ESSKA NEWSLETTER DECEMBER 10

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LEGEND OF COVER PICTURE
OR impressions: posterior root refixation of a medial meniscus
(Courtesy of Paul Foguenne, Centre Hospitalier Luxembourg)

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 participation and suggestion to improve its high standards.

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THE FUTURE IS IN OUR HANDS

C. Niek van Dijk, ESSKA President

The world around us is changing quickly and we must change with it. Persons and organizations that are not flexible and do not move with their surrounding will find it hard to survive.

This is true also for ESSKA.

The best way to keep ahead of things and be prepared for the future is to have a defined strategy. ESSKA was founded by a group of knee surgeons and defined its purpose in general and global terms in 1984. Sports Trauma was added in 1992, but without any in-depth discussions about the mission and goals of the organization. In the year 2002 the name changed to ESSKA 2000, but we did not change article 6, which defines the purpose of the society. Likewise in 2008 when it was decided to change back to ESSKA, we kept our article 6 intact.

This does not mean that we have not done well. On the contrary, an increasing number of members, growth of the fellowship programme, a huge activity in our scientific committees and sections, increasing activities towards Eastern Europe, a well organized professional Bureau in Luxembourg, the reorganized KSSTA Journal, a positive attitude towards the expanding subspecialties, increased contact with National Societies, a close relation with international societies like ISAKOS and EFORT and a great and highly rewarded biannual congress with 2200 Participants in Oslo.

But we went from decision to decision. We did not define our goals, objectives and action program in a structured manner. And what is more important we did not prioritize the goals of the society. Given our limited resources, it is important to use our strength and to eliminate our weaknesses. My mission as president of ESSKA is to create a strategic plan for the future. But this is a team effort!

I invite everybody to participate in the discussion. Out of these discussions we will define our goals for the future. These goals will lead to a working plan with objectives and action programs. Our strategic plan will provide improved structure to the society and make it even stronger in the future.

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 and education. ESSKA aims to improve the communication and visibility on ESSKA activities and achievements and to improve the corporation between our members, national and international societies.

This could be the mission of ESSKA.

For the upcoming 2 years apart from the making of this strategic plan the Board activities will be directed towards reinforcement of our professional office in Luxembourg and reinforcement of the KSSTA Journal. We are currently working on the reorganization of the journal, for instance moving the editorial office to the ESSKA headquarters. The page budget will increase, and after the summer a new and stronger Editorial Board will be announced.

And, don’t forget the journal’s brand new website. The short-term goal is to establish the journal as one of leading organs in the field of Knee Surgery Sports Traumatology and Arthroscopy. An increased impact factor is our immediate goal. ESSKA will facilitate and strengthen the relationship with national societies. We find it important to accommodate all subspecialties under the ESSKA umbrella. We will stimulate independent societies and working groups which focus on Arthroscopy, Knee Surgery and Sports Traumatology to affiliate with ESSKA. Our members can benefit from the expertise within these groups and at the same time these groups can benefit from our professional organization, ESSKA standing, image, facilities, services and our journal!

ESSKA will concentrate on finding ways to be attractive for young members. ESSKA is a swinging society with sex appeal for the young.

We will work on new committee charges and rules for affiliated societies. Each board member is responsible for his own portfolio. Country society presidents will be involved as members at large in order to have a closer contact with the national societies. The site selection procedure for future ESSKA congresses will be reorganized, and we will find a way to work together with the well established subspecialty organizations to synchronize major events.

We will work together with ISAKOS on e-learning and we will work on ESSKA best practices. In the members only section of our website you will find Registration of Congress presentations and the ESSKA/ISAKOS Standard terminology. This important project currently includes standard terminology for pathology of all major joints. It will be extended to include muscle and tendon injuries as well. It is of utmost importance that we all speak the same scientific language. Springer will use this material as a starting and reference point for their new Encyclopedia on Sports Medicine and Arthroscopy.

How can we achieve all this? ESSKA is a strong and well respected organization with an excellent potential among dedicated members. There is a lot of expertise and enthusiasm in our committees. The 6 free current concept books that you all received at the Biannual Oslo Conference are the result of voluntary scientific activity. The creativity, inspiration, energy and dedication among our members are enormous. Almost 20% of our members are currently active in one of our committees or sections. ESSKA has always had strong and devoted leaders, but it is one of the major strength of ESSKA that most of our members are opinion leaders in their countries.

There is a lot of work to do, but I know it is possible because I am surrounded by a great organization.

ESSKA is a great and healthy society and I promise to move it forward.

C. NIEK VAN DIJK
ESSKA PRESIDENT

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15th ESSKA CONGRESS
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1st Announcement

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Abstract deadline: October 10, 2011
Dear ESSKA committee,

It was a real honour to be selected in Oslo as innovation paper in arthroscopy. This cadaveric study has three points of interest. The most important finding of this study is that it’s technically possible to perform a double bundle ACL reconstruction with a bone-patellar tendon-bone autograft and a separate tightening of the bundles. For BPTB graft insertion, we used the intra-articular communication to double bundle reconstruction with hamstring tendons, but it is a demanding technique. The other point is the hybrid method of drilling the femoral tunnels. The AM tunnel is drilled through the AM portal, and the PL is drilled with an outside-in technique. It allows a good divergence between the 2 tunnels (more than 30°), thereby minimizing the risk of tunnel breakdown or communication.

At last, this hybrid method is suitable for all graft types (hamstrings, quadriceps tendons, allografts). I’m available for any further questions, if needed.

Best regards,
Nicolas Pujol
Many diseases with different etiologies affect both the articular cartilage and the subchondral bone. Certain defects, such as those resulting from osteochondritis dissecans (OCD), may in fact start in the subchondral bone, only secondarily affect the overlying cartilage. Other joint pathologies involving the subchondral bone include osteonecrosis and osteochondral defects may be a sequel from a direct trauma. Moreover, the subchondral bone plays an important role in superficial lesions limited to the articular cartilage layer, too, since even focal chondral defects, if left untreated, may increase in size over time and result in concomitant changes in the underlying subchondral bone plate, as clearly observed in the final joint degeneration stages.

Among the several operative options proposed for the management of articular surface lesions, transplantation of either autografts or allografts to the defect represent a valid solution to restore all the osteochondral unit, with the advantage of restoring hyaline cartilage providing a biomechanically stronger and resilient tissue. Osteochondral autografts (OATS) are used for small lesions. Mosaicplasty, which implies harvest of cylindrical plugs from non-weight-bearing areas, allows the treatment of medium-size lesion, too, through an even less invasive approach thanks to the development of the arthroscopic procedure. However, the limit is the amount of available graft at the donor site and the risk of related morbidity. Fresh osteochondral allografts, transplanted in either a dowel or a shell graft technique, allow to treat larger lesions, but present disadvantages such as reduced viability of the graft due to storing and processing, immunogenicity, potential transmission of diseases and limited availability of the grafts.

Regenerative procedures have been successfully proposed for restoring the damaged articular surface, overcoming most of the problems related with the other techniques and obtaining integrated repair tissue with good clinical results. The group of Peterson, a pioneer of autologous chondrocyte implantation (ACI) technique, perfected the technique for the treatment of deep lesions involving significant subchondral bone loss with the “sandwich technique”. However, these good results have to be weighed against the number of problems that can be observed with the standard ACI methods, such as complexity and morbidity, with a high percentage of periosteal hypertrophy and arthrofibrosis, and problems of the culture and transplantation procedure, such as maintenance of chondrocyte phenotype, non-homogeneous cell distribution, and cell loss using liquid suspension. A new generation technology has been developed to overcome these problems: the so-called matrix-assisted or second-generation ACI technique uses a tissue-engineering procedure to seed articular chondrocytes in a three-dimensional culture system. On the basis of published results, the matrix-assisted chondrocyte implantation guarantees results comparable with the traditional ACI technique, and simplifies the procedure with marked advantages from a biological and surgical point of view. As for the first generation, a two-step technique can be performed in case of deep lesions, preceding the implant of the bioengineered tissues with an autologous bone grafting, in order to restore the entire osteochondral structure, and therefore, a more anatomical articular surface.

The increasing awareness of the importance to restore the physiological properties of the entire osteochondral unit, aiming to achieve a more predictable repair tissue that closely resembles native articular surface and remains durable over time, led to a further development in the regenerative procedures. In fact, several authors have highlighted the need for biphasic scaffolds, in order to reproduce the different biological and functional requirements for guiding the growth of the two tissues and leading to a reproducible and durable repair, and new scaffolds with osteochondral regenerative potential have been developed and evaluated with interesting preliminary results. Moreover, they may imply further advantages, such as the need for a one-step surgery, reduced costs, and a simplified procedure, thus making this approach very attractive. However, most of these scaffolds are still under investigation or have just been introduced into the clinical practice, and need to be further studied in order to confirm the promising preliminary findings and their osteochondral regenerative potential.
Reconstruction of the Extensor Mechanism of the Knee after Patellectomy using a Massive Allograft

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“...It all started with a little click...”

This 45-year old female patient presented herself in our hospital complaining of pain and a complete lack of active extension in the left knee. When examining the patient, we noticed multiple scars at the mid- and lateral side of her knee, complete passive extension and a flexion of 110 degrees. However, she was unable actively extend the knee (hardly 1 out of 5 in her extensor mechanism).

The VAS score was 82 out of a maximum of 100, a Kujala score of 16 and the KOOS score for Symptoms was 29, for Pain 42, for ADL 31, for Sports 0 and for QOL 0.

Radiography (Fig 1) demonstrated a status after patellectomy and two staples in place at the proximal tibia.

The diagnosis of a status after failed patellectomy with a complete non-functional extensor mechanism was made.

The extensive history of this patient’s knee started four years earlier. She was 41 years old complaining of anterior left knee pain and the sensation of a click. Bone scintigraphy at the patellofemoral joint was positive and the diagnosis of a patellofemoral pain syndrome was suggested. She underwent a first arthroscopy with shaving of the patellar cartilage, followed by a hoffa fat pad tissue interposition arthroplasty, wound breakdown, MUA, lateral release, patellectomy, MUA, extensor apparatus rupture, augmentation of extensor apparatus with autograft and synthetic graft, rerupture of the extensor apparatus. At this time she presented herself to our department. She was unable to walk without a locked brace in extension. We decided that an allograft distal quadriceps tendon-patella-patellar tendon-tuberosity was the only option to regain any functionality in her left knee.

Surgery was done through a midline incision and inspection the extensor mechanism revealed a scarred yet totally non-functional extension apparatus. The extensor mechanism was excised in toto and an osteotomy of the tibial tubercle, patellar tendon, patella and quadriceps tendon (Fig 2).

Two distal screws were used to fix the tuberosity-boneblock at the osteotomy site taking into account the height of the patella according to the Caton-Deschamps index.

