3. President Dejour’s Editorial: Why ESSKA did Speciality Days?!
13. Call for nominations for ESSKA 2nd Vice-President
14. Creativity and Hard Work; the Two Main Pillars of ESSKA
40. ESSKA Master Arthroscopist

44. 19th ESSKA Congress
6-9 May 2020 in Milan, Italy
52. ESSKA Affiliated Society President Interview: Doru Filipescu of SRATS

18. ESSKA Speciality Days
8-9 November 2019 - Madrid, Spain

DON’T MISS
ESSKA Speciality Days!
esska-specialitydays.org
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

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.

WHY ESSKA DID SPECIALITY DAYS?!

Between September and December, you cannot miss November in Madrid! It’s the Delicious Season, and the weather is Serene and Delicate. Our Dynamic Sections will be holding their meetings, but all on the Same Day, and at the Same Destination. Wow! What a way to Shake up Delivery, the way we have always done things!

This will be the first Speciality Days of ESSKA. It is not a “mini ESSKA-Congress”, so don’t make that mistake. It is a brand-new format for Science Delivery which our Dear Supportive partners, our sponsors, immediately understood and supported.

How does it work? Secret Discovery!

A famous town in Spain, in Such a Dynamic country! Madrid, an active orthopaedics city. A capital that ESSKA has never visited, with superb support from the locals, and across the peninsula. A venue and hotel perfectly adapted to our needs, in the heart of the town, with a perfect space for the four Sections around a central square, where everybody can meet, and network, and exchange views, even if they are from different Sections (oh yes, this will be encouraged …)

Each section will be colour-coded. Each section will strive to give their best - they’ve been working really hard - and focussing on just one or two topics. So the programme will be outstanding. Participants will leave with a clear new focus for their daily practice, and not just tips-and-tricks. Participants will leave with a clear new focus for their daily practice, and not just tips-and-tricks.

The meeting format

What could be simpler?!

• Orange will be for the Ankle Section AFAS
• Red for the Knee degenerative Section EKA
• Blue for the Shoulder Section ESA
• Yellow for the Sport Section ESMA

Just look for yourself!

AFAS Programme
EKA Programme
ESA Programme
ESMA Programme

Each programme will also have a “free paper” session, because we want our ESSKA family to step forward, and Show Development.

The challenge to industry and partners

There will be no formal exhibition, but plenty of Digital Substance on tabletops. The idea is that products and
Everyone will be on the same level, you will be able to chat and challenge the podium speakers, the industry representatives. Only the colour of your badge will show the colour of your heart. You can discuss science with our two Editors-in-Chief of KSSTA and the new JEO, and maybe they will commend your work in the free paper sessions and motivate you to publish in ESSKA’s journals.

We know that most of you have already opted for the first Specialty Days, because of the large number of pre-registrations, and the huge number of high-quality abstracts for the free-paper sessions. So we hope you will be able to look back and say:

“YES, I was in Madrid for the first SD!”

Enjoy our new meeting’s Sweet and Delicious formula, Step Directly into the Specialty Days of ESSKA.

We are counting on you!

Register today: www.esska-specialitydays.org

The number of submissions January-June was 880, which is almost similar to the same period last year (874). As of time of writing, we are close to 900 submissions. This, of course, means more work for our editorial team. We have, therefore, appointed four new Associate Editors — Sverre Löken (Norway), Eduard Alentorn-Geli (Spain), Tim Spalding (UK) and Sebastian Kopf (Germany). We really look forward to working with them and we are happy to welcome them to the Editor’s Team. Please see brief biosketches of the new Associate Editors below. Since Sebastian is now in a new position as Associate Editor, we have brought in two new Web-Editors, Elmar Herbst (Germany) and Mahmut Enes Kayaalp (Turkey).

It has been a while since our last KSSTA update and we feel it is time for one now.

KSSTA still stands strong with a consistent Impact Factor of 3.149 and we are happy with this. This is very similar to last year, and it is the 4th year in a row that we are in the 3+ category, indicating that we are stable in this range. At the same time, we need to aim for an even higher Impact Factor. This can only be done by accepting the very best manuscripts. This can be done by working with the editors and we are very happy to welcome them to the Editor’s Team. We have, therefore, appointed four new Associate Editors — Sverre Löken (Norway), Eduard Alentorn-Geli (Spain), Tim Spalding (UK) and Sebastian Kopf (Germany). We really look forward to working with them and we are happy to welcome them to the Editor’s Team. Please see brief biosketches of the new Associate Editors below. Since Sebastian is now in a new position as Associate Editor, we have brought in two new Web-Editors, Elmar Herbst (Germany) and Mahmut Enes Kayaalp (Turkey).

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**Fortius Clinic.** His specialist interest in reconstructive knee and German Society for Orthopaedics and Sports Medicine Orthopaedic Surgery, German Association of Traumatology, ISAKOS, AGA, German Association of Orthopaedics and both a reviewer and web-editor for the KSSTA journal. He is part of the Meniscus Consensus Group, as an ESSKA teacher from basic science study to clinical research questions is focused on ACL and meniscus related issues ranging from SFA. We signed the MoU during the Glasgow Congress and now have a KSSTA-Journal-Partner Programme contract in place. With this new collaboration, we are convinced that the journal and the societies will be strengthened, a win-win situation.

**Elmar Herbst**

Elmar Herbst is currently a resident specialising in sports medicine at the Department of Orthopaedic Sports Medicine, Technical University Munich, Germany (under Prof. Andreas B. Imhoff) and the Department of Trauma, Hand and Reconstructive Surgery University Hospital Munich, under Prof. Roland Becker. He is a specialist in knee ligament cases in the South-East region of Norway. He has been a consultant and now the Chair at the Sports Traumatology Unit, Orthopaedic Department, Oslo University Hospital. He is practicing knee sports traumatology, including cartilage repair, multi-ligament reconstr. bone, meniscal transplants, and osteotomies around the knee as well as hip arthroscopies. His team is treating the majority of knee dislocations in Norway and is a referral centre for complex knee ligament cases in the South-East region of Norway. He has been a team doctor of the Norwegian national rowing team and has had a previous athletic career in rowing and won a world championship medal at the 1984 Olympic Games. He is part of the Oslo Sports Trauma Research Center since its foundation in 2000 and has published 22 scientific articles and one book chapter with most of the articles related to cartilage research and hip arthroscopy.

**Tim Spalding**

Tim Spalding is a specialist knee surgeon in the UK at University Hospitals Coventry and Warwickshire NHS Trust and Honorary Associate Professor at the University of Warwick. He is a knee surgeon at the Fortius Clinic. His specialist interest in reconstructive knee surgery includes meniscal transplantation, arthroplasty, ligament reconstruction including multi-ligament injuries, and osteotomies. He trained at Royal Cornwall Hospital, Royal Naval Hospital Haslar, prior to a specialist orthopaedics and knee surgery fellowship in Toronto in 1994-1995. He qualified in 1982 from Charing Cross Hospital, London, and spent the final year of his training at the Royal Naval Hospitals and the Royal Navy. He joined Coventry in 2000 after five years as a Consultant in the Armed Forces. He has a busy sports knee surgery practice, runs a knee fellowship programme and continues to be very active in teaching and research, pioneering several new techniques. Nationally, he leads the National Ligament Registry collecting outcome on ACL surgery, while internationally he was the recent chair of the Ankle + Foot Injuries Committee of the ICRS, representing Europe at the International Foot + Ankle Congress. He is a regular invited speaker on knee ligament reconstruction and meniscal tear outcomes.

**Sverre Løken**

Sverre Løken graduated from Medical School University of Oslo and he underwent specialty training at Akershus University Hospital, Norway and Oslo University Hospital, Oslo, Norway. He is a specialist in general and orthopaedic surgery. He has been a consultant and now the Chair at the Sports Traumatology Unit, Orthopaedic Department, Oslo University Hospital. He is practicing knee sports traumatology, including cartilage repair, multi-ligament reconstr. bone, meniscal transplants, and osteotomies around the knee as well as hip arthroscopies. His team is treating the majority of knee dislocations in Norway and is a referral centre for complex knee ligament cases in the South-East region of Norway. He has been a team doctor of the Norwegian national rowing team and has had a previous athletic career in rowing and won a world championship medal at the 1984 Olympic Games. He is part of the Oslo Sports Trauma Research Center since its foundation in 2000 and has published 22 scientific articles and one book chapter with most of the articles related to cartilage research and hip arthroscopy.

**Mahmut Enes Kayaalp**

Mahmut Enes Kayaalp completed his medical training at the Istanbul University, Istanbul Faculty of Medicine, Turkey and Charité- Medical University, Berlin, Germany. He is currently working as orthopaedic surgeon in the Fortius Clinic. His specialist interest in reconstructive knee surgery includes meniscal transplantation, cartilage repair, ligament reconstruction including multi-ligament injuries, and osteotomies. He trained at Royal Cornwall Hospital, Royal Naval Hospital Haslar, prior to a specialist orthopaedics and knee surgery fellowship in Toronto in 1994-1995. He qualified in 1982 from Charing Cross Hospital, London, and spent the final year of his training at the Royal Naval Hospitals and the Royal Navy. He joined Coventry in 2000 after five years as a Consultant in the Armed Forces. He has a busy sports knee surgery practice, runs a knee fellowship programme and continues to be very active in teaching and research, pioneering several new techniques. Nationally, he leads the National Ligament Registry collecting outcome on ACL surgery, while internationally he was the recent chair of the Ankle + Foot Injuries Committee of the ICRS, representing Europe at the International Foot + Ankle Congress. He is a regular invited speaker on knee ligament reconstruction and meniscal tear outcomes.

He is the Senior Orthopaedic Surgeon at the Centre Hospitalier de Versailles in Le Chesnay, France and became the Chairman of the Orthopaedic department in November 2015, succeeding his mentor Prof. Philippe Beaureil. The Orthopaedic department of the Centre Hospitalier de Versailles is an ESSKA, SFA and ISAKOS approved teaching centre.

Prior to Centre Hospitalier de Versailles, Nicolas completed three separate clinical fellowships; a clinical shoulder and knee fellowship in 2005 under Prof. Pierre Chambat and Prof. Gilles Walch at the Centre Orthopédique Santy in Lyon, France, a shoulder fellowship under Prof. Philip Ahrens at the Royal Free Hospital in London and a shoulder and knee arthroscopic fellowship with Prof. Alain Lortat-Jacob and Prof. Philippe Hardy at the Ambroise Pare Hospital in Boulogne, France.

Nicolas is the current General Secretary of the French Arthroscopic Society (SFA) Board and the former chairman of ESSKA’s UARS Committee. Nicolas has written over 85 papers in international journals and given numerous scientific presentations. He wrote more than 40 chapters in referenced books, most of them being ESSKA books.

Our Associate Editor Rainer Siebold has “retired” from our Editor’s team after 8 years of very strong service. He has been a great help to me over these years assisting with papers related to cartilage injuries, ACL injuries, especially ACL injuries in children. We owe him a big thanks and wish him luck with his future plans. At the same time, also after 8 years of service, Stefano Zaffagnini has now moved to become Editor-in-Chief of the new JEO. We wish you luck Stefano. A little late but not forgotten: our KSSTA Best Reviewers 2018 have been announced. We are pleased to congratulate the winners: Sufian Ahmad (Germany), Hanna Björnsson Hallgren (Sweden) and Takeshi Muneta (Japan). We thank them profusely for their good work.

We also thank all our editorial board members who have been rotated for their input and good work and welcome our new editorial board members.

We have a few more changes in the editorial team make-up. We now have two Associate Editors from our ESSKA-Affiliated Societies: Peter Angeles from AGA and Nicolas Pujol from SFA. We signed the MoU during the Glasgow Congress and now have a KSSTA-Journal-Partner Programme contract in place. With this new collaboration, we are convinced that the journal and the societies will be strengthened, a win-win situation.

We welcome one new Associate Editor from the AGA: Nicolas Pujol is the representative of SFA in the KSSTA team and has earlier served the journal as a reviewer, an Editorial Board member and an associate editor. He was trained at the University of Lim in Germany, graduating in 1994.

His orthopaedic residency was spent at the spathopedic stature and in the Department of Trauma Surgery, University of Regensburg. Germany. He then took on the leadership of Professor Dr. Michael Nericich and became a board-certified specialist in Surgery, in Trauma Surgery and in Orthopaedic Surgery. In April 2008, Peter was appointed Head of Knee Surgery, and in 2011, he achieved a professorship position for “Regenerative Joint Therapy” at the University Hospital, Regensburg.

