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ESSKA 2000 would like to thank its Platinum Sponsors for their continuous support:
May 2006 has been a highlight of ESSKA 2000 history. The 12th congress of our society, perfectly organized in Innsbruck by Karl-Peter Benedetto, has attracted more than 1600 delegates who have recognized the excellent scientific level of the conference.

The city of Porto will host the next ESSKA 2000 congress in May 2008 and Joao Espregueira-Mendes will be President of the organizing committee. Jon Karlsson and Philippe Neyret, leading the scientific committee, have started to work and prepare a most attractive program.

What is ESSKA 2000, and particularly the Board, doing between the biennial meetings? The Board is leading many activities:

- the 7 scientific committees have submitted their activity program for the next 2 years. They are involved in the preparation of symposia, multi-centric studies and round tables which will be part of the Porto scientific program;
- evaluation of the post-graduate education requested to become a specialist of orthopaedic sports medicine in Europe;
- discussion with EFORT to precise the role of the speciality societies in Europe;
- collaboration with ISAKOS to run a postgraduate knee and arthroscopy course in Prague;
- participation with specific topics in the next EFORT and ISAKOS congresses;
- supervision of the traveling fellowships and scholarships selection;
- several national societies and speciality groups have requested their affiliation to ESSKA. This is a process which deserves to be studied with great attention;
- contact with the members at large to stimulate the promotion of ESSKA activities.

In order to control all these problems, the Board meets 2 to 3 times a year.

If you have any remark or suggestion concerning these points, please feel free to contact us through our Administration Manager, Mrs Sandy Kirsch (kirsch.sandy@chl.lu).

Daniel Fritschy, MD
President
ESSKA 2000
The 12th ESSKA 2000 conference took place in the modern complex of the Innsbruck convention centre, combining an international standard with Tyrolean charm.

40,000 square metres of exhibition space, nine modern halls, a trade fair exhibition hall, a press centre and two restaurants offered an ideal forum for our event.

There may be bigger conference cities than Innsbruck in the Austrian Tyrol, but Innsbruck had something that made it very special, not to say unique. Distances were short, and the combination of a modern city with a completely preserved historical town center and a mountain backcloth of incomparable natural beauty - all at walking distance - are long to be sought for.

The meeting kicked off on Wednesday morning with the Opening Ceremony, presided by the society’s President Neil Thomas, ESSKA 2000’s Past President and Congress Chairman Karl-Peter Benedetto and the Chairman of the Scientific Program Committee, Lars Engebretsen.

It was subsequently followed by the first highlight of the conference: the institution of the Ejnar Eriksson lectureship, given, of course, by Ejnar Eriksson himself on “The history of ESSKA 2000” (full transcript of the lecture, see p. 7 to 9).

The first-class program continued with the highlight lectures of Andrew Amis on “Basic biomechanics and knee kinematics” and Mitsou Ochi on “News in tissue engineering”. These lectures were given without concurrence, whereas the rest of the day was packed with 5 parallel sessions of Symposia, Lectures and Free paper presentations.

On Thursday, the meeting attained cruising speed, starting very early in the morning with high-quality Instructional Course Lectures and scientific sessions in 5 parallel rooms during the whole day. Robert Marx delivered a further highlight lecture titled “Clinical decision making in sports traumatology”.

The Rehabilitation Symposium - designed for Physiotherapists and new to the biannual conference this year - was a huge success.

The evening was reserved to the President, who invited to his prestigious President’s Dinner at the Gothic Cellar at the Hofburg Innsbruck.
The Friday program continued with Instructional course lectures in the early morning, followed by Steven Arnoczky’s Highlight lecture on “Mechanotransduction in tendon cells: Implications in ACL rehabilitation and tendon overuse injuries”.

Friday was also the day of the Star paper session, where the 6 best applicants were given the opportunity to present their paper to the audience and among which a jury would choose the winner of the Theo Van Rens Award (the detailed list of all the award winners appears on p. 9 to 14).

Furthermore, the General Assembly and the first highly successful nurses workshop had their place in that day’s program.

The exquisite Gala Dinner on Friday evening took place in the unique and splendid hall “Riesensaal” at the Hofburg Innsbruck. In this noble atmosphere, guests could enjoy an unforgettable evening just like in Maria Theresian times.

The conference came to an end in the early Saturday afternoon.

