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Section K ★★

SURGERY

Dancer finds an answer to his hip pain

By Amber Hewitt

Andrew Murphy takes his Houston Ballet Academy class through a series of routines across the floor of the studio.

The poised and graceful dancers leap into the air with ease and land with a thud.

"Up!" Murphy yells to one student in encouragement.

Murphy has been dancing since he was 16 years old, when he joined the Australian Ballet. Since then, he worked as a soloist and later a principal dancer

for the Birmingham Royal Ballet in England, and, in 2003, joined the Houston Ballet as a principal. Now 42, he's an instructor to young dancers at the academy here.

After enduring hip pain for years, Murphy's breaking point came last December when he tore the labrum in his hip during a performance of "The Nutcracker."

"I tore it, and I couldn't walk," Murphy said. "I couldn't move my hip. It was hard to pick up."

Murphy first saw the Houston Ballet's doctor, who referred him to Dr. Joshua Harris of Houston Methodist Hospital. Harris first gave him a cortisone injection and then a set of X-rays and MRIs determined the cause of the labral tear was hip impingement.

Commonly misdiagnosed as a groin strain, hip impingement is a common mechanical problem in the hip joint that can cause a tear in the labrum and hip arthritis.

Dancer continues on K4



Marie D. De Jesus / Houston Chronicle

Andrew Murphy, 42, an instructor at the Houston Ballet Academy, had hip surgery in April after suffering from years of pain.

WEIGHT LOSS

Find your reason to lose

Portion control, exercise and surgery are some of the methods that can help the pounds fall off

By Diane Cowen

With the new year comes the inevitable declaration of better, healthier habits. Some people follow through, some don't.

One of the most common resolutions is losing weight, the key to addressing many health and fitness goals. There are many ways to approach it, by yourself or in a group, with the newest diet regimens or even bariatric surgery, hiring a personal trainer or just trying to move more.

If you're deciding what you'll do in the coming year and shedding a few pounds is on your list, here are the stories of six Houston-area residents and their inspiration for a new focus on health.

Dr. Stephen Thomas

Lost: 100 pounds
How: Portion control and exercise

Dr. Stephen Thomas knew he'd gained weight since medical, but had no idea how he looked to others.

Throughout childhood he played sports and was a healthy weight. He gained a few pounds in college, then lost them while in medical school. During his residency, when 60-hour work weeks left little time for exercise, his weight ballooned. By the time he was 30, he had 295 pounds on his 6 feet 3½ inch frame.

He came to Houston to interview

for his job at Kelsey-Seybold Clinic and stayed with a friend he knew from his residency. When he complimented his friend on the weight he'd lost, he commented that they'd been about the same size.

His friend's response shocked him: "I was never as big as you."

During his job interview, he met with a group of doctors.

One man greeted Thomas and commented that he was glad to see "another big guy just like me."

"He was pretty large, and it made me think 'Am I that big?'" he asked himself. "In my mind, I thought I looked like I did when I was 22."

He didn't, of course, and his life had changed as well. He was now a husband, father and doctor, and long work weeks were behind him. It was time, he knew, to start eating less and exercising more.

In the fall of 2005, he made small changes and

weight came off slowly. By the following spring — he weighed 250 pounds then — he knew he needed to get more serious about it.

He'd long been a vegetarian, but

Pounds continues on K2

Dr. Stephen Thomas was motivated to lose weight when a former friend commented on his weight.



"He was pretty large, and it made me think, 'Am I that big?' In my mind, I thought I looked like I did when I was 22."
Dr. Stephen Thomas



Eric Kayne

See inside
More advice on dieting



KAYE SUTTON



NEAL AND BECKY OTTMERS



ADAM AHMAD



BRIAN PETERSON

NEW TREATMENTS

Microfracture surgery has good success, if right criteria is met

Texans linebacker Jadeveon Clowney underwent microfracture surgery on his right knee. The surgery promotes the growth of new cartilage.



Getty Images

By Dale Robertson

Athletes are trendsetters, even when it comes to complicated medical procedures. Since performing microfracture surgery on the now most famous right knee in Texans' history — belonging to top overall draft pick Jadeveon Clowney — Dr. Walt Lowe has received more than 100 MRIs from people desperate to find relief from chronic knee pain.

Unfortunately, Lowe

could only offer the same answer to most of them.

"No, no, no, no," he said. "A lot of microfractures are done for the wrong reasons, on people with problems it has no chance of fixing. There are certain indicators you look for, and if you don't hold to them rigidly, it won't work. That's why there's so much (negative) stuff out there about the procedure."

Microfracture involves the drilling of tiny — less than a millimeter in diam-

eter — holes in the knee bone, permitting marrow and stem cells to leak through to the surface and rebuild articular cartilage where it has been gouged out by a sports injury or accident. The problem with the procedure's early incarnations was that the new "fibrocartilage" was essentially just scar tissue that grew in to unpredictable thicknesses and didn't hold up to the rigors of high-level athletic compe-

Surgery continues on K4

HEALTH ZONE

IN THE O.R.

