**News**

15th ESSKA Congress:
Invited Lectures, 43 Symposia, 18 ICL.
Physical Therapy Programme.
Nurse Programme.
KSSTA Reviewer course.
Orthopaedic Sports Medicine comprehensive review course.

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SPECIAL THANKS TO

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Who supports our cause reaching towards the ultimate goal of increasing the quality of life of patients. so once again, thank you!

LEGAL OF COVER PICTURE

Posterior root tear medial meniscus.
Courtesy of Peter Verdonk

ANATOMY OF THE KNEE DVD BY WERNER MÜLLER

Following the large success of Prof. Müller’s DVD on the anatomy of the knee in Oslo the ESSKA board wanted to renew the experience for Geneva in 2012. The board is grateful to Werner Müller to have put his energy in a reedition of his work. This year’s edition has been made possible by an educational grant of the Luxembourgish Society for Research in Orthopaedics and Sports Medicine (SLROMS). It will again be distributed for free to all congress participants!

CHAPTERS INCLUDE:

• Kinematics
• Medial Anatomy
• Intra-articular + Patello-femoral Anatomy
• Lateral Anatomy
• Posterior Anatomy

Thank you Werner, for this invaluable document, which can not be missed in the library of any orthopaedic surgeon!

DO NOT MISS YOUR OPPORTUNITY TO GET YOUR FREE COPY OF THE DVD!
From the President

The ESSKA Biannual Congresses are becoming recognized as leaders in their field. This year, in a spectacular venue, we have assembled some of the world’s authorities on sport traumatology, knee surgery and arthroscopy. There will be instructional lectures, ground-breaking lectures, symposia, poster discussion sessions, and the presentation of awards. Jacques Menetrey and Stefano Zaffagnini have managed it masterfully, our 15th congress in Geneva, from May 1st to May 5th.

With regard to the last two years, I am proud to conclude that we have done much of what we said we would do. In international terms, ESSKA has become a trusted umbrella organization, with a growing number of affiliated societies, especially in Europe. We have managed this, quite simply, because we “only go for the best”, hence the growing esteem of our congresses. We are open and enthusiastic, and this seems to attract young clinicians, researchers and scientists. And of course the geography helps us---so much quality within such a short distance.

This emphasis on quality is reflected in our fellowship programmes, of which the exchange with AOSSM, APKASS and SLARD are perhaps the jewel in the crown. Our new ESSKA-CHELSEA fellowship provides training in sports medicine, whilst a second new one-week fellowship, for senior surgeons, will enable direct access to leading experts---to absorb some of their magic... Please check our website!

Likewise, our three sections — EKA (European Knee Associates), AFAS (Ankle and Foot Associates) and Shoulder Section — have been surging forwards. For example, ESSKA_EKA has held a very successful meeting in Vienna last November, the Upper Limb Section was very active and ESSKA-AFAS alone will be hosting six major events this year:

— March 9th and 10th, in Dublin, an International Ankle Cartilage Meeting, together with the Hospital of Special Surgery in New York (HSS was nominated the best Orthopaedic hospital in the US for the last three years)
— April 13th and 14th, in Moscow, an Ankle Congress, together with ASTAOR
— May 1st to 5th, in Geneva, alongside the congress, a full day of scientific activity about Athletic-Ankle problems
— June 21st and 22nd, in Amsterdam, a hands-on Foot and Ankle Course
— August 30th and 31st, in Zurich, a Foot&Ankle Focus meeting, together with ICRS (International Cartilage Repair Society) and FIFA
— September 27th and 28th, in Arezzo, another AFAS hands-on Foot and Ankle course

ESSKA has also launched its own publishing programme, with the first results on view at this congress. The four free books you will receive at the Congress are proof of this, and courtesy of our sections, our committees and their labours!

Also new at this Congress will be an Orthopedic Sports Medicine Review course. This certified course is our first step to create an ESSKA Certification for Sports Medicine throughout Europe. This will be a major advance!

Another landmark is the 20 year anniversary of our KSSTA Journal which, under the leadership of Jón Karlsson, is now receiving a thousand submissions a year (which entails a rejection rate of 70-%, surely a healthy sign of quality!). Apart from celebrations, and awards for the best submissions, there will be special anniversary editions on early osteoarthritis and rotatory knee laxity. We welcome the new associate editors Rainer Siebold and Stefano Zaffagnini, and the new web editor Sebastian Kopf.

Finally, on a more personal note, I am concerned about what the military used to call “Fitness-for-Task” which is now recognised as an increasing problem of the modern workplace — and that, of course, includes residents-in-training, and orthopaedic surgeons! How can we maintain our intensity, our passion for what we do, without burnout? For example, we have excellent staff at ESSKA, and I feel a moral commitment for them, as I’m sure do all other executives. The literature suggests solutions, some of them unrealistic, some eminently sensible. So, How do we keep fit-for-task? will be the subject of my presidential address at Geneva.

I hope to see you all there...
The biennial ESSKA meeting attracts the very best orthopaedic sports physicians in Europe and worldwide. In 2012, we will meet in GENEVA/SWITZERLAND, one of the most international and open cities in Europe. In addition to European ESSKA members, we welcome some of the best surgeons and sports scientists from all around the world.

During the 2012 ESSKA meeting in Geneva we will offer you the best of science in our field from the ESSKA members. The congress starts on Wednesday morning, May 2nd and ends on Saturday, May 5th at noon. The congress venue is superb and modern, located close to the international airport and only 10 minutes from downtown Geneva. Special one-day programmes for OR staff and three-day programmes for physiotherapists are planned. For the first time, a comprehensive Review Course in Orthopaedic Sports Medicine will be held on Friday afternoon.

The main topics will focus on state of the art, guidelines and recommendations about “hot” topics, return to play and degenerative problems. Real poster sessions with a “happy hour”-format will be organised and video stations will be available throughout the entire meeting to visualise technical tricks and pearls. Degenerative and upper limb problems will be addressed by specific programmes all through the meeting under the direction of EKA and ULS respectively.

Meet the ESSKA Staff at the ESSKA booth!
Here is your chance to meet our team in person!
Come by, chat with us and learn more about ESSKA at our booth in the main hall during the congress!
Apply to ESSKA at our booth, get the latest news on our publications and our educational programmes!
We will be happy to answer your questions about ESSKA & KSSTA

Looking forward to meeting you there...
Alexandra, Elodie, Marielle & Pascale
AWARDS GIVEN DURING THE ESSKA CONFERENCE IN GENEVA 2012

THE NICOLA’S FOUNDATION YOUNG RESEARCHER AWARD (< 40Y)
Sponsored by The Nicola’s Foundation Prize money: 1.500 EUR
This award is given to the best scientific manuscript in the fields of Knee Surgery, Sports Traumatology and Arthroscopy presented by a researcher < 40 years of age.

AWARD FOR BEST PAPER IN LIGAMENT AND BIOMECHANICS
Sponsored by Smith & Nephew Prize money: 2.000 USD
This award is given to the best scientific manuscript in the fields of ligament healing and biomechanics in orthopaedic sports medicine.

THEO VAN RENS BEST PAPER AWARD
Sponsored by ESSKA Prize money: 3.000 EUR
This award is given to the highest ranked scientific presentation. The 6 finalists have the privilege to present their work during the Star Paper Session at the ESSKA biannual meeting. The winner will be selected by a jury directly after the Star Paper Session.

