

AWAReNESS



Creating a Culture of Innovation

By Kaya Frazier, Board Member

HIP DYSPLASIA AWARENESS



WITH **Miles4Hips** + I'm a HIPpy

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I'm a HIPpy

Because Kids' Hip Health Matters

MEET

I'm a HIPpy

OUR VISION

A world free from the burden of Hip Dysplasia and other hip disorders.



I'm a HIPpy is an organization based in British Columbia, Canada, that advocates globally for children's hip health. They support the efforts of HIPpy Lab at BC Children's Hospital and University of British Columbia and work to improve outcomes for children diagnosed with hip disorders by raising awareness, producing educational materials, reducing financial stress, researching hip conditions, and more.

Learn more about I'm a HIPpy

[Click Here](#)





THANKS FOR JOINING!

OCTOBER 18-19, 2025



DAY OF MOVEMENT 2025

IN COLLABORATION
WITH I'M A HIPPY



DAY OF MOVEMENT 2025 VIDEO

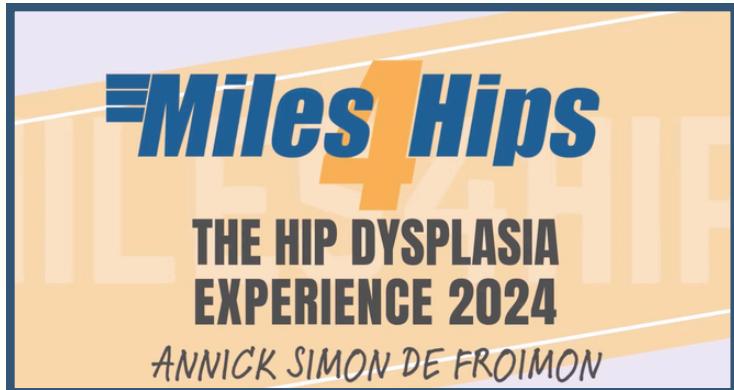
This year Miles4Hips partnered with I'm a HIPpy out of Vancouver, Canada for our annual Day of Movement event.

People from all over the world joined with local meet-ups, friends, family, colleagues, and as individuals for a weekend of moving for hip health and raising hip dysplasia awareness.

Together we raised nearly \$6K CAD to support hip dysplasia education and research. Check out our celebratory post event video to see how we moved!

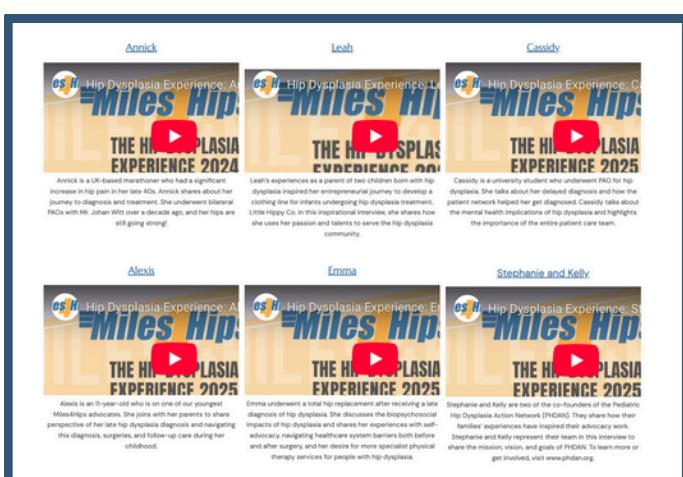
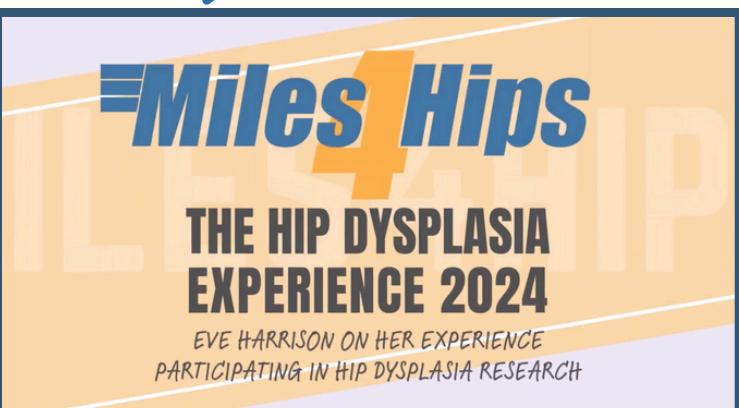
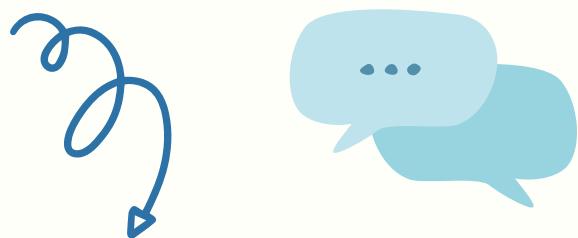
[WATCH HERE](#)

