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8-9 November 2019 - Madrid, Spain

Special issue: Women in ESSKA
Special thanks

We would like to thank the Corporate Partners of ESSKA for their continuous support of our educational and scientific activities.

We would also like to acknowledge ESSKA supporters.

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

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

THE ESSKA NEWSLETTER

is a quarterly publication of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy.

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

The ESSKA Board asked some of our female members to consider the position of women in orthopaedic surgery, and particularly in ESSKA. We currently have 236 women members, which represents 8% of our membership.

Is there any particular need to focus on this or is there cause for concern in particular when things seem to be going pretty well under the current (male) leadership?

Of course there are exceptional and active women within our organisation, and within our profession. They make a positive impact. But when we contemplate the percentage of women in orthopaedics, we notice that it is dramatically low compared to other specialties, despite the fact that females now comprise over half of most med-school classes. Of course there are exceptional and active women within our organisation, and within our profession. They make a positive impact. But when we contemplate the percentage of women in orthopaedics, we notice that it is dramatically low compared to other specialties, despite the fact that females now comprise over half of most med-school classes.

Why is orthopaedics not attracting women?

In the international ortho community, and for some years, women’s groups have been active, allowing female representatives and mentors, helping women already in orthopaedics, as well as trying to attract more women to the field. The Ruth Jackson Orthopaedic Society within the American Academy of Orthopaedic Surgery is one such society, which has been very successful at promoting mentorship and leadership within orthopaedics (see Kajta Tecklenburg article).

This was a great initiative which grows year on year. AOSSM appointed Jo Hannafin (2013-14) as their first Female president. We appointed Liza Arendt (2014) as a godmother for the ESSKA-AOSSM travelling fellowship, and this year AAOS elected Kristy L. Weber, MD, an oncologist surgeon, as their president. Elizaveta Kon holds a key position as one of three Scientific Chairs for the ESSKA Congress in 2020, our flagship event. This all shows, without doubt, a positive evolution.

Why is it necessary to have Women in ESSKA?

Let’s try to answer…

• First, to demystify the so-called “male-domination”, and explain that there is space for everybody. There are several specific pathologies that are more represented by the female sex: ACL injuries in women, patellofemoral disease and injury. It is certainly not necessary to have only women working on those topics, but a mixed participation is more productive. Ideas and knowledge coming from a diverse field yield better and more open participation is more productive. Ideas and knowledge coming from a diverse field yield better and more open approach to orthopaedic treatment.

• To look at the daily life of an orthopaedic surgeon dealing with a family life, and how to get a better work-life balance. This may be magnified in a two-profession marriage, but we all struggle with sharing family-tasks, acknowledging that the balance is changing and males want to be more involved in family management. Is this sufficient? Our scientific society could have a greater role in helping professionals go to meetings with their children... should we provide nurseries in our meetings? What help could the society provide to facilitate women’s participation in the society in general and at meetings which usually involve several nights away from home?

• To consider the position of women in orthopaedic surgery, and particularly in ESSKA. We currently have 236 women members, which represents 8% of our membership.

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• To look at the daily life of an orthopaedic surgeon dealing with a family life, and how to get a better work-life balance. This may be magnified in a two-profession marriage, but we all struggle with sharing family-tasks, acknowledging that the balance is changing and males want to be more involved in family management. Is this sufficient? Our scientific society could have a greater role in helping professionals go to meetings with their children... should we provide nurseries in our meetings? What help could the society provide to facilitate women’s participation in the society in general and at meetings which usually involve several nights away from home?
• To facilitate the family life: is having children or raising a family an obstacle to continuing an orthopaedic career? Is this more true for women than men? Could solutions be found to help facilitate women (and men) early in their career to encourage continuation of their career goals and aspirations?
• To show how we can change the paradigm about competencies.
• Intellectually and scientifically, no one would deny that male and female are on the same level.
• Surgical competency ... too often a female medical student or a young female resident are challenged with questions like... “Are you able to change a flat tire?” maybe yes some are, but the real question is nobody cares about flat tyres!!! Does this factor into the necessary condition to do a TKR or THR? Certainly not!!!
• Males may have more muscular strength and endurance, but intrinsic force has little to do with surgical competency, and current technological improvement helps prevent overload for all surgeons. Hospital policies are clear about preventing work-related accidents, and this applies to all entities working in the hospital. We have more and more prevention in terms of radiation protection, repetitive lifting, etc... It should be clear to all that females should not avoid orthopaedic surgery as a career based on antiquated concerns about their lack of physical strength.
• To highlight female mentors but also to raise awareness of male mentors to be more inclusive in their staff selection, in their scientific and surgical teams, and to abandon old prejudices about what should be done by a woman, as opposed to by a man.
• To push ESSKA women to step into more leadership positions, in Committees and in Sections. This is definitely the best way to one day have women on our Executive Board. It may be illustrative to see that ESSKA’s Executive Director is a woman, and ESSKA’s Office Manager is a woman, and ESSKA’s Office only employs two men but nine women... they dominate administration, but they remain under-represented in leadership positions.

What could be the conclusion?
• Yes, greater inclusion and representation of all of our membership will strengthen our society.
• Yes, we want to help give everybody the opportunity for leadership in our society if it is within their career goals.
• Yes, we believe that facilitating mentorship for women and raising awareness of all members to be more “inclusive” in our academic community will enhance the creativity and innovation within orthopedics.

Happy birthday
to our ESSKA Founder, pioneering surgeon and mentor
Ejnar Eriksson
We thank him for his years of dedication to ESSKA and wish him all the very best for his 90th birthday.

Happy birthday! To our ESSKA Founder, pioneering surgeon and mentor

The Role of Women in Orthopaedics

Throughout most of human history, women have been restricted from entering in the workforce due to various barriers to their full participation in the economic life of the greater collective. Those impediments included the dictates of religion and the denial of educational opportunities. Many of today’s youth find it hard to believe that female students were largely prevented from pursuing higher education until the late 19th century. Let’s not neglect to mention that the largest and most enduring stumbling block, still relevant to date, is the socio-cultural stereotypes against working-women. As a result of the stimulus provided by two world wars, the last century saw the number of women in the workplace increase dramatically as the men were called away to fight. This trend gained even greater momentum with the subsequent deterioration of male earning capacity over the latter half of the 20th century. Additionally, the growth of the women’s rights movement has given women the courage to shake off the shackles of the past that had held them back. As a result, women are now found in occupations, industries and roles previously regarded as the sole domain of men. Today, with the increasing cost of living, working is not a luxury for many women but an economic necessity whether they be single or married. The situation is further complicated by the conditions of unequal access to promotion in the workplace and the fact that they are paid less than men, in many countries, to do the same work.

Times, they are changing
The practice of medicine and surgery has by no means been enlightened when it comes to inviting women into its fold. Until very recently, it too was a largely male-dominated field. But, “the times they are changing.” Over recent decades, universities have gradually achieved a degree of balance in terms of the gender of graduates. Medical schools were no different: According to a report from the Spanish Medical Organization (OMC), some 67% of the new applicants to the medical schools in Spain were women in the academic-year 2015-2016. These figures demonstrate a clear trend that has also been seen all over Europe.

Despite the increasingly proportionate representation of women in medical school, orthopaedic surgery has remained disproportionately male-dominated and so the sparsity of women in our specialty persists. The most frequent reasons put forth for women not choosing orthopaedics are somewhat stereotypical. They include the a) perception that too much physical strength is required, b) perceived inability to have a good work/life balance, and c) lack of mentorship in medical school or earlier.

The physical force required for manoeuvring a fractured bone or dislocated joint back into place is thought to be one of the causes of gender disparity in orthopaedics. While the need for physical strength may have played a role in the past, advances in modern-day medical equipment have shifted the primary requisites from physical strength to manual dexterity, mechanical ability and an aptitude for three-dimensional visualization. Nowadays, strength is most certainly not a prerequisite for being a competent orthopaedic surgeon. That argument seems to be old-fashioned and looks like a kind of fig-leaf. Why do we still wonder why so few women are orthopaedic surgeons?

With regards to the work-life balance, defined by the Cambridge dictionary as “the amount of time you spend doing your job compared with the amount of time you spend with your family and doing things you enjoy”, is a common perception among medical students as reported in some studies [Rohde, Dorsey]. The most recent generation of physicians, namely the millennials, are giving more importance to the work-life balance after seeing the first-hand effect of burnout in their colleagues and among...
their family members. The vast number of medical duties, including patient interaction, surgery, administrative tasks, charting, teaching, meetings, etc., represent many working hours (ranging from 40 to 80 per week). Therefore, work time can easily invade personal life. This is worse for some women due to family obligations that may have a significant place in their lives. However, this is not so different to some other surgical specialties. Nevertheless, a female physician’s work-life balance is a significant concern that often impacts their career choices.

The ability to find a female mentor or role model in the field is also seen as essential for women when deciding whether to enter orthopaedics. Women find it difficult to identify female mentors in orthopaedic surgery because they are few and far between. That is a discouraging factor. It is likely that the absence of a “critical mass” of women may dissuade female applicants from choosing a given field or residency program. A study in Australia noted that 72% of female medical students cited a lack of female role models as a reason for not pursuing a career in surgery. Role models have been shown to attract medical students to surgical subspecialty training, and an interested mentor has been cited as the most important factor in a medical student initially being attracted to a field (Rohde 2016).

In a male dominated field, sexual harassment does occur and is often unrecognized. It might also be a cause of some prevention in choosing orthopaedics. However, there is currently a greater awareness of sexual harassment. Many practices now have special policies focused on creating a work environment based on mutual respect where each and every one can use their unique talents in pursuit of excellence in patient care without the need to submit to or curry someone’s favour.

What about the successful female orthopaedic surgeon? Historically mothers and fathers are likely to hold different positions in the family hierarchy, and this has seen mothers taking primary responsibility. However, in recent years a shift in the family dynamics has been seen. Most of the so-called millennial families have both parents working and limited support from immediate family members. Therefore, the woman’s role at home continues to be key.

What’s next?

Undoubtedly, women are underrepresented in positions of power and leadership in the field of orthopaedics. This should give cause for reflection in our community. No longer should young bright students fear orthopaedic surgery because of the potential for bullying, harassment or implicit bias that has historically occurred. By changing the culture, we will be able to continue to attract the best students as our future leaders in orthopaedics.

To achieve meaningful change, actions must be focussed on transforming the systems within which women work. That might include several measures intended to benefit women directly or indirectly. Some governments have implemented special strategies directed to addressing the gender pay gap, introducing maternity leave, promoting wage transparency and, in general, increasing female participation. However, the perfect model of gender equality that would bring gender equality is far from being realised.

