Highlights from the upcoming 17th ESSKA Congress

Letter from the Congress President Joan C. Monllau
Letter from the Congress Scientific Chairmen
Interview with Professor Richard Villar
Social and Tour Programmes

NEWS
• President’s Editorial by Professor Matteo Denti
• Sections and Committees Updates
• Current Clinical Practice, Research & Innovation
• Affiliated Societies Corner
• Upcoming events
SPECIAL THANKS

We would like to sincerely thank Arthrex who helped make this issue of the ESSKA newsletter possible.

We would also like to acknowledge the corporate partners and supporters of ESSKA:

THE ALWIN JÄGER FOUNDATION, CHELSEA FOOTBALL CLUB, TORNIER and ZIMMER.

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

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

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

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Internal Brace™
The Next Step in Ligament Repair

■ Facilitates healing without need to replace
■ Allows for early mobilization
■ Optimized biomechanical properties when compared to native requirements
■ Versatile, safe and biocompatible

1) Surgical Technology International, 2015 May; 26:239-55. A review of ligament augmentation with the Internal Brace™: the surgical principle is described for the lateral ankle ligament and ACL repair in particular, and a comprehensive review of other surgical applications and techniques is presented. Gordon M Mackay et al.

2) Data on File, Arthrex GmbH, 2015

3) Data on File, Arthrex Inc., 2014

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Fulfilling the need for precision and speed - ergonomic, Low Profile designs facilitate easy suture passing in all joints

**Hip Labral Scorpion™**
- Tip geometry accommodates hip joint anatomy
- Smooth jaws and rounded edges minimize iatrogenic damage
- FiberWire® suture is passed using a small diameter hip labral Scorpion needle

**Mini Scorpion™ DX**
- Miniaturized tip size allows access to the metatarsophalangeal joint anatomy
- Knurled jaw surface easily grasps damaged plantar plate tissue
- Accepts size "0" FiberWire suture

**Knee Scorpion™**
- Lowest profile Scorpion facilitates access to the meniscus
- Small needle passes 2-0 and #2 FiberWire with minimal damage to tissue
- Ideal for suture repair of meniscal tears and root avulsions

RC and Labral Scorpions™
- Multi-functional instruments grasp tissue, pass and retrieve FiberWire
- Ideal for arthroscopic or mini-open shoulder soft tissue passes
- Low Profile designs fit down a 6 mm cannula

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Dear Friends,

I have been pondering ESSKA’s success. Our real strength, it seems to me, is that we are more than a community of professionals but we are also, and essentially, a Society of Friends. We meet each other in many places, and we meet as old friends, and new friends, even better. And when we meet we continue a conversation that’s only been briefly interrupted.

One of our past presidents, describing his first ESSKA congress, said it was like watching something rather wonderful — a group of individuals behaving beyond themselves — beyond the sum of their parts — because they shared something and they served that something. And he wanted to share their freshness.

I’ve had exactly the same feelings myself, and I want all new members to feel this same delight, at finding themselves “in the right place”.

I’m convinced that ESSKA’s success rests upon this — that we all have the one big thing in common of trying to make life better for our patients by improving their treatment. By trying to become better surgeons ourselves, learning more about what we can do and what’s possible to do. Always pushing the limits but doing it alongside friends.

The society has expanded because of this, with many new members, and numerous new plans and ideas. And that makes ESSKA exciting.

The problem with any such group, however, whether a commercial company or a non-profit organisation, is that at some point politics gets its foot in the door.

Last year we had a small glimpse of this and that is why we have made some changes in our rules, so we can keep and embrace the old spirit of ESSKA, the same openness and co-operation, the same pride in being part of something large and good.

You can’t feel it a privilege to serve ESSKA, if you’re thinking that ESSKA is just a stepping stone. As long as we remember this, we’ll just get stronger and better.

Now back to business. Next year is Congress Year, our 17th! I believe that Barcelona will be wonderful with a great assembly of friends. Everybody seems to have this in mind...

Meanwhile, I wish everybody a good end of the year and Happy New Year!

Ciao,

MATTEO DENTI
ESSKA President
What to expect in Barcelona

DEAR ESSKA MEMBERS AND FRIENDS,

The 17th biennial ESSKA Congress is around the corner. The Scientific Committee has been hard at work preparing an interesting meeting. It will be a combination of outstanding highlights lectures, case challenges, debates and carefully selected free paper sessions with the aim of promoting discussion and interaction with the audience. It will keep us informed about what is best and what is new. And that will ensure we improve.

Apart from the traditional nurse course, the congress will expand its educational content with the inclusion of a cadaver lab pre-course on shoulder and knee surgery. Some social events have also been prepared, including the official ESSKA dinner in the Museu Nacional d’Art de Catalunya (MNAC). The MNAC is located in the Palau Nacional atop the Montjuic hill with one of the nicest views of the city. It was constructed for the 1929 International Exposition and houses the best collection of Romanesque mural paintings in the world as well as the works of artists who are most representative of Catalan Modernism such as Antoni Gaudi and Ramon Casas i Carbo. Make sure you buy your ticket well in advance through the official congress website: WWW.ESSKA-CONGRESS.ORG

Deemed as one of the best cities in Europe to hold conventions, the countdown to the ESSKA Congress in Barcelona has begun. The venue, International Convention Centre of Barcelona (CCIB), is located in the Forum area. More than 3,000 hotel beds are available nearby, within five minutes walking distance and there are also very good transport connections to the city downtown.

The guest social speaker will be Mr Miguel A. Torres, one of the most renowned Spanish wine makers. He will give a most unique presentation that will bring together science, art, and gastronomy.

We hope to see you in Barcelona for another exciting and enjoyable educational experience.
J C. MONLLAU
ESSKA Congress President

DEAR ALL,

The 17th ESSKA Congress will start in Barcelona in five months. The submission of abstracts ended on 10 October 2015. We have started the process to evaluate over 1,500 submissions. The upcoming congress will allow many people the opportunity to present their latest research as well as space for paper presentation.

The world-wide-web is gaining more popularity with countless webinars bringing hot topics in orthopaedics and traumatology to your home. Information about treatment options, surgical techniques, rehabilitation etc. are available via the Internet at any given time. In this scenario, do we still need the congress?

We believe the congress is about personal contact which the Internet cannot provide. Meeting friends and colleagues and chatting with them about sports medicine, orthopaedics and traumatology or even having a private conversation gives the congress a special touch. It also presents a unique opportunity to meet many new people thus increasing your network. And Barcelona, the home of Gaudi and the current European Champions League champion, will be an excellent place for the congress.

We are working on an exciting and stimulating programme. The format of the congress will not change significantly, however, we are very interested in improving the interaction between the speakers and the audience because all of us are a part of it. Between sessions you can approach the speakers or the industry to receive more information about a presentation you attended minutes ago.

We have invited very interesting speakers with international expertise in both clinic and research such as Jon Karlsson, the Editor-in-Chief of KNEJA, who has published over 400 scientific papers. He takes care of many professional athletes and he will share his experience in ACL surgery over the last decades. Vicente Sanches Alfonso will talk on the anterior knee pain. Peter Angele’s major interest is basic science in cartilage. Hip arthroscopy has gained increasing popularity and Richard Villar was one of the first. Giancarlo Puddu will talk about his huge experience in osteotomy around the knee and our ESSKA President Matteo Denti will deliver his Presidential lecture.

Besides the highlight lectures we will also have 35 symposia covering all the fields in orthopaedics and sports medicine. More attention will be given to debates with the involvement of over 32 affiliated societies and we look forward to listening to their different approaches when treating patients.

We are all very involved in treating athletes and are, therefore, delighted to announce a very interesting symposium organised by UEFA. The role of sports medicine in Europe, injury statistics and education programmes will be presented and discussed by experts.

Live demonstrations are always interesting because one can follow surgical procedures used by the experts during surgery. We have planned four live demonstrations covering novel techniques such as patients’ specific instrumentation in total knee arthroplasty, cruciate retaining TKA, ankle arthroscopy in cases with instability, repairing a chronic acromioclavicular joint instability will also be performed during the live session.

PSI in total knee arthroplasty has become a big issue. Most of the arthroplasty companies provide the technology but only one company provides individualised jigs and individualised femoral and tibial components. We will see a live demonstration and discuss this novel technology.

A shoulder and a knee cadaveric lab pre-course will open the show, two days prior to the congress. Sixty-eight young surgeons will have the opportunity to perform the latest techniques in an intensive exercise-based programme. Each participant will have 10 to 15 minutes to perform each step of the most common surgical techniques.

The programme is not only for orthopaedic surgeons but also for nurses who work in the operating room. They are a crucial part of the success in the OR and surgery can go smoothly only when there is good communication and well-trained staff.

We will offer a completely different programme for them. Crossfire sessions between the nurses and the surgeons will provide a particular point of view in everyday situations occurring in the OR. Psychological aspects of this sometimes stressful relationship will also be covered.

Finally, you will find satellite programmes such as the Orthopaedic Sports Medicine Comprehensive Review Course for our future leaders and the Physiotherapist’s Programme.

We are working hard to make the ESSKA Congress in Barcelona the most exciting and biggest ESSKA event ever, which you will surely always remember. None of these will be accomplished without your participation. We are all looking forward to seeing you in Barcelona 2016!

A very warm welcome to everybody!

ROLLAND BECKER, CONGRESS SCIENTIFIC CHAIRMAN

Pablo Gelber

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A very warm welcome to everybody!

ROLLAND BECKER, CONGRESS SCIENTIFIC CHAIRMAN
I stumbled into hip arthroscopy purely by accident. While working in Cambridge, I had the good fortune of knowing David Dandy. David was very much up and coming in the field of knee arthroscopy, before my time there, and had set up the first or nearly the first European centre for knee arthroscopy in Cambridge and Newmarket. As a result, Cambridge was used to this rather strange procedure called knee arthroscopy in the mid 70s. So when I came along in the mid 80s and wanted to do hip arthroscopy it was regarded as perfectly normal. I had been over to Toronto learning arthroscopy under Bob Jackson but not for the hip. On my return to Cambridge, I found a patient and off we set. It so happened that the first hip arthroscopy went very well — out came a loose body totally unexpectedly and the patient was cured. If it hadn’t been for that, I simply would not have undertaken hip arthroscopy to the level that you see now.

I was trained to arthroscope all sorts of joints and in the early years I was probably dealing with more knees than hips but it has now got to a stage where I am virtually doing hips exclusively.

My involvement in sports was by accident too. A senior colleague had referred one of the England fast bowlers to me many years ago. He had a painful hip and was unable to play cricket. I undertook a hip arthroscopy, debrided the hip and he was cured. He went back to bowling and I think for me it progressed from there. Over the years I have had the privilege of treating many premier sportsmen from my country and elsewhere. Taking care of these individuals has proven to be a great pleasure as well as a great challenge as any of us involved in sports orthopaedic surgery would agree — it’s not just about treating the pathology but treating the whole sporting environment to which they belong.

While I did not perform the first hip arthroscopy, I think I certainly performed the first one in the UK. I think I have done more than most people in Europe now if not globally. My first hip arthroscopy was on 9 November 1988. At that time my mentor was Jim Glick who was working in San Francisco and it would also be fair to say that Ejnar Eriksson played a major role during my early days of hip arthroscopies.

The participants will be listening to a hip arthroscopy enthusiast so by definition they can only believe half of everything I say. The only way of knowing which half is by coming and listening to the whole lecture. I’ve been asked to pass comment on what is proven and what isn’t but in my own mind, hip arthroscopy can be applied to almost any hip condition/pathology. I will demonstrate that hip arthroscopy has a far broader use than you would perhaps think.

