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

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!

•

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 Charity 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; APAS’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

ESSKA WOULD LIKE TO THANK

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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 (ESCK).

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?

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 Deutschlandacht er”. 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?

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

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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 and he was the engine for founding a European sports traumatology 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, and it needed exhibitions and congresses, to get us an international reputation. I was a young and aspiring surgeon, so I immediately got involved. Ejnar Eriksson met Günter Böhm, the exhibition manager of the Messe Berlin in 1982. He was the engine for founding a European sports traumatology society. At one of the international congresses Ejnar Eriksson met Günter Böhm, the exhibition manager of the Messe Berlin in 1982.

**RB YOU WERE ONE OF THE FOUNDING MEMBERS OF THE SOCIETY, AND YOU DESIGNED THE LOGO FOR ESKA/ESSKA. BUT YOUR BASIC IDEA WAS TO ORGANISE CONGRESSES IN EUROPE?**

Yes, we needed a congress in Europe in order to develop a scientific platform. We decided to organise our first congress at the International Congress Centre (ICC) in West Berlin, in 1984, because the council of West Berlin agreed to cover part of the risk. That was a great relief for us. However, in the end, that first congress was a great success, with over 700 attendees (but little financial benefit). We had organised something unique, because surgeons from Warsaw Pact Countries were also invited, and able to attend. The congress fees for these people were either waived by ESKA, or covered by the companies like Wolf® and Stryker®, because none of them were able to meet the costs.

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.

As a surgeon from West Berlin, I was already able to pass through the Iron Curtain, in the 80’s. You remember that Berlin was divided in two separate cities, belonging to East and West Germany. Dr Heinz Wusschech 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”.

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.

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<tr>
<th>PH PETER HERTEL, YOU ARE 75 YEARS OLD NOW. WHAT ARE YOU DOING TODAY?</th>
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<tr>
<td><strong>PH</strong> 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 imagine 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 outpatients’ clinic at the Klinik am Kudamm in Berlin, and operating on some of them in the Klinik Sanssouci, 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.</td>
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<th>RB WHAT ARE YOUR WISHES FOR ESSKA?</th>
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| **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 KSSTA 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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2018 – 2020

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ESSKA-ESA Chairman
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ESSKA-AFAS Chairman
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United Kingdom
KSSTA – WHAT’S NEW?

During the ESSKA Congress in Glasgow, KSSTA ran a Journal Reviewers’ Course. This wasn’t our first such course, and it definitely won’t be our last. Without good reviewers, KSSTA would not survive, so our courses need to be pertinent and comprehensive. However, reviewers can also be authors, and they also need to know how to write a manuscript – a manuscript that stands a reasonable chance of being accepted. As I have already mentioned, we shall be repeating these courses.

At the same time, we need to be closer to our readers. We need feedback from our KSSTA readers, hopefully as much as possible. Please e-mail us at KSSTA@ESSKA.ORG, and tell us how we can make our journal better, make it more interesting. Should we publish less knee or more knee? More shoulder? More ankle? We should always bear in mind that KSSTA is a clinical journal, and our goal is to enhance our readers’ clinical knowledge. So, please don’t hesitate to raise your voice, and advise us. Are we on the right path or could we do it better?

At the moment, we publish 330 pages every month, which some consider too many. Do you really read that many pages? Should we raise the bar, accept fewer pages, and thereby increase KSSTA’s Impact Factor? It is a pertinent question: do we content ourselves with 3.2, or go for a higher figure? Should we raise the bar, accept fewer pages, and thereby increase KSSTA’s Impact Factor? It is a pertinent question: do we content ourselves with 3.2, or go for a higher figure? Please let us know what you think. It is an important question for KSSTA, and hence for ESSKA.

What else is in the pipeline? Well, as a matter of fact, several important things. There is a large theme issue on Allografts, being planned for March 2019. The coming months will see theme issues on ankle problems and injuries to the acromio-clavicular joint.

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, Scientific Chair
UNITED KINGDOM

Daniel Havermans
Scientific Chair
THE NETHERLANDS

Hélder Pereira
Scientific Chair
PORTUGAL

HIGHLIGHT SPEAKERS
James Calder (UNITED KINGDOM)
Daniel Havermans (THE NETHERLANDS)
Hélder Pereira (PORTUGAL)

PROGRAMME HIGHLIGHTS
- Syndesmosis Injuries
- Optimal treatment of end stage arthritis in the young and active population: Biologics
- ESSKA consensus on treatment of paediatric talar OCL

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

Hannes Kott
Scientist, Section Chair
THE NETHERLANDS

Michael T. Hirschmann
Scientist, Section Chair
THE NETHERLANDS

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

ESSKA NEWSLETTER DECEMBER 2018

ESSKA SPECIALITY DAYS 2019

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 Martatschläger
Scientist, Chair
GERMANY

HIGHLIGHT SPEAKERS
Emilio Calvo (SPAIN)
Andreas Imhoff (GERMANY)
Giuseppe Milano (ITALY)
Boris Pobaraj (SLOVENIA)
Bruno Toussaint (FRANCE)

PROGRAMME HIGHLIGHTS
- Massive Rotator Cuff Tears: latest insights and evidences
- Re-living 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

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

Henrique Jones
Scientist, Section Chair
PORTUGAL

Hermann Mayer
Scientist, Section Chair
SWITZERLAND

Jacques Menetrey
Scientist, Section Chair
SWITZERLAND

Werner Knutsch
Scientist, Section Chair
GERMANY

HIGHLIGHT SPEAKERS
Luís Figa (PORTUGAL)
Michael D’Hooghe (BELGIUM)
Henrique Jones (PORTUGAL)
Hermann Mayer (GERMANY)
Jordi Pulgártal (SPAIN)

