ESSKA NEWSLETTER
DECEMBER 2018

INSIDE
President’s Editorial from David Dejour
Sections and Committees Updates
Approved ESSKA Teachers and Teaching Centres
Travelling Fellowship Reports
Upcoming Events
And much more!

NEWS
- ESSKA Speciality Days to be held on 8-9 November 2019 in Madrid
- Presentation of ESSKA’s new Board Members and Committee Chairpersons
- Pillar of ESSKA interview with Peter Hertel

e-version quarterly from 2019!
Since 2010, ESSKA has held a strategic meeting every two years, for ‘deep-thought’ about our future and its challenges. The meeting lasts two days and brings together the Main Board, the Section Chairs, the Committee Chairs, the Editors-in-Chief of both journals, and our executive staff.

To ensure the ‘grand vision’ we aspire to, the meeting is usually guided by an external consultant.

The meeting’s aims are simple but profound:

• To analyse ESSKA’s present position, and its overall direction
• To refine (and, if necessary, re-define) ESSKA’s mission
• To decide upon ESSKA’s immediate objectives
• Agree on a common way forward
• Align governance to achieve the goals
• Commit the necessary resources; whether it’s structures, or capital, or professional advice
• Choose the right people for the job, and give them realistic timings

In 2016, under the presidency of Romain Seil, a 2-6 year Operational Plan was agreed. Its main tasks amongst others included:

• strengthening ESSKA’s marketing and our communications;
• increasing the society value for you, our members;
• ensuring that ESSKA’s education serves the professional needs of our entire community;
• and making ESSKA’s leadership more efficient and effective

Most of these points have been accomplished. For the next period, 2018–2020, we shall continue with them, plus some additional tasks:

Publishing: a task force will manage the growth of our two journals KSSTA & JEO, our book publishing programme, and our partnership with AGA and SFA.

Core Curriculum and ESSKA Certification: we shall pursue our ‘All About’ surgical-skills courses, as a complement to theory, leading to ESSKA’s Certification.

Foundation programme: we intend to develop a new operational model.

Enhancing relationships with national, European and international scientific societies.

Boosting ESSKA Academy and its educational programme with webinars and interactions with our members, updating our website.

Women in ESSKA: a dedicated group for women in our society, in relation to orthopaedic issues.

ESSKA’s re-branding.

Training Members for the Board, just as we train our surgeons, by improving their leadership skills, and preparing them for task.

During our last strategic meeting in the South of France, I wanted to improve the leadership skills within ESSKA, through some specialist-training. Everybody involved in ESSKA is however a ‘leader’, by virtue of their place in their institution, the scientific work they pursue and publish, and their involvement in sections, and committees, and education. And our daily work anyway requires us to organise: not just our operating teams, but also our patients and their hospital programmes. But it rarely occurs to us surgeons that leadership can be trained and enhanced, just like clinical and surgical skills. It rarely occurs to us, that is to say, that management is also a discipline, and one that needs learning.

With this in mind, we arranged a programme with IMD (The International Institute for Management Development), a Swiss business school based in Lausanne. For seven consecutive years this has ranked in the top three for executive education worldwide, and ranks first for open-programmes.
IMD produced a tailor-made programme for ESSKA. Professor Anand Narasimhan and his coaches guided us through group exercises, with interactivity, group work and debriefing. This taught us more about ourselves, and hopefully it improved the way we deal with conflicts, by making us more assured, more confident, and it also helped us learn how to build real dynamics within and outside a group.

Such a programme, which I think we should repeat, will improve the Board’s efficiency, not to mention the Sections and Committees. It will help the various Chairs interact with their members, and manage their conflicts. Above all, it should encourage ‘vanity-free’ open dialogue. In this way we can train our next Board, just as we train our surgeons.

This is also done to anticipate the future, and the way to make a successful transmission to the next Board and keep the continuity in the work done.

On a day-to-day basis, we are already preparing for ESSKA’s two major events. The first is the ESSKA Specialty Days in Madrid next year 8-9 November. Our new format brings together all our Sections’ ‘Open Meetings’, and in one place: EKA’s ‘degenerative knee’ led by Nanne Kort; ESA’s ‘shoulder arthroscopy’ led by Giuseppe Milano; AFAS’s ‘ankle arthroscopy’ led by James Calder; and ESMA’s ‘sports medicine’ led by Henrique Jones.

I am confident you will enjoy such a dynamic formula: it permits more interaction, an easier exchange between disciplines, and involves industry in a different way. Be prepared to be challenged...

Nor can we forget ESSKA’s keystone, our biennial meeting, in Milan in 2020, for which our three young programme Chairs (Michael Hirschmann, Kristian Samuelsson and Elizaveta Kon) are already preparing a programme on the theme ‘Fashion meets Science’ – something appropriate for the fashion capital of the world!

December sees a winter chill starting to spread across Europe, but our heart is still warm for you, all our members. We want to make you happy and enthusiastic about everything in ESSKA!

DAVID DEJOUR
ESSKA President
FiberTape® Cerclage System
Better, Flatter and Stronger Suture For Oblique Proximal Humerus Fractures

- Better handling characteristics compared to wire and cable
- Smaller knot stacks to avoid tissue damage
- Stronger construct*
- Numerous applications

*Arthrex Research and Development, mechanical and biomechanical testing of FiberTape® cerclage

INNOTERE Bone Augmentation
Innovative, Convenient, Ready to Use

- Ready to use
- Self-setting in a moist environment
- Biomaterial consisting of calcium-deficient hydroxyapatite
- Structural support
It is Saturday the 6th of October 2018, and I am meeting Peter Hertel at a hotel in Potsdam, a city close to Berlin. We have breakfast together, and discuss his life, his career in arthroscopy, and of course talk about ESSKA, with two “S”s. Peter Hertel was a founding member of our society, when its name was the European Society of Knee Surgery and Arthroscopy (ESSKA).

PETER, THANK YOU FOR MAKING TIME FOR AN INTERVIEW ON SUCH A SUNNY SATURDAY MORNING. LUCKILY WE CAN SIT OUTSIDE. PETER, TELL ME PLEASE, HOW DID YOUR CAREER BEGIN?

PH I grew up in West Berlin, which was then surrounded by East Germany, the GDR. And it was there that I studied medicine, at the Free University of Berlin. I love sport — I have been active throughout my life — and in my school and student days I got involved in rowing. The rowing club was very close to my parent’s house, where I still live. I started rowing when I was 14 years of age. A group of us young guys were dreaming — with the guidance of Hans Lenk, Olympic gold medallist from the German ‘eight’ in Rome 1960 — to win Germany’s national championship. I was in the coxed-four boat. A couple of years later, in 1965, we won the National Championship. In the same year we became European Champions. But we wanted more, we wanted to be World Champions. The four of us joined the coxed-eight boat – “the Deutschlandachter”. I was already studying medicine at the University of Berlin, so I trained during the weekends. We flew to Hamburg on Friday nights, met the rest of the crew, and trained in Ratzeburg close to Hamburg. Two days of intensive training with our coach Karl Adam, then back to Berlin on Sunday night, ready for medical school on Monday, and weekday training at the local club in Spandau. It all came together in 1966, when our eight won the World Championship in Bled (Yugoslavia). Despite all this rowing, I managed to finish medical school in the regular six years.

WHAT HAPPENED AFTER MEDICAL SCHOOL, AND BEING A WORLD CHAMPION?

PH I went on to Saar-University of Homburg, and specialized in Traumatology in Prof. Schweiberer’s Department. I then did my PhD, and my lovely wife had our three children. My PhD thesis was about lesion and tension patterns of the ligaments of the knee. The knee has always been my major interest. I remember the first time when I performed a knee arthroscopy. Wolf®-company was one of the biggest companies in the arthroscopic field at those times. In 1977, Richard O’Connor from Los Angeles was sponsored by Wolf®, and travelling with his nurse across Europe, performing knee arthroscopies at different places. He came to Homburg University and we did the first arthroscopy together there. We used punches, originally invented by neurosurgeons, and used for removing herniated discs. Using a camera and a monitor was something very new. Our camera was about 30cm long and 10cm wide and, believe me, it was very heavy. O’Connor was holding the camera in his hand. It wasn’t sterilized, but O’Connor said sterility wasn’t an issue for arthroscopy: there would be so much water running through the knee during the procedure that we didn’t need to bother about...
the risk of infection. Later, I went to California for a month to spend the time with Richard O'Connor, and watched how to do arthroscopy properly.

When I returned to Berlin, I became the Head of the Traumatology Department at Virchow Hospital, one of the biggest in West Berlin at that time in 1981. I stayed at the Virchow Hospital for 10 years and then moved to Martin Luther Hospital to take over its Department of Traumatology. I worked here until my retirement, in 2008, and took care of many professional athletes. I still see athletes today.

RB BERLIN WAS THE PLACE WHERE ESKA/ESSKA WAS FOUNDED. WHEN AND WHY BERLIN?

PH Ejnar Eriksson came from Stockholm in Sweden, and he was the engine for founding a European knee society. He's a great speaker, and he showed impressive arthroscopy knee videos, which he had recorded with a 32mm camera. Ejnar got invited to many congresses in the US and throughout the world. However, a Swedish doctor's income was low, and in the US it was already common — even for invited speakers — to pay their congress fee, and cover their own travel expenses.

If we wanted to become more independent in Europe, and compete with international societies, we needed to have our own congresses, and we needed our own society. At one of the international congresses Ejnar Eriksson met Günter Böhm, the exhibition manager of the Messe Berlin in 1982.

Remember that West Berlin was an island, surrounded by East Germany. It felt very isolated, because West Berlin was an island, surrounded by East Germany. I received special permission in order to visit the other side of the Berlin Wall, and watched how to do arthroscopy properly.

As a surgeon from West Berlin, I was already able to pass through the Iron Curtain, in the 80s. You remember that Berlin was divided in two separate cities, belonging to East and West Germany. Dr Heinz Wuschech from East Berlin visited me at my hospital several times in order to learn about arthroscopy. From then on I was regularly invited to congresses in East Berlin and East Germany. I received special permission in order to visit the other side of the Curtain, and was able to see the fast development of arthroscopy in what we called the “other side”.

The abstracts were anonymously evaluated by two reviewers, and even some well-known surgeons had their oral presentations refused (one head of the university department refused eight abstracts). So, we had already a fair evaluation process.

We needed simultaneous translation into French, German, English and Italian. Can you imagine how many translators were sitting in the back of the audience, considering that most of them were trained for translation in one direction only? This consumed the largest part of our budget.

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PH I have a wonderful wife, Jutta, a former Olympic 200m runner, and I have my family, which makes me very happy. I have to look after my parent’s house where we live, and you can image there’s always something to fix because this house is eighty years old. I am still a member of the same rowing club in Spandau, where I joined when I was 14 years old. I still row with friends once a week. And finally, I love being an orthopaedic surgeon, seeing my patients in the outpatient’s clinic at the Klinik am Kudamm in Berlin, and operating on some of them in the Klinik Sanssoucci, a private hospital in Potsdam, and in my old Martin Luther Hospital. In general, I start my surgery at 7 o’clock in the morning, so that I don’t waste any of my day.

RB WHAT ARE YOUR WISHES FOR ESSKA?

PH ESSKA is an amazing society, and I am very impressed about its growth. ESSKA has a unique friendliness as a society, which I always feel when I attend the biennial congress, which I have never missed! Congresses are so important, even in an internet-age, because it’s something different to say “hello” to somebody, and shake their hands, and discuss orthopaedics and sport traumatology face-to-face.

I would also like to emphasize the work of Ejnar Eriksson, who launched our KSISTA journal, one of the best journals in the field of knee surgery, sport traumatology and arthroscopy in the world.

Finally, I have a little wish: I hope that people will never forget where ESSKA came from, what it is now and to value all the friendships which ESSKA has created.

I want to thank Peter Hertel for giving us some insight about his life and the life of ESSKA which I am sure is new to many of you. Peter has just left for the Berlin Rowing Championships, with his wife Jutta, and to meet his old friends.
ESSKA BOARD MEMBERS AND COMMITTEE CHAIRPERSONS 2018 – 2020

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1st Vice-President
JACQUES MENETREY
Switzerland

2nd Vice President, Membership and Nominating Committees Chairman
ROLAND BECKER
Germany

Past President and Nominating Committee Chairman
ROMAIN SEIL
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HÉLDER PEREIRA
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Italy

Arthroscopy Committee
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LAURA DE GIROLAMO
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Cartilage
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PAOLO ARRIGONI
Italy

Hip Arthroscopy
FILIPPO RANDELLI
Italy

Osteotomy
MATT DAWSON
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Patellofemoral Instability
PETRI SILLANPÄÄ
Finland

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Romania

ESSKA-ASAS Chairman
JAMES CALDER
United Kingdom

ESSKA-EKA Chairman
GIUSEPPE MILANO
Italy

ESSKA-ESA Chairman
HENRIQUE JONES
Portugal

ESSKA-ESMA Chairman
NANNE KORT
The Netherlands
Other news is that we are now collaborating closer with AGA and SFA and, as of January 2019, there will be Associate Editors from Germany and France, responsible for our links with AGA and SFA. Welcome to Peter Angele and Nicolas Pujol!

Finally, we thank you for a very busy 2018, and look forward to an exciting 2019!

