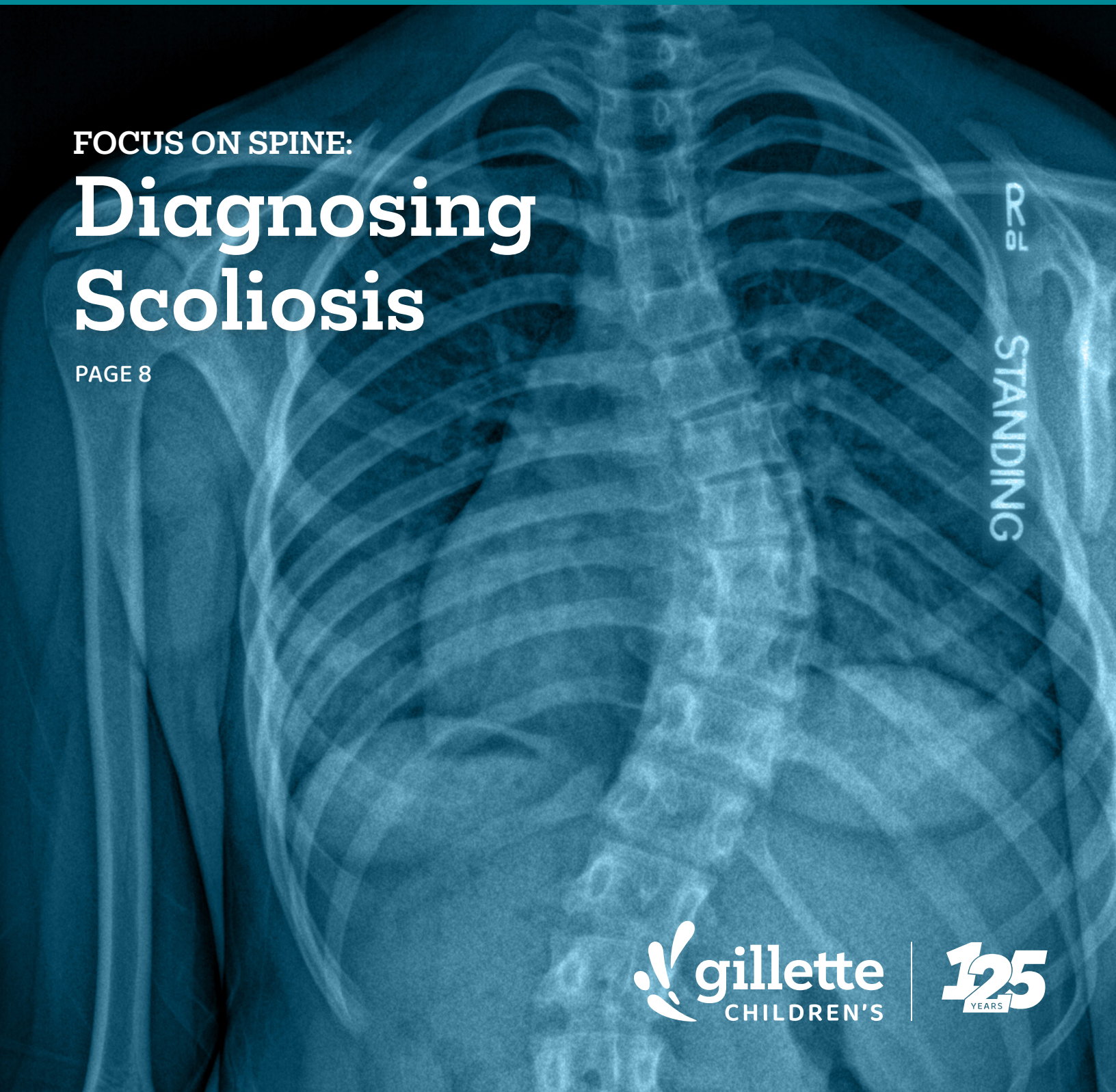
Gillette
Partners in Care
JOURNAL

SPRING 2022



FOCUS ON SPINE:

Diagnosing Scoliosis

PAGE 8

gillette CHILDREN'S

125 YEARS

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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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Dear colleagues:

Micah Niermann, MD
Executive Vice President, Clinical Affairs

When you send your patient to Gillette, they will receive the needed evaluation from the most experienced pediatric experts in neurosciences, orthopedics and rehabilitation in the Midwest. If the patient's concerns are benign, we'll be able to send them back to you confident that they received an evaluation from the foremost experts in the field.