Conclusion

In summary, women have entered orthopaedics slower than one would have expected in comparison with similar specialties of medicine. A number of barriers have been identified to explain this difference. They include the historical exclusion of women leading to the “old boys’ network” that resisted the entrance of women, the lack of exposure to orthopaedic surgery both in medical school and before, the limited number of female mentors and role models already in the field, and the idea of the physical strength requirement, fostering a jock culture, and requiring an unbalanced lifestyle.

In order to continue to attract the brightest and the best, orthopaedics needs to become more attractive to women students. It might be the time to devise bold policies and strategies that lead to greater recruitment of females including improving exposure during medical school. Might that type of boldness call for taking another look at the possibility of introducing some degree of affirmative action as a viable means for achieving this aim?

REFERENCES


During the AAOS conference, the official inauguration meeting held with our President David Dejour and ESSKA Executive Director Zhanna Kovalchuk. The meeting concluded with a strong intention to increase the number of ESSKA’s female members by stepping forward and reaching out to women who want to become or already are orthopaedic surgeons in Europe.

Women in ESSKA especially wants to promote ESSKA’s educational and research activities among female orthopaedic surgeons during and after their specialization. This would ideally lead to a higher commitment of women in this surgical field to their practical work but also to research and education of other young and aspiring females in the orthopaedic and sports medicine world.

It will offer a network among women in orthopaedic surgery to discuss educational, scientific and professional opportunities and goals, as well as provide a platform to vet individual career issues and concerns. One of the main goals is for more women to be committed to ESSKA’s ethical ideas and activities which will grow the number of women represented in the board and committees of ESSKA.

In the USA, the American Academy of Orthopaedic Surgeons is proud to have several subgroups within its organisation. Apart from an AAOS Diversity Advisory, the Ruth Jackson Orthopaedic Society (RJOS) was founded as a committee within the AAOS in 1983. It started with the goal of advancing the science and practice of orthopaedic surgery among women; presently it has a strong component of mentorship of female orthopaedic surgeons in both research and leadership.

Elizabeth Arendt has served as a connecting link between ESSKA and AAOS, which has enabled us as European delegates to participate at the annual meeting of the RJOS which is nowadays one of the largest groups of female orthopaedic surgeons worldwide. This gave us the chance to collect ideas and get inspiration on how to install Women in ESSKA as initiative within the ESSKA community.

During the AAOS meeting we were able to participate in the RJOS business meeting and annual meeting. This was a combined dinner, networking opportunity, educational and annual meeting, where we got to meet the past president of RJOS, Dr Alexandra Page, as well as the newly elected president of AAOS Dr Kristy L. Weber. The talk of...
I want to express my special thanks to Dr Elizabeth Arendt from Minnesota, USA, to David Dejour and to Zhanna Kovalchuk who all together have provided strong mentorship and support for Women in ESSKA in the past months.

Katja Tecklenburg
Medalp Imst (Austria)

The evening was held by assistant Clinical Professor of Law at Thomas Jefferson School of Law, Jackie Mazur, on the topic Taking Control: Effective Management of Personal Finances and Workplace Harassment. The evening was a great opportunity for us to talk to past and present leading women in RJOS and WHAB. Also, it was inspirational for us to see and learn how RJOS was initiated and what it has become during the past 30 years.

The next morning we had an early start and were invited to attend a breakfast symposium of RJOS. Apart from the scientific and educational contents (this was aimed more at professional workplace support for women in orthopaedic surgery) we had the chance to once again experience the strong network of women that has formed within AAOS.

A detailed interview with the past president of the RJOS, Dr. Alexandra Page was obtained as part of our participation in the organisation's annual meeting (see separate interview article).

Thank you ESSKA for supporting our journey to this year's AAOS annual meeting!

Katja Tecklenburg and Mette Andersen
Members of Women in ESSKA

What are the next steps and future projects of Women in ESSKA?
- Formation of a group of orthopaedic surgeons who are ESSKA members by reaching out especially to female members within ESSKA. However, male members are explicitly welcome to join!
- Regular meetings among the Women of ESSKA: discuss forum and scientific participation in the form of instructional course lectures during the next ESSKA Congress in Milan in 2020
- First group meeting of Women in ESSKA during the ESSKA Congress in Milan with the goal to start educational and mentorship projects between female orthopaedic surgeons and young aspiring residents and medical students
- Begin discussion on female issues that apply to women in orthopaedic surgery: e.g. find international standards for continuing work in surgical room during and after pregnancy - at the moment there are huge differences in national regulations throughout Europe
- Advice to the ESSKA Board on issues within orthopaedics that have a particular female component and make our organisation aware of (potential) differences in the approach to female patients in orthopaedic practice (ACL Injury, FAI, Eating disorders, Hallux Valgus, etc.)

The biggest orthopaedic society of North America? Dr Weber as the face of orthopaedics in the United States gives women in the profession much more visibility. I believe during my time as a Fellow of the AAOS, recognition of women in the specialty has evolved and been supported. Further, the success of RJOS and other programmes such as the Diversity Advisory Board have increased the number of women in training. However, with only 17% in training and 7% board-certified there is still a distance to go.

What were the initial goals of RJOS and how did things change in the last 30 years?
The original goal to support women in orthopaedics has not changed much in 36 years. The broad goal has been refined but fundamentally remains the same: professional opportunities and networking for women in orthopaedics.

Today a new president has taken over the wheel in RJOS. What are future projects of your society?
Dr Martene DeMaio has plans to continue collaboration with other orthopaedics societies. Further, she will be working on position statements and education around harassment.

Thank you very much for your time. ESSKA and our new initiative Women in ESSKA very much appreciates the invitation to your annual meeting at the AAOS conference.

Want to participate in Women of ESSKA?
WE INVITE YOU TO PARTICIPATE IN THIS NEW INITIATIVE

Go to the ESSKA website to register your interest and submit your ideas
Dr. William Elwood Garrett Jr.
or just “Billy”

These are the saddest of sad times – we have lost Bill Garrett or “Billy” which he went by among his many friends. Bill had a three level cervical spine decompression and fusion on 11 March 2019 for treatment of a myelopathy. He was progressing well and ambulating better until he was at his beach condominium with Janice, when his breathing deteriorated, he collapsed and was placed on life support. He died peacefully the following day, 4 May 2019, with Janice and family around him. He was 70.

Billy was well known by ESSKA docs. Many of us have met him at meetings, some have visited him at UNC or Duke and I was lucky enough to be the Godfather for the ESSKA travelling fellows in 2009 to his neighborhood. I had met him through my ACL research previously, discussed with him in his lab at UNC on mechanism of ACL injuries, but this time with the fellows, we all saw him in his family setting in his beach house. Water skiing with his sons, big steaks and beer, ending with life philosophy contemplation all overseen by his wife Janice. It was the best of times and we all enjoyed the wonderful hospitality of the Garretts.

In 1976 Bill graduated from Duke University Medical School and Duke University Graduate School with an MD and PhD in molecular biology and cell biology. Bill completed his residency at Duke in 1982 and has been on the Duke Orthopedic faculty since, except for a stint of five years as Chairman of Orthopedic Surgery at UNC.

As a leader, Dr Garrett served as the President of the American Orthopedic Society for Sports Medicine and the Herodicus Society, and he served on the Boards of the American Academy of Orthopedic Surgeons.

Bill was the pioneer for successfully introducing basic research into the field of sports medicine. He was always looking at alternative solutions in research and was, as I experienced firsthand, a wonderful collaborator in basic science projects. However, Billy was so much more to us in sports medicine. An excellent educator - many of us in ESSKA have experienced his great talks combining clinical issues and basic science. Despite his many commitments to research, leadership and teaching, he also maintained a very busy clinical practice. He was the consummate clinician who gave time, care and deep compassion to his patients. His clinical skills were also used for the good of the US National Soccer team where he was very active during the time when US went from amateur to professional football. And of course, many of us met him at AOSSM and his many visits to us at various ESSKA meetings. Never the unapproachable “high-nosed” expert, but rather the US friend of ESSKA, wishing us all well and helping us at many levels.

ESSKA has lost a genuine friend!

Lars Engebretsen
ESSKA Past President 2008–2010
Thank you to our ESSKA Speciality Days 2019 Partners

Registration Fee Includes:
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• Access to the Other Speciality Meetings
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• Access to the Hot Topic Debates
• Posters and Networking
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https://esska-specialitydays.org/accommodation

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EKA European Knee, Ankle & Foot Associates
AFAS American Foot & Ankle Society
ESA European Shoulder & Elbow Society

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esska-sd-registration@kit-group.org
AFAS: Ankle & Foot Associates

FROM TRAUMA TO ARTHRITIS – WHERE DO WE STAND

8 NOVEMBER 2019

08:30–09:00 Welcome Coffee
09:00–10:00 Imaging modalities and analysis techniques for the measurement of lesser femoral alignment
P. Hinarejos (Spain)
10:00–10:45 How can we ensure the correct alignment in the digital era?
P. Erasmus (Germany)
11:15–12:00 Combined procedures: ACL and HTO
M. Kessler (Switzerland)
12:00–13:00 Lunch Break / Hot Topic Debates
13:45–15:15 Update HTO - The optimal alignment per indication and operative technique
M. Dawson (Canada)
Which alignment should we target for medial compartment OA?
H. Pereira (Portugal)
Which alignment should we target for varus/varus deformity and planned arthroplasty?
S. Schröter (Germany)
15:15–15:45 Free Papers

9 NOVEMBER 2019

08:30–08:45 Welcome Coffee
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**Welcome Video**

**Specialty Days 2019**
8–9 November
Madrid, Spain

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**European Shoulder Associates**

**Massive Rotator Cuff Tears**

- **Giuseppe Milano**
  - Section Chair
  - Scuola Scientifica Chair
  - Italy

- **Ladislav Kovacic**
  - Scientific Chair
  - Slovakia

- **Frank Martenschläger**
  - Scientific Chair
  - Germany

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**Highlights Speakers**

**Emilio Calvo**
- Spain
- Germany

**Andreas Imhoff**
- Germany

**Giuseppe Milano**
- Italy

**Michael Hantes**
- Greece

**Bruno Toussaint**
- France

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**European Sports Medicine Associates**

**Sports Injuries, New Concepts!**

- **Luis Figo**
  - Portugal

- **Michel D’Hooghe**
  - Belgium

- **Henrique Jones**
  - Portugal

- **Tim Meyer**
  - Germany

- **Jordi Puigdollers**
  - Spain

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**8 November 2019**

08:00–08:30 Welcome Coffee

08:30–10:00 Controversies in massive rotator cuff tears

- Massive and irreparable rotator cuff tears: defining the problem
- R. Buzzi (Switzerland)

Critical shoulder angle: does lateral instability have a role in preventing re-capture?

G. Volkov (Russia)

Fatty infiltration and muscle atrophy: what does it mean and what happens after repair?