ESSKA 2000 looks back to great conference. Just a few figures to reflect the success of the meeting, only due to Lars Engebretsen’s (Scientific Program Chair), Jon Karlsson’s (Instructional Course Chairman) and Karl-Peter Benedetto’s (Congress Chairman) tremendous efforts to set up this outstanding event:

2000 visitors attended a first-class meeting, featuring a 114-hour scientific program within 3,5 days:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Sports - Knee ligaments &amp; meniscus</td>
<td>38.2</td>
</tr>
<tr>
<td>Sports - Other topics</td>
<td>23.2</td>
</tr>
<tr>
<td>Knee (degenerative)</td>
<td>17.0</td>
</tr>
<tr>
<td>Shoulder</td>
<td>10.0</td>
</tr>
<tr>
<td>Arthroscopy, Basic science and other topics</td>
<td>27.2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>114.4</strong></td>
</tr>
</tbody>
</table>

Thank you Lars, Jon and Karl-Peter for developing an outstanding meeting 2006!

See you again in May 2008 in Porto/Portugal!
Glance at the Gala dinner, organized in the unique ballroom « Riesensaal » of Hofburg Innsbruck.

Congress President Karl-Peter Benedetto at the Opening Ceremony.

Karl-Peter Benedetto, Neil Thomas and Mitsou Ochi at the President’s Dinner.

ICL Chairman, Jon Karlsson.

Neil P. Thomas during his Presidential lecture.

Highlight lecturer Andrew Amis, during his speech.

João Espregueira-Mendes, presenting the congress location 2008.

Scientific Programme Chair, Lars Engebretsen.

Impressions.
The history of ESSKA-ESSKA as seen through the eyes of its founder

Ejnar Eriksson, M.D.
Stockholm, Sweden

In 1971, I started with arthroscopy and when the first two arthroscopy courses anywhere in the world were organised in 1974 in the US, I was the only European that was invited as a teacher together with Ward Cascells, Robert Jackson, Jimmie Andrews, Arthur Ellison and others from the U.S. I remember that Bob Jackson invited me to come to Philadelphia later in the fall of 1974 to form an International Arthroscopy Association. I felt very honoured but could not afford to attend. A couple of years later in Rome, Jack Hughston, Albert Trillat and Ian Smillie took the initiative to form an International Knee Society. Hughston told me that I could never become a member of the ISK because I was not an orthopaedic surgeon but a “traumatologist”. I told him that Europe and the US were very different. At that time most knee surgery in Europe was performed by trauma-surgeons.

It was also disturbing that if a young European orthopaedic surgeon wanted to learn more about knee surgery - he usually had to go to the U.S. I felt that we Europeans were not so bad and that the Americans were somewhat overrated. So I became more and more convinced that we needed a European Society. Furthermore I noticed that those who were members of ISK, they were also members of IAA. So why not a combination?

In 1980 something happened that came to play an important role for the history and formation of our ESSKA. I was elected president of FIMS, the International Sports Medicine Federation for the period 1980-86. Now, since 1978, I had been invited each year to Maui, Hawaii to teach at a UCLA arthroscopy course arranged by the late Dick O’Connor. In 1981, I was again invited to Maui, but also to Tokyo, Beijing and Bangkok. I wondered if I possibly could combine all these places in one long trip? Pan Am?

At this time, Pan Am had a very cheap “Round-the-world-ticket”. Since Pan Am wanted to support West-Berlin during the time of the “Cold war”, this ticket got even cheaper, if you started the trip in West-Berlin. I called UCLA and asked if they would mind if I bought such a ticket because it was cheaper than a Stockholm-Hawaii and return.

The day before I was going to fly to West-Berlin to catch the Pan Am “Round the world flight”, I had a telephone call from a Mr. Böhm in West-Berlin. He wanted to invite me to West-Berlin to see the new ICC-Congress Centre. He offered to pay my airline ticket, my hotel etc. so I told him that I would be coming to Berlin next day anyway.

Mr Böhm took me to the ICC and showed me its excellent facilities. In the evening he invited me to a nice restaurant for dinner.

“I know you are the president of FIMS and I also know that FIMS has a World Congress of Sports Medicine in Vienna next year. Could you think of having your next FIMS congress here in Berlin?” I told him this was impossible. The next one would be in Australia.
He then asked me: “Have you ever thought of forming a new society? In such a case the city of West-Berlin would support this”.