As we continue to celebrate our 125-year history of serving patients who have brain, bone and movement conditions, we're excited to count you amongst our trusted colleagues and supporters. We truly appreciate your partnership in care, and we are always ready to consult on any case, from the simplest concerns to the most complex.

Peter Kim, MD, Takes on Leader Role for Neurosurgery

Peter Kim, MD

Neurosurgeon **Peter Kim, MD,** took on a new role at Gillette in 2022: that of medical director of Neurosurgery, Craniofacial, Plastics and Ear, Nose and Throat. Dr. Kim transitioned into the role earlier this year, after **Patrick Graupman, MD** served in the role from 2008 to the end of 2021.

"We do so many things at Gillette and in the department that no one else is doing," says Dr. Kim. "We do not fit the mold of any other hospital, and one of the things I want to focus on is showing off our research so that others can see the groundbreaking work our team is doing." He added, "This is an interesting time in health care and we have opportunities to be leaders in our segment and define quality care for our patients."

Gillette Welcomes New Providers

Charbel El Kosseifi, MD

Charbel El Kosseifi, MD, joined the Neurology team in February 2022. He comes to Gillette from Montreal Children's Hospital and McGill University Health Center in Quebec, where he completed a Postdoctoral Clinical and Research Fellowship in Neurodevelopmental and Neuromuscular disorders. He has also completed a pediatric neurology fellowship at the Université Catholique de Louvaine Cliniques Universitaires Saint-Luc in France.

Dr. El Kosseifi attended medical school at the Lebanese University in Lebanon and completed his residency at several hospitals around Lebanon. He specializes in epilepsy and seizure care.

Natalie Stork, MD, FAAP

Natalie Stork, MD, FAAP, joined the Orthopedics team in April 2022. She comes to Gillette from Children's Mercy Hospital Kansas where she was the director of education in the Department of Orthopaedics and Musculoskeletal Medicine. She completed a fellowship in Primary Care Sports Medicine at the University of Iowa Hospitals & Clinics and a fellowship in Non-operative Pediatric Orthopedics at the University of Wisconsin School of Medicine and Public Health.

Dr. Stork attended medical school at the University of Iowa Carver College of Medicine and did her residency in Pediatrics at Children's Wisconsin. She specializes in the non-operative treatment of orthopedic conditions and sports medicine.

Gillette Children's Joins the Rare Disease Diversity Coalition

Gillette Children's has joined the **Rare Disease Diversity Coalition (RDDC)**—the only Minnesota organization in the group and the second health care provider to join nationwide. With the help of rare disease experts and health and diversity advocates, the RDDC's mission is to identify and work toward evidence-based solutions to lessen the disproportionate burden of rare diseases on communities of color.

Gillette is known worldwide for its expertise in caring for children diagnosed with rare diseases such as Rett syndrome, spinal muscular atrophy (SMA), acute flaccid myelitis (AFM), Legg-Calve Perthes disease, and Prader-Willi syndrome. In 2021, Gillette treated more than 10,000 patients living with a rare disease.

"Gillette is honored to join the Rare Disease Diversity Coalition in advocating for improved health equity among patients living with a rare disease," says Barbara Joers, President and CEO of Gillette. "We look forward to working with the Coalition to advocate for equitable access, care, research and treatment."

Gillette Children's Doctors Named Rising Stars

Several doctors were named rising stars by *Mpls. St. Paul Magazine*, after making the 2022 list of Top Doctors: Rising Stars. The list includes doctors who have been fully licensed to practice for 10 years or less, and it recognizes the doctors' significant achievements in their first decade as professionals.

Congratulations to our rising stars—and all our providers—for your dedication to serving kids who have complex brain, bone and movement conditions.