M. Hamiet (France)

Biological injections: options, ultrasound assistance, evidences

H. Goumans (Netherlands)

Nonoperative treatment: the role of rehabilitation

M. Aramberri (Spain)

Patient’s expectation in RCR: what’s its role?

R. Machner (Switzerland)

Treatment of massive irreparable cuff tears: decision making process

G. Milano (Spain)

10:00–10:45 Coffee Break / Hot Topic Debates

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08:45–10:00 Welcome Coffee

09:15–10:00 Complications and failures

- **R. Paudel**
  - Nepal

10:45–12:15 Tendon injuries. What did we learn until now? Classification, Prevention and return to play

- **M. D’Hooghe**
  - Belgium

- **A. Maestro**
  - Spain

- **A. Sola**
  - Spain

- **I. Guillén**
  - Spain

10:45–11:35 Spanish Breakfast Break

11:30–11:45 Sharing the “Take Home Messages” of Each Section

11:45–13:00 Section Members’ Meeting

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**9 November 2019**

08:45–09:15 Welcome Coffee

09:15–10:45 Ultrasound imaging and conservative treatment follow up

- **R. Kesin (Sweden)**

Surgery principles and results

- **H. Kawai (Japan)**

Fracture of reverse shoulder arthroplasty: glenoid component

- **P. Heuberer**
  - Austria

Technique for revision of reverse shoulder arthroplasty: humeral component

- **J. Kijowski**
  - Poland

12:15–13:45 Lunch Break / Hot Topic Debates

13:45–15:45 Muscle injuries: What did we learn until now? Classification, Prevention and return to play

- **G. Felmet**
  - Switzerland

- **R. Hackney**
  - United Kingdom

- **A. Calvo**
  - France

- **E. Taverna**
  - France

- **L. Serratosa**
  - Spain

13:45–14:30 Oxygen Therapy: why hyperbaric chambers? why hipobaric chamber?

- **C. Charousset**
  - France

13:45–15:45 Prevention and return to play

- **E. Calvo**
  - France

- **P. Gleyze**
  - France

- **B. Marjanovic**
  - France

13:45–14:30 Case Discussion

3. Partial repair

- G. Samitier (France)

4. Avoiding risks with tendon transfers for repair?

- A. Calvo (France)

5. Tendon transfer for posterosuperior cuff: LT

- J. Kany (Italy)

6. Tendon transfer for anterosuperior cuff: LT

- E. Calvo (France)

16:30–18:00 Case Discussion

1. Traumatic rotator cuff tear with shoulder stiffness

- G. Milano (Spain)

- M. D’Hooghe (Belgium)

- H. Kawai (Japan)

2. Failure of rotator cuff repair

- R. Hackney (Switzerland)

3. Combined massive rotator cuff and recurrent shoulder instability

- B. Marjanovic (France)

4. Biomechanics of failure of reverse shoulder arthroplasty

- M. Aramberri (Spain)

5. Techniques for revision of reverse shoulder arthroplasty: humeral component

- J. Kijowski (Poland)

16:30–18:00 Section Members’ Meeting

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10:45–12:45 Tendon injuries. What did we learn until now? Classification, Prevention and return to play

12:45–14:15 Lunch Break / Hot Topic Debates

14:15–15:45 Free Oral Presentations

15:45–16:10 Coffee Break / Hot Topic Debates

16:10–16:45 Ultrasound imaging and conservative treatment follow up

16:45–18:00 Recover and improve

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• Brand new concept!
• Quick fire, light hearted debate between the supporting company and two ESSKA Section experts
• Pros and cons presented by both sides in a lively way

The skilled referee will take the heat and keep the sparks flying!

• But... YOU, the audience will have the power of deciding who has the best argument
• And the winner is...?? Come to the Hot Topic Debate to decide and to find out!

On 15-16 February 2019, SIGASCOT organised a special event “DAVID DEJOUR AND FRIENDS”, in the beautiful Italian city of Verona.

This was based on an ingenious idea from Michele Malavolta, Vice-President of SIGASCOT’s Knee Committee.

“DAVID DEJOUR AND FRIENDS” was a real one-man show, with ESSKA’s President giving theoretical lessons on specific topics, and performing surgery in wet-lab conditions.

The first day’s session was moderated by Giuseppe Milano and Massimo Berruto, President and 1st Vice-President of SIGASCOT.

David Dejour, supported by his close Italian friends, Michele Malavolta, Francesco Saccia, Stefano Zaffagnini and Claudio Mazzola, and assisted during wet-labs by his young Italian fellows - his so called “foreign legion” of Paolo Ferrua, Silvio Mezzari, Stefano Pasqualotto - was a real tour de force. There were five presentations on the diagnosis and treatment of ACL tears revisions, followed by a live-surgery in which he illustrated the Lyonnaise out-in technique of ACL revision with BTB and the modified extra-articular plasty according to Lemaire.

During free debates between speaker and audience, more than 100 participants had the chance to question and seek clarification. Dr Dejour promptly answered them all.

The next day followed the same formula. ESSKA’s President was now supported by Massimo Berruto, one of Italy’s best experts in this pathology, and focused on the patella-femoral instability, highlight of the Lyonnaise school.
Every year, the KSSTA Editorial Team comes together for a one-day meeting in Heidelberg. We discuss the journal’s progress with our publisher, Springer, and plan ahead. We have a fruitful collaboration with our publisher, thanks to Gabriele Schröder, who has been our publishing manager for as many years as I can remember. This was her last meeting and we thanked her for all her good work through the years, she has been rock solid all the time and our collaboration is built on mutual respect and some hard work. She has now been succeeded by David Stanmore, who was present at the meeting and we look forward to working with him.

There are several changes in the pipeline and you must’ve already noticed some of them. First of all, we are working on creating a new journal, like many other journals have successfully done. A second journal enables us to publish even more papers and work on scientific publications in several new directions. We need to realise that KSSTA has reached its maximum size and 330 pages per month is more than enough. As this is written, the new journal will most probably be launched during the Speciality Days in Madrid. We are planning for an online journal, the editorial team is already in place and will start their work as soon as the publication details with Springer are finalised.

A second issue is our increased focus on social media. We have appointed two new web-editors, Elmar Herbst and Mahmut Kayaalp, who have now succeeded Sebastian Kopf in this position. Both new web-editors were introduced in the last Newsletter. All publication work is moving more and more towards social media and is increasingly web-based. You will see many new things coming in the next months.

Finally, there has been a rotation at the Associate Editor level and I would like to use this opportunity to thank Robert Johnson, Peter Angele and Rainer Siebold for their untiring work through many years. At the same time I say welcome to our new Associate Editors; Sverre Løken (Norway) and Eduard Alentorn-Geli (Spain). I really look forward to working with them. Also Sebastian Kopf has now moved to the position of an Associate Editor.

There are many interesting projects in future, so stay tuned.

Thank You Prof. Madry

We thank Prof. Henning Madry for all the efforts and hard work he has put in over the years for our Journal of Experimental Orthopaedics (JEO) as its Editor-in-Chief and wish him luck as he moves forward in his career path.

Prof. Madry has been instrumental in the development and progress of the journal since its inception in 2013. Under his leadership, we have witnessed publication of very good scientific work which made JEO visible in the academic circle. It was because of his perseverance that the journal was also included in Medline.

Good luck Prof. Madry with your future endeavours, and a big THANK YOU from all of us at ESSKA!

Welcome Prof. Zaffagnini

We are happy and proud to introduce Prof. Stefano Zaffagnini as the new JEO Editor-in-Chief.

He’s had a long association with ESSKA – as a member of the Cartilage committee, ESSKA-AOSSM Travelling Fellow, the Chairman of the Arthroscopy Committee and also as Associate Editor for our journal KSSTA. We are confident that his clinical and scientific interests in sports traumatology, arthroscopic and replacement surgery of the shoulder, knee and hip joints, biomechanics and computer assisted surgery will help shape the future path of the journal in broadening its scope to be more inclusive, while keeping a strong basic science section.

Welcome Prof. Zaffagnini – we look very much forward to working with you!
ESSKA SECTION PAGES HAVE BEEN LAUNCHED ON FACEBOOK giving you an opportunity to reconnect with your professional family from all around the world!

Please FOLLOW AND LIKE your Section today and do spread the word!

Help us share the knowledge. Submit your video or presentation to the ESSKA Academy!

www.academy.esska.org

The ESSKA Academy is an online peer-reviewed, unbiased educational platform, enabling members to improve their knowledge on sports-related injuries, arthroscopy and degenerative-joint diseases.
ESSKA-AFAS Report

CHRISTOPHER PEARCE
ESSKA-AFAS Secretary

It is my honour to outline the activities that ESSKA-AFAS and its members have been involved in recently and to keep you abreast of the exciting events and educational opportunities that are on the horizon.

Shortly after James Calder’s last newsletter was published, AFAS was involved in the 43rd Annual meeting of Japanese Society for Surgery of Foot (JSSF) in Tokyo, Japan which was combined with the ESSKA-AFAS Ankle Instability Group (AIG) Annual Meeting. It was a highly successful meeting and it was fantastic that so many of the AFAS members were able to give prominent lectures and symposia both within the AIG section and in the main JSSF programme. The feedback from the sessions was excellent and this was a great opportunity for us to reach, teach and learn from a global audience. We look forward to the next AIG meeting which will be hosted by Peter Mangone in the US next year.

In March 2019 the 4th International Congress on Ankle Osteoarthritis was held in Scheffau, Austria. The 3-day programme tackled topics including the indications for realignment surgery and decision making between ankle fusion and arthroplasty or re-alignment but also conservative options were broadly explored. Interactive discussions made it a successful course with participants from many countries, including Germany, Luxemburg, Portugal, Greece and India. This course was held under ESSKA patronage and ESSKA-AFAS board members Daniel Haverkamp and Akos Kynsburg were involved in the organization.

AFAS was also represented at the recent GRECMIP meeting by James Calder and our Pau Golano fellow, Francesc Malagelada presented his fellowship research findings on Kagers fat pad pressure measurements there.

At the time of writing, we have just concluded a very successful ICCRA meeting on ankle cartilage in Dublin where, following on from the Pittsburgh meeting in 2017, more consensus statements on the diagnosis and treatment of ankle osteochondral lesions were formulated. ICCRA and ESSKA-AFAS have a longstanding collaboration and again, AFAS was well represented among the faculty.

You may be aware that we have recently launched the ESSKA-AFAS Facebook page. On there you can find information on upcoming events and pictures and information from previous ones. We are working on adding more educational content including surgical technique slides and videos. We are excited that Francesca Vannini has agreed to come on board to add some Italian style and flamboyance to the whole thing! Please contact her if you would like to submit any content.

Coming up, we have the ESSKA Specialty Days in Madrid on 8-9 November with the theme ‘Trauma to Arthritis – where do we stand?’ and also the cadaver lab instructional course in Munich in the autumn. Details of these can be found on the website and on our Facebook page and registration is open.

