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Wishing you the happiest of holidays and all the best in the New Year

The ESSKA Office and Executive Board

www.esska.org
SPECIAL THANKS TO

We would like to sincerely thank our Diamond sponsors

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

A special thank you goes to BGL BNP Paribas, Centre Hospitalier de Luxembourg, CRP-Santé, Fondation de Luxembourg, and Sanofi for their support of the ESSKA events on 13 September 2013.

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

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

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

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

ESSKA COMMITTEES
Arthroscopy – Rainer Siebold (Germany)
Basic Science – Leendert Blankevoort (Netherlands)
Cartilage – Fredrik Almqvist (Belgium)
Education and Fellowship – Pietro Randelli (Italy)
Elbow and Wrist – Luigi Pedrizzi (Italy)
Sports – Elvire Servien (France)
U45 – Sébatien Lustig (France)

ESSKA SECTIONS
Ankle and Foot Association (AFAS) – Niek van Dijk (Netherlands)
European Knee Associates (EKA) – Jean-Noël Argenson (France)
European Shoulder Associates (ESA) – Boris Poberaj (Slovenia)

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1st Place winner of the ESSKA Photo Competition: Photo taken by Lily Troubeck of Valér Peltekov of the Bulgarian Extreme and Freestyle Ski Association (BEFSA) on the Mont Blanc. The photo was taken after Dr. Mario Pisković, ESSKA Board Member and doctor for the BEFSA, allowed him to ski and win once again.
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Dear Friends

ESSKA is a healthy active society placed at the service of members and patients. ESSKA supports continuing medical education, research and the study of prevention of sports injuries among its members between the European National Societies (with particular attention to the Eastern countries) and also between international societies of sports traumatology.

The role of ESSKA is to promote freely to its members the exchange of scientific knowledge and skills of ‘evidence based medicine’. ESSKA is committed to this way of independence, rigor, in a spirit of volunteerism and not for profit.

Together we defined a mission for the upcoming years. To accomplish that, we rely on a vision and a strategy based on our values and past. We counted on the extraordinary work of our entire board, office members, sections, committees and past officers. In our strategic planning, we defined priorities and five major goals: strengthening the office with qualified people and better facilities to accommodate all team; buying the KSSTA journal; launching a new journal of experimental orthopaedics (JEO); developing the ESSKA Academy (a web-based education platform with quality control) and creating the ESSKA Foundation.

I am delighted to inform you that those tasks are fulfilled.

On the 13th of September, ESSKA officially signed the agreement to create the ESSKA Foundation sheltered under the umbrella of the Fondation de Luxembourg (property of the Luxembourg government).

The choice of partnership with Fondation de Luxembourg was not an accident: it was based on the prestige and credibility enjoyed by the foundation in Luxembourg and beyond. We celebrated those events in Luxembourg last September having the privilege of the presence of numerous local authorities, together with many ESSKA representatives.

On our part, you can rely on our determination to continue to work persistently, guided by impeccable moral values, defending ethics, honesty and excellence. Be assured we shall do this contentedly, with the contentment of those who take pride in their work. For now, we thank all who have helped us!

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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Clinica Espregueira-Mendes, Estádio do Dragão
4350-415 Porto - Portugal
Dear ESSKA members and friends,

Between 14-17 May 2014, ESSKA’s 16th Congress will be held in Amsterdam, bringing together the world’s leading orthopaedics and sports physicians. Its venue is the RAI Convention Centre, which has excellent facilities and is only 8 minutes from the city centre.

If our Geneva Congress in 2012 was the culmination of ESSKA’s rapid expansion both in size and scope, then our Amsterdam Congress sees ESSKA beginning its Golden Age, an age of maturity and prestige. And what better venue than Amsterdam whose own Golden Age saw the Dutch spreading out throughout the world, driven by that inquisitiveness – that zest for the new and the undiscovered – which has created the modern world.

A Golden Age that saw the Netherlands’ greatest contribution to medicine and, arguably, to humankind: the invention of the microscope and the discovery of the inner world.

The Jansen brothers invented the device, and Van Leeuwenhoek deployed it in action and literally bombarded the Royal Society, then the world’s leading forum for science, with his discoveries: of organelles and bacteria and microstructures, and of course the secrets of reproduction...

Their legacy is everywhere around us and in everything we do, as scientists and as practising surgeons. And this is the legacy that we honour, every time we wander through the canals and the gabled houses of Amsterdam’s centre, built with the wealth that followed this inquisitiveness, a wealth of spirit and self-confidence. When you wander in this UNESCO World Heritage site and savour its atmosphere – feel it relaxing you after the rigours of the conference – remember that it came from a previous Golden Age. And then ask yourselves whether our own contribution will be remembered, as theirs has been?

You may well find the answer in ESSKA’s Amsterdam congress. For we shall be driven by the same inquisitiveness, the desire to find out. We shall be pushing the boundaries of what is known, and known to be the best. Our congress chairmen – Stefano Zaffagnini, Roland Becker and Gino Kerkhoffs – have prepared an excellent programme, crammed with scientific lectures, symposia, live demonstrations, workshops and debates. Those who attend will be enriched by the experience, both in knowledge and in friendships.

This congress will also highlight ESSKA’s latest ventures: the ESSKA Academy, our online educational platform; the Journal of Experimental Orthopaedics (JEO), our new online journal; and the ESSKA Foundation. Apart from all this there will be a splendid opening ceremony, there’ll be dinners, Jazz, the Royal Dutch National Ballet and yes indeed... making new and meeting old friends.

We look forward to seeing you in Amsterdam!

Niek van Dijk
Congress President

João Espregueira-Mendes
ESSKA President

www.esska-congress.org
ESSKA Congress 2014 in Amsterdam: Our programme is almost complete!

ESSKA’s 2014 Congress is proud to present the leaders of our field. Amongst them, Andrew Amis (Great Britain), Johan Bellemans (Belgium), Rui Reis (Portugal), René Verdonk (Belgium), Mashiro Kurosaka (Japan) and Michael Kjaer (Denmark) will examine the latest developments in basic science and biomechanics, tissue engineering and surgical techniques. In addition, the Ejnar Eriksson Lecture will celebrate the 30th anniversary of meniscus allograft transplants.

The four days of the Congress are packed with events, starting with 18 instructional courses over the first three days. These involve ESA, AFAS and EKA, the relevant sections of ESSKA, and cover all the sports-related pathologies involving shoulder, elbow, hip, knee, ankle, muscle and cartilage (not excluding prosthetic solutions).

There are more than 40 symposia, dealing with the controversies of current practice, with a special focus on ACL reconstruction, cartilage, pre-arthritic athlete and novel therapies. ESSKA’s affiliated societies contribute to these symposia, and will be represented at the Congress: Germany, Austria and Switzerland (AGA and GOTS); Italy (SIA and SIGASCOT); France (SFA and SPTS), Spain (SEROD and AEA), Portugal (SPAT and SPOT), Great Britain (BASK), Croatia (CSSM), Bulgaria (BOTA), Russia (ASTAOR), Finland (FAA), Greece (EAE), Netherlands (NAA), Norway (NAA), Poland (PSTS), Turkey (TUSYAD) and Ukraine (UASTKA). The international societies will coordinate their own symposia: AOSSM, ISAKOS, APKASS, SLARD and EFOST.

More than 1,200 abstracts were submitted for the congress, and from these, more than 250 free papers and over 500 posters will be chosen to present recent research from all over the world, and this will be celebrated by ESSKA’s Congress awards. These include: the best paper on ligament healing and biomechanics; the best under-40’s paper about knee surgery, sports traumatology or arthroscopy; the best paper published in KSSTA journal during 2012-2013, and the best five posters in the degeneration, ligaments, basic-science, shoulders and sports-medicine categories.

The programme also includes debates, interactive case-discussions, 15 key-note lectures and three live surgical-demonstrations. This is a new feature for an ESSKA Congress, with Arthroscopic Subtalar Arthrodesis, Lateral UNI and Arthroscopic Bone Block Shoulder Procedures being performed in cadavere for the audience, respectively by AFAS, EKA and ESA delegates.

The packed schedule also includes a three-day programme for Physiotherapists, complete with advanced symposia and workshops, a full-day Orthopaedic Review Course in Sports Medicine, and a half-day programme organised by the European Resident Organisation (FORTE).

With such a programme, how could you possibly miss our Congress?

See you next year in Amsterdam!

Stefano Zaffagnini Programme Chairman Roland Becker Programme Co-Chairman Gino Kerkhoffs Programme Co-Chairman
An auspicious day for ESSKA and its members!

On Friday 13 September ESSKA celebrated the culmination of four major achievements:

- The introduction of a Charitable Foundation under the auspices of the Fondation de Luxembourg;
- The official launch of its Basic Science Online Journal, the Journal of Experimental Orthopaedics (the “JEO”);
- The official opening of its new Luxembourg Executive Office; and
- Acquisition of the Ownership of our prestigious KSSTA Journal from our esteemed publisher Springer.

Our President Professor João Espregueira-Mendes, members of the executive Board, the executive office staff of ESSKA and invited honoured guests, among whom our founding member and past president Professor Ejnar Eriksson, were joined by several Luxembourg dignitaries to celebrate the culmination of the dedicated work of all involved in the above mentioned achievements. The day was long but wonderful, commencing as it did with a meeting of the Board, followed by a press conference, followed by a marvellous ceremony and cocktail reception (hosted by our bankers BGL BNP Paribas) and finishing with a superb dinner at a prestigious restaurant in Luxembourg.

The President and members of the Board were extremely gratified by the very generous words of the invited speakers, several of whom it transpired, had experienced first-hand the objective of ESSKA which is to ensure an excellent orthopaedic outcome for all patients. Professor Romain Seil was also personally recognised for his outstanding coordination of the events.

We would like to reiterate our special thanks to Xavier Bettel (the Mayor of Luxembourg City), Romain Schneider (the Minister for Sport), Mars Di Bartolomeo (Minister for Health Care), Martine Hansen (Minister for Higher Education and Research), Tonika Hirdman (the General Director of the Fondation de Luxembourg), Romain Nati (General Director, Centre Hospitalier de Luxembourg (CHL)), and the staff of CRP-Santé and BGL BNP Paribas for giving their time and helping to making this day prodigious.

