gillette Partners in Care JOURNAL

FALL 2025

Strategic Hip Care

Thoughtful interventions support current activities and pain-free futures

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gillette CHILDREN'S

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On the cover: Illyana Shepard has put her hip problems behind her thanks to the care she has received from Gillette Children's.

About Our Journal

Partners in Care is produced by the Marketing and Communications team in collaboration with our Provider Relations team. Issues are published quarterly. To subscribe to our monthly e-newsletter, visit **gillette.mn/pic.**

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Meet the Provider

Alison Dittmer, MD

Alison Dittmer, MD, is a pediatric orthopedic surgeon, specializing in hip preservation. She is an accomplished researcher with contributions to more than 20 papers and presentations.

She completed her Hip Preservation subspecialty training at the prestigious Hospital for Special Surgery, which is the #1 orthopedic hospital in the United States over the last decade. She joined Gillette Children's — the Midwest's largest group of pediatric orthopedic surgeons — in 2021.

Listen to Dr. Dittmer talk about her background and the hip preservation program at Gillette Children's.

Medical School: University of Minnesota Medical School
Residency: Orthopedic Surgery, University of Kentucky Department of Orthopaedic Surgery and Sports Medicine
Fellowships:
- Pediatric Orthopedics, University of Colorado/Children's Colorado Orthopedic Institute
- Hip Preservation, Hospital for Special Surgery in NYC

Board Certifications:
American Board of Orthopedic Surgery
Certifications & Societies:
- Pediatric Orthopaedic Society of North America
- American Academy of Orthopaedic Surgeons

Clinical Expertise:
- Adolescent and Young Adult Hip Dysplasia
- Hip Impingement (Femoral Acetabular Impingement)
- Legg-Calvé-Perthes Disease
- Slipped Capital Femoral Epiphysis (SCFE)
- Developmental Dysplasia of the Hip (DDH)

Gillette Welcomes New Spine Surgeon

The Gillette Children's Spine Institute is excited to welcome **Kendall Snyder, MD**, to its roster of experts. Dr. Snyder completed undergraduate education at Claremont McKenna College in Claremont, California, before attending medical school at George Washington University School of Medicine in Washington, DC.

Following her graduation, Dr. Snyder completed her residency and Adult Spine Deformity Fellowship at Mayo Clinic Department of Neurosurgery. Finally, she recently completed her fellowship in Pediatric Neurosurgery at Le Bonheur Children's Hospital in Memphis, Tennessee.

Gillette Children's Expands Healthcare Transition Program Across Clinics

Gillette Children's has successfully implemented its Pediatric to Adult Healthcare Transition (HCT) initiative across three major specialty clinics: Spina Bifida, Down Syndrome, and Complex Care. Originally launched in November 2024 as a pilot within the Spina Bifida Coordinated Adult and Pediatric Clinics, the program has now become a cornerstone of Gillette's commitment to supporting youth with chronic medical conditions as they move into adult-oriented care.

The expansion into the Down Syndrome Clinic and Complex Care Clinic marks a significant milestone in Gillette's goal to create a consistent, evidence-based transition process across disciplines. By embedding HCT frameworks into multiple care settings, Gillette ensures that patients receive a purposeful, well-supported shift in their healthcare journey.

With these successful integrations, Gillette Children's continues to lead the way in pediatric-to-adult care innovation and empowering young patients to take charge of their health as they enter adulthood.

Collaborate with us

Building transition readiness is essential for every patient and family and requires a team; it is not just the duty of one provider or clinician. Start preparing your pediatric patients to transition to adult care by sharing resources like those found at Gillette Children's Transition Services Page to help inform your patients about HCT.

Members of the Healthcare Transition team prepare adolescents to manage their care as adults.

Rett Syndrome Research at Gillette Children's Shows Promise

The International Rett Syndrome Foundation (IRSF) designates Gillette Children's Rett Syndrome Program a Center of Excellence. Thanks to philanthropy and the dedication of our exceptional care team, Gillette has emerged as one of the premier destinations for Rett syndrome care. We are proud to be one of just 18 institutions in the U.S. designated as a Center of Excellence by the IRSF. The program is led by **Arthur Beisang, MD**, complex care physician and director of the Gillette Children's Rett Syndrome Program.

Daybue® provides promising gene therapy to treat Rett syndrome

Two years ago, Gillette began offering Daybue® — the first FDA-approved treatment for Rett syndrome — following tireless advocacy and coordination by Gillette Children's providers, research staff, pharmacists, and prior authorization team. Dr. Beisang played a key role as an investigator in the clinical trials that led to the drug's approval.