I held a hip arthroscopy symposium in Cambridge in 1991 — probably one of the first ever dedicated to hip arthroscopy. I was looking for people who were well known at hip arthroscopy for the meeting. Ejnar had done some basic work on traction forces and complications in those very early days and had featured in the literature albeit to a limited extent, so I invited him. He accepted and Jo McCarthy also came. We were in the very early 90s in Cambridge and Ejnar was obviously quite senior even in those days at Karolinska. I think it’s fair to call him a mentor, and even to this day, I keep in touch with him.

I think hip arthroscopies in the early days were frequently for osteochondromatosis. I remember Thierry Boyer in France was doing a lot of those as was I. Some of the early papers were really for the removal of loose bodies. There were also early descriptions of removing bullets from the hip, removing broken trochanteric wires after hip replacement but they were one-off procedures.

The most efficient hip arthroscopies are the classic cases. My “gift” case would be somebody with an isolated labral tear, no articular cartilage damage, a mild degree of joint laxity and a very mild degree of impingement and that would be the world’s most perfect hip arthroscopy. In a modern era, somebody who has got an isolated loose body will generally speaking give you a very good result. Obviously, as articular cartilage damage becomes greater, so does the chances of success decrease.

Impingement is a classic indication for hip arthroscopy, it represents unquestionably the biggest reason for doing it in the modern era but, at the same time, we cannot cure everybody and the results are very variable — not only based on the condition but also on where it is done. So it is the most common reason for doing hip arthroscopy. But if you want somebody to walk into your surgery in trouble and walk out with a very big smile, and be more or less guaranteed that you will get them better, then you want to go for something like a loose body or a very mild labral tear with a mild degree of impingement. That sort of thing will generally give you a really good result.

I think that fully informed consent is the most important aspect of hip arthroscopy in the presence of degenerative disease, isn’t it? We know that with degenerative disease we cannot cure everybody and that a percentage will be made worse. All this needs to be explained to a patient beforehand. But what do you do when someone aged 45 years comes in with an osteoarthritic hip? Do you replace them? Do you resurface them? Do you try a hip arthroscopy? The one thing we do know for sure is that a hip arthroscopy will not diminish the success of a hip replacement that follows it. That is a very key finding.

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resurfacings. We started doing this about eight or nine years ago and that was in the era of the resurfacings that were beginning to fail. It was perhaps the best way of establishing why they were failing and also dealing with the soft tissue damage that they would cause so it has become a really good way of dealing with a painful joint replacement.

We have a cohort of patients who have continuing pain in a hip arthroplasty and we don’t know why. All the investigations we do are normal. That is where arthroscopy comes in.

DD HOW DID YOUR CAREER EVOLVE WITHIN ESSKA?

RV I think we would love that. It would be a wonderful idea. We do learn a huge amount from each other. We are hip arthroscopic surgeons and I know I am confined to it almost exclusively but most of my colleagues are not, most will do arthroscopy of the knee or the ankle or the shoulder so for ISHA to work alongside other organisations that can offer these other areas of special interest would be very important. ISHA is seriously global itself.

DD WHAT ARE YOUR MAIN ACTIVITIES IN TERMS OF SURGERY?

RV I’m ashamed to say that I used to do hip arthroplasty and arthroscopy together and I think when I first started hip arthroscopy maybe 20% was arthroscopy and about 80% was arthroplasty. You could reverse that completely now and in recent months, about six months ago, I ceased doing arthroplasty altogether and I now just do arthroscopic surgery. I decided that at the end of the day I had done slightly less than 3,000 hip replacements and it was time to just focus on hip arthroscopy and that is what I do.

DD TELL ME MORE ABOUT ISHA.

RV ISHA was founded in Paris in 2008. It started off with 12 people having lunch in Paris, rather like a luncheon club, people who knew each other really well. It very rapidly turned into what you see now.

The mission statement is that ISHA deals with research and education in hip arthroscopic surgery. All you need to be a member is an interest in hip arthroscopy, which can be supported by two other members. People who join need have some sort of track record in hip arthroscopic surgery but there are different types of membership for different types of individuals. I’m seeing ISHA growing enormously to a level that I don’t think any of us anticipated.

ISHA sounds like a specialist society but actually it is already becoming quite general. So even within ISHA there are people who do periartricular surgery as well as others who do intraarticular surgery. You can see it already diversifying and it’s only been going for less than 10 years.

DD DO YOU THINK WE COULD INCREASE THE LINK BETWEEN A HIGHLY SPECIALISED SOCIETY LIKE ISHA AND A MORE GLOBAL SOCIETY LIKE ESSKA?

RV I think we would love that. It would be a wonderful opportunity to go to meetings that you hold, which are always fun and it provided me with companionship, friendship and enthusiasm. ESSKA gave me a platform where I could exchange ideas. I haven’t been the world’s best ESSKA attendee but when I’ve been, I’ve always thoroughly enjoyed it.

Thank you, Professor Villar, for taking the time to answer our questions and we look forward to hearing you speak at the Congress in Barcelona.
Preliminary programme & registration now online!
www.esska-congress.org

17th
ESSKA Congress

4 - 7 May 2016
Barcelona, Spain

Call for award submissions
Deadline: 31 December 2015

Registration at reduced rates
Deadline: 25 February 2016

PROGRAMME HIGHLIGHTS
• Speciality days of ESSKA Sections: AFAS, EKA and ESA
• Live surgical demonstrations
• 23 Instructional course lectures
• Highlight lectures
• Debates, interactive case discussions

SPECIALS
• Sports medicine day in co-operation with UEFA
• Pre-course (cadaver lab): Shoulder & Knee
• Orthopaedic Review Course (full day)
• PT programme plus workshops
• European resident programme

For programme and registration details please visit www.esska-congress.org

ESSKA President
Matteo Denti (Italy/Switzerland)
Congress President
Joan C. Monllau (Spain)
Scientific Chairmen
Roland Becker (Germany)
Gino M. Kerkhoffs (Netherlands)
Pablo E. Gelber (Spain)
Organiser & contact
Intercongress GmbH
esska@intercongress.de
www.intercongress.de

Social Programme

Welcome Reception
WEDNESDAY, 4 MAY 2016
19:00 – 21:00 H

After participating in interesting sessions on the first day of the congress, you will probably look for the perfect social occasion to meet friends and colleagues. ESSKA’s WELCOME RECEPTION to be held at the top level of the Congress Centre will provide you with such an opportunity. Mingle and network with fellow congress visitors and enjoy a drink as well as typical Catalan and Spanish finger food.

WELCOME TO BARCELONA!

VENUE: CCiB (Congress venue) top level
PRICE (per person): Free for registered delegates
BOOKING: www.esska-congress.org/registration

ESSKA Dinner & Party
FRIDAY, 6 MAY 2016
20:30 – 01:00 H

We will start the evening with a drink on the terrace of the Museu Nacional d’Art de Catalunya (MNAC), overlooking the city of Barcelona. The party will be hosted in the spectacular Sala Oval inside the Museum – hold your breath when entering the room! Savour a taste of the best cuisine in town and be surprised by an astonishing light and music show during dinner. An exciting part of the evening will be the Award Ceremony of the “ESSKArs” – awards for service to our society.

DEPARTURE BY BUS: 19:45 h from CCiB (Congress venue)
APERITIF: 20:30 h
DINNER: 21:15 h
RETURN BY BUS: From 00:30-01:15 several buses to CCiB (Congress venue)
PRICE (per person): EUR 100 (before 25 February 2016);
EUR 150 (after 25 February 2016)
BOOKING: www.esska-congress.org/registration

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BOOKING: www.esska-congress.org/registration
BOOKINGS FOR ALL TOURS ARE AVAILABLE ONLINE DURING REGISTRATION AND THEY MUST BE DONE BEFORE 3 APRIL 2016. THE MINIMUM NUMBER OF PARTICIPANTS PER TOUR IS 20 WHILE THE MAXIMUM IS 40. HOWEVER, FOR THE “MEDIEVAL GIRONA” TOUR 25 PEOPLE IS MANDATORY.

**TOUR 1 - WEDNESDAY, 4 MAY 2016 (half day)**

**THE GOTHIC QUARTER AND THE RAMBLA**

Plaça Catalunya and the Rambla are right in the city centre. The Rambla is a world famous boulevard — pure Mediterranean in nature. It leads visitors to the sea through a variety of shops, old-style shops, ultramoderno cafes, landmark buildings like the Liceo Opera House. Street artists, newspaper stands, flower and bird stalls can also be found at the centre of the boulevard. You will also be able to see the Bogueria Market, Plaça Reial, Plaça del Pi. Portrait Street, Plaça Sant Jaume, Plaça del Rei (Royal Square), Plaça Sant Felip Neri and the Cathedral.

**DEPARTURE:** 09:30h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 12:30h to CCIB (Congress venue)

**PRICE** (per person): EUR 55

**INCLUDED IN THE PRICE:** Bus, guide, ticket to the Arab Bath and Cathedral, lunch at Grill L’Argadà

**BOOKING:** www.esska-congress.org/registrations

**TOUR 2 - WEDNESDAY, 4 MAY 2016 (half day)**

**MODERNISME IN THE OLD CITY**

This tour will give you the opportunity to discover Plaça Catalunya, Portal de l’Angel and Carrer Comtal. You will enjoy a guided tour in the Palau de la Música Catalana, home of the Catalan choir (Orfeó Catalá) and designed and built by Lluís Domènech Muntaner from 1905 to 1908. The Palau was declared a World Heritage site by UNESCO in 1997. The Four Cats bar-restaurant-café will be our next stop. It was the meeting point of the Catalan avant-garde artists at the beginning of the 20th Century. It was also regularly visited by Pablo Picasso. We will then visit the Plaça Real (Royal Square) Lamp post, which was inspired by neoclassic French urban architecture at the end of the 19th Century. Our tour will end at the Guggenheim which was designed by Antoni Gaudi.

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**TOUR 3 - THURSDAY, 5 MAY 2016 (half day)**

**MONTserrat, THE HOLY MOUNTAIN**

You will get a view of the extraordinary landscape of the natural park on the drive up to the sanctuary. 725 m above sea level. During the journey, the guide will give you a short history of Montserrat. Once there, you will be briefed on what there is to see — the monastery, basilica, Boys’ Choir, Our Lady’s Chapel, the museum, St. Joan, Holy Cave, Stations of the Cross as well as bars, restaurants, and shops etc.

**DEPARTURE:** 09:00h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 14:00h to CCIB (Congress venue)

**PRICE** (per person): EUR 30

**INCLUDED IN THE PRICE:** Bus, guide, ticket to the Cathedral, wine tasting

**BOOKING:** www.esska-congress.org/registrations

**TOUR 4 - THURSDAY, 5 MAY 2016 (full day)**

**MEDIEVAL GIRONA**

Girona, located 60 miles from Barcelona, is the city where many cultures have left their imprint — Iberians, Greeks, Romans, Arabs, Jews and Christians. They have created unforgettable places such as the old quarter where you can visit the Arab Bath entrance, the Jewish Quarter, the houses on the Oyar River, the Cathedral, Creation Tapestry, Romanesque cloister. We pause for lunch at Grill L’Argadà where you can taste the famous “Catalan torradas”, toasted bread with red tomatoes, garlic and olive oil.