NFL player gets his career back on track

New procedure uses less-invasive approach to repair Achilles tendon

By Kyrie O'Connor

For Teddy Williams, it was just a freak accident.

It was Nov. 17, 2013, and Williams, now 26, playing for the Arizona Cardinals against the Jacksonville Jaguars in Jacksonville, Fla., when suddenly something went very wrong.

"It was even a noncontact injury," he said. He collapsed on the field. "I had an idea what it could have been."

He had torn his Achilles tendon, the cablelike structure that connects the calf muscles to the heel bone. It is the thickest tendon in the human body and has to bear the body's full weight. Because of that, healing can be difficult.

Williams, a Tyler native who went to the University of Texas at San Antonio and lives in Katy, asked around for who should do his repair surgery. He found Dr. Kevin Varner at Houston Methodist Hospital, an orthopedic surgeon who is a foot and ankle specialist.

He knew that Varner uses the percutaneous Achilles repair system, or PARS, by Arthrex, a medical device company. "I knew a few guys who had tried it," he said.

The new procedure is less invasive, with a smaller incision and less manipulation of the tissue than traditional Achilles tendon surgery.

"The tendon is like a large cable made up of strands of collagen," Varner said.

When it is ruptured, "it's like a mop: It shreds," he said.

Traditional surgery calls for removing the shredded parts and knitting together the clean ends. "The tendon has a great capacity to heal," even when damaged, Varner said, and the newer technique allows for keeping much of the damaged tissue.

The PARS system calls for weaving multicolored threads of a substance called



"The tendon has a great capacity to heal," even when damaged ... and the newer technique allows for keeping much of the damaged tissue.

Dr. Kevin Varner, orthopedic surgeon at Houston Methodist Hospital

FibreWire underneath the skin at each end of the tendon. "It allows for stable repair of the tendon and minimizes wound complication," Varner said.

The surgery time is comparable to standard procedures, and the healing time (in Achilles injuries it can be quite long) is only somewhat shorter. But Varner believes the result is superior and the contour of healed tendon is better, more like the uninjured one.

"I can't use it on everybody," Varner said, "such as if there's not enough tendon remaining or if it's been more than two weeks" since the original injury.

Meanwhile, Williams showed himself to be a textbook case of how to spring back from such an injury.

"He has an incredible attitude, and he's incredibly fit," Varner said. "It's amazing what their bodies can do with hard work."

After six months, Williams was back in NFL shape. He now is a defensive back for the Jacksonville Jaguars.

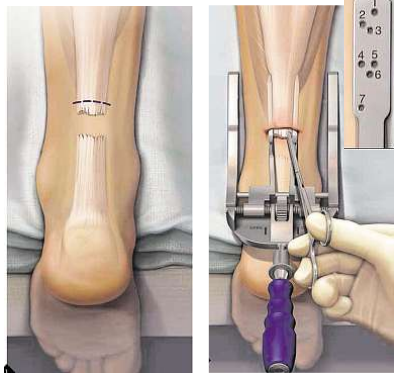
He says he's pleased by the minimal scar tissue and how relatively normal his heel looks.

He's also happy about how he is performing. "I feel like I've come back more explosive than I was originally," he said.

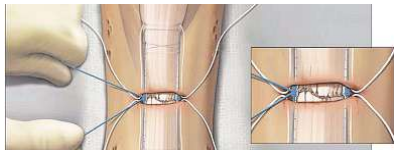
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PARS Achilles Jig System



The injury, left, and the jig system in action



Suturing the ends of the tendon back together

The surgery

The PARS procedure is a minimally invasive surgical treatment for a ruptured Achilles tendon. Using the PARS Achilles Jig System, a surgeon reaches the viable tendon ends then uses the suture guide inside the jig to stitch them back together.

It has several advantages over conventional surgery:

- Smaller incision
- Retention of more original tendon tissue
- Less scar tissue upon healing
- More natural-looking contour to the heel

Source: Arthrex

Surgery has a long rehab time

Surgery from page K1

tion, jumping and sharp cutting in particular.

The current version, however, involves first setting a cartilage "matrix" from a donor (i.e., a cadaver) into the lesion, providing a structure not unlike rebar in concrete. This promotes the growth of new cartilage that far more closely approximates the natural material, called hyaline cartilage. There are several products now on the market that, Lowe said, "allow us to dictate the (cartilage's) thickness from the very beginning." Finally, a sticky, glue-like, man-made protein is applied to seal it.

Lowe admits, nonetheless, there's plenty of progress yet to be made, and even the strongest proponents of microfracture, such as Dr. Bert Mandelbaum, an orthopedic surgeon and co-chair of medical affairs at the Institute for Sports Sciences in Los Angeles, concedes that one in three procedures fail.

When the right criteria are met, however, "the success rate is really pretty high, 75 to 85 percent. The most important thing to understand is there's no one microfracture that's like any other. Every single one is different. That's why

you can't take the procedure as a whole and attach an outcome to it (before the fact)."

Clowney was hurt in his first regular-season NFL game, against Washington Sept. 7, having landed awkwardly trying to avoid stepping on a fallen J.J. Watt. He suffered a torn meniscus cartilage and, apparently, damaged his articular cartilage. Because the latter doesn't always present symptoms such as pain or swelling, arthroscopic surgery to fix the meniscus frequently suffices. In Clowney's case, it didn't.

