

Research Utilization in Clinical Practice



Research, when mentioned to the everyday clinician, has, in my observation, always evoked images of nerds in lab gowns tinkering with glassware or number-crunching geeks hunched over laptops or charts. The average orthopedic surgeon is strongly averse to it and may mention that they are not research-oriented, or that research is not their cup of tea. While it seems that only a few have been bitten by the research bug, everyone who practices medicine—and of course, orthopedics—should spare a moment to reflect on how every aspect of practice has been touched by research. Gone are the days when the medical practitioner relied on oral tradition and eminence-based pronouncements. Medicine is today the result of a billion steps—big and small—of medical research breakthroughs. From the discovery of penicillin to the development of the polio vaccine to computer-assisted orthopedic surgery to gene editing for sickle cell disease, many are the products of lab rats (real and metaphorical), clinicians and lateral thinkers—all in the name of research.

For those who think that the above examples are too esoteric to be relevant to clinic practice, let me cite a few examples of research whose impact is still felt today.

Wilhelm Röntgen discovered the x-ray in 1895¹ and won a Nobel Prize in Physics in 1902.² While a “plain” x-ray is considered a basic diagnostic tool that is taken for granted in modern orthopedic practice, I shudder to think what an orthopedist would do without it.

Dennis Smith³ describes how he and John Charnley came up with the idea of using grout to fix the acetabular cup for a total hip replacement. This grout has since revolutionized the field of arthroplasty and beyond, under the misnomer bone cement.

Dr. Harold Kleinert demonstrated astute lateral thinking when he demonstrated that the key to successful flexor tendon repairs in zone 2 lay in early motion and hand therapy. The principles he laid forth in his controversial presentation at the ASSH convention back in 1967 are now the bedrock of flexor tendon repair of modern hand surgeons.⁴

Let me stop this stroll down history and bring us back to this volume of the Philippine Journal of Orthopaedics. In this edition, we present 10 articles for our clinicians to peruse and hopefully learn from. Will these create the same impact as the above examples? Maybe, maybe not; but I am confident that a careful study of these articles will give clinicians a chance to relate to the findings of our authors. After all, aren't lab gowns cousins to our white coats?

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