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SPECIAL THANKS

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

We would also like to acknowledge the corporate partners and supporters of ESSKA:

THE ALWIN JÄGER FOUNDATION, CHELSEA FOOTBALL CLUB, TORNIER and ZIMMER.

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

THE ESSKA NEWSLETTER

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

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

ESSKA MEMBERSHIP

ESSKA’S ANNUAL MEMBERSHIP-RENEWAL DEADLINE WAS 31 MARCH 2015.
IF YOU HAVE NOT YET PAID YOUR 2015 MEMBERSHIP, GO TO WWW.ESSKA.ORG TO PAY ONLINE

JUST TO REMIND YOU, THE BENEFITS OF MEMBERSHIP INCLUDE:

— A monthly copy of, and online access to, the renowned KSSTA Journal;
— Reduced registration fee for the ESSKA Congress (45% off the registration price) and for other specific events staged by ESSKA;
— Access to various ESSKA educational and fellowship programmes;
— Access to the ESSKA Academy, our online educational platform;
— Access to the Journal of Experimental Orthopaedics, our new open-access journal for basic science;
— A 33% discount on ESSKA publications;
— A copy of our biannual ESSKA Newsletter;
— The right to vote at the General Meeting;
— The right to serve on ESSKA Committees;
— The right to apply for section membership.

IF YOU HAVE ANY QUESTIONS, SIMPLY SEND US AN EMAIL (MEMBERSHIP@ESSKA.ORG) OR CALL (+352 411 7015).
Graft Harvesting, Preparation and Tensioning

The GraftLink technique utilizes a single semitendinosis graft quadrupled and secured over TightRope® implants creating a strong, stiff construct that averages approximately 1,000N of fixation strength.

Mini Posterior Semi-T Harvest

The minimally invasive graft harvest technique facilitates tendon identification and harvesting through a small, cosmetic posterior incision using the minimally invasive Graft Harvester Set.

Simplified Graft Prep and Tensioning with the GraftLink Prep Station

ACL TightRope fixation posts facilitate #2 FiberWire prep of the four-stranded semi-T GraftLink. The built-in tensiometer pretensions the GraftLink prior to implantation. The slotted sizer measures GraftLink diameter on the prep station.
PILLARS OF ESSKA

ESSKA likes to honour the individuals that have been the “pillars” of our society.
In the current issue, we will focus on Professor Philippe Beaufils.

Philippe Beaufils is currently the Chairman of the Orthopaedics and Traumatology Department in Centre Hospitalier de Versailles, France and Editor-in-Chief of the Journal Orthopaedics and Traumatology: Surgery and Research (OTSR). He is a knee surgeon and the majority of his publications are around the meniscus, and particularly the meniscus repair. Professor Beaufils is very interested in education and daily practice guidelines. He has been an ESSKA member since 1990, was Chairman of the ESSKA Knee Committee, and organised the 1998 ESSKA Congress in Nice with Pierre Chambat. He is also Past President of the French Arthroscopy Society (SFA).

INTERVIEW WITH PHILIPPE BEAUFILS BY DAVID DEJOUR ON 15 MARCH 2015

DD PHILIPPE, THANK YOU FOR AGREEING TO DO THIS INTERVIEW FOR THE ESSKA NEWSLETTER. WHAT ARE THE VARIOUS IMPORTANT STAGES THAT HAVE MARKED YOUR CAREER?
Ph B I have always had quite a sense of public consciousness in the idea of being able to combine the three aspects of our profession which I consider essential: health care, education and research.

DD WHY VERSAILLES?
Ph B Firstly, because I’m from Versailles, and secondly because during my residency I had a mentor named Michel Perreau for whom I really have great admiration. He had experienced the heyday of hip replacements and he asked me to come and work with him to introduce arthroscopy and knee surgery.

DD WAS IT AROUND THAT TIME THAT THE FRENCH ARTHROSCOPY SOCIETY (SOCIÉTÉ FRANÇAISE D’ARTHROSCOPIE - SFA) WAS ESTABLISHED?
Ph B Yes, SFA was founded in 1980 under the guidance of Henri Dorfmann – I was still a resident. Henri, a rheumatologist, could foresee the key role that arthroscopy would play in the future and went to Japan to train with Ikeuchi. Later on, I became the SFA President, succeeding Henri in 1990.

DD HOW DO YOU EXPLAIN THE DIFFICULTY OF OVERCOMING THE LANGUAGE BARRIER WHILE DISSEMINATING WORKS WRITTEN IN FRENCH?
Ph B Surgeons like myself from the 1980s followed the precept that French surgeons should be strong enough to express themselves in French. It was something of a legacy from Gaullism. De Gaulle used to say that “by using French we defend the French-speaking world.” It was a very long time before we realised our mistake. Most of our elders did not speak English, and neither did I. I started to learn English when I was invited to work with ESSKA, or rather ESKA at that time.

DD HOW WAS OTHPAEDICS AND TRAUMATOLOGY SURGERY AND RESEARCH (OTSR), OF WHICH YOU ARE THE SENIOR EDITOR, CREATED?
Ph B In 2005, JY Nordin was President of SOFCOT (the French Society of Orthopaedic and Trauma Surgery) and I was myself President of the SOFCOT congress. We decided that the French orthopaedic journal should be distributed in English. OTSR was created in 2009. Its role was to spread the word about French orthopaedics in English and bring it into the arena of international orthopaedics.
Ph B Historically it’s generally true to say that, with the possible exception of Jean-Louis Prudhon who was working in the field of knee surgery, the people who started working in arthroscopy were not knee surgeons initially. They automatically become knee surgeons through working in arthroscopy. So that was the tool which led me to the specialisation.

Ph B Being the editor of a journal means you have to be organised. The organisation of my time results from the same construct: things have to work at the right time. Scientific activity really provides you with training in how to be rigorous. This is why the education of our young staff includes not only teaching pathology or techniques but also, in particular, teaching them to "learn to think." We are very conscious of this way to guide the youngest.

Ph B It proves how one can develop during one’s career. One of my first reports was the result of meniscectomy by arthroscopy. In the RCO I wrote that "meniscectomy on a chronic anterior laxity gave excellent results in the short and medium terms." This shows that through the use of the tool (arthroscope), we had ended up with results which did not correspond to reality. Very quickly we had come to think of ourselves as being knee surgeons, which as yet we weren’t.