Gillette Children's physicians listed:

Trenton Cooper, DO, MS, pediatric orthopedic surgeon

Madeleine Gagnon, MD, complex care physician

Andrew Georgiadis, MD, pediatric orthopedic surgeon

Daniel Miller, MD, pediatric orthopedic surgeon

Quick Care Clinic at Gillette

Do you provide care for a current Gillette patient? Don't forget about our Quick Care Clinic. At the clinic, an experienced team of pediatric physicians and nurse practitioners will assess and treat your patient for minor illnesses that might be more complex due to a chronic medical condition. We want to make it easy for families to find care quickly when minor health issues arise in complex kids.

The clinic provides care on a same-day or next-day appointment basis for established Gillette patients who are experiencing minor illnesses. The Quick Care Clinic does not offer walk-in appointments.

Concerns seen at the Quick Care Clinic include:

- Allergies
- Bowel difficulties such as constipation or diarrhea
- Ear aches or pain
- Feeding intolerance like nausea or vomiting
- G-tube concerns
- Mouth and cold sores
- Skin irritation such as an infection, rash or hives
- Urinary difficulties

Hours:
Monday through Friday
9 a.m. to 4 p.m.
Gillette St. Paul Campus

Our Clinical Scientists

Liz Boyer, PhD
Gait and Motion Analysis

Chantel Burkitt, PhD
Pain and Comfort

Rhonda Cady, PhD
Health Services

Mo Chen, PhD
Neuroscience

Sara Morgan, PhD
Spine

Susan Novotny, PhD
Orthopedics

Andy Reis, PhD
Gait and Motion Analysis

Michael Schwartz, PhD
Gait and Motion Analysis

A Quick Look

Under the direction of Dr. Joyce Trost, PhD, PT, and Dr. Jennifer Laine, MD, the Research department leads interventional and observational research studies across seven distinct research programs: health services, pain and comfort, rehabilitation, neuroscience, orthopedics, spine and motion analysis.

Gillette Spine Research Focuses on Patient-Centered Outcomes

Like most research at Gillette Children's, the latest meta-analysis published by our spine team focuses on finding the best treatment options for our patients. The team asked, "Is nighttime bracing effective in the treatment of adolescent idiopathic scoliosis (AIS)?"

Scoliosis, or a sideways curve in the spine, often needs to be treated with a brace during childhood and adolescence to prevent the curve from getting bigger. For many patients, especially teenagers, wearing a brace full-time (18-23 hours per day) can be challenging. An alternative method of bracing scoliosis is with a nighttime brace, which is hyper-corrective and is only worn while patients are lying down. By evaluating the effectiveness of nighttime bracing, we can inform clinical practice and offer patients well-researched reasoning behind our treatment recommendations. In this case, the findings suggest that **nighttime bracing can be a viable alternative to full-time bracing for some patients.**

The multidisciplinary group, led by **Walter Truong, MD,** and **Kristin Smith, CO,** included **Abdul Fettah Buyuk, MD** (former Gillette Orthopedics Fellow), **Dan Miller, MD, Kristine Nolin, CPO, Sara Morgan, PhD,** and **Andrew Snyder, DC**. After parsing hundreds of research articles, the team narrowed the meta-analysis to focus on results from nine studies, pooling 595 participants between them.

The most successful outcomes of nighttime bracing were in patients who had thoracolumbar or lumbar curves and in patients who started wearing a brace when they were Risser stage 1 and 2.

Walter Truong, MD

Kristin Smith, CO

Gillette spine providers have always known that nighttime bracing is not appropriate for all scoliosis patients; however, this analysis gives them a better idea of which patients would benefit most from this treatment and gives patients and families the ability to make a more informed decision about their bracing options.

Because of remaining gaps and limitations in the body of evidence, more research needs to be done regarding nonoperative treatment of AIS. The meta-analysis teased out opportunities for further research, especially for patients with different curve types and for patients who are of various ages and stages in their development. Researchers at Gillette are already hard at work finding ways to further direct our care recommendations and make an impact on patients with AIS. This includes the recent awarding of a competitive grant to Drs. Truong and Morgan from the Pediatric Orthopedic Society of North America to advance our knowledge about this specific type of bracing and its potential to improve bracing tolerance and quality of life while still being effective at halting curve progression.

