ESSKA NEWSLETTER
MAY 2013

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SPECIAL THANKS TO

We would like to sincerely thank our Diamond sponsors

![smith&nephew](image1)  ![DJOGLOBAL](image2)  ![DePuy Synthes](image3)

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

A special thank you goes to the Chelsea Football Club for their wonderful cooperation in making the Chelsea fellowship programme a great success.

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

Some reports in this Newsletter are published as submitted by the author.
‘ESSKA is a living, healthy and motivated organisation’

Today, as always, we stand for the ‘promotion and exchange of information & research data relating to all practical aspects of joint disorders, particularly in the fields of knee surgery, arthroscopy and sports traumatology at a European level’.

Europe has a vast and engaging history of diversity and integration. This diversity means different cultures and levels of education. It also means different habits and patient needs with complex social and political relationships.

Our primary goal is education. We have a strong program for the coming years with more than 70 sponsored fellowships/scholarships, available teaching centres and courses. To our members we offer free books, current concepts booklets (APP), DVDs (QR), newsletters and the KSSTA journal. We want them to immediately recognize the value of belonging to such an outstanding organisation, profiting from the congresses, expertise, connections, website, multicentre studies and office.

We wish to improve our website with an eLearning Platform – ESSKA ACADEMY – to keep abreast of our younger stakeholders. We have a new office in Luxembourg and will have a new Journal – JEO (Journal of Experimental Orthopaedics). We will also launch the ESSKA Foundation.

We want to work more in prevention, medical education and differentiated medical treatment in sports trauma and degenerative knee diseases with a special focus on Eastern European Countries.

Through these initiatives we want to stimulate the scientific exchange in Europe and to create the network with increasingly stable relationships.

Unifying our strengths, sharing identical fundamental values and at the same time respecting our individual regional or national diversities will help to position ESSKA as the European umbrella society of choice in the fields of knee surgery, sports traumatology and arthroscopy. The time is right to affiliate all the sports trauma, knee surgery and degenerative knee National Societies.

That is why we create this corner dedicated to the affiliated societies.

The strength of ESSKA depends on all of you. Please participate and volunteer your effort to make it real.

Sincerely,

JOÃO ESPREGUEIRA-MENDES
ESSKA PRESIDENT
Chairman and Professor of the Orthopaedic Department of Minho University
President of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA)
Chairman of the Education Committee of the International Society of Arthroscopy,
Knee Surgery and Orthopaedic Sports Medicine (ISAKOS)
Chairman of Saúde Atlântica Clinic - Dragão Stadium - F.C.Porto
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PILLARS OF ESSKA

Today, I’ve the great pleasure to meet with Professor Daniel Fritschy, former president of ESSKA from 2006 to 2008. Professor Fritschy has been the Head of the Swiss Olympic Medical Centre in Geneva, Switzerland during the last ten years. He has been one of the pioneer Orthopaedic sports medicine doctors in this country, and a committed on-field sports doctor who worked in professional alpine skiing, soccer, ice hockey and many other different sports disciplines and events.

INTERVIEWING PROFESSOR DANIEL FRITSCHY
by DR JACQUES MENETREY

Q: Professor Fritschy by the time you started your career, sports medicine was not even born in Switzerland. How have you come to be interested in sports medicine in this context?

R: When I was 13-14 years old, active in various sports, I was sometimes asked to take care of some injuries which affected my teammates. Progressively, my interest in sports medicine woke up.

During my period of high school in Bienne, I had the opportunity to meet Prof. Schönholzer, Head of the Sports Medicine office of the Federal School of Sports in Macolin. I asked him if he would have a research subject for me. His answer was: ‘My dear, it is not so simple…’ Later, during my residency in orthopaedics at the HUG, I realised that developing sports medicine was not really simple.

Q: Professor Fritschy, you know very well the world of sports medicine in Europe and worldwide. What is your opinion upon the place and role of ESSKA in this vast field?

R: When ESKA was launched in 1984, I had the privilege to participate to its first congress in Berlin. This was for me the discovery of the sports medicine world which covered all my interests. Becoming a member of the Swiss group OAK, I was involved in various studies dealing with knee problems.

When ESKA changed its name for ESSKA, with more sports medicine, the society became immediately the European leader with strong relations with AOSSM. In 1897, I had the privilege to visit 17 American sports medicine centres with the Travelling Fellowship (with Karl Peter Benedetto, Karin Büttner-Janzen and Ejnar Eriksson as Godfather) developed by AOSSM and ESSKA. This trip was another highlight of my career. A stay with Dale Daniel in San Diego was another great experience and opportunity to improve my knowledge in sports medicine.

Finally, as president of ESSKA, I had the pleasure to be the Godfather of a second Travelling Fellowship (with Olivier Charrois, Rainer Siebold and Peter Verdonk) which strengthened my bonds with our US colleagues.

Q: Professor Fritschy, you have taught us that sports medicine has highly participated to progresses and improvements we noticed over these two decades in orthopaedic surgery and in general medicine. Could you share with us a little bit of your thoughts about the influence of sports medicine in medicine?

R: Orthopaedic sports medicine has allowed a fantastic development in various fields which are now recognised in the world of classical medicine:
• Ligament injuries, especially around the knee but also in shoulder and ankle traumatology;
• Muscle and tendon lesions. Overuse injuries are better recognized and treated;
• Prevention programs have been developed and are working well;
• Multicentric prospective studies are conducted and ESSKA’s influence is prevailing in multiple fields.

ESSKA NEWSLETTER MAY 2013
ESSKA HAS REDESIGNED ITS WEBSITE TO BE MORE USER FRIENDLY WITH MORE UP-TO-DATE INFORMATION.

www.esska.org

info@esska.org
ESSKA BOARD
2012 – 2014
ELECTED IN GENEVA
ON 4 MAY 2012

Executive Board

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France
At the last ESSKA Board Meeting, the European Shoulder Section (ESSKA-ESS) became the European Shoulder Associates (ESSKA-ESA), bringing them in line with ESSKA’s other sections. Despite this cosmetic change, the enthusiasm of this group of ESSKA members remains unabated.

ESSKA-ESA has already organised several events in 2013. The Decision Day was coordinated with ASTAOR (Association of Sports, Traumatology, Arthroscopy and Orthopedic Surgery and Rehabilitation) on 5 April 2013 in Moscow, Russia. ESSKA-ESA members presented lectures and instructed at workshops. It was a very successful meeting with many surgeons attending from Eastern Europe.

That same month the 10th International Course of Arthroscopic Techniques and the 1st International Academy of Surgical Approaches was held in Ljubljana on 18-20 April 2013. The Course and the Academy were organised by the SSAST (Slovenian Society for Arthroscopic Surgery and Sports Traumatology) under the auspices of ESSKA-ESA. Lectures and Cadaveric workshops were supported by ESSKA-ESA members and the Academy of surgical Approaches on Shoulder, Knee, Elbow and Ankle was presented by Pau Golano and Dean Ravnik.

ESSKA-ESA UPCOMING EVENTS AND ACTIVITIES

5th Live Arthroscopy Festival
This event will be held 10-12 October 2013 in Portorose, Slovenia under the auspices of ESSKA-ESA, SSAST and ISAKOS. It will include 24 live surgical procedures, Live Cadaveric Dissections, Pro and Contra Interactive Discussions, Current Concepts Overview Lectures, Round Table Discussions and Treatment Guidelines.

Multi-centric Studies
One of ESSKA-ESA’s main tasks is to provide Evidence-Based Proposals for orthopedic surgery. To achieve this, some sizeable scientific-studies are needed. Hence the multi-centric studies scheduled for this period. ESSKA-ESA’s aim is to create an online database, which should then provide some interesting correlations. The more case-studies in the database, the better and more accurate these results.

Everyone can add his own patients to this database, and thus contribute. And everyone can access the results, for free. We have already launched three multi-centric studies:
• Prognostic factors of recurrences after arthroscopic treatment of anterior shoulder instability
• Prognosis of arthroscopic Rotator Cuff repairs
• Total Shoulder Replacement procedures. Updated Results

All ESSKA-ESA members can contribute to these studies. Just refer to the ESSKA-ESA web page.

New Book
Giuseppe Milano is preparing a new book Shoulder Arthroscopy: Principles and Practice, to be published by Springer. Many ESSKA-ESA members have contributed and thus it represents ESSKA-ESA’s team-work. It will be ready for distribution by the end of 2013 and should become a standard reference for shoulder arthroscopy.

Fellowship (in proposal)
ESSKA-ESA is developing its own Fellowship which will be announced soon on ESSKA’s website, in ESSKA-ESA’s section.

Are you interested in ESSKA-ESA?
All Orthopedic surgeons are welcome to join ESSKA-ESA. Our Section is open to new ideas, knowledge and scientific work. The idea is to create a very scientific and friendly group of people who share a common target - that of improving their skills and knowledge about Upper Limb Surgery.

The ESSKA-ESA Annual membership fee is 50 EUR. In order to become a member of ESSKA-ESA, please note that membership of ESSKA is mandatory. If you would like to join us please email your name and contact details to: membership@esska.org or the ESSKA-ESA General Secretary from Greece, Nikos Tzanakakis (tzanakakisnik@yahoo.gr).