Ph B Precisely. For example, it took a while for the IAA to change its name to ISAKOS. However in Europe ESSKA started off right away with a "knee-arthroscopy" community of thought, and the "arthroscopists" and knee surgeons were united in this society.

Ph B In Versailles, I found a compromise which to me seemed ideal. I erred, but that takes time: a structure where there were no oversized egos, in short – a structure where people could work well. The arthroscopy, irrespective of the joint, and the general development of knee surgery in the unit at Versailles attracted quality interns. A virtuous circle was in place: quality interns also meant quality assistants. That is how we developed a structure which closely resembles a university structure with its three axes: healthcare, education, and clinical research. I am very happy to see that things will continue and more with the same spirit thanks to Nicolas Pujol who will be chairman of our department in the near future.

Ph B We are very impressed with the technological development, the diversification of actions by scientific societies in general compared to what they were 15 years ago. Previously, the role of a scientific society was to organise "a congress," but now, while certainly still organising congresses, they have foundations, educational websites, they organise trips for young people, receive others, etc. Which is a testimony to diversification in the educational and training model. It can make you feel dizzy at times.

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Ph B There was a tendency to think that knee surgery and knee surgery were united in this society.

Ph B In my opinion they’re nothing like each other. In my opinion they’re nothing like each other. In my opinion they’re nothing like each other. I am exclusively a knee surgeon. This was a gradual process. I am very happy in that role.

Ph B We need industry. Innovation necessarily involves the surgeon-industry partnership. The crucial question is not the link with industry but the awareness of that link, in other words transparency...

Ph B It was a great pleasure and long live ESSKA.
ESSKA BOARD 2014 – 2016

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ESSKA NEWSLETTER MAY 2015
DEAR FRIENDS,

On behalf of ESSKA, we are delighted to welcome you to Barcelona for ESSKA’s 17th Congress, on 4-7 May 2016.

You will find that Barcelona is just the right size; it’s not too big, and it’s not too small. You can get from place to place by bicycle - there is an extensive network of bicycle lanes - or you can use public transport. You can even walk. In Barcelona everything is close at hand! Thanks to its element weather, its cuisine, and above all its character, you will come to appreciate the true meaning of ‘Mediterranean’. You will feel its cosmopolitan spirit, and you will live the Mediterranean experience. Barcelona has a magic that will draw you onto the streets, where you will be able to stroll at your ease, or enjoy its five kilometres of Mediterranean beaches. Visit the different corners of Barcelona and you will take an authentic journey through time. The intense blue of the sun-filled sky melds with the deeper blue of the Mediterranean and this gives a crisp clean impact and originality of its architecture, for the versatility of its column-free meeting halls and spaces, and for the superb use it makes of the warm, natural Mediterranean light. It is well connected to the city by train, bus and taxi. The nearby accommodation is within sight of the beach, so breaking away from the hustle and bustle for a stroll along the sea, a quick refreshing swim or even an exquisite meal of the freshest seafood is made easy for the congress-goer.

THE CONGRESS VENUE

CCIB - the Barcelona International Convention Centre opened in November 2004 - is an integral part of Diagonal Mar, the newest section of Barcelona’s seafront. CCIB lies in the centre of the technology and business district known as Barcelona 22@.

Visit the different corners of Barcelona and you will take an authentic journey through time. The intense blue of the sun-filled sky melds with the deeper blue of the Mediterranean and this gives a crisp clean impact and originality of its architecture, for the versatility of its column-free meeting halls and spaces, and for the superb use it makes of the warm, natural Mediterranean light. It is well connected to the city by train, bus and taxi. The nearby accommodation is within sight of the beach, so breaking away from the hustle and bustle for a stroll along the sea, a quick refreshing swim or even an exquisite meal of the freshest seafood is made easy for the congress-goer.

Whether it is a large conference or a more intimate gathering, Barcelona has the perfect facility. A banquet in a charming historic site? Or perhaps a cutting-edge facility for that unbeatable presentation? Barcelona has it all. And what a history, over 2000 years of it! There are Roman ruins, Gothic treasures and surprises from the Renaissance age.

Because of modernisation it is possible to find an ancient building right next to one built in the beginning of the XXI century. It is this mix of old and new that brings people from all over the world to stay in the Gothic Quarter. On a typical excursion you can sample Catalan cuisine, as made famous by Chef Ferran Adrià, or you can spend time with the Roca Brothers, discovering their unique Catalan crafts and artisanal products...

ESSSKA 2016 CONGRESS DINNER

MNAC, the National Art Museum of Catalonia, will welcome ESSKA delegates for the ESSKA-Show Dinner. Located on Montjuïc hill, the museum is especially notable for its outstanding collection of Romanesque church paintings, and for Catalan art and design from the late XIX and early XX centuries, including modernism and noucentisme. The museum is housed in the Palau Nacional, which was built for the 1929 International Exposition. MNAC is the main venue for the ESSKA 2016 Congress Dinner. The historic site is within sight of the beach, so breaking away from the hustle and bustle for a stroll along the sea, a quick refreshing swim or even an exquisite meal of the freshest seafood is made easy for the congress-goer.

The dinner will take place in Sala Oval, a huge, Italian-style building dating back to 1929. The dinner will overlook the hall from the balcony. A unique opportunity to enjoy culture, cuisine and views in an incomparable site.

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Message from the ESSKA Congress Scientific Chairmen

DEAR ESSKA FRIENDS,

The 17th ESSKA Congress in Barcelona 2016 is only one year away!

As always, time flies and important dates regarding the congress approach rapidly. We all know that the congress is a bonding occasion for all of us and provides plenty of opportunities to share knowledge and new ideas in the huge field of Orthopaedic, Sports Traumatology and Arthroscopy.

We are creating a compelling and exciting scientific programme. Sports Traumatology will be one of our foci during the congress and the UEFA Medical Committee will contribute and present their experiences regarding the global role of Sports Medicine in football.

We will have speciality days for degenerative knee, foot and ankle, and shoulder organised by the three sections of ESSKA: the European Knee Associates (EKA), the Ankle and Foot Associates (AFAS) and the European Shoulder Associates (ESA). The sections of ESSKA will concentrate on the most recent results in basic science and clinical outcome.

Patient specific instrumentation in joint replacement has become an interesting issue that feeds the ongoing discussion on best clinical practices for our degenerative knee patients, and the congress will give you the latest evidence on this topic.

Live surgeries will also be organised, and you will be given the chance to pick up some useful tips and tricks from the experts.

