

# Dr. Christina Kabbash

**F**oot and ankle specialist Dr. Christina Kabbash, a member of the surgical team at the Connecticut Sports Medicine Institute at Saint Francis Hospital and Medical Center, serves a sizeable triathlete population: These runner/swimmer/bikers make up about 20 percent of her practice. An elite athlete herself, Dr. Kabbash is very familiar with the demands – and the occasional tribulations – of training for these punishing events.

The orthopedist trains rigorously, averaging between 12 and 14 hours per week. It's not unusual for her to bike 35 miles – with a 6-mile “cool down” – in the early morning hours before work. “I have the time because I am an empty-nester,” says the mother of two and stepmom of three.

The physician qualified for the nationals last year in the Olympic distance category (which includes a .9-mile swim, a 26-mile bike ride, and a 6.2-mile run), and is on track for making her three-year goal of doing the Ironman, which is considered by many to be the most difficult one-day sporting event in the world.

One of the benefits of treating athletes, Dr. Kabbash says, is that they tend to be fairly compliant, because they are motivated to get back to their sports. In fact, she says, this applies to most orthopedic patients: “They know what it's like to be broken, and they would like to get back to their pre-injury functional status.”

## Fighting Tropical Diseases, Battling Broken Bones

Dr. Kabbash didn't always aspire to be an orthopedist. Her initial plan was to join the CDC (Centers for Disease Control and Prevention), travel the world, and fight tropical diseases. She pursued a Master of Public Health and a medical degree simultaneously, both at Columbia University in New York City. In order to obtain research experience, she worked in a lab investigating possible cures to bacterial infections, and became so captivated by the research that she enrolled in the school's MD/PhD program. She recalls donning a “spacesuit” while handling the life-threatening tuberculin bacteria, and says she and her colleagues actually found a drug that killed all the drug resistant strains of TB tested in the lab by a different mechanism than existing antibiotics. However, “We couldn't get the industry excited

about the compound,” she says. Still, she ended up with a PhD in Cellular, Molecular and Biophysical studies at Columbia University, and her name on three patents.

Dr. Kabbash met her first husband in college, and they married in 1991, during the summer between her first and second year of medical school. “We decided to have children,” she says, “which meant I would not be traveling around the world, living in foreign countries for long periods of time and studying tropical diseases.” Instead, during a third-year medical school rotation in orthopedics, she fell in love with that specialty and switched tracks. “I loved the variety of cases, the ability to fix a multitude of problems, improving people's lives, and enjoyed all of the equipment and tools available to accomplish this,” Dr. Kabbash says.

Though the Old Saybrook native returned to her home state in 2007 to join the Saint Francis Hospital and Medical Center staff at Greater Hartford Orthopedic Group, she still managed to travel the world, working for a period in Dubai while her daughter was studying there, and teaching foot and ankle orthopedic courses in destinations as far-flung as Australia. She is not only drawn to foot and ankle surgery because of its intricate nature, but because of the variety of cases. “I can do eight surgeries in a row and none of them are the same,” she says. “I also like that I can sit while I operate.” Responding to trauma calls at Saint Francis, Dr. Kabbash also treats compromised shoulders, wrists, hips and other body parts, providing her with an even more diverse workload.

Dr. Kabbash not only shares her expertise on the lower extremities with medical residents from the University of Connecticut but also at the AO Congress Center in Davos, Switzerland, where she periodically instructs orthopedists from all over the world. “I love teaching,” she says, holding up a bone-colored plastic resin model of a foot and ankle joint. She says she finds foot and ankle surgery fascinating because when performing any procedure that alters the complex physiology of the foot, with its myriad bones and joints, the surgeon has to make sure that the foot remains balanced in order for it to be functional and pain free. “There's a lot of thought involved,” she says.



**POSITIVE STEPS:** Dr. Christina Kabbash, a foot and ankle specialist at Saint Francis Hospital and Medical Center, as well as an elite athlete, relishes the depth and breadth of her specialty. "I can do eight surgeries in a row and none of them are the same," she says.