**DEPARTURE:** 09:00h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 17:30h to CCIB (Congress venue)

**PRICE** (per person): EUR 100

**INCLUDED IN THE PRICE:** Bus, guide, ticket to Sagrada Familia and Park Güell, lunch

**BOOKING:** www.esska-congress.org/registrations

**TOUR 5 - FRIDAY, 6 MAY 2016 (half day)**

**CODOURNí CELLARS**

Codorníu Cellars is located in the town of Sant Sadurní where you will find some of the largest cellars in the world. The wine from Codorníu is called cava. This is an ideal place to observe the whole process of winemaking — from grape processing to bottle labeling. We will take a tour of the cellars in a small electric train and part in a wine tasting.

**DEPARTURE:** 09:00h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 12:30h to CCIB (Congress venue)

**PRICE** (per person): EUR 20

**INCLUDED IN THE PRICE:** Bus, guide, tickets to the Arab Bath and Cathedral, lunch at Grill L’Argadà

**BOOKING:** www.esska-congress.org/registrations

**TOUR 6 - FRIDAY, 6 MAY 2016 (full day)**

**THE GAUDÍ TOUR**

A guided tour of his buildings to learn about the double-edged genius and his extraordinary imagination, both aesthetic and technical. You will visit some of the emblematic buildings such as the Sagrada Familia and the Park Güell. Enter his world of fantasy and geometry. Don’t leave Barcelona without truly understanding some of his more exceptional works. We will stop for lunch at the Citrus Restaurant, a modern and friendly venue with amazing panoramic views of the Paseo de Gracia.

**DEPARTURE:** 09:30h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 17:30h to CCIB (Congress venue)

**PRICE** (per person): EUR 55

**INCLUDED IN THE PRICE:** Bus, guide, ticket to Sagrada Familia and Park Güell, lunch

**BOOKING:** www.esska-congress.org/registrations

**TOUR 7 - SATURDAY, 7 MAY 2016 (half day)**

**BARCELONA HIGHLIGHTS**

Discover the Montjuïc Hill and Olympic Stadium, a cultural and sportive attraction. The Mirador de l’Espanya [Mayor’s lookout] offers a panoramic view over the whole city and the port. We will visit the Columbus Monument which was built to commemorate Columbus’ return from America. At the port, you will see the seaport of the Old Port, including many attractions such as the Aquarium, IMAX cinema, restaurants, nightclubs and shops. We will continue to the Arc de Triomf which was the main access gate to the 1888 International Exhibition and leads down to Ciutadella Park. Also on the tour is the Passeg de Gracia — this street offers the best of the city’s luxury and designer shops. Here you will also find several modernism buildings such as Casa Batlló, Casa Milà or “La Pedrera”.

**DEPARTURE:** 09:30h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 13:30h to CCIB (Congress venue)

**PRICE** (per person): EUR 25

**INCLUDED IN THE PRICE:** Bus, guide

**BOOKING:** www.esska-congress.org/registrations

**TOUR 8 - SATURDAY, 7 MAY 2016 (half day)**

**PICASSO MUSEUM ANDGOTHIC QUARTER**

On this tour, as well as visiting the key sites in the Gothic Quarter (Plaça Catalunya, Rambla, Boqueria Market, Cathedral, etc.) you will have an additional attraction of visiting the Picasso Museum, a reference centre for the formative years (1887-1901) of Pablo Ruiz Picasso. We will walk along the Carrer Montcada, one of the most elegant streets in medieval Barcelona. At the end of the street we will find Santa Maria del Mar Cathedral, the best example of religious Catalan Gothic architecture of the Middle Ages.

**DEPARTURE:** 09:30h from CCIB (Congress venue), meeting point is the registration desk

**RETURN:** 12:00h to CCIB (Congress venue)

**PRICE** (per person): EUR 35

**INCLUDED IN THE PRICE:** Bus, guide, ticket to Picasso Museum

**BOOKING:** www.esska-congress.org/registrations

ARRIVAL: 17:00h to CCIB (Congress venue)

PRICE (per person): EUR 85

INCLUDED IN THE PRICE: Bus, guide, tickets to the Arab Bath and Cathedral, lunch at Grill L’Argadà

BOOKING: www.esska-congress.org/registrations

TOUR 7 - SATURDAY, 7 MAY 2016 (half day)

BARCELONA HIGHLIGHTS

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PRICE (per person): EUR 25

INCLUDED IN THE PRICE: Bus, guide

BOOKING: www.esska-congress.org/registrations

TOUR 8 - SATURDAY, 7 MAY 2016 (half day)

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PRICE (per person): EUR 35

INCLUDED IN THE PRICE: Bus, guide, ticket to Picasso Museum

BOOKING: www.esska-congress.org/registrations
## 17th ESSKA Congress Board of Reviewers

ESSKA would like to cordially thank the following reviewers for their commitment and support during the abstract review process.

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## New ESSKA Books Available in 2016

- **Surgery of the Meniscus**
  - Arthroscopy Committee
  - (in cooperation with Cartilage Committee)
  - H. Mayr, Committee Chairman

- **Elbow and Sport**
  - Elbow and Wrist Committee
  - L. Pedezzini, Committee Chairman

- **Prevention of Injuries and Overuse in Sports**
  - Sports Committee
  - H. Mayr, Committee Chairman

- **Arthroscopy**
  - Education Committee
  - (in cooperation with Cartilage Committee)
  - P. Randelli, Committee Chairman

- **Instructional Course Lecture Book**
  - Congress Scientific Chairmen
  - R. Becker, G. M. Kerkhoffs, and P. E. Gelber

- **Alignment in Modern Total Knee Arthroplasty**
  - ESSKA-EKA Section
  - R. Becker, E. Thienpoint

- **The Achilles Tendon - An Atlas of Surgical Procedures**
  - ESSKA-AFAS Section
  - N. V. Dijk, Section President

- **Knots in Arthroscopy**
  - M. Karahan

- **Shoulder Arthroscopy - How to Succeed!**
  - O. Courage

ESSKA members can purchase all ESSKA books at a 33% discount by visiting their website: [www.esska.org/publications/esska-springer-books](http://www.esska.org/publications/esska-springer-books)
PLAGIARISM IN ORTHOPEDIC LITERATURE: WE ARE SURGEONS, NOT NOVEL WRITERS.

Matthijs P. Somford, Michel P. J. van den Bekerom, Jon Karlsson

We are sharing our thoughts and opening the discussion on preventing plagiarism in orthopedic and sports research and their concomitant publications. This especially focuses on the use of software to detect plagiarism in published articles. We think this concept of identifying plagiarism is not optimal and that changes should be made. We completely agree that plagiarism poses a significant threat to the authenticity of scientific literature and that it is difficult to detect it in submitted articles. In 1872, Walter Bagehot stated that “The propensity of man to imitate what is before him is one of the strongest parts of his nature” (1). Although plagiarism is sometimes considered as theft or stealing, it does not exist in a legal sense. It is important to make the difference with copyright infringement. Plagiarism is defined as the copying or paraphrasing of other people’s work or ideas into your own work without full acknowledgement of these people. This way an author presents work or ideas that are not originally his or hers to start with. The widespread use of computers and the availability of the Internet have made it easier to copy the work of colleagues. We fully agree that copying research papers or to writing a narrative of systematic review by using the unacknowledged work of colleagues is plagiarism. Double publication of previously published research in another journal is also a form of (self) plagiarism. Publication of an article in the authors’ native language and thereafter in English in an international journal is often not seen as plagiarism. But the writing of the article itself is the way to achieve our goal and this goal is to publish and share results of our research. When a writer uses the same pen twice to write two different books or a musician makes use of the same guitar for two different songs, nobody perceives this as plagiarism. All definitions of plagiarism consist of the essential words “without attributing those words, ideas, concepts... to their true/original source”.

In our opinion, when you write a systematic review, for instance on elbow instability after you have written one on ankle instability, the material and methods section can and should (if the same methods are used) be similar or possibly almost identical. But this article will not pass the plagiarism detection software because the build-up of this section is comparable to the other article. That does not mean that the details of the section are the same. So the authors will have to reorder the sentence to bypass the software. The most likely result will be that the sentence is different but not better. What can be the benefit of that? It is also our opinion that an article with correct referencing after copy/pasting statements from other articles or colleagues should not be labeled as plagiarism. These sentences are often better formulated than when changed by (not native speaking) colleagues. But, the important issue is correct referring and acknowledgement to other researcher’s work.

In summary, we are surgeons who publish our research results and because writing is not the goal but just the way we achieve the goal of sharing our research, well-put phrases with referencing or proven concepts of writing should not be banned. This being stated, plagiarism, in our opinion, can only be about the research and not about the writing method or phrase use provided there is correct referencing. We encourage the orthopedic journals to support this theory and to focus on originality and content of research, preventing ghost authorship, copyright infringement, any form of bias or conflict of interest, fabrication or falsification, and ethical issues although we acknowledge that this is an increasingly difficult task.

Previously, manuscripts with basic scientific content were published in our prestigious sister journal KSSTA which with an impact factor of 3.053 is ever rising in ranking among orthopaedic journals. Thanks to the great support of the KSSTA leadership — most importantly Editor-in-Chief Jon Karlsson — basic science manuscripts submitted to KSSTA are often transferred to JEO following authors’ approval.

The Editorial Board shares the same drive for scientific excellence as the authors and readers of the journal and we kindly invite you to publish your experimental work in JEO.

There is an article-processing charge which covers the Open access publishing model but there is no subscription fee for access to its research content. Thus, it ensures an immediate, worldwide and open access to full text of research articles which is in the best interests of the scientific community.

Thanks to our corporate partner Arthrex, who has provided an unrestricted educational grant to our society, ESSKA is able to offer five grants this year that cover the submission fee for the selected articles. The decision will be made by the JEO Editor-in-Chief and the Editorial Board based on the scientific excellence of the articles. The qualifying manuscripts should outline innovative technologies or basic science and translational approaches to surgical treatments that will help surgeons treat patients better.

Another great news — JEO has passed the tests for scientific and technical quality and was accepted to be included in PubMed. Thank you all for your kind patience during the application process. You can find it here http://www.ncbi.nlm.nih.gov/pmc/journals/2776/.

In 2014, JEO published a total of 26 papers and as of September 2015, we have already published 18 papers. Our all-time most viewed article with 11,610 hits attests to the high world-wide visibility of the journal.

In conclusion, JEO has assumed an international status which is growing. We, the Editorial Board, are highly motivated to continuing this success story by further enhancing the journal’s quality and our commitment to this ESSEKA community and provide our authors and readers with a convenient platform for the publication and transmission of their work.

With kindest regards,

HENNING MADRY
JEO Editor-in-Chief


ESSKA NEWSLETTER DECEMBER 2015

JE0

The Journal of Experimental Orthopaedics

THE JOURNAL OF EXPERIMENTAL ORTHOPAEDICS (JEO), THE OFFICIAL BASIC SCIENCE JOURNAL OF ESSKA IS NOW A YEAR OLD.

The ESSKA Academy is about more than just videos, it’s about...

QUIZZES

There are various methods of learning — quizzes are one of them. They help retrieve information from memory with some effort and reinforce the learning process through repetition. They can not only assess what has been learned but also reveal any knowledge gaps and so focus the learning.

The ESSKA Academy has made available Learning Quizzes created by the presenters from the recent ESSKA Congress. Check it out and reap the benefits! Users may have fun challenging themselves to complete the quizzes. Once the answers are submitted, there is an option of either watching the precise slide of the presentation revealing the answers or watching the complete presentation.

MOBILE ABILITY OF THE PLATFORM

You can access the Academy on your smartphone by downloading the “Talk-on-the-go” application. You might even find it easier to use this than its desktop version. The quizzes now work on mobile devices too.