His research focus has been the treatment of knee injuries involving the cartilage, meniscus or ligaments. Another major research focus lies in stem cell differentiation for the future. In 2015, he received the KSSTA-Jon Karlsson Young Researcher Award in Scientific Clinical Science during the 2018 ESSKA conference. Elmar was a gold medalist for Arthroscopy and Joint Surgery, the ligament and public relations committees of the DKG – German Knee Society, and the scientific committee of ISAKOS – International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine. He was awarded as KSSTA best reviewer of the year in 2017.

**Peter Angeles**

Peter Angeles is the representative of AGA in the KSSTA team and has earlier served the journal as a reviewer, an Editorial Board member and an associate editor. He was trained at the University of Lim in Germany, graduating in 1994.

His orthopaedic residency was spent at the spathopedic stature and in the Department of Trauma Surgery, University of Regensburg. Germany. He then took on the leadership of Professor Dr. Michael Nericich and became a board-certified specialist in Surgery, in Trauma Surgery and in Orthopaedic Surgery. In April 2008, Peter was appointed Head of Knee Surgery, and in 2011, he achieved a professorship position for “Regenerative Joint Therapy” at the University Hospital, Regensburg.

His research focus has been the treatment of knee injuries involving the cartilage, meniscus or ligaments. Another major research focus lies in stem cell differentiation for the repair of cartilage and meniscus defects and translational research to apply this technology to orthopaedic patients. He published numerous original articles and book chapters in these areas.

Nicolas Pujol

Nicolas Pujol is the representative of SFA (French Speaking Arthroscopic Society) in the KSSTA team and will mainly be responsible for translations related to arthroscopy, meniscus and ligaments.

A little late but not forgotten: our KSSTA Best Reviewers 2018 have been announced. We are pleased to congratulate the winners: Sufian Ahmad (Germany), Hanna Björnsson Hallgren (Sweden) and Takeshi Muneta (Japan). We thank them profusely for their good work.

We also thank all our editorial board members who have been rotated for their input and good work and welcome our new editorial board members.

KSSTA has an “open-door” stance and we welcome all suggestions for the journal and our team so please feel free to email us with your ideas and feedback.
Did you Know?

ESSKA FULL MEMBERS CAN OPT TO SAVE THE PLANET AND ONLY ACCESS THE KSSTA JOURNAL ONLINE. NO MORE PAPER!

Sign-in & Save the Planet

Update the field “KSSTA delivery preference” to “Save the planet – online access sufficient”

or send an email to membership@esska.org with your name and the text “I wish to save the planet – online access sufficient” and we will update your preference.

JEO - We Accept Clinical Research Papers Now!

The Journal of Experimental Orthopaedics (JEO) was created as the official basic science journal of ESSKA with an aim to bridge the gap between orthopaedic basic science and the clinics.

As many of you are already aware, the ESSKA Board has chosen a path of expanding the scope of JEO and “rebranding” it in the future — the task of paving this path now rests on me and my new associate editors.

I take the relay baton from former Editor-in-Chief Prof. Henning Madry, whom I believe is owed a heartfelt thanks for the excellent work done in his years as the editor. He has led JEO to grow significantly and to establish itself in the panorama of preclinical orthopedics research, it is likely that the journal will obtain its own impact factor soon. We are, therefore, bequeathed a journal that is developing at a fast pace.

I would like to take the opportunity and introduce a new team of associate editors, who are excellent and established scientists. Laura de Girolamo is an expert in basic sciences, Sebastien Lustig – in biomechanics of hip and knee, Sufian S. Ahmad – in sport injury surgery and related rehabilitation, Jon Olav Drogset – in knee surgery and Yuichi Hoshino, who is an expert in ligament biomechanics and surgery. Last but not least Miguel Angel Ruiz-Ibán is an expert in sport medicine and shoulder surgery and has also volunteered to take care of the new web interface of the journal.

The editorial office, they are tireless workers as well. I am sure they will be an indispensable support for me and the whole team. We take it as a matter of prestige to take the reins of JEO, our commitment will be as high as our expectations.

To date, our intentions are to use a transition that will lead to integrating clinical research into a journal whose vocation until now has been focused on preclinical sciences. We expect this editorial policy to entice more and more researchers, both inside and outside of ESSKA, in wanting to publish their work in our journal, which will hopefully get more and more visibility in the years to come.

This change will happen gradually: the editors will take care of most of the review process for now but as submission numbers grow, more reviewers will be invited to work by our side. We will also look into adding other associate editors to fulfill every possible field of expertise.

Lastly, I’d like to emphasise what an honour and pleasure it is for me to be part of the “ESSKA family”. I believe that the trust they place in me is not only the result of us working side by side for years but also, and above all, of consolidated friendships. Among those friends a special thanks goes to Jón Karlsson, the Editor-in-Chief of KSSTA. My working experience by his side has taught me a lot and will be useful during this exciting new adventure.

We are sure that expectations will be fully met.

And now let’s get back to work...we have a lot to do!
ESSKA Academy

We hope you enjoyed the webcasts from the 18th ESSKA Congress so far on the ESSKA Academy. The abstracts and more than 700 scientific posters covering multiple topics discussed during the congress are also available.

Don’t miss out on the below planned webcasts!

18 September – SY04 AFAS: State of the art in peroneus tendon pathology
2 October – SY22 Meniscal repair: Outcomes in 2018
16 October – SY19 From acute simple to chronic stiff and unstable elbow
30 October – SY06 EKA: Planning of TKA
13 November – ICL20 Achilles Tendon Study Group: Return to play following achilles tendon rupture
27 November – ICL18 Sports injuries in the throwing athlete
11 December – SY23 ESMA: The management of the retiring professional footballer
27 December – DE02 Debate Arthroscopic PCL reconstruction: How many and what portals are needed for a safe reconstruction

Access to premium content – all webcasts and posters - are available to ESSKA members. Not yet an ESSKA member? Join ESSKA and enjoy unlimited access to all content!

ESSKA Core Curriculum Project

Project aims and summary
In 2016, ESSKA’s leadership produced a strategic plan for its future scientific education. At its heart was a competency-based Core Curriculum, which should regulate all our future activities, resources and priorities. Similar core curricula have been produced at an international level to ensure standards and training in many healthcare disciplines, and they have been robustly and successfully enforced. ESSKA intends, likewise, to delineate our core treatment competencies, at an appropriate level for ESSKA members (those who are practising within ESSKA’s area of expertise).

The Core Competency model and format
ESSKA’s Board established a Working Group for 2018-2019, whose first task was to produce a Competency Model. They divided competencies by Anatomical-Region, by Condition, and by Procedures (whether surgical or non-surgical). Consider the example below, for treatment of meniscus injuries and patella tendon ruptures.

ESSKA competencies model

Specialists should be able to independently assess, diagnose and select most appropriate treatments for each of the following conditions, and undertake procedures listed:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Surgical ($) and non-surgical ($) procedures (those with * for specialist centres only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meniscal injuries</td>
<td>Partial meniscectomy ($)</td>
</tr>
<tr>
<td></td>
<td>Meniscus repair ($)</td>
</tr>
<tr>
<td></td>
<td>Meniscus root repair ($)</td>
</tr>
<tr>
<td></td>
<td>Meniscus transplantation ($) *</td>
</tr>
<tr>
<td></td>
<td>Meniscal exercises (N)</td>
</tr>
<tr>
<td>Patellar tendon rupture</td>
<td>Patellar tendon repair ($)</td>
</tr>
<tr>
<td></td>
<td>Patellar tendon reconstruction ($) *</td>
</tr>
</tbody>
</table>
The Working Group structure
The Working Group was structured as follows:

Project Chair - ESSKA Educational Secretary, Martin Lind
Medical Education Consultant - Michael Ross
Administrators - ESSKA Executive Director, Zhanna Kovalchuk
ESSKA Educational Projects Manager, Joseph Ramesh

The chosen methodology
We decided to use the ‘expert-group method’ for creating content.
Expert groups were selected, which covered ESSKA’s seven anatomic areas.
They were selected from ESSKA Sections and Committees, and each included a representative from the ESSKA Board.
These expert groups were to produce their own specific subspecialty curricula to be discussed and revised by a consensus meeting attended by all the expert groups.
This would produce a draft curriculum, which would be evaluated by ESSKA membership, in two ways: by grading the various competencies for their relevance; and by deciding, in each case, upon a ‘desirable’ level of competence.
By this means, the Core Curriculum will reflect both the expert groups and ESSKA membership.

The Expert Groups
- Shoulder subgroup (Tom Ludvigsen, Emmanuel Antonogianakis, Giuseppe Milano, Mustafa Karahan)
- Elbow & Wrist subgroup (Raúl Barco, Michel van de Bekerom, Paolo Arrigoni)
- Hip & Groin subgroup (Bent Lund, Nicolas Bonin, Filippo Randelli)
- Knee Arthroscopy subgroup (Vincenzo Condelli, Marco Bonomo, Romain Seil, Martin Lind)
- Degenerative Knee subgroup (Sufian Ahmad, Simon Donell, Roland Becker)
- Foot & Ankle subgroup (Daniel Haverkamp, Ákos Kynsburg, Thomas Bauer, Hélder Pereira)
- Sports Medicine subgroup (Henrique Jones, Mike Carmont, Werner Krutsch, Jacques Menetrey)

How the curriculum was developed
Summer of 2018

Expert groups were set up, and each expert group began to ponder their own specialization, and competencies (based upon conditions and procedures).

This was followed by online meetings with the education consultant, to clarify aims, to discuss any questions or issues, and generally to agree upon a modus operandi.

Autumn of 2018

Each expert group drafted its own core curriculum, for its own specialization.
These were shared and discussed with the rest of his group and the education consultant, to produce a draft set of competencies, for each expert group.

November 2018 in Athens

At a consensus meeting the different expert groups’ curricula were discussed in detail, including their overlaps and inconsistencies, and were then combined into a single complete draft curriculum.

Between December 2018 and February 2019

An online questionnaire was then produced, and piloted with the Working Group, and after modification it was presented to ESSKA’s Membership, as an online survey, which examined each competency in its turn, for its relevance and importance.

May–June 2019

The Core Curriculum survey was completed.

August to Sept 2019

The survey findings will now be analysed by the Education Consultant and the Working Group, who will agree upon alterations, additions or subtractions. A Final draft of the Core Curriculum will then be submitted to the ESSKA Board for approval. After approval, it will be written-up for scientific publication by KSSTA, and then disseminated. It is also planned to publish the curriculum development process, the chosen methodology.

It is expected that the ESSKA competency Core Curriculum will give direction and strength to all of ESSKA’s educational activities, and that, in future, all ESSKA courses and ESSKA fellowships will knowingly fulfill the various aspects we have identified. The Core Curriculum will provide us with a detailed road-map.

Proposals for: the ESSKA Second Vice-President

ALL ESSKA MEMBERS ARE INVITED TO MAKE NOMINATIONS FOR THE 2020–2022 2ND VICE-PRESIDENT.

The ESSKA Nominating Committee is responsible for designating a new 2nd Vice-President from amongst the names suggested to them. The chosen candidate will be appointed by the General Assembly, during the Milan Congress in May 2020.

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

DEADLINE FOR THE APPLICATION AND/OR PROPOSALS OF NAMES:
15 OCTOBER 2019

Please address all proposals to ESSKA office, reference:
2nd VICE-PRESIDENT NOMINATION
ESSKA Executive Office
76, rue d’Eich L-1460 Luxembourg
e-mail: info@esska.org
Fax: (+352) 4411–7678

Or use the form available on the ESSKA website

ROMAIN SEIL
ESSKA Past-President and
ESSKA Nominating Committee Chairman

ROLAND BECKER
ESSKA 2nd Vice-President
ESSKA Nominating Committee co-Chairman
Creativity and Hard Work; the Two Main Pillars of ESSKA

This article is the first of three, which consider ESSKA’s historical foundations. The second article will see through Ejnar Eriksson’s eyes, and the third through Werner Müller’s.

Our present website describes how we keep our members at the forefront, by:
1. bringing together European orthopaedic surgeons, clinicians and scientists, and their various societies,
2. fostering research, practical techniques and experience,
3. organising courses, congresses and fellowship programmes, and
4. publishing KSSTA and JEO, as well as books, an online-academy and a newsletter.