PORTO AWARD “INNOVATION IN ARTHROSCOPY”
Prize money: 2.500 EUR
ESSKA wishes to stimulate the research and the development of arthroscopy. The Porto Award - Innovation in Arthroscopy encourages all medical doctors that perform arthroscopy to present their knowledge, techniques and expertise.

BEST POSTER AWARD
Sponsored by ESSKA Prize money: 500 EUR each in 5 different categories
This award is given to the best posters accepted for display at the ESSKA biannual meeting. The five categories are: degenerative, ligaments, basic science, shoulder, sports medicine.

BEST ALWIN JÄGER VIDEO
Donated by the Alwin Jäger Foundation Prize money: 2.500 EUR
This award is given to the best video on technical tricks and pearls. The selection of the best video will be performed by a jury based on the excellence of the submitted video. The prerequisite to participate is to be an ESSKA member. The Award Winner will be notified in early March 2012. Following awards will be given during the 15th ESSKA Congress in Geneva. The deadline for applications was on December 31, 2011. Notifications to Award Winners will be sent out in early March 2012.

ESSKA BASIC SCIENTIST TRAVEL GRANT
Sponsored by ESSKA
ESSKA supports Basic Scientists! ESSKA provides financial support for 4 selected Basic Scientists wishing to attend the 15th ESSKA Congress (May 2 – 5, 2012, Geneva/Switzerland).
Selection will be performed by a jury based on the excellence of the submitted basic science abstracts (submission via regular abstract submission platform). The presenting author who needs to be an ESSKA member (or will become an ESSKA member at the congress) will receive up to 500 EUR to cover travel costs to attend the congress.

KSSTA BEST PAPER AWARD
Sponsored by ESSKA Prize money: 1.000 EUR
KSSTA will give a BEST PAPER AWARD at the ESSKA biannual meeting for an original publication in the journal selected from all publications in KSSTA during 2010-2011.
NEW! CARTILAGE REPAIR – CLINICAL GUIDELINES (2012)

This book is the second book on the treatment of cartilage lesions developed in collaboration with DJO Publications. Whereas the first book focused on basic and clinical aspects of cartilage repair, this second book is meant to present to the readers how to treat different types of cartilage lesions, as well as lesion treatment related to age, size of lesions and concomitant conditions and diseases. We have attempted to present a large variety of conditions and situations involving chondral, osteochondral and osteoarthritic lesions in young, middle aged and old patients, as well as patients with high and low demands on the use of their joints. A very useful chapter on post-operative rehabilitation is also included. The field of cartilage tissue engineering is growing quite rapidly. New technologies are appearing on the market, but new regulations related to the use of these methods will also restrict the use of some existing technologies. However, fortunately, the basic knowledge of how to choose the patients for treatments is more stable and confirms the quote by Vincent van Gogh that “Love is something eternal; the essence”. Subsequently, we hope this book will be useful in no single treatment being considered the gold standard for any of the insertional Achilles pathologies. Evaluating current treatments and planning possible future treatment therefore remains important. In collaboration with world leaders in this field, The Achilles Tendon Study Group (ATSG) has reviewed the available literature to provide a balanced consensus on the scope of insertional Achilles tendon problems. Some chapters may be controversial, as their content may be based on limited clinical evidence. These chapters were nonetheless included to promote debate and force discussion to emphasise the present state of affairs and promote future studies of this controversial subject. Previous publications on Achilles Tendon Rupture and Midportion Achilles Tendinopathy are still available through DJO Publications. The ATSG consensus line will be continued with a fourth publication at the ESSKA in 2014.

The Editors


We are proud to present the third production in the line of consensus books on Achilles tendon pathology. Insertional problems of the Achilles tendon can be divided into insertional Achilles tendinopathy (with or without calcification), retrocalcaneal bursitis, superficial calcaneal bursitis and, in children, calcaneal apophysitis. These different pathologies have caused confusion in the literature, hence, this book starts with a chapter on the terminology used in this work. The cause of these different pathologies is multifactorial, but several may coexist in some patients due to the close anatomical relation. Given the complex pathophysiology, different treatment strategies have been developed, resulting in no single treatment being considered the gold standard for any of the insertional Achilles pathologies. Evaluating current treatments and planning possible future treatment therefore remains important. In collaboration with world leaders in this field, The Achilles Tendon Study Group (ATSG) has reviewed the available literature to provide a balanced consensus on the scope of insertional Achilles tendon problems. Some chapters may be controversial, as their content may be based on limited clinical evidence. These chapters were nonetheless included to promote debate and force discussion to emphasise the present state of affairs and promote future studies of this controversial subject. Previous publications on Achilles Tendon Rupture and Midportion Achilles Tendinopathy are still available through DJO Publications. The ATSG consensus line will be continued with a fourth publication at the ESSKA in 2014.

The Editors

NEW! ESSKA BEST PRACTICE IN MINIMALLY INVASIVE TOTAL KNEE REPLACEMENT – CURRENT OPTIONS (2012)

BEST PRACTICE IN is an English-Language book collection which deals with surgical techniques in the field of Orthopaedics and Traumatology. The publication is actively involved in the international development of Orthopaedics and the medical advancement of surgeons. The objective is to supply the surgeon community, science-oriented business, teaching centres and medical industries with coverage of the latest surgical achievements, using the appropriate multimedia format: hard copy illustrations, 3D visualisations, and video sequences on DVD. Each issue will address a specific subject and will provide an overview of the current surgical techniques available to treat the given pathology by calling on the first-hand experience of various international experts.

CARTILAGE REPAIR–CURRENT CONCEPTS (2010)

The art of medicine cannot be inherited, nor can it be copied from books... Paracelsus It is quite well-known that cartilage when injured is not like bone, it cannot be copied from books. The art of medicine can only be learned by practice and experience. So the art of medicine is not to be found in books, but in the patients themselves. In Porto, 2008, the ESSKA Cartilage Committee presented a symposium on cartilage related problems including both basic and clinical research and clinical problems. Based on those presentations and with help from DJO Publishing they decided to put together the presentations into chapters for a book on current concepts of cartilage repair. This book is the first in a series on cartilage related matters that hopefully will be useful for surgeons and basic scientists working in the treatment of cartilage injuries. We are very grateful to all authors that have contributed to make this book complete with up dates of current concepts. We are also very grateful to DJO for making this publication possible. One detail has been very obvious; the authors have all been very enthusiastic to take part in writing their chapters which has been stimulating for the editors. We hope that the readers will be stimulated as well to learn more about cartilage for the benefit of our patients. “Always laugh when you can. It is cheap medicine.” –Lord Byron
ACHILLES TENDINOPATHY – CURRENT CONCEPTS (2010)