YOUR ESSKA ACADEMY

We have envisioned the ESSKA Academy to be your platform. We upload scientific content for your continuing education by trying to make it easier and more enjoyable for you to learn. Please click the “Edit Profile” on the top bar once you login to the Academy and enter your private information for other ESSKA members. Please include your picture. This will come handy shortly as we want to bring new interactive features onto the portal (forum, rate and comments feed, etc). Having the user’s profile complete will become important and useful.

VIDEOS

Last but not least, educational non-biased up-to-date videos are at your disposal. An accurate review process is performed to guarantee the high quality of uploaded presentations. Watch your colleagues’ videos and send us your own for publication.

MUSTAFA KARAHAN
SIMON DONELL
Riccardo Compagnoni
ESSKA Academy Editorial Board

NEW ON THE ESSKA ACADEMY

VIDEOS FROM THE ESSKA CONSENSUS MEETING “EARLY OSTEOARTHRITIS: ALL AROUND BIOLOGICAL SOLUTIONS”, WHICH TOOK PLACE IN VERONA, ITALY, ARE NOW AVAILABLE FOR ESSKA MEMBERS TO VIEW.

Go to www.ESSKA.org and login to see what’s new!
ESSKA-EKA SECTION

The ESSKA-EKA Closed Meeting was held on 19-20 June in Geneva and was attended by 40 EKA members. The EKA Board would like to express their gratitude to Dariel Fritschy, who hosted the meeting and took really good care of us.

The meeting started on Friday afternoon with an interesting scientific programme on “Infection in total knee arthroplasty”. There were numerous free paper presentations, including those by Bruno Violante, Antonia Chen, Michele Vasso, Sandro Kohl and Robin Strachan. At that point it became obvious that there is still a lack of evidence with regards to the optimal management of patients with infection after knee arthroplasty. Hence, EKA decided to perform a survey about the management of infected total knee arthroplasty (TKA). The survey was prepared by a very active group of people such as Deiary Kader, Sandro Kohl, José Filipe Salreta, Bruno Violante and Michael T. Hirschmann. With the help of Olivier Borens, who gave the final input, Filipe Salreta, Bruno Violante and Michael T. Hirschmann.

After a thorough analysis, EKA will set up a multicentre study dealing with unsolved problems in the management of infected TKA.

The following morning started with the second scientific session, which dealt with the optimal assessment of patients after TKA. The burning questions were: How good are our tools in assessing patients’ outcome after TKA? How can we improve this?

A new EKA Board was elected and a thorough discussion of future orientation and focus took place. It was also decided that a major goal of EKA should be to provide basic education in TKA to young orthopaedic surgeons. Thus, the first Basic Knee Arthroplasty Course will be held in Istanbul. It will provide a step-by-step approach offering systematic information from indication, patients positioning, the entire setting in the OR, the surgical approaches, and philosophies in TKA.

The 2nd ESSKA-EKA European Travelling Fellowship took place recently. The two fellows Tom Piscaer (The Netherlands) and Octav Russu (Romania) had the opportunity to visit several centres in the Netherlands, Germany, Switzerland, Italy and France. A detailed report on this programme follows on the next page.

At that point we would like to encourage people to apply for such fellowships. It is a unique opportunity to learn much in a short period of time and to share ideas and make friends with surgeons across Europe. The 3rd edition of the programme will run from 11 April to 4 May 2016.

ESSKA-EKA EUROPEAN KNEE ARTHROPLASTY TRAVELLING FELLOWSHIP 2016

Application deadline: 20 DECEMBER 2015
Programme dates: 11 APRIL – 4 MAY 2016
(including participation in ESSKA Congress 4-7 May 2016 in Barcelona)
Number of positions: 3

Selected Fellows will have the opportunity of visiting six to eight teaching centres, over a period of four weeks.

The programme covers various aspects of degenerative knee treatment and knee arthroplasty, such as osteotomy, UKA, TKA, bi-compartmental arthroplasty, septic and aseptic revision, reconstructive arthroplasty for trauma, etc.

The Fellowship covers all costs.

Do not miss out on this once in a lifetime opportunity!

After a welcome by the entire orthopaedic team, we started in the OR. Prof. Roland Becker performed an operation with a patient-specific uni-condylar knee implant, showing a nice rapid recovery allowed the patient to go home in the afternoon.

We arrived in the beautiful town of Sittard and enjoyed a warm welcome dinner hosted by Dr Nanne Kort and his family. The next afternoon, we relaxed on his speedboat on the river Maas and spent the evening at his ranch for dinner. The medical part of the fellowship started the next morning at the futuristic Zuyderland hospital in Sittard — a real 21st century hospital with robots, single bedrooms and rapid recovery protocols. Dr Kort used patient specific instrumentation for the total knee replacement. For a total knee, only two surgical nets were opened; there was no stock and surgery time was very short. The rapid recovery allowed the patient to go home in the afternoon after surgery, already walking on stairs with minimal pain. He also showed us a bi-cruciate retaining knee implant. There was also a cruciate-retaining total knee arthroplasty on which Dr Kort is doing a trial. In the afternoon, we had a scientific meeting with the whole department. The hosts presented two interesting works: one about patient-specific positioning guides for TKA and another one about functional outcome assessment in TKA.

The day ended with a dinner in a cozy restaurant nearby.

STADTISCHES KLINIKUM BRANDENBURG, BRANDENBURG, GERMANY
HOST: PROF. DR ROLAND BECKER

After a welcome by the entire orthopaedic team, we started in the OR. Prof. Roland Becker performed an operation with a patient-specific uni-condylar knee implant, showing a nice way of bone preserving partial knee arthroplasty. A TKA and a patella-femoral arthroplasty, a distal femoral osteotomy and a TKA with a ligament-balancing device followed. We discussed and learned about soft tissue balancing and osteotomies around the knee from Prof. Becker. The day finished with a special choir concert at the local church. Prof. Becker invited us for a great run through the East German forest, showed us the city of Brandenburg by segway and took us on a boat ride on the river Havel with everyone from the orthopedic department. During the weekend, we strolled around the palaces of Potsdam discussing orthopaedic surgery throughout Europe and science in orthopaedics. We enjoyed a nice dinner at his house on the last night.

ORTHOPEDIC CLINIKUM MUNICH, MUNICH, GERMANY
HOST: PROF. DR HERMANN MAYR

We arrived on Sunday, in the middle of Oktoberfest. After a short pit stop at this festival, we started the next day filled with total knee replacements. Straightforward surgery, impeccable organisation, excellent explanations were the key words of a beautiful Monday. Our host, Prof. Hermann Mayr, organised a scientific symposium in which the history of ACL surgery, technical mistakes and their connections with early failure in total knee replacement, the German cartilage replacement register and approaches for total surgery in a multiple scarred skin were presented. The second day, we spent time at the OR where Prof. Mayr performed a PCL and PLC reconstruction using the Larson technique. In the outpatient clinic, he showed us his way of working and we discussed every case. In the evening, our host decided that instead of a dinner in a typical Bavarian restaurant we should watch a Champions League football game, which we happily agreed to.

INSELSPITAL, BERN, SWITZERLAND
HOST: DR SANDRO KOHL

A nice welcome dinner with Dr Sandro Kohl and one of his residents Sufian Ahmad in a typical Swiss restaurant made us feel that we were in Switzerland right away. Next morning we were taken to the InselSpital, well-known for Reinhold Ganz and Thomas Muller. We assisted Dr Kohl on two revision knee surgeries – the second was a re-revision with a broken cemented tibia stem. At the outpatient clinic, we were impressed by the
difficult academic pathology, there was not one clear-cut case. We took a cooking class with the entire knee department team and were taken to the beautiful Swiss Alps for hiking. One of the residents, Anna Krimmer, who is also a mountaineer, guided us up on the top of the Vaul Horn. An amazing experience! We assisted Dr Kohl on an acute knee dislocation — with an impressive open PCL and ACL reconstruction with internal bracing. There was also a nice PLC reconstruction using the Latrude technique. The Bern experience was great! The difficult pathology impressed us and the hospital and the OR were equipped with modern technology. Most of all, the people were very open about discussing cases and research and the future of orthopaedics. We also learned to approach difficult cases, infection and revision arthroplasties.

RIZZOLI ORTHOPAEDIC INSTITUTE, BOLOGNA, ITALY HOST: PROF. STEFANO ZAFFAGNINI

We arrived late afternoon during Bologna’s patron saint’s festival where we enjoyed a beautiful opera concert in Piazza Maggiore, the main square. The first morning’s OR was on total knee replacement and partial knee replacement. Unfortunately, a scheduled computer-assisted knee replacement had to be postponed but nevertheless it was demonstrated in one of the many Rizzoli labs. Besides that, a young physicist showed us previous pivot-shift diagnosing devises and future ones the team were currently working on. Science day continued with a tour through the huge research facility, where our guide, Coralia Signorrelli, showed us the part of the lab where, with the aid of a plasma cannon, another team works on a project about ceramic coating of polyethylene surfaces. This day ended with a wonderful dinner in a beautiful Italian restaurant where we discussed surgery and science with our host Prof. Zaffagnini. The following day Prof. Zaffagnini organised a scientific meeting in the Aula Campanacci where we discussed the abductor tubercle ratio as a reference point for joint line planning with CT and X-rays and the instruments of the total logistics and a very well-trained operating team. Everything in de la Sauvegarde — an impressive private clinic with well-arranged logistics and a very well-trained operating team. Everything in this clinic worked very smoothly. Dr Depur explained that pre-planning with CT and X-rays and the instruments of the total knee made it possible to position the knee arthroplasty in the exact rotation and varus-valgus alignment. Of course, Dr Depur showed us a trocchla plasty on a dysplastic knee. He also showed us a revision ACL reconstruction with the inside-out technique for the femur and an extra-articular lateral tenodesis.

In the evening, we were treated with another very nice French culinary experience. A day at the OR with Dr Michael Bonin at the Hospital Jean Mermoz followed. He started the day with a custom-made, patient-specific implant. He told us about the French way of pre-planning a total knee and how to approach a knee with a dysplastic lateral condyle. On the last day we were invited to the Clinique de la Sauvegarde again to operate with Dr Guillaume Demey. He showed us the different ways of performing an ACL reconstruction — outside-in, all-inside, hamstring/FTB, lateral tenodesis and press-fit BTB. In the afternoon, we had a teaching session in which the indications of using a patellar-femoral prosthesis and discussion on a variety of clinical cases. The fellowship ended with a nice walk through beautiful old Lyon with Dr Depur.

In Lyon we learned a lot about biomechanics of the patello-femoral joint and the knee. It was very nice to experience the exact pre-planning before any surgery which helped a lot in thinking about the exact pathology and the approach for any surgery.

All in all, we experienced the total knee in this fellowship. The importance and goal to bring back the knee kinematics in an original way was shown everywhere. The use of patient specific instrumentation and patient specific implants made its introduction throughout Europe. The operative pre-planning for osteotomies as well as for knee implants was used everywhere in a well designed fashion. In all institutes we visited, research was the basis on which new or more or less experimental techniques were monitored. We were very impressed with the logistics in the different clinics. Orthopaedic surgery in these institutes in Europe was performed with a great deal of enthusiasm and passion, never to lose thinking about the indication and operating techniques. They all wondered what the future of treating knee pathology would bring us — is it the biologically maintained knee by the use of disease-modifying drugs or will tissue engineering be the next step in improving the degenerative knee pathology. We all now, the patient specific approach might be the next step. We gained a lot of new friends and good contacts throughout Europe. Proposals for co-operation in research with The Netherlands and Romania were made.

WE WOULD LIKE TO THANK ESSKA, EKA and ALL THE HOSTS AND THEIR TEAMS FOR THIS GREAT EXPERIENCE.

WHAT A GREAT PROFESSION WE HAVE!

