

## THE REST OF YOUR LIFE

# Stepping Out to Dance

Finding time for renewal is no easy task for full-time physician Shaun J. Gillis, a married mother of three children, aged 9, 6, and 3.

That's why she looks forward to her 2-hour dance rehearsals every Thursday night, which she began 3 years ago as an outlet for exercise and stress release.

Dancing "is almost like yoga for my mind or meditation—it's a chance to step away from what I do every day, all day," said 39-year-old Dr. Gillis, who practices ob.gyn. in Bozeman, Mont. "I'm not mom, and I'm not the doctor. I'm just dancing, minding what my feet are doing. It's relaxing mentally, a chance to step away."

A Montana native, Dr. Gillis started dancing competitively as a freshman in high school and went on to join the dance company at Montana State University in Bozeman, where she specialized in lyrical and tap dancing. Her dancing days were put on hold when she enrolled in medical school at the University of Washington, Seattle. "It was very sad," she recalled. "With medical school and residency, I was too busy."

When she relocated back to Bozeman she joined Tanya's Dance Co. in Belgrade, Mont. ([www.tanyasdanceco.com](http://www.tanyasdanceco.com)) on referral from a friend and picked up dancing again after a 10-year break. Returning to dance "was very comfortable," she said. "Once I started moving, I realized I could do this again after taking a long break. I've also had some really great teachers who



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have been encouraging and positive."

Tap dancing "has become my new favorite. But I also like lyrical dance; it's more expressionistic," said Dr. Gillis. She's also adept at clogging, which she described as "an American version of Irish folk dancing. It's all about the footwork. There is not a lot of arm movement or upper body motion, but the steps are quite different from Irish folk dancing."

She also admires the work of the Alvin Ailey American Dance Theater, a New York City-based company that tours extensively.

Tanya's Dance Co.—whose members range in age from 18 to their early 50s—competes with other dance groups in

Montana during March and April and stages a local performance in June. Right before the curtain went up at last year's performance someone's child yelled out "Go Mom," which caused the dancers to erupt with laughter, she recalled.

In the spring of 2007, Dr. Gillis and her teammates received the honor of having the No. 1 tap routine in a statewide competi-

tion. Such events represent a chance "to take an individual talent and turn it into a team sport because we compete as a team," she said. "The judges score you on costumes, makeup, and hair—so everything needs to be very uniform."

She said she enjoys such camaraderie with other women from all walks of life. "I interact with people that I would never interact with on a daily basis," she said. "Nobody else in my group is a physician or in the medical profession."

Dr. Gillis initially worried what her patients would think about their doctor performing dance routines in public, but she is over that now, and explained that many of her patients showered her with

support and encouragement. In fact, some members of the dance team are her patients. "This is a small town, so it happens," she said.

Her goal is to keep building her skills and to keep dancing as long as she is physically able. "There are some incredibly difficult tap moves that I watch my teacher do and I'm just in awe," she said.

She added, "I'm constantly striving to see if I can get my feet to move like that or learn a complicated series of steps. It's challenging."

Dr. Gillis noted that it saddens her to think she went 10 years without dancing, "because it was such a joy to get back into. Being a physician you have to maintain balance and things that you enjoy outside of medicine." ■

By Doug Brunk, San Diego Bureau

### E-MAIL US YOUR STORIES

On the weekends do you trade in your white coat for leather and two-wheeled, four-stroke transportation? Is the highlight of your year bike week at the beach? Have you ever had the misfortune of suffering from road rash? Whether you enjoy taking leisurely rides on a cruiser or prefer the thrill of off-road sport bikes, we want to hear your stories. Send an e-mail to [d.brunk@elsevier.com](mailto:d.brunk@elsevier.com).

## Knee Function Scores Predict Return to Sports

BY SHERRY BOSCHERT  
San Francisco Bureau

SAN FRANCISCO — Patients who gain range of motion and improved function after total knee replacement also increase their level of sports activity, a study of 417 patients found.