This year we are allotting more time to interactive debates because you are the principle role of the meeting.

A cadaveric pre-course on advanced knee and shoulder arthroscopic techniques will be held the two days prior. Also, the successful three-day course for physical therapists will again take place during the meeting.

At the Barcelona Congress we shall be introducing a new type of scientific session for our Affiliated Societies - “The view of Europe.” We are planning seven sessions, each of 60 minutes and involving four affiliated societies. Each session will debate a given topic with a paper followed by a case discussion. We believe this will inject a new dynamism into the scientific discussions by involving everyone. Be ready with your own point of view for “The view of Europe”.

The online submission for abstracts is already open. Submit your study before 10 October 2015! Do not forget the date - the success of the meeting highly depends on your participation.

We look forward to meeting you and your colleagues from all over the world in the capital of Catalonia.

Kind regards,

Roland Becker               Gino M. Kerkhoffs          Pablo E. Gelber
Programme                      Co-Chairman
Chairman
Co-Chairman

ESSKA’s 2020 Congress

We received five bids for ESSKA’s 2020 Congress which made for a very competitive field. Paris and Milan have been chosen as finalists and over the coming months we shall visit both, meet the organisers, and inspect the facilities.

OUR FINAL DECISION WILL BE ANNOUNCED AT ESSKA CONGRESS IN BARCELONA, 4-7 MAY 2016.
On 12-13 March 2015, KSSTA held its annual strategic meeting in Heidelberg. It was attended by members of both KSSTA and KSSTA. Also present were two new members from the KSSTA Editorial Office in Luxembourg and Henning Madry, the head of the Journal of Experimental Orthopaedics. The agenda covered a wide number of topics including the welcoming of new members, the Journal of Experimental Orthopaedics (JEO) and plans for forthcoming issues and editorials. Upcoming issues are on Complex Ligament Injuries, with target publication in October 2015. Guest Editors are Volker Musahl, Stefano Zaffagnini, Michael Hirschmann and Robert LaPrade. An issue of ACL injuries from 2015 is also being planned. Guest editors are Rainer Siebold, Lars Engebretsen and Romain Lobenhoffer, Castelein and van Heerwaarden; “In vivo retention of platelet-rich plasma to treat ankle cartilage pathology: a preliminary investigation” by Deborah J. Gough, John T. Martin, George R. Dodge, Dawn M. Elliott, Neil R. Malhotra, Robert L. Maunz, Lachlan J Smith (Journal of Experimental Orthopaedics 2014, 1:15) is “Highly accessed”, with already 1250 accesses in the past month and only 6 days old. The role of aggrecan in normal and osteoarthritic cartilage, techniques: the role of simulated physiological loading by Brinkman, Hillscher, Agnoskirkcn, Lobenhoffer, Castelain and van Heerwaarden; downloaded already more than 2950 times in a period of just 6 months after acceptance. Please visit our website: www.jeo-esska.com where you can also sign up for article alerts free of charge.

To the Journal of Experimental Orthopaedics, we strive to have a sound balance of original research and interesting review articles. Recently published reviews are on translational and clinical evidence of platelet-rich plasma to treat ankle cartilage pathology by Francesca Vannini and co-authors, the role of meniscal stem cells in meniscal repair by Peter Angelo and co-workers, on biomaterials for osteochondral regeneration by Elizaveta Kon and co-workers, resulting from an interdisciplinary workshop at the 60th Annual Meeting of the Orthopaedic Research Society (ORS) in New Orleans in 2014 headed by Georg Duha onilage modulation as a therapeutic strategy in bone regeneration. Again, we welcome you to submit your manuscript to the Journal. I and the editorial team look forward to hearing from you regarding the Journal.

Please feel free to contact me at: editor@jeo-esska.com

Best wishes,
Henning Madry
JEo’s Editor-in-Chief
THE FUTURE IS HERE! ...

Plastic slides are becoming obsolete as podium presentations contain more and more videos. We often see impressive video files embedded in the presentations of colleagues but hotter quick videos, produced professionally, come at a price. However, we are in an era where Justin Bieber was made famous by a home-video.

By all means, a professional video production will address issues such as the emphasis placed on each media or the type of operating system he/she is used to. You can share a high-fidelity version of your presentation (either as an e-mail attachment or published to the web or on a CD or DVD), save it and let it play as a video. You can save your presentation according to your preference either as a Windows Media Video (.wmv) file or another format (.avi, .mov, etc.). You can record and time voice narration and laser pointer movements in your video. You can control the size of the multimedia file and the quality of your video. Make sure your presentation is ready to be converted into a movie by checking the following:

1. media animations are according to your preference
2. slide transitions are according to your preference
3. you have text ready either typed at the presenter’s note section or separately in your hand
4. you are in a quiet room ready for the recording

Once you have completed all that is necessary for movie production.

Everybody is either using a Windows or an Apple computer and PowerPoint as the presentation programme. Movie Maker is the movie production programme of Windows while Apple uses iMovie and Keynote is the presentation programme. Basically, both presentation and movie production programmes are similar. PowerPoint seems to be ahead in presentation and iMovie ahead in production. I will describe the process through a PowerPoint presentation and let the reader explore and use the movie production programme based on the type of operating system he/she is used to.

You can share credits to add credits to the end of your movie.

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You can share credits to add credits to the end of your movie.
We are pleased to announce that ESSKA-EKA’s membership rules have been revised. ESSKA-EKA now welcomes all Orthopaedic Surgeons who have a special interest in the degenerative knee. This makes ESSKA-EKA the main European platform for sharing clinical and research experience in the field.

The domain of ESSKA-EKA is large; from very early problems to the end stage of osteoarthritis, which in general requires at the end stage the knee replacement. This broad-spectrum approach to treat all the aspects of knee surgery, including sports trauma, arthroscopic surgery, biological reconstruction and arthroplasty. The four main purposes of EKA— coincide with the goals I have set for my professional career.

We encourage you, and especially our new members, to submit abstracts before 20 May 2015.

A new ESSKA-EKA Board will be formed during this closed meeting. Some of you might be interested in becoming more closely involved in ESSKA-EKA and serving on the board. If you wish to be considered please write to Anna Hansen in the ESSKA Office, and indicate your motivation (hansen.anna@esska.org).

Geneva is easily accessible and always worth a visit. You may have visited this city during ESSKA’s 2012 Congress. Now you have the chance to return. If you need any further information please contact Anna Hansen (hansen.anna@esska.org) in the ESSKA Office.