PROGRAMME HIGHLIGHTS
- Performing arts and specific injuries
- Athletic Injuries
- Recovery and improve performance devices. Myth or reality?
- Musculoskeletal medicine
**ESSKA SPECIALITY DAYS PROGRAMME**

**8 November 2019**

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<tr>
<th>TIME</th>
<th>EXHIBITION</th>
<th>AFAS</th>
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<tr>
<td>08:45</td>
<td>Welcome Coffee Exhibition Floor / Opening by ESSKA President and Scientific Chairs</td>
<td>Imaging modalities and analytical techniques for the measurement of lower limb alignment</td>
<td>Anatomical versus mechanical versus kinematic versus individualised alignment in TKA</td>
<td>Re-live</td>
<td>Tendon injuries: What did we learn until now? Classification, Prevention and return to play</td>
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<td>09:00</td>
<td>Coffee Break / Hot Topic Debates</td>
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<td>09:45</td>
<td>OCL Summary of Dublin Meeting</td>
<td>Coffee Break / Hot Topic Debates</td>
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<td>10:00</td>
<td>Free Papers</td>
<td>Free Oral Presentations</td>
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<td>10:30</td>
<td>Leak Discussion</td>
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<td>Coffee Break / Hot Topic Debates</td>
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<tr>
<td>11:30</td>
<td>Syndesmosis Injuries</td>
<td>Safe zones for alignment of femoral, tibia and patellar components in TKA</td>
<td>Case Discussion</td>
<td>Racecar and improve performance devices: Myth or reality?</td>
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<td>12:00</td>
<td>Network Reception Exhibition Floor</td>
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**9 November 2019**

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<td>08:40</td>
<td>Welcome Coffee – Exhibition Floor</td>
<td>Optimal treatment of end stage arthritis in the young and active population</td>
<td>OCL Summary of Dublin Meeting</td>
<td>Section Members’ Meeting</td>
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<td>09:00</td>
<td>Optimal treatment of end stage arthritis in the young and active population</td>
<td>How can we ensure the correct alignment in the digital era?</td>
<td>Complications and failures</td>
<td>Section Members’ Meeting</td>
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<td>09:30</td>
<td>Optimal treatment of end stage arthritis in the young and active population</td>
<td>Aperture injury! From the field...to the field</td>
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<td>10:00</td>
<td>Optimal treatment of end stage arthritis in the young and active population</td>
<td>Spanish Breakfast Break – Exhibition Floor</td>
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<td>10:30</td>
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We have an exciting couple of years ahead of us full of education for all levels of experience!

We have just completed the ASTAO meeting in Moscow where ESSKA-AFAS provided the backbone of the course faculty with simultaneous translation for 250 Russian speaking delegates. It was hosted by Prof. Andrey Kolev 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 Schoen 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 collateral 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 (afas@esska.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**
ESSKA-ESA Section

ESSKA-ESA, the Section for dedicated shoulder surgeons, continues its ascent! Building on our previous success, 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 Martetschläger, 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 order to spread the knowledge and training among 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

**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) 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 osteoarthrosis. The average age of the population in the Western world is increasing. One third of the population in Germany will be over 60 years old 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 osteoarthrosis 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 Speciality 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.

**Giuseppe Milano**
ESSKA-ESA CHAIRMAN

**GIUSEPPE MILANO**

**ESSKA-ESA BOARD 2018-2020**


**European Knee Activities in the Future**

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**Giuseppe Milano**
ESSKA-ESA CHAIRMAN

**ESSEKA-ESA BOARD 2018-2020**

Chairman: Nanne Kort (The Netherlands). Past Chairman: Roland Becker (Germany). Vice-Chairman: Michael Hirschmann (Switzerland). General Secretary: Reha Tandogan (Turkey). Treasurer: Michael Clairas (Germany). Education: Alfredo Schiavone Parni (Italy) and Simon Donell (United Kingdom). Membership: Bruno Violante (Italy), Michael Liebensteter (Austria), Octav Russu (Romania). Research: Antonia Chen (USA) and Oliver Kessler (Switzerland). Fellowship: José Filipe Salvest (Portugal). Guillaume Demey (France).
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**

BARBARA AM SNOEKER², MARTIJN GM SCHOTANUS²

MARION JLF HEIJMANS¹, NANNE P KORT¹

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

We identified 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 healthcare 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 demonstrate significantly less relative risk (RR) on (serious) adverse events in patients following the optimized CP (RR 0.68, 95% CI 0.50 – 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 reduction was a result of a decreased LoS as the other 55% 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 0.50 – 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.

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

**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 lschian islands and then, on Saturday, a tour of the ancient city of Pompeii.

BRUNO VIOLANTE

ALFREDO S. PANNI

**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.
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 ESSKA-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

ESSKA-ESMA EXECUTIVE BOARD
2018-2020
Chairman: Henrique Jones (Portugal)
Past Chairman: Hermann Mayr (Germany)
Deputy Chairman: Mike Carmont (United Kingdom)
Secretary: Werner Krutsch (Germany)
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Education Secretary: Lior Laver (United Kingdom)
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ESSKA Education Committee/ESMA liaison: Izadpanah Keyvan (Germany)
Coordinators of “Ambassadors”: Emilio Lopez- Vidriero (Spain) Andrey Korolev (Russia) Francesco Della Villa (Italy)
General Sports Medicine Advisers: Tim Meyer (Germany) Helena Herrera (Spain) Artur Pereira de Castro (Portugal) Coordinators of “ESMA Promotion”: Szabolcs Molnár (Hungary) Antonio Maestro (Spain) Rita Tomás (Portugal) Angelina Łukaszenko (Russia/Abu Dhabi)

ESSKA Membership: IT’S TIME TO RENEW
Deadline: 31 December 2018

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. Contact your society today to get your discount code.