"These patients are improving incrementally, and we see improvements in communication skills, breathing, and overall quality of life," says Dr. Beisang.

Some Gillette Rett syndrome patients recently participated in an exciting and promising pediatric gene therapy clinical trial. The treatment focuses on what matters most to our families — developmental milestones gained or regained, while maintaining a strong emphasis on safety.

Rett syndrome research fueled by partnerships and supporters

Our physicians and researchers are encouraged by the continued progress and potential advancements in treatment options for individuals with Rett syndrome. These opportunities are a true reflection of how one investment can lead to another, and how vital partnerships are to advancing care.

Learn about other research initiatives at Gillette Children's: **gillettechildrens.org/research**

Dr. Beisang helps a young patient with Rett syndrome.

Spine Institute Research Earns Top 10 Recognition at AACPDM

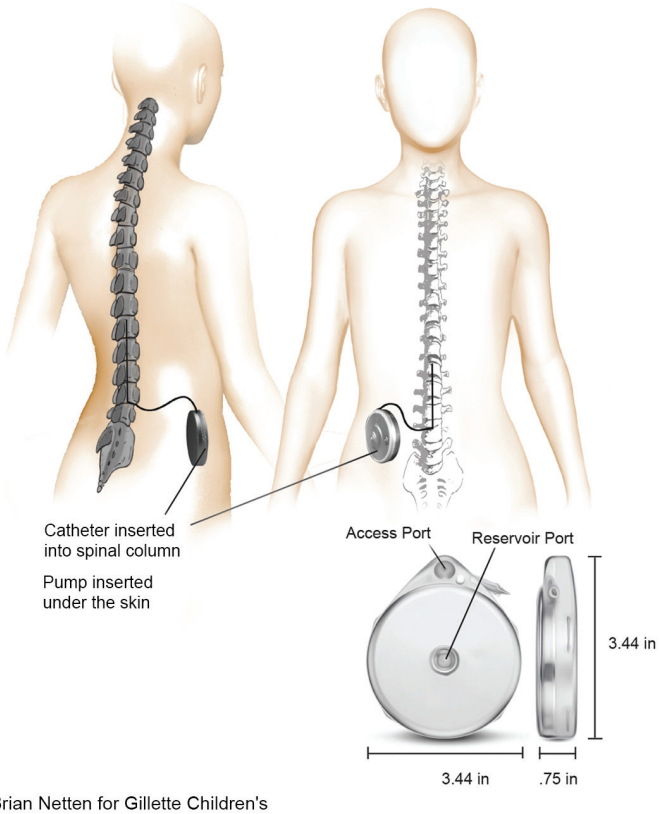
Gillette Children's study "The Influence of Intrathecal Baclofen Pumps on Outcomes Following Spinal Fusion in Non-ambulatory Patients with Cerebral Palsy" was selected as a Top 10 Podium Presentation at the 2025 AACPDM Annual Meeting. The study supported the safety of spine surgery in patients with baclofen pumps.

Study overview

In the largest study of its kind to date, Gillette researchers assessed more than 300 nonambulatory children with cerebral palsy undergoing spinal fusion. Some children used intrathecal baclofen (ITB) pumps to manage their spasticity and others used other methods. Despite expected surgical challenges (longer procedure times) due to pump location, results showed there was no increase in complication rates for children with ITB pumps.

Gillette Children's Cerebral Palsy and Spine Institutes collaboratively research clinical questions that arise in the care of cerebral palsy, neuromuscular scoliosis, and other complex conditions.

Intrathecal Baclofen (ITB) Pump



The Gillette Research team responsible for this work includes Spine Research Fellows Lexi Larson and Luis Torres-Gonzalez; Gillette providers Daniel Miller, MD; Tenner Guillaume, MD; Walter Truong, MD; Joseph Perra, MD; and Linda Krach, MD; and Gillette researchers Sara Morgan, PhD, and Maykala Williams.

Gillette Children's Champions Global Access to Baclofen Through WHO Essential Medicines List

In a landmark achievement for global pediatric care, Gillette Children's has played a pivotal role in securing the inclusion of oral and intrathecal baclofen on the World Health Organization's (WHO) Essential Medicines List (EML) and Essential Medicines List for Children (EMLc).

With over 150 countries adopting the WHO Model Lists as a foundation for public health procurement and insurance coverage, baclofen's inclusion means that more children and adults worldwide will gain access to a safe, effective, and affordable treatment for spasticity — especially in low-resource settings where such therapies were previously out of reach.