The ESSKA-EKA fellowship had to be postponed, but now will take place in the second half of 2015. This successful fellowship is a perfect way to have young surgeons travelling through Europe and meet dynamic teams focused on the degenerative knee. For more information about this fellowship, go to www.esska.org/education/fellowships.

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ESSKA-AFAS SECTION

At the last Congress we received an ESSKAR Award, as the most dynamic and active section. We hope to continue in this vein and our future schedule is accordingly intensive.

We start with our annual meeting in Budapest, 8-9 May 2015, which will combine with a consensus meeting on chronic syndesmotic instability.

On 17-18 June 2015 there is an Amsterdam Foot and Ankle Course and 18-19 June - Advanced Foot and Ankle Course, also in Amsterdam.

After this there will be an interactive hands-on course in Barcelona, 28-29 January 2016. There seems to be a great demand for such courses, and we hope to organise many more.

Our third International Congress on Cartilage Repair of Barcelona, 28-29 January 2016. There seems to be a great interest in Foot and Ankle pathology to join our ESSKA-AFAS Family.

Also, the Ankle Instability Group will be holding their meeting in October 2015, in Seoul, South Korea.

After the passing of Prof. Pau Golanó in 2014, we established the Pau Golanó Research Fellowship, an annual international research fellowship run by ESSKA-AFAS. This is designed for promising young orthopaedic researchers of the Foot and Ankle, and each year there are two positions. These enable researchers to spend three months in one of ESSKA-AFAS’s surgical centres. The deadline for 2016 applications is 1 June 2015.

We would like to encourage all ESSKA members with a special interest in Foot and Ankle pathology to join our ESSKA-AFAS Family.

Niek van Dijk  
ESSKA-AFAS President

Daniel Haverkamp  
ESSKA-AFAS General Secretary

ARThROSCOPY COMMITTEE

ESSKA’s Arthroscopy Committee, under Rainer Siebold, did great work in launching the excellent ACL Practical Surgical Guide. This book is still available on the website. For the current period we are concentrating on the meniscus with two major objectives:

Firstly, we are co-operating with the Cartilage Committee and the Basic Science Committee to produce a book “European perspective on the meniscus,” published by Springer. It will cover basic science, meniscal tear classifications (FIGURE 1), clinical results and the future of meniscus replacement.

Secondly, the Arthroscopy Committee is working towards a European consensus on degenerative meniscus tear (FIGURE 2), under the direction of Philippe Beaufils and Roland Becker, to try to establish guidelines in daily practice for patients over 40 years of age, with a symptomatic knee potentially related to a meniscus tear.

Finally, we have made proposals on symposia and ICL with the Barcelona Congress in mind. We shall also be contributing to the ESSKA Academy, our online educational platform.

BASIC SCIENCE COMMITTEE

ESSKA is determined to keep abreast of scientific developments, as they impinge upon Orthopedics, Sports Medicine and Arthroscopy.

This is the remit of the Basic Science Research Committee (ESSKA-BSRC) to make accessible the best tools from the fields of Biomaterials, Biomechanics, Tissue Engineering and Orthobiologics.

We are currently preparing a theoretical and practical course for surgeons and researchers with an interest in the area. We hope to make an announcement very soon.

We are also examining current concepts and texts, those relevant to our field.

Moreover, we have been co-operating with other Sections and Committees.

Despite all this activity, we are open to new ideas and projects. If you have something that might benefit from ESSKA support, please contact us. ESSKA (through our Foundation) is now able to co-operate with other research institutions.
EDUCATION COMMITTEE

BOOKS

The Education Committee, along with the Cartilage Committee, is producing an ESSKA book entitled ‘Arthroscopy’. This textbook is being written by the most notable arthroscopic surgeons in Europe and will be a guide to surgical techniques for orthopaedic doctors, residents and physical therapists. It covers the general principles in arthroscopic surgery, the history of arthroscopy, instrumentations, implants, knot-tying and the general complications of this technique. The book is further divided into several chapters dealing with every major joint, including operative set-up, patient-positioning, anatomy and all the possible arthroscopic procedures. Each procedure is described in depth focusing on indications, techniques, complications and results. The book will have 100 chapters and will include several high quality images illustrating various techniques.

COURSES

ESSKA will now be organising regular two-day surgical-skills courses on human cadavers. They will take place in ESSKA accredited training centres and at various facilities throughout Europe. The courses will cover all aspects of Sports Traumatology disorders and Degenerative Joint Diseases. Each course will cover a specific area - knee, shoulder, hip, ankle or elbow - at a basic or advanced level in harmony with the ESSKA Certification Programme.

Two Advanced-Level courses are planned for 2015 at the Surgical Skills Centre, York, UK. Two trainees per cadaver are envisaged, and ESSKA-nominated Faculty will provide thorough didactic and practical training. The first Advanced Knee Arthroscopy course takes place 29-30 June 2015. The first Advanced Shoulder Arthroscopy course will take place 24-25 September 2015. Further information about the courses can be found on www.esska.org/education/esska-courses

ESSKA Surgical-Skills Courses

ESSKA’s newest initiative is to organise regular two-day surgical-skills courses on human cadavers.

ESSKA Advanced Knee Arthroscopy Course
29-30 June 2015

ESSKA Advanced Shoulder Arthroscopy Course
24-25 September 2015

We would sincerely like to thank our ESSKA hosts, João Espergueira-Mendes, (Porto), Giuseppe Milano (Rome), Mustafa Karahan (Istanbul), Magnus Forssblad (Stockholm), Andreas Imhoff (Munich) and Patrick Djian (Paris), and our corporate partner, Smith & Nephew, for supporting the travelling fellowship.

Pietro Randelli
Fellowship Committee Chairman

FELLOWSHIP COMMITTEE

ESSKA’s fellowship programmes for 2014-2015 are currently underway, with some Fellows having already completed their fellowships. The experience which Fellows gain by visiting their designated ESSKA Accredited Teaching Centres will reflect on their clinical practice.

