NEWS
• ESSKA’s upcoming 18th Congress in Glasgow: Scientific and Social Programmes, Highlight Lectures, Cycle for Science and more
• Tibial Rotational Alignment in Total Knee Arthroplasty
• Results from ESSKA’s Survey on Prophylaxis for Venous Thromboembolism (VTE) in Hip Arthroscopy

Inside
• President’s Editorial by Romain Seil
• Sections and Committees Updates
• Pillar of ESSKA: Niek van Dijk
• Travelling Fellowship Reports
• Recent and Upcoming Events
SPECIAL THANKS

We would like to sincerely thank: [Company Names]
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, CONMED, LIMA CORPORATE and MEDACTA.

All these organisations generously support our ultimate goal of increasing the quality of life of patients.
We had a partial Board meeting in Shanghai, and two full Board meetings in Lugano and Milan. These meetings were very intense, but allowed us to assess ESSKA’s daily activities, as well as the implementation of our strategic meeting. A large part was spent on planning the next congress. Our scientific planning team, under the leadership of Gino Kerkhoffs, is making great progress on the programme planning, and have good relations with our dynamic Sections, Committees and working groups as well as invited groups and societies (e.g. our affiliated societies, the Football Research Group, ISAKOS, AOSSM, SLARD, APKASS, ICRS, the IOC, the European Handball Federation etc.). Special attention will be given to the European Allograft Initiative under Tim Spalding and Peter Verdonk, as well as the Paediatric ACL Monitoring Initiative. To date, six new books will be presented in Glasgow.

This autumn, our four sections held their respective Open Meetings, in Bordeaux, Berlin, Krakow and Munich. This was the first time that four of our working groups have organised their individual meetings in ESSKA’s non-congress year, testifying to ESSKA’s steady growth. I would like to thank the various teams who worked so hard to achieve this.

Finally, I would like to wish you a well-earned rest, Merry Christmas and a good start to 2018, another exciting year in ESSKA’s history. It has been a great privilege and pleasure to serve the society over these last months.

ROMAIN SEIL
ESSKA PRESIDENT

ATTENTION ESSKA MEMBERS!

HAVE YOU CHANGED YOUR POSTAL ADDRESS, CHANGED YOUR PROFESSIONAL ROLE OR ACQUIRED A NEW EMAIL ADDRESS RECENTLY?

IF YES, PLEASE UPDATE YOUR CONTACT DETAILS ON YOUR PROFILE BY LOGGING IN AT www.esska.org

IT’S QUICK AND EASY AND WILL ENSURE THAT YOU RECEIVE ALL NEWS, UPDATES AND THE JOURNAL!

IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEMBERSHIP, EMAIL US AT membership@esska.org

We are a global medical device company and leader in sports medicine and less invasive orthopedics, dedicated to our mission of Helping Surgeons Treat Their Patients Better™. To advance the treatment of your patients we offer over 12,000 innovative, state-of-the-art products and a variety of surgical procedures, such as:

- Sports Medicine | Global market leader in arthroscopic and minimally invasive joint reconstruction
- Arthroplasty | Latest design features for stemless and reverse total shoulder and knee arthroplasty
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- Orthobiologics | Various systems for autologous healing enhancement
- Imaging and Resection
  - First 4K 3-chip endoscopic camera system on the market
  - Leading technology for integrated operating theaters
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As a privately held company, we stay committed to delivering uncompromising quality to all the healthcare professionals who use our products and, ultimately, the millions of patients whose lives we impact.

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Future Technology Today

- 4K/UHD video routing and streaming with unlimited sources
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- Workflow improvement by having patient data in the OR
- Demonstration suite located at Arthrex Munich office

- Optimized turnaround through enhanced ergonomic usability
- Open to connect third-party equipment
- One solution for use across all surgical disciplines
Dear Friends,

Fast forward six months, and ESSKA’s 18th biennial Congress will be in full swing in the wonderful Scottish City of Glasgow.

Glasgow is a vibrant and fascinating city with a rich cultural, academic and scientific heritage that forms the perfect backdrop for our world-class Congress. The Congress will offer a top-quality scientific programme, a dynamic and explosive social programme (especially ESSKA’s gala dinner and party, which will feature special guests and VIPs from the Scottish music scene, such as the Red Hot Chilli Pipers!) and a variety of tours.

At ESSKA, we pride ourselves on the fact that we work hard and play hard, so why not extend your stay after the sessions are over and enjoy all that Glasgow and Scotland has to offer. You won’t regret it!

I would like to sincerely thank the scientific chairs, Gino Kerkhoffs, Michael Hirschmann and Fares Haddad who are working tirelessly in putting together a wonderful scientific programme that we believe will be the best ever.

Speaking of setting records, we’ve received more abstract submissions than ever before, and more than 300 will be selected for podium presentations. We aim to make all sessions and activities as interactive as possible, hence, the symposia and the debates will all include time for discussion and Q&A. We encourage all delegates to be active, to participate and contribute as much as possible in the Q&A sessions, in the voting sessions and by using the interactive capabilities of the Congress app. We want to hear what’s important to our community, and to ensure that you make the most of every minute of the Congress.

We like to build on success at ESSKA; to understand “what worked” in the previous Congresses, but strive to make each even better. As such, the programme will follow the 2016 layout, but larger, with 8-9 parallel rooms running simultaneously. We are also delighted to see that the PT programme has grown and flourished over the years, which offers you a varied programme of excellence, with something for everyone!

We’ve had superb support from the City of Glasgow, ‘Visit Scotland’ and our Scottish colleagues. We are convinced that our combined efforts will ensure that this Congress will be a fantastic event, offering high-quality science, the best ever social programme and the warmest welcome (come rain or shine, remember, it’s Scotland!)

We look forward to seeing you there!

JÓN KARLSSON
ESSKA Congress President
Dear Friends,

We are very excited that the ESSKA Congress, which will take place in Glasgow in May 2018, is only five months away! The anticipation is building and we are sure that this will be a Congress to remember!

So, as an active participant at the Congress, what can you expect?

You can expect the possibility to evaluate current gold standard treatment techniques in the field of sports traumatology, knee surgery, and arthroscopy of the ankle, knee, hip, shoulder, elbow and wrist.

You can expect to find the newest and finest treatment tips ‘n tricks in arthroscopy and joint surgery to discuss with the experts.

You can expect eight Highlight Lectures, 26 Instructional Course Lectures (ICL), 20 Key Note Lectures, 55 Symposia, 20 Debates, and approximately 320 free papers and 1,000 posters.

You can expect live surgeries with ample time for Q&As and posters.

You can expect case-based debates with direct access to the experts.

And last but not the least, you can expect numerous chances to teach, discuss with and learn from our UK colleagues who will be attending in great numbers. The great turn out at this ESSKA Session at the BOA in Liverpool in September is testament to this.

We look forward to seeing you all in Glasgow for science, learning and fun!

Best regards,

PETER UEBLACKER

Over the years, the UEFA Elite Club Injury study has acquired the largest database for sports injuries in the world. Could you please describe the study?

JAN EKSTRAND: The study is based on the fact that UEFA invites the 32 teams qualified for ground play in the Champions League to participate in the study and send us data every month. Teams that have already qualified once are allowed to continue, if they wish. Teams that have already participated in the study usually want to continue. At the moment, we have 55 clubs from 19 countries and a database of 22,000 injuries. The teams send us data each month. In return, we analyse the data and send back questions if data is missing. We have three controllers in order to achieve a high quality of data. We then send back reports each month about the team statistics and three times during the season, so the teams can compare their injury situation with other teams — of course with anonymity, our confidentiality is strict. We represent each team in the statistics as a bar and they can see their own bar and compare to the bars of the anonymous teams, for example, regarding the injury incidence etc. We started the study in 2001 and continued every year since then. Some teams have sent us data monthly for 16 years already. They don’t do this because they are nice but because they get so much information in return. Normally, they would know their own data, but they wouldn’t know how their statistics compare to other clubs. Because of this study, they can see their strengths and their weakness which they have to work on. These records are really important. Each year, we also have a post-season meeting three days after the Champions League final. This meeting is very important because elite-level team doctors sometimes feel isolated. In medicine, we are usually open-minded and meet our colleagues and share information. But this is not the case in professional football, at least, not on an elite-level. Some clubs are very protective about their data, some say that if they have something better than other clubs it’s a performance advantage and they don’t want to share that. Team doctors are not always allowed to talk openly to colleagues of other clubs. Team doctors can also feel isolated because they are like “modern-day slaves” sometimes. They always have to be with players if players are injured. So team physicians like this official opportunity to meet colleagues, because it is an UEFA meeting and all participating clubs accept that. During the post-season meeting, half a day is dedicated to injury study and improvements and the other half is about new things, where team doctors can suggest any issue and talk about any topic. Since there is no media present, they can talk very openly.

PU: It seems that you have more and more work every year. Is that correct?

JE: Yes, we have more clubs than ever contributing to the study. More and more clubs also from outside Europe are interested in participating. We have eight clubs from South America — Argentina, Brazil, Chile and Ecuador — contributing to the same study. The study is increasingly considered the best injury study in the world with the most reliable data.

PU: How many relevant manuscripts have you published?

JE: We have published more than 60 papers. Our research group consists of four people working with the daily material, and a few more who are involved.

PU: Why did you begin studying football injuries?

JE: The initiative was not actually ours. I was in the UEFA Medical Committee at that time. The UEFA President during late 90s was Lennart Johansson, another Swede. He asked the Medical Committee how a different number of matches in the national teams affects the players’ health. We had opinions, but no answer. We thought we should be able to answer such question. For this, we needed to have an injury study because we needed statistics. That was how it started.

PU: What were your first findings?

JE: The first article was after the FIFA
The risk of ankle sprain has halved over the years.

We have performed several sub-studies in a democratic manner. We let the teams suggest sub-studies, for example, on Achilles tendon injuries. Then we present and discuss these ideas at the annual meeting. We know that every sub-study means extra work for the medical teams of the clubs because it is an extra injury form to fill in. If the majority of the medical teams are convinced that it is worth supporting, we start such a sub-study. We have had approximately 10 sub-studies on ACL injuries, MCL injuries, metatarsal 5-fractures or hamstring injuries etc.

So, this is like at any working place, the leadership style of bosses, the well-being etc.

These answers were like a paradigm shift — very interesting — and new factors came up. I was expecting economy, equipment and things like that. But it seems that the injury situation does not correlate to economic factors. People often say that elite level teams have such a fantastic economy and equipment and this is probably the reason why they are successful and that is why they have less injury. But this is not the opinion of team doctors.

As a result we have started sub-studies on all these points. We do not have results yet, but I think this is a new vision that every sub-study means extra work and the future of the elite level football medicine. Another important matter is that every sub-study means extra work such as collecting data and filling in the form. And as I've already mentioned, you need a lot of material to have safe statements. But if you work together as we do, with so many clubs, you get excellent data.

This is the future in my opinion: studying new aspects and working together.

PU: Dear Jan, thank you very much for this very interesting interview!

PU: This study; was it all your work?

JE: I was appointed as the leader of the study. The reason was probably that I was always interested in studies on injury risk and injury pattern of players.

PU: What was UEFA's response to your proposal to collect data about football injuries?

JE: The UEFA responded positively and supported us, so we started the study.

In the beginning, there was little interest — it was just a minor part of the UEFA Medical Committee's work. But over the years it became more and more important, also for the UEFA. Now it is the basic work that the Medical Committee is doing. We also had difficulties in the participating clubs. In the beginning, it was actually quite difficult to get the teams to participate because they saw it as extra work. They were concerned about confidentiality and hesitated to send us data. During 16 years we have never revealed data about any individual player or team, unless we had a permission. Now they trust us and this is not a problem anymore.

In the beginning, we had players who didn't want to participate. But now, all the players are participating. When we started some clubs didn't understand the value of the study. However, clubs like Real Madrid consistently sent us data. And as I've already mentioned, they do it because they get a lot of useful information in return.

PU: Has the study changed over time?

JE: The basics of the study are the same — we collect data and gauge the injury risk, injury incidence, injury pattern, load etc. and we analyse the changes over the years.

We have found, for example, that over the 16 years some types of injuries have decreased, such as, ligament injuries. The risk of ankle sprain has halved compared to that in the beginning because medical people have learned how to treat and prevent these injuries. By contrast, on the elite-level, the risk of muscle injuries increases year by year in spite of all the work done in the clubs to avoid them. So, we still have a huge problem with muscle injuries.

