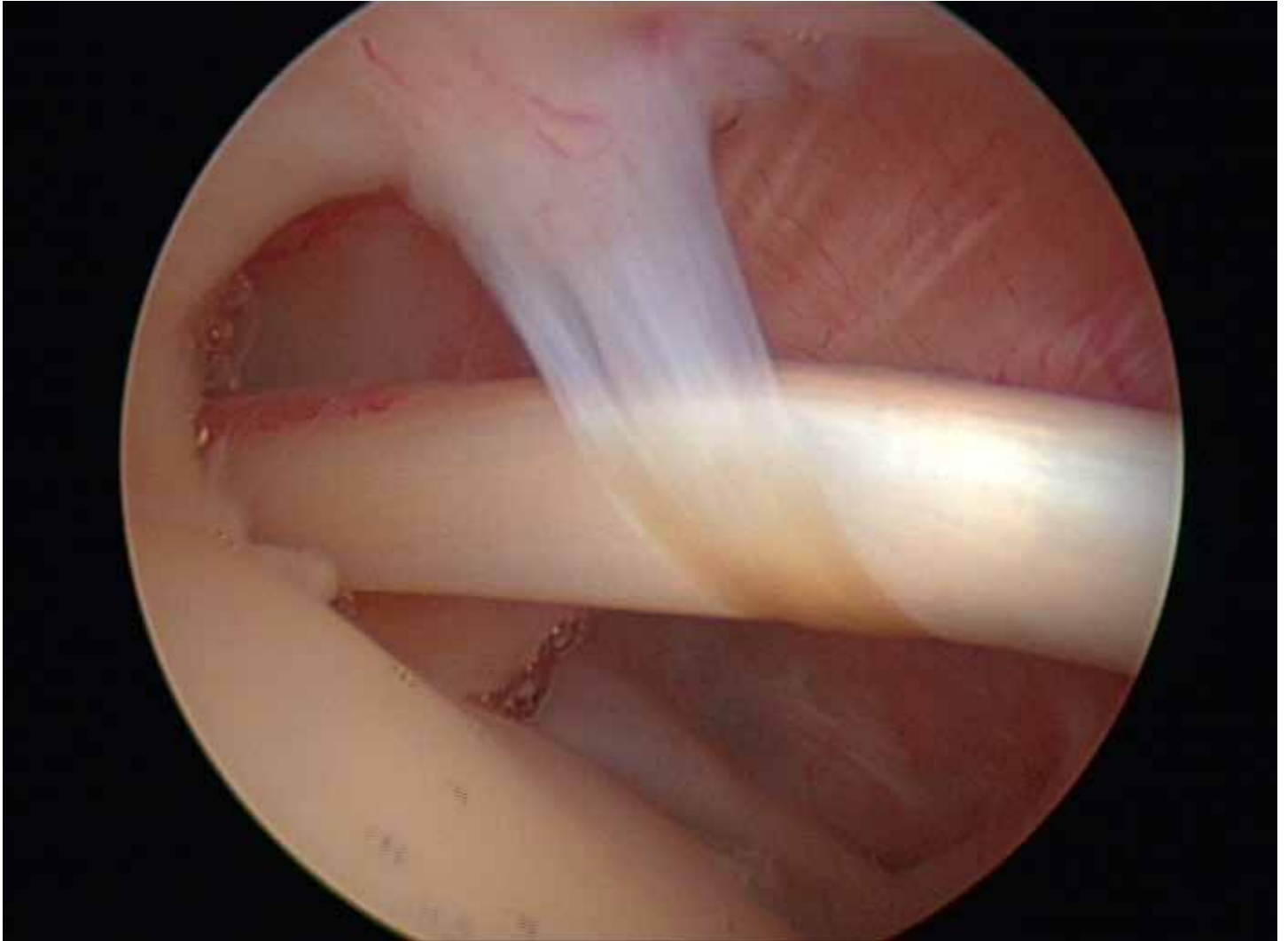


# ESSKA NEWSLETTER DECEMBER 09



## News

ESSKA Society  
Membership category for  
Resident's and PT's.  
ESSKA Nominating  
Committee.

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# Esska would like to thank its Platinum Sponsors for their continuous support:



#### Legend of Cover Picture

A "long head of the biceps, hammock like, vincula". This picture was a casual finding in an unstable shoulder of a 28 y.o. swimmer.

Courtesy Pietro Randelli MD, Milan, Italy

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#### THE ESSKA NEWSLETTER

is a biannual publication of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. ESSKA is representative of all the European nations for sports medicine, arthroscopy and knee surgery in the fields of research, education and communication. ESSKA welcomes members participation and suggestion to improve its high standards.



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# Abstracts Record



Lars Engebretsen, ESSKA President

We have a new record in abstracts submitted to the Oslo Congress June 9-12 2010: more than 1100 abstracts from all over the world- an increase of almost 300 from Porto! The scientific activity is indeed going full speed in ESSKA. Jon Karlsson and Jaques Menetry have put together a wonderful program assisted by the ESSKA Committees and the affiliated societies such as the European Board of Sport Rehabilitation (EBSR). Arendt, Victor, Woo and Bahr will serve as high light speakers accompanied by Werner Muller as the honorary Ejnar Erikson speaker. We will have the very best basic scientists in in Rocky Tuan on cartilage and Savio Woo on ligament and tendons. Surgical anatomy and dissection sessions for residents, sports medicine session at the Norwegian Olympic Center and the Oslo Sports Trauma Research Center will go hand in hand with early morning instructional courses, the lunch Industry technical sessions, live surgery from the Oslo University OR. And then of course all the prices and many festivities surround these well-earned winners. June is the best time of the year in Oslo- remember to take a stroll along the harbor, visit the new opera and the brand new Holmenkollen Ski Jump- in short: have fun!

This has been a busy summer and fall for the ESSKA Board and Committees. From the meeting in Osaka, we had a major Board meeting in Vienna during EFORT. Here we decided to restructure the editorship of the journal where Jon Karlsson runs the editorial part and Rene Verdonk the business part. Although our impact factor is on the raise and the new editors receive praise, we are looking for improvements both on the commercial side as well as the publishing side.

In Oslo you will receive a proposal for a new structure for our committees. This has been the suggested from the Knee and Shoulder Committees as well as from new affiliations which you will meet in Oslo. The idea is to give the committees larger freedom to run their educational activities with a strong support from the ESSKA Central office. Each committee will be able to have their own budgets based on their income from courses as well as from a basic ESSKA budget. This should increase the activity level by all parties and ensure constant development of ESSKA in Europe. This last year, many of the committees have been busy conducting meeting, consensus projects and symposia leading up to Oslo. You as an ESSKA member will benefit much from this by receiving the latest in books about the patella-femoral joint, the Achilles tendon and Treatment of cartilage lesions.

In Oslo elections on new ESSKA Board members will take place. We want this to be transparent. You are electing a new 2. Vice President which is in the Presidential line (will be President in 4 years). As Past President, Daniel Fritschy is heading the Nominating committee and as such should receive your proposals.



**Lars Engebretsen**  
President of ESSKA

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# The concept of AM- or PL bundle augmentation of the ACL



**Rainer Siebold, MD**  
ATOS Praxisklinik Heidelberg

The double bundle (DB) concept of the anterior cruciate ligament (ACL) increased our anatomical and biomechanical understanding of symptomatic anteromedial (AM) or posterolateral (PL) bundle tears. Depending on the injury pattern the patients demonstrate a wide spectrum of clinical symptoms. Recent interest focused on establishing pre- and intraoperative ways of assessing the different types of symptomatic one bundle tears in order to perform an individual ACL augmentation. Sparing intact parts of the ACL may have several theoretical advantages including better stability of the reconstruction, higher level of proprioception, increased anatomical accuracy of bone tunnel placement and faster vascularisation and rehabilitation. This may improve the clinical outcome for the patient. However, an ACL augmentation requires a precise diagnostic assessment of the injury pattern, arthroscopic anatomical knowledge and a careful augmentation while preserving intact parts of the ACL.

## **Incidence of one bundle tears**

A recent investigation focused on the correlation between injury mechanism, as evaluated by patient reporting, and injury pattern of the two ACL bundles, as evaluated arthroscopically [1]. The authors interviewed 121 patients and concluded that an AM bundle tear seems to involve a more explosive-type trauma predominantly in anterior direction whereas a PL tear might involve a less energetic pivoting injury with a rotation component. Ochi et al. [2] reported a series of 169 operative patients with ACL rupture. They found an one bundle tear of

the ACL in 10% of all cases; of these 2.5 % had a PL bundle tear. This finding is similar to our clinical experience, where we observe a symptomatic one bundle tear in approximately 8% - 10% of patients.

## **Clinical symptoms of one bundle tears**

Patients with a symptomatic AM bundle tear experience anterior instability with ADL or sports similar to a complete ACL tear. They usually demonstrate an increased (1+) anterior drawer test and a KT-1000 side-to-side difference of 2 mm to 4 mm. The anterior translation in the Lachman test might be rather small (0 to 1+) and the Pivot-Shift Test might be negative or only slightly positive (0 to 1+). In contrast patients with a symptomatic PL bundle tear complain of rotatorial instability with pivoting sports rather than of a significant anterior instability with ADL or sports. Often non-pivoting sports might still be performed without major problems whereas pivoting sports had to be given-up due to recurrent symptoms with rotatorial instability. Clinical examination of these patients might demonstrate a positive Pivot Shift test (1+) whereas the anterior drawer test is only slightly positive (0 to 1+) and a positive (1+) Lachman test. The KT-1000 usually shows a small side-to-side difference of 1 mm to 3 mm. In case of a combination of an one bundle tear with an elongation of the second bundle the stability tests might be of greater difference.

## **Radiographic Magnetic Resonance Imaging Scan of one bundle tears**

The intact double bundle structure and an one bundle tear might be demonstrated on a T1 and T2 weighted MRI on oblique sagittal, coronal and axial planes. However, a precise discrimination in AM- and PL bundles is difficult. In most standard viewing planes the AM bundle is easier to be detected, while detecting of the PL bundle is less frequent and has a lower associated reliability [3, 4].