### Treating Common Foot and Ankle Ailments

Painful flat foot, which can be congenital or acquired over time, is probably the most common complaint of Dr. Kabbash's patients. Using her foot model to illustrate, Dr. Kabbash explains how the posterior tibial tendon, which creates and supports the arch of the foot, can give out over time, causing the arch to collapse, the ankle to roll in, and the foot to twist out. This anatomical change leads to pain on the outside of the ankle where soft tissues are pinched, and the inside of the ankle where the tendon is stretched out and inflamed.

The condition can be treated with surgery. "If we catch this before arthritis sets in, we can reconstruct the arch by moving and tensioning bones and tendons — leaving the hindfoot and ankle joints intact," she says. Once arthritis is present, reconstructing the arch requires foot fusions since joint motion is painful. Initially, however, she often tries non-surgical methods of realigning the foot, such as orthotics and bracing. "Sometimes if you catch it early enough you can get the posterior tibial tendon to heal with a temporary brace," says Dr. Kabbash. Her patients appreciate that she doesn't always rush to surgery. "Whether my patients get better because I operated on them or because of physical therapy or bracing, I don't care — I just care that they get better."

Ankle instability is another common ailment that brings patients into Dr. Kabbash's office. The anterior talofibular ligament (ATFL) and the calcaneofibular ligament (CFL) comprise the main ligament complex that holds the ankle joint firmly in place. The ATFL keeps your ankle from sliding forward out of the joint and the CFL prevents the foot from rolling inward. If the ligaments tear and do not heal (i.e. in the case of a severely sprained ankle) the ankle slides forward and out of joint, causing the ankle to roll frequently and give out, especially on uneven ground, hills and stairs. Dr. Kabbash repairs the ligaments by reattaching them to the appropriate bones at the appropriate tension, creating a thicker, shorter, and stronger band to hold the ankle in place.

### New Strides in the Field

Dr. Kabbash also frequently treats bunions and hammertoes, shaving, cutting and realigning the foot. She operates on patients with arthritis, too, with surgeries that range from simply removing painful spurs from around the joint to fusing affected joints. She performs ankle fusion arthroscopically. Though it may take up to an hour longer

than standard ankle fusion, she says, it is minimally invasive, so patients have less pain and quicker recovery.

Dr. Kabbash does many ankle replacements, and notes that there have been exciting developments in implant design and understanding who benefits most from the surgery (patients with post traumatic arthritis, the result of a previously fractured or broken ankle, for example, do great with ankle replacements, she says). "For a long time, total ankle replacements in the foot and ankle lasted only five to 10 years," she adds. "The new generation of ankle replacements last upwards of 10 to 20 years." Another exciting advance, she says, is in the treatment of Charcot arthropathy — foot and ankle fractures that occur in diabetics, due to damage to the protective nerves in the lower extremities. Thanks to improvements in hardware designed specifically for these cases, the repairs she does on these patients, who were typically more likely to have repeated fractures and amputations, are now more stable and durable.

Most of the foot and ankle surgeries that Dr. Kabbash performs are outpatient procedures. Some entail several weeks of no weight-bearing, and additional weeks of "clomping around in a walking boot." It takes about six months before patients can fully return to activities.

### Caring for Your Feet

Dr. Kabbash says people can take steps to prevent foot problems — or at least to prevent small problems from becoming exacerbated. "As we get older, our bodies do not heal as quickly and we need more time to rest and allow our bodies to heal to prevent small injuries from becoming big, chronic injuries," she says. Dr. Kabbash tells her patients to be cognizant of their footwear: "I like soft-cushioned, well-balanced shoes or sneakers, and support is important." She is not a fan of high heels or flip-flops, which she refers to as "slip slops." For summer, Dr. Kabbash suggests wearing closed shoes with mesh for breathability and rubber-cushioned soles or open sandals with built-in arch supports, rubber soles and straps that hold the foot firmly in place. As the elite athlete well knows, an ounce of prevention is worth a pound of cure — especially when it comes to the feet. 📌

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