The application deadline for the 2015 fellowship programmes is 1 June 2015. Information and application guidelines are available on www.esska.org/fellowships

One of the highlights of ESSKA’s International Travelling Fellowship, the ESSKA-SLARD SUN Travelling Fellowship, took place 29 March-16 April 2015. This included the SLARD group visiting Portugal, Italy, Turkey, Sweden, Germany and finally ending in France. The group comprises (see photos below from left to right) Zoy Anastasiadis MD (Chile), Nils Calderón Tzejerina MD (Bolivia), Ignacio López Proumen MD (Argentina) with Professor Ignacio Cardona-Muñoz MD (Mexico) as Godfather. The fellowship reports will be available in our next Newsletter and on the ESSKA website.

We would sincerely like to thank our ESSKA hosts, João Espergueira-Mendes, (Porto), Giuseppe Milano (Rome), Mustafa Karahan (Istanbul), Magnus Forssblad (Stockholm), Andreas Imhoff (Munich) and Patrick Djian (Paris), and our corporate partner, Smith & Nephew, for supporting the travelling fellowship.

Pietro Randelli
Fellowship Committee Chairman

These courses will take place at the Surgical Skills Centre in York, United Kingdom.

Further information can be found on the ESSKA website under Education / ESSKA Courses.

ESSKA Executive Office
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76, rue d’Eich
L-1460 Luxembourg
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E-mail: courses@esska.org

www.esska.org

These courses have been generously sponsored by our corporate partner Smith & Nephew.
The E&W Committee, which was founded in 2014, is currently working hard on the book “Elbow and Sport.” It is expected to be published at the end of 2015, and will provide a comprehensive overview of all sports-related elbow pathology, as well as covering ‘the pearls and pitfalls’ of related elbow surgery. The authors are all highly experienced upper limb surgeons from across the world.

In November, a closed meeting will be held in Italy, together with a national Italian symposium on elbow and wrist pathology. During this meeting a cadaveric study will be performed in order to propose a new European classification for elbow instability.

Recently there have been more insights in the kinematics of elbow instability, and an adequate classification is now essential to develop and assess new surgical techniques in this field.

Finally, the committee is also working on videos for the ESSKA Academy. This includes videos on physical examination, elbow instability, technique of elbow and wrist arthroscopy which will be released soon.

Luigi Pedersini
Elbow and Wrist Committee Chairman

Denise Eygendaal
Elbow and Wrist Committee Vice Chairman

SPORTS COMMITTEE

ESSKA’s Sports Committee held a strategy and review meeting in Innsbruck on 13-15 February 2015.

At present, the Committee is preparing an ESSKA book: “Prevention of Injuries and Over-use in Sports”. In Innsbruck, we were able to discuss the completed chapters. The book is likely to be launched during ESSKA’s Barcelona Congress in 2016.

We also discussed our expansion to a full ESSKA Sports Section. With our current book we have involved sports scientists, physiotherapists and coaches, in addition to physicians. This gave us the idea of expanding to a section, so as to create an intelligent synergy between sports expertise and medicine.

The Sports Committee will hold its next strategy meeting at the ISAKOS Congress in Lyon, on 8 June 2015 at 16:00. Guests are welcome.

At the 32nd AGA Congress, to be held 17-19 September 2015 in Dresden, Germany, we are also organising a symposium about “Injury Prevention in Sports.”

Hermann Mayr
Sports Committee Chairman

ESSKA Under 45 Committee members participated in SFA’s Cadaver Course in Strasbourg. We organised an open ESSKA U45 Symposium at the Balkan Arthroscopy and Sports Traumatology Congress in Sofia, Bulgaria. We also attended the SFA Congress in Luxembourg in December 2014. Whilst there, we used the opportunity to visit ESSKA’s Executive Office. U45 Committee members also participate in the ESSKA Meniscus Steering Group to create a ‘European Consensus’ for degenerative and acute meniscal lesions. The U45 Committee intends to produce a DVD entitled “Clinical examination of joints”, which will be a compilation of videos based on the examination list for normal status of each joint. This DVD will be of educational value for specialists and suitable for the ESSKA Academy. We hope to complete this before the Barcelona Congress. We shall continue to promote ESSKA’s U45 Committee in Eastern Europe and the venue for our Open Symposium in 2015 is under consideration. Our next Closed Meeting will take place at the ISAKOS Congress in Lyon on 7 June 2015.

Nikica Darabos
Former U45 Committee Chairman

On 7 April 2015, Nikica Darabos resigned from the position as U45 Chairman for personal reasons. Nicolas Gravelleau will fill the position until the next election in 2016. We thank Nikica Darabos for the energy, commitment, and contribution he has shown in his role as U45 Committee Chairman.
 Patella alta is one of the three main instability factor causing patellar dislocation and is present in 30% of patients with recurrent patellar dislocation. The importance of increased patellar height in the study of patellofemoral (PF) disorders lies on the reduced engagement between the two articulating bones: the patella and the femoral trochlea, which is necessary to provide the patella the required mechanical stability throughout the range of motion and in early flexion.

**CURRENT CLINICAL PRACTICE, RESEARCH & INNOVATION**

**CONCLUSION OF THE SFA SYMPOSIUM 2012**

Patella alta is one of the three main instability factor causing patellar dislocation and is present in 30% of patients with recurrent patellar dislocation. The importance of increased patellar height in the study of patellofemoral (PF) disorders lies on the reduced engagement between the two articulating bones: the patella and the femoral trochlea, which is necessary to provide the patella the required mechanical stability throughout the range of motion and in early flexion.

Patella alta X-ray Index > 1.2 + MRI ...

**REFERENCES**


**HOW THE EVALUATION OF THE LAXITY IN ACL DEFICIENT KNEE IS DONE AROUND THE WORLD. WHAT COULD WE GET FROM AN OBJECTIVE EVALUATION? ESSKA SYMPOSIUM AMSTERDAM 2014**

Different groups from around the world worked together showing their results and each using a different method to pre-operatively assess the possibility different engagement between complete and partial ACL tears.