I told him that I had been thinking about a European Society of Knee Surgery and Arthroscopy. He thought that was a great idea and invited me back to West-Berlin two months later. On this occasion, I was introduced to the Mayor of West-Berlin. He promised me that if this new Society placed its first congress in ICC in West-Berlin, he would support our costs of formation.

And he did not only promise that. He said that he would pay for inviting some 8-10 experts together with whom I could form the Society. West-Berlin would pay all costs for 4-5 meetings of this group prior to the first Congress. He also gave me a guarantee that if we would lose money on the first Congress, the City of West-Berlin would cover a loss up to € 40,000. With that backing, it was easy to start forming ESKA. I called a number of knee surgeons, that I knew also did arthroscopy. Lorden Trickey, UK, Theo Van Rens, The Netherlands, Haru Henche West-Germany, Kurt Franke, East-Berlin, GDR, Jörgen Lauritzen, Denmark, Jean-Yves Dupont, France, Vassilis Tsemanis, Greece Peter Hertel, West-Berlin, P.P. Mariani, Italy and Werner Müller, Switzerland.

We also discussed who should become president, vice president etc. They suggested that I should become the first president, since ESKA was my idea. But I said no, I was president of two International societies (FIMS and ISSS). I suggested Lorden Trickey. He said that he could think of becoming vice-president possibly. I then suggested Werner Müller.

Our first Congress in West-Berlin in 1984 was a great success – >800 came. Werner Müller was elected President, Lorden Trickey Vice-President, I became Secretary and Peter Hertel Treasurer. Our 2nd Congress in Basle, 1986 became a really big success, very well attended and beautifully arranged. On the initiative of John Feagin and strongly supported by Werner Müller and ESKA, the AOSSM-ESKA travelling fellowship began.

Our 3rd Congress was held in Amsterdam in 1988. Theo van Rens had died unfortunately. Sjung Herrmans ran the meeting beautifully. I was elected President, and we decided to go to Stockholm in 1990. We had >900 come to Amsterdam. The social program was great. Sjung and his wife had done a wonderful work. Over 1200 came to ESKA in Stockholm. We had a great program and ESKA’s economy was very good!

Our 5th ESKA Congress was combined with a First World Congress of Sports Trauma in Palma de Mallorca, Spain in 1992. We had planned to have it in Barcelona, Felix Escalas. The meeting was a big success. Sjung Herrmans was elected our new President. The by-laws were changed so that the President was elected for just 2 years now.

We also decided to make a World Congress of Sports Trauma during each Olympic year and in the Olympic country. We also became ESSKA. Already 1990 we had decided to have a Journal. The task to do that was given to some board members.

During 2-3 years nothing happened so finally I got frustrated and took it over and started publishing KSSTA and ever since 1993.

10 years after our first Congress, we went back to Berlin. The meeting was a success thanks to P.Hertel & M. Bernhard. René Verdonk was elected President and I remember the meeting because Werner Müller and I were made honorary members of ESSKA. Peter Hertel was replaced as treasurer by Urs Munzinger. The meeting was very well attended and the economy of ESSKA seemed to be very good. The meeting was a success thanks to Istvan Berkes. Karl Wirth became president, Daniel Fritschy treasurer.

Our 8th Congress in Nice was nicely arranged by Pierre Chambat and the Acropolis Centre. Giancarlo Puddu was elected our new President. Our 9th Congress was held in London, UK. Beautifully arranged by Neil Thomas. Very well attended. We changed to become ESSKA 2000. The social program was fantastic.
Pierre Chambat was elected President and we decided to go to Rome next time in 2002. Once again a beautifully arranged meeting by Pier Paolo Mariani and Giancarlo Puddu. Karl-Peter Benedetto was elected our new President.

And in 2004, we went to Athens for the 11th ESSKA 2000 Congress and the 4th World Congress of Sports Trauma beautifully arranged by Tassos Georgoulis and friends. Some 1500 participants; fantastic program. Neil Thomas became President. A month later in Quebec. At AOSSM in Quebec City I noticed that our ESSKA-program in Athens was much better than the AOSSM-program. Many Americans also came to me and had noticed the same thing. This means that my old dream in 1981 came true that ESSKA should become so good that the young Americans came to Europe to learn rather than that young Europeans went to the US.