This milestone reflects Gillette Children's enduring commitment to advancing care for children with complex medical needs across the world. Gillette Children's led the global application for baclofen's inclusion, with key contributions from Chief Medical Officer **Micah Niermann, MD**, Medical Director of Physical Medicine and Rehabilitation (PMR) **Mark Gormley, MD**, and members of the International Cerebral Palsy Society. Their clinical experiences and advocacy emphasized the critical role of baclofen in cerebral palsy care.

The WHO Expert Committee recognized baclofen's effectiveness and safety, recommending it for managing spasticity and preventing life-threatening withdrawal.

Baclofen is a critical intervention for managing spasticity—a condition that affects muscle control and mobility, often severely impacting quality of life.

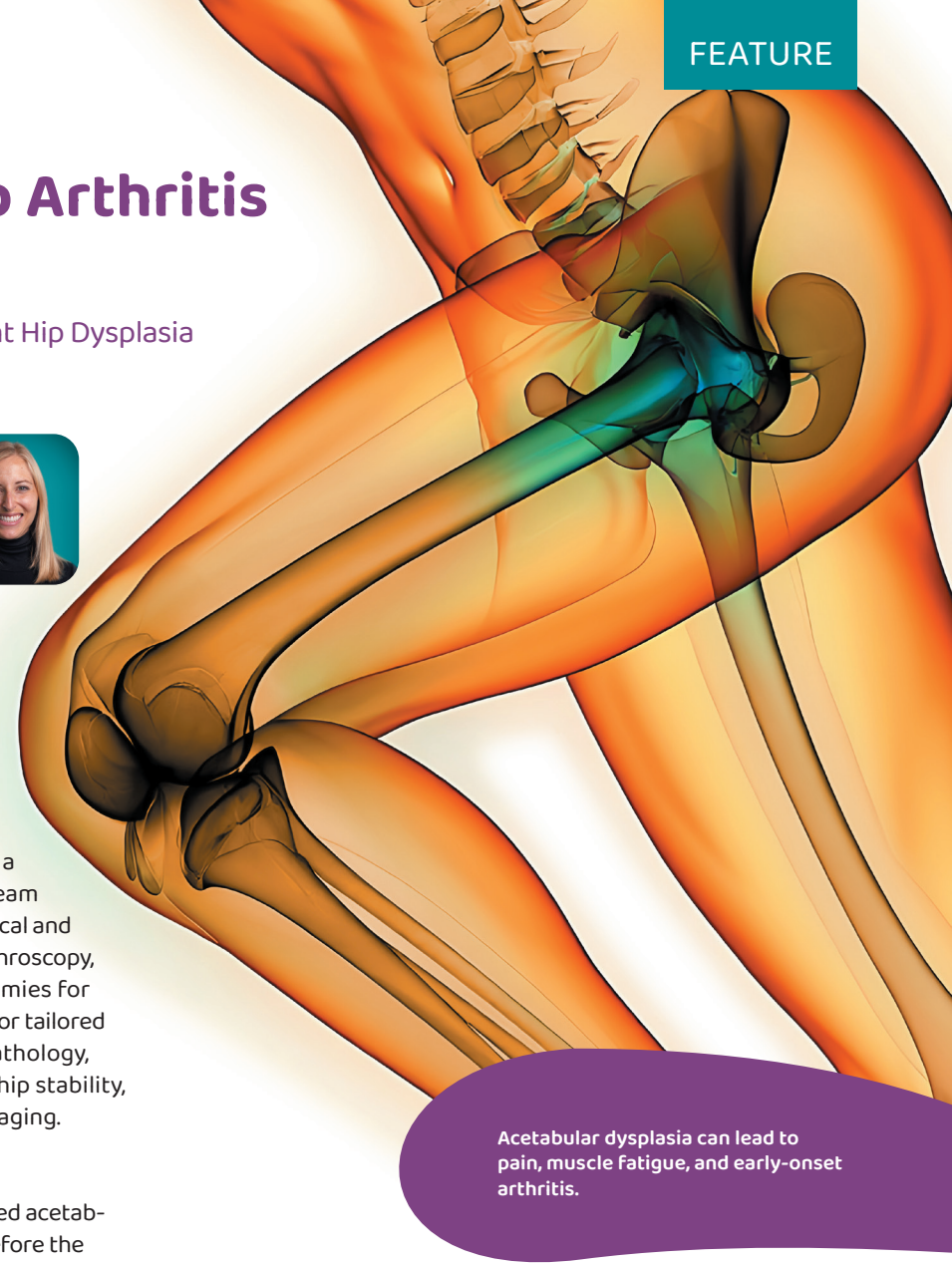
World Health Organization

Preventing Adult Hip Arthritis in Adolescence

A Call for the Proper Treatment of Adolescent Hip Dysplasia and Acetabular Retroversion