In 2016, ESSKA-AFAS was voted “the most active section” during the ESSKA Congress in Amsterdam. A great honour but we have to ensure that we retain this position in the years to follow. We have tried to stay as active as before, thanks to many inspiring members. We organised and participated in several activities in 2015.

In Budapest, we organised a closed consensus meeting on diagnosis and treatment of chronic syndromic instability. This meeting resulted in formulating clear guidelines for this condition and the recommendations are available on our website (www.esska-afas.org). It will also be published in the KSSTA special issue on ankle pathology. The consensus meeting was followed by a one-day comprehensive symposium on ankle arthroscopy. The ESSKA-AFAS group incorporated the Ankle Instability Group (AIG) in 2014. AIG organised the ankle session at the ESSKA-SFA IRCAD course in Strasbourg in May 2015. In September 2015, the annual three-day AIG meeting was organised in Seoul. In December, a cadaver course on arthrotic ankle ligament management will be organised in France. For 2016, AIG will organise a live surgery symposium in Bordeaux on arthrotic ankle instability surgery.

We also participated in the International Congress on Cartilage repair of the ankle in South Africa. This congress was organised in collaboration with the South African Foot Surgeons Association. Planned future activities include a hands-on and theoretical course in January 2016 in Barcelona (www.esska-afas.org/barcelona2016), several symposia and ICL during the ESSKA Congress in Barcelona. In 2017, the International Congress on Cartilage Repair of the Ankle will be organised in Lisbon.
ESSKA-ESA SECTION

ESSKA's Basic Science Research Committee keeps building bridges among clinicians and scientists/researchers from the fields of biomaterials, biomechanics, tissue engineering and orthobiology.

We are happy to present the following courses:

- Basic Biomechanics and Experimental methods for Joint Research at the Ulm University organised by Prof. Latz Dürselen. This course is dedicated to providing the best updated knowledge in biomechanics for musculoskeletal research. It has the scientific patronage of ESSKA and the outcome will be reported in the upcoming ESSKA meetings. Congratulations and thank you to Latz and all the organising committee. This course has launched several papers and projects for future research and we look forward to the next editions. Please check ESSKA website for details.
- Basic Science Meniscus Research Course at The Meniscus 2015 to be held in Porto, 3rd International Meeting. This course will focus on the meniscus tissue and is an outcome of the ESSKA's Basic Science Research Committee's participation in the book The Meniscus, edited by Rene Verdonk, Philippe Beaufils and Christophe Hulet.

We also expect to meet you all at the Symposium: Basic Science in Football during the 17th ESSKA Congress in Barcelona. The topics will include:

- Predisposing factors for ACL Rupture in Football
- Ligamentization process: scientific basis for return to sports
- Return to play after cartilage repair in football
- Biologic enhancement of meniscus healing. Where do we stand?
- Predisposing factors for ACL Rupture in Football

The topics will include:

- Stem-cells and growth factors to enhance soft tissue regeneration
- Return to play after cartilage repair in football
- Biologic enhancement of meniscus healing. Where do we stand?
- Predisposing factors for ACL Rupture in Football

Join us if you are interested in shoulder pathology and want to be part of a dynamic and active group.

ANGEL CALVO
ESSKA-ESA President

We AIM TO HOLD A BIENNIAL ESSKA MEETING IN THE ODD YEARS.

The ESSKA Board meeting took place during this course and the Board members are ready to offer new and creative initiatives for medical education and training in shoulder surgery.

I would like to thank all ESA members for their efforts and work in creating a European platform to share experiences and projects between shoulder surgeons and to the ESSKA Board for their support of our projects.

The number of ESA members is increasing and the inclusion of shoulder topics in the ESSKA programme for the Barcelona Congress is evidence of the growing interest of European surgeons in shoulder pathology. Our main mission is to provide them the necessary tools for their scientific development.

During the past months ESA has actively participated in some national meetings around Europe such as the Spanish Arthroscopy Association held in Madrid in April.

Our first ESA meeting was held in Rome on 3-4 October, as a fully-fledged ESSKA section. This was organised by Giuseppe Milano with a very attractive scientific programme and more than 200 participants. A full report about the Meeting will be included in the next ESSKA Newsletter.

ARThROSCOPy COMMITTEE

Ricardo Varotojo and Christophe Hulet represented ESSKA at the 6th Balkan Congress of Arthroscopy, Sports Traumatology and Knee Surgery in Banja Luka, Bosnia Herzegovina, on 1-3 October. The organising committee was headed by Slavko Matesolovic, President of the scientific committee, Aleksandar Jakovljevic, had set up a very attractive meeting on shoulder surgery, knee arthroscopy and total knee arthroplasty. More than 200 delegates participated in the meeting and the quality of the presentations was excellent. The U45 Committee was also very active during this event.

The Arthroscopy Committee has been also focused on the preparation of the book “Surgery of the Meniscus” with more than 40 chapters. Scientists from across Europe were involved in the project which was an important co-operation with the Cartilage and Basic Science Committees. The book will be available at the 17th ESSKA Congress in Barcelona.

We are also making preparations for the symposia and ICL for the next meeting. I would like to thank all committee members for their involvement.

CHRISTOPHE HULET
Arthroscopy Committee Chairman

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ESSKA NEWSLETTER DECEMBER 2015


Basic Science Meniscus Research Course will be organised in collaboration with the TERMIS Society under the patronage of Prof. Rui L. Reis. The chairmen are Hélder Pereira, Miguel Oliveira and Laura de Girolamo.

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This year, ESSKA organised for the first time two advanced surgical-skills courses on human cadavers at the Surgical Skills Centre in York, UK. The ESSKA Advanced Knee Arthroscopy Course took place 29-30 June and the Advanced Shoulder Arthroscopy Course was held 24-25 September. Each course had 24 participants and the ESSKA Faculty provided thorough didactic and practical training on a wide range of interesting topics. ESSKA would like to thank the following faculty: Matteo Denti, Romain Seil, David Dejour, Michael Hantes, Pietro Randelli, Mustafa Karahan, Ettore Taverna, Giuseppe Milano and Taner Gunes for their invaluable time. Both courses were well received.

For surgeons, the latter includes performing an operation on a patient. When considering a total knee replacement, for example, the knowledge base includes knowing the anatomical structures, the approach(es) to the joint, the bony cuts including the five femoral cuts and the principles of the flexion and extension gaps. Higher order thinking would be the ability to answer the question: “How do anterior and posterior referencing in total knee replacement alter the flexion-extension extension gap balance?” Basic knowledge of the anatomy, surgical technique, and jigging systems, as well as the main principle of ligament balancing brought together is needed in order to answer this question. The final stage is learning the manual skills to actually perform the operation.

Aiming to improve their educational quality, the education committee has set up a task force with two objectives: firstly to review the learning objectives and outcomes for each fellowship; secondly to assess each fellow to ascertain that they have fulfilled the stated objectives.

From a fellow’s point-of-view, there will be general learning objectives, many of which they may already know, and specific objectives for their individual needs. The plan is for each fellow to define the general learning objectives including any skills that may be learnt. Obviously, it will not be possible to learn to operate independently in a four-week fellowship. However, many skills can be learned including defining the focussed history for a particular condition, clinical examination techniques, and the analysis and interpretation of X-rays. It will be important for the fellow to contact the fellowship supervisor to define their individual learning needs.

The fellowships’ educational component will be linked to the ESSKA Academy, with a strong emphasis on articles from KSSTA (our official journal). Prior to each fellowship, the fellow will be sent a number of articles to help build up their basic knowledge. It is hoped that the fellow will expand on their reading during the fellowship.

Having completed a fellowship it is important for both the trainer and the fellow to know if the learning objectives have been satisfactorily completed thus it is intended that each fellow will undergo an assessment of their fellowship. The timing of this will be at the ESSKA Congress that follows the fellowship. The assessment will have a written component (probably multiple choice questions) and a skills session, possibly including cadaveric specimens and manual handling skills. It is intended that the details will be discussed at the committee meeting at the ESSKA Congress in Barcelona 2016.

ESSKA WOULD LIKE TO THANK OUR CORPORATE, PARTNERS AND SPONSORS FOR SUPPORTING THE FOLLOWING EDUCATIONAL PROGRAMMES

- ESSKA-AOSSM DJO Travelling Fellowship
- ESSKA-AKASS DJO Travelling Fellowship
- ESSKA-SLARD S&N Travelling Fellowship
- ESSKA-Chelsea FC Sports Trauma Fellowship

Information and application advice for future fellowships are available on: www.esska.org/fellowships

Earlier in 2015, ESSKA’s Fellows travelled to the US to undertake a renowned international travelling programme in partnership with AOSSM. They had the opportunity to visit centres in Los Angeles, Iowa City, Boston, Pittsburgh, Baltimore, Greenville and concluded at the AOSSM annual meeting in Orlando.

In 2016, ESSKA will host international travelling fellows from America (AOSSM) and Asia Pacific (APKASS). These fellows will visit various ESSKA Accredited Teaching Centres in Europe and conclude their fellowship at ESSKA’s Biennial Congress in Barcelona. Also in 2016, ESSKA’s Fellows will travel to Asia Pacific. The group comprises (see photos below from left to right): Brian Deevit (Ireland), Paolo Angelo Arrigoni (Italy), Johannes Barth (France) with Prof. Mustafa Karahan (Turkey) as Godfather.

FELLOWSHIP COMMITTEE

ESSKA’s Fellowship programmes contribute to the education, training and development of young and experienced orthopaedic surgeons by giving them the opportunity to visit ESSKA’s Accredited Teaching Centres in Europe (of which there are now 77). A new programme, ESSKA-Arthrex Osteotomy Fellowship, has been established for two positions this year. For 2015, ESSKA received over 500 applications from 40 different countries for its various fellowships. The competition was fierce and ESSKA congratulates the successful Fellows. These programmes have commenced and will be completed by June 2016.

ESSKA-Arthrex Osteotomy Fellowship
ESSKA-Arthrex Stipend for the European Arthroscopy Fellowship
ESSKA-EKA TORNIER Knee Arthroplasty Fellowship
ESSKA-EKA International Knee Arthroplasty Travelling Fellowship
ESSKA-Depuy Synthes Degenerative Joint Fellowship
ESSKA-Chelsea FC Sports Trauma Fellowship
ESSKA-APKASS DJO Travelling Fellowship
ESSKA-SLARD S&N Travelling Fellowship
ESSKA-AOSSM DJO Travelling Fellowship
ESSKA-AKASS DJO Travelling Fellowship

PIETRO RANDELLI
Education and Fellowship Committee Chairman
ESSKA COMMITTEE UPDATES

CARTILAGE COMMITTEE

The ESSKA Cartilage Committee continues its activity during this biennium under ESSKA President Matteo Denti. After the successful “ESSKA Consensus Meeting: early Osteoarthritis – all around biological solutions, can we delay the progression of osteoarthritis?” held in Verona on 21-22 May 2015, the members held a consensus meeting the day after the official congress. The meeting was directed by Peter Angele and we discussed different topics which were analysed during the congress.

As a result, nine articles will be published in the KSSTA journal on the following topics:

1. Classification of early OA
2. Discrimination of subchondral pathology
3. Patellofemoral compartment & early OA
4. Meniscal preservation
5. Sport and early OA
6. Load distribution in early OA
7. Chondral and osteochondral reconstruction in the context of early OA
8. Conservative treatment for management of early OA
9. Regenerative approaches for the treatment of early OA

The committee also had the pleasure of collaborating with ESSKA General Secretary Jacques Menetrey in the organisation and realisation of the “ESSKA specialty day” at EFORT in Prague this year. The meeting was very successful and the discussion active and instructive.

