

Paediatric Orthopaedics in Behandlungszentrum Vogtareuth

The new Clinic for Paediatric Orthopaedics at Behandlungszentrum Vogtareuth opens its doors in January 2008. Herewith Behandlungszentrum Vogtareuth, already renowned for the highly qualified treatment in its specialised clinics, complements its spectrum of activity in the therapy of children and adolescents.

Dr Sean Nader M.D., Head Physician of the new department, has many years of experience in the treatment of orthopaedic diseases in children as well as in adults and he sets a high value on individual treatment concepts.

With the establishment of the Clinic for Paediatric Orthopaedic Surgery and due to the close cooperation with other specialised fields of the treatment centre, especially with the departments of Neuropaediatrics, Spine Surgery and Intensive Care, a reliable all around care of the young patients can be ensured. The age spectrum ranges from infants to adolescents and young adults. Thanks to his many years of experience in the field of adult orthopaedics and the cooperation with the other specialised clinics of Behandlungszentrum Vogtareuth, Dr Sean Nader M.D. renders possible the uninterrupted advanced care of patients also after reaching adulthood.

Due to the concept, which is unique in Germany, of multidisciplinary assistance, we have been able to concentrate the entire treatment range of paediatric orthopaedics under one roof. Short ways between the examinations and an experience of many years in the treatment of children

facilitate fast diagnosis and targeted therapy, without long waiting times, annoying journeys or double consultations, both for the youngest patients and for the fully-grown adolescents.

In this process we not only want to competently accompany children from the beginning along the necessary therapies that often stretch over years, but we also wish to be a reliable help for parents in their life with their child, providing them comprehensive information and indications of various treatment methods.

Our range of specialty comprises the diagnosis and therapy of congenital and acquired extremity malformations, sports injuries and disorders of the musculoskeletal system in syndromic diseases.

In paediatric orthopaedics, the conservative treatment occupies a large field. Its focuses are represented by the individually coordinated physiotherapy, ergotherapy, which is accommodated to the progress of the patient, and last but not least the different orthopaedico-technical possibilities, from the elementary splint to the complex extremity substitute prosthetics.

The operative treatment spectrum ranges from minimally invasive surgeries and simple tendon lengthening over complex axial corrections and lengthening with the help of external fixation and osteotomy, up to multi-dimensional pelvic reconstructions. The operative procedures are always accompanied and complemented by conservative measures.

Therapeutic focuses of congenital dis-



**Dr Sean Nader M.D.,
Head Physician of the Clinic
for Paediatric Orthopaedic Surgery**

Postdoctoral Education

- 1982-85 Moorpark College,
California USA
- 1985-88 University of California
Los Angeles (UCLA),
California USA
- 1989-90 Technische Universität
München - Elektrotechnik
- 1991-97 Ludwig-Maximilian-
Universität München
- Medizinstudium
- 1996 University of California
Los Angeles (UCLA)-School
of Medicine University
of Harvard-School of
Medicine, MA USA
- 1997-99 General Surgery,
Krankenhaus Agatharied
- 1999-01 Orthopaedic Surgery,
Behandlungszentrum Vogtareuth
- 2001-03 Spinal Surgery,
Behandlungszentrum Vogtareuth
- 2003-07 Paediatric Orthopaedic
Surgery, Orthopädische
Kinderklinik Aschau
- 2008 Head Physician of the Clinic
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eases: arthrogryposis multiplex congenital (AMC), spina bifida (MMC), Cerebral Palsy (CP), longitudinal malformations of the lower extremity (PFFD, fibula defect, tibia defect), transversal malformations, skeletal dysplasias of various genesis, Ponseti treatment of clubfoot, all foot deformities, congenital knee luxation,

muscular diseases, syndactylism, tibia pseudarthrosis, congenital dislocation of hip, osteochondromatosis, torticollis (wryneck).

Therapeutic focuses of acquired diseases: diagnostic and therapeutic arthroscopy, post-traumatic extremity shortening, axial malposition of the

upper and lower extremities, slipped capital femoral epiphysis, Perthes' disease, osteochondrosis dissecans, patella luxation.

In the following one of our young female patients tells about her destiny and how she is coping with the long therapy of her severe inborn disease:

Hello, my name is Henriette and I am 10 years old. I was born with a complicated malformation of my left leg, which is called PFFD plus fibula aplasia. I just call it my little leg. It is not growing the way my big leg is and it is also crooked. When I learned how to walk I needed a splint so that both my legs had the same length.

After my birth, my parents inquired what could be done about my little leg and they found out that it could be extended and also straightened with an operation method which is called Ilizarov, after its inventor.

was a difficult time because I was only allowed to lie on my back or on my belly.

Half a year later, the lengthening and axial corrections could be started. For one year, I had a heavy companion on my leg, my friend Ili. Even though that was also tiring because I had to do lots of physiotherapy to bend my knee, I could walk around, I even went to creative dancing. Although this device looks a bit mean, the lengthening did not hurt. One year later, the Ilizarov device could be removed and my little leg was 14 cm longer, just long and nice! Now I had, of course, to slowly learn walking and



When I was 5 years old, my little leg was 11 cm shorter than my big leg. The doctors recommended to start the lengthening. Although I knew that many surgeries would be necessary as long as I am growing to make the little leg as long as the big leg, I agreed. That is because I love being at the seaside and on the beach. There it was uncomfortable with the splint because the sand rubbed and I imagined how nice it would be to feel the sand under my little foot.

The first surgery was necessary on the hip. The head of the femur was not covered over far enough by the socket of hip joint. After the operation, I had to lie for 6 weeks in plaster from the belly button to the sole of the foot. That

bending again, sometimes one has to be very disciplined to do that because one would rather play than go to physiotherapy. But it is worthwhile: after one year I learned bike riding and got my seahorse swimming award.

Meanwhile, I underwent surgery again in order to get a anterior cruciate ligaments, as I had not had one and my knee kept wobbling back and forth. Now I can even clamber up the mountain! My little leg is now, of course, again shorter and soon I am going to get an Ilizarov device again for the lengthening of the lower leg. But I am not scared about it, it is worth fighting because it was very, very nice to walk barefoot without a splint on the beach! ■