The allograft was then sutured to the lateral and medial retinacular fibres and to the proximal portion of the autogenous quadriceps tendon in extension using nonresorbable sutures (Fiberwire (Arthrex®) and Ticon (Ethicon®)).

Peroperatively we were able to achieve a stable construct in full extension and flexion of 90° degrees. Postoperatively a cast was fitted for 6 weeks and plantar touch was allowed. Furthermore the patient was given antibiotic prophylaxis and LMWH. Six days after surgery she left the hospital and a control radiography showed a correct position of the graft. Rehabilitation was started at 6 weeks including slowly progressive mobilisation and weight bearing. She was able to achieve a flexion of 30° degrees with an isometric contraction of both the hamstrings and quadriceps 7 weeks after surgery. Three weeks later she had a flexion of 45 degrees and at 20 weeks she was able to perform a flexion of 70 degrees. Postoperatively active extension was always achieved without any deficit.

At 6 months there was a stagnation in flexion and the patient complained of pain at the proximal insertion of the allograft. However, ultrasonography displayed a well-integrated allograft with no lesion at all. At that time she was able to flex her knee to 80°.

At 9 months an arthroscopic release of the knee joint was performed. Adhesions at the gutters of the sutured sites of the medial and lateral retinaculum and the suprapatellar pouch were release using a hooked Vapror probe (Mitek®) and after surgery intensive CPM was started. Three months later she was able to flex 110 degrees and her strength was scored 5 out of 5.

The patient was recently seen in the clinic at two and a half years after the allograft transplantation: she was very satisfied, had very few complaints, had a VAS score for pain of 5 /100, a Kujala score of 65 and the Koos score for Symptoms was 75, for Pain 86, for Sports 30, ADL 88 and for QOL 75. A new radiograph showed a nice integration of the graft (Fig 3).

Conclusion.

Patellectomy is no longer advised for patellofemoral degeneration or pain. The outcome includes a reduced moment arm and loss of extension strength and poor cosmesis. Surgical options for extensor apparatus rupture are limited and most authors suggest a massive allograft. Literature however is scarce but does show satisfactory outcome in most cases (2,4,6,8). The rehabilitation after such a procedure should be very slow and thus the risk for postoperative arthrofibrosis is high. However, arthroscopic release is safe and efficient to overcome this complication (1,3,5,7).

REFERENCES
During the 3rd National Congress of SIGASCOT, in Verona from October 14th through October 16th, 2010, Claudio Zorzi, Vice President in the former Presidency, will succeed Matteo Denti, who has successfully lead the Italian Scientific Society of Sports Traumatology, Knee Surgery, Cartilage Repair and Orthopaedic Technology during the last two years.

THE APOSSM- ESSKA 2010 TRAVELING FELLOWSHIP TOUR
By Dr. Lee Yee Han Dave, Singapore

“The world is the book and those who do not travel read only one page”
St. Augustine

This biennial fellowship established in 1998 with aim of bringing or
thopedic sports surgeons from the Asia and Europe closer together for a
cross cultural exchange of ideas, surgical treatments and techniques.
The preparation for our trip started in Dec 2009 under the guidance of Professor Chan Kai Ming, President of APOSSM and his office secreta-
riat in Hong Kong. The three travelling fellows selected for the APOSSM-
ESSKA Travelling Fellowship 2010 were Professor Ryosuke Kuroda, Kobe
Japan; Professor Zhao Jin Zhong, Shanghai China and Dr Lee Yee Han
Dave from Singapore. Together with the ESSKA secretariat, Brigitte Do-
lenc, there were countless emails as well as conference call sessions to tie
down the travel plans and academic presentations for the trip in May 2010.

Sunday 16 May Warwick

Our journey began on Sunday 16 May 2010, we departed from our
home countries, brimming with both excitement and trepidation for this month long travelling fellowship. After our 12 hour transcontinental
flights, we landed in the United Kingdom. Upon arrival, we were whisked
off to a beautiful countryside retreat, Mallory Court Hotel, nestled in
lush green Warwickshire.

After time to freshen up, we met our hosts, Mr. Tim Spalding and
Mr. Pete Thompson, two knee surgeons in Warwick. Together with their
families, we spent the beautiful Sunday summer morning touring War-
wick castle. This was the one of the largest castles in England open to
the public, complete with Madam Tussards wax life-like figures depict-
ing life in medieval England.

After lunch, we were further immersed into British lifestyle, en-
joying the English gentleman’s game of Rugby. We were fortunate to
have ringside seats arranged by our hosts at Welford Park as we sat
amongst the Home fans in a Guinness Rugby Premiership Semi-finals
match between Leicester Tigers and Bath Rugby. It was an exciting
game that saw tight defences with little difference between the two
professional teams. The game was settled with a series of penalties, 15-6 in the home teams favour.

The day ended with a sumptuous tasting menu at a select resta-
rant with faculty from University of Warwick Department of Ortho-
dic Surgery.

We spent the next morning at Hospital of St Cross, Rugby watching Hip arthroscopy by Professor Damien Griffin. That morning, he had an
operating list of 5 hip arthroscopies and he explained to us his set-up for hip scopes. He elegantly demonstrated a case of labral debride-
ment and a arthroscopic psoas release in the other. In between cases, he ex-
plained to us his philosophy on joint preservation surgery in the hip joint with the combination of hip arthroscopy and pelvic osteotomies.

Later at the new University Hospital Coventry, we had an afternoon of clinical case presentations. Mr. Spalding and Mr. Thompson had arranged for patients to be invited back for this multidisciplinary discussion. We saw more than ten cases that covered a range of sports knee pathologies with active discussions between the travelling fellows, UK sports surgeons, physiotherapists and sports physicians. This was followed by an evening academic session where we and our UK hosts presented our research.

The third day in Warwick was spent observing surgery in Hospital of St Cross, Rugby. This was a NHS hospital where our two sports surgeons
hosts performed their elective surgery. That day, Mr. Spalding and Mr.
Thompson had arranged two full lists of cases for our benefit. The session
gave us the opportunity to observe first hand current meniscus and carti-
lage procedures that were not available in our home centres.

We watched:
1. artificial meniscus transplant- Actifit
2. third generation Autologous Cartilage Implantation (ACI)
3. combined ACL and PCL reconstruction surgery using bone patella
tendon bone graft and allograft
4. combined High Tibial Osteotomy (HTO) and revision ACL surgery
5. anatomical ACL reconstruction with hamstring grafts

Our visit to Warwick concluded with an evening in the beautiful town of Stratford-upon Avon, the birthplace of Shakespeare. After dinner at a
popular local pub, we watched ‘Romeo and Juliet’ at the Courtyard The-
atre. In Warwick, not only did we have a very fruitful clinical programme,
our hosts provided us with a full experience in English lifestyle – history, sport and theatre.

Wednesday 19 May Innsbruck

Our second stop was the beautiful Tyrolean city of Innsbruck in Au-
ustria. We were hosted by the gracious partners from Sports Clinic Austria – Professor Christian Fink, Dr Christian Hoser and Dr Peter Gröller. The first day started with a visit to Privatklinik Hochrum- the private hospital where our hosts had their sports practice. That morning, Dr Hoser elegantly demonstrated a unicompartmental knee replacement surgery. After which, Dr Fink and Dr Hoser demonstrated a revision ACL reconstruction with bone patella tendon bone graft with special designed instruments for square bone tunnels. They believed in the concept of square bone tunnels were useful in ACL revision surgery.

We were particularly fortunate that Professor Fink and his part-
ners had also organized a Knee Expert Course. The 2-day Course, con-
ducted by world-class faculty covered topics on ACL, PCL and patel-
lofemoral surgery.

That evening, we had an academic session with our hosts as well as faculty of the Knee expert course. It was unnerving having to present our research amongst such an elite group of sports surgeons.

The first day of the Knee Course was a full day of lectures by the various knee experts. They lectured on the technical aspects on “how I do” the various ligament reconstructions of the knee. The second day was a cadaveric session at the Innsbruck university anatomy lab. The faculty guided the participants in double bundle ACL surgery, PCL reconstruction and surgery for the patellofemoral joint.
It was very interesting that the anatomy professor at the Innsbruck University showed us a knee specimen that had been long held in their collection that showed the double bundle anatomy of the ACL ligament. This indicates that the anatomists long had an understanding that the ACL was a 2-bundle structure.

We spent the last day of our stay in Innsbruck with Mrs Fink on an organized hike up the Austrian Alps. We started with a midday hike to the midpoint and stopped for a typical Tyrolean lunch. We made the remaining journey up to the peak by a scenic cable car ride. There, in the midst of the snow capped peak, we had splendid views of Innsbruck and the surrounding towns.

**Sunday 23 May 2010 Bruderholz**

The third leg of our trip took us to Basle where we were hosted by the head of the orthopedic unit Kantonsspital Bruderholz, Professor Niklaus Friederich. Professor Friederich and his colleagues kindly met us at the train station and accompanied us to our hotel in the heart of Basle.

Bruderholz has a special significance to the ESSKA travelling fellowship. It is the home of Professor Werner Muller, the founder of exchange fellowship. The evening of our arrival, we had special dinner at the exclusive hotel restaurant as it was a birthday party for our Godfather, Professor Chan Kai Ming.

Our hosts organized a surprise outing for us the next day. It started with a tour of the hangar facilities of the Swiss Helicopter Alpine rescue team. We were briefed by the medical personnel on their capabilities to perform search and rescue in the Swiss Alps. We later found out that the tour had a dual significance – the first was Professor Friedrich, in his younger days, had previously provided medical coverage on alpine rescue helicopter flights.

The other significance was this rescue helicopter organization had a commercial arm that took visitors on a helicopter tour of the Swiss Alps. We made an ascent up the Jungfrau, the highest peak in Europe by a helicopter. This was accompanied by a tour of the various peaks in the alpine range including the Materhorn. Standing atop the Jungfrau, at more than 3000m above sea level, the air was thin and the sights were breathtaking.

We spent the second day with a visit to Kantonsspital Bruderholz, a public hospital on the outskirts of Basle. We attended the orthopedics department’s ‘wake-up round’ and toured the wards of the hospital. We got to see the excellent Swiss public health system which allows for both public and private patients to be treated in the hospital. We also had the opportunity to watch an elegantly performed repair of the ACL tibia avulsion injury in a skeletally immature patient using a technique that was published by the unit.

That evening, Professor Friedrich hosted us to a dinner in downtown Basle. When we arrived at the restaurant’ second floor dining room, we were informed of the significance of the venue. Almost 30 years ago, it was in this same room that Professor Mueller met Professor John A. Feagin from AOSSM and decided to introduce the concept of inter-continental travelling fellowships to meet and cross pollinate ideas.

We took back many fond memories from Bruderholz. The organization of our stay was flawless and we made many warm friendships during those 3 days.