## **Arthroscopic Assessment of one bundle tears**

The bundles are most often torn from their femoral insertion site or midsubstance with the other bundle intact or elongated. It might be retracted exposing the lateral femoral intercondylar wall. The arthroscopic examination is performed in various knee flexion angles to consider the different tensioning patterns of the two bundles. The AM has relatively constant levels of in situ forces during knee flexion [5] and might be best probed arthroscopically between 70° to 90°. In contrast the PL has high in situ forces between 0° to 30° of flexion [5] but unfortunately cannot be seen arthroscopically close to extension. Therefore it might be best probed in a "figure of four" position, because the PL bundle tightens up and the femoral PL footprint is usually rotated and exposed in the anterior aspect of the lateral femoral intercondylar wall. An intraoperative Lachman- and anterior drawer test under arthroscopic control might help to establish the right diagnosis.

## **Arthroscopic one bundle augmentation**

For anatomical graft placement the femoral bone tunnels is drilled through a low anteromedial portal. The technique is performed with the leg flexed on the operation table. The intact bundle and remnants of the torn bundle are preserved and used for orientation and bone tunnel placement. We use a doubled- or tripled autologous semitendinosus tendon for augmentation, which is looped over a femoral 15 mm EndoButton CL (Smith and Nephew Endoscopy, Mansfield, Mass., USA) or Retrobutton (Arthrex Inc., Naples, Florida, USA).

### AM bundle augmentation

For the tibial AM bone tunnel the drill guide is set to 60°. The intraarticular tip is positioned in the anteromedial part of the ACL insertion 4 - 5 mm lateral to the medial tibial spine of the medial tibial plateau and 4 - 5 mm posterior to the anterior rim of the ACL stump (which is also the anterior border of the AM bundle). The "Tibial Insertion Site Square Model" might be useful for additional orientation [7]. The center of the femoral AM bone tunnel is marked first with a microfracture ale in 100°-110° of knee flexion [8]. In this position the AM center is horizontal to that of the PL center and an average of 4 mm inferior to the "over the top position". Using the "Modified Lateral Clock Wall Model" the average AM center is at the 11 am o'clock position for a right knee or at the 1 pm o'clock for a left knee [8]. A lateral intraoperative x-ray is very helpful to control the placement of the tip of the microfracture ale in the femoral AM center. Then a K-wire is inserted through the low anteromedial portal in the marked AM center and the knee is flexed to a maximum of 130°. In this position the femoral AM bone tunnel is established with a headed reamer. Care should be taken not to injure the medial meniscus or articular cartilage of the medial femoral condyle.

### PL bundle augmentation

For the tibial PL bone tunnel the drill guide is set to 65°. The intraarticular tip is positioned in the posterolateral part of the ACL insertion an average of 4 - 5 mm medial to the lateral Eminentia intercondylaris and 4 - 5 mm anterior to the posterior root of the lateral meniscus [7]. The center of the femoral PL bone tunnel is marked with a microfracture ale in 100°-110° of knee flexion [8]. In this position the center of the PL insertion is horizontal to the AM center and an average of 5 mm posterior to the shallow articular cartilage of the lateral femoral condyle [8]. A lateral intraoperative x-ray control might be performed. Then the K-wire is overdrilled in 130° of knee flexion through the low anteromedial portal.

At the end of the procedure the graft is fixed with a 28 mm to 30 mm long tibial interference-screw in 10° of flexion for PL and 60° for AM.

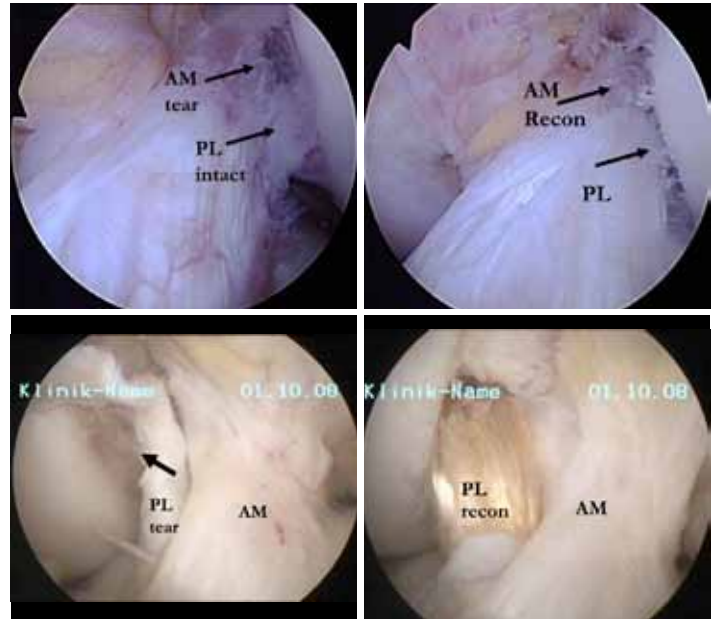
### Rehabilitation after one bundle augmentation

Patients often experience a faster rehabilitation compared to the "classical" single bundle- or double bundle operation. Running might be permitted from 8 - 10 weeks and sport-specific coordination and drills from four to five months. We recommend returning to full sports activity approximately 6 to 10 months postoperatively depending on the individual rehabilitation process.

### Clinical results of one bundle augmentation

Adachi et al. [9] compared 40 patients with selective one-bundle reconstruction to patients with complete ACL reconstruction. The ACL augmentation showed a significant better ap-stability and terminal stiffness. The side-to-side difference of anterior displacement measured by the KT-2000 was significantly improved to an average of 0.7 mm in the augmentation group compared to 1.8 mm in the reconstruction group. The authors concluded that ACL augmentation, which can preserve ACL remnants with mechanoreceptors, is superior to ACL reconstruction from the viewpoint of position sense and joint stability. Buda et al. [10] evaluated the mid-term MRI appearance of 28 partial ACL augmentations while preserving the intact ACL bundle. The mean IKDC score at 15-40 months follow-up was 93.8 points. Twenty-five patients were rated as clinically excellent and only three as fair. These reports

are reconfirmed by own preliminary results of a prospective case series. 12 to 16 months postoperatively the objective and subjective IKDC, Cincinnati Knee Score and KT-1000 increased significantly from preoperative to follow-up in all patients.



### Conclusion

The anatomical double bundle concept changed the way of assessing and treating symptomatic one bundle tears of the ACL. The diagnosis of symptomatic one-bundle tears is a combination of patients history, clinical examination, MRI and arthroscopic evaluation. The ACL augmentation is performed similar to a "traditional" single bundle technique while sparing the intact ACL fibres. This may support mechanical strength of the reconstruction [11] - especially in the early postoperative period, and may maintain mechanoreceptors, neural elements and blood vessels to allow better proprioception, vascularisation and an accelerated rehabilitation with faster return to sports.

### Rainer Siebold, MD

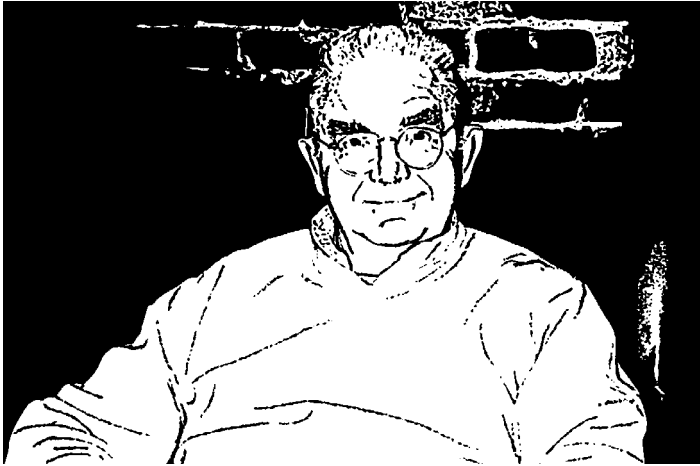
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# Pillars of ESSKA.

ESSKA likes to honour the men that have been the pillars of Sports Medicine in Europe. **In this issue we will focus on Dr. Sjung Hermans, President of the ESSKA from 1992 to 1994.**



Sjung Hermans was born in the Netherlands in May 1936. He started his medical training in 1954, graduated in 1963 and finished his orthopedic training in 1972. He has worked as a staff orthopedic surgeon at the general hospital in Hilversum, the Netherlands from 1973 until 1996.

Hermans published 8 book chapters and 18 papers in national and international journals and gave more than 100 lectures on sportsmedicine related topics worldwide.

His offices held were: President of the Netherlands Association of Sports Medicine 1981-1987, President of the Advisory Board Sports Physician Education 1980-1986, President European Council on sports injury meetings 1984-1990, Treasurer Task force Traumatology Netherlands Orthopedic Society 1982-1990, President of the ESSKA 1992-1994. President of the Netherlands Foundation for Sports Medicine Education 1996-2000. He has been Founding Member of the ISAKOS, World Council of Sports Traumatology and the Netherlands Arthroscopic Society, and Board Member of the International Arthroscopy Association, International Knee Society, Federation Internationale du Medicine Sportive, Netherlands Olympic Committee and executive Board of ESSKA (1986-1992) He was medical staff member of the European Association of National Olympic Committees (1978-1992), Netherlands Olympic Committee and Medical committees of the Netherlands soccer, hockey and skating associations. Membership of editorial boards: the British, Canadian and Netherlands Journals of Sportsmedicine, Encyclopedia on Sports Medicine of the International Olympic Committee and Knee Surgery, Sports Traumatologie and Arthroscopy. Honorary memberships of the American Orthopaedic Society for Sports Medicine, Western Pacific Sportsmedical Association, Netherlands Olympic Committee and Netherlands Sports Medicine Association.

## INTERVIEW DR. SJUNG HERMANS

Interview done the 7<sup>th</sup> October 2009

by **Ronald van Heerwaarden**

**RvH:** Dear Dr. Hermans how did you get acquainted with the ESSKA ?

**SH:** Werner Müller, Ejnar Eriksson, David Dandy, Peter Hertel and Theo van Rens were to my recollection the Founding Members. They have organized the first ESSKA congress in Berlin which I visited and there I got acquainted with the ESSKA.