The Cartilage Committee is also working together with the Arthroscopy Committee in the preparation of a book on Biological solutions and the results will be published in the KSSTA journal in a special issue dedicated to EOA. The meeting ended with a consensus meeting on Early OA. The programme explored the topic from basic science to each aspect that can affect the onset and progression of OA in the knee joint.

VINCENZO CONDELLO
Consensus Meeting Programme Chairman

GIUSEPPE M. PERETTI
ESSKA Cartilage Committee Chairman

ESSKA NEWSLETTER DECEMBER 2015

ELBOW AND WRIST COMMITTEE

The Elbow and Wrist Committee has been working hard in order to publish the ESSKA book “Elbow and Sport”. We are planning to finish the book before the ESSKA Congress 2016. Additionally, an Elbow Meeting will be held in Arezzo on 3-5 December 2015.

All committee members are invited and we hope to host many young members from Europe as well. Arthroscopy, elbow instability, radial head replacement and elbow fractures will be presented by an extremely well-known faculty during this meeting. The Arezzo ICL centre will also provide us with the possibility to perform surgery on specimen.

LUIGI PEDERZINI
Elbow and Wrist Committee Chairman

UNDER 45 COMMITTEE

The U45 Committee members, following their participation at the ISAKOS meeting in Lyon in June 2015, started preparing a DVD project “Clinical examination of joints”. The aim was to make a compilation of videos based on the list of exams for normal status of each joint. Furthering its agenda to present the Committee in Eastern European countries, the members attended the 6th Balkan Arthroscopy, Sports Traumatology and Knee Surgery Congress that took place in Banja Luka, Bosnia and Herzegovina in October 2015.

The meeting started with the definition of EOA: focused on bone marrow edema and every aspect was analysed — from basic science through clinical and radiological aspects, the treatment considered with either specific conservative or pharmacological or surgical solutions.

Two consecutive sessions were dedicated to meniscal preservation, patellofemoral evolution and load re-distribution. Two live surgeries showed two different new solutions for preservation, patellofemoral evolution and load re-distribution.

The meeting ended with a consensus meeting on Early OA and the results will be published in the KSSTA journal in a special issue dedicated to EOA.

VINCENZO CONDELLO
Consensus Meeting Programme Chairman

GIUSEPPE M. PERETTI
ESSKA Cartilage Committee Chairman

NICOLAS GRAVELEAU
U45 Committee Acting Chairman

HERMANN MAYR
Sports Committee Chairman

The U45 Committee ICL Symposium “Meniscus: What we should do about it...?”

The U45 Committee organised an interactive symposium “Injury Prevention in Sports” at the 32nd AGA Congress which took place in Barcelona during the 2016 ESSKA Congress.

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Currently, over 90 competent colleagues from the mentioned areas are preparing the founding application. The new Section will be established in Barcelona during the 2016 ESSKA Congress.

The Committee is planning the preparation of a U45 Committee ICL Symposium “Meniscus: What we should do about...?”

Apart from organising the U45 Committee ICL Symposium on “How to make a video”, the Committee members are collaborating to prepare several others symposiums, such as ICL “Stress fractures in Sport”, to be held during the 2016 ESSKA Congress. The members are also participating in the ESSKA Meniscus Steering Group to create a European consensus on the degenerative and acute meniscal lesions.

The ESSKA book “Prevention of Injuries and Overuse in Sports”, initiated by the Sports Committee, has been completed. It is available in print and will be presented at the 2016 ESSKA Congress. The authors are physicians involved in high-performance sports, sports scientists, physiotherapists and coaches.

The ESSKA Sports Committee is on its way to becoming a full-fledged Section of ESSKA - the European Sports Medicine Association (ESMA). ESMA’s main objective is to integrate not just orthopaedic surgeons but physicians from high-performance sports, physiotherapists, sports scientists and coaches. By this “evolution of co-operation” an important synergy will be created for training methods and for prevention and rehabilitation.

The meeting started with the definition of EOA: focused on bone marrow edema and every aspect was analysed — from basic science through clinical and radiological aspects, the treatment considered with either specific conservative or pharmacological or surgical solutions.

Two consecutive sessions were dedicated to meniscal preservation, patellofemoral evolution and load re-distribution. Two live surgeries showed two different new solutions for preservation, patellofemoral evolution and load re-distribution.

The last session was dedicated to young researchers: the best papers were awarded with a travelling fellowship in three orthopaedic centres in Italy.

The meeting ended with a consensus meeting on Early OA and the results will be published in the KSSTA journal in a special issue dedicated to EOA.

The faculty comprised Claudio Zorzi, ESSKA President Matteo Denti and Vincenzo Condello, among others. Elizaveta Kon, Massimo Berruto and Giuseppe M. Peretti were part of the programme committee while Vincenzo Madonna, Martina Speri were in the local committee.

While the majority of the more than 300 delegates were Italian, there were numerous others from all around the world. The programme explored the topic from basic science to each aspect that can affect the onset and progression of OA in the knee joint.

As a result, nine articles will be published in the KSSTA journal on the following topics:

1. Classification of early OA
2. Discrimination of subchondral pathology
3. Patellofemoral compartment & early OA
4. Meniscal preservation
5. Sport and early OA
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7. Chondral and osteochondral reconstruction in the context of early OA
8. Conservative treatment for management of early OA
9. Regenerative approaches for the treatment of early OA

The programme explored the topic from basic science to each aspect that can affect the onset and progression of OA in the knee joint.
Fatigue-induced alterations of neuromuscular control are suggested to increase sports-related knee injury risk. We hypothesized that muscle activity onset times and recruitment order would change as a result of fatigue during a standardized 30-second one-legged side hop test (SH).

Healthy participants (N=24; 12 male) performed SH across a distance of 40 cm. Synchronized kinematics and surface electromyography signals were analysed for successful hops across the 40 cm marks, identified by video analysis. Vertical ground reaction force exceeding 10 N indexed landing events. Preceding onset times of muscular activity in milliseconds (ms) were determined objectively from medial and lateral quadriceps and hamstring muscles. Data was reduced to provide one value per subject per muscle per condition. Failed hops and hop frequency served as fatigue indicators. Data (mean ± standard deviation) from the first and last 10 seconds of SH were compared using repeated measures ANOVAs.

Analysis of the first and last 10 seconds of SH revealed a decrease in jump frequency (from 1.8±0.4 to 1.6±0.4 jumps per second, p=0.02) and an increase in the percentage of failed hops (from 5.1±0.1% to 15.3±1.0%, p=0.004), thus illustrating the fatigue induced by the task. Compared to the first five valid hops of SH, the last five valid ones displayed significantly greater muscle activity onset times (earlier activation) prior to landing in vastus medialis (VM, from 60±13 ms to 75±19 ms, p=0.001), vastus laterals (VL, from 37±13 ms to 70±19 ms, p=0.001), biceps femoris (BF, from 80±12 ms to 88±11 ms, p=0.007) and semitendinosus (ST, from 86±13 ms to 92±14 ms, p=0.027). The order in which the muscles were recruited prior to landing was not affected by fatigue and was as follows: ST-BF-VL-VM. None of the variables analysed showed a significant fatigue by sex interaction.

The 30-second jump task analysed here induced significant fatigue in our healthy participants, as indicated by their decreased performance characteristics. In parallel, earlier muscle activity onset times prior to landing were observed in knee extensor and flexor muscles. This modification likely stiffens the knee joint and may help anticipate impact loads during landing tasks under fatigue. This behaviour could be different in females compared to males, knowing that the former are at greater risk for knee injuries, but the present preliminary data do not support this view. The absence of changes in muscle recruitment order suggests the presence of well-established neuromuscular control strategies for successful execution of landing tasks. Our next step is to study muscle onset timing in patients with specific knee injuries or diseases. Our experimental approach may be of interest in the context of injury prevention screening and return-to-sports decision following injury treatment.
FIGURE 3

Arthroscopic examination revealed an anterior cruciate ligament tear and intact meniscal structures with a step of in articular cartilage. Arthroscopic Screw Fixation with three lag screws from anterior to posterior was performed after debridement of the nonunion site. Anatomic Anterior cruciate ligament reconstruction with hamstring graft was performed. After fixation and anterior cruciate ligament reconstruction, there weren’t any anterior or valgus instability.

Mobilisation was started from day three post-operatively. Three months after the injury, repeat radiographs were taken and full weight-bearing walking was allowed (Figure 4). At 12 months follow-up, the patient had a full range of knee movements without any ligamentous instability.

**DISCUSSION**

These distal femoral nonunions are complex injuries. Arthroscopic fixation gives additional information and changes the surgical protocol of these nonunions. Also, soft tissue attachments of the fragmented fragment are the sole source of the blood supply in nonunion. Therefore, an arthroscopic approach should be more preferred as the means of limited dissection.

In the past few months, ESSKA welcomed four new national organisations as Affiliated Societies: the Association of Orthopaedists and Traumatologists in Bosnia and Herzegovina (AOTBIH), the Israeli Society of Knee Surgery and Arthroscopy (ISKKA), the Romanian Society of Arthroscopy and Sports Trauma (SRATS) and the Russian Arthroscopic Society (RAS). These bring our total number of Affiliated Societies to 32.

Below is a summary on some of these societies. Others will be featured in the next issues of our newsletter.

**BOSNIA AND HERZEGOVINA**

**ASSOCIATION OF ORTHOPAEDISTS AND TRAUMATOLOGISTS IN BOSNIA AND HERZEGOVINA (AOTBIH)**

(Udruženje Ortopeda i Traumatologa u Bosni i Hercegovini - AOTBIH)

**website currently under construction**

The Association of Orthopaedists and Traumatologists in Bosnia and Herzegovina (AOTBIH) is an umbrella organisation for orthopaedic surgeons in Bosnia and Herzegovina established on 20 September 2016 at the IInd Congress of Orthopaedists and Traumatologists in Bosnia and Herzegovina. It has 70 regular members who make up 95% of the total number of orthopaedic and trauma surgeons who work in Bosnia and Herzegovina and two associate members.

The current president is SLAVKO MANOJLOVIĆ.

The goals and activities of the association include:

- Organise national and international congresses, symposiums, lectures, seminars and consultations.
- Organise, promote and co-ordinate the activities of members.
- Professional development and training of members.
- Co-operation with relevant national, social, scientific, and professional, local and international organisations across the world.
- Work on the adoption and implementation of long- and short-term plans and programmes for the improvement of orthopaedic and trauma professionals.

**ISRAEL**

**ISRAELI SOCIETY OF KNEE SURGERY AND ARTHROSCOPY (ISKKA)**

www.israel-ortho.org.il

The Israeli Society of Knee Surgery and Arthroscopy (ISKKA) founded in 1984 is a sub-association of the Israeli Orthopedic Association (IOA). There are currently 429 registered members with around 60 actively involved in ISKKA meetings and activities.

ISKKA is a non-profit society which promotes the distribution of knowledge, surgical skills, education and research through multiple initiatives. It concentrates on the area of arthroscopic and joint preservation surgery, related primarily but not exclusively to the knee.

The current president is IFTACH HETSRONI.