Acetabular dysplasia, a condition marked by a shallow hip socket, can lead to short-term difficulty when playing sports and being physically active, and can lead to long-term complications such as chronic pain, limited mobility, and early-onset osteoarthritis. Gillette Children's orthopedic surgeon **Alison Dittmer, MD**, strongly advocates for early diagnosis and intervention for hip symptoms like pain, weakness, and muscle fatigue in teens. She says, "A full hip exam and timely treatment is a significant factor in preventing further joint deterioration and early-onset arthritis."

Gillette Children's brings exceptional depth to hip and joint preservation care. While "hip preservation" is a widely used term, Gillette stands apart by offering a team of providers well versed in the full spectrum of nonsurgical and surgical treatments — including physical therapy, hip arthroscopy, periacetabular osteotomy (PAO), and complex osteotomies for femoral deformities. This breadth of experience allows for tailored surgical plans based on each patient's anatomy and pathology, rather than relying solely on one approach to restore hip stability, maintain an active lifestyle, and support healthy joint aging.



Acetabular dysplasia can lead to pain, muscle fatigue, and early-onset arthritis.

Clinical presentation and background

Patients with hip dysplasia, and the often-underdiagnosed acetabular retroversion, present with mechanical symptoms before the onset of joint degeneration. Structural issues — such as a shallow acetabulum or poor femoral head coverage — lead to muscle fatigue or activity-induced muscle fatigue, altered gait mechanics, pain, and cumulative soft-tissue damage. Dr. Dittmer explains why fatigue is such a red flag for diagnosing hip dysplasia: "If the hip socket is not supporting the ball very well, the gluteus muscles — glute max and medius — are always firing, always on to help support the structural weakness of the joint. Eventually this leads to muscular fatigue, achy pain, and further mechanical dysfunction."

Gillette hip preservation providers see a huge range of goal-setting from patients when discussing their symptoms and diagnosis. Some patients come to the clinic as high-performance high school or college athletes looking to return to their sport, but others have goals surrounding their pain level, saying, "I don't want to think about my hip every day," or "I want to be able to just live my normal life."

Dr. Dittmer reports that some patients arrive in her clinic after initial misdiagnosis or prior unsuccessful arthroscopic procedures that have failed to address underlying instability. Hip arthroscopy can repair a labrum, but if the labrum is torn because the hip mechanics are bad and not addressed, hip arthroscopy is just a stopgap solution with little long-term success. "The key differentiator at Gillette is our ability to discern when labral tearing is secondary to socket insufficiency, rather than a primary soft tissue pathology," says Dr. Dittmer. "We can offer better treatment outcomes through bony realignment rather than repeat arthroscopies."

Intervention and surgical strategy

All intervention and treatment recommendations are based on condition severity and patient goals. In the case of hip dysplasia in adolescents, initial management could include physical therapy focused on gluteal and core strengthening supported by NSAIDs to optimize hip function in athletes and minimize pain. In specific cases, corticosteroid injections may help patients tolerate rehabilitation.

Moving from nonsurgical to surgical recommendations, surgical care could include a periacetabular osteotomy or a femoral osteotomy to address structural insufficiency and restore joint integrity. For patients with accumulated intra-articular damage, hip arthroscopy may be performed concurrently to repair labral tears and debride cartilage.

Gillette Children's has many resources in advanced imaging, such as BoneMRI, which allows surgeons to use MRI-derived CT reconstructions to support patient-specific corrections in the

OR. This imaging eliminates radiation exposure for adolescents — crucial for pre-childbearing patients.

Outcomes and recovery

The PAO procedure offers two key benefits: restoring joint mechanics — which lessens pain and improves function in the short term — and reducing long-term osteoarthritis risk. Studies reported in the Journal of Bone & Joint Surgery and Clinical Orthopaedics and Related Research offer more than 30 years of data supporting the long-term effectiveness of PAO in delaying — or entirely preventing — hip replacement.

While the benefits are clear, the road to recovery after a PAO can be extensive and include pain, discomfort, and mobility difficulties, especially in the first two weeks post-op.