**RvH:** When did you get more involved in the ESSKA ?

**SH:** After the second ESSKA Congress was organized in Basel I was asked to become a board member and to help organizing the third congress which was to be held in Amsterdam in 1988. For the organisation of that congress a small committee was gathered: Theo van Rens, was the president, I became vice-president, Ben Veraart was treasurer and the young Albert van Kampen was board member. We started working but then Theo van Rens got seriously ill and asked me to take over presidency of the organizing committee which of course I did. The congress was very successful and the ESSKA Board elected me 2nd Vice-President, 1st Vice-President and in the end President in 1992.

**RvH:** How did you get involved in sportsmedicine ?

**SH:** Before I joined the ESSKA I was already occupied with sports medicine but during that time I experienced the problem that Dutch medical science didn't take sportsmedicine very seriously. As a medical student I was involved in the organisation of a national survey on sports participation and organisation of medical care for college-students which really started my interest in the field of sportsmedicine. At that time the Netherlands Sportsmedicine Federation was founded and I was asked to participate as a board member. The publicity around a congress on the topic of sportsmedicine at a national level made the Dutch Government aware of the fact that sportsmedicine had to be organized in the Netherlands. They gathered a commission in which I also participated to write a report about the future of Sportsmedicine in The Netherlands. That's how I was introduced in sportsmedicine at a national level.

**RvH:** Now this was still during your medical studies, after that you became an orthopaedic resident, what was sports injury treatment like in these days ?

**SH:** You have to understand that I lived in a totally different era of medicine as compared to what you experience today. I remember that sportsmen presenting with sports injuries were not really treated; they were advised just to stop their sports participation. In my opinion this situation had to change. I read everything I could find in the international journals and I was lucky that my teacher in orthopaedics, professor San Giorgi, was also interested. In a yearly clinical course for Dutch orthopaedic surgeons and residents held in Nijmegen the subject was sportsmedicine and we got a lot of colleagues interested and most important the Netherlands Orthopaedic Society finally started to acknowledge sportsmedicine as part of the profession.

**RvH:** When did you make the step from a national level to an international level ?

**SH:** That was in 1974 after I met René Marti at a congress I helped organize. He advised me to go to Jack Hughston and made it possible for me to go there. During that fellowship I have learned a lot about sportsmedicine in the United States. After I came back I could spread this knowledge to colleagues equally interested in this discipline. The Netherlands

Sportsmedicine Federation asked me to participate in the start of sports physician education which brought me to Hungary. Hungary was back then the only country in Europe which acknowledged sportsmedicine as a medical specialty. They offered an education program so we asked them how it was arranged. After that they asked me to write an education plan which until today is the backbone for sportsphysician education in the Netherlands. After I started working as an orthopaedic surgeon my international network broadened as I became member of medical committees of national sports associations and Olympic committees. In that position I had the privilege to be chosen the chief medical officer for the Dutch Olympic teams for the Games in Moskou, Los Angeles, Seoul and Barcelona.

**RvH:** You had your orthopaedic practice in a time where a lot of changes took place in orthopaedics and sportsmedicine.

**SH:** Yes, I was very lucky to have seen the evolution of arthroscopy, which radically changed sportsmedicine, implantation of joint prostheses and also the AO fracture treatment was a big help for all of us. To illustrate what was happening I can tell you the story of a patient that visited my outpatient clinic with a medial meniscus tear. Treatment in these days involved 17 days of hospitalization which was not an option for that patient. He was a captain at a big ship that was leaving for Osaka, Japan in 1 week. I had heard of Professor Watanabe's first results in arthroscopic treatment and contacted him after which the patient was treated in Japan. Hospital stay was 2 days after which he returned to the Netherlands again by boat. That convinced me of the possibilities and success of arthroscopic surgery. Shortly after that I followed the first arthroscopy course in Nijmegen. Developments went on through the years and it seems that I did the first shoulder arthroscopy in the Netherlands.



Sjung Hermans (left) accompanied by R.W. Jackson and W. Müller at the 1988 ESSKA meeting in Amsterdam.

**RvH:** During your career you have given numerous lectures, what was your motivation?

**SH:** To bring something new it takes a lot of extra effort to make people enthusiastic. There is nothing more fascinating than lecturing and developing congress programs. Your efforts will make a participating surgeon maybe only a 10% better, however, that may change the fate of numerous patients. I always have been very interested in education, that is something that runs in the family.

**RvH:** Were you also doing research?

**SH:** It was difficult to do research as I had an orthopaedic practice in a general hospital and there was no academic center supporting my efforts or compensating my time. I was lucky however to have a good group of colleagues at my own hospital and other hospitals nearby who could take of my patients while I was traveling. I managed to organize some studies, mostly case series and published predominantly at a national level.

**RvH:** Back to ESSKA, was there life after being a president of the ESSKA? There is an interesting story of you leaving the ESSKA ...

**SH:** Of course there was life after the presidency, at that time there was a lot going on in the international field of knee surgery, arthroscopy and sportsmedicine. There were too many groups organizing their meetings too close to together in time and fighting each other for sponsorships of the industry. I was asked to mediate in finding a proper solution. Together with a consultant we managed to merge existing groups into the newly founded ISAKOS organization, and started a cycle of meetings on different continents partly joined to the Olympic Games. That made it possible to make a better balanced international congress calendar where the bi-annual ESSKA congress has been given a prominent place too. In the meantime I was asked to help organize the linking of our Asian and West Pacific colleagues united in the Western Pacific Orthopaedic Knee Association to the ESSKA and AOSSM. That was an interesting project too and caused me to become a godfather for the traveling fellows ESSKA to Asia after previously leading a fellowship to the AOSSM.

Now, we come back to the story of my leave of the ESSKA. After my past presidency years, I announced to the board members of ESSKA at the meeting in Nice "that there is life after orthopedics" and that I would leave ESSKA. Most of them did not believe me, however, I purposely chose to resign from my duties as I had some other plans and since then I have only attended ESSKA bi-annual meetings as a delegate.

**RvH:** If I may ask, what were the other plans that caused this decision?

**SH:** I already had retired from orthopedic practice at that time and wanted to pursue another dream I had since long: to become a captain of a seaworthy historic sailing ship. For that I had to go back to school again where I was of course the oldest student by far. After a few years I graduated from the Commercial Tall Ships Sailing Academy and I am proud to be a captain these days. However, there were also other activities mostly sports activities eg. ice-skating and golf that I wanted to be able to do together with my wife who is still very active too. Furthermore I am still busy with sportsmedicine in the Netherlands, more specifically in the ongoing struggle to get the sportsphysicians acknowledged as a separate medical specialty group in the Netherlands.

**RvH:** Any time left to meet the former colleagues at the next ESSKA meeting in Oslo in 2010?

**SH:** I sure am planning to go next year. Maybe we can found a kind of dinosaur-society of old ESSKA-presidents, however, that should be a decision of the existing board and I do not want to interfere with their plans.

**RvH:** Thank you for this interview, good luck with all your plans and finally, **I hope to see you again at the next ESSKA meeting in**

# Oslo!

# We are almost there...



Jon Karlsson



Jacques Menetrey

Dear ESSKA friends,  
when you arrive at the Oslo airport; called Gardemoen, you take the fast train to Oslo central station. The trip takes approximately 20 minutes. When you have arrived at the Central station, you just walk 300 meters and you are there; right in the city centre you will find the 2010 ESSKA biannual congress. And, just to let you all know once and for all; you are very welcome. Our aim is to give you the best ESSKA congress ever. And, why should we not aim of the best? For instance, we received over 1 100 abstracts for free paper sessions and posters. This is almost 300 more than last congress in Porto and, of course all time high. This tells us a story, a story of great interest in the congress and significant scientific effort around Europe (in fact, we have received abstracts from all over the world). The high number of abstracts is great, of course, but might create a problem that we will need to solve. We don't want people who have submitted good abstracts with sound scientific content to be disappointed and therefore we are looking for ways to increase the number of free paper podium presentations.

As previous years, we will start Wednesday morning; June 9. This time we will start already 8.00 am. And we will end around noon on Saturday, June 12. During the morning sessions, you will be able to listen to the highlight speakers without any concurrence. Our highlight speakers will bring news on different aspects of Sports Traumatology and Knee Surgery. You will listen to Savio Woo, Jan Victor, Elizabeth Arendt and Roald Bahr. We are proud that we have asked so well known scientists and all have gladly accepted. We know that their contribution will be the highlight of the congress. But, there is more, much more. What about John Bergfeld, who will give you a historical overview of the ACL history and Rocky Tuan who will guide us all through the newest aspects of cartilage research.

We promise you some new topics, for instance live surgery, and we will see some of the best surgeons in Europe perform surgeries on knee, shoulder, hip and ankle. This is one of the highlights as well. And, we also promised increased impact of evidence-based medicine and good research techniques. Accordingly, some of the Instructional Courses will be focused on study designs and evidence-based view on for instance rotator cuff injuries. All in all, there will be 18 Instructional courses, starting 7.30, every morning, except Wednesday, June 9.

We have invited several guest speakers who will give short lectures – this is also a new topic; short and sharp – 15 minutes lectures, in which the speaker will give you his/her surgical pearl or new and hopefully interesting scientific topic. We are also constantly looking for new, young speakers – and women, of course. We are also looking for a mixture of science and surgery, a mixture of speakers from north and south of Europe, and we have especially worked hard to find and include speakers from East Europe.

As previous years, starting in Innsbruck, the best paper of all 1 100 abstract will be selected and awarded the Theo Van Rens prize. Other awards include the DJO award, The Nicola's Foundation Young Researcher award, the award for best paper in Ligaments and Biomechanics, and the Porto award "Innovation in Arthroscopy". One of the new topics is the Best Poster award. Best posters (approximately 20-30 posters) will be selected for podium presentation and a jury will select the best posters/podium presentations (short presentations, 4-5 minutes only) for the poster winning prize.

We are especially looking forward to the Physiotherapist course, chaired by May Arna Risberg and Grethe Myklebust. The programme is already planned in details and is extraordinary.

The pre-course with cadaver dissections will take place the day before the main congress under the leadership of Steinar Johansen and Pietro Randelli.

We will as previous years listen to a great number of symposia and Instructional courses. There will be 5-6 parallel sessions during the early morning and afternoon sessions.

