ESSKA NEWSLETTER MAY 2014

News

Highlights from the upcoming 16th ESSKA Congress:

- Interview with René Verdonk
- Scientific and Social Programmes
- ESSKA General Assembly

Sports Medicine for the Sochi Games

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SPECIAL THANKS

We would like to sincerely thank
our Diamond sponsors

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Our appreciation also goes out to our other faithful sponsors:
The Alwin Jäger Foundation, **Chelsea Football Club**, **Tornier** and **Zimmer**.

A special thank you goes to the ESSKA Congress partners:
Smith & Nephew, **Biomet**, **Arthrex**, **ArthroCare**, and **DJO Global**.

All these organisations generously support our ultimate goal
of increasing the quality of life of patients.

CAPTION FOR PHOTO ON COVER
The Dutch National Ballet will perform "Trois Gnossiennes" at the ESSKA Congress Gala Dinner on Friday 16 May 2014. Photo taken by Angela Sterling.

THE ESSKA NEWSLETTER
is a biannual publication of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy.

ESSKA is representative of all the European nations for sports medicine, arthroscopy and knee surgery in the fields of research, education and communication.

ESSKA welcomes members to submit suggestions and contribute articles for our Newsletter.

ESSKA
www.esska.org

ESSKA
Executive Office Luxembourg
Centre Médical
76, rue d'Eich
L – 1460 Luxembourg
Phone +352 4411 7026
Fax +352 4411 7678
e-mail: info@esska.org

PRESIDENT'S EDITORIAL

JOÃO ESPREGUEIRA-MENDES
ESSKA PRESIDENT

Dear Friends and ESSKA Members,

ESSKA has undergone a sustained and significant growth period and has instigated many changes whereby consolidating its position as one of the world`s leading societies in orthopaedic sport trauma.

Europe needs to standardise the level of education for medical personnel to ensure delivery of optimal health care standards to patients. With this in mind our society is committed to the development of continuing medical education whilst adopting a close collaboration policy with our National Affiliated Societies from both East and West Europe.

ESSKA has seen a significant growth also in member numbers which have almost doubled over the past two years. Our 2800 members and 26 affiliated societies help make ESSKA the most relevant European society in our field.
As a non-profit organization our society stands for quality, independence, ethics and rigor.

ESSKA's development strategy was set many years ago. Together we define a plan and work on it and it is in no small part due to the extreme energy and dedication of the past and current ESSKA boards which has enabled us to share with you the happiness on the acomplishment of all our priorities to date which includes: the setting up of our new executive office with qualified staff; the purchase of the KSSTA journal; the successful launch of our new Journal of Experimental Orthopaedics (JEO) – online since January; the soon to be launched ESSKA Academy (a web based educational platform), which will be functional and online at our 16th Congress in Amsterdam; and the creation of the ESSKA Foundation in Luxembourg (in September 2013).

The ESSKA Foundation is under the umbrella of the prestigious Fondation de Luxembourg and will be a strong tool to finance our future educational projects.

It is now time to smile and thank you all, but especially our board members, our KSSTA and JEO officers, our sections, our committees and our office staff.

It has been the greatest honour of my life to serve this society in collaboration with this team!

We are looking forward to hosting our biennial congress in Amsterdam from 14-17 May 2014 and I can assure you that you will have the best scientific programme ever. Fuller details of both the social and scientific programme can be found on our website and throughout the newsletter.

We will also have fun at the special ESSKA dinner party!

Welcome to Amsterdam!

JOÃO ESPREGUEIRA-MENDES
ESSKA PRESIDENT

16TH ESSKA CONGRESS

Welcome to Amsterdam!

The ESSKA Congress programme is complete!

The ESSKA 2014 Congress is one short month away! The RAI Convention Centre in Amsterdam is ready, and an exhaustive programme has been prepared. And we are proud to announce that all previous records have already been broken! We have more abstract submissions than ever before, and this allows us more free-papers and more posters than for any previous congress.

Also, there'll be an outstanding number of symposia - 53 of them - from ESSKA's sections (AFAS, EKA and ESA) and from affiliated national and international societies. These symposia will cover all the hot-topics, controversies and surgical techniques, whilst case-discussions will deal with sports-medicine and basic-science; shoulders, hips, ankles and degenerative knees, as well as muscles, ligaments and cartilage.

There will also be 15 keynote lectures performed by experts for specific, difficult and innovative areas.

The four days of congress will be tightly packed, beginning with 18 early morning Instructional Courses, which detail the standard techniques for specific topics. There will also be an Instructional Course Book for the meeting.

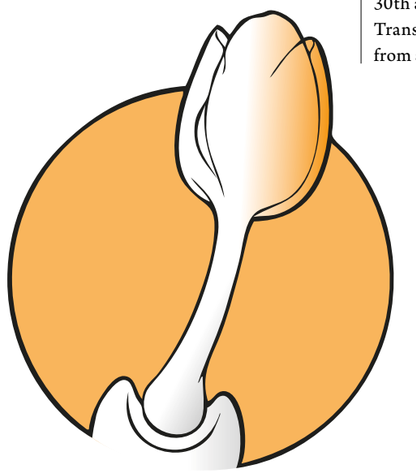
And let us not forget the highlight lectures, presented by some of the finest experts in the field. Andrew Amis will describe what's new in research and biomechanics, and Rui Reis will do the same for tissue engineering. Michael Kjaer will provide an update on tendinopathy, Masahiro Kurosaka will reveal the latest developments for ACL surgical techniques, and Johan Bellemans will give us a global overview of the prosthetic world. In addition the Ejnar Eriksson Lecture will be delivered by René Verdonk, the ideal person to celebrate the 30th anniversary of Meniscus Allograft Transplantation, and to review the future from a historical perspective.

One of the Congress highlights - and a new venture for ESSKA - will be four Live Surgical Demonstrations, demonstrating the newest and most controversial techniques for ACL, Shoulder Instability, Degenerative-Knee and Foot-and-Ankle Surgery.

Our educational programme is also extensive. In fact, we've enlarged the Orthopaedics Sports Medicine Review Course, which will now last a full day. In addition, a half-day session has been allocated to the European Resident Organization.

There's also a fantastic three-day programme for physiotherapists, including advanced symposia and workshops.

Six venues will be working simultaneously throughout the four days, providing the best possible speakers for you, and the most up-to-date topics. With such a programme it's time to book your flights and hotels. You can't afford to miss this fantastic opportunity!



STEFANO ZAFFAGNINI
PROGRAMME CHAIRMAN

ROLAND BECKER
PROGRAMME CO-CHAIRMAN

GINO KERKHOFFS
PROGRAMME CO-CHAIRMAN

CONGRESS HIGHLIGHT LECTURE:

Celebrating a revolution in the treatment of the meniscus

INTERVIEW WITH PROFESSOR RENÉ VERDONK WHO IS CELEBRATING 30 YEARS OF MENISCUS TRANSPLANTATION WORK.

"Nothing has changed so much in knee treatment and surgery as the meniscal treatment algorithms"

(René Verdonk, 2011)

Prof. Verdonk in 1989 performing the first meniscus allograft.

Q1. For the "wi-fi" generation, could you describe the "thrill" of initiating and being at the forefront of a movement ("road") which has led to great developments in the treatment of meniscus-related injuries?

My story starts when I learned how to do total meniscectomies; open and if required, via 2 incisions. The torn meniscus presented with three cardinal signs, swelling, locking and medial or lateral joint line pain (McMurray's signs). Without these signs diagnosis was doubtful!... Remember at that time (1989), there was no MRI available (at least not in our department). CT and arthro-CT were used (we helped to develop the arthro-CT technique). However, the latter was not very relevant in helping to evaluate meniscus pathology. So in my thesis of 1992 only CT's are shown. For follow-up I had to send the original patients to Brussels University (Prof. M. Shahabpour)!

Q2. How did you start the significant step of Meniscus Allograft Transplantation (MAT)?

The first patient in our series had undergone five sequential partial arthroscopic meniscetomies! As this patient`s situation worsened and I had just read about the experience of Carl Wirth in Hannover.... there appeared to be no logical reason for doing a new arthroscopy. Our Rheumatology department also had considerable experience in cartilage cell cultures and they suggested that we could culture whole allograft menisci and then transplant them...

16TH ESSKA CONGRESS – AMSTERDAM 2014

Q3. Fresh allograft to synthetic meniscus replacement... How did you envisage it?

I was involved in the investigation with CMI at the Munich EFORT meeting in July 1995 and I met Dick Steadman and Bill Rodkey... This was the beginning and the story just went from there ...

Q4. How important is meniscus partial replacement? Will there be a time in which we will do it systematically after acute injuries?

I would never suggest that it be performed systematically.... that would be overtreatment, only for chronic meniscal pain following meniscal resection.

Q5. Can you highlight for us the main step through these years?

Be able to make use of biology for repair (MAT, viable meniscus transplants)...

Q6. Which partners on this "road" do you keep close in your mind and heart?

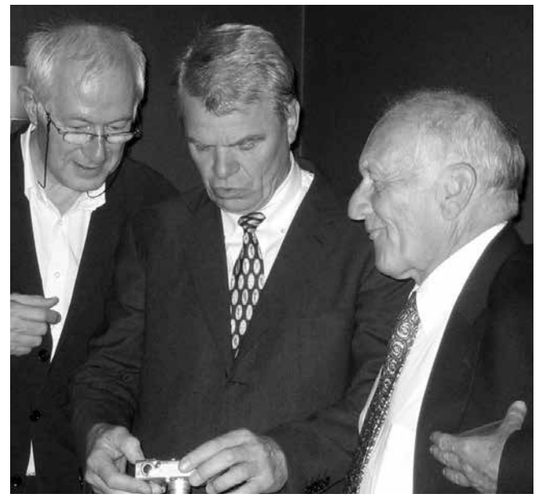
Professors Veys and Verbruggen (from Gent's rheumatology department) who suggested the use of viable menisci for transplants to me...and my mentors Dr Rombouts from Antwerp and my former chief Prof Dr Claessens at Gent State University.

Q7. How do you envisage the major role that your son Peter Verdonk has now built around the treatment of the meniscus?

It is always good to look to the long term in these approaches! It took 20 years before the concept of MAT was "accepted"!

Q8. Do we still have to refine our knowledge of biology and basic concepts? How do you see the future with Tissue Engineering?

Allografts will not remain the solution. "Shortage" is evident! So of course, biology and research (as you are doing) will be the future!



Prof. Verdonk (left), Prof. Wirth and Prof. Werner Müller (right) in 2006 "envisioning" the future... Seems funny to do!

We look forward to hearing the whole story in detail! It was a privilege to share ideas with Prof. Verdonk! Celebrating his brilliant achievements and maintaining the "road" to the future. We are all privileged in having the chance to participate in this historic moment. Meet you there...

Hélder Pereira, Portugal

References:

Verdonk R (2011) The meniscus: past, present and future. Knee Surg Sports Traumatol Arthrosc 19, 145-6.

ORTHOPAEDIC SPORTS MEDICINE REVIEW COURSE

FRIDAY 16 MAY 2014 – 7:30-17:45

This is an eight hour review course with up to date, state of the art content regarding sports related diseases and trauma. It is fully supported by an outstanding European faculty.
Participants in the course will be involved in discussion sessions regarding hot topics in these fields.
During the morning lectures, presenters will describe the most common sports related joint injuries outlining clear steps on improving outcomes.
The afternoon lectures will involve an evidence based approach to Sports Pathologies and will define "Best Practice" in Sports Medicine. The presenters will review the literature on a controversial topic within sports medicine offering "up to date treatment".
All lectures are included in the final Instructional Course Book published by Springer and which will be available at the meeting.
An International Certificate of Participation will be released by ESSKA.
Registration is 100€ per person (only in combination with congress participation).

GO TO
www.esska-congress.org
TO VIEW THE COMPLETE SCIENTIFIC PROGRAMME OR TO REGISTER.

ESSKA PEDIATRIC ACL SURVEY

The phrase *"…treatment of ACL injuries in skeletally immature individuals is controversial…"* is commonly used in clinical and scientific discussions on the treatment of pediatric ACL injuries. The knowledge in this topic is however limited, and there are very few studies with adequate and solid methodology. Several ACL registries have been established over the past decade, and they provide important knowledge on the results after ACL reconstructions - yet they lack the opportunity to report results from non-operative treatment algorithms, which are in many cases advocated for the pediatric ACL injured individual.
The Pediatric ACL Monitoring Initiative (PAMI) was established by Romain Seil, Lars Engebretsen and Håvard Moksnes. The ESSKA pediatric ACL survey was initiated and sent to 2350 ESSKA members in 2013 aiming to establish an overview of the current trends in treatment preference throughout the pediatric ACL community. A total of 491 (21%) responded to the survey with 354 (72%) being orthopedic surgeons involved in treatment of children with ACL injuries. The survey generated data related to preferred treatment algorithm, surgical technique, graft choice, fixation device, rehabilitation, and growth disturbances.

THE RESULTS OF THE ESSKA PEDIATRIC ACL SURVEY WILL BE PRESENTED IN THE SESSION "TREATMENT OF KNEE-INJURIES IN KIDS AND ADOLESCENTS" ON FRIDAY, 16 MAY AT 16:00-17:00

NATIONAL SYMPOSIA AT THE CONGRESS

The ESSKA affiliated societies will present during the congress their own national symposia. Below are the symposia and individuals who will be participating. Please see the Congress website for the exact timing.

—*Wednesday*

NVA SYMPOSIUM: AGE AND HANDICAP IN SPORTS PERFORMANCE
Moderators: R. Diercks (Netherlands), F. Backx (Netherlands)
Presenters: V. Gouttebarge (Netherlands), M. Heijboer (Netherlands), R. Dekker (Netherlands), R. de Vos (Netherlands)

SPAT & SPOT SYMPOSIUM: ACL FIXATION METHODS
Moderators: A. Pereira de Castro (Portugal), L. Amaral (Portugal)
Presenters: F. Fonseca (Portugal), A. Silva (Portugal), H. Pereira (Portugal), R. Varatojo (Portugal), M. Gamelas (Portugal)

EAE & TUSYAD SYMPOSIUM: PCL - CURRENT TRENDS?
Moderators: H. Pinar (Turkey), M. Hantes (Greece)
Presenters: M. Hantes (Greece), J. Gliatis (Greece), Ö. Taser (Turkey), S. Plessas (Greece), R. Tandogan (Turkey), S. Karaoglu (Turkey)

—*Thursday*

AGA SYMPOSIUM: PITFALLS IN ARTHROSCOPIC KNEE SURGERY – HOW TO AVOID & WHAT TO DO?
Moderators: P. Angele (Germany), R. Becker (Germany)
Presenters: P. Angele (Germany), W. Petersen (Germany), R. Becker (Germany), P. Schöttle (Germany)

FAA & NAF SYMPOSIUM: DIFFERENT TECHNIQUE OF ACL RECONSTRUCTION (SB, DB, AM, TRAN TIBIAL, ALL INSIDE) TECHNIQUES AND RESULTS
Moderators: T. Järvela (Finland), S. Dimmen (Norway)
Presenters: L. Engebretsen (Norway), J. Drogset (Norway), P. Suomalainen (Finland), A. Harilainen (Finland), T. Järvela (Finland), J. Røtterud (Norway)

—*Friday*

BASK SYMPOSIUM: SPECIALIST KNEE TRAINING IN THE UK
Moderators: S. Donell (United Kingdom)
Presenters: A. Price (United Kingdom), J. Rees (United Kingdom), A. Alvand (United Kingdom), K. Akhtar (United Kingdom), P. Turner (United Kingdom), S. Donell (United Kingdom)

SIGASCOT & SIA SYMPOSIUM: HOW TO TREAT CARTILAGE LESION OF SHOULDER, ELBOW, HIP, KNEE, AND ANKLE
Moderators: P. Adravanti (Italy), F. Franceschi (Italy)
Presenters: R. Papalia (Italy), A. Manunta (Italy), F. Franceschi (Italy), M. Berruto (Italy), R. Zini (Italy), M. Panasci (Italy), M. Cavallo (Italy)

ASTAOR & UASTKA SYMPOSIUM: RC TEAR, FROM PARTIAL TO MASSIVE - ARTHROSCOPICAL APPROACH
Moderators: A. Korolev (Russian Federation), O. Kostrub (Ukraine)
Presenters: S. Dokolin (Russian Federation), R. Blonskyi (Ukraine), M. Khasanshin (Russian Federation), I. Zasadnyuk (Ukraine), V. Zayets (Ukraine), A. Akhpashev (Russian Federation), I. Zazirnyi (Ukraine), A. Korolev (Russian Federation)

SEROD & AEA SYMPOSIUM: NON-METAL TREATMENT OF EARLY OSTEOARTHRITIS
Moderators: A. Maestro (Spain), J. Monllau (Spain)
Presenters: E. Castellet Feliu (Spain), F. Soler (Spain), R. Cuellar (Spain), M. Leyes (Spain), P. Hinarejos (Spain), P. Gelber Ghertner (Spain)

—*Saturday*

GOTS & CROATIAN SOCIETY FOR SPORTS MEDICINE & SAT & SFTS SYMPOSIUM: MUSCLE INJURIES: WHAT IS NEW, WHAT IS TRUE; MUSCLE TRAUMA; RECURRENT INJURY; EFFECT OF STATUS ON OUTCOME
Moderators: N. Darabos (Croatia), P. Thoreux (France), V. Valderrabano (Switzerland), R. Mihelic (Croatia)
Presenters: Y. Guillodo (France), F. Mauch (Germany), V. Brozicevic (Croatia), C. Grim (Germany), A. Leumann (Switzerland), M. Bouvard (France), N. Darabos (Croatia)

SFA SYMPOSIUM: PARTIAL ACL TEARS
Moderators: N. Pujol (France), P. Colombet (France)
Presenters: N. Pujol (France), N. Graveleau (France), P. Djian (France), P. Colombet (France), B. Sonnery-Cottet (France)

PTTS & BOTA SYMPOSIUM: SOFT TISSUE ENDOSCOPY
Moderators: R. Smigielski (Poland), A. Asparouhov (Bulgaria)
Presenters: R. Smigielski (Poland), M. Drwiega (Poland), U. Zdanowicz (Poland), R. Brzoska (Poland)
I. Vassilev (Bulgaria), A. Asparouhov (Bulgaria)

SOCIAL PROGRAMME –

ESSKA Dinner and Party, among the Stars!

