



# A Seemingly Simple Injury Powered Waves of Change in the Waters of My Life

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**E**arly one morning, I tripped and fell onto a cast iron planter at home, hitting my shoulder. The pain was unimaginable. I hoped I'd just dislocated it, could go to the emergency department and then to work. It turned out I'd shattered the humeral head of my dominant arm. I had to stay upright in an immobilizer. Sudden disability dropped like a rock, sending waves through the water of my home and work lives.

The first wave hit me. I don't see myself as weak. I've had surgeries and given birth. Used to being in control, I didn't want to need help and felt guilty; I'm usually the rock at home and work. The super-responsible doctor me struggled with the now-fallible human patient me.

The second wave hit my family. Flustered, they'd never seen me needing care. My daughter freaked out when the pain drove me to tears. I didn't even realize I was crying. The tears frightened my husband, who looked for the nearest MD. "My wife's in pain, she's crying, this is unlike her. Do something now!"

Leaving the hospital, not only was I not driving, I needed help getting into the car. Once home, I needed help changing, in the bathroom, even eating. I started the day completely capable, then was suddenly disabled. It was a huge loss of independence,

with no time to adjust. The injury ground me to a halt, and was so hard to tolerate.

The third wave hit my clinical colleagues, who scrambled to cover my appointments and patients. Recognizing the injury was beyond my control, they offered a locum.

I said, "Nah. After my next ortho appointment, I'll be back." Wrong! I didn't want to acknowledge my lack of control, precluding a long-range plan. Although I'm sure my attitude inconvenienced and frustrated my colleagues, what I viewed as imposition, they called support. I now recognize we're a flexible team. Importantly, I discovered that my view of professionalism—sucking up pain and soldiering on—was misplaced. I'm now more up-front about needing time off for personal and family emergencies. I learned that being professional doesn't preclude accepting help.

After a week I was able to teach, which helped me to feel I was meeting at least some of my obligations, but I needed help. My daughter drove, carried things, helped me set up, brought lunch. I didn't want to wreck her summer, but she didn't mind; she was satisfied being able to help me.

Stuck at home, I was unbelievably bored, unable to do the home tasks I enjoyed. But I could do some clinical

tasks with one hand. Because climbing stairs to my home office jarred my shoulder, my husband brought my computer downstairs. A nurse who lived nearby delivered forms for me to deal with. Because 40% of my patients need forms filled out to stay on disability, I worried my partners wouldn't know the nuances of their situations. I realized how much my self-worth is wrapped up in work. I was itching to return.

In the emergency department, the orthopedic surgeon had offered more Percocets than I would ever prescribe. "I think you'll need them," he advised.

"No, I won't," I countered.

He was right. But the drugs totally disoriented me. Confused and tired from trying to sleep upright, I had to acknowledge that I couldn't see patients.

Getting off Percocet was my first hurdle in returning to clinic—and it was harder than I thought. I needed to regain control, but it hurt so much! It felt more important to be working than to be pain free. Despite my discomfort, I only took Tylenol. After a month, I resumed my clinic

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responsibilities part time, still needing lots of help. My daughter continued assisting me to get to work. Although I gradually increased my hours, I was extremely slow at typing and handwriting—and exhausted. So the clinic gave me a clerical assistant. Phenomenal!

Two months after the injury, I was out of the immobilizer and started working full days. I still needed physiotherapy, which closed at 5:00. Scrambling to catch up, I couldn't make it there and was too tired to fully exercise at home.

The injury changed our family dynamics. I'd always been the caregiver. I'd always run the household, and my daughters and husband cooked occasionally. But with my disability, they had to cook, shop, and plan regularly. Post-disability, the change persisted. My daughters grew emotionally, seeing themselves as competent to take on adult caregiving responsibilities. I had to accept them as capable individuals, not as my dependent children.

The injury also moved the social determinants of health to the forefront of my clinical teaching. I make sure that residents consider circumstances that may prevent adherence to treatment. Now we ask: Can patients afford treatments not covered by insurance? Are they self-employed and can't afford to take time off? Do they have support from family and friends, and childcare?

Being a patient increased my empathy. If patients are having trouble managing pain I say, "I appreciate what you're going through, because I went through it." For the first time I recognized how limiting fractures can be, not just physically but emotionally. Lost ability can hit patients hard. I appreciate how difficult it is to get off narcotics, and more frequently refer patients to pain management clinics to deal with pain's emotional impacts. For patients with mental illnesses, I'm more aware of the added psychological burden of a fracture or other limitation.

It's surprising how what seemed at first like a simple injury powered

all these waves of change in the waters of my life. Should more waves hit, I'm now confident my colleagues can manage my patients, and my family can cope with change. I've learned that asking for help isn't imposing on either my family or my colleagues. Being a patient changed how I see myself as a physician. I don't have to always maintain the professional façade. I can care for myself, let others care for me, and still be a good doctor.

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