RECENT PUBLICATIONS

Gillette investigators and collaborators have had the following manuscripts published in peer-reviewed journals. Reach out to our Provider Outreach team for questions or a copy of the publication at providerrelations@gillettechildrens.com.

MacWilliams BA, McMulkin ML, **Duffy EA**, **Munger ME**, **Chen BP**, **Novacheck TF**, **Schwartz MH**. *Long-term effects of spasticity treatment, including selective dorsal rhizotomy, for individuals with cerebral palsy.*

McMichael BS, Nickel AJ, Christensen EW, Frenn KA, **Truong WH**, **Laine JC**, Kharbanda AB. *Discriminative accuracy of procalcitonin and traditional biomarkers in pediatric acute musculoskeletal infection.*

Nelson JA, **Boyer ER**. *Perceived limitations of walking in individuals with cerebral palsy.*

Smith S, Gannotti M, Hurvitz E, Jensen F, **Krach L**, Kruer M, Msall M, Noritz G, Rajan D, Aravamuthan B. *Adults with cerebral palsy require ongoing neurologic care: a systematic review.* ★Picked by Neurology Today editorial board as one of the top articles of the year

Morgan SJ, Askew RL, Hafner BJ. *Measurements of best, worst, and average socket comfort are more reliable than current socket comfort in established lower limb prosthesis users.*

Nazareth A, Andras LM, Illingworth KD, **Miller DJ**, Cahill PJ, Skaggs DL. *Outcomes of operatively managed lumbar and sacral facet fractures in pediatric athletes.*

Noonan B, **Cooper T**, Chau M, Albersheim M, Arendt EA, **Tompkins M**.*Rotational deformity—when and how to address femoral anteversion and tibial torsion.*

Stoffel JT, Baroglio-Romo P, Lenherr SM, **Elliott SP**, O'Dell D, Myers JB, Welk B. *Factors impacting bowel symptoms in a contemporary spinal cord injury cohort.*

Shaw KA, Sanborn R, Shore B, **Truong W**, Murphy JS. *Current variation in joint aspiration practice for the evaluation of pediatric septic arthritis.*

Zbyn S, Santiago C, Johnson CP, Ludwig KD, Zhang L, Marette S, **Tompkins MA**, Nelson BJ, Takahashi T, Metzger GJ, Carlson CS, Ellermann JM. *Compositional evaluation of lesion and parent bone in patients with juvenile osteochondritis.*

Gillette Pioneers Social Determinants Research in Complex Pediatric Population

Researchers at Gillette Children's, in partnership with the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota (U of M), aim to determine the prevalence of social determinants of health (SDoH) within a sample of Gillette's pediatric population, and assess for relationships between SDoH and healthcare outcomes.

The study includes Gillette experts **Matthew Witham, PhD,** Child and Family Services, as principal investigator as well as **Rhonda Cady, PhD, RN,** Gillette Nursing Research, and **Andrew Nesbitt,** Strategic Planning & Market Intelligence. Together with their U of M cohort, the study begins to fill a much-needed knowledge gap.

We already know that SDoH have short- and long-term effects on children's health outcomes. "Current literature for adults and children without medical complexity indicates a strong negative relationship between SDoH and health outcomes," Cady says, "But because children with medical complexity are such a small population (<1% of all children), little research has been conducted."

Although the empirical research regarding the SDoH is a growing field of study, there remains a gap in understanding SDoH for children with complex medical conditions. As such, there is a critical need for studies like this—to better inform the development of targeted interventions. Witham says Gillette is an ideal place to host such research: "Gillette serves a large population of children with medical complexity from across the state. This research provides much-needed insight into the prevalence of specific SDoH within our pediatric population." Understanding how SDoH impact patient health outcomes is critical to better care delivery.