These can all be traced back to ESSKA’s foundation, and we need to understand this, our deep history, when we plan our future moves. We are now enjoying strength and numbers, but not because of miracles. We owe it to hard-working individuals, who were also gifted with creativity. Of the many characters from ESSKA’s history, two stand head-and-shoulders above the rest: Professors Ejnar Eriksson and Werner Mueller.

After a request from President David Dejour, I undertook one of the most enjoyable tasks of my career. Together with my colleague Sarper Gürsu, I interviewed these legendary figures. Our aim was to trace the historical beginnings of ESSKA, from its birth as ESKA (with a single “S”).

Both interviews had the same format: a day-trip from Istanbul, to Basel and to Stockholm. And both interviews were intended bicycle tour to London, after high school, which pleased with their achievements. We learned about Ejnar’s academic struggles on a day-to-day basis, and Werner was delighted to guide us through the streets of Basel, and be photographed in front of his own high-school.

Naturally, their personalities are very different. We noticed this when they spoke of themselves and their strengths. Ejnar said of himself: “I have a gift people don’t evidently have; I can talk to audiences, and make them interested. I found that out ages ago, when I was invited to the United States.” Click here to hear Ejnar speak (I am a doer).

Whereas Werner observed: “My main aim was always to do good work; I did it when I became the chief in the new orthopedic service in Brüderholz. Whenever I had the chance I did anatomic dissections, and this was my strength.” Click hear to hear Werner speak.

Werner was very humble: “if it wasn’t for Ejnar, ESSKA wouldn’t have been founded at that time”. Having heard the story from both of them, and read the material, it is fair to say that ESSKA was founded because Ejnar had a gift: he could exploit opportunities with wit and daring.

Using film cameras during arthroscopy was only one of his innovations. When he spoke of his family background, we could understand how artistic ability could coexist in tandem with a solid academic style. His mother’s side has farmers. His father was a doctor who specialized in preventive medicine. No wonder that Ejnar worked so much to prevent skiing accidents.

How much sheer work must someone do, to be nicknamed “Gelenk Müller” (Joint Müller)? Because of this immense work-load, he was unable to write up his legendary book “Das Knie: Form, Funktion und ligamentäre Wiederherstellungs chirurgie”. The book was typed by his wife working into the late hours, after Werner had returned from work. Together with John A. Feagin, Werner also started the first Sports Medicine Travelling Fellowship programme, and was the very first godfather for the ESSKA’s travelling fellows in 1985.

As Ejnar often mentions, there was a hero behind the scenes: Günther Böhm, the Director of ICC in Berlin. When Ejnar was the president of FIMS, Günther Böhm asked him to do a congress at ICC. FIMS had already fixed their congress dates and location, so the offer was declined. But fate brought them together at a dinner in Berlin, whence Ejnar was flying to the USA. And that dinner planted the seeds of ESKA (that is, a European Society of Knee Surgery and Arthroscopy) and of its first Congress. Soon enough Ejnar invited orthopedic-surgeons from across Europe, which 12 surgeons became the initial advisory board. They met in Berlin in the spring of 1982 to talk tactics, and how to pool their resources. The talk went so well, they decided to stay overnight.

There were ESSKA’s Founding Fathers:
1. Ejnar Eriksson, Stockholm, Sweden
2. Werner Müller, Basel, Switzerland
3. Peter Hertel, Berlin, West Germany
4. Werner Müller, Basel, Switzerland
5. Peter Hertel, Berlin, West Germany
6. Theo van Rens, Nijmegen, Netherlands
7. Kurt Franke, Berlin DDR, East Germany
8. Jean Yves Dupont, Paris, France
9. Pierre Paoli Mariani, Rome, Italy
10. Peter Paoli Mariani, Rome, Italy
11. Wassilis Tsamantis, Athens, Greece
12. Felix Escalas, Barcelona, Spain

Their European Society of Knee Surgery and Arthroscopy (ESKA) was founded as a non-profit organization in Berlin in 1983. The founding members were Ejnar Eriksson, Werner Müller, Edward Lorden Trickey, Theo van Rens, Jean Yves Dupont and Peter Hertel. The first board was set as Werner Müller (President), Lorden Trickey (Vice-President), Ejnar Eriksson (Secretary) and Peter Hertel (Treasurer).

After that first congress, our sails were filled, and we left for the high seas ...
On the first of September, John A. Feagin MD, a surgeon of global influence, and widely beloved, passed away peacefully in his house in Jackson Hole, Wyoming. His memory will stay forever in the hearts and souls of orthopods, sports-traumatologists and sports-medicine doctors.

His personality was first of all characterized by respect for every human being, whether high-ranking and established, novice-student or a patient. This ethic, let’s say, his humanistic philosophy, was an integral part of his modest personality. He was highly esteemed for his ability to recognise leadership-potential in young men and women, and inspiring them to successful, empathic leader himself. He was lifting up the others by inspiration, and not just himself.

After his success with the Travelling Fellowship, John became convinced, in 1986, by our European suggestion of a standardised-record following complex knee-ligament surgery. It just wasn’t good enough to record, say, 80/100 as a measure of success. It was those missing 20 points we had to work on and understand. John immediately embraced Fritz Hefti’s principle (in the OAK-system), of analysing the result under four headings—different functional and patho-anatomic categories—each of which had separate headings, and which enabled us to isolate the failures (and the successes). By starting the IKDC (the International Knee Documentation Committee), John brought US-Canadian expertise into direct contact with ourselves, and the result was a valuable consensus (the IKDC Form).

These were only two examples of John Feagin’s long list of successes, which affected ESSKA over the last three decades. But beside this kind of success as an organizer, John was a great gentleman, especially in his teaching and inspiration of young Sports-Medicine students and doctors, eager to learn from his great scientific experience and human wisdom. His passing is a great loss. We have lost an outstanding person, an unbelievable leader and teacher, a talent-finder and a scientist. We have also lost a most wonderful friend.

Requiescat in Pace

With deep regret, we announce the death of John Autrey Feagin Jr. John Feagin was a Complex Man, in the Aristotelian sense. His was a life of breadth, depth and dignity. Consider the 2004 valedictory, when West Point Military Academy—his true alma mater—inducted him into their Hall of Fame:

“An airborne artillery-lieutenant, who became the first active-duty Army officer to attend medical school; a battlefield-surgeon in Vietnam; a research-physician and innovative-bioengineer, whose published work has led to quantum advances in orthopaedic surgery; John Autrey Feagin, Jr. is the world’s leading authority on cruciate ligaments, and a pioneer in the practice of sports-medicine. John Feagin’s entire professional life has been one of unselfish contribution to the U.S. Army Medical Corps, the broader medical profession, and to the Nation.

A role model for young physicians, his extraordinary personal standards of competency, dedication to service, and compassion, transcend his international reputation as the world’s leading authority on cruciate ligament surgery. His is a consummate professional who epitomized the ideals expressed in the West Point motto: ‘Duty, Honour, Country.’ As a teacher, scientist, mentor, author, medical missionary, and humanist, John Feagin is truly a lion in his chosen field.”

As the last sentence declares, John Feagin was truly a lion in his chosen field.

However he was also a dear friend to ESSKA from the very beginning. As Werner Müller recalls, he attended ESSKA’s 1984 inaugural Berlin meeting and was much impressed by what he saw. When he returned to the ‘States, he announced that ESSKA would become a “future roaring giant in the world of sports-traumatology.”

He also acted upon his insight. He convinced his colleagues of ESSKA’s potential and together they found enough money for the very first Trans-Atlantic Travelling Fellowship between our then ESSKA and the established AOSSM. This was more than friendly competition across the water, and it was more than American generosity. It was John Feagin’s vision of co-operation-through-competition, something that could stretch into the future.

Thus began a long and fruitful relation with our friends-across-the-water. And it was all started by John Autrey Feagin way back in 1985.

As for his illustrious American career, that speaks for itself:

- Commander, The Keller Army Hospital at West Point
- Team Physician, the U.S. Olympic Ski Team
- Clinical Professor of Surgery, the Uniformed University of Health Sciences
- Eminent Professor of Surgery, Duke University Division of Orthopedics
- Chief of Orthopedic Services, Durham VA Medical Center
- International Medical Mission, work-leader, surgeon and advocate

None of this would have been possible without John’s character and personality. His virtues were the military virtues and for them we must look to his beloved army. At West Point, the elite Officer Academy for the US Army, he was taught leadership. How to inspire others to follow him without resentment but with something close to adoration. Also how to recognise the same quality in others and bring it out. He was also deeply loyal. He kept the-faith with those who had put their faith in him. He was clearly devoted to the military, but he was also faithful to Duke University which taught him medicine. He began his medical career at Duke, and there it ended. From Medical student to Eminent professor. What about his other Aristotelian virtue, that of modesty? He must have been born with this but his training made it powerful. It enabled him to put others at their ease, however humble their station; whether they were fledging medical-students, experienced surgeons, or humble patients. In every case, he brought out their best. His examination technique for example—his way of bringing out a patient’s history; and his extended technique of examination—these were worth many of our modern high-tech examinations such as MRI. And lastly, his practical side. At West Point Hospital—or perhaps earlier in Vietnam—he realized that sutured ruptured ACLs were not performing properly. They did not restore a fully stable knee and allow soldiers and cadets to continue. But instead of excusing himself, he simply created a research-group of orthopaedic surgeons to solve the problem (the still flourishing ACL Study Group).

For those of you who remember this exceptional Man, Duke Health Services have produced a timely video which we are sure you will enjoy.

The name of John Autrey Feagin will live on in our hearts and minds, amongst orthopedic-surgeons and the wider field of sports-medicine. We mourn him as an officer and a gentleman, an outstanding leader and teacher, and above all, as a dear dear friend.

Requiescat in Pace

In Memoriam, John Autrey Feagin Jr. 1934 - 2019
Registration Fee Includes:

- Meeting Documents
- Access to Your Speciality Meeting
- Access to the Other Speciality Meetings
- Access to the Industry Exhibition
- Access to the Hot Topic Debates
- Posters and Networking
- Lunch and Coffee Breaks
- Free Access to the ESSKA Academy

Thank you to our ESSKA Speciality Days 2019 Partners!
AFAS — Ankle & Foot Associates
FROM TRAUMA TO ARTHRITIS – WHERE DO WE STAND

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

HIGHLIGHT SPEAKERS
- James Calder
  UNITED KINGDOM
- Daniël Haverkamp
  THE NETHERLANDS
- Hélder Pereira
  PORTUGAL
- Alastair Younger
  CANADA

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

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

HIGHLIGHT SPEAKERS
- Matt Dawson
  UNITED KINGDOM
- Enrique Gomez Barrena
  SPAIN
- Pedro Hinarejos
  SPAIN
- Michael T. Hirschmann
  SWITZERLAND
- Nanne Kort
  THE NETHERLANDS

ESA — European Shoulder Associates
MASSIVE ROTATOR CUFF TEARS

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

HIGHLIGHT SPEAKERS
- Emilio Calvo
  SPAIN
- Andreas Imhoff
  GERMANY
- Giuseppe Milano
  ITALY
- Michael Hantes
  GREECE
- Bruno Toussaint
  FRANCE

ESMA — European Sports Medicine Associates
SPORTS INJURIES. NEW CONCEPTS!