“*A journey is best measured in friends, rather than miles.”* Thank you Professor Friedrich, Patrick and Michael for being such impeccable hosts.

**Wednesday 26 May Rome**

We travelled on to the eternal city- Rome, the fourth stop in our travel. We spent the first day in Rome visiting Sant’Andrea Hospital, hosted by Professor Ferretti. In this public hospital, we had the opportunity to observe a revision ACL using BTB graft with outside in drilling technique supplemented with a lateral extra-articular reconstruction. The femur and tibial fixation with secured with Swing-Bridge and Evolgate implants respectively.

An academic session was conducted in the afternoon where the travelling fellows and local residents presented their research and exchanged ideas. This was a lively views with regards to the clinical presentation and significance of tunnel enlargement post- ACL reconstruction. This was followed by Professor Ferretti hosting us to a sumptuous Italian seafood dinner at popular restaurant, set amongst ancient roman ruins. We were absolutely filled by the array of seafood antipasti that was presented to us.

The morning of second day was spent at the Italian University for Sport and Movement of Rome where our host Professor Margheritini lectured. We toured the centre’s comprehensive biomechanics and basic science labs and spoke to the researchers on their research projects. We also had the opportunity to tour the grounds of the Italian Olympic Committee centre where our host Prof Marheritini worked.

That afternoon, Professor Paolo Mariani, one of Italy’s leading sports surgeons hosted us at his exclusive private clinic Villa Stuart. Professor Mariani treats many of the professional soccer players from the Italian Serie A and other professional leagues in Europe.

At his clinic, we saw him demonstrate an ACL reconstruction using a Hamstring graft in one case and Bone patella tendon bone graft ACL reconstruction in the other case. He also brought us to tour the comprehensive physiotherapy facilities in the centre where we saw a few of his patients, professional soccer players undergoing intensive post-surgery rehabilitation. What was also evident was the rapport and trust that he enjoyed with his patients.

That evening, we were invited to the city apartment of Professor Schiavonne where he hosted us with a home cooked Italian meal. It was a great treat as his grand apartment was decorated with numerous carefully preserved artworks and family heirlooms. The meal prepared by Mrs Schiavonne was the best Italian food we had ever had.

A trip to Rome is never complete without a tour of the beautiful city. We spent the last day in Rome taking in the beautiful sights. Arranged by Professor Margheritini, we followed a walking ‘Angels and Demons’ tour around the city. The guided tour which was based on the bestseller, chronologically took us to each of the location mentioned in the book.
For the few of us who have been to Rome, what was different was that during this travelling fellowship, we had a chance to experience Italian culture, life and food no other tourist could have. A measure of this was the final evening when Professor Margheritini brought us to a quiet Italian trattoria in the outskirts of Rome to have dinner with his children. This was followed by a personal tour of the city – Rome by night where we got to enjoy the sights of the city in its lighted splendor.

Sunday 30 May Gent

Our next stop Gent, was hosted by Professors Rene Verdonk and Fredrik Almqvist. Gent is a beautiful city half hour from the Belgian capital Brussels. The city centre had numerous well preserved medieval buildings with a beautiful river running thru it. Our hotel was situated along the riverbank and carefully restored to preserve its river frontage. That afternoon, we had a scenic boat cruise down the Gent River, taking in the sights along the river bank. Later, we stopped at the local pub to receive our introduction to Belgian beer. The dinner that evening was also held at a top notch restaurant along the river bank, housed on one of the oldest buildings in Ghent.

The next morning was spent the University Hospital Gent. The department had organized a rigorous academic session where we presented our research and the Belgian surgeons presented updates on various topics in the field of knee surgery and arthroscopy. This meeting was well attended by local faculty as well as knee surgeons from all over Belgium. We had the opportunity to learn about the Gent University’s current research findings on cartilage biology.

The afternoon was spent visiting a Belgian brewery, accompanied by surgeons from the Knee society. This Belgian brewery brewed a range of local beers including its renowned signature brew, Duval. We were encouraged to sample as many of these fresh from the tap at the brewery pub. To complete the full beer experience, we had a three-course dinner prepared with different brews and of course, accompanied by beer.

The next morning, we made a trip to Leuven- University Hospital Pellenberg, a large elective orthopedic hospital, headed by Professor Belleman. That morning, we observed three cases: a supracondylar fracture, a complex open knee reconstruction in a patient that had failed multiple anterior stabilization procedures. He also demonstrated a hamstring ACL reconstruction using the all-inside technique.

On Sunday, our hosts had prepared a surprise day outing for us. Knowing Professor Chan’s love for cycling, they planned a full morning of cycling in the oldest and largest private conservation area in Holland – the De Hoge Veluwe National Park. Despite being older than most in our cycling group, Professor Chan displayed excellent fitness holding on to the ‘yellow jersey’ throughout the cycling expedition.

Upon entry to the 5400 hectare park that morning, we rode on off-road trails through vast stretches of Dutch grassland. We made a stop to tour the Jacobhuis Sint Hubertus, the country residence of the Kroller-Muller- one of the wealthiest Dutch business families in the 19th century.

Wednesday 2 June Paris

We proceeded to the sixth stop, Paris, making a short train ride into the city. Once we arrived in the city, we were whisked off to meet our host Dr Patrick Djian from Centre Orthopedie Goethe.

The hospital that he practised at is the largest private orthopedic hospital in Paris – Clinique Maussins– Nollett. He had a busy operating list and that afternoon, we observed a double bundle ACL reconstruction as well as a combined ACL and PLC reconstruction.

On our second day in Paris, we visited Hospital Andre Mignot in Versailles, hosted by Professor Phillip Beautifils. He had arranged a range of cases that displayed his centre’s philosophy on meniscus pathologies. We observed a meniscus allograft transplant, open meniscus repair of horizontal cleavage tear supplemented by Plasma-rich protein (PRP) and an Actifit artificial meniscus substitute.

In the afternoon, our host had arranged for us to visit the Versailles Palace – the most beautiful palace in Europe. Mrs Beautifils who had extensive knowledge of palace history guided us through the maze of rooms in the palace and and a walk through the lush palace gardens. That evening, Professor and Mrs Beautifils hosted us at their charming Versailles residence, where we had a nicely prepared French dinner complete with artisan cheeses.

On our third day, we visited Professor Philip Hardy’s unit at the Hospital Ambroise Pare, located just minutes from the famed Roland Garros Tennis stadium. Professor Hardy is a sports surgeon who treats many French tennis players demonstrated a complex open shoulder reconstruction in a patient that had failed multiple anterior stabilization procedures. He also demonstrated a hamstring ACL reconstruction using the all-inside technique. Despite a hectic schedule with visits to 3 premier Parisian sports units, we managed to squeeze in a tour of downtown Paris on foot.

Sat 5 June Nimegen

We spent Saturday travelling to the second-last leg of our travelling fellowship- Nijmegen, Holland. We travelled by train to Amsterdam. We were met at the Amsterdam central station by our host Professor Ate Wymenga. With his two colleagues, they drove us to the city of Nimegen, located in the eastern part of Holland We were settled at an outstanding downtown boutique hotel, housed in a refurbished Dutch town house.

On Sunday, our hosts had prepared a surprise day outing for us. Knowing Professor Chan’s love for cycling, they planned a full morning of cycling in the oldest and largest private conservation area in Holland – the De Hoge Veluwe National Park. Despite being older than most in our cycling group, Professor Chan displayed excellent fitness holding on to the ‘yellow jersey’ throughout the cycling expedition.

Upon entry to the 5400 hectare park that morning, we rode on off-road trails through vast stretches of Dutch grassland. We made a stop to tour the Jacobhuis Sint Hubertus, the country residence of the Kroller-Muller- one of the wealthiest Dutch business families in the 19th century.

We also made a stop at the Kroller-Muller Museum, housing the extensive art collection of the Helene Kroller Muller – the heiress to the family fortune. This museum houses the largest collection of Vincent Van Gogh paintings outside the Van Gogh museum in Amsterdam.
The second surprise in store for us was a cooking class set in a Dutch eco-friendly summerhouse. We found out that Professor Wymenga enjoyed cooking. He wanted to pair an Asian surgeon with a Dutch surgeon to prepare the courses for a three course dinner.

The location was beautiful summer-house with professional cooking facilities. After some instructions, we gathered the herbs and vegetables from the garden. Next came the preparation of the food and sauces. The three teams came up with a appetiser salad, grilled atlantic salmon with a freshly prepared dutch dressing and a baked rhubarb tart. The session was a tremendous success as the surgeons had ample opportunities to interact as we prepared the various dishes.

It was an early start the next day as we had a full programme lined up for us at the St Maartensklinik Nimergen. This was a Dutch tertiary referral elective orthopedic hospital. Dr Wymenga and his team demonstrated four complex knee reconstruction cases

1. meniscus allograft transplant  
2. Combined ACL and Posterolateral Corner reconstruction  
3. Trocleoplasty and medialising tibal tubercle osteotomy, combined with MPFL reconstruction for a recurrent patella instability and Troclear dysplasia  
4. Medial Closing-wedge supracondylar femoral osteotomy for a valgus knee with lateral compartment overloading symptoms

In the evening, we had an academic session with the staff of the orthopedic clinic as we each presented two research presentations and had a fruitful discussion of the various topics. We concluded the evening with a dinner a Michelin star restaurant downtown. We had an exquisite `chef’s menu ` complimented by an impressive array of wines.

**Tuesday 8 June Oslo**

The next day was on our onward travel to Oslo, the final stop and venue for the ESSKA meeting. The ESSKA meeting was a culmination of our travels. Despite being tired from more than 3 weeks of travelling, we tried our best to attend as many of the scientific sessions, symposia and live surgeries as we could. The range of topics and faculty present were impressive. The meeting provided an opportunity for us to meet all our hosts on again and express our heartfelt gratitude.

For me, what stood out was the two pearls of wisdom by the ES-SSKA president Lars Engbretsen in his presidential address. He advised from all young surgeons to set up a well- designed prospective Randomised- Controlled –Trials (RCTs) in their early years and see them through to fruition. From his own experience, there would be many benefits to be gained many years from the start of these studies.

His second advise was timely in this current economic climate. It was a gentle reminder to us as orthopedic surgeons not to forget the less fortunate because there many in society who are struggling to make ends meet.

"A journey of a thousand miles must begin with a single step"  
Lao Tzu

We had visited 7 European countries, visited eleven premier sports centres and met with countless surgeons, both established luminaries as well as upcoming proteges. The myriad of cases we saw were enriching and mindboggling. We saw more than 15 ways of performing ACL reconstruction from primary ACL reconstruction both in an acute and chronic setting that revision ACL reconstruction and even pediatric ACL reconstructions.

