

The Wide World of Dr. Judith Baumhauer

By Sally Parker

TWO YEARS AGO, Judith Baumhauer '83, M.D., M.P.H., took up a scalpel in an operating room in India to perform a bunionectomy. It was routine by all accounts but one: Sixty orthopaedic surgeons were gathered in a nearby auditorium to watch via video feed. The surgery under way, they filled her earpiece with questions, which Baumhauer answered one by one as she worked—all while dodging a cameraman in the operating room.

"Talk about sensory overload," she says, laughing. "It was funny. I'm glad I have a sense of humor. They don't hesitate to say whatever is on their mind. I think it could be unbelievably intimidating for a youngster."

Baumhauer, an orthopaedic surgeon at the University of Rochester Medical Center in Rochester, N.Y., who in 2011 became the first female president of the American Orthopaedic Foot and Ankle Society (AOFAS), was in India to do surgery and to share techniques. She relishes volunteer experiences that take her to other parts of the world.

No matter where she goes, lessons await. In China, Baumhauer learned that ankle fusion, robustly supported by Western medical literature for osteoarthritis and other joint issues, won't fly in China and other Eastern countries. There, squatting is common and ankle flexibility is essential.

"They do a lot of squatting and tai chi positioning that require their ankles to move. So maybe their gold standard is an ankle replacement," says Baumhauer, who traveled to a medical center in Shanghai twice last December. "It's an example of what's good for many may not be good for all. Being sensitive to those needs is something I've gained from going over there."

In Shanghai, Baumhauer gave talks to residents, made rounds, and cultivated relationships with doctors with whom she remains in touch. She



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travels to China twice a year through AOFAS, which also has a project in Haiti. Plans for Africa are in the works.

On a three-week trip to Vietnam in 2010, Baumhauer learned that backup plans for operating room surprises generally do not exist in primitive areas, and tools of the trade are outdated. In clinics nestled into remote areas of the country, where access to medical care is limited, she corrected severe limb deformities stemming from polio, birth defects, and injuries—many caused by live landmines from the Vietnam War. To ensure successful outcomes, she also educated local doctors on follow-up care.

Baumhauer's husband, Ted Baumhauer G'81, CAS'82, vice president of the College's Alumni Council, accompanied her. A consultant who incorporates juggling in his presentations, he entertained the large crowds of patients waiting to be seen.

"He came to help in any capacity he could. He was like a standup comedian," she says.

Sometimes she can do nothing to help. Baumhauer recalls a 14-year-old girl who was carried into a clinic on her mother's back. Her feet were crooked. Her hands were folded up onto her forearms, useless. To get around she crawled, using the backs of her wrists as heel pads for her arms.

Fixing her medical issues would have required extensive and expensive treatment in the United States, opening a Pandora's box of cultural problems.

"She's the girl that haunts me now. ... That is the one kid that will always bring me back because I couldn't help," Baumhauer says. "It's always about the ones you left behind." ▽