JON KARLSSON
KSSTA Editor-in-Chief

The Journal of Experimental Orthopaedics

Glasgow’s Congress is already history, but I remember it fondly, as an important moment for our Journal. It was in Glasgow that we published our first Congress Special Edition in a printed format. It was also in Glasgow that we announced our first JEO Best Paper Award and our first JEO Young Researcher Award. These were all significant milestones.

We now have circa 160 publications in MedLine and, compared to previous years, we have a record number of submissions and published articles. JEO is now actively supported by ESSKA’s Committees, for example, the Basic Science and the U45 Committee. But most importantly for our readers, ESSKA is offering a 15% discount on article-processing charges until the end of 2018. This is a very generous offer from our society and I urge you to take advantage of this fantastic opportunity!

As always, I hope to receive excellent scientific articles and review papers for our Journal of Experimental Orthopaedics.

If you have any questions, please don’t hesitate to contact me at JEO@ESSKA.ORG.

HENNING MADRY
JEO Editor-in-Chief

ESSKA Academy continues to provide excellent educational material. We deal with sports-related injuries, arthroscopy and degenerative-joint diseases, from basic science to clinics. We regard ourselves as ESSKA’s Enablers; that is, we ensure ESSKA’s members are au courant — completely up-to-date — and in a daringly modern way.

As an educational platform we have some unique advantages:
- we are peer-reviewed,
- we are completely unbiased, as an educational platform,
- we are thoroughly practical; we are actually demonstrating the current trends and guidelines, using formats prepared by ESSKA’s faculty and members.

This year ESSKA Academy started using Before- and After-Tests for ESSKA’s surgical-skills courses. The ‘before-test’ ensured a basic standard for all participants, whilst the ‘after-test’ proved that they had learned enough to justify their certificate. The testing also allows us to judge the courses themselves.

We still intend to host regular webinars, and see this as essential for the Academy. It remains our priority for the next period.

ESSKA is taking a major leap in education, something that has been needed for years. ESSKA is creating a ‘Core Curriculum’, with contributions from all its constituent parts.

This will result in ESSKA Academy having the so called “Educational Constitution” that will lead the inclusion of educational material into the system.

We wish you a great year, with successful results for all your patients.

ENES KAYAALP AND ELMAR HERBST
THE NEW KSSTA WEB-EDITORS

Enes Kayaalp from Istanbul and Elmar Herbst from Münster are two young orthopaedic surgeons who will rejuvenate KSSTA’s activity on the web. The two enthusiastic doctors will be in charge of regularly updating the KSSTA website, as well as sharing information to both members and friends of KSSTA via Facebook and Twitter. They will build stronger connections with the ESSKA Academy in order to promote new and interesting updates, and regularly promote information about the most recent KSSTA publications.

Do you have any suggestions?
Contact the KSSTA Editorial Editorial Office at KSSTA@ESSKA.ORG.
ESSKA SPECIALITY DAYS 2019

AFAS - Ankle & Foot Associates
FROM TRAUMA TO ARTHRITIS – WHERE DO WE STAND?

James Calder
Section Chair
UNITED KINGDOM

Daniel Havenith
Scientific Chair
THE NETHERLANDS

Hélder Pereira
Scientific Chair
PORTUGAL

PROGRAMME HIGHLIGHTS
- Syndesmosis injuries
- Optimal treatment of end stage arthritis in the young and active population: Biologics
- ICERS consensus on treatment of paediatric talus OCL

HIGHLIGHT SPEAKERS
- James Calder, UNITED KINGDOM
- Daniel Havenith, THE NETHERLANDS
- Hélder Pereira, PORTUGAL
- Lou Schön, UNITED STATES
- Alastair Younger, CANADA

EKA - European Knee Associates
CURRENT CONCEPTS FOR THE DEGENERATIVE KNEE - ALIGNMENT

Nanne Kort
Section Chair, Scientific Chair
THE NETHERLANDS

Michael T. Hirschmann
Scientific Chair
SWITZERLAND

PROGRAMME HIGHLIGHTS
- Which alignment should we achieve depending in medial compartment OA?
- What is a normal alignment? Real impact of the knee phenotype concept?
- How can robotics make a perfect alignment possible?

ESMA - European Sports Medicine Associates
SPORTS INJURIES, NEW CONCEPTS!

Henrique Jones
Section Chair
Scientific Chair
PORTUGAL

Hermann Mayer
Scientific Chair
SWITZERLAND

Jacques Menestrey
Scientific Chair
SWITZERLAND

PROGRAMME HIGHLIGHTS
- Performing arts and specific injuries
- Athlete injuries
- Recovery and improve performance: Device, Myth or reality?
- Musclic injuries

HIGHLIGHT SPEAKERS
- Luis Pires, PORTUGAL
- Michael D’Hooghe, BELGIUM
- Henrique Jones, PORTUGAL
- Tim Mayer, GERMANY
- Jordi Pulgárelli, SPAIN

8-9 NOVEMBER 2019 - MADRID, SPAIN

ESA - European Shoulder Associates
MASSIVE ROTATOR CUFF TEARS

Giuseppe Milano
Section Chair, Scientific Chair
ITALY

Nuno Gomes
Scientific Chair
PORTUGAL

Ladislav Kovacic
Scientific Chair
SLOVENIA

Frank Martatschberger
Scientific Chair
GERMANY

PROGRAMME HIGHLIGHTS
- Massive Rotator Cuff Tears: latest insights and evidences
- Re-ride surgeries: Just the juicy part of it, no waste of time
- Case discussions: practical daily life situations with interactivity
- Scientific Sessions: abstract submission open for everyone

HIGHLIGHT SPEAKERS
- Emilio Calvo, SPAIN
- Andreas Imhoff, GERMANY
- Giuseppe Milano, ITALY
- Boris Pobar, SLOVENIA
- Bruno Toussaint, FRANCE
ESSKA SPECFALITY DAYS PROGRAMME

8 November 2019

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<td>08:15</td>
<td>Welcome Coffee Exhibition Floor / Opening by ESSKA President and Scientific Chairs</td>
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<td>08:45</td>
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<td>09:30</td>
<td>Lunch Break / Hot Topic Debates</td>
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<td>11:00</td>
<td>Coffee Break / Hot Topic Debates</td>
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<td>Syndesmosis Injuries</td>
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<td>Case Discussion</td>
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<td>Free Oral Presentations</td>
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9 November 2019

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<td>Welcome Coffee — Exhibition Floor</td>
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We have an exciting couple of years ahead of us! All about hindfoot sporting injuries! We have just completed the ASTAOR course in Moscow where ESSKA-AFAS provided the backbone of the course faculty with simultaneous translation for 350 Russian speaking delegates. It was hosted by Prof. Andrey Korelev and included 40 lectures and 10 live cadaveric demonstrations – the faculty were kept quite busy!! Worryingly the bottle of water looked like a bottle of vodka but I guess that is Russian!

The ESSKA Speciality Days plans are well underway and the programme for AFAS has now been completed with Alastair Younger coming across from Vancouver and Lew Schon from Baltimore. There was an excellent response to the survey which went out to members asking which areas should be covered in the forthcoming meetings and we have included the most popular request as a specific section in the programme (syndesmosis and medial deltoid injuries). It is my intention to perform a similar survey when it comes to organising the ESSKA Congress in Milan 2020 because we need members input as to what you want!

AFAS also supported the 43rd Annual meeting of Japanese Society for Surgery of Foot (JSSF) in Tokyo this November with the combined Ankle Instability Group (AIG) Annual Meeting. This was an exciting opportunity for the AIG group within AFAS to showcase its expertise and knowledge in the Far East. There was a fantastic faculty line-up. AIG encourage surgeons to join AFAS from across the world and constantly publish evolving techniques in high impact journals. We are working hard to support further meetings of the AIG and the Achilles tendon study group during 2019/20.

We hope to have a further Achilles Tendon Study Group (ATSG) meeting during 2019 but details will follow in the new year. Mike Carmont is the lead for the ATSG and is always looking for new people to join and promote further research and debate around Achilles tendon disorders (the ATSG meeting was packed at the ESSKA Congress in Glasgow and they ran out of chairs!!)

We also have a practical, wet-lab-based, advanced arthroscopy course in Munich in November 2019 entitled “All about hindfoot sporting injuries” which will be open to all ESSKA-AFAS members. The programme is currently being finalised and you will receive notification of details on how to apply for this in the new year. The emphasis will be on practical skills rather than lecture-based theory!

It is important to have your feedback and I would encourage anyone to email us (fa@essa-afas.org) with ideas for courses or even books – we will see how we can weave this into the education cycle! It’s your AFAS after all!

JAMES CALDER
ESSKA-AFAS Chairman

AFAS BOARD 2018-2020

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Vice-Chairman: Dанийl Haverkamp (The Netherlands)
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Treasurer: Pietro Spennacchio (Italy)
Educational Secretary: Ákos Kynsburg (Austria)
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ESSKA-ESA SECTION

ESKA-ESA, the Section for dedicated shoulder surgeons, continues its ascent! Building on our previous successes, an ambitious and exciting biennial plan was presented at ESSKA’s Glasgow Congress. In particular, we wanted to involve young and highly-motivated members.

Our main goals for the next two years depend upon the hard work and dedication of three new working groups:

- The Scientific Working Group, headed by Frank Martetschsäger, whose main focus will be research-projects and publications.
- Injuries to the Acromio-Clavicular Joint are still an unsolved issue. There is controversy about treating unstable AC joints, and particularly Grade-3 Injuries. In a KSSTA journal editorial, Klaus Bak called for scientific research on the subject, to reach a consensus amongst shoulder surgeons. ESA responded by planning a KSSTA special issue on the diagnosis and treatment of ACJ disorders.
- Another upcoming project is an ESA classification for shoulder instability. We arranged a meeting on Shoulder Instability in Krakow, in 2017, where it became clear that more research was needed, and a better classification. As a result of this meeting and its consensus, an educational book will be published.

- The Educational Working Group, headed by Nuno Gomes. We hope this group will become essential for training shoulder surgeons. It will educate through books, but also through courses and online videos. In co-operation with industry, it plans to arrange Shoulder Arthroscopy Courses, with high quality lectures and wet-lab practice. Hands-on learning from experienced senior surgeons is priceless, but networking in small groups is also important.

Moreover, a new Travelling Fellowship has been established, in memory of Philippe Hardy. Every year three selected young shoulder surgeons will have the opportunity to visit five ESSKA Accredited Teaching Centres, over three weeks. This fellowship will develop the skills of young shoulder surgeons who are interested in arthroscopy and arthroplasty. It will cover various aspects of sports, trauma and degenerative lesions of the shoulder such as osteoarthritis, instabilities and rotator cuff and acromio-clavicular injuries.

- The Membership and Communication Working Group, headed by Emmanuel Antonogiannakis. This group will cover the social media which is, nowadays, the best way to get people on board. Our social media platforms will be constantly updated, not only with ESA news and activities, but also debates and hot-topics. We believe that open discussion is the best way forward... to find new ideas, and look at things from a different point of view.

We are proud to announce our first success. Our book on the "Management of Failed Shoulder Surgery", which was released in spring 2018, received more than 5000 downloads in the first three months!

This October, in Athens, ESA held its closed meeting: 'The Diagnosis and Treatment of Acromio-Clavicular Joint Disorders'. This meeting was intense and news-worthy: hundreds of surgical-techniques and various rehabilitation programmes have been proposed over the last 50 years, but there's no consensus on acromio-clavicular dislocation, and no diagnostic algorithm.

We intended to solve that problem by gathering together the most experienced European shoulder surgeons. Written guidelines should follow, to be published in the KSSTA journal.

In November 2019, in Madrid, ESSKA will launch its new Speciality Days. ESA's scientific programme will be 'The Management of Massive Rotator Cuff Tears'. We shall present a wide selection of validated current-practice, but we will also deal with the new experimental alternatives. A book on 'The Management of Massive Rotator-Cuff Tears' will be published, as a consensus from the meeting. And lastly, a second edition of 'Shoulder Arthroscopy: Principles and Practice' is in progress.

We believe that scientific societies are of utmost importance for education and professional networking. Our mission is to provide the best means for improving your clinical skills, and your surgery. But you must trust us, and become an active member! So, please, don't hesitate to join our section!

GIUSEPPE MILANO
ESSKA-ESA CHAIRMAN

ESSKA-EKA SECTION

In the coming years we will offer courses in Krakow, Poland; Lisbon, Portugal; Timisoara, Romania; and St. Petersburg, Russia. Our collaboration with the American Society of Hip and Knee Surgeons will strengthen the transatlantic link.

EKA is very happy to see that there is a constant interest in joining the group. There has been an increase of 20% of our membership over the last six months. We are very happy to welcome all enthusiastic people with their main interest in the degenerative knee.

ROLAND BECKER
ESSKA-EKA PAST CHAIRMAN
WWW.EUROPEANKNEEASSOCIATES.ORG

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EUROPEAN KNEE ACTIVITIES IN THE FUTURE

The European Knee Associates got a "new engine", Nanne Kort (The Netherlands), took over the leadership of EKA. Michael Hirschmann (Switzerland) became the Vice-Chairman and Reha Tandogan (Turkey) became the General Secretary. New people and new ideas within EKA in order to move forward.

The degenerative knee has become a field with increasing interest and there is need to improve the understanding and treatment of patients suffering from osteoarthritis.

The average age of the population in the Western world is increasing. One third of the population in Germany will be over 60 years of age in 2050. At the same time people want to stay active, which is not only very important from the social and mental aspects but also from the medical point of view.