Boris Poberaj ESSKA-ESA President
Angel Calvo ESSKA-ESA Vice President
Nikos Tzanakakis ESSKA-ESA General Secretary
ESSKA-AFAS – ANNUAL MEETING

Spring is slowly winning terrain in Europe and we are all looking forward to months to come with lots of inspiration and sunshine to support our work. Time for an update on the activities of ESSKA-AFAS. Our 3rd Annual Meeting took place at the University Campus Bio-Medico in Rome, Italy on 11-12 April 2013.

During this 3rd Annual Meeting, ESSKA-AFAS organised a consensus meeting on acute isolated syndesmotic injuries to define new guidelines for diagnosis and treatment of acute isolated syndesmotic ankle injuries in athletes. The newly defined guidelines were extensively discussed with the faculty (John Kennedy, Beat Hintermann, Milan Handl, James Calder, Tahir Ogut, Akos Kynsburg, Sandro Giannini, Umile Giuseppe Longo, Niek van Dijk and Gino Kerkhoffs) as well as with all the attendants of the meeting.

Other highlights of this 2-day meeting were the case discussion sessions, symposium on malunited ankle fractures and conservative surgical solutions and a live surgery session with a corrective posterior arthroscopic subtalar ankle fusion.

We thank the local organisers Giulia Favilli and Umile Giuseppe Longo for their efforts in a well-organised meeting.

So far we are heading for a great scientific ESSKA-AFAS year, with a meeting in Moscow together with ASTAOR and the Amsterdam Foot and Ankle Course on the agenda as next events. Please contact any of the board members for any questions or issues and visit the ESSKA-AFAS website for any news on upcoming events.

Gino Kerkhoffs
ESSKA-AFAS General Secretary

ESSKA-EKA – BCPE MEETING

The 2nd Best Current Practice in Europe (BCPE) meeting by the European Knee Associates (ESSKA-EKA), a section of ESSKA, was held on 3-5 April 2013. The meeting has been hosted by EKA General Secretary Andrea Baldini and EKA Founding Member Paolo Adravanti. This event represented a great success for ESSKA-EKA having more than 800 surgeons from 43 countries attending. The scientific programme followed the format of the first BCPE meeting held in Vienna two years ago. A peer-review process of the lectures allowed the faculty to deliver the various sessions with a unique style which includes a special focus on clear key points and practical take home messages. An active role of the moderators ensured a quality control of the contents and delivery of the key messages for each talk of the meeting. Cross-fires and Current Controversies sessions elicited discussions within the faculty and the delegates. Speakers from the International Congress for Joint Replacement (ICJR) were incorporated in the faculty and shared their experience from an American and Asian perspective.

The social part of the programme included a Welcome Reception in the historical Salone dei Cinquecento in Palazzo Vecchio with plenty of Renaissance masterpieces. All the Faculty met for the dinner in the roof restaurant of the Excelsior Hotel where they enjoyed a panoramic view of the city of Florence.

The 3rd EKA-BCPE meeting will be held on 16-18 April 2015 in conjunction with ICJR under the World Arthroplasty Congress in Paris hosted by ESSKA-EKA President Jean-Noël Argenson and ESSKA-EKA Vice President Jan Victor.

Andrea Baldini
ESSKA-EKA General Secretary
We would like to start by thanking everyone who has been involved in the journal during the last year especially the reviewers. Reviewing a manuscript is time consuming and unpaid and often reviewers are bombarded with requests to review simultaneously from several journals. We are very much aware of this so we try and limit the number of reviews on an individual reviewer basis as much as possible. We are also aware that we lean more heavily on certain reviewers due to their excellent work but please know we appreciate you greatly and sometimes “the only reward for doing good work is more work!”... As Editors, we are constantly looking for new reviewers to reduce and redistribute the work-load. In fact we are achieving some small success in this matter and currently have in excess of five hundred active reviewers. We try hard to use reviewers in a sensible manner, not to overload them and only give them papers that are closely related to their field of expertise. If we do not succeed all the time in this endeavour it is not for want of trying.

At the 2012 ESSKA congress held in Geneva, we initiated the ‘Outstanding Reviewers of the year’ award, which will be awarded annually from this point on. For 2011 Olaf Lorbach (Germany) and Stavros Ristanis (Greece) were nominated. We are now able to announce the ‘Outstanding reviewers of 2012’. These are two young, bright people both originating from the Netherlands but currently working in the USA. They are Carola van Eck (Pittsburg, PA) and Coen Wijdicks (Vail, CO). Not only are their reviews of rigorous scientific quality but they deliver punctually – a dream for Editors. Congratulations to you both.

Also the ‘Best Scientific Papers’ of 2010-2011 were selected. In first place: Pau Golanó (Spain) and co-workers, in second place: Markus Waldén (Sweden) and co-workers, in third place Guillaume Demey (France) and co-workers. We will repeat this at the ESSKA meeting in Amsterdam for the best papers of 2012-2013.

The ESSKA congress in Geneva was also the setting where, at a very well attended ceremony the journal celebrated its 20th anniversary.

2012 has been good for the journal in many ways. The Editorial Office is now well established and has recently been strengthened with an additional part-time editorial secretary. The Editorial Office is being co-ordinated into the ESSKA office in Luxembourg under the guidance of Karen Baxter, Editorial Co-ordinator since March 2013. Our new website has been launched (www.kssta.org) and we now have several hundred friends on our Facebook page. We feel that all these activities are rewarding both for authors and readers of the journal and we will do our best to continue the momentum in this medium.

We are encouraged that KSSTA’s Impact Factor has now climbed beyond the ‘magic number’ of 2.0. The Impact Factor for 2011 was released in June 2012 and was 2.209. This places the journal in an enviable high position within the categories of Sports Medicine and Orthopaedics. However, further improvements are both mandatory and achievable and we will all need to work hard to deliver these. We continue to need your help by providing the journal with great papers and great reviews. The Impact Factor for 2012 will be released in 2013.

What lies in the future? The journal has more or less reached its maximum size with 2600 pages in 2012 and a planned 2800 pages for 2013. Submissions exceeded 1100 for the first time in 2012 and whilst this is an interesting landmark, its significance can be debated. As Editors and reviewers it is preferable to receive fewer papers of a higher quality and we are happy to report the beginning of this trend has started to occur in late 2012 and into 2013.

We plan some changes to the Editorial Board, there will be some expansion and the new additions were mentioned in the January 2013 issue. The board will include Michael Hantes, Hélder Pereira, Michael Bohnsack, Peter Balcarek, Kristian Samuelsson, Mustafa Karahan, Eduard Alentorn-Geli, Géza Pap, Martin Lind, Jens Agneskirschner, Eva Zeizig, Peter Angele, Kristin Briem and Christoph Becher. All have done outstanding work as reviewers during the last few years and we look forward to continue working with you for many years to come.

We would like to take this opportunity to thank René Verdonk for his major contribution to the journal. René has now retired from his position as Editor-in-Chief, but will still assist on special projects as Senior Editor. Thank you René for everything.

Finally we welcome Karen Baxter, our new Editorial Co-ordinator to the team and we would like to thank Elodie Reyter for her outstanding contribution to the journal during the past years and wish her well in her new endeavour.

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HOW TO IMPROVE YOUR MANUSCRIPT

Jón Karlsson, Roland Becker
Editors-in-Chief, KSSTA

As Editors of KSSTA, and to assist our authors and reviewers, we would like to introduce Practical Guidelines on writing for publication entitled “How to improve your manuscript”. These guidelines will be published in two parts, in sequential issues of the ESSKA newsletter.

The aim of these guidelines is to assist and ensure that submissions of manuscripts meet defined standards which if adhered to will lead to earlier positive outcomes for our authors. Routinely we notice the same common errors occurring in the manuscripts we receive and it is these commonplace errors we would like to address.

The first part of these guidelines will focus on the Title, Abstract, Introduction and Methods and Statistics sections. The second part of the guidelines (to be published in December) will focus on the Results, Discussion, Conclusion, References, and Figures and Tables sections.

To write (and review) a manuscript is not an exact science but there are certain rules which, if adhered to, can lead to fulfillment as a scientific author whose manuscripts are routinely and quickly published within our journal.

Manuscripts often need to be reviewed and revised several times prior to acceptance. Authors are aware that a critical and constructive review is of prime importance to their work, and at KSSTA we strive to meet this demand. We believe therefore that this can be best achieved if manuscripts meet proscribed standards. We hope that these guidelines, when followed will ensure that manuscripts will be easier to read, flow better and be more likely to be accepted for publication at an earlier stage of the editorial process. Please note the word “flow”, as this is an important issue when writing for publication. A manuscript which flows well is generally easy to read, concise and of interest to the scientific world.

There are three very important issues that the editors and reviewers are concerned with when reviewing a manuscript: the length of the manuscript – initially some or even most manuscripts can be verbose and would benefit from a more concise use of words and topic focused approach; repetitions of terms – these should be avoided at any cost - consider the following - a manuscript should be as long as necessary, but as short as possible; and maintaining a well thought out flow of ideas and writing them succinctly – a successful manuscript is one that flows well and is easy to read and follow.

1. GENERAL COMMENTS

Prior to beginning your work please read carefully the “Instructions to Authors” as you can avoid multiple, time delaying revisions...... it is instantly noticeable at the first review of a manuscript if this step has been missed.

Perhaps the most important questions related to every manuscript topic are “is the research question of interest and is the work original or merely a replication”? Replication of course is useful whereby findings documented by a particular research group can be confirmed by a second group. In this instance, the question raised is “does the work highlight something new or it is simply confirming the findings of the previous study”? If it is the latter it may be less likely to be published.