More details of the events are available on the ESSKA website under News.
HIGHLIGHTS FROM 13 SEPTEMBER 2013

6. Katy Seil being thanked for coordinating the social programme

7. (left to right) ESSKA Past President Prof Niek van Dijk, ESSKA President Prof João Espregueira-Mendes, Alexandra Espregueira-Mendes, Smith & Nephew Director Medical Education Skype Potesta, Smith & Nephew VP Commercial Sales & Distributor Management Christine Dale

8. The Fondation de Luxembourg’s team (left to right): Project Manager Petra Penders, Office Manager Kings von Poschinger, Philanthropy Advisor Nicolas Verrier, General Director Tonika Hirdman, with ESSKA Executive Director Zhanna Kovalchuk

9. (left to right) ESSKA Arthroscopy Committee Chairman Prof Reiner Seibold, ESSKA 1st Vice President Prof Matteo Denti, KSSTA Journal Web Editor Sebastian Kopf, Springer Editorial Director Gabriele Schroeder, Prof Reiner Seibold, ESSKA Past President and ESSKA-AFAS Section Chairman Prof Niek van Dijk, and ESSKA founding father Prof Ejnar Eriksson

10. (left to right) Centre Hospitalier de Luxembourg General Director Romain Nati and ESSKA founding father Prof Ejnar Eriksson

11. Mayor of Luxembourg City Xavier Bettel

12. ESSKA 2nd Vice President Prof Romain Seil speaking at the ceremony

13. (left to right) KSSTA Journal Web Editor Sebastian Kopf, Springer Editorial Director Gabriele Schroeder, Prof Reiner Seibold, ESSKA Executive Director Zhanna Kovalchuk, ESSKA 2nd Vice President Prof Romain Seil, ESSKA General Secretary Jacques Menestrey, ESSKA President Prof João Espregueira-Mendes, ESSKA Past President and ESSKA-AFAS Section Chairman Prof Niek van Dijk, Minister of Health Care Mari Di Bartolomeo, ESSKA Vice General Secretary and JEO Editor in Chief Henning Madry, ESSKA 1st Vice President Matteo Denti, ESSKA-ESA Section Chairman Boris Poberaj, Minister of Higher Education and Research Martine Hansen, Minister of Sport Romain Schneider, FdL General Director Tonika Hirdman, Centre Hospitalier de Luxembourg General Director Romain Nati
The role of scientific medical societies and the recent development of ESSKA

Scientific associations are volunteer, individual membership organisations. There are thousands of them around the world. Although their tradition goes back to the early 1500's with the Barber Surgeons of Edinburgh (now: Royal College of Surgeons, Edinburgh), most of them have emerged after the Second World War. In medicine, their number tends to increase constantly due to increasing complexity and specialisation. They are usually organised on a national level, where they do not only play a role in the scientific world, but must also be active in advocacy to their members in their respective national political environment. In addition to this, each medical domain has seen global or continental societies like ESSKA emerging over the last decades.

Their role is to build and disseminate scientific knowledge and scientific progress, set up medical standards, enhance educational interaction, stimulate creative thinking and learning, exchange ideas, data and content, promote research, and foster scientific discussion and publication. Their members are provided with access to a community of peers from whom they can both learn and seek feedback on their own work. The societies offer networking opportunities to the younger colleagues for academic advancement. Furthermore, surgical scientific societies need to disseminate practical knowledge to allow surgeons to perform their procedures with proficiency. They must also contribute to the development of new and innovative surgical products and instruments to make surgery safer and less invasive for patients.

In an era where dissemination of information is as powerful and easy as never before, these tasks require modern scientific societies to be fast and flexible and to build coalitions to expand their knowledge. To ascertain their long-term sustainability, they must respond with professionalism and quality work, and need to rely on professional staff members as well as on a dedicated - though transitional - leadership working in a not for profit environment.

In the last few years, ESSKA doubled its membership and initiated a tremendous increase and improvement of its educational and publishing programmes. It developed a network of teaching centres, created alliances with 22 national societies in Europe and fostered highly-specialised surgical knowledge through the creation of sections dedicated to specific joints of the human body or specific pathologies. ESSKA's strategic development is far beyond the expectations we had a decade ago. This would not have been possible without the vision of our current and past board members and the support of our many international members. Our recent additional achievements - the creation of the ESSKA Foundation, the purchase of our journal of clinical science, the creation of a journal of basic science, the inauguration of an online educational platform - are a testimony of ESSKA’s dynamism and its desire to continuously adapt to its changing environment. It is our goal to fulfill our catalytic function in an ever-increasing competitive academic environment, to build on our European traditions and to contribute to the development of surgical science.

Romain Seil
ESSKA 2nd Vice President
João Espregueira-Mendes
ESSKA President
Matteo Denti
ESSKA 1st Vice President
Niek van Dijk
ESSKA Past President

References:
Thomine JM: Le rôle des sociétés savantes. Acta Orthop Belg 1997 ; 63 (3) : 141-143

Note: The above article was published in the ESSKA Achievements booklet that was distributed at the ceremony on 13 September 2013.
At a ceremony held on 13 September 2013 in Luxembourg, ESSKA President Joao Espregueira-Mendes and Fondation de Luxembourg General Director Tonika Hirdman signed the agreement to officially establish the ESSKA Foundation.

The ESSKA Foundation was established under the aegis of the Fondation de Luxembourg with the aim to raise the level of care and achieving excellence in the field of orthopedics, especially in sports medicine and degenerative joint disease in Europe, to improve musculoskeletal function and quality of life of patients.

To achieve its mission, the ESSKA Foundation supports ESSKA education and both national and international research projects in the field of orthopedic and sports medicine and surgery with special emphasis on arthroscopy. A committee of five individuals, including three ESSKA representatives, the Director of the Fondation de Luxembourg, and an independent management individual, evaluate the projects and decide on the allocation of financial resources. The former Luxembourg Minister of Economy and Sport Mr Jeannot Krecké currently serves as the independent representative.

The first meeting of the ESSKA Foundation was held on 10 October 2013 in Luxembourg.

The Fondation de Luxembourg was created in December 2008 by the Luxembourg State and the Oeuvre Nationale de Secours Grande-Duchesse Charlotte. Its mission is to promote private philanthropic commitment.

The structure was set up to meet the growing need for a centre of expertise in philanthropy in the Grand Duchy of Luxembourg and to encourage and facilitate philanthropic commitments made by private individuals and/or businesses.

By providing information and advice and by developing specific tools and structures, the Fondation de Luxembourg seeks to encourage, support and guide donors who wish to make a long-term commitment to the development of significant philanthropic projects.

The Board of ESSKA is most appreciative of the support it has received from the Fondation de Luxembourg’s team and look forward to further cooperation in the future.

More information is available on www.fdlux.lu/en/foundation/esska-foundation
Since the announcement of the initiative of the ESSKA board to create a basic science journal complementing KSSTA, our highly prestigious clinical journal, significant progress has been made. As announced during the Official Ceremony in September 2013 when the ESSKA Foundation was launched, the negotiations for the contract with our publisher Springer are now nearly completed, and we expect that the Journal of Experimental Orthopaedics will be fully operational and online in early 2014.

The aim of the Journal of Experimental Orthopaedics is to be an international journal that bridges the gap between orthopaedic basic science and the clinics. It publishes papers related to the entire field of experimental orthopaedics, including physiological, pathological and therapeutic aspects of cartilage, bone, tendons, ligaments and other musculoskeletal tissues. The Journal ensures rapid peer review and publication of high quality papers. One of the founding principles is to provide a peer review process that is both decisive and fair to authors, with a focus of a fast turnaround time.

As you might be aware of, the Journal of Experimental Orthopaedics has its origins in conversation between the ESSKA board and Jón Karlsson, who all felt it was time to supplement our KSSTA journal (with a focus on clinical science) with a basic science journal. As a result of these discussions, the Journal of Experimental Orthopaedics has been founded on 3 basic principles: The results of scientific research should be freely available to everyone to read and to use, editorial decisions should be fair, constructive and fast, and the presentation of new research data should take advantage of the potential offered by the new digital media. For these reasons, we have chosen an open access model, which is, among others, supported by such highly prestigious organisations such as the European Commission, the Wellcome Trust, the Max Planck Society, the Howard Hughes Medical Institute, and the National Institutes of Health. Because the Journal of Experimental Orthopaedics is an online only journal, there are no page, figure, table, or reference limits for each article. At the Journal of Experimental Orthopaedics, our goal is to put basic science first, as the editorial decision making process is not driven by profits or scientific fashions but by pure academic excellence. Furthermore, through our negotiations with our publisher we have obtained significantly reduced publication charges for the first 3 years of operation of the Journal of Experimental Orthopaedics. We hope you all will use this opportunity arising soon to submit your original and review articles and invite you to choose the Journal of Experimental Orthopaedics as your first choice to publish your best basic science work.

Henning Madry
Editor, Journal of Experimental Orthopaedics
Football Medicine Strategies for Joint & Ligament Injuries

22nd-23rd March, 2014 - Milan, Italy
24th March, 2014 - Science of Football Summit

Fu (US)  Dvorak (SUI)  Haddad (UK)  Sandhu (IND)
Brukner (AUS)  Ekstrand (SWE)  Andersen (NOR)  Castagna (ITA)
Khan (QAT)  Mithoefer (USA)  Batty (UK)  Buckthorpe (UK)
Serratosa (ESP)  Espregueira-Mendes (POR)  Holmich (DEN)  Margheritini (ITA)
Steadman (US)  Gobbi (ITA)  Van Dijk (NED)  D’Hooghe (BEL)

BOOKINGS & INFORMATION
International: conference@isokinetic.com
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If you are curious, smart, quick and precise, you need a powerful tool to improve your practice and skills...

The best answer is ESSKA Academy. This is a resource, a repository, an online library, which you can reach through our redesigned website www.esska.org.

When you need to know the more reliable surgical techniques and the latest information, when you want to watch again a lecture or a presentation from our congress - there it will be, at the press of a button.

And as much as possible, it will be audio-visual.

To begin with, amongst other things the ESSKA Academy will have:
- a peer-reviewed Video Section,
- a ‘State of the Art’ Section,
- a Slideshow Section, with all the lectures from our bi-annual congress,
- a KSSTA Section, with online access to the entire journal, and
- a ‘How to Design and Write a Scientific Paper’ Section.

ESSKA Academy is produced by ESSKA’s committees, experts and members, and it is for ESSKA’s members. It will only be as good as we can all make it. So we urge you to contribute!

All submitted materials will be peer-reviewed by a Scientific Board before being published online. Uploading contributions will be easy and possible in different formats: PowerPoint presentations with audio voice-over, video techniques with audio voice-over, congress/courses educational webcasts, clinical cases with video and voice-over, private lectures, journal abstracts, E-posters and more.

We expect to have ESSKA Academy operating early 2014, and officially launched during the biannual Congress in Amsterdam 14-17 May 2014.

As you know, we hope for a European Certificate for Sports Traumatology and the Treatment of Joint Diseases. ESSKA intends to specify the requirements for this Certificate, and will do it through the ESSKA Academy.

ESSKA Academy will be your online university for such prestigious certification. Let’s make it a glorious success!