PROGRAMME HIGHLIGHTS
- Performing arts and specific injuries
- Athlete Injuries
- Recover and improve performance devices: Myth or reality?
- Muscle Injuries

HIGHLIGHT SPEAKERS
- Luis Figo
  PORTUGAL
- Michel D’Hooghe
  BELGIUM
- Henrique Jones
  PORTUGAL
- Tim Meyer
  GERMANY
- Jordi Puigdellivol
  SPAIN
**8 November**
08:00–08:30 Welcome Coffee
08:30–10:00 Biologics

**10:45–11:45** ESSKA-AFAS summary of ICCRA consensus on the treatment of paediatric talar OCLs - best treatments and future technologies
**11:15–11:45** Sharing the “Take home messages” of each section
**11:45–12:00** Section Members’ Meeting

**9 November**
07:30 – 08:15 Free Papers - Breakfast Session
08:00–08:30 Welcome Coffee
08:30–10:00 Imaging modalities and analysis techniques for the measurement of lower limb alignment
**10:45–11:45** Free Papers
**10:45–11:15** Spanish Breakfast Break

**10:45–11:15** Sharing the “Take home messages” of each section
**11:15–12:00** Section Members’ Meeting

**Discussion B Cases**
15:00–15:45 Free Papers
15:45–16:30 Coffee Break / Hot Topic Debates
16:30–17:30 Symposia: stabilometries in the young and active population
Calc or tibial osteomies, which work?
A. Younger (Canada)
Is fusion or arthrodesis an option?
E. Hurley (Canada)
Management of the acute injury
C. Pearce (Canada)
Management of the chronic injury
A. Younger (Canada)
How to deal with the deltaloid injury
D. Haverkamp (The Netherlands)

**Discussion B Cases**
18:00–19:00 Networking Reception

**Scientific Programme Chairs**

- **James Calder**
  Section Chair, **Scientific Chair**
  **UNITED KINGDOM**

- **Daniël Haverkamp**
  **Scientific Chair**
  **THE NETHERLANDS**

- **Hélder Pereira**
  **Scientific Chair**
  **PORTUGAL**

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**Scientific Programme Chairs**

- **Nanne Kort**
  Section Chair, **Scientific Chair**
  **THE NETHERLANDS**

- **Michael Hirschmann**
  **Scientific Chair**
  **SWITZERLAND**

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**EKA — European Knee Associates**

**CURRENT CONCEPTS FOR THE DEGENERATIVE KNEE - ALIGNMENT**

**8 November**
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E. Hurley (Canada)
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C. Pearce (Canada)
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How to deal with the deltaloid injury
D. Haverkamp (The Netherlands)

**10:45–11:15** Sharing the “Take home messages” of each section
**11:15–12:00** Section Members’ Meeting

**10:45–11:15** Spanish Breakfast Break

**11:15–12:00** Section Members’ Meeting

**10:45–11:45** Free Papers

**10:45–11:15** Spanish Breakfast Break

**11:15–12:00** Section Members’ Meeting

**Discussion**
10:00–10:45 Free Papers
10:45–11:15 Spanish Breakfast Break
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- **Nanne Kort**
  Section Chair, **Scientific Chair**
  **THE NETHERLANDS**

- **Michael Hirschmann**
  **Scientific Chair**
  **SWITZERLAND**

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**AFAS — Ankle & Foot Associates**

**FROM TRAUMA TO ARTHRITIS – WHERE DO WE STAND**

**8 November**
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**10:45–11:45** Sharing the “Take home messages” of each section
**11:45–12:00** Section Members’ Meeting
**ESA — European Shoulder Associates**

**MASSIVE ROTATOR CUFF TEARS**

8 November
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
A. N. Beitzel (Switzerland)
Critical shoulder angle: does lateral acromioplasty have a role in preventing re-rupture?
G. Nourissat (France)
Fatty infiltration and muscle atrophy: what does it mean and what happens after repair
M. Aramberri (Spain)

10:00–10:45 Coffee Break / Hot Topic Debates
G. Milano (Spain)
R. Hackney (United Kingdom)
M. Aramberri (Spain)

10:45–11:45 Sharing the "Take home messages" of each section
A. Krutsch (Germany)
O. Celada (Spain)
M. D'Hooghe (Belgium)
R. Pereira (Spain)

11:15–11:45 From the field ...to the field retired players, prevention principles and results
A. Korolev (Russian Federation)
F. Delpielle (Spain)

Scientific Programme Chairs

Giuseppe Milano (Italy)
Nuno Gomes (Portugal)
Ladislav Kovic (Slovakia)
Frank Martetschläger (Germany)

**ESMA — European Sports Medicine Associates**

**SPORTS INJURIES. NEW CONCEPTS!**

8 November
08:00–08:30 Welcome Coffee
08:30–09:15 Complications and Failures
08:45–09:15 Welcome Coffee
09:15–10:15 Neuroimaging - what did we learn until now?
A. H. Horse Performers
M. Carmont (France)
C. Dance
P. Papadopoulos (Greece)
J. Kany (Poland)
B. Klos (Turkey)
A. Horse Performers

10:45–11:45 Massive RCT and patient specific rehabilitation in sportsmen
E. Tavare (Sweden)

Scientific Programme Chairs

Henrique Jones (Portugal)
Hermann Mayr (Germany)
Jacques Monetrey (Switzerland)
Werner Krutsch (Germany)
ESSKA Specialty Days
With summer behind us there really is only one important moment between now and Christmas – ESSKA Specialty Days in Madrid, where AFAS Section is holding a meeting From Trauma to Arthritis – where do we stand!

AFAS is fortunate to have secured some outstanding speakers – they are well-known to the international stage but we have designed the format to be combative and interactive rather than a purely lecture-based and dictatorial style from those of us with grey hair (or none!). I also very much hope that you will be there to join the lunchtime debates which have attracted a great deal of interest from industry who have helped keep the price of the meeting to a minimum.

We have had an unprecedented number of submissions to the open-paper session, so much so that we had to recruit 11 reviewers to assess the final papers for presentation! The quality of the abstracts was extremely high which means that the final ones selected will hopefully promote further debate and stimulate more research by the fastest growing sub-specialty within ESSKA.

Past and Future Meetings
We have finalised the practical arthroscopic and cadaveric surgery course that will be held in Munich in December. All places have already been filled and we look forward to a very productive and interesting course.

AFAS also provided lectures and sessions at the GRECMIP meeting in Marrakech – both from the Ankle Instability Group and the Achilles Tendon Study Group.

ESSKA-AFAS was represented by James Calder at the Brazilian Sports Arthroscopy Meeting in Rio de Janeiro. The event had 650 delegates and was hosted by Dr Rodrigo Lasmar, the Brazilian national soccer team doctor who is a great supporter of ESSKA.

New techniques and research
Stéphane Guillo in Bordeaux (from the Ankle Instability Group) hosted Daniel Meyerkort an orthopaedic surgeon from Perth, Australia and demonstrated techniques in arthroscopic lateral ligament reconstruction. He then also hosted Mai Katakura from Tokyo, Japan showing her the French approach to this arthroscopic technique (Mai having previously been working with Prof Takao from the Ankle Instability Group and one of the initial developers of arthroscopic lateral ligament reconstruction).

Dr Katakura is currently on the ESSKA-AFAS Pau Golano Research Fellowship at Imperial College, London performing research into ballet injuries. She was also present when the Fortius Clinic London hosted Graeme Hopper from Glasgow for the ESSKA Chelsea FC Sports Trauma Fellowship in April 2019.

Congratulations to Francesc Malagelada for his publication in KSSTA on the Achilles tendon fat pad for work conducted during the Pau Golano Fellowship in 2017/18. He has subsequently been awarded a research grant from GREGMIP to conduct further research into this topic.

Chris Pearce, AFAS Secretary, has been making the headlines in Vietnam also demonstrating surgical techniques and arthroscopic lateral ligament reconstruction with live surgery spread across the local TV channels! He will be available to sign surgical scrubs in Madrid this November!

The arthroscopic techniques are certainly gaining traction in the treatment of lateral ankle instability and we need further research into this area particularly with regards to outcome studies. If anyone would like to take this forward perhaps with a multi-centre trial then this has to be a definite publication as I personally need this to support its use before we can justify its use in the elite athlete (Chad Purcell has just published a systematic review with Mark Glazebrook and myself concluding that at present the mini-open Broström repair remains the gold standard – this is, in my view, because there is lack of evidence for the arthroscopic technique not because the open is necessarily better!).

There is much to debate and promote for our new members who have recently joined AFAS and I hope that we can enjoy such discussions in Madrid this November. See you then!
Matteo Guelfi has led an international study reviewing the preferred treatment options for talar OCLs. There was an excellent response from AFAS members with Europe representing 42% of those surveyed worldwide. He and his colleagues have released the initial results here and the full publication will be presented at the ESSKA Congress in Milan in May 2020.

An interesting result is the fact that despite recent advances in techniques and expert guidelines, BMS (microfracture or nanofracture) is still the most common treatment for all OCDs, regardless of size and other characteristics. In small lesions (< 15mm²) BMS represents the treatment of choice for 78% of surgeons whereas in large lesions (> 15 mm²), despite dropping to 42%, it still represents the most used technique. Scaffolds (such as AMIC, Cartifill, etc.) are used to augment BMS by 7% of surgeons in cases of small lesions, while their use increases to 19% in larger lesions. Likewise, Mosaicplasty and OATS are poorly used in small lesions (4%) whereas they are the first choice of treatment for 16% of surgeons when treating a large lesion.

The depth of the lesion appears to have little influence on the choice of treatment. 71% of surgeons would choose the same treatment in small lesions and 68% in large lesions irrespective of the depth of the OCL.

Thank you Matteo and your co-authors (Jordi Vega, Francesc Malagelada and Miki Dalmau-Pastor) for your feedback and sharing the preliminary results.

One of the AFAS members has come up with an idea for those who may wish for an alternative to those lycra-clad members cycling for science from Glasgow to Milan. You can now “RUN FOR SCIENCE” from Glasgow to Milan via a free App. Simply sign-up and then link your profile to the ESSKA-AFAS challenge. It’s a bit of fun and there is a prize for the winner and also the most km run between now and the ESSKA Congress!!

Whilst writing this Daniël Haverkamp is in the lead - but not for long...

Thank you AFAS members for your contribution!

James Calder, ESSKA-AFAS Chairman

ESSKA-AFAS: Run to Milan!!

One of the AFAS members has come up with an idea for those who may wish for an alternative to those lycra-clad members cycling for science from Glasgow to Milan. You can now “RUN FOR SCIENCE” from Glasgow to Milan via a free App. Simply sign-up and then link your profile to the ESSKA-AFAS challenge.

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Whilst writing this Daniël Haverkamp is in the lead - but not for long...

ESSKA Section Chairman James Calder is also on his way!
1st Osteotomy Course of the Russian Knee Society in collaboration with the European Knee Associates (EKA), a Section of ESSKA, in Cheboksary, Russia

The 1st Osteotomy Course in Cheboksary was held on 19-20 June 2019. Cheboksary, a beautiful city on the Volga river, has one of Russia’s biggest centres for hip and knee arthroplasty. Besides a large expertise in the field, the centre is increasingly interested in osteotomies. This two-day course focused on the osteotomy around the knee. Three ESSKA-EKA speakers, Wolfgang Nebelung, Peter Brucker and Roland Becker were part of the international faculty, together with Nicolay Kornilov and Alexey Karpukhin from Russia. Thirty-five attendees from all over Russia came to the course, which was opened by Nikolay Nikolaev, the director of the University hospital, and a former Minister of Health from Tschuwaschien Republic. Different indications ideal for osteotomy as a single or combined procedure were discussed during the course. Osteotomy as a biological way of treatment for osteoarthritis should be considered prior to arthroplasty. Indication for such procedures have become more scientific over the last decade, and this has helped to correctly identify the patients and to achieve the best clinical outcome.

The University Hospital, which celebrates its 10th anniversary this year, is a well-appointed hospital, with six very modern high standard operating rooms. Two open wedge high tibial osteotomies were performed as live surgery, one by Peter Brucker and the other by Wolfgang Nebelung. Each step was discussed during the surgery, and it is always interesting to observe the surgeons’ preferences. The surgery was accompanied by thoughtful discussion with video and voice transmission from the operating room to the lecture room.

Beside the course we enjoyed amazing hospitality which included a boat tour on the Volga River, which is so huge that one gets the feeling of being on a big lake.

The European Knee Associates of ESSKA and the Russian Knee Society have developed a strong friendship, through their exchanges about Orthopaedics.

The 4th ESSKA-EKA All About Total Knee Course was held in Istanbul on 21-22 June 2019. The course used the excellent facilities of the Acıbadem University Kerem Aydinlar Campus, CASE Cadaver Lab.

The international faculty comprised Reha Tandogan (Course Chairman, EKA Secretary), Nanne Kort (EKA Chairman), Michael Hirschmann (EKA Vice Chairman), Phillipe Neyret (President of EFORT), Claudio Zorzi (EKA Education), Burak Bekzac (General Secretary of the Turkish Hip & Knee Arthroplasty Society), and Mustafa Karahan (ESSKA Board Member and ESSKA Academy Editor). Local faculty included Baris Kocaoglu, Alper Kaya, Gokhan Kaynak, Ersin Erzin, Gokhan Kaynak, Sarper Gursu, Hakan Cift; all academic orthopedic surgeons in teaching hospitals with associate professor degree or higher, and most of them ESSKA and EKA members.