5. Non-insertional Achilles tendinopathy is an over-use injury and is increasing in incidence in part due to the rise in sporting activities. It is said to effect up to 9% of recreational runners and 3-5% of professional athletes with Achilles tendinopathy who are then forced to give up their sporting career. The cause of the tendinopathy is multifactorial and the underlying pathophysiology complex. Therefore, the treatment is controversial and has a far from certain outcome – “treatment is more of an art than a science”. Many different treatment modalities have been put forward over the years with varying reported rates of success. Many of these treatments may be based upon sound scientific theory but most have little clinical evidence to support their use. The Achilles Tendon Study Group (ATSG) has reviewed the available literature in an attempt to provide a balanced consensus on what is known about Achilles tendinopathy, the available treatments (and the basis on which they are founded), the outcome measures available to standardise future clinical studies and future treatments that are being developed. The ATSG has recruited world leaders who have an interest in the Achilles tendon and present a book summarising our current knowledge on non-insertional Achilles tendinopathy. It is acknowledged that some chapters are controversial as they report on treatments that may be widely used but have little clinical support in terms of controlled or independent studies. The editors have specifically included such chapters to promote debate and highlight areas where future clinical research is required or is in progress. The authors also wish to promote new studies on Achilles tendon pathology, especially controversial topics. This is the second in a series of consensus books. The first book “Achilles Tendon Rupture” was presented at ESSKA 2008 in Porto and is available free through DJO Publications. The third book “Insertional Achilles Tendonopathy” is in preparation and will be released at the ESSKA meeting in 2012. The Editors

ANATOMY OF THE KNEE (2010)

6. Werner MUELLER, internationally renowned and rewarded for his merits and significant contributions to the specialty of sports medicine has dedicated this state-of-the-art document on Anatomy of the Knee to all orthopaedic surgeons. Chapters include: Kinematics, Medial Anatomy, Intra-Articular PatelloFemoral Anatomy, Lateral Anatomy, Posterior Anatomy.

ACHILLES TENDON RUPTURE – CURRENT CONCEPTS (2008)

7. ‘The Achilles tendon, if bruised or cut, causes the most acute fevers, induces choking, deranges the mind, and at length brings death’. (Hippocrates)

Achilles tendon ruptures are relatively common. Although the Achilles tendon, formed by the merging of the tendons of gastrocnemius and soleus, is the thickest and strongest tendon in the human body, it remains susceptible to injury. During the last two decades, the incidence of spontaneous ruptures has been rising, probably because of the increasing keepfit culture. Approximately 75% of Achilles tendon ruptures occur during sports activities. Several aetiological hypotheses have been proposed, including the adverse influence of corticosteroids, fluoroquinolone antibiotics, exercise-induced hyperthermia, and mechanical abnormalities of the foot. The diagnosis of an acute rupture can usually be made clinically. Recently, several metaAnalyses on management were published, but there is still a lack of consensus on the best management of the acute Achilles tendon rupture. Management can be broadly classified into operative and nonoperative treatment. Generally, open operative management has been used in athletes and young, fit patients, percutaneous operative in those who do not wish to have an open repair, and non-operative management in the elderly. Recent systematic reviews have concluded that operative management has a lower rerupture rate, but must be balanced by the risks associated with surgery. Recent studies have demonstrated the beneficial effect of functional aftertreatment in a mobile cast or brace. The purpose of this book is to provide the reader with the latest information concerning aetiology, diagnosis, and management of acute ruptures of the Achilles tendon. In 2007, the Achilles Tendon Study Group was founded to promote the research and scientific study of injuries to the Achilles tendon. The Study Group meets over one day every year. In the even years, the meeting takes place in the same venue of and immediately before the biannual ESSKA 2000 Congress. The other years, the meeting takes place in the same venue of and immediately before the biannual ISAKOS Congress. This book on the management of acute ruptures of the Achilles tendon is the first product of the group, and is part of an upcoming current concepts series on ailments of the Achilles tendon. The best available evidence and expert opinion was collected and discussed in an international panel of expert orthopaedic surgeons. The outcome is collected in this book, of which the production was made possible by DJO. Having read this first issue, we hope that orthopaedic surgeons, trauma surgeons, and residents will find it a complete and comprehensive collection of current evidence on the aetiology, diagnosis and treatment of acute ruptures of the Achilles tendon. The Editors
15TH ESSKA CONGRESS
GENEVA MAY 2012
SOCIAL PROGRAMME

POSTER HAPPY HOUR WELCOME RECEPTION
The evening of the first official congress day is dedicated to meeting your colleagues and friends from all around the world attending the ESSKA Congress 2012! Following the last session we will all gather in Hall 1 at 18:00 for a walk through the large poster exhibition area, enjoying a glass of beer and some snacks and discussing with poster presenters.

DATE: Wednesday, May 2nd, 2012
18:00 – 18:30 Poster Happy Hour in Hall 1
WELCOME RECEPTION: 18:30 – 19:30
VENUE: PALEXPO Congress Centre

GALA DINNER
This year’s conference dinner will take place at the Starling Hotel, located close to the PALEXO Congress Centre. This will be the perfect opportunity to meet with your colleagues in a friendly and fun atmosphere. You will be served a top quality meal and entertained by different acts that will contribute to creating an enjoyable and warm atmosphere.

DATE: Friday, May 4th, 2012
TIME: Aperitif at 19:30, Dinner at 20:00
VENUE: Starling Hotel – Route François-Peyrot 34, Geneva
TICKETS: 90,00 € – Available at the Intercongress registration counter of PALEXPO Congress Centre

TOURS –

FOR BOOKINGS PLEASE REFER TO THE CONGRESS WEBSITE WWW.ESSKA-CONGRESS.ORG/ESSKA2012 SECTION “ACCOMMODATION AND TOURS”

CITY TOUR OF GENEVA
• Price: CHF 45.00 per participant, duration of the tour: 2h
• Date and time: All days at 10.30 am or 01.30 pm

GENEVA CITY TOUR & BOAT CRUISE
• Price: CHF 58.00 per participant, duration of the tour: 3h
• Date and time: all days at 01.30 pm

EXCURSION TO GENEVA COUNTRYSIDE
• Price: CHF 45.00 per participant, duration of the tour: 2h
• Date and time: All days at 05.00 pm

EXCURSION TO LAUSANNE – MONTREUX – CHILLON
• Price: CHF 178.00 per participant, duration of the tour: 9h 30
• Date and Time: Tuesday, Thursday and Saturday at 09.00 am

EXCURSION CHAMONIX – MONT BLANC
• Price: CHF 111.00 per participant, duration of the tour: 9h 30
• Date and time: All days at 08.30 am

EXCURSIONS GRUYÈRES – GOLDEN PASS
• Price: CHF 208.00 per participant, duration of the tour: 9h 30
• Dates and time: Wednesday, Friday and Sunday at 09.00 am
Pillars of ESSKA.

ESSKA likes to honour the men that have been the pillars of Sports Medicine in Europe. In the current issue, we will focus on Professor Lars Engebretsen, President of ESSKA from 2008-2010.

INTERVIEWING PROF. LARS ENGBRETSEN
by ASBJØRN ÅRØEN

Professor Lars Engebretsen a former top level soccer player has been the dynamic engine in the sports medicine in Norway for about three decades, always prepared to facilitate collaboration and the improved care for sports injuries, not only for the elite athletes, but also for those on the more ordinary level. At the moment, we meet him at research travel in United States, which have been one of the main axes for some of the fruitful collaboration in his research.

Dear Lars, could you share some of your thoughts on the following topics.

Q: With your experience in sports both as an active and later as a provider of health care to the top athletes, what do you think about the progress to more and more heavy training at early ages, maybe particularly in team sports as soccer? Does this increased loading on the young athletes increased the risk of injuries and is this something you think ESSKA as organization should focused more during the next years?