In 2001 our journal got an impact factor. To my surprise - a very high one (1,262). We were actually nr 9 of 41 leading orthopaedic journals in the world. We have a new cover and we also come out more frequently, from 2006 every month. We will also become better and better. The journal receives more and more scientific papers, as I will report later. At this moment we have a publishing time of much over one year. We have some 100 unpublished papers. We used to have 60 pages per issue but have increased to 80 last year. The journal is a big success but forces my part time secretary and me to work enormously for almost no payment compared to other similar journals.

Now we are here in beautiful Innsbruck for ESSKA 2000’s 12th Congress. When I now look out over all of you here at the congress centre, I feel proud that my old idea has led to such a fantastic result - one of Europe’s biggest and definitely the oldest Pan-European orthopaedic society and a society with a very bright future! Ladies and Gentlemen, is it not fantastic what a dinner in 1981 with Mr Günther Böhm in West-Berlin has led to??? Thank you all very much for your kind attention and... thank you ESSKA 2000 for instituting an Ejnar Eriksson-lecture.

ESSKA EVENTS

Award winning papers at the 2006 conference

ESSKA 2000 BEST POSTER AWARD:
Sponsored by: ESSKA 2000

This award is given to the best poster accepted for display at the Biannual meeting.

WINNER 2006:
Lucas KLEIJN
and his co-authors
Meijers, W.; Grimm, B.; Kester, A.; Heyligers, I.
for their work entitled:
Factors affecting postoperative function after primary total knee arthroplasty. A randomized trial following 95 patients up to two years, using gait analysis.

Abstract

Introduction:
Our goal was to examine the impact of preoperative variables on the postoperative outcome. Prior studies analysing predictors of function are based on functional assessment by questionnaires.

We used the DynaPort knee test®, an accelerometer-based type of gait analysis. As a tool to measure quality of function it proved valid and reliable in methodological studies.

Methods:
95 Total knee arthroplasties were randomised into receiving a mobile bearing design (TRAC, Biomet n=43) or a fixed bearing design (AGC, Biomet n=52).
Preoperatively and at 3, 6, 12 and 24 months follow-up the KSS, WOMAC and SF-36 questionnaires were used. Functional outcome was measured by the DynaPort (DP) knee test® (Mc Roberts, Den Haag, The Netherlands). With accelerometers attached to the body the patient performs tasks representing the activities for daily living. Parameters are extracted from the sensors, such as acceleration, number of steps, speed and angle. An algorithm programmed by the manufacturer calculates the DP-score that ranges from 0 to 100. Multiple linear regression analysis and independent samples t-test was used to obtain the impact of various factors on the DP score (improvement). Variables tested were: prosthesis type, age, gender, rheumatoid arthritis, surgeon, learning curve, operation time, previous tibial osteotomy/patellectomy and the outcome of preoperative questionnaires.

Results:

Multiple linear regression analysis showed that BMI and preoperative DP score had a negative impact on the improvement of the DP score. Other variables (not all presented) had no significant impact on the DP-score. Table 1 shows the results of multiple regression analysis at 24 months follow-up. For example BMI came forward as a negative predictor with an estimated 0.875 (table 1, constant B) points lower DP score improvement per unit increase of BMI.

Comparison (independent samples t-test) of the mean DP score between subgroups created by a split at cut off points (Table 2) showed significant differences at various moments during follow-up. Obese patients had a significantly lower DP score than patients with a BMI below 30. The difference persists and increases in time, so obesity even diminishes the eventual functional gain (Graph 1).

Conclusions:

Present study demonstrates that a high BMI and a high preoperative functional status depicts less improvement of function after primary knee arthroplasty. The worst postoperative functional status is predicted by an obese woman, more than 60 years old, with DP and KSS-function scores below 30 points and a General Health score below 50 points. We found that most predicting factors cannot be controlled. Surgeons should keep in mind that certain patients are at risk of a poorer outcome following primary total knee arthroplasty and could inform patients accordingly.