The course was aimed at surgeons who wanted to perform or were already performing knee joint replacement surgery with assistance, and wished to become independent specialists. Twenty three delegates from 15 countries had an intense 1.5-day training with lectures, case discussions, sawbone workshops and, finally, performed a total knee joint replacement operation upon fresh cadavers, and under the supervision of instructors. The course started with a Kahoot quiz, which measured the delegates’ level-of-experience, and was followed by an intense training. The topics ranged from alignment methods to robotics, simple balancing techniques to complex primary knees. The delegates were able to interact with faculty, and cadaver surgeries were performed in groups of three delegates and two instructors per session. Delegates this year were from diverse countries, including Belgium, Spain, Russia, Portugal, Romania, Ukraine, Bosnia-Herzegovina, Iraq, Colombia, Egypt, Morocco, Poland, Iran, Saudi Arabia & Greece. The course closed with a post-course Kahoot evaluation. The winner of the post course evaluation, Michel Collette was awarded the “Unhappy Total Knee Replacement” book, generously provided by Michael Hirschmann. The Award for Best Lecture by the local faculty went to Gokhan Kaynak, who received a watch also generously provided by Michael Hirschmann.

The course was a great success, and positive feedback was obtained from the post-course evaluations. The majority of the participants rated the quality of the course as ‘useful’ or ‘extremely useful’ and would recommend this course to a colleague.
Pseudoparalysis: Do we treat the same condition?
Emmanouil Brilakis and Dimitrios Gerogiannis
3rd Orthopaedic Department, Hygeia General Hospital, Athens - Greece

Conflict of interest:
Emmanouil Brilakis and Dimitrios Gerogiannis declare that they have no conflict of interest.

Introduction
Pseudoparalysis of the shoulder has been one of the most debatable symptoms in recent literature. Different opinions have been proposed for the definition of this condition, ranging from active forward flexion less than 90 degrees due to massive rotator cuff (RC) tears [1,5,9] and active elevation [6]. The same controversy also exists regarding the treatment options. Several treatment options have been proposed including conservative treatment [7], partial repair of RC [12,13,14] and reverse total shoulder arthroplasty [1,5,9], tendon transfers [11,11] and more recently superior capsular reconstruction (SCR) [12,13,14]. The term pseudoparalysis was introduced by Gschwend et al. in 1981 when a correlation between massive RC tears and decreased active shoulder motion [13]. Massive RC tears (at least a combined tear of two tendons or a tear size of more than 5cm in dimension) comprise approximately 20% of all RC tears but the clinical presentation may vary [16]. Some patients preserve their function with full range of motion (ROM), limited pain and small restrictions mainly due to the loss of strength, while others present pseudoparalysis or nearly no shoulder active motion and severe pain. In order to use the term pseudoparalysis, neurologic entities as well as cervical radiculopathy or axillary nerve damage must be excluded as they could provoke true pseudoparalysis because of deltoid and other parascapular muscles dysfunction.

Definition
As far as the definition of pseudoparalysis is concerned, controversy exists in the literature. The shoulder inability for forward flexion could be described as a shoulder shrug, mainly produced from the scapulothoracic motion. In order to exclude pain as the main cause of the decreased elevation, a local anesthetic injection before the clinical evaluation has been proposed [6,12]. Recent articles [12,17] clarify the term ‘pseudoparalysis’ more rigorously. Burks et al. (2017) described the pseudoparalytic shoulder with 45° of elevation, unaffected passive motion, but also suggests that patients should also have a chronic massive cuff tear with atrophic onset. Moreover, they also mentioned that the massive RC tear should be combined with at least grade 2 fatty infiltration according to Goutallier classification. Otherwise the situation is categorized as a massive repairable cuff tear [17]. Tokish et al. (2017) proposed two different terms, ‘pseudoparalysis’ and ‘pseudoparesis’ [6]. The term ‘pseudoparalysis’ describes patients with massive RC tears with 0° of active elevation but full passive elevation with anterior-upper-superior escape, after injection of local anesthetic in order to eliminate the pain. The term ‘pseudoparesis’, which was first mentioned by Werner et al., describes patients with massive RC tears with less than 90° anterior elevation but normal passive motion and no anterior-upper-superior escape after the local anesthetic injection [6]. The authors also proposed the terms ‘external rotation (ER) pseudoparalysis’ referring to patients without active ER, ER lag and full passive ER and ‘external rotation (ER) pseudoparesis’ patients who can achieve active ER to neutral position but not in 30° of abduction. Burkhart et al. (2018) suggested a shoulder shrug as a shoulder with profound pseudoparalysis, meaning less than 45° of active elevation, with full passive elevation after an injection of local anesthetic, making no reference to chronicity of the tear or the presence of anterior-upper-superior escape [12,13]. Finally, Mihata et al. (2018) divided pseudoparalysis to moderate and severe [18]. ‘Moderate pseudoparalysis’ was defined as free passive ROM, less than 90° of active shoulder elevation but patients can maintain more than 90° elevation if the shoulder is brought to this position passively. On the other hand, “severe pseudoparalysis” was used for patients with free passive motion, less than 90° of shoulder active elevation and passive drop-arm test. Pain and a degree of muscle weakness could be a cause of the restricted active elevation in moderate pseudoparalysis; severe muscle weakness was highlighted as the main source of limited elevation in severe pseudoparalysis.

Treatment
There is not only controversy in the definition of pseudoparalysis but also in terms of treatment which ranges from conservative to surgical management. Partial or complete RC repair, superior capsular reconstruction with allograft or fascia lata autograft and reverse shoulder arthroplasty with irreparable RC tears in the recent years as solutions for patients with massive RC tears and pseudoparalysis. Other factors besides tear’s size, such as tendon mobility, fatty infiltration of RC muscles [22], tendon retraction based on Patte classification [22] and chronicity of the tear could influence the surgeons for selecting the proper treatment.

One study even showed that a 9 month rehabilitation program with strengthening of the anterior part of the deltoid muscle can improve forward elevation from 40° to 160° in patients suffering on massive RC tear [7]. However, these patients had significant pain which could be the reason of motion limitation. In those patients, the rehabilitation program, in addition to the local injections used, might increase the forward elevation by pain elimination.

Reverse RC repair can also be used for the treatment of pseudoparalysis in the case of massive tears without arthritis. Undoubtedly, the repair of a massive tear could be challenging even for experienced shoulder surgeons and advanced techniques, as anterior and posterior slides, maybe required. Denard et al. published their results for the treatment of pseudoparalysis (defined as less than 90° active forward elevation with normal passive ROM) with RC repair or follow-up, 93% reversal of pseudoparalysis was detected regardless of the tendon’s fatty infiltration. It should be mentioned that in the total of the patients with a fatty degeneration of grade 3 or more, pseudoparalysis was reversed. On the other hand, the duration of pseudoparalysis was relatively small (3-5.6 months before surgery) and acute in 80% of the cases. The percentage of pseudoparalysis reversal seems to be significantly different between primary and revision RC repairs. In a comparative study, 90% of pseudoparalysis was reversed in primary repairs compared to 43% in revision cases [8]. However, the mean duration of pseudoparalysis was significantly longer in revision cases (20.8 months) than in primary ones (4.6 months) and that may influence tendons’ reparability.

Recently, superior capsular reconstruction (SCR) demonstrates extremely promising results with active elevation of more than 45° and with normal passive motion in patients with ‘true’ pseudoparalysis [22,13]. SCR is documented to restore shoulder function in massive irreparable RC tears with osteoarthritic changes less than grade 3 on Hamada classification. The biomechanics of this innovative technique is the restoration of the superior instability of massive rotator cuff and positive drop-arm test. Postoperative constraint (20). This constraint represents the stable fulcrum which is amenable for deltoid normal function. Burkhart et al. studied the results of SCR, using allograft, in pseudoparalytic patients [22,13] and found that only 10% pseudoparalysis [22]. Pseudoparalysis was defined as an active elevation > 45° with full passive elevation after pain elimination with a local anesthetic injection. 90% of the patients (9 out of 10(10)) succeeded in restoring active forward elevation (from 27° to 160°). Only in one patient (10%) pseudoparalysis was not reversed, but this patient also suffered from cervical radiculopathy with deltoid weakness. Mihata et al. (2017) published their results for SCR in 27 cases and treated 3 patients with irreparable RC tears in the three groups and studied the results of SCR with fascia lata graft [22]. The three groups were: (1) No pseudoparalysis, (2) moderate pseudoparalysis with no stiffness and shoulder active elevation < 90° but no drop-arm sign and (3) severe pseudoparalysis with active elevation < 90° and positive drop-arm test. Pseudoparalysis was reversed in 96.4% of patients with moderate pseudoparalysis (27 of 28) and in 93.3% with severe pseudoparalysis (14 of 15). Both the patients who remained with pseudoparalysis had graft tears in the MRI performed. ROM and functional scores did not have significant differences among the three groups post-operatively. The authors concluded that SCR is able to reverse pseudoparalysis if the graft does not fail. Eventually, very recently Elhassan has published that reverse shoulder arthroplasty reversed pseudoparalysis in >90% patients [22]. This is also an innovative technique that should have reproducible outcomes in more studies and not only in the hands of the initiator of the technique described.

Reverse shoulder arthroplasty (RSA) has been stated as the ‘gold standard’ for the treatment of RC arthropathy. In the case of an irreparable RC tear and significant osteoarthritic changes, the reverse shoulder arthroplasty (RSA) should be considered. In a revision setting or case of an irreparable RC tear and significant osteoarthritic changes, reverse shoulder arthroplasty provides a reliable solution [23]. Rotator cuff dysfunction leads to an unbalanced force couple in coronal plane, resulting in superior migration of the humeral head from the deltoid pull. The “reverse ball and socket” design provides the stable fulcrum for assisting the deltoid to elevate the shoulder, while anatomic total shoulder arthroplasty and hemiarthroplasty cannot compensate this biomechanical instability and less satisfactory results have been recorded [24]. The indications for RSA have been widely expanded nowadays and the RSA has been stated as well as the ‘gold standard’ for the treatment of pseudoparalysis due to massive RC tear providing good outcomes in both, pain relief and motion restoration [16,18,19,24,25,26]. Many surgeons supporting RSA, propose a rehabilitation program which should start pre-operatively, even as long as 6 months. Werner et al. was the first who evaluated the results of reverse shoulder arthroplasty in patients with painful pseudoparalysis, defined as active shoulder elevation less than 90° with full passive motion, due to massive irreparable
The 3rd group include chronic painless pseudoparalysis, but the outcome is not predictable. The SCR demonstrates very promising results and includes chronic painful cases and the 3rd includes chronic pseudoparalysis. Thus, we can recognize 3 different clinical scenarios should be used as a guide in order to select the appropriate treatment option.

Authors’ conclusion and recommendations
Taking into consideration all the aforementioned literature, the definition of a patient as pseudoparalytic, describing the clinical presentation of a patient with massive RC tear when shoulder active forward flexion is less than 45° with full passive forward flexion, should be accompanied with the following information. If pseudoparalysis is the result of an acute injury or if it is a chronic situation and in the case of chronic pseudoparalysis, the period needed for a case to be characterized as chronic should be defined. Thus, we can recognize 3 different clinical scenarios with patients suffered by pseudoparalysis. The 1st includes patients with acute pseudoparalysis, the 2nd includes chronic painless cases and the 3rd includes chronic painless pseudoparalysis. In the 1st group of patients, it seems that every treatment option is able to reverse the condition providing good and predictable outcomes. In the 2nd group every treatment option used can potentially restore pseudoparalysis, but the outcome is not predictable. The specific characteristics that should be taken into account in order to predict the restoration of pseudoparalysis should be defined. SCR demonstrates promising results and taking into account the low complication rate, it seems to be a reasonable and reliable treatment option for patients of this group. However, the outcome must be reproducible in further studies. The 3rd group include chronic painless cases. In this group probably the RSA might be the only treatment option.

REFERENCES

Physiotherapists in ESMA
A Middle East Country Experience
Angelina Lukaszenko

Joining ESMA in 2017 was an amazing opportunity for me to broaden my scope as a physiotherapist. Since then, my ideas have grown, and with them my work projects. I started with a vision of popularising sports medicine, physiotherapy and training. Only ESMA provides such a holistic mix of sports medicine, surgery and training. Success with return-to-sports, either recreational or professional, requires much more than surgery. Teamwork can be really effective if we all have the courage and the interest, searching for knowledge in other fields. I am now more interested in improving the understanding of the surgical procedure, in more specifying rehabilitation programmes in order to improve training plans and recovering from injuries of our athletes. ESMA is giving me the opportunity to find that kind of knowledge, and then share it during worldwide conferences. Because of giving me the opportunity to find that kind of knowledge, plans and recovering from injuries of our athletes. ESMA is rehabilitation programmes in order to improve training under understanding of the surgical procedure, in more specifying in other fields.