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

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

Our KNEE COLLATERAL LIGAMENTS WORKING GROUP (KCL) has been created to study all collateral ligament injuries, including multi-ligament lesions and knee-dislocations. It will commence within the Arthroscopy Committee, but we hope to establish a semi-permanent body, which can guide surgery worldwide using input and analysis from senior-surgeons. The founding group comprises 11 members and their tenure will depend upon their other commitments. New members can be added upon request.

The group held a first meeting in Glasgow during ESSKA Congress, followed by an official launch in Barcelona, on 29 September.

For the period 2018-2020, KCL will focus on the postero-lateral 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.

ELBOW AND WRIST COMMITTEE

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 specialty, 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.

Committee Members 2018-2020
Chairman: PAOLO ARRIGONI (Italy)
Past President: DENISE EYGENDAAL (The Netherlands)

Members:
- ENRICO GUERRA (Portugal)
- HAKAN TURAN CIFT (Turkey)
- MICHEL VAN DEN BEKEM (The Netherlands)
- KILIAN WEGMANN (Germany)
- RAUL BARCO (Spain)
- ANDREAS LENIC (Germany)
- JODIDEPH PHADIS (United Kingdom)
- ADAM WATTS (United Kingdom)
- HUBERT LENOIR (France)
- ANTTI LAUNONEN (Finland)

Committee Members 2018-2020
Chairman: PABLO GELBER (Spain)
Past President: DENISE EYGENDAAL (The Netherlands)

Members:
- KARL-HEINZ FROSCH (Germany)
- JORGE CHAHLA (United States)
- JAMES ROBINSON (United Kingdom)
- KOEN LAGAE (Belgium)
- BRETT FRITSCH (Australia)
- MANUEL LEYES (Spain)
- BJÖRN BARENUS (Sweden)
- NICOLAS PUJOL (France)
- THOMAS TISCHER (Germany)

PABLO GELBER
Arthroscopy Committee Co-Chairman
Leader of the Knee Collateral Ligament Working Group

Pablo Arrigon
Elbow and Wrist Committee Chairman

Our Enthusiastic Group comprises:
Chairman: VINCENZO CONDELLO (Italy)

Members:
- MARK STRAUSS (Norway)
- CORRADO BATTI (Italy)
- KRISTIAN SAMUELSSON (Sweden)
- ALBERTO GRASSI (Italy)
- SVEN SKEFFLER (Germany)
- MARCO BONOMO (Italy)
- CHRISTIAN HÖSER (Austria)
- KARL ERICKSSON (Sweden)
- ADRIAN WILSON (United Kingdom)
- MARTIN WYMANN RATCKE (Denmark)

Vincenzo Condello
Arthroscopy Committee Co-Chairman

Olivier Delamer
Arthroscopy Committee Chairperson
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.

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!

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)
LUKT DURSELEN (Germany)
ENRIQUE GOMEZ-BARRERA (Spain)
DAMI HUDEZ (Croatia)
BARIS KOCAGOLU (Turkey)
ANTONIO JU MARMOTTI (Italy)
MIGUEL OLIVEIRA (Portugal)
SIMONE PERELLI (Italy-Spain)
JESS SNEDEKER (USA/Switzerland)
JOANNA STEPHEN (United Kingdom)

Laura de girolamo
Basic science committee chairwoman

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 Costs, 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 a 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

Cartilage Committee members 2018-2020

Chairman: Peter angele (Germany)
Vice-Chairman: Michael hirschmann (Switzerland)
Past President: Nicolas bonin (France)

Members:
Giuseppe Peretti (Italy)
Isabel Guillen (Spain)
Philipp niemeyer (Germany)
Massimo Berruto (Italy)
Peter Aniele
Andreas gomoll (United States)
Stefan nehme (Austria)
Giuseppe Filardo (Italy)
Ron arbel (Israel)
Denis Crawford (United States)
Wojciech widuchowski (Poland)
Roel custers (The Netherlands)
Ilkka Kihiranta (Finland)
EDUCATION COMMITTEE

ESSKA TEACHERS AND TEACHING CENTRES HAVE FULFILLED SET CRITERIA TO BE ACCREDITED BY ESSKA. INFORMATION ON HOW TO BECOME AN ESSKA TEACHER OR TEACHING CENTRE IS AVAILABLE ON WWW.ESSKA.ORG / EDUCATION.

ESSKA ACCREDITED TEACHERS

ARGENTINA
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Centro Arthroscopico Jorge Batista

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Bordeaux Sports clinic
DAVID DE FOUR
Lyon-Ortho-Clinic
ETIENNE CAVIGNAC
Hospital Pierre Paul Riquet. Dpt de chirurgie orthopaedique

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FRANK MARTETSCHLAGER
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JOAO ESPEGUEIRA-MENDES
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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, KNUST BEITZEL, NUNO GOMES, FRANK MARTETSLÄGER and EDOARDO GIOVANNETTI DE SANCTIS.

ESSKA ADVANCED SHOULDER ARTHROSCOPY COURSE
15-16 May 2018 – Rotterdam, The Netherlands
Faculty: GIUSEPPE MILANO (Course Chairman), NUNO GOMES, ROMAN BRZOSKA, PAOLO AVANZI, TANER GUNES, VLADIMIR SENEKOVIC and VLADAN STEVANOVIC.