There have been little data on the relationship between changes in objective or functional outcomes after total knee arthroplasty and changes in activity level. The number of articles published on this topic grew from around 5 per year in 1996 to 20 or so in 2006, according to Dr. Michael A. Mont, director of joint preservation and reconstruction at Sinai Hospital, Baltimore.

He and his associates conducted a survey of 162 men and 255 women receiving total knee arthroplasty. All of the patients underwent the procedure to treat pain associated with osteoarthritis.

The survey asked about the hours and types of sports activity the patients had participated in during the year prior to surgery and up to a mean of 3 years after surgery. The researchers compared the survey results with evaluations of the knee using Knee Society objective and functional scores and a 10-point satisfaction scale.

They found a positive correlation be-

tween increases in Knee Society functional scores and increases in weighted activity scores. Every 10-point increase in Knee Society functional score predicted a 1.2-point increase in the weighted activity score, Dr. Mont said in a poster presentation at the annual meeting of the American Academy of Orthopaedic Surgeons.

The investigators used a new questionnaire to derive the weighted activity score, which accounted for the impact level of a sports activity and the amount of time a patient spent in that activity. The calculation begins by assigning 1 point to low-impact activities (including aerobics, bicycling, golf, dancing, gardening, or others), 2 points to moderate-impact activities (ice skating, skiing, or singles tennis, among others), or 3 points to higher-impact activities (including baseball, basketball, football, gymnastics, jogging, and other activities).

The investigators then multiplied the frequency of an activity (in days per week) by the duration (in hours per day) reported by a patient, and multiplied the product by the number of impact points. Calculations were done for each activity reported by a patient, and the sums added up to the weighted activity score.

A highly active patient might report cycling, golf, singles tennis, and basketball. Cycling 7 days per week for 1 hour per

day, multiplied by 1 impact point, is 7 points. One 3-hour golf outing per week multiplied by 1 impact point totals 3 points. Singles tennis 1 day per week for 1 hour multiplied by 2 impact points totals 2 points. Basketball 1 day per week for a half-hour multiplied by 3 impact points totals 1.5 points. Summing up all the activity points (7 plus 3 plus 2 plus 1.5) gives a weighted activity score of 13.5 points.

A low-activity patient who reports speedwalking 1 hour per week (totaling 1 point) and gardening a half-hour per week (totaling 0.5 point) would have a weighted activity score of 1.5.

Overall, Knee Society functional scores increased by a mean of 48 points from the preoperative assessment to the final follow-up. The corresponding increase in weighted activity score was 2.5 points, with a mean weighted activity score of 6.2 points at the final follow-up, he said.

Weighted activity scores increased for 53% of patients, decreased for 19%, and did not change for 29%. Patients under 60 years old were significantly more likely to increase their activity scores after knee replacement than were older patients.

Dr. Mont is a consultant for Wright Medical Technology, and he and two coinvestigators are consultants for Stryker. Both companies market artificial knee implants. ■

## More Free Drug Samples Go to Wealthy, Insured

Poor and uninsured Americans are less likely than wealthy or insured Americans to receive free drug samples, according to a study by physicians from Cambridge Health Alliance and Harvard Medical School.

The study found in 2003 12% of Americans got at least one free drug sample.

More people who were continuously insured received a free sample than people who were uninsured for all or part of the year, and the poorest third were less likely to receive free samples than were those with incomes at 400% of the federal poverty level or more (*Am. J. Public Health* 2008;98:284-9).

"We know that many doctors try to get free samples to needy patients," said study senior author Dr. David Himmelstein in a statement. "Our findings strongly suggest that free drug samples serve as a marketing tool, not as a safety net."

But Ken Johnson, senior vice president at the Pharmaceutical Research and Manufacturers of America, said free samples help millions of Americans, regardless of income, and help patients who can't afford medicines.

—Jane Anderson