At the moment I am working in a Middle Eastern country. The United Arab Emirates (UAE) is a multicultural and multi religious country, where respect for others, and especially for patients, is a priority. The biggest challenge for me in this country is the weather, which forbids going out and outdoor activity during the summer. High temperatures, above 45 degrees Celsius, tend to restrict one to air-conditioned homes and shopping malls. After summer, people begin to practice sports like running, soccer, cycling and swimming, but without preventive measures, and hence a real risk of injury. Prevention programmes in this region are essential to avoid injuries. However, cultural and religious differences need to be taken into account. For example, knee problems might follow from the different sitting habits, and also the "praying position", which might influence joint biomechanics and cause anterior knee pain. Given cultural and religious differences, we must find an appropriate prevention and treatment plan, for these specific conditions.

Freiberg Disease in competitive sports
Considerations about the disease and minimal invasive surgical treatment.

Henrique Jones
ESSKA-ESMA Chairman

Introduction
Avascular necrosis of the second metatarsal head was first described by Alfred H. Freiberg in 1914. Freiberg's disease is called an osteochondrosis most commonly seen in adolescent women (between 12-15 years old). It is rarely bilateral, and characterized by pain, swelling and motion restriction to the second metatarsal bone (68%). The incidence is significantly less in the third (27%) and fourth metatarsals (5%) bone (1). Freiberg's disease is reported to be the fourth most common osteochondrosis after Köhler's, Pan ner's and Sever's disease. While the etiology of Freiberg's disease remains obscure, repeated microtrauma is considered to be the cause for development of this disease (2). In young sportive people, mostly in girls, the pain and functional disability could be important and be responsible for sports incapacity, mostly in impact sports like running, walking, dance, jumping and triathlon (in our series).

Since the second metatarsal is the longest and the least mobile, excessive pressure on the metatarsal head can lead to impaired blood supply to the subchondral site leading to necrosis, and chondral collapse, accompanied by synovitis. If the synovitis is severe, it may lead to swelling and motion restriction, especially in extension (3). Subsequently, osteochondral fragmentation may occur at the metatarsal head.

Imagiology and classification
The initial investigation should be radiography of the foot (Fig.2). The pathology is classified according to Smillie in five stages starting with a subchondral fracture up to complete degenerative and collapse of the metatarsal head which causes deformation and arthritis (Fig.1).

Treatment, including surgery options
The early stages of this disease can be managed with semirigid orthoses, metatarsal bars and short leg walking cast. If conservative treatment fail, a wide variety of operative methods are suggested which can be used depending on the pathophysiology of the disease, including abnormal biomechanics, stage, joint congruence and degenerative process and, finally, sports involvement and sport competitive goals (4). Dorsal closing-wedge osteotomy and resection of the metatarsal head are two of best known surgical procedures both aggressive, and mechanical alteration techniques, in young people, mostly athletes (5). In this context, we describe an innovative surgical technique (nanofractures and Platelet Rich Plasma application through nanofractures multiple site catheters) in stage II and III of the disease in competitive athletes.

Clinical study
Surgery was performed under general anaesthesia, in 4 triathlon female athletes, with a mean age of 14.5 years (range 13–15 years), in the supine position with tourniquet control. One hour prior to surgery, single dose of 1 g first generation cephalosporin was used for prophylaxis. The metatarsal head was approached by a 2 cm dorsal incision through the metatarsophalangeal joint. Using the dorsal longitudinal approach, the extensor digitorum longus and brevis muscles of the affected toe were moved laterally following the medial excursion of the extensor tendons. The joint capsule is longitudinally incised and synovectomy was performed as well as head regularization and free bodies excision. Multiple nanofractures are performed with 0.65 K-wire and a 0.6 mm catheter was placed into the nano fractures side (Fig.3a). Platelet rich plasma (PRP) is made with Recover GPS III system, from Zimmer-Biomet, and, according with Paw classifications (6), it is classified as P3-A (platelets between 750000 & 1250000, exogenous

[Image 122x197 to 291x408]

[Image 305x197 to 473x408]
activation and leucocytes presence).

Rehabilitation and return to sports
No immobilization was used but partial weight bearing was allowed for four weeks only. Although proprioceptive training was allowed immediately. Rehabilitation includes also chirotherapy, joint mobilization, massage and strengthening exercises. Pool exercises, strength exercises and cycling between 4-8 weeks. From 12-16 weeks neuromuscular exercises and gradual running was allowed. All the athletes underwent clinical and radiographic follow-up at 2 and 4 weeks, 4 and 6 months and then every 12 months. Mean VAS pain score improved from 8.0 to 0/10 and total MTP joint range of movement was achieved. Remodelling occurred in all 4 joints (Fig.4). Return to competitive sports was allowed four months after surgery, without limitations.

Discussion
Freiberg disease could be an incapacitating injury for young competitive athletes. The precocious diagnosis is important in order to allow the adequate treatment (initially conservative treatment for about three months)

In initial stages, the decision aims to control symptoms, avoid negative evolution and allow sports participation. Our technique less invasive and more conservative, associating nanofractures, with PRP, appearing to be an interesting therapeutical option, (despite the few cases), leading to the resolution of the pathology and allowing early return to sports. It seems, according to the results of this small sample, that PRP promoted beneficial effects in osteonecrosis of the metatarsal head by stimulating angiogenesis and promoting beneficial effects preventing joint inflammation, cartilage destruction and bone damage, and stimulating the repair of joint tissue (7,8). These data suggest that PRP (the same way as in osteonecrosis of femoral head) may be developed as a novel method of treating initial cases of metatarsal head asseptic necrosis More studies, and cases, are needed to validate this technique

Pearls and other issues
• Caused by osseous infarction at the head of a metatarsal, exact etiology is unknown
• More common in young females and athletes
• Goals of treatment are early identification to place the athlete in conservative therapy to allow healing and prevent progression to advanced arthritis.
• Surgery must be as simple as possible and stage adapted
• Return to sports at the same level is the main goal

REFERENCES
ESSKA is pleased to announce a new and exciting competition

If you are familiar with «Master Chef» on television you will immediately grasp our idea!
Watch the promo video to know what you can expect!

Are you an orthopaedic surgeon or resident 30 years or younger?

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ESSKA Master Arthroscopist 2020

All three stages will take place in Milan

Stage 1: 6-7 December 2019 (training)
Stage 2: 6-7 March 2020 (training and elimination)
Stage 3: 5 May 2020 (final stage)

Questions?
Send an email to courses@esska.org or call the ESSKA office at +352-4411 7027

Subscribe to our YouTube channel to see the latest videos
ESSKA Basic Science Committee organised the first ESSKA Advanced Methodological Course “All about clinical studies and publishing” in Luxembourg on 14-15 June 2019. The Course had 17 participants from 8 different countries, both orthopaedic surgeons and scientists. We were grateful to have Romain Seil, ESSKA Past President and Zhanna Kovalchuk, ESSKA Executive Director, to introduce this new course.

Over two days, there were seven ESSKA speakers, all of them experienced in clinical studies and publication. Topics covered were the conduct of a study, the analysis of results, the writing of manuscripts, and oral presentation. There were four practical sessions, where participants could create a study synopsis, calculate a sample size, and present their project. There was also a dinner, where participants could sample typical Luxembourgeois cuisine and beers. All this fostered a friendly atmosphere.

We warmly thank the attendees for their participation, and the outstanding speakers for having produced such a successful course: Megha Agrawal, Managing Director of LIROMS; Giuseppe Filardo, member of the Cartilage Committee of ESSKA, Mustafa Karahan, ESSKA Board Member and Editor of the ESSKA Academy, and Jon Karlsson, Editor-in-Chief of KSSTA. We are already organising the next course, please check the ESSKA newsletter and website for news.

We look forward to seeing you there!

ESSKA Courses

ESSKA’s Advanced Shoulder Arthroscopy Course ALL about Instability & OTHER Glenohumeral Disorders took place on 27-28 June in Cologne, Germany. The faculty and attendees amounted to an impressive 20 nationalities!

The topics included: anterior and posterior shoulder instability management, arthroscopic bankart repair and remplissage, SLAP lesions, MDI, latarjet, bone block, management of early glenohumeral arthritis and much more...

As with all ESSKA courses, the faculty did an outstanding job in sharing their expertise, and ESSKA thanks them for their dedication and valuable time!

ZIMMER BIOMET

"Your progress. Your innovation.

Bruno Toussaint, France (Course Chairman); Nuno Gomes, Portugal; Paolo Avanzi, Italy; Bartlomiej Kordasiewicz, Poland; Evgeny Goncharov, Russia; and Maristella Saccomanno, Italy.

ESSKA would like to thank our corporate partner

for supporting this course.
Fashion Meets Science

Matteo Denti
ESSKA CONGRESS 2020 PRESIDENT
ITALY/SWITZERLAND

David Dejour
ESSKA PRESIDENT
FRANCE

IMPORTANT DATES
17 September 2019
Abstract Submission System Closes
11 September 2019
Registration Opens

HIGHLIGHT LECTURES

Einar Eriksson Lecture
ACL Reconstruction from the Past to Present
What Have I Learned from Ejnar
Matteo Denti (Italy/Switzerland)

Werner Müller Lecture
The Anterolateral Soft Tissues – fact and fiction
Andy Williams (United Kingdom)

NEW

19th ESSKA CONGRESS
6-9 May 2020
MiCo, Milan, Italy

Ci vediamo a Milano!
Matteo Denti
ESSKA CONGRESS 2020 PRESIDENT
ITALY/SWITZERLAND

See you in Milan!
David Dejour
ESSKA PRESIDENT
FRANCE

Watch now: Congress Teaser

esska2020@kit-group.org
www.esska-congress.org
We are delighted to announce that registration is now open for 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.

Watch now: ESSKA Cycle for Science 2020 teaser

Register Now

ESSKA CONGRESS AWARDS

KSSTA / JEO AWARDS 2020

KSSTA
Jón Karlsson
Young Researcher Award for Clinical Science
Award for the author who has published in KSSTA during the two years prior to the Congress and who is under 40

JEO Award for Young Researcher (Clinical and Basic Science Papers)
Two awards (one for Clinical Science Paper, one for Basic Science Paper) for authors who have published in JEO during the two years prior to the Congress and who is under 40

KSSTA Best Paper Award
Award for the best paper published in KSSTA during the two years prior to the Congress

JEO Best Paper Award
Award for the best paper published in JEO during the two years prior to the Congress

KSSTA Best Reviewer Award
Winner(s) selected by the Editor-in-Chief

JEO Best Reviewer Award
Winner(s) selected by the Editor-in-Chief

ESSKA SPECIAL AWARDS 2020

Alwin Jäger
Best Video Award
This award is for the best submitted video about technical procedures

Porto Award for Innovation in Arthroscopy
This award is given to stimulate research in arthroscopy. It recognises the excellence and innovation in arthroscopy

Award for Best Paper in Ligament and Biomechanics
This award is for the best paper about ligament healing and biomechanics in orthopaedic sports medicine

Young Researcher Award in Clinical Science
This award is for the best paper about Knee Surgery, Sports Traumatology or Arthroscopy. Authors must be under 40 years of age upon submission

ESSKA CONGRESS ABSTRACT AWARDS 2020

Theo Van Rens
Best Paper Award
Award for best scientific presentation amongst the six highest ranked abstracts in review process

Best Poster Award
Award for best posters accepted and displayed at the Congress across the following categories: Ankle, Knee Degenerative, Knee ACL, Knee Meniscus, Knee PCL/MCL/LCL, Hip/Groin, Muscle/Tendon, Shoulder, Elbow/Wrist, Cartilage, Basic Science

BSW Award
Grant for four Basic Scientists based on the excellence of the basic science abstracts

ESSKA-ON Foundation Partnership Award
This award is given for the best abstract in Orthoregeneration reviewed by a selected jury

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5 FUN FACTS ABOUT MILAN

From the article
10 Fun facts about Milan at routes.tips/blog

1 Milan used to be almost another Venice: a city of water

Once upon a time channels of Milan connected lakes Maggiore, Como, and the Ticino river with other waterways and the sea. There were five channels inside the city plus a circular channel connecting the radial ones. The construction of the whole system took up 700 years: between the 12th and 19th centuries. However, the first proposal to close the channels was made soon after the completion of the system. Eventually, in the 20th century only the Naviglio Grande, Naviglio Pavese and Naviglio Martesana were left uncovered with the rest of the water being put underground to give space to the automobile roads.