As we dissected through the spectrum of cases, we conclude that: Anatomical single bundle hamstring graft ACL with the femoral tunnel drilled transportal is the current practice in most Europe centres. With revision ACL surgery, because of the difficulty in obtaining allografts, the options for revision surgery saw the use mainly of bone patella tendon bone grafts.

We were also enlightened by the range of meniscus surgery performed in Europe. We had the opportunity to see meniscus repairs, arthroscopic and even open repairs for tear patterns that were not amenable to arthroscopic repair. We had the opportunity to watch allograft meniscus transplants and we note the trend of using sutures to secure the allograft with no bone blocks. Finally, we had seen three Actifit synthetic meniscus transplants. The two year clinical results of this implant is currently pending and it would be interesting for us to review these results as it would be an alternative to meniscus allograft transplant.

In many Europe centres, we also saw the elegant practice of osteotomies – both in the tibial and femur to reduce knee joint overload symptoms as part of the joint preservation philosophy.

On a personal note, it was reassuring to see that sports surgeons around the world are confronted by similar challenges such as the irreparable meniscus tear and the young arthritic patient post-meniscectomy. It was heartening to know that there were many European centres and workgroups that were tackling these difficult problems to improve the outcomes of our patients.

We have heartfelt gratitude to all our hosts as well as ESSKA for ensuring that we could get from one city to the other smoothly. The effort and planning put in by the hosts cities were impressive as each wanted us to take in as much as we could - their surgical expertise and the sights.

Henry Miller once said ‘One’s destination is never a place but a new way of seeing things’ This together with all the friendships we made are the most valuable part of the travelling fellowship. And as anyone who has gone on a travelling fellowship will tell you – it is indeed a life-changing experience.
ESSKA Newsletter December 2010

ESSKA Educational Programs

2008 / 2009 / 2010
Statistics of New ESSKA Members

Country | Number of New Members | Year
---|---|---
Australia | 1 | 2009
Austria | 8 | 2009
Belarus | 1 | 2009
Bosnia and Herzegovina | 3 | 2009
Brazil | 7 | 2009
Bulgaria | 1 | 2009
Chile | 1 | 2009
China | 2 | 2009
Croatia | 1 | 2009
Czech Republic | 1 | 2009
France | 14 | 2009
Germany | 12 | 2009
Greece | 8 | 2009
Hong Kong | 1 | 2009
Iceland | 9 | 2009
India | 4 | 2009
Iran, Islamic Republic of | 1 | 2009
Israel | 2 | 2009
Italy | 16 | 2009
Japan | 4 | 2009
Latvia | 1 | 2009
Lebanon | 1 | 2009
Lithuania | 3 | 2009
Luxembourg | 5 | 2009
Malaysia | 8 | 2009
Netherlands | 27 | 2009
Norway | 7 | 2009
Poland | 28 | 2009
Portugal | 6 | 2009
Romania | 5 | 2009
Russian Federation | 7 | 2009
Saudi Arabia | 2 | 2009
Serbia and Montenegro | 5 | 2009
Singapore | 2 | 2009
Slovenia | 2 | 2009
South Africa | 4 | 2009
Spain | 9 | 2009
Sweden | 4 | 2009
Switzerland | 3 | 2009
Thailand | 2 | 2009
Turkey | 1 | 2009
Ukraine | 6 | 2009
United Arab Emirates | 1 | 2009
United Kingdom | 9 | 2009
United States | 9 | 2009

Country | Number of New Members | Year
---|---|---
Armenia | 1 | 2008
Australia | 2 | 2008
Austria | 1 | 2008
Belgium | 1 | 2008
Brazil | 1 | 2008
Bulgaria | 1 | 2008
Canada | 1 | 2008
Chile | 2 | 2008
China | 1 | 2008
Croatia | 2 | 2008
Czech Republic | 3 | 2008
Denmark | 5 | 2008
Egypt | 5 | 2008
France | 14 | 2008
Germany | 12 | 2008
Greece | 8 | 2008
Hong Kong | 1 | 2008
Iceland | 2 | 2008
India | 4 | 2008
Iran, Islamic Republic of | 3 | 2008
Israel | 2 | 2008
Italy | 16 | 2008
Japan | 2 | 2008
Latvia | 1 | 2008
Lebanon | 1 | 2008
Lithuania | 3 | 2008
Luxembourg | 5 | 2008
Malaysia | 8 | 2008
Netherlands | 27 | 2008
Norway | 7 | 2008
Poland | 28 | 2008
Portugal | 6 | 2008
Romania | 5 | 2008
Russian Federation | 7 | 2008
Saudi Arabia | 2 | 2008
Serbia and Montenegro | 5 | 2008
Singapore | 2 | 2008
Slovenia | 2 | 2008
South Africa | 4 | 2008
Spain | 9 | 2008
Sweden | 4 | 2008
Switzerland | 10 | 2008
Thailand | 2 | 2008
Turkey | 1 | 2008
Ukraine | 1 | 2008
United Arab Emirates | 2 | 2008
United Kingdom | 8 | 2008
United States | 1 | 2008

Country | Number of New Members | Year
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Armenia | 1 | 2009
Australia | 2 | 2009
Austria | 1 | 2009
Belgium | 1 | 2009
Brazil | 1 | 2009
Bulgaria | 1 | 2009
Canada | 1 | 2009
China | 1 | 2009
Croatia | 2 | 2009
Finland | 1 | 2009
France | 2 | 2009
Georgia | 1 | 2009
Germany | 6 | 2009
Greece | 2 | 2009
India | 3 | 2009
Iran, Islamic Republic of | 2 | 2009
Ireland | 1 | 2009
Israel | 1 | 2009
Italy | 4 | 2009
Japan | 2 | 2009
Jordan | 1 | 2009
Latvia | 1 | 2009
Luxembourg | 1 | 2009
Moldova, Republic of | 1 | 2009
Netherlands | 3 | 2009
Norway | 1 | 2009
Poland | 5 | 2009
Portugal | 1 | 2009
Romania | 2 | 2009
Russian Federation | 3 | 2009
Saudi Arabia | 1 | 2009
Spain | 3 | 2009
Sweden | 2 | 2009
Switzerland | 2 | 2009
Turkey | 1 | 2009
Ukraine | 2 | 2009
United Arab Emirates | 2 | 2009
United Kingdom | 8 | 2009
United States | 1 | 2009

Country | Number of New Members | Year
---|---|---
Armenia | 1 | 2008
Australia | 3 | 2008
Austria | 6 | 2008
Belgium | 1 | 2008
Brazil | 2 | 2008
Bulgaria | 4 | 2008
Canada | 1 | 2008
Chile | 2 | 2008
China | 1 | 2008
Croatia | 2 | 2008
Czech Republic | 3 | 2008
Denmark | 5 | 2008
Egypt | 3 | 2008
Finland | 2 | 2008
France | 10 | 2008
Germany | 9 | 2008
Greece | 16 | 2008
Hungary | 2 | 2008
India | 2 | 2008
Indonesia | 1 | 2008
Iran, Islamic Republic of | 1 | 2008
Israel | 1 | 2008
Italy | 11 | 2008
Japan | 1 | 2008
Latvia | 1 | 2008
Lithuania | 5 | 2008
Luxembourg | 2 | 2008
Macedonia, The Former Yugoslav Republic of | 1 | 2008
Malaysia | 1 | 2008
Netherlands | 11 | 2008
Niger | 1 | 2008
Norway | 5 | 2008
Poland | 17 | 2008
Portugal | 15 | 2008
Romania | 7 | 2008
Russian Federation | 3 | 2008
Saudi Arabia | 5 | 2008
Serbia and Montenegro | 4 | 2008
Slovenia | 2 | 2008
South Africa | 4 | 2008
Spain | 7 | 2008
Sweden | 2 | 2008
Switzerland | 5 | 2008
Tunisia | 1 | 2008
Turkey | 5 | 2008
Ukraine | 3 | 2008
United Arab Emirates | 1 | 2008
United Kingdom | 10 | 2008
United States | 3 | 2008
STRATEGIC PLAN U45 COMMITTEE

—Focus Nr. 1

ESSKA Newsletter:

Bi-Yearly publication of the ongoing and upcoming events within the ESSKA society. The general purpose is to increase ESSKA visibility during the year and communicate openly with its members. All committees are invited to submit their plan and progresses for publication.

EXAMPLE FOR THE UPCOMING DEC 2010 NEWSLETTER

- Collection Articles > Peter Verdonk
- Editorial > C. Niek van Dijk
- Case Report (surgical tips) > Peter Verdonk
- Pillars of ESSKA > about Ejnar Eriksson by Bjorn Enstrom
- Osteochondral defects, treatment options > Elisaveta Kon
- OSLO Congress 2010 > J. Menetrey and S. Zaffagnini
- Report on the Travelling fellowships in Europe APOSSM and AOSSM > Elodie Reyter-Mertz
- Statistics of ESSKA > Brigitte Dolenc
- Prizes winners of Oslo ESSKA meeting > Elodie Reyter-Mertz
- Smith & Nephew scholarship Report from Gabor Szabo
- Smith & Nephew scholarship Report from U. Deliwala
- ESSKA meeting in Estonia > Madis Rahu / Romain Seil
- Internet survey process > Pietro Randelli > Treatment of choice
- Advertising > Platinum section
- Advertisements
- New section to enlist fellowships for academic and non academic departments
- Committees of ESSKA > Different chairmen (news from the Committees)
- News from AFAS > Gino Kerkhoffs
- Sports Committee > Gino Kerkhoffs

—Focus Nr. 2

PCL Study Group

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AGENDA
The composition of the group was discussed. It was concluded that in order to make progress and work efficiently, the membership should remain limited to the present 10 persons. However, if for some project, expertise outside of the group is deemed necessary, collaborations with non-members are possible and even advised. E.g. we have had contact with Andrew Amis and the Basic Science Committee as they have agreed to provide their expertise upon request.

The goals of the U45 PCL GROUP are to prepare and complete in a 2 to 4 year period several topics around injuries involving the Posterior Cruciate Ligament:
- ICL
- Manuscript
- Book
- Symposium
- Clinical Data Collection System

General methodology of the PCL workgroup is to identify smaller but attainable projects while working in a more general way towards improvement of knowledge, understanding and treatment outcome after PCL injury.

During this first meeting, the general concepts of PCL injury and treatment were openly discussed and several areas of scientific interest have been identified. Some of the former work around PCL injury definition and classification has already been performed earlier by a former workgroup on PCL, although still not completed.

THE AREAS OF INTEREST IDENTIFIED ARE:
1. Anatomy
2. Biomechanics
3. Clinical exam + classification
4. Radiology (Stress X ray loadbearing, long leg, MRI and CT)
5. Indications
6. Surgical Technique (Inlay, Transtibial, Graft type, PLC, PMC)
7. Outcome and quality control

An ICL course, Symposium and Supplement to ESSKA on the ‘ISOLATED PCL’ has been proposed as a goal for the ESSKA 2012 Geneva Meeting. All members of the group are invited to share their views on the following topics, add missing topics and take responsibility for 1 of these following topics.