ESSKA ADVANCED ANKLE ARTHROSCOPY COURSE
3-4 April 2018 – Watford, United Kingdom
Faculty: STEPHEN NIXON (Course Chairman), KATJA TECKLENBURG, BOGDAN AMBROŽIČ, THOMAS HARLEM, MUSTAFA KARAHAN and MIHAI VIOREANU.

YOU CAN NOW APPLY FOR ESSKA’S 2019 COURSES!
SIMPLY GO TO ESSKA’S WEBSITE.
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 Samitier) 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
BARCELONA, SPAIN
J.C. MOLINIAU

BERLIN, GERMANY
R. BECKER AND S. KOPF

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. HIRSCHMANN

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 KOCAGOLU (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, DJO 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!
HIP ARTHROSCOPY COMMITTEE

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 ESSKA’s Glasgow Congress. And, finally, we have just started a Hip Chapter for ESSKA’s ambitious Core Curriculum.

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 textbook "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. Finally, we are preparing to ‘cut a fine figure’ at the ESSKA Milan 2020 Congress, with high-level educational and scientific work on hip pathology. Amongst ESSKA members there is a growing interest in the hip…and we don’t want to disappoint them!

Nestor Zurita
Chairman

OSTEOTOMY COMMITTEE

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 through a growing network of European educational courses.

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 our database. We can repeat (and develop) at international venues and national society meetings. And all our courses will form a sequence, a “roadmap”...

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”...

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.

MATT DAWSON
Chairman

KONRAD SLYNARSKI
(Poland)

ADRIAN WILSON
(United Kingdom)

STEFFEN SCHRÖTER
(Germany)

PHILIPP LOEBENHOFFER
(Germany)

DIETRICH PAPE
(Luxembourg)

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(Slovenia)

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(Norway)

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(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.

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.

PETRI SILLANPÄÄ
Patellofemoral Instability Committee Chairman

PATELLOFEMORAL INSTABILITY COMMITTEE MEMBERS 2018-2020
Chairman: PETRI SILLANPÄÄ (Finland)
Co-Chairman: FLORIAN DIRISAMER (Austria)

MEMBERS:
RAMAZAN AKMESE (Turkey)
RENE EL ATTAL (Austria)
MARIE ASKENBERGER (Sweden)
PETER BALCAREK (Germany)
LARS BLOND (Denmark)
DAVID DEJOUR (France)
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GEERT PAGENSTERT (Switzerland)
JOANNA STEPHEN (UK)
JACEK WALAWSKI (Poland)
MANUEL VIEIRA DA SILVA (Portugal)

UNDER 45 COMMITTEE

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.

A U45 symposium at SFA’s Congress (French-speaking Society of Arthroscopy) in Rennes in 2019.

A U45 symposium at SOROT’s Congress (The Romanian National Society of Orthopedics) at Bucharest in 2019.

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.

OCTAV RUSSU
U45 Committee Chairman

UNDER 45 COMMITTEE MEMBERS 2018-2020
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Past Chairman: NICOLAS PUJOL (France)

MEMBERS:
THOMAS TISCHER (Germany)
MARCUS HOFBAUER (Austria)
GUILLAUME DEMEY (France)
BRIAN DEVITT (Australia)
JOHANNES BARTH (France)
PETER DE LEEUW (The Netherlands)
ALTAN EGEMEN (Turkey)
ALEXANDROS APOSTOLOPOULOS (UK)
SUFIAN AHMAD (Switzerland)
BERT BOONE (Switzerland)
PATRICK ORTH (Germany)

ESSKA NEWSLETTER DECEMBER 2018
ESSKA’s 18th Congress Statistics and Feedback

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!

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 (6 per day)
- Free Papers: 319
- 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

Delegates’ Feedback Regarding Congress Quality – 1,187 Replies

Effectiveness for CME

- Very effective: 28%
- Effective: 55%
- Fairly effective: 17%
- Semi-effective: 1%

Information Free of Bias

- Strongly agree: 22%
- Rather agree: 67%
- Rather disagree: 1%
- Disagree: 0%

19th ESSKA Congress

6-9 May 2020
MiCo, Milan, Italy

ESSKA President
David Dejour (France)

Congress President
Matteo Denti (Italy/Switzerland)

Scientific Chairs
Michael T. Hirschmann (Switzerland)
Kristian Samuelsson (Sweden)
Elizaveta Kon (Italy)

www.esska-congress.org
THE ESSKA NEWSLETTER WANTS YOUR SCIENTIFIC INPUT...

E

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

We are waiting for your ideas and work!

ROLAND BECKER, OCTAV RUSSU
ESSKA Newsletter Editors

IMPORTANT DETAILS FOR SUBMISSION:

LENGTH: 4,000 words

IMAGES/CHARTS/GRAPHS: one or two can be included but they must be sent as a high resolution attachment and not copy/photoshopped into a Word document.

REVIEW PROCESS: All submissions will be reviewed by the Newsletter Editors, and selected submissions will be published in a subsequent ESSKA Newsletter. The authors will receive feedback in due course.

SUBMIT TO: Graham Woolwine, ESSKA Communications (newsletter.grammar@esska.org).


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

Authors: Christoph Gebhart MD, Private Clinic Dobling, 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 involvement and MR scans for soft tissue are standard examinations previous to surgical interventions. Particularly the worldwide increasing number of hip-arthroscopies and hip joint preservation procedures benefit highly from preoperative planning. For hip arthroscopies labral lesions are the most common indication and therefore have to be exactly localized and addressed.