Because of patient privacy laws, Lowe can't discuss details of Clowney's case without his permission, and the Texans have made it clear they don't



"You have to be committed totally to the whole process."

Dr. Walter Lowe, Texas orthopedic surgeon

want that. (Lowe has been the team's official orthopedic surgeon since the franchise's inception.)

Since Lowe does about 10 microfractures a month, he was happy to explain how it works and to dispel the notion that it's a controversial, last-gasp option.

There are a number of indicators that make someone a better patient and at 21, Clowney's youth likely puts him in that category.

First, age 40 is the threshold when microfracture becomes less viable because the body's production of stem cells, essential to the procedure, has slowed. However, with the advances being made, this is becoming less of an issue.

Also, it's unlikely he's developed arthritis, and his meniscus had to still have been mostly intact. Other issues that would prevent a person from being a good candidate include having diabetes, an autoimmune disease or being a smoker.

"I don't care what you smoke," Lowe said, "it's going to prevent microfracture from working. This is a big issue, something that definitely prevents the formation of new cartilage. It's an oxygenation-blood flow issue. In the orthopedic world, smoking affects everything negatively — ACL repairs, rotator-cuff surgery, you name it."

The final component of successful microfracture is strict adherence to a rehab regimen. For the first five days, the knee has to be completely immobilized, then crutches are required for seven or eight more weeks before the leg becomes weight-bearing again. While professional athletes like Clowney have only to worry about recovering, the routine becomes problematic, Lowe conceded, "for those of us living in the normal world."

Being on crutches for that long is hard, and you're going to lose a lot of strength, so then it takes a long time gain it back," he said. "You have to be committed totally to the whole process. But often we give up because we just don't have the time to put it in."

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Dancer says he's back to normal after undergoing hip arthroscopy

Dancer from page K1

The hip should be a round ball in a round socket. When one of these components isn't, which is called impingement, it can cause a labral tear. The labrum is the "gasket seal that goes around the socket" and keeps the ball in place. When the labrum is compromised, it wears more on the cartilage and accelerates arthritis.

The pain is worse with sitting, bending over and getting out of bed, and eventually becomes a problem that progresses to pain that's present at rest.

"People oftentimes are misdiagnosed because true hip pain is not on the outside aspect of the hip," Harris said. "That's actually bursitis, so a lot physicians will misdiagnose impingement as bursitis because they don't recognize that true ball-and-socket pain is most commonly felt in the groin; therefore, it's commonly just attributed to what's called just a groin strain."

Hip impingement is important to recognize because it is the precursor to hip arthritis, said Harris, and treating it with anti-inflammatories or injections will not change the pain because it is a mechanical issue.

This condition generally affects young adults, but doctors are beginning to see it in even younger patients because of greater awareness. They also find it in patients 40 to 50 years old.

While doctors don't know the exact cause, they believe that playing sports at a young age contributes to it.

"They develop this at some point in early youth, and we think that it's probably because of the sports they play at that time that potentially causes the impingement," Harris said.

Patients experiencing pain typical of impingement should mention it to their doctor to get it examined properly.

"The physical exam for hip impingement is very characteristic, and that's just taking the hip through a range of motions and seeing which motions elicit pain," Murphy said. "Then it's a typical set of X-rays, which are four X-rays that illustrate the ball and socket. You're usually looking more at the ball side and looking for the bump that's present on the ball."

From there, patients have the option to fix the issue. Murphy underwent a two-hour outpatient procedure to fix his hip in April, three months after his injury.

The minimally invasive hip arthroscopy — where the bump on the hip is shaved away and the labrum is repaired — works for most patients, including Murphy, Harris said.

Arthroscopy isn't the only option, though it is the best, he said. One option is to simply cut the labral tear out, which is called "debridement." Harris said that option is not as good as repairing

the issue itself.

"The reason the labrum tore in the first place is because of the impingement, so when you repair the labrum and shave that bump away on the ball, the ball will no longer impinge," Harris said.

Patients are on crutches for four weeks, a hip brace for another four weeks, then progress to jogging and running at 12 weeks and return to high level sports activity at around four to five months, but they often see results even sooner.

"Over 90 percent of our patients say when they get their sutures out at 10 days, they're happy they had it done and they're better than they were already versus their preoperative condition," Harris said.

Since retiring from dance, Murphy has used his recovery to teach young dancers how their bodies work.

"I have a lot more knowledge about my hip and how to use it," Murphy said. "I can help (my students) with the understanding with how the hips work and what's going to put stress on it."

Murphy said he feels better than before his surgery and is happy to have the full range of motion back in his hip.

"Now I'm back to normal," Murphy said. "I can do anything I need to do, and what I could do before."

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Karen Warren / Houston Chronicle
Texas linebacker Jadeveon Clowney is believed to be a good candidate for the microfracture surgery.



Andrew Murphy says the surgery has permitted him to show his students detailed movements without hip pain.

Marie D. De Jesus / Houston Chronicle