R: This is obviously happening all over the world and is part of the increased demands on the top-level athletes. I agree that the injury risk increases, but I think ESSKA and other similar societies can increase their efforts in injury prevention. New and more studies, both basic science and RCTs are needed. ESSKA as the prime society in sports in Europe has a responsibility and I hope the leadership will initiate new programs in this field.

Q: The Olympic games in London is coming up this August and will probably be the best ever in athletic performances and antidoping work. How do you see that the Esska as the main organization in knee and shoulder surgery in Europe could contribute to achieve even better care for the athletes?

R: ESSKA is already doing much through their education of young orthopaedists all over Europe. What is needed, is education and research, and implementation of our knowledge. ESSKA should continue to foster courses and congresses around Europe and in my opinion continue the hard work towards a European degree in sports trauma.

Q: What have been the most important change in sports medicine the last decade and what is most needed to focus in the next decade?

R: The increase in sports participation and the number of serious injuries are the most important challenges. To this comes the technical revolution with industry and surgeon partnership. Unless we are successful in our prevention work, the injury increase will continue and unless we work with society to secure good business rules, we will not be able to continue our partnership with the industry.

Q: As a central member both in ESSKA and the Olympic Medical Organization in the Olympics in London what are your future visions for both these organizations?

R: The IOC will clearly play a bigger role in research and education in sports medicine in general, whereas ESSKAs role will be to ensure that our education and research is available for all orthopaedic surgeons with an interest in sports trauma in Europe. I certainly hope that this will lead to a specialist degree down the road.

Dear Professor Engebretsen. Thank for sharing your thoughts on these issues and all your past and ongoing contributions to the field of sports medicine. Much appreciated.

Professor Lars Engebretsen, Professor Lars Peterson and Asbjørn Årøen working together in Oslo performing autologous chondrocyte implantation on a difficult knee case involving both lateral and medial part of tibia.
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The Ranawat 2011 Award was recently attributed to our group by the American Knee Society for our work on the concept of constitutional varus.

Traditionally knee surgeons have believed that restoration of neutral leg alignment is one of the basic requirements for successful knee arthroplasty. This belief has been undisputed over the last few decades, and in fact it has been one of the most solidly standing dogma’s since the first knee prostheses were implanted.

During all these years it has been generally accepted that restoration of neutral alignment provided the best condition towards implant survival. The argument for this has been twofold: (1) In a neutrally aligned knee the mechanical axis runs through the center of the knee joint, thereby distributing the loads equally symmetric through the medial and lateral compartment, which is esteemed to be the most beneficial configuration with respect to fixation stability and potential wear of the implants. (2) Neutral alignment is the natural configuration for the human species, and therefore this should be restored.

Unfortunately, both of these statements are misconceptions. Even in a neutrally aligned knee, the joint load during ambulation is directed predominantly through the medial compartment, rather than the center of the knee. The reason for this is the adduction moment on the knee, which occurs invariably during walking or other ambulatory motor tasks. Also the second argument, the fact that neutral alignment is the natural situation in men and women, can be questioned.

There is indeed increasing evidence that for a number of patients neutral alignment is not normal. For example patients with so called “constitutional varus” have been in varus alignment since the end of their growth. Restoring neutral alignment in these cases would be abnormal for them, and in fact would almost per definition require some degree of medial soft tissue release. (Fig.1)

In order to find out what fraction of the normal population has constitutional varus, we studied 250 young adults volunteers just after they had reached skeletal maturity. (1) We found that one quarter of the normal, healthy adults at the end of skeletal maturity have a natural mechanical alignment of 3 degrees varus or more. In males this number was 32%, in females 17%. One in 6 females and 1 in 3 males therefore have a natural mechanical alignment which is three degrees of varus or more. (1)

In the same study we also analyzed potential factors contributing to the development of constitutional varus. An increased varus neck-shaft angle, increased femoral varus bowing, and an increased angle between the mechanical and anatomical axis of the femur, were significant contributors, together with a history of increased physical activity during growth. (1)

In order to further investigate the effect of physical activity on the development of constitutional varus alignment, we performed a cross sectional analysis amongst youngsters with variable degrees of physical activity. (2)

A cohort of 800 growing kids was therefore studied. These consisted of a first group of elite athletes that played soccer, a second group of elite youngsters who performed intensively other types of impact sports, and a third group of controls that did no sports. Interestingly, we found that the youngsters from group 1 and 2 developed constitutional varus. Especially at the end of growth, around the age of 14-16 years, the alignment of these sportive youngsters became significantly more in varus compared to the controls who were not doing sports. (2) We believe that this association of varus alignment with increased physical activity during growth is the consequence of Hueter-Volkmann’s law, which states that growth at the physes is retarded by increased compression, whereas reduced loading accelerates growth. The increased loads caused
by the adduction moment on the knee during ambulation and physical activity could therefore lead to the development of varus alignment secondary to delayed growth on the medial side and accelerated growth on the lateral physes.

In our opinion, this is the reason why an important fraction of the physically active population has a natural alignment in varus. When these people at a later stage in their life present with osteoarthritis requiring knee arthroplasty, it is potentially beneficial to restore their limb into their natural alignment of slight varus, as this is normal to them.

In the past, undercorrection of alignment has however been associated with inferior durability in the classical literature on TKA. It is however important to note that recent studies with more modern implants, better polyethylene quality and better implant fixation have shed new light on this matter.

Some recent studies have indeed shown that the functional results and survivorship data of TKA’s that were left in somewhat varus, were not worse than the results of knees that were restored to zero degree mechanical alignment.

Two recent papers, one from the Mayo Clinic and another from the Charité Hospital in Berlin, came to the same conclusion, that is that when using a modern implant and modern fixation techniques, the survivorships and the functionality of the so-called outliers in varus were comparable to the neutral-aligned knees. In fact, in one of these studies the TKA patients that were left in varus had even a better survivorship than the ones restored to neutral.

In conclusion, we believe that an important fraction of the normal population has a natural alignment at the end of growth of ≥3° varus. Increased physical or sports activity is an important contributor to the development of constitutional varus, and this is explained by Hueter-Volkmann’s law. Restoration of mechanical alignment to neutral in these patients may therefore not be desirable and in fact unnatural for them.

We therefore believe that it is legitimate to question the dogmatic approach of restoring everybody’s knee to zero degree alignment. Instead, wouldn’t it be more logic to give back to the patient his own native type of alignment?

REFERENCES

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Conservative management of tendinopathy
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Introduction

Tendinopathy is one of the most frequent overuse injuries associated with sport. Usually it occurs in major tendons, such as the Achilles, patellar, rotator cuff, and forearm extensor tendons. The term “tendinopathy” is currently accepted to indicate an overuse pathological condition in and around tendon. Histopathological assessment is required to detect degenerative changes with lack of inflammatory features (“tendinosis”) or inflammatory process (“tendinitis”).

At histopathological examination, tendinopathy is a failed healing response, characterized by haphazard proliferation of tenocytes, disruption and altered organization of collagen fibers, increase in noncollagenous matrix and neovascularization [1]. In chronic stage of disease, inflammation is absent or minimal. However, inflammation could play a role only in the initiation, but not in the propagation and progression, of the disease process.