Patients often have formations of the femoral head that result in a femuroacetabular impingement and may lead to subluxations with increased pressure on the acetabular rim. Damages on the cartilage or the labrum might result in cartilage damage. The majority of scientific publications recommend the use of a clockwise orientation system for description of the localization and treatment of central and acetabular hip pathologies. Despite the worldwide acceptance in the scientific community, with this system for the documentation of localized pathologies an inaccurate due to the pelvic motion, inclination and anteversion remains. The clock position can rotate up to 1h. Infzillatturri et al. suggest to use the center of the transverse ligament (TAL) as the 6 o’clock position. They then divided the acetabular surface into 6 different zones to describe the location of cartilage damages. Although the consistent reproducibility was better than the documentation via clockwise orientation this method has found limited application, as it is not as simple and employable without further study of the zones.

A limitation in the clinical setting with the recommended use of the center of the TAL as the 6 o’clock position is that the TAL is often very hard to visualize and identify intraoperatively under arthroscopic conditions. The ligamentum capitis femoris usually inserts into the TAL and thereby limits the direct visualization of the TAL.

Other Authors therefore suggested to use the superior margin of the anterior labral sulcus (psosas) as the most consistent anatomical landmark for a 3 o’clock position. In publications and clinical practice the TAL is still widely used for acetabular orientation in surgical hip procedures. With nearly no variation the TAL regularly runs from the posterior to the anterior horn of the cotyloid fossa. For the localization and documentation of acetabular pathologies via clockwise orientation the TAL seems to be the most meaningful landmark as it is easy to find on imaging. However, for the daily clinical practice patients are standardized in supine position for CT- or MR- scans as well as for the surgical procedures. By including the soft tissue posteriorly in the imaging the surgeon can always use the plane of the CT/ MR- or operation table as horizontal reference.

We aimed to define the clockwise orientation with the transverse ligament as landmark for better intraoperative orientation and preoperative planning. Under magnetic resonance visualization the anterior margin of the posterior horn of the cotyloid fossa as the posterior origin of the TAL has proven to be a useful anatomical landmark for the 6 o’clock position in supine placed patients.

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 in the image. 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 posterior soft tissue. The straight line was used for acetabular orientation in surgical hip procedures.

Since nearly no variation the TAL regularly runs from the anterior to the posterior horn of the acetabulum posterior to the anterior horn of the acetabulum. For the localization and documentation of acetabular pathologies via clockwise orientation the TAL seems to be the most meaningful landmark as it is easy to find on imaging.

We therefore conclude to use this point as the 6 o’clock position. 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 coccx should be in the midline and the distance between it and the pubic symphysis should be within a distance of 0 to 2 cm [1]. 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 of abduction) allows exposure of the anterolateral surface of the femoral head-neck junction. The Dunn lateral is obtained with the patient’s hip in neutral rotation, 45° of flexion (or 90°), and 20° of abduction.

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), sphericity of the femoral head, the femoral head-neck offset and the height of the greater trochanter (FIG. 3–C).

CT

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 [4]. 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.

TABLE 1: MAIN PATHOLOGIES CAUSING HIP / OR GROIN PAIN — BY ANATOMICAL LOCATION

<table>
<thead>
<tr>
<th>INTRA-CAPSULAR</th>
<th>EXTRA-CAPSULAR</th>
<th>EXTERNAL OR REFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDH / Osteonecrosis</td>
<td>Extra-articular hip impingement</td>
<td>IGCA / hip extension</td>
</tr>
<tr>
<td>Chondral lesions</td>
<td>Greater trochanteric pain syndrome</td>
<td>Pelvic / femoral anomalies</td>
</tr>
<tr>
<td>Lateral patolgies</td>
<td>Spondyloarthropathy / Spondyloarthropathies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Impaction / nerve injuries</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Synovial-based disorders</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Loose bodies/tendon fragments</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Adhesive capsulitis</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Capsular laxity and instability</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Arthritis- Acute / Septic</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
<tr>
<td>Avascular necrosis</td>
<td>Hip / femoral anomalies</td>
<td>Hip / femoral anomalies</td>
</tr>
</tbody>
</table>

Advances in both the diagnostic studies available to us and with our understanding of the pathophysiologic 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 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.

This article focusses 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.
personalised model to be generated pre-operatively (Fig. 8). Low dose CT protocols such as the Imperial protocol allows for evaluation of the acetabulum, articular cartilage, ligamentum teres, joint capsule and periarticular soft tissues including bursae, tendons, and muscles.[4] The integrity of the chondral surfaces of the acetabulum and femoral head are the most important factors involved in the decision making of hip preservation surgery and MRI lends itself to picking up subtle degenerative changes in the articular cartilage changes, as well as isolated chondral defects. Subchondral cysts and extensive oedema of bone or the surrounding soft tissues both give an indication of the extent of arthritis and are well demonstrated by MRI. MRI can also be especially useful in the evaluation of avascular necrosis as well as stress fractures of the femoral neck.[4]

The sagittal plane allows for the evaluation of the weight-bearing portion of the femoral head, the acetabulum, and the anterior aspect of the labrum. Evaluation of the supra-foveal margin of the femoral head and acetabular dome, the superior segment of the labrum, and the greater trochanteric bursa, including the enthesis of the gluteus medius and minimus are best viewed in the coronal plane. Furthermore, the coronal view allows clinicians to distinguish pathology within the muscle belly of the obturator internus, obturator externus, quadratus femoris, and adductor musculature. The oblique axial sequence includes images that are formatted perpendicular to the long axis of the femoral neck. These images are ideal in the assessment of the posterior aspect of the labrum and the neuromuscular bundle around the hip, specifically the discrete fascicles of the sciatic, obturator, and femoral nerves. One of the key advances in current MRI techniques is the ability to see 360° around the femoral head-neck junction with specially obtained radial sequences which are highly sensitive in visualizing alterations of the head-neck offset.

