exercise mat
- Exercise accessories if available like gloves, resistance bands and tubes, dumbbells, medicine ball, etc
- Good music to set the mood. It's your home guys; blast the music if you find headphones restrictive
- Strong black coffee to wake you up and keep focussed.

I try and exercise 4 to 5 times a week. Like I always say; if your diet is good your exercise just adds that stimulus to keep your body and cardiovascular systems healthy. Make a schedule that is convenient and doable, and enjoyable too. Make sure you always have a

warm up period of dynamic stretching exercise before starting your main workout.

Twice weekly cardio with HIIT

- walking around my home approximately 4500 steps covered in 45 mins to an hour
- High Intensity Interval training (HIIT) that involves bursts of exercises between rounds of walks for 2 minutes
- Squats, abdominal crunches, pushups, planks, mountain climbers etc. These help in elevating one's heart rate and increases the intensity of the cardiovascular exercise.

Twice weekly Resistance Training and Core Strength

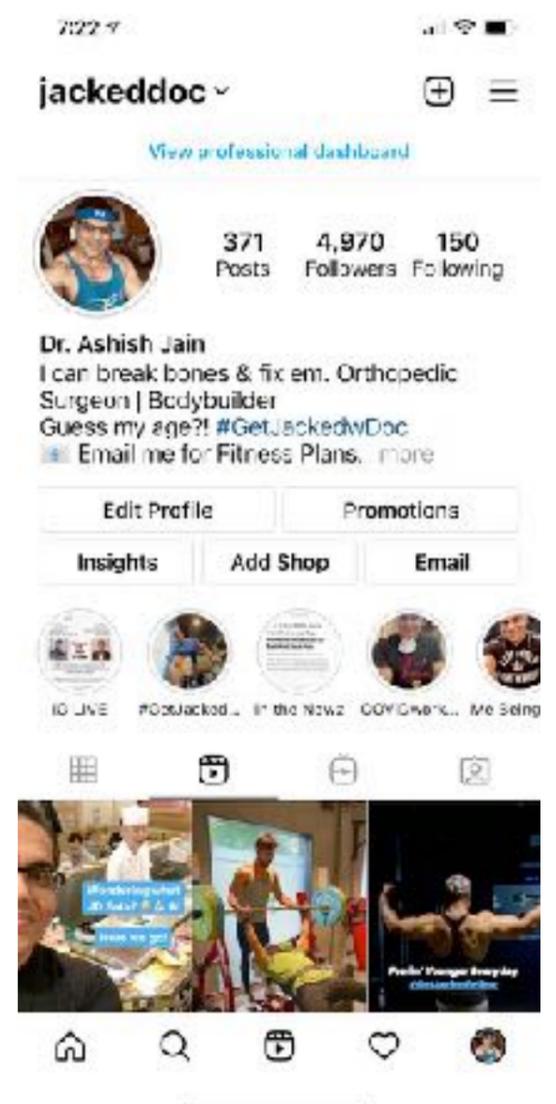
- Body weight exercises like push ups, squats, abdominal crunches, planks, leg raises, hip thrusts
- Resistance band exercises for different body parts like shoulders, chest, back, arms and legs
- I also improvise sometimes using home stuff like water filled buckets and chairs as weights

Any form of exercise done with a decent intensity for an hour is adequate to maintain a strong musculoskeletal and cardio function. One must always be aware of medical limitations if any including any medications before embarking on these plans. This is my current plan but I always am open to exploring different forms of physical exercise that may challenge my body occasionally as we all tend to adapt very soon to any monotonous physical activity done regularly. Flexibility has always been my nemesis and I am taking this opportunity to work on it. Yogasanas and certain stretching movements can be followed through videos and online pages to help learn these techniques.

These are trying times that none of us have faced before. Even today there is no definite time line given when we can expect to be back to the gyms

and other outdoor fitness activities. So friends rather than sitting and complaining about the current scenario let's get proactive and take control of our own fitness. Exercise regularly and eat wisely to emerge as a better version of you once this lockdown ends.

“Motivation is what gets you started but HABIT is what keeps you going”. So fellow doctors, let us make the most of this time we have been given to develop habits to help us keep Fit and Healthy in the Future. You have always been selfless while studying medicine and later while serving your patients and juniors. I want you to become a little Selfish for a change and take control of your own lives. Be the change to inspire others and become true “Health” providers. Cheers.



Dr Ashish Jain is an Orthopaedic Trauma Surgeon at PD Hinduja Hospital.