A typical recovery trajectory might look like this:

- **First 2 weeks:** Limited mobility with significant fatigue and assistance required
- **Weeks 3–6:** Gradual improvement; initiation of therapy
- **Post-6 weeks:** Crutch-free ambulation and strengthening
- **3+ months:** Sport-specific training resumes
- **6–9 months:** Return to preoperative athletic function.

A 2022 study in the Journal of Arthroscopic & Related Surgery showed an 80% return-to-sport rate two years post-PAO and arthroscopy in competitive youth athletes.

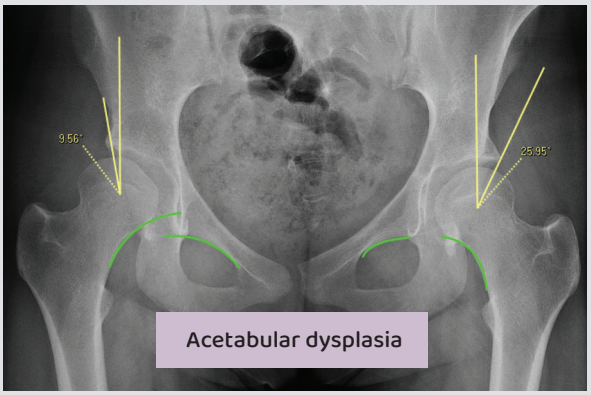
Real Gillette patient stories reinforce these time frames. Notable cases include college athletes returning to varsity-level play, dancers resuming intensive training, and teens reclaiming basic mobility and school attendance after years of hip-related setbacks. Though uncommon, Dr. Dittmer saw one young adult return to varsity diving just five and a half months after PAO. Others follow a more typical six-month time frame, like fast-pitch softball player Illyana Shepard, who had a notable recovery and sustained performance six and a half months after her surgery.

Provider reflections and practice implications

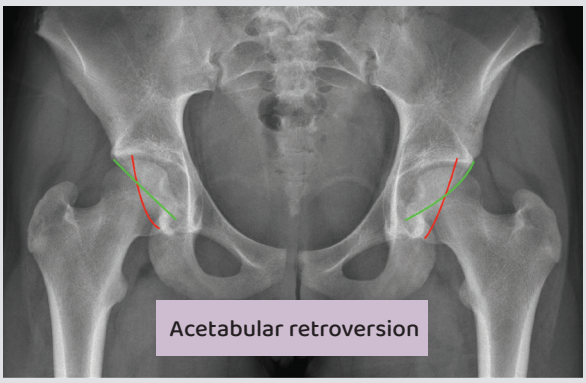
Gillette's hip preservation program provides a depth of diagnostic insight and breadth of surgical intervention rarely matched in the region. While many orthopedic clinics offer limited hip arthroscopy, Gillette's ability to recognize complex pathology and offer definitive correction makes it a critical referral destination — especially for teens and young adults misdiagnosed or underserved elsewhere.

Hip Dysplasia vs. Acetabular Retroversion

Hip dysplasia and acetabular retroversion are structural conditions affecting the acetabulum, the socket portion of the hip joint:



Acetabular dysplasia refers to a shallow hip socket that provides insufficient coverage and support of the femoral head. This leads to microinstability, increased muscular compensation, and, over time, damage to intra-articular structures like the labrum and cartilage. This figure shows acetabular dysplasia and a break in the Shenton line (green) on the right hip. On a normal hip X-ray, the Shenton line would be continuous and smooth. The measured angle is a lateral center edge angle at 9.56 degrees (normal is 25–40 degrees).



Acetabular retroversion is a variant of dysplasia in which the socket is angled abnormally backward, reducing clearance in the anterior joint and contributing to impingement. Both conditions alter hip biomechanics, causing shear forces and labral stress that, if unaddressed, can lead to early-onset arthritis. The retroversion is shown here by crossover of the anterior and posterior walls of the hip. This causes impingement in the front of the hip and instability in the back of the hip.

Patients with these conditions often present with similar symptoms:

- Fatigue-type muscle pain due to gluteal overcompensation
- Activity-related discomfort that progresses to mobility restrictions
- Decreasing endurance in sport or daily activities
- Emotional and cognitive distractions related to chronic pain

High school softball pitcher Illyana achieves an excellent outcome from PAO treatment.

As structural hip pathologies, including acetabular dysplasia and retroversion, gain increased clinical recognition, Gillette remains a leader in holistic, evidence-based, and goal-oriented care — empowering young patients to reclaim mobility, identity, and long-term joint health.