Matthew Witham, PhD

Rhonda Cady, PhD, RN

Currently in progress, the study has two main objectives: Understand the prevalence of SDoH (e.g., economic hardship, housing, insurance) within the Gillette Minnesota patient population; and determine whether SDoH in our patient population are related to outcomes in both outpatient and inpatient settings. "Our working hypothesis is that SDoH for Gillette patients will be positively associated with decreased health outcomes," Witham says.

After this research is wrapped up, we can use these conclusions in daily clinical practice. Witham says, "Knowing this information, we can work to better understand the connection between these patient issues and Gillette outcomes (e.g., re-admission rates, cancelations), and care for this population accordingly."

Witham and Cady are excited to report the findings and are already pursuing further insights from the data set.

Meet the Child Life Team

Matthew Witham, PhD, is the director of Child and Family Services at Gillette Children's.

Witham and the Child and Family Services team take a comprehensive approach to support Gillette patients and families. From holistic health and wellness to helping caregivers remember to take care of themselves, the team is incredibly passionate about the work they do to meet the Gillette patient population's diverse needs.

Witham originally pursued business management, but became intrigued by understanding the psychological, social and emotional aspects of people and how to promote health and healing. At Gillette, he maintains his deep appreciation for the daily, collective commitment to improving the health of patients.

Witham says, "I really love any project where I get to work across departments with diverse professional disciplines. There is so much we can learn from one another to improve our own work, practice and research. It's been thrilling to be a part of helping to create spaces where people with multiple perspectives and voices come together for a common purpose."

The Child Life team at Gillette Children's use a variety of developmentally appropriate techniques to prepare, comfort and distract children while they are in the hospital.

Gillette Refreshes Brand as Part of 125th Celebration

For 125 years, those who have come through the doors at Gillette Children's have found answers, expertise and community. The contributions of our team members throughout the decades have resulted in increased knowledge, discovery and new treatment options for children who have some of the most challenging neuromusculoskeletal conditions.

In this milestone year, we celebrate a remarkable history—and look forward to broadening our reach, deepening our expertise and strengthening our reputation as a global leader in clinical care, research and advocacy. To that end, we want to share with you a refreshed brand that celebrates everything that makes us unique—and invites more people to discover our remarkable mission.

gillette CHILDREN'S

Highlights from our rebranding include bold colors, a new logo and a shorter name.

Learn more about our brand refresh.

Our Vision

A world in which every child is able to create their own story.

Our Mission

In collaboration with patients, families and partners, we redefine what is possible for children with brain, bone and movement conditions through clinical leadership, research and global advocacy.

Gillette children **dream big**, and **we do too**. Take a look at how far we've already come.

Between 1897 and 1940, many Gillette patients were admitted for tuberculosis (TB) care or paralysis due to poliomyelitis, but those were not the only conditions seen at the hospital. Children were admitted with other types of bone infection, referred to as osteomyelitis. They received care for club foot, dislocation of the hip, deformities after fractures, cleft lip and palate, scoliosis or curvature of the spine, and deformities due to the spasticity of cerebral palsy—conditions we are still treating with comprehensive, patient-centered care 125 years later.

A Long History of Orthotics and Prosthetics

In 1915, Gillette Children's created a brace shop, and the surgeon-in-chief hired a brace maker to reduce the cost of braces built by private firms in St. Paul. The department created 332 braces and appliances in 1917 and 1918 and 1,112 braces and appliances in 1919 and 1920.

In its first year, 1897, Gillette Children's had 1,532 admissions and an average daily census of 125 patients.

The hospital spent $30,657 on patient care, or $4.70 per patient per week.

Average Hospital Stay at Gillette Children's

400 DAYS	200 DAYS	6 DAYS	5 DAYS	3.81 DAYS
1910	1950	1997	2010	2021

70% of Gillette patients see providers in more than one specialty

Top Conditions Seen at Gillette Children's 2021

Cerebral Palsy
Limb Length Discrepancy
Developmental Dysplasia of the Hip
Epilepsy
Adolescent Idiopathic Scoliosis

125 YEARS

Gillette Children's is internationally recognized for treating pediatric spine conditions, complex congenital abnormalities and high-grade spondylolisthesis.