Over the years, we performed several sub-studies in a democratic manner. We let the teams suggest sub-studies, for example, on Achilles tendon injuries. Then we present and discuss these ideas at the annual meeting. We know that every sub-study means extra work for the medical teams of the clubs because it is an extra injury form to fill in. If the majority of the medical teams are convinced that it is worth supporting, we start such a sub-study. We have had approximately 10 sub-studies on ACL injuries, MCL injuries, metatarsal 5-fractures or hamstring injuries etc.

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After 16 years of study, and your accumulated data, what can you conclude about muscle and tendon injuries? And where do you go from there?

JE: The main conclusions from the study is that injury prevention is different at the elite-level and amateur-level. At amateur and youth level we know that the traditional way to prevent injuries by giving athletes a training programme has been very effective. For example, the “F-Marc 11” or the “Nordic hamstring exercise” is used to prevent hamstring injuries. But our experience is that this does not work at the elite level, it is basically not enough. There could be several reasons for this. Athletes at the elite-level are all well-trained, look at Ronaldo, Ibrahimovic and others, look at their muscles and you can see that they are well-trained. There are probably other factors that are more important and training is less important regarding the muscle injury prevention.

We have asked the team doctors at the post-season meeting: “You are working 24/7 for the teams at the elite level, you are the real experts, you are working on the field, what do you think are the most important factors for injury prevention?” And the four most common answers were:

1. The load on the players, the type of training, the duration, the intensity, the number of matches, the season planning etc.
2. The leadership style of coaches
3. Internal communication
4. Well-being of the players.
18th ESSKA Congress
9 – 12 May 2018
Glasgow, UK

Gala Dinner & Party

FRIDAY 11 MAY 2018
RIVERSIDE MUSEUM, GLASGOW
18.30-19.00: transfers to Museum
19.00-20.00: drinks reception and museum tour
20.00-23.00: dinner, ESSKARS awards and entertainment
23.00-01.00: after party and dancing

Celtic Rock to blow your socks off!
The must-attend social event of the Congress!

Join us for a fun-filled evening of fine food, the famous ESSKARS Awards and Celtic rock not to be missed!

In 2017, the band celebrated their 15-year anniversary and as a “starter” of what they have achieved over this time here are a few facts and figures:

• 1x UK Gold disk for over 100,000 album sales in the UK
• 3 triple platinum disks for album sales in Scotland
• Performed at private parties for Ewan McGregor, Sir Paul McCartney, Sir Alex Ferguson, Her Majesty the Queen, Andy Murray, among others
• Have undertaken sold out tours of the USA, Australia, New Zealand, China and Germany
• 3.5 million views of one of their YouTube videos

SO, DON’T MISS OUT ON THE OPPORTUNITY TO TAKE PART IN THIS FANTASTIC EVENT! TICKETS ARE AVAILABLE ON THE REGISTRATION PAGE OF THE CONGRESS WEBSITE: www.esska-congress.org/registration/

TICKETS ARE LIMITED AND SOLD ON A FIRST-COME-FIRST-SERVED BASIS SO BOOK TODAY!

ESSKA Congress Welcome Reception

WEDNESDAY 9 MAY 2018
19.00-20.30

The welcome reception will be held at the exciting Glasgow Science Centre, just five minutes walking distance from the SEC Congress venue. We invite all registered delegates, partners and special guests to attend this event (NB: a small fee of £5 is applicable for delegates and partners). Drinks and canapés will be served and you will have the opportunity to explore the three floors of exhibits.

THE RECEPTION WILL BE HOSTED BY THE RT HON LORD PROVOST OF GLASGOW.
TOUR PROGRAMME

DURING THE ESSKA CONGRESS, WE WILL BE OFFERING AN EXCITING SELECTION OF TOURS FOR ACCOMPANYING PERSONS WISHING TO EXPLORE GLASGOW, EDINBURGH AND THE HIGHLIGHTS OF THE SURROUNDING AREA INCLUDING THE LOCHS, DISTILLERIES AND CASTLES!

WEDNESDAY 9 MAY – Half-day
HIGHLIGHTS OF GLASGOW

DEPARTURE AND DROP OFF at the SEC (congress venue)
DEPARTURE TIME approx. 09.00h (precise timings to be confirmed)
RETURN to SEC approx. 13.00h (precise timings to be confirmed)
INCLUDED: transport, guide, entrance fees

This tour is the perfect way to kick off your trip to Glasgow. A great opportunity to discover the city and all its gems. Highlights include Glasgow’s breathtaking Victorian architecture, the cathedral, the Necropolis and much more!

THURSDAY 10 MAY – Half-day
STIRLING CASTLE

DEPARTURE AND DROP OFF at the SEC (congress venue)
DEPARTURE TIME approx. 09.00h (precise timings to be confirmed)
RETURN to SEC approx. 13.00h (precise timings to be confirmed)
INCLUDED: transport, guide, entrance fees

Experience picturesque Stirling and the surrounding countryside. The highlight of this trip is a visit to the impressive Stirling Castle, home to the important Scottish monarchs such as King James VI and Mary, Queen of Scots.

THURSDAY 10 MAY – Full-day
LOCH KATRINE AND DISTILLERY TOUR

DEPARTURE AND DROP OFF at the SEC (congress venue)
DEPARTURE TIME approx. 09.00h (precise timings to be confirmed)
RETURN to SEC approx. 17.00h (precise timings to be confirmed)
INCLUDED: transport, guide, lunch, entrance fees, tastings

Experience the beauty of the stunning Trossachs National Park, enjoy a cruise on Loch Katrine, lunch in a traditional Scottish pub and visit a famous Scottish whisky distillery including tastings!

THURSDAY 10 MAY – Half-day
STIRLING CASTLE

DEPARTURE AND DROP OFF at the SEC (congress venue)
DEPARTURE TIME approx. 09.00h (precise timings to be confirmed)
RETURN to SEC approx. 13.00h (precise timings to be confirmed)
INCLUDED: transport, guide, entrance fees

Experience picturesque Stirling and the surrounding countryside. The highlight of this trip is a visit to the impressive Stirling Castle, home to the important Scottish monarchs such as King James VI and Mary, Queen of Scots.

FRIDAY 11 MAY – Full-day
ROYAL EDINBURGH

DEPARTURE AND DROP OFF at the SEC (congress venue)
DEPARTURE TIME approx. 09.00h (precise timings to be confirmed)
RETURN to SEC approx. 17.00h (precise timings to be confirmed)
INCLUDED: transport, guide, lunch, entrance fees

Discover the magnificent city of Edinburgh steeped in history and famous for its Castle, the beautifully-preserved Medieval Old Town and Holyrood Palace. Highlights include a bus tour of Edinburgh’s Old Town, a visit of the famous Edinburgh Castle, lunch, tour of the Royal Mile, tasting of Scottish specialities and free time.

GO TO: www.esska-congress.org/registration to register!

Nominations for the ESSKARS at the Gala Dinner

The presentation of ESSKARS, the ESSKA Rewards for Service, will take place on Friday 11 May 2018, during the ESSKA Dinner and Party following our tradition established at the 2014 Congress.

These are awards with which we honour members and associated organisations that have made a special contribution to ESSKA.

THE THREE CATEGORIES ARE:
Most Active Section or Committee
Most Valuable Society (affiliated or partner)
Most Dedicated Individual Member of ESSKA.

Members of ESSKA can nominate other members for the Most Dedicated Individual Member. Please consult our website, for nominations. The form is available on www.esska.org under ESSKA Congress/ESSKARS Nomination.

DEADLINE: 31 DECEMBER 2017
Final selection for all three categories is by secret voting of the Executive Board.

The presentation is a spectacular “Oscar-Hollywood” ceremony in which the final three nominees of each category are presented to the audience and the winners are announced.

TICKETS FOR ESSKA DINNER AND PARTY: www.esska-congress.org/esska-dinner-party/
ESSKA WOULD LIKE TO CORDIALLY THANK THE FOLLOWING REVIEWERS FOR THEIR COMMITMENT AND SUPPORT DURING THE ABSTRACT REVIEW PROCESS.

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ESSKA 2018 GENERAL ASSEMBLY WILL BE HELD IN THE PLENARY ROOM. ALL MEMBERS ATTENDING/PARENTAL CASE ON MARK YOUR CALENDAR!


**CYCLING FOR SCIENCE IS BACK!**

Fancy getting in the saddle, and joining our team for the 2nd Tour d’ESSKA?

The 2018 CPS tour will start in Glasgow on 6 May 2018 and will run for 4 days during which time riders will enjoy an incredible route around the western coast of Scotland covering some of the most spectacular scenery in the UK. The 4-day tour will include ferry trips across to some of Scotland’s amazing Islands where riders will experience the joy of riding on almost deserted roads with the biggest traffic issue being sharing the road with cows and sheep! The days are long and bright in Scotland in May with approximate 17 hours of daylight (and sunshine we hope!), perfect conditions for cycling.

The distances will be variable to suit all abilities and the final stage will finish in Glasgow on Tuesday just in time for the ESSKA Congress!

Registration will open in February 2018 and places will be limited and offered on a first come first served basis. More information will be posted on the ESSKA Congress website in due course but if you want to register your interest please email cfs@esska.org.

So dust off your bike and start training!

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**Joseph Lister and Glasgow**

Joseph Lister’s decade in Glasgow during the 1860s was world-changing. His innovation in antiseptic surgery revolutionised medical science, and shaped the advances in safer surgery during the following century. In 1865, while working at the Glasgow Royal Infirmary, he treated his first case using the new antiseptic method. This first case was the compound fracture of the leg of an 11-year old boy. The wound was dressed with carbolic-acid-soaked lint, changed regularly. The wound was fully healed in six weeks with no sign of infection.

In 1867, Lister published his first paper on antisepsis in the Lancet. He drew upon Pasteur’s germ theory, adapting it to wound healing.

"Applying these principles to the treatment of compound fracture, bearing in mind that it is from the vitality of the atmospheric particles that all the mischief arises, it appears that all that is requisite is to dress the wound with some material capable of killing these septic germs, provided that any substance can be found reliable for this purpose, yet not too potent as to be a caustic." [Lancet, 1867(2), p. 327]

On 17 April 2018, it will be 150 years since Lister delivered the first public lecture on his theory of antiseptic surgery, in what was the Faculty Hall and is now the Alexander Room in the Royal College of Physicians and Surgeons of Glasgow. Lister was a Fellow of the College, and was speaking at a meeting of the Glasgow Medico-Chirurgical Society. The college archives contain the record of this historic meeting.

Following the Lancet article in 1867, and the meeting of 1868, there were mixed responses to Lister’s theory. However, some of his Glasgow students and colleagues, notably William Macwen, grasped the principles of antisepsis and advanced them. In the following decade, Macwen developed the practice of aseptic surgery, surging into the 20th century with a new, rigorously scientific approach to the art of surgery.

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**PILLAR OF ESSKA**

ESSKA LIKES TO HONOUR INDIVIDUALS WHO HAVE BEEN THE “PILLARS” OF OUR SOCIETY. IN THE CURRENT ISSUE, WE WILL FOCUS ON PROFESSOR NIEK VAN DIJK, ESSKA PRESIDENT 2010-2012.

Interview with Niek van Dijk by Jacques Menetrey

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**JM**

WHAT LED YOU TO SPECIALISE IN ORTHOPEDIC SURGERY?

**NdV**

My father was a company doctor with a passion for his job. His passion decided my future for me. There was never any doubt that I’d study medicine, although I inherited the creativity of my mother. As a child, I was painting, drawing, designing and creating my own furniture, therefore, architecture was a real alternative. My first ambition was to go for plastic surgery, because I believed that plastic surgery would be the perfect combination between medicine and creativity. During my internship with a plastic surgeon I became disappointed… I didn’t really have the patience to do all these small stitches and I was getting nervous about all this work of closing wounds. It had nothing to do with my ambition of reshaping or rebuilding to get a better function. So, I decided I would go into general surgery and I obtained a position for my residency. But first I had to go into the army in a military hospital and there was this position in their orthopedic department, where I immediately fell in love with orthopedic surgery. Because that was what I envisioned: making straight what was bent, and with a small procedure reshape from within, leaving the outside intact. That was the reason to change from general surgery into orthopedics.

**JM**

WHAT WAS THE MOST IMPORTANT STEP IN YOUR ORTHOPEDIC CAREER?