THE PRELIMINARY CONTENT OF THE SUPPLEMENT COULD FOCUS ON:
1. Anatomy
2. Biomechanics
3. Classification
4. Imaging
5. Rehabilitation
6. Surgical Treatment
7. Outcome

THE PRELIMINARY PROGRAM OF THE SYMPOSIUM COULD FOCUS MORE ON:
1. Anatomy and Biomechanics
2. Diagnosis, Classification and Imaging
3. Treatment options
4. But should also include Case Reports illustrating the previous topics and could be presented by Experts For Experts to elicit a good discussion.

THE ICL COULD FOCUS MORE ON THE SURGICAL ASPECTS.
After a very smooth flight over the pond, we were met at the Amsterdam Airport by the always energetic Gino Kerkhoffs. After a very nice lunch and walking tour of the city center, we boarded a boat and experienced a wonderful tour of the city from the water. The scenery was fantastic, and we took some great pictures. We did find that it is not polite to take pictures in all areas of the city! After a fantastic sushi dinner, we retired to the Hotel American. In the morning, we were off to the Vincent Van Gogh Museum which was a special treat. We spent the afternoon at the AMC Hospital where we met Professor Niek Van Dijk and attended an excellent research symposium. The day finished up with a wonderful faculty dinner and lots of spirited discussion. Our last day in Amsterdam began with the opportunity to see some very elegant foot and ankle surgery performed by our hosts Niek and Gino. They certainly made some very difficult surgical procedures appear easy and smooth. From there we were off to the beautiful countryside for a leisurely bike ride where we had the chance to see some of the original style windmills and many grazing sheep. We also got some much-needed exercise and fresh air. The Amsterdam tour ended with a fabulous dinner and a short bike ride back to our very comfortable hotel in the countryside.

Our next stop on the tour began with a stay at the Melia Hotel in Luxembourg. It was here that we first met Brigitte Melchior-Dolenc, our tour organizer extraordinaire. Brigitte was simply fantastic, and made sure all the details of our trip were taken care of. We spent the afternoon with Professor Romain Seill and Dietrich Pape performing osteotomies in the sawbones lab and touring their impressive research facilities. Dinner was at the top of the Sofitel, where we enjoyed a spectacular view of Luxembourg Village while dining on foie gras, dorado, and champagne. The next day was spent in surgery where we observed some technically superb osteotomy cases. We took in a quick lunch at the hospital cafeteria and were all surprised find that even the cafeteria food was excellent! We were met later that afternoon at the hospital by Professor Dieter Kohn who drove us to Hotel Rabenhorst in Homburg. That evening, we headed over to Mannheim where we had fantastic seats for the quarter finals of the World Cup Ice Hockey Championships (Go Deutschland!) It was truly a “VIP” experience. The big fight that occurred at the end of the game made us Americans all feel right at home. The next day was spent watching some elegant hip arthroscopy surgery with Matthias Kusma and Oliver Steimer. We then attended a very interesting scientific session on molecular strategies for cartilage repair organized by Professor Henning Madry. Later that afternoon, we went for a jog through the beautiful forest surrounding the Rabenhorst Hotel and finished off the evening with an excellent faculty dinner where Professor Kohn entertained us with slides of his traveling fellowship. We capped off the evening with cigars and bourbon under the stars and had our own “academic” session with Dr. Clancy who taught us some unforgettable pearls of wisdom. It seemed the next morning came very quickly and we proceeded to the Hotel Chateau de Schengen which was an absolutely beautiful restored castle. It was here that we again met up with Romain and colleagues for another excellent scientific session, followed by a 20 km bike ride through the beautiful Luxembourg countryside. The first 5 km uphill were some what challenging but everyone made it without injury! Later we had a wonderful dinner and then went back to Romain’s house for late night drinks and a spirited (loud) discussion regarding techniques for ACL reconstruction. Romain’s wife Katia was such a gracious host and truly a saint for putting up with us! The next day, we all slept late (thank you!) and were treated to a walking tour of the beautiful “old city” of Luxembourg.

A late afternoon flight took us to Porto where we arrived at the Hotel Ipanema where we met Professor Joao Espregueira-Mendes and enjoyed some excellent port. The next morning, we visited the Hospital Santa Maria where we participated in an inspiring academic session and then had an absolutely spectacular lunch overlooking the Duoro river and the beautiful city of Porto. The seafood was fantastic! The afternoon was spent in surgery with Professor Espregueira-Mendes and Pedro Veranda where we learned a nice technique for revision anterior cruciate ligament reconstruction and saw a perfectly executed tibial tubercle medialization procedure. We were then able to visit the famous FC Porto Stadium and tour the impressive multispecialty clinic which was bustling with patients. For dinner we had another outstanding selection of seafood including a flaming sea bass dish which was nothing short of spectacular. Our final day in Porto began with a VIP tour of the FC Porto Stadium including the players’ locker rooms and the field. It was a great place to buy some gifts to bring home including many FC Porto soccer jerseys for the kids. We finished off the night at an excellent Italian restaurant by the sea.

Our next flight took us to Lyon where we were met at the airport by Professor David De Jour and Professor Philippe Neyret. We had a wonderful dinner that evening at Bistrot de Lyon with Professors David Dejour, Pierre Chambat, Michel Bonnin, and Elvire Servien. Later that evening, we found the perfect bar to sit outside and have a few drinks. The next day, we went to surgery with Professors Neyret and Servien at the University Centre Albert Trillat where we saw some very elegant patellofemoral surgery as well as ACL reconstruction and cartilage restoration. Very impressive! Over lunch we were treated to a presentation on the fascinating history of orthopaedic surgery in France. Later we visited the picturesque old town of Lyon and had another fantastic dinner at the Restaurant Abel. The next morning was spent in surgery at the Centre Orthopedique Paul Santy where Bertrand Sonnery-Cottet impressed us with his technical expertise while performing an ACL reconstruction as well as a medial patellofemoral ligament reconstruction. A little later we had a conference where Drs. Clancy and Chambat had a spirited discussion regarding the bundles of the posterior cruciate ligament. Watching the distinguished professors “go at it” was great fun. Dinner that evening was at the famous Paul Bocuse Restaurant where we had an incredible meal and were able to actually meet the legendary chef himself. We all vowed to add more exercise to our daily routine for the remainder of the trip. Our last day in Lyon began with an academic session at the beautiful Centre Orthopedique Paul Santy.
the Clinique de la Sauvegarde followed by a beautiful drive to the countryside home of Professor Dejour. We had a fabulous outdoor barbecue and were schooled at ping pong by Philippe Neyret. None of us was quick enough to catch one of the sheep but thankfully David De Jouer had invited an anesthesiology colleague who had no difficulty taking one down for us to shear. We spent our final evening with Dr. Clancy at a wonderful little Italian restaurant, and later met Elvire Servien to experience some of the Lyon night life.

Temporarily godfatherless, we boarded the train and made it to Geneva without incident. We were met by Professor Daniel Fritschy and Jaques Menetrey. After a short run around the park and old city, we met up for dinner at a restaurant on the lake where we had the best perch any of us had ever tasted along with some excellent Swiss wine. Dr. Lonnie Paulos, our new godfather, arrived just in time for dessert which included ice cream and Swiss chocolate. We all made note of the fact that we needed to run more and farther. Later that evening, we spent some great time with Lonnie, bringing him up to speed on the events of the past two weeks. Our next day was one of the most relaxing days of the trip. It began with a morning walk around the old city followed by a fascinating tour of the Red Cross Museum. The afternoon was spent at the Cressy Center where Diane was the sole volunteer for VO2 Max testing. Thankfully this was followed by a massage and time in the beautiful (and warm) Cressy Center pool. Brian and Warren skipped the massage but spent extra time working out and in the pool. We had dinner that evening at the home of Daniel and his wife, Marika, and were joined by Jaques and his wife, Isabella. We were treated to an outstanding fondue dinner with gruyere cheese from Jaques’s hometown, fresh strawberries for dessert, and some of the best cigars of the trip from the professor’s private collection. We spent the next morning at the HUG Hospital where we went to surgery and watched Daniel perform a very smooth distal femoral osteotomy procedure which was followed by an excellent scientific session. Later we had a fabulous dinner with all of the faculty, residents, and fellows and were given authentic Geneva hockey jerseys with our names inscribed. Sorry, Deutschland, we were now Swiss hockey fans! The next morning we went to surgery with Jaques for a challenging knee dislocation case that was handled with great finesse. We then did some more shopping (mostly window shopping) for Swiss watches and boarded the train to Milan.

The train ride to Milan was one of the most picturesque portions of the trip. We arrived late and Professor Pietro Randelli picked us up and took us out for a very late dinner. The meal was fantastic. I am certain they held the kitchen open for us at Pietro’s insistence (very impressive!). The next morning provided a great learning experience in the operating room with Pietro and Professors Matteo Denti, Piero Volpi, and Alex Castagna and included double bundle ACL reconstruction, posterolateral corner reconstruction, rotator cuff and labral repairs. That afternoon, we participated in an outstanding scientific session in conjunction with the SLARD fellows which was an added bonus. That evening, the entire group was treated to dinner at a fabulous restaurant where we enjoyed “meat on a stick” and some excellent Italian wine. The next day was spent in the famous Milan shopping district where we visited the Ferrari Store and then did some sightseeing including a tour of the Teatro de Scala and famous Milan cathedral. We then drove to Lake Como where we boarded a float plane for a spectacular tour of Lake Como from the air. The day was absolutely perfect. After sitting outside sipping Diet Cokes on the patio of the famous Hotel Villa d’Este, we drove back to Milan and Matteo’s home for a wonderful dinner and some of the best wine any of us had ever tasted. After several glasses of wine, we had a spirited debate regarding the merits of rooting for AC Milan versus Inter which ended with a call to the U.S. by Lonnie to settle the matter. The next morning, Matteo picked us up bright and early at our hotel. We found that Matteo is always early. We hopped on some bicycles and rode over to the Monza Racetrack for a special VIP tour. It was a fantastic experience - we even got to see part of a race.

We were greeted at the Heidelberg Airport by a stretch limousine stocked with cold German beer which was a very nice surprise. We were taken to one of the most beautiful hotels any of us had ever stayed in. We then met Professor Rainer Siebold and after a short walk along the river met Professor Hans Pessler for a lovely dinner where we sampled some excellent German white wine and the famous white asparagus. After dinner, we stopped by Hans Pessler’s house for a Cuban cigar and then a leisurely walk back to our hotel where we saw an amazing fireworks display from the rooftop terrace. Later that evening, we were given a tour of the University pubs and treated to some more German beer. The next morning began with an excellent scientific session followed by lunch and drinks at the Hemingway Bar and a tour of the beautiful Heidelberg Castle. That evening was spent in the countryside with a winery tour and wine tasting followed by another fabulous dinner. The next morning after a 5:30 a.m. hike, we observed some fascinating surgery at the ATOS Clinic with Rainer and Hans. We had a chance to do some more shopping and sightseeing that afternoon before heading to the airport, again, in our stretch limousine. Wish we could have stayed longer!