<table>
<thead>
<tr>
<th>Variable, cut off point</th>
<th>Sign, P&lt;0,05 per follow-up moment</th>
<th>Direction</th>
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<tbody>
<tr>
<td>BMI, 30</td>
<td>yes</td>
<td>negative</td>
</tr>
<tr>
<td>Male / female</td>
<td>yes</td>
<td>positive</td>
</tr>
<tr>
<td>Age, 60 years</td>
<td>yes</td>
<td>negative</td>
</tr>
<tr>
<td>KSS-function, 30 points</td>
<td>yes</td>
<td>positive</td>
</tr>
<tr>
<td>SF-36 Mental Health, 50 points</td>
<td>yes</td>
<td>positive</td>
</tr>
<tr>
<td>SF-36 General Health, 50 points</td>
<td>yes</td>
<td>positive</td>
</tr>
<tr>
<td>DynaPort, 30 points</td>
<td>yes</td>
<td>positive</td>
</tr>
</tbody>
</table>
**Best Ligament and Biomechanics Award**

**Award for Best Paper in Ligament and Biomechanics:**
Sponsored by: Smith & Nephew

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

**Winner 2006:**
Arno FRIGG
and his co-authors
Magerkurth, O.; Frigg, R.; Valderrabano, V.; Ledermann H-P.; Hintermann, B.

for their work entitled:

*Osseous criteria for ankle instability.*

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**Abstract**

**Background**

There are patients who suffer from recurrent spontaneous ankle sprains, despite the fact that some of them have previously undergone operative ligament reconstruction. This raises the question of whether there are further reasons for ankle instability than known so far. The purpose of this study is to define parameters of the osseous configuration of the ankle joint which determine stability in the anterior-posterior direction, and to use them to characterize patients suffering from recurrent ankle sprains.

**Methods**

Fifty-two patients (18 male, 39 years) who have suffered from at least 3 recurrent sprains with subsequent surgical ligament reconstruction were included in the study. Patients with previous fractures, osteoarthritis or hindfoot deformities were not included. The control group consisted of 100 patients (63 male, 39 years) without ankle sprains.

The tibio-talar sector, radius and height of the talus were measured on strictly lateral views of the ankle. Image assessment was performed by a musculoskeletal radiologist on a high performance DICOM/PACS workstation.

**Results**

The tibio-talar sector was found to be smaller in patients with instability (80.0° [72 to 95°]) than in patients of the control group (88.1° [74 to 111°], p<10^-5). The talar radius was larger in patients with instability (21.2mm [17 to 26mm]) than in patients of the control group (18.6mm [13 to 26mm], p<10^-5). There was no difference in the height of the talus between the two groups.

We then constructed a biomechanical model which explains the clinical findings by showing that stability is a function of the tibio-talar sector: the smaller the sector the more unstable the joint. 12% less force and 5% less energy are needed to dislocate the unstable joint configuration.

**Conclusion**

A larger radius of the talus and a smaller tibio-talar sector contribute to osseous ankle instability. This hypothesis is supported by clinical evidence as well as theoretical calculations in the biomechanical model.
Abstract

Introduction:
The purpose of this study was to identify in-vivo the effectiveness of the two most frequently used autografts (semitendinosus/gracilis [ST/G] and bone-patellar tendon-bone [BPTB]) for ACL reconstruction, in restoring tibial rotation to normal physiological levels.

Methods:
Eleven patients ACL reconstructed with a BPTB graft, eleven patients ACL reconstructed with an ST/G graft and eleven controls were assessed.

Kinematic data were collected (50Hz) with a six-camera optoelectronic system, while the subjects descended stairs and immediately after, pivoted on their landing leg.

The dependent variable examined was the tibial rotation during pivoting. All patients in both groups were also assessed clinically and with the use of a KT-1000 to evaluate anterior tibial translation. The reconstructed patients in both groups had an isolated ACL rupture without concomitant injuries.

Results:
The results demonstrated that reconstructions with either graft successfully restored anterior tibial translation. However, both ACL reconstructed groups had significantly increased tibial rotation when compared with the control, while no significant differences were observed between the two reconstructed groups. The intact knees for both reconstructed groups had similar values of tibial rotation with the control.

Conclusions:
The two most frequently used autografts for ACL reconstruction can not restore tibial rotation to normal levels with the current surgical techniques. It is unknown if this increase tibial rotation is the cause of the degenerative changes in the knee joint, which have been noticed in a long term follow-up after the ACL reconstruction. The improvement and development of new surgical techniques that can better approximate the actual anatomy and function of the ACL, may be able to provide a solution to this problem.
Introduction:

Although posterior cruciate ligament injuries (PCL) are less frequent than those of the anterior cruciate ligament, precise diagnosis is essential to determine proper treatment. Stress radiographs have been shown to be superior to both arthrometer and clinical examination in the measurement of posterior laxity. While different clinical techniques have been described, their reliability in precisely measuring posterior laxity is questionable. The objectives of our study were two-fold. One was to determine the correlation between established anatomical lesions of the PCL/posterior structures and the degree of posterior laxity as measured radiologically. And two, to analyze the results obtained with different stress radiograph techniques in order to determine the most reliable method.

