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OUT OF JOINT

AMID THE GROWING CONTROVERSY SURROUNDING ARTIFICIAL HIPs, **MARCIA DESANCTIS** BRAVES HER OWN ACHING JOINTS AND DISCOVERS REVOLUTIONIZING NEW OPTIONS.

On a scorching Florida beach, my ex-college roommate and I walk a no-nonsense two miles along the dunes. We're both almost six feet tall and still favor the bikinis of our heyday—I'm wearing an indigo Eres, and she's in a mocha-brown number that accentuates her California tan and toned legs, unchanged from when she was an All-American lacrosse player and champion figure skater 30 years ago. Our strides are as forceful as when we were 20, but there's no mistaking the little dent on my derriere, or her fresher, still jagged scar. She and I are the poster children for what may be a new trend in joint replacement. We are young (ish), vital, but we've already traded in our old hips, which were decimated by a combination of unfortunate anatomy and a hard-core sporting life, for shiny new ones.

In my early 40s, I could barely chase a tennis ball or bend to *health >458*

THE REPLACEMENTS
MORE AND MORE YOUNGER WOMEN ARE BENEFITING FROM HIP AND KNEE PROCEDURES.

zip a boot. No highlights, fillers, or facials could keep me from feeling 106 years old. It had been a slow decline. At nineteen, I was diagnosed with dysplasia, or a shallow hip socket, a common developmental abnormality (often seen in ballet dancers and gymnasts) that gave my hips the flexibility to perform power kicks, deep lunges, and splits in all kinds of sports. But as with many women who were born with this condition, the more active I was, the more my joint was crumbling, leaving me with severe arthritis.

It was one foolhardy stretch in a yoga class that finished off my hip for good. So I crawled out of the studio and into the office of Steven Schutzer, M.D., medical director of the Connecticut Joint Replacement Institute in Hartford. No surgeon is blasé about this major, invasive operation. "This is a quality-of-life business, not one of life or death," says Schutzer. The X-rays showed that my hip was kaput, with no daylight between my ball and socket. "I always ask, 'Are you happy with your life and how you feel?' If the patient says, 'Well, pretty happy,' I say, 'Come back when you're not.'" Despite the Advils I popped like peanut M&M's, the searing pain soon left me a sleepless, shuffling wreck. I wanted to hike the Adirondacks and wear four-inch platforms (not at the same time) and do it now, not in three decades. So at 45, I took the plunge.

Each time a celebrated athlete or dancer undergoes total hip replacement, especially if she is young (gymnast Mary Lou Retton was 37 when she had hers), the procedure steals a moment in the limelight. Last year, however, some not-so-cheery news made a splash when the FDA called for an unprecedented review of hip implants made entirely of a stainless steel-like compound (known as "metal-on-metal"). Until recently, almost one-third of all hip replacements used some sort of all-metal device, which were believed by many doctors to be super-sturdy and provide a hefty, more stable joint than other options. Not only have some models shown a 13 percent early-failure rate (meaning the

whole thing comes loose) but more rarely and seriously, some patients have experienced tissue and muscle damage from the devices' shedding small shards of toxic metal debris. In more bad news, another type of once-popular all-ceramic device has in some cases an embarrassing inclination to squeak. Loudly.

Fortunately for me (like the majority of hip-replacement patients today), my device is a combination of titanium, cobalt chrome, and polyethylene, and was installed without cement, allowing the bone to grow right into the implant

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and resulting in fewer complications. These advances partly help to explain why I wasn't even the baby in the orthopedic ward.

"People are having joint replacements earlier in life than they used to because it's such a successful procedure now," says Andrew Freiberg, M.D., chief of arthroplasty and vice chair of the department of orthopedic surgery at Massachusetts General Hospital. Not so long ago, hip replacements lasted only ten to fifteen years, so women delayed the inevitable until they could no longer walk or climb into bed. Most doctors speculate that today's artificial hips can last up to 30 years, and according to the American Academy of Orthopaedic Surgeons, nearly half of all replacements performed in 2009 were on people under 65, many of them much younger. "We can let people get back to what they want to do at midlife, instead of suffering for decades and putting it off until retirement age," says Freiberg, who in his seventeen years of practice has seen the age gradually slip; these days he operates on a 40-year-old every week.

Many roads can lead to arthritis and joint replacement, including genetics, fractures, the aging process, and obesity. But it is wear and tear from sports that may be contributing to aching joints before our time. Title IX ushered in an era in which athletic girls have morphed into vigorous women who can smash a killer overhead, compete in triathlons, or twist into a perfect side-crow pose. But our womanly architecture hasn't compromised.

Knees, too, may suffer the price of intense athletics. A woman's curves and wide childbearing hips already give us a precarious alignment because unlike men's, our legs reach the ground on a slight angle. Add to that looser ligaments than males' and diminished ability to control the pelvic muscles (which help anchor the leg), and we are anywhere from three to eight times more susceptible to injury than men when we twist or pivot or land on a tricky rebound. Some women suffer repeated trauma to the ACL—the roopy cord that attaches the leg bones and stops the knee from spinning—or to the shock-absorbing meniscus. This, plus the surgeries often required to repair them, can sometimes make the knee deteriorate beyond repair.