To contribute to this exciting project or give us your ideas, please contact us at academy@esska.org

Pietro Randelli
ESSKA Educational Secretary
ESSKA COMMITTEE UPDATES

FELLOWSHIP COMMITTEE

The Fellowship Committee has recently reviewed hundreds of applications for our various Fellowship Programmes. Three of the Fellowships, the newest additions, have extended their application deadlines to 31 December 2013, giving ESSKA members additional time to apply for the 2014 programme. These include:

ESSKA-EKA ZIMMER Knee Replacement Fellowship
ESSKA ZIMMER Oncology and Infection Fellowship
ESSKA DePuy Synthes Degenerative Joint Fellowship

THE PROGRAMME FOR 2014-2015 INCLUDES THE FOLLOWING FELLOWSHIPS:

ESSKA-AOSSM DJO Travelling Fellowship sponsored by

ESSKA-APKASS DJO Travelling Fellowship sponsored by

ESSKA-SLARD S&N Travelling Fellowship sponsored by smith&nephew

ESSKA Stipend for the European Arthroscopy Fellowship sponsored by

ESSKA-EKA TORNIER Knee Arthroplasty Fellowship sponsored by

ESSKA S&N International Arthroscopy Fellowship sponsored by smith&nephew

ESSKA-EKA ZIMMER Knee Replacement Fellowship sponsored by ZIMMER

ESSKA ALWIN JAGER Senior Fellowship
One week Senior Fellowship with a Stipendium to attend a week in an ESSKA accredited teaching centre in Europe. Apply ASAP, places available for 2013-14!

ESSKA-Chelsea FC Sports Trauma Fellowship

ESSKA ZIMMER Oncology and Infection Fellowship

ESSKA DePuy Synthes Degenerative Joint Fellowship

European Knee Associates
International Knee Arthroplasty Travelling Fellowship sponsored by EKA

MORE INFORMATION AND HOW TO APPLY IS AVAILABLE ON WWW.ESSKA.ORG/FELLOWSHIPS

Pietro Randelli
Fellowship Chairman
ESSKA-ESA – UPDATE

This has been a dynamic year for the European Shoulder Associates (ESA). In addition to the courses and meetings, we have made a great effort to launch multi-centric studies. You may see the results of the first study on the ESSKA website under About Us / ESSKA Sections / ESA. This is an ongoing study where ESSKA members are invited to contribute data. We have begun to collect data for the second multi-centric study on RC repair and are preparing for a third study on total shoulder replacement. These studies are extremely important as their results will have a major impact on our future treatment-guidelines.

Thanks to Giuseppe Milano, ESA plans to publish a new book on shoulder arthroscopy by the end of the year. “Shoulder Arthroscopy: Principles and Practice” will offer basic and advanced knowledge about shoulder arthroscopy.

ESA would like to guide opinion on shoulder matters in Europe. We are aware that many young and talented shoulder surgeons do not yet have any opportunity to present their ideas and results. For this reason, we have decided to organise an official ESA biennial event, in odd years between ESSKA Congresses. This “European Shoulder Arthroscopy Meeting” will begin in 2015. This event will be more scientific than educational.

Also, we will soon finalise the ESA Fellowship Programme, to start next year. Please see ESSKA’s website for more details.

The ESSKA Congress in Amsterdam in May 2014 is our present priority. ESA will contribute two full-day programmes with ICLs, symposia, keynote lectures, case presentations and live surgery. Topics will cover most of the shoulder problematics and give answer to many unsolved dilemmas.

Alongside all of this, we look forward to the ESSKA Academy, ESSKA’s new online educational platform, which will enable us to share video material, multi-centric studies and other up-to-date scientific information with our members.

What used to be a dream, is becoming a reality!

Boris Poberaj, ESSKA-ESA President
Angel Calvo, ESSKA-ESA Vice President
Nikos Tzanakakis, ESSKA-ESA General Secretary

ESSKA-EKA – FELLOWSHIP

EUROPEAN KNEE ASSOCIATIONS HAVE LAUNCHED AN INTERNATIONAL KNEE ARTHROPLASTY FELLOWSHIP

EKA IS THE SECTION OF ESSKA FOR THE TREATMENT OF THE ARTHRITIC KNEE.

The main four goals of EKA are:
- Advance the knowledge of the degenerative knee pathology and knee arthroplasty
- Provide an appropriate educational setting to improve knowledge and treatment of the arthritic knee
- Enhance education, research and treatment
- Promote professional standards for the best care to patients

As an extension to the EKA goals the idea for an EKA International Knee Arthroplasty Fellowship was born in 2012. Already this year Professor Jean Noël Argenson, the President of EKA, started the programme. The fellowship aims to enable young ambitious surgeons, who have an interest in the arthritic knee, to present themselves to internationally recognised EKA joint replacement and knee surgery centres, meet the experts and improve their knowledge about the arthritic knee. The focus of the fellowship is on various aspects of degenerative knee treatment such as Osteotomy, UKA, TKA, Bicompartmental resurfacing and Septic and Aseptic Revision TKA. For 2013, four fellows, Dr Francesco Traverso (Italy), Dr Jörn Bengt Seeger (Germany), Dr Richard de Jong (The Netherlands) and Dr Marcin Wasko (Poland), were selected for this fellowship and had the opportunity to visit eight internationally recognised knee centres of EKA members. The fellows each presented a research topic in a scientific session with presentations and discussions. The fellows were also involved in conferences such as x-ray discussions in the morning and case discussions in the afternoon and attended interesting surgical procedures. The fellowship ended at the EKA closed meeting in Berlin on 1 November 2013.

EKA thanks its partners: Biomet, Johnson and Johnson, Stryker- Howmedica, Smith and Nephew and Zimmer for funding the fellowship.

We are proud to have begun the first EKA International Travelling fellowship and enjoyed meeting the selected young surgeons for knowledge exchange and discussions at our knee centres.

Jean Noël Argenson, ESSKA-EKA President
Johan Bellemans, ESSKA-EKA Vice President
Andrea Baldini, ESSKA-EKA General Secretary

COMMITTEE MEMBERS
Andrea Baldini – Roland Becker – Ate Wymenga
ESSKA-AFAS – UPDATE

• OUR FIRST EVENT was a two-day Foot and Ankle Arthroscopy Course in Arezzo, Italy. This focused on Arthroscopic Surgery of the Hind-foot & Ankle, and featured Cadaver Lab Sessions, Lectures and interactive case discussions. The Hands-on Sessions in the Cadaver Lab presented the latest techniques in arthroscopic Foot and Ankle Surgery. There was a national and international faculty that gave great lectures. Special thanks to the local host Professor Cerulli, and Dr Haverkamp for the organisation.

• OUR NEXT EVENT was the 3rd annual ESSKA-AFAS meeting, in April, which was also in Italy, in Rome. Dr Longo was our local host, and together with Dr Favilli presented a terrific programme. Thank you very much, great job done there. Highlights were certainly the interactive consensus debates on acute and chronic syndesmotic injuries. The young guns Drs Longo, Ogut and Kynsburg did a great job in preparing all the evidence for these debates. Various case-discussions with Drs Hintermann, Kennedy, Calder and Giannini. The last day was again refreshing, with tips-and-tricks sessions as well as the dual life surgery by the team from Amsterdam.

• IN JUNE we enjoyed the 13th Amsterdam Foot and Ankle Course with a national and international faculty, live-surgery, hands-on cadaver sessions, computer-assisted teaching modules and again case discussion sessions.

• AS FOR NEXT YEAR, we are already looking forward to the “2nd International Congress on Cartilage Repair of the Ankle” to be held in April in Prague, Czech Republic. This meeting follows from requests from leaders in the field to consolidate and share information, and is organised by ESSKA-AFAS in close collaboration with our local host Dr Handl. Go to www.oic.it/afas2014 for more information. And of course we look forward to seeing you at the ESSKA Congress in Amsterdam in May.

An important project for ESSKA-AFAS has been the maintenance of the new website (www.esska-afas.org), with emphasis on the membership application and course-application forms. A special thanks to ESSKA-AFAS member Dr Haverkamp for his great help on this (again).

Gino Kerkhoffs, ESSKA-AFAS General Secretary
ELBOW AND WRIST COMMITTEE

The Elbow and Wrist Committee is the youngest of ESSKA’s committees, the brainchild of more than 50 of ESSKA’s elbow and wrist specialists. It is an honour to serve ESSKA, in the company of such colleagues.

Recently the committee conducted a series of surveys. The first was sent to all ESSKA members, in order to determine the extent of interest in the field. There were 34 replies, with every European country being represented. We followed this with a more technical survey about elbow arthroscopy to our 34 correspondents. The results of both surveys will be presented at the Amsterdam Congress. As a follow-up, we are considering a booklet on this topic.

If you would like to participate in the Elbow and Wrist committee, please contact us at info@esska.org.

Luigi Pederzini
Elbow and Wrist Committee Chairman

COMMITTEE MEMBERS:
Grzegorz Adamczyk
Paolo Arrigoni
Denise Eygendaal
Miguel Trigueiros
Alexander Van Tongel

ESSKA MEMBERSHIP

DEAR ESSKA MEMBERS

RENEW YOUR ESSKA MEMBERSHIP IN 2014 AND BENEFIT FROM:

• a 40% reduction on the registration fee for ESSKA’s Amsterdam Congress
• access to the ESSKA Academy, our new online educational-platform, with the latest videos of surgical techniques, presentations, articles and other materials to expand your expertise.

MEMBERSHIP BENEFITS ALSO INCLUDE:

• 25% reduction on ESSKA publications
• reduced fees for ESSKA events: workshops, seminars, courses etc.
• reduced fees for specific events staged by related organisations: National and Speciality Meetings
• the ESSKA Newsletter, published twice a year
• you can vote at the General Meeting, serve on ESSKA committees, and apply for section membership

Email: membership@esska.org
Phone: +352 4411 7015
Still another year is close to its end. 2013 has been a very good year for the Journal and we need to thank everyone who has contributed in any way to its continuing success, but most especially to our reviewers without whose invaluable work the journal would soon be out of business.

We are continuously looking for new reviewers – please let us know if you would be interested.

Our website (www.kssta.org) is harmonised with the new ESSKA website and we currently have more than 300 friends on our Facebook page. We sincerely hope that all these activities are rewarding for authors and readers of the journal.

KSSTA achievements and Editorial changes in 2013:

- We were really happy to learn last June that KSSTA’s Impact Factor (IF) for 2012 had climbed to 2.676. This places the journal in a top position within the categories of both Sports Medicine and Orthopaedics and within the latter category we climbed from 16th place to 12th.
- The immediate goal for the next 1-2 years is to achieve an IF of 3.0. To achieve this we will depend greatly on the continuing support of everyone, from the authors who will continue to submit high calibre papers to the reviewers who will continue to complete prompt critical reviews.
- The number of submissions rose to 1200.
- We have 4 new Associate Editors and we would like to welcome Volker Musahl, Klaus Bak, Gino Kerkhoffs and Johan Bellemans to the Editorial team. At the same time we would like to thank James Calder, Philippe Hardy, Karl-Peter Benedettoa and Tassos Georgioulis for their excellent services during the last 5 years.
- We would also like to welcome our new Editorial Board members who are Lucio Ernlund, Andrey Korolev and Claudio Rosso. These individuals have done outstanding work as reviewers during the last years and will no doubt continue to do so in the future.