Material and methods:

Measurements were performed on 15 fresh-frozen cadaveric knee specimens. A partial PCL lesion was created by sectioning the antero-lateral bundle, followed by a complete section. Then the lateral collateral ligament (LCL) and posterolateral corner (PLC) were transected, followed by sectioning of the medial collateral ligament (MCL) and the postero-medial corner (PMC). Stress radiographs were performed on the intact knee and after each lesion was created using the following 4 techniques:

Gravity sag view; PCL-press with 180N load; Telos at 80° of flexion with 180N load; and Telos at 30° with 180N load. Posterior laxity was measured as the difference in posterior displacement in mm between the intact knee and the same knee with a lesion. Means, standard errors and 95% confidence intervals were calculated.

Results:

Results obtained with the Telos device at either 30 or 80° of flexion, discriminated best between a partial and a complete lesion (respectively p=0.002 and p=0.0001), between a complete and an associated LCL & PLC lesion (respectively p=0.001 and p=0.07), and between an associated LCL & PLC and an associated MCL & PMC lesion (respectively p=0.06 and p=0.03). Using the gravity sag view, discrimination between a partial and a complete lesion was good (p=0.006), but associated lesions were less clearly identified. The PCL-press technique gave good results for the discrimination between a partial and a complete lesion (p=0.01), but unsatisfying results for the identification of associated lesions.

Conclusions:

The great variability between the different techniques of performing stress radiographs questions their clinical relevance. Multiple variables may influence the accuracy of stress radiographs. In our study patient relaxation was not an issue; rotational errors were minimized by careful positioning of the limb under fluoroscopic control; and to minimize intra- and inter-tester variability, all measurements were independently performed twice. To best discriminate an isolated lesion from an associated injury we found that the Telos measurement at 30° of flexion was the most reliable. Furthermore, measurements performed with the Telos device at 80° and 30° of flexion are comparable with results obtained from previous sectioning studies and are the most reliable.
THE DJ AWARD:  
Sponsored by: DJ Ortho

This award is given for the best research project proposal in rehabilitation and sports medicine.

WINNER 2006:  
Antonio MARMOTTI  
and his co-authors  
Castoldi, F.; Rossi, R.; Tarone, G.  
for their work entitled:

One-stage autologous cartilage repair with chondral fragments embedded in a mixed scaffold.

Abstract

Articular cartilage lesions are a common problem in orthopaedics. Many different surgical procedure have been developed in order to enhance the repair of articular cartilage defect, obtaining relief of symptoms and improvement in functionality. Second generation cell-based therapy using tissue engineering is continuously prospecting new solutions for cartilage regeneration, combining chondrocytes and mesenchimal stem cells with different supporting scaffold and proper signalling molecules.

The aim of the study is to develop a novel “one-stage” surgical procedure for cartilage repair, without expanding chondrocytes in vitro, but directly combining “in situ” autologous cartilage fragments, as a source of viable cells, with an moldable scaffold composed of fibrin glue, a high molecular weight hyaluronic acid derivative and autologous platelet-enriched plasma (PRP).

The chondrogenic potential of the scaffold and cartilage fragments will be also investigated by adding autologous mesenchimal stem cells (MSC).

According to the goal of the study, we aim to obtain a chondrogenic regenerative response in vitro, with rabbit explant culture and human explant culture (from patients undergoing total hip replacement and anterior cruciate ligament reconstruction), and in vivo, in an experimental rabbit model of full thickness chondral defects treated with the scaffold plus autologous cartilage fragments and by adding rabbit autologous MSC.

Positive results of this study could give premises to new developments in cartilage reconstruction, identifying a scaffold that, in combination with autologous cartilage chips and, eventually, with autologous MSC, could allow a one-stage replacement techniques for articular chondral defects. Further investigations are certainly required for confirmation of this procedure in a large animal model and, lastly, to extend this techniques to human chondral lesions.
ESSKA 2000 – DJO 2006 Grant
Partners through Research

DJO is proud to support important research projects to develop injury prevention programs, new treatment protocols and high quality products to help protect athletes and rehabilitate patients in the spectrum of traditional and extreme sports. DJO’s support also takes the form of important research funding through internal and external science, to develop programs and treatments that keep athletes in the game.