2 One of the most famous paintings in the world is located in Milan

Besides his well-known residency in Florence, Leonardo Da Vinci spent 17 years in Milan being involved in many city projects. He invented new machines and did a lot of painting. The Last Supper mural painting is located in Santa Maria della Grazie church. In case you don’t get the chance to visit it you can see numerous models of Leonardo’s machines in the Museum of Science and Technology named after him and situated not far from the location of the Last Supper.

3 The Milan Castle is a fake

The Castle was built in the 15th century by the Duke of Milan, Francesco Sforza. However, its contemporary appearance is mainly defined by the reconstruction undertaken in the 20th century by Luca Beltrami. Nevertheless, the interiors of the hall still feature the remaining works by Leonardo da Vinci and Bramante as well the Pietà Rondanini by Michelangelo. There are also a staggering museum of musical instruments and an open restoration lab for them.

4 Milan is the Fashion Capital

The city of Milan houses, in the so-called Quadrilatero d’Oro (the golden rectangle), some of the world’s best luxury, fashion and jewellery boutiques as well as workshops of many of the industry’s biggest names. The district for excellence in terms of the best creations and Italian designers.

5 The aperitivo is a Milanese tradition

The aperitivo is the Italian version of happy hour, but it’s less about cheap drinks and more about finger food and conversation. Most bars have an aperitivo between 7 and 9 pm, which includes a buffet of finger food and sandwiches when you buy a drink.

19th ESSKA CONGRESS
6–9 May 2020
MiCo, Milan, Italy
How to report a knee MRI - the orthopaedic view
We are asking your opinion about “Best Reporting” for Radiology, using the example of Knee MR Imaging. Please complete this quick survey, which should improve imaging-reports. This is a collaboration between AOSSM, SSR, ESSR and ESSKA.
Survey closes: 01 October 2019

Current surgical preferences and practice patterns regarding primary ACL repair among ESSKA members
This survey assesses the current surgical preferences and current practice among ESSKA members regarding anterior cruciate ligament (ACL) treatment and specifically ACL repair. The main focus of this survey is to assess the indications for ACL repair, the current or future technique for ACL repair and rehabilitation following primary repair. The objective is to get a better understanding of the current practice patterns on primary ACL repair and identify the experience of ESSKA members on this technique.
Survey closes: 14 December 2019

Visit to ESSKA’s Headquarters
As part of an official visit to the Centre Hospitalier de Luxembourg (CHL) Sport Clinic, Luxembourg Minister of Sports Dan Kersch and General Director of CHL Romain Nati met with ESSKA Past President Romain Seil and ESSKA Executive Director Zhanna Kovalchuk at the ESSKA headquarters in July 2019.
ESSKA presented the Minister with a book on Handball, his former sport.

From left: Romain Nati, Dan Kersch, Zhanna Kovalchuk and Romain Seil

Participate in our Surveys!
How to report a knee MRI - the orthopaedic view
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Survey closes: 14 December 2019

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on what is going on at ESSKA by following us on Facebook and LinkedIn, and subscribe to our YouTube channel to see the latest videos.

www.esska.org
As our first article about ESSKA’s Affiliated Societies, Dr Doru Filipescu, President of SRATS (Romanian Society of Arthroscopy and Sports Trauma) is interviewed by Octav Russu, Chair of ESSKA Under 45 Committee and ESSKA Newsletter Co-Editor

SPORT IS LIKE SURGERY. VERY CHALLENGING, VERY INTENSE BUT REWARDING.

IN THE END YOU HAVE A BEAUTIFUL RESULT.

IT’S INCREDIBLE AND VERY INTERESTING TO SPEND YOUR LIFE IN TWO DIFFERENT SOCIAL AND POLITICAL REGIMES.

Hello everybody, my name is Octav Russu, and I am Chairman of ESSKA’s Under 45 Committee. I’m here in sunny Bucharest, with Dr Doru Filipescu, a young president of a young arthroscopic society, the Romanian Society of Arthroscopy and Sports Trauma (SRATS), which is an ESSKA Affiliated Society. Hello, Dr Filipescu! It’s very nice to talk with you.

Hello. It’s nice to meet you. Every time we meet we are talking about how we began the arthroscopic society – not arthroscopic surgery, because when I began arthroscopic surgery you were, I think, a child.

Indeed. We are talking about a society which was founded in 2008, with 5 founding members, as far as I know. You were our first president, and we are so young that we’ve only had three presidents.

Dr Filipescu: You are the first past president. The second president was Cristi Stoica and the present president is Rodica Marinescu.

DF: Past-past president, yes, that’s right. You said that I am a young president, not very young. I am 65 years old, I don’t feel old. I feel very young and I can tell you that this part of my life, over 50, it’s the most interesting so far. Why? Well, there’s a lot of activity, not just medical activity but also others, and it is very important to balance the physical and working activities.

OR: You are saying that sports have played a major role in your life?

DF: In my life sports was and still is a very important part, a very useful part. I began my medical studies here, in Carol Davila University (Bucharest), after that I began my residency also in Bucharest, and later I worked in Saint John’s Hospital (Bucharest), mostly Orthopaedics and Trauma surgery. In that period there was a large gap between our possibilities and the possibilities of western countries. All that time I was doing sports; I began practicing sports when I was young.

OR: What kind of sports?

DF: Swimming at the beginning, for 2-3 years and after that water polo. Water polo is very important because it changed me not only physically but also mentally, and I also began to know how to work in a team. You could not do professional sports and at the same time study medicine, therefore, in the third year of university I had to quit water polo and focus on studying. Later I began to do other sports, such as tennis, which is now my favourite sport. Last year I founded the Romanian Medical Tennis Society, also a very young society, which organizes a Balkan tournament for tennis-playing doctors which will be held this year in a very nice town, Sibiu; talking about Sibiu I remember that there it was probably the first ESSKA Course with Dr Benedetto, I think more than 10 years ago...

OR: Yes, 1998. More than 20 years ago...

DF: The Balkan tournament for doctors is about 32 years old, and that is why you will see lots of cups in the picture. Besides tennis (2-3 times a week), I am doing other sports, such as water sports like wake board and kite boarding and also endurance motorcycling, through mountains; quite a hard sport, but it offers interesting, incredible, inaccessible landscapes.

OR: I am sure it must be challenging.

DF: It doesn’t happen every week, but mostly in autumn when nature is incredible… And of course there is skiing…

OR: It’s like surgery, very challenging, very intense, but it’s rewarding, in the end you have a beautiful landscape, a beautiful result.

DF: I still go each year to Val-d’Isère where a very well-known arthroscopy course is held; the fact that you are doing skiing and arthroscopy is something very, very useful and spectacular.

OR: Talking about arthroscopy, could you tell us please, how did the arthroscopy start in Romania?

DF: Very interesting, we’ve had some particular and interesting points… It’s incredible and very interesting to spend your life in two different social and political regimes. In 1989 we escaped communism; before ’89 it was spending some time with him was in the OR, so I asked for his book whilst we were operating, and he was very kind to offer it to me, together with his autograph. Every time I meet him, we remember that moment.

OR: Beautiful memories. Professor Müller is one of the most prominent figures in the field...

DF: It was my first contact with an ESSKA member and founder. Returning to Romania, we faced another problem, another important period, for arthroscopic surgery. We had no arthroscopists, no instruments, and no infrastructure to work with, and no industry as yet. Somehow, I found an optical system, originally from the German Democratic Republic (DDR), but without any other instruments. With
this I performed one or two arthroscopies, not more, practically removing a bucket-handle meniscal rupture with a scissors and a grasper, to remove the ruptured part. Step by step, we started to pressure some NGOs, and we got our first arthroscopic tower in 1992-1993, but just the tower, again without any instruments. Of course, there were no ACL screws at all or any other fixation devices. With models from abroad, we produced aims in a local factory from medical stainless steel and we bought online all sorts of arthroscopic parts like shaver blades, arthroscopic scissors, cannulas, which now are stored in our hospital, as museum memories... Step by step we started to assemble a normal arthroscopic setup, and I became Chief of Orthopaedics in my hospital, where I developed three OR’s dedicated only for arthroscopic surgery.

**OR** There’s another aspect I wanted to ask you. How did arthroscopy spread in Romanian sport medicine?

**DF** Really, after operating on famous Romanian athletes, and football players were coming to us, and after spending only one day in hospital after surgery, they were soon walking and running, it was an explosion, with sports papers writing a lot of articles about us... It was a lot of hard work, having so many patients. My waiting list at that time was about four to five months.

**OR** Practically you were the first one who was routinely doing knee arthroscopy: ACL reconstruction, menisci repairs...

**DF** Yes. In 1996, 1997 I also began to do shoulder arthroscopy as well, with simpler surgeries, Bankart and rotator cuff procedures... At that time I was not doing any more trauma or other orthopaedic surgery, being focused only on arthroscopy. In that period I spent a few weeks in the USA with Dr Barrett; he is an incredible guy who visited Romania many times and helped lots of young doctors to train in both arthroscopic and open knee surgery.

**OR** Are there any special aspects in developing the Arthroscopic Society (SRATS) in Romania?

**DF** Everything is special here in Romania. We began from nothing. We just rose up, having one and then two, then 10, then 20 doctors who were doing arthroscopic surgery. I was the first but I was not the only one. Step by step the others showed; arthroscopy was still mostly learned from abroad. We began to have a scientific movement. I tried to get some contacts with prominent ESSKA members of that time. There was Prof. Benedetto, Chief of ESSKA, and Prof. Fristch, and they were asking how many of us were doing arthroscopy in Romania? We were about 20, he said: “that’s not enough; you need more doctors to found a society and affiliate it to ESSKA”.

**OR** So five founding members in 2008?

**DF** Yes, five founding members, but in that moment not enough members to have a congress for Arthroscopic, Sports Medicine and Knee Surgery. We had to wait several years to have enough members to make a real congress. We are preparing for next spring our national congress with many international guests, important names in knee surgery, like the first two editions, congresses with over 300 participants.

**OR** We are at the end of the interview, and we thank Dr Filipescu for his time, for his nurturing the SRATS Society, for his important role in the society, and for affiliating SRATS to ESSKA. Do you have any final remarks?

**DF** I have to thank you for the opportunity of this interview and I thank ESSKA, because through ESSKA we can talk about many things of the Romanian Society of Arthroscopic and Sports Trauma (SRATS) and I think it’s important to be well known, that we also are growing. They helped our society to grow up with their very well-known names that came so many times in Romania.

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SEROD Update

Enric Castellet Feliu, SEROD President
Joan Leal Blanquet, SEROD Vice-President

SEROD’s Course 2.1.2. is for orthopaedic surgeons, in their second or third year of residency, and aims to instruct the different techniques and peculiarities of primary total knee prosthesis.

It is available for orthopedic surgeons from Spain, Morocco and Portugal, who are interested in Knee Primary Arthroplasty (the basic techniques of diagnosis, planning and correct implantation).

In Course 2.1.2, the theoretical and practical "basic differences" of a total Knee Arthroplasty will be learned, as a surgery-assistant in various hospitals.

Six cities have been chosen in Spain - Barcelona, Madrid, Málaga, Murcia, Santiago de Compostela and Sevilla - each of which has at least two hospitals, where knee prostheses are performed.

Each month, and on a rotating basis, two residents from different hospitals will visit one of these cities, for two days, and join the surgical team.

During their surgery-time, the different steps of a knee arthroplasty, surgical access, alignment of the cutting guides, order of the cuts, ligament balance, cementing technique and surgical closure will all be covered.

This is our 4th year of the programme, and we have dealt with 64 residents, and 25 hospitals throughout Spain, Morocco and Portugal.