During the upcoming 2014 ESSKA congress in Amsterdam the Journal will announce the winners of the following Awards: the Outstanding Reviewers of the Year 2013 and the Best Paper published in the journal during 2012-2013.

Finally, we would like to wish you all a Happy New Year in 2014. The journal will be ready to meet new challenges as we feel that the Editorial team is strong and ready to face the challenges ahead. The future is ours....
This is the second part of the series on “How to improve your manuscript”. As previously mentioned in the May newsletter, a manuscript which conforms to these guidelines will ultimately be processed, reviewed and therefore be more likely to receive a positive decision quicker than one which does not. Of course, every manuscript should start with a sound Research Question. If the Research Question is not new and scientifically interesting the author will most probably be in trouble from the very beginning.

It is also worth remembering that almost all manuscripts will undergo thorough revision which will offer a critique to help improve your manuscript. It is my opinion that a thorough critique could be the best thing to happen to your manuscript. Therefore, as a general rule do not ignore the advice you get. The reviewers are mostly experienced people who have corrected errors in manuscripts many times before. Also worth noting is that good advice from the Editor should never be ignored. Of course, reviewers and Editors are not right all of the time and if you, as the author feel that the reviewer is wrong, or has not understood your manuscript, please be encouraged to send your arguments via the Editorial Office to the reviewer. Needless to say it is wise to do this in a constructive spirit and with good scientific arguments.

This second part of the guidelines will focus on the RESULTS, DISCUSSION, CONCLUSION, REFERENCE AND FIGURES AND TABLES SECTIONS.

RESULTS

It is a good rule to keep the Results section short and in general not more than one manuscript page long. Of course, this is not written in stone and sometimes this section demands to be longer. The Results and Methods sections are best constructed in parallel.

Common errors in the Results section:

Three to four pages is usually considered overlong and generally means that repetition of facts is occurring. Duplication and repetition are an unnecessary and frequent problem so please remember, they do not make the manuscript better, only longer and they destroy the flow of the manuscript. The Results and Methods sections should mirror each other, so please never state results in this section that are not carefully explained in the Methods section.

Sometimes the accuracy, or how accuracy is reported is a problem, therefore as a general rule to one decimal place is enough. Please note this is only a suggestion and may differ on an individual basis, from method to method but please never report decimals with higher accuracy (more decimals) than are reported in the Methods section.

Finally, p-values. Should we use exact p-values when they are non-significant or not? This may be debated and of course it is never wrong to use non-significant p-values. However, for the clarity of the written text, we advice to use (n.s.) for non-significant p-values. This will be simpler and make the text easier to read and follow.

DISCUSSION

Content of and Common errors in the Discussion section:

The most common error in the Discussion section is that it is overlong, too general and or too vague. Please make the section short and ensure that the message is clear. As a general rule, this section should not be more than three manuscript pages long. Please always start the discussion with a sentence stating your most important findings as this is often missing. This can then be followed by a few sentences comparing and contrasting your findings with those reported in the literature. Finally please ask yourself, what is the context, what is new and what is a confirmation of previous findings?

Next, what type of study are you writing up? If you have done a basic science study you need to be aware of the fact that you are writing for a clinically oriented journal. Even though you have the most wonderful study on a laboratory experiment you need to mention its possible clinical impact. How can this study be of importance in clinical day-to-day work.

In addition to everything mentioned above, context
and limitations should be carefully explained and discussed. This should be somewhere close to the end of the Discussion section, the paragraph just before the conclusion section. Never hide the limitations of the study, make them visible and transparent. All Editors like limitations and discussion surrounding them.

No study is perfect and therefore must have limitations; some major, some hopefully minor and they must be discussed. Always be honest about the limitations because these may be the most important part of your whole study. Why is this? A profound understanding of limitations will create new studies and new science that will often lead to something that previously was unknown.

At the end of the Discussion section, you should state the clinical relevance of your study.

CONCLUSIONS

This section should include only what you found from your data and nothing else.

Common errors in the Conclusions section:

Too often, the Conclusion section is overlong, too general and filled with non-relevant issues. This makes it longer and the flow of this section is lost. Do not conclude everything you know, just what you found in your study and nothing else. Never speculate in the Conclusion section and as a general rule don’t use p-values. Write up what you found in three to four sentences.

Trends are occasionally reported in the Conclusion section but should be discouraged. Trends may be possible in the Discussion section but only statistically significant findings should be found in the Conclusion section.

REFERENCES

This is really simple, read the Instructions to Authors and do it right. In spite of this referencing errors are extremely common and the most common are as follows:

1. Incorrect order and incorrect format: each journal has specific instructions for references. These need to be read and carefully followed.

2. References are not up to date: a possible reason for this is that the authors started the study several years back. They looked for relevant references when they started but they never updated the references by adding recent relevant citations. Why use the old ones?

3. Too often we see incorrect citations; why is this? Authors should have read the original publication and used it as the reference, not secondary references.

Update your references just before you submit your manuscript to the Editorial Office. It is wise to keep in mind that there is nothing that makes reviewers and editors happy as updated references, but of course, conversely, incorrect references make them extremely annoyed.

FIGURES AND TABLES

Figures should be used to transmit key ideas and concepts. The authors should be encouraged to use figures to enhance the text, but not repeat the text. The key ideas must be clearly outlined and highlighted in the figures. A good figure is better than 1000 words. The combination of figure and legend needs to state the take-home message for the reader. Even if you, the authors, feel that the figure is obvious it needs to be stated so the reader does not miss the important point.

Each figure/legend needs to stand on its own; the reader should not have to refer to the text to understand what you want them to. The text should not repeat the information in the legend.

The same can be said for tables, which are the preferred method of presenting large volumes of data, tables are always useful to present details.

Again, do not repeat what is already found in the Results section in Figures and Tables. In most cases the text in the Results section may be shortened and more Figures and Tables added.

CONCLUSION

Do not hesitate, follow these simple rules and you stand a good chance of being successful. Remember to put effort into presenting your scientific work in an accurate and concise manner and you will have a high likelihood of being published.
Indications and Results of Arthroscopic Treatment of Osteoarthritis of the Knee — An ESSKA survey

Amelie Stoehr MD, Matthias Rueschenschmidt, Romain Seil MD, David Dejour MD, Hermann O. Mayr MD

Results of a Survey among ESSKA members. Published as: Indications for and results of arthroscopy in the arthritic knee: a European Survey in: International Orthopaedics (SICOT) (2013) 37:1263-1271

The arthroscopic treatment of osteoarthritis of the knee is still routinely performed in clinical practice. Moseley et al. published a placebo-controlled trial in 2002 that initiated a wide-ranging debate in terms of usefulness. Their study results showed no difference in clinical outcome comparing arthroscopic lavage, debridement and placebo procedures. Various other studies have supported these findings (Potts 2012). AAOS advises also against arthroscopic treatment of osteoarthritic knees (Richmond 2009). Other studies showed that some subgroups of patients may still benefit from arthroscopic intervention (Spahn 2012). Therefore, a survey was developed to question experienced ESSKA members for their opinion. Out of 211 surveyed surgeons 170 (80.6%) responded to the electronic questionnaire. Respondents were supposed to have at least ten years of experience in the field of knee arthroscopy and to perform more than 100 arthroscopies per year. Different indications and arthroscopic treatment options for knee osteoarthritis had to be rated on a scale from “no indication” to “excellent”.

Respondents generally believe that better results after knee arthroscopy can be achieved in case of low-grade osteoarthritis ($p < 0.001$) and neutral leg axis ($p < 0.001$). Results are assessed to be better when clinical symptoms were present less than 6 months ($p < 0.001$) and patients are younger than 60 years ($p < 0.001$). Partial meniscectomy and notchplasty in case of extension deficit are considered as successful treatment options. Debridement is a recognized indication, however, with moderate clinical outcome (Fig.1). The majority of respondents see no indication for a simple joint lavage, arthroscopic treatment of arthrofibrosis or the removal of osteophytes in knee osteoarthritis (Fig. 2). The outcome after knee arthroscopy is generally considered poor with the presence of reactive subchondral bone edema diagnosed in the MRI (Fig. 3). Only 55.9 % of respondents are satisfied with the current definition of osteoarthritis.

Experienced ESSKA members believe that arthroscopic treatment of osteoarthritis of the knee may be useful under certain circumstances. The main task for the surgeon, however, is to select those patients, that may benefit from an arthroscopic intervention.

Corresponding author:

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Department of Knee Surgery and Sports Traumatology
The incidence of anterior cruciate ligament (ACL) injuries has been reported from a number of studies with a range of between 32–70/100,000 inhabitants/year. Recent Swedish studies based on national data from population-based studies indicate an incidence of around 80/100,000 inhabitants/year.

The target for the Swedish ACL Register is that at least 95% of all the input data directly matches patient notes and surgical records. The register data are fed in by surgeons and/or patients directly. The response rate for patient postop scores varies between 40% and 60%.

In 2012, the SKL, Sweden’s Municipalities and County Councils, allocated SEK 1.2 million to the ACL register to cover running costs. The same amount has been allocated for 2013 and 2014 in the form of a two-year grant. The register provides 50% funding for two administrators.

The register reports ACL reconstructions in Sweden from January 2005. This information is individually based and the patient’s personal ID number automatically shows his/her age and gender. The diagnosis is based on data that are entered manually. During the period 2005-2012, 25,532 primary ACL reconstructions and 1,491 revisions from a total of 76 clinics were registered.

The average age of patients undergoing ACL surgery in the whole of Sweden is 27. This can be interpreted as meaning that not only young active sportsmen and sportswomen but also somewhat older individuals with unstable knees undergo surgery. Women generally have surgery at a younger age than men, 26 and 27 respectively in 2012. During the period 2009-2012, women were always several years younger than men when it came to primary ACL surgery. The probable explanation is that women reach senior levels in ball sports earlier than men and therefore expose themselves to greater risks of an ACL injury at a younger age. Men are probably active as sportsmen for a longer period than women. In 2012, the age at revision surgery was 24 for women and 28 for men. The reasons for this gender difference should be analyzed in greater detail.

Comparing females and males undergoing primary unilateral ACL reconstructions, small yet significant differences were found in terms of both the KOOS and the EQ-5D scores, mostly favoring the male subjects on all follow-up occasions. Only the sport/rec dimension showed differences of between 4 and 5 points, where the females obtained poorer scores compared with males on all follow-up occasions.

On all follow-up occasions, smokers obtained significantly lower scores than non-smokers in terms of both the KOOS (between 4 and 16 points difference) and the EQ-5D scores except for the preoperative VAS score.