DJO has a long history of commitment to research & development, which extends to our support of continuing medical education and applied skills training. We’re proud of our reputation as a leading edge innovator, and as an invaluable source of expertise and support to the clinician in the field.

DJO defines Scientific Sponsoring and investment in Research and Development as a core part of its business and a recompensation to the orthopaedic world.

DJO joins ESSKA 2000 in a commitment to never stop getting better. Although significant improvements in sports medicine techniques have been achieved recently, still more improvements are needed.

In order to improve patient outcomes after sport injuries, new treatment methods and products based on the latest scientific research and validated by clinical studies must be developed.

In an answer to this urgent need for good clinical research the ESSKA together with the company DJO decided to create a research grant (USD 15.000) for innovative scientific work in the field of Sport Traumatology and Rehabilitation.

This initiative encouraged researchers to set up professional research projects to give more scientific basis to current and future treatment methods.

An international jury of experts (members of the ESSKA board) judged all submissions.
ESSKA 2000 Members at Large

ESSKA 2000’s Members at Large represent the society’s interests in many European countries:

- Austria: Christian FINK, MD
- Belgium: Fredrik ALMQVIST, MD
- Croatia: Miroslav HASPL, MD
- Czech Republic: Tomas TRC, MD
- Denmark: Martin LIND, MD
- Finland: Timo JÄRVELÄ, MD
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- Netherlands: Burt KLOS, MD
- Norway: Tom LUDVIGSEN, MD
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- Slovenia: Matjaz VESELKO, MD
- Spain: Juan Ramon VALENTI, MD
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- Switzerland: Peter KOCH, MD
- Turkey: Nedim DORAL, MD
- UK: Tim SPALDING, MD
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- WYMENGA Ate, Netherlands

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- VAQUERO Javier, Spain
- VOLPI Piero, Italy
- WILLIAMS Andrew, UK

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- HANTES Michael, Greece
- MARGHERITINI Fabrizio, Italy
- MILANO Giuseppe, Italy
- PINAR Halit, Turkey
- RANDELLI Pietro, Italy
- VAN HEERWAARDEN Ronald, NL

### ARTICULAR CARTILAGE:
- BRITTBERG Mats, Sweden
- MADRY Henning, Germany
- ALMQVIST Frederik, Belgium
- GOBBI Alberito, Italy
- IMHOFF Andreas, Germany
- KNUTSEN Gunnar, Norway
- MAINARD Didier, France
- MARLOVITS Stephan, Austria
- RICHARDSON James, UK
- ZAFFAGNINI Stefano, Italy

### NEWLY FOUNDED ARTICULAR CARTILAGE COMMITTEE:

The ESSKA Cartilage committee was founded in 2006 on initiative and suggestions of ESSKA President Neil Thomas and the ESSKA Board. The first ESSKA 2000 Cartilage committee meeting was held in Innsbruck on may 25, 2006.

#### The aims of the ESSKA 2000 Cartilage Committee:
- To evoke and improve knowledge about cartilage lesions and treatment options.
- To be responsible for cartilage related sessions at ESSKA related meetings.

#### Future planning:
1. To work and produce a hand out volume in basic cartilage repair methods, indications and techniques. Also to be included; imaging, Rehabilitation. **“ESSKA Short notes on Cartilage repair”** Goal: To be delivered at next coming ESSKA meeting in Porto, 2008.

2. To be responsible for a cartilage afternoon at next ESSKA meeting in Porto, 2008. Two 90 minutes sessions with coffee break in between. Subject: “When and why and how to treat cartilage lesions”. Two cases will be thoroughly discussed during each session, young patients with small and large lesions and elderly patients with small and large lesions. Intra-active sessions with audience voting for treatments options etc.
ESSKA conference 2008:  
21.—24. May 2008 in PORTO/Portugal

Congress Venue:  
Centro de Congressos e Exposições—Alfândega Porto  
4050-430 Porto/PORTUGAL  
www.amtc.pt

Congress Chairman:  
João Espregueira-Mendes, MD.

Chairmen of the  
Scientific Committee:  
Philippe Neyret, MD.  
Jon Karlsson, MD.