Probably there is a continuum of tendon pathology from asymptomatic tendons to tendon tears. Thus, a clinically acute tendinopathy is actually a well-advanced failure of a chronic healing response. Histopathological features of tendinopathy have been associated with both chronic overloaded and unloaded states, inducing a decrease of mechanical integrity of the tendon and its vulnerability to damage.

Although several conservative therapeutic options have been proposed, very few of them are supported by randomized prospective, placebo-controlled trials [2]. We reported the best available evidence for the conservative management of tendinopathy.

Eccentric Exercise

Eccentric exercises have been proposed to promote collagen fiber cross-linkage within the tendon, enhancing a remodeling process. This remodeling results from the structural adaptation of the musculotendinous units to protect them from increased stresses related to exercises. However, histological evidence of changes following a program of eccentric exercise is lacking, and the mechanisms of pain relief remain unclear. Several theories have been proposed, such as decrease of pain mediators in tendinopathic tendon or progressive habituation of patient to painful stimuli [3]. On the other hand, Color Doppler sonography demonstrated decreased neovascularization following eccentric training intervention.
Excellent clinical results in terms of pain relief and functional improvement have been reported both in athletic and sedentary patients [4, 5]. One study investigated the combination of eccentric training and shock wave therapy reporting success rates that were higher than those with eccentric loading alone or shock wave therapy alone [6].

Extracorporeal Shock Wave Therapy

The rationale for this intervention includes the stimulation of soft-tissue healing and inhibition of pain receptors, through mechanical forces generated directly or indirectly via cavitation. Extracorporeal shock wave therapy can be performed following two modalities: repetitive low-energy extracorporeal shock waves, which do not require local anesthesia, or high-energy extracorporeal shock waves, which require local or regional anesthesia.

Low-energy shock wave therapy or eccentric training for the management of Achilles tendinopathy showed comparable results in a randomized controlled trial, and both management modalities produced outcomes superior to those of no intervention [7]. Moreover, the association of eccentric loading and repetitive low-energy shock wave therapy is more effective than eccentric loading alone [6].

High-Volume Injections

The rationale for this intervention is that high-volume injections of normal saline solution, corticosteroids, or anesthetics would produce local mechanical effects causing new blood vessels to stretch, break, or occlude. The occlusion or disruption of neovessels should lead to the accompanying nerve supply also being damaged by either trauma or ischemia, with subsequent decrease of pain in patients with refractory Achilles tendinopathy.

Hydrocortisone acetate is used in the high-volume injections, primarily to prevent an acute mechanical inflammatory reaction produced by the large amount of fluid injected in the proximity of the tendon. The injection is performed under ultrasound guidance to avoid intratendinous injection of corticosteroids [8]. Preliminary studies showed that high-volume injection of normal saline solution, corticosteroids, or anesthetics reduces pain and improves short and long-term function in patients with Achilles or patellar tendinopathy. High-volume injection is safe and relatively inexpensive, resulting in a quicker return to sports.

Platelet-Rich Plasma

Tendon healing occurs through three overlapping phases (inflammation, proliferation, and remodeling), which are controlled by a variety of growth factors. The rationale for the use of platelet-rich plasma to promote tendon healing is the high content of these cytokines and cells in hyperphysiologic doses of platelet-rich plasma. One double-blind, placebo-controlled trial of fifty-four patients with Achilles tendinopathy has been performed, in which patients received exercises associated with injection of either platelet-rich plasma or saline solution (placebo group) [9]. The authors concluded that, compared with the saline-solution injection, the platelet-rich-plasma injection did not result in greater pain relief or improvement in activity.

Polidocanol

The injection of the sclerosing substance polidocanol (Aetoxisclerol; Kreussler Pharma, Wiesbaden, Germany) has been proposed to disrupt the pathological neovascularization and nerve ingrowth outside and inside the tendon, considered a cause of the pain complained during tendinopathy [10]. In a randomized controlled trial, injections with polidocanol showed the potential to reduce tendon pain during activity in patients with chronic painful midportion Achilles tendinopathy.

Intratendinous Injections of Corticosteroids

The use of corticosteroid injections is highly controversial. At present, there is insufficient evidence to support local corticosteroid treatments for Achilles tendinopathy [10]. Three randomized controlled trials have been performed: two of them demonstrating some benefit in terms of healing, and one showing no positive effects. A meta-analysis of the effects of corticosteroid injections reported little benefit.

The best evidence-based management of tendinopathy

In general, the first-line treatment of tendinopathy should be represented by physical therapy based on a program of eccentric exercises. It may be appropriately performed with daily sessions for twelve weeks. If the tendinopathy is refractory, shock wave therapy could be considered as second-line intervention, according to their effectiveness similar to an eccentric strengthening program. These two approaches can be combined. As alternative to shock wave therapy or when tendinopathy does not respond to those interventions, high-volume injections could be considered. A strong evidence for other type of injections is lacking. Finally, surgical management should be considered once conservative interventions have failed.

REFERENCES


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We decided to involve some open-minded friends and experts in order to share experience on anatomical ACL reconstruction (AACLR). Guy Bellier from Paris, Matteo Denti from Milan, Paolo Adravanti from Parma and Francesco Giron from Florence joined us to perform an anatomical study in order to evaluate first of all the specificity of clinical test in total and partial ACL lesions, performing then an Anatomical ACL reconstruction with different techniques, checking after surgery the stability and the insertional areas in the femur and tibia of both the bundles. The first study was carried out “blindly”, that is to say the surgeons did not know which lesion was previously done by Patrick Deijan and I and they all evaluated 4 different specimens with singularly or both cut PL or AM, or with regular acl (only arthroscopic portal performed).

A second study was also performed doing an AACLR in different ways (Femur in-out trans antero medial, femur in-out trans tibial, femur in-out and out-in, femur out-in).

Every single specimen was clinically evaluated with Drawer, Lachmann and Jerk test. KT 1000 was also used. An A_P and L_L x-rays were also taken. Specimens were then sectioned at the intrarticular level of the lateral condyle to compare the anatomical reconstruction.

All data were collected. On day 2 we video-connected with Dr. Fu from Pittsburgh who shared with us his point of view on this topic.

Then we all decided to comment these two studies in order to obtain some guidelines to be presented to the audience. Indeed on day 2, early in the afternoon, 20 surgeons devoted to ACL reconstruction joined us in York and we started a meeting on ACL and PCL reconstruction. The guidelines we had developed in the morning were also presented.

On day 3 the audience tried different techniques on the specimens evaluating in-out and out-in technique for AACLR.

We thank Smith and Nephew group for their excellent organization for all the aspects, both in preparing specimens and in collecting data.

We were all very impressed by the friendly atmosphere and the high quality of talks and technical observations.

We will present results in a future scientific paper.

Dr. Luigi Pederzini
REPORT OF ESSKA GENERAL ASSEMBLY 2010

11th June 2010, 11.30 to 12.30 am
Spektrum Congress Centre Oslo

141 MEMBERS WERE PRESENT


The minutes of the previous General Assembly were unanimously approved. No new topics were added to the agenda of the present Assembly.

2. PRESIDENT’S REPORT – L ENGEBRETSEN

In his report the President went through his activities as society President during the past 2 years. In the 2008-2010 period, there had been 8 full board meetings, 2 telephone conferences and 1 strategic meeting. He had represented ESSKA at AOSSM, EFORT, AAOS, ISAKOS and other national societies’ meetings.