The KOOS and EQ-5D results for the patellar tendon and hamstring tendon autografts used for the primary reconstructions are similar. Small yet significant differences were found between the groups, except for the KOOS sports/rec dimension, where patients undergoing surgery with hamstring tendon autografts scored between 6 and 7 points higher on all follow-up occasions.

The full report in English can be downloaded from www.xbase.nu

Magnus Forssblad MD, PhD,
Register Director
UK — National Ligament Registry (NLR)

Currently there is a paucity of information regarding the number of procedures, functional outcome and complication rates following Anterior Cruciate Ligament reconstruction in the UK. The idea for a UK Register was spawned by a meeting between Steve Bollen, John Fairclough and Lars Engebretsen at the Warwick Sports Knee meeting. The initial ‘simple’ suggestion to transpose the format of the Scandinavian Registries was fraught with issues which led to many delays and false starts. Eventually, the UK National Ligament Registry was launched in March 2013, with the backing of the British Association for Surgery of the Knee (BASK) Executive Board and members.

Having received great support and encouragement from the Scandinavian Registries we established a new automated, on line system to try and improve the rates of longer term follow up. The Registry has been established and set up by a Steering committee of surgeons to maintain control within the Orthopaedic community i.e. with no Governmental involvement. Funding to establish the registry, initially over 3 years, was secured by a ‘priming’ sponsorship by various industry colleagues and BASK.

The Registry is entirely web based so all data is entered directly on line. The hub is the website www.uknlr.com which gives full details of the system. The simple stages are:

1. Patients to undergo ACL reconstruction surgery are registered onto the NLR database by the hospital or surgical secretary.
2. Patients are then automatically emailed 2 weeks prior to their date of surgery and invited to enter details of their injury and base line functional scores (KOOS, IKDC subjective, Lysholm and Tegner activity) on line. This can also be done on a computer / tablet screen on admission to the hospital.
3. Surgeons log-on after completion of surgery and enter the operative data.
4. The program emails the patient at 1, 2 and 5 years post operatively to collect further outcome scores.

This will form the basic Registry dataset but can be added to if any surgeon wishes to input additional scores / data at different time intervals. All failures (ruptures) and the timing and mechanism of such failures will be recorded and accessible for review.

The data from the NLR will be managed by a steering group of surgeons and a general manager who will oversee the recruitment / support of surgeons and the production of an independent annual report. A research sub-committee will have responsibility for deciding the direction of specific areas of research and managing any relevant data requests. Bluespier, a highly experienced medical database and management company, through their operating platform Amplitude, will be running the program.

We envisage that the Registry will be of benefit to all who contribute, namely patients, surgeons and industry:

- **PATIENTS**
  Transparent patient based data is required to inform patients of potential outcomes and possible complications. One of the key components of the website will be the development of an interactive reports section which can be accessed by patients and surgeons alike. Patients will be able to view their own data and compare to average values of the surgeon or external published Registry outcome data.

- **SURGEONS**
  The NLR will offer an established framework for clinicians to collect outcome data regarding their own ACL reconstruction practice, benchmarking it against practice across the NHS. This information will be a valuable contribution towards each surgeon’s annual Appraisal and Revalidation.

- **INDUSTRY**
  Through an annual report supporting companies will be able to better understand the market / market share and each supporting company will have access to detailed outcome data for their particular implants. An established Registry will also provide an excellent platform for the controlled introduction of new implants and techniques.

Data regarding outcome of ACL reconstruction will be important information for health care ‘purchasers’ to consider when commissioning work from providers, in line with the new NHS Framework. It is not currently mandatory but we can see significant buy in with the forthcoming pressures of revalidation and the requirement of Clinical Commissioning Groups and Insurance Companies for outcome data. Once we have established a functional pathway for primary ACL reconstruction we will then set about developing similar Registries for other knee ligament procedures.

Go to [www.uknlr.com](http://www.uknlr.com) for more information.

Sean O’Leary Chairman NLR
Steering Group
Summary: Reconstruction of Chronic Patellar Tendon Ruptures after TKA with Extensor Mechanism Allograft.

Cerciello Simone *, Lording Timothy*, Servien Elvire*, Lustig Sébastien*, Neyret Philippe*
* Albert Trillat Center, Lyon North University Hospital, Lyon, France

Introduction

Extensor mechanism disruption is an extremely challenging complication after total knee arthroplasty (TKA). The reported incidence reported is around 0.1%-3% [1-3]. Primary repair with or without augmentation is indicated in acute injuries. It often yields good results since retraction is usually minimal. On the contrary the treatment of chronic ruptures is often difficult. Muscle contracture and poor quality of the remaining soft tissues make surgery extremely challenging. In such cases surgical reconstruction may require tendon autografts or allografts. Active infection or repeated unsuccessful reimplantation procedures with persistent infection are contraindications to these procedures [4]. Reconstruction of a chronic patellar tendon rupture in a patient with total knee arthroplasty using an extensor mechanism allograft (EMA) is a salvage procedure. [5]. The technique was initially introduced and popularized by Emerson in the late 80s [6]. Accurate preoperative evaluation as well as precise surgical technique is essential for positive outcomes. As the patella is generally retracted proximally, preoperative assessment is mandatory to calculate correct patella height. During surgery, extensive release is required to draw it back to the appropriate level.

Case report and surgical technique presentation

We report the case of a 60-year-old male who underwent a right total knee arthroplasty (PS mobile bearing) at the age of 54. He had previously undergone 8 procedures on the same knee. He came to our attention 1 year after the TKA complaining of severe pain, which had started immediately after the operation. He had severe walking limitation and was unable to ambulate without a crutch. Physical examination showed good limb alignment, mild joint effusion, complete passive ROM and an extension lag of 20°. X-ray controls showed a high patella suggesting patellar tendon rupture. Extensor mechanism allograft usually includes a tibial tubercle, the entire patellar tendon and patella, and a large portion of the quadriceps tendon (at least 5cm). In the present case, the native patella was retained according to the technique described by Dejour [7-8]. The patella was shaped in an hourglass manner in the coronal plane (Fig.1) to improve fixation to the native patella by increasing the area for the patellar and quadriceps tendon attachment. The cartilage and subchondral bone were then removed with an oscillating saw to obtain a graft of 10mm thickness. The tibial bone block was prepared to obtain the desired shape, approximately 6 to 8cm in length, 2cm wide and 2cm deep. A bone block, which is slightly wider distally, helps prevent superior migration of the graft. The proximal tibial bone block was prepared in a dovetail or trapezoidal shape, with an angle of 40° between the anterior surface and sides. This particular shape locks the graft into the host native tibia and allows for press fit fixation. The surgical incision should be long enough to allow fixation of the graft in the quadriceps tendon proximally and the tibia distally. The dissection was carried down in the midline with conservative elevation of skin and subcutaneous flaps. Medial and...
lateral flaps of residual retinaculum were obtained and the joint was exposed. The medial and lateral gutters and suprapatellar pouch were recreated and the medial and lateral host distal quadriceps soft-tissue sleeves were prepared. The recipient site for the graft on the patella was then created. The expected position was prepared with an oscillating saw to match the graft shape. Thus a roughly hourglass shape was prepared. Cancellous bone was removed with an osteotome to form a trench, which was approximately 10mm in depth. A precise match was carefully evaluated. Patellar fixation was prepared with two metallic wires, placed transversely through the patella deep to the bottom of the trench (Fig.2). The tibial recipient site was identified and marked out. A trench was created with an oscillating saw to match the shape of the bone block. An intact host bony bridge of 10-15mm should be maintained below the tibial component anteriorly. This helps resisting proximal migration or escape of the graft. This should be maintained below the tibial component anteriorly. This helps resisting proximal migration or escape of the graft. This can be technically difficult in cases of bone loss. Fixation of the graft began proximally on the patella (Fig.3) with the knee at 30° of flexion to evaluate correct patella height. The bone block was placed into the trench and the two wires were tightened. The quadriceps tendon graft was sutured into the previously prepared center of the host quadriceps tendon using n.2 absorbable sutures. Tibial fixation was ensured impacting the bone block into the trench with the knee in full extension. Additional fixation was achieved with a screw and washer distal to the tibial trench and a staple (Fig.9). Remaining native patellar tendon was detached and advanced distally on the tibia, providing additional fixation and soft tissue coverage. The knee was kept in a brace at 30° of flexion at rest and in full extension during ambulation for 2 months (weight bearing allowed). Motion was restored with the assistance of a physical therapist according to the intraoperative tension on the reconstruction. At the latest follow-up 2 years after surgery good implant position with no signs of loosening and correct patella height was observed (Fig.4). CT scan showed good integration of the bone plugs in the host bone both on the tibia and the patella (Fig.5). The patient had recovered knee function no extension lag and good quadriceps muscle strength.

Conclusion

Loss of the extensor mechanism is a potentially devastating complication of TKA. Extensor mechanism allograft represents a reliable option in these situations. Its osseous incorporation allows quick rehabilitation protocol. If precise preoperative planning is performed and sharp surgical technique is adopted good functional results can be expected [9-10].

REFERENCES


Currently there are 22 national societies that are officially affiliated with ESSKA. In each issue of the ESSKA Newsletter, we highlight several of the societies so members can learn more about each. Please contact the ESSKA office if your society is interested in becoming an officially Affiliated Society and we will be happy to share with you the benefits that can be gained both for your society and its members. The complete list of Affiliates Societies is available on www.esska.org/affiliates

FINLAND

FINNISH ARTHROSCOPY ASSOCIATION

www.soy.fi

The Finnish Arthroscopy Association was officially founded in 2008 when it succeeded the Finnish Arthroscopy Society, and now has 60 members. Over the years these two bodies have organised international courses on knee-arthroscopy and hip arthroscopy, and many symposia on sports medicine and the ACL. Each year, they organise an Orthopaedic Meeting where they present an award for the Best Presentation on Arthroscopic Surgery. The current president is Timo Järvelä MD, PhD.

12 March 2014: Symposium on knee ligaments injuries and their treatment in Levi

GREECE

HELLENIC (GREEK) ASSOCIATION OF ARTHROSCOPY, KNEE SURGERY AND SPORTS INJURIES ‘GEORGE NOULIS’(HAA)

www.eae-net.gr

The Hellenic Association of Arthroscopy, Knee Surgery and Sports Injuries (HAA), with nearly 200 members, promotes and develops arthroscopy, knee surgery and sports medicine in Greece. To this end, programmes of training and continuous medical education have been established. Scientific relations and co-operations with other societies were developed and fellowships for young orthopaedic doctors were created.

Until 2004 orthopaedics in Greece remained under the umbrella of the Hellenic Association of Orthopaedic Surgery & Traumatology (HAOST). But the rapid development of arthroscopic surgery, and the special problems and concerns of sports-medicine, prompted the founding of the Hellenic Association of Arthroscopy, Knee Surgery and Sports Injuries ‘George Noulis’ (HAA), in October 2004. “George Noulis” was added to the official name of the association to honour the esteemed Greek doctor who first described, in his doctoral thesis in 1875, what a century later became known as the “Lachman” test.