Physical activity means better bone metabolism, which prevents osteoporosis and osteoporotic fractures. It also prevents loss of muscle function and coordination, important to avoid falls. How to deal with osteoarthritis is the second most common health problem of our population.

EKA is concentrating their activities in the field of the early and late osteoarthritic knee. That includes the conservative, and joint preserving surgical technique but also partial or total joint replacement.

Numerous focus groups have been established within EKA. These groups are working very successfully. Several articles have been published in KSSTA recently, such as rotational alignment of the femoral and tibial component or the new pathways regarding the perioperative management of our arthroplasty patients for instance.

Education is another very important duty for EKA. There is a huge demand on education of orthopaedic surgeons especially in Eastern Europe. EKA has increased their activities and collaborations with Russia, Bulgaria, and Poland. Courses and meetings were organised in collaboration with the national orthopedic societies.

A meeting was held in Bucharest on 12 October 2018. Eighteen interesting presentations were given with very stimulating discussions in between about alignment, innovation and pathways in total knee arthroplasty. These are the current topics of debate.

What are the EKA activities for 2019?

In addition to the EKA Programme at the Specialty Days (which replaces the Open Meeting) in Madrid on 8-9 November 2019 we will offer courses in Krakow, Poland; Lisbon, Portugal; Timisoara, Romania and St. Petersburg, Russia. Our collaboration with the American Society of Hip and Knee Surgeons will strengthen the transatlantic link.

EKA is very happy to see that there is a constant interest in joining the group. There has been an increase of 20% of our membership over the last six months. We are very happy to welcome all enthusiastic people with their main interest in the degenerative knee.
UPDATE FAST-TRACK FOCUS GROUP

We carried out a literature research about the overall effect on pathway optimisation and with the focus group the next step will be to go deeper into the literature on the different topics within the pathway.

OPTIMIZED CLINICAL PATHWAYS FOR HIP AND KNEE ARTHROPLASTY: A SYSTEMATIC REVIEW AND META-ANALYSIS

MARION JLF HEIJMANS¹, NANNE P KORT², BARBARA AM SNOEKER³, MARTIJN GM SCHOTANUS⁴

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2. MD. PhD. Orthopaedic Surgeon, CortoClinics, hip and knee care, Schijndel, the Netherlands
3. PhD. Postdoctoral fellow at the Department of Orthopaedic Surgery at the Lund University, Sweden
4. PhD. MSc. BEng. Research Manager at the Department of Orthopaedic Surgery & Traumatology at Zuyderland Medical Centre, Sittard-Geleen, Heerlen, the Netherlands

Over the last decades the number of hip and knee arthroplasty as a result of osteoarthritis has increased considerably and is still growing. Due to scientific advancement and innovation, clinical pathways (CPs) in hip and knee arthroplasty are constantly changing. The aim of CPs is the optimization of standardized protocols and multidisciplinary procedures to improve the quality of treatment, to hasten recovery, minimize variation in care and to reduce costs.

As with most techniques in modern medicine, more patients experience the benefits of optimized CPs. To improve CPs, investment in training, knowledge and adjustments to daily practice for the surgeon, nurse and physiotherapist are needed. A good cooperation between these professionals and the patient is important. All disciplines should be informed about, included and actively involved in the whole process. Health care organisations and hospital management need to be convinced as these optimisation are associated with initial costs. On the other hand, CPs will reduce costs in the long term. Long waiting lists and the increasing economic burden on public healthcare providers should also be taken into account.

We aimed to systematically review the literature to reach consensus as to whether optimization of a standard CP yields better clinical outcomes. The individual studies on this topic yielded different results regarding the safety and efficacy of the various CPs. The overall methodological quality of this systematic review varies due to the inclusion of RCTs and observational studies. Likewise, we must emphasize that the data obtained is influenced by different health care systems derived from different countries. As well the included studies, which were published over a period of 17 years. During such a long period the view of hospital stay after operation and discharge criteria has been changed.

The results of the meta-analysis demonstrates significantly less relative risk (RR) on (serious) adverse events in patients following the optimized CP (RR 0.68, 95% CI 0.5 – 0.93, P=0.05), with less RR on readmissions in the optimized CPs compared to the standard CPs (RR 0.77, 95% CI 0.47 – 1.26, P=0.29). As expected, all these studies showed reduction in length of stay (LoS) after implementing an optimized CP. The reduction in LoS allowed more joint replacements without additional bed capacity. LoS can be influenced by preoperative patient education and patient expectations, training in home-based rehabilitation setting and a positive influence from relatives. LoS was also influenced by the discharge from the hospital to a rehabilitation center instead of discharge to the home environment. Implementation of CPs for hip and knee arthroplasty were associated with comparable or improved outcome for functional recovery and PROMs.

With the focus on preoperative education and training of patients, a multimodal pain protocol, nausea prevention and early mobilization, practical applicability of simplified protocols and new techniques are progressive. Patients with a shorter stay had substantial reduction in costs associated with the optimized CP procedure. The number of operations increased, resulting in shorter waiting lists. Not all the included studies reported costs, though they support the studies reporting that a reduced LoS implicates savings. In England and Wales in 2008, a mean reduction of 3.8 days resulted in an potential direct annual saving of approximately €141 million per year.

Hospital costs reduced significantly with a mean saving of $1,765 (15%) per case in the optimized CPs. Forty-five percent of the total savings was because of fewer laboratory tests, medications, physical therapy and complications.

This systematic review and meta-analysis will be online soon. The results of the meta-analysis demonstrates significantly less relative risk (RR) on (serious) adverse events in patients following the optimized CP (RR 0.68, 95% CI 0.5 – 0.93, P=0.05), with less RR on readmissions in the optimized CPs compared to the standard CPs (RR 0.77, 95% CI 0.47 – 1.26, P=0.29). As expected, all these studies showed reduction in length of stay (LoS) after implementing an optimized CP. The reduction in LoS allowed more joint replacements without additional bed capacity. LoS can be influenced by preoperative patient education and patient expectations, training in home-based rehabilitation setting and a positive influence from relatives. LoS was also influenced by the discharge from the hospital to a rehabilitation center instead of discharge to the home environment. Implementation of CPs for hip and knee arthroplasty were associated with comparable or improved outcome for functional recovery and PROMs.

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This systematic review and meta-analysis will be online soon. It presents the available literature of optimized CPs for hip and knee arthroplasty, including pathways with discharge on the day of surgery. When improving multidisciplinary procedures and protocols with up-to-date literature, an optimized CP can be favourable for hip and knee arthroplasty, they are at least as good as, if not better than standard CPs.

EKA CLOSED-MEETING IN NAPLES, 19-20 OCTOBER 2018

Every second year EKA members meet, somewhere in Europe, to discuss the current concerns of Degenerative Knee, as well as to socialise.

This time, 60 members attended the meeting in the ancient (Phoenician) city of Naples.

As knee experts, we concentrated on two topics from knee arthroplasty. These were chosen by yourselves, the members, as being most important.

1. **Stiff Knee**, before and after total knee arthroplasty
2. **Alignment**, in total knee arthroplasty

**Stiff Knee** is a major problem for total-knee arthroplasty. It confronts us every day in our clinics. Many questions remain unanswered. What factors produce Stiff Knee? How can we avoid it? And how should we respond to Stiff Knee?

**Alignment** is another pressing problem for total-knee arthroplasty. For a long time there was consensus about mechanical alignment, but this has now been challenged. There are now competing ideas. In future, and before surgery, it will be necessary to assess the variation in knee anatomy and alignment. That much is clear. But there is no single solution that everybody accepts. That also became clear, after prolonged discussion.

Apart from these hot topics, we had time to discuss other matters, in a friendly but truly scientific atmosphere. A considerable number of free-paper presentations were given, by both expert and junior EKA members.

Finally, we would say this. If you belong to EKA you belong to a fantastic family of knee experts. The social programme was simply amazing: a Neapolitan dinner gazing towards Capri and the Mezzogiorno islands and then, on Saturday, a tour of the ancient city of Pompeii.

BRUNO VIOLANTE

ALFREDO S. PANNI
WE NEED TO KEEP MOVING...

ESMA is ESSKA’s newest section, and held its first inaugural meeting during ESSKA’s Barcelona Congress in 2016. Hermann Mayr was the first Chairman, and worked hard to make it a success.

After two years of ‘warming up’, we have now entered a new phase. ESMA’s field is soft-tissue pathology (muscle and tendon treatment, including surgery), diagnosis, rehabilitation, re-habilitation, prevention and return-to-sports, and all of this pertaining to sports.

What we do, we simply want to do it better. All the components in the ‘injury cascade’ are ours: from researchers, sports-scientists, orthopaedic surgeons and team-doctors, down to hands-on-physios, fitness-coaches and style-coaches. We want to gather the European sports medicine family under ESSKA-ESMA’s capacious umbrella.

We started our scientific contribution at the German Olympic Sports Congress, (May 2018), at EFORT Congress (June 2018), at The Estonian Orthopaedic Association Congress’ Sports Day, and the Combined ESSKA-ESMA and SIGASCOT International Meeting’s Masterclass in Sports Trauma (November 2018).

We are now working on sports medicine hot topics, preparing educational booklets for ESSKA’s Milan 2020 Congress: ‘Arthritis outcomes for former professional athletes’, ACL prevention for all, ‘Epidemiology of injuries in different sports’ and ‘Performing arts and sports’.

We are also preparing two books: ‘Injury and Health risk management in sports; a handbook for decision-making’, and the ‘Basketball Sports Medicine book’.

There is an ESMA survey on ‘Surgeon practice-patterns in Anterior Cruciate Ligament Reconstruction and Rehabilitation’, a Team Physician Advanced Course, and the IIHF – ESSKA/ESMA – Symposium “Bringing Safety into the Game of Ice Hockey”.

And finally, we are preparing for our meeting at next year’s ESSKA Speciality Days in Madrid, not to mention ESSKA’s Milan Congress 2020.

As you can see, we are incorrigibly ambitious, and we have given ourselves an enormous amount of hard work. But we have a great ESMA team... and we will all work hard towards success!

HENRIQUE JONES
ESSKA-ESMA Chairman

www.esska.org

Our 2019 membership types are:

• 140 EUR for Full Members
• 75 EUR for Residents & Physiotherapists
• 75 EUR for Basic and Sports Scientists

Full Membership benefits* include:

• A monthly copy of, and online access to, the KSSTA Journal
• Major reduction on the registration fee for ESSKA’s Speciality Days 2019 and Biennial Congress 2020
• Reduced registration fees for ESSKA events: workshops and courses
• 25% reduction on ESSKA publications
• Exclusive access to the premium content on ESSKA Academy, our online educational platform
• Subscription to the ESSKA newsletter
• 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.

Members of ESSKA’s Affiliated Societies can benefit from a 20 EUR discount on the ESSKA Full membership fee.

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

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IT’S TIME TO RENEW

Deadline: 31 December 2018

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* See the complete list of benefits associated with each membership type on the ESSKA website.
ARTHROSCOPY COMMITTEE

ACL REVISION GROUP OF THE ESSKA ARTHROSCOPY COMMITTEE

ACL Revision Surgery has recently been increasingly affected with difficulties that reflect its recent changes: one versus two bundles; isometric vs anatomic positions; Trans-Tibial vs Antero-Medial approaches, going back to the outside for femoral fixation; B-PT-B vs Quadriceps vs Hamstring Grafts; Auto vs Allograft.

With all these uncertainties, Revision Surgery has become more problematic, and more expensive.

The ACL Revision Study Group was created with these problems in mind. Our task is to provide EBM answers, and propose solutions for every situation. We intend to publish our work on ESSKA Academy (the e-learning platform), as well as in KSSTA journal.

For this reason, we have created four subgroups whose topics are as follows:

1. Clinical evaluation, Surgical Indications, Pre-op planning and Conservative Treatment
2. Imaging diagnosis (X-rays, MRI and CT scan; when and how to use them, how to evaluate for tunnel enlargement, associated lesions).
3. Surgical Techniques, associated procedures, and Graft Choice

As for education, we are preparing a symposium for ESSKA’s Congress in Milan in 2020, plus a surgical skills course on ACL Revision.

In the 2018-2020 period, KCL will focus on the posterolateral corner of the knee. We shall be publishing an Expert Consensus (already accepted by KSSTA journal), which involves 26 of the world’s leading surgeons. We wish to establish new recommendations for diagnosis, timing-of-surgery, surgical-techniques, indications for repair, graft-choice and post-op protocols.

Our other projects include original scientific-studies, surgeon-to-surgeon visits with an innovative phone application, an annual cadaveric-lab (with special emphasis on dissection techniques), a final electronic booklet, and interactive ICL’s and symposia for the Milan 2020 Congress, as well as a world-wide survey about the current practice in this subject.

We are really excited about these projects, and convinced they will be a great help for all ESSKA members who are interested in collateral and multi-ligament injuries of the knee.

The Elbow and Wrist Committee owes its dynamism to its association of young surgeons, supported by the more experienced. The goal of the committee is to establish elbow and forearm surgery as a distinct speciality, alongside the established surgeries such as shoulder and knee.

To this end—that of ‘sensitizing’ arthroscopic surgeons to elbow and forearm surgery—we shall be organising practical and interactive sessions. We are developing a ‘dry’ elbow arthroscopy model using saw bones.

For ESSKA’s Milan Congress in 2020, we are preparing a ‘dry’ session, and a video collection of surgical techniques supported by commentary.