He had been the godfather at the 2009 ESSKA-AOSSM Traveling fellowship tour through the US. Fellows had been Elizaveta KON, Elvire SERVIEN and Gino KERKHOFFS.

He then presented the achievements of the 2008 / 2010 period:

DEVELOPMENT OF ESSKA COURSES AND EDUCATIONAL PROGRAMMES:
• New fellowship with South and Latin America (SLARD)
• New European Arthroscopy fellowship (with SfA, AGA, SPAT, SIGASCOT, AEA)
• New fellowship Zimmer
• New ESSKA Best Practice

LESS PLATINUM SPONSORS (2 REMAIN)
DEVELOPMENT OF GOOD CONNECTIONS TO NATIONAL SOCIETIES ALL OVER EUROPE
NATIONAL SOCIETY AWARD SESSION
NEW DESIGN AND ORGANIZATION OF THE NEWSLETTER (P Randelli, Chair U45)
WEBSITE DEVELOPMENT – MORE EFFORTS TO BE MADE
ESSKA SPECIALITY DAY AT EFORT
ESSKA SESSION AT SFA CADAVER COURSE IN STRASBOURG
ESSKA REPRESENTATION AT THE 1ST INTERNATIONAL CONGRESS ON SPORTS TRAUMATOLOGY + ARTHROSCOPY FOR CENTRAL-EASTERN EUROPE IN WARSAW
ESSKA REPRESENTATION AT THE PRAGUE SYMPOSIUM ON CARTILAGE SURGERY

COMMITTEE RESTRUCTURATION:
• The committees were exceptionally active over the last 2 years period
NEW COMMITTEES 2010:
• Education + Fellowship
• Foot + Ankle
DISBAND:
• Integration (to become Education + Fellowship)

Finally, he presented the latest developments on the KSSTA Journal with a new Editorial Assistant (50%) Elodie Reyter-Mertz who was partially paid by a stipend from the Publisher (Springer) and presented the current structure of the ESSKA permanent executive office: Sandy Kirsch (100%) and Brigitte Dolenc (75%).

3. TREASURER’S REPORT – M DENTI

The Treasurer reported on the financial situation of the society. ESSKA has achieved and further developed a stable financial situation with a healthy balance between revenues and expenses. All bills were personally controlled by the treasurer and then paid by e-bank through the office of Luxembourg.

The money was invested with low risk (saving account).

The Congress is still the major source of revenue of ESSKA. The other major source of income are the membership fees. For the first time, a (small) benefit had been made on the KSSTA Journal (in 2009: 7’000 €). Other sources of revenue were the income from educational programmes (80’000 in 2009; 75’000 in 2008) as well as the «Platinum Sponsors» (Arthrex and Smith & Nephew).

The Treasurer presented the detailed balance sheet of the society finances over the past 2 years, and he presented a balanced budget for the years 2010-2012. He explained that since 2002, Magnus Forssblad had been the independent overseer of the ESSKA annual accounts. Since 2008, following the legal regulations in Luxembourg for the non-profit societies, and according to ESSKA bylaws, all accounts were revised by an authorized, independent, professional auditor.

The President made an intervention and explained that the independent financial auditor does not control the way ESSKA money is spent. Therefore it was planned that for the next General Assembly, 1-2 experienced ESSKA members should additionally be appointed in order to analyse if the money was spent according to ESSKA aims and principles.

The Treasurer finally presented the written report of the accounts auditor and proposed to the General Assembly to approve the 2008-2009 ESSKA financial report and to discharge the Board.

He also proposed to the General Assembly to approve that the society accounts should be audited by an independent, professional auditor (2008/2009 and 2010/2011).

There was a vote and the General Assembly unanimously approved these 2 proposals.

4. SECRETARY GENERAL’S REPORT – R SEIL

The Secretary General gave an overview of the ESSKA members. On the 15th of May 2010 ESSKA had 1170 members (+17%) coming from 5 different continents and 66 countries. Within Europe, 41.5 % of the members came from Central Europe, 26.5 % from Southern Europe, 16.5 % from Northern Europe, 15.5 % from Eastern Europe. He presented the list of the
371 new members who had joined ESSKA over the last 2 years. Germany was the country with the highest number of members (88; 7.5%), followed by Switzerland (87; 7.4%) and Greece (82; 7.0%). The country with the highest number of members outside of Europe were the United States (39; 3.3 %).

He shortly presented the location of the Executive Office Luxembourg, and the major tasks of the ESSKA staff, Ms. Sandy Kirsch and Ms. Brigitte Melchior-Dolenc and the new Editorial Office Assistant, Ms. Elodie Reyter-Mertz.

He presented several activities of the committees and the executive office over the past 24 months:

- The newsletter had been edited on a regular basis (2x/year) and had adopted a new look. Editor had been the 2nd Vice President Joao Espregueira-Mendes, and Managing Editor had been the Chairman of the U45 Committee, Pietro Randelli.
- The ESSKA website had been further developed and he presented the statistics of the website hits etc.
- The ESSKA course patronage program, which is awarded to medical meetings and courses according to objective criteria, is very successful. ESSKA gives 25-30 patronages/year.
- An abstract book of the congress papers had been created, which was published as a supplement to the KSSTA Journal.

The Secretary General then presented in detail the reasons which had lead to the proposal of the Board to change the voting procedure. The current bylaws do not offer a possibility for web-based General Assembly meeting (GAM) and voting procedure which can be problematic if a GAM cannot be held for unforeseeable reasons (i.e. vulcano ashcloud). Furthermore, in the current structure bylaws changes are complicated. For this reason ESSKA’s administrative procedures will have to be adapted to the current needs. He proposed to introduce a possibility of web-based general assembly and electronic voting system. A vote followed and the General Assembly unanimously approved the system of new meeting & voting procedure.

The Secretary General then presented the activities of the Scientific Committees in 2008-2010 and the new Committee Chairs for 2010-2012. He explained that the current bylaws were not precise enough for the new activities of the committees and presented a new model where a distinction should be made between Committees; Sections and Affiliated Societies (details, cf appendix 1).

Finally, he presented the new committee list:

**6 COMMITTEES:**
- Arthroscopy
- Basic Science
- Cartilage repair
- Orthopaedic Sports Medicine
- U45 Education + Fellowship (NEW)

**3(4) SECTIONS:**
- Knee (ESSKA-EKA)
- Foot + Ankle (ESSKA-AFAS)
- Upper Limb (ESSKA-UL)
- (Sports rehabilitation: in planning)

As an example the ESSKA-EKA (Knee) presented their aims and ideas of functioning in the future within ESSKA.

5. PRESENTATION ESSKA.EKA (European Knee Associates) – A WYMENGA

EKA is a knowledge platform formed by European expert knee surgeons and expert scientists in the field of degenerative knee pathology and knee arthroplasty.

**PURPOSE:**
- To advance knowledge of degenerative knee pathology and knee arthroplasty
- To provide an appropriate educational setting that maintains the highest level of professional standards in order to promote continuous advancements in professional knowledge and improved treatment of degenerative disorders of the knee and knee arthroplasty
- To create an optimum environment to enhance education, research and treatment of degenerative knee pathology and arthroplasty
- To promote and maintain professional standards to provide the best care to patients with degenerative pathology of the knee joint and arthroplasty of the knee.