Refer a patient to Dr. Dittmer at gillettechildrens.org/referral

Mental Health Support in Adolescent Hip Surgery

Chronic hip pain and complex surgery can take a profound toll on young patients' mental health. In fact, a 2020 study published in the Journal of Children's Orthopaedics showed preoperative mental health status was a significant predictor of postoperative outcomes.

Dr. Dittmer says, "Our providers recognize that if you have an unaddressed mental health condition, it does make it a little bit harder to get through the recovery and rehabilitation post-op, so we definitely encourage patients and their families to engage the mental health resources we provide to aid in the recovery process after surgery."

Gillette's commitment to patient-centered care includes preoperative psychological evaluation and support. These "readiness appointments" are encouraged for most patients, particularly adolescents who may be facing life-altering surgeries. Gillette's approach recognizes that mental and physical health are deeply intertwined in recovery. The pain, loss of independence, and disruption to identity (especially for athletes) are addressed holistically, with psychological care alongside surgical planning.

Gillette proactively integrates psychological support throughout the care journey by:

- **Offering preoperative readiness appointments.** Our providers strongly encourage presurgical appointments with a psychologist to assess emotional well-being and prepare patients for surgery and recovery. Gillette's efforts ensure these young patients are not just medically treated but emotionally supported as well.
- **Coordinating with established psychology services.** Many adolescents already receive care for anxiety, depression, or stress, and Gillette's team coordinates with outside providers to build a comprehensive support network.

Gillette Research Shows Periarticular Injections Improve Mobility and Decrease Length of Stay After Hip Preservation Surgery

Gillette researchers including Dr. Dittmer compared two pain management techniques used during periacetabular osteotomy (PAO) surgeries at Gillette. The retrospective review looked at the traditional method of pain management, epidural anesthesia, and a burgeoning method, periarticular injections given directly into tissues around the joint during surgery.

Methodology and results

The team reviewed records of 178 patients who had PAO between 2018 and 2024; 44 received an epidural, while 134 received the periarticular injection. All patients were 10 or older and received anti-inflammatory medication (Toradol) after surgery.

Results showed patients with periarticular injections mobilized faster and had shorter hospital stays.

Pain Management Method	Time to Mobilize	Length of Stay
Periarticular Injection	1.3 days (avg)	2.4 days (avg)
Epidural	3.0 days (avg)	3.9 days (avg)

The team determined periarticular injections:

- Can replace epidurals
- Don't require ultrasound guidance or specialized anesthesia teams
- Allow patients to get up much faster after surgery
- Reduce hospital stay significantly

These benefits are a win for the hospital, the surgeon, and, most importantly, the patient.

Dr. Dittmer and the team know studies like this can shape how postsurgical pain is managed, especially for orthopedic procedures like hip preservation surgery. She says, "Ultimately, our results suggest that 'less can be more' in effective pain care. Less equipment, less intervention, and less time in the hospital still led to excellent outcomes for patients."

Read more about Orthopedics Research at Gillette.

Addison Joan (AJ) had an excellent outcome with cranial remolding using the Talee helmet.

Advancing Cranial Remolding Therapy

Clinical Outcomes and Family Perspectives on the Talee CRO at Gillette Children's

Since the introduction of the Talee cranial remolding orthosis (CRO) at Gillette Children's in early summer 2025, both clinical teams and families have reported positive outcomes in the treatment of positional cranial deformities. The Talee helmet, a two-stage, 3D-printed orthosis, is designed to address conditions such as plagiocephaly and brachycephaly with enhanced precision and comfort.

Clinical advantages of the Talee CRO

The Orthotics, Prosthetics, and Seating (OPS) team at Gillette reports the Talee CRO delivers outcomes comparable to the previously used CranioCap, with several notable improvements. The Talee's dual-stage design allows for more refined control over cranial growth trajectories. Its lightweight, breathable materials improve patient comfort and reduce the incidence of skin irritation and sweating, which are common concerns in long-term orthotic wear.

A key innovation is the integration of a proprietary smartphone app and clinical software that enables caregivers to monitor cranial shape changes over time. This digital interface enhances transparency and engagement, allowing families to visualize progress and remain active participants in the treatment process.

Case study: Early detection and intervention

Katie Thunder, mother of 8-month-old Addison Joan (AJ), noticed limited cervical rotation in her daughter at just 2 weeks of age. AJ was subsequently diagnosed with congenital muscular torticollis, a condition characterized by unilateral shortening of the sternocleidomastoid muscle. Following physical therapy, AJ's range of motion improved, but persistent occipital flattening prompted a referral

to Gillette Children's at 4 months of age.