For more experienced surgeons, there will be a focus session on the interosseous membrane with open discussion. Multi-centric studies are also being set up by different members of the group. Their preliminary results will be presented at the ESSKA Congress.

As you can see, we are looking forward to ESSKA 2020 in Milan.

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Past President: DENISE EYIGENDAAL (The Netherlands)

Members:
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JOIDES PHANDIS (United Kingdom)
ADAM WATTS (United Kingdom)
HUBERT LENOIR (France)
ANTTI LAUNONEN (Finland)

The Elbow and Wrist Committee Chairman

PABLO ARRIGONI

ELBOW AND WRIST COMMITTEE

Committee Members 2018-2020
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ADAM WATTS (United Kingdom)
HUBERT LENOIR (France)
ANTTI LAUNONEN (Finland)

The Elbow and Wrist Committee Chairman

PABLO ARRIGONI

ESSKA COMMITTEE UPDATES
BASIC SCIENCE COMMITTEE

Here we are again: we have just had a successful ESSKA Congress, but we are already preparing for the next one in Milan with undiminished enthusiasm. I am delighted, and honoured to be re-appointed as Chairwoman of the Basic Science Committee for another two years. I am sure it will be fun.

Over the past two years we have accomplished much. We have published three booklets entitled ‘Basic Science’ and ‘Clinical Trials Tool Kit’, taken part in several ESSKA Courses, supported the European Allograft Initiative, and contributed regularly to JIO, both original papers and reviews.

There is an old saying in the sport: “if it’s winning, don’t change it” (or “if it’s working, don’t fix it”), and that is the reason why our 2018-2020 Basic Science Committee (BSC) looks almost unchanged. We have just added three new members; and they are already active and collaborating with ESSKA.

OUR 2018-2020 ‘DREAM TEAM’ IS:

LAURA DE GIROLAMO - Chairwoman (Italy)
CAROLINE MOUTON – Vice-Chairwoman (Luxembourg)
HENNING MADRY – Permanent Member (Germany)
FERRAN ABAT (Spain)
MAGALI CUCCHIARINI (Germany)
LUITZ DURSELEN (Germany)
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MIGUEL OLIVEIRA (Portugal)
SIMONE PERELLI (Italy-Spain)
JESS SNEDEKER (USA/Switzerland)
JOANNA STEPHEN (United Kingdom)

We have already started various projects, as approved by the ESSKA Board. There is a course on Basic Science/Clinical Research Methodology, for anyone wanting to improve their techniques; and our initiative Ortho-biologies in Europe, to show where we stand on this complex topic, and provide ESSKA’s expertise. Continuing from 2016-2018, we are still providing support to the Arthroscopy and Cartilage Committee, and their ambitious project - the European Allograft Initiative. Even more than in the past, BSC will provide a common underlay for ESSKA’s other Committees and Sections, integrating our basic knowledge with their applied research.

BSC’s keywords are ‘openness’ and ‘interaction’. Please feel free to join our projects, or suggest new ideas. We are waiting to hear from you!

And do keep an eye on our Basic Science/Clinical Research Methodology Course. It is an excellent opportunity to improve your research-skills. Further details soon!

CARTILAGE COMMITTEE

RISK-FACTOR ANALYSIS FOR REGENERATIVE CARTILAGE TREATMENT

For many years Regenerative Cartilage Treatment options have been available. However, their success rate has varied substantially between patients. The Cartilage Committee has planned a risk factor analysis (a cluster analysis) using registry data. This should help us define the various factors — both positive and negative — which affect the outcome. In addition, we shall assess, for patients with asymptomatic cartilage lesions, those factors which engender the symptoms and onset of osteoarthritis.

AVAILABILITY, AND COSTINGS, OF REGENERATIVE CARTILAGE TREATMENT ACROSS EUROPE

European countries differ in their Regenerative Cartilage Treatment options. Not all approaches, for example autologous chondrocyte transplantation, are available in all European countries. The Cartilage Committee will provide a simple map, with the different treatment options, and their reimbursement.

AUTOLOGOUS CHONDROCYTE TRANSPLANTATION FOR FOCAL EARLY OSTEOARTHRITIS

Autologous Chondrocyte Transplantation (ACT) is the preferred method for treating large full-thickness chondral and osteochondral lesions of the knee-joint. According to guidelines, ACT is reserved for focal traumatic lesions, and diffuse degenerative lesions are contra-indication. Several recent studies have shown recently that focal early degenerative full thickness lesions (Focal Early Osteoarthritis) also seem to indicate for treatment. ESSKA’s consensus meeting of 2016 attempted to identify which subtype of focal early osteoarthritis will be the appropriate indication for Autologous Chondrocyte Transplantation. This study should produce a new algorithm for treating full thickness focal early osteoarthritis. In particular, it should define the point-of-no-return, after which Regenerative Cartilage Treatment options are ineffective, and late-stage treatments like Conservative Osteoarthritis Treatment, or Substituting Surgical Techniques (joint replacements) will be more appropriate.

PETER ANGELE
Cartilage Arthroscopy Committee Chairman

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Antonio MAESTRO

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Matteo DENTI
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Jacques MENETREY
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Michael HIRSCHMANN
Bordeaux Sport’s Clinic, MÉRIGNAC
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ESSKA COURSES

In 2018, ESSKA organised four hands-on surgical-skills courses, attended by 84 surgeons from over 30 different countries. There was intense competition for these positions, with 234 applications—that’s almost three for every position! Each year we try and improve our courses, taking your feedback into account. For instance, we have significantly increased the lab. time. And, we have allowed plenty of time for discussion during lab. time, and after the lectures. We have observed how lively and rewarding these discussions were becoming.

As always, the faculty did an outstanding job. ESSKA would like to thank them for sharing their expertise, their dedication and, of course, their valuable time!

ESSKA ADVANCED SHOULDER ARTHROSCOPY COURSE
3-4 April 2018 - Watford, United Kingdom
Faculty: MICHAEL HANTES (Course Chairman), PIETRO RANDELLI, KATJA TECKLENBURG, MUSTAFA KARAHAN, NUNO GOMES, FRANK MARTETSCHELLÄGER and EDOARDO GIOVANNETTI DE SANCTIS.

ESSKA ADVANCED SHOULDER ARTHROSCOPY COURSE
15-16 November 2018 – Rotterdam, The Netherlands
Application deadline: 9 June 2019

ESSKA ADVANCED KNEE ARTHROSCOPY COURSE
25-26 October 2018 - Watford, United Kingdom
Faculty: MUSTIFA KARAHAN (Course Chairman), PIETRO RANDELLI, KATJA TECKLENBURG, BOGDAN AMBROŽIČ, THOMAS HARLEM, MUSTIFA KARAHAN and MIHAI VIOREANU.

You can now apply for ESSKA’s 2019 Courses!

Simply go to ESSKA’s website.

ESSKA ADVANCED KNEE ARTHROSCOPY COURSE
21-22 March 2019 - Watford, United Kingdom
Application deadline: 2 December 2018

ESSKA ADVANCED SHOULDER ARTHROSCOPY COURSE
24-25 June 2019 - Rotterdam, The Netherlands
Application deadline: 9 June 2019
ESSKA Fellowship Programmes enhance the training and development of both young and experienced orthopaedic surgeons, through visiting ESSKA’s Accredited Teaching Centres in Europe.

In 2018, ESSKA received over 300 applications from 40 different countries for its various fellowships. The competition was fierce, and ESSKA congratulates its chosen Fellows. Their programmes have now started, and will be completed early 2019.

INFORMATION AND APPLICATION ADVICE FOR THE 2019 FELLOWSHIPS IS AVAILABLE AT: WWW.ESSKA.ORG/FELLOWSHIPS

In May-June 2018, ESSKA’s chosen Fellows (Lior Laver, Martyn Snow, Gonzalo Sanmitier) and Godfather Michael Hantes travelled to Asia and Australasia, for an international travelling programme, in partnership with APKASS. They visited centres in Sydney and Melbourne in Australia, in Singapore, in Hong Kong and Bangkok (Thailand).

In 2018, and for the first time, ESSKA simultaneously hosted three international travelling groups, one from North America (AOSSM), one from Asia-Australasia (APKASS), and the last from South America (SLARD). ESSKA is very grateful to the various hosts, for their valuable contribution.

ESSKA-AOSSM DJO TRAVELLING FELLOWSHIP 2018
HOSTING CENTRES
MILAN, ITALY
P. RANDOELLI AND M. DENTI
LYON, FRANCE
D. DEJOUR, P. CHAMBAT, P. NEYRET, N. BONNIN, E. SERVIEL, S. LUSTIG AND G. DEMET
LUXEMBOURG, LUXEMBOURG
R. SEIL

ESSKA-APKASS DJO TRAVELLING FELLOWSHIP 2018
HOSTING CENTRES
ISTANBUL, TURKEY
M. KARAHAN
LARISSA, GREECE
M. HANTES
ROME, ITALY
G. MILANO
BOLOGNA, ITALY
S. ZAFFAGNINI
HEIDELBERG, GERMANY
R. SIEBOLD
ANTWERP, BELGIUM
P. VERDONK
ESSKA-SLARD S&N TRAVELLING FELLOWSHIP 2018
HOSTING CENTRES
BORDEAUX, FRANCE
N. GRAVELEAU
BASEL, SWITZERLAND
M. HIRECHMANN
ECHIROLLES, FRANCE
D. SARAGAGLIA
INNSBRUCK, AUSTRIA
C. FINK
AMSTERDAM, THE NETHERLANDS
G. KERKHOFFS, C VAN BERGEN AND P. DE LEEUW
LONDON, UNITED KINGDOM
J. CALDER

All these fellows, having visited the respective Centres in Europe, completed their fellowships at ESSKA Congress in Glasgow. A splendid way to end!

In 2019, ESSKA’s chosen Fellows for the ESSKA-AOSSM DJO Travelling Fellowship are:

BARIS KOCAOGLU (TURKEY)
MATTHIEU OLLIVIER (FRANCE)
SIMON CERCIELLO (ITALY)

They will be accompanied by their Godfather Romain Seil (Luxembourg).

ESSKA WOULD LIKE TO THANK ITS TRAVELLING FELLOWSHIPS SPONSORS,

AND

Smith&Nephew

FOR SUPPORTING THE SCIENTIFIC SEGMENT OF THE FELLOWSHIPS.

ARE YOU A MEMBER OF ESSKA AND INTERESTED IN OUR FELLOWSHIP PROGRAMME?

Go to www.esska.org / Education / Fellowships to see the complete list of all fellowships, as well as the fellowships that are currently open for application.

APPLY TODAY!
It is now two years since ESSKA’s Hip Arthroscopy Committee (HAC) was established in Barcelona. Nicolas Bonin has been ably supported and a great deal has been achieved. The committee has gathered many times across the globe; in San Francisco, Barcelona, Santiago, Glasgow and, most recently, in Melbourne, Australia.

We have finalised two ESSKA surveys — on DVT/PE, and Heterotopic Ossification Prophylaxis — and they have been reported in the ESSKA newsletter. Also, in this issue, there is a paper by Christoph Gebhart, on ‘Clockwise Orientation of the Acetabulum.

We went to St. Petersburg earlier in the year, for the ‘Vreden Readings’ Congress; we were there for the EFORT 2018 Congress; and we attended all of ISHA’s (International Society of Hip Arthroscopy) meetings. The fantastic Cambridge Hip Arthroscopy Course by Vikas Khanduja was held in July 2018, under ESSKA patronage. Our Committee reviewed free papers and ICL-Symposia for now: the Hip Scores Project (validation in different languages) and partnerships with other hip societies. Finally, we are preparing to ‘cut a fine figure’ at the ESSKA Milan 2020 Congress, with high-level educational projects and activities, we have put two projects on-hold for now: the Hip Scores Project (validation in different languages) and partnerships with other hip societies.

Our Committee has a bright future, but it is also challenging. We have many projects in the pipeline: there are three papers for ESSKA newsletter, a webinar, a KSSTA special issue on Peritrochanteric Space Disorders, possibly a fellowship programme, and a new Hip Arthroscopy Cadaver Lab for ESSKA. Furthermore, ESSKA has approved a text book “Hip Arthroscopy and Conservative Surgery”. In order to fully concentrate on all these exciting projects and activities, we have put two projects on-hold for now: the Hip Scores Project (validation in different languages) and partnerships with other hip societies.

These are exciting times for osteotomy surgery. There has been a recent explosion of interest in the subject, and the power of this fundamental surgical tool is becoming apparent, and appreciated, by knee surgeons of all sub-specialties.

— The ICRS has now emphasised that the correction of mal-alignment must underpin all the new articular cartilage repair and regeneration techniques. This is now recognised by a majority of surgeons.

— There is a growing recognition of slope change surgery in primary and revision cruciate surgery. And every ligament reconstruction meeting must now pay attention to the role of coronal plane realignment in knee joint instability.

— Any congress on knee arthroplasty is now regarded as narrow-minded, unless it comprehensively considers ‘alternatives to joint replacement surgery’, and the importance of preservation.

Over the next two years, our committee intends to provide world-class presentations from international leaders at our various congresses, as well as landmarks in the literature, and the general pursuit of excellence providing world-class presentations from international leaders at our various congresses, as well as landmarks in the literature, and the general pursuit of excellence for now: the Hip Scores Project (validation in different languages) and partnerships with other hip societies.

In June 2018, we held a one-day osteotomy course in Oslo. This was a trial for us, and it really worked. It gave us a template — a “standard reproducible model” — that we can repeat (and develop) at international venues and national society meetings. And all our courses will form a sequence, a “roadmap”...