**NdV**

Most important probably is that I never said NO to all that came in my way. I said YES to all the opportunities that were offered to me during my career. Another important step was my decision to take up a fellowship very early in my career in 1987, and head for the United States, to study with my heroes, such as Jimmy Andrews, Lonnie Poulus, Jim Guhl, and Bill Clancy.

So I visited Jim Guhl in Milwaukee, who was unapologetically the godfather of ankle arthroscopy. I’d studied everything he wrote, and I’d tried hard to copy his method, but I just couldn’t make it work, at least not without alteration. So now I was hoping to learn how to do it correctly, and from the master himself. It was a disappointing experience, as it turned out, because it took him two hours for an average ankle arthroscopy, and it certainly didn’t look easy, or reproducible.

But the experience was anyway formative for me. It gave me the confidence to go my own way, even when that meant “agreeing to disagree” with the Americans. And there was more I’d learned: that Americans gave the highest prestige to orthopedics — out of all specialties. And it wasn’t just the patients, but also the other specialists, and the authorities. It might have been, I suppose, because orthopods received the highest salaries and prestige somehow seems to follow the money...

And I also observed that research in orthopedic sports medicine was not generally academic, and didn’t focus on the ankle. I came back bubbling with excitement, and a clear idea of what I wanted to do:

Firstly, to make Dutch orthopedics as prominent as American orthopedics.

Secondly, to make orthopedic sports medicine into a proper academic discipline.

This was clearly a long-term goal, but it gave me the structure to move forward, invest in research. And it resulted in the foundation of ORCA (the Orthopaedic Research Centre Amsterdam).
WHAT WAS THE REASON FOR YOU TO START PERFORMING ARTHROSCOPY?

I'd finished my orthopedic training, and Rene Marti (the head of the orthopedic department) had asked me to stay on in the department. In 1978, in Netherland, as academic orthopedics was a very young discipline, with a first academic chair in 1941. Research was mainly on the hip, and knee arthroscopy had just been introduced. I remember our department's excitement when Dr. Jimmie Andrews came over from Birmingham, USA, to demonstrate the first arthroscopic ACL. That was the situation — that was how it was back in 1978.

WHAT IS YOUR VIEW OF THE WORLD OF SPORTS MEDICINE AND SURGERY IN EUROPE AND WORLDWIDE?

I've grown with it as I followed my own career. Since then I have always had a sort of love-affair with Orthopedics. Their delight in what they do and make it to this discipline — that is how it started.

CAN YOU TELL US HOW YOU CAME TO ESSKA?

Nearly 30 years ago, it was 1988, ESSKA held an early congress here in my hometown of Amsterdam. And I was there, a wide-eyed freshly graduated orthopedic surgeon. I remember the effort and the impact it had upon me. I saw all these enthusiastic men, their delight in what they were doing, their comradeship, their sense of sharing a great adventure, and I thought to myself: now this is really something, this is where I want to belong to.

WHAT WAS THE REASON FOR YOU TO START ORTHOPAEDIC SURGERY?

I was asked by Giancarlo Pudda to become a member of the arthroscopy committee and later became Chair of it. At that time, I was also Chair of the ISAKOS arthroscopy committee and I made them collaborate — believing strongly in collaboration instead of segregation. This resulted in the ESSKA-ISAKOS standard terminology project.

How have you seen ESSKA evolve in the last 10 years?

It started with a group of friends who were hard working, dedicated and with vision. From an 'old boys’ network' it evolved into an open democratic society, in which everyone who wants to contribute is welcome, everyone can become president of this beautiful society if he or she really wants it.

WHAT DO YOU KNOW VERY WELL THE WORLD OF SPORTS MEDICINE IN EUROPE AND WORLDWIDE?

The rationale is that you need to control your energy, and make it last for the long road ahead. And maybe divert it. The habit should begin at school, and with failure. If you always go for a 10, you're frustrated when you make a tiny mistake, and that frustration slows you down. The same applies to thinking. The philosopher Bertrand Russell was complaining, after he finished his masterpiece, his opus magnum Principia Mathematica, that it had actually hurt his mind and he never managed to finish it. He called it ‘intellectual exhaustion’. Nowadays we would call this ‘burnout’. As a surgeon there are two things — also surgery — that I can do perfectly well at 80%. I only need to identify the really difficult parts, those that need my reserves. It is all a matter of pacing yourself, so you can respond to the unexpected.

Find ways to limit your administrative load. There are ways to do this; for example, involve a scribe. Use your energy at what you are good at. Don’t waste time with filling in forms.

If you were to give advice to a young professional about organisating your working week, what would it be? Is it important to balance your life as a sports orthopaedic surgeon?

Family first! Work to live, instead of live to work. Set your goals: it is no reason to move and you will move from decision to decision. A goal gives you a reason to move forward and it will provide you with structure. And in spite of the importance of your goal remember that the road is more important than the goal.

E x p e r t i s e n o r m a l i z e d

Professor Diederik Janse van Rensburg is President of ESSKA and Professor of Orthopaedic Surgery at the University of Amsterdam. He is Chair of the Arthroscopy Section of ESSKA and has been President of the ISAKOS, the International Society of Arthroscopy, Knee Ligament Surgery and Sports Medicine. Since the creation of the European Orthopaedic Academy, Prof. Janse van Rensburg was the first President. He is Past-President of the International Academy of Hip Surgery, Past-President of the European Hip Society and Elected Fellow of the American Academy of Orthopaedic Surgeons. He is the Founder of the Dutch Orthopaedic Sports Injury Club and the European Hip Society. The European Orthopaedic Academy elected him their first President and he was the first President of the ISAKOS, the International Society of Arthroscopy, Knee Ligament Surgery and Sports Medicine. He is an active participant in international academic sports surgery congresses and is a member of the International Committee for Arthroscopy. In 2007, he received the ‘Prize Joseph Trillat’ from the International Society of Arthroscopy, Knee Ligament Surgery and Sports Medicine. He is the recipient of the ‘2010 ESSKA Award’ and the ‘2014 Smith-Petersen Award’. He has been awarded the Gold Medal of the International Society of Arthroscopy, Knee Ligament Surgery and Sports Medicine. He is the recipient of the ‘2010 ESSKA Award’ and the ‘2014 Smith-Petersen Award’. He is an active participant in international academic sports surgery congresses.
Working at 80% also creates space for creativity and time to look around to get inspired motivated or even relaxed.

And you’ll find, perversely (or on the contrary), that working at 80% provides you with more projects and more tasks, and some of these will advance your goals, without you even realising it.

My next principle is: **Never say no** to anything that helps you reach your goal. When I have a vacancy in a committee, or a chapter that needs writing, I already know who’ll say “yes” and who’ll say “no”. It’s the one with many commitments that say “yes”, and the one with an empty agenda who decline.

I still remember one September Wednesday, back in 1988. I was attending to outpatients, when I got a call from the former ESSKA President Sjung Hermans, who said: “We have a vacancy in the Dutch Orthopedic Trauma Association Board. We were thinking of you. Can you manage?” I asked him how much time it would need, and he told me there’d be four committee evenings a year. “Four valuable evenings!” can you imagine?! And I was thinking: “why me”?

And then he added: “We’d like you as treasurer.” Hmm… even worse… I didn’t have a clue about budgets, or finances. But I talked it over with Marjolein, my wife, and she said: “Go for it! It’ll be fun. It’s important to contribute, and I’ll help you with the figures!”

And wow! She was right! I’ve been on committees and boards ever since, and I’ve enjoyed every moment. This feeling of comradeship, the excitement of pushing and pulling at new policies. It has enabled me to see the profession from another perspective, another dimension, from a different place. I’ve learned how important it is to contribute. To face new problems that sometimes push you out of your comfort zone.

Perhaps, this should be my **fourth principle**, that we, human beings are not complete in ourselves. We don’t need committees to make us complete, of course, and it’s not “behind every successful man/woman stands a strong partner”. It’s rather that we need family, friends and colleagues, need to feel we are building things together. Marjolein has been the driving force behind many of my projects, precisely because she always asks the right questions.

And concerning patient care my advice is to always listen to your patients. The patient is always right! If you listen carefully he/she will tell you the diagnosis. 

*Patient First*

Thank you so much Nick. It has been a pleasure talking with you.
KSSTA is 25 years old!

Our scientific journal, Knee Surgery Sports Traumatology and Arthroscopy (KSSTA) is celebrating its 25th anniversary.

The founding Editor was Ejnar Eriksson, and I vividly remember him telling me that he’d be the Editor-in-Chief of a new journal for ESSKA. Time passes, and although that was 1992, it still feels like yesterday.

We celebrated our anniversary in Heidelberg, with our publisher SpringerNature. Of those present, only two dated back to the beginning. Gabriele Schröder has been a strong supporter of the journal all the way through. I take this opportunity, Gabriele, to thank you for all the good you’ve done for the journal, and for our collaboration over the years.

A lot has happened since that first issue in 1993. At that stage, only four issues were published per year, with no more than 90 pages per issue. But that rapidly grew under Ejnar, and when he retired in 2008 it had become a monthly publication. During those first years much was changing, like MedLine approval and Impact Factor. Our Impact Factor was low at the beginning. But it grew steadily and, when I became involved, it was already 1.2, a very decent value. During recent years, the Impact Factor has increased year by year, and our last value was 3.2. This gives the journal a Top-10 place in orthopaedics and sports sciences. But, we should remember that Impact Factor is only one measure of a journal’s quality.

Most important is that researchers actually read our journal, and submit (it is to be hoped) good manuscripts to us. And they do. We have seen an enormous increase in the number of submitted manuscripts during the last years, from around 400 in 2008 to more than 1,500 last year. We also publish 325 papers a month, as of today. This is both good and bad. The good side is that we receive an increasing number of good manuscripts, and we also receive an increasing number from around the world. This is commendable. The problem is that we’re forced to reject many of them. Our rejection-rate is presently 70-80%, and is increasing. We also have a back-log problem, of almost a year (and for some manuscripts even longer).

Recently, we’ve worked hard to reduce this back-log, and have reduced it to 6-8 months. I would like to reduce it even more, and this is a priority for 2018.

What’s in the pipeline for 2018? We, who work on a daily basis, invite you, our readers, to become more involved. For instance, we’d like the traditional ESSKA congress editorial meetings to become more interactive, with discussions between readers and Editors. We hope this will create new ideas about improving our journal: for those who publish with us, as well as those who read us.

Together, we are strong!

JÓN KARLSSON
KSSTA Editor-in-Chief

KSSTA Editor-in-Chief

THE JOURNAL OF EXPERIMENTAL ORTHOPAEDICS GOES FROM STRENGTH TO STRENGTH, WITH ITS 100TH ARTICLE PUBLISHED THIS OCTOBER.


On this occasion I’d like to thank you all; for all your constant and sympathetic support over the past years, and more generally for your help in this, our exciting new endeavor.

According to our Publisher, we’ve had eight months without interruption, at 2-3 publications/month. We need to continue at this rate, to qualify for an Impact Factor (the criterion for inclusion in the Expanded Science Citation Index is 18 months of consistently publishing 2-3 articles/month, with no missed months, so for JEO it’s just a matter of time).

But there is more good news. ESSKA’s Board has approved a subsidy for those ESSKA members who publish in our journal. Please contact our Editorial Office at jeo@esska.org for more information.

Specifically, I’d like to thank all of you who contributed your manuscripts, our excellent Editorial Board for its great scientific input, ESSKA’s Board for their stewardship, and of course Jón Karlsson from KSSTA for his timely help.

In addition, my warmest thanks go to Zhanna, Runeeta and Amanda at ESSKA’s Office, and to Victoria Slim and Gabriele Schröder from SpringerNature for making the journal run so smoothly.

Rest assured that I shall work very hard, to maintain a high level of excellence in our new journal.

I wish you all happy holidays, and a good start to a great New Year!

HENNING MADRY
JEO Editor-in-Chief

THE JOURNAL OF EXPERIMENTAL ORTHOPAEDICS (JEO) proudly announces

THREE NEW AWARDS

1. **JEO YOUNG RESEARCHER AWARD**
   - Presented at the ESSKA Congress, Eur 1500 + 1 full article publication charge waiver to be used within 12 months of receiving the award
   - Should have published in JEO as the first author in the 2 years before the congress year
   - Should be under 40 years of age when published
   - Must attend the Congress to receive the reward
   - Apply or nominate before 15 December 2017: www.esska.org/page/CongressAwards

2. **JEO BEST PAPER AWARD**
   - Presented at the ESSKA Congress, Eur 500
   - Should have published in JEO in the 2 years before the congress year
   - Must attend the Congress to receive the reward
   - Selection by the jury.
   - No application needed.