On Congress Friday, ESSKA will be hosting an 'Evening among the Stars' at Amsterdam's Maritime Museum. This is one of the city's most famous buildings , and dates from the 'Golden Age' of the 17th century (1656). It was here that ships embarked for the Dutch East Indies. You'll be welcomed at the pier by a traditional Dutch Shanty Choir, and it's here that you'll find the "Amsterdam"; a large three-masted vessel from the Dutch East India Company. Then you'll enter the recently renovated museum, with its beautiful inner courtyard, now covered by a spectacular glass roof containing thousands of tiny lights, which simulates a starry sky, as used by our former sailors for navigation. This beautiful location is the setting for our 4-course Gala Dinner.

During the evening we present another array of Dutch stars:

Eric Vloeimans & Tuur Florizoone

As one of Europe's finest trumpet players Eric Vloeimans, is renowned for his brilliant tone which can shout or whisper or growl, and which conjures multiphonics. He has composed a symphonic piece for ESSKA's Congress President Niek van Dijk whilst in the OR of the Academic Medical Centre in Amsterdam. He will perform the world premiere of "Loose Bodies", at the ESSKA Dinner & Party, and accompanied by the accordion player Tuur Florizoone.

The Dutch National Ballet
The Dutch National Ballet was recently ranked among the world's top three ballet companies, by the New York Times. They will perform a work by the famous Dutch choreographer Hans van Manen. This is dedicated to ESSKA, and to all European Orthopaedic Surgeons who care for professional athletes, amongst them ballet dancers...

The ESSKA Awards
Another premiere during ESSKA's Dinner & Party will be the "ESSKA Awards Session". There are three categories, and nine nominees, competing for three ESSKA trophies, and for eternal fame!

Date: Friday, 16 May 2014
Time: 19:00-24:00
Tickets: 100€ per ticket (including transfer, reception, dinner, drinks)
Booking: www.esska-congress.org

HAPPY POSTER HOUR & WELCOME RECEPTION

The evening of the first official congress day is dedicated to meeting your colleagues and friends from all around the world attending the ESSKA Congress 2014. Following the last session and free for all delegates, come join us for finding out more about the new presentation of the scientific posters on numerous e-poster terminals. Browse through the database with more than 700 e-posters and see on the screen those which interest you most. Discuss the scientific content with your colleagues while enjoying a drink and snacks.

Come take part in the official welcome to Amsterdam!

Date: Wednesday, 14 May 2014
Time: 18:15-19:45
Location: Forum & Ruby & Onyx Lounge

TOURS –

AN OUTSTANDING SOCIAL PROGRAMME HAS BEEN ORGANISED FOR THE SPOUSES AND PARTNERS OF CONGRESS DELEGATES.

FOR MORE INFORMATION, INCLUDING PRICES AND REGISTRATION, PLEASE REFER TO OUR CONGRESS WEBSITE:
WWW.ESSKA-CONGRESS.ORG

RIJKS MUSEUM CANAL CRUISE

Experience the Golden Century, on the water and in the museum! The Blue Boat Company and the Rijksmuseum, between them, can take you back to the Golden Age of the 17th century. After a cruise, you can see the famous art of the Rijksmuseum.

Date: Thursday, 15 May 2014
Time: 10:00-12:30

KEUKENHOF: GO AND ENJOY DUTCH TULIPS

There are some places in the world which can't be described in words. Their sheer beauty leaves tourists spellbound. Keukenhof is proud to be listed as one of the "ten Places you should definitely visit once in your lifetime". The park (32 hectares) is crammed with blooming tulips, hyacinths, daffodils and other spring flowers.

Date: Thursday, 15 May 2014
Time: 9:30-14:30

HERMITAGE ARRANGEMENT

This combines a bicycle tour and a visit to Amsterdam's subsidiary of St.Petersburg's Hermitage Museum. The tour commences at AmstelBike (Piet Heinkade 11a) with a two-hour cycle tour. A professional Guide will accompany you, and take you back in time, demonstrating Russia's historic links with the Netherlands

Date: Friday, 16 May 2014
Time: 10:00-14:00

EDUCATIONAL MATERIAL AVAILABLE AT THE CONGRESS

Dear ESSKA members and Congress participants,
We have been working hard preparing your Congress gifts. There will be a selection of books and DVDs, a special edition of KSSTA, and a KSSTA supplement. Some of these will be free to all participants and ESSKA members, while others will be available for purchase. Please visit us at the ESSKA booth to collect your freebies!

BOOKS

1. KSSTA Supplement of the 16th ESSKA Congress Abstracts
2. KSSTA Theme issue on Hip Arthroscopy
3. ESSKA Instructional Course Lecture Book - Zaffagnini et al. – Amsterdam 2014
4. Arthroscopic Anterior Cruciate Ligament Reconstruction – Siebold et al. sponsored for Congress by smith&nephew
5. Talar Osteochondral Defects - Van Dijk and Kennedy
6. Shoulder Arthroscopy: Principles and Practice - Milano ESA Book
7. Techniques in Cartilage Repair Surgery - Shetty et al.
8. Book Simulation in Arthroscopy - Dr. ing. Tuijthof, Kerkhoffs, Karahan, Randelli
9. Achilles Tendon Disorders - Van Dijk et al., sponsored for Congress by DJO GLOBAL
10. Acute Muscle Injuries - Kerkhoffs and Servien, sponsored for Congress by DJO GLOBAL
11. Ankle Arthroscopy - Van Dijk
12. Minimally Invasive Total Knee Replacements - Current Options - Argenson
13. Partial Knee Replacement - Uni and Bi Compartmental Options - Argenson

DVDs

1. Instructional Course Lecture (ACL) – 2 DVDs, sponsored for Congress by smith&nephew
2. Instructional Course Leture (Ankle) – 1 DVD, sponsored for Congress by smith&nephew

• ESSKA BOOTH

If you are attending the Congress, be sure to visit the ESSKA Booth, which you'll find by the registration desk. We can answer all your questions about Membership, Fellowships, ESSKA Academy, JEO, KSSTA, or anything else...

We look forward to seeing you!


It's all about Mentelity

ESSKA Congress Social Lecture

Bibian Mentel, a six-time Dutch national champion in half-pipe and snowboard cross, was well on her way to qualifying for the 2002 Salt Lake City Winter Olympic Games when her life changed dramatically....
Our surgical intervention is just the start of a chain of events taking a lot of endurance of the athlete and surroundings.
This story is on thinking in possibilities instead of impossibilities, in looking ahead instead of back. Cry for a few days and then wake up and focus on your future. Leave the past behind and go for whatever dreams you have. Focus on what is still possible. It's all about Mentelity.

Date: **Friday 16 May 2014**
Time: **9:30 – 10:00**
Location: **Auditorium**

AWARDS GIVEN DURING THE 16TH ESSKA CONGRESS IN AMSTERDAM 2014

THEO VAN RENS BEST PAPER AWARD
Sponsored by ESSKA Prize money: **3.000 EUR**

This award is given to the highest ranked scientific presentation. The 8 finalists have the privilege to present their work during the Star Paper Session at the ESSKA biannual meeting. The winner will be selected by a jury directly after the Star Paper Session.

PORTO AWARD "INNOVATION IN ARTHROSCOPY"
Sponsored by Porto Prize money: **2.500 EUR**

ESSKA wishes to stimulate research in arthroscopy.
This award recognizes the excellency and innovation in arthroscopy. The Porto Award encourages practitioners to publicize their expertise.

ALWIN JÄGER BEST VIDEO AWARD
Donated by the Alwin Jäger Foundation Prize money: **2.500 EUR**

This award is given to the best video on technical tricks and pearls. The selection of the best video will be performed by a jury based on the excellence of the submitted video. The prerequisite to participate is to be an ESSKA member.

AWARD FOR BEST PAPER IN LIGAMENT AND BIOMECHANICS
Sponsored by Smith & Nephew Prize money: **2.000 USD**

This award is given to the best scientific manuscript in the fields of ligament healing and biomechanics in orthopaedic sports medicine.

THE NICOLA'S FOUNDATION YOUNG RESEARCHER AWARD (< 40Y)
Sponsored by The Nicola´s Foundation Prize money: **1.000 EUR**

This award is given to the best scientific manuscript in the fields of Knee Surgery, Sports Traumatology and Arthroscopy presented by a researcher < 40 years of age.

KSSTA BEST PAPER AWARD
Sponsored by ESSKA Prize money: **1.000 EUR**

This award is given to the best paper published in the KSSTA journal during the period 2012-2013.
The winner will be selected by the editors of KSSTA.

BEST POSTER AWARD
Sponsored by ESSKA Prize money: **500 EUR** each in 5 different categories

This award is given to the best posters accepted for display at the ESSKA biannual meeting.
The five categories are: degenerative, ligaments, basic science, shoulder, sports medicine.

ESSKA BASIC SCIENTIST TRAVEL GRANT
Sponsored by ESSKA Grant: **500 EUR** each for 4 scientists

ESSKA supports Basic Scientists! ESSKA provides financial support for 4 selected Basic Scientists wishing to attend the 16th ESSKA Congress in Amsterdam.

Selection will be performed by a jury based on the excellence of the submitted basic science abstracts (submission via regular abstract submission platform). The presenting author who needs to be an ESSKA member (or will become an ESSKA member at the congress) will receive up to 500 EUR to cover travel costs to attend the congress.

The importance of sports medicine for the Sochi Games

Kathrin Steffen PhD and Lars Engebretsen MD, PhD

Many of us winter sport enthusiasts will still remember the last Winter Olympic Games in Vancouver 2010: fantastic organization and weather – a real "folk festival" with street-parties up in Whistler and in downtown Vancouver. Although the atmosphere is different in Sochi, the commitment of the athletes and the risk taking is identical!

From Vancouver we remember quite a high number of injuries and tears among disappointed athletes in the spectacular snowboard and ski freestyle races at Cypress Mountain. The results of the IOC surveillance were published in BJSM (Engebretsen et al., 2010).

In these cross-disciplines on snow, inspired by motocross, athletes compete in heats of 4 and race head-to-head at high speed through several jumps and other obstacles of varying difficulty. First come – first serve. The IOC injury surveillance during the 2010 Olympic Winter Games reported snowboard and freestyle cross as one of the highest risk disciplines, and females were specifically prone (Engebretsen et al., 2010). In many cases, these injuries were so severe that they prevented the athlete from further races through the competition program.

This piece is written from Sochi, during the actual Games and our ongoing surveillance on new incurred injuries and illnesses. Here in Sochi, the IOC has added another injury prone sports - slope style - where we saw that the favorites – the females and males x-games winners, were not in Sochi to collects their gold medal due to serious knee injuries. We are now only in the 5th day of the Games and many serious knee and shoulder injuries have already occurred.

Continue injury surveillance

Snowboard and freestyle cross are no doubt spectacular events and important for the Games and spectator crowds with their fights for the best course line from start to finish, but are these courses too difficult for females? Was the observed high injury risk among female freestyle and snowboard athletes in Vancouver by chance or do these injuries reflect the sport how it is? Do females have a higher risk, because they compete in the same course as their male counter parts? Identical questions may be asked for slope style in Sochi.

It is too early to make changes, go for action and ask for special female courses. Injury mechanisms have to be analyzed carefully and compared between males and females. We now have data from several World Cup sessions as well as from two Olympic Games and it may be time to act!

How can sports medicine research contribute to make sport more save?

This question will be raised in Sochi. How do the International Sports Federations and the International Olympic Committee deal with this situation?

Recent reports from the skiing and snowboarding World Cup seasons reveal that knee and head injuries are the most common injury scenarios (references). Fortunately, catastrophic head injuries, such as skull fractures or cerebral hemorrhages are seldom, but sadly the Freestyle-circus has witnessed 3 fatal injuries in the last 2 years.

The International Skiing Federation (FIS) is to be commended for their proactive work in injury prevention. In 2006, the FIS ISS, a long-term injury surveillance system, was established together with the Oslo Sports Trauma Research Center. This comprehensive register will form the basis for their injury prevention work in the future (Flørenes et al. 2011).

FIS´ accomplishment is to have developed a large database that allows the Federation to monitor injury trends over time, as well to evaluate the implementation of rule or equipment changes.

As examples, new (longer) skis were introduced to the Downhill and Super-G World Cup circus. A new helmet standard for World Cup alpine skiing is developed and will be implemented from the 2014-season.

All these initiatives to reduce injury risk would not be able to be evaluated without having access to an established and well-driven database and the continuous monitoring of injury risk over time. The articles cited here of Major et al. (2014), Bere et al. (2011), and Steenstrup et al. (2014) are all examples where researchers could benefit from 6-7 years of data and more than 5.000 athlete interviews on their injuries.

Step-by-step towards prevention success and what is the role of the IOC?

The Medical Commission of the International Olympic Committee (IOC) has a long time recognized the important role that sports medicine plays in protecting the health of athletes. Thus, how can the IOC contribute to make the Games safe for the athletes, step 3 in the van Mechelen-model "prevention"?

Two recent reports describing situations leading to serious injuries in World Cup alpine skiing and snowboarding revealed that individual technical errors and inappropriate tactical choices33 and technical errors at take-off for jumping29 were primary causes of the injuries. These studies indicate that closer evaluations are necessary on course design and setting, race conditions, visibility and speed, and other technically difficult obstacles, such as height and distance between jumps.29;34

To us, these studies are good examples of how scientific knowledge can be implemented into practice used to protect the athletes´ health, an approach, which is to be commended. The IOC medical group (Games Group) and the medical department in the International Sports Federations have a responsibility for safe venues and competitions. As in Vancouver, here in Sochi and recent Olympic summer Games in Beijing (Junge et al., 2009) and in London (Engebretsen et al., 2013), the IOC will continue with their Injury & Illness Surveillance project to potentially identify sports at high risk, evaluate rule changes, and develop with the Ifs new preventive ideas.

IOC Medical Program Diploma

As part of its commitment to supporting the health and performance of athletes and to the continuing professional development of those who care for them, the IOC Medical Commission now offers a postgraduate-level training program in sports medicine. The program is designed to meet the needs of team physicians caring for elite athletes, particularly targeting National Olympic Committee and International Federation physicians. It is perfectly suited to fill the needs of the ESSKA members who serve on the National Olympic Committees (Maughan et al., 2013).

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Bere T, Flørenes TW, Nordsletten L, et al. Sex differences in the risk of injury in World Cup alpine skiers: a 6-year cohort study. Br J Sports Med 2014;48:3640.

Engebretsen L, Steffen K, Alonso JM, et al. Sports injuries and illnesses during the Winter Olympic Games 2010. Br J Sports Med 2010;44:772–80.

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Flørenes TW, Nordsletten L, Heir S, et al. Recording injuries among World Cup skiers and snowboarders: a methodological study. Scand J Med Sci Sports 2011;21:196–205.

Junge A, Engebretsen L, Mountjoy ML, et al. Sports injuries during the Summer Olympic Games 2008. Am J Sports Med 2009;37:2165-72.

Major DH, Steenstrup SE, Bere T, et al. Injury rate and injury pattern among elite World Cup snowboarders: a 6-year cohort study. Br J Sports Med 2014;48:18-22.

Maughan RJ, Engebretsen L, Soligard T. The IOC Diploma programme in sports medicine. Br J Sports Med 2013;47:812.

Steenstrup S, Bere T, Bahr R. Head injuries among FIS World Cup alpine and freestyle skiers and snowboarders: a 7 year cohort study. Br J Sports Med 2014;48:41-45.

REPORT OF THE ESSKA GENERAL ASSEMBLY 2012

4 May 2012, 11:00 to 12:30
Congress Centre Geneva, Switzerland

1. APPROVAL OF THE REPORT OF THE GENERAL ASSEMBLY 2010
The minutes of the previous General Assembly were unanimously approved.

2. PRESIDENT'S REPORT – NIEK VAN DIJK
The President presented to the General Assembly on the goals, activities and strategic planning which took place during his Presidency. (Presentation is available). He included within this presentation the following: Changes made to the Board; New Mission Statement of ESSKA; ESSKA's visibility; organisational efficiency and effectiveness of the executive office; improved cooperation with all our affiliates and sections; the quality of the Congress; KSSTA improvements; Fellowship Programme; affiliated Societies; Certification; Membership Numbers and improvements; Industry Relationships; New educational Portal and ESSKA's presence at other meetings of National and European societies with symposia at the following meetings: **ISAKOS, EFORT, SICOT, AGA, SFA and ASTAOR**.

3. TREASURER'S REPORT – PATRICK DJIAN
The Treasurer presented the financial statements for 2010-2011 which demonstrate that ESSKA has achieved and further developed a stable financial situation with a positive balance at year end 2011.

Account Auditors Report was then given by Magnus Forssblad.
The General Assembly was asked to vote to approve the Financial Statements (FS) as presented. The vote was unanimous to approve the FS of 2010-2011.