And, don't forget, Oslo is a beautiful city, especially in June when the weather is at its best and the Banquet will be hosted on the Oslo fjord. This will defiantly be something to remember.

**Dear friends, we have worked on the programme for the last 2 years, almost every day since we started in Porto and we would like to welcome you all to Oslo June 9-12, 2010. Together we will make this the best ESSKA congress ever.**



Jacques Menetrey  
Programme Chair



Jon Karlsson  
Programme Chair





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Interference Screws



**Hip Positioning  
System**



## INTEGRATION COMMITTEE KNEE LECTURE COURSE 9-10 OCTOBER 2009, OPATIJA – CROATIA

We have carried on the tradition of organizing Symposiums on arthroscopy, sports medicine and knee arthroplasty for several years now in Opatija due to the growing need for permanent following of the latest findings and achievements in the relevant fields.

The "ESSKA Knee Lecture Course" was organized by ESSKA Integration Committee in cooperation with the Croatian Orthopedic and Traumatology Association, Special Hospital for Orthopedic Surgery "AKROMION", and Special Hospital for Orthopedic and General Surgery "Dr. NEMEC". The scientific program dealt with developments of the most recent findings and achievements in the fields of arthroscopic surgery, sports medicine and knee surgery. The lectures were given by the most eminent domestic and international experts in the field: P. Adravanti (Italy), K. Benedetto (Austria), H. Bereiter (Switzerland), G. Cerulli (Italy), M. Denti (Italy), E. Eriksson (Sweden), M. Forssbald (Sweden), N. Friederich (Switzerland), M. Hašpl (Croatia), V. Havlas (Czech Republic), D. Hudetz (Croatia), M. Jelić (Croatia), R. Mihelić (Croatia), B. Nemeč (Croatia), M. Pećina (Croatia), R. Verdonk (Belgium) L. Widenheim (Sweden).

The first day, after the topic on surgery of soft tissues such as menisci, cartilage, and ligaments, we dealt with inventions of corrective knee osteotomies nowadays. Logical sequence leads to the indications and implantation techniques of uni-compartmental knee endoprosthesis. During the first day we had an opportunity to see a live surgery from Special Hospital for Orthopedic Surgery AKROMION - double bundle ACL reconstruction, performed by prof. Hašpl. The lectures of the second day worked out many interesting topics on primary knee arthroplasty. Revision arthroplasty was not avoided either. In such a way we summarized the most important topics on knee surgery. During second day we had a second live surgery, this time from Special Hospital for Orthopedic and General Surgery "Dr. NEMEC". This was navigated TKR performed by prof. Nemeč.

I believe we had two days of very successful work with many interesting discussions and conclusions. It was also an opportunity for refreshing old acquaintances and friendships as well as to establish new ones too.

Prof. **Miroslav Hašpl**, M.D., Ph.D.

**Picture 1** – Auditorium during lectures

**Picture 2** – Fruitful discussion

**Picture 3** – Prof. Eriksson's speech during gala dinner



Vojtech Havlas, MD, PhD  
Chairman of Integration Committee

On behalf of the ESSKA Integration Committee, I am pleased to add words of thanks to the local organizers - namely Dr. Hašpl and Dr. Nemeč. I think they have both greatly contributed to this top class event organized under the umbrella of Integration Committee. It has been a great pleasure to be in beautiful Opatija and to have a chance to contribute to this very high standard lecture course. It is my pleasure to invite all ESSKA members to upcoming events planned by Integration Committee for 2010-11 in Georgia, Baltic Countries and Poland. Further announcements will follow.

Best wishes to everyone!

**Vojtech Havlas**



# Meetings and Courses



## MILAN, ITALY

From Fri 01/22/10 To Sat 01/23/10

### CURRENT CONCEPT IN KNEE PROSTHETIC SURGERY

Rozzano (MI), Centro Congressi Humanitas

President **Matteo Denti**

Scientific Chairmen **C. Zorzi, P. Adravanti, F. Giron**

#### TOPICS

- BIOMECHANICS
- MATERIALS
- ANATOMY
- HIGH TIBIAL OSTEOTOMY
- RESURFACING
- UNICOMPARTIMENTAL
- TKA CONTROVERSIES
- REVISION SURGERY

[www.aimgroup.eu/2010/current-concept](http://www.aimgroup.eu/2010/current-concept)

## SALT LAKE CITY, UNITED STATES

From Sat 01/30/10 To Tue 02/02/10

### Arthroscopy 2010 - Robert W. Metcalf, MD Memorial Meeting



## GHENT, BELGIUM

From Thu 02/04/10 To Sat 02/06/10

### The Meniscus: From Cradle to Rocker

[www.meniscus2010.be](http://www.meniscus2010.be)

## OSLO, NORWAY

From Wed 06/09/10 To Sat 06/12/10

### 14th ESSKA Congress

## LYON, FRANCE

From Thu 10/07/10 To Sat 10/09/10

### 14 ème Journée lyonnaise de chirurgie du genou

# ESSKA Nominating Committee

Dear ESSKA members,

The position of the ESSKA 2nd Vice-President for the period 2010 – 2012 will be appointed at the next General Assembly (Friday, 11th June 2010 in Oslo).

In order to guarantee transparency and democracy in the nomination process, every ordinary ESSKA member is invited to bring forward proposals for this position according to the following rules:

#### Nominating Committee:

The ESSKA Nominating Committee is the responsible body for the designation of the new 2nd Vice-President at each General Assembly.

The Nominating Committee is chaired by the ESSKA Past President and comprises the ESSKA 2nd Vice-President and 2 further candidates, to be selected by the Past President and the 2nd Vice-President among the submitted applications/proposals.

#### Procedure:

- Every ordinary ESSKA member has the right to apply himself or to propose another ordinary ESSKA member to be part of the Nominating Committee.
- Every ordinary ESSKA member has the right to bring forward one proposal for the position of the new 2nd Vice-President.
- The Nominating Committee shall choose among the proposed names the successor of the 2nd Vice-President and shall officially suggest this name to the ESSKA Main Board on their meeting prior to the General Assembly. After ratification by the Main Board, the new 2nd Vice-President shall be officially appointed at the General Assembly.

Deadline for the application and/or proposals of names:

**January 31st, 2009**

Please address all proposals to:

#### ESSKA Executive Office

**Ms. Sandy Kirsch**

**76, rue d'Eich**

**L-1460 Luxembourg**

**e-mail: [kirsch.sandy@chl.lu](mailto:kirsch.sandy@chl.lu)**

**Fax: (+352) 4411 - 7678**



# Patellofemoral Book

**BOOK WRITTEN BY THE ARTHROSCOPY COMMITTEE  
STEFANO ZAFFAGNINI & DAVID DEJOUR**

Despite numerous studies, a lack of consensus still exists over many aspects of patellofemoral pain, instability, and arthritis. This book adopts an evidence-based approach to assess each of these topics in depth. The book will review general features of clinical examination and global evaluation techniques including the use of different imaging methods, e.g. x-rays, CT, MRI, stress x-rays, and bone scan. Various conservative and surgical treatment approaches for each of the three presentations – pain, instability, and arthritis – are then explained and assessed. Postoperative management and options in the event of failed surgery are also evaluated. Throughout, careful attention is paid to the literature in an attempt to establish the level of evidence for the efficacy of each imaging and treatment method. It is hoped that this book will serve as an informative guide for the practitioner when confronted with disorders of the patellofemoral joint.

After a Consensus Conference that have been held in Bologna last May, the Arthroscopy committee decided to give the book to all participants in Oslo congress for free, thanks to a sponsor. It will also be sold by Springer at the end of May.

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2. Pathophysiology of lateral patellofemoral dislocations – Stefano Zaffagnini
3. Natural history of lateral patellofemoral dislocations – Donald Fithian
4. Clinical Presentation of Patellofemoral Disorders – R. Varatojo
5. Clinical examination of the patellofemoral patient – Jack Valloton
6. Standard x-ray examination: patellofemoral disorders – David Dejour

7. Patellar height: which index? – Elvire Servien
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15. Non-operative treatment of patellofemoral pain: Role of physical therapy– Lynn Snyder Makler and Suzanne Werner
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21. MPFL Reconstruction: Adductor Sling Technique – E. Arendt
22. Importance and Radiographic Identification of the Femoral Insertion in Medial Patellofemoral Ligament Reconstruction - P. Schöttle
23. MPTL (Medial Patello-Tibial Ligament) Reconstruction Maurilio Marcacci
24. Distal Realignment: Medialization of Tibial Tuberosity - The Elmslie Trillat Technique – Claudio Zorzi
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28. Deepening trochleoplasty for patella instability – David Dejour
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31. Long term results after Autogenous Cartilage Implantation in lesion of patella femoral joint – Lars Peterson
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# Activity organized by ESSKA Arthroscopy Committee for the next ESSKA Congress in Oslo

## INSTRUCTIONAL COURSE: PATELLA-FEMORAL PAIN: A GLOBAL APPROACH

Chairman: Zaffagnini / Havslav

- The key for the Clinical exam (Valloin)
- Causes of pain (Sanchis)
- Patellofemoral pain in adolescents (Havlas)
- Objective examination: xray CT MRI bone scan (Zaffagnini)
- Conservative treatment for P-F pain (McConnell)

## SYMPOSIUM: SURGICAL STRATEGY FOR P-F INSTABILITY IN 2010

Chairman: Zaffagnini / Dejour

- Lateral release (Verdonk)
- MPFL (Arendt)
- MPTL (Marcacci)
- Distal and medial realignment (Servien)
- Open trochleo plasty (Dejour)
- Arthroscopic trochleoplasty (Blond)
- Indications for surgical treatment (Siebold)

## INSTRUCTIONAL COURSE: WHAT IS THE EVIDENCE BASE IN ACL SURGERY

Chairman: Zaffagnini / Engebretsen

- Laxity measurement in ACL. What is the evidence? (Zaffagnini)
- ACL reconstruction in vitro evaluation. What is the evidence? (Zantop)
- ACL reconstruction: clinical studies. What is the evidence? (Orlewsky)
- Anatomy and ACL reconstruction. What is the evidence? (Yasuda)
- Indication for ACL reconstruction. What is the evidence? (Safran)

## ESSKA new Membership category for Resident's and PT'S

ESSKA will accept residents and PT's for society membership following the rules mentioned hereunder.