As authors and reviewers we should always bear in mind that most – or even all - manuscripts are too long. Read through your paper and delete extraneous words and phrases without losing any of the scientific content. Where possible replace frequently used phrases for instance, “ACL injuries are very frequent” or “Hip fractures are very common in elderly women” - everyone is all too aware of these facts. Be creative.

Another issue to consider is whether or not your manuscript conforms correctly to English grammar usage? This is especially relevant for authors who are not native English speakers -we have found that in such cases there is a higher rate of rejection by the Editor at the initial stage of the process submission even when the scientific content is excellent. In such a case the Editor will allow the authors the opportunity to revise the grammar issue and resubmit. Correcting English grammar can be costly and time consuming and it may require the services of a professional company, but an equally effective idea could be to join forces with a native English speaking colleague, where possible.

2. TITLE

The title should be short and concise. It may be somewhat provocative. Sometimes (although not very often) the title may take the form of a question.

Common title errors may include the following:

The title is either too short or too long – the latter is more common; the title is neutral and does not say anything, for example “Two year follow-up after ACL reconstruction”.

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leaving the reader to surmise what happened; the title may be provocative and must not be offensive; the title does not match the content of the manuscript; and the title must never include abbreviations or jargon.

To reiterate, titles should be short and clear. If a long title is needed, due to a complicated study design, you might consider the use of a subtitle. The title should also describe the study and the main result using 250 words or less if possible.

3. ABSTRACT

In principle the abstract should be concise, not exceed one manuscript page and contain a maximum of 250 words.

The content of the abstract should contain the following:

what was done; the results; the conclusion (in the case of non-clinical studies, clinical relevance must be added); keywords; and Level of Evidence given.

The journal requires a structured abstract and should include the headings: Purpose, Methods, Results and Conclusion. It is interesting to note that approximately half of the manuscripts submitted to the journal are incorrectly formatted and unstructured. The content of the abstract should not include: a long background; a long discourse on purpose - the purpose should be short and seldom be more than one sentence long; an hypothesis; a discussion; P-values; or references and Methods should be described in detail in the body of the text.

Common abstract errors may include the following:

Results in the abstract differ from the reported results in the running text (the Results section) - to help avoid this write the abstract after the paper is finished; the methods mentioned in the abstract differ from what is stated in the Material and Methods section; the abstract should never exceed the limit allowed by the journal (not more than one manuscript page as a general rule); conclusions drawn in the abstract differ from those stated in the manuscript - in general the author adds something to their conclusion than per se is correct, and which is not supported by the data in their study - this must be avoided.

At the end of the conclusion section it is always beneficial to add a few words about the clinical relevance of the work, especially in case of an experimental study. The abstract should clearly define the author’s findings and what conclusion(s) they drew from these. As a general rule the conclusions should be clinically relevant. Please note the journal now requires the Level of Evidence (for all clinical studies) to be mentioned. The detailed information regarding level of evidence is found in “Instructions to Authors”. We agree that sometimes, the exact level may be difficult to determine and we will be happy to answer any questions where the author is in doubt.

4. INTRODUCTION

Often it can be very difficult to write an introduction. Good introductions are usually interesting and thought-provoking with new issues supported by recent literature. Often authors tend to support their ideas with old references for instance, Bankart wrote his classic paper in 1923 and it has been cited thousands of times but a lot has happened since 1923.

The content of the introduction should contain the following:

A relevant question providing the necessary background considering why the study is necessary - is there a gap in the literature? a research question which is reasonable and of interest; a clear purpose for the study; an hypothesis for clinical studies only – N.B. an hypothesis is not needed for an experimental study.

Common errors in the introduction may include the following:

The introduction is too long and may contain some discussion which can lead to repetition of text (authors must do their utmost to avoid this); the purpose/objective of the study is not well reported; the originality of the study is excluded; and the reason why the study is important is omitted? On many occasions the introduction contains material that is not related to the scope of the study - the material is, in most cases, correct and well thought-out, but if not relevant to the present study should be excluded. Finally the introduction contains material that should be presented in other parts of the manuscript, for instance, Materials and Methods (description of the cohort and/or discussion).

5. MATERIAL AND METHODS
(Patients and methods)

When writing their manuscript, the author(s) need to check if the description of the methods is correct? The important question here is whether or not the study can be replicated by using the description in the methods section. If not, then the methods section is simply not good enough. Is the patient cohort adequately reported, e.g. age, sex distribution, concomitant injuries, previous surgery etc? Is the randomization adequately described? This is very important and if it is not then it must be addressed.
Common Material and Methods errors may include:

Some methods are not reported, but are used and referred to in the results section, conversely, some reported methods are not used, occasionally methods are reported first in the results section.

A general rule is that the methods section and the results section must mirror each other, in other words; all that is in the methods section must be reported in the results section and vice versa; and sometimes methods are missing or not well reported, or do not relate to the results, and thus not allowing repetition of the study by another research group. Most clinicians are not statisticians and therefore statistical methods are often incorrectly reported. If the study design is complicated, join forces with a statistician. Moreover, the accuracy of measurement methods must be carefully reported, for instance in terms of reliability (test - retest) and this also has bearing on how the results are reported. The use of two or three decimals places is as a rule not necessary and should be avoided. The reason being that the measurement accuracy is usually less than 0.01 mm or 0.01 degree.

At the end of the methods section, a subheading “Statistical Analysis” must be added. Under this subheading, all statistical methods must be described in detail. A common problem in many, (probably most) clinical studies is that the cohort is too small. This is not related to writing the manuscript, but a full sample size (power) calculation should be given here. If not, reviewers and Editors will simply ask for it. A limited sample size can lead to erroneous conclusions due to so-called Type II error. Sample size calculation is one of the most important parts of any manuscript and often the section that the reviewers check first. Inadequate power means inadequate or erroneous conclusions. In large clinical studies, drop-out an analysis should be mentioned.

These guidelines may appear complicated and extensive especially as we are still only half-way but don’t worry. If you carefully follow them, the likelihood of succeeding in publishing your manuscript is much greater than if you ignore them. In conclusion, always start out by reading the “Instructions to Authors”. They are detailed on purpose. In the second part we will discuss the remainder of the sections of the manuscript and how to bring everything together. It is less complicated than you might think.
My name is Zhanna Kovalchuk, and I was recently appointed as ESSKA’s first Executive Director.

You’re probably asking yourself, looking at my name - and apparently quite a few people have asked just this – ‘Hmm, yes, but why did ESSKA need a Russian?’ I have to admit I’ve asked myself the same question. My response would be that I perhaps bring something to ESSKA that’s slightly different. Something from my linguistic and business background. I trained as an interpreter and subsequently ran my own business during a difficult time, and with a variety of people – foreign journalists, entrepreneurs and political types – who generally found it hard to agree about anything. Therefore, I’ve learned to foresee difficulties and manage the way through them.

All of which has proven useful since our present task at ESSKA is to create a new office which will do justice to our recent expansion and will prepare us for the future. The office has moved to a more spacious setting and is being completely re-structured and enlarged with new staff. I’m happy to introduce our new team:

**MRS MARIELLE COTINAUT**
is In Charge (i/c) of Arrangements and Administration, which means that she brings her considerable experience to the organisation of meetings and conferences, including ESSKA’s forthcoming congress.

**MRS KAREN BAXTER**
is Northern Irish, a senior nurse with experience in orthopaedic surgery. She is i/c KSSTA dealing with all incoming manuscripts and will provide administrative support.

**MRS DELPHINE BRIY**
is French, and i/c Membership. She will handle all queries and arrangements for ESSKA’s members.

**MRS GRAHAM WOOLWINE**
is American, and i/c Communications. She will deal with our affiliated and international societies and with ESSKA’s sections and committees. She will also be responsible for the newsletter which you receive twice a year.

By the next newsletter, the office team will also include an i/c Education person who will be responsible for ESSKA’s Fellowship programmes, accredited Teaching Centres, and ESSKA Academy.

As my first year draws to a close, what are my feelings about ESSKA? Well, ESSKA is the people who work in it and they are rather special. Yes, there is a quality in everything they do, but you’d expect that. And they are enthusiastic about what they do, but you’d expect that also. I believe the difference is that they’re working together – really working with each other, rather than against each other, which is what usually happens, human all too human – and trying to do something that’s good, in the moral sense. And it’s this fundamental goodness that makes for everything else; the atmosphere, the helpfulness, the bonhomie.

And that makes it an honour to be here.

Sincerely,

Zhanna Kovalchuk
ESSKA COMMITTEES

SCIENTIFIC COMMITTEES

ESSKA has established six scientific committees, each covering a speciality.

The raison d’etre for each of the six committees is to:
• stimulate scientific activity;
• help to spread specialist knowledge; and
• provide a forum, where specialists can present their work to their peers.

During the Geneva Congress in 2012, the ESSKA Executive Board approved the creation of the Elbow and Wrist Committee and appointed Dr. Luigi Pederzini as the Chairman. In February 2013 the ESSKA office circulated a survey to members inquiring about their interest in joining the committee. If you are interested and have not yet replied, please contact the ESSKA office at info@esska.org.