**GROUND RULES EKA:**
- Independent policy
- Rules for conflict of policy EKA ESSKA
- Positioning (EKA logo)
- Independent meetings and exposure
- Independent finance/budget
- Dues and sponsoring
- Membership ESSKA Board
- Permanent representation EKA
- Support association management
- Service level agreement

**EKA FUTURE ACTIVITIES WITH NEW BOARD**
- Closed meetings members EKA each yr
- EKA congress the year after ESSKA congress + take care of degenerative knee topics within ESSKA congress
- Education and training, current concepts
- Publications in KSSTA journal

Finally, he pointed out that all this had been possible through the very positive and fruitful discussions and intensive work with the ESSKA Board over the last 2 years and thanked them a lot for all their support.

6. EDUCATIONAL SECRETARY – P DJIAN

The Educational Secretary presented the ESSKA Educational programmes to the General Assembly:

- ESSKA Scholarship Programme, funded by Smith & Nephew (10 scholars/year from eastern Europe and 5 international scholars) offering a one month scholarship sponsored with Euro 1,700 in an ESSKA affiliated centre.
• ESSKA Travelling Fellowship Programme, in collaboration with APOSSM and AOSSM, generously funded for many years by DJO. 4 ESSKA fellows to the US and 4 to the Asia-Pacific region every 2 years.


• NEW: European Knee Arthroscopy fellowship. Together with National Societies AGA, SIGASCOT, AEA, SfA, SPAT. 1 fellow from each society. ESSKA participates in order to represent smaller European countries. Each society to find sponsor for their own fellow.

• ESSKA Knee Arthroplasty fellowship: 2 fellows; 3 stops; every 2 years: October/November 2010. Funded by Tornier.

• ESSKA-SFA arthroscopy cadaver courses held every year in collaboration with the French Arthroscopic Society (SFA) at the European Institute for Telesurgery in Strasbourg, France since December 2004.

• ESSKA DVD series on orthopaedic sports medicine, arthroscopy and knee surgery. Funded by Smith+Nephew and produced by KLEOS. The titles of the DVDs are the following: M. Denti: PCL – Options in Reconstruction; P. Hardy: Endoscopic Rotator Cuff Repair; P. Randelli: Anterior Shoulder Instability; R. Verdonk: Meniscal Repair; N. VanDijk/De Leeuw: Ankle Arthroscopy; P. Djian: Revision ACL Reconstruction

• ESSKA Current concepts: State of the Art documents from internationally renowned experts from the ESSKA family. For ESSKA members and/or Congress participants. Funded by: ESSKA, Smith + Nephew, DJO, Finceramica.

• ESSKA “National Societies’ Award Session”, which is held at the ESSKA biannual congress since 2008. In this session, the prize winners of national knee surgery/sports traumatology/arthroscopy associations have the opportunity to give their talk in a distinguished session. The goal was to increase the scientific depth of the programme and to offer to young, promising scientists an international platform to present their work.

7. NOMINATING COMMITTEE and ELECTION OF NEW OFFICERS – D FRITSCHY

The Past President and Chairman of the Nominating Committee Daniel Fritschy presented the composition of the nominating committee for the selection of the next 2nd Vice-President:

Chair: D. FRITSCHY (Past President)
Members: J. ESPREGUEIRA-MENDES (2nd Vice-President) D. KOHN KP. BENEDETTO

The Nominating Committee’s proposal (supported by the Board) for next 2nd Vice-President: Matteo DENTI (Italy).

There was a vote and the proposal of Matteo DENTI as the next 2nd Vice-President of ESSKA was approved by the general assembly.

As a consequence, some positions at the new Main Board needed to be filled. The Main Board proposed Patrick DJIAN as the new Treasurer and Pietro RANDELLI as the Educational Secretary of the society. Furthermore, the Board proposed a new Vice Secretary General, in the person of Henning MADRY.

The new ESSKA Board for the period 2008-2010 is thus composed as follows:

President Niek VAN DIJK (Netherlands)
1st Vice-President Joao ESPREGUEIRA-MENDES (Portugal)
2nd Vice-President Matteo DENTI (Italy)
Secretary General Romain SEIL (Luxembourg)
Vice Secretary General Henning Madry (Germany)
Treasurer Patrick DJIAN (France)
Educational Secretary Pietro RANDELLI (France)
Past President Lars ENGBRETSEN (Norway)

The following chairmen of the scientific committees were proposed and accepted by the general assembly for the period 2010-2012:

COMMITTEES:
Arthroscopy D Dejour
Cartilage repair E Kon
Basic Science A Amis
Orthopaedic Sports Medicine G Kerkhoffs
U45 P Verdonk
Education + Fellowship P Randelli

SECTIONS:
Knee (ESSKA-EKA) A Wymenga
Foot + Ankle (ESSKA-AFAS) N van Dijk
Upper Limb (ESSKA-UL) P Gleyze

The Members at Large that need to be replaced (Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Greece, Israel, Slovenia, Spain, Sweden, Switzerland, Turkey) will be replaced with representatives of National Societies. They will be contacted within then next weeks.

8. WELCOME OF THE NEW PRESIDENT – N VAN DIJK

The new President presented his views and goals for his upcoming presidency. The mission of ESSKA is the following: ESSKA wants to raise the level of care in the field of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine and thus improve the quality of life and the mobility of our patients. ESSKA offers its members support in research & education. ESSKA aims to improve the communication and visibility on ESSKA activities and achievements and to improve corporation between our members, national and international societies.

His goals for the 2010 – 2012 Presidency are the following:
• Reinforcement of the ESSKA office
• Reinforcement KSSTA
• Concentrate on all member countries
• Strengthen relationship with National Societies
• Accommodate all relevant Subspecialities
• Attract Young colleagues
MEMBERS TO MEMBERS

• New Committee Charges
• New rules for affiliated Societies
• Each Board member responsible for own portfolio
• Involve Country Presidents as Members-at-large
• Restructure Site Selection Procedure
• Develop practice standards & E-Learning tools
• Standard Terminology Project Expansion

9. REPORT OF THE EDITOR IN CHIEF – J KARLSSON
The Editor-in-Chief of the KSSTA journal presented the development of the Journal for the past 2 years. There had been a significant increase in the number of submitted manuscripts leading to better papers but also an increased rejection rate. The number of published pages/year increased constantly over the last years. There is currently a backlog of 6 months. A new front cover will be printed as from 01/2011. His plans are to further extend the Journal reviewer course and the cooperation with Arthroscopy Journal. He also explained that the composition of the Editorial Board would be revised and extended. Finally, he reported that the Editorial Office had been moved to Luxembourg and that Elodie Reyter-Mertz would be the new Editorial Assistant (50 %). He thanked Louise von Essen for her loyal services over the last 20 years and said farewell with a gift.

9. ADJOURN
No further points were added to the agenda.

Luxembourg, 30th August 2010

Niek van Dijk
ESSKA President

Romain Seil
ESSKA Secretary General

GENERAL MEETING OF MEMBERS 2012

Dear ESSKA member,
You are invited to the General Meeting of members 2012 held on 4 May 2012 at 11.00 a.m. to 12.00 a.m. in Palexpo, 1218 Grand-Saconnex, Switzerland in room A.

