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Equal Shoulders, Equal Scalpel: Women in Orthopaedics Residency

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"The scalpel weighs the same in every hand; only opportunity makes the difference."

For a long time in India, orthopaedics carried an unspoken label: A specialty meant for men. The association was easy to make – fractures in the middle of the night, long hours in the operating theatre, and physically demanding cases. It was assumed that women might not "fit" into this mold. Yet, as the years unfold, these assumptions are being steadily, and rightly, dismantled. In wards and operating rooms across the country, young female residents are proving every day that orthopaedics is not about brute strength but about precision, perseverance, and presence of mind.

The Changing Landscape

Despite this progress, the numbers remain sobering. Women still account for <1 in ten orthopaedics residents in India. The reasons are layered: Deep-rooted cultural stereotypes, fewer female mentors to look up to, doubts about their physical endurance, and the ever-present expectation of balancing family responsibilities alongside residency training. None of these obstacles, however, diminish their determination.

The broader training environment adds its own complexity. Residency today is not what it was a decade ago. We now expect our trainees to master advanced arthroscopy, arthroplasty, biological therapies, research methodology, and data-driven decision making – all while delivering clinical care in overstretched hospitals. In earlier reflections, we had pointed out that residency education in India needs more structure, mentorship, and balance between service and training [1]. For female residents, these reforms are not a luxury – they are a lifeline.

The Barriers They Face

Still, barriers persist. Patients often turn instinctively to the male resident in the room, assuming he is the "real" doctor. Some trainers hesitate to allocate demanding trauma cases or long revision surgeries to women, out of misplaced concern that it might be "too much." These subtle exclusions add up, limiting exposure to precisely the experiences that shape confident surgeons.

Mentorship is another gap. There is rarely a senior female surgeon in the department that a young woman studying orthopaedics can look up to. The journey can feel lonely if there are no obvious role models. This reality is supported by studies conducted both domestically and internationally: Lack of mentorship, unequal distribution among subspecialties, and gender bias continue to be major barriers for women in our specialty [2, 3].

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Breaking Stereotypes, Day After Day

And yet, despite the weight of these odds, female residents continue to excel. They are closing complex fractures, reconstructing ligaments, replacing joints, and writing research papers with the same energy and skill as their peers. Many bring added qualities of empathy, communication, and resilience, which enrich team dynamics. In truth, the scalpel does not distinguish between shoulders; it cuts equally true when held with knowledge and confidence.

Residency programs have a responsibility to recognize this. Equal exposure to all kinds of cases, deliberate inclusion in decision-making, and fair access to research opportunities should be the norm. Institutions must move beyond tokenism and create systems that support women as surgeons and as individuals – with policies around work-life balance, flexible training pathways, and genuine mentorship.

Our Responsibility as a Community

It falls to us, the current generation of trainers and consultants, to ensure that the next generation of women in orthopaedics does not merely "survive" residency but thrives in it. Mentorship is not just about teaching surgical steps; it is about advocacy, encouragement, and ensuring our residents – male or female – leave training feeling valued and capable.

Academic societies and journals are also important. They provide inspiration and acknowledgement by publishing the voices and experiences of women residents. A young woman feels validated when she opens a journal and sees her peer group writing.

A Concluding Thought

Restoring the patients' strength, mobility, and dignity is the goal of orthopaedics The path taken by female residents who are making a name for themselves in this challenging specialty is entirely consistent with these ideals. After all, the scalpel is unbiased. It weighs the same in every hand. What tips the balance is opportunity; opportunity to learn, to operate, to publish, to lead.

As educators, editors, and surgeons, we carry the responsibility to ensure that those opportunities are shared equally. When we do, orthopaedics will not only reflect technical excellence but also the diversity and inclusivity that our specialty and our patients deserve.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given the consent for his/ her images and other clinical information to be reported in the journal. The patient understands that his/ her names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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