Elbow and Wrist Committee
Chair: Luigi Pederzini (Italy)
Paolo Arrigoni (Italy)
Grzegorz Adamczyk (Poland)
Miguel Trigueiros (Portugal)

Arthroscopy Committee
Chair: Rainer Siebold (Germany)
Co-Chair: Peter Verdonk (Belgium)
Christian Fink (Austria)
Michael Hirschmann (Switzerland)
Jürgen Höher (Germany)
Chistophe Hulet (France)
Mohsen Hussein (Slovenia)
Timo Järvelä (Finland)
Juri Kartus (Sweden)
Martin Lind (Denmark)
Hermann Mayr (Germany)
Giuseppe Milano (Italy)
Joao Carlos Monllau (Spain)
Pedro Pessoa (Portugal)
Robert Smigielski (Poland)
Tim Spalding (United Kingdom)

Articular Cartilage Committee
Chair: Fredrik Almqvist (Belgium)
Deputy Chair: Giuseppe Peretti (Italy)
Past Chair: Elizaveta Kon (Italy)
Ashjorn Aroen (Norway)
Deepak Goyal (India)
Didier Hannouche (France)
Milan Handl (Czech Republic)
Robert Laprade (USA)
Henning Madry (Germany)
Joan Carlos Monllau (Spain)
Norimasa Nakamura (Japan)
Tomasz Piontek (Poland)
William Rodkey (USA)
Deike Varoga (Germany)
Wojciech Widuchowski (Poland)

Basic Science Committee
Chair: Leendert Blankevoort (Netherlands)
Vice Chair: Niklaus Friederich (Switzerland)
Andrew A. Amis (United Kingdom)
Magali Cucchiari (Italy)
Mahmut N. Doral (Turkey)
Damir Hudetz (Croatia)
Christophe Hulet (France)
Henning Madry (Germany)
Nicola Maffulli (United Kingdom)
Hélder Pereira (Portugal)
Theo Zantop (Germany)

Sports Committee
Chair: Elvire Servien (France)
Past Chair: Henrique Jones (Portugal)
Robert Brophy (USA)
Andrew Davies (United Kingdom)
Stefano Della Villa (Italy)
Pieter D’Hooghe (Belgium)
Robert Laprade (USA)
Sverre Loeken (Norway)
Umile Giuseppe Longo (Italy)
Antonio Maestro (Spain)
Tomasz Piontek (Poland)
Alex Rukavina (Switzerland)
Theo Zantop (Germany)

U45 Committee
Chair: Sébastien Lustig (France)
Past Chair: Peter Verdonk (Belgium)
Secretary: Hélder Pereira (Portugal)
Mike Carmont (United Kingdom)
Nikica Darabos (Croatia)
Niek van Dijk (Netherlands)
Vito Scapagnini (Italy)
Antonio Maestro (Spain)
Robert Rossi (Italy)
Alessandro Russo (Italy)
Sven Scheffler (Germany)

EDUCATIONAL COMMITTEES

There are two additional committees in ESSKA: the Fellowship Committee and the Education Committee.

Fellowship Committee
This has been an intensive period for the committee, which has overseen a rapid expansion in ESSKA’s educational work.

Most notably, there are four new fellowship programmes:
• ESSKA-Chelsea FC Sports Trauma Fellowship
• ESSKA-EKA Arthroplasty International Travelling Fellowship
• ESSKA De Puy Synthes Degenerative Joint Fellowship
• ESSKA ZIMMER Oncology and Infection Fellowship

Overall, the total number of places has more than doubled since the Congress. We shall soon be considering applications for more than 70 places (the pre-congress number was 24).

Committee Members
Chair: Pietro Randelli (Italy)
Jean-Noël Argenson (France)
Andrea Baldini (Italy)
Niek van Dijk (Netherlands)
Gino Kerkhoffs (Belgium)
Boris Poberaj (Slovenia)
Nikos Tzanakakis (Greece)

Education Committee
ESSKA’s main achievement, in this period, has been its online education platform, for which the contract has just been signed. Implementing this will be the responsibility of the Education Committee, under the inspired leadership of Pietro Randelli.

Committee Members
Chair: Pietro Randelli (Italy)
Michael Hantes (Greece)
Vojtech Havlas (Czech Republic)
Mustafa Karahan (Turkey)
Vaso Kecojevic (Serbia)
Elizaveta Kon (Italy)
Radu Prebeanu (Romania)
Madin Rahu (Estonia)
Andras Tallay (Hungary)
Europe has a vast and engaging history of diversity and integration which spans 47 countries, 27 of which form the European Union and 17 the Eurozone, with more than 800 million people. This diversity means different cultures and levels of education. It also means different habits and patient needs with complex social and political relationships.

Getting closer to each country Societies who share ESSKA principles and strategies bringing more and more affiliated Societies to the ESSKA ‘world’ is one of our most ambitious goals. We can achieve our purpose through sponsored fellowships, courses and combined meetings. Moreover we wish to affiliate all European Societies of Knee Surgery Sports Traumatology and Arthroscopy to ESSKA. We invite their leaders to become members-at-large by establishing privileged partnerships and by offering special benefits to their members, including national award winning paper session in the ESSKA Congress. Through these initiatives we want to spread education, stimulate the scientific exchange in Europe and create the network with increasingly stable relationships. Unifying our strengths, sharing identical fundamental values and at the same time respecting our individual regional or national diversities will help to position ESSKA as the European umbrella society of choice in the fields of knee surgery, sports traumatology and arthroscopy.

For all these reasons we have also introduced this Affiliated Society Corner in order to present to ESSKA members all of the officially Affiliated Societies. In each issue we will highlight several of the Societies thus bringing us closer together and increasing synergies and interchanges.

There are no secrets for success: it is commitment, belief and persistence. The success of ESSKA should be your enthusiasm and drive. The strength of ESSKA depends on you. The way you volunteer your time and effort will make the difference.

Together, we can make it real.

João Espregueira-Mendes, ESSKA President
Chairman and Professor of the Orthopedic Department of Minho University and Saúde Atlântica Sports Centre - Porto, Portugal

OFFICIALLY AFFILIATED SOCIETIES

- Bulgaria: Bulgarian Orthopaedic and Trauma Association (BOTA)
- Croatia: Croatian Society for Sports Medicine
- Finland: Finnish Arthroscopy Association
- France: French Arthroscopy Society; SFTS - French Society of Sports Traumatology (SFA)
- Germany: German Speaking Society of Arthroscopy; (AGA) Society for Orthopaedic and Traumatologic Sports Medicine (GOTS)
- Greece: Hellenic Association of Arthroscopy, Knee Surgery and Sports Injuries (EAE)
- Italy: Italian Society of Knee Surgery, Arthroscopy, Sports, Cartilage, Orthopaedic Technology; SIA - Italian Arthroscopy Society (SIGASCOT)
- Norway: Norwegian Arthroscopy Association
- Poland: Polish Sports Traumatology Society
- Portugal: Portuguese Society of Arthroscopy and Sport Traumatology (SPAT); Portuguese Orthopaedic and Trauma Society (SPOT)
- Russia: Association of Sports Traumatology, Arthroscopists. Orthopaedic Surgeons and Rehabilitation Specialists (ASTAOR)
- Spain: Sociedad Espanhola de Cirugia de Rodilha (SEROD); Spanish Arthroscopy Association (AEA)
- Turkey: Turkish Society of Sports Traumatology, Arthroscopy and Knee Surgery (TUSYAD)

United Kingdom: British Association for Surgery of the Knee (BASK)
Ukraine: Ukrainian Association of Sport Traumatology, Knee Surgery and Arthroscopy (UASTKA)

Please contact the ESSKA office if your society is not included on this list or would like to become an ESSKA Affiliated Society.

AFFILIATED SOCIETIES PROFILES

FRANCE

THE FRENCH ARTHROSCOPIC SOCIETY (SFA)
www.sofarthro.com

The SFA was founded on 1 December 1980 by a group of rheumatologists and orthopaedic surgeons under the guidance of Henri Dorfman, a Parisian rheumatologist. Its first annual meeting was held in Marseille in 1981. The SFA promotes education, research and the sharing of scientific information in arthroscopic techniques and surgery of all joints related to sports traumatology.

The society’s flagship event is the annual meeting held early December and is attended by French-speaking practitioners, from France and neighboring countries.

There are more than 1,000 members, including 750 ordinary and 290 full members. The society’s bylaws have recently been changed to allow international members. Any interested European orthopedic surgeon can now apply by completing the online application form http://sofarthro.com/fr/sfa/candidatures or by contacting Corine Bensimon (corine.bensimon@bch.aphp.fr). Members pay an annual fee and are elected by the general assembly.

5-7 December 2013: The SFA Annual Meeting in Bordeaux.

THE SOCIÉTÉ FRANÇAISE DE TRAUMATOLOGIE DU SPORT (SFTS)
www.s-f-t-s.org

Formerly known as the Société Française de Pathologie Traumatique du Sport (SFPTS), the SFTS was founded on 15 October 1988 by Dr Jean François Kouvalchouk and Dr Jacques Rodineau. The SFTS brings together within a single society, all French physicians and surgeons who work in the field of sporting injuries. Its work encompasses the entire field of sporting injury issues including ethical and educational, scientific and technical and clinical and therapeutic. It creates links between the various specialties and promotes research. It is independent of any sports club or union, and any political, religious, industrial or administrative party.

Its current membership exceeds 300. The members elect a Board of 12 from their membership which is comprised of six doctors and six surgeons each of whom serve for a period of four years. The Board in turn elects a President who serves for a period of two years. The Presidency alternates between the two fields of surgery and medicine.