THE GENERAL MEETING 2012 WILL HAVE THE FOLLOWING AGENDA:

1. OPENING
2. APPROVAL OF REPORT OF THE GENERAL ASSEMBLY 2010 IN OSLO
3. PRESIDENT’S REPORT (N. van Dijk)
4. TREASURER’S REPORT (P. Djian)
5. ACCOUNT AUDITOR
6. GENERAL SECRETARY’S REPORT (R. Seil)
7. ESSKA SECTIONS’ REPORTS (N. van Dijk, A. Wymenga, P. Gleyze)
8. EDUCATIONAL SECRETARY’S REPORT (P. Randelli)
9. ELECTION OF NEW OFFICERS
10. KSSTA EDITOR IN CHIEF’S REPORT (J. Karlsson)
11. FUTURE CONGRESSES (N. van Dijk)
12. WELCOME ADDRESS BY THE NEW PRESIDENT (J. Espregueira Mendes)
13. ADJOURN

Should you not be able to attend such meeting, you are invited to attend a second General Meeting which will be held on 4 May 2012 from 12.05 a.m. to 12.15 a.m. in Palexpo room A with the following agenda.

1. Amendment to article 25 of ESSKA’s articles of association which shall read as follows: “The main Board may avail itself of the assistance of one or several “Scientific Committees” with at least three members. The exact composition, functions and purposes of these committees shall be determined in internal rules and regulations. ESSKA may set up Sections to represent and pursue sub-speciality interests. The exact composition, functions and purposes of these Sections shall be determined in internal rules and regulations. Sections shall establish programmes and activities, complementing the purpose of ESSKA set up by the Main Board. The creation of a Section may be requested by written request of no less than 50 individual current ESSKA members, approval of the Main Board and ratification by the General Meeting through the appropriate majorities required by ESSKA’s Articles of Association and by law.”

The convening of a second general meeting might be necessary in order to respect Luxembourg law from 21 April 1928 about associations (Loi du 21 avril 1928 sur les a.s.b.l.) which provides in particular for the amendment of articles of association that a second general meeting has to be convened if the required quorum is not attained at the first general meeting. This means that if the required quorum is not met during the first general meeting, then a second meeting will not be required.

Yours sincerely,

Nick van Dijk
ESSKA PRESIDENT
Dear ESSKA Members,

As ESSKA Educational Secretary, I am very pleased and honoured to announce the existing ESSKA educational opportunities with 49 open positions and I kindly invite you to apply to enlarge and improve your knowledge.

Please do not hesitate to contact myself (pietro.randelli@tin.it) or Mrs. Cotinaut Marielle (cotinaut.marielle@chl.lu) at the ESSKA office in case you may need further information or visit our web site on www.esska.org

Sincerely,
Pietro Randelli

ESSKA EDUCATIONAL PROGRAMMES

— Overview
application form on www.esska.org

ESSKA KNEE REPLACEMENT Visiting Fellowship

(20 positions)
The ESSKA - ZIMMER Joint replacement visiting fellowship is reserved to young surgeons from Europe, Middle East and Africa who strongly wish to enlarge and improve their knowledge and competencies in orthopaedic joints replacement surgery. The scholarship lasts 1 month.

DEADLINE FOR APPLICATION: 01.08.2012

ESSKA AOSSM-APOSSM Travelling Fellowship

(8 positions)
This renowned biannual international exchange programme for up and coming sports medicine orthopaedic surgeons, in collaboration with the American Orthopaedic Society for Sports Medicine (AOSSM) and the Asia Pacific Orthopaedic Society for Sports Medicine (APOSSM), provides a stimulating environment for the global growth of sports medicine. This fellowship lasts 1 month and selected fellows will participate in scientific symposia with host physicians, view research facilities and surgical procedures, attend a national sports medicine meeting in the region they are visiting and participate in the social and cultural activities with the hosting sports medicine community.

DEADLINE FOR APPLICATION: 01.08.2012

ESSKA – CHELSEA FC SPORT TRAUMA Fellowship

(3 positions)
The ESSKA - Chelsea FC Sport trauma fellowship is a brand new fellowship starting in 2012 with the main focus to gain insight into the prevention, treatment of diagnosed sports injuries and rehabilitation. This fellowship offers a very practical based programme during 2 to 3 months with the opportunity to work with the Chelsea FC medical staff.

DEADLINE FOR APPLICATION: 31.05.2012 FOR THE PERIOD 15 AUGUST - 15 NOV. 2012 AND FOR THE PERIOD 15 NOV. 2012 - 1ST FEB. 2013

ESSKA SLARD Travelling Fellowship

(4 positions)
Just as our exchange tours with the US and the Asian-Pacific societies, ESSKA is excited to enlarge this unique and wonderful learning experience to our South-American friends. In collaboration with SLARD (Sociedad Latinoamericana de Artroscopia, Rodilla y Traumatologia Deportiva), we organize this brand-new tour where one godfather and 3 fellows will be able to visit highly renowned institutions during a time frame of 3 weeks. In 2012, our South-American friends will tour through Europe, while the ESSKA fellows will go to South America in 2013.

DEADLINE FOR APPLICATION: 01.08.2012
ESSKA ALWIN JÄGER
ADVANCED CAREER DEVELOPMENT Award

(5 Positions)
The ESSKA Senior Fellowship is reserved to senior orthopaedic surgeons (over 40 years) to spend one week in an ESSKA accredited teaching Centre.

DEADLINE FOR APPLICATION: 01.08.2012

ESSKA EUROPEAN ARTHROPLASTY Fellowship

(1 position)
ESSKA is excited to be part of this common initiative between the European National Societies, AEA / SPAT, AGA, SIGASCOT and SFA! 5 Fellows will be chosen (1 per society) to travel 3 weeks to the best centers in Europe. You will visit following countries: Germany, Austria, Spain, France, Italy and Portugal. One fellow will be chosen by the ESSKA among European applications (except France, Italy, Germany, Portugal and Spain as those applications should be addressed to the participating national society).

DEADLINE FOR APPLICATION: 20.05.2012

ESSKA Scholarship Programme EASTERN EUROPE & INTERNATIONAL

(9 positions)
The ESSKA Scholarship program is reserved to young doctors from Europe, East Europe, Middle-East, Africa, who strongly wish to enlarge and improve their knowledge and competencies in orthopaedic sports medicine, knee surgery and arthroscopy. The scholarship allows the scholars to visit highly qualified teaching surgeons and recognized sports medicine centers in Western Europe for 4 weeks.

DEADLINE FOR APPLICATION: 01.08.2013

KNEE ARTHROPLASTY Fellowship

(2 positions)
This Traveling Fellowship tour wishes to address surgeons who want to meet with the best European surgeons in the fields of Sports Traumatology, Knee Surgery and Arthroscopy. Candidates can be young doctors beginning their specialty, or more experienced doctors, who want to specialize in the fields covered by this tour. Candidates should be very clear in their mind about the specialty they want to follow.

DEADLINE FOR APPLICATION: 01.08.2012

ESSKA MEMBERSHIP

DEAR ESSKA MEMBERS
THIS IS A FRIENDLY REMINDER, IT’S TIME TO PROCEED TO THE RENEWAL OF YOUR MEMBERSHIP FOR 2012.
WE THEREFORE ENCOURAGE YOU TO DO IT AND WE WOULD GREATLY APPRECIATE IF YOU COULD GIVE YOUR PRIORITY ATTENTION TO THE