Gillette performs 80% of spinal fusion procedures in Minnesota and 65% of spine fusions to correct scoliosis. We also perform 63% of neurosurgery spinal procedures in the state.

"Our overall volume lends us a degree of clinical expertise that isn't seen in other institutions in the region or the state."

–Tenner Guillaume, MD, spine surgeon at Gillette

Diagnosing Scoliosis

Experts at Gillette diagnose scoliosis based on a physical exam and x-ray of the spine. The physical exam includes the Adam's Forward Bend Test, which can show spine abnormalities.

Does my patient have scoliosis?

If your patient has noticed one or more of the following changes in their appearance, they may need further evaluation for scoliosis:

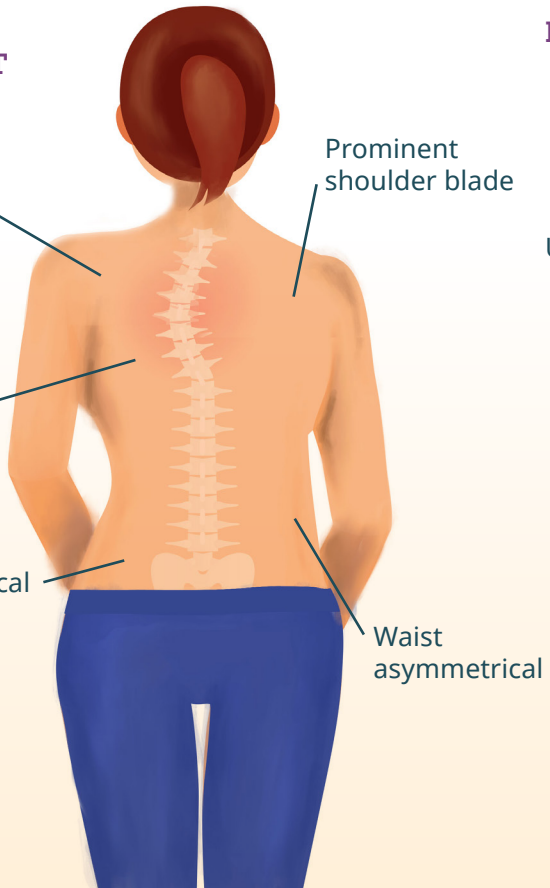
- Chest shifted to one side
- One shoulder blade more noticeable than the other
- Asymmetry (unevenness) of the waist
- Clothes fit unevenly
- One shoulder is higher than the other
- One hip is higher than the other
- Asymmetry of front torso

Family Support for Scoliosis

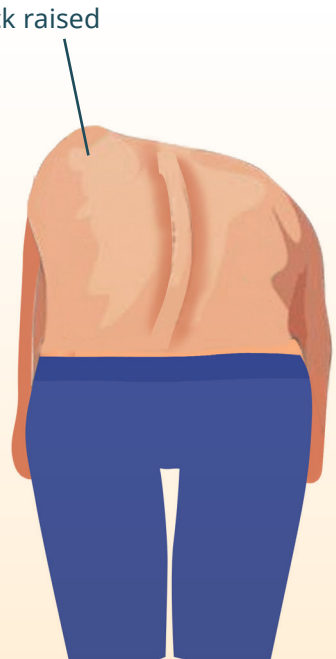
Do you have a patient family struggling with a recent scoliosis diagnosis? Talking to other families who have been through a scoliosis journey can help. Gillette Children's hosts a Scoliosis Resource Group on Facebook where any family—regardless of provider—can join and ask questions, get advice and lean on each other for support.

Learn more at gillettechildrens.org/family-resources

STANDING ASSESSMENT



FORWARD BENDING ASSESSMENT



The Due Diligence Is Talking to Patients:

A Conversation with Spine Researcher Sara Morgan

We sat down to discuss Gillette's research, "Is Nighttime Bracing Effective in the Treatment of Adolescent Idiopathic Scoliosis (AIS)? A Meta-Analysis and Systematic Review Based on Scoliosis Research Society Guidelines," with Sara Morgan, PhD, Clinical Scientist.

Interviewer: What's the most exciting part about the spine team's nighttime bracing meta-analysis?