Our last stop of the tour was Oslo. We were excited to meet up with all of our previous hosts and the friends that we had met along the way. We had our final dinner with Lonnie and his wife Shannon as they prepared to leave the next morning for St. Petersburg, Russia. Brian and Warren’s wives, Laura and Missy, arrived and were able to join us for the president’s dinner where we met Lars Engebretsen and had another fantastic evening. Our trip was truly a once in a lifetime experience, and we are very grateful to all of the hosts for their kind and generous hospitality. At every stop, we were enriched professionally, culturally, and socially. Our sincere thanks go out to Brigitte Melchior-Dolenc, Deb Turkowski, Michael McBrayer of Donjoy Orthopedics, the AOSSM Traveling Fellowship Committee, and all of the others who made this wonderful experience possible for us. We look forward to seeing you all at future meetings!
News from the Sports Committee

Sports activities have become more and more important over the years. Sport is fun, recreation and has furthermore the ability to build relationships. Somehow everybody is committed to sports in different ways. The ESSKA Sports Committee is a great platform for our members and colleagues to communicate about different sport’s topics. The available knowledge within the ESSKA is huge and can be used to get a worldwide acceptance because of its scientific work.

Our aim is to collect and analyse different experiences with sport’s injuries in order to help people who are connected to sports activities (e.g. athletes, doctors, physiotherapists). Our committee wants to become more visible and present within the ESSKA Organisation and also beyond.

The last Sports Committee-meeting took place at the ESSKA Congress in Oslo on June 9th 2010. The new members of the committee were presented as well as the newly elected chairman, Gino Kerkhoffs from The Netherlands. The other seven members of the committee come from different countries and are: Elvire Servien from France, Tomasz Piontek from Poland, Robert Laprade from the United States, Andrey Korolev from Russia, Jose Huylebroek from Belgium, Roald Bahr from Norway and Alexander Rukavina from Switzerland.

Every member is elected for a minimum of 2 years and participates in several projects.

Currently we are working on three main projects. We want to develop a list of prognostic factors for Hamstrings injuries in Athletes. As part of the Standard Terminology project that was started already within ESSKA we will propose a standard terminology for Muscle Pathology, to be accepted and used worldwide after the ESSKA congress in Geneva. The third topic is the return to sports that is a continuous topic of our committee.

The committee has decided to take a two-year strategy regarding the projects, with regular meetings in order to be able to present our findings at the next ESSKA Congress in 2012 in Geneva. The interesting and challenging “Road to Geneva” has started!

David Dejour

Alexander Rukavina
Gino Kerkhoffs
Dear ESSKA members,

during the past decades the numbers of knee arthroplasties increased significantly. Until now a real European platform for the arthritic knee was lacking. For this reason Prof. J Bellemans proposed as chairman of the Knee Committee to found the European Knee Associates (EKA) as a section within ESSKA.

The goal of this new association was to group European key opinion leaders in the field of the degenerative knee. Knee experts in Europe were invited to join the new association and strengthen and consolidate the European knowledge and expertise.

Previous meetings in Lisbon, Barcelona and Rome took place in an informal atmosphere with lively and intense scientific discussions. During these meetings EKA bylaws were developed and in collaboration with the ESSKA board a new structure for sections within ESSKA was developed. EKA membership can only be obtained by invitation and strict criteria are used for eligibility for membership. Besides orthopaedic surgeons scientists can also become member. The maximum number of members is limited.

The main four goals as formulated in the bylaws of EKA are:

1. Advance the knowledge of the degenerative knee pathology and knee arthroplasty.
2. Provide an appropriate educational setting to improve knowledge and treatment of the arthritic knee
3. Enhance education, research and treatment
4. Promote professional standards for the best care to patients

EKA will organise in the year with the ESSKA congress the scientific program and education section on knee arthroplasty and osteotomy. Every other year an open 2 days EKA congress will be organised and the first open EKA meeting will take place November 2011 (date has to be set). Besides the aforementioned open meetings each year a closed EKA meeting is organised for the EKA members only.

To enhance education EKA will also organise fellowships in knee arthroplasty. Close cooperation with KSSTA will result in scientific output and publication of professional standards from EKA members.

Together with ESSKA the new born EKA is looking forward to spread the European expertise and improve treatment of the arthritic knee patient by knowledge exchange, education and research. We all look forward to meet all of you in future meetings!

Ate Wymenga
President EKA

Allow for a small introduction on the background of this new association within ESSKA. Ankle Arthroscopy is becoming more and more important for the treatment of ankle pathology. While injuries to the ankle are the most frequent injuries in Athletes, at the ESSKA biennial Congress programme during the last 10 years, the athlete’s ankle is underreported. Endoscopic solutions to treat Foot and Ankle pathology have increased. The number of indications for arthroscopic interventions have increased. European surgeons have more and more taken the lead. ESSKA has decided to provide a platform for such activities. The mission of ESSKA – AFAS is to increase the level of care for athletes with Foot and Ankle pathology in Europe and to improve the communication and visibility of Activities in the field of Sports Trauma and Arthroscopy of the Foot and Ankle within ESSKA. The group consists of enthusiastic ESSKA members, who are the future leaders in the field of Sports Trauma and Arthroscopy, especially in terms of Foot and Ankle. We hope to attract many more (young) orthopaedic surgeons involved in this field. We expect our members to play an active role. All members will be ambassadors for ESSKA Foot and Ankle in their respective country and in Europe.

The first ESSKA – AFAS meeting took place at the ESSKA Congress in Oslo on June 11th 2010. The rules and duties of the ESSKA – AFAS were accepted by the members and the members of the first Board of ESSKA – AFAS (Niek van Dijk President, Jon Karlsson Vice-president, James Calder Treasurer, Ramon Cugat, Giuliano Cerulli, Milan Handl, Robert Smigielski, Gino Kerkhoffs Secretary General). The first 2-year strategy was discussed and the projects for the upcoming period were presented. First all activities will be reported and a newsletter will be published in each issue of the Newsletter, reports of meetings and interesting cases will also be published at regular intervals, with help of our members. An annual meeting will be organized for the ESSKA – AFAS members. In 2011 the meeting will be held in June in Warschau in 2012 a specialty day for Foot and Ankle pathology will be organized during the ESSKA congress in Geneva 2012.

Evidence based guidelines for several ankle problems are present. However for the athletes ankle evidence based treatment guidelines are scarce. One of the objectives of ESSKA-AFAS is to organize Expert meetings and Expert discussion sessions on specific athletes problems like stressfractures, acute combined ligament ruptures, sportresumption, arthrodesis & sports. In these meetings the available evidence will be combined with Expert knowledge and experience in order to formulate guidelines.

Gino Kerkhoffs – Niek van Dijk
The journal is growing. In fact, it is rapidly growing; we can see this not least in the increased number of manuscripts submitted to the journal. With a similar inflow of manuscripts as during the first half of the year, we will receive over 800 manuscripts this year (compared with 685 in 2009 and 540 in 2008). Within 1-2 years we might even be approaching 1000 manuscripts annually. This is good, but it has a downside as well. With such a major increment of incoming manuscripts, it is obvious that more will be rejected. On the other hand, this also means that we will be able to publish the very best manuscripts. The rejection rate is currently around 70% and has slowly increased. Good news is that we have been very successful in our negotiations with Springer (thanks to Neil Thomas) and the journal now publishes more pages than ever before. This year, we will publish around 1700 pages (around 260 more than 2009). And next year will have the opportunity to publish 1770 pages (thanks to Gabrielle Schröder). All this is good news and we hope it will be reflected in an increased impact factor in the future.

Some changes are due. For instance we have a new front cover effective as of the January issue 2100. We have also worked on the new Editorial Board and now it is in place. Altogether 80 persons, who are eager to devote their time and effort to the journal, to give the Editors and Associate Editors their support and – what is important – do good and fair reviews. We constantly need new and good reviewers. From time to time I receive a letter or mail from a young person who wants to become a reviewer for the journal. I tell you; such letters mails really make my day. Please see a list of the names of all new Editorial Board members and I sincerely welcome all of you. I would also like to use this opportunity to thank those who acted on the previous Editorial Board and International Advisory Board (no longer exists) and who have through the years done a lot of good work for the journal.

We have made several changes to “Instructions to Authors” (all you great writers, please read the Instructions carefully before you submit a manuscript), we are for instance asking for structured abstracts and a new section for Levels of Evidence for clinical studies. All this will improve the journal. The new Editorial Office in Luxembourg is now in place. This means that Louise von Essen, who has devoted her spare time (on top of working full time), will be leaving the journal after 18 years of service. Louise, you have really done great service, you have done it right and you have been extremely effective. Speaking for all Editors and Associate Editors, we thank you Louise for all the service you have given us through the years. An official thank you was given at the ESSKA congress in Oslo. Now, effective of October 1st, the journal has an Editorial Office for the first time. And, Elodie Reyter takes over where Louise left off. They have worked in parallel for a few months in order to make sure the transition is smooth and effective. Elodie will devote the majority of her working hours to the journal, she will take care of all author correspondence, which means an increased and better author service and our immediate goal is to be able to speed up the administration of manuscripts and make the reviewing process smoother and quicker. So, don’t hesitate to contact Elodie whenever you need; her e-mail address is elodie.kssta@gmail.com for all journal matters. She will also administrate the Newsletter and will in such manner co-operate all ESSKA publishing.


Plagiarism. This is a bad word; a word that every journal editor really hates. This is something we must not do. It is absolutely forbidden to copy the work of other people and publish in another journal in your own name. It also forbidden to copy your own work and republish. This is called self-plagiarism and is equally bad. This is something we must not do. It is absolutely forbidden to reuse your own work.

We have been able to stop the majority of those manuscripts already at the manuscript stage, which is much better than if they were published. But, it is bad enough. Surprisingly, I have seen a few senior authors doing this, which surprises me. Sad to say, there is one paper on “ACL ligament prosthesis” that was published in the journal last year, which was a direct copy of a paper published in the another journal in 2007. This paper will be officially retracted from the journal and the name of the responsible author will be officially published. Taken together, this is a concern. So, my message is, don’t ever do this. Plagiarism is equal to career suicide in the eyes of the journal editors.