3. **JEO BEST REVIEWER(S) AWARD**
   - Presented each year
   - Selection by the JEO Editor-in-Chief
   - No application needed.
ESSKA-AFAS CONTINUES TO RESEARCH FOOT AND ANKLE PROBLEMS.

In May, in London, we held a successful Consensus Meeting on “Peroneal Tendon Pathology”, organised by James Calder, our Vice-Chairman. This is being peer-reviewed for publication, and we hope to share it with you all in Glasgow.

In September, in Bordeaux, ESSKA-AFAS’s AIG Open Meeting covered “New Insights in the Treatment of Chronic Ankle Instability”. This was presented by the Organising Committee of AIG (ESSKA-AFAS’s Ankle Instability Group) under Stéphane Guillo.

The programme called upon leading expertise in this field, and the venue - the Palais de la Bourse in Bordeaux - was simply splendid.

We surveyed recent work on lateral ankle instability and, during the live surgery demonstrations, we covered the various techniques for repair and reconstruction of the lateral ligaments complex.

This was followed by a dissection of specimens (this part was video-relayed to the audience) which enabled the discussion of pros and cons for each technique. Even better, the surgeons who developed these techniques were themselves present at the meeting, so the audience could question them directly.

As far as we know, this has never been done before: this type of open scrutiny of new surgical trends.

Please remember that ESSKA-AFAS is dedicated to YOU!

Your ideas are always welcome. We are open to new proposals and projects. This is our mission, after all.

We need you all to build the next generation of foot and ankle surgeons.

HELDER PEREIRA
ESSKA-AFAS CHAIRMAN

www.esska-afas.org

ESSKA-ESA SECTION

Two years have passed since our first Open Meeting, in Rome 2015. This year we gathered for a second meeting, with invited guests and numerous associates, in Krakow, Poland, on 5-7 October. The format of our Open Meetings enables us to focus on a chosen pathology of the shoulder. But this year we considered shoulder instability in a broad sense. 305 participants from more than 30 countries attended the meeting, including attendees from other continents (Asia, Africa). We also had an excellent opportunity to host the Basic Science Committee in the Faculty. Lectures and discussions were interspersed with seven live surgeries, performed at St Luke’s Hospital in Bielsko-Biała. Participants learned about the treatment of first-time shoulder dislocation, from diagnostics to conservative and operative management. The different approaches to this problem across Europe were also discussed, and we held a questionnaire on the subject, which is currently being analysed. We hope that it will create a basis for further publication. Continuing the tradition of book publishing after ESA meetings, like the recent issue “Management of Failed Shoulder Surgery”, we plan to publish a book about the treatment of shoulder instability.

Another topic we discussed was posterior and multi-directional shoulder instability. Experts described the current trends for treatment, whilst specific details and difficulties were demonstrated through live surgery. Edited videos from the operations will be available through ESSEA Academy. After these long lectures it was time to relax; to familiarise ourselves with Polish culture, and with the traditional cuisine. The participants continued with their scientific ruminations, whilst making new friends. The atmosphere and surroundings of this medieval university city certainly enriched the meeting. We hope this congress will encourage you all to participate in ESA! Continuing our scientific activities, our next goal will be the problems with acromio-clavicular joint instability treatment. I strongly encourage you to participate actively in this project. Each of you who is involved in scientific research about ACJ is very welcome to contact us. Check the ESA website regularly for further details. Finally, on the occasion of 10th anniversary of the creation of ULC/ULS/ESA at the meeting in Milan in September 2007, we would like to recognise and thank the founding fathers of the Shoulder Section of ESSKA: Etto Taverna (Italy), Pietro Randelli (Italy), Luigi Pederzini (Italy), Pascal Gleyze (France), Stephan Guillou (France), Angel Calvo (Spain), Boris Poberaj (Slovenia), Vladimir Senekovic (Slovenia), Manos Antonogiannakis (Greece), Nizos Tzanakakis (Greece), Antonio Cartucho (Portugal), Marteen Van del List (Netherlands), Tom Ludvingsen (Norway)

ROMAN BRZÓSKA
ESSKA-ESA CHAIRMAN

www.esa.esska.org
ESSKA-EKA SECTION

INNOVATION IN DEGENERATIVE KNEE SURGERY

EKA’s 4th Open Meeting was held in Berlin, close to the Brandenburg Gate, on 13-14 October 2017. A large international faculty from Europe and America met with orthopaedic surgeons from all over Europe, to discuss the latest innovations in degenerative knee surgery.

The treatment of degenerative knee pathologies is one of the most important topics in orthopaedics, as the number of surgical procedures continuously increases worldwide. There are two main reasons behind this.

Demographic studies have shown that life-expectancy is significantly increasing, so the fraction of elderly people is growing. In Germany, for instance, the fraction over 65 was 15% in 1990 but will rise to 26% by 2030. People are getting older, but they like to keep mobile.

The effects of osteoarthritis of the knee are increasing, so the fraction of elderly people is growing. In Germany, for instance, the fraction over 65 was 15% in 1990 but will rise to 26% by 2030. People are getting older, but they like to keep mobile. The effects of osteoarthritis of the knee - that loss of daily activity - is no longer acceptable. Hence, the significant increase in knee surgeries.

Innovations for degenerative knee surgery have been introduced these last two decades, such as computer-assisted surgery, navigation - most recently - robotic technology.

But it has also been shown that procedures such as osteotomy or joint arthroplasty require a more individual approach. Patient-specific instrumentation (PSI) helps to respect individual anatomy. Numerous studies have shown that the placement of components can be improved by reducing the outlier in lower limb alignment and component placement. PSI has not significantly improved clinical outcome. However, technological innovation in orthopaedic surgery should not be solely judged by improvement in clinical outcome. Increases in efficiency, such as the OR set-up and better patients’ pathways during their treatment, are also worthwhile and also open to innovation.

Digitalisation in orthopaedic surgery seems to be the future. So it was hardly surprising that EKA’s Berlin Open Meeting was devoted to new innovations in degenerative knee surgery. With extensive discussion on using PSI and robotics for osteotomies and knee arthroplasty.

Such new technologies should be constantly reassessed and discussed. Meetings such as EKA’s Open Meeting provide the perfect platform to critically discuss the pros and cons of such innovations with other colleagues around the world.

The meeting started on Friday morning with Roland Becker, Nanne Kort, Michael T. Hirschmann and Ronald van Heerwaarden opening the meeting and giving a warm welcome to the participants and the ESSKA President Romain Seil. Then after a brief history of osteotomy and two sessions about osteotomy around the knee where the focus was on novel techniques to aid osteotomy surgery such as PSI. The numerous participants agreed that novel techniques such as navigation or PSI are requisite for precision, while adjusting the lower leg alignment.

In conclusion, the EKA Open Meeting in Berlin was a great success and a good basis to build on in future. We look forward to seeing you again at our next meetings.

www.europeankneeassociates.org
TIBIAL ROTATIONAL ALIGNMENT IN TOTAL KNEE ARTHROPLASTY

A PRELIMINARY REPORT BY EKA'S Tibial Rotation Study Group

Reha N. Tandogan1, Pier Indelli2, Mo Saffarinij3, Alfredo-Schiavone Panni4, Ersin Erzin5

1 Reha N. Tandogan, Ankara, Turkey, EKA Board Member
2 Pier Indelli, Palo Alto, California, USA
3 Mo Saffarini, Nyon, Switzerland
4 Alfredo-Schiavone Panni, Naples, Italy, EKA Board Member
5 Ersin Erzin, Istanbul, Turkey

Correct rotational orientation of the tibial component is important for the performance and longevity of Total Knee Arthroplasty (TKA). Mal-rotation may lead to patellar tracking and pain. Patellar mal-rotation may also increase overall wear, and reduce life-span of the TKA.

ANATOMICAL LANDMARKS

Several points and axes in the antero-posterior and medio-lateral planes have been postulated, as aids for the rotational alignment of the tibial component. Reference points around the tibial tubercle (medial, lateral, distal; patellar tendon (medial third, medial sixth) have been used. The commonest anatomical antero-posterior axis for tibial rotation is the “Akagi line” (mid-PTA to medial border of the tibial tubercle). Medio-lateral axes, such as the most medial and lateral points on the tibial plateau (MLP), and the tangent to the posterior tibial margin (PTM), have also been found useful. Rotational alignment using the anterior tibial border (ATB) seems more reliable than the original Akagi line or its variants. The ATB, MLP, and PTM seem the best landmarks for the tibia, but more research is necessary.

INTRA-OPERATIVE METHODS

Intra-operative rotation of the tibial tray can be done using fixed landmarks, or dynamically adjusted to fit the femoral component. Landmarks using the tibial tubercle or the patellar tendon insertion have been described. However, the tibial tubercle is unreliable, because its location changes in valgus knees, and with distal resection of the tibia. Best-practice has been shown to be a reliable landmark for symmetrical baselines. The posterior-lateral locked technique has been described by Rossi; and the Akagi line and its variants are other fixed reference landmarks.

Dynamic adjustment of rotation, with the femoral component in flexion-extension, can also be used. Dynamic methods have the advantage of providing perfect conformity with the femoral component, and are important in reducing post-wear for PS designs. But they require an accurate femoral orientation. No single intra-operative technique has been found superior, in achieving optimal rotation. Fixed-landmarks should be supplemented with dynamic self-alignment methods, whilst checking for patellar tracking and post-impingement.

POST-OPERATIVE MEASUREMENT OF TIBIAL ROTATION

Tibial component rotation is usually measured by computed tomography (CT). 3D CT has been shown to be more accurate than 2D CT. These methods measure the angle between the extraposition of the surgical trans-epicondylar axis (TEA) and a medio-lateral axis of the tibia (either the posterior tangent of the tibial baseplate or the medio-lateral widest points), and are the most accurate for symmetrical fixed-bearing baseplates. These also reflect the combined rotational alignment of the femoral and tibial components. The Berger method measures rotation from the geometric centre of the tibia and the antero-posterior axis of the baseplate, referencing the tibial tubercle.

MAL-ROTATION, AND CLINICAL OUTCOMES

The association between mal-rotation and anterior knee pain, stiffness, patellar instability and inferior clinical outcome has been demonstrated in several studies. Although experimental studies have shown that both external and internal mal-rotation is detrimental, external mal-rotation is better tolerated. Reported thresholds causing symptoms, and the need for revision, vary considerably from 2° to 10° internal rotation. Based on the available literature, it is not possible to state a safe range for tibial rotation, because some studies report excellent clinical outcomes in patients that are well outside the accepted normal range. Mobile bearing implants have been reported to be more forgiving for minor rotational errors. Several conclusions can be drawn from the available studies. Internal rotation of the tibial component of more than 3° causes more haptic patellar contact stresses, patellar tilt and mal-tracking. Internal rotation error of more than 5° causes anterior- or knee pain. Internal rotation of more than 10° may lead to stiffness. Higher than 15° mal-rotation results in increased polyethylene wear, increased tension upon surrounding ligaments, and final failure of the arthroplasty. External rotation seems to be better tolerated up to 5° to 10°.

IMPROVEMENT OF ROTATION, USING NEW TECHNOLOGY

A limited number of studies in the literature show that patient-specific instrumentation (PSI) improves equal as well, or slightly better, than classical instrumentalisation (ICL), in achieving best tibial rotation in TKA. But the differences in acquiring PSI data, and the different manufacturing methods, instruments and implant systems, as well as post-operative measurement protocols of tibial rotation— all this makes comparison between systems very difficult.

Twelve studies have reported specifically on tibial rotation and/or femorotibial rotational mismatch using computer aided surgery (CAS). Nine of these studies couldn’t demonstrate any increased accuracy for tibial rotation, using CAS compared with CLI. But three studies did show a significantly increased accuracy, and a reduction in outliers, when using CAS. But the variability of implants, CAS software and CT protocols for measuring rotation makes it difficult to compare studies.

Overall, it can be concluded that CAS does significantly improve the accuracy of tibial rotational alignment.