### Conditions of the new category:

- The annual membership fee is 75 € (instead of 120 € for regular members)
- Membership includes your personal access codes to the ESSKA web site as well as to Springer where you will be able to consult the KSSTA Journal online.
- You will also benefit of reduced entrance fee to the biannual ESSKA Congresses.
- You will receive the society Newsletter and a diploma certifying your membership
- Candidates for this category are required to produce a certificate stating their level of training (PTs 1x at application; residents every year upon payment of membership fee).
- For residents: the subscription will automatically turn into a full membership after the accomplishment of the residency period and the price of the membership per year will be adjusted to 120 €.

Application can be effected online on [www.esska.org](http://www.esska.org)  
Please follow the further guidelines on the website or contact the membership administrator Mrs. Brigitte Melchior-Dolenc at: [dolenc.brigitte@chl.lu](mailto:dolenc.brigitte@chl.lu) in case of any further questions.

## Physical Therapy program during the ESSKA congress

There will be a special physical therapy (PT) programme during the ESSKA congress 2010, as the tradition has been for the last two ESSKA meetings. In the year 2010 the programme will be extended to a three days programme, include clinical workshops and will be organized in close collaboration with the Norwegian Sport Physical Therapy Organization (FFI) within the Norwegian Physical Therapy Association (NFF).

The programme will offer clinical workshops at the Olympic Center and the Sport Medicine Clinic, Hjelp24 NIMI, lectures, clinical guideline lectures, free paper sessions and in addition poster sessions.

### Topics for the PT programme will be

- **ACL injury - Evidence based rehabilitation and prevention strategies**
- **Cartilage injuries and osteoarthritis of the knee – evidence based rehabilitation**
- **Latest evidence on shoulder dysfunctions and rehabilitation**
- **Recent advances in the rehabilitation of patients with muscle-tendon injury**

We are delighted to have DJO as the sponsor of the PT programme and there will be a DJO research award for the best free paper.

We are looking forward to a great international, multidisciplinary conference including evidence based updates within rehabilitation and musculoskeletal injuries and disorders with the best invited guest lectures from all over the world.



# KSSTA – future perspectives

Looking back to 2009, we have further consolidated the editorial structure with 2 new Associate Editors who take major responsibility for strategy and manuscript reviews.

Since July 2009, the ESSKA Board decided that journal would work with two chief editors, Rene Verdonk, who is responsible for strategic planning, and Jon Karlsson, who is responsible for the day-by-day management and all manuscript work.

An interesting issue is that number of manuscripts submitted to the journal has increased considerably this year. We received almost 700 manuscripts in 2009, compared with 540 manuscripts in 2008. If we look back to 2005 and 2006, the journal received only around 250 manuscripts. This is a major increase, which of course puts a heavy work load on the editors, associate editors and reviewers. But it also means something. As there is an increasing number of researchers who submit their papers to the journal, this clearly indicates increased interest in the journal and its scientific content.

Now, why do I discuss the increased number of manuscripts? It is, of course, to underline the reviewers. They are backbone of the journal; they are doing their work for free and they are doing it over and over again.

I would like to thank you all for all the good work all reviewers have done during this year and also in the past. As always, it is hard to find good reviewers and I try not to tire you out and overuse you.

Therefore I constantly work hard to find new reviewers. In order to the reviewers, we have included new reviewer guidelines on the journal web-site. Once more, thank you!

Impact factor (IF) is the important measure of any journal's ranking. The impact factor is published once a year and is based on the number of citations to papers published in the journal during the previous 2-year period. The current impact factor is 1.696, and it has increased by approximately 5% since the last rating. The journal is currently rated as number 22 of 69 journals in the field of Sports Science. A reasonable immediate goal is an impact factor of approximately 2.0 within the next year or two. This can be best accomplished if the journal receives and publishes good papers. High quality papers are always read and cited by other researchers and this automatically boosts the impact factor, which leads to even better manuscripts being submitted to the journal.

During 2009, we published around 1,530 pages, compared with 1,160 pages last year. This is a major increase, and gives many scientists the opportunity to publish their work. An interesting and important factor is that we get submissions from all over the world. An increased number of manuscripts is positive, of course. All manuscripts need a thorough review, and all manuscripts need to be revised, often more than once, sometimes even three or four times.

To publish a good manuscript is the mutual responsibility of researchers, reviewers and editors. The better the original manuscript is, the greater the chance of getting the manuscript published, and it will also be published in time. And when manuscripts are published online, they can be officially cited in other publications.

I am looking forward to a good KSSTA year in 2010. KSSTA will continue to publish good papers and we will do our best to make the journal even better and more interesting. For instance, we have published "theme issues", including 10-12 papers on a similar topic and we will continue in the same manner. And, personally I am happy to read Editorials with controversial and thought-provoking topics.

**Looking forward to working with you readers and researchers in 2010.**



**Jon Karlsson**  
Editor-in-Chief

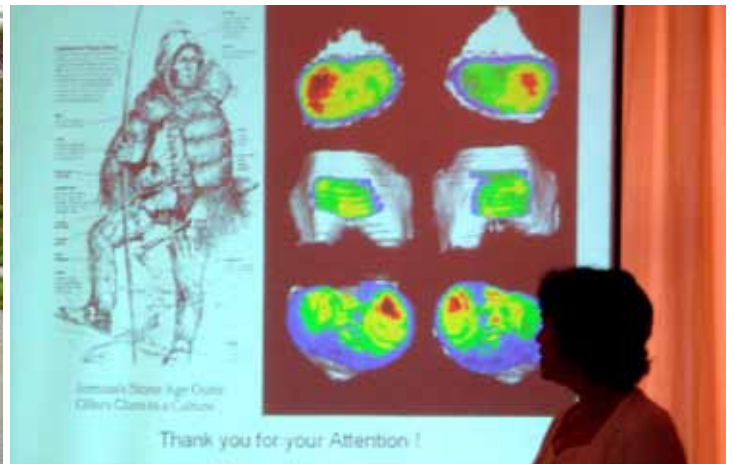
## INTERNATIONAL CONFERENCE: "THE SUBCHONDRAL BONE IN ARTICULAR CARTILAGE REPAIR"

Articular cartilage, the tissue that forms the gliding surface of joints, is a highly organized tissue composed of articular chondrocytes embedded within an extracellular matrix of collagens, proteoglycans, and noncollagenous proteins. Focal defects of articular cartilage may, if untreated, lead to osteoarthritis. While promising results have been achieved to treat full-thickness cartilage defects, the problem of cartilage defects that extend deep in the underlying bone has neither received much attention nor therapeutic strategies have been elaborated to solve this problem. To address this problem, an international conference with the title: „The subchondral bone in articular cartilage repair“ has been organized jointly by Henning Madry, Professor and Chairman, Department of Experimental Orthopaedics, Saarland University, Germany and Romain Seil, Professor and Chairman of the Service de Chirurgie Orthopédique du Centre Hospitalier de Luxembourg in Luxembourg. The conference solely focused on the subchondral bone,

(Oswestry, United Kingdom) and Romain Seil (Luxembourg, Luxembourg). In addition, Mats Brittberg (Kungsbacka, Sweden) and Ernst Hunziker (Bern, Switzerland) were invited but unable to attend. Details of the program can be found on the ESSKA website.

To initiate the workshop with a brainstorming session, Henning Madry, the Program Chair, asked each of the participants to deliver a short presentation with the topic "The subchondral bone: a new frontier in articular cartilage repair". Speakers shared their view of the field, including unsolved problems and possible solutions. Patrick Djian (Paris, France) gave an overview of ESSKA Educational Activities.

On the second day, the meeting was held in splendid Orangerie situated in the park of Mondorf Domaine – being open to the researchers and clinicians. Basic scientific and clinical reports were delivered by a number of members of the faculty. Because this conference was thought to have the style of an "European" Gordon Conference, there were intensive discussions in the afternoon during a long walk in the beautiful gardens of Mondorf Domaine.



reflecting the growing concern among the cartilage repair community about its role in failing articular cartilage repair procedures. The conference took place in Mondorf-les-Bains, Luxembourg from October 8 to 10.

Originally intended as an focused expert meeting, the event quickly grew into a conference in it's own right. The organizers successfully acquired peer-reviewed funding from the major research funding organisations of their respective country - the "Deutsche Forschungsgemeinschaft" and the "Fonds National de la Recherche du Luxembourg".

The faculty represented recognised leaders in the field, including Fredrik Almqvist (Gent, Belgium), Iwan Van Breuseghem (Gent, Belgium), Niek van Dijk (Amsterdam, The Netherlands), Andreas Gomoll (Boston, USA), Gunnar Knutsen (Tromsø, Norway), Dieter Kohn (Homburg, Germany), Elisaveta Kon (Bologna, Italy), Didier Mainard (Nancy, France), Henning Madry (Homburg, Germany), Jacques Menetrey (Genève, Switzerland), Magdalena Müller-Gerbl (Basel, Switzerland), Dietrich Pape (Luxembourg, Luxembourg), James Richardson

During the conference, a number of key themes were identified relating to the unsolved problem of the subchondral bone. In general these seemed to arise from apparent lack of a precise anatomical definition of the subchondral bone and the many different cartilage pathologies in which the subchondral bone is involved, such as trauma, OCD, osteonecrosis and OA. However they also involved questions about specific surgical treatment options. The scientific results of this conference will be published in the journal "Knee Surgery, Sports Traumatology, Arthroscopy" (KSSTA). The conference concluded after a prioritization session on Saturday noon, in which the participants discussed and summarized the major findings of the conference and suggested future areas of clinical research.