25-28 September 2013: The 2013 Congress will be held in Strasbourg in conjunction with the European Congress of Sports Medicine and the European Federation of Sports Medicine Associations (EFSMA). It will be organised by SFMES.
PORTUGAL

PORTUGUESE SOCIETY OF ARTHROSCOPY AND TRAUMATOLOGY OF SPORTS (SPAT)
www.spat.pt

The Portuguese Society of Arthroscopy and Traumatology of Sports (SPAT) was founded in 1994 and its mission relies on promoting and diffusing information regarding Arthroscopy, Sports Trauma and Knee Surgery amongst physicians, orthopedic surgeons and sports medicine specialists. Within the fields of Arthroscopy, Sports Trauma and Knee Surgery in Portugal, as a scientific society SPAT plays a vital role and is the largest society in terms of members. To date its membership comprises 350 members and is still increasing. The society also aims to promote conferences, clinical meetings and practical courses with specific focus aimed at attributing scholarships to residents. Spat board members are elected every two years at the General Assembly and Artur Pereira de Castro, MD, is the current President of SPAT serving a two year term (2012-2014).

3-4 October 2013: SPAT Congress to be held in Lisbon.

SOCIEDADE PORTUGUESA DE ORTOPEDIA E TRAUMATOLOGIA (SPOT)
www.spot.pt

Sociedade Portuguesa de Ortopedia e Traumatologia (SPOT) is a scientific society representing orthopaedic surgeons in Portugal. Founded in 1947, the current president is Jorge Mineiro, MD, PhD, FRCSEd. Since its establishment 66 years ago, the Board has striven to uphold the Society’s main aim of disseminating research based knowledge related to the prevention and treatment of diseases of the musculo-skeletal apparatus. It strives to create awareness to both its 1,200 members and the public related to the progress of orthopaedic science.

Over the last few years SPOT has developed several important registries which help monitor its activity: the Portuguese Arthroplasty Register; the Bone and Soft Tissues Tumours Register; and the Developmental Dysplasia section of the Hip Register. Under the umbrella of SPOT there are nine speciality societies: Shoulder and Elbow; Spine; Hip; Wrist and Hand; Knee; Foot and Ankle; Paediatric Orthopaedists; Bone and Soft Tissue Tumours; and Biomechanics. There are also two study groups: Cartilage Study Group and Trauma Study Group.

SPOT is also one of the founding members of the Orthopaedic Society for Portuguese Speaking Countries called Sociedade Ortopédica de Lingua Portuguesa (SOLP) which aims to help develop orthopaedics in countries such as Angola, Mozambique, Cape Verde, São Tomé and Príncipe, and others.

31 October-2 November 2013: SPOT Knee Section will participate in the Portuguese Orthopaedic Congress to be held in Algarve.

SPAIN

THE SPANISH ARTHROSCOPY ASSOCIATION (AEA)
www.aearthroscopia.com

The Spanish Arthroscopy Association (AEA) was founded in 1982 by Dr. José García Cugat with the objectives to investigate, study and spread arthroscopic and surgical techniques. AEA is the main promoter of continuous, basic and advanced training of arthroscopy in Spain due to the training courses it promotes in anatomy and arthroscopic surgery utilising fresh cadaver samples. The first President Dr. José García Cugat was succeeded by Luis Munuera, Joaquín Cabot, Raul Puig Adell, Ramón Cugat, Juan José Rey, Enrique Galindo, Javier Vaquero, José Achalandabaso, Antonio Estévez, Manuel Díaz Samada, Jose María Altsinsch, Sergi Massanet, Juan Carlos Monillau and Rafael Canosa the current President. The AEA is comprised of orthopaedic surgeons and at present has 750 members. The AEA’s Annual National Congress is a platform whereby an exchange of knowledge and opinions of members can occur freely. AEA publishes its own journal the Cuadernos de Artroscopia and has an established web page that offers continuous training and lists detailed information regarding courses, congress, scholarships, cadaver labs etc. it organises.


THE SPANISH KNEE SOCIETY (SEROD)
www.serod.org

SEROD was founded on 12 June 1981, received approval from The Spanish Society of Orthopaedics and Traumatology (SECCOT) in 1982, and then its statutes were legalised by the Spanish Ministry of the Interior. It comprises 213 members throughout Spain. The annual meeting of SEROD (held in various cities), attracts approximately 450 orthopedic surgeons as well as representatives from other national and international societies such as ESSKA.

The Board consists of nine recognised experts in the field of knee pathology who maintain close contact to discuss the progress and problems of the society.

2-4 October 2013: SEROD will organise a symposium on ‘patellofemoral joint disease’ during the Spanish Orthopaedic Surgery and Trauma Society (SECTOM) meeting in Barcelona.

TURKEY

THE TURKISH SOCIETY OF SPORTS TRAUMATOLOGY, ARTHROSCOPY AND KNEE SURGERY (TUSYAD)
www.tusyad.org

TUSYAD was founded in 1987 in Izmir by Professor Dr Veli Lök when sports injuries were the main focus of the society. Sports Traumatology was added to the focus and title of the society in 1993. The history of arthroscopy in Turkey dates back to the seventies, long before TUSYAD was formed. The first Turkish symposium on knee surgery was held in 1976, and the first Turkish delegation attendance at an international arthroscopy course was in April 1977 (held in Nice, France). The first Turkish arthroscopy course was delivered in Ege University’s School of Medicine, Izmir in October 1977, organised by Professor Lök with Professor Ejnar Eriksson as instructor. Articles on arthroscopy began to appear in 1979. TUSYAD members have contributed to KSSTA and ESSKA’s congresses. The society now has over 300 members, spread over six branches. These branches are named after the cities of Istanbul, Ankara, İzmir, Antalya, Aydın and Adana. TUSYAD’s first Congress was in 1991 and is staged every two years rotating between Istanbul, Antalya, Ankara and Izmir with the local branches being responsible for organisation. Many leading experts and colleagues from all over the world attend. A pleasurable tradition of the congress is the selection of an Honorary President. This honour is bestowed at each congress to a prominent figure who has made an outstanding contribution to the education of our colleagues.

27-28 September 2013: Autumn Meeting in Istanbul.
The ESSKA Fellowships form an integral part of ESSKA’s educational work. They are generally intended to help improve the skills of young surgeons by placing them in accredited teaching centres, under the tuition of highly qualified practitioners. There are however, several Fellowships which are designed for experienced surgeons.

More information about the Fellowship Programme and how to apply is available on

WWW.ESSKA.ORG

ESSKA-AOSSM DJO Travelling Fellowship
Sponsored by DJO Global AOSSM

This is an international exchange programme for promising young orthopaedic surgeons. It is organised every two years in collaboration with the American Orthopaedic Society for Sports Medicine Surgery (AOSSM) and its mission is to encourage chosen Fellows to become future leaders within their field. The aim of the Fellowship is to bring the Fellows into contact with their esteemed peers in the United States of America and Canada. This aim will see the three chosen Fellows (accompanied by a ‘Godfather’) travelling throughout the USA and Canada, for three intensive weeks of scientific enquiry. They will take part in scientific symposia accompanied by their hosts, become familiar with different surgical procedures and research facilities, attend one meeting of AOSSM and enjoy local culture and society.

APPLICATION DEADLINE: 1 JUNE 2014
FOR THE 2015 PROGRAMME

ESSKA-APKASS DJO Travelling Fellowship
Sponsored by DJO Global APKASS

This is an international exchange programme for promising young orthopaedic surgeons. It is organised every two years in collaboration with the Asia-Pacific Orthopaedic Society for Sports Medicine (APOSSM) and its mission is to encourage chosen Fellows to become future leaders within their fields of expertise. The aim of the Fellowship is to bring the Fellows into contact with their esteemed peers in Asia. The three chosen Fellows (accompanied by a ‘Godfather’) will travel for three intensive weeks in Asia. They will take part in scientific symposia (accompanied by their hosts), become familiar with their research facilities and surgical procedures, attend a national sports medicine meeting, and enjoy the local culture and society.

APPLICATION DEADLINE: 1 JUNE 2013
FOR THE 2014 PROGRAMME

ESSKA-SLARD S&N Travelling Fellowship
Sponsored by Smith & Nephew

This is a Fellowship reserved for those who have the potential to reach the pinnacle of their chosen fields of expertise and the selection process is correspondingly rigorous. Three chosen Fellows (accompanied by a ‘Godfather’) will travel widely in South America for three weeks. They will have the opportunity to meet with practitioners who are renowned in their field and visit renowned institutions. Candidates will be carefully chosen for their scientific and clinical excellence, enthusiasm and achievements. The Fellowship is organised every two years in collaboration with the Sociedad Latino-Americana de Arthroscopia Rodilla y Traumatologia Deportiva (SLARD).

APPLICATION DEADLINE: 1 JUNE 2013
FOR THE 2014 PROGRAMME

ESSKA ARTHREX Stipend for the European Arthroscopy Fellowship
Sponsored by Arthrex

This is a partnership between ESSKA and various national societies; AEA/SPAT, AGA, SIGASCOT and SFA. Four Fellows have already been selected by their national societies - one from each partner - and a fifth will be chosen by ESSKA from the rest of Europe (that is, excluding France, Italy, Germany, Portugal and Spain). Together the Fellows will spend three weeks visiting the best centres throughout Europe. They can expect to visit Germany, Austria, France, Italy and Portugal.

APPLICATION DEADLINE: 1 JUNE 2013
FOR THE 2014 PROGRAMME

ESSKA-EKA TORNIER Knee Arthroplasty Fellowship
Sponsored by Tornier

This is a travelling Fellowship for both young and experienced surgeons alike. It will enable them to meet esteemed practitioners within the fields of Sports Traumatology, Knee Surgery and Arthroscopy. The Fellowship lasts for three weeks, each week being spent in a different teaching centre and keeping professional hours.