CONCLUSIONS

1. Tibial mal-rotation does cause problems (inferior functional outcomes), and increases the rate of complications. 2. There is, as yet, no agreed method for intra- and post-operative rotational measurement. 3. Rotation should be measured using some form of femoral axis, instead of landmarks around the tibial tubercle. 4. New technology (PSI/computer navigation) does not significantly improve tibial rotational alignment.
The European Sports Medicine Association with the 32nd GOTS congress was held on 22 June 2017 in cooperation with others. The European Sports Medicine Association (ESMA) is a growing new section of ESSKA which was established in May 2016. The aim of the section is to bring together the various disciplines of sports medicine including sports doctors, surgeons, physical therapists, sport scientists, coaches and others. The first ESSKA-ESMA closed meeting was held on 22 June 2017 in cooperation with the 32nd GOTS congress in Berlin. Besides the six ESMA Board members, nine other Ambassadors for different sports from athletics to ski sports attended the meeting.

The first ESMA-ESMA Open Meeting was held on 3-4 November 2017 in Munich with the main topic: ‘Stop sports injuries – Back to sports’. The ‘ESMA-ESMA Open Meeting’ was a start-up event. We were really happy about the acceptance of the meeting and were extremely surprised by 211 participants from 39 nations from 5 continents. Many positive feedbacks via e-mail and telephone. There was even a very good acceptance by industries. It was a new field for us. Thanks to many outstanding presentations and many controversial discussions, the congress was very much alive. Daryl C. Osbahr, the chair of the KOSSM/Arthrex-GOTS-Asia-Fellows joined the meeting and presented on their current research project.

In every session, we focused on the specific aspects in different sports. Besides popular sports such as football and alpine ski, a lot of other less common sports like extreme sports, triathlon, rugby and dancing were discussed.

Each session was started with a keynote lecture presented by invited international experts: Henrique Jones (Portugal), Daryl C. Osbahr (USA), Kari-Peter Benedetto (Austria), Stefano Della Villa (Italy) and Lars Engbretem (Norway).

In line with the ESMA spirit, the meeting was especially designed for all disciplines of sports medicine — physicians, sport traumatologists, physiotherapists, sport scientists, coaches and sports managers. Thanks to many outstanding presentations and many controversial discussions, the congress was very much alive. Daryl C. Osbahr, the chair of the AOSSM STOP and outreach committee presented the ‘STOP Sports Injuries’ programme which has been successfully established in the US.

www.esma.esska.org

The KOSSM/Arthrex-GOTS-Asia-Fellows joined the meeting and presented on their current research project.

At EKA’s Open meeting in Berlin, the Osteotomy Committee organised two sessions on innovations in osteotomies for degenerative knees. Both sessions were well received and led to lively discussions and debates.

Current projects include the creation of a ‘roadmap’ for osteotomy courses in Europe and a module-based certification system.

The Elbow and Wrist Committee (E&W Committee) conducted a number of activities in 2017. The “Super Elbow Course” was organised in Arezzo, Italy, at the ICLO Teaching & Research Centre on 22-24 June 2017. It was combined with a committee meeting, which facilitated the organisation of the course faculty — all committee members were either speakers or instructors during the course.

Luke Oh, MGH Boston, was the invited special guest lecturer. The course was headed by Denise Eygendaal, E&W Committee Chairperson and organised by Committee Vice-Chair Paolo Arrigoni.

The course was started with a warm introduction ceremony at noon, after conclusion of the closed meeting. Interactive lectures and case discussions on elbow pathology were combined with surgical procedures in the wet lab.

A task force of the committee had prepared two research projects which were conducted during the course — the first on the location of the ulnar nerve during arthroscopy and the second on the optimal portal placement for arthroscopic fixation of radial head fractures.

An Italian dinner and get-together was organised for the participants and the faculty at the end of the first day.

An Italian dinner and get-together was organised for the participants and the faculty at the end of the first day. On the second day, interactive presentations and the wet lab focussed more on elbow instability, OCD, distal biceps pathology and arthroscopic treatment of nerve compression.

The final day ended with a highly interactive wrap-up. Overall, both faculty and participants graded this course as very useful and successful.

It really was a great opportunity to combine the meeting with education and research in a pleasant surrounding! Paolo and his team really did a great job!

DENISE EYGENDAAL
Elbow & Wrist Committee Chairwoman

The Elbow and Wrist Committee (E&W Committee) conducted a number of activities in 2017.

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The course was started with a warm introduction ceremony at noon, after conclusion of the closed meeting. Interactive lectures and case discussions on elbow pathology were combined with surgical procedures in the wet lab.

A task force of the committee had prepared two research projects which were conducted during the course — the first on the location of the ulnar nerve during arthroscopy and the second on the optimal portal placement for arthroscopic fixation of radial head fractures.

An Italian dinner and get-together was organised for the participants and the faculty at the end of the first day.

An Italian dinner and get-together was organised for the participants and the faculty at the end of the first day. On the second day, interactive presentations and the wet lab focussed more on elbow instability, OCD, distal biceps pathology and arthroscopic treatment of nerve compression.

The final day ended with a highly interactive wrap-up. Overall, both faculty and participants graded this course as very useful and successful.

It really was a great opportunity to combine the meeting with education and research in a pleasant surrounding! Paolo and his team really did a great job!

DENISE EYGENDAAL
Elbow & Wrist Committee Chairwoman
There were 136 attendees who received didactic and practical training for a range of challenging shoulder, knee and ankle disorders.

ESSKA would like to thank the faculty for their dedication and valuable time!

Updates for other ESSKA courses will be reported in our next newsletter.

Dates for the 2018 edition of the courses are now available on ESSKA’s website.

ESSKA WOULD LIKE TO THANK OUR CORPORATE PARTNERS AND SPONSORS, FOR SUPPORTING THESE COURSES.

ESSKA COURSES

ESSKA HAS RECENTLY STAGED SIX SURGICAL-SKILLS COURSES:

ESSKA ADVANCED SHOULDER ARTHROSCOPY COURSES
ALL about Instability & OTHER Glenohumeral Disorders – 12-13 June 2017 – Verona, Italy
ALL about Rotator Cuff & OTHER Subacromial Disorders – 13-14 June 2017 – Verona, Italy

ESSKA ADVANCED SHOULDER ARTHROSCOPY COURSE
29-30 June 2017 – Watford, United Kingdom

ESSKA ADVANCED KNEE ARTHROSCOPY COURSE
5-6 October 2017 – Watford, United Kingdom

ESSKA ADVANCED ANKLE ARTHROSCOPY COURSE
27-28 November 2017 – Munich, Germany

ESSKA ADVANCED KNEE ARTHROSCOPY COURSE
ALL about ACL
28-29 November 2017 – Munich, Germany

ESSKA COMMITTEE UPDATES

ESSKA WOULD LIKE TO THANK ITS CORPORATE PARTNERS AND SPONSORS, FOR SUPPORTING THESE 2017 EDUCATIONAL PROGRAMMES:

ESSKA S&N International Arthroscopy Fellowship

ESSKA ARTHREX Osteotomy Fellowship

ESSKA ARTHREX Sports Medicine Fellowship

ESSKA DePuy Knee and Shoulder Continuum of Care Fellowship

ESSKA MITEK Sports Medicine Fellowship

ESSKA-ALWIN JAGER Senior Fellowship

ESSKA-Chelsea FC Sports Trauma Fellowship

ESSKA-EKA European Knee Arthroplasty Travelling Fellowship

ESSKA ZIMMER BIOMET Sports Medicine Fellowship

ESSKA WOULD LIKE TO THANK ITS CORPORATE PARTNERS AND SPONSORS, FOR SUPPORTING THESE 2017 EDUCATIONAL PROGRAMMES:

ARE YOU READY TO PASS ON YOUR KNOWLEDGE, AND YOUR WISDOM? PASS IT TO THE NEXT GENERATION, AS YOUR LEGACY? THEN BECOME AN ACCREDITED ESSKA TEACHER!

VISIT WWW.ESSKA.ORG/PAGE/ESSKATEACHERS FOR FURTHER INFORMATION

BECOME AN ESSKA TEACHING CENTRE!

WOULD YOU LIKE TO HELP ESSKAs prestigious fellowships, by playing the host to our Fellows, and passing on your expertise? THEN YOUR HOSPITAL OR INSTITUTION SHOULD BECOME AN ESSKA ACCREDITED TEACHING CENTRE!

VISIT WWW.ESSKA.ORG/PAGE/ESSKATEACHINGCENTRES TO APPLY
FELLOWSHIP PROGRAMMES

ESSKA Fellowship programmes further the education, the training and the development of both young and experienced orthopaedic surgeons by allowing them to visit ESSKAs Accredited Teaching Centres throughout Europe. This year, 2017, we received over 250 applications from 40 different countries for our various fellowships. The competition was fierce, and ESSKA congratulates the successful Fellows. These programmes have already started, and will be completed by June 2018. We’d like to thank the Education Committee for the difficult task of evaluating the applications!

Consult www.esska.org/education/fellowships for information and application advice for all future fellowships.

THE 2017 SELECTED FELLOWS ARE AS FOLLOWS:

ESSKA DEPUY KNEE AND SHOULDER CONTINUUM OF CARE FELLOWSHIP
Mateusz Mackos (Poland)
Murat Yesil (Turkey)
Nicole Horhovea (Germany)
Bogdan Sendrea (Romania)
Robert Trmal (Czech Republic)
Andrej Zaporozhanski (Belgium)
Behdad Eskandari Sani (Iran)
Luca Mattascioli (Italy)
Mohamed Elbak (Egypt)
Seged Mohamed Tahami (Iran)
Daniel Perez-Prieto (Spain)
Erikz Ozols (Latvia)
Esther Fernández Sainz-Rosas (Spain)
Juan Jimenez Baquero (Spain)
Eckhardt Klostermeier (Germany)

ESSKA APASS DJO TRAVELLING FELLOWSHIP
Lior Laver (Romania)
Gonzalo Sanmiter (Spain)
Martyn Snow (United Kingdom)

ALWIN JÄGER SENIOR FELLOWSHIP
Michael Isosifidis (Greece)
Saabols Molnar (Hungary)
Christos Thanasi (Greece)
Wojtech Srogs (Spain)
Peter Petrov (Bulgaria)

ESSKA ARTHREX OSTEOTOMY FELLOWSHIP
Andrés Valenti (Spain)
Riccardo Compagnoni (Italy)

ESSKA ARTHREX STIPENDIUM FOR THE EUROPEAN ARTHROSCOPY FELLOWSHIP
Abhinav Gulihar (UK)

ESSKA DEPUY SYNTHESES DEGENERATIVE JOINT FELLOWSHIP
Konstantinos Intzoglou (Greece)

ESSKA DEPUY KNEE AND SHOULDER CONTINUUM OF CARE FELLOWSHIP
Matheusz Mackos (Poland)
Murat Yesil (Turkey)
Nicole Horhovea (Germany)
Bogdan Sendrea (Romania)
Robert Trmal (Czech Republic)
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Erikz Ozols (Latvia)
Esther Fernández Sainz-Rosas (Spain)
Juan Jimenez Baquero (Spain)
Eckhardt Klostermeier (Germany)

NEW ESSKA BOOKS AVAILABLE IN 2018

1. RETURN-TO-PLAY IN FOOTBALL: AN EVIDENCE-BASED APPROACH

2. HANDBOARD SPORTS MEDICINE - BASIC SCIENCE, INJURY MANAGEMENT AND RETURN TO SPORT
Editors: L. Laver, P. Landreau, N. Popovic and R. Seil

3. INSTRUCTIONAL COURSE LECTURE BOOK 2018
Editors: G.M.J. Kerkhoffs, F. Haddad and M.T. Hirschmann

4. THE ACHILLES TENDON – AN ATLAS OF SURGICAL PROCEDURES

5. LATERAL ANKLE INSTABILITY: AN INTERNATIONAL APPROACH BY THE ANKLE INSTABILITY GROUP

6. MANAGEMENT OF FAILED SHOULDER SURGERY
Editors: G. Milano, A. Grasso, A. Culvo and R. Brzoska

7. KNOTS IN ORTHOPAEDIC SURGERY – OPEN AND ARTHROSCOPIC TECHNIQUES
Editors: U. Algyn, M. Karahan, P. Randelli and J. Espregueira-Mendes

8. SHOULDER ARTHROSCOPY – 2ND EDITION
Editors: G. Milano and A. Grasso

ESSKA NEWSLETTER DECEMBER 2017

ESSKA NEWSLETTER DECEMBER 2017
ESSKA WAS PRESENT IN ST. PETERSBURG AT THE "VREDEN READINGS" RUSSIAN CONGRESS 2017!

Our colleagues from St Petersburg asked ESSKA’s assistance providing speakers on hip arthroscopy at one of Russia’s biggest orthopaedic congresses.