Follow Dr Ashish Jain on Instagram @jackeddoc

Pediatric Orthopaedics

Dr Rujuta Mehta

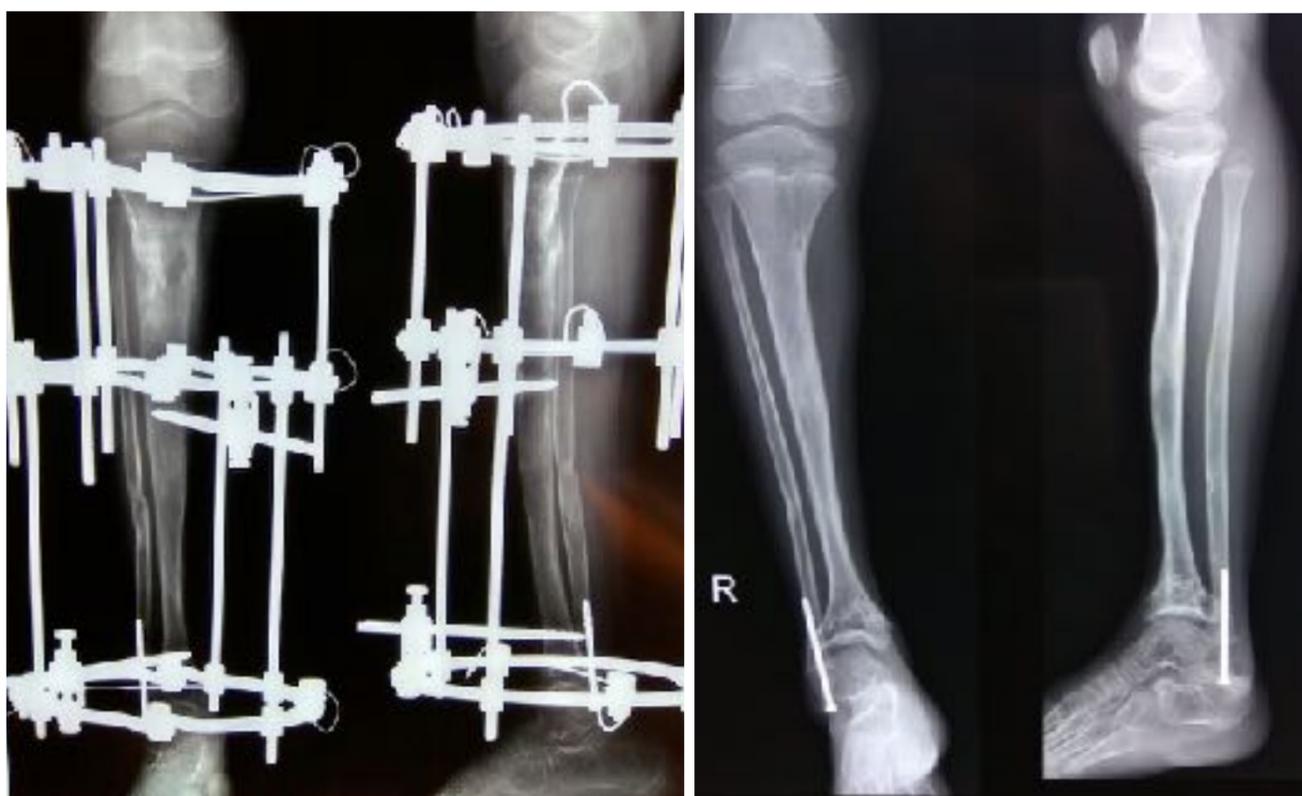
10 month old boy post abscess drainage. Healed discharging sinus, central physal tenting and arrest proximally, atrophic tapering metaphyseal-diaphyseal region with large gap non union pan diaphyseal loss except for a thin wafer like mid diaphyseal chip, atrophic distal diaphyses with distal physal arrest with postero-central tenting. Fibular hypertrophy with distal fibula station over growth, with ankle varus.

Treatment challenges – large defect, very young age not suitable for Ilizarov or vascularized fibula, mismatch between the metaphyseal and diaphyseal ends, sclerosis and distal ankle deformity, with future shortening. Non-vascularized fibula grafting after excision of atrophic ends and fixation with Intra-medullary rush nailing done using Ipsilateral fibula additionally protected in above knee POP cast till union



3 months post op

Complete solid union, consolidation at proximal and distal ends, full incorporation and hypertrophy of graft, restoration of medullary canal with four cortices. Widening and regrowth of proximal tibia metaphyseal region mild congruous tilting of joint plateau anteromedially. Distal metaphyseal widening. Ipsilateral fibula fully reformed, decrease in ankle varus alignment, due to angular union of donor fibula in valgus but persistent overgrowth of fibula station.