Another OC plan is to produce some ‘Big Data’, using an ESSKA consensus document, applicable to each member nation. Getting data like this will cross national borders, it will further our knowledge...and embolden our message.

The time is also ripe to produce a new osteotomy textbook. This would consolidate our progress, and lay the foundations for the future of our specialty.

---

**HIP ARTHROSCOPY COMMITTEE**

Chairman: **FILIPPO RANDELLI** (Italy)

Vice-Chairman: **VIKAS KHANDUJA** (United Kingdom)

Past President: **NICOLAS BONIN** (France)

MEMBERS:

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- ANDRÉ SARMENTO (Portugal)
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Chairman: **MATT DAWSON** (United Kingdom)

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- ADRIAN WILSON (United Kingdom)
- STEFFEN SCHRÖTER (Germany)
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- DOMINIQUE SARAGAGLIA (France)
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- IRFAN ESENKAYA (Turkey)
- JOSÉ FILIPE SARELTA (Portugal)
- VINCENZO MADONNA (Italy)
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- KJETIL NERHUS (Norway)
- JUKKA RISTINENI (Finland)
- SANDRO FUCENTESE (Switzerland)
PATELLOFEMORAL INSTABILITY COMMITTEE

THE NEW PATELLOFEMORAL INSTABILITY COMMITTEE

Thanks to ESSKA, a new Patellofemoral Instability Committee was established in Glasgow. The first committee meeting took place during the ESSKA congress and our plan is to make history and look towards the future! Our goal is to increase and spread the knowledge in patellofemoral disorders among members in Europe.

As we know, the patellofemoral joint has lived a new life during the past 10 years. Research, surgical techniques and clinical implications on patellofemoral instability have evolved significantly. Patients are benefiting as the treatment modalities are better understood nowadays. Yet, there is lot to learn and many things to study before we achieve more standardized methods for the treatment. Patellar dislocation is associated with multiple risk factors, making it challenging to treat and clinical decision making is somewhat complicated, if compared to other knee disorders.

Our committee aims to address these challenges by editing and contributing chapters to the 2nd edition of ESSKA’S “Patellofemoral Pain, Instability and Arthritis” book, which will be our main task for the next two-year committee period. There will also be a lot of digital material available and surgical technique videos.

The new Patellofemoral Instability Committee will be active in both theoretical and practical aspects of education. In addition to providing tools and guidelines on how to evaluate and treat patients suffering patellofemoral instability, our committee has planned surgical skills courses with hands-on learning opportunities in patellofemoral surgical techniques.

PATELLOFEMORAL INSTABILITY COMMITTEE MEMBERS 2018-2020

Chairman: PETRI SILLANPÄÄ (Finland)
Co-Chairman: FLORIAN DIRISAMER (Austria)

MEMBERS:
RAMAZAN AKMASE (Turkey)
RENE EL ATTAL (Austria)
MARIE ASKENBERGER (Sweden)
PETER BALCAREK (Germany)
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DAVID DEJOUR (France)
SIMON DONELL (United Kingdom)
GEERT PAGENSTERT (Switzerland)
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PATELLOFEMORAL INSTABILITY COMMITTEE CHAIRMAN

PETRI SILLANPÄÄ

Patient information documents might be helpful for the patients to understand the nature of patellofemoral instability and the aims and challenges in treatment modalities. We, as a true pan-European group, not only share the thoughts but also learn and educate. That is what the ESSKA members can get - the best knowledge from different platforms.

The U45 Committee encourages collaboration between young European orthopaedists. Our 2018-2020 agenda has just been confirmed at ESSKA’S Biennial Strategic Meeting, and excellently summarised by Michael Hantes, ESSKA’s General Secretary.

U45 will concentrate on the following:

U45’s Educational Video Preparation. We envisage 10 videos which give a basic practical guide about examining joints. After that, we shall consider more complex ones. This is a feasible project, with several U45 members already involved: Thomas Tischer (Germany), Altan Egemen (Turkey), Johannes Barth (France) and Peter de Leeuw (The Netherlands).

Two surveys are planned for residents. This will be handled by Bert Boonen and former U45 member Tom Piscaer, both from The Netherlands.

Our committee will continue contributing to ESSKA publications - newsletters, KSSTA and JEO.

PATELLOFEMORAL INSTABILITY COMMITTEE CHAIRMAN

OCTAV RUSSU
U45 Committee Chairman

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A U45 symposium for ESSKA’s 2020 Congress. Our U45 symposium in Glasgow was a huge success, so we have agreed that another in Milan is a must.

We are also considering a U45 Dinner for ESSKA’s 2020 Milan Congress. The idea is to gather ESSKA’s Fellows together in one place - and under the ‘U45 flag’ - just to see how they ‘view the world’ a few years after their fellowship, and get them planning for the future. It could be very interesting.

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ESSKA’S 18TH CONGRESS STATISTICS AND FEEDBACK

ESSKA’s 2018 Congress Statistics

- Congress visitors: 3,230
- First-time visitors at the Congress: 1,006
- Speakers: 1,132 (incl. e-poster presenters)
- Countries: 88
- Number of sessions: 274
- Scientific sessions duration in hours: 180
- CME credits: Congress (23), Review Course (7), Pre-Course (4 PER DAY)
- Free Papers: 519
- E-Posters accepted: 783
- Abstracts submitted: 1,683
- Unique congress app users: 1,622 (50.2%)
- Industry representatives: 430
- Exhibiting companies: 68
- Company lunch workshops: 18

Following ESSKA’s successful Glasgow Congress, here are some key statistics and results from the Delegates’ Evaluation Survey. Thank you to all those who completed the survey. Your feedback is extremely important because it helps us improve our congress. If you have any questions or comments or have more feedback, please contact us at info@esska.org. We are always happy to hear from our members and friends!

DELEGATES’ FEEDBACK REGARDING CONGRESS QUALITY – 1,187 REPLIES

EFFECTIVENESS FOR CME

- Very effective: 22%
- Effective: 28%
- Fairly effective: 28%
- Semi effective: 17%

INFORMATION FREE OF BIAS

- Strongly agree: 22%
- Rather agree: 10%
- Rather disagree: 67%
- Disagree: 1%


**MR-IMAGING BASED ANALYSIS AND ARTHROSCOPIC DOCUMENTATION FOR EXACT CLOCKWISE ACETABULAR ORIENTATION IN THE HIP JOINT**

Authors: Christoph Gebhart MD, Private Clinic Doehbling, Heiligenstädterstr.35, 1190 Vienna, Austria Fabio Casari MD, PMU Strubergasse 21 5020 Salzburg, Austria

*With the emerging advances of imaging and operative techniques preoperative planning has become more important for high satisfactory outcomes in the field of orthopedic and trauma-surgery. CT scans for bony examinations previous to surgical interventions are more important for high satisfactory outcomes in the field of orthopedic and trauma-surgery. CT scans for bony examinations previous to surgical interventions.*

**METHOD:**

We recorded an MR scan of the hip of a 25y healthy male in supine position to be consistent with the surgical setting. To identify the horizontal base, the scan included the posterior soft tissue. Then the scans were sliced in the sagittal plane. With a 3-dimensional imaging analyzing software we identified the transverse ligament and put a straight line parallel to the horizontal table as an optimal reproducible guideline.

The cranial end was defined as 12 o’clock and the caudal end as 6 o’clock. Even with the anatomical variations of the pelvic tilt the magnetic resonance picture always correlates to the clinical picture of the patient laying in the same position on the surgery table. This is demonstrated by the parallel transferred line of the posterior soft tissue on the table through the anterior margin of the posterior cotyloid fossa in the imaging (FIGURE 1). Our observations showed that the straight is parallel to the table its most consistent reproducible anatomical structure at 6 o’clock is the anterior margin of the posterior cotyloid fossa or the posterior origin of the TAL. Therefore, we conclude to use this point as the 6 o’clock position (FIGURE 2). This matches perfectly with the use of the strictly cranial direction as the 12 o’clock position. Our MRI findings demonstrate that the surgeon operating in supine position holding on that orientation system can easily use the parallel reference plane of the operation table as an optimal reproducible guideline.

**REFERENCES:**

INVESTIGATING A YOUNG ADULT WITH HIP PAIN
WHAT INVESTIGATIONS SHOULD I REQUEST?

INTRODUCTION
The evaluation and treatment of young adults presenting with hip and/or groin pain can often prove to be challenging for clinicians due to the myriad of pathologies that could occur in this region (TABLE 1).

INVESTIGATIONS

RADIOGRAPHS
A well-centered anteroposterior (AP) pelvic view should be obtained and it should reveal symmetry of the iliac wings and of the obturator foramina. The coccyx should be in the midline and the distance between it and the pubic symphysis should be within a distance of 0 to 2 cm. Along with the AP view a Cross-table lateral or a Dunn lateral should be obtained as well. The cross table lateral view (patient supine on the x-ray table with the contralateral hip and knee flexed beyond 80° and the symptomatic limb is fully extended) allows exposure of the anterolateral surface of the femoral head-neck offset and the height of the greater trochanter (FIG. 3A-C).

Spino-pelvic tilt should be evaluated in patients with hip pain. The angle of Pelvis incidence is the sum of two complementary angles: pelvic tilt (PT) (normal values 10°-25°) and sacral slope (SS) (normal values 30°-50°) [6-8]. Pelvic tilt is assessed on a lateral pelvic radiograph, and is the angle between a vertical line drawn up from the center of the femoral head, and a second line from the center of the femoral head to the center of the S1 endplate, while the sacral slope (SS) is measured between the tangential line to the superior endplate of S1 and the horizontal plane (FIG. 2).

Other parameters that a clinician needs to consider whilst assessing the radiographs include the Tönnis grade and Tönnis angle, as well as the alpha angle, the lateral center edge angle (LCEA) of Wiberg, anterior center edge angle (of Lequesne), spiculosity of the femoral head, the femoral head-neck offset and the height of the greater trochanter (FIG. 3A-C).

Additionally, CT scanning is helpful in the evaluation of the subtle degenerative articular changes as narrowing of the hip joint space and subchondral cysts that may not be well appreciated on radiographs. These findings have great importance in the decision making of hip preservation surgery. Tools have also been developed to assess the 3D hip joint dynamic motion simulation (Clinical Graphics BV, The Netherlands) and this allows a sophisticated, personalized model to be generated pre-operatively.

Lateralis.png

CT scanning of the hips is an excellent diagnostic and pre-operative tool in the evaluation of the proximal femur and the acetabulum in patients with femoroacetabular impingement (FAI) and dysplasia. Three-dimensional reconstructions and reformating of the images in all planes can provide the clinician with the specific location of osseous impingement as well as the ability to determine the ‘fingerprint’ of FAI and Dysplasia in each patient [6]. The alpha angle, the extent and location of the cam lesion, and the degree of acetabular version can be precisely measured with CT scans independent of patient positioning [4]. Moreover, CT scanning also allows for measurement of rotational and version abnormalities of the proximal femur which may require an intervention.

Advances in both the diagnostic studies available to us and with our understanding of the pathophysiology of hip pain in young adults has enabled clinicians to provide these patients with increasingly higher levels of evidence based care. A thorough clinical evaluation should always commence with a detailed history and a comprehensive clinical examination; the detailed description of which is beyond the scope of this article. This article focuses on current imaging modalities available to clinicians and how best to utilise these in order to diagnose the underlying cause of hip pain in the young adult.

TABLE 1: MEDICAL PATHOLOGIES CAUSING HIP OR GROIN PAIN - BY ANATOMICAL LOCATION

<table>
<thead>
<tr>
<th>Medial</th>
<th>Lateral</th>
<th>Extra-iliac</th>
<th>Extracapsular</th>
<th>Extraperiosteal</th>
<th>External or referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>Knee</td>
<td>Iliac wing</td>
<td>Coccygeal arch</td>
<td>Symphysis</td>
<td>Sacroiliac</td>
</tr>
</tbody>
</table>

FIG. 1: LATERAL (RIGHT) VIEWS OF A RIGHT HIP JOINT. (A: LINES, B: ANGLES, C: SIGNS).

FIG. 2: ANGLES OF SPINO-PELVIC ALIGNMENT. (A) PELVIC TILT (PT), (B) SACRAL SLOPE (SS), (C) ALPHA ANGLE [8].

FIG. 3A-C: THREE-DIMENSIONAL RECONSTRUCTION OF THE RIGHT HIP JOINT. FIG. 3A: CORONAL VIEW OF RIGHT HIP JOINT.

FIG. 4: A CORONAL VIEW OF RIGHT HIP JOINT.

FIG. 5: A HIP JOINT DYNAMIC MOTION SIMULATION SOFTWARE B. CLEAN HASSINGEN IN DEERFIELD, IL AND CLINICAL GRAPHICS BV, THE NETHERLANDS - ANATOMICAL HIP MODEL TO BE GENERATED PRE-OPERATIVELY.

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Ultrasound is also extremely useful for evaluating the inguinal region and lower abdomen for any GI and urogenital causes of pain in the groin and also for assessment of Ingual disruption.

Advantages of ultrasonography include the lack of ionizing radiation, its multi-planar capability, and the speed of imaging. However, it is widely recognized that this modality is equally important to both clinicians and is heavily dependent upon the skill and experience of the operator.