AJ was diagnosed with positional plagiocephaly, a condition frequently associated with torticollis due to asymmetric pressure on the head. She was fitted with a Talee helmet, which she wore for 23 hours daily. After consistent use and follow-up care, AJ's cranial measurements normalized, and she successfully graduated from helmet therapy.

Multidisciplinary expertise in craniofacial care

Gillette Children's is recognized for its comprehensive approach to craniofacial conditions, emphasizing nonsurgical interventions when appropriate. The OPS team plays a central role in this model, collaborating closely with craniofacial specialists to design and fit orthoses tailored to each patient's anatomy and clinical needs.

Patients are routinely monitored through follow-up appointments every few weeks, during which orthotists assess cranial growth using 3D scanning technology and make necessary adjustments to the orthosis. This process helps to ensure optimal outcomes for children.

Family-centered care and clinical education

Kathryn Cooley, mother of three sons, including twin boys, sought care at Gillette for her son Thomas after noticing asymmetry in his head shape. She and her husband were impressed by the clinical environment and the professionalism of the OPS team. Clinical educator Jenna Jasken provided detailed explanations throughout the fitting process, helping the family understand the rationale behind each step.

Thomas, like AJ, wears his Talee helmet 23 hours a day. His family has observed significant improvement in his cranial symmetry, and they report high satisfaction with both the device and their care experience.

Scalable, accessible care across the region

Gillette offers head shape evaluations and follow-up appointments at multiple locations across Minnesota, including clinics in St. Paul, Burnsville, Maple Grove, and several regional sites. This distributed care model helps minimize travel burdens for families while maintaining continuity of care.

Gillette is committed to accessible, evidence-based care

The Talee CRO represents a significant advancement in the nonsurgical management of cranial deformities. Its design, combined with Gillette Children's multidisciplinary expertise and patient-centered approach, supports excellent clinical outcomes and high family satisfaction. As technology continues to evolve, Gillette remains committed to delivering accessible, evidence-based care for infants with cranial shape concerns. The craniofacial and OPS teams at Gillette look forward to forming partnerships with primary care pediatricians to help more children receive the latest care for head shape concerns.

As technology continues to evolve, Gillette remains committed to delivering accessible, evidence-based care for infants with cranial shape concerns.

The Gillette Orthotics team uses AJ's cranial scans to make growth adjustments to the Talee helmet.

Refer a patient for head shape concerns at **gillettechildrens.org/referral**.

Hip Dysplasia Referral Guide

Gillette Children's offers comprehensive hip preservation care for adolescents and young adults — treating conditions such as acetabular dysplasia, acetabular retroversion, and complex femoral deformities. Our team combines subspecialty surgical expertise, advanced imaging technology, and interdisciplinary support to preserve joint integrity and optimize long-term outcomes.

Why Refer to Gillette?

Unlike many orthopedic programs that offer only hip arthroscopy, Gillette provides the full spectrum of hip preservation surgery, including:

- **Periacetabular Osteotomy (PAO):** Surgical correction of hip socket orientation to restore proper biomechanics
- **Hip Arthroscopy:** Minimally invasive joint repair — often performed in tandem with PAO
- **Femoral Osteotomies:** Correction of underlying femoral structural abnormalities

Holistic Support Approach

Our hip preservation program includes:

- Preoperative mental health readiness assessment
- Access to experts in physical and occupational therapy
- Personalized recovery timelines based on goals and sport type
- Coordination with outside healthcare providers

We understand that hip pain during adolescence affects not only physical function but also emotional health and identity. We help patients navigate both recovery and personal resilience.

When to Refer

Refer patients who have:

- Hip or groin pain interfering with sport, school, or daily function
- Decreasing endurance in sport, school, or daily function
- Mechanical symptoms, such as muscle fatigue, instability, or decreased range of motion
- Emotional and cognitive distractions related to chronic pain
- Suspected or diagnosed hip issues such as hip dysplasia, acetabular retroversion, or labral tearing
- Poor response to conservative management or previous unsuccessful surgery

How to Refer

To make a referral:

- Phone: **651-400-2525**
- Online Referral Form: **gillettechildrens.org/referral**
- Questions? Contact our provider relations liaisons at **providerrelations@gillettechildrens.com**

Gillette Children's helps patients navigate both recovery and personal resilience.