Sara Morgan, PhD: The whole team was excited to dig deeper into the challenges that come with traditional full-time bracing as a treatment for AIS. Our orthotists, physicians and advanced-practice providers strive to offer the most effective, research-based treatments for their patients that have minimal impact on their daily lives.

We know that scoliosis bracing can be a huge adjustment for families. Oftentimes teens are asked to wear a brace somewhere between 18 to 23 hours a day, which means they would need to wear their brace during much of their daily life, including school, some extracurricular activities and while sleeping. This means that social events and interactions, which are so critical during adolescence, may become an emotional or logistical challenge. Looking at nighttime bracing as a viable treatment option has the potential to help reduce some of the difficulties that patients can face with full-time brace wear while still attaining positive treatment outcomes.

I: Why is Gillette best suited to conduct this analysis?

SM: We have extremely collaborative, comprehensive care at Gillette, and not only does that benefit our patients, it also benefits our research. We have multidisciplinary expertise and perspectives to help us ask important questions and then integrate the answers we find into our clinical practice.

We have a very committed, talented team of orthotists, physicians and advanced practice providers who are experts in scoliosis bracing. We also have the research infrastructure to take clinically focused research ideas and questions and move them forward to large, rigorous studies.

Our care team at Gillette has observed the clinical benefits related to offering a variety of scoliosis bracing options for our patients, including nighttime and full-time designs. So, we wanted to make sure that when we discuss these different treatment options with patients, we understand where the evidence is clear and then where there are gaps. And because we now have a strong clinical research team in spine, we can not only take the results from the meta-analysis that we feel are strong and move those directly into informing patient care, we can also look more closely at areas where there are unknowns and move those forward into future research initiatives.

I: What do you see as the next steps in researching nighttime bracing as a treatment regimen?

SM: To really get the answers we're looking for to inform our care, future research will have to have a strong patient focus. We'd not only capture the effect of the braces on curve magnitude, but also the effect of these different bracing options on the patients and families in front of us. To our team, the due diligence is talking to patients to better understand what would impact them most, which is asking patients a little bit more about their experiences with different bracing options and the types of outcomes that are important to them. We aim to ask questions like: what does a successful outcome look like for you? What would you tell us to study? Is it important for us to know how you feel about your body? What did it feel like to wear a brace all the time?

I: What do you see as the next steps for spine research at Gillette?

SM: The most exciting part about spine research at Gillette is that we continue to have a clinical focus. Every question we ask and every answer we chase down, we can bring back into our clinic. You can see it right now with nighttime bracing. Work like this can help us explain care options to patients so that they can understand the implications of the different decisions they have in front of them and choose the best route for their child. In the future, our research will continue to expand to operative and non-operative results for kids who have neuromuscular scoliosis and other complex conditions we see every day.

Tools to Assess Skeletal Maturity

Each scoliosis treatment plan at Gillette is based on an individual's goals as well as their health assessment. When determining care plan options, it's important for physicians to consider the skeletal maturity of their patient.

There are a few tools that help determine skeletal maturity:

1 Proximal Humerus Ossification

The proximal humerus in the upper arm ossifies as a child grows older. Around four months of age, the ossification process begins; around age 13, most of the ossification is complete, conforming to the shape of the proximal humerus; and by age 17, ossification is usually complete. Because not everyone grows at the same rate, an orthopedic surgeon can assess the progression of ossification in the upper arm and determine what treatment options are viable.

2 Risser Sign

The Risser sign measures skeletal development—all you need is an x-ray of the pelvis. With the x-ray, you can see the ossification of the iliac apophysis as it progresses from the crest toward the spine. The Risser sign is delineated in five stages. Stage 1 indicates 25% ossification and happens during early puberty. In Risser stage 5, bones are completely ossified and a person is considered skeletally mature.

3 Sanders Maturity Scale

The Sanders score assesses a child's bone maturity using an x-ray of the left-hand fingers and wrist. Based on a scale of 1-8, the Sanders maturity scale considers level 1 to be slow growth in early adolescence, whereas level 8 is categorized as full skeletal maturity. Recent research has found the Sanders maturity scale to be a more reliable measure of skeletal maturity when compared with the Risser classification, especially in the curve acceleration phase of growth in patients who have adolescent idiopathic scoliosis.