**DIAGNOSTIC HIP INJECTION**

Intra-articular injections of local anaesthetic have proven to be an extremely valuable in differentiating between intra- and extra-articular hip pathology. Following the procedure patients are asked to keep a pain diary to determine how much pain is relieved and the duration of the pain relief. Response to an intra-articular injection has been shown to be 95% reliable as an indicator of an intra-articular pathology.

**SUMMARY**

In order to provide the young adult with hip pain with the best possible care, it is important to have a good understanding of the wide spectrum of underlying pathology that maybe causing their pain. Before deciding on any invasive procedures, it is important to fully assess them clinically as well as radiologically to reach an accurate diagnosis. Finally, we believe that dynamic imaging evolves for reasons relating to the hip in real time, will greatly improve our understanding and diagnostic precision in the future in this cohort of patients.

**REFERENCES**

INTRODUCTION

Optimal placement of the femoral component is one of the important factors leading to success in total knee arthroplasty (TKA). Malrotation is known to be the cause for multiple problems in the postoperative process, such as pain, stiffness, increased laxity in flexion, reduced longevity of the implant components and patellofemoral pain syndrome.

BONY LANDMARKS

Multiple axes for femoral component rotation can be determined: 1) the posterior condylar axis (PCA) as a tangent to the most posterior part of the femoral condyles, 2) the anatomical transepicondylar axis (TEA) connecting both epicondyles directly, 3) the surgical TEP connecting the lateral epicondyle with the medial epicondylar sulcus, 4) the trochlear anterior-posterior axis (TAPA), or Whiteside’s line from the centre of the intercondylar notch to the deepest point of the trochlear groove anteriorly, and 5) the sulcus line, a curve connecting multiple points in the depth of the trochlear groove (FIGURE 1 AND FIGURE 2). With a high inter- and intraobserver reliability, the landmarks can be identified through computed tomography (CT) and magnetic resonance imaging (MRI), intraoperative identification is more difficult.

INTRAOPERATIVE DETERMINATION OF FEMORAL COMPONENT ROTATION

BONY LANDMARKS OR “FEMUR FIRST” TECHNIQUE

The bone resections are performed according to the bony landmarks followed by soft tissue balancing, aligning the femoral component to the epicondylar line which best approximates the flexion-extension gap. To increase accuracy and to prevent errors, we recommend to cross-check at least two landmarks and use multiple references whenever possible.

The PCA is in relative internal rotation to the femoral component and should be used with caution, especially in the valgus knee, due to the hypoplastic lateral femoral condyle. A femoral component rotation of 3° in varus and 5° in valgus malalignment is routinely used, respectively. For every 1 mm of asymmetry in condylar cartilage loss, the femoral rotation, measured with the PCA, changes by 1°. Placing the femoral component parallel to the TEA results in a rectangular resection gap in over 90% of cases. Compared to the PCA, identifying the TEA is easier in revision TKA, but more difficult in obese patients. The TAPA is reliable and suitable for patients with distorted condylar anatomy, but less reliable in significant varus or valgus deformity, in trochlear dysplasia or destructive arthritis of the anterior compartment. The sulcus line, compared to the TAPA, reduces the parallax error as there is only one true coronal alignment axis.

GAP BALANCING OR “TIBIA FIRST” TECHNIQUE

This technique relies on ligament balancing to establish a symmetrical and rectangular flexion and extension gap prior to definite bone resection and component placement. It is adequate in knees with moderate degenerative changes and small deformities not requiring extensive soft tissue release. Femoral malalignment may be due to extensive soft tissue release or tibial resection in varus or valgus malalignment causing consequently an internal or external rotation of the femoral component.

HYBRID TECHNIQUE

The combination of bony landmarks and gap balancing technique may provide most reliable and reproducible results in obtaining proper femoral component rotation when considering the bone and soft tissue as a unit. This technique balances the joint gap after the distal femoral and proximal tibial bone resections.

HOW TO MEASURE FEMORAL COMPONENT ROTATION POSTOPERATIVELY?

Although of only moderate reliability, 2D CT is a widely used method. In 3D CT images, bony landmarks can be more reliably identified with less variability of the leg’s position. It is now accepted as the most accurate technique, is highly reproducible and more reliable than 2D CT images or in plain radiographs.

CONCLUSION

1. The best intraoperative landmark/technique for optimal femoral rotation is still topic of discussion. 2. To reduce the rate of femoral component malrotation, at least two references should be cross-checked during TKA procedure. 3. We recommend evaluating postoperative femoral component rotation with 3D CT images. 4. Functional short and long-term outcomes of TKA highly depend on correct rotational alignment of prosthetic components.
ESSKA-APKASS TRAVELLING FELLOWSHIP REPORT 2018
30 May - 19 June 2018
Sydney, Melbourne, Singapore, Hong Kong and Bangkok

Fellows:
- Michel Hantes (Greece)
- Lior Laver (UK)
- Gonzalo Samitier (Spain)
- Martyn Snow (UK)

Travelling Fellows:
- Gonzalo Samitier (Spain)

Given the competitiveness of the application process, being selected to be ESSKA-APKASS travelling fellows is a great honour.

After three intense days of scientific sessions, we were able to relax at the Gala Dinner, and carry on our discussions in an easier place! To our surprise, there was a Karaoke contest between the attending countries. This proved hilarious: the most serious and respected professors singing and dancing to the old classics!

The farewell cocktail party was at Dr David Parker’s house, the current President of the APKASS Society and our endearing host. This was a perfect end to the meeting, with Dr Parker making us feel like members of his extended family, and very special guests at his lovely home. We had a delightful evening, chatting away and creating lasting friendships.

STOP 1. SYDNEY, AUSTRALIA
BIENNIAL APKASS & AOA COMBINED MEETING 2018
HOST: DAVID PARKER – CO-HOST: BRETT FRITSCH

We met our godfather Michael Hantes at the faculty reception for APKASS & AOA’s Combined Meeting (Asian Pacific, Arthroscopy and Sports Medicine Society & Australian Orthopaedic Society). ESSKA President, David Dejour - invited professor to the meeting - rapidly endeared himself as our host, and introduced us to the world-renowned faculty at the meeting reception. APKASS Society is a growing international society that brings together some of the best sports-surgeons from Asia and Australia, but it also attracts surgeons from many other parts of the world. We were able to meet most of our future hosts during their congress, which helped us a lot, when we met them again on their own home-ground.

On the social side, the first night saw us invited to Tim White’s house, another lovely evening with our Australian colleagues, where they provided tasty food, great local wine and charming conversation - all of them in incredible quantities. This seems to be the Australian way. For the second night, another exciting social-and-scientific evening was organized by our hosts and our Polish friend, Robert Smigielski. Robert gave a brilliant presentation about ACL anatomy and his ribbon-like anatomy concept. We subsequently had many interesting discussions about the best ways to restore anatomy in our surgeries.

The third day in Melbourne was very special. We woke up a little later - much appreciated after eight hectic days of travelling and still battling with residual jet lag - a car collected us, and we arrived at Dr. John Bartlett’s house for brunch. John Bartlett is an Australian legend in Knee Surgery and, although he retired in 2014, he remains very active in the field. He is very often invited to Meetings and Congresses around the World, to give keynote lectures about current ideas. He and his wife welcomed us, and we chatted in his library, reviewing the past, but also linking it to the present. He has great insight, and is able to rationalise many of the current controversies. We were impressed with his devotion to younger surgeons; their experience and careers. This aside, his lovely wife prepared one of the best brunches ever, making it a magical encounter, making us feel part of Australian Orthopaedics history... and of course we had the obligatory photo!!

Later that day we headed to the Epworth Richmond Hospital for an afternoon session of scientific presentations, and had the opportunity to show some of our own work, and exchange ideas with our Australians colleagues and new friends. It was impressive how open-minded to new ideas they are, and how strong their research focus.

To finish a splendid day, we were privileged to attend one of Australia’s most important sporting events - the most watched rugby league game of the year; the very first game in the ‘State of Origin’ series. It was just spectacular, a perfect ending to our stay in Melbourne and Australia.

STOP 2. MELBOURNE, AUSTRALIA
HOST: TIM WHITEHEAD – CO-HOSTS: JOHN BARLETT, JULIAN FELLER, TIM LORDING, BRIAN DEVITT

Melbourne was our first visit to medical facilities, and, thanks to our hosts, we definitely made the most of it. We began with two straight consecutive OR days; the first half-day with Tim Lording from the Melbourne Orthopaedic Group (MOG) and, the next day, a full schedule at the Epworth Richmond Hospital, the largest private hospital in Victoria, with Tim Whitehead, Julian Feller and Brian Devitt from Orthosport Victoria (OSV), all of them talented and stunningly efficient surgeons with a huge volume of mostly sports patients. We had the opportunity to see multiple ACL reconstructions using quadriceps tendon, a posterolateral corner repair, a root-repair, and an ALL reconstruction and a navigated knee replacement. It is clear that this private group of surgeons, Orthosport Victoria, are one of the strongest research groups in Australia, and with a worldwide reputation. We could see why. They took the time to show us around their facilities, introduced their research team and projects, and showed us in detail how they combine a busy practice with quality research.

On arrival in Asia, a 6-hour flight that delivered us to multi-ethnic Singapore. Our hosts in Singapore were overwhelmingly kind. We were welcomed at the airport by Denny Lee and Dave Lee, who marked the path for our visit from the very beginning along with our co-hosts James Hui and James Loh as representatives of the main hospitals in the Country. It was definitely a stop where we felt the personal connection. We visited the OR and participated in scientific activities at Singapore General Hospital (Denny Lee), National University Hospital (NUH - James Hui, Lingaraj Krishna) and Changi Hospital (James Loh, Chairman and David Lee). It was particularly impressive seeing the modern research and technology facilities they have at their disposal, with designated staff and fellows for basic and clinical research projects. We visited the Duke-NUS medical school (NUS - National University of Singapore), an international collaborative facility with the renowned US university to support research
and scientific activities in Singapore. We also met the Vice-Dean of Education, Ian Curran. At NUH, we had a useful scientific exchange, and it was a great honour to sign the Visitors’ Book, the very same volume which Watanabe signed in 1970.

The social itinerary was just as busy; especially memorable was a bike-ride around the Marina bay hotel area and its gardens, and a meal at the National Gallery downtown.

STOP 4. HONG KONG – HOST: PATRICK YUNG

We first encountered our host Prof. Patrick Yung in our Hotel Lobby-Bar where we planned ahead for next few days. Our first activity the next day was visiting the Chinese University of Hong Kong facilities at the Prince of Wales Hospital. Prof. Yung organized a very interesting research meeting with his young and enthusiastic team; they reviewed all their current research projects and humbly asked for our feedback and suggestions for improvement. They presented strong basic science research, which was supported by several laboratories, experimental-animal rooms and biomechanical labs.

On the morning of our third day we visited the Operation Theatre and observed several surgeries performed by Prof. Yung’s Team, including arthroscopic rotator cuff repair and ACL reconstruction. We then visited a biomechanical labs.

On the last day in Hong Kong Jun Li and our Host Prof. Yung organized a professional guided tour around Hong Kong Island. We learned a lot about the history, the culture and the local traditions. We admired the colonial architecture, a mix of tall skyscrapers with narrow streets and temples. We were instructed on the world of Chinese medicine, herbs, cooking ingredients and dried seafood, including snakes, gators and sea cucumbers, believed by many to improve “performance” and prolong life ...

STOP 5. BANGKOK, THAILAND
HOST: BANCHA CHERNCHUJIT
CO-HOSTS: SOMSAK KUPTNIRATSAIKUL, NADHAPORN SAENGPETCH

From the very beginning we could feel the friendly and fun-loving culture of Thailand. On our arrival at the Airport, Dr Nadhapol Saengpetch and some of his team were there to welcome us personally. This was very much appreciated. They escorted us to our hotel, and then took us to a welcome dinner, where we met Dr. Somsak Kuptniratsaikul, the president of the Thai Orthopaedic Society for Sports Medicine (TOSSM). We had a wonderful evening and were able to taste the famous Thai Cuisine for the first time.

The next day we had time for last minute shopping before each of us returned home. We arranged to meet one more time, all together, and this was an emotional encounter because we knew that we wouldn’t be seeing each other for some time. Our group had ‘clicked’ right from the beginning, the “Mediterranean Connection" seemed to flavour everything, and make it more intense and enjoyable. On the first day Dr Schröter received us in his office for coffee, so we could plan the following days. He described his daily cases in careful detail, and his planned interventions, and took us directly to the operating room. This was rapid immersion in the doctor’s work. On that first day we were able to experience an open wedge high tibial osteotomy (HTO), a closed wedge proximaltibial osteotomy on a valgus knee, and open wide HTO + ACL. Dr Schröter’s pre-planning was exact, and it was transferred as accurately as possible into surgery, with great skill and small incisions. In the scientific session organised in the afternoon Dr Schröter spoke about failures of osteotomy tips-and-tricks, and had an unforgettable experience.

With a tinge of apprehension about our next few days, we met in the hall of the Tubingen hotel. But right from the beginning, the “Mediterranean Connection" seemed to flavour everything, and make it more intense and enjoyable. On the first day Dr Schröter received us in his office for coffee, so we could plan the following days. He described his daily cases in careful detail, and his planned interventions, and took us directly to the operating room. This was rapid immersion in the doctor’s work. On that first day we were able to experience an open wedge high tibial osteotomy (HTO), a closed wedge proximaltibial osteotomy on a valgus knee, and open wide HTO + ACL. Dr Schröter’s pre-planning was exact, and it was transferred as accurately as possible into surgery, with great skill and small incisions. In the scientific session organised in the afternoon Dr Schröter spoke about failures of osteotomies-Around-the-Knee, and Dr Kuwashima in the afternoon Dr Schröter spoke about failures of osteotomies-Around-the-Knee, and Dr Kuwashima about his research in different osteotomies and TKA.