"I never like to send the message that sports are bad for your health," says Jo Hannafin, M.D., orthopedic director of the Women's Sports Medicine Center at the Hospital for Special Surgery in New York City. "But there are times where a significant injury to the joint has a long-term impact. With the knee, there is clear evidence that what we do as young adults can impact the development of arthritis as we get older." According to Hannafin, arthritis may develop as soon as fifteen years after ACL tears or repair, which is what may lead to drastic measures. "We haven't seen a big increase in younger women needing knee replacements yet, but I think the fear is that over the next decade, in those athletes who have had multiple knee injuries requiring surgery, we will."

As for hips, data from the Agency for Healthcare Research and Quality shows that women are 60 percent more likely to get new ones than men, largely because we are *health* >460

simply more prone to arthritis. There are other types of faulty scaffolding besides my dysplasia. Many people have another abnormality called impingement: a bump on the ball or the socket that, in sports requiring lots of repeated crosswise kicks and mobility—gymnastics, ice skating, and soccer, for instance—can shear the cartilage down to where bone meets bone.

Fortunately, new strides in orthopedics aim to offset the development of both injury and arthritis in young athletes and ultimately reduce the need for surgery. Some hospital orthopedic departments have devised stretching regimens tailored around the knee to help girls prevent ACL trauma. For hips, aided by new arthroscopic techniques and cutting-edge imaging, doctors have begun to identify abnormalities in people who are bedeviled by premature pain. Now surgeons can repair the cartilage, remove the bony bumps, or fix dysplasia early on, so that the person can compete with a normal ball and socket.

One of the pioneers in identifying and correcting these deformities is

Marc Philippon, M.D., who, as an orthopedic surgeon at the Steadman Philippon Research Institute in Vail, Colorado, has treated the hips of many elite Olympic and professional athletes, including gold medalists Julia Mancuso and Tara Lipinski. "In our

TITLE IX USHERED IN AN ERA IN WHICH ATHLETIC GIRLS HAVE MORPHED INTO WOMEN WHO CAN SMASH A KILLER OVERHEAD... BUT OUR WOMANLY ARCHITECTURE HASN'T COMPROMISED

generation, hopefully we'll be able to have an impact on joint preservation and reduce the number of people who need hip replacement at an early age." Surgery is an option, but so is finding ways to adapt to the unlucky anatomy. "If I had seen you when you were

eighteen," Philippon says, "I might have said, 'If you want to keep this hip for the rest of your life, you need to focus more on biking, swimming, on stuff that maybe you can learn to like.'" In yoga, he advises stretching to the point of tension but not into pain—going for 70 degrees of flexion instead of 90.

I'm avoiding yoga for the moment because my other hip is running on empty. The surgery is an ordeal, and so is the recovery. Last time, I needed a blood transfusion, and when I left the hospital, I inched around with a walker, nauseated on painkillers, weepy off them, freaked out by the alien hardware that was fusing to my flesh. Most hip patients endure months of physical therapy and a grueling road to walking, driving, or climbing the stairs again. My doctor subscribed to the do-it-yourself method of rehab and prescribed a strength-training exercise and walking program I did at home. After six months, I felt almost as limber as a newborn. One more surgery on the other side, and my body, my life, and those power hips will be back where they belong—on the beach, walking strong. □

PHENOMENON BB CREAMS



IF YOU DON'T ALREADY have a BB cream tucked inside your makeup bag, it's likely you will soon. First conceived by a German dermatologist as a panacea for sensitized post-procedure skin, the all-in-one "beauty balms"—equal parts tinted moisturizer, sunscreen, mattifier, anti-ager—made their way to South Korea in 2001, introduced by Dr. Jart, the popular skin-care brand directed by a collective of Korean dermatologists. The do-it-all BBs spread like wildfire, quickly dominating the beauty markets in Japan, Southeast Asia, and China. "If you go to a drugstore in Asia, you will barely see any foundation—we don't use it anymore," says Dr. Jart's Sena Kang. Finally, BBs are heading to the U.S., with brand-new introductions from Dior and Estée Lauder, Garnier, Boscia, 3Lab, and Dr. Brandt. Sensing the imminent demand, Sephora has devoted an entire section to them in their stores. "There's a lot in a BB cream that makes it different from just a tinted moisturizer, like the fact that you can conceal blemishes, soothe irritation, control oil and shine," says makeup artist Jenna Menard, who has been using Clinique's new Age Defense BB as a primer beneath foundation to give it better grip. "Everyone wants one product that does everything." —FIORELLA VALDESOLO

MULTITASKERS
FROM FAR LEFT: BB CREAMS FROM DR. JART, ESTÉE LAUDER, GARNIER, CLINIQUE, AND DIOR.