I am happy to say that I have seen better and better manuscripts during the last few months and this makes all of us working for the journal happy. Especially; I see improvements in language and format. I have mentioned this in the Newsletter; good papers, written in good English and in correct format (of course, they must be based on good science in the first place) will be published quicker and with less revisions than papers that are submitted in bad shape. So, my message is clear. Submit the manuscript when it is ready to be submitted and not before. The editor and the reviewers will have an easier task and the manuscripts will have a higher change of being published. Some, or in fact most papers need more than one revision, in most cases two and in some even 3-4 revisions are needed. Why is this? In most cases, it is because the original manuscript was not really ready to be submitted. At the ESSKA meeting in Oslo, the journal hosted a reviewer course together with the journal of Arthroscopy. The course was well attended and we will host similar courses also in the future.

Together, all of us; Editors, Associate Editors, reviewers and writers will co-operate to make KSSTA a leading journal in this field of science in the future. I really look forward working with all of you.
For the first time in the history of the Baltic States (7 million inhabitants), the Estonian, Latvian and Lithuanian Societies of Arthroscopy and Sports Medicine as well as the Estonian Sports Medicine Federation organized a 3-day interdisciplinary course in Tartu, the University town of Estonia. Tartu is the city where the oldest university in the Baltic countries was founded, in 1632 by the Swedish king Gustavus Adolphus. It is interesting to note that a unique department of sports medicine had been opened 51 years ago at the Tartu university.

The venue was sponsored by the International Olympic Committee through its Olympic Solidarity programme and it was run under the patronage of ESSKA. Approximately 300 people attended the meeting with an international faculty from Belgium (A. Cools), Czech Republic (M. Handl, V. Havlas), England, Finland (S. Orava), France (F. Kelberine), Germany, Hong Kong (W. Lee, P. Yung), Italy (G. Cerulli, F. Di Giacomo, L. Pegoli), Luxembourg (R. Seil), Poland (A. Mioduszewski, R. Smigielski), Russia (V. Dubrov, A. Neverkovich), Slovenia (M. Mikek), Sweden (E. Eriksson, A. Frohm, P. Renström), Ukraine (A. Kostrub, I. Zazirnyi) as well as the 3 organizing countries Lithuania (J. Belickas, M. Fiodorovas), Latvia ((V. Andersons, A. Peredistija) and Estonia (M. Mardna, A. Heiman and M. Rahu). The congress was held at the day of the 20th anniversary of Estonia’s independency, the 20th of August.

A total of 27 hours of lectures including highlight and invited lectures as well as free paper sessions and lunch industry workshops were given. The conference started with an update on arthroscopic rotator cuff repair. On Friday, the opening ceremony included presentations on the IOC and a presentation of ESSKA and its activities. The following plenary session reflected on the early developments of sports medicine, new issues as well as future developments in orthopaedic sports medicine. Later sessions dealt with doping in sports, ACL injuries, sports-related upper extremity, spine, hip and groin injuries. Two physiotherapy workshops were held on shoulder dysfunction and patellar tendinopathy.

On Saturday sessions were given for team doctors on various sports medicine topics, for surgeons and physiotherapists on new technology issues, cartilage problems, ankle and foot pathologies, musculotendinous injuries and shoulder dysfunction. The congress ended with Prof. Einar Eriksson’s highlight lecture on ageing and sports.

We believe participants enjoyed the conference in Tartu as well as the beautiful summer in Estonia.
REPORT FROM
DR. GABOR SZABO
SMITH & NEPHEW
SCHOLARSHIP

My story started in 2007 when I went to UCLH London as a Leonardo scholarship holder. It was then when I realized the importance of visiting experts and improving our knowledge and competencies in our profession. After my specialty exam in orthopaedics and traumatology in early 2009 I decided on spending some time abroad in accordance with the opinion of Miklos Noviczki, Head of Trauma and Hand Surgery Department in Hungary. This time I have found the ESSKA Smith&Nephew scholarship on the official website, www.esska.org. I have sent an e-mail to Professor Romain Seil and the ESSKA office Luxembourg with my application form and CV attached to enroll the selection procedure. I was really excited when after some weeks I got the confirmation letter from Brigitte Melchior-Dolenc. Later we organised my one month period for November 2009.

I have arrived on Friday evening 6th of November in Luxembourg from Budapest via Zurich. There I met one of our young orthopaedic colleagues Philippe Wilmes, MD who took me to the Clinique D’Eich after a short visit in the center of Luxembourg city. I got a small but nice and clean room in the rear part of the hospital surrounded with offices. The room was free of charge, so being aware of the accommodation prices in the city it was a really kind and economic solution. The hospital has a good canteen with suitable prices open also at the weekends. The ESSKA office with the helpful secretaries was just in the next building, whenever I had problems I could contact them easily. On my first weekend we went out to get an idea of the night life in the center and had dinner in a restaurant offering traditional cuisine in a nearby village. It was then when I met Patrick Brogard, MD and Francois Backes, MD who are friendly colleagues from the Trauma Department.

I spent the first half of my period in the Orthopaedic Department with Professor Seil and Priv.Doz. Dietrich Pape. We agreed that I spend most of the time in the operating theatre. I met numerous interesting cases there which were all discussed after the operations. I was lucky enough to see a wide range of advanced shoulder arthroscopy, rotator repair, instability cases, SLAP repairs, decompressions. Then all anterior and posterior cruciate ligament repairs with different grafts and meniscal repairs were performed. Hip, knee and shoulder replacements and revisions were presented with varied implants. In a part of the cases I was only an observer, but in several cases I was scrubbed and I assisted. In my free time I joined the consultations at the outpatient clinic. In the afternoons and evenings I reviewed the literature of the newly seen things, or just simply went to the center of the city and had fun, or was just walking around taking photos.

The city and the Grand Duchy of Luxembourg is full of charming contrasts. It has the modern part in Kirchberg with new buildings and the MUDAM’s modern art, but it has the historical part of the city and the part named Grund full of interesting places that have been classed as UNESCO world heritage sites. I was advised to take an umbrella with me every time I go out, because of the rainy weather of Luxembours, but it was truly more than simply rainy. Despite the cloudy weather the people are really friendly, the city is a big mixture of different nations and people.

The second part of my month was dedicated to the Trauma Department of Hospital Municipal leaded by Professor Gerich Torsten. Every morning I was picked up and taken there by Patrick with whom I can say we have a quite good friendship since then. He guided me and of course we spent most of the time in the surgery rooms where there was a really sociable moral all the time, with the qualified and kind scrub nurses Iris and Heike. On the first day I had two presentations followed by discussions about our experiences in proximal humeral and trochanteric fracture management. I have seen particular treatment of bone infections with wide resection, spacer introduction, vacuum therapy and internal fixation with bone substitution. I got wide experiences there in locking-plate systems, evaluation of CT scans in intraarticular fractures. We could share our small but important specific techniques, tricks and tips in everyday work and had top instructions from Professor Gerich.

On my last Friday I was invited to a Christmas dinner with all of my colleagues organised by Professor Seil. It was a nice closure of my five weeks in Luxembourg. Finally on Sunday morning I was taken to the airport by Noemi Zobor one of our Hungarian surgeons, and had a sad farewell. I think this scholarship was the kind that really gave something for me. New friendships, professional partnerships, holiday, learning and relaxing at the same time. I am proudly preparing my presentation entitled: „How does it work in Luxembourg” for my colleagues in Nyiregyhaza, Hungary.

Eventually I really would like to thank this opportunity to Professor Romain Seil and ESSKA and everybody who helped me feel like at home in the beautiful country of Luxembourg. I really hope I will have the opportunity to meet them later on.

Dr. Gabor Szabo
Nyiregyháza, Hungary
md.szabo@freemail.hu
THE 19TH AND 20TH OCTOBER 2010 IN STRASBOURG SFA IN CONJUNCTION WITH ESSKA ORGANIZED AN ARTHROSCOPIC CADAVER COURSE AT THE IRCAD.
THE COURSE CHAIRMAN S. PLAWESKI (FRANCE) PERFECTLY ORGANIZED TWO FULL DAYS OF SURGICAL KNEE TECHNIQUES ON CADAVER.

SFA distinguished faculty was formed by
C. Hulet (President SFA)
D. Ollat, and J.F. Potel (SFA Past-President)

ESSKA well supported SFA with
R. Siebold (Germany)
P. Randelli (Italy)
T. Van Tienen (Netherlands)

The initiative was a great success with 34 orthopaedic surgeons, coming from all Europe, trained.

Report by Dr. Pietro Randelli
ESSKA educational secretary
REPORT FROM
DR.UJJVAL H.DELIWAL
SMITH & NEPHEW
SCHOLARSHIP

May-June: 2010, Porto, Portugal
AN EXPERIENCE OF A LIFETIME

It was June 2008 when I read about the Arthroscopy and Sports Medicine Scholarship Fellowship in Europe by ESSKA (European Society of Sports Traumatology, Knee Surgery and Arthroscopy) and I applied for the same. This came at a time when arthroscopy becomes my primary interest. A year after, I had expanded my arthroscopic horizons by taking training under Asso.Prof Dr.Abhay Narvekar in Mumbai, India. I had also had the opportunity to visit Prof.Stuart Springer at the Hospital for Joint Disease in New York, USA. During same trip I had attended the Arthroscopy Association of North American (AANA) Masters Experience comprehensive shoulder course at Orthopaedic Learning Center in Rosemont, Illinois, which was an extraordinary way of learning arthroscopic skills. At Rosemont I met Stephen Snyder and Alan Curtis, who was a senior instructor for that shoulder course. They told me about their early days in arthroscopic surgery that is short-term fellowships and several visits to the leading arthroscopic surgeons. After speaking with them, I realized that this was the way to learn.

There were also some changes in my public hospital at that time. New operating rooms were to be opened including one for arthroscopic surgery only and availability of more arthroscopic instrumentations. So the possibilities for performing arthroscopic surgery in our hospital were to be expanded considerably. As I mostly performed arthroscopic knee surgeries at that time, with only couple of shoulder and ankle procedures, I had a strong desire with to improve and expand my arthroscopic knee surgery skills to include other techniques of Anterior Cruciate Ligament (ACL) reconstruction beside that of Hamstring that I already performed, posterior cruciate ligament (PCL) reconstruction and different methods of other ligament reconstruction and patellar instability treatment and to develop not only diagnostic but operative arthroscopic skills for other joints as well, such as the shoulder, elbow, hip and ankle along with not only arthroscopic surgery but other open surgery for joint problems apart from Total Joint Arthroplasty. Looking at all these facts together, I realized that it was time for other visits and further training. I had already decided to do fellowship now but because of unavailability of resources the time frame was undetermined. Although I was aware of the very small probability of being chosen, I decided to complete application form again next year as the fellowship would only put all of these long-term plans realizing in the near future.