APPLICATION DEADLINE: 1 JUNE 2013
FOR THE 2014 PROGRAMME
ESSKA S&N Arthroscopy Fellowship
Sponsored by

This Fellowship enables young surgeons to spend three to four weeks under the guidance and at the teaching centre of a leading Western European expert.
There are nine positions available each year.
Dates can be variable dependant on the teaching centre.

APPLICATION DEADLINE: 1 JUNE 2013 FOR THE 2014 PROGRAMME

ESSKA-EKA ZIMMER
Knee Replacement Fellowship
Sponsored by

This Fellowship covers orthopaedic joint replacement surgery. It enables young surgeons from Europe, the Middle East and Africa to improve their skills, by spending up to four weeks at leading centres in Western Europe.
There are 20 positions available each year.

APPLICATION DEADLINE: 1 JUNE 2013 FOR THE 2014 PROGRAMME

ESSKA ALWIN JAGER Senior Fellowship
Sponsored by

The Fellowship enables senior and experienced orthopaedic surgeons over the age of 40 to spend a week in an ESSKA accredited teaching centre.
There are five positions available each year.

APPLICATION DEADLINE: 1 JUNE 2013 FOR THE 2014 PROGRAMME

ESSKA-Chelsea FC Sports Trauma Fellowship
Sponsored by

This is our newest and most exciting Fellowship. It concerns the prevention, treatment and rehabilitation of sports injuries specifically related to the field of professional soccer. The Fellow will be based at the famous Chelsea Football Club, working closely with their medical staff over a period of two to three weeks.
There are three positions available throughout the year dependent upon the football season and training-cycle of the club.

APPLICATION DEADLINE: 1 JUNE 2013 FOR THE 2014 PROGRAMME

ESSKA ZIMMER
Oncology and Infection Fellowship
Sponsored by

This Fellowship is for orthopaedic surgeons with at least three years’ experience. It deals with reconstructive surgery in cases of oncology and infections of the musculo-skeletal field. Two to four weeks will be spent in ESSKA accredited specialised teaching centres in Europe.
There are three positions available each year.

APPLICATION DEADLINE: 1 JUNE 2013 FOR THE 2014 PROGRAMME

ESSKA DePuy Synthes
Degenerative Joint Fellowship
Sponsored by

This Fellowship deals with total joint replacement with emphasis on knee and shoulder joints.
A month of full duty training at selected centres across Europe where the Fellow will develop theoretical knowledge on the indications of degenerative joint diseases, joint stiffness and pain. Practical teaching sessions on joint replacement surgical techniques will be held where all surgical techniques will be explained in great depth.
There are 20 positions available each year and are open to candidates from Europe, the Middle East and Africa.
It is organised in conjunction with ESSKA-EKA and ESSKA-ESS.

APPLICATION DEADLINE: 1 JUNE 2013 FOR THE 2014 PROGRAMME

The The European Knee Associates (ESSKA-EKA)
International Travelling Fellowship
Sponsored by

This Fellowship aims to enhance the knowledge of young orthopaedic surgeons who are already undertaking specialised training in knee arthroplasty.
Fellows will visit six to eight teaching centres over a maximum of four weeks. These centres will cover various aspects of degenerative knee treatment and knee arthroplasty for example; Osteotomy, UKA, TKA, Bi-compartmental Arthroplasty, Septic and Aseptic Revision, Reconstructive Arthroplasty for Trauma, etcetera.
This Fellowship is organised by ESSKA-EKA and EKA's Selection Committee will make the selection.
There are four positions available each year.
EUROPEAN ARTHROSCOPY FELLOWSHIP (EAF)
SFA / AGA / SIGASCOT / AEA / SPAT / ESSKA

Reported by Pawel Skowronek MD (Poland)
Orthopedics and Traumatology Department, Zeromski Specialist Hospital

The fellowship team: Pawel Skowronek (ESSKA) Poland, Andreas Ficklscherer (AGA) Germany, Nabil Najiji (SFA) France, Giacomo Zanon (SIGASCOT) Italy, Dragos Popescu (AEA) Spain.

OUR ROUTE: ZURICH AND BERN (SWITZERLAND), SEVILLE (SPAIN), LISBON (PORTUGAL), MARSEILLE AND NANCY (FRANCE), ROME AND PARMA (ITALY)
13 September – 7 October 2012

I would like to start by thanking ESSKA for giving me the opportunity to take part in this fellowship. I think that a fellowship is a fantastic, inspiring and thrilling experience for each surgeon in his orthopaedic life. It is not only an opportunity to expand one’s orthopaedics horizons and improve surgical technique but also to meet interesting people and orthopaedic colleagues from all over the world building new friendships. I think the books are helpful in learning, but surgery can not only be learned from books, and this is why it is so important that these trips organised. We had several OR sessions including shoulder, knee, hip and ankle surgery. We also spent much time discussing about the various treatment options for joint injuries at the hospitals, restaurants, pubs, clubs and during travel. During this time we also had the opportunity to learn about the culture, food and lifestyle of various countries. Statistics: duration 23 days, tens of surgeries, tens of hours of discussion, average of 3-5 kg weight gain, average sleep time 5 hours, 9 plane flights, 5 train rides, taxi, car, ship.

In summery I would also like to thank everyone who contributed to organizing this fellowship. All those who we met during our trip, those who wanted for us to feel as their friends, and those who wanted to share all they know in the professional as well as social field. We cannot forget all those who watched over the trip schedule; flight and train coordination, hotel accommodations and logistics of the entire trip which defiantly was a challenge. This scholarship was a giant leap in my surgical and knowledge enhancement. It allowed me to take time and think about my life and work. In the end I can state that we formed a wonderful EAF family and I think we have become friends for life. I strongly recommend this form of training to everyone.

Dr. Skowronek’s complete report will be available soon on the ESSKA website.
EUROPEAN ARTHROSCOPY FELLOWSHIP (ARTHREX STIPEND FOR ESSKA)

Reported by Dr. Octav Russu (Romania)

From my personal point of view, the European Arthroscopy Fellowship was a fascinating experience, a unique occasion to meet very special people, to see exceptional places and to gain access to some of the European centres that are considered leaders in arthroscopic surgery. From all the colleagues met during the fellowship, a special place will always be occupied by the other participating fellows: Michael Hirschmann (AGA), a native of Frankfurt/ Main, in present Head of Research, Department of Orthopaedic Surgery and Traumatology in Kantonsspital Bruderholz, Switzerland; Alexandre Journe (SFA), a graduate of Dijon, intern in many Parisian hospitals, and currently an intern at Hospital Pitie-Salpetriere; Mario Vale (SAPO), born in Lisbon, a final year resident at Centro Hospitalar Lisboa Norte, and physician of the Portuguese Federation of Judo; Celeste Scotti, (SIGASCOT) from Milan, currently a PhD Candidate in Bioengineering, Tissue Engineering Laboratory at Basel University and Visiting Physician at the Department of Trauma Surgery in Basel University Hospital. The Fellowship started on 22 September 2011, in Germany, with participating at the 28th Congress of AGA in Regensburg. Our German hosts were Prof. Peter Angele and Dr. Jürgen Eichhorn, and we stayed at the St. Wolfgang hotel/clinic, an exclusive location that was going to be our home for the next few days. On Monday and Tuesday we attended a series of surgeries with Dr. Eichhorn’s, Prof. Angele and Dr. Thomas Buchhorn, most of which were specially tailored for the fellows. I was impressed by the flawless technique, the speed of execution, the highly experienced team. The German part of the Fellowship ended with our arrival at the Oktoberfest.

Our first destination in France was Toulouse, where we were hosted by Dr. Jean-Francois Potel. In our three day stay we had two days of busy surgical schedule, a scientific session with presentations made mainly by the fellows, and also a pleasant visit to the Airbus factory. In Paris – the final destination of the French part of the Fellowship, and also Alexandre’s home – we started Monday morning at Hospital Ambroise Pare and met Professor Ph. Hardy. We had a very interesting surgery schedule, followed by a scientific program in the afternoon, with the fellow’s and our Parisian host’s presentations. After the next day’s surgical program we got to the airport - and late at night we arrived in Bologna, Italy’s first city of the Fellowship tour. Our host in Bologna was Professor Stefano Zaffagnini. I mostly appreciated the time allocated for discussions about the cases seen. During our stay we had a session of scientific communications, made by the fellows and our hosts, and we met Professor M. Marcacci; we also visited the research facilities of Istituto Ortopedico Rizzoli, which impressed me with their impeccable organisation, approach, quality and volume of research done. We got to Verona by train. Here our host was Dr. Claudio Zorzi (the President of SIGASCOT). We attended a series of surgeries at Ospedale “Sacro Cuore” and the day continued with a series of scientific presentations made by the fellows. I noted a well organised team, a warm atmosphere and sufficient time allocated for discussions related to indications, seen cases, etc.

On Sunday morning we landed in Lisbon, Mario’s city. We were warmly greeted at Hospital CUF Descobertas by Dr. Ricardo Varotojo, our host. In our short stay we attended a series of surgeries and we also had a real conference organised by our hosts, in which both the Fellow’s and our Portuguese colleagues made their presentations. In Valencia – the last destination of the Fellowship – our main stay was in the operating room in Gastaldi Clinic (founded by the father of Dr. Enrique Gastaldi, our Spanish host). Next morning – early in the morning – I returned home, after several hours of flight.