We evaluated the question whether different arthroscopically-confirmed anterior cruciate ligament (ACL) injury patterns have distinctive pre-operative findings in clinical examination, instrumented laxity and MRI by including 100 consecutive ACL-deficient patients with isolated ACL tears were evaluated with Lafeun (17) and pivot-shift (PS1) tests, Tegner stress X-rays and MRI. Arthroscopic confirmation of the ACL injured grouped patients in 4 different ACL tear types (complete, partial AM intact, PL intact, PCL healing), and partial tears were further evaluated for the mechanical integrity and the functionality of the remaining fibers. Results: P50 ≤ 2 and it was consistent with complete ACL tears (P50 ≤ 0.000), while P50 ≤ 1 was strongly related to partial tears (P50 ≤ 0.000). Instrumented laxity results showed significant difference of side-to-side difference (SSD) of anterior tibial translation in complete (9.9±1.4 mm) vs partial tears (1.8±2.9 mm, P0 = 0.000). Most intact PL cases were functional (95%) with lower instrumented laxity values (ISSD 4.3±1.2 mm) than the non-functional (ISSD 5.9±2.9 mm, P0 = 0.000). The contrary was not observed for AM intact cases (78% functional). Partial ACL tears with ‘functional’ remaining fibers had PS0 ≤ 2 and less than 40 mm SSD in stress X-rays (sensitivity=0.76, specificity=0.90). Partial ACL tears with ‘non-functional’ fibers had positive PST and SSD of anterior tibial translation from 4 to 9 mm (sensitivity=0.56).
Pre-operative evaluation of different ACL tear types showed differences between complete and partial ACL tears with functional fibers in clinical examination and instrumented laxity. The combination of clinical findings and X-ray images is a threshold value that distinguishes complete from partial ACL tears, which may help the surgeon in the early identification of the presence of remaining functional fibers.

Within clinical practice management, scenarios such as ACL, PCI or PLC tears, both for diagnostic or treatment outcomes assessment, PKTD gives classical data such as exact amount of translation, rotational laxity or both combined, clinical readings of biomechanical functioning/competence status of the knee within its relation with ligaments total or partial ruptures, follow-up of different surgical or conservative treatments and/or other path mechanical conditions.

**PLATELET-RICH PLASMA FOR TENDINOPATHY: FICTION OR REAL TREATMENT IN SPORTS MEDICINE?**

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Platelet-rich plasma (PRP) is facing a terribly increasing interest for its potential to treat sport injuries involving tendons and cartilage defects, although there are variable results in terms of pain relief, functional outcome and return to sports activity. Since two consensuses of the International Olympic Committee (IOC) had place in 2008 and 2010 [6], the use of this biologic treatment has spread over. The reason for the success in the sports medicine is the rapid action of the PRP, which fits the need of athletes to get quickly back to sport practice. The role of growth factors contained into the plasma (platelet-derived growth factor PDGF, transforming growth factor, TGF-β, platelet-derived epidermal growth factor, PDEGF, vascular endothelial growth factor, VEGF, insulin-like growth factor IGF) has been the focus of recent studies. The key of the effectiveness of PRP treatment is on the molecular action that it plays on the injured tissues. Tendinopathy is one of the most common lesions which a proper treatment in PRP resulting in a nearly 50% of success in terms of symptoms relief and improvement of function, with a return to work from 2 to months [7]. Animal studies reported improvement in tendon callus strength [7] and the activation of the immune system, and the production of type I and III collagen [8] treating tendinopathy with direct PRP injections, showing also a key role of the gel in the healing process of tendinopathy [9]. Results on human subjects showed good outcomes in treating lesions and tendinopathic biopsies [10] and patellar tendon [11] compared to dry needling and external shock waves [12], while contrasting results have been provided for wrist extensor tendons [13]. Achilles tendons, plantar fascia [14] and rotator cuff. Case series evaluating the effect of PRP on the Achilles tendon showed good outcomes, although the superiority of PRP over placebo has been assessed in a CRITI [15]. A case series [16] reported that the peak of effectiveness of PRP injection in the Achilles refractory tendinopathy can be observed at 6 months, with stable results up to 4.5 years. Studies on intraoperative administration of PRP on the rotator cuff tendons showed a lower re-rupture rate [17]. However, comparative studies have not demonstrated yet the superiority of PRP on other treatments [18] and the methodological quality of the existing literature is not excellent. Even though there is still a lack of evidence in terms of better clinical outcome in patients treated with PRP compared controls group patients [19], actually PRP is widely used in athletes tendons and muscle disorders. An explanation could be represented by a faster recovery time in patients undergo to PRP treatment [20]. Future perspectives for possible applications of PRP treatment in tendinopathy should be based on high-quality clinical research, with large cohorts and standardizing the method of preparation of the biologic product. Moreover, focusing on the specific implications of single platelet-derived growth factors in the healing process and their role in different tissues biology will let possibly to further understand applications of different kind of PRP (prepared with different methods in terms of centrifugation time and speed, platelet concentration above baseline, tissue-specific growth-factor concentration) or the effect of different timing of administration for each site of injury.

ESsKA NEWSLETTER WANTS YOUR SCIENTIFIC INPUT...

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

We are waiting for your ideas and work! Contact Graham Woolwine (gwolwine.graham@esska.org) in the ESska office for further details.

David Depuy ESska Newsletter Editor
AFFILIATED SOCIETIES

In the last months, ESSKA welcomed two new national organisations as Affiliated Societies: the Danish Society for Arthroscopic Surgery and Sports Traumatology, and the Slovene Society for Arthroscopic Surgery and Sports Traumatology.

Below is a summary about these two new societies as well as the British Association for Surgery of the Knee (BASK), which has been affiliated with ESSKA since 2012. These newest affiliations bring our total number to 28.

DENMARK

DANISH SOCIETY FOR ARTHROSCOPIC SURGERY AND SPORTS TRAUMATOLOGY
(Dansk Selskabfor Arthroskopisk Kirurgi og Sportstraumatologi - SAKS)
www.saks.nu

The Danish Society for Arthroscopic Surgery and Sports Traumatology was founded in 1988 and has presently 130 members with interest in arthroscopic shoulder, hip, knee and ankle surgery and sports medicine. The society aims, through cooperation between the society, its members and its departments, to:
• Improve treatment for the sports traumatology patient.
• To develop and disseminate arthroscopic treatment of the musculoskeletal system.
• To initiate, facilitate and support sports traumatology research.
• To coordinate treatment principles and information.
• To disseminate practical sports traumatologist education.
• To provide a basis for international education and research.

The current President is PROF. MARTIN LIND.

• 5-7 May 2015: Basic Arthroscopy Course, Copenhagen, Denmark
• 22-29 September 2015: Knee Ligament Reconstruction Course, Aarhus, Denmark

SLOVENIA

SLOVENE SOCIETY FOR ARTHROSCOPIC SURGERY AND SPORTS TRAUMATOLOGY (SSASST)
www.esska.org/affiliates/SSASST

The Slovene Society for Arthroscopic Surgery and Sports Traumatology was founded in April 2003 by orthopaedic and trauma surgeons in order to bring together specialists who deal with arthroscopy and sports injuries. From the beginning, SSASST has worked under the supervision and the support of the Medical Chamber of Slovenia. The society’s objectives have always been to improve cooperation, provide training for young surgeons, accelerate the introduction of new arthroscopic techniques and thus improve the treatment of our patients.