The Hip Dysplasia EXPERIENCE



WANT TO PARTICIPATE IN
A PATIENT EXPERIENCE
INTERVIEW? CONTACT US
AT
MILES4HIPS@GMAIL.COM

CHECK OUT OUR
INTERVIEWS WHERE WE
EXPLORE THE HIP
DYSPLASIA EXPERIENCE
THROUGH THE LENS OF
PEOPLE WHO LIVE IT



WE WOULD
LOVE
TO MEET YOU!

GET TO KNOW OUR MILES4HIPS MEDICAL REVIEWERS: DR. DIERCKMAN



MEET DR. DIERCKMAN!

“Brian Dierckman, MD, specializes in sports medicine and arthroscopic surgery of the knee, hip, and shoulder for both adults and children.”

1. HOW DID YOU BECOME INTERESTED IN HIP DYSPLASIA?

I had bilateral simultaneous hip arthroscopies for labral tears. I was diagnosed with CAM FAI and had large CAM deformities. I had a poor outcome from surgery and wanted to better understand why. Turns out I had pretty significant undiagnosed hip dysplasia.

2. WHY ARE YOU EXCITED ABOUT THE MILES4HIPS MEDICAL ADVISOR ROLE?

I want to be able to help provide and distribute valuable and helpful medical information on an uncommon but growing medical problem.

3. TELL US A FUN FACT OR SOMETHING MOST PEOPLE DO NOT KNOW ABOUT YOU

I bought a large farm and am becoming a part-time farmer. Planning to raise pasture grass fed beef cattle.

THANK YOU DR. DIERCKMAN!

GET TO KNOW OUR MILES4HIPS MEDICAL REVIEWERS: DR. SANKAR



MEET DR. SANKAR!

Dr. Sankar “is Director of the Young Adult Hip Preservation Program at CHOP. He specializes in treating hip conditions in children, adolescents and young adults”

1. HOW DID YOU BECOME INTERESTED IN HIP DYSPLASIA?

I was drawn to pediatric orthopaedics because of the ability to do something immediate (i.e surgery) but also to be able to watch that effect over time and develop longitudinal relationships with my patients. Hip dysplasia epitomizes this lifelong care concept. We obviously see countless infants who we treat non surgically, but these kids need to be followed over time as do the kids that need surgery. There are the adolescents and young adults who may or may not have been treated as children—so you really get to see the whole arc of a disease process from birth to adulthood.

2. WHY ARE YOU EXCITED ABOUT THE MILES4HIPS MEDICAL ADVISOR ROLE?

I really am grateful for any opportunity that I can get to work with patients and advocates for the disease processes that I treat. The inspiration for better care comes from people and organizations like this.

3. TELL US A FUN FACT OR SOMETHING MOST PEOPLE DO NOT KNOW ABOUT YOU

I was once chased by an elephant while on foot in South Africa. No joke—elephants are very fast!

THANK YOU DR. SANKAR!