Few years later

Grafted tibia lengthened twice through diaphyseal segment to equalise limb lengths and distal fibular percutaneous permanent epiphyseodesis done to correct ankle varus



Dr. Rujuta Mehta is a Pediatric Orthopaedic Consultant practicing in Mumbai. She is also the Hon. Vice President of BOS

BOS ACTIVITIES SO FAR



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MASTER CARES MASTER SHARES



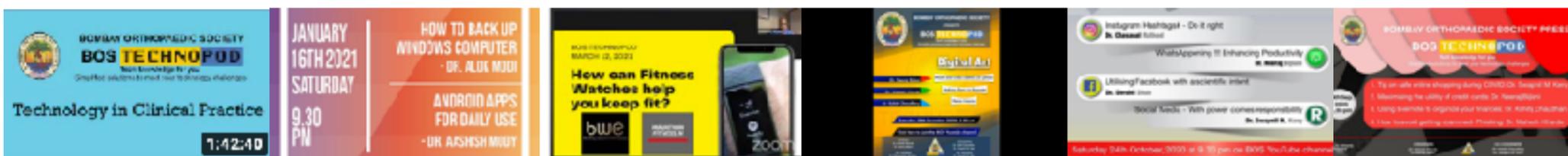
CLINICAL MEETINGS



VIDEO JOURNAL CLUB

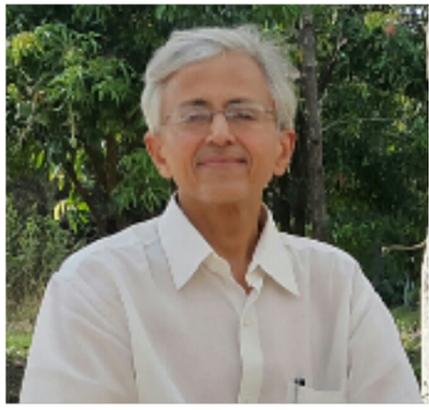


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Dr Shekhar Bhojraj

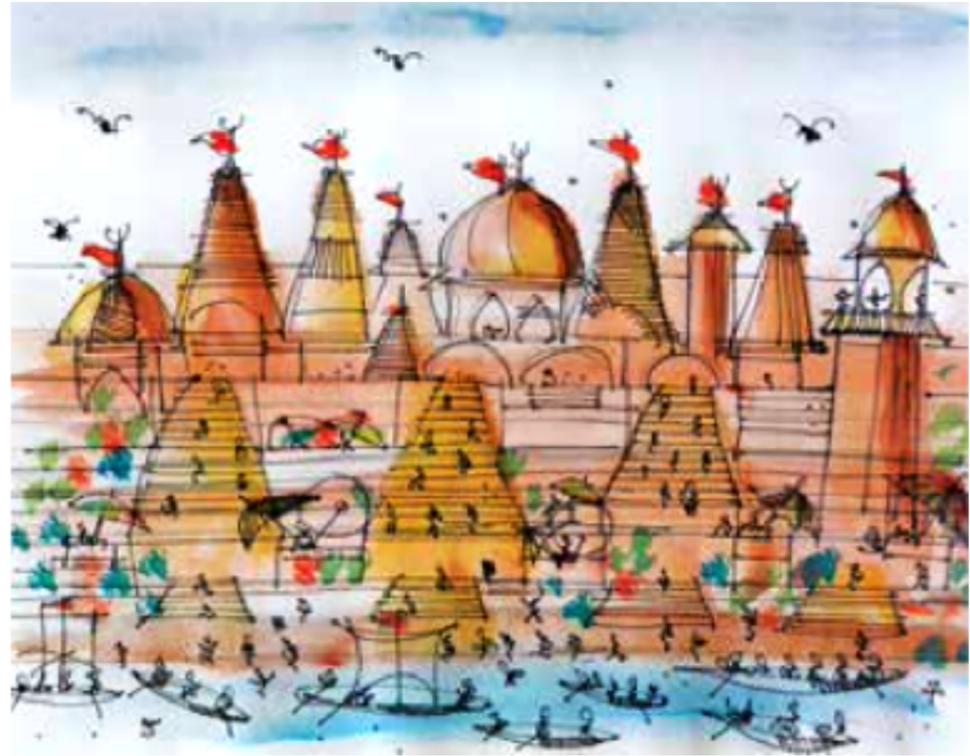
Senior BOS member

Artist
&
Spine Surgeon

FREEZING A MOMENT



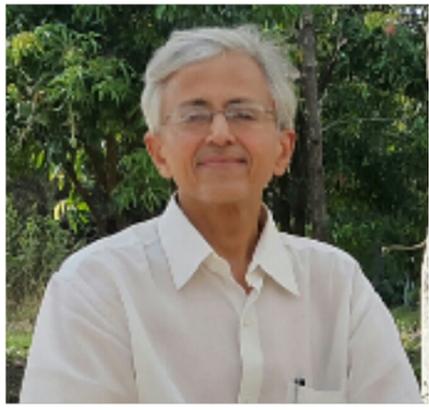