Equally important is to rule out any other source of hip and/or groin pain which is referred from outside the hip joint. Given the proximity of the hip joint to other important anatomical structures, including the lumbosacral spine, urogenital and gastrointestinal tract, referred or radiating pain must be distinguished from primary intra-articular hip pain. MRI scan again can prove to be pivotal in diagnosing all these extra-articular pathologies.

**USCULON SCAN**

Another modality gaining popularity in the evaluation of the hip and groin is ultrasonography. This non-invasive modality allows evaluation of the joint via changes in the echotexture of articular cartilage.[4,12] Ultrasound imaging can also prove useful in the identification of muscle and ligament pathologies mainly extra-articular pathologies such as ilioospos impingement, greater trochanteric pain syndrome (GTPS), external snapping hip syndrome, proximal hamstring disorders and deep gluteal syndrome.[4] Furthermore, if initial MRI fails to demonstrate an abnormality, ultrasound is useful for diagnosing enthesopathies and in the identification of rare occult local anesthetic and steroid injections both for diagnostic and therapeutic purposes in all the extra-articular pathologies mentioned above.

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 as important to artifacts 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 patient is 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 90% reliable as an indicator of an intra-articular pathology.[4]

**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 may be causing their pain. Before deciding upon 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 especially in the hip in real time, will greatly improve our understanding and diagnostic precision in the future in this cohort of patients.

**REFERENCES**

10. Mo Saffarini ME, M BA, FRSM. The European Knee Associates (EKA) run several focus groups on Rotational Alignment of the femoral and tibial component in Total Knee Arthroplasty (TKA). These investigations are investigating the various reference systems, and the emerging technologies. The Groups presented their findings — both complete and ongoing — during ESSKA’s Annual Congress, and a summary was published in KSSTA, in September, a systematic review of 21 articles (Saffarini et al. 2018). The authors considered 15 axes for Tiba Component Rotation in TKA, of which 13 axes were assessed for reliability (1.0 for both assessed for both). The lowest errors, or discrepancies, from the projected trans-epicondylar axis (TEA) were reported for the original ‘Akagi’ line (posterior cruciate ligament posteriorly to medial border of tibial tuberosity), its variant using the sulcus of the tibial spines as anterior landmark, as well as the anterior border tuberosity and the curve-on-curve (CoC) technique. The most consistent were those variants of the ‘Akagi’ line which use the geometric centre of the tibial plateau posteriorly, and the medial border or medial sixth of the tibial tuberosity or patellar tendon anteriorly. In terms of both accuracy and repeatability, only two satisfactory axes were found: the original ‘Akagi’ line and the anterior border tuberosity. The authors concluded, however, that the evidence was insufficient (because too few studies) to recommend reference axes for intra-operative rotational alignment of the tibial baseplate in TKA.

A combination of two or more anatomical landmarks or projected axes could be used to ensure adequate tibial baseplate rotation, whilst considering individual patient morphology and implant design, so as to optimise knee kinematics and prevent prosthetic overhang.

**WHAT POINTERS SHOULD WE USE FOR CORRECT Tibial COMPONENT PLACEMENT IN TOTAL-KNEE ARTHROPLASTY?**

A META-ANALYSIS, BY THE EUROPEAN KNEE ASSOCIATES (EKA), A SECTION OF ESSKA

Mo Saffarini ME, M BA, FRSM

E

uropean Knee Associates (EKA) run several focus groups on Rotational Alignment of the femoral and tibial component in Total Knee Arthroplasty (TKA).

What is the best method for determining the optimal position of the tibial component in Total Knee Arthroplasty (TKA)? This question has been the subject of extensive research and debate among orthopaedic surgeons. The European Knee Associates (EKA) conducted a meta-analysis to provide guidance on this issue, focusing on the placement of the tibial component.

The EKA meta-analysis included a systematic review of published studies. The authors evaluated various rotational alignment methods and determined the most reliable and clinically relevant techniques. The study aimed to provide evidence-based recommendations for optimal tibial component placement in TKA.

The analysis concluded that the following methods were the most reliable for determining tibial component alignment:

1. The ‘Akagi’ line: This line is derived from the anterior cortex of the femoral head and is considered a reliable reference point for rotational alignment.
2. The trans-epicondylar axis (TEA): This axis is formed by a line drawn between the posterior and anterior aspects of the tibial tuberosity.
3. The curve-on-curve (CoC) technique: This method involves drawing a curve on the tibial cortex and using the curve to determine the optimal position of the tibial component.

The EKA meta-analysis also highlighted the importance of individual patient factors and implant design in determining the optimal placement of the tibial component. Surgeons are advised to consider these factors when selecting the appropriate alignment method for each patient.

In conclusion, the EKA meta-analysis provides valuable insights into the optimal rotational alignment of the tibial component in TKA. Surgeons are encouraged to use the recommended methods to ensure precise and accurate placement, which ultimately leads to improved patient outcomes and reduced complications.