ISKKA activities include:

- Three to five one-day scientific meetings each year focusing on a specific area of interest.
- Israeli “CME-I-Arthroscopy” programme is developed to encourage residents to be involved in academic activities. Residents can accumulate scores when involved in acknowledged academic activities in Israel according to a predetermined “key”. At the end of each year, the winner is sent to a fully-sponsored surgical skills cadaveric international course in Europe.
- A specific curriculum is developed that involves 12 educational meetings throughout the year for a selected group of 30 residents at their mid-residency. New residents are selected each year. The programme involves presentations and debates, hands-on workshops and surgical demonstrations.
- The society initiates multi-centre studies involving the collaboration of multiple centres throughout the country.
- It publishes a yearly newsletter which includes 10-15 review manuscripts on different relevant topics and disseminates information of interest about our activities.
- 12 February 2020: Multi-ligament knee injuries symposium in Kfar Saba, Israel.
Message from the Executive Director

Just a short message this time, from myself and the ESSKA Office in Luxembourg. We’ve survived yet another frenetic year and are now savouring some calm before the storm — next year being our Congress Year with all that it entails.

One thought for you to ponder upon. At the Barcelona Congress, we will be announcing the various ESSKAs — awards for service to our society. One of these is for “the most active individual member”. If you think one of your colleagues deserves such an honour, please send us his/her name (and your reasons) to info@esska.org.

Meanwhile, my heartfelt thanks to everybody who made it another good year for ESSKA: the Board — for their constant gentility and kindness, the Sections, Committees and both our journals — for great cooperation, my Office Team — for being so efficient and friendly, and to all our enthusiastic members!

You can see our team’s greetings video on the website.

A Happy New Year to ESSKA’s extended Family!

Let’s make 2016 another Great Year for ESSKA.

ZHANNA KOVALCHUK
ESSKA Executive Director

UPCOMING EVENTS

• ESSKA EVENTS
  ESSKA-AFAS COURSE: STATE OF THE ART ON ANKLE PATHOLOGY & SPORTS TRAUMA
  28-29 January 2016 – Barcelona, Spain
  www.esska-afas.org/barcelona2016

  ADVANCED SHOULDER ARTHROSCOPY COURSE
  7-8 March 2016 – York, UK
  www.esska.org/education/courses

  17th ESSKA CONGRESS
  4-7 May 2016 – Barcelona, Spain
  www.esska-congress.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 for 2016. A complete list is available on the ESSKA website under Meetings.

  ICRS FOCUS MEETING ALLOGRAFTS
  28-29 January 2016 – Brussels, Belgium
  www.castilla.org

  11th INTERNATIONAL CONGRESS SPORT TRAUMATOLOGY “THE BATTLE”
  28-30 January 2016 – Rome, Italy
  www.congresso.it

  6th ADVANCED COURSE ON KNEE SURGERY
  1-3 February 2016 – Val d’Isère, France
  www.kneecourse.com

  THE MENISCUS, PRESERVE THE FUTURE
  4-6 February 2016 – Porto, Portugal
  www.the-meniscus.org

  SPALLA MILANO 2016 – INTERNATIONAL MEETING 4^ EDIZIONE (SHOULDER MILAN 2016, 4TH EDITION)
  11-13 February 2016 – Milan, Italy
  www.spallamilano.org

  ISRAELI SOCIETY OF KNEE SURGERY AND ARTHROSCOPY ONE-DAY SYMPOSIUM
  12 February 2016 – Kfar Saba, Israel
  www.israel-ortho.org.il

  M. ARTHROSKOPIE UND DIAGNOSTIK KURS
  20-27 February 2016 – Wöönstein, Italy
  www.arthroskopie-kurs.de

• OTHER EVENTS
  AANA ANNUAL MEETING 2016
  1-5 March 2016 – Orlando, FL, USA
  www.aana.org

  AANA ANNUAL MEETING 2016
  14-16 April 2016 – Boston, MA, USA
  www.aana.org

  17th ANNUAL EFORT CONGRESS 2016
  1-5 June 2016 – Geneva, Switzerland
  www.efort.org

  AOSMS ANNUAL MEETING 2016
  7-10 July 2016 – Colorado Springs, CO, USA
  www.sportsmed.org
UPCOMING EVENTS

The Norwegian Arthroscopy Associations Winter Meeting 2016

February 5th – 7th
GudbrandsGaards Hotel, Kvitfjell, Norway
Situated in the middle of the Olympic / World Cup downhill slope. Perfect alpine and cross country skiing.

Main topics
• ACL injuries
• Meniscal root tears
• Hamstring injuries
• Shoulder instability
• Peritendinitis calcarea
• SC joint injuries
• Snapping scapula

Final program and registration
www.artroskopi.no

UPCOMING EVENTS

31st Annual Meeting
Society for Orthopaedic Traumatologic Sports Medicine
17 – 18 June 2016
Leonardo Royal Hotel, Munich

www.gots-kongress.org
Congress Language: GERMAN

UPCOMING EVENTS

AGA Congress
33rd AGA Congress
15 – 17 September 2016 • Basel • Switzerland

AGA – SOCIETY FOR ARTHROSCOPY AND JOINT SURGERY
Main topics
• Intraoperative problem solving
• Handling of complications
• Optimal diagnostic work-up
• Update cartilage surgery
• Update partial and total meniscal replacement
• Update ligament surgery
• Patient-specific surgeries
• Partial joint replacement

Session formats
• Instructional courses
• Research / International Day
• Meet the experts
• Surgical techniques
• Posters
• AGA-Students
• Forum AGA-Residents

Congress chairman
Michael Hirschmann, MD
Matthias Zumstein, MD

Congress organiser & Contact
www.intercongress.de
aga@intercongress.de

Abstract submission
DEADLINE: 15 February 2016

Venue
Congress Center Basel

http://www.congres-srats.ro
UPCOMING EVENTS

XII. Turkish Sports Traumatology Arthroscopy and Knee Surgery (TUSYAD) Congress
November 22-26, 2016
Istanbul

www.tusyadistanbul2016.org
Wyndham Grand Istanbul Levent

ESSKA NEWSLETTER DECEMBER 2015

ESSKA Membership:
IT’S TIME TO RENEW
Deadline: 31 December 2015

TO RENEW, go to www.esska.org and then choose Membership / Payment Renewal

Our 2016 Fees are:
• 140 EUR for Full Members
• 75 EUR for Residents & Physiotherapists

Membership benefits include:
• More than 40% reduction on the registration fee for ESSKA’s 2016 Barcelona Congress*
• A monthly copy of, and online access to, the KSSTA Journal
• Reduced registration fees for ESSKA events: the Biennial Congress, workshops, seminars and courses
• 33% reduction on ESSKA publications
• Exclusive access to ESSKA Academy, our online educational platform
• Free subscription to the ESSKA Newsletter, published twice a year
• Access to various ESSKA educational and fellowship programmes
• The right to vote at the General Meeting, serve on ESSKA committees, and apply for section membership.

* 2015 and 2016 membership fees must be paid in order to benefit from this discount. See the ESSKA Congress website (www.esska-congress.org) for registration deadlines and discounts.

For any questions about your membership, please contact the ESSKA office at membership@esska.org or (+352) 4411-7015

Lars Engebretsen inducted into AOSSM Hall of Fame

Prof Lars Engebretsen MD, PhD, (Norway), founding member and former ESSKA President (2008-2010), was inducted into the AOSSM Hall of Fame on 10 July 2015 in Orlando, Florida, at the 2015 AOSSM Annual Meeting. In addition to the positions he has held in ESSKA, Lars Engebretsen has been the President of the Norwegian Sports Medicine Society and the Scandinavian Foundation of Sports Medicine. He is or has been a board member of various societies such as the Norwegian Society of Sports Medicine, the Scandinavian Foundation of Medicine & Science in Sports, ISAKOS, the Orthopaedic Research Society and International Knee Society. He is a reviewer for our Knee Surgery, Arthroscopy and Sports Traumatology (KSSTA) journal and various other orthopaedic and sports traumatology journals too.

Lars has served on the faculties of the University of Tromsø and the University of Minnesota as Associate Professor in orthopaedic surgery. He was professor and Chairman for the Department of Orthopaedic Surgery at Ullevaal Hospital from 1996-2000 and from 2002-2004 and the Orthopaedic University Clinic in Oslo from 2000-2002. From 2005-2007, he served as the Divisional Director for Orthopaedics, Neurosurgery, Neurology, Physical Medicine and Rehabilitation in the Division of Musculoskeletal and Neurosciences at the University of Oslo. He is currently professor of the Department of Orthopedic Surgery at the Oslo University Hospital and Faculty of Medicine University of Oslo, along with co-chair of the Oslo Sports Trauma Research Centre.

He has also been serving as the Head of Medical Sciences for the International Olympic Committee since 2007. Accepting the award, he commented: “I accept this award as proof of inclusion of valuable European research in AOSSM. Some years ago, we had the feeling that US Sports Orthopaedists did not read European literature, but this award shows that this no longer holds true. So I accept this honour on behalf of all the ESSKA clinical researchers.” We all sincerely congratulate him on his induction!

AOSSM established the Hall of Fame in 2001 to honour members of the orthopaedic sports medicine community who have contributed significantly to the specialty and set themselves apart. Being inducted into the Hall of Fame is one of the highest honours given to a Society member.
We all met in LA in a wonderful hotel below the Getty museum. Our stay there was a perfect mix of work including appealing talks, discussions and time in the operating room and spare time to get over our jetlag. We were welcomed by two of our hosts Clarence Shields and David McAllister. LA was special: all three well-known orthopaedic sports medicine centres — UCLA, Kerlan & Jobes, and USC — together organised our stay. Frank Petrignano had organised a very special Spanish welcome dinner for us and our hosts and we gave presentations about our scientific research going on in these labs (including the Porto Knee Testing Device developed by our Godfather). The following day we watched a football game, where we met two of our other hosts Luke Oh and Andreas Gomoll. For dinner some more well-known sports medicine orthopaedists and researchers arrived including Volker Musahl, James Irgang, Christopher Harner, Richard Debski and Scott Tashman. This warm reception was complemented by great food and long positive talks. We were taken on a tour of the impressive research laboratories of the Department of Orthopaedic surgery like the robotics lab of Volker Musahl, James Irrgang, Christopher Harner, Richard Debski and the Biodynamics Lab of Scott Tashman. We got several presentations about the recent research going on in these labs (including the Porto Knee Testing Device developed by our Godfather). The following day we watched a football game and also got several presentations about anatomic ACL reconstruction from him in between the surgeries. Freddie Fu also organised a session where we could present our scientific talks in front of the entire faculty of the department.

Our next stop was Iowa City, where we met our hosts Brian Wolf, Ned Amendola, John Albright and their fellows. We had an intense research meeting with a lot of discussions and spent time in the OR watching very interesting surgeries such as subscapular endoscopic removal of an osteochondroma.

We also visited the new sports medicine complex of Iowa City. We were invited to Brian Wolf’s house for dinner along with our hosts and the fellows. The next morning, we saw some great surgeries being performed including a high tibial osteotomy system facilitating the osteotomy followed by a scientific session.

One of our hosts in Boston, Matt Provencher, was kind enough to pick us up at the airport and gave us an introduction to the history of the city. In the evening, Matt Provencher took us to the baseball game, where we met two of our other hosts Luke Oh and Andreas Gomoll.

At our next stop we were warmly welcomed with a dinner at the harbour by our hosts — Richard Hinton, James Dreese and their Godfather David Figueroa, which was a great experience. The next morning’s research session of good talks and comments from both sides was followed by an OR visit with a great variety of surgeries — from BTB ACL reconstruction to a revision shoulder arthroplasty as well as a distal biceps tendon repair of the elbow. The following day we watched Andreas Gumoll operating on a cartilage allograft and artificial cartilage scaffold case — very interesting for European surgeons who mainly used autografts. We took a typical historical duck tour through Boston the next day and later met at Luke Oh’s house to enjoy his hospitality.