If anyone fancies a trip to Durban in September, myself and my AFAS buddies Chris DiGiovanni and Anthony Perera have designed the foot and ankle programme for the South African Orthopaedic Association congress on the 2nd to the 6th.

ESSKA-AFAS is essentially a multi-disciplinary Section of professionals who enjoy each other’s company and enjoy learning from each other (as well as arguing with each other on occasions!) about the best way to treat their patients. I am sure that you all do too. Like everything in life, the more you put in the more benefit you gain so do get involved in any or all of the events that I have outlined above. Please also feel free to give feedback or make any suggestions via email.
Metal in Total Knee Arthroplasty

EKA Members’ Meeting Report

This year is special for ESSKA, with our first Specialty Days in November. For ESSKA-EKA, our topic in Madrid will be Alignment.

EKA’s 2019 closed meeting was held in Lyon on 22-23 March 2019. The topic was Metal in Total Knee Arthroplasty (TKA) with two sessions:

1/ Bone Loss in TKA and its management
2/ Metal Hypersensitivity in TKA

The meeting began on Friday, with EKA Chairman Nanne Kort and the local hosts, Elvire Servien and Guillaume Demey, giving a warm welcome to the participants and to EKA past-Chairman Roland Becker. The first session’s focus was bone-loss in TKA. After a presentation on classification and bone-loss after TKA, by Trifon Totlis, different options were presented: Bone substitutes and allograft (Pawel Skowronek), Metaphyseal Sleeves (Jean Louis Briard), cones (Michael Liebensteiner) and long stem diaphyseal fixation in revision (Reha Tandogan). To briefly summarise, it was concluded that bone loss can seriously compromise outcome.

On the other hand, allografts provide a potential restoration of bone-stock, but are technically demanding, take longer to heal, and carry the risk of non-union, resorption or infection. Metal augments/cones/sleeves and long stems provide better primary fixation, faster recovery and less risk of infection, but are also technically demanding. Recent evidence supports the use of cones & sleeves, but no option seems superior.

The second session’s focus was metal hypersensitivity. After a brief history of metal-in-TKA and allergy by Guillaume Demey, two experts (Daniel Guenter & Simon Donell) debated the existence of metal allergy before surgery using a questionnaire and laboratory-testing, and using hypoallergenic implants if an allergy is suspected. Revision TKA for metal allergy was presented by Artur Kröll. The diagnosis was made by exclusion. The expected outcomes were inferior despite the use of hypoallergenic implants. Finally, Michael Liebensteiner reported cases of mega-prostheses.

On Saturday, Nanne Kort presented EKA’s ‘facts & figures’, and chaired EKA’s Members meeting, in the serene presence of ESSKA President David Dejour. This was followed by a scientific free-paper session, with several topics all related to metal and TKA:

• Titanium for nickel intolerance and all poly tibia versus metal backed tibia (Gian Luigi Canata)
• Strut onlay allograft in revision arthroplasty (Michael Liebensteiner)
• Navigation and PSI in revision of failed UKA (Alfonso Manzotti)
• UKA modes of failure & cones in bone loss (Michele Vasso)
• Cemented and non-cemented stem in TKA (Bruno Violante)
• Over voluming in TKA (Mo Saffarini)
• Megaprosthesis case (Elvire Servien)

In conclusion, EKA’s closed meeting in Lyon successfully assembled degenerative-knee experts, and gave them a scientific and social programme, including the morning run in Lyon park, and a Rhône Valley wine-tasting. We look forward to seeing you at our future meetings!
After having removed a knee prosthesis, the surgeon must decide how to deal with the loss of bone stock. The goal is to remove as little bone as possible while keeping in mind that the removal of non-viable or necrotic bone is advisable. Help is available from several systems that aid in classifying bone defects (I-IV). The AORI system (Anderson Orthopedic Research Institute) is the most popular (4, 6).

Type I means only minor defects, Type IIa are unicondylar metaphyseal defects and Type III are substantial metaphyseal defects that include the cortical rim.

In general, the spectrum for treating bone defects covers metal augments, cancellous or structural auto- or allografts, megaprosthesses and metaphyseal fixations like cones and sleeves. The latter are recommended for AORI type IIb and III bone defects (9). (Figure 1).

The concept and design of cones and sleeves is similar but varies in some details. Both are meant to fill defects and facilitate ingrowth. Sleeves are fixed to the component with tapers and are therefore integral parts of the implant. In contrast, cones are implanted into the bone first and then the implant is cemented in it. Most of the time, both sleeves and cones are implanted press-fit and therefore sit uncemented in the bone.

Acriomioclavicular joint injuries are some of the most common shoulder pathologies in orthopaedics; however, surprisingly there are still a lot of controversies in the diagnosis and treatment of these injuries. In recent years, there has been an increasing interest in practicing evidence-based medicine and studies that can help guide clinicians in treating their patients are important. The shoulder group in ESSKA was perfectly aware that treating AC joint instability still was an area with controversies and therefore decided to spend 2 days in a closed meeting to sum up where we stand and where to go further.

There are few epidemiologic studies on AC joint injuries from normal populations. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general population, and among men in their twenties AC joint injuries represented 11% of the total number of acute shoulder injuries in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the normal population. Most reports are from athletes and military populations, especially overhead athletes in the United States. In a report from Oslo, AC joint injuries represented 22% of the total injuries in the general popula...
Arthroscopy Committee – ACL Revision Group Meeting

12-13 April 2019 - Verona, Italy

Over the weekend of 12-13 of April, ESSKA Arthroscopy Committee held an informal meeting in Verona, under the Chairmanship of Professor Marco Bonomo, and local host Vincenzo Condello. The intention was to strengthen the scientific and social links between Committee members, who come from all the corners of Europe - Italy, Sweden, Norway, Denmark, Germany, Austria, United Kingdom, also overseas (U.S.). Those attending were Corrado Bait, Marco Bonomo, Alberto Grassi, Adrian Wilson, Kristian Samuelsson, Sven Scheffler, Christian Hoser, Martin Wayne Ratcliffe, Marc Strauss and Chairman Condello. We began early Friday afternoon, at the ICLLO center in Verona, with a "brain-stormer" about educational work-in-progress, in our chosen field of Anterior Cruciate Ligament Revision Surgery. We all have a strong clinical and research background in ACL Revision Surgery and, despite our different experience and approach, we all agreed that Revision ACL reconstruction should never be regarded as "2nd ACL Reconstruction". It is not that simple. Revision procedures encounter many insidious problems, such as technical-errors, hardware and tunnel problems, concomitant meniscal injuries, ligamentous laxities and coronal or axial deformities. Our task, therefore, is to teach ACL revision reconstruction and its hazards, through videos, lectures and symposia. This introduced the second part. A Cadaver lab with 3 knee-specimens was organized, to demonstrate complex revision cases, and technical tips-and-tricks, all being recorded by a professional video-maker.

The focus was how to recognize and manage wrong tunnel placement, mainly arthroscopically. Another part was the technique of safe lateral plasty or peripheral ligamentous reconstruction with open surgery. Up to now, the role of anterolateral laxity control is controversial, especially as part of revision surgery, and a "gold-standard" has not been identified. Therefore, anatomical anterolateral ligament reconstruction, iliotibial band plasty and over-the-top techniques were explored and discussed. After a busy and productive day in the lab, we moved to the city centre for a dinner organized by Chairman Condello, at a pleasant local restaurant. In the true ESSKA spirit of scientists-and-friends, we also explored the amazing city of Verona. On Saturday morning we all enjoyed a sightseeing walk around the characteristic streets of the Romeo and Juliet town. This was a unique experience to admire buildings and works from Roman and Medieval age, one of the most beautiful Italian cities. The meeting ended in a very familiar contest, with an aperitivo and lunch at the house of the kind host Vincenzo Condello. The meeting was more than just productive, from the social corner, to the educational corner, and to the meeting corner.

Arthroscopy Committee
Knee Collateral Ligaments Working Group (KCL)

The Knee Collateral Ligaments Working Group (KCL) of the ESSKA Arthroscopy Committee was formed to study all collateral ligament injuries, including multi-ligament lesions and knee dislocations. As noted in a previous report, the posterolateral corner of the knee (PLC) is our focus for the 2018-2020 period. After our first meeting in Glasgow during the ESSKA Congress, the group was officially launched in Barcelona, on 29th September.

An Expert Consensus statement on diagnosis, classification, treatment, and rehabilitation Knee Surg Sports Traumatol Arthrosc. 2019 Mar 1. ([Epub ahead of print]), and other projects are in hand. We are now conducting a World Survey on trends in posterolateral corner injury treatment. This will compare the different treatments. The survey remains open until July 31st, and the results will be published soon after. Fill your survey at: https://www.surveymonkey.com/r/2282535

Our second task for 2019 is an exciting Postero-lateral Corner course, to be held in Barcelona, 7 November. This course will allow up to 28 attendees to perform four PLC surgical techniques. Also, a dissection anatomy course will be given by a renowned anatomist. Let’s improve our dissection techniques, and get outstanding pictures for our publications! Don’t miss this opportunity. A few positions are still available so register today!

We are also developing an "app" for surgeon-to-surgeon visits with an innovative phone application, comparison between arthroscopic and open surgical techniques, and the need for an external fixation when a vascular injury of the knee is being investigated in a meta-analysis.

For Milan 2020, there will be an interactive ICL, and a symposium on KCL’s progress, which will be open to all ESSKA members. Of course, we also want all this information to be broadly available. Then, a final electronic booklet will be distributed to all of ESSKA’s family.

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

Committee Members 2018-2020 involved in the KCL Working Group

Chairman:
Pablo Gelber (Spain)

Members:
Karl-Heinz Frosch (Germany)
Jorge Chahla (US)
James Robinson (UK)
Koen Lagae (Belgium)
Brett Fritsch (Australia)
Manuel Reyes (Spain)
Björn Barenbus (Sweden)
Nicolas Pujol (France)
Thomas Tischer (Germany)
Fabrizio Margheritini (Italy)
Basic Science Committee

Our Basic Science committee is still working hard. As we announced in the last newsletter, we are mounting ESSKA's first Advanced Methodological Course, which is the logical progression from our 3 booklets and assists ESSKA members to conduct and publish their research.

The first Advanced Methodological Course will be held in Luxembourg on 14-15 June 2019.

It will cover the planning and conduct of efficient clinical study and will include practical sessions. There will be surprises: the possibility of free support for your own study, and over 2 years!

For more information, please consult the ESSKA website.

We are looking forward to welcoming you to Luxembourg and hope this edition will be the first of many. Stay tuned!

Esska Surgical Skills Courses

This year our surgical skills courses programme started with the Advanced Shoulder Arthroscopy Course ALL about Rotator Cuff & OTHER Subacromial Disorders, which took place at Watford, England, on 21-22 March 2019.