In May 2009, I got call from ESSKA (European Society of Sports Traumatology, Knee Surgery and Arthroscopy) secretary Ms.Brigitte Melchior-Dolenc that I have been selected for the year 2009-2010 under Prof. Joao Espregueira-Mendes at Porto, Portugal from India for the Scholarship training. I now was very excited to organize my visits. The visa process takes some time more and I could manage to visit Portugal in my summer vacation at my Hospital. It was somewhat complicated but made very easy by Internet to be in contact with Brigitte and Ana Barreira (secretary of Prof. in Porto ) and Ana Idecias (Head of Human Resources Management Service at Hospital Sao Sebastiao ), they all work tirelessly to help me out , to make my training started. They all arrange a very nice short term 3 weeks but very comprehensive fellowship for me combined between private clinic of Prof. Joao Espregueira-Mendes and Public Hospital Sao Sebastian. I flew from Delhi, India to Lisbon, the capital of Portugal, via Helsinski, Finland on 13th may, 2010. I then reached the Hospital Sao Sebastiao in Santa Maria da Feira via train. Though it was very late in night I was very well received by my hosts at Hospital. I was provided with comfortable accommodation within the hospital complex. Next day morning I was introduced to the Head of Orthopedic service, Dr.Bessa da Silva who was happy at having me from India and all my administrative details and Identity procedure done. I was then taken round to be familiar to the hospital and Orthopedic department. I am in true sense thankful to Dr.Bessa Da Silva the director of orthopaedic service for the opportunity given to me to attend clinical meeting, to use the excellent facilities in their department like library and audiovisuals. I am grateful the other team members like Dr.Pedro Varanda, Dr.Nuno Sevivas Dr.Luis Taboada, Dr.Miranda, Dr.Albert Monteiro, Dr.Nuno Borrhalho, Dr.Arthr Teixera, Dr.Alberto Torres and many others.

I learnt many many things mostly related to sports Injury and many other things regarding orthopedic Surgery from Prof. Espregueira mendes. I learnt the skill of management of patient as a whole, not only limited to orthopedic subspecialty as being an orthoadeic surgeon. His key role as leader in management of all health services at the clinic including rehabilitation and Gym. is much impressive. During My visit with Prof. Joao Espregueira-Mendes , I observed many kinds of arthroscopic as well as open surgeries and a very busy outpatient center at Clinica Saude Atlantica which was situated at the most famous place of Porto that is Estadio Dragao, Stadium Dragon. The most debated and controversial problem of Anterior knee pain, I had cleared almost all the queries both operative and nonoperative management regarding that with Prof. Mendes.I think he has very effective way of management of this problem and treating Patellar instability in a very clear and methodical algorithm. This clinic at stadium almost having all kind of health care services apart from Orthopeadics like Cardiac, skin, Ophthalmology and Pediatrics. Having a good health club and swimming pool too to provide water exercises. All his staff at Clinic Saude Atlantica at Dragon Stadium was any time ready to help whenever I asked .His team as a whole doing fantastic job for health of Society.

It was the great opportunity to meet during my short stay in Porto to the Travelling Fellows of ESSKA/AOSSM ( American Orthopaedic Society of Sports Medicine ) as one stop here. The most excitement for me was to meet the World’s foremost knee and sports medicine specialist Prof. William G.Clancy.We along with Prof. Clancy other travelling fellows like Dr.Brian Wolf from Iowa , Dr.Warren Dunn from Tennessee and Dr.Diane Dahn from Minnesota all were together for two days and we had great time in Porto. On 24th May morning session was full of Scientific
program at Hospital Santa Maria da Feira. I have opportunity to share some of my questions regarding ACL tunnel placement during the talk of Prof. Clancy on his famous concepts of ACL insertions and their Anatomic Bony landmarks. I understand now how his basic science studies and clinical publications on utilizing an anatomically placed free patellar tendon graft for ACL and PCL instabilities completely changed the treatment of these injuries worldwide. Others Warren and Brian presented their work as part from the Multicenter Orthopaedic Outcomes Network (MOON) study. Afternoon we had one revision ACL and one Patellar instability case. Here Prof. Espreguiera-Mendes shows us how the treatment concept of European surgeons on Patellar instabily differs from that of American. Prof. Mendes discussed about the use of Knee testing device inside MRI and CT, here he also introduced new device in this aspect invented in Porto.

While we learned a lot, we also had time for exploring the beautiful and traditional Porto, including restaurant Djonoho lunch taking riverside view of Porto Douro River and have view of architectural look of famous bridge of Porto and also seeing the Barrels of Port wine from where they came to Porto. Next day we visited the famous Port wine Museum of Taylors famous brand, where they show how port wine has long history since 1682. We also visited the Dragon stadium with the inside view of FCP (Football club of Porto) – World’s one of most paid football club.

While in Private clinic I learnt many sports medicine related treatment operative and nonoperative as well as real role of Rehabilitation, in Public hospital, Hospital Sao Sebastiao I have chance to scrub and learnt variety of surgeries. I learnt many Elbow arthroscopy for stiff elbow and Ankle scopes for Instability and osteochondral defect. Apart from Arthroscopic surgeries I have chance to assist many soft tissue procedure that out of many I already do, but learnt many small small tips that may improve overall result a lot.

I am returning to my county with the great hope of imparting the lessons I have learnt during this training. I will be able to incorporate these new skills in the treatment of both private and public patients whom I see in my practice. I am aware that to perform effective arthroscopic surgery or even for any orthopaedic surgery, five terms must be fulfilled: diagnostics, surgery, rehabilitation, training of personnel, and research. Only then proper interplay can provide the best for further development. First I tried to simply transfer at a time them all in my working environment, but it soon became obvious that such a transfer was not a simple task. My efforts at the moment are directed to stepwise introduction of changes. I am aware that especially the last two cornerstones, training of personnel and research, are essential for further development of arthroscopy in my country.

I am heartily thankful for God’s blessings in the receipt of emotional support given by many other friends from my native place Gujarat, India in Porto. I thank the ESSKA organization for offering me such an outstanding opportunity. I will try my best to return the investment in the form of betterment of the community by performing the procedures I learned and by further research in this one of the most dynamic and attractive field of Orthopaedic surgery.

With Warm Regards.

Dr. Ujjval H. Deliwala, MBBS, MS (Orthopaedics)
Consultant Orthopaedic and Arthroscopic Surgeon
Assistant Prof. in Orthopaedics, Department of Orthopaedic Surgery Sir T. General Hospital and Govt. Medical College, Bhavnagar, Gujarat, India
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ESSKA INTERNET SURVEY REPORT

“TREATMENT OF CHOICE”

By Pietro Randelli, Federico Cabitza, Paolo Arrigoni, Vincenza Ragone, Paolo Cabitza
University of Milan
IRCCS Policlinico San Donato
Milan, Italy

During last spring we involved the members of ESSKA in an internet survey regarding the “treatment of choice” in Knee and Shoulder cases. The survey was studied to assess the degree of Evidence Based Medicine penetration in the concept of appropriateness in “real” cases. Frequently our treatments differ from the literature. We would like to get an indication about the need of defining representative consensus-based guidelines flanking the evidence-based ones.

Here you will find a brief summary of the survey that we think can be helpful in our everyday clinical practice. A full report of this survey as like as a deep discussion of the cases will be published soon.

Best regards,
Pietro Randelli

THE FACTS:

- 1043 INVITATIONS DELIVERED.
- 432 MEMBERS ACCEPTED THE INVITATION (OPENED THE URL).
- 41% OF POPULATION.
- 374 COMPLETED QUESTIONNAIRES.
- 36% OF POPULATION
- 35 PARTIAL QUESTIONNAIRES.
- 8% OF RETURNED QUESTIONNAIRES

CASE 1

- Male – 21 y old
- Dominant arm;
- First shoulder anterior dislocation 2 days ago;
- Reduction obtained in the Emergency Room;
- Competitive volleyball player; recreational soccer player;
- Imaging showing minimal Hill Sachs lesion / Anterior Glenoid Deficiency 20-25% / Presence of Bankart lesion

CASE 2

- Male – 56 y old 175 cm, 78 kg
- Pain 7/10 for 7 months
- Varus (8°) knee
- Lachman -
- Posterior Drawer test –
- Previous medial arthroscopic partial meniscectomy 15 y. before.
- Imaging suggestive for degenerative medial compartment (Diffused cartilage damage on both femoral and tibial side).
- Good lateral and Femoro-Patellar compartments.

Surgical treatments

Conservative treatments

1. Brice in neutral position
   - Appropriate: 46%
   - Not appropriate: 28%
2. Brice in Internal rotation
   - Appropriate: 71%
   - Not appropriate: 26%
3. No specific immobilization; Suggestion to avoid activity of risk
   - Appropriate: 56%
   - Not appropriate: 43%

Surgical treatments

1. Arthroscopic Bankart repair in an acute/subacute setting
   - Appropriate: 36%
2. Arthroscopic Bankart repair in a subacute setting
   - Appropriate: 23%
3. Open capsular shift
   - Appropriate: 7%
4. Open Capsulolabral procedure
   - Appropriate: 12%
5. Arthroscopic Lateralgluteoplasty
   - Appropriate: 2%
6. Arthroscopic central/evene procedure
   - Appropriate: 4%

2/3
CASE 3  1/3

- Male – 35 y old, 185 cm, 100 kg
- Pain 8/10
- Medial Condyle Osteochondral Lesion (Grade 4)
- 3° Varus Stable
- Arthroscopic medial meniscectomy on a buckled handle lesion at 21 y old.

CASE 4  1/4

- Woman – 55 y old
- Dominant arm
- Shoulder arthritis
- Concentric erosion (A2 from Walch)
- Associated supraspinatus complete tear (50% of antero-posterior footprint)
- Infraspinatus fatty infiltration < 50%
- Pain 7/10
**CASE 5**
- Male – 65 y old
- Manual worker
- Dominant arm
- S+SS tendon tear - lateral (Pulley)
- LHB instability 70% fatty infiltration of IS
- Limited/Initial concentric arthritis (A1)
- No recent traumas
- Type 2 acromion

**CASE 6**
- Male – 48 years old
- Soccer player - recreational level
- Employee
- Lachman +,
- pivot shift - ,
- MRI consistent with ACL lesion
- No meniscal associate symptoms
- No swelling
CASE 7

- Woman – 52 y old
- Dominant arm
- Initially Diagnosed for Adhesive capsulitis 8 months ago.
- Undergone to assisted passive physiotherapy for 8 months 2-3 times per week
- Passive actual ROM - 65° elevation - 20° ER (arm at the side - IR able to reach the pocket, not the SI joint - arm at 90° abduction 30° ER - 30° IR.
- Pain 4/10
- Employee. No diabetes.
- Smoker - 6 cigarettes per day.
- Recreational tennis player.

CASE 8

- Male – 69 y old
- 75 Kg. 181 cm
- Diffuse knee arthritis (all the compartments)
- Relative improvement from conservative treatments done elsewhere (VAS 8 to 5)
- Shows up again complaining for increase of daily pain.