Since 2003, SSASST has organised every year an “International course of Arthroscopic techniques with cadaveric workshop” with the participation of the Anatomical Institute Faculty of Medicine Ljubljana, University Orthopaedic Clinic Ljubljana and Department of Traumatology UMC Ljubljana. In April 2014, SSASST organised the 11th course under the auspices of ESSKA. SSASST also organises every second year an “International symposium on Sports injuries” under the patronage of the Olympic Committee of Slovenia. The society currently has nearly 60 members due to the rapid development of arthroscopic surgery (especially knee, shoulder, elbow, hip, and ankle) and knee surgery. Our primary goal is to strengthen our relationship and cooperation with other national societies and the ESSKA family itself.

The current President is PROF. OSKAR ZUPANC MD, PHD.

• October - November 2015: SSASST Annual Meeting
• October - November 2015: International symposium on meniscal repair and reconstruction – current concepts

GREAT BRITAIN

THE BRITISH ASSOCIATION FOR SURGERY OF THE KNEE (BASK)
www.baskonline.com

The British Association for Surgery of the Knee is the United Kingdom’s specialist society for knee-surgery. It was set up in the early 1980s, and has grown to become one of our largest surgical sub-specialist organisations. It provides a professional forum for orthopaedic surgeons who have a significant interest in knee-surgery.

Unlike many knee societies it embraces both arthroplasty and arthroscopic techniques, as well as all treatments involving the knee. The Association provides a forum for research and education, and advises British authorities and statutory bodies on healthcare management for all aspects of knee-surgery.

BASK has helped set up the National Ligament Registry (NLR) which has the ability to record all the primary ACL reconstructions done in England and Wales. The registry has been running for three years and already has several hundred patients registered. In a similar fashion BASK have provided financial support for the UK knee osteotomy register (UKKOR).

The current President is DR. RICHARD PARKINSON.

• 30-31 March 2016 BASK annual Spring meeting Liverpool, UK

Esska Newsletter May 2015

Message from the Executive Director

I am delighted to announce the completion of our office expansion.

We have strengthened our international team with two excellent new people, who have brought us spirit and enthusiasm. Amanda Olson is English and Rueneta Rai is from India. A very warm welcome, ladies.

Whether you wish to submit a manuscript, or have a question about KSSTA or JEO – our two journals – Amanda and Rueneta are here to help.

At the same time we’d like to thank Karen Baxter, who worked on KSSTA for nearly two years, before deciding to move on at the end of last year.

We have also completed the changes to ESSKA’s internal structure, with revised rules for ESSKA’s sections, so they all follow the same procedures. This will obviously make our office-work much easier, and ESSKA more efficient, as everybody will now share the same clear goal; the overall good of our society.

ESSKA is constantly innovating, for instance our new ESSKA COURSES. These are a novel type of cooperation between a professional society like ourselves and a corporate partner – in this case Smith and Nephew – in which we receive the benefits of their technology, but retain full scientific and organisational independence.

The best of both worlds, we think.

The first two courses take place this year: an Advanced Knee Arthroscopy Course, and an Advanced Shoulder Arthroscopy Course. We expect to see many more.

Yours as ever,

Zhanna Kovalchuk
ESSKA Executive Director

The ESSKA Meniscus Project was launched by Philippe Beaufils and Roland Becker in the middle of 2014 to address everyday clinical questions about meniscus treatment. Two main topics were specified:

1. degenerative meniscus lesions, and
2. traumatic meniscus lesion.

A ‘steering group’ was established, which included European meniscus experts, as well as research and clinical work, epidemiology, and physiotherapy.


Our first meeting was held in December 2014 in Luxembourg during the SFA meeting when topics were proposed and discussed. The following months, before the Berlin meeting in March 2015, preliminary answers were compiled from the available literature, and these were discussed during the meeting.

Our next task is to produce a Working Draft which can be finalised at the ISAKOS meeting in Lyon, in June. Then it will be passed to a ‘rating group’ for further examination. This Rating Group will comprise 20 members from different European societies e.g. orthopaedic surgeons, physiotherapists, conservative orthopaedics and general practitioners.

If necessary the draft will be revised and then 50 ESSKA members - the ‘peer review group’ - will further consider and revise.

In all this, our aim is to provide a suitable manuscript for a European Meniscus Consensus meeting in February 2016. The final text will be presented during ESSKA’s Congress in Barcelona.
UPCOMING EVENTS

• ESSKA EVENTS

5TH ANNUAL ESSKA-AFAS DAY 2015
8-9 May 2015 – Budapest, Hungary
www.esska-afas.org/budapest2015

ESSKA CONSENSUS MEETING: EARLY OSTEOARTHRITIS
21-22 May 2015 – Verona, Italy
www.earlyosteoarthritisverona2015.org

ESSKA-EKA CLOSED MEETING
19-20 June 2015 – Geneva, Switzerland
www.esska.org/meetings/eka-closed-meeting-geneva

• PATRONAGE EVENTS

ESSKA grants patronage for events, meetings, and courses organised by other associations or companies which merit support from ESSKA. Below are patronage events from June through December 2015. A complete list is available on the ESSKA website under Meetings.

ICRS 2015 WORLD CONGRESS CHICAGO
08-11 May 2015 – Chicago, US
www.cartilage.org

5TH MEETING OF THE SERBIAN ASSOCIATION FOR SHOULDER AND ELBOW
15 May 2015 – Belgrade, Serbia
www.shoulderelbowserbia.org

BAKAST (BELARUSIAN ASSOCIATION OF KNEE SURGERY, ARTHROSCOPY AND SPORTS TRAUMATOLOGY) CONGRESS
29 May 2015 – Minsk, Belarus
www.ortopedo.by

THE 4TH KNEE ARTHROSCOPY COURSE: ACL RECONSTRUCTION
29-30 May 2015 – Novi Sad, Serbia
www.astas.rs

ANNUAL CONGRESS OF GOTS
12-13 June 2015 – Basel, Switzerland
www.gots-kongress.org

15TH AMSTERDAM FOOT AND ANKLE COURSE
17-18 June 2015 – Amsterdam, The Netherlands
www.ankleplatform.com