At our next stop we were warmly welcomed with a dinner at the harbour by our hosts — Richard Hinton, James Dreese and Wiemi Donougou — along with their fellows. We had a great research programme the next day with several presentations and intense positive discussions. The evening before Independence Day, Richard Hinton and James Dreese invited us to their golf club where a big Independence Day celebration took place.

From Baltimore we went to Greenville in North Carolina, where the Hawkins Clinic is located. During the welcome reception, we met our hosts Richard Hawkins, J.T. Tokish, Keith Lonergan (who had previously picked us up from the airport) and the sports medicine fellows. The next morning, we started a session presenting our research and listening to our hosts’ research. The deep and very positive constructive discussions were enlightening. This impression was carried forward over the next days while watching interesting surgeries and attending a cadaver lab. Our hosts and us performed an ACL reconstruction and a Latarjet procedure explaining different approaches and discussing our views — an excellent experience!

For dinner some more well-known sports medicine orthopaedists and researchers arrived including Volker Musahl, James Irgang, Christopher Harner, Richard Debski and Scott Tashman. This warm reception was complemented by great food and long positive talks. We were taken on a tour of the impressive research laboratories of the Department of Orthopaedic surgery like the robotics lab of Volker Musahl and Richard Debuki and the Biodynamics Lab of Scott Tashman. We got several presentations about the recent research going on in these labs (including the Porto Knee Testing Device developed by our Godfather). The following day we watched Freddie Fu perform surgeries and also got several presentations about anatomic ACL reconstruction from him in between the surgeries. Freddie Fu also organised a session where we could present our scientific talks in front of the entire faculty of the department.

During this travel, we built strong friendships and the fellowship will have a significant impact on our future careers as well as on our personal development. It was a professionally, culturally and socially tremendously enriching experience for all of us.

We would like to thank DJO Global, the sponsor of the scientific component of the Travelling Fellowship, as well as ESSKA and AOSSM, our unbelievable hosts, and all the people who made this trip possible! We are now looking forward to hosting future Travelling Fellows in our centres.

The complete Fellowship report is available on the ESSKA website under ESSKA Fellowships / Fellowship Reports.
Comprising a series of expert presentations and a live cadaveric surgical demonstration, the course programme addressed a wide range of important issues pre-operative considerations (patient and graft selection, planning and timing for surgery), operative technique (graft harvesting and fixation, tunnel preparation, tips and pitfalls) and post-operative management (rehabilitation, evaluation, complications and revision).

The interest of the audience was undiminished with the programme's interactive discussion and special questions. There was an encouraging and positive feedback from both the participants and the faculty. Having brought together health professionals with different backgrounds and levels of expertise, including sports medicine specialists, orthopedic trainers and physical therapists, this comprehensive course provided a thorough overview of the current concepts and trends in ACL reconstruction to a diverse group of health care practitioners, this meeting in Los Angeles on 23-25 April 2015 was well attended. The society has now close to 4,000 members. A French delegation was invited to be involved in the different ICL and symposium. It was an outstanding event where the two cultures in terms of techniques, philosophy and pathalogy approach.

Members from the ESSKA Cartilage Committee were very active at the meeting. This year, IKRS opened some interesting topics on osteotomies and cartilage in the patellofemoral joint with ESSKA 1st Vice-President David Dejour. Norma Kusama was named president of the society.

ICRS IN CHICAGO, IL, USA

The 12th ICRS World Congress was held on 8-11 May 2015 in Chicago, Illinois. Daniel Grandin and Tim Spalding were the co-chair of the scientific committee.

The meeting highlighted the new trends in terms of developmental biology of the cartilage and the whole joint biological remodelling was very successful.

The next congress is planned to be held in Thessaloniki in 2017 and we hope that ESSKA will again take part.

Vassilios Choulas

Michael Hantes

The French Arthroscopy Society FSA team, headed by Olivier Courage, invited AANA to the 2016 meeting to be held in Versailles.

6th EAE CONGRESS IN PATRAS, GREECE

The 6th Congress of Hellenic Association of Arthroscopy, Knee Surgery and Sports Injuries "George Noulis" (EAE) took place in Patras, Greece, on 22-25 April this year. The first day of the Congress included a cadaveric workshop at the anatomy laboratory of the University of Patras. Forty participants, of whom 20 were physiotherapists, had the opportunity to learn about the basic principles of arthroscopy in all the joints (knee, shoulder, hip and ankle) from experts in the field. A full scientific programme in all fields of arthroscopy (knee, shoulder, ankle and hip) was also dedicated to rehabilitation and physiology.

Over 250 participants, of whom 20 were physiotherapists, shared information about the new trends in arthroscopic surgery, new techniques, tips and tricks. An interesting session on the current trends of imaging of the shoulder was also held with the participation of expert radiologists in this field. The ESSKA delegation comprised Gino Kerckhoffs, ESSKA Treasurer Michael Hantes and René Verdouw who all gave very interesting lectures. Gino Kerckhoffs gave lectures on ankle injuries in athletes and his new technique in arthroscopic treatment of talarostochondral defects. Michael Hantes talked about the new trends in ACL reconstruction and meniscal repair while René Verdouw gave a lecture on his long-standing experience in meniscus allografts and scaffolds.

The Arthroscopy Association of North America held their annual meeting in Los Angeles on 23-25 April 2015 with 857 attendees.

The conference focused on the management of knee ligament instability. The programme included reports on surgery and subsequent rehabilitation of patients with isolated lesions of anterior and posterior cruciate ligaments, collateral ligaments, as well as multidirectional instability. It was attended by 127 participants from across Belarus and from nine countries from Europe and Asia.

The special guests included D. Eggensdahl, R. Mihelic and J. Heisen.

The following main topics were presented at the meeting:

2. Tennis Elbow
3. Sports and elbow, all you need to know! Work up and treatment of stuff elbow D. Eggensdahl
4. Conservative treatment of a javelin thrower at national level
5. Physical therapy approach after arthroscopy elbow J. Heisen
6. Bone defects in recurrent shoulder instability: diagnosis and treatment R. Mihelic
7. Elbow instability J. Mihelic
8. The art of arthroscopy: OCD I. Bojanic
9. Evaluation of the efficacy of the prosthetic type selection according to an algorithm in patients treated with shoulder arthroplasty N. Kurcic
10. Frozen shoulder: surgical treatment experience D. Curcic and S. Zrenavanik
11. Between Society Meetings I. Diklic
12. Arthroscopic radial head resection F. Stremanovic

Ivica Medenica

ESSKA WAS PRESENT

The 11th RAS Congress was held on 15 May 2015 in Belgrade.

The Serbian Association for Shoulder and Elbow (SSS) hosted its 5th Meeting on 15 May 2015 in Belgrade.

It was held under ESSKA patronage and hosted 130 participants from The Netherlands, Croatia, Slovenia, Montenegro, Bosnia and Herzegovina, and Macedonia, among others.

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JOINT AEA-EROD CONGRESS IN MADRID, SPAIN

As President of the Spanish Arthroscopy Association (AEA), I would like to thank ESSKA for its valued participation in our national meeting held in Madrid on 22-24 April 2015. The AEA as well as the Knee Spanish Society (EROD) were very pleased to receive a high-level ESSKA representation. ESSKA President Matteo Denti presented a lecture on the treatment of early OA in the ACL-reconstructed knee.

The participation of ESSKA Board and ESSKA sections speakers was widely appreciated. Other prestigious ESSKA members such as João Iopezero-Mendes, Niek van Dijk and Christophe Charrouset also shared their great scientific knowledge at the Spanish Congress.

Finally, during the closing dinner, Paal Golans (post mortem), and ESSKA-AFA President Nik van Dijk were appointed as the first two honorary members of the AEA.

Angel Vulco, AEA President

In May 2015, the International Conference “Current Trends of Knee Ligament Instability” was held in Minsk, Belarus, under the aegis of the Belarusian Association of Knee Surgery, Arthroscopy and Sports Traumatology (BAKAFF). The conference focused on the management of knee ligament instability. The programme included reports on surgery and subsequent rehabilitation of patients with isolated lesions of anterior and posterior cruciate ligaments, collateral ligaments, as well as multidirectional instability. It was attended by 127 participants from across Belarus and from nine countries from Europe and Asia.

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The MOON cohort presented a six-year follow-up study of small meniscus lesions left in situ during ACL reconstruction where 98% of the lesions (7-25 mm in length) of the posterior segment of the lateral meniscus healed completely. We also had a nice presentation by ESSKA President Matteo Denti about revision ACL: the European experience. Lars Engbrechtsen, ESSKA Past President, was introduced into the AOSSM Hall of Fame. Congratulations!

This was quite my pleasure, my circle of friends had grown exponentially by the end of the conference.

I returned home excited, invigorated and inspired with a broader knowledge. I am already looking forward to the next AOSSM congress in Colorado Springs.

Nicolas Pujol

ESSKA Fellow for the 2015 AOSSM Travelling Fellowship

This year’s congress Presidents were Hélder Pereira and João Lourenço. The highlights included: Sports ankle: current concepts; clinical preservation: clinical evidence of this new paradigm and controversies on arthroscopy and sports traumatology. ESSKA presence was felt throughout the scientific programme with the attendance of ESSKA’s 1st Vice-President, Romain Seil, Hermann Seil, Charlotte Madeleine, Roland Becker and also the presentation of the AGA Congress. The AGA Congress attracted nearly 1,200 scientific participants and 46 exhibiting companies with almost 300 staff representatives.

There were more than 300 podium presentations during the two and a half day congress. Guest societies such as ESSKA, EGRS, DVSE (German Shoulder and Elbow Society), DKG (German Knee Society), and AE (German Society of Endoprosthetics) supported an excellent scientific programme. The AGA faculty contributed to this course, with almost 300 staff representatives.

The Session on “Complications in Arthroscopy” was organised by Professor Hulet, Dr van der List, Dr Marcan, Dr Martinek, and Dr Kirivokapic. The Session included several sessions.

The 10th Orthopaedic Symposium on Patellofemoral disorders was supported by Dr Pavlovic and Dr Kirivokapic. They presented their talks on the novel approaches in the treatment of meniscectomy pathologies at the open ESSKA Symposium “Meniscus: What do we should do about it?”

The primary goal of the meeting was achieved yet again with over 300 participants from 16 different countries in the Balkan region. ESSKA was very successful. It was the invited guest speaker. During this meeting Jacek Walawski announced that the new national orthopaedic and traumatology society will be launched in November. ESSKA congratulated the ORTHOPAEDIC SYMPOSIUM ON PATELLOFEMORAL DISORDERS, which was very successful. It was organized by Dražen Sedlci in Bielsko-Biala, Poland, on 2–3 October. About 250 attendees spent two days speaking on and exchanging views about the latest techniques and techniques involving the third compartment. ESSKA was represented by 2nd Vice-President Ivana Dejkova who was the invited guest speaker. During this meeting Jacek Walawski announced that the new national orthopaedic and traumatology society will be launched in November. ESSKA congratulated the ORTHOPAEDIC SYMPOSIUM ON PATELLOFEMORAL DISORDERS, which was very successful. It was organized by Dražen Sedlci in Bielsko-Biala, Poland, on 2–3 October. About 250 attendees spent two days speaking on and exchanging views about the latest techniques and techniques involving the third compartment. ESSKA was represented by 2nd Vice-President Ivana Dejkova who was the invited guest speaker. During this meeting Jacek Walawski announced that the new national orthopaedic and traumatology society will be launched in November. ESSKA congratulated the ORTHOPAEDIC SYMPOSIUM ON PATELLOFEMORAL DISORDERS.
Warmest thoughts and best wishes for a wonderful holiday and a happy New Year.

The ESSKA Executive Board and the ESSKA Office
www.esska.org