**Henning Madry, M.D.**

Chairman of ESSKA Articular Cartilage Committee  
Homburg/Saar, 15 October 2009

Picture 1 – Conference Group Photo

Picture 2 – Conference Session

# THANK YOU **DJO** FOR MAKING THESE INVALUABLE EXCHANGE TOURS HAPPEN!

## ESSKA-APOSSM TRAVELLING FELLOWSHIP TOUR 2008

by **Asbjørn Årøen**

### Introduction

Sometimes life offers the chance to experience something new and challenging for your mind. One of the most prestigious opportunities for orthopaedic surgeons is the ESSKA fellowship in joint and sports injury surgery. The travelling fellowship tour in 2008 kept to the European tradition of uniting north and south Europe and some parts of Eastern Europe. All of the participants in the ESSKA-APOSSM travelling fellowship had past international fellowships as a background. Asbjørn Årøen did his research fellowship with Freddie H. Fu in Pittsburgh in 1996-1997. Onur Tetik was a sports medicine fellow at the University of Kentucky, and Andreas Panagopoulos spent several years in well-known centres in the UK. Professor Anastaios Georgoulis certainly had experience both from the northern part of Europe during his years in Berlin, as well as being a professor and chair of the Department of Orthopaedic Surgery at the University of Ioannina. Professor Georgoulis is the associate editor of "Arthroscopy," and chair of the Arthroscopy Committee of ESSKA. He was the perfect "godfather" to guide the three fellows through our tour. As one of the first members in ESSKA from its inception in the early eighties in Berlin, he was quite familiar with our mother organisation and the different hosts that we should visit during the tour.

### First stop: Singapore 24-27 March

Late afternoon we arrived in Singapore and our excellent host, Associate Professor Denny Lie, met us there. He took us to the shore of Singapore where we stayed at a beach hotel and woke up to the singing of tropical birds. The next morning he took us on a guided tour of the Singapore General Hospital. All of the equipment was updated, and, in many instances, much better than what we usually see in Europe. Then at the OR we saw arthroscopic shoulder



**Picture 1**  
Esska fellows ready to double bundle ACL- surgery in Singapore



**Picture 2**  
Computer navigation on knee prosthesis with David Parker in Sidney

instability treatment and a very interesting anatomic ACL reconstruction using navigation. The Sports Medicine Symposium at the Orthopedic department was informative, and each fellow conducted a lecture which was followed by additional lectures from the University of Singapore. This facilitated the exchange of knowledge, which is one of the main purposes of this fellowship. Furthermore, this was followed by a discussion on ongoing research projects and how these could be applied clinically and eventually improved. One topic of discussion was how the pivot shift could be quantified and measured in relation to the widespread introduction of double bundle technique without any hard evidence of the improvements it would offer for the patients.

Later that evening, the journal club met and discussed the use of osteosutures in proximal humerus fractures. The trauma section led this meeting at the dinner; however they had searched the literature on the ESSKA fellows prior to the meeting and as Andreas had previously written a large cohort study on the use of osteosutures in comparison to osteosynteses (1) in the Journal of Bone and Joint Surgery, he could discuss this study and the use of this technique in orthopaedic traumatology.

Next day we went to the OR with Denny Lie and Joyce Koh at the SGH. In the afternoon we were at the OR with Paul Chang at the Raffles Hospital who performed a 2-B ACL-reconstruction. It was interesting to note that many patients privately travelled to Singapore to get orthopaedic care because of the excellent reputation of the orthopaedic surgeons there. Primarily this was related to knee and hand surgery, because of the shortcomings of the available orthopaedic surgeons in this field in Indonesia. That evening, we attended a formal dinner with faculty from the department.

In the afternoon we visited the Orchids Garden, which showcased the national flower of Singapore. All of us could find orchids named after a famous person from our home country, which is considered a great honour. It was a beautiful and very colourful garden reflecting the variation of the Singapore nation. Our host made sure that we got to taste many of the different cooking styles. All the dishes were very tasty, and in many ways, very different from our home cuisine. It was a fantastic start to the trip, and we continued to follow the same path, both socially and scientifically.

### Australia – Second stop: Brisbane March 27th-30th

In Brisbane, Peter Meyers was our host. He had played rugby on a team at the highest level and had lived in this city for many years. During this stay we also got to know his fellow from Scotland, Martin Logan. We arrived in late afternoon, and he picked us up at the airport and took us to a lovely street where we ate a very nice meal, which immediately made us feel at home. The first morning, they took us to the Queensland Academy of Sports, which is a very well planned sports facility for Olympic and professional athletes. The athletic trainers told us how they worked on rehabilitation and prevention of sports injuries and how this was increasingly being incorporated in the performance of the athlete. Force plates in the swimming pool made the analyses of the swimmers' turning technique more objective. Most countries have special athletic centres and supportive medical services to prepare their athletes for the Olympic Games. However, the one we saw in Brisbane was one of the finest facilities we had ever seen, and swimming, a national sport in Australia, was given priority.

We spent the next day in the OR with Peter Meyers, and since this was a Saturday, the OR team had agreed to work an extra day so that we could observe and take part in the cases. The first operation was ACL surgery and a meniscus surgery. He treats a large number of athletes and he gives great attention in saving the injured meniscus by ACL injuries and this centre has a long-term follow-up on meniscus sutures with maxon loop with a very high percentage of return to top-level sports. The use of this technique for more than a decade has shown memorable results. The next operation was a closing wedge HTO where we also paid particular attention to the details. The operation was followed by a discussion of the cases, and thi Turkey

E-mail: onurtetik@yahoo.com

s was particular valuable, as such cases will face us every day in daily practice. In the evening we attended Brisbane Broncos Rugby game with 50,000 people cheering for their teams and pre-game dinner at the stadium. We had excellent seats, which enabled us to study a challenging sport very closely. After the game we visited the locker room and we had a chance to meet the players and the coach and although this is a sport mostly unknown to Europeans, it was definitely clear that this was a sport that demanded a complete athlete. However, despite their excellent physical condition, injuries do occur due to the direct tackling that is frequent in the game. We realized that Peter had operated on almost all players of the team. One of the players that Dr. Meyers had treated still played after two ACL reconstructions and five shoulder operations. Many other athletes would be out of the game with this history, but with the excellent post-operative results produced by our host this player was still on the field.

The next day, Sunday, we enjoyed a bicycling trip in the city of Brisbane, which we all greatly appreciated. In the evening we attended a formal dinner at the Tattersall's club in downtown with other colleagues of Peter Myers where Peter gave us the opportunity to speak regarding the selection process for the Esska fellowship and our accomplishments and achievements thus far. Excellent food and wine accompanied this evening. Our stay in Brisbane was greatly appreciated by all the fellows, and it contained everything—surgery, science, and sports. We were really well taken care of during our stay.

### Third stop: Sydney March 30th-April 2nd

We arrived on Sunday afternoon and were met at the airport by Myles Coolican and David Parker, our hosts. We attend a rugby game that afternoon, and again the home team was victorious.

The following day, Monday, we did a round trip of the collaborating hospitals. This group of hospitals had performed approximately 1,800 knee prostheses annually, and the use of computer navigation was routinely used by some of the surgeons. One of the hospitals we visited had their own Australian cement-free prosthesis, which impressed us with its rapid instrumentation and logistics of the patients in the OR. Five knee prostheses in four hours seemed like a dream when compared to most of the knee clinics in Europe. The organization where the orthopaedic surgeons divide their week between public and private practice was interesting to observe. Mostly the public practice was limited to one day a week, and often the private clinic was located in the neighbouring block to the public hospital.

We had an Orthopedic Sports Medicine Symposium at the University of Sydney first day and visited the Sydney orthopedic research institute afterwards which was very well organized.

Clinically it was noted that MACI was the dominating form of cartilage repair procedure, which is probably a result of the fact that they can grow MACI cells in Australia. Even with the large amount of knee surgeries, reflected by 1,800 knee prostheses annually, the use of MACI did not exceed 30-40 each year. Additionally, some of this cartilage repair surgery was combined with osteotomies, which indicated that the cartilage repair surgery without additional procedures was even lower. They had tested the computer navigation technology in the osteotomies and this would probably increase the accuracy of the correction of the malalignment.

Second day we were at the Mater Hospitals OR with David and Mylees having many arthroscopies, total knees and HTO with navigation.

We saw that navigation can be very easy and useful in knee surgery. Last day was the rest day and the best day because it was the middle of our trip and we were getting tired. We visited the Opera House of Sydney and Taronga Zoo and Andreas visited the Oceanside and as the explorer of the group, managed to visit the Blue Mountains as well. In the evening the host invited us to his home for a lovely barbeque and some Australian wine. It was a warm, pleasant evening, and we could look upon the Southern Cross in the sky scattered with clear stars.

### Fourth Stop: Auckland, New Zealand

The next stop was also a famous rugby country where we arrived late afternoon. Our hosts, Barry Tietjens and Bruce Twaddle, were friendly and welcomed us. We were housed in a typical English bed and breakfast in a lovely English house. We felt like we were coming home to a private house where the owner made a

special breakfast for us every morning. This was also a country where the interest in sports is very high; every morning you could see people running or swimming before work.

Later Mark Clatworthy joined the hosts, and took care of us in the OR and in the scientific part of our visit. On our first evening in New Zealand we had a wonderful dinner at restaurant in Auckland where Bruce Twaddle introduced us to a local dessert named "Pavlova" after the Russian ballet dancer.

Health care in New Zealand is organized as a mixture between private and public systems, although it varies somewhat from Australia. All emergency cases and fractures were handled by the public system, and other injuries, such as ACL injuries that did not demand treatment for a two-week period were handled by the private system and paid for through health insurance. As a result many clinicians handling sports-related injuries saw patients in both the private and public institutions, and the system seemed to work very well. All cartilage injuries that needed cell transplantation were centralized to one centre in New Zealand and this seemed to be a good arrangement for handling this patient group. Clinically we looked into a high variation of injuries at the OR, even though it was mostly knee injuries. A day at the OR with Bruce Twaddle and Barry Tietjens included ankle scope, open ankle surgery, and ACL injuries with both patellartendonografts and hamstrings and posterolateral corner reconstruction ad modum Ullevål-Minnesota method. At another hospital, accompanied by Mark Clatworthy, we assisted in knee prosthesis and PCL reconstruction with quadriceps graft bioresorbable screw fixations.

Saturday was devoted to science, we had a scientific meeting at Fischer and Peykel Healthcare Clinical Hospital and the hosts presented some clinical cases, which we discussed according to the experiences from our different countries. The travelling fellows each delivered a scientific talk according to their own research.