The faculty and attendees accounted for an impressive 18 nationalities!

The topics included: subacromial decompression, distal clavicle resection, biceps tenodesis, subscapularis repair, management of partial and full rotator cuff tears, suprascapular nerve release, biological augmentation in repairable Cuff Tears and much more...

As with all ESSKA courses, the faculty did an outstanding job in sharing their expertise, and ESSKA would like to thank these faculty for their dedication and valuable time!

Course Chairman: Nuno Gomes (Portugal)
Course Faculty: Mustafa Karahan (Turkey); Andrea Grasso (Italy); Pericles Papadopoulos (Greece); Ladislav Kovacic (Slovenia); and Viktoras Jermolajevas (Lithuania).

There is still time to apply for the below course:

ESSKA KCL working group Course
Posterolateral Corner of the Knee. Learn all its secrets!
7 November 2019 - Barcelona, Spain
Application deadline: 6 October 2019

For a complete list of ESSKA courses, go to the ESSKA website under Education/Courses.

Laurenza De Girolamo
Basic Science Committee Chairwoman

Proposals for:
The ESSKA Nominating Committee

THE NOMINATING COMMITTEE REQUIRES TWO NEW MEMBERS.
ALL ESSKA MEMBERS ARE INVITED TO MAKE NOMINATIONS.

ESSKA’s Nominating Committee is responsible for selecting a candidate for the 2nd Vice-Presidency, for the General Assembly.

The Nominating Committee is co-chaired by ESSKA’s Past President, Romain Seil, and ESSKA’s 2nd Vice-President Roland Becker, and includes two other ESSKA members in good-standing, selected from submitted nominations.

Every ESSKA member has the right to nominate herself/himself, or to nominate other ESSKA members to serve on the Nominating Committee (candidates must be European citizens and ESSKA members in good standing).

DEADLINE FOR THE APPLICATION AND/OR PROPOSALS OF NAMES: 20 August 2019

Please address all proposals to ESSKA office, reference:
Nominating Committee Proposal
ESSKA Executive Office
76, rue d’Eich L-1460 Luxembourg
e-mail: info@esska.org – Fax: (+352) 4411 – 7678
Or use the online
Nominations form available on the ESSKA website

ESSKA would like to thank our corporate partners and sponsors for supporting these courses.

ESSKA advanced shoulder course, March 2019 in Watford

Course Chairman: Nuno Gomes (Portugal)
Course Faculty: Mustafa Karahan (Turkey); Andrea Grasso (Italy); Pericles Papadopoulos (Greece); Ladislav Kovacic (Slovenia); and Viktoras Jermolajevas (Lithuania).
ESSKA’s Elbow and Wrist committee announces its 2nd Super Elbow Course, in Verona, Italy, 29 September through 1 October 2019.

The city of Verona lies in northern Italy, and you can feel its 2000 years of history, when you are inside the old city walls, when it formed a vibrant part of the Roman empire.

The Super Elbow Course deals with important elbow topics, as taught by Europe’s leading clinicians. The faculty will emphasise the latest research, and the pitfalls of elbow-surgery. ‘Hot topics’ include intra-articular pathology with arthroscopy, taught through a step-by-step laboratory workshop; the inevitable instabilities for lateral and medial side, accompanied by chronic pain; the fractures and fixations of the distal humerus, coronoid and radial head. The Laboratory workshop enables us to teach you the vital knowledge ‘how to do it’.

The lectures will be video-streamed and recorded by ESSKA’s Academy for later viewing.

The committee has also started an international collaboration on the complications following from elbow arthroscopic surgery. The study aims to gather data about neurologic, thromboembolic and infectious complications in the 30-days after elbow arthroscopic surgery. At the course, we shall also discuss future studies; the exact positioning of olecranon osteotomy, and locating the-limits for posterior MCL in arthroscopy. We shall concentrate on the arthroscopy saw-bone model, which is introduced during the course.

We invite you to our Super Course in Verona.

The new Patellofemoral Instability Committee was established at ESSKA’s 2018 Glasgow Congress. Our goal is to increase and spread knowledge of patellofemoral disorders among our European members. Since Glasgow, our committee has worked on the tasks selected for 2018-2020.

At the Patella V International meeting, in Feldkirch, Austria, 1-2 February, our committee had its second meeting. Florian Dirisamer, as our local host, was responsible for organizing a patella-specific meeting at a great venue. The two days dedicated to patellofemoral joint was an amazing opportunity to learn and change thoughts on difficult clinical questions and future directions.

The new Patellofemoral Instability Committee will be active in education, both theoretical and practical. Our committee has planned ESSKA approved surgical skills courses to start during the next two-year period and our next group gathering will focus on building “ESSKA – certified” treatment guidelines for diagnosis and treatment of patellofemoral instability. The group will also continue providing material to ESSKA Academy, so check it out online!
Hypersensitivity and not allergy in symptomatic patients after total knee arthroplasty

As orthopaedic surgeons we should have some understanding about how the materials we implant interact with the immune system. Adverse reactions to metals, in particular, are well recognised in the hip implant world, but are much less common in knee arthroplasty. In the latter, this is usually from a mild to non-sensitising body reaction to the polyethylene insert and the direct abraison of the femoral and tibial implant material. More controversial is whether, in patients who have skin allergy to particular metals or other implant material such as polymethylmethacrylate, have an immune system that is sensitised to that material that results in a hypersensitivity reaction when that material is implanted. This then causes an inflammatory response, and therefore pain.

Part of the controversy occurs by using the term ‘allergy’ when ‘hypersensitivity’ should be used. Allergic reactions are a Type I hypersensitivity which leads to an acute IgE mediated response via B lymphocytes. The first exposure results in the effector phase where the Th1 cells exposed to the hapten release cytokines and chemokines that activate macrophages. Macrophages are the main cells involved in DTH. They can ingest antigen (killing bacteria) and release lytic enzymes that damage the surrounding tissue. If the antigen cannot be cleared e.g. when there is a large amount of metal wear, the macrophage response is prolonged and leads to chronic inflammation and granuloma formation. If the metal exposure is limited, as occurs with skin contact, then the DTH response diminishes, and homeostasis is restored (see Fig. 1).

More important is to understand the Type IV, or Delayed-Type Hypersensitivity (DTH). In the skin this is seen as a contact dermatitis and is cell-mediated. DTH is how the immune system handles pathogens such as bacteria and foreign materials e.g. metals, and is not an abnormal response. In the skin the response is mediated through keratinocytes, whereas implanted metal is mediated through macrophages. The immune response is complex but, essentially, the antigen (metal plus protein called a hapten) is ingested by an antigen presenting cell (APC) which then combines with the major histocompatibility complex (MHC) to present the hapten to CD4+ T cells which become T helper (Th1) cells. These Th1 cells are then clonally expanded by binding to the APCs through the MHC bound with hapten. The APCs include macrophages and Langerhans cells. Some of the Th1 cells remain as memory cells. This is known as the sensitisisation phase. A second exposure results in the effector phase where the Th1 cells exposed to the hapten release cytokines and chemokines that activate macrophages. Macrophages are the main cells involved in DTH. They can ingest antigen (killing bacteria) and release lytic enzymes that damage the surrounding tissue. If the antigen cannot be cleared e.g. when there is a large amount of metal wear, the macrophage response is prolonged and leads to chronic inflammation and granuloma formation. If the metal exposure is limited, as occurs with skin contact, then the DTH response diminishes, and homeostasis is restored (see Fig. 1).

From this it can be seen to be entirely logical that a skin DTH creates Th1 memory cells that circulate around the blood stream and can react to the same material when implanted. The problem is that there is some detailed knowledge of the actual cytokines and chemokines produced in a contact dermatitis, but much less is known around metal implants (Table 1 and 2). The main problem is the expense and resources to undertake detailed immunological work. It should be understood that the list of cytokines in Table 1 are only those reported and are not exhaustive nor mutually exclusive. Table 2 summarises the known cytokines with their producer cells and known actions.

### Table 1. The known cytokines involved in Delayed-Type Hypersensitivity in skin and metal implants.

<table>
<thead>
<tr>
<th>Cytokines</th>
<th>Skin Producer cells</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferon-γ (IFN-γ)</td>
<td>T cells / natural killer cells and natural killer T cells.</td>
<td>Activates macrophages and inhibits viral replication directly. Promotes Th1 cell differentiation Suppresses Th2 Ig class switching.</td>
</tr>
<tr>
<td>Tumour necrosis factor-β (TNF-β)</td>
<td>Th1 cells.</td>
<td>Induces inflammation. Development of lymphoid organs Activates Nuclear factor kappa B (NF-kB) pathway leading to cellular proliferation and cell death.</td>
</tr>
<tr>
<td>Interleukin-2 (IL-2)</td>
<td>Activated CD4+ cells/ activated CD8+ cells / natural killer cells / dendritic cells / macrophages.</td>
<td>Differentiates T cells into effector T cells and memory cells.</td>
</tr>
<tr>
<td>Interleukin-3 (IL-3)</td>
<td>Basophils/activated T cells.</td>
<td>Stimulates differentiation of stem cells into myeloid progenitor cells.</td>
</tr>
<tr>
<td>Interleukin-1β (IL-1β)</td>
<td>Macrophages / epithelial cells.</td>
<td>T cell and macrophage activation Induces fever.</td>
</tr>
<tr>
<td>Interleukin10 (IL-10)</td>
<td>Monocytes / CD4+ T cells / regulatory T cells / activated T cells / B cells.</td>
<td>Down regulates macrophage activity and activates B cells and antibody production Dampens natural killer cell action.</td>
</tr>
<tr>
<td>Granulocyte-macrophage colony-stimulating factor (GM-CSF)</td>
<td>Macrophages / T cells / mast cells / natural killer cells / endothelial cells / fibroblasts.</td>
<td>Stimulates stem cells to produce monocytes and granulocytes especially neutrophils.</td>
</tr>
<tr>
<td>Macrophage migration inhibitory factor (MIF)</td>
<td>Anterior pituitary/activated T cells / activated macrophages.</td>
<td>Regulates macrophage function.</td>
</tr>
<tr>
<td>Macrophage colony-stimulating factor (M-CSF)</td>
<td>T cells / bone marrow Stromal cells / osteoblasts / fibroblasts.</td>
<td>Stimulates growth of monocytes and lineage cells.</td>
</tr>
</tbody>
</table>

Fig. 1. Summary of Delayed-Type Hypersensitivity.
There is therefore an absence of evidence about whether skin metal hypersensitivity leads to a risk of an immune response with a metal implant. Most of the time the immune response is to clear any excess metal without significant effect on the tissues, especially bone, around the implant.