With nearly 1,200 attendees, Oleg Bogopolsky had charge of the Congress Hip Programme, and he proposed topics for Nicolas Bonin and Oliver Marin-Peña, members of the ESSKA Hip Arthroscopy Committee:

• Hip arthroscopy: When does it work and where is the limit? Patient selection.
• FAI: Etiology and diagnosis.
• FAI: Management options and outcomes.
• Hip dysplasia: the role of arthroscopy.
• Complications and Rehabilitation after hip arthroscopy.

The congress took place in the Holiday Inn Hotel of Moskovskie Vorota, on 21-23 September with a programme from local and international faculties. The focus was preservative hip surgery, bone oncology, knee and hip arthroplasty.

There were also sessions on shoulder, ankle and foot surgery. More information can be found on www.vredenreadings.org/eng/

ESSKA’s participants really appreciated the quality of presentation, and the quality of discussion with faculty and delegates. We also enjoyed the splendid Russian hospitality, which included a private tour of the Hermitage, one of the finest art museums in the world. This was a rare privilege. Oleg and his wife Anna also showed us the Peterhof Palace and gardens and canals, and a beautiful centre of St Petersburg. Finally, a gala dinner was held at the ‘Peter and Paul’ Fortress, a superb venue.

We really appreciated this time spent with our Russian colleagues, the scientific discussions, the wonderful palaces, and of course the great vodka!!

We again thank ESSKA and the congress organisers for these memories.

HIP ARTHROSCOPY COMMITTEE

N. Bonin, O. Marin-Peña

RESULTS FROM ESSKA’S SURVEY ON PROPHYLAXIS FOR VENOUS THROMBOEMBOLISM (VTE) IN HIP ARTHROSCOPY

F. Randelli, O.R. Ayeni, S. Løken, N. Bonin

Venous Thromboembolism (VTE) is a major cause, but preventable, for morbidity after orthopedic surgery [1-2]. Although the problem is well-documented for major or more invasive procedures, we are still unclear about both incidence and prevention of deep venous thrombosis (DVT) and pulmonary embolism (PE) after arthroscopy in general, and hip arthroscopy (HA) in particular.

Hip Arthroscopy (HA) is often a long procedure, partially performed in traction, and requiring a variable period of restricted weight bearing. Mohtadi [3] reports an incidence of 4.4% DVT in cases completed with no DVT prophylaxis. Other studies report even lower incidence rates, ranging from 1.4 to 3.7% [4-6]. Pulmonary Embolism after HA has been sporadically reported in literature [7-10].

In this scenario, there is still no consensus about any aspect of prophylaxis. As with many other arthroscopic procedures, the CHEST guidelines [11] provide no specific recommendations. Some suggestions came from the Italian intersociety consensus statement on anti-thrombotic prophylaxis in orthopedics [12]. Subsequently, ESSKA’s new Hip Arthroscopy Committee decided to address the problem with a survey of ESSKA Members (www.esska.org/page/Surveys).

The survey was created by a focus group of high-level hip arthroscopists, and pre-tested to ensure validity. Members from 29 different counties, from Austria to Ukraine and the USA, answered this survey. About half of the respondents had five-or-more years of experience in HA, and completed 50+ procedures per year. More than 73% agreed that VTE prophylaxis is an important clinical consideration in hip arthroscopy.

The respondents answered with results very similar to the published figures. The respondents answered as follows: less than 1% DVT for 37% of the respondents, between 1% and 2% for 10% of respondents, and between 3% and 5% for another 4%. Twenty-nine percent of the respondents had never experienced any DVT on HA patients. For 20% this data was unknown.

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We asked for the rate of DVT after HA in their clinical experience, the respondents answered with results very similar to the published figures. The respondents answered as follows: less than 1% DVT for 37% of the respondents, between 1% and 2% for 10% of respondents, and between 3% and 5% for another 4%. Twenty-nine percent of the respondents had never experienced any DVT on HA patients. For 20% this data was unknown.

Pulmonary Embolism after HA has been sporadically reported in literature [7-10].
Most of the respondents who do not routinely administer systematic VTE prophylaxis considered the following as risk factors, when prescribing prophylaxis: a history of previous VTE or family history for VTE; known genetic disorders and/or the use of oral contraceptives. Smoking habits, a longer/complicated procedure and, interestingly, post-operative reduced weight-bearing were all regarded as less important risk factors.

Great variability was demonstrated in the responses of our colleagues when asked about the duration of DVT prophylaxis. Their responses ranged from less than 7 days, to 35 days, 70% of the respondents preferring a 7–15-day period. Only 15% of the respondents extended the duration of prophylaxis according to weight-bearing restrictions.

When prescribed, the vast majority (98%) of the respondents preferred pharmacological (69%) or combined prophylaxis (29%). Only 2% of the respondents preferred mechanical prophylaxis only.

As for first choice drug for pharmacological prophylaxis, low molecular weight heparin (LMWH) was the commonest (79%). Other prescriptions included Acetylsalicylic acid (6%), Vitamin K antagonists (2%) and the new oral anticoagulants (13%). Furthermore, new oral anticoagulants were used as second choice by 33% of respondents.

With regard to mechanical prophylaxis, most respondents (78%) preferred graduated compression stockings (GCS) alone (69%), or combined with intermittent pneumatic compression (IPC) devices (9%). Stockings alone (69%) or combined with IPCs alone were favoured by 16% of the respondents.

The results of this survey confirm that a general agreement on the indications, duration and type of prophylaxis for venous thromboembolism in hip arthroscopy is needed. There seems to be a trend towards the use of LMWH, especially on those patients with known risk factors, for a 1–2-week period.

We feel that a consensus statement on this topic is important, and that a common direction in the prophylaxis of our IA patients would be beneficial.

As such, we hope to achieve this for ESSKA’s Congress in Glasgow.

Dr. Charles Brown from Abu Dhabi was the Scientific Chairman while Dr Sachin Tapavsi and Dr Parag Sancheti were the Course Chairmen. This year’s event was a focus meeting on ACL and meniscus injuries, as these are extremely common issues with hardly any consensus in diagnosis or management.

The event was endorsed by the global society ISAKOS, the Asian-Pacific society APKASS and the Royal College of Surgeons, Glasgow, besides national and regional academic bodies in India.

The highlight of the course was the live surgeries performed in the operating theatre which were related to the auditorium via fiber-optic cables and direct interaction between the surgeon in the OR and delegates in the auditorium. Eight such surgeries for the ACL and meniscus were performed and greatly appreciated by everyone.
THE ESSKA NEWSLETTER WANTS YOUR SCIENTIFIC INPUT...

ESSKA Newsletter regularly includes scientific articles about new techniques, new feelings and original ideas in the orthopaedic field. We encourage all ESSKA residents, fellows, researchers and orthopaedic surgeons to submit their work for publication. The format is less formal than for a peer-reviewed journal and originality is very welcome.

We are waiting for your ideas and work!

JACQUES MENETREY, NICOLAS PUJOL ESSKA Newsletter Editors

A BRIEF HISTORY OF THE PAMI PROJECT

The ESSKA Paediatric Anterior-cruciate ligament Monitoring Initiative (PAMI) was started in 2014 by the ESSKA Board in response to the limited evidence-base available on how to treat these injuries. An initial step analysed the treatment algorithms and surgical techniques used among ESSKA members.

Based on close to 500 respondents (22% of invited) to an e-survey, it was found that paediatric ACL injuries seemed to be more frequent than previously considered, and that treatment practice was highly diverse.

The next logical step was to develop an outcome register that would allow for a prospective multicentre data collection, with the ultimate goal to reveal optimal treatment choices and, eventually, propose treatment guidelines.

Following the ESSKA Congress in Barcelona in 2016, a formal partnership was established with the Sports Medicine Research Laboratory of the Luxembourg Institute of Health, a group of scientists with experience in both ACL-injury research and development of custom-made register solutions.

A particular challenge in designing the methodology was to guarantee that all ethical and legal requirements would be met within this international, multicentre research project, especially regarding the transfer of pseudonymised data between different European countries.

At the time of writing (September 2017), the protocol has been officially cleared by the Luxembourg Research Ethics Committee (CNER), and the notification file to be addressed to the Luxembourgish data protection agency (CNPD) is ready. The principles applied within the PAMI project comply with the new Regulation 2016/679 (EU) of the European Parliament and of the Council, in place since 24 May 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. Considerable responsibility will lie with partner institutions who will have to seek separate ethical clearance, act as local data administrators and comply with the security measures put in place to access the PAMI database. The latter will soon go into testing phase of the first modules. The aim is to recruit the first patients during the last trimester of 2017. Until then, updates will be provided via the usual ESSKA communication channels.

IMPORTANT DETAILS FOR SUBMISSION:
LENGTH: 4/500 words
IMAGES/CHARTS/GRAPHS: one or two can be included but they must be sent as a high resolution attachment and not copy/pasted into a Word document
REVIEW PROCESS: All submissions will be reviewed by the Newsletter Editors, and selected submissions will be published in a subsequent ESSKA Newsletter
Submit to: Graham Woolvine, ESSKA Communications (woolvine.graham@esska.org)
SUBMISSION DEADLINE: no later than Thursday 1 February 2018

ESSKA MENISCUS CONSENSUS – TRAUMATIC TEARS

After completion of our ESSKA Meniscus Consensus regarding degenerative lesions, which was published in February 2017 in our KSSTA journal - (Beaufils et al., 2017), we have focused on wrapping up our ESSKA Meniscus Consensus regarding traumatic tears.

The process has been similar to our previous consensus. A steering group established relevant questions and provided the first draft including the answers. We would like to thank all members of the steering group:

PHILIPPE BEAUFILS (France), ROLAND BECKER (Germany), NIKICA DARABOS (Croatia), MICHAEL HIRSCHMANN (Switzerland), SEBASTIAN KOPF (Germany), PANAGIOTIS NTAGIOPOULOS (Greece), MATTHIEU OLLIVIER, HÉLDER PEREIRA (Portugal), NICCOLÒ ROTIGLIANO (Switzerland) and RENE VERDONK (Belgium).

All were rated based on the quality of the available literature ranging from A (prospective randomized trials) to D (opinion of the steering group). Additionally, all relevant studies were provided and the reader introduced to these studies with short abstracts providing information of the study relevant to the initial question.

So far, we have 27 questions and 137 standard pages. The first draft has been sent to the rating group which consisted of 25 orthopaedic surgeons and physiotherapists from across Europe.

They rated our answers and we worked on incorporating their answers in the draft to send it for the final evaluation. We thank all members of the rating group for their excellent comments, and we try to incorporate them as much as possible in our new draft to establish a real ESSKA consensus regarding traumatic meniscus tears.

We would also like to thank the ESSKA executive office and the ESSKA Board, for their work and financial support throughout the entire project!

LITERATURE
http://doi.org/10.1007/s00167-016-4407-4

JACQUES MENETREY, NICOLAS PUJOL ESSKA Newsletter Editors

LARS ENGBRETSEN, HÅVARD MOKNES, ROMAIN SEIL, DANIEL THEISEN

REVIEW PROCESS:
IMAGES/CHARTS/GRAPHS:
LENGTH:
important details:
submission:
important details:
SUBMISSION DEADLINE:
no later than Thursday 1 February 2018
EXECUTIVE DIRECTOR’S MESSAGE

Dear all,

As you may recall, we recently asked a professional agency to make a thorough survey of ESSKA. We particularly wanted to know more about you, our members: your inclinations, your concerns, and your hopes for ESSKA.

Your response was large enough to be reliable and the resulting report is expansive. But here are some snapshots:

**WHAT DO YOU THINK OF ESSKA?**
96% said that they were satisfied with their membership. When compared to 21 other professional associations in the healthcare field (as surveyed by the same professional agency) ESSKA is the second highest performer for “overall satisfaction”!

We are extremely happy about this (tho’ we’d rather like to know who beat us, for that first place...)

In order to understand your general perceptions about us you were asked to provide the first three words that came to mind whenever you heard “ESSKA.” This supposedly reveals what is most important for you about ESSKA, or most pertinent to your interests.

**AND HERE ARE SOME SPECIFICS:**
94% agreed with “I see my professional interests reflected in the work of ESSKA.”
87% agreed with “ESSKA plays a critical role in bringing together professionals in the field.”

**What about ESSKA’s Communications?**
70% agreed “the quality of content is high”, 53% “often find something of relevance”, and 24% say they’re “kept up to date about the most important topics”.

**What about ESSKA’s use of ‘Social Media’?**
This was the only topic where you gave us the thumbs-down, and made it clear we must do better.