ADVANCED FOOT & ANKLE COURSE
18-19 June 2015 – Amsterdam, The Netherlands
www.ankleplatform.com

WATCH AND TRY
18-19 June 2015 – Fiumano Modenesi Sassuolo, Italy
http://www.sigascot.com

2ND ITALIAN INTERNATIONAL SHOULDER COURSE ARTHROSCOPY AND OPEN SURGERY
2-4 July 2015 – Arezzo, Italy
www.icia.eu

3° CORSO TEORICO-PRATICO SU FEMORO-ROTULEA
4 July 2015 – Ancona, Italy
www.sigascot.com

ADVANCED INSTRUCTIONAL COURSES ON ARTHROSCOPY OF SHOULDER, ELBOW, WRIST AND KNEE, ARTHROPLASTY OF SHOULDER AND ELBOW
6-10 July 2015 – Utrecht, The Netherlands
www.shoulder-elbow-knee.nl

INTERNATIONAL CONGRESS ON CARTILAGE REPAIR OF THE ANKLE - SEOUL 2015
28-29 August 2015 – Seoul, South Korea
www.iccra2015.co.kr

32. AGA-KONGRESS
17-19 September 2015 – Dresden, Germany
www.aga-kongress.info

ICRS FOCUS MEETING – REHABILITATION & RETURN TO SPORTS
18-19 September 2015 – Zurich, Switzerland
www.cartilage.org

X ORTHOPEDIC SYMPOSIUM IN BIELSKO-BIALA - PATELLOFEMORAL DISORDERS
3-4 October 2015 – Bielsko-Biala, Poland
www.sympozjum2015.pl/eng

INTERNATIONAL SYMPOSIUM TOTAL KNEE ARTHROPLASTY
08-10 October 2015 – Krakow, Poland
www.totalknee.eu

FORTIUS INTERNATIONAL SPORTS INJURY CONFERENCE 2015
13-14 October 2015 – London, United Kingdom
www.fsic.co.uk

3RD LUXEMBOURG OSTEOTOMY CONGRESS
27-28 November 2015 – Luxembourg, Luxembourg
www.intercongress.de/deutsch/Kongresse/KongressFactsheet.phpID=703190&Jahr=15&start=31

SFA ANNUAL CONGRESS
09-12 December 2015 – Grenoble France
www.sofarthro.com

• OTHER EVENTS

EFORT
27-29 May 2015 – Prague, Czech Republic
www.efort.org

ISAKOS 10TH BIENNIAL CONGRESS 2015
7-11 June 2015 – Lyon, France
www.isakos.com

AOSSM ANNUAL MEETING 2015
9-12 July 2015 – Orlando, FL, USA
www.sportsmed.org

BRIDGING 32nd AGA Congress

www.aga-kongress.info
17-19 September 2015 – Dresden, Germany

Scientific Programme

Identification - Experience - Sustainable treatment

Main Topics
- Indication: Which treatment for which patient?
- Biological treatment options
- Partial joint replacement

- Stiff joint
- Usability in daily living/
  Return to sports/Resilience/
  Return to work

Specials
- Instructional courses
- Research/International Day
- Meet the experts
- Surgical techniques
- Poster
- AGA Students
- Resident Physician Forum
3rd Luxembourg Osteotomy Congress

DEGENERATIVE and POSTTRAUMATIC DEFORMITIES?
Preserve the knee joint!

Information & Registration:
www.lux-osteo.com
MRI is essential nowadays in diagnosing soft tissue, cartilage or bony pathologies. A fruitful discussion between both specialties helps to understand them better. What are the most important information for surgeons and why? The course helps to improve the understanding between the surgeon and the radiologist with special interest in MRI. During the course, the concept course is well-established amongst orthopaedic surgeons and radiologists alike, with ever-increasing numbers of participants.

In total, 270 participants, of whom 70 were radiologists and the remaining attendees were orthopaedic surgeons, made ample use of the interdisciplinary platform provided.

As before, lectures and interactive debates were focused on the MRI-based diagnostics of the musculoskeletal system in the morning. At the same time workshop sessions covered the entire spectrum of arthroscopic surgery. From basic arthroscopy to the most advanced surgical techniques was included. Several workstations were available to allow delegates to get familiar with all kind of arthroscopic techniques under the supervision of highly specialist instructors. Experts and distinguished guests, as well as clinicians shared their experience in terms of case-based presentations and lectures.

The afternoon sessions covered topics relevant to either discipline with all kind of arthroscopic techniques under the supervision of highly specialist instructors. Expert radiologists as well as clinicians shared their experience in terms of case-based presentations and lectures.

There are some special remarks to be made. Firstly, Portuguese surgeons have a great interest in ESSKA and it keeps increasing. Secondly, considering the participation from the audience (comments and questions), the KSSTA journal is currently considered as a top reference and the ESSKA Academy is receiving a lot of attention (particularly among youngsters). Finally, João, besides being a great scientist is an unequalled host! The President of SPST manifested his gratitude for such an elevated representation of ESSKA, stating that this has been one of the best moments of the meeting.

Hilder Pereira

CSSTA ANNUAL MEETING IN PLOTVICE LAKES, CROATIA

The Croatian Society for Sports Traumatology and Arthroscopy (CSSTA) organised its one-day annual meeting at the National Park Plitvice lakes on 8 November 2014. The meeting was dedicated to hip arthroscopy, which is gaining popularity around Europe as well as in our country. The first attempts at this procedure were made about 10 years ago and currently we have encouraging progress as it is being practiced at three medical centres. We had guest speakers Dr. Frédéric Laude from Paris and Dr. Klemen Strazár from Ljubljana who shared their valuable experiences with us. Forty participants had the opportunity to discover up-to-date information on intra- and extra-articular hip impingement and arthroscopic possibilities.

In the friendly atmosphere of the beautiful park, all the participants enjoyed their impressions during lunch. We have concluded that similar meetings dedicated to one topic, in the future, would be valuable.

The next annual meeting to be held in November 2015 will be dedicated to new arthroscopic techniques of the wrist and the ankle.

As for 2015, we are preparing a cadaver course on the knee in March. We are also happy to announce that our society is growing in membership and is well-recognised among surgeons involved in sports injuries.

Radovan Mihelic
CSSTA President
Synergy UHD4
The First Autoclavable 4K UHD Camera and Image Management System with 4x the Resolution of HD