For more information, please refer to the original article published in the ESSKA Newsletter: December 2018.
FEMORAL ROTATIONAL ALIGNMENT IN TOTAL KNEE ARTHROPLASTY
A PRELIMINARY REPORT BY EKA'S FEMORAL ROTATION STUDY GROUP

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6 Orthopaedic Department, Compagnia University “L.Vanvitelli”, Napoli, Italy,
7 Department of orthopaedic surgery, Hanover Medical School, Hanover, Germany

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 TEA 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 rotation and should be used with caution, especially in the valgus line, due to the hypoplastic lateral femoral condyle. A femoral component rotation of 5° 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 in extension 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.

FEMORAL MALROTATION AND CLINICAL OUTCOMES
External malrotation seems to be better tolerated than excessive internal rotation. More than 4° internal rotation of femoral component results in higher rates of postoperative complications and poor outcomes in primary TKA.

IMPROVEMENT OF FEMORAL ROTATION, USING NEW TECHNOLOGY
Computer-assisted surgery (CAS) was introduced to supplement TKA surgery with the potential to improve positioning and alignment. CAS improves alignment in TKA more predictably than conventional jig-based surgery, while decreasing blood loss and enabling faster postoperative recovery. There is conflicting evidence as to whether CAS improves the accuracy of component rotation.

Only a few studies report the accuracy of femoral component rotation using patient specific instrumentation (PSI). A recent meta-analysis favours PSI with increased accuracy in ‘three-degree outliers’. Robotic arm assisted TKA is a new approach to achieve more precise component alignment with the help of dynamic images and feedback. To date, only limited data is available.

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.

Members will receive an email with a link when an issue is published and all issues will be available on www.esska.org under Publication / ESSKA Newsletter

Be sure to go check it out!
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.

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 Barlett’s house for brunch. John Barlett 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.

After nine intense and productive days in Australia we arrived 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 Lok, 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. From the very beginning we could feel the friendly and fun-loving culture of Thailand. On our arrival at the Airport, Dr Nadhapon 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 Prof. Bancha Chernchujitt, 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.

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 number of impressive sports facilities in Hong Kong, the soccer training fields at Kitchee Soccer Club, and the Hong Kong Sports Institute. The Institute was specifically created and supported by the government to prepare athletes for international competition. Finally, we had an evening symposium organized by the Orthopaedic Department, in the presence of many sports medicine faculty and residents. We were honoured one more time to present and discuss our work and research.

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 CHERNCHUJITT
CO-HOSTS: SOMSAK KUPTNIRATSAIKUL, NADHAPORN SAENGPETCH

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 peroneous longus tendon using a transseptal 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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On our last 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, and then had so many great moments together, so many good jokes and good times. We became a close-knit group, and we will share our trip-stories forever!

To conclude, we can’t thank enough the ESSKA Board, APKASS Society and DJO for this unique opportunity for a once-in-a-lifetime trip. Learning, exchange-of-experience, friendship and companionship were intertwined, and they will outlast our careers. Thanks to Prof. Hantes for being such a wonderful godfather and a dear friend, to all our hosts and their families, to Jun Li for co-ordinating this fellowship, and all the others who made this special trip possible. And also thanks to our families, for putting up with our extended absence.

We are looking forward to seeing you all again, and we are looking forward to becoming hosts ourselves, and spreading the ESSKA spirit. It’s our turn now!!

THE FULL REPORTS AND ALL PICTURES FOR ALL OF THE FELLOWSHIP REPORTS ARE AVAILABLE ON WWW.ESSKA.ORG UNDER EDUCATION / FELLOWSHIPS / FELLOWSHIP REPORTS

We would like to begin by thanking everyone involved in organising this fantastic fellowship. We learned lots of osteotomy tips-and-tricks, and had an unforgettable experience.

TUBINGEN, GERMANY
HOST: PROF. STEFFEN SCHRÖTER

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 proximal tibial osteotomy on a valgus knee, and open wedge 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 about his research in different osteotomies and TKA. 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...
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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 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 THA, computer-assisted Uni-Knee arthroplasty, Computer-Assisted TKA and Computer-Assisted HTO.

It was very interesting to observe their surgical efficiency, and how they use computerised assistance during their procedures.

In the afternoo, we were given the opportunity to present our own scientific work, and learn from our hosts. The day ended with an excellent dinner, where we enjoyed a pleasant conversation on orthopaedic topics, especially conservative knee treatments. On Friday the 15th we discussed 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.

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 watch the Poland-Senegal match with friends). It was an unforgettable evening.

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.

ARNHEM, THE NETHERLANDS
HOST: PROF. KONRAD SLYNARSKI

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 and fibular 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 we 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.

ESSKA-AFAS PAU GOLANO RESEARCH FELLOWSHIP REPORT 2018

London, United Kingdom
Fellow: Francesc Malagelada

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 also 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 ethics, 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 in my work. Biomechanics is an area in which Fortius and the Bioengineering lab at Imperial College excel, and until this fellowship it was a field largely unknown to me. I was exposed to futuristic and robotic-looking devices that were created to investigate specific joints of the human body. Cadaveric ankles were mounted into a machine that would replicate loading forces and enabled measurements of pressure-changes within the Kager’s fat pad, by means of a sensor introduced under ultrasound guidance. After a long day in the lab, I often felt physically and mentally exhausted, but also proud of what I had achieved.

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 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.

ESSKA would like to thank Arthrex 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 three days’ practical course on cadavers in the Anatomy Institute of the University of Graz, organised by the AGA (AGA-Akademie - 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, capunnlar 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 lessons and practice on main arthroscopic procedures.

We said goodbye to Austria, and to our new friends, and prepared for Italy!