Having said that, seem to like us on Facebook, but can’t find us anywhere else.

We’ll have to do something about this!

**WHAT ARE YOUR PROFESSIONAL CHALLENGES?**

We also asked you to name your professional challenge
44% said their biggest concern was “Keeping up with trends, and professional challenges” (staying up-to-date)
34% said “Finding solutions to real-time challenges” (time-management)
30% bemoaned their “Inadequate research funding”

**OVERALL**

Well, we now know exactly what you expect from ESSKA, and what we need to concentrate on.

Putting it very briefly, if you are a relative tyro, with less than 5-years’ experience, you're interested in Fellowships, Awards, Grants, and Information.

For the more established, you are looking for research updates, and information about the latest technologies, to keep you at the top.

**We should do our very best!**

**Meanwhile, I wish everyone Merry Christmas and a Happy New Year!**

ZHANNA KOVALCHUK
ESSKA Executive Director

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**ESSKA IS PLEASED TO ANNOUNCE THE WINNERS OF OUR MEMBER SURVEY:**

- Free registration for the 2018 ESSKA Congress in Glasgow
- Invitation to the 2018 ESSKA Congress Gala Dinner
- Nis Ti Ti Sportcenter Mok (Hong Kong)
- ESSKA branded gift - Pilječan Cukcić (Croatia)

**We would like to thank everyone who participated in our survey!**

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**ESSKA-AOSSM DJO TRAVELLING FELLOWSHIP**

USA – Canada
1-22 July 2017

Godfather: Dr Matteo Denti MD (Milano, Italy)
Fellows: Thomas Tischer MD (Rostock, Germany)
Guillaume Demsey MD (Lyon, France)
Marcus Hoffbauer MD (Vienna, Austria)

Our trip began on 1 July 2017, when we gathered at Frankfurt before flying to Virginia, to meet Dr Miller and Dr Brockmeier, a former AOSSM travelling fellow.

The next day, we went to Monticello outside Charlottesville, to see the home of Thomas Jefferson (who famously penned the 1776 Declaration of Independence). Later, we watched our very first polo match, at Martha’s Vineyard with Dr Miller and the UVA faculty.

During our stay, we watched various surgeries by Dr Miller; an anterior tibial closing wedge osteotomy in a revision ACL-reconstruction. Dr Brockmeier demonstrated his technique for arthroscopically-assisted biceps tenodesis, followed by an osteotomie allograft transplantation of a big osteochondral lesion of the trochea. During the academic session, our scientific presentations was followed by lively discussion.

The next morning began with an operating room observation, together with the residents and fellows of the University of Duke.

The next day we went to Monticello outside Charlottesville, to see the home of Thomas Jefferson (who famously penned the 1776 Declaration of Independence). Later, we watched our very first polo match, at Martha’s Vineyard with Dr Miller and the UVA faculty.

The next morning we were taken to the outpatient centre at the Duke University to shadow interesting cases followed by a visit to the wet lab where we performed a deepening trochleoplasty, lateral tenodesis and harvesting of a quad tendon.

We spent our last day at the ocean to relax and recharge our batteries.

In Albuquerque, Dr Schenck arranged a wonderful welcome BBQ dinner at the house of Dr Wascher and his wife Carlotta together with the residents and fellows of the University of New Mexico. This was our only opportunity, during the whole trip, to actually sojourn with our hosts. Dr Schenck and Dr Wascher did an amazing job, and made us feel at home.

The next morning started with an operating room observation, followed by an academic session with a good exchange of ideas. The last day we hiked to Tsent Rocks National Monument, and relaxed at the Thousand Waves spa in Santa Fe. The evening was redolent with fine wines, not to mention the food and the friendship.

In Durham, North Carolina, Dr Alexander Creighton (UNC) was our host, an AOSSM travelling fellow from 2014, who arranged a tour of the wonderful university campus followed by a reception at the home of Dr Ned Amendola, with the faculty of the University of Duke and North Carolina.

The next morning, we had an OR observation at the University’s outpatient centre, where we saw an arthroscopically assisted bankart repair, second-time lateral meniscal transplantation and a rotator cuff repair. After lunch, we had an academic session together with the faculty of Duke and UNC.
that Dr Denti, being our godfather, made this trip even more exciting. Six months ahead of the trip, he invited us – the fellows - to spend a weekend at his home in St. Moritz, where we got to know each other and planned this trip. Throughout the tour, he was a real Italian entertainer, not just for our hosts, but for all of us. As one host said, “He really is larger than life”. He was constantly trying to get the best out of this fellowship. We also believe that there was a very good chemistry between us fellows and that this will be a friendship for life.

This wonderful journey will certainly have a deep impact on our future life and we are humbled to now be a part of this “family”.

Our sincere thanks to

for their support of the scientific part of this travelling fellowship, to Prof. Denti for being such a wonderful godfather, to all our hosts and their families, the ESSKA Board and AOSSM, Debbie Czech for co-ordinating this fellowship and all others who made this special trip possible. We are looking forward to seeing you all again to host future travelling fellows at our centres.

We then moved to Houston, where our hosts Dr Harner and Dr Linter presided over an academic session, and showed us their impressive research facilities and surgeries. In the wet lab we presented our techniques of PCL and ACL reconstruction. We were also able – and this was a rare privilege – to tour the NASA complex, guided by an astronaut who had recently come back from his six-month stay at the International Space Station. In the evening, we shared a wonderful dinner in a private suite at the baseball stadium of the Houston Astros.

Upon arrival in Toronto, we were directly taken to London, Ontario, to enjoy a wonderful BBQ dinner at the house of Dr Getgood. Unfortunately, it turned out that this would be the last evening for our friend Thomas Tischer, who had torn his quad-tendon while playing basketball – or maybe he’d just slipped on the ball. The next day he flew home for surgery in Germany. Anyway, we spent the next afternoon in the OR watching interesting cases.

During our stay, we visited the famous Niagara Falls, and then rode bikes through the local vineyards for a super猾wine-tasting session. In the evening, we had an interesting academic session with the faculty of the McMaster University, University of Toronto and Kennedy Fowler Center, presenting their rare and interesting cases and discussing possible treatment options. Next morning, we had our last surgical observation with Dr Whelan, who performed a combined ACL, PCL and MCL reconstruction.

The fellowship tour ended with our last stop in Toronto where the AOSSM meeting took place. We were excited to meet up with all our hosts and friends we had met along the way. During the next days we attended the conference, Presidential dinner of the AOSSM, the Magellan society meeting - which we are affiliated to, and gave a short overview of our fellowship-tour. We then moved to Houston, where our hosts Dr Harner and Dr Linter presented over an academic session, and showed us their impressive research facilities and surgeries. In the wet lab we presented our techniques of PCL and ACL reconstruction. We were also able – and this was a rare privilege – to tour the NASA complex, guided by an astronaut who had recently come back from his six-month stay at the International Space Station. In the evening, we shared a wonderful dinner in a private suite at the baseball stadium of the Houston Astros.

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In summary, we all have to admit that this was a once-in-a-lifetime experience, and we are deeply grateful to all of the hosts for their time, effort and wonderful hospitality. Every single stop was special to us, and we were not only enriched professionally but socially and culturally. We further believe
We had the opportunity to see some shoulder arthroscopy cases, including a patient with multidirectional instability and arthroscopic treatment of a tibial spine fracture, under the guidance of our Godfather at the Clinica Las Condes, a huge private medical centre. We also saw some shoulder arthroscopy cases including a patient with multidirectional instability and arthroscopic treatment of a tibial spine fracture, again with the guidance of our godfather.

During the afternoon, we joined a special scientific meeting organised by MEDS Clinic Orthopaedic Department, where they presented some cases followed by a case-based discussion. Together with the AOSSM Fellows, and the entire orthopaedic department of Clinica Las Condes, there followed a scientific session. All the travelling Fellows presented their research work.

The following day, we were again in the operation rooms of the Clinica Las Condes with a couple of knee cases. In the afternoon, we took advantage of the great weather, for nice walk through the streets of Santiago. There was a wonderful dinner at an Italian restaurant, with our host, on the last evening, and then our flight to Rosario, Argentina, early the next morning.

We reached Rosario on 10 August, and met Mr Daniel Shillitoe and his team the same evening in a beautiful restaurant next to the Parana river. The next day, we visited the hospital and observed a multi-directional shoulder instability surgery and extrarticular ALL tenodesis. The same afternoon, we gave our presentation at the University of Rosario where Juan Carlos, Robert, Alex and Seth presented their lectures.

The next morning, we joined Moises and Camila Cohen and Benno Ejnisman at the Albert Einstein Hospital and watched live surgery. Then we enjoyed a very elegant dinner at Moises Cohen’s house hosted by himself and his wife.

The following day, the ESSKA and AOSSM group accompanied by Gustavo Arliani flew to Curitiba and visited the IJO clinic. Our host Lucio Ernlund had organised a city tour, a visit to the famous Niemeyer museum, and a warm welcome at his house where we had a chance to meet many SLARD members. In Curitiba, we attended the SBRATE congress and presented our lectures and we also got a chance to interact with our AOSSM and SLARD friends.

On Tuesday, we again met our AOSSM friends Robert Schenck (Godfather), Dain Alfred, Seth Sherman and Marc Tomkins and our host in Mr Gustavo Arliani. We visited the Federal University of Sao Paulo where we also met Moises Cohen and his staff. Robert, Juan Carlos, Dain, Marc and Peter gave their presentations at the University of Sao Paulo. After a brief lunch break and a few caipirinhas, we went to the Moises Cohen Institute where Juan Carlos, Robert, Alex and Seth presented their lectures.

We were delighted to meet, at last, and excited about the two weeks ahead of us. We were conscious that this would be an intense period, a chance to become intimate with high-volume osteotomy surgery throughout Europe. We came from different backgrounds and family lives, and found it rather difficult to decide whether this trip was to be ‘work’, or ‘academic’, ‘business’ or ‘adventure’.

It was overwhelming to meet with Prof. Imhoff’s entire surgical team, early next morning, during his daily rounds. We both knew how productive Prof. Imhoff is, in terms of research, so it was no surprise to observe how efficient his team was. Planning the surgery was concise but exact, with cases requiring a great level of complexity.

Our theatre visits afforded opportunities to observe and assist with procedures including OATS/mosaicplasty, mega-OATS, HTO with ACL reconstruction and HTO to reduce tibial slope. Attending the morning surgical-list planning meetings also gave us insight into the decision-making processes, with its opportunity to discuss cases. A high standard, evidence-based academic meeting was normal for Prof. Imhoff and his team. This included research presentations which allowed interesting discussions regarding knee osteotomy planning, knee instability, ACL reconstruction with combined osteotomy and knee joint preservation versus replacement.

In the evening, we visited the world famous beer gardens to sample German delicacies, and had a lovely dinner with Prof. Imhoff and his team. This enabled further discussion, and networking.

We were extremely impressed by the simple means of complex surgical deformity-correction by Prof. van Heerwaarden. In contrast to our German experience, this was clearly a ‘one-man show’, with Prof. van Heerwaarden performing all these complex deformity cases, at the same time explaining the theoretical principles behind all his moves. This made it look very easy, but we wondered if these surgeries came with the warning: ‘Don’t try this at home...’

The following morning, Prof. van Heerwaarden invited us to his home for coffee. This was followed by a wonderful visit to the Kroto Müller museum, which houses one of the largest Vincent van Gogh collections in Holland, then a 25-km bike ride through the pristine beauty of De Hoge Veluwe national park, and a visit to Arnhem’s Olympic training complex. Throughout this splendid day, we discussed the complexities...
After a busy few days, we continued our European journey to Lyon, France. During the free days in Lyon, we were inspired by its culture, heritage and spirit. We were both looking forward to discovering the prestigious and world-renowned ‘ecole du genou Lyonnaise’. During the free days in Lyon, we were spoilt by excellent weather, by world class cuisine and wine.

We met Prof. Dejour and his team on Monday, and were able to observe, assist and discuss complex cases in the theatre. We observed and assisted in further interesting cases, including high tibial osteotomy to correct rickets deformity and combined ACL/LCL/LaPrade procedure. The day also included a useful ostetomy planning session, with combined teaching by Mike Risbury, Dave Howard and Sam Yasen. In the evening, we were treated to a lovely dinner cooked by Mrs Wilson at their house with the whole team. This was an excellent personal touch to add to our hospitable and educational experience in Basingstoke. We were able to discuss and exchange many surgical ideas over dinner, as well as building strong international relationships for the future.

