Gender diversity in orthopaedic sports medicine is an important issue that deserves attention and discussion within our ISAKOS community and beyond. Whilst there is enough evidence to show that the number of female medical students is on the rise globally [1], this does not seem to translate into similar percentages for trauma and orthopaedics let alone sub-specialisation in orthopaedic sports medicine [2,3]. Another issue along with the low numbers is that of the gender pay gap. Studies have shown that female physicians in all specialties, including orthopaedic sports medicine, earn less than their male counterparts. Factors contributing to this pay gap include gender discrimination, differences in academic rank and leadership positions, and disparities in negotiating salaries and benefits amongst others [1,4].

This underrepresentation, stereotypes in medicine and the pay gap can have significant implications both on health care professionals and patients. Healthcare professionals may feel undervalued and not fairly compensated for their work whilst patient care may be affected because female patients may feel more comfortable working with female healthcare providers and some female patients may be less likely to receive certain treatments or recommendations compared with male patients, even when presenting with similar symptoms thereby limiting access to care [5].

There is no doubt that a reasonable amount of progress has been made towards gender equality in recent years, but disparities and challenges still exist which have a significant impact on healthcare systems globally. Furthermore, in addition to these systemic issues, there are also specific gender-related anatomical concerns and considerations which have an impact on the diagnosis and management of orthopaedic sports injuries. Our current bumper issue therefore has a special section dedicated to gender diversity highlighting the differences, challenges these issues pose and discussion of potential solutions.

The first article by Clark et al. [6] explores the challenges faced by women orthopaedic surgeons including the structural and cultural barriers. They believe that systemic changes and transparency are required to improve constrained communication, unequal standards and male culture, reduce hostility and harassment, eliminate pay inequity, create positive mentorship and leadership opportunities, and strive for improved work-life integration and physician wellness.

The next article by Tanguilig et al. [7] focuses on female representation in leadership roles in orthopaedic sports medicine and arthroscopy societies globally. Their study analyses 55 societies globally and results show that some countries have higher representation of women than others. It is interesting to note that the number of women in leadership positions in orthopaedic sports medicine societies throughout the world is significantly less than their male counterparts. North America had the highest percentage of women in leadership positions (19.6%), followed by international societies at 12.0%. The Middle East and Australia had the fewest number of women, with all-male leadership. Globally, female orthopaedic surgeons served in 6.1% board of directors’ positions.

Figueroa et al. [8] look at specific considerations for patellofemoral instability in women due to the major differences in anatomy. They suggest that female patients have been reported to have worse outcomes after patellofemoral stabilization surgery using medial patellofemoral ligament reconstruction alone or in combination with a tibial tubercle osteotomy, and for this reason an “a la carte” approach addressing the individuals anatomical risk factors could be more appropriate for females.

Meena et al. [9] focus on revision anterior cruciate ligament (ACL) reconstruction in females and highlight the need for additional focus and understanding in this group because women are at a higher risk of re-injury, with suboptimal clinical outcomes and lower rates of return to sport following revision ACL reconstruction. Their review focuses on the current state of revision ACL surgery in female athletes and provides recommendations and future directions for optimising outcomes in this group.

Finally, Ferrer-Rivero et al. [10] in a retrospective analysis, assess the outcomes of hip arthroscopic surgery in high-level female athletes diagnosed with femoroacetabular impingement (FAI) compared with those with lower levels of sporting activity. They report both groups showing significant improvements in PROs, with no significant differences between them. However, they find that return to sport rates were lower in high-level athletes (63.6%) compared with low sports activity patients (85.7%) but this difference was not significant.

Gender issues in orthopaedic sports medicine are complex and multifaceted, encompassing issues of representation, bias, pay equity, stereotypes amongst others. We as a community need to acknowledge and address these challenges and work towards more equitable and inclusive healthcare system that prioritizes the needs and well-being of all patients and healthcare providers. And to achieve this requires a deep understanding of our own biases and privileges and moreover a commitment to valuing diversity in both patient and healthcare provider.
References


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