Since 2005, HAA has organised a Greek Arthroscopic Congress every second year. The current president is Dr Michael Hantes.

2015: The next biannual HAA congress
ITALY

ITALIAN ARTHROSCOPY SOCIETY (SIA)
www.siaonline.net

The Italian Society of Arthroscopy (SIA) develops and educates its members, improving their technical abilities and guiding them in a professional world which is becoming more complex. As arthroscopy courses with practical exercises (models and cadavers) were becoming more frequent a few years ago, SIA thought it expedient to form a group of dedicated instructors. President Ferdinand Priano conceived the idea which was consolidated during the presidency of Gigi Pederzini, and under Riccardo Minola it became a cornerstone for SIA.

SIA dates back to September 1980, to a course in Bormio, which was organised by M. Magi. At this venue Luigi Frizziero, Pier Paolo Mariani, Piero Montenagri and F. Pellacci decided to share their passion for arthroscopy, which was then an emerging technique. After Bormio these “four musketeers” began to contact others who were interested in arthroscopy. The Italian Group of Arthroscopy (GIA) then emerged in October 1980, when seven others (P. Aglietti, M. Benazzi, M. Bianchi, F. Cigala, G. Sgarbi, U. Tosi, P. Venturi) joined the “four musketeers”.

On 6 February 1996, under the chairmanship of Professor Mario Bianchi, the Italian Group of Arthroscopy (GIA) became the Italian Society of Arthroscopy (SIA).

Since then, there have been many changes:
• a group for members under 40 was established and called “Young Lions”,
• the SIA journal called “Artroscopia” was founded,
• Regional Delegates were created to represent SIA across the whole of Italy.

The current president is Professor Giancarlo Coari.

12-14 June 2014: 6th International SIA meeting in Trieste

ITALIAN SOCIETY OF KNEE SURGERY, ARTHROSCOPY, SPORTS TRAUMATOLOGY, CARTILAGE AND NEW ARTHROSCOPY TECHNOLOGIES (SIGASCOT)
www.sigascot.com

The Italian Society of Knee Surgery, Arthroscopy, Sports Traumatology, Cartilage and New Arthroscopy Technologies was launched on 15 May 2004 in Florence by Paolo Aglietti. It was a fusion of three existing associations: the Italian Society of Knee Surgery (SICG), the Italian Society of Sports Traumatology (SITRAS), and the Italian Cartilage Research Society. The idea was to create a stronger and more complete association - a strong group of highly qualified experts - with clearly defined purposes. SIGASCOT aims to foster orthopaedic expertise in Italy, in particular the surgery of knees, shoulders and ankles, the new technologies of arthroscopy, of cartilage-related problems and sports traumatology. Since the beginning, the society’s most important endeavour has been to disseminate scientific knowledge. To this end they promote educational activities, and provide opportunities for their members to exchange specialist expertise.

The most important and extensive event is the national Congress, which is held every two years. SIGASCOT also promotes both pre-clinical and clinical research, to help the development of new ideas and support the main Italian orthopaedic research centres. SIGASCOT has lately begun an ambitious editorial programme, publishing a series of specialist monographs, as well as launched a new official journal, “Joints”, which will publish original papers and reviews.

The current president is Dr Paolo Adravanti.

THE NETHERLANDS

DUTCH ARTHROSCOPY SOCIETY (NEDERLANDSE VERENIGING VOOR ARTHROSCOPIE - NVA)
www.scopie.org

The Dutch Arthroscopy Society (Nederlandse Vereniging voor Arthroscopie - NVA), promotes education, research and sharing of scientific knowledge in arthroscopy, sports medicine and trauma for its more than 500 members. Founded on 30 September 1989, the NVA is now responsible for all arthroscopic training for orthopaedic residents in The Netherlands. The society also plays an important role in the development and regulation of arthroscopic guidelines in the Netherlands.

The NVA’s first annual meeting was held in 1990 and the first hands-on cadaver course was held in 1992. Currently, the NVA organises five annual cadaver arthroscopy courses: three basic courses on general arthroscopy, Knee and Shoulder and two advanced courses for Knee and Shoulder arthroscopy. There is a close association with the ISAKOS approved annual international Advanced Arthroscopy Course (Utrecht, The Netherlands). NVA also organises an annual Masterclass as well as an annual Congress with international speakers (English language).

In addition to their website for members, the NVA also has an information website for patients on all topics of sports medicine and arthroscopy: www.scopie.info.

The current president is Dr Rob Janssen.

4 April 2014: NVA Annual Congress in ’s-Hertogenbosch
21-22 May 2015: 25th Jubilee Congress in Noordwijk

NORWAY

NORWEGIAN ARTHROSCOPY ASSOCIATION (NAA)
www.artroskopii.no

The Norwegian Arthroscopy Association is an association for members of the Norwegian Orthopaedic Association with a special interest in arthroscopic surgery. It was founded in 1992 and has just over 100 active members.

The association’s main event is an annual Winter Meeting, with invited national and international speakers. This is held at Kvitfjell at Lillehammer, the congress hotel adjacent to the World Cup’s downhill slope, which was first used during the 1994 Olympic Games. The hotel also boasts splendid cross-country skiing.

The association also holds a symposium, on varying topics in arthroscopy, at the Orthopaedic Annual Autumn Meeting in Oslo. The NAA Award will be awarded to the best arthroscopic free paper presented during the meeting.

The current president is Dr Sigbjorn Dimmen.

31 January – 2 February 2014: The Norwegian Arthroscopy Association Winter Meeting in Kvitfjell
23 October 2014: The Norwegian Arthroscopy Association’s Symposium during the Orthopaedic Annual Autumn Meeting in Oslo
MESSAGE FROM THE EXECUTIVE DIRECTOR

In my last report I spoke of ESSKA’s need to become more professional, and create an office that could match our recent expansion. I am pleased to say that, with two new members, we have completed our office team. Joseph Ramesh is Indian, with a background in physiotherapy and research. He will cover all Educational matters, from fellowships to ESSKA’s online platform. Anna Hansen Rak is Polish, and will be responsible for ESSKA’s Sections, and their increasing requirements. They are both well qualified for their tasks, and bring a new depth to the office.

The office itself has relocated to more spacious premises. This move was celebrated, amongst other things, on our ‘special day’, the 13th of September, when the Luxembourgish authorities made us feel so welcome.

On a personal note, I’d like to thank our partner society in the United States, AOSSM, for sharing their expertise with me this last summer. I am especially grateful to Irvin Bomberger (AOSSM’s Executive Director) and Camille Petrick (AOSSM’s Managing Director), and to the rest of the AOSSM team for sharing their professional experience. I am also grateful to the ASAE Congress for enabling me to meet other non-profit association managers, and study their techniques.

In 2012, ESSKA invited members to submit photos for the first ever ESSKA Photo Competition. Nearly 100 photos were submitted in three categories: faces, sports medicine, and operational procedures. I am pleased to announce that the selected winners are:

- First: Dr Maksim Zagorov
- Second: Prof Pau Golano
- Third: Dr Peter-Paul de Meijer

The winning photograph has been used for the first time on the cover of this Newsletter. Second and third place photographs, which will be used in future ESSKA publications, can be seen now on the ESSKA website. Congratulations to the winners!

And for the next period, what are our aims?

Let me mention just a few:

- The Amsterdam Congress in May 2014 is obviously our priority.
- We also hope to strengthen our ties with affiliated societies, and to welcome more of them.
- We expect that ESSKA’s Academy and JEO, the new online journal, will be up and running by 2014. We want to make them a great success.
- Lastly, we would like to make our members happy in 2014.

A happy Christmas to all, and a happy New Year!

Sincerely,
Zhanna Kovalchuk
UPCOMING EVENTS

ESSKA EVENTS
ESSKA-AFAS 2nd International Congress on Cartilage Repair of the Ankle
11-12 April 2014 – Prague, Czech Republic
www.esska-afas.org

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

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

6th International Italian Arthroscopy Society (SIA) Meeting
12-14 June 2014 – Trieste, Italy
www.siaonline.net

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

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

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

5th National Congress of the Italian Society of Knee Surgery, Arthroscopy, Sports Traumatology, Cartilage and New Arthroscopy Technologies (SIGASCOT)
24-26 September 2014 – Parma, Italy
www.sigascot.com

OTHER EVENTS
American Academy of Orthopaedic Surgeons (AAOS) Annual Meeting
11-15 March 2014 – New Orleans, Louisiana, USA
www.aaos.org

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

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

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

Robert W. Metcalf, MD and Arthroscopy Association of North America (AANA) 2014
22-25 January 2014 – Snowbird, Utah, USA
www.metcalfmeeting.org

5th Advanced Course on Knee Surgery
2-7 February 2014 – Val d’Isère, France
www.kneecourse.com/valdisere

SIGASCOT Live Surgery Shoulder Meeting 2014
10-12 February 2014 – Rozzano (Milano), Italy
www.spallamilano.it

4th International Knee Update 2014
6-8 March 2014 – Davos, Switzerland
www.kneeupdate.com

Arthroscopic Ankle Annual Course
20-21 March 2014 – Strasbourg, France
www.eits.fr

XXIII International Conference on Sports Rehabilitation and Traumatology
22-23 March 2014 – Milan, Italy
www.footballmedicinestrategies.com
SIGASCOT LIVE SURGERY
SHOULDER MEETING

3rd edition
Centro Congressi Humanitas IRCCS - Rozzano (Milano)
10-12 February 2014

10-11 February 2014
Sessions for orthopaedic surgeons
The rotator cuff
Instability of the shoulder
Future trends in the repair surgery of the shoulder
The shoulder traumatology

12 February 2014
Sessions for Physiotherapists

SAVE THE DATE

10-11 February 2014
Sessions for orthopaedic surgeons
The rotator cuff
Instability of the shoulder
Future trends in the repair surgery of the shoulder
The shoulder traumatology

12 February 2014
Sessions for Physiotherapists

Society of Italian Chirurgia
del Ginocchio, Artroscopia,
Sport, Cartilagine e
Tecnologie Ortopediche

 Presidents: Alessandro Castagna, Pietro Randelli, Paolo Avanzi
Honorary Presidents: Mario Randelli, Paolo Cabitza

Endorsed by ESSKA
15th EFORT Congress
A combined congress with BOA sessions
London, United Kingdom: 4 – 6 June 2014

Main Theme: Patient Safety

Highlights in Orthopaedics & Traumatology

- Challenges in primary total knee arthroplasty
- Anterior cruciate ligament (ACL) revision
- Is there still a place for arthroscopy in osteoarthritic knee?
- Meniscal sutures
- The UNIs: Multicompartmental knee replacement
  Hype or hope?
- The options for the young arthritic knee
- Cartilage: From microfracture to tissue engineering
- Osteotomy: The correction of valgus deformity
- How to deal with meniscal injuries in professional athletes

Key dates

- Early Registration deadline: 31 January 2014
- Preliminary Programme online: 1 March 2014
- On-site rates apply: 16 May 2014
12th TUSYAD Congress 2014
September 23-27, 2014 • Izmir Kaya Thermal & Convention, Turkey

www.tusyad2014.org
29 June 2013 - New Orleans, Louisiana
Tulane University
Hosts: Felix ('Buddy') Savoie MD, Michael O'Brien MD
As soon as we came to New Orleans we had an immediate taste of the famous Mardi Gras and, notably, an emotional and scary encounter with a hungry alligator during the swamp tour. After that we had an interesting scientific session with Dr Felix ('Buddy') Savoie, his fellows and residents, where we exchanged our scientific presentations and ideas. In the evening, we went to the French quarter and enjoyed some funky jazz in Frenchman street. This was awesome. The next day we split into two groups; shoulder and elbow procedures with Buddy, or foot and ankle surgeries with Dr Rodriguez. While Niek and Francesca experienced Chevron procedures for the hallux valgus correction, ankle arthrodesis, ankle scopes with tibial plafond cartilage lesion treated by microfractures and a Jones procedure for cavus foot correction, performed by Dr Rodriguez, Nik and Nico observed a medial elbow ligament repair in a young baseball pitcher, a very nice full Bankart repair from posterior to anterior, a third-time surgery of a massive cuff-repair, which did not seem reparable, and finally a nicely re-attached to the footprint and covered by an artificial patch (all arthroscopic) and an arthroscopic repair of an HAGL lesion performed by our second host Dr O’Brien.