However, there are patients who have unexplained pain and are metal hypersensitive. A protocol for managing them, with exchange to an implant without the relevant hypersensitive material is sensible. Much more controversial is to argue that a known metal allergic patient should not be implanted with a prosthesis of the same material. The prevalence of dermal hypersensitivity to metal is about 10%-15%. The terminology of hypersensitivity and allergy is often mixed up in the orthopaedic world. Some surgeons still perform a patch test prior to arthroplasty when patients report skin reactions, most commonly against nickel, chrome or cobalt. While in some countries a positive history of skin reaction to metal is neglected, in other countries often expensive coated implants or ceramic implants are used routinely. The economic burden of providing non-sensitive implants to all with metal hypersensitivity at the primary operation is not sustainable, without firm evidence of benefit. A skin patch test is not the correct diagnostic tool to assess the risk of metal implant hypersensitivity. In countries where this is now mandatory, such as Italy and Germany, this seems to have been driven by judgments through the legal system, rather than on the science. Orthopaedic surgeons should have confidence in their knowledge and understanding of immunology to stand up and defend a logical and scientific approach to managing patients with metal hypersensitivity who require metal implants.
Cycle for Science 2020

We are delighted to announce the launch of the third edition of the ESSKA Cycle for Science initiative! This 6-day tour will start in Pisa on 30 April 2020 and end in Milan on 5 May 2020. The tour will take riders on an unforgettable journey through some of the most magical places in Northern Italy: Pisa, Volterra, Siena, San Gimignano, Florence, Bologna, Modena, Parma, Piacenza and of course the grand finale in Milan! In addition to the wonderful cycling, participants will also have the opportunity to participate in evening symposia hosted by local experts.

Why such a tour?

The first Cycle for Science Tour took place in 2016 and was organised by Prof. C. Niek van Dijk and his AMC faculty. This tour had a three-fold mission; to convey a symbolic object from Congress – to Congress (the now-famous Congress sceptre, almost as well known as the Olympic flame amongst the ESSKA family!), to raise awareness about the importance of exercise to prevent disease and to raise money for the ESSKA Foundation to support research.

This raison d’être still remains as true and as important today. We are excited and enthusiastic to launch the 2020 edition of the Cycle for Science and we invite you to visit the website for all further information and to register your interest: https://www.esska.org/mpage/homecfs

Watch now: ESSKA - Cycle for Science 2018

Call for Abstracts

ESSKA invites medical specialists and scientists to submit an abstract for the 19th ESSKA Congress in Milan in 2020. Please visit www.esska-congress.org for the online submission and guidelines.

Abstract Submission Closes 3 September 2019

https://esska-congress.org/home/call-for-abstracts

Main Topics

- Knee
- Shoulder
- AC-Joint
- Biceps Tendon
- Ankle/Foot
- Sport Specific Injuries
- Muscle and Tendon
- Injury Prevention and Rehabilitation
- Pelvis-Hip-Groin
- Head-Spine-Brain Injury
- Basic Science
- Elbow/Wrist
- Technological/Engineering Innovation

ESSKA Abstract Awards 2020

- Theo Van Rens Best Paper Award
- Best Poster Awards
- ESSKA Basic Scientist Travel Grants

Abstract related questions to esska2020abstracts@kit-group.org
1st ESSKA-ESMA Certificate
Team Physician Course
7–8 May 2020

CHAIRS: Henrique Jones (Portugal), Stefano Della Villa (Italy)

FORMAT: Lecture Series and Practical Model Workshops

TARGET AUDIENCE:
• Any orthopaedic surgeon who is in the beginning phase of their sports career.
• Those preparing for a certification/re-certification in the sports sub-speciality exam.
• Team Physicians who want to have a Certificate Team Physician Course or want to be updated.
• Any orthopaedic surgeon who wishes to refresh their knowledge and stay updated with developments in this field.
• Others, including physiotherapists and athletic trainers, who would like an in-depth review of orthopaedic sports medicine in order to develop their collaboration with their orthopedic surgeon.

COURSE OBJECTIVES:
Upon completion of this course, participants should be able to:
• Effectively recognise the more important trauma and medical emergencies on the field and adequate assessment.
• Apply an effective diagnostic algorithm including history taking, physical examination and imaging modalities.
• Successfully assess and apply non-surgical and surgical treatment methods.
• Foresee the complications and the post-operative phases of the procedures.
• Design rehabilitation protocols for the management of the issues.

PRELIMINARY COURSE SCHEDULE:
(1.5 days)
Module A
Trauma and Medical Emergencies on the Field
Module B
More Frequent Injuries I
Module C
More Frequent Injuries II
Module D
What is New and What to be Aware of
Evaluation Test

TRAINERS:
External automatic defibrillation and advanced cardiovascular life support.
Filipe Serralva
António Marques
and AMEF (Portuguese Football Team Physicians Association) emergency staff

COURSE FEE:
ITALIAN VAT AT 22% IS INCLUDED IN THE PRICE.
400€
ESSKA Congress Delegates
450€
Non-Congress Delegates

www.esska-congress.org
esska2020@kit-group.org
Fabulous hospitality, friendship and professionalism – a summary about an extraordinary 3-weeks fellowship at the Chelsea Football Club.

Fellow: Werner Krutsch (Germany)

Location: Chelsea Football Club (UK)

The first days of this ESSKA fellowship consisted of a tight schedule including greeting all staff members and a tour of the complete campus. After the first meeting with chief medical doctor Paco Biosca, I had the chance to meet all club doctors who support the women’s team, junior football and the first team. With its impressive structure, the medical department of the Chelsea FC offers a perfect medical service not only for the professional players of the club, but also for professional players on loan in other clubs all over Europe, as well as for all other players in their club.

In addition to the medical care of the players, the club also arranged meetings for me with other professionals to understand the principles of practical football medicine and the philosophy of the club, namely: Head of scouting, Head of sports science, nutritionist, podiatrist, tunnel doctor of Stamford Bridge Stadium, assistant coach of the first team, many coaches of the junior and women teams, all rehab coaches and physios, club partner surgeons (Andy Williams and James Calder, each with 1-day visit in OR), and many more.

The most important part of the fellowship focused on the medical service of the first team. This included a daily meeting of the medical staff, medical services during and after trainings, the ‘review’ of potentially injured players with the complete medical team and also the medical services during games. I had the chance to see the first team in all trainings, in five home or away games, as well as the junior teams in the UEFA Youth League and the Women’s team.

Beside the training and games of the first team, the club doctors also provided an interesting overview of the medical services in junior football, including necessary medical equipment in the club and on field, their educational courses, the handling of the players and principles of the medical service of the whole club (thanks Dimi & Adil). We performed an emergency training on field including e.g. concussions and CPR.

Important highlights of the medical aspects in the Chelsea Football Club, which shows the professionalism of the medical team, are:

- Close collaboration and exchange between different medical professions in the team, especially during the diagnosis process of an injured player.
- Experienced members of the medical team who have been active in the club for more than 10-15 years.
- Well equipped medical department with tools like “Hydroworx”, “Game ready” and many others, where I received a detailed training (thanks Jon & Jason).
- A radiographer with further specific training: the preparation of X-rays, MRIs, organization of medications, blood samples, preparation of injections, and many more (player quote: “Fernando is the most important person in the club”).
- Football-specific rehab. approach for both slight and severe injuries, with detailed overview for me (thanks Stu & Stu).

The main focus of the fellowship set by Paco was for the transfer of the typical philosophy in professional football, including specific ways to diagnose injuries, the specific treatment options and the specific indications for surgical treatment. While the first team had nearly no injuries at the time of my fellowship (nearly 100% player availability: amazing!), I took the chance to attend the treatment and rehabilitation of loan players of Chelsea Football Club, who play all over Europe and came to London with their medical problems and injuries. The daily schedule included 3-6 loan players each day receiving different conservative treatment options which was an important experience for me, especially the different steps of progression between injury diagnosis and return to play on field (thanks Thierry for the instructions).

For me as a former elite football player, Paco, Jason and the whole team provided me an open communication and integration into the complete team from day 1. Thank you very much. I appreciate the time in your team and want to highlight the very positive atmosphere in the medical team and the club over the 3 weeks.

I want to thank Chelsea FC and Paco Biosca for the great opportunity of this fellowship and also Jason Palmer for the perfect organization of the complete schedule. Thanks also to the whole team in particular the medical department, I had a great time and felt like a member of the team. Thanks also to my colleagues at ESSKA. I can confirm that this special fellowship with its extraordinary content and experiences for the surgeon has an important standing in the portfolio of sports medicine education worldwide.
ESSKA-AGA Joint Preservation Travelling Fellowship
17-29 March 2019 Germany – United Kingdom – Spain

Fellows:
ESSKA: Claudio Legnani (Italy)
AGA: Florian Freisleder (Switzerland)

17-19 March 2019 – Homburg, Germany
Our fellowship began in Homburg, Germany, at the Center of Experimental Orthopaedics. Prof. Henning Madry warmly welcomed us with a dinner. The professor introduced his work to us which mainly focused on investigating new strategies to regenerate damaged articular cartilage and restore joint function.

The following day we had the chance to see how this scientific work turned into clinical practice, visiting the operating theaters at the Department of Orthopaedic Surgery directed by Prof. Landgraebner and to visit the research labs. In the evening, Prof. Madry organized a fantastic symposium on Advanced Translational and Clinical Options for Joint Preservation at the Library of Saarland University Medical Center. That was a great opportunity for us fellows to present the work we do in our respective countries. Following this, the researchers of the Center of Experimental Orthopaedics presented their recent findings on cartilage regenerative medicine, including cell-based therapies and imaging strategies. At the end of this great day it was a real pleasure to have dinner together with researchers from all around the world!

20 March 2019 – Tübingen, Germany

The following destination was the nice city of Tübingen. There we met Dr Jürgen Fritz and we enjoyed a typical "Schwäbische" dinner during which Dr Fritz and his colleagues presented us their work. The next day we had the opportunity to see Dr Fritz perform several knee arthroscopic surgeries, including meniscal sutures, osteochondral transplants, and an innovative hydrogel-based chondrocyte transplantation. It was great to see such a skilled and experienced surgeon performing all these preserving procedures (and throughout the whole day, not a single meniscectomy was performed!)

21 March 2019 – Reutlingen, Germany

In Reutlingen, we visited TETEC® headquarters, where our host Dr Christoph Gaisser and his colleagues showed us how the industrial process takes place from the harvested tissue, to cell cultures, to the final products: a collagen matrix and a hydrogel-based chondrocyte transplantation to promote cartilage regeneration. After having seen the production process, we had the chance to experience for ourselves the properties, and the use of the products on a frozen bovine knee.

22-23 March 2019 – Nürnberg- Erlangen, Germany

We were received by Dr Markus Gelllein and Dr Stephan Vogt in Nürnberg where we had the opportunity to participate in the Knee Academic Course organised by the AGA. This interesting 2-day course was structured with lectures introducing surgical techniques for knee preservation and following this, practical sessions on cadavers where we had the chance to perform several surgical procedures including meniscal repair, MPFL reconstruction, ACL and PCL reconstruction with a tutor monitoring our work.