Congress Organisation:  
INTERCONGRESS GmbH  
Krautgartenstr. 30  
D-65205 Wiesbaden/GERMANY

Project Manager:  
Ms. Katrin Volkland  
Phone: (+49) 611 97716-35  
Fax: (+49) 611 97716-16  
katrin.volkland@intercongress.de  
esska@intercongress.de

Official Language: English

Registration: Start: 09/2007  
www.registration.intercongress.de

Scientific program:  
ESSKA 2000 biannual meetings attract the best of the orthopaedic experts in Europe and bring some of the best surgeons and sports doctors from around the world, to keep our audience informed about all the evolutions in the fields of knee surgery, sports traumatology and arthroscopy.

Internationally renowned lecturers treat classical subjects like evidence based medicine, basic science and clinical research methods whereas instructional courses, symposia, free papers and posters highlight all the new aspects and issues in the fields of knee, shoulder, elbow, hip and ankle.

The Congress also offers the unique opportunity to learn about a multitude of educational issues in related fields: anatomy courses with cadaver dissections, rehabilitation issues in sports, regional symposia. Nurses and physiotherapist courses complete the program.

In short: the program of ESSKA 2000 Congresses emphasizes on the multitude of issues the attendees need to know to stay up-dated in these fields.

Industry exhibitions:  
The latest technological achievements are presented through industry workshops, integrated in the scientific programme in the Congress Centre. A space of 750 m² has been reserved for industry exhibition.

We look forward to meeting you in Porto 2008!  
www.esska2008.com

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<th>ESSKA 2000 APPROVED COURSES:</th>
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| University and Sports Progress in prevention and treatment of Sports Injuries  
January 15-17, 2007 in Torino/ITALY  
www.universiadetorino2007.org |
| Arthroscopic Surgery 2007  
January 18-23, 2007 in Scottsdale, Arizona, USA  
www.arthroscopyseminars.org |
| 6th Advanced course on shoulder Arthroscopy  
January 21-28, 2007 in Val d'Isère, FRANCE  
www.valdisereshoulder.com |
| 8th National cadaver workshop knee  
March 23-24, 2007 in Kiel, GERMANY  
www.mare-klinikum.de |
| 8th EFORT Congress  
May 11th - 15th 2007 in Florence,ITALY  
www.efort2007.org |

If you wish to see your course listed here, download the ESSKA 2000 Patronage Application on:  
www.esska.org
It is my great honor to invite young surgeons from Europe for the next ESSKA Lecture Course taking place in Prague, 22-23 June, 2007.

The 2-day course will be focusing on new advances in surgery and prevention of knee osteoarthritis (TKR, UNI-KR in treatment and osteotomies and ligament reconstruction in prevention of knee OA). Front European and also overseas speakers are invited to share their rich experiences with young colleagues from Europe.

In order to help young orthopaedic surgeons with interest in arthroscopy and knee surgery to integrate into the scientific life and increase their participation on educational and research activities at the field of knee surgery, sports traumatology and arthroscopy, it was decided by ESSKA to organize regular yearly educational lecture courses.

The first lecture course took part in Hungary and was successfully organized by Istvan Berkesz, Chairman of newly established ESSKA Integration Committee. The main aim of such lecture courses is to give an outstanding opportunity to young surgeons to improve and share their knowledge and skills by meeting with lecturers and experts from Europe and overseas.

On the meeting of ESSKA Integration Committee in Innsbruck in May 2006, it was decided to organize 2007 Lecture Course focusing on advances in surgery and prevention of knee osteoarthritis in Prague, Czech Republic.

We have welcomed the suggestion given by ISAKOS president John Bergfeld to organize the 2007 Prague Lecture Course uniquely for the first time as a combined meeting of ESSKA and ISAKOS. This type of event will certainly help to increase collaboration of the two Societies and to start a tradition of organizing such events in the future.

Further information about registration and course details will soon be available on the web site of ESSKA (www.esska.org) and Czech Society for Sports Traumatology and Arthroscopy (www.sstacz.cz).

It is my pleasure to invite you to participate on the 2007 Prague Lecture Course and to invite you to the Mother of Towns - our beautiful Prague.

Yours sincerely,

Dr. Vojtech HAVLAS, PhD.
Prague—Czech Republic
CSSTA - Course Organizing Committee
Vice-Chair of ESSKA Integration Committee
ESSKA 2000

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