Cartoons are windows into the human condition - Doug Marlette



A drawing is simply a line going for a walk.
– Paul Klee

Dr Shekhar Bhojraj, a senior BOS member, is an alumni of the KEM Hospital, Mumbai and practices as a Spine Surgeon in South Mumbai.





Dr Shekhar Bhojraj

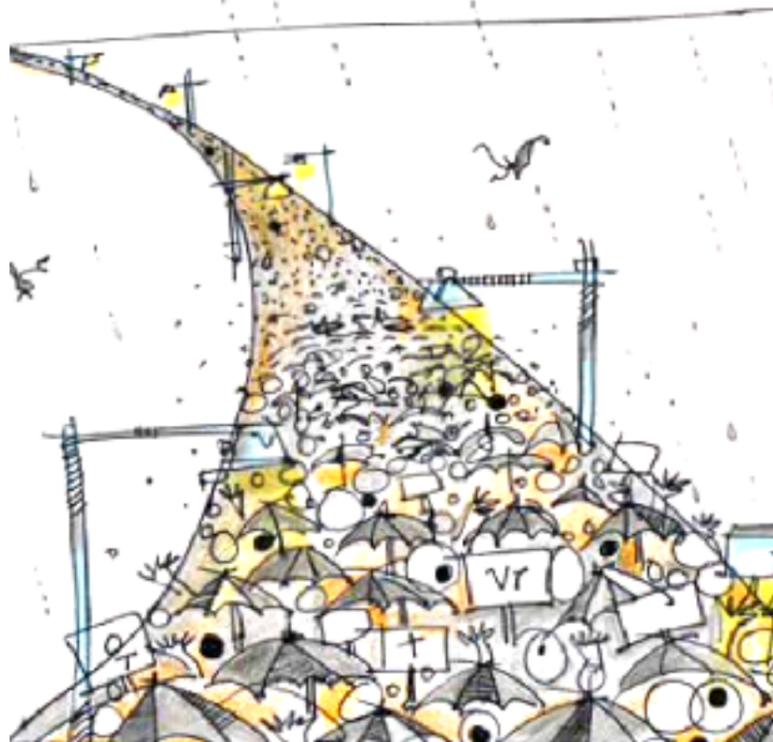
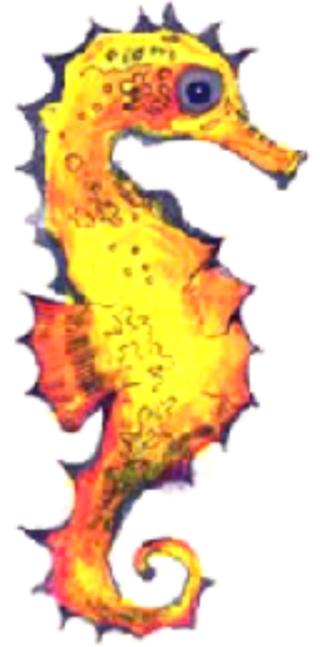
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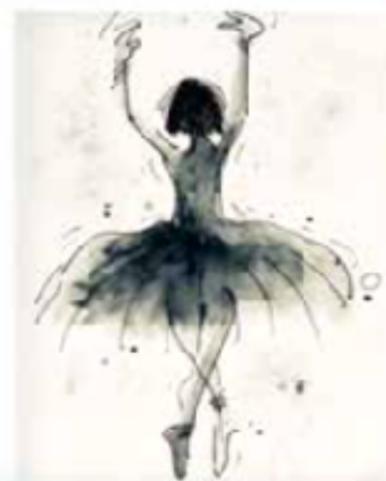


While drawing, I discover what I really want to say. – Dario Fo



I sometimes think there is nothing so delightful as drawing.
– Vincent van Gogh

Dr Shekhar Bhojraj, a senior BOS member, is an alumni of the KEM Hospital, Mumbai and practices as a Spine Surgeon in South Mumbai.



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