24-26 March 2019 – North Cumbria, United Kingdom

The evening we arrived, we were greeted by Dr Matt Dawson and his wife Jo and we enjoyed a wonderful dinner together in Penrith. The day after, we were immersed in a whole day of surgery about osteotomy around the knee. We had the chance first to discuss the planning of surgical operation with Dr Dawson and then take part in several complex osteotomy surgeries.

The next morning, we took the opportunity to visit the beautiful North Lake District while the afternoon was dedicated to the discussion of clinical cases, the long-term results of joint preservation followed by a scientific session. Again, a great chance for us fellows to share our work experiences from our respective countries. It was very nice of Dr Dawson to host us at his house for dinner where we were warmly welcomed by his whole family (including Walter the Dog of course!).

We were also able to discuss our own experiences about joint preservation and having some nice tapas in Barcelona with Prof. Monllau, Dr Hinarejos and all surgeons and residents of the Knee Unit. Our trip to Europe was concluded by a stunning visit of the Sagrada Familia Cathedral with Dr Hinarejos. The guided tour of the Cathedral was unforgettable and allowed us to get to know the secrets of the history of Gaudi’s Masterpiece. And how else would you call the restoration of the lower limb of a soldier of the Passion Facade if not a great example of joint repair strategy?

The goal of improving our knowledge was definitely fulfilled thanks to the great organization of ESSKA and AGA who chose us as surgeons and the centres of excellence.

Overall, this fellowship was a unique experience enriching our professional curricula, our personal networking around Europe, and it was extremely useful for the exchange of experiences with orthopaedic surgeons from different European countries.

27-29 March 2019 – Barcelona, Spain

The last stage of our trip was the city of Barcelona, Spain. We received a great welcome by Dr Pedro Hinarejos, Head of the Knee Unit of the Hospital de la Esperanza. The first day in the OR we assisted at an impressive surgical intervention by Prof. Joan C. Monllau - a technically demanding procedure of joint preservation including arthroscopic-assisted bi-compartmental meniscal transplantation and knee ligament reconstructive surgery in one stage. During the day, we had interesting case discussions and important surgical tricks-and-tips with all the members of the Orthopaedic Department. We were also able to discuss our own experiences about joint preservation while having some nice tapas in Barcelona with Prof. Monllau, Dr Hinarejos and all surgeons and residents of the Knee Unit.

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Affiliated Societies Corner

**The Romanian Society of Arthroscopy and Sports Trauma (SRATS)** is pleased to announce the completion of the 2nd edition of the KSSTA-SRATS Basic Science Writing Course on 30 March 2019 in Bucharest, Romania.

**Lecturer:** Prof. Michael Hirschmann  
**SRATS President - coordinator:** Assoc. Prof. Rodica Marinescu

Capitalizing on the success of the course organised during the 2018 SRATS Congress, a second edition took place on 30 March 2019.

The course was designed for young orthopaedic surgeons, aiming to improve their scientific writing skills.

Both editions were organized under ESSKA patronage, with the active involvement of Prof. Michael Hirschmann and Dr Lucas Moser. The course format was intended to be highly interactive starting from registration, when the participants were asked to send an abstract and a full paper on a research project of their own, to be reviewed. This project was the base of the course activity.

The primary focus was on writing the research abstract paper intended for publication in a medical journal, comprising of all steps from study design, data collection, literature review, data analysis and statistics, up until full scientific paper writing and abstract submission.

The twenty-eight participants, from orthopaedic residents to specialists, were organized in mixed groups, each helped by one of the five tutors to complete the course and workshop tasks.

They all found the course to be challenging, with an interesting combination of lectures and workshops, while allowing time for debates. More than 85% of them considered they have acquired new information during the course, 57% considered the course will significantly change their approach on scientific writing, 89% considered the course content and structure to be adequate, and all of them considered the lecturers to be extremely qualified.

SRATS will continue to promote similar courses, in the context of its academic activities.

**The Norwegian Arthroscopy Association Annual Winter meeting 2019**

The NAA’s annual winter meeting was arranged 1 - 3 February 2019 at Kvitjell Mountain resort in Norway. Every year 40-50 of our members join the meeting, which is arranged as a combined scientific and social event with a four-hour lunch break on Saturday for the participants to do alpine- or cross-country skiing. This year our guest-speakers were Andy Williams (Fortius Clinic, UK) and Martin Lind (Aarhus University Hospital, Denmark). Main topics were ACL reconstruction, patellar instability and shoulder instability. Williams spoke openly about his experience as an orthopaedic surgeon for Premier League players, and formed together with Lind and national speakers Thomas Harlem and Eivind Inderhaug the expert panel for the ACL-session.

Every year the Norwegian National Knee Ligament Register gives an update on the latest results and register studies. Also, members that during the last year have defended their PhD-thesis were invited to give a summary of their project. The Norwegian Association for Shoulder and Elbow Surgery is responsible for one session during the meeting and this year they arranged a case-discussion session where members were invited to bring their own cases to be discussed in plenum.

**SIGASCOT Watch & Try – Verona, Italy**

On 29-30 March 2019, top Italian knee-surgeons met in the beautiful setting of Verona, for the 4th Edition of “Watch & Try”.

With some of Europe’s best knee experts, the course focused on osteotomies around the knee and unicompartmental knee arthroplasty in high demand patients with early osteoarthritis.

The aim was to train participants in such surgeries. The course was divided into two phases: the first (Watch) had more than 15 recorded surgeries, and the second (Try) took place in the lab where participants had the chance to perform hands-on-training, using 18 cadaver-knees, under expert guidance. The overall aim was to share technical details and tips-and-tricks, making the participants more confident about this kind of surgery.

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KSSTA-SRATS Basic Science Writing Course Lectures, Tutors and Participants

ACL expert panel: Thomas Harlem (Haraldsplass Deaconess Hospital, Norway), Andy Williams (Fortius Clinic, UK), Martin Lind (Aarhus University Hospital, Denmark) and Eivind Inderhaug (Haraldsplass Deaconess Hospital, Norway).
Forthcoming Events

ESSKA EVENTS

ESSKA Speciality Days 2019
8-9 November 2019 – Madrid, Spain
www.esska-specialitydays.org

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

PATRONAGE EVENTS

ESSKA GRANTS PATRONAGE FOR EVENTS, MEETINGS AND COURSES, WHICH ARE ORGANISED BY OTHER ASSOCIATIONS OR COMPANIES, BUT WHICH WE CONSIDER MERIT OUR SUPPORT. HERE ARE FORTHCOMING EVENTS WHICH HAVE BEEN GRANTED PATRONAGE. A COMPLETE LIST IS AVAILABLE ON ESSKA'S WEBSITE, UNDER 'EVENTS':

International Child and Adolescent Knee Congress
13-14 June 2019 – Sheffield, United Kingdom
www.kidskneeconference.com

Rome Meeting on Arthroscopy “Complex and revision problems in joint replacement”
13-15 June 2019 – Rome, Italy
www.romemeetingarthroplasty.it

NVA Annual Meeting 2019
23 June 2019 – Amsterdam, The Netherlands
www.scopie.org/congress/iaaccongress-2019/

4th B&B Knee Course (in association with ASON)
21-22 June 2019 – Kathmandu, Nepal
bbhospital.com.np

34th Annual Meeting of the GOTS
27-29 June 2019 – Salzburg, Austria
www.gots-kongress.org

International Congress of Concepts and Innovations in Knee Surgery 2019
28-29 June 2019 – Vienna, Austria
www.ic-ci.austria

Arthroplasty Arthroscopy Course
01-05 July 2019 – Utrecht, The Netherlands
www.shoulder-elbow-knee.nl

Elbow Arthroscopy Event
05-06 July 2019 – Sassuolo (Verona, Italy
www.iclo.eu/courses/elbow-arthroscopy

The Northern Osteotomy Course
08-09 July 2019. Newcastle upon Tyne, United Kingdom
www.northernosteotomy.co.uk

FORTE Summer School
08-12 July 2019 – Milan, Italy
www.forteoortho.org

Cambridge Hip Arthroscopy Course
16-17 July 2019 – Cambridge, United Kingdom
www.smith-nephew.com

IX Jornada Lyonesa no Brasil
29-31 August 2019 – Rio de Janeiro, Brazil
www.alcjb.com.br

36th AGA Congress
12-14 September 2019 – Mannheim, Germany
www.aga-kongress.info

Lyon Hip Arthroplasty 2019
12-13 September 2019 – Lyon, France
www.lyon-hip-arthroplasty.com

Turkish Knee Surgery Traumatology and Arthroscopy (TUSYAD) Istanbul Spring meeting
27-28 September 2019 – Istanbul, Turkey
www.tusyadbahar2019.org

Knee Ligament Lesions: From the Trauma, to the Surgery, to return to Sport
27 September 2019 – Lugano, Italy
www.arsmedica.ch

Lisbon Foot & Ankle Clinical Biomechanics Course 2019 and Power Limb Deformity Correction pre-Course
27-28 September 2019 – Lisbon, Portugal
www.peetornozelo.pt

10th International Symposium of Knee Arthroplasty – 360° around the Degenerative Knee
4-5 October 2019 – Krakow, Poland
www.totalknee.eu

Current Issues in Arthroscopy, Knee Surgery and Sports Trauma (UASTKA)
9-11 October 2019 – Ivano-Frankivsk, Ukraine
www.uastka.org

MAT (Hungarian Arthroscopy Association) Symposium
18-19 October 2019 – Visegrad, Hungary
www.artroszkopia.hu

XXIV Congresso Nazionale SIA
24-26 October 2019 – Milan, Italy
www.siaonline.net

3rd Polish Arthroscopy Society Congress
24-26 October 2019 – Katowice, Poland
www.ptartro2019.pl

AMSTEL Course
21-22 November 2019 - Amsterdam, The Netherlands
www.acesamsterdam.nl

ASTAOR Sports Medicine International Congress
21-22 November 2019 – Moscow, Russia
www.astaor.ru

GRAAL Course – a decade for the short graft
28-29 November 2019 – Paris, France
www.geco-medical.org

XIV SPAT Congress
28-29 November 2019 – Braga, Portugal
www.spat.pt

Current Concepts on Knee OA from the cell to the metal
28-29 November 2019 – Parma, Italy
www.sigascot.com

2019 SFA Congress
11-14 December 2019 – Rennes, France
www.sfaarthro.com

4th Athens Shoulder Course
6-8 February 2020 – Athens, Greece
www.athens-shoulder-course.com