4. GENERAL SECRETARY'S REPORT – ROMAIN SEIL
(PRESENTATION AVAILABLE)
The General Secretary gave an overview on the ESSKA membership figures and breakdown of numbers by countries. He reported that as of the 1 May 2010 ESSKA had 2215 members (+ 123%).
He also reported on the changes to staff members and their duties at the Executive Office in Luxembourg.
He further mentioned:

- The New layout of the biannual newsletter and thanked the Editors Matteo Denti and Peter Verdonk for their sterling work;
- The necessary change to the Articles of Association to accommodate ESSKA Sections;
- The ESSKA website had been further developed and he presented the statistics of the website hits etc.
- The Goals, Meetings and Report on behalf of EKA;
- The Goals, Meetings and Report on behalf of ESA; and
- The Goals, Meetings and Report on behalf of AFAS.

5. EDUCATIONAL SECRETARY'S REPORT – PIETRO RANDELLI
(PRESENTATION AVAILABLE)
The Education Secretary gave an in depth overview on: Fellowship Management; New Fellowship Programmes; The Fellowship Committee; Teaching Centres; Books and DVD's; SFA-ESSKA Course; and the ESSKA Certificate in Sports medicine.
He further reported on the New Web Platform to allow Teaching Centre Enrolment and Availability.

6. NOMINATING COMMITTEE and ELECTION OF NEW OFFICERS – LARS ENGEBRETSEN
The Past President and Chairman of the Nominating Committee Daniel Fritschy presented the composition of the nominating committee for the selection of the next 2nd Vice President:

Chair	**Lars Engebretsen** (Past President)
Members	**Matteo Denti** (2nd Vice President)
	Jacques Menetrey
	Philippe Beaufils

The Nominating Committee's proposal (supported by the Board)
for next 2nd Vice President: Romain Seil (Luxembourg)
The members were invited to vote and the nomination was passed unanimously.

Proposal for General Secretary is Jacques Menetrey. The Main Board appointed Patrick Djian as Treasurer and Pietro Randelli as the Educational Secretary of the society. Furthermore, the Board appointed a new Vice Secretary General, in the person of Henning Madry.

The new ESSKA Board for the period 2010-2012 is thus composed as follows:

President	**João Espregueira-Mendes** (Portugal)
1st Vice President	**Matteo Denti** (Italy)
2nd Vice President	**Romain Seil** (Luxembourg)
Secretary General	**Jacques Menetrey** (Switzerland)
Vice Secretary General	**Henning Madry** (Germany)
Treasurer	**Patrick Djian** (France)
Educational Secretary	**Pietro Randelli** (Italy)
Past President	**Niek van Dijk** (Netherlands)

The following chairmen of the scientific committees were proposed and accepted by the general assembly for the period 2010-2012:

COMMITTEES:

Arthroscopy	**R Siebold**
Basic Science	**L Blankevoort**
Cartilage repair	**F Almqvist**
Orthopaedic Sports Medicine	**E Servien**
U45	**S Lustig**
Education + Fellowship	**P Randelli**

SECTIONS:

Knee (ESSKA-EKA)	**J-N Argenson**
Foot + Ankle (ESSKA-AFAS)	**N van Dijk**
Upper Limb (ESSKA-ULS)	**B Poberaj**

7. WELCOME OF THE NEW PRESIDENT – JOÃO ESPREGUEIRA-MENDES
The new President presented his views and goals for his upcoming presidency. The mission of ESSKA is the following: ESSKA wants to raise the level of care in the field of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine and thus improve the quality of life and the mobility of our patients. ESSKA offers its members support in research & education. ESSKA aims to improve the communication and visibility on ESSKA activities and achievements and to improve corporation between our members, national and international societies.

His goals for the 2012 – 2014 Presidency are the following:

- Reinforcement of our office
- Reinforcement of KSSTA
- Concentrate on all member countries
- Strengthen relationship with national Societies
- Accommodate all relevant sub-specialities
- Attract young colleagues
- New Committee charges
- New rules for affiliated Societies
- Each Board member responsible for own portfolio
- Involve Country Presidents as Members-at-large
- Restructure Site Selection Procedure
- E-Learning
- Best Practises
- Standard Terminology Project Expansion

8. REPORT OF THE KSSTA EDITOR IN CHIEF – JON KARLSSON
The Editor in Chief of the KSSTA journal presented on the continuing positive development of the Journal over this period. There had been a significant increase in the number of submitted manuscripts leading to better papers but also an increased rejection rate. The number of published pages/year increased constantly over the last years. There is currently a back log of six months. His plans are to further extend the Journal reviewer course with the cooperation of the Arthroscopy Journal. He also explained that the composition of the Editorial Board would be regularly revised and extended.

9. THE MEETING WAS ADJOURNED

João Espregueira-Mendes
ESSKA President

Jacques Menetrey
Scrutineer/
ESSKA General Secretary

REPORT OF THE EXTRAORDINARY GENERAL MEETING 2012

4 May 2012, 12:30-12:45
Congress Centre Geneva, Switzerland

There being a majority of Members present, and in accordance with article 17.3 of the Articles of Incorporation of ESSKA, the Meeting is convened and able to vote on the resolutions as set out below.

First Proposed Resolution
To appoint Mr J Espregueira-Mendes, with professional residence in Portugal, to preside over the EGM. To empower the Chairman of the EGM to appoint the other members of the Bureau, i.e. the Secretary and the Scrutineer from amongst the persons present at the meeting.

Second Proposed Resolution
To consider and vote on the proposal to Amend Article 25 of the Articles of Association.
Currently the article in question provides that "The Main Board may avail itself of the assistance of one or several 'Scientific Committees' with at least three members. The exact composition, functions and purposes of these committees shall be determined in internal rules and regulations. Furthermore, the Main Board may set up other committees or sub-groups of the association whenever it sees fit, establishing their remits, functions and purposes and their exact composition in internal rules and regulations."
And shall be amended as follows:
"ESSKA may set up Sections to represent and persue sub-speciality interests. The exact composition, functions and purposes of these Sections shall be determined in internal rules and regulations.
Sections shall establish programmes and activities, complementing the purpose of ESSKA set up by the Main Board.
The creation of a section may be requested by written request of no less than 50 individual current ESSKA members, approval of the Main Board and ratification by the general Meeting through the appropriate majorities required by the ESSKA Statutes.
The Chairman of each Section shall be a full member of the Main Board".
The Board hereby resolves to:
Appoint Mr J Espregueira-Mendes, with professional residence in Portugal, to preside over the EGM; and
Approve the proposal to Amend Article 25 of the Articles of Association and to file the afore-mentioned changes with the appropriate authority.

João Espregueira-Mendes
ESSKA President

Jacques Menetrey
Scrutineer/
ESSKA General Secretary

REMINDER: GENERAL MEETING OF MEMBERS 2014

Dear ESSKA member,

You are invited to the **General Meeting of Members 2014, to be held during the Amsterdam Congress, on Thursday, 15 May 2014, 15:30-16:30 in the Auditorium at the RAI Congress Centre Amsterdam, The Netherlands.**

THE 2014 MEETING WILL HAVE THE FOLLOWING AGENDA:

1. OPENING AND WELCOME ADDRESS BY THE PRESIDENT
2. APPROVAL OF THE REPORT OF GENEVA GENERAL ASSEMBLY 2012
3. PRESIDENT'S REPORT & ESSKA FOUNDATION REPORT
4. TREASURER'S REPORT & APPROVAL OF THE ANNUAL ACCOUNTS "2012-2013"
5. AUDITOR'S REPORT
6. GENERAL SECRETARY'S REPORT
7. ESSKA SECTION'S REPORTS
8. EDUCATIONAL SECRETARY'S REPORT
9. JOURNALS (KSSTA AND JEO) - EDITORS IN CHIEF REPORTS
10. RECOGNITION OF ESSKA PAST PRESIDENTS AND ELECTION OF NEW LIFE AND HONORARY MEMBERS
11. DISCHARGE OF EXISTING BOARD MEMBERS & ELECTION OF THE NEW MEMBERS OF THE BOARD
12. WELCOME ADDRESS BY THE NEW PRESIDENT
13. 2018 CONGRESS CITY SELECTION ANNOUNCEMENT
14. ADJOURNMENT OF MEETING

I look forward to seeing you there.

Yours sincerely,

João Espregueira-Mendes
ESSKA PRESIDENT

A NEW BASIC SCIENCE JOURNAL FOR ESSKA

EDITORIAL JEO

ESSKA is a non-profit organisation that stands for quality, independence, ethics and rigor.

ESSKA has experienced an exceptional growth in the past few years, undergoing several important changes and consolidating its position as one of the world`s leading societies in orthopaedic sports traumatology and degenerative joint disease.

It has doubled its member numbers in the past two years and its 2800 members and 26 affiliated societies make ESSKA the most important European society in the field of sports traumatology.

Why a new Journal? Basic science is the corner-stone for the understanding of disease on which depends the delivery of quality patient care. Whilst Europe has a very strong position in terms of research and science, it was perceived to be lacking an outlet for its scientists (within the field of Orthopaedic Sports Medicine/Traumatology and degenerative joint diseases) to disseminate their findings – this gap, (in ESSKA`s view), therefore warranted the setting up of a basic science journal.

A development strategy set out during a strategic planning meeting in Amsterdam 2010 by ESSKA`s Board, highlighted and addresssed (over the intervening years),the development needs of such a scientific journal. Following the initial preparatory work, the journal was successfully launched in December 2013 under the leadership of Henning Madry. Springer will publish the new journal with the Journals`editorial office based in Luxembourg.

The new journal, entitled the Journal of Experimental Orthopaedics (JEO) shall collaborate closely with the Knee Surgery Sports Traumatology Arthroscopy journal (KSSTA), ESSKA`s clinical journal. The intention being, to build a strong publication team in order to cover the entire scientific field of sports traumatology and degenarative joint desease.

This is a similar approach to that which AOSSM developed with their successful American Journal of Sports Medicine (AJSM) and now Orthopaedic Journal

of Sports Medicine (OJSM). Also AANA recently added Arthroscopic Techniques to their already successful journal of Arthroscopy.
As mentioned before ESSKA saw the need to move in this same direction and responded with the development of the JEO. The ESSKA Board saw that the most important contribution would be to basic science within the field of orthopaedic sports traumatology and degenerative joint desease. ESSKA`s reputation stands for quality patient care through education and this new journal will reflect these core values.

In line with this new relationship between the KSSTA and JEO journals, the ESSKA Board has decided that KSSTA will in the future concentrate mainly on clinical topics. As the Editors in Chief of both journals we are fully aware that this transition will take some time and therefore it is expected that the number of experimental/basic science studies in KSSTA will reduce in number over a period of time and in the future any such studies submitted to KSSTA shall be cascaded to JEO. In this manner the sister journals will be better able to cover the full spectrum of basic science and clinical studies in our field in the future.

JEO is an open access, online publication benefiting from fast handling of manuscripts and on completion immediate publication. JEO`s prevailing aim is to bridge the gap between basic science and the clinical field and welcomes basic science studies on all aspects of musculo-skeletal diseases.

We welcome the new journal and we invite you to submit your manuscripts to the JEO at

www.jeo-esska.com

Jon Karlsson
Editor-in-Chief

João Espregueira-Mendes
ESSKA President

Niek van Dijk
ESSKA Past President

European Society of Sports Traumatology, Knee Surgery & Arthroscopy
JEO
The basic science journal of ESSKA

Journal of Experimental Orthopaedics **(JEO)** *now accepting submissions*

Dear ESSKA members:

We recently announced our *Journal of Experimental Orthopaedics*. Since January this new journal has been accepting submissions, we have already received several high-quality manuscripts which are currently under review.

As you know, the Journal of Experimental Orthopaedics is an international journal that aims to bridge the gap between orthopaedic basic-science and the clinics, publishing papers related to cartilage, bone, tendons, ligaments and other musculoskeletal tissues. We at The Journal work hard to ensure a rapid (that's to say, within a few weeks) peer review. The peer review process is rigorous, and focuses on scientific concerns, so as to determine the quality of the research submitted, rather than to determine whether an article is "important enough" to be published. It is worth noting that we have negotiated, for the first years, a reduced submission-fee with our publisher. Also, there is a submission-fee waiver policy for authors who come from low-income countries. Since the Editor and reviewers have no access to such information, the ability to pay will never influence our publication decisions.

As a prospective contributor, you may submit both Original and Review articles. If you are in doubt whether the subject might be of interest, please contact me through our editorial office. Also, the *Journal of Experimental Orthopaedics* is always interested in you as a potential reviewer. If you want to review for The Journal, please send me an email indicating the area of your scientific expertise, with keywords. Moreover, at our congress in Amsterdam, there will be combined activities with KSSTA, our sister journal.

I am absolutely sure that the *Journal of Experimental Orthopaedics*, with its excellent Editorial Board, together with its distinguished Board of Trustees, and its hard working editorial team, will successfully promote the content of your scientific work as ESSKA members to the scientific community. I am greatly looking forward to seeing the best of your orthopaedic basic science work submitted to the *Journal of Experimental Orthopaedics*.

Sincerely yours,

Henning Madry, MD

Editor-in-Chief
Journal of Experimental Orthopaedics
jeo@esska.org
www.jeo-esska.com

ESSKA ACADEMY UPDATE

ESSKA's newest initiative - the ESSKA Academy - will be officially launched during the Amsterdam Congress! ESSKA Academy is a sophisticated online educational-platform, which will only be available to ESSKA's members, and will enhance their skills and patient care.

What features can you expect from ESSKA Academy?

General navigation – you can navigate easily, using a user-friendly interface, and quickly find your chosen areas.
Search and filters – you can use the powerful filters, which will intuitively narrow your search, and give you access to specific information.
Viewing webcasts and presentations – you can view webcasts and presentations, using the in-built player, and keep yourself abreast of new developments.
Downloading content – you can download, using dedicated buttons which instantly save information for offline use.
Submit video content for evaluation – you can submit videos, using the specialised evaluation service. This will have them rated as potential material for the ESSKA Academy.

Educational content on ESSKA Academy amongst others

Educational webcasts
these include presentations from earlier congresses. All webcasts can be viewed using the in-built player, which is enhanced with animations, ensuring that the speaker's laser-point movements can easily be followed.

Video techniques
these comprise recordings of live interventions, with the presenter's narration. They will be perfect online educational videos.

Journal articles
you can scan article-abstracts, and then access the full article by simply clicking the button "Link to original article"

e-Series
these are recordings by world-renowned experts, delivering lectures on specific topics, especially for ESSKA Academy. These lectures will deal with important and controversial topics.

Video Podcasts
the video podcast is a popular tool, which allows users to download presentations on their computers, using iTunes software, and then to watch when offline.

Learning Quizzes
Interactive learning quizzes enable the users to test themselves, by answering questions about any specialism. When the user has submitted an answer, he will immediately be able to watch the relevant slide(s) of the relevant presentation, and then watch the complete presentation.

TALKS on the GO
This mobile application allows members to browse ESSKA Academy using smartphones and tablets. Users can read more about each presentation, such as the learning objectives and the abstracts, or learn more about the speakers by reading their biographies. By playing a presentation, users can see and listen to the presentation as if sitting in the audience!

Visit **www.esska.org** to get started today!!

ESSKA FOUNDATION UPDATE

On 5 March 2014, the Fondation de Luxembourg organised a 'roundtable', which focused on the power of philanthropy in academic and scientific research. ESSKA's Foundation was represented by ESSKA 1st Vice President Professor Romain Seil and Executive Director Zhanna Kovalchuk.

This proved an ideal opportunity to share experiences, and to learn the different approaches to philanthropy. Two areas of particular interest for ESSKA were the concrete examples of achievement and their results, and how to encourage philanthropy in our own area. This understanding will help the Foundation Board in their future efforts.

The ESSKA Foundation was established in September 2013 under the aegis of the Fondation de Luxembourg, and with the aim of raising the level of orthopaedic care, especially as regards to sports-medicine and degenerative-joint disease in Europe, and more generally improving the musculoskeletal function and quality-of-life of its patients.

FONDATION DE LUXEMBOURG

4TH ESSKA-EKA CLOSED MEETING IN BERLIN 31 OCTOBER – 1 NOVEMBER 2013

The fourth closed meeting of the European Knee Associates (EKA) (a section of ESSKA), was held in Berlin last November and hosted by Johan Bellemans, Carsten Perka and Roland Becker. Sixty of our members travelled to Berlin to participate in this interesting and inspiring meeting. The meeting took place at the Martim Hotel, a centrally located hotel within walking distance of the Brandenburg Gate, Reichstag and Potsdamer Place.

Jean-Noël Argenson, ESSKA-EKA President and Joern Bengt Seeger, EKA International Knee Arthroplasty Travelling Fellow 2013

Jean-Noël Argenson opened the scientific day and welcomed the members. One of the main topics of the meeting was Patient Specific Instrumentation (PSI) for total knee arthroplasty. It was highlighted that although PSI has gained increasing popularity clinical experience remained limited. This dichotomy engendered much debate following each of the 10 minute talks. Fabio Catani demonstrated how femorotibial kinematic may change in cruciate retaining TKA using PSI technology. While paradoxical anterior translation was still present in the medial femorotibial compartment a more natural roll back was observed in the lateral one. There still remains controversial discussion as to whether or not PSI should be based on CT or MRI. Tilman Pfitzner and his group demonstrated for the first time that MRI appeared to allow a higher accuracy in component placement. However Fabio Conteduca studied the alignment of the tibial and femoral cutting guides using the navigation technology. He reported a deviation in component placement on both the femoral and tibial side of almost 4° in the sagittal plane and of 1° in the coronal plane. Peter Koch and Carsten Tibesku showed promising results in term of accuracy of PSI surgery. The clinical impact of these findings remains unclear and some critical arguments were discussed. Other topics presented on the Friday afternoon included, instrumented measurement of knee laxity, biomechanics and clinical outcomes following UKA.