On our third day in Bangkok, we finally reunited with our already good friend and karaoke partner (from Sydney) Prof. Bancha Chernchujitt at Thammasat University Hospital. We had a very interesting morning conference with the staff, residents and students. We were briefly introduced to the Dean who kindly welcomed us and then moved to the OR where Dr Bancha prepared a very interesting surgical session including a PCL reconstruction with autologous peroneus longus tendon using a transeptal portal approach and an arthroscopic Bankart operation in a supine position? and also a Rotator cuff repair. We had the pleasure of picking Dr Chernchujitt’s brains and discussing cases with him, and he impressed us with his unique approach, his surgical experience and skills.

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The day ended an excellent dinner for all the team.

The next day’s session began with some difficult cases: a traumatic case treated with closed wedge and flexion osteotomies-Around-the-Knee, and Dr Kuwashima about his research in different osteotomies and TKA.

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DFO with double approach bilateral plate synthesis, an open wedge HTO, closed wedge DFO combined with patella distalization and double-level osteotomy (closed wedge DFO and HTO). We were able to discuss the planning, rest as well as joint preservation in elderly and other scientifically interesting topics such as World Cup Soccer… In the afternoon, we finished our German experience with a fantastic team dinner.

ECHIROLLES, FRANCE
HOST: PROF. DOMINIQUE SARAGAGLIA

On the 13th of June we landed in Lyon, and took the bus for Grenoble. Prof. Saragaglia was waiting for us at the hotel, and explained his next day’s OR programme, his way of working, and how to end the day – with a good dinner! In the operating theatre, we were able to assist in many different kinds of surgeries: knee arthroscopy, revision and ACL repair and PSI total knee. After a long day of surgeries we enjoyed yet another nice dinner. On Sunday the 14th, we started with another case of HTO and watched a new device for meniscal extrusion. We visited the patients of the previous day to check their rehabilitation. Dr Slynarski invited us home for a typical Polish dinner, as prepared by his wife (and their rehabilitation. Dr Slynarski invited us home for a typical Polish dinner, as prepared by his wife (and to use the I-balance technique. We also did DFO and trochleoplasty, and learned some new techniques, which solved many of our doubts.

On Monday the 18th of June, Dr Slynarski had prepared a full OR osteotomy programme with different DFO, HTO combined with meniscal root suture, cartilage and ACL repair and PSI total knee. After a long day of surgeries we enjoyed yet another nice dinner. On Tuesday the 19th, we started with another case of HTO and watched a new device for meniscal extrusion. We visited the patients of the previous day to check their rehabilitation. Dr Slynarski invited us home for a typical Polish dinner, as prepared by his wife (and their rehabilitation. Dr Slynarski invited us home for a typical Polish dinner, as prepared by his wife (and to use the I-balance technique. We also did DFO and trochleoplasty, and learned some new techniques, which solved many of our doubts.

WARSAW, POLAND
HOST: DR KONRAD SLYNARSKI

We arrived in Warsaw on Saturday, to further explore the complexities of osteotomy knee-surgery around Europe. Although we arrived at the weekend, Dr Slynarski welcomed us in the hotel with a fantastic local dinner. On Sunday, he prepared a fantastic cadaveric lab session in the excellent Poznan Lab, University Center. We were able to practice HTO with different plates, and to use the I-balance technique. We also did DFO and trochleoplasty, and learned some new techniques, which solved many of our doubts.

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On Wednesday the 20th, we started with a scientific session in the orthopaedic department and later were driven to the airport, ready for our next experience.

ABNHEM, THE NETHERLANDS
HOST: PROF. RONALD VAN HEERWAARDEN

Our last visit was The Netherlands. Prof. van Heerwaarden welcomed us over dinner and we enjoyed a pleasant conversation on orthopaedic topics, especially conservative knee treatments. On the morning of the 21st, we were taken to “The Mill”. After visiting the hospital, we spent a day in theatre with Prof. van Heerwaarden. We were impressed by his smoothness of approach, his precision of technique, and the complexity of his procedures. In Prof. van Heerwaarden’s hands, everything seemed to be easy. We watched an internal rotation distal tibia and fibula osteotomy for congenital mal rotation, medial closing wedge HTO andfixlar revision after previous hypercorrection osteotomy, closing wedge DFO, and opening wedge valgisation and extending High Tibial Osteotomy. In the afternoon, we toured Amsterdam. During our stay in The Netherlands—even in restaurants and car journeys— we could settle our doubts about osteotomies and other topics. Prof. van Heerwaarden gave us valuable advice, about putting the new ideas well learned into practise, and also made suggestions about our careers. We’ll certainly remember these suggestions, in our daily practice.

Friday the 21st was our last day. Dr. Brinkman performed a complete knee session from PSI uniknee, arthroscopy meniscal and ACL repair, HTO and a MPFL reconstruction. In the afternoon, we visited the National Olympic Sports Center Papendal, and finished with a great dinner with our host.

We are really thankful to ESSKA and Arthrex for this educational and personal experience, to our hosts for their hospitality, and to everybody involved in the organisation. Everything was really well planned, and we strongly recommend others to apply for this fellowship.

Fellowship Report

The ESSKA-AFAS Pau Golano Fellowship was enormously meaningful for me. When I was a medical student in 1999, there was an elective subject, Arthroscopic Anatomy, which had a reputation for being difficult and having a very low pass-rate. This didn’t dissuade me from enrolling, and the first day of class I realized that the lectures were truly exceptional, compared to the rest of my subjects. The quality of teaching and the audio-visual materials were extraordinarily impressive. The enthusiasm of the professor was something I had never seen at the University of Barcelona. That professor was Pau Golano, and he changed my life. I learned his strict work ethic, and learned to aim for excellence in every aspect of life, and not just clinical work. Under his influence, I developed an interest in orthopaedics, and eventually became Pau’s intern in the anatomy lab, where I could enjoy the luxury of personally learning from him. He was a role model and a mentor to me, and to many others. We all admired his principles. Fast forward 15 years, and it is an honour to receive the ESSKA-AFAS Pau Golano Fellowship grant.

I started in London with Mr James Calder, and one of our first conversations was about Pau and his carefully prepared lectures—to which Mr Calder contributed, and which he tweaked with Pau. Then I was introduced to the rest of the team, of which Dr Jo Stephen was by far the most active. She oversees and directs much of the research that is being undertaken at Fortius along with Mr Calder. Without her help my research project would have been difficult to start, and probably impossible to finish! Research needs thinking ‘outside-the-box’, careful planning, and meticulous execution, all of which require a great deal of paperwork. It can easily collapse, unless some basic principles are
followed. There is a need for discipline, clearly defined goals, patience, and some understanding of academic politics. The team at Fortius helped me navigate all these hazards, without event.

The topic of Kager’s fat pad was intended to be my area of investigation. There is not much known about this fatty structure adjacent to the Achilles tendon, but it seems obvious now that it plays a role in the patho-physiology of heel disorders. After formulating a hypothesis and before embarking on lengthy procedures, an Ethical Committee proposal must be written and approved. Once we got the ‘all clear’, the fun could begin! Cadaveric dissection was a large part of my project and I tried to apply the teachings of Pau Golano, as well as ESSKA’s core values of discipline, clearly defined rules, and obviously Mr Calder and Dr Stephen at Fortius.

I will be forever grateful to ESSKA and the AFAS Section, in particular to Dr Pereira, Dr Haverkamp, and obviously Mr Calder and Dr Stephen at Fortius. They gave me the opportunity to learn and enjoy with them while continuing to honour the reputation of our esteemed Pau Golano, as well as ESSKA’s core values and principles.

For the duration of my fellowship Mr Calder continued his clinical work and operating sessions. He opened the doors of his clinic and operating theatre to me, which was highly appreciated. Lab duties permitting, I was able to observe him performing surgery and better understand his decision-making process for his patients, who number many high performing athletes. At Fortius one could meet with other visiting surgeons and researchers from all over the world; from Hong Kong, Sweden, Australia, Egypt, Greece and so on.

To quote a character from one of my favourite shows: “The only time success comes before work is in the dictionary”. This saying fits the team at Fortius and Mr Calder like a glove. Unbelievable amounts of hard work are required to achieve their results, and to be recognized as a world-leading institution in the field of foot-and-ankle and sports orthopaedics. But it is also true that, at Fortius, after hard-work comes good fun. We were invited to local restaurants for dinner or tea, after a hard day in the lab or a long meeting.

These occasions brought us closer to the team, and we could discuss other things than ankle-anatomy and techniques. A succulent Lebanese meal in High Street Kensington would foster conversation about world cuisine, travel, football or footballers some of whom had been treated by Mr Calder himself.

My fellowship resulted in two papers for publication, one on the histology of the Kager’s fat pad, and another on the anatomy and the pressure changes experienced at the junction between the Kager’s fat pad and the Achilles tendon. The study was accepted for podium presentation at ESSKA’s Congress in Glasgow in May 2018. During the congress we also had the privilege to see Mr Calder become the Chairman of ESSKA-AFAS.

No doubt he will bring years of glory to the society.

I would like to thank ESSKA for supporting the scientific segment of the ESSKA-AFAS Pau Golano Research Fellowship.
We moved from the labs to the surgery room in the Sporthopaedicum Clinic of Regensburg, and spent a whole day with Prof. Angele, for different knee procedures. Before each surgery, there was a case presentation, where we could discuss indications, surgical techniques and aftercare. In the OR we assisted to MPFL reconstructions, ACL primary and revision reconstructions, knee matrix-associated autologous chondrocyte transplantation (MACT), arthroscopic partial meniscectomy and meniscal repairs and patellofemoral Arthroplasty. These procedures were a great warm-up for the AGA course on lower limb arthroscopic and mini-open procedures.

**GRAZ, AUSTRIA**  
**HOST: PROF. PETER ANGELE**

On my arrival in Graz, I was really excited to take part in the AGA (AGAAkademie - Untere Extremität Arthroskopie / Mini open). The first day was dedicated to hip pathologies. After anatomy lessons about arthroscopic and open procedures on the hip, we had a practical session on models and cadavers. We could perform arthroscopic hip portal identification, capitular release and arthroscopic explorations of the peripheral and central hip compartments, open approaches to the hip joint, proximal femur osteotomies and multidimensional axis corrections. Afterwards, in the evening, we met with other participants and faculty members for dinner, and shared our work experiences in our respective countries.

The second day of the course was dedicated to cartilage, ligaments and menisci pathology of the knee. The practical session was very interesting for our joint preservation fellowship, because we could see a MPFL reconstruction, MACT and HTO on cadaver by Prof. Angele. Afterwards, there was a practical session on arthroscopic and mini-open procedures: MPFL, ACL, PCL, PLC reconstructions, high tibial osteotomies, distal femur osteotomies, microfractures, OATS, MACT, trochleoplasty.

On the final day we concluded the knee chapter with a very interesting lesson on osteotomies around the knee, and then could practice with high tibial osteotomies, distal femur osteotomies under the guidance of our tutors. The course ended after the ankle session, with discussions, especially on the knee joint (Pic. 8). The last stop of the fellowship was in TETEC® headquarters, where Dr Gaissmaier and his colleagues showed us how the industrial chondrocytes cell culture works, from the harvesting and sending of the tissue, to the culture and final products: three-dimensional collagen matrix for cartilage regeneration after micro-fracturing and the hydrogel based chondrocyte transplantation. It was very interesting to see what was behind the cartilage repair techniques, that we‘d seen in the German and Italian orthopaedic centres.

This first edition of the ESSKA-AGA Joint Preservation Travelling Fellowship was a starting point for us Fellows, a means to improve our indications for surgery, techniques and results, and it was extremely useful to learn new hints on cartilage regeneration research.

**REUTLINGEN, GERMANY**  
**HOST: DR CHRISTOPH GAISSMAIER**

The last stop of the fellowship was in Graz, I was really excited to take part in the surgery room in the Sporthopaedicum Clinic of Regensburg, and spent a whole day with Prof. Angele, for different knee procedures. Before each surgery, there was a case presentation, where we could discuss indications, surgical techniques and aftercare. In the OR we assisted to MPFL reconstructions, ACL primary and revision reconstructions, knee matrix-associated autologous chondrocyte transplantation (MACT), arthroscopic partial meniscectomy and meniscal repairs and patellofemoral Arthroplasty. These procedures were a great warm-up for the AGA course on lower limb arthroscopic and mini-open procedures.

**GRAZ, AUSTRIA**  
**HOST: PROF. PETER ANGELE**

On my arrival in Graz, I was really excited to take part in the AGA (AGAAkademie - Untere Extremität Arthroskopie / Mini open). The first day was dedicated to hip pathologies. After anatomy lessons about arthroscopic and open procedures on the hip, we had a practical session on models and cadavers. We could perform arthroscopic hip portal identification, capitular release and arthroscopic explorations of the peripheral and central hip compartments, open approaches to the hip joint, proximal femur osteotomies and multidimensional axis corrections. Afterwards, in the evening, we met with other participants and faculty members for dinner, and shared our work experiences in our respective countries.