OTHER EVENTS

AOSSM Annual Meeting
11-14 July 2019 – Boston, MA, USA
www.sportsmed.org

ICRS 15th World Congress
5-8 October 2019 – Vancouver, Canada
www.cartilage.org

ISHA 2019
17-19 October 2019 – Madrid, Spain
www.ishaconference.com

2019 SFA Congress
11-14 December 2019 – Rennes, France
www.sfaarthro.com

4th Athens Shoulder Course
6-8 February 2020 – Athens, Greece
www.athens-shoulder-course.com

International Ankle Symposium
3-4 October 2019 – Amsterdam, The Netherlands
www.ian2019.amsterdam

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Current Concepts on Knee OA from the cell to the metal
28-29 November 2019 – Parma, Italy
www.sigascot.com

Artromost 2019
30 November 2019 – Moscow, Russia
www.artromost.ru

Ankleplatform Foot And Ankle Course in Shanghai
4 December 2019 – Shanghai, China
www.shanghaifootandankle.com
Dutch Arthroscopic Society Annual Meeting 2019

“New Indications in arthroscopic surgery for your practice or your patients”

21 June 2019 - The Netherlands

For more information and registration, please go to www.scopie.org

36th AGA CONGRESS
12 - 14 September 2019 Mannheim/Germany

TOPICS
• Around the joint: Periarticular pathologies
• Sports with arthroplasty
• How to measure joint function and results
• Tendon healing and tendon replacement
• Cell-based regenerative therapies
• Web-based patient care

PROGRAMME
• Video Session Hall
• 360° Arena for Discussion
• International Guest Societies: ESSKA, Danish Orthopaedic Society, SECEC-ESSSE

CONGRESS CHAIRMEN
Sven Lichtenberg, MD
Heidelberg/Germany
Philipp Niemeyer, MD, PhD
Munich/Germany

ORGANISER, CONGRESS OFFICE
aga@intercongress.de

AGA - SOCIETY FOR ARTHROSCOPY AND JOINT SURGERY
www.aga-online.ch

AFFILIATED SOCIETY OF ESSKA

Current Issues of Arthroscopy, Joint Surgery and Sports injuries

CURRENT ISSUES OF ARTHROSCOPY, JOINT SURGERY AND SPORTS INJURIES
12 - 14 September 2019, Mannheim/Germany
3rd Polish Arthroscopy Society Congress
24 – 26 October 2019
International Congress Center & Spidok
Piłac Slowacka Antalla 1
Kalwaria, Poland
www.ptartro2019.pl

Chair of the Organizing Committee
Dr. med. Iwona Chlewińska
Chair of the Scientific Committee
Dr. med. Maciej Dymarski
Dr. med. Jacek Szwast
Dr. med. Jacek Jeglikowski
Dr. med. Janusz Dycz

SIA.
Società Italiana di Artroscopia

21–22 НОЯБРЯ | NOVEMBER 21–22
Москва, Россия | Moscow, Russia
ASTAOR in cooperation with ESSKA-ESMA

2019

Preliminary registration
www.mediexpo.ru
www.astaor.mediexpo.ru
astaor@mail.ru

Sports Medicine International Congress

CURRENT CONCEPTS
LA GONARTROSI: DALLA CELLULA AL METALLO
Knee OA: from the cell to the metal

PARMA, 28-29 NOVEMBER 2019

CONGRESS CHAIRMAN
PAOLO ADRAVANTI

SCIENTIFIC CHAIRS
ALDO AMPOLLINI,
GIUSEPPE CALAFIORE

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Piero Volpi
Scientific Committee
Enrico Arnaldi
Giovanni Di Giacomo
Enrico Gervasi
Biagio Moretti

Scientific Secretariat
Vanessa Chiara
Phone: +39 340 5139487
segreteria.sia@kantiana.it
www.siaonline.net

Organizing Secretariat
Via G. Giorgini 16,
20151 Milano
Tel. +39 02 3343281
Fax +39 02 38002105
info@currentconcepts.it
www.currentconcepts.it
The ESSKA European Allograft Initiative – the data is published!
Tim Spalding¹, Peter Verdonk², Laura de Girolamo³, Romain Seil⁴, David Dejour⁵

¹University Hospitals Coventry and Warwickshire NHS Trust, Clifford Bridge Road, Coventry CV2 2DX, UK.
²Antwerp Orthopaedic Center, Antwerp, Belgium
³IRCCS Orthopaedic Institute Galeazzi Orthopedic Galeazzi, Orthopaedic Biotechnology Laboratory, Milano, Italy.
⁴Department of Orthopaedic Surgery, Clinique d’Eich-Centre Hospitalier de Luxembourg, Luxembourg, Luxembourg.
⁵Department of Knee Surgery, Lyon OrthoClinic, Lyon, France

Allograft technologies might be more expensive, and their sustainability needs to be justified in the world of rationing healthcare. The cost-effectiveness Health Technology Appraisal (HTA) was funded through the ESSKA Foundation. The journal publishes the fantastic work from Professor Waugh and his team from Effective Evidence and Warwick Evidence in UK who have compiled an extensive HTA report (full version will be on ESSKA website. The analysis is broken down into four succinct papers (7,8,12,13) with the first being a ‘primer’ report (14) describing the key elements of methodology in evaluating cost-effectiveness. We all need to understand this vital work – determining the values of what we spend and save, the permutations of treatments, and the ‘treatment model’ that makes the computations. We need costs of treatments saved, physiotherapy input and any potential delay to knee replacement, then we can apply the modelling to each of the clinical treatment questions.

We need comprehensive knowledge of the Basic Science behind allografts
The basic science of allografts - the biology of integration and the mechanical properties of allografts are analysed in two papers (2,9). Due to processing issues or a clinical failure, making a patient worse off by complications of infection. Recycling human tissue for the benefit of reconstructing injured joints is an appealing option.

First principle is understanding gathering economic data on allografts
The Allograft Initiative project provides awareness within our scientific community so we can recommend science-based options for treatment.
phases, and we need strategies to improve integration and survival of the allograft implants. This depends on the complex biological events at the host-implant interface.

- Mechanically, the key point is that tendon allografts are more vulnerable to overstretching in the phase of degradation compared to autografts, and this is due to a longer revascularization process that also starts later.
- That science underpins the clinical implication that grafts should tolerate high loads and that rehabilitation programs should take into account the longer time period required for full integration and maturation.

Clinical data

Allograft ligament reconstruction

- Information is published in clinical reviews about primary ACL reconstruction, revision ACL reconstruction and multi-ligament injuries [1,11].
- The current review on primary ACL reconstruction details the clinical results of use of non-irradiated sterilized graft tissue. Allografts are a suitable option for the older patients taking into account slower integration and the influence of chemical processing techniques.
- Caution still remains for use of allografts in the younger patient. Such patients tend to be more active and there is increasing understanding of the higher risks in this age group.
- The evidence is weak but allografts in the young are likely to carry increased risk of failure. This is an area for further comparative work.
- In PCL reconstruction and multi-ligament reconstruction the clinical results of using allograft tissue appears equal based on the current available data [11,11], and therefore the choice for using allografts is based on preference and cost.
- Allografts need longer rehabilitation due to the longer maturation of allografts.
- Pure cost effectiveness analysis is not showing use of allografts in ligament surgery to be favourable.
- Graft availability and donor site morbidity determines decision making in these clinical situations.

Osteochondral allografts

- Cost effectiveness for osteochondral allograft transplantation (OCA) is very high (B) with the cost per quality adjusted life year (QALY) much lower than many other treatments considered for chondral and osteochondral repair.
- Graft Initial costs are higher which means potentially off putting to funders - but the excellent long-term survival translates into a much higher degree of cost effectiveness. Its simple!
- Surgeons and funders need to take on board the value of such analysis when considering treatments that appear expensive at first sight but can result in very satisfactory outcomes (B).

Meniscal allografts

- It is very clear – clinical data clearly show the high degree of clinical effectiveness of MAT with a long history (A).
- BUT: Control data is however lacking on what happens to patients who have symptoms after loss of meniscus but who do not get MAT.
- We know that not every patient develops early onset of intrusive symptoms after meniscectomy – we know the long-term risk of OA after meniscectomy overall not just in the cohort of approximately 20% with early onset symptoms (A). This is an important area for further analysis.
- There is only one comparative randomised study on effectiveness available, designed as a pilot, indicating the complexity of designing randomized controlled studies in this area (B). It points towards a benefit, but longer-term data with more numbers is required, along with all the relevant costs of treatment.
- Associated chondral damage is also a confounding factor in MAT. Clinical reviews indicate a higher failure rate yet equal magnitude of gain in clinical scores where the graft survives.
- It is possible that MAT may be both less successful and more cost-effective in the more severe group because they have more to gain (A).
- Without treatment there may be some natural recovery or patients simply reduce activity and learn to live with the problem, and there is expense of non-MAT interventions of intensive phytotherapy or injectable biologics and these need evaluation in the post meniscectomy pathway.

What is next?

- The barrier of cost has to be balanced against the gains – the basis of cost effectiveness analysis.
- Scarcity of allograft tissue throughout the European community is obvious but Allografts are an important treatment option that should be available to every patient.
- Across Europe, it appears that patients do not have allograft tissues available while superior outcome and cost effectiveness have been proven with their use. We need better provision of allografts from European Tissue banks
- For too long supply and quality has been arguably low.

The special edition should impress the reader with useful information – not just in the knee but also for other regions such as foot and ankle (B). The next step of the initiative is development of consensus statements by the steering group and assessment by a larger rating group. The result will be specific statements and recommendations about the use of allografts in clinical situations at European level, that can be further agreed by representative surgeons and societies around the world.

Consensus and clinical data along with cost effectiveness will be powerful in our quest for good treatment. The EAI has been a productive and collaborative effort from ESSKA in achieving change. Barriers to using specific allografts remain too high – but look, we now have the data and critics who demand this information can be answered.

Without treatment there may be some natural recovery or patients simply reduce activity and learn to live with the problem, and there is expense of non-MAT interventions of intensive phytotherapy or injectable biologics and these need evaluation in the post meniscectomy pathway.

REFERENCES

Glimpses of the ESSKA leadership at the 12th Biennial ISAKOS Congress
12-16 May 2019 – Cancun, Mexico

1. Another excellent ESSKA Symposium at the ISAKOS Congress in Cancun
2. David Dejour, ESSKA President and Bruce Reider, Editor in Chief of AJSM at the ESSKA booth
3. AOSSM CEO Greg Dummer and ISAKOS CEO Sue Reimbold with ESSKA Executive Director Zhanna Kovalchuk
4. ESSKA President David Dejour speaking during the ESSKA Symposium
5. ESSKA President David Dejour with AAKA President Horacio Rivarola Etcheto and AAKA Vice-President Juan Pablo Presigliano
6. ESSKA President David Dejour and IOSSMA Past President Andri M.T. Lubis
7. ESSKA Symposium participants
8. International societies Presidents at ISAKOS
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