Hip Care at Gillette Helps Illyana Become a Stronger Softball Player

Careful Monitoring Preceded Definitive Care

Illyana Shepard is a strong, focused 15-year-old who plays multiple sports and has been clocked pitching a softball at 66 miles per hour. She's determined to play NCAA Division I softball on an elite college team and was not about to let back and hip pain change her dream.

When Illyana was 12, she began to feel pain in her back and hips. That prompted her mother, Jennifer, to schedule an appointment with Gillette Children's pediatric orthopedic spine surgeon **Walter Truong, MD**.

"Dr. Truong diagnosed Illyana with a stress fracture in her lower back, and he thought something also looked off with her hips," Jennifer recalls. "He ordered additional imaging and tests, and that's when we got a diagnosis of hip dysplasia."

Relief for hip discomfort and a doctor who listens

Dr. Truong recommended Illyana see his colleague, Gillette pediatric orthopedic surgeon and hip preservation specialist **Alison Dittmer, MD**, to get some relief from her hip issues.

"Right away, I really liked Dr. Dittmer's approach and the way she spoke directly to me about my hip issues. Initially, I was really surprised and worried about my hip dysplasia diagnosis, and I was concerned about how it could affect my softball and pitching," Illyana says. "Dr. Dittmer made me feel comfortable and talked to me about all the treatment options."

After a year of monitoring Illyana's acetabular dysplasia, Dr. Dittmer and Illyana agreed surgical intervention was the best next step.

"We're grateful the team at Gillette recognized how important Illyana's softball career is, and they worked with us to pick a surgery and recovery time that would not interfere with college and team recruiting, and have a minimal impact on her time off the softball field," Jennifer says.

"My body just feels stronger overall, and I'm happy I had the surgery and have a great care team at Gillette."

— Illyana

Illyana is able to pursue her softball dreams thanks to hip dysplasia intervention.

Successful surgery and "smothered in love"

Illyana's surgery with Dr. Dittmer took about four hours, and Jennifer was grateful for the updates during the procedure and for the wonderful post-op care.

"I don't think the nurses at Gillette could have smothered Illyana with more love," Jennifer says with a laugh.

"They took such good care of me," Illyana recalls. "I would like to provide that care for other patients, so I'm looking at colleges that have a great softball team and a nurse anesthetist program."

Better pitching mechanics post-surgery

This summer, Illyana played for the Minnesota Royals and this fall, made the Minnesota Moose national team, which is a top program in the region that competes nationally.

"After her surgery, we noticed Illyana's pitching mechanics were better," Jennifer says. "That's because her hips were not wiggling and were in better alignment."

"I feel stronger as a pitcher," Illyana says. "My body just feels stronger overall, and I'm happy I had the surgery and have a great care team at Gillette."

FALL 2025

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Partners in Care Journal is a publication of Gillette Children's.

The team at Gillette Children's knows that expertise regarding complex conditions is almost as rare as the conditions themselves. We strive to share our knowledge with providers across the world to positively impact patient care for generations to come. That's why we partner with you at every stage of your referral journey.

We respond daily to comments and questions submitted via email at **providerrelations@gillettechildrens.com**

Unsubscribe from Gillette Partners in Care Journal at gillette.mn/remove.

To refer a patient

Call 651-325-2200
855-325-2200 (toll-free)

Refer online at gillettechildrens.org/referral

GILL-87587

Voices of Gillette Families

Each month, we receive a ton of positive feedback from patient families regarding their care experiences. Below are some shout-outs our providers recently received.

"Dr. Trenton Cooper has the best bedside manner we've ever experienced with any of our kids at any of their providers. He's the literal best."

Trenton Cooper, MD
Pediatric Orthopedic Surgeon

"Dr. Georgiadis is an excellent provider. His care, bedside manner, and thoughtfulness are the reasons I desired to see him in person. The experience is phenomenal."

Andrew Georgiadis, MD
Pediatric Orthopedic Surgeon

"Dr. Peter Ladner loves his job and cares about the patient very much, always going the extra mile for the patient. He listens to you and gives very clear directions. He is the best doctor that any patient could have."

Peter Ladner, MD
Pediatrics and Internal Medicine Physician

"Dr. Taniguchi was incredible. We drove four hours to see him for a second opinion, and made the immediate decision to transfer our son's PM&R care to him permanently."

Marshall Taniguchi, MD
Rehabilitation Medicine Physician

"Laura Tillman gave my son an opportunity to speak to [the surgeon] and many times just to listen. It is so appreciated in anxious times like these but she gave our family grace and peace of mind."

Laura Tillman, DNP, APRN, CPNP
Orthopedic Nurse Practitioner