Despite that these three measures look at different parts of the body, each of them can help a spine team recommend the best treatment options for their patients.

Skeletal Maturity Matters!

Vertebral Body Tethering (VBT) is an innovative scoliosis surgery that harnesses a spine's typical growth to straighten spine curvature without the need for spinal fusion. Research has shown the most successful outcomes of VBT rely on accurate skeletal maturity measurements when determining a good candidate for the procedure.

Learn more about Vertebral Body Tethering at Gillette.

Owen Makes a Splash after MAGEC Rod Surgery for Scoliosis

Swimming wasn't always joyful or comfortable for Owen due to scoliosis, a curvature of his spine, which was diagnosed when he was one year old.

"When Owen was one, we brought him to the emergency room because he was coughing and had a high fever," Owen's dad, Mike Earl, recalls. "They took an x-ray of his lungs and said he had pneumonia and then asked what we were doing about the curve in his back. This was a total surprise to us," Mike says.

The initial hospital referred the Earl family to Gillette Children's. A team of Gillette specialists confirmed the curve was scoliosis and worked with the Earls to craft a customized treatment plan for Owen.

"They put Owen in casts at first," Mike recalls. "Next came bracing." The brace was not easy for Owen because it interfered with his swimming.

"We had to get him in and out of the brace when he went in the pool," Mike says. "When he came out of the water, we had to make sure his skin was totally dry or else he could get a rash from the brace. Plus, once he entered kindergarten, we thought it would be best to get Owen out of the brace."

Gillette orthopedic surgeon, Tenner Guillaume, MD, suggested Owen undergo surgery using magnetically driven growing rods known as MAGEC rods. In March 2016, Guillaume planted two rods in Owen's back to straighten his spine. Following the surgery, the system uses magnets to lengthen the rods as Owen grows. The magnets allow Owen to avoid one of the major drawbacks of a traditional rod system—having surgery every three to six months to adjust the implanted rods.

Today, Owen is 12 years old and although his interest has waned a bit, his dad, Mike, reports Owen still enjoys swimming with his brother and sister.

Owen is getting ready to take the next step in his spine care. He's working with Dr. Guillaume to schedule spinal fusion surgery in the summer of 2022. The Earl family is optimistic about the surgery. "Finally getting the rods out will be good," Mike says. "Owen's had these same rods in for more than five years. Because of the MAGEC rods, we've been spared 18 surgeries. The rod adjustments are done with a magnet and are not invasive. We now just come in twice a year so Dr. Guillaume can lengthen the rods as Owen grows."

Mike Earl highly recommends the MAGEC rod procedure if a child's medical team suggests it. "One thing I didn't really think about at first was the fact that the rods are hidden in Owen spine. This means unless he tells someone he has a spine issue, no one knows. This lets Owen be treated just like any kid. That's what parents want—for their child to be treated as a kid."

Mike Earl continues to be grateful for the care Owen receives at Gillette. "Dr. Guillaume has a great relationship with Owen," Mike says. "We feel lucky every time we come here. Gillette is really like a second family to us."

Read more

Did you know?

Our providers were the first in the region to treat early-onset scoliosis with magnetically driven growing rods.

SPRING 2022

Gillette Partners in Care JOURNAL

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**

To refer a patient

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

Refer online at gillettechildrens.org/referral

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Gillette Partners in Care WEBINAR

Webinar Available Now!

Spina Bifida Management and the Importance of a Coordinated Clinic

with Pediatric Rehabilitation Medicine Physicians Kelly Cho, MD and Linda Krach, MD

COURSE OBJECTIVES:

At the completion of this course, participants should be able to:

- Define the etiology and incidence of various myelodysplasias
- Review early and ongoing management and treatment options
- Discuss levels and functional prognosis
- Recognize associated conditions
- Utilize appropriate care guidelines
- Recognize transition to adulthood challenges and best practices
- Discern long-term outcomes in spina bifida