**MILAN, ITALY**  
**HOST: PROF. PIETRO RANDELLI**

We received a great welcome in Milan, from Prof. Randelli and his Assistants and Residents. We arrived at the Istituto Ortopedico G.Pini, and immediately commenced our fellowship with a scientific session. Here, we had the opportunity to present our recent research in the field of joint preservation and discuss about new projects, just before a classic Italian pizza dinner - all together.

The second day, it was time for the OR in the CTO Hospital where we watched Prof. Randelli and Dr Luceri perform knee arthroscopic partial meniscectomy and meniscal sutures, ACL reconstruction, total knee arthroplasty, and shoulder revision arthroplasty. We had interesting discussion on cases and important surgical tricks-and-tips. Later, we had small tour of Milan city with Dr Susini, visiting the main points of attraction and discovering the history and secrets of the city.

We spent the last day in Milan back in the Istituto Ortopedico G.Pini in the surgery rooms, taking part in an arthroscopic rotator cuff repair with Dr Arrigoni - who showed us tricks of the repair technique. Later we went back to the OR with Prof. Randelli, where we discussed in detail a case of revision of a UKA with a revision TKA, from the planning to the surgical procedure. Afterwards, it was time for our next stop in Bologna!

**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.

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

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. 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 March 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 ESSKA considers merit our support. Here are forthcoming events which have been granted patronage. A complete list is available on ESSKA’s website, under ‘Events’.

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-shoulder-courses.com

SANTANDER HIP MEETING 15TH EDITION
14-15 December 2018 – Santander, Spain
www.santanderhipmeeting.com

5TH BASEL ELBOW SURGERY COURSE
15-16 December 2018 – Basel, Switzerland
www.orthoxl.ch

SMILE - SHOULDER MILAN INTERNATIONAL LIVE EXPERIENCE
21-22 December 2018 – Milan, Italy
www.tigascot.com

INTERNATIONAL CONGRESS ON CARTILAGE REPAIR OF THE ANKLE
25-29 March 2019 – Dublin, Ireland

ICRS INTERNATIONAL KNEE CONGRESS
29-31 May 2019 – Tg-Mures, Romania
www.arthroms.ro

OTHER EVENTS

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

2019 ANA ANNUAL MEETING
2-4 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
5-9 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.carthage.org

UPCOMING EVENTS

PATELLA INTERNATIONAL V
01-09 February 2019 – Innsbruck, Austria
www.unfallchirurgie-innsbruck.at

BIKAM 2019
06-08 February 2019 – Barcelona, Spain
www.bikam.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
28-03 May 2019 – Tg-Mures, Romania
www.arthroms.ro

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

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

XIII CONFERENCE OF BAASIT AND X INTERNATIONAL MEETING OF BOTA
30 May – 01 June 2019 – Varna, Bulgaria
www.bota.berhol-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.complexarthroplasty.it

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

FORTHCOMING EVENTS
UPCOMING EVENTS

2019

V Международный Конгресс АСТАОР
18–19 Апреля, 2019
Москва, Россия

25 ANIVERSARIO TORRESPARDO

UPCOMING EVENTS

7º CONGRESO CONJUNTO AEA - SEROD
7TH JOINT AEA-SEROD CONGRESS
22 - 23 - 24 Mayo | 2019
Palacio de Exposiciones y Congresos de Santander

13th Biennial SETRADE Congress
Palma de Mallorca, Balearic Islands Spain
25-26th April 2019

“LATEST BOUNDARIES IN THE TREATMENT OF SPORTS INJURIES”
www.setrade.org/13setrade/

4th BAKAST Arthroscopic Congress
Minsk
30-31 May 2019
Under the Patronage of
ESSKA
www.ortoped.by
**XIIIth Conference of BAAST**

**ESSKA live-surgery**

**30 MAY | 01 JUNE 2019**

Varna, Bulgaria
Admiral Hotel – Golden Sands


varnameeting@gmail.com

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**Xth International meeting of BOTA**

**EFORT Fora**

**30 MAY - 1 JUNE 2019**

University of Peloponnese, Lecture Hall, Sparta, Greece

Anatomy Laboratory, University of Athens, Athens, Greece

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**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, Athens, Greece

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**UPCOMING EVENTS**

**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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**34th Annual Meeting**

**Society for Orthopaedic Traumatologic Sports Medicine**

**27 – 29 June 2019**

Salzburg Congress, Austria

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**28 NOVEMBER - 29 NOVEMBER 2019**

Braga, Portugal

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**SPAT**

**CONGRESS**

**PORTUGUESE SOCIETY OF ARTHROSCOPY AND SPORTS TRAUMA**

**Fórum Braga**

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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 BEAULIEU (France), MATTHIEU OLLIVER (France), MICHAEL HIRSCHMANN (Switzerland), NICCOLO ROTIGLIANO (Switzerland), HELEDER PEREIRA (Portugal), PANAGIOTIS NITIPOULOS (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.

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 existing treatment and sportsmen, and improve healthcare of young athletes. The PAMI database will help to improve existing treatment algorithms and standardize treatment protocols following other European knee registries with information on how international collaborating partners can join the Initiative.

Further, PAMI was extensively presented in lectures and discussion, and a live demonstration of the database was performed. A symposium on paediatric ACL injuries was well visited, and fruitful discussions with potential partners from several countries performed. Following the ESSKA Congress several institutions have made contact and formal applications are currently being made.

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@rheessa.org) 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:

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Wishing you a Joyous Holiday Season and a New Year of Happiness!

The ESSKA Executive Board and ESSKA Office

www.esska.org