The days spent in the fellowship will remain for a long time memorable days, the trip of my life so far. I met great people, whom I have to thank, first Mrs Brigitte Dolenc from ESSKA, and then all the other fellows, all the hosts from the visited centres, Otto Bock, Mrs Eva Maria Pinz and Mrs Corine Bensimon. Of course I’d also like to thank Prof. Dr. Nagy Örs – my boss – and all of my colleagues at the clinic: without their efforts this fellowship would not have been possible. – A final tip: apply to fellowships!

Dr. Russu’s complete report will be available soon on the ESSKA website.
My 3 weeks sports trauma fellowship working together with the Chelsea Fc medical team, with Prof. Paco Biosca, was one of my greatest experiences in my sports medical career. First of all I would like to address sincere thanks to Prof. Paco Biosca, and Jason Palmer and to the whole medical staff for their support, and education, and to ESSKA who made this unique fellowship available for me.

During my stay in Cobham, I lived in a very comfortable flat, not far away from the training camp, which could be reached by an easy walk.

The daily routine at Chelsea Fc started with a medical staff meeting, where I was involved in the discussion of the injury management of the players.

The next daily schedule was the morning training with the academy/reserve team, where I could be also present at the sideline. After the session I observed the physiotherapist in action at the academy, came across with different treatment modalities from manual therapy to ESWT, electrotherapy, isokinetic machines, etc. Beside these I experienced the very special philosophy of injury management at the club, which made them possible to reach extraordinary results in the English FA, and UEFA CL injury surveillance. Special thanks to Paco Biosca I could learn the indication and use of growth factors in sports traumatology, and also to Jason Palmer who introduced me the application of hydrotherapy in the rehabilitation of sports injuries.

As a team physician I had also interest in other side of the medical support, such as sports science, nutrition, pre-participation screening, where I had a lot of constructive discussions with the member of the staff during this very practical based program.

Beside my daily activity at Cobham I had the opportunity to visit two big masters in sports traumatology Andrew Williams, and Prof Nicola Maffulli in their clinic, and see them working for one day each.

After the sessions in Cobham, I could visit the famous Stamford Bridge to watch live and enjoy the magnificent play of the champions league winner team.

During that wonderful three weeks I learnt a lot from medical staff regarding the management of sports injuries, but also the other part of the duties of the medical team. This was also about small things, tiny clever tricks that make team physician life easier. I could also observe the background of the success of my hosts, and certainly, the life of the worldclass football club, Chelsea Fc. It was a great experience and great opportunity for me to join this fellowship and I thank ESSKA and the Chelsea Fc Medical Team one more time for enabling this chance to me.
We Represented by President João Espregueira-Mendes, ESSKA joined the first combined meeting of the Spanish Arthroscopy Association (AEA) and the Spanish Knee Society (SEROD) on 24-26 April 2013. The course was held in the Kursaal Palace in San Sebastián, one of the most beautiful cities in northern Spain, with Ricardo Cuellar as the Course Chairman.

Antonio Maestro and Joan C. Monllau, current residents of SEROD and AEA, extended a warm welcome to ESSKA and expressed their appreciation for ESSKA’s continued support and willingness to participate in the event. Chaired by João Espregueira-Mendes and Joan C. Monllau, ESSKA presented a leading edge symposium titled ‘Update on Meniscus Repair’. The ESSKA faculty also included ESSKA 2nd Vice President Romain Seil, ESSKA General Secretary Jacques Menetrey, Patrick Dijan, and René Verdonk.

Other international faculties that participated in the event were P. Colombet and L. Lafosse (France), Franco Benazzo and Fabio Catani (Italy), Gino Kerkhoffs and Pieter J Emans (Netherlands), Richard Villar and Paul Allen (UK), Myriam Capasso (Venezuela), Joaquín Sanchez-Sotelo (USA), and Alberto Restrepo (Canada), all of whom are considered leaders in their respective fields. They gave fascinating overviews of key relevant topics that were well received by the audience.

There were also nine interactive cadaver surgical demonstrations showing current techniques and innovations in shoulder, hip, knee and ankle arthroscopy and knee reconstruction with several live surgeries completing this part of the programme.

The meeting was considered a success according to an on-line satisfaction survey conducted by the organisation. The participation of more than 1,000 surgeons from Spain, Portugal and South America along with the massive support from the industry confirm this impression. Both societies agreed to continue this cooperation for the next two years. Therefore, on behalf of AEA and SEROD, we formally invite ESSKA members to the next combined meeting of both societies to be held in Sevilla in April 2014.

Joan C. Monllau
We present a case of a 56 years old woman consulting one year after a medial Unicompartmental Knee Arthroplasty (UKA) of the right side. Her complaints at time of presentation were pain on the medial side of her knee, instability and a dissatisfaction about the valgus axis of her leg.

Clinically there is a tight lateral compartment with a severe valgus alignment. She has an extension lag of 5 degrees with a flexion to 130 degrees of flexion. There is a clear grade two medial laxity.

The radiographs shown in figure 1 illustrated a 13 degrees valgus aligned lower limb. The high tibial cut combined with an overstuffed compartment elevates the medial joint line. The femoral component seems to be well positioned. The most probable explanation for the overstuffing is an iatrogenic/peroperative insufficiency of the superficial medial collateral ligament. The medial laxity was compensated by a thicker polyethylene causing the valgus overcorrection.

We decided to perform a revision to a total knee arthroplasty in combination with a medial collateral ligament reconstruction.

First, the semitendinosus tendon graft was harvested. The prosthesis used was a mobile bearing PS Sigma design (Depuy® – Johnson and Johnson). The tibial cut was perpendicular to the mechanical axis with a slope of 2 degrees. The distal femoral cut was set at 5 degrees of valgus. External rotation of the femoral component was set to 3 degrees.

Finally we reconstructed the superficial medial collateral ligament leaving the insertion of the semitendinosus graft at the tibial side intact. The length of the graft was 28 cm, which made it possible to use it as a double loop.

We split the insufficient native MCL along its length to create a sulcus for the graft. Proximally the tendon was fixed at the isometric point on the sulcus of the medial epicondyle, using a bone tunnel and RCI screw (Smith & Nephew®). After fixation at the femur we tensioned the second loop distally at the insertion of the MCL at the tibia and fixed it by using a staple. Subsequently, the native MCL and capsule were sutured to the two strands of Semitendinosus Krakow stitches (Ethibond suture, Ethicon®).

The knee was perfectly balanced in extension and flexion. Postoperatively the medial reconstruction of the medial collateral ligament was protected using a hinged brace for two months.

Three months after surgery the patient is very satisfied. She has little pain and has confidence in her right leg and knee. She has a neutral axis, a flexion of 120 degrees and is perfectly stable during a total range of motion. Radiograph (figure 2) shows a neutral aligned leg and a well-placed total knee arthroplasty. The screw at the medial epicondyle indicates the femoral fixation of the graft, while the staple at the tibia indicates the insertion of the semitendinosus graft at the pes anserinus.

This case report provides some reflections on knee arthroplasty. The MCL is the main stabiliser at the medial compartment of the knee. It consists of the superficial MCL, the deep MCL and the posterior oblique ligament. In our case the superficial MCL was iatrogenic insufficient, causing valgus laxity and malalignment.

The integrity to the MCL of the knee is crucial to the proper function and longevity of non-constrained TKA. Recognition of a MCL injury during TKA is crucial, since using non-stabilising inserts is associated with residual instability requiring revision.

A constraint prosthesis is mainly used in severe valgus knees with a subsequent residual medial laxity. On the other hand, using a constraint prosthesis results in an increased stress across the implant-cement and implant-bone interfaces that can lead to loosening.
Because of the young age of the patient, we decided not to use a constraint model but a reconstruction of the medial ‘insufficient’ collateral ligament. At short term follow-up the patient is satisfied and stable.

There is only little literature concerning combined MCL repair and total knee arthroplasty and most of the papers deal with peroperatively stretched or torn MCL. (2,5,6)

An intraoperative disruption of the medial collateral ligament can be treated with primary repair or reattachment of the ligament to bone and postoperative bracing with good results; this avoids the potential disadvantages associated with the use of varus-valgus constrained implants. (5)

In conclusion we can state that one should always be aware of peroperative problems and address them right away. In young patients a reconstruction of the collateral ligaments in combination with a non-constraint arthroplasty might provide a longer survival rate.

REFERENCES
15TH ESSKA CONGRESS
GENEVA 2012
The 2012 recipients of the Hughston Award were Jan Harald Røtterud, Einar A. Sivertsen, Lars Engebretsen and Asbjørn Årøen from Norway and Magnus Forssblad from Sweden.