We completed the afternoon with an unforgettable kayak tour outside Auckland to a volcanic island that illustrated the fantastic natural surroundings of New Zealand. That evening we enjoyed a wine tasting class with one of the top experts in this field who focused on New Zealand wines. It is well known that the white wine from New Zealand possess high quality, but the red wine is definitely a rising star. We had a wonderful and very friendly dinner at both Barry's and Bruce's homes.

#### Fifth Stop: Macau

The Magellan Society meeting was a get-together for previous fellows in ESSKA and AOSSM. There was an interesting format in which the attendees presented their ongoing research, which covered a large scientific field including the prevention of shoulder problems in swimmers, electronic patient journals, and new meniscus scaffolds. It was a very friendly and effective meeting and we proudly became a member of the Magellan Society.

Macau was not a tropical island, but rather a large gambling city with more money involved in this industry than in Las Vegas. The city was marked by an accelerated rate of new and very high buildings. The next Magellan meeting will be held in Newport, Rhode Island in the USA. It might be a useful exchange of information to offer non-formal scientific presentations prior to the more formal meeting that follows. A non-formal gathering would also serve the important function of welcoming and introducing the new travelling fellows to the Magellan Society.

#### Sixth Stop: Hong Kong

Hong Kong is an overwhelming city with people everywhere. Kai Ming Chan, Raphael Lo and Yung Shu Patrick. They showed an excellent hospitality even they were very busy and getting ready for a World Congress of Sports Trauma. We were prepared for crowded days, but it was very nice to be met and guided by our consultant, Raphael Lo. He did a splendid job in showing us around the city and took us back and forth from the Macau Island. On our first day in Hong Kong we were taken to the musculoskeletal research laboratory and the Orthopedic Learning center with the wide research facilities at the Chinese University of Hong Kong, which covered all fields in orthopaedic surgery including ligaments, cartilage, and bone. It was inspiring to observe how the students were included in the ongoing research of the department and the excellent supervision that they were given by the senior researchers. As in other countries, there seems to be a major loss of clinicians to the private hospitals after they complete their PhD programs, though some major leaders such as Professor Kai Ming Chan and Patrick Young were well integrated in the work of the laboratories. Same day we visited the Hong Kong Sports Institute and met the athletes training for the Olympic Games. Then we joined the World Congress of Sports Trauma meeting for the rest of the trip.

#### The Three S's

There can be many translations of the three S's; however, in this context they refer to surgery, science, and sports.

#### Surgery

During the fellowship we observed and assisted in operations including shoulder, knee, and sports medicine. Knee prosthesis with and without navigation, uni and total knee prosthesis, osteotomies, ACL reconstructions assisted of computer navigation, double ACL reconstructions, revision ACL, PCL reconstruction, PLC reconstruction, meniscusutur, meniscus resection, ankle scope, and arthroscopic revision Bankart were all viewed. Although there are variations concerning the main topics in many clinics, it is very valuable to observe and assist experienced surgeons in such a fellowship. There is always something to pick up and use to improve your own techniques, even when you think you are quite experienced as a surgeon.

#### Sports

We were guided through the Olympic Sports Medicine Centres in both Hong Kong and Australia, and both centres underlined the complete medical treatment which

was offered to the national athletes in order to both treat and prevent injuries. The use of Chinese medicine such as acupuncture and massage in restitution after exercise impressed us in Hong Kong. In Australia the swimming facilities were incredible. We enjoyed rugby games, and this sport impressed us with the physical load, range, and seriousness of the orthopaedic injuries.

In Australia we swam and bicycled. In Macau we had the chance to participate in basketball and tennis. During our stay in New Zealand, we enjoyed a splendid kayak trip with additional mountain hiking. We were able to get some physical exercise during our trip, which we felt was needed during those three weeks. There were also ample opportunities for golfing in Macau for those who enjoyed this kind of more sophisticated athletic activity.

#### Science of Wine

One special memory will be the wine tasting course with one of the top experts in the field, and we all learned a lot about New Zealand wines that particular evening. Furthermore, it was noted that most of the best wines in New Zealand and Australia probably never make entry to the stores in Europe, which is fully understandable. They, no doubt, want to keep these wines at home, because they were so excellent!

#### Summary

This fellowship focused mainly on knee surgery, although we observed two shoulder operations during the five centres visited. The Esska fellowship is a unique program, and the level of international collaboration that exists in arthroscopic knee and shoulder surgery is outstanding. It was very beneficial that we could participate in such a high quality fellowship, and we could only encourage both young colleagues and godfathers to continue to give this top priority. This experience lifts your point of view of the field. We also made many new friends during the three weeks of the fellowship. Presently we are looking forward to the Esska 2010 in Oslo, where we can meet again and take part in the further progress of the field. To young colleagues we only have one main remark: Mark this kind of fellowship as one of your main goals at the beginning of your career, and work hard toward achieving it.

We would like to express our thanks to the ESSKA, the hosts, and all others who participated in order to organize and carry out this valuable fellowship.



Picture 1

Host Professor Kai Ming Chan and the travelling fellows in Hong Kong



Picture 2

A 12 kilometres kayak tour to the volcano island just outside Auckland

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# THANK YOU FOR MAKING THESE INVALUABLE EXCHANGE TOURS HAPPEN!

## AOSSM FELLOWSHIP REPORT

by **Gino Kerkhoffs & Elvire Servien**

**Cleveland.** Welcome at Toni's with red champagne, Whiskey and beer, followed by a Buffalo Burger with Rick's family, topstart. In the morning we saw some deer so again a great start of the day followed by an inspiring cultural and sports day including the Rock n Roll Hall of Fame, the Bone Collection and the Browns Stadium as well as the Cavs and the Indians vs Brewers. Great night in the Box! Then a scientific day with inspiring lectures from the Cleveland side. BBQ at Toni's, great food and company, followed by red wine at Rick's house finished this day but not yet the stay in Cleveland because next day we had this great breakfast at Bob Evans, Eggs with Link Sausages and thereafter 'Bergy' took over and showed what it is all about in the USA, take the gun and shoot! Great game of Clay shooting, never go to Lyon, they will shoot you before dinner and they will not miss!

**Iowa City.** Arriving from Cleveland, with a stop in Chicago. Start off with great food in the restaurant Tamasaki, owned by the son of Paul Etre. Thereafter off to our design hotel in down town Iowa City, perfect place! On Thursday we meet the senior staff members and especially Ned Amendola who is our official host introduces us to Prof Ponsetti, who later comes to the Academic session and stays to the end, many a resident could learn from that! In the evening we have a fantastic dinner at the home of the Albrights, really marvellous place with great food and speeches. The Friday we are in the OR, with great surgery from Wolf and Amendola, who operated smoothly on a cup of coffee after a nights work on the Trauma call, impressive performance! The afternoon was filled with shopping for the girls and some jogging for the boys, in the evening we were lucky to be invited to the biannual Cooper lecture, this year Weinstein gave a stunning lecture on politics of Medicine in the United States over the last years. After this 3-course dinner, the night was still young and we organized a tequila party in a Karaoke Tempel... Pittsburgh. Arrival in the Negrey Inn, together with our SLARD counter parts, was an adventure on its own. The Inn was from the 19th century and perfectly restored in its original Victorian Style, sjiek! Then there was the dining room that was already set for a nice dinner and then were these bottles of wine from Freddie Fu's private collection, whaow! After a quick shower everybody was excited to meet up with Freddie, Chris, Konnie and the others and to start the wine tasting, I suppose most of us never talked about emptying the glasses in the bin after tasting! The sun came out and we were out on the terras and an Italian accordionist made us feel movie-stars at dinner! Inspiring speeches by Chris Harner, Lars and by Freddie Fu. Next day early rises, some of us did not get the wake-up call and only just managed to get in the car at 0630h. Trip to the beautiful Falling Waters of the famous architect Frank Lloyd Wright. Then in the evening it is Lobster night, we eat some honest lobsters! HUUUUGE 5 pound member of the seafood family for the godfathers! On Monday we start off with Surgery by Chris Harner followed by a tour through the research facilities, impressive! Tuesday morning brings us double bundle showtime. For lunch there is the famous Freddie Fu's noodles that strengthen us for the next stage. What an impressive stage here in Pitt, thnx the everybody but especially to our main hosts Freddie and Chris. Freddie is a moviestar and Chris is a huuuuge personality!

**Minneapolis.** Our home game! Lars has told us a lot about Minneapolis and the people who work there and whom he worked with for 6 years back in the 90's. We have a great flight with an easy landing in Minneapolis, luggage is all there very quickly and we get picked by Rob de la Prade and Coen Wijdicks. After returning to the hotel we go out for a few Long Island Ice teas and some Strawberry Dacquires. On Wednesday we see Rob de La Prade do a perfect performance in the OR, with PCL DB, Posterolateral corner reconstruction, before we manage to go out for some sports on the bike trail. In the evening Academic session and dinner are combined, is good. On Thursday life starts early with a triple espresso at Starbucks at 0615. We have a research discussion to start off with a nice fruit breakfast, hosted by John Braman and Brad Nelson, the hotshots! We watch some fasttrack surgery, very smooth

and safe arthroscopic posterior shoulder stabilisation and ditto elbow arthroscopy with release and removal of loose bodies. Then we have some case discussions, what really is some of the most interesting part of the trip. Friday starts with Grand Rounds followed by the OR to see Lisa d an MPFL, nice surgery! Then we have the best night of the trip at Lisa and Jims house, we leave that in all discretion!

**Duke.** In the evening we arrive in Raleigh, capital of North Carolina. Dean Taylor (Duke) and Alex Creighton (UNC) together with the 3 Sports Fellows from Duke are awaiting us with their cars and after all luggage arrives they drive us to the Washington Duke Inn, the most beautiful accommodation of our Tour. At the 18th hole of a tremendous Golf Course, surrounded by Running Tracks through the woods we had some tremendous days and evenings at the terrace for after dinner evaluations. So Sunday we were free to fill in our morning schedule, perfect judgement by the hosts! Lars did some-must do's- work and went for a run on the forest track, Liza did her fitness and had an early morning call from a patient, hmm that was not the best wake up call ever! Elvire did her own exercises, some work and we worked on the presentation for Lars for the ESSKA-AOSSM fellowship, I started the day with some early morning exercises, a lovely run on the forest tracks and managed to speak to my Lisette and Quirine as well, so that was a great start of what turned out to be a perfect Sunday. The lake house of Bill Garretts! Bill had sent a perfect invitation to everybody and we all got to enjoy the James Bond shuffle from the Godfather, switching from 1 to 2 skis in mid-flight on the water! Monday started well with a 0630 AM pick-up, a good Academic Session lead by Dean and followed by visits to the motion Lab with Robin McQueen and the biomechanica Lab of Louis LaFrade (who had made a good impression on the water-skis the day before already). In between the Labs, the fellows took us to phenomenal Sports facilities, the Sports Museum, and the Cathedral were not less impressive.