HIP DYSPLASIA HISTORY

World War 2 (Late 1930s-early 1940s)

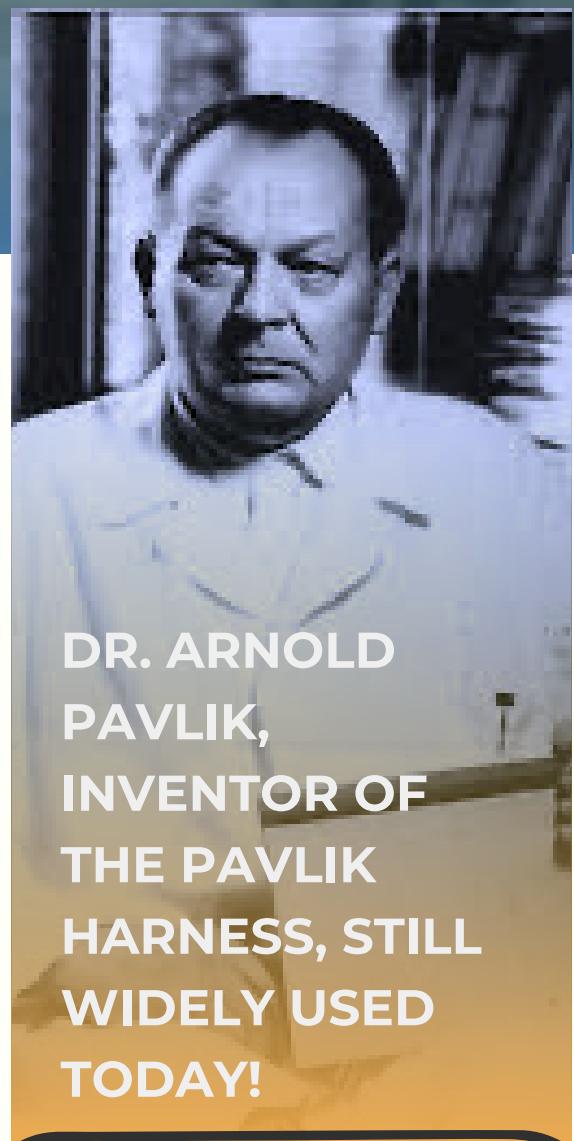
Czech orthopedic surgeon, Dr. Arnold Pavlik, creates the Pavlik Harness and presents his early leather version at the Czechoslovak Orthopaedic Society meeting in 1946

WHAT WAS UNIQUE ABOUT THE PAVLIK HARNESS?

Early treatment for dislocated hips included casts and rigid splints that stiffly held the hip in one position. A common complication of this rigid positioning was avascular necrosis, which is when there is decreased blood supply to the hip that results in hip damage. The Pavlik Harness was considered a "functional treatment" that allowed some movement. Dr. Pavlik felt this movement was important for healthy hip development.

HOW DOES THE PAVLIK HARNESS WORK?

The Pavlik Harness gently holds the baby's hips in a flexed (bent) and abducted (spread apart). This position helps keep the head of the femur (ball) in the acetabulum (socket) and can help the socket to develop properly.



READ MORE

Understanding Weight-Bearing Precautions Post-Periacetabular Osteotomy

Following a periacetabular osteotomy (PAO), it is important to adhere to your surgeon's protocol for weight-bearing and return to activity.

During recovery, you will likely encounter the following terms:



Non weight-bearing (NWB): the affected leg does not touch the floor or support bodyweight



Touch-toe weight-bearing (TTWB): the toes of the affected leg may touch the ground to maintain balance; however, weight should not be pushed through the leg



Foot-flat weight-bearing (FFWB): the foot of the affected leg may rest flat on the ground through gait; however, weight should not be pushed through the leg. This helps to protect the hip flexor as the leg is not being held up while crutching during the gait cycle.

25%

Partial weight-bearing (PWB): the patient is allowed to put some weight through the affected leg (usually 25% body weight), gradually increasing as directed by surgeon protocol



Weight-bearing as tolerated (WBAT): the patient is cleared to bear up to 100% body weight through the affected leg as tolerated, adjusting based on symptoms and pain

Full-weight bearing (FWB): the patient's total body weight can be supported on the affected leg



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