The Hughston Award is given annually to the most outstanding paper published in the American Journal of Sports Medicine (AJSM) the year prior to the award. The award is presented at the AOSSM (American Orthopaedic Society for Sports Medicine) Annual Meeting. The first author, Jan Harald Røtterud, and the senior author, Asbjørn Årøen, attended the 2012 meeting in Baltimore, to receive the award. After the award ceremony, the paper was presented by the first author. The name of the award winning paper is ‘Effect of Gender and Sports on the Risk of Full-Thickness Cartilage Lesions in Anterior Cruciate Ligament-Injured Knees. A Nationwide Cohort Study from Sweden and Norway of 15783 Patients’. The study was undertaken to evaluate risk factors for full-thickness articular cartilage lesions in anterior cruciate ligament (ACL)-injured knees, in particular the role of gender and the sport causing the initial injury. Data were obtained from the National Knee Ligament Registries in Norway and Sweden. A total of 15783 patients treated with primary ACL reconstruction were included. 6.4% (1012) of the patients had full-thickness cartilage lesions at the time of ACL reconstruction. The study showed that men with ACL injury had higher risk of full-thickness cartilage lesions compared to women. Among men, male team handball players had the highest risk. For women, no sport altered the risk. The study also showed that the risk of full-thickness cartilage lesions did not increase during the first year after ACL injury, but afterwards, the risk increased for each month that elapsed until reconstruction. The risk of full-thickness cartilage lesions also increased with age and previous knee surgery. These findings could be important for future work to prevent these serious knee injuries. The study was made possible thanks to the Swedish and Norwegian orthopedic surgeons who report ACL surgery meticulous and accurately to the registries.

LOOKING BACK ON 2012

AWARD RECIPIENTS IN GENEVA 2012

Several awards were given to well deserving members in recognition of their outstanding work at the Congress in Geneva. They are as follows:

**BEST ALWIN JÄGER VIDEO**
DONATED BY THE ALWIN JÄGER FOUNDATION / PRIZE: 2.500 €
WINNER: TIM SPALDING (GREAT BRITAIN)
TITLE: MENISCAL ALLOGRAFT TRANSPLANTATION

**KSSTA BEST PAPER AWARD**
SPONSORED BY ESSKA / PRIZE: 1.000 €
WINNERS: PAU GOLANO, MARKUS WALDÉN, GUILLAUME DEMEY, VOLKER MUSHAL
PAPER: ANATOMY OF THE ANKLE LIGAMENTS: A PICTORIAL ESSAY

**BEST POSTER AWARD**
SPONSORED BY ESSKA / PRIZE: 500 € EACH IN 5 DIFFERENT CATEGORIES
WINNERS:
- **BASIC SCIENCE CATEGORY:** M. HIRSCHMANN (SWITZERLAND)
  TITLE: DOES THE MECHANICAL ALIGNMENT CORRELATE WITH THE TRACER UPTAKE PATTERN AND INTENSITY IN SPECT/CT? A RETROSPECTIVE SERIES ON 104 KNEES

- **SHOULDER CATEGORY:** A. LÄDERMANN (SWITZERLAND)
  TITLE: ACROMIOCLAVICULAR JOINT RECONSTRUCTION: A COMPARATIVE BIOMECHANICAL STUDY OF THREE TECHNIQUES

- **LIGAMENT CATEGORY:** S. BIN (SOUTH KOREA)
  TITLE: MORPHOLOGIC CHANGES IN FRESH-FROZEN MENISCUS OVER ONE YEAR: A PROSPECTIVE MAGNETIC RESONANCE IMAGING STUDY ON THE WIDTH AND THICKNESS OF TRANSPLANTS

- **DEGENERATIVE CATEGORY:** S. FUCHS-WINKELMANN (GERMANY)
  TITLE: ANALYSIS OF DIFFERENT STEM LENGTHS AND FIXATION TECHNIQUES IN HINGED TOTAL KNEE ARTHROPLASTY

- **SPORTS MEDICINE CATEGORY:** H. SVEINSSON (ICELAND)
  TITLE: SPECIFIC TRAINING MAY INFLUENCE KNEE FRONTAL PLANE PROJECTION ANGLES DURING DYNAMIS TASKS IN FEMALE TEAM-HANDBALL PLAYERS

**THEO VAN RENS BEST PAPER AWARD**
SPONSORED BY ESSKA / PRIZE: 3.000 €
WINNERS:
- W. DUNN (USA) TITLE: WHAT IS THE RATE OF SUBSEQUENT SURGERY FOLLOWING ACL RECONSTRUCTION? SHORT AND MID-TERM FOLLOW-UP FROM THE MOON COHORT
- A. VON KEUDELL (USA) TITLE: ASSESSMENT OF MORTALITY RISK IN PATIENTS UNDERGOING TOTAL KNEE ARTHROPLASTY AFTER PERCUTANEOUS CORONARY INTERVENTION

**ESSKA BASIC SCIENTIST TRAVEL GRANT**
SPONSORED BY ESSKA / PRIZE: 2.000 €
WINNERS:
- H. PEREIRA (PORTUGAL) TITLE: HUMAN MENISCUS SEGMENTAL CHARACTERIZATION: BUILDING THE BASIS FOR TISSUE ENGINEERING / ABSTRACT NO. 744
- J.J. ELSNER (ISRAEL) TITLE: BIOMECHANICAL CONSIDERATIONS IN THE DEVELOPMENT OF A NOVEL POLYCARBONATE-URETHANE MENISCAL IMPLANT / ABSTRACT NO. 549
- M. CUCCHIARINI (GERMANY) TITLE: DIRECT OVEREXPRESSION OF HUMAN INSULIN-LIKE GROWTH FACTOR I IN HUMAN NORMAL AND OSTEOARTHRITIC ARTICULAR CARTILAGE VIA RECOMBINANT ADENOVIRAL-ASSOCIATED VIRUS-MEDIATED GENE TRANSFER STIMULATES BOTH CHONDROCYTE PROLIFERATION AND MATRIX SYNTHESIS / ABSTRACT NO. 1260
- M. LIEBENSTEINER (AUSTRIA) TITLE: TEMPORO-SPATIAL GAIT CHARACTERISTICS IN THE CONTEXT OF 3 DIFFERENT KNEE REPLACEMENT PROCEDURES: TKA VS. MIS-TKA VS. MUKA / ABSTRACT NO. 1424

**PORTO AWARD 'INNOVATION IN ARTHROSCOPY’**
SPONSORED BY ESSKA / PRIZE: 2.500 €
WINNER: ANDREA FONTANA (ITALY)
TITLE: ARTHROSCOPIC AMIC® FOR THE TREATMENT OF FAI IN THE HIP

**AWARD FOR BEST PAPER IN LIGAMENT AND BIOMECHANICS**
SPONSORED BY SMITH & NEPHEW / PRIZE: 2.000 $
WINNER: OLAF LORBACH (GERMANY)

**THE NICOLA’S FOUNDATION YOUNG RESEARCHER AWARD (< 40Y)**
SPONSORED BY THE NICOLA’S FOUNDATION / PRIZE: 1.500 €
WINNER: THOMAS LUYCKX
TITLE: IS MEASURED RESECTION SUPERIOR OVER GAP-BALANCING IN DETERMINING FEMORAL COMPONENT ROTATION IN TKA? A PROSPECTIVE STUDY COMPARING TWO TECHNIQUES
ESSKA AT CONGRESSES IN 2012

ESSKA MEMBERS WERE VERY BUSY THE LATTER HALF OF 2012. FROM SWITZERLAND AND TURKEY TO CHINA AND INDIA, THEY’VE BEEN PUTTING THE MESSAGE ACROSS BY ATTENDING CONGRESSES, ORGANISING SYMPOSIA, AND GENERALLY PROMOTING OUR SOCIETY.

Some of the events included:

**TUSYAD**

The 11th Turkish Sports Traumatology, Arthroscopy and Knee Surgery (TUSYAD) Congress in Ankara on 2-6 October 2012 boasted 520 registered participants, 3 live surgery sessions, 20 panels, 54 lectures, 8 instructional course lectures, 11 industry workshops, 61 oral presentations and 42 posters.

**WOA**

The World Orthopaedic Alliance (WOA), an international non-profit organisation for the promotion of high quality musculoskeletal care in developing countries, was inaugurated on 16 November 2012 in Beijing, China. ESSKA’s Past President Niek van Dijk had the honour of attending the event and representing our society.

**AGA**

The 29th Annual AGA Congress, the Society for Arthroscopy and Joint Surgery (AGA) Congress in Zurich, Switzerland, on 13-15 September 2012. ESSKA 2nd Vice President Romain Seil and ESSKA 1st Vice President Matteo Denti organised an incisive ESSKA Symposium on the Meniscus. The 30th Anniversary Congress will take place on 19-21 September 2013 in Wiesbaden, Germany.

**JOURNEES LYONNAISES DE CHIRURGIE DU GENOU**

The 15th Journees Lyonnaises de Chirurgie du Genou held in Lyon on 20-22 September 2012. The 16th Congress will also take place in Lyon on 16-18 October 2014.
CASM

CASM 2012: The first combined meeting of the Asia Pacific Orthopaedic Society for Sports Medicine (APOSSM) (now called the Asia-Pacific Knee, Arthroscopy and Sports Medicine Society (APKASS), the Indian Arthroscopy Association (IAS) and Asia Arthroscopy Congress (AAC) in Jaipur on 8-11 November 2012. Lars Entgebretsen and ESSKA Past President Niek van Dijk represented ESSKA.

SIGASCOT

The Italian Society of Knee Surgery, Arthroscopy, Sports, Cartilage, and Orthopaedic Technology (SIGASCOT) Congress was held on 10-12 October 2012 in Naples, Italy. Board members and the ESSKA student Luca Pulici were present to welcome delegates at the ESSKA stand.

UATSKA

The Ukrainian Association of Sport Traumatology, Knee Surgery and Arthroscopy (UATSKA) Congress held on 27-28 September 2012 in Kiev.
16th ESSKA Congress

14-17 May 2014 / AMSTERDAM

CALL FOR ABSTRACT
Deadline: 10 October 2013

www.esska-congress.org