**UNC.** Early pick-up with a sparkling, high level Academic Session that was so good not only because of the high level of the speakers but also because of the diversity of the research presented, thnx! Creighton, Spang and Taft were in form and took us to have a perfect lunch in Chapel Hill centre, local food followed by a sportive desert at the TarHeel Museum, that needs no introduction. Worthy, Jordan and all the others make this a temple that Lars and I called our favourite Museum, even better than the Louvre, indeed we could stay for a day easily. In the afternoon there was some time for family calls and for exercise. In the evening we went to Crooks Corner for great local food, the best being the Shrimp and Grits combination, the Crooks Corner Salad and the Koelsch Beer from Raleigh.

**SanFran.** Via Atlanta we flew to SanFran!! A stage of our tour most looked forward to. We arrived somewhere near dinnertime, Jason and Marc picked us up and boy we were thirsty already, great Greek restaurant! After Ross had lead the way, Lisa's perfect performance on the Bull surprised all local farmers and we had to convince the guys that she had to stay on tour with us in stead of looking over their cows, no trading cattle there!, we succeeded. I tried to ride the cow too, but as Gary pointed out, the beast threw you off so fast that I did not even get to film u! Well thnx for this energy booster guys! Thursday the 2nd of July started with a 0630 AM Pick up, after a nice swim in the pool. We started of with a small tour of the Sports Medicine Facilities -tremendous- by Marc Safran and thereafter we saw hip surgery, arthroscopy from Marc- a very nice 4 portal technique-, Gary finished so fast with his shoulder surgery that we were convinced he is the best shoulder surgeon ever, we saw more shoulder surgery by Tim and an MPFL reconstruction, local/personal technique by Jason. After the OR session we waited for all team members to finish and together we went out to hit downtown SanFran with a great Mexican lunch and Italian Ristretto coffee, followed by a hike on the Golden Gate and nature on the other side of the bridge, superb times!! What scenery! Then we visited Scott Dye at his home and were welcomed with great BBQ food and ditto drinks and with Scott on the story-chair, top! It's all about homeostasis in life and that's why we finished together in the hotelbar before goin' to sleep. Preparation for the Academic Session next day in Napa Valley, preparation took us to an evaluation of the tour that lasted to 20ish AM. The 3rd of July!! The bus was headed for Napa Valley, no doubt about that, great bus, best driver and super company. 09AM Luna Valley, first stop on the wine country trip, here we will do the Academic Session, 0930AM Pinot Grigio, 10AM very subtle Chardonnay with a lot of Vanilla and Oak, then a Cab and the talks were getting better and better, most inspiring conversations on orthopedics in Napa! This exhausting session was followed up by a

stunning lunch in a Castello at a perfect wine side. Very smooth Pinot Noir and Merlot/Cab combi, laureated with superb food. Then there is Silver Oak, a fine winery to set us up for the diner at the Bistro Jeanty, Michelin all over the place, very nice French food. Terrine de Lapin and a Cassoulet for me, very fine. Zin (fandel) ruled the topside of the table with Jim and Chris leading the way in what I would call the fattest slang known to man in this century! I am curious how your kids are keepin up with that, will try to hang in there and talk to them in a year or what! So dinner finished with great dessert, definitely the lightest tiramisu we have ever tasted....Marc has to drive us back and its late anyhow, we had enough food anyways and that's why Lars is the godfather and Gary the oldest SanFran staff member, thnx guys-you led the way! Again, best host ever Marc, drove us back himself with great pace, finesse and safety. The 4th of July is comin'! What a day! Start off with pick-up by Marc after a nice morning swim and triple Espresso by Starbucks. Then we picked up Marcs family and meet up with Marc brother in law and his wife with the kids and we take off for the Giants stadium, incredible weather, what a scenery walking up from the sea to the stadium, first we meet up with the families of the fellows and with Jason and family, that's cool. Then the game, nr 55 showed off some superb pitching, we had superb Brads and Hotdogs and a super cool beer in the sun. After the game, Jason and I raced for a bowtie for Lars' birthday and got one just 5 minutes before closing of the shops, the best there was in SanFran, actually we got the real good stuff! then it was cable car time and we went off for the Stinking Rose, the famous -all garlic- restaurant. Great food, a termendous Lamb shank for me and Garlic icecream for everybody. Thereafter the grand finale at the Bayside with Katamaran sailing in the Bay, fireworks all over the place, holding a beer in one hand and a camera in the other, surrounded by our friends, looking over the Golden Gate on the right, the Rock on the left and SanFran by night in front of us, chapeau!! This was the best day on this tour and this was the best stage of the tour, we decided that straight on the boat! Thnx a million! Next day, Marc came to pick us up, Jason was there to say goodbye, as was Chris Dolan, with a T-shirt showing his ambitious pasttime in Tenderloin district (when seein' your shirt, I understand your hobby now!) ☺  
Next stop Vail, SanFran was top for people, families and activities, best host(s) on the trip, thnx a million! Superb!

**Vail.** An easy flight to Denver, safe pick-up at the airport after a short meet and greet with the SLARD guys who went for Balder. Our drive to the mountains, with a short stop for coffee on the way, was very beautiful, all the way from the great Divide up to Vail Pass and Vail. The first activity in Vail is an all inside BBQ (rain) with great American tastes at home Millett. Everybody there, perfect company and great food and drinks. The Lodge in Vail centre is great place to stay, we stay there the 4 of us in one apartment, with 3 bathrooms, so I hop from bathroom to bathroom. We have a fireplace and we light the fire for Lars' birthday at OAM, 3 bottles of perfect champagne and inspiring words start of Lars' 60th, congratulations. The fittest (both mentally and physically) 60er that we have ever met, bravo! Next morning small eyes, big breath! Talks start at 7AM, followed by great surgery. In the evening, we are invited by Steady and his wife in their favourite restaurant 'Larkspur', great food and wines and again celebration of Lars' birthday! Last day in Vail starts off with a great talk by Lars and operations by Philippon. In the afternoon top bike session up Vail pass, we finish at 3195meters above sea level! The stay is ofcourse ended by a perfect dinner hosted by the fellows.

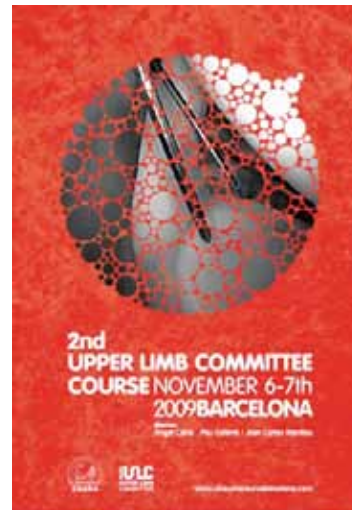
**Keystone.** Meeting the SLARD fellows and joining the Minneapolis family again were the highlights of the stay in Keystone, with a more than great presidential dinner an ditto farewell party for Andre Pedrinelli at the end of that evening. Next day we had a perfect day with an ICL start at 0645AM and possibilities for sports thereafter, the cherry on the cake were the 2 receptions, the Pitt celebration reception and the Steadman Hawkins reception to (almost) finish the night. We finished at the Gent/Minneapolis Mansion at the private party of Val/Liza and Fred Almqvist. The next day had the same rhythm with a finish at the Magellan reception where we got our membership! Chapeau! Small dance and some last drinks in the bar with our latin American friends to finish the day and the trip! Thnx to all our hosts and both ESSKA, AOSSM and DJO for the great organization! The 2 the women were not easy, which made it easier the guys! Thanx to all for this incredible experience!

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## BARCELONA, SPAIN NOVEMBER 6–7<sup>TH</sup>, 2009

**The Upper Limb Committee organized the second International course on shoulder surgery.**  
Chairmen of the meeting were Angel Calvo, Pau Golanò and Juan Carles Monllau.

The Corse was held in two days in the extremely nice and renewed Hospital de la Santa Creu I Sant Pau. In the first day several members of the ULC presented lectures covering the most relevant topics about the newest techniques in shoulder arthroscopy. Pearls of the day were two live surgeries about rotator cuff repair, done by Angel Calvo and Paul Huijsmans. During the second day, participants were in the lab, working on cadavers and learning from Pau Golanò the shoulder anatomical dissection. The course had a great national success, with more than 70 delegates, most of them already expert and famous surgeons. "ULC is focused mostly in providing such a high level education throughout Europe", said ULC Chairman Ettore Taverna, "even if we are now working to develop research projects among ESSKA members". We should note that ULC is open to ESSKA members contribute and new ideas. ULC will decide about the 2010 course location in few months.

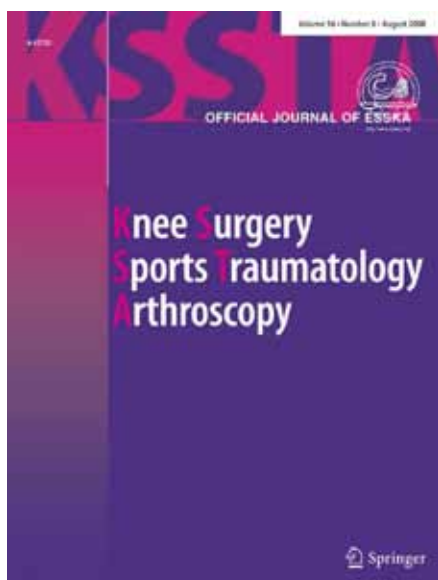
Report by **Pietro Randelli**

**Picture 1**  
Hospital Santa Creu I Sant Pau



**Picture 2**  
Dr. Angel Calvo (right) and Dr. Pau Golanò





**Impact factor: 1.626 (2007)**  
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