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On the final day we concluded the knee chapter with a very interesting lesson on osteotomies around the knee, and then could practice with high tibial osteotomies, distal femur osteotomies under the guidance of our tutors. The course ended after the ankle session, with discussions, especially on the knee joint (Pic. 8). The next day, we had a tour in the Istituto Ortopedico Rizzoli, learning about Italian orthopaedic history. We were able to visit the ancient library and the impressive study-museum of Prof. Putti, with medical masterpiece books and ancient medical instruments and braces. Thereafter, we moved to the OR with Dr Marcheggiani, who showed us their interesting technique of meniscal allograft transplantation and ACL reconstruction, using the “over the top” technique. We were also able to discuss about our own research experience in the joint preservation field, and knee arthroscopic techniques and clinical cases.

**BOLOGNA, ITALY**  
**HOST: PROF. STEFANO ZAFFAGNINI**

Dr Giulio Marcheggiani Muccioli and Dr Alberto Grassi welcomed us in Bologna with a dinner. Here, we introduced ourselves and started our joint preservation discussions, especially on the knee joint (Pic. 8). The next day, we had a tour in the Istituto Ortopedico Rizzoli, learning about Italian orthopaedic history. We were able to visit the ancient library and the impressive study-museum of Prof. Putti, with medical masterpiece books and ancient medical instruments and braces. Thereafter, we moved to the OR with Dr Marcheggiani, who showed us their interesting technique of meniscal allograft transplantation and ACL reconstruction, using the “over the top” technique. We were also able to discuss about our own research experience in the joint preservation field, and knee arthroscopic techniques and clinical cases.

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To conclude, we will need to focus on regenerative medicine and its future research.

This first edition of the ESSKA-AGA Joint Preservation Travelling Fellowship was a starting point for us Fellows, a means to improve our indications for surgery, techniques and results, and it was extremely useful to learn new hints on cartilage regeneration research.
ESSKA EVENTS

ESSKA SPECIALITY DAYS
8-9 November 2019 - Madrid, Spain
www.esska-specialitydays.org

ESSKA CONGRESS 2020
6-9 May 2020 - Milan, Italy
www.esska-congress.org

PATRONAGE EVENTS

ESSKA grants patronage for events, meetings and courses, which are organised by other associations or companies, but which have a specific scientific aim. These events will be indicated in the ESSKA events calendar.

THE ANNUAL BOSTAA CONFERENCE
05 December 2018 – London, United Kingdom
www.bostaa.ac.uk

FOOT AND ANKLE SPORTS MEDICINE ADVANCED COURSE:ARTHROSCOPIC AND MIS APPROACH
7-8 December 2018 - Braga, Portugal
www.med.uminho.pt

SFA CONGRESS
12-15 December 2018 – Strasbourg, France
www.congres.sofarthro.com/fr

ICRS FOCUS MEETING - I AM NOT READY FOR METAL
14-15 December 2018 – Paris, France
www.paris-shouler-course.com

SMILE – SHOULDER MILAN INTERNATIONAL LIVE EXPERIENCE
16-18 December 2018 - Basel, Switzerland
www.orthot.ch

INTERNATIONAL CONGRESS ON CARTILAGE REPAIR OF THE ANKLE
29-30 March 2019 – Dublin, Ireland

INTERNATIONAL ASTAOR CONGRESS
17-18 January 2019 – Moscow, Russia
www.astao.ru

SOUTH EAST EUROPEAN FORUM ON ORTHOPAEDICS AND TRAUMATOLOGY (SEEFORT)
24-26 April 2019 – Dubrovnik, Croatia
www.seefort.eu

INTERNATIONAL CHILD AND ADOLESCENT KNEE CONGRESS
13-14 June 2019 – Sheffield, United Kingdom
www.kidskneeconference.com

ROME MEETING ON ARTHROPLASTY "COMPLEX AND REVISION PROBLEMS IN JOINT REPLACEMENT"
13-15 June 2019 – Rome, Italy
www.replacementarthroplasty.it

34th ANNUAL MEETING OF THE GOTS
27-29 June 2019 – Salzburg, Austria
www.gots-kongress.org

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FORTHCOMING EVENTS

PATELLA INTERNATIONAL V
06-09 February 2019 - Innsbruck, Austria
www.unfallchirurgie-innsbruck.at

BKAM 2019
06-08 February 2019 – Barcelona, Spain
www.bkam.info

3RD ATHENS SHOULDER COURSE
07-09 February 2019 – Athens, Greece
www.athens-shoulder-course.com

LONDON KNEE OSTEOTOMY MASTERCLASS
07-08 February 2019 – London, United Kingdom
www.londonosteotomy.co.uk

PARIS INTERNATIONAL SHOULDER COURSE (PISC) 2019
14-16 February 2019 – Paris, France
www.paris-shoulder-course.com

SANTANDER HIP MEETING 10TH EDITION
14-15 February 2019 – Santander, Spain
www.santanderhipmeeting.com

4TH BASEL ELBOW SURGERY COURSE
15-16 February 2019 – Basel, Switzerland
www.orthoxl.ch

SMILE - SHOULDER MILAN INTERNATIONAL LIVE EXPERIENCE
28 February – 3 March 2019 – Milan, Italy
www.sigascot.com

INTERNATIONAL CONGRESS ON CARTILAGE REPAIR OF THE ANKLE
29-30 March 2019 – Dublin, Ireland

V INTERNATIONAL ASTAOR CONGRESS
18-19 April 2019 – Moscow, Russia
www.astao.ru

SOUTH EAST EUROPEAN FORUM ON ORTHOPAEDICS AND TRAUMATOLOGY (SEEFORT)
24-26 April 2019 – Dubrovnik, Croatia
www.seefort.eu

7TH JOINT AEA-SEROD CONGRESS
22-24 May 2019 – Santander, Spain
www.iaesa2019.com

FOOT AND ANKLE ARTHROSCOPY AND SPORTS TRAUMATOLOGY COURSE (FAST COURSE)
27-28 May 2019 – Amsterdam, The Netherlands
www.acesamsterdam.nl

5TH EDITION OF THE INTERNATIONAL KNEE COURSE TG-MURES
29-31 May 2019 – Tg-Mures, Romania
www.arthroms.ro

8th CONGRESS OF THE HELLENIC ARTHROSCOPY ASSOCIATION
28 May – 1 June 2019 – Sparta, Greece
www.eae-net.gr

4th BAKAST ARTHROSCOPIC CONGRESS
30-31 May 2019 – Minsk, Belarus
www.ortoped.by

XII CONFERENCE OF BAAST AND X INTERNATIONAL MEETING OF BOTA
30 May – 01 June 2019 – Varna, Bulgaria
www.bota.berhel.bg.com

INTERNATIONAL CHILD AND ADOLESCENT KNEE CONGRESS
13-14 June 2019 – Sheffield, United Kingdom
www.kidskneeconference.com

ROME MEETING ON ARTHROPLASTY “COMPLEX AND REVISION PROBLEMS IN JOINT REPLACEMENT”
13-15 June 2019 – Rome, Italy
www.replacementarthroplasty.it

34TH ANNUAL MEETING OF THE GOTS
27-29 June 2019 – Salzburg, Austria
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OTHER EVENTS

2019 APKASS SUMMIT
18-21 April 2019 – Chengdu, China

2019 AANA ANNUAL MEETING
2-5 May 2019 – Orlando, FL, United States
www.sana.org

ISAKOS 12TH BIENNIAL CONGRESS
12-16 May 2019 – Cancun, Mexico
www.isakos.org

20TH EFORT CONGRESS
5-8 June 2019 – Lisbon, Portugal
www.efort.org

AOSM ANNUAL MEETING
11-14 July 2019 – Boston, MA, United States
www.sportsmed.org

ICRS 15th WORLD CONGRESS
Vancouver, Canada – 5-9 October 2019
www.ccles.org
UPCOMING EVENTS

XIIIth Conference of BAAST
ESSKA live-surgery

30 MAY | 01 JUNE 2019
Varna, Bulgaria
Admiral Hotel – Golden Sands

http://bota.berhei-bg.com/
varnameeting@gmail.com

8th PANHELLENIC CONGRESS OF THE
HELLENIC ASSOCIATION OF ARTHROSCOPY,
KNEE SURGERY & SPORTS INJURIES “G. NOULIS”

30 MAY - 1 JUNE 2019
University of Peloponnese, Lecture Hall, Sparta, Greece

Anatomy Laboratory, University of Athens, Greece

Congress Secretariat:
Email: congress@afea.gr, Web site: www.afea.gr

UPCOMING EVENTS

Xth International meeting of BOTA
EFORT FORA

30 MAY | 01 JUNE 2019
Varna, Bulgaria
Admiral Hotel – Golden Sands

http://bota.berhei-bg.com/
varnameeting@gmail.com

34th Annual Meeting
Society for Orthopaedic Traumatologic Sports Medicine

27 – 29 June 2019
Salzburg Congress, Austria

www.gots-kongress.org | Congress Organiser: Intercongress GmbH

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XIVth SPAT CONGRESS
PORTUGUESE SOCIETY OF ARTHROSCOPY AND SPORTS TRAUMA
Fórum Braga

28 NOVEMBER - 29 NOVEMBER 2019
BRAGA'19 | PORTUGAL

“Advances in sports traumatology/ Avanços em Traumatologia do desporto”
“What’s new in Arthroscopic Surgery/ Atualizações em Cirurgia artroscópica”
“Overload and overuse injuries. Where are we now? / Lesões de Sobrecarga e Hiperutilização.”

- SPAT President
  Henrique Jones

- Congress Chairman
  Manuel Vieira da Silva João Lourenço

- Guest Speakers
  David Dejour Joan C Mon Éau Jacques Menetrey Jón Karlsson
ESSKA NEWSLETTER DECEMBER 2018

ESSKA CONSENSUS ON THE MANAGEMENT OF TRAUMATIC MENISCUS TEARS

Managing Traumatic Meniscus Tears is one of ESSKA’s major projects, and ESSKA’s Consensus will provide orthopaedic surgeons with clear recommendations. Our idea was to combine the best scientific literature, the highest levels of evidence, and the hard-earned experience of European knee surgeons. Only such a combination both the science and the daily-praxis — could engender a proper consensus.

We established a steering group of nine ESSKA members under the lead of SEBASTIAN KOPF and ROLAND BECKER (Germany). The group comprised PHILIPPE BEAUFILS (France), MATTHIEU OLLIVIER (France), MICHAEL HIRSCHMANN (Switzerland), NICCOLO ROTIGLIANO (Switzerland), HÉLDER PEREIRA (Portugal), MANAGIOTIS NATGIOPOULOS (Greece), NIKICA DARABOS (Croatia) and RENE VERDONK (Belgium).

The group then designated 32 questions, all of them important for daily praxis: four concerned the definition of Traumatic Meniscus Tears, three the epidemiology, 11 the diagnosis, and the remaining 14 dealt with treatment.

The questions were answered by the Steering Group, and finally they were rated by another 24 surgeons throughout Europe. The two most contentious questions seemed to be: IS AN MRI SYSTEMATICALLY NECESSARY FOR A KNEE WITH SUSPECTED TRAUMATIC MENISCUS TEARS? and WHAT FACTORS AFFECT A SUCCESSFUL REPAIR OF TRAUMATIC MENISCUS TEARS?

Our office is now receiving the last reviews from National Societies, and their comments and suggestions will be incorporated in the final manuscript. The entire project should be finished by 2019, when we hope to present our findings — The Consensus — at ESSKA meetings.

SEBASTIAN KOPF AND ROLAND BECKER
Project Chairmen

PAMI UPDATE

The initial idea to create an international registry for the treatment of paediatric anterior cruciate ligament (ACL) injuries was born in 2013. The preface with planning and structuring lasted until 2016 when development of the PAEDIATRIC ANTERIOR CRUCIATE LIGAMENT INITIATIVE (PAMI) was started. During the ESSKA Congress in May 2018 the PAMI collaboration was officially announced in partnership with the IOC, and opened for participation requests. PAMI will generate unique data and significantly enhance the evidence, and the hard-earned experience of European knee surgeons, and improve healthcare of young athletes.

Further, PAMI was extensively presented in lectures and other European knee registries with information on how to become a PAMI partner were well visited, and fruitful discussions with potential partners of 20 hospitals from 11 countries (Norway, Luxembourg, Sweden, Denmark, Germany, The Netherlands, France, Italy, Spain, Great Britain, Czech Republic). The current list of interested partners consists of 20 hospitals from 11 countries (Norway, Luxembourg, Sweden, Denmark, Germany, The Netherlands, France, Italy, Spain, Great Britain, Czech Republic).

Details on how to become a PAMI partner are available on the ESSKA website: WWW.ESSKA.ORG/PAGE/PAMI

HÅVARD MOKSNES, DANIEL THEISEN, KRISTIAN SAMUELSSON
Project Steering Committee

SPECIAL THANKS

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

We would like to acknowledge the corporate partners of ESSKA:

We would also like to acknowledge the supporters of ESSKA:

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

Want to become an ESSKA Corporate Partner? Please contact ESSKA’s Corporate Relations Manager Rik Bollaert (bollaert.rik@esska.org)

The ESSKA Newsletter is a biannual publication of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. ESSKA welcomes members to submit suggestions and contribute articles for our Newsletter.

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THE ESSKA NEWSLETTER

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ESSKA NEWSLETTER DECEMBER 2018
Wishing you
a Joyous Holiday Season
and a New Year of Happiness!

The ESSKA Executive Board
and ESSKA Office

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