Thursday started with a constructive team meeting and coffee. This was followed by another theatre-session with Mike Risbury, Sam Yasen, Bhuhan Sahnis and Raghib Khakha. We observed and assisted in further interesting cases, including high tibial osteotomy to correct rickets deformity and combined ACL/LCL/LaPrade procedure. The day also included a useful ostetomy planning session, with combined teaching by Mike Risbury, Dave Howard and Sam Yasen. In the evening, we were treated to a lovely dinner cooked by Mrs Wilson at their house with the whole team. This was an excellent personal touch to add to our hospitable and educational experience in Basingstoke. We were able to discuss and exchange many surgical ideas over dinner, as well as building strong international relationships for the future.

Later that evening, we were joined by the Italian and Argentinian knee fellows for dinner. We continued to exchange ideas (and practice our French) into the early hours.

In the evening, we were treated to a lovely British pub dinner where we had the pleasure of meeting Mrs Wilson and the team, including Raghib Khaha and Bhuhan Sahnis.

Thursday started with a constructive team meeting and coffee. This was followed by another theatre-session with Mike Risbury, Dave Howard and Sam Yasen. In the evening, we were treated to a lovely dinner cooked by Mrs Wilson at their house with the whole team. This was an excellent personal touch to add to our hospitable and educational experience in Basingstoke. We were able to discuss and exchange many surgical ideas over dinner, as well as building strong international relationships for the future.

This was the perfect way to end our educational experience. It has been an extremely insightful, personal and educational experience for us both. We are both convinced that this Osteotomy Travelling Fellowship will become a very popular experience for us both. We are happy to have been the first to experience it and will wholeheartedly recommend it to our European colleagues.

We are extremely thankful to Arthrex for supporting the scientific segment of the travelling fellowship, to ESSKA, and to our wonderful hosts during our wonderful journey!

of ostetomy and had ample opportunity to ask questions about various techniques. It was the best and the most personal outdoors research meeting we have ever attended. To mark the occasion Prof van Heerwaarden made us a special gift: “Osteotomies for Post-traumatic Deformities” authored by himself and Rene Marti. Prof. van Heerwaarden was an absolute gentleman, a fantastic host and a supportive teacher. We are very grateful for all his time and effort.

LYON, FRANCE
HOST: DR. DAVID DEJOUR

“The frog in the well knows nothing of the mighty ocean” – Japanese proverb

We were only half-way through our journey, and already understood how travelling can be instrumental for complex learning. We arrived in Lyon at the weekend, to continue exploring the complexities of knee surgery around Europe. We stayed in the “vieux ville” of Lyon, and were inspired by its culture, heritage and spirit. We were both looking forward to discovering the prestigious and world-renowned ‘ecole du genou Lyonnaise’. During the free days in Lyon, we were spoilt by excellent weather, by world class cuisine and wine.

We met Prof. Dejour and his team on Monday, and were able to observe, assist and discuss complex cases in the theatre. These included total knee replacements, knee arthroscopy and ACL reconstructions using patella tendon/hamstrings autograft. Observing “the maestro” at work, culminating with a case of trochleaoplasty combined with patella ostetomy and MPFL reconstruction—all performed in one setting—on a 15-year-old girl with complex patellofemoral pathology. This was definitely the highlight of our trip to Lyon. We were awed by the smoothness and precision of both the decision-making and execution of this complex surgical procedure.

Later that evening, we were joined by the Italian and Argentinian knee fellows for dinner. We continued to exchange ideas (and practice our French) into the early hours.

After a busy few days, we continued our European journey to Britain.
### Upcoming Events

**German Olympic Congress for Sports Medicine Specialists**

**Together for a healthy sport**

**24–26 May 2018 | University of Hamburg**

Submit your abstract and actively contribute to the scientific programme, submission until 1 November, 2017:

[www.deutscher-olympischer-sportaerztekongress.de](http://www.deutscher-olympischer-sportaerztekongress.de)

Chairmen:
- Klaus-Michael Braumann (Hamburg)
- Thore Zantop (Straubing)

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**IV ASTAOR International Congress**

**Международный Конгресс ACTAOP**

**Bucharest, Romania • March 21 - 23, 2018**

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**SRATS Congress**

**Bucharest, Romania • March 21 - 23, 2018**
ESSKA attended EFORT’s meeting in Vienna on 31 May – 2 June 2017, being represented by Romain Seil, Michel Bonnin, David Dejour, Roland Becker, Philippe Beaufrêls, Olivier Mathieu, Sebastian Kopf, René Verdonk and Jacques Menetrey.

ESSKA ran a successful symposium during the Specialty Society Session, with a full morning on “High tibial osteotomy: Should it be still performed in 2017?” and the “ESSKA degenerative meniscus consensus”.

This session was well-attended, and the participants’ expectations were fulfilled as they witnessed the lively discussions throughout. ‘Sports’ was one of the meeting’s main themes, so many ESSKA members were involved in the programme, where they contributed enormously.

ESSKA also participated in EFORT’s Specialty Society business meeting, where we proposed a Memorandum of Understanding (MoU), to increase our collaboration.

We are also active in EFORT’s Educational Committee, formulating a pan-European curriculum, which can harmonize general orthopaedics and trauma-education across Europe.

ESSKA was well represented at the ISAKOS Congress 2017 in the great city of Shanghai, China.

The meeting witnessed a great number of attendees from the ESSKA community. An ESSKA symposium on osteotomies was headed by Matteo Denti and Romain Seil, a symposium on ACL with Tim Spalding, Magnus Forssblad, Karl Eriksson, Jacques Menetrey, Halit Pinar and Andy Williams, another on patellofemoral instability and complex cases with David Dejour and an ankle symposium with Niek Van Dijk, Hélder Pereira and Stéphane Guillo.

We also had the pleasure to assist at live surgeries with Andy Williams (extra-articularplasty) and David Dejour (trochleoplasties and TT osteotomies).
ESSKA Board members Martin Lind won the Patellofemoral Research Excellence Award with his work on MPFL fixation while Hélder Pereira won the “silver medal” of the Jan Gillquist Scientific Award with his work on The Role of Calcaneofibular Ligament (CFL) Injury in Ankle Instability: Implications for Surgical Management. Co-authors were Kenneth J. Hunt, Pieter D’Hooghe, Judas Zed Kelley, Nicholas Anderson, Richard Fulc, Todd H. Baldini.

Some ESSKA Board members were there to present our oversee sessions. President Romain Seil presented a surgical video about HTO; Past President Matteo Denti chaired a session about cartilage and the meniscus; 1st Vice-President David Dejour was involved in two lectures on the patella-femoral and failed ACL, with contributions from 2nd Vice-President Jacques Menetrey.

On shoulder, ESSKA was represented by General Secretary Pietro Randelli, with a surgical video about superior cuff reconstruction.

This work is dedicated to assessing the relevance of the CFL in ankle and subtalar biomechanics and the implications of repair of each ligaments in reposing the normal joint’s features. It has been developed together with Kenneth Hunt and Pieter D’Hooghe.

Our congratulations to ISAKOS for their successful meeting. It was a fine experience, and displayed the continuing collaboration between our two societies!

AOSSM ANNUAL MEETING IN TORONTO, CANADA

Held on 20 – 23 July 2017, this meeting was one of the highest-level gatherings, worldwide, and with a programme packed with high-quality lectures, interspersed with live surgeries.

The Board was honoured by this invitation and would like to congratulate AOSSM’s President Annunziato Amendola and his programme chair Brian Wolf for a successful meeting.

ESSKA HAS PARTICIPATED IN, OR PATRONIZED, THE FOLLOWING EVENTS:

26TH INTERNATIONAL CONFERENCE ON SPORTS REHABILITATION AND TRAUMATOLOGY
13-15 May 2017 – Barcelona, Spain

3RD ARTHROSCOPIC COURSE
16-19 May 2017 – Targu-Mures, Romania

5TH JOINT AEA/SEROD CONGRESS
17-19 May 2017 – Alicante, Spain

7TH MEETING OF SERBIAN SHOULDER AND ELBOW SOCIETY
19 May 2017 – Belgrade, Serbia

BAKAST CONGRESS
19 May 2017 – Minsk, Belarus

INTERNATIONAL CONFERENCE OF BASKETBALL SCIENCE
19-20 May 2017 – Istanbul, Turkey

IACES 2017
25-27 May 2017 – Barcelona, Spain

32ND ANNUAL MEETING OF GOTS
22-24 June 2017 – Arezzo, Italy

INTERNATIONAL SUPER ELBOW COURSE - ESSKA ELBOW AND WRIST COMMITTEE COURSE
22-24 June 2017 – Arezzo, Italy

ARTHROSCOPY & ARTHROPLASTY Utrecht 2017
03-07 July 2017 – Utrecht, The Netherlands

3RD ITALIAN SHOULDER COURSE: LATISSIMUS DORSI TRANSFER
07-08 July 2017 – Negra and Verona, Italy

17TH AMSTERDAM FOOT AND ANKLE COURSE
12-13 July 2017 – Amsterdam, The Netherlands

3RD ADVANCED FOOT AND ANKLE COURSE
13-14 July 2017 – Amsterdam, The Netherlands

FORTE ORTHOPEDIC SUMMER SCHOOL 2017
28 August – 01 September 2017 – Faro, Portugal

7TH JORNADA LYONESA NO BRASIL - ACL
31 August – 02 September 2017 – Goiania - GO, Brazil

34TH AGA CONGRESS
07-09 September 2017 – Munich, Germany

3RD INTERNATIONAL MEETING ON ARTHROSCOPIC KNEE SURGERY (IMAKS)
14-15 September 2017 – Malaga, Spain

4TH JOINT PRESERVATION CONGRESS
14-16 September 2017 – Warsaw, Poland

SIGASCOT 2ND COURSE ON KNEE OSTEOTOMY
15 September 2017 – Pavia, Italy

LASTA CURRENT CONCEPTS: ARTHROSCOPY, ARTHROPLASTY
15 September 2017 – Palanga, Lithuania

MEDICAL AND TRAINING ASPECTS IN HANDBALL
16 September 2017 – Differdange, Luxembourg
ESSKA Membership:
IT’S TIME TO RENEW
Deadline: 31 December 2017

www.esska.org

Our 2018 membership types are:
• 140 EUR for Full Members
• 75 EUR for Residents & Physiotherapists
• 75 EUR for Basic and Sports Scientists

Full Membership benefits* include:
• Up to 40% reduction on the registration fee for ESSKA’s 2018 Glasgow Congress**
• A monthly copy of, and online access to, the KSSTA Journal
• Reduced registration fees for ESSKA events: open meetings, workshops and courses
• Up to 33% reduction on ESSKA publications
• Exclusive access to the premium content on ESSKA Academy, our online educational platform
• 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.

We look forward to another great year at ESSKA!

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

* See the complete list of benefits associated with each membership type on the ESSKA website.
** 2017 and 2018 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.

BOA ANNUAL CONGRESS
19-22 September 2017 – Liverpool, UK

SFMES•SFTS 10TH CONGRES COMMUN
21-23 September 2017 – Marseilles, France

4TH SÄUDE ATLÂNTICA & ISAKOS & ESSKA INTERNATIONAL MEETING
22-23 September 2017 – Porto, Portugal

FORTIUS INTERNATIONAL SPORTS INJURY CONFERENCE 2017
27-29 September 2017 – London, UK

10TH INTENSIVE ARTHROSCOPY KNEE AND ANKLE COURSE CAJ2/ROSARIO UNIVERSITY
05-07 October 2017 – Rosario, Argentina

9TH INTERNATIONAL SYMPOSIUM - KNEE ARTHROPLASTY
05-07 October 2017 – Krakow, Poland

18TH SIA NATIONAL CONGRESS
12-14 October 2017 – Ravenna, Italy

SOROT 17TH NATIONAL CONGRESS ON ORTHOPAEDICS AND TRAUMATOLOGY
18-21 October 2017 – Timisoara, Romania

GIJÓN KNEE SPORTS MEETING 2017
19-20 October 2017 – Gijón, Spain

CSSTA ANNUAL MEETING
21 October 2017 – Zagreb, Croatia

3RD CURSO DE PATOLOGÍA ARTHROSCÓPICA DE HOMBRO. ARTHROSCOPÍA Y ECOGRAFÍA
27-28 October 2017 – Madrid, Spain
Wishing you and yours
the happiest of holidays and all the best in the New Year

The ESSKA Executive Board and ESSKA Office

Happy New Year

www.esska.org