2 July 2013 - Boulder, Colorado
University of Colorado, School of Medicine
Host: Eric McCarty MD
Boulder came as a surprise because of its gorgeous landscapes. First we visited the huge facility at the University of Colorado, with the bioengineering labs and sports physiology, and upon our scientific presentations we had the chance to see a hip arthroscopy on a young athlete with labrum detachment, performed by Dr Mei Dan. During a day we had the possibility to chat with Dr Faegin, one of the legendary Godfathers of this Fellowship.

The fellowship team: Nikica Darabos MD PhD (Croatia), Nicolas Graveleau MD (France), Francesca Vannini MD PhD (Italy); Godfather: Niek VanDijk MD PhD (The Netherland).
The evening saw an outstanding concert by Michael Franti at the Red Rocks amphitheatre with Dr McCarty and his wife Miriam. This was an unforgettable experience; we enjoyed good music, friendship and dancing in one of the most amazing locations in the entire world.

4 July 2013 - Albuquerque, New Mexico
University of New Mexico
Hosts: Bob Schenk MD, Daniel Wascher, MD

The hospitality of Bob Schenk and Dan Wascher was amazing, and they really made us feel at home during our stay. There was a very interesting surgical programme, with a chance to see an ACL revision, a PCL reconstruction by Achilles tendon allograft, and an amazing poster-lateral corner reconstruction by hamstring tendon. That afternoon there was a scientific conference, where both the local and the travelling fellows gave presentations and exchanged ideas.

7 July 2013 - Chicago, Illinois
Chicago Orthopaedic Sports Medicine Specialists
University of Illinois, University of Chicago, Rush Medical Center, Northwestern Orthopaedic Institute, Northshore University Health Systems, Loyola University
Host: Mark Hutchinson MD

In Chicago, we had a wonderful cadaver training-session in the AAOS Orthopaedic Learning Center. This is an amazing facility, with personalised practical teachings given to each of us on knee, foot and ankle surgical practices. In the evening a scientific meeting was given by Dr Tonino, followed by another great experience at Chicago’s remarkable Steak House.

The following day we were again split into two groups, either to assist at surgeries at Rush Hospital or at Hip clinic with Dr Nho. Finally, at Northshore University, where we had the chance to participate in meniscal-transplant procedure on a cadaver with Dr Koh, and we visited his Research labs. One of the most amazing laboratories, among so many highly technological centers, was the small Basic arthroscopic skill-centre created by Dr Sweeny. After his retirement this wonderful professor created a lab, with a small amount of money but a deal of fantasy, competence and love of teaching. Here the residents can take advantage of his experience and his advice.

The next five days we spent in a company with colleagues from all over the world, enjoying the well-organized AOSSM Conference with its highly interesting Instructional Courses. During the evenings we were warmly welcomed at the President’s Dinner at the Art Institute, and ended with a lovely dinner with Professor Fu. As the highlight of our Fellowship, we were granted membership of Magellan Society.

The hospitality in all these places was beyond our expectations. We learned procedures that will affect our practice in the future, and we returned with new energy and ideas.

We think that central to our fellowship was Godfather Professor Niek van Dijk, who was so energetic and so eager to take and give the best of himself, every moment of the day. At each pause he delivered “airport lectures”, training us on ankle arthroscopy even as we waited for our flights! And at dinner he gave us and our hosts a wise little homily, rich in good sense and humour. And each time a different message, preparing us for “academic leadership”, as he used to say. We know that many of his teachings will help us in our future practice, as well as in daily life. The chemistry between the members of the group was so good that we all truly feel that this has been a life-changing experience. The friendship between all of us and our hosts will be a relationship for life. All of this could not be possible without a help of Mrs Czech, the remarkable coordinator of this Fellowship.

In summary, we would say that for young surgeons and scientists who intend to play an active part in scientific society, such an experience is essential. And last but not least, it’s a lot of fun…

ESSKA and AOSSM sincerely thank our sponsor, DJO, for supporting the scientific segments of this fellowship programme.

Dr Darabos’ complete report is available on the ESSKA website under ESSKA Fellowships / Fellowship Reports.
ALWIN JAGER SENIOR FELLOWSHIP 2013

Report of Dr Vladan Stevanovic (Serbia)
1-9 September 2013
in Milan, Italy and Lugano, Switzerland

During this fellowship, I had the privilege of being hosted by Professor Matteo Denti in Milan, Italy and Lugano, Switzerland on behalf of Senior Fellowship of Alwin Jager Foundation and ESSKA.

I worked with him and his team in operating rooms and offices at the Istituto Clinico Humanitas, Rozzano, Milano (www.humanitas.it) and Clinica Luganese, Lugano (www.clinicaluganese.ch).

We discussed tips-and-tricks in knee and shoulder surgery, arthroscopy as well as knee arthroplasty with the latest prosthesis and navigation systems developed. Also valuable was the experience in the office, and the contacts with patients.

I must also acknowledge the hospitality and friendship of Dr Denti and his associates, who acted as one orthopaedic family, and with only one purpose: to give the best for their patients, and to teach everyone how to achieve the same.

I am very grateful to ESSKA and Alwin Jager Foundation for this opportunity, and strongly recommend it to other orthopaedic surgeons. This could be just a beginning of a real community of senior fellows within ESSKA.

Report of Primarijus Sladjan Timotijević MD, PhD (Serbia)
16-21 September 2013 in Hopitaux Universitaires de Genève (HUG) in Geneva, Switzerland

On Monday 16 September 2013 Professor Jacques Menetrey, chief of Unité d’orthopédie et traumatologie du sport in HUG, introduced me to his team. At the beginning I was kindly allowed to visit every department and operating theatre, with modern equipment and instruments.

During the seven days of my fellowship I took part in the following operations:

• Knee arthroscopy
• Primary total hip arthroplasty
• Ligamentoplastica of lig. cruciate anterior
• Meniscus repair
• Cartilage repair
• Stabilisation of the patellae

I had the opportunity to visit the rehabilitation centre of HUG, and its specific programmes for post-operative rehabilitation of patients.

During and between the operations, Professor Jacques Menetrey explained the importance of every moment of the operation, starting with how to perform the positioning of the patient, the principles of techniques, and finally the postoperative follow-ups and complications.

I was familiarised with specific instruments for ligamentoplasty of ACL and PCL, other sports injury of knee and primary hip arthroplasty (mini invasive and anterior approach under x-ray control).

I’m very grateful to my tutor, Professor Jacques Menetrey, and his team. The time in HUG was very special for me, I got to know and enjoy Geneva and the Swiss culture; its gastronomy, history, and friendly people.

ESSKA sincerely thanks our sponsor, the Alwin Jager Foundation, for supporting the scientific segment of this fellowship programme.
ESSKA WAS PRESENT...

ISAKOS CONGRESS 2013 IN TORONTO

ESSKA was present at the 9th Biennial Congress of the International Society of Sports Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine (ISAKOS), held at the Metro Toronto Convention Centre in Toronto, Ontario, Canada on 12-16 May 2013.

The Congress brought more than 3,200 orthopaedic surgeons, allied health personnel, residents, fellows and physical therapists to Toronto, many of whom took the opportunity to visit the ESSKA booth where board members and staff were available to meet and discuss ESSKA and its current activities.

ESSKA board members were also involved in the programme, some as speakers and others as moderators. Professor Jon Karlsson, KSSTA Editor in Chief, and Professor Roland Becker, KSSTA Assistant Editor in Chief, organised the Journal Review Course together with the ISAKOS editors. ESSKA President Joao Espregueira-Mendes was chairman of the ESSKA Partner Society Presentation, in which ESSKA 1st Vice President Matteo Denti and ESSKA 2nd Vice President Romain Seil also participated.

The event was a tremendous success for both ISAKOS and ESSKA.

The injured knee in the young athlete

ESSKA was honoured to be invited to this year’s 28th annual GOTS congress in Mannheim to hold a symposium on the injured knee in the young athlete. GOTS is the society for orthopaedic sports medicine of Germany, Austria and the German-speaking part of Switzerland. This year’s congress was chaired by the GOTS past-president Professor Holger Schmitt (Germany) and the current president Professor Victor Valderrabano (Switzerland).

The ESSKA symposium started with a presentation of the activities of ESSKA by the ESSKA 2nd Vice President, Professor Romain Seil (Luxembourg) who then lectured on the specificities of pediatric meniscus injuries. Dr Sabine Lippacher (Germany) followed with a lecture on the injured extensor mechanism in children. The group around her and Priv. Doz. Manfred Nelitz has developed a significant expertise on the topic and are among the most productive clinical research groups in this field in Europe. The still very controversial topic of ACL injuries in children was debated in the two final lectures given by Havard Moksnes, PT PhD from Professor Lars Engebretsen’s group in Oslo, Norway and the current chairman of the ESSKA Arthroscopy Committee, Priv. Doz. Dr Rainer Siebold (Germany). The former presented the non-operative possibilities of treating ACL injuries in children whereas Dr Siebold highlighted the surgical
LOOKING BACK ON 2013

be possible without the vision of its initial founders, Professors orthopaedic sports medicine and arthroscopy. This would not have

it may be considered as one of the most successful of its kind in

international clinical and research exchange programme, and

The AGA-Pittsburgh fellowship is an outstanding example of an

even their private life.