This programme is financed exclusively by the Spanish Knee Society funds, without any industrial or public contributions.
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Forthcoming Events

ESSKA COURSES & EVENTS

ESSKA Advanced Knee Arthroscopy Course - ALL about Meniscus
17-18 October 2019 – Watford, United Kingdom

ESSKA KCL working group Course - Posterolateral Corner of the Knee. Learn all its secrets!
7 November 2019 – Barcelona, Spain

ESSKA Speciality Days
8-9 November 2019 – Madrid, Spain

ESSKA Advanced Knee Arthroscopy Course - ALL about Posteromedial & Posterolateral Laxities
21-22 November 2019 – Cologne, Germany

ESSKA Master Arthroscopist Competition (Round 1)
6-7 December 2019 – Milan, Italy

ESSKA Advanced Ankle Arthroscopy Course - ALL about Hindfoot Sporting Injuries
9-10 December 2019 – Munich, Germany

ESSKA Advanced Knee Arthroscopy Course - ALL about ACL
10-11 December 2019 – Munich, Germany

ESSKA Master Arthroscopist Competition (Round 2)
6-7 March 2020 – Milan, Italy

ESSKA Master Arthroscopist Competition (Round 3)
5 May 2020 – Milan, Italy

ESSKA 19th Biennial Congress
6-9 May 2020 – Milan, Italy

ESSKA COURSES & EVENTS

Lithuanian arthroscopy meeting: Current concepts: shoulder, knee arthroscopy
20 September 2019 – Klaipeda, Lithuania

The 7th Timisoara International Knee and Arthroscopy Course
20-22 September 2019 – Timisoara, Romania

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

Knee Ligament Lesions: From the Trauma, to the Surgery, to return to Sport
27 September 2019 – Lugano, Switzerland

Essential Concepts in Hip Arthroscopy
1-2 September 2019 – Cappadocia, Turkey

Lyon Hip Arthroplasty 2019
12-13 September 2019 – Lyon, France

PATRONAGE EVENTS

Patronage Events
ESSKA offers patronage for courses, meetings and events that would be of interest to its members. Events through June 2020 which have received patronage include the following:

36th AGA Congress
12-14 September 2019 – Mannheim, Germany

Lyon Hip Arthroplasty 2019
12-13 September 2019 – Lyon, France

ASTAOR Sports Medicine International Congress
21-22 November 2019 – Moscow, Russia

GRAAL Course – a decade for the short graft
28-29 November 2019 – Paris, France

XIV SPAT Congress
28-29 November 2019 – Braga, Portugal

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

European Basic Arthroscopy Course (EBAC)
29-30 November 2019 – Istanbul, Turkey

Artromost 2019
30 November 2019 – Moscow, Russia

Ankle Platform Foot & Ankle Course
4 December 2019 – Shanghai, China

6th Joint Preservation Congress
4-6 December, 2019 – Warsaw, Poland

2019 SFA Congress
11-14 December 2019 – Rennes, France

4th Athens Shoulder Course
5-8 February 2020 – Athens, Greece

BaseL Elbow Course
14-15 February 2020 – Basel, Switzerland

2nd Edition – Rome Shoulder Course: Revision and Difficult Cases
21 February 2020 – Rome, Italy

IOC World Conference – Prevention of Injury and Illness in Sport
12-14 March 2020 – Monaco

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Текст документа в форматі чистого тексту
**CURRENT CONCEPTS**

**LA GONARTROSI: DALLA CELLULA AL METALLO**

*Knee OA: from the cell to the metal*

**CONGRESS CHAIRMAN**

PAOLO ADRAMANTI

**SCIENTIFIC CHAIRS**

ALDO AMPOLLINI, GIUSEPPE CALAFIORE

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**PARMA, 28-29 NOVEMBER 2019**

**CONGRESS VENUE**

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Paganini Congressi
Spazi Ipogei,
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20151 Milano
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**FREE PAPERS**

deadline 30th October 2019.

“Advances in sports traumatology/ Avanços em Traumatologia do desporto”

“What’s new in Arthroscopic Surgery/ Atualizações em Cirurgia arthroscópica”

“Overload and overuse injuries. Where are we now? / Lesões de Sobrecarga e hiperutilização.”

- **SPAT President**
  - Lula Branco Amaral

- **Congress Chairmen**
  - Manuel Vieira da Silva
  - João Lourenço

- **Guest Speakers**
  - David Djour
  - Joan C Montalv
  - Jacques Menetrey
  - Jón Karlsson

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**XIV SPAT CONGRESS**

PORTUGUESE SOCIETY OF ARTHROSCOPY AND SPORTS TRAUMA

Fórum Braga

**28 November 29 BRAGA’19 PORTUGAL**

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**SFA 2019**

RENNES

DECEMBER 11-14

**PALAIS DES CONGRES**

**CONGRESS PRESIDENTS:**

Hervé Homazeru, François Xavier Gunepin

**SPECIAL CONGRESSES:**

- OSTEONECROSIS OF VALGUS TIBIAL OSTEOTOMY
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- FEMORAL ENDOPLASTY

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Curious about our fellowships?

Here is what our fellows have to say...

I had a great experience with great people and surgeons. I learned a lot of new things and got to see new techniques.

Ismail Karasoy (Turkey)
ESSKA Arthrex Sports Medicine Fellowship

This fellowship totally changed my point of view in all parts of my life. It gave me a chance to revise my thoughts about my future career, expand my knowledge, develop connections outside of my country and make new friends.

I was certain that I have gained experience that will have a positive impact on my future professional activity and I have learned a lot.

Mateusz Mackos (Poland)
ESSKA DePuy Knee & Shoulder Continuum of Care Fellowship

I would strongly recommend orthopaedic surgeons to apply for ESSKA fellowships.

Andreas Eftimos (Greece)
ESSKA-Alwin Jager Senior Fellowship

Do you have Questions about ESSKA Membership?

Our newly designed FAQ page will provide many answers. If you still have questions you can contact us at membership@esska.org

AJSM Hughston Award 2019

The American Journal of Sports Medicine’s Hughston Award for 2019 was awarded to Marie Askenberger, Eva Bengtsson-Moström, Wilhelmina Ekström, Elizabeth A. Arendt, Anna Hellsten, Christina Mikkelsen, and Per-Mats Janarv, for their joint paper “Operative Repair of Medial Patellofemoral Ligament Injury Versus Knee Brace in Children With an Acute First-Time Traumatic Patellar Dislocation: A Randomized Controlled Trial” The paper was selected as the “most outstanding” from the American Journal of Sports Medicine in 2018, and the award was presented in July 2019 at AOSOM’s Annual Meeting in Boston, Massachusetts, USA.

The Hughston Award is named after Jack C. Hughston, pioneer of orthopaedic sports medicine, and founder of the AJSM in the late 1970s. The award, which is annual, is for the most outstanding paper to have appeared in the AJSM during the previous year. It carries an honorarium of USD 5,000.

Our congratulations for this outstanding achievement.
Recent Events

7th AEA-SEROD Congress
22-24 May 2019 in Santander, Spain

AEA-SEROD’s Joint Congress is the most important Spanish-speaking event in Arthroscopy and Knee Surgery, with each event attracting over a 1000 professionals. This time, and thanks to both Boards and their Joint Committee of Congresses, there were world-renowned experts on hand, as well as invited companies from Latin America. For example, the Argentine Association of Arthroscopy (AAA), the Mexican Association of Articular Reconstructive Surgery and Arthroscopy (AMECRA), the Colombian Association of Arthroscopic Surgery and Articular Reconstruction (ACCART), the Association of Arthroscopic Surgery and Articular Reconstruction of Guatemala (ACIRAG), and the Latin American Society of Arthroscopy, Knee and Sport (SLARD). This participation made for a great success. We would like to mention, as highlights, the roundtables on shoulder, knee, hip, wrist and ankle, a roundtable of the young group of the AEA, and the LATAM Symposium. The congress had a total of 835 registrations; 511 of which were medical specialists, 53 were residents, 152 were speakers, and 119 were nurses. We are grateful to all participants, and to the industry, for making it such a success. The 28th Nursing Course, held on 23-24 May 2019, and organised by HUM Valdecilla, Sierrallana and Laredo Hospital, was also a success. We are proud to announce that the 8th Joint AEA-SEROD 2020 Congress will take place in Murcia on 27-29 May 2020.

SEROD Summary
One of the most important concerns of the Society board and the organizing committee is to increase the scientific level of the meeting. To do this, we intend to coordinate the participation of leading national and international speakers in each topic proposed for each session. Likewise, in recent years, there has been a greater preponderance of oral presentations, trying to give greater importance to the new scientific studies that young orthopaedic surgeons carry out in our country. In the same way, scholarships and awards have been increased on scientific works, to encourage the production of research on the most current topics. The number of courses and training activities have also been increased throughout the year, to try to get an excellent training for those specialists who start and need a refinement of the techniques acquired during the residency. We invite anyone interested in our training activities or our annual meeting to contact us, so we can manage this exchange of knowledge.

Enric Castelló Feliu, SEROD President
Joan Leal Bianquet, SEROD Vice-President

8th EAE Congress
29 May – 01 June 2019 in Athens, Greece

The 8th Panhellenic Congress of the Hellenic Association for Arthroscopy, Knee Surgery and Sports Traumatology (www.eae-net.gr) was held from 29th May to 1st June 2019. On the first day, a cadaveric-course was organised in Athens, at the Laboratory of Anatomy of the University of Athens. In this course, 48 trainees from four countries were tutored by 52 instructors, in basic and advanced arthroscopic knee and shoulder techniques, as well as open-knee osteotomy and uni-compartmental knee arthroplasty techniques. Over the next three days the main scientific program was held at the University campus in the famous city of Sparta, which is located at the southern part of mainland Greece. There were 226 participants and 91 presenters, from six countries. All this took 28 hours, with 16 round tables and 42 paper presentations. The faculty was Greek, with seven international guests. Among them was ESSKA’s President David Dejour, ESSKA Academy’s Editor Mustafa Karahan, and ESSKA Past President Rainer Siebold. The main focus was the diagnosis and treatment of sports knee injuries, and the presentation of advanced techniques for cartilage restoration.

Our society is constantly striving to improve the standard of arthroscopic surgery in Greece, and it has strong ties with ESSKA.

5th SRATS Basic Knee Arthroscopy and Basic Knee Arthroplasty Course
29-31 May 2019 in Tg-Mures, Romania

This SRATS international instructional course, organised under the patronage of ESSKA and in cooperation with ESSKA-EKA, was held in Tg-Mures in May 2019 in the new and modern building of the University of Medicine & Pharmacy Tg-Mures which was accredited as an ESSKA Teacher Centre in March 2018. Comprising a series of expert presentations, live surgical demonstration, workshops using saw bones and calf knee, the course programme addressed a wide range of important issues.

ESSKA faculty included Mustafa Karahan, Michael Hirschmann, Francesco Perdisa, Sebastian Kopf, Rudolf Hangody and Lucas Moser and also Romanian faculties from the main university centres - Bucharest, Timisoara, Cluj, Sibiu and Tg-Mures. The 3-day programme was as follows:

- Wednesday 29 May - the topic was basic knee arthroscopy for meniscus and ACL surgery which pre-operative basic considerations (patient selection, planning and timing for surgery for meniscus and ACL), operative technique (graft harvesting and fixation, tunnel preparation, tips and pitfalls) and post-operative management (rehabilitation, evaluation, complications).
- Thursday 30 May – focused on the basic course regarding the Knee Arthroplasty which included indication, surgical techniques, how to prepare the femoral, tibial and patellar component, tips and tricks of how to get started as a young resident for managing a knee arthroplasty.
- On both days experts panel discussion and saw bone and knee calf workshops took place.
The 4th Biennial BAKAST Congress 30-31 May 2019 in Minsk, Belarus

The 4th International Scientific and Practical Congress on Arthroscopy took place on 30-31 May 2019 in Minsk, Belarus, and was organised by the Republican Centre for Traumatology and Orthopaedics and BAKAST, under the patronage of ESSKA.

The Congress is already a tradition within Belarus. For this particular event, apart from the live issues of arthroscopy, there was a Master Class for specialists from Belarus presented by leading orthopaedic surgeons from Poland and Russia. Another distinctive feature was the online broadcast of all sessions and operations across the whole republic. This demonstrated up-to-date surgical methods of joint pathology treatment, for all Belarusian traumatologists and orthopaedic surgeons.

There were more than 150 delegates, including leading orthopaedic surgeons and traumatologists from all regions of the Republic of Belarus, the staff of the Traumatology and Orthopedics Department of Belarusian Medical Academy for Postgraduate Education and the country’s medical universities, as well as foreign specialists from six countries: Russia, Ukraine, Poland, Turkey, India, Georgia, and Turkmenistan.

To end the day, biologist Patrick van Veen gave an interesting talk about social primate behavior - how we act as primates at work.

The day was closed with some drinks and appetizers. We are looking forward to our 2-day 30th anniversary Congress next year, with many invited international speakers at the historic Grand Hotel Huis ter Duin at the dunes of Noordwijk.

Particularly well-attended were the talks which dealt with medical-team support during international championships, and the Olympics. Dr. Gerhard Oberthaler from Austria was elected as GOTS Sports Doctor of The Year.
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