Berlin was and is an exciting city and everybody enjoyed staying there for the duration of the closed meeting. The welcome dinner was held on the top floor of the Reichstag, one of the most historical buildings of Berlin, and from where it was possible for the members to climb the glass copula of the Reichstag and enjoy a unique view over the city which will remain unforgettable.
The closed meetings of EKA always prove to be something very special, due to the open, critical and enthusiastic discussion between the members. It is also a great opportunity to meet friends and to share new ideas with them.

• SAVE THE DATE

EKA has organised a Speciality day during the ESSKA Congress in Amsterdam on Thursday 15 May.
The day will include symposia, instructional courses live surgery and free paper presentations.

We welcome you and looking forward to meeting you in Amsterdam.

UPCOMING EVENT
ESSKA-EKA'S SMALL IMPLANTS MEETING TO BE HELD 12/13 SEPTEMBER 2014

ESSKA-EKA is proud to announce that the second Small Implants meeting will be organised in Brussels, Belgium on 12-13 September 2014. The meeting will cover all types of arthroplasty of the knee except TKA and work around resurfacing of the individual compartments. An impressive faculty from Europe and the US has agreed to participate. Attendance is limited to 350 persons and hotel reservation is necessary via Keyworld congress organiser. The event is endorsed by the Belgian and Dutch Knee Society.
The best poster will be awarded a prize of 1000 Euros.

Please go to **www.small-implants.com** for further information.

ESSKA-ESA – EYE TRACKING: A SURGICAL LEARNING TOOL

M Anderton, M Gandhi, A Gilmour, R Davies, D Roberts, P Turner, L Funk
UNIVERSITY OF SALFORD, GREATER MANCHESTER, UK

In 2011, the UK Department of Health published a framework on Technology Enhanced Learning [1]. This document recommends that healthcare professionals should learn skills in a simulated environment, using a range of technologies, prior to undertaking clinical practice on real patients. Since this time, the Trauma & Orthopaedics surgical training curriculum [2] has embraced simulation training and in 2013 commenced mapping of par-ticular types of simulation against the requirements of the curriculum.

Research is ongoing to discover how trainees develop the necessary motor and visual skills to perform arthroscopy. Wilson et al concluded that there are several potential benefits of developing a visual approach to understanding surgical skill learning and that further research is warranted [3]. Eye tracking devices have been used to improve motor skills in tennis, basketball and golf players; however, to date this technology has been studied very little within surgery.

We conducted one of the first studies into eye tracking during simulated arthroscopic surgery. In this ethically-approved study, 15 medical students and 15 orthopaedic registrars performed standardised tasks on an arthroscopic shoulder simulator (figure 1). Each subject completed four tasks a total of three times. During each task, eye tracking and hand movement was recorded.

The registrar group had significantly less eye movement than the medical student group ($p<0.0001$). Visual mapping produced from eye tracking data found that registrar eye tracking was more tightly focused around a central point, indicating a more fixed gaze pattern (figure 2). As each cycle of tasks was repeated, both the registrar and student groups showed continuous improvement in hand movement scores.

By comparison, eye tracking showed less improvement over the three cycles, with the third cycle having the least improvement. This suggests eye tracking skills are acquired more slowly than motor skills. Furthermore, several subjects had notably worse eye tracking during the third cycle of tasks, suggesting eye fatigue may have occurred.

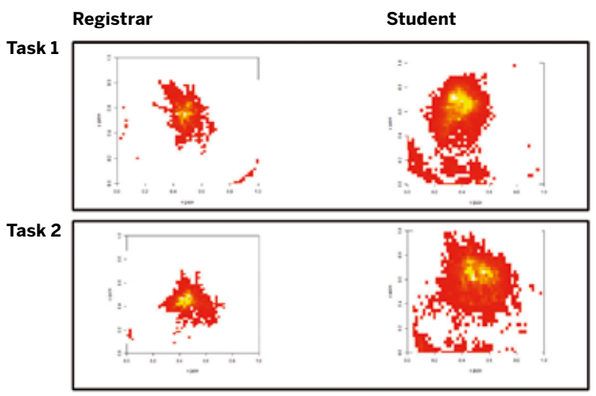
As simulation is now firmly embedded into the orthopaedic curriculum, arthroscopic simulators are likely to have an increasing role in surgical training, including objective assess-ments. As current arthroscopic simulators only record hand movement, they do not fully assess trainees' visuomotor skills. We found no correlation between eye tracking and hand movement scores, thus future arthroscopic simulators should incorporate eye tracking technology to more fully assess visuomotor development. Subjective feedback from stu-dents was extremely positive, in particular because watching eye tracking recordings provided performance feedback and reflective practice opportunity. Although further work is still needed, eye tracking shows much promise as a future surgical learning tool.

References:
[1] A Framework for Technology Enhanced Learning. Department of Health. 2011.
[2] Specialist Training in Trauma and Orthopaedics Curriculum. British Orthopaedics Asso-ciation. 2013.
[3] Wilson M, Coleman M, McGrath J. Developing basic hand-eye coordination skills for laparoscopic surgery using gaze training. BJU Int. 2010;105:1356-8.

Figure 1

Figure 2

VISUAL HEAT MAPS



ESSKA MEMBERSHIP

DEAR ESSKA MEMBERS

IF YOU MISSED THE MEMBERSHIP-RENEWAL DEADLINE OF 31 MARCH 2014, WE WOULD APPRECIATE YOU PAYING ONLINE AT **WWW.ESSKA.ORG**, OR PAYING AT THE ESSKA BOOTH AT CONGRESS IN MAY.

THE BENEFITS OF MEMBERSHIP INCLUDE:

- **Reduced registration fee for the ESSKA congress, and for other specific events staged by ESSKA;**
- **A free monthly copy of KSSTA, our renowned journal;**
- **Access to the ESSKA Academy, our online educational-platform;**
- **Access to the Journal of Experimental Orthopaedics, our new open-access journal for basic science;**
- **A 25% discount on ESSKA publications;**
- **A copy of our biannual ESSKA Newsletter;**
- **The right to vote at the General Meeting;**
- **The right to serve on ESSKA Committees;**
- **The right to apply for section membership.**

If you have any questions, please send us an email (membership@esska.org) or phone us (+352 4411 7015).

MESSAGE FROM THE EXECUTIVE DIRECTOR

The ESSKA office is now gearing up for the Amsterdam Congress. We're starting our countdown. Just a couple of weeks, and we'll be there in the ESSKA booth, the entire office team, and looking forward to seeing you and answering your questions.

So you can recognise us, here is the ESSKA Team:

Delphine, who deals with ESSKA membership. If you have any questions about your fees or benefits, come and see her .

Graham, who covers affiliated societies, the newsletter, ESSKA publicity, and patronage events.

Karen, who expertly manages KSSTA and our new journal, JEO.

Joseph, who deals with all educational matters: the fellowships, the ESSKA Academy, DVDs, books and other publications.

Anna, our newest member, who deals with the ESSKA Sections: all matters relating to EKA, AFAS and ESA.

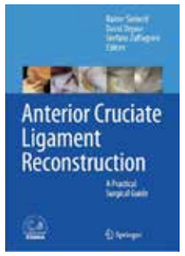
I shall also be there, of course, and pleased to meet you throughout the conference.

A special thanks to our sponsors and supporters, who are making our Congress possible.

See you soon!

Zhanna Kovalchuk
ESSKA Executive Director

ARTHROSCOPY COMMITTEE 2012 – 2014



In 2012-2014 the Arthroscopy Committee was chaired by Rainer Siebold (Heidelberg, Germany) and co-chaired by Peter Verdonk (Antwerpen, Belgium). The task of the 16 members from 14 European countries was to introduce, develop and teach innovative topics on arthroscopic surgery. The Committee proposed a variety of programme topics for the upcoming ESSKA meeting in Amsterdam and we were asked to organise an ICL on "Anatomy of the ACL and Reconstruction".

The main goal during the last two years was to write an ESSKA surgical guide book on "ACL reconstruction". The idea of the book was developed by the chair of the committee together with the two past chairs Stefano Zaffagnini and David Dejour. The book will be published by Springer and was written by the members of the Arthroscopy Committee and external experts. It will present the whole spectrum of ACL with many instructional tips, tricks and pictures for young and experienced surgeons. The latest spectacular findings on the flat ACL anatomy will be introduced. Other exciting chapters are on remnant preservation, tendon harvest, single bundle ACL reconstruction, bony ACL refixation and reconstruction in kids and the concept of double bundle. The difficult topic of ACL revision and the combination of ACL reconstruction with high tibial osteotomy is discussed and there are two chapters on rehabilitation and prevention of (re-) injury.

The best news is, that Smith and Nephew is sponsoring this book. Free copies will be available at the congress both at the ESSKA booth and the Smith and Nephew stand in Amsterdam. Thank you very much to Smith and Nephew to support ESSKA education!

As Committee Chair I would also like to thank all members of the Committee and authors for their excellent work. We also thank all who supported us during the last 2 years.

Rainer Siebold
Arthroscopy Committee Chairman

EDUCATION COMMITTEE UPDATE:

ESSKA supports education and aims to improve cooperation among its members, national and international societies in the field of prevention and surgery with special emphasis on arthroscopy. To this end ESSKA is producing a range of books, which will include the following topics: cartilage repair, arthroscopic anterior cruciate ligament reconstruction, talar osteochondrol defects, achilles tendon disorders, rotator cuff repair, acute muscle injuries, and an instructional course lecture book to be available at the ESSKA Congress in Amsterdam. In addition, ESSKA will bring out three International Course lecture DVDs - an efficient way of disseminating knowledge - to be available at the Congress in Amsterdam.

FELLOWSHIP COMMITTEE UPDATE:

ESSKA's Fellowship programmes help young surgeons to improve their skills, by giving them the opportunity to visit various ESSKA Accredited Teaching Centres in Europe.
In addition to organising two international travelling fellowships this year (AOSSM and APKASS), ESSKA has also organised 12 other fellowship programmes. Our three newest programmes are the ESSKA-ZIMMER Oncology and Infection Fellowship, ESSKA Depuy Synthes Degenerative Joint Fellowship and ESSKA Mitek Sports Medicine Fellowship.

For more information, and instructions about applying, visit **www.esska.org/fellowships.**

Pietro Randelli
Fellowship and Education Committees Chairman

INTRODUCTION

With the desire to constantly improve our newsletter and provide valuable information to our members, the ESSKA board wanted to increase the number of scientific contributions to our newsletter. Unlike scientific articles submitted to our official journals, these should reflect on-going work in our teaching and reference centres from all over Europe and from our friends from other continents. Therefore we invited a guest contributor which is this time Prof. Elizabeth Arendt from University of Minnesota, USA. Prof. Arendt was one of our highlight speakers at the Oslo congress in 2010. She has strong European roots and likes to share ideas with the old continent. Furthermore, we contacted our most dynamic members of the U45 committee, composed of our former fellows. In this issue they share some of their on-going clinical work, research and innovative ideas with you. We would like to thank the contributors for their efforts.

Romain Seil, Sébastien Lustig
ESSKA Newsletter Editors

When is a soft tissue procedure sufficient for Patella Stabilization?

Elizabeth A. Arendt, MD
Professor and Vice Chair, Department of Orthopaedic Surgery , University of Minnesota, Minneapolis, MN, 55454 USA

To describe the ideal patient who would benefit from an Medial Patellofemoral Ligament (MPFL) reconstruction to guard against recurrent lateral patella dislocation (LPD) is not a difficult task on paper.What makes a difficult clinical decision is that in the patellofemoral joint, it is not a binary decision algorithm.There is not a black and a white answer, but rather numerous shades of gray. This is due to the varied soft tissue and bony dysplasia of the patellofemoral joint that are associated with lateral patella dislocations. Alteration of anatomy, of both soft tissue and bone, can make any one patient a blend of normal, near normal, slightly dysplastic and highly dysplastic features.
Although we have many measurement schemes to help objectify our decisions, the type of surgical decision will involve a blend of imaging and physical exam features, combined with patient expectation and surgeon's experience and judgment.
This review will try and answer when a soft tissue surgical procedure is sufficient for patella stabilization against recurrent lateral dislocations, and when should a lateral retinacular release/lengthening be added.
An ideal candidate for an isolated MPFL reconstruction (without a bony procedure, e.g. tibial tubercle osteotomies/ trochleoplasties) might have the following profile of risk factors:

- A normal trochlea, or low grade dysplasia.
- Low grade dysplasia can be described by imaging (Type A: D. Dejour classification) and by physical exam: those patients with normal tracking of the patella thru an active arc of motion (no significant J sign, no excessive quadriceps pull sign)
- A tubercle sulcus angle of 0 to 5° valgus on physical exam/or TT-TG < 20 mm (no excessive Quadriceps vector)
- These patients usually have a located patella on axial radiographic imaging in taken in low flexion in a non-effused knee.

No "excessive" patella height. Though our most common measurement schemes are tibial based, it ultimately depends on a "reasonable" overlap of the patella and trochlea cartilage surfaces on sagittal MR **(1)** functional patella engagement with the trochlea).
A seminal paper from Lyon **(2)** outlined four patella instability factors based on imaging criteria, citing a threshold for each instability factor; each factor beyond the threshold should be normalized if surgical patella stabilization is performed. With the addition of an MPFL reconstruction to the surgical armamentarium, does this change the surgical algorithm? In other words, will the MPFL reconstruction be sufficient in with mild patella alta, or mildly elevated quadriceps vector? Our current published studies on MPFL reconstruction do not contain sufficient evidence to evaluate this question. It is hoped that current researchers will combine data to have sufficient power to answer this important question. At the moment most surgeons default to the original published thresholds of H. Dejour et al., combined with clinical experience and wisdom.
In regards to lateral lengthening, the author reviews the following pre-operative factors to aide in the decision of how to manage the lateral soft tissue structures.

- Lateral patella tilt less than 20° utilizing axial image with posterior femoral condyles as a reference, measured on an image without notable knee effusion (in a non-acute injury setting) usually does not need lateral lengthening.
- If the non-acute axial image in full extension shows increased lateral patella tilt but the tilt corrects in early flexion (20° Laurin's view or a 30° Merchant's view), the patella rarely needs lateral structures lengthened.
- Axial radiographs taken in early flexion reveal excessive lateral tilt on both sides, with no injury to the opposite (non-injured) knee; this is a strong sign that lateral sided deforming forces are present.
- Patella tilt that has no lateral tightness on physical exam after the patella is relocated does not need lateral side lengthening. (This may be necessary to evaluate intra-operatively).

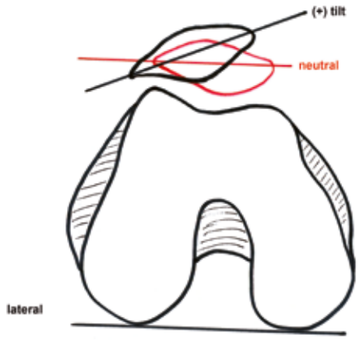
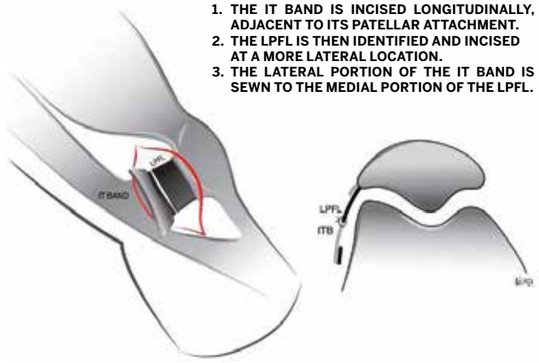


Figure 1. K-wire placed thru the M-L axis of the patella intra operatively.
Black: patella M-L axis cannot be brought to a horizontal level.
Red: post-lateral retinacular lengthening / release.

The final decision for how to manage lateral soft tissue structures is made intra-operatively. One way to evaluated lateral sided tightness intra-operatively is the following: a K wire is passed medial to lateral across the patella at the most superior aspect of the patella's insertion of the MPFL, exiting at the lateral border of the patella. This gives the surgeon a true representation of the medial to lateral axis of the patella. One can then test the lateral tightness by seeing if the K wire remains level (parallel to the horizon) at full extension, and then again at 20°, or when the patella is initially engaged in the trochlear groove. If the K-wire remains tilted, the author lengthens the lateral sided structures. **(Figure 1)**
This can be referred to as an "intra-operative patella tilt test", with a very visible structure (the K-wire) representing the long axis of the patella. In the author's MPFL technique, this K-wire is used to establish a short docking station for the MPFL. Even if one's preferred surgical technique involves a different kind of patella fixation, this technique can be used by inserting a K-wire as described above and later removing it.
The author's preference is to lengthen, not release, the lateral sided soft tissue structures of the patella. **(Figure 2)**



1. THE IT BAND IS INCISED LONGITUDINALLY, ADJACENT TO ITS PATELLAR ATTACHMENT.
2. THE LPFL IS THEN IDENTIFIED AND INCISED AT A MORE LATERAL LOCATION.
3. THE LATERAL PORTION OF THE IT BAND IS SEWN TO THE MEDIAL PORTION OF THE LPFL.

Figure 2. Schematic drawing of lateral retinacular lengthening
ITB = Iliotibial band, LPFL= lateral patellofemoral ligament

Several seminal articles describe lateral patella tilt as an injury variable in need of surgical correction, describing lateral patella tilt as an imaging feature without a physical exam association **(2,3)**. Indeed the physical exam is paramount in making this diagnosis. Although patella tilt is difficult to define objectively by physical exam, it is recognized that lateral patella tilt is associated with a decrease in medial patella translation and negative medial patella tilt test (the inability to bring the lateral board of the patella past the level of the horizon). **(Figure 1)** When you associate excessive lateral patellae tilt on x-ray with a physical exam sign of lateral tightness, this represents excessive lateral patella tilt that should be surgically correction.
A critical aspect of patella tilt analysis is that excessive lateral patella tilt may represent lateral tightness, but also medial retinacular laxity. This is particularly important when viewing an acute image; one nearly always sees excessive lateral patella tilt and a large hemarthrosis due to the associated trauma of an acute patella dislocation. Therefore, measurement of lateral patella tilt can be grossly over-estimated on MR, CT, or axial radiograph when it is associated with a large degree of knee swelling as is typical in the acute injury phase.
It should be noted that the degree of lateral patella tilt has been shown to have a direct relationship to the degree of trochlear dysplasia, i.e., high grade trochlear dysplasia is associated with great patella tilt **(4)**. For students of patellofemoral morphology, the lateral soft tissuestructures offer the most challenging and diverse soft tissue dilemmas in dysplastic patellofemoral joint.

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Diagnostic algorithm for unhappy patients after total knee arthroplasty – how to identify the cause of patient's persisting or recurrent problems

Michael T. Hirschmann [1], Bertram Rieger [1]
[1] *Department of Orthopaedics and Traumatology, Kantonsspital Baselland, CH-4101 Bruderholz, Switzerland*

A variety of different causes for pain after TKR have been identified during the last decades which could be responsible for problems after TKA **[1]**. One could differentiate between intra- and extra-articular causes for problems after TKA.
This article aims to describe our diagnostic algorithm, which helps to establish the correct diagnosis in unhappy patients after TKA. An optimal diagnostic algorithm should be able to identify all causes and not only the most common ones. Our detailed diagnostic algorithm is based on the four columns:

- Detailed medical history
- Thorough clinical examination
- Microbiological and allergological work-up
- Radiological and nuclear medicine imaging and imaging analysis

Every patient presenting to our specialized knee clinic undergoes a standardized diagnostic work-up including a detailed medical history, laboratory work-up and thorough clinical and radiological examination. Its role in the establishment of the optimal diagnosis and subsequent treatment cannot be overestimated.
At the beginning all patients undergo a detailed medical history and a standardized clinical examination. The detailed patient`s history already fingerpoints towards the four major subjects of complaint (pain, stiffness, instability and swelling). Not uncommonly a combination of these problems is present. The key question to answer is: "Do we encounter an articular or an extra-articular problem?"
Assessment of preoperative radiographs is important as the degree of preoperative osteoarthritis is known to be an important predictor of outcome after TKA and these give insight into change of alignment **[7]**.
If a knee problem is suspected standard radiographs (anterior-posterior and lateral weight bearing, patellar skyline view) should be performed. A frank component malposition, polyethylene wear, component over- or undersizing, component overhang, notching, overstuffing or extensive loosening can be detected. Whole leg radiographs are necessary for assessment of the mechanical and anatomical knee axes. A patella baja or alta can be evaluated on lateral radiographs with the knee in 30° flexion. Stress radiographs in comparison to the contralateral side or fluoroscopy are performed in suspicion of instability or impingement. In all cases preoperative radiographs should be assessed for the degree of OA.
Part of our routine diagnostic work-up is combined single photon emission computerized tomography (SPECT) and computerized tomography (CT), which is called SPECT/CT. Our SPECT/CT imaging protocol includes accurate determination of

TKR component position on 3D-CT. SPECT/CT is increasingly recognized in orthopaedics and particularly for the evaluation of unhappy patients after TKA **[2-6,8]**.
It is our opinion that there is no place for conventional bone scans or SPECT alone. If SPECT/CT is not available one can perform a bone scan and CT separately. However, then the additional benefits of hybrid bone imaging such as combined mechanical (anatomical and mechanical alignment, TKA component position), structural (CT) and biological (SPECT) information cannot be used.
Femoral and tibial TKR component position should be determined in the coronal (varus-valgus), sagittal (flexion-extension) and axial plane (internal rotation-external rotation). The measurements are performed on 3D-CT using a customized software solution (Fig. 2).

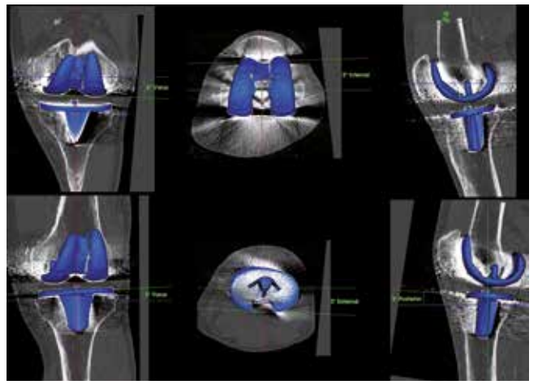

Fig. 2 Measurement of femoral and tibial TKR component position using a customized software solution.

Finally all information obtained is analysed and weighted by the orthopaedic surgeon and one or several differential diagnoses are established. In case of suspected infection, instability and metal allergy additional diagnostic tests, lab work and imaging is indicated.

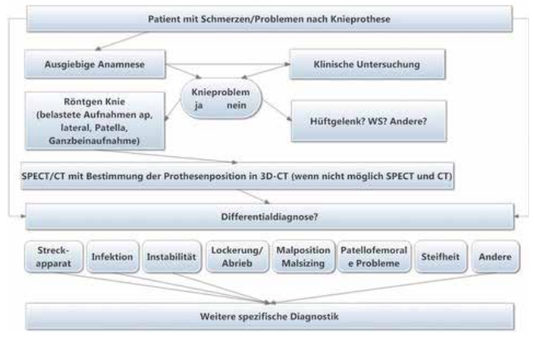

Fig. 1 Standardized algorithm for unhappy patients after total knee replacement (TKR).

In summary, the algorithm presented is used in our specialized knee clinic (Fig. 1). It helps to standardize diagnostics and subsequent treatment of patients with problems after TKA. This algorithm needs to be adapted to local hospital conditions. Establishment of the correct diagnosis is like a puzzle. Each diagnostic component adds to the picture. The better the diagnostic work-up the better the final diagnosis. A better and more accurate identification of the patient`s cause of the problems will improve patients outcome after revision surgery or non-surgical treatment.

Corresponding address:
PD Dr. med. Michael T. Hirschmann
Chair Knee Unit, Senior Consultant Knee Surgeon
Dept. of Orthopaedic Surgery and Traumatology
Kantonsspital Baselland-Bruderholz, Switzerland

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Posterolateral corner reconstruction of the knee depending on the degree of injury. New mini-open technique.

Gelber, Pablo Eduardo, M.D., Ph. D
Associate Professor Universitat Autònoma de Barcelona
Orthopaedic Surgery, Hospital de la Santa Creu i Sant Pau.
ICATME-Hospital Universitari Quirón Dexeus, Barcelona, Spain
Under 45 ESSKA member

Introduction

Injuries of the posterolateral corner (PLC) of the knee are uncommon, but can lead to chronic disability if not appropriately treated **[1]**. The static stability of the PLC is mainly provided by the fibular collateral ligament (FCL) and the popliteofibular ligament (PFL). The FCL is the primary static stabilizer of the varus opening and originates from the femur slightly proximal and posterior to the lateral femoral epicondyle **[2]**. Distally, it is attached to the lateral side of the fibular head. The PFL provides stability in response to external tibial rotation **[1]**. It originates at the popliteus musculo-tendinous junction of the popliteous muscle and it inserts 1.6mm distal to the tip of the fibular styloid process of the fibular head **[2]**. **(Figure 1)**

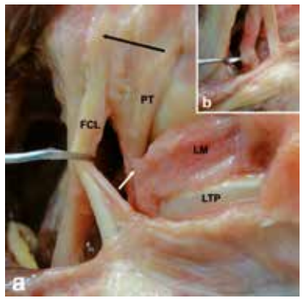

Figure 1. Lateral aspect of a cadaveric right knee. a. The FCL is posteriorly retracted. Black arrow: The PT insertion is anterior-inferior from the FCL insertion; white arrow is pointing at the anteroinferior popliteomeniscal fascicle. b. The popliteofibular ligament is seen laterally retracted. Abbreviations: PT, popliteus tendon; FCL, fibular collateral ligament; LTP, lateral tibial plateau.

For a PLC injury's grading system to be considered optimal, it must include assessment of both varus and rotational stability. The grading system described by Fanelli and Larsen **[3]** fulfills this requisite. It classifies the PLC injuries as Type A, B and C. Type A shows an isolated increase in external rotational due to injury of the PFL. Type B is characterized by an increase in external rotation and mild varus instability due to injury of PFL plus FCL attenuation. Type C has a significant rotational and varus component with complete disruption of the PFL, FCL, lateral capsule and cruciate ligaments.

Surgical treatment

The most popular surgical approach was described by Terry and LaPrade **[4]**. Instead of this large lateral exposure, a new minimally invasive techniques is described. It also avoids peroneal nerve exposure.
In Fanelli's type A injuries, the PFL is reconstructed following a recently described technique5. Short incisions are made just anterior to the fibular head, proximal to the posterior aspect of the fibular head anterior to the biceps femori (which protects the peroneal nerve) and around the lateral femoral epicondyle. Both ends of a tendon graft are introduced retrograde into two convergent tunnels drilled in the fibular head **(Figure 2)**. The free tails are introduced and fixed in a femoral tunnel drilled in the anterior third of the popliteus sulcus. If an ACL reconstruction is being concomitantly performed, this femoral tunnel must be drilled at 30º axial and 30º coronal angulations **[6]** to avoid tunnel collision.

Figura 2. Minimally invasive popliteofibular ligament reconstruction. Two K-wires are used to mark the direction of the fibular tunnels. The tendon graft is introduced retrograde, leaving the free tails the same length. The femoral tunnel is drilled at the anatomic insertion of the popliteus tendon (CT scan image).

In Fanelli's type B injuries, the technique described by Arciero**[7]** specifically address the two injured structures. The graft reconstructs the FCL as well as the PFL. The same three small incisions are appropriate for exposing the corresponding drilling tunnel places (Fig). When an ACL is being concomitantly reconstructed, the femoral tunnel of the PFL is drilled similarly to the previous technique. However, the femoral tunnel of the FCL must be drilled at 30º axial and 0º coronal angulations **[6]**.
In the most severe cases corresponding to Fanelly's type C injuries, a stronger construction should be performed. The Laprade technique **[8]** anatomically reconstructs the FCL and also adds a tibial sling graft to fix the PFL as well as the reconstructed popliteous tendon.
Finally, in the infrequent isolated FCL injuries, a double mini-open incision is sufficient to percutaneously reconstruct this ligament.

Conclusions:

Although several different techniques have been described for reconstructing PLC injuries and no benchmark reconstruction technique exists, surgery of the PLC should be based on anatomical reconstruction of the specific injured structures.

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The role of wrist arthroscopy in diagnostic work-up and pre-operative planning: A systematic analysis of 125 patients with various wrist disorders

Panagopoulos A[1], Compson J[2], Allom R[2],
[1] *Department of Upper Limb Surgery, Patras University Hospital, Greece*
[2] *Upper Limb Unit, King's College Hospital, UK*

Introduction

Since its introduction more than three decades ago, wrist arthroscopy (WA) has been proved a useful investigation in defining the patterns, combinations and extent of soft tissue and bony abnormalities which are sometimes more extensive than clinically suspected. Current indications of WA include TFC complex pathology, carpal instability, assisted fracture reduction, synovitis and arthritis, distal ulnar and carpal bone excisions and salvage procedures.

Aims

The purpose of the study was to investigate the beneficial role of arthroscopy in the management of 125 patients with various pathologic conditions of the wrist.

Methods

We retrospectively reviewed 125 consecutive wrist arthroscopies performed in two Orthopaedic Upper Limb Units over a ten year period. There were 49 male patients and 76 female with a mean age at operation of 38 years (range 17-64 years). Fifty-seven patients (45.6%) had a documented previous injury. During the preoperative diagnostic work-up we have recorded a total of 320 positive conventional diagnostic tests and 456 imagine studies (2,50 clinical tests and 3,65 imagine studies per patient in respect).
Patients were categorised into three groups: The 94 patients (75.2%) in **Group I** had a preoperative clinical and/or radiological diagnosis and arthroscopy was carried out for diagnostic confirmation, further investigation or therapeutic procedures. Those in **Group II** (12 patients, 9.6%) had pain in the presence of normal physical and/or radiological findings and arthroscopy was conducted with diagnostic intent. The remaining 19 patients (15.2%) of **Group III** had an established diagnosis and underwent arthroscopy for staging and preoperative planning. Therapeutic arthroscopy was considered worthwhile when the procedure could be technically performed, independently of the ultimate outcome. In Group I the arthroscopy was considered beneficial when the pre-operative diagnosis was changed, excluded or limited in such a way that the management was changed; in Group II when a diagnosis was established (valuable when an intra-articular pathology corresponded to the patient symptoms) and in Group III when the pre-operative planning was changed.

Results

Arthroscopy was considered beneficial in 51/94 patients (54%) from Group I in whom the pre-operative diagnosis was changed or augmented sufficiently to alter subsequent management. Thirty-one (61%) arthroscopies in this particular group revealed

significant unsuspected intra-articular pathology. A beneficial arthroscopy establishing a definitive diagnosis was conducted for 9/12 patients (75%) in Group II. Finally, arthroscopy was of benefit to 14/19 patients (74%) in Group III for whom the subsequent definite management plan was modified. For all groups, arthroscopy was deemed of benefit when a therapeutic intervention was successfully conducted, independently of the ultimate outcome. There were 66/125 (53%) such patients **[Table 1]**.

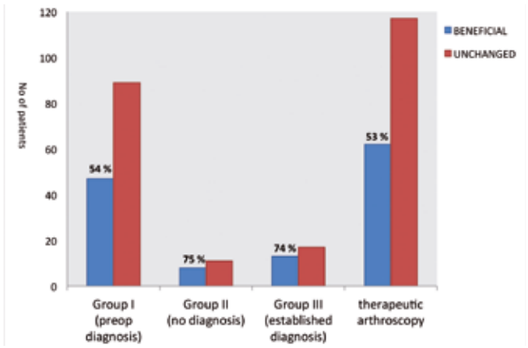


Table 1. Demonstrates how beneficial wrist arthroscopy was in different group of patients and overall. More than 50% of patients were benefit from a therapeutic arthroscopy.

Conclusion

These data demonstrate the importance of wrist arthroscopy both as a diagnostic and therapeutic tool in the management of wrist disorders. There were two interesting findings; first that still 3/12 (25%) of the patients in Group II (no diagnosis) had a normal arthroscopic appearance, representing a mean of 9.4 investigations per patient, which can be attributed to matters such as work compensation, malingering, simulation or even undiagnosed chronic wrist pain and second that 31/51 (61%) arthroscopies in Group I (altered or sufficiently augmented pre-operative diagnosis) revealed significant unsuspected intra-articular pathology which could be either unrelated to the clinical findings or just misdiagnosed or underestimated clinical and radiological examination **(Figure 1)**.

Figure 1 Example of altered pre-operative diagnosis in a 36 year-old female patient of Group I. Except from the preoperatively diagnosed TFCC tear (A) wrist arthroscopy revealed also a dynamic scapholunate instability (B).

New insights in trochlear dysplasia derived from a 3D morphology study and a biomechanical study with remodelled cadaver knees

Annemieke Van Haver, Peter Verdonk
Monica Orthopaedic Research Institute (More Institute), Stevenslei 20, 2100 Antwerp

Trochlear dysplasia (TD) is presented in many variations which may lead to a variety of symptoms, going from anterior knee pain to true patellar dislocations (young age) and early osteoarthritis (older age). To date, treatment of these patients remains problematic, which can at least partially be attributed to the lack of a profound understanding of the anatomical characteristics and biomechanical effect of TD.

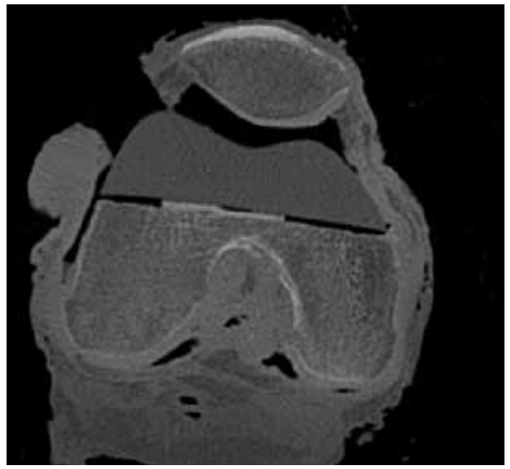
In a first study, a group of healthy and TD knees were investigated using advanced analyses based on arthro-CT scans. Where traditional methods fail to take the full geometry into account, this study analysed the 3D geometry of uniformly sized distal femur models including the cartilage. Landmark-based analysis and statistical shape analysis on these 3D models resulted in novel findings in- and outside the trochlear region. **[1-2]**

Regarding the morphology inside the trochlear region, the landmark-based analysis showed that knee size differences (in this study population up to 30%) affect the commonly used cut-off values to diagnose TD. Not taking the knee size into account might lead to over- or underestimation of the trochlear bump and trochlear depth. Furthermore, statistical shape analysis visually showed that the volume which fills up the TD groove is located slightly more proximal and lateral with respect to the central trochlear groove of the normal knee **(Figure 1)**.

Outside the trochlear region, both analyses demonstrate that TD knees have a smaller mediolateral to anteroposterior ratio and in particular a smaller notch width (on average 10%). In addition, principal component analysis showed that notch width is the third most important source of variation within TD knees (after size and sulcus angle) and that a smaller notch width is associated with a larger sulcus angle. These observations indicate that the malformations in TD are not restricted to the trochlear region.

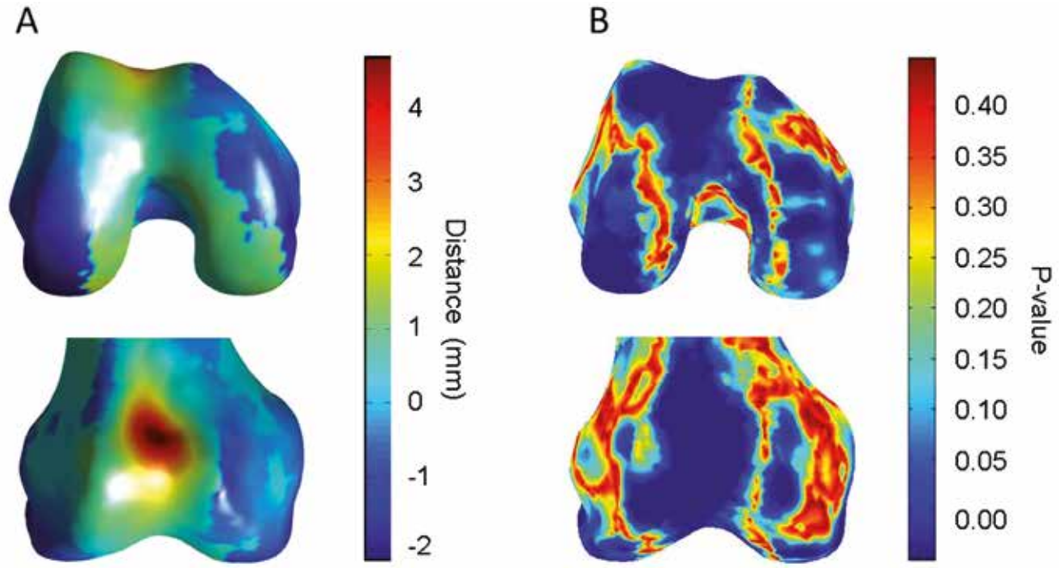
Finally, this morphological study also succeeded to apply an automated classification with a sensitivity of 85% and a specificity of 95%, based on principal component analysis.

In a second study (submitted for review), different types of TD as observed in the patient population were transmitted to four cadaver specimens by virtually remodelling the cadaver trochleas. Based on these remodelled specimens, five different types of cadaver-specific implants (one with the native trochlear shape and four with a TD shape) were manufactured for each cadaver with rapid prototyping **(Figure 2)**. Experimental testing of



these physically remodelled knees (cadaver knee + TD implants) showed that the trochlear bump is a key provocative factor for severely deviating patellofemoral biomechanics, which provides an empirical explanation for studies showing a higher incidence of osteoarthritis and a better outcome of trochleoplasty in Dejour type B and D, both characterised by a trochlear bump.

This morphological and biomechanical research project provides new insights in the characteristics of TD (TD is not an isolated condition) and in the relation between trochlear shape and patellofemoral biomechanics on short-term (patellar instability, related to the experimentally demonstrated maltracking and decreased instability) as well as on long-term (osteoarthritis, related to the experimentally demonstrated increased contact pressures).



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Surgical treatment of a femoral neck stress fracture without endocrinal comorbidity in amateur sportswoman — A Case Report

Nikica Darabos, *M.D. PhD*
Department of Sports Traumatology, University Hospital for Traumatology, Clinical Hospital Center "Sisters of Charity", Zagreb, Croatia
Ivan Vlahovic, *Ivan Vlahovic, medical student – Medical School, University of Zagreb, Croatia*

Figure 1 MRI of the right hip before surgery - stress fracture of the neck of the femur showing the fracture line in the middle third of the neck, which affects both cortical areas

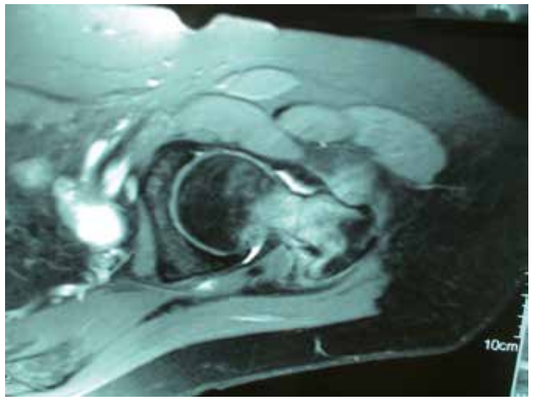

Figure 2 X-ray (AP) of the right hip, six weeks after surgery - a normal screw position without detectable changes in the region of the treated fractures

Introduction

Stress fractures are not frequent injuries and most often soldiers and sports people with high loading activities suffer from this kind of pathology. As many as 10% of all sport injuries are stress fractures and in 95% of cases they affect lower limbs. Most patients with femoral neck stress fracture are 18 to 35 years of age, and often suffer from some endocrinal comorbidity **[1-4]**.

Case report

In our report we present a case of a 35-year-old sportswoman, an amateur roller skater with an ideal Body Mass Index (BMI 20,3 kg/m2) who suffered from unrecognized symptoms of a femoral neck stress fracture. In the period of 6 months the patient felt pain in the inguinal region during training and no pain while resting. In the same period she was examined by a great number of orthopeadic surgeons and other physicians. Repeated clinical exams, painful hip x-rays, endocrinal and densitometry tests showed no sign of pathology. Finally, MRI diagnostics detected a significant femoral neck tension stress fracture, which was the indication for an urgent operative treatment **(Figure 1)**.
The patient was treated with minimal invasive osteosynthesis with three cannulated titanium screws (7,3 mm in diameter, 16 mm in length). Her recovery was very fast. Six weeks after surgery we established a full range of motion and no pain in the hip region. An X-ray showed the normal position of the screws and no detectable changes in the region of the treated fracture **(Figure 2)**.
The treatment was finished after 9 months postoperatively with a regular clinical status and the resumption of full physical activity.

Discussion

The genesis of a stress fracture is based on the weakness of focal bone structure, muscle weakness in the fracture region and frequent repetitive muscle spasms. Predisposition factors for stress fracture are irregular menstruation, osteoporosis, diabetic and idiopathic neuropathy, smoking, alcoholism, hypothyroidism, Paget's disease, anorexia and rheumatoid arthritis **[5]**. Therefore, in the treatment of such fractures it is especially important to establish whether the patient has possible eating disorders, amenorrhea or ostheoporosis. Patients with a stress fracture of the femoral neck usually notice pain in the groin that is getting worse with physical activity and decreases while resting. Initial X-rays of the hip bones are normal, but even later images will not always show reactive changes. Bone scintigraphy or MRI are necessary for the diagnosis of stress fractures. Radiological evidence of both cortical fracture or widening of fracture gap is an indication for immediate internal fixation to prevent displacement of fractured fragments. **[6]** If a stress fracture of the femoral neck is not diagnosed on time, as a complication there may be a possibility of avascular necrosis of the femoral head. **[7]** Stress fractures are classified as compression or tension fractures. Compression fractures are more stable and can be treated conservatively. Tension fractures occur on the upper and middle part of the neck of the femur, are potentially unstable and usually require surgical treatment **[8]**.
In this case report the patient was undiagnosed during a six-month period and was risking the occurrence of worsening of hip fracture with possible fracture fragments displacement or avascular necrosis of the femoral head. Both outcomes need a radical surgical treatment, such as decompression and removal of necrotic bone **[9]**, osteotomy **[10]** insertion of vascularized fibular bone graft **[11, 12]**, and implantation of the artificial hip joint **[13]**. However, MRI diagnostics of the right hip revealed a tension stress fracture of the middle third of the femoral neck, which included both cortical areas. According to indications a minimally invasive emergency operative osteosynthesis was performed with three canulated screws.

Conclusion

In a case of undefined recurrent pain in the inguinal region, despite regular hip x-rays, endocrinal lab tests and densitometry results, it is imperative to perform an MRI of the painful hip because of a suspicious femoral neck stress fracture. The described approach to this pathology problem will produce the best results, thus avoiding far–reaching consequences arising from the treatment of complications caused by a mistake.

Corresponding author: **Nikica Darabos**
Department of Sports Traumatology, University Hospital for Traumatology, Clinical Hospital Center "Sisters of charity", Zagreb, Croatia

Conflict of interest: The authors declare that they have no conflict of interest.
Patients approval: The patient has given written approval for publishing her medical data.

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Long term effect of glass remnants in the heel — A Case Report

R. Zwiers, P.A.J. de Leeuw, G.M.M.J. Kerkhoffs

Introduction

Regarding insertional Achilles tendon pathology, retrocalcaneal bursitis and insertional Achilles tendinopathy can be distinguished, however, often co-exist.**1** Symptoms are caused by repetitive impingement of the bursa in between the ventral side of the Achilles tendon and the posterosuperior calcaneal prominence.**1** In tåhis case, a posterosuperior calcaneal prominence secondary to a retained glass foreign body is presented including its endoscopic removal.

Case Report

A 49-year old woman visited our outpatient clinic with increasing pain at her right heel, which started two years earlier. The pain aggravated during walking and during horse back riding. History revealed a trauma 37 years earlier, when she stepped in glass. The wound was sutured without the identification of any glass at that moment. Thirteen years later a glass fragment was removed by open surgery.
Physical examination revealed tenderness over the distal part of the Achilles tendon, a prominent posterosuperior calcaneal exostosis, and a painful swelling medially and laterally to the insertion. At the lateral aspect of the heel, a well-healed scar was visible with an intact neurovascular status. Weightbearing radiographs showed a posterosuperior calcaneal prominence **(Figure 1A)**. Computed Tomography revealed a foreign body in the posterosuperior aspect of the calcaneus **(Figure 1B and 1C)**.
It was decided to remove the foreign body endoscopically. Standard portals for hindfoot endoscopy were used.**2** With a bonecutter shaver the fibrous tissue and periosteum of the posterosuperior prominence were removed, revealing the glass fragment. Under direct vision this fragment was removed and subsequently an endoscopic calcaneoplasty was performed **(Figure 2)**.

Figure 1: A. Weightbearing lateral radiograph indicating the posterosuperior calcaneal prominence (white arrow). **B., C.** Sagittal and axial Computed Tomography (CT) reconstructions indicating a foreign body in the posterosuperior aspect of the calcaneus, a radiolucent area surrounded by a sclerotic border and soft-tissue swelling (red circle).

Post-operatively, weight bearing was allowed as soon as tolerated, and patient was encouraged to start active range of motion exercises. The patient had an uneventful recovery and six months post-operative she was free of pain, she was able to do horse back riding again with a full range of motion as compared to the contralateral foot.

Discussion

In the human body foreign bodies can stay unnoticed for many years before symptoms occur. Migration along a tendon sheath has been described before.**3** Foreign bodies, like wooden fragments can cause local reactions, and appear as osteolytic lesions in the metatarsal bones, and can be mistaken for bony tumors.**4**

Figure 2: Endoscopic images showing the glass fragment and the prominent posterosuperior calcaneal exostosis. A. Identification of the prominence in relation to the Achilles tendon. B. Removal of the exostosis reveals something 'shiny'. C. After removal of the periosteum the glass fragment is identified. D. A chisel was used to free the fragment from the osseous surrounding. E. A grasper is used to remove the fragment. F. Endoscopic image of the removed glass fragment.

According to Kaiser et al. glass fragments are the most frequently retained foreign bodies following urgent-care setting treatment.**5** In the present case report, the calcaneal exostosis was most probably secondarily formed due to reactive bone formation following the presence of the foreign body.
To allow better access to the embedded fragment the portals were chosen following the standard-two portal hindfoot endoscopy. Usually, in case of removal of a prominent posterosuperior calcaneal exostosis the portals are located more distally at the level of the prominence. Endoscopic treatment has shown to be superior to open surgery in the treatment of retrocalcaneal bursitis.**6** This endoscopic approach allows the surgeon to remove the exostosis and smoothen the posterior surface of the calcaneus, with the benefits of minimally invasive surgery.
To our knowledge, this is the first case of symptomatic posterosuperior calcaneal prominence due to a retained glass fragment which was treated endoscopically.

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AFFILIATED SOCIETIES

ESSKA is delighted to welcome five new national organisations as Affiliated Societies, which brings the total number to 26. Amongst them are the first societies located in Belarus, Macedonia, Serbia and Armenia. The other newcomer is from Germany, making it our third German speaking society.
Below are highlights of three of the newly affiliated societies. The two newest societies, the Association of Traumatologists and Orthopaedists of Armenia (AORTA) and the German Knee Society (DKG), will be presented in the December issue of the ESSKA Newsletter.

BELARUS

BELARUSIAN ASSOCIATION OF KNEE SURGERY, ARTHROSCOPY AND SPORTS TRAUMATOLOGY (BAKAST)
www.ortoped.by

The Belarusian Association of Knee Surgery, Arthroscopy and Sports Traumatology was founded on 31 May 2013, as a section of the Belarusian Society of Trauma and Orthopaedic Surgeons (BSTOS). It is based at the Republican Scientific and Practical Centre for Traumatology and Orthopedics, in Minsk.
Belarus has several centres for arthroscopic surgery: Minsk, Brest, Mogilev, Grodno, Gomel and Vitebsk. Knee arthroscopy is widely spread, but shoulder arthroscopy is concentrated at three centres, and elbow and hip arthroscopy at another centre.
BAKAST has 70 members, all involved in sports traumatology, and most are experienced arthroscopists.
The aim of BAKAST is to bring together these regional specialists, and to develop Belarusian arthroscopic surgery through education, workshops and courses. BAKAST also plans to develop contacts throughout Europe, as it continues to grow.

The current president is Prof Dr Oleg Eismont, MD, PhD.

28-29 May 2015: BAKAST, Belarusian Association of Knee surgery, Arthroscopy and Sports Traumatology Congress, Minsk, Belarus

MACEDONIA

THE MACEDONIAN ASSOCIATION OF ORTHOPAEDICS AND TRAUMATOLOGY (MAOT)
www.maot.org.mk

The Macedonian Association of Orthopaedics and Traumatology was established on 13 November 1993. Orthopaedics and Traumatology have a long pedigree in Macedonia, but MOAT was a formal attempt to link the two disciplines.
Since 1993, MAOT has organised 81 professional meetings, including three national congresses with an international participation; at Skopje in 1997, and Ohrid in 2002 and 2009. There have also been four Macedonian-Japanese meetings: Japan in 1998 and 2002, and Macedonia in 2000 and 2002. In 2013 MAOT celebrated their 20th anniversary with an international Symposium, which had 23 invited speakers, mostly European. So far, MOAT has brought 332 foreign doctors to Macedonia.
Following world trends MAOT has diversified, and is focusing on specific problems in the field of orthopaedics and traumatology. This has resulted in several Specialist Sections, such as the Spine Expert Group and the Arthroscopy Expert Group (2008)
MAOT has 105 Macedonian members, and 51 honorary members from overseas.

The current President is Prof Dr Igor Kaftanvziev.

SERBIA

SHOULDER AND ELBOW SOCIETY OF SERBIA (SES)
www.shoulderelbowserbia.org

The Italian Society of Arthroscopy (SIA) develops and educates its members, improving their technical abilities and guiding them in a professional world which is becoming more complex.
As arthroscopy courses with practical exercises (models and cadavers) were becoming more frequent a few years ago, SIA thought it expedient to form a group of dedicated instructors. President Ferdinand Priano conceived the idea which was consolidated during the presidency of Gigi Pederzini, and under Riccardo Minola it became a cornerstone for SIA.
SIA dates back to September 1980, to a course in Bormio, which was organised by M. Magi. At this venue Luigi Frizziero, Pier Paolo Mariani, Piero Montenagni and F. Pellacci decided to share their passion for arthroscopy, which was then an emerging technique. After Bormio these "four musketeers" began to contact others who were interested in arthroscopy. The Italian Group of Arthroscopy (GIA) then emerged in October 1980, when seven others (P. Aglietti, M. Benazzi, M. Bianchi, F. Cigala, G.Sgarbi, U. Tosi, P. Venturi) joined the "four musketeers".
On 6 February 1996, under the chairmanship of Professor Mario Bianchi, the Italian Group of Arthroscopy (GIA) became the Italian Society of Arthroscopy (SIA).
Since then, there have been many changes:

- a group for members under 40 was established and called "Young Lions",
- the SIA journal called "Artroscopia" was founded,
- Regional Delegates were created to represent SIA across the whole of Italy.

The current president is Professor Giancarlo Coari.

23 May 2014: 4th SES Symposium, Belgrade, Serbia

Information about all of the societies is available on the ESSKA website **under Affiliates / Affiliated Societies**.

NATIONAL SOCIETY AWARD WINNER SESSION AT THE ESSKA CONGRESS

During the "National Society Award Winner Session" to be held on Saturday 17 May 2014 at 11:00-13:00 at the ESSKA Congress, the winners of the best papers from ESSKA's national affiliated societies will be presented. This will include:

TITLE	SPEAKER
The role of stem cells in cartilage repair (TUSYAD)	**Y. Kocabey** (Turkey)
Transplantation of adipose-derived mesenchymal stem cells for knee articular cartilage focal lesions (EAE)	**M. Iosifidis** (Greece)
Autologous Matrix Induced Chondrogenesis with or without application of concentrated bone marrow aspirate (cBMA): a prospective randomized controlled trial at 24 months follow-up (SIGASCOT)	**L. de Girolamo** (Italy)
Matrix applied characterised autologous cultured chondrocytes versus microfracture: Two-year follow up from a prospective randomized trial (NVA)	**A. Tsuchida** (Netherlands)
Arthroscopic partial meniscectomy versus sham surgery for a degenerative meniscal tear (FAA)	**R. Sihvonen** (Finland)
What's going on with the long head of the biceps tenotomies that we have made more than 10 years ago? (AEA	**M. Arroyo Hernandez** (Spain)
Comparison of tendon repair and physiotherapy in the treatment of rotator cuff tears - a randomized study with 5 year follow-up (NAF)	**S. Moosmayer** (Norway)
Structural and biomechanical changes in shoulders of junior javelin throwers – A multimodal evaluation as a proof of concept for a preventive exercise protocol (AGA)	**K. Beitzel** (Germany)
ACP in the treatment of muscular injuries (CSSM)	**S. Jankovic** (Croatia)
Arthroscopy-assisted surgery for tibial plateau fractures – literature review and experience of service (SPAT)	**J. Neves** (Portugal)
Chondrocytes extract from patients with osteoarthritis induces chondrogenesis in infrapatellar fat pad-derived stem cells (SEROD)	**J. Gomez Palomo** (Spain)

TITLE	SPEAKER
Anterior cruciate ligament reconstruction and return to sport activity: postural control as the key to success (SIA)	**P. Rocco** (Italy)
Improving the accuracy of unicompartmental knee arthroplasties: Robots vs patient specific instrumentation (BASK)	**Z. Jaffry** (United Kingdom)
Is immediate arthroscopic stabilization a good option in young athletes with first time anterior shoulder dislocation? Preliminary report of a prospective comparative study (SFA)	**J. Uhring** (France)
Effect of fatigue on hamstring reflex responses and posterior-anterior tibial translation in men and women (GOTS)	**M. Behrens** (Germany)
Shoulder pain in capsulitis and impingement syndrome of the shoulder: diagnostic features (BAKAST)	**A. Peresada** (Belarus)
Shoulder injuries and their treatment in young athletes (SES)	**I. Medenica** (Serbia)
Evaluation of the effect of three different playing surfaces on knee loads (SFA)	**X. Drevelle** (France)
Arthroscopy of the ankle – anterior vs posterior – comparison of results and complications (SPOT)	**A. Barros** (Portugal)
Evaluation of cartilage repair-validation study of four scoring systems (MAOT)	**K. Mitev** (Macedonia)
Arthroscopic treatment of damaged acetabular labrum in athletes (UASTKA)	**R. Blonsky** (Ukraine)
The role of remplissage technique in arthroscopic anterior shoulder stabilization (BOTA)	**V. Rusimov** (Bulgary)

UPCOMING EVENTS

• ESSKA EVENTS

ESSKA Congress May 2014
14-17 May 2014 – Amsterdam, The Netherlands
www.esska-congress.org

3rd ASTAOR Congress with ESSKA and ISAKOS
10-12 September 2014 – Moscow, Russia
www.astaor.ru

ESSKA-EKA's 2nd Small Implants Meeting
12-13 September 2014 – Brussels, Belgium
www.small-implants.com

• PATRONAGE EVENTS

ESSKA grants patronage for events, meetings, and courses organised by other associations or companies which merit support from ESSKA. Below are patronage events until December 2014. A complete list is available on the ESSKA website under Meetings.

Oswestry Cartilage Meeting
1-2 May 2014 – Oswestry, Great Britain
www.orthopaedic-institute.org

4th Symposium of the Shoulder and Elbow Society of Serbia
23 May 2014 – Belgrade, Serbia
www.shoulderelbowserbia.org/en

3rd Basic Course in Knee Arthroscopy
30-31 May 2014 – Novi Sad, Serbia
www.astas.rs

Nice Shoulder Course
5-7 June 2014 – Nice, France
www.nice-shoulder-course.com

6th International SIA Meeting
12-14 June 2014 – Trieste, Italy
www.siaonline.net

1st Italian International Shoulder Course
12-14 June 2014 – Arezzo, Italy
www.iclo.eu

14th Annual Meeting of International Society for Computer Aided Orthopaedic Surgery (CAOS)
18-21 June 2014 – Milan, Italy
www.caos-international.org/2014

14th Amsterdam Foot and Ankle Course 2014
19-20 June 2014 – Amsterdam, The Netherlands
www.ankleplatform.com

29. Jahreskongress der GOTS
20-21 June 2014 – Munich, Germany
www.gots-kongress.org

The ICRS Focus Meeting - the Knee
3-4 July 2014 – Zurich, Switzerland
www.cartilage.org

Porto Hip Meeting 2014
4-5 July 2014 – Porto, Portugal
www.unidadedaanca.com/cursoartroscopia2014

Birmingham Patello Femoral Masterclass
19-20 September 2014 – Birmingham, United Kingdom
www.birminghampatfem.org

12th Congress of Turkish Society of Sports Traumatology Arthroscopy and Knee Surgery (TUSYAD)
23-27 September 2014 – İzmir, Turkey
www.tusyad2014.org/en/

5° Congresso Nazionale SIGASCOT 2014
24-26 September 2014 – Parma, Italy
www.sigascot.com/site/

50 years Orthopaedics at the University of Basel
24-25 September 2014 – Basel, Switzerland
www.50-ortho-usb.ch/jubilee-conference

Naples International Shoulder Congress (NISC 2014)
2-3 October 2014 – Naples, Italy
www.nisc.it/home.asp

16èmes Journées Lyonnaises de Chirurgie du Genou - The Young Arthritic Knee
16-18 October 2014 – Lyon, France
www.lyon-genou.com

III Arthroscopy Intensive Course for Orthopaedics Residents
21-22 November 2014 – Barcelona, Spain
www.ciarbcn.com

SFA Annual Congress
4-6 December 2014 – Luxembourg, Luxembourg
www.sofarthro.com/fr/

• OTHER EVENTS

15th Annual European Federation of National Associations of Orthopaedics and Traumatology (EFORT) Congress
4-6 June 2014 – London, United Kingdom
www.efort.org/london2014

The American Orthopaedic Society for Sports Medicine (AOSSM) Annual Meeting
10-13 July 2014 – Seattle, Washington, USA
www.sportsmed.org

ANNUAL CONGRESS
CONGRÈS ANNUEL SFA

RÉPARATIONS MÉNISCALES / MENISCAL REPAIR
F.X. Gunepin (Brest), B. Sonnery-Cottet (Lyon)

INSTABILITÉ ACROMIO-CLAVICULAIRE / ACROMIO-CLAVICULAR INSTABILITY
J. Barth (Grenoble), F. Duparc (Rouen)

Luxembourg
2014

4-6 décembre

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Under the Patronage of ESSKA

The Patronage has been requested to SIOT

SIGASCOT 2014
5° NATIONAL CONGRESS
Auditorium Paganini - Parma - ITALY, 24 - 26 September 2014

SIGASCOT
Società Italiana di Chirurgia del Ginocchio, Artroscopia, Sport, Cartilagine e Tecnologie Ortopediche

Congress President
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Scientific Program Presidents
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Giuseppe Milano

Registrations, hotel reservations, updated scientific program and more information available at:

www.sigascot.com

CONGRESS VENUE
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European Society of Sports Traumatology, Knee Surgery & Arthroscopy
ESSKA

17th ESSKA Congress

4-7 May 2016
Barcelona, Spain

www.esska-congress.org

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Congress President
Joan C. Monllau (Spain)

Scientifc Chairmen
Roland Becker (Germany), Gino M. Kerkhoffs (Netherlands), Pablo Gelber Ghertner (Spain)

ESSKA-EKA ZIMMER KNEE REPLACEMENT FELLOWSHIP

This fellowship deals with orthopaedic-joints replacement. Young surgeons from Europe, the Middle East and Africa can enhance their skills by spending up to four weeks at leading European teaching centres. The Fellows were as follows:

Fellows	Hosts
Dr. Ashraf Abdelkafy (Egypt)	Prof. Philip Chapman-Sheath (Southampton, United Kingdom)
Dr. Piero Piciocco (Italy)	Dr. Andrea Baldini (Florence, Italy)
Dr. Ahmed H. Abdelazeem (Egypt)	Prof. Johan Bellemans (Leuven, Belgium)
Dr. Stefan Mogos (Romania)	Prof. Ferran Monstserrat (Barcelona, Spain)
Dr. Panagiotis G. Ntagiopoulos (Greece)	Prof. Philippe Beaufils (Versailles, France)
Dr. Iskra Sainova (Bulgaria)	Prof. Maurilio Marcacci (Bologna, Italy)
Dr. Salami Olayinka (Nigeria)	Dr. Wymenga, Ate (Nijmegen, The Netherlands)
Dr. Babalola Oladimeji Ranti (Nigeria)	Dr. Radovan Mihelic (Lovran, Croatia)
Dr. Arash Sharafat Vaziri (Iran)	Prof. Hermann Otto Mayr (Munich, Germany)
Dr. Ali Reza Tavakoli (Iran)	Prof. Jean-Noël Argenson (Marseille, France)
Dr. Gregor Baumann (Switzerland)	Dr. Paolo Adravanti (Parma, Italy)

These Fellows had a tightly packed schedule. Amongst other things, they watched clinical case-presentations, attended clinics where they examined and consulted patients, and observed surgery sessions with their respective hosts. These surgeries included: total knee arthroplasty under navigation, revision total knee replacements with LEGION II or RT Modular Met Patella Button or extension rod prosthesis, uni-compartmental knee arthroplasty, arthroplasty sparing procedures such as tibio and femoral osteotomies, meniscal repair, quadruple tendon and bone-tendon-bone anterior cruciate ligament reconstruction, and minimally-invasive anterior approaches for hip arthroplasty. The hosts' surgical skills gave the fellows an excellent opportunity for hands-on surgical experience.

The fellows appreciated the enthusiasm and willingness of their hosts in explaining their operating procedures, even if that meant long working days. They also valued the 'tips and tricks' of arthroplastic surgery. There was also a daily emphasis on academic learning, with evening case-reviews of pre- and post-operative cases. The fellows were also able to visit other departments, where they were briefed on clinical and bio-mechanical research studies.

The whole staff, including secretaries, nurses, residents and other travelling fellows were very friendly and welcoming. The hosts gave a warm reception to their fellows, and showed great hospitality.

Academics and surgeries aside, the fellows enjoyed social events planned by their hosts, such as fine-dining, outdoor-games, local sightseeing and bicycling tours.

On the whole, the fellows had a rewarding experience, which enabled them to keep abreast of the latest developments in their field. They can now build upon this foundation, through regular conferences and workshops.

We would like to sincerely thank our sponsor, ZIMMER, for supporting the scientific segment of this fellowship programme.

INTERNATIONAL TRAVELLING FELLOWSHIPS TERMINATE IN AMSTERDAM

The ESSKA Congress in Amsterdam is fast approaching, and two of ESSKA's International Travelling Fellowships will be making their presence felt.

The **ESSKA-AOSSM DJO International Travelling Fellowship 2014** runs from 26 April to 17 May 2014, and the group will be visiting Lyon in France; Geneva in Switzerland; Paris in France; Milan in Italy; Oslo in Norway, and finally the ESSKA Congress in Amsterdam.
This group comprises (see photos below from left to right) Stephen F. Brockmeier MD, David C. Flanigan MD, Frank A. Petrigliano MD and, as Godmother, Professor Elizabeth A. Arendt MD (USA).




The **ESSKA-APKASS DJO International Travelling Fellowship 2014** from 25 April to 17 May 2014, and the group will be visiting Barcelona in Spain; Bologna in Italy; Munich in Germany; Stockholm in Sweden; Wigan in England; Larissa in Greece, and finally ESSKA's Congress in Amsterdam.
This group comprises (see photos below from left to right) Jia-Lin Wu MD MS (Taiwan), Brett Fritsch MD (Australia), Atsuo Nakamae MD (Japan) and, as Godfather, Professor Julian Feller F.R.A.C.S. (Australia)




We would like to sincerely thank our sponsor, DJO Global, for supporting the scientific segments of these fellowship programmes.

ESSKA STIPEND FOR THE EUROPEAN ARTHROSCOPY FELLOWSHIP 2013

Report of: Bobby Anand, ESSKA fellow (United Kingdom)
19 September – 8 October 2013

ESSKA fellow: Bobby Anand (United Kingdom); SPAT fellow: Sergio Goncalves (Portugal); SFA fellow: Marie-Beatrice Hardy (France); SIGASCOT fellow: Mario Ronga (Italy); AGA fellow: Johannes Zellner (Germany)

19-21 September 2013 - AGA Congress, Wiesbaden, Germany
Hosts: Jens Agneskirchner, Thore Zantop, and Michael Hirschmann

First day meeting my travel companions and our hosts at the AGA Congress.

The fellowship began at Wiesbaden, at the AGA Congress, where we received a warm welcome from Miss Pinz (AGA secretary). The highlight for me was a keynote lecture from Freddie Fu on the evolution of ACL surgery.
Day two of the congress had many interesting talks. I found the presentations given by Prof Jon Karlsson on ACL surgery & osteoarthritis and Steven Claes on the Anterolateral ligament of the knee very interesting. The evening social programme was a dinner and dance in the impressive setting of the Kurhaus.

22-24 September 2013 - Ortho-Klinik, Offenbach, Germany
Host: Dr. Uwe König

In Offenbach, we were greeted by Dr Michael Joneleit and the next day's programme started at the world's largest motor show in Frankfurt, with our hosts Uwe König, Adalbert Missalla and Michael Hirschmann. Subsequently, Uwe and Adalbert took us on a historical tour around Frankfurt.
On our final day in Offenbach, we visited the Ortho-Klink run by our hosts. We observed surgery of the shoulder and were taught three different techniques for arthroscopic cuff repair. In addition, we had the opportunity to watch and discuss four different types of ACL reconstruction. These techniques included the use of quadriceps tendon with on-lay technique, and a technique developed over the last 10 years using bone plugs from the tunnel sites.

24-29 September 2013 - Clinique Maussins-Nollet, Paris, France
Host: Dr Geoffroy Nourissat

Evening cruise on the river Seine with our Parisian friends.

In Paris we met the charismatic Dr Geoffroy Nourissat at the famous Clinique Maussins – Nollet, founded by the late Dr Lemaire. We spent

the day in clinic discussing cases and seeing patients with Dr Nourissat and Dr François-Paul Ehkirch. The evening was spent on French cuisine.
A special hip-arthroscopy programme was set up for us on the second day in Paris by Dr Nogier and Dr Boyer. We spent the day in theatre watching eight hip arthroscopies using the peripheral first technique. The session concluded with talks from Dr Nogier and Dr Boyer and subsequently a number of case-based group-discussions, including the anterior approach to the hip.
In the evening, Dr Nourissat chaired a science and champagne session. All the travelling fellows presented some of their research work. We had a stimulating talk about our work, and the fine champagne we were consuming.
The following day was spent in the operating theatre with Dr Nourissat and Dr Ehkirch. We saw some very interesting and skilful surgery that included an arthroscopic laterjet procedure, an MPFL reconstruction technique using no tunnels or fixation devices and a demonstration of an anatomical femoral tunnel ACL reconstruction using the transtibial technique. Later that evening, we were treated to a master class in French red wine and cheese at Dr Nourissat's home.
Our final day at the clinic was spent in theatre watching PCL surgery, arthroscopic cuff repair and elbow arthroscopy. We ended our time with our friends in Paris with a fabulous dinner cruise along the River Seine. We experienced stunning views of Paris by night from the water. Dr Nourissat talked us through the history of Paris as we passed inspiring landmarks on our cruise.

29 September - 2 October 2013
CHU Grenoble-Hopital Sud, Grenoble, France
Hosts: Prof Dominique Saragaglia & Dr Stéphane Plaweski

We met our hosts on Monday 30 September and spent the day in the operating theatre. This hospital had a very impressive and unusual theatre setup with the possibility of running four operations in an open-plan setting. We had the opportunity to watch Dr Plaweski perform three different types of ACL reconstruction - the double bundle technique, an anatomical reconstruction and the Tape Locking Screw technique using a short hamstring graft. He also demonstrated his technique for a high tibial osteotomy using navigation. We spent the evening with Dr Plaweski and his wife at yet another excellent restaurant.
The next day was spent in theatre with Prof Saragaglia. He demonstrated his techniques for total knee replacement, unicompartment replacement, tibial and femoral osteotomies all using navigation. He also demonstrated his ACL reconstruction technique. Following a scientific session in the evening, Prof Saragaglia took us and his team out for dinner. We took the opportunity to discuss various orthopaedic techniques with our French counterparts and to get to know our hosts.

The travelling fellows with Prof Pederzini.

2-3 October 2013 - Nuovo Ospedale Civile di Sassuolo, Sassuolo, Italy – Host: Prof Luigi Adriano Pederzini

Upon arriving at our hotel in Sassuolo, we were greeted by the friendly members of Prof Pederzini's team. After a visit to the hospital, Prof Pederzini had arranged for us to visit the Museo Ferrari in Ferrari's home town of Maranello. The exhibits showcased many of Ferrari's iconic cars both road and track throughout its history. This was an incredible experience for all of us, especially myself as a racing enthusiast.
The following day was spent in the operating room with Prof Pederzini and his team. He performed three ACL reconstructions using three different techniques - double bundle, patella tendon and transtibial. Prof Pederzini has an international reputation for elbow surgery and he performed a lateral ligament reconstruction in a patient with significant elbow instability.

3-6 October 2013 - Policlinico San Donato, Milan, Italy
Host: Professor Pietro Randelli

Last day with our close friends Pietro and Filippo Randelli outside the Duomo in Milan.

The first night in Milan, Prof Pietro Randelli invited us into his home for a delicious meal and an unforgettable evening.
We began the next day at the Policlinico San Donato. We spent the morning in theatre with Filippo Randelli who demonstrated a very interesting hip arthroscopy case where he treated a patient for hip impingement with debridement of bump and reattachment of labrum.
In the afternoon, we watched the arthroscopic treatment of a large osteochondral defect to the talus. We finally had the opportunity to observe Prof P Randelli perform an arthroscopic cuff repair and a reverse shoulder replacement using a very impressive technique. He was kind enough to give us a number of technical tips during the case and it was a pleasure to spend time with him in theatre.
Prof P Randelli and his wife arranged a very special evening for us. It started at the San Siro Stadium where we watched football between Inter Milan and Roma. We capped the evening at the exclusive Armani Club.
Our final day in Milan was spent with the Randelli family. We visited an art gallery that was showing work by the abstract expressionist, Jackson Pollock. We subsequently experienced Italian cuisine at its best at a delectable Italian terraced restaurant with a spectacular view of the Duomo di Milano.

6-8 October 2013
Universitat Autònoma de Barcelona, Barcelona, Spain
Host: Joan Carles Monllau

The first morning in Barcelona we held a scientific session where we all presented some of our research work and Dr Monllau's team presented some very interesting work. This was followed by an excellent session in the cadaver laboratory. Dr Monllau and his team had arranged for us to have the opportunity to perform arthroscopic ACL & PCL reconstructions, meniscus repairs and posterior lateral corner reconstructions on the cadavers. This was a very enjoyable and useful session where we learnt some useful technical tips on knee surgery.

Unfortunately, my fellowship had to end a few days earlier than planned. I missed out on the opportunity to visit Portugal and spend time with the ESSKA President. However, I am optimistic that I will be able to visit him soon.
This fellowship was sensational and a once in a lifetime experience. I am thankful to all our hosts for their warm hospitality. I would also like to extend my deepest gratitude and sincerest appreciation to the ESSKA President Prof João Espregueira-Mendes and the Education Secretary Prof Pietro Randelli for giving me this fantastic opportunity. I look forward to meeting all my new friends at the 2014 ESSKA Congress in Amsterdam.

Dr Anand's complete report is available on the ESSKA website under ESSKA Fellowships / Fellowship reports.

ESSKA WAS PRESENT...

COMBINED CONGRESS OF THE ASIAN CARTILAGE REPAIR SOCIETY AND THE INDIAN CARTILAGE SOCIETY

IN CHENNAI, INDIA

ESSKA was present at the Combined Congress of the Asian Cartilage Repair Society and the Indian Cartilage Society in Chennai, India, from 8-10 November 2013. The event was organised by Deepak Goyal, the congress chair and president of the Indian Cartilage Society, who also is a member of ESSKA's Cartilage Committee.
On 8 November 2013, the first day of the congress, the First Asian Cadaver Workshop on Cartilage Repair took place at the Sri Ramachandra Medical College in Chennai. Most of the techniques for cartilage and meniscus repair were covered, and all delegates received hands-on experience. Among the techniques demonstrated were cartilage-lesion assessment, meniscus-tear assessment, techniques of biopsy and marrow-stimulation, arthrotomy with cartilage-defect preparation for scaffold-implantation as well as the various meniscus repair methods.

Impression of the First Asian Cadaver Workshop on Cartilage Repair.

Among the international faculty were Prof Henning Madry, Prof Mats Brittberg, Prof B. H. Min, and Prof Norimasa Nakamura (from left to right), and also Profs Mitsuo Ochi, James Hui, David Rajan.

The scientific programme for the second and third days included lectures in the basic science of articular-cartilage repair, imaging options, optimal evidenced-based treatment selection, as well as the role of autologous and stem cells in cartilage repair, the choice of bio-materials, histopathological assessment of cartilage repair and also specific topics such as the management of regional cartilage-lesions, case presentation, failed repair and challenges of cartilage rehabilitation, all these with invigorating panel discussions.
Taken together, the organisers have to be congratulated for a highly sophisticated course and congress, with excellent lectures from experts from all over Asia and Europe, covering the exciting field of articular cartilage repair.

Henning Madry
ESSKA Vice Secretary General

ICRS FOCUS MEETING ON STEM-CELLS AND SCAFFOLDS

IN BOLOGNA, ITALY

This meeting summarized current knowledge about the use of scaffolds and stem-cells in joint-tissue degeneration, using the best experts in the field, from basic-scientists to orthopaedic-surgeons. Over 300 attended the event held on 5-6 December 2013 at the Rizzoli Orthopaedic Institute in Bologna, as did 20 industry partners from 40 countries.
The meeting commenced with a basic science overview of stem-cell applications. Many aspects of MSCs biology can be used in tissue-engineering techniques, and increase the chances of a successful tissue-regeneration, but it is important to define a subset of markers, which could predict the scope of these MSCs.
Numerous scaffold options are available to repair cartilage-defects, with or without cell addition. These promise well, but high-quality studies are now needed, using large patient groups and with mid/long-term follow-up. The Rizzoli Orthopaedic Institute reported their own experience with biomimetic osteochondral scaffolds, and a live surgery demonstration was given by Prof. Maurilio Marcacci. The Institute has treated about 200 patients, with good results so far (the first group have reached mid-term follow-up). The technique is also being successfully applied to complex cases and mono-compartmental osteoarthritis.

The meeting then dealt with expanded and cultured MSCs, a much discussed stem-cells technique. There have been good clinical results, both for ankle and knee joints, when bone marrow concentrate (BMC) is combined with scaffolds. But it's important to select the right patients for this technique.
Another promising approach is meniscus regeneration using a BMC concentrate. This simple but effective technique was performed by Prof. Peter Verdonk and Prof. Stefano Zaffagnini, who combined a meniscal scaffold implantation with freshly harvested BMC.
On the other hand, the use of cultured mesenchymal stem-cells produces a good tissue integration, when used for cartilage and meniscal pathologies, although extensive manipulation might cause problems.
Prof. Arnold Caplan's Honorary Lecture presented a new perspective on stem cells: as a potent means of delivering drugs to specific sites (what he calls a Multi-Drug Site-Specific Delivery-Vehicle MDSPDV). The idea is that MSCs don't act just as stromal cells (where stroma is a generic term for connective tissue found in and around almost all organs and tissues). MSCs are found as perivascular cells and, in large vessels, in the adventitia, but not in the generic connective tissue. MSCs function as perivascular cells (pericytes) until a focal injury occurs. Then they are released at the site of injury and act as MSCs, providing molecular assistance towards tissue regeneration. So far there are 350 plus studies on the register of clinical trials, which confirms a wide interest in the topic.

Another interesting argument concerned allogeneic stem cells: whose use might ease the morbidity associated with tissue harvesting, and the lower proliferation and differentiation of MSCs from OA subjects. However, while undifferentiated MSCs are tolerated well, differentiated cells are subject to immune-recognition with immune-competent hosts. Further studies are obviously necessary.
There was a discussion of early clinical experiences, which showed that intra-articular injections are mostly used to deliver MSCs, because of their minimal invasivity. However, there's no consensus about the best source: adipose-derived MSCs and BMC are giving promising results, but umbilical-cord blood and peripheral blood-derived MSCs are also emerging as valid options, especially for treating cartilage-lesions.
When dealing with cartilage-regeneration, it's mandatory to consider the joint environment: when there's damage, the joint-homeostasis is altered, and any therapy must take this into account. To this end there are numerous treatments: the use of growth-factors, especially through platelet-concentrates; or pulsed electromagnetic-fields which encourage the healing or promote engraftment.
This Focus Meeting confirmed some fascinating biological discoveries, which promise well for the clinic. However, we need to know more about sourcing MSCs, and how they work. Only then can we translate these biological approaches (and their early clinical use) into effective and reliable clinical protocols.

SAST ANNUAL MEETING IN SELCE, CROATIA

The Section for Arthroscopy and Sports Traumatology (SAST) of the Croatian Society for Sports Medicine organised its 2nd annual meeting on 16 November 2013 in Selce, Croatia, located on the beautiful Adriatic coast.
Over 70 participants from Croatia, Slovenia, Bosnia and Herzegovina attended the event, introduced by Dr Vlasta Brozicevic at his rehabilitation centre Terme Selce. The scientific programme, lead by SAST President Prof Radovan Mihelic, included presentations focusing on topics of regenerative medicine and several new treatment options of sports trauma injuries.

Prof Radovan Mihelic, Dr Vlasta Brozicevic, and Dr Nikica Darabos

There was a unanimous decision about establishing a Croatian Society for Arthroscopy and Sports Traumatology, comprised of domestic ESSKA members.

Nikica Darabos (Croatia)

SOCIÉTÉ FRANÇAISE D'ARTHROSCOPIE (SFA) MEETING IN BORDEAUX, FRANCE

The French Society of Arthroscopy has now opened its membership to all french-speakers around the world.
In December 2013 ESSKA was invited to SFA's annual meeting where ESSKA speakers gave several keynote lectures and ESSKA's Board held its own meeting in the congress venue.

Lots of music, French wine and oysters at the famous SFA party

ESSKA Educational Secretary Pietro Randelli presenting at the meeting

The SFA meeting was very successful with a record number of attendees. The scientific level was excellent and diverse, with the famous French symposium on the postero-lateral corner and the acromion.
We welcomed a report from Nicolas Graveleau, our AOSSM-ESSKA travelling fellow, and as usual the social activities were fantastic. There was an evening of wine and food-tasting, and also the mythic SFA fest, a lively and extremely enjoyable "Fête Bayonnaise".
We would like to thank the SFA for their kind invitation, the local organisers for their great hospitality, and we wish them success for their 2014 meeting in Luxembourg.
Vive la Société Francophone d'Arthroscopie!

SIGASCOT'S 'SPALLA MILANO", LIVE SHOULDER SURGERY MEETING IN MILANO, ITALY

Held on 10-12 February 2014, this was the third such meeting to take place in Italy. As such, it was essential event for all the best Italian shoulder specialists. The meeting had ESSKA's full support.

In the 2 days 13 live surgeries were broadcasted to the meeting room.

Presidents of the meeting, left to right, Paolo Avanzi, Alex Castagna and Pietro Randelli.

The first day dealt with rotator-cuff repair-strategies and biology. First there were lectures about cuff biology and new techniques; the most important were those on stem-cells, PRP and functional rotator-cuff repair. Then there were live-surgeries on trans-osseous arthroscopic repair, patch augment, functional repair and finally reverse-shoulder arthroplasties for cuff-arthropathy.
The second day focused on shoulder trauma and its results. A/C joint, sterno-clavicular joint dislocations and clavicle pseudo-arthrosis were thoroughly discussed. Dr Klaus Bak from Denmark and Edi Atoun from Israeli were the honoured guests of the day. There were live surgeries on Arthroscopic bony procedures, complex labral repair, and chronic A/C joint reconstruction, performed by some of the best shoulder surgeons in Italy. The final session concerned arthroplasties in trauma.
The third day was reserved for physical therapists, with a practical hands-on afternoon.
SECEC President Alex Castagna and ESSKA Executive board member Pietro Randelli, along with the third president of the meeting, Paolo Avanzi, would like to thank ESSKA for its key support.

4TH INTERNATIONAL KNEE SURGERY AND ADVANCED ARTHROSCOPY COURSE IN TIMISOARA, ROMANIA

Timisoara, Romania is a wonderful university city close to the Hungarian and Serbian borders, and with a very high student population. It was thus an ideal venue for our four day programme on 28 November to 1 December 2013, which focused on primary and revisional anatomical ACL reconstructions, cartilage-repair, meniscal-sutures and patellar-instability. It boasted 12 live surgeries (broadcast live) as well as lectures and hands-on training sessions. The course was designed for young professionals and orthopaedics who specialize in knee arthroscopy and ACL reconstruction.
Faculty guest speakers were Professor Anastasios Georgoulis from Ioannina, Greece, Dr. Mohsen Hussein from Ljubljana, Slovenia (winner of the 2013 Hughston Award for his paper on individualised anterior cruciate ligament surgery, a study performed in collaboration with Prof Freddie Fu), and Dr. Florin Ramadani from Wels, Austria.
The local team was lead by Professor Dr. Radu Prejbeanu, a member of ESSKA's Education Committee and Vice President of the Romanian Society of Orthopedics and Trauma. Also involved were Jenel Patrascu, Ion Codorean, Vlad Predescu, Octav Russu, Bogdan Deleanu and Dinu Vermesan.
Over 70 participants attended the hands-on training sessions and the sawbones workshops. One of the highlights was a round-table panel discussion on ACL reconstruction, which gave all guest speakers an opportunity to present their own experience and advocate their personal preferences. Each day ended with a social event---such as wine-tasting or exploring Timisoara---which seemed to complement the scientific programme.
This was the third event organised under ESSKA's patronage. It was hosted by the I-st Clinic of Orthopedics and Trauma, in collaboration with the University of Medicine and Pharmacy 'Victor Babes' in Timisoara.
We would like to thank everyone who participated and are looking forward to seeing more surgeons attend this event in the future. Further details can be found on our web site at **www.ortopedietimisoara.ro**.

Faculty members from left to right: S. Parratte (France), F. Benazzo (Italy), JC Monllau (Spain), J Menetrey (Switzerland), F. Kelbérine (France), P. Landreau (Qatar), N. Pujol (France) and R. Seil (Luxembourg)

5TH ADVANCED COURSE ON KNEE SURGERY IN VAL D'ISÈRE, FRANCE

After 2006, 2008, 2010 and 2012, more than 160 sports physicians and knee surgeons convened on 2-7 February 2014 for the 5th edition of this successful and highly specialised biannual course on knee surgery in Val d'Isère. Like before, the course was held at the Centre de Congrès Henri Oreiller, a first-class conference centre located at the foot of the famous "Face de Bellevarde", site of the men's alpine skiing events at the 1992 Winter Olympics in Albertville and the FIS Alpine World Ski Championships in 2009. Once more, the Course Chairmen Francois Kelbérine (France) and Philippe Landreau (Qatar), who represented also the co-organising institution Aspetar, managed to arrange an exciting 5-day scientific programme with a total of more than 30 hours of lectures and debates. Subjects included in-depth sessions on imaging for knee surgeons, the management of meniscus lesions from nonoperative treatment to transplantation, an update on ACL reconstruction techniques (which was inspired by the outcome of the last meeting of the ACL study group held the preceding week in South Africa), atraumatic localized osteochondral lesions, athletic knee overuse injuries, surgical approaches and gap balancing in TKA as well as arthroplasty after previous surgery. The course was run under the patronage of ESSKA, ISAKOS and EFOST. ESSKA was represented by the 2nd Vice President Romain Seil, ESSKA General Secretary Jacques Menetrey and the chairwoman of the Sports Committee Elvire Servien. Members of the international faculty - many of whom are ESSKA members - were F. Benazzo (Italy), M. Carmont and N. Maffulli (UK), M. Coolican (Australia), P. Neyret, N. Graveleau, N. Pujol, S. Parratte, S. Plaweski and JL Rouvillain (France), I. Ghijselings, F. Lecouvet and P. Verdonk (Belgium), JC Monllau (Spain), JM Alonso and N. Popovic (Qatar), G. Felmet and T. Tischer (Germany). They gave interesting overviews of relevant topics as well as many rare and difficult-to-treat conditions which were well received by the audience and thoroughly debated. For those who could not attend, the lectures can be downloaded under **www.kneecourse.com**.

AMSTERDAM / THE NETHERLANDS

16th ESSKA Congress

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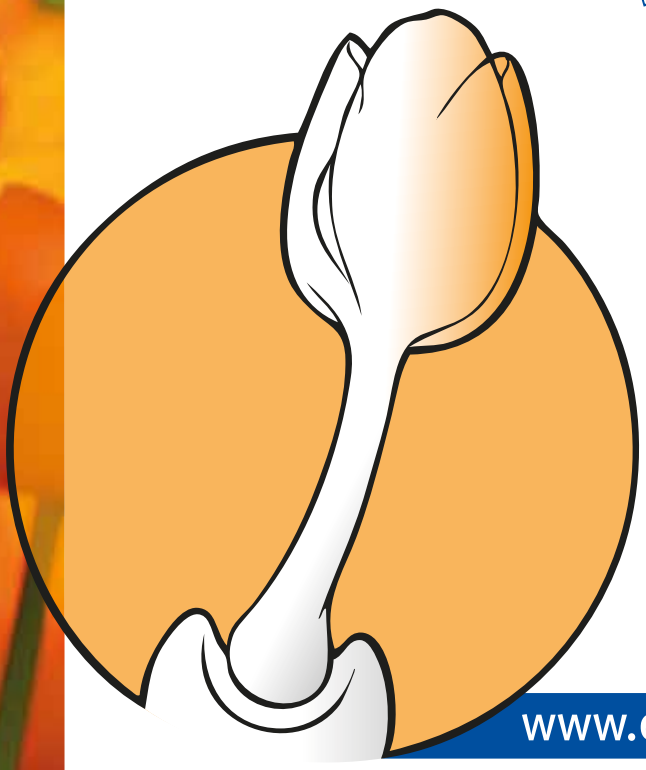

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