Many of the participants in this fellowship were or later became

ESSKA members. The AGA-Pittsburgh programme was, for all of

them, a unique experience which benefitted their later careers, and

Romain Seil
ESSKA 2nd Vice President

AGA 30TH ANNUAL MEETING IN WIESBADEN

AGA celebrates an outstanding exchange programme for clinical fellows in Pittsburgh

This year AGA, the Society for Arthroscopy and Joint Surgery for

Germany, Switzerland and Austria, celebrated its 30th annual meeting in Wiesbaden, Germany. On this occasion, the society celebrated the

20th anniversary of an extremely successful exchange programme between the University of Pittsburgh and young AGA members of the

German-speaking world. This programme, which was initiated at the

1992 ESSKA congress in Mallorca between Professor Freddie Fu and

former AGA and ESSKA president, Professor Karl-Peter Benedetto,

has since hosted a total of 55 fellows over the last 20 years.

The AGA-Pittsburgh Fellowship offers opportunities for learning about Orthopaedic Surgery and Orthopaedic Research in Pittsburgh. Two different fellowships are available. AGA and

Freddie Fu offer a one-year research fellowship for young clinical

scientists, those involved with the many basic science and clinical-sciences laboratories in Pittsburgh. There is also a shorter clinical

fellowship tailored for clinicians with an experience in Orthopaedic

Surgery. Some of the scientific highlights include the Orthopaedics Biodynamics Laboratory (director Scott Tashman PhD), the

Orthopaedic Robotics Laboratory (directors Richard Debkski PhD and Volker Musahl MD), the Stem Cell Research Laboratory (director Johnny Huard PhD), the Cellular and Molecular Engineering Laboratory (director Rocky Tuan PhD), and clinical outcomes research (director James Irrgang, PhD). Visiting fellows have the opportunity to observe sports medicine clinic and surgery with Freddie Fu, Christopher Harner, Mark Rodosky and Volker Musahl. (Go to www.orhornet.pitt.edu for more information)

Many of the participants in this fellowship were or later became

ESSKA members. The AGA-Pittsburgh programme was, for all of

them, a unique experience which benefitted their later careers, and
even their private life.

The AGA-Pittsburgh fellowship is an outstanding example of an international clinical and research exchange programme, and it may be considered as one of the most successful of its kind in orthopaedic sports medicine and arthroscopy. This would not have been possible without the vision of its initial founders, Professors Fu and Benedetto, and the support of Mr Jim Johnson, founder of Aircast, and Mr Erich Albrecht who represented Aircast at that time. After the purchase of Aircast by DJO, the latter continued the initial support and its leadership has to be acknowledged for this. In the

name of the former fellows, we thank the initiators of the fellowship

and especially Professor Freddie Fu for his generosity to keep this programme alive and attractive over the past two decades.

Romain Seil ESSKA 2nd Vice President
Roland Becker Scientific Co-Chair of the 2014 ESSKA Congress
Volker Musahl KSSTA Associate Editor and AGA Past President

ESSKA MEMBERS WHO HAVE PARTICIPATED IN THE AGA-PITTSBURG EXCHANGE PROGRAMME:

Research fellows (1 year):
1995 Prof Dr Andreas Imhoff (Germany)
1997 Dr Jürgen Höher (Germany)
2004 Priv Doz Dr Thore Zantop (Germany)
2006 Prof Dr Hanno Steckel (Germany)
2008 Dr Sebastian Kopf (Germany)
2012 Dr Marcus Hofbauer (Austria)

Clinical fellows (6 weeks – 3 months):
1993 Doz Dr Gernot Sperner (Austria)
1996 Prof Dr Christian Fink (Austria)
1999 Prof Dr Romain Seil (Luxembourg)
2001 Prof Dr Holger Schmitt (Germany), Prof Dr Roland Becker (Germany)
2003 Priv Doz Dr Diedrich Pape (Luxembourg)
2005 Dr Mike H. Baums (Germany), Dr Alexander Gohm (Austria)
2007 Priv Doz Dr Rainer Siebold (Germany)
2009 Dr Ashraf Abdelkafy (Egypt), Dr Carl Haasper (Germany)
2011 Dr Thomas Stein (Germany), Dr Patrick Weninger (Austria)
2013 Dr Ingo Banke (Germany), Dr Philipp Minzlaff (Germany)

ASTAS 4TH BALKAN MEETING IN NOVI SAD

The Association of Sports Traumatology and Arthroscopy of Serbia (ASTAS) organised ESSKA approved 4th Balkan Arthroscopy, Sports Traumatology and Knee Surgery meeting in Novi Sad, Serbia on 25-28 September 2013. The event included over 150 participants from 15 different countries in the Balkan region, intensively collaborating on a highly scientific and professional level.

The event began on Wednesday, 25 October 2013 with a Ceremonial dinner at the Hotel Leopold in the Petrovaradin fortress, where participants enjoyed the authentic domestic wines and cuisine. The Scientific part of conference began the next morning and lasted for three days. It included over 50 remarkable scientific presentations of domestic and international speakers, most from the Balkan region.
Following the welcoming remarks at the opening ceremony from organisers Dr Kecojevic and Professor Milankov, Dr Pietro Randelli, as the ESSKA representative, gave a complete presentation about ESSKA, from its history to the 16th Congress to be held in Amsterdam in spring 2014.

The conference also included poster sessions, two symposiums sponsored by Stryker and Orthokine, and a live video transmission of surgery with a direct connection with the surgeon in the operating room at the University Clinical Center Novi Sad. Between sessions, participants could visit the stands of medical equipment manufacturers and pharmaceutical companies.

The primary goal of the 4th Balkan Arthroscopy, Sports Traumatology and Knee Surgery Meeting was achieved. Colleagues from Serbia and the surrounding region got a better understanding of the current world knowledge and trends in popular operative techniques and rehabilitation. Generally speaking, educating young doctors interested in arthroscopy by introducing high standards in their future work was the final result of this meeting.

Finally, ESSKA found new and valuable members and partners in this part of Europe, for sure. The event was truly a success for both ASTAS and ESSKA.

Nik Darabos
U45 Committee and EKA Section member

SPAT XI CONGRESS IN LISBON

This year, the Portuguese Arthroscopy and Sports Trauma Society (SPAT) held their XI CONGRESS, a biennial event, at the Hotel VIP Executive Art’s in Lisbon on 3-4 October 2013. Henrique Jones MD and António Martins MD were the congress Chairmen.

Arthroscopy and Sports Traumatology, the main topics of the scientific programme, focused on current concepts on Hip Arthroscopy and Tissue Engineering developments in Sports Traumatology. ESSKA President Professor Espregueira-Mendes was among the renowned speakers that participated. The congress attracted more than 250 attendees, orthopaedic surgeons and sports medicine doctors, operation theatre nurses and physiotherapists. The high scientific level of lectures was greatly appreciated by all.

Our next congress will be held in September 2015 where we welcome ESSKA’s scientific support and invite all “ESSKA family” to join us.

Artur Pereira de Castro
SPAT President

EBAC COURSE IN ISTANBUL

On 8-9 November 2013 in Istanbul, ESSKA was involved in the first edition of the European Basic Arthroscopy Course (EBAC). This basic course was articulated in theoretical sessions and practical sessions on cow specimens, simulators, and motor skills devices.

A total of 48 young surgeons from Europe, Middle East and Africa had the opportunity to train for two full days in Marmara University and Veli LOK skills Lab. The course was directed by Mustafa Karahan and the faculty included Roland Becker, Anastasios Georgulis, Baris Kocaoglu, Gabrielle Tuijthof, Merter Ozenci, Michel Hantes, Nanne Kort, Reha Tandogan, Sander Koeter, Sven Scheffler, Umut Akgun and Pietro Randelli. Local instructors were involved in the practical sessions.

The President of ESSKA, Professor Joao Espregueira-Mendes, was the special guest of this fantastic course that represents a milestone of education in arthroscopy for European surgeons.

ESSKA expects that this kind of course will be the first step towards a European Certificate in Arthroscopy in the near future.

Pietro Randelli
ESSKA Educational Secretary
The 2013 Hughston Award was presented for a study of the Artoz Center for Orthopaedic Surgery and Sports Medicine in Ljubljana, Slovenia and the University of Pittsburgh Department of Orthopaedic Surgery in Pittsburgh, Pennsylvania, USA. The award-winning study, which was titled “Prospective Randomized Clinical Evaluation of Conventional Single-Bundle, Anatomic Single-Bundle, and Anatomic Double-Bundle Anterior Cruciate Ligament Reconstruction: 281 Cases With 3- to 5-Year Follow-up,” was presented by lead author and ESSKA member Dr Mohsen Hussein on Thursday, 11 July 2013 at the 2013 Annual Meeting of the American Orthopaedic Society for Sports Medicine (AOSSM) in Chicago, Illinois, USA. Following the presentation, Dr Bruce Reider, Editor in Chief of the American Journal of Sports Medicine, made the award presentation to Dr Hussein, as well as Dr Carola van Eck and senior author Dr Freddie Fu, who were in attendance. Also co-authoring the paper was Dr Andrej Cretnik and Dr Dejan Dinevski.

The authors performed a level I prospective randomized controlled clinical trial, in which 320 patients were enrolled into 3 groups, consisting of conventional single-bundle reconstruction (CSB), anatomic single-bundle reconstruction (ASB) and anatomic double-bundle reconstruction (ADB). At a mean follow-up of 51.15 months (range, 39-63), 281 patients (88%) of patients were available for evaluation by an independent blinded observer using the International Knee Documentation Committee (IKDC) subjective form and Lysholm score, as well as the KT-1000 arthrometer and pivot shift tests to assess anteroposterior and rotational laxity, respectively. The ASB group resulted in better anteroposterior and rotational laxity measurements when compared to the CSB group. Moreover, the ADB group was superior to the ASB group in terms of anteroposterior and rotational laxity measurements. The only detectable difference in scoring systems was between the ADB and CSB groups for the Lysholm score.

The Slovenia-Pittsburgh collaboration began approximately 10 years ago when Dr Hussein was a visiting fellow with Dr Freddie Fu in Pittsburgh. At that time, a substantial amount of work went into the set up a study in Slovenia, which is an ideal country for such a trial. Slovenia has a socialized medical-system which enables excellent recruitment and follow-up of patients. As a result of this, a second level II study on individualized ACL surgery was designed, performed and ultimately published in AJSM in 2012, titled “Individualized anterior cruciate ligament surgery: a prospective study comparing anatomic single- and double-bundle reconstruction.”

The Hughston Award is named after Jack C. Hughston, a pioneer in orthopaedic sports medicine and founder of the American Journal of Sports Medicine in the late 1970’s. This award is given annually to the most outstanding paper appearing in AJSM in the previous year and carries with it a $5,000 honorarium. Presently, AJSM is ranked as the best orthopaedic journal in the world in terms of impact factor.
16th ESSKA Congress
14-17 May 2014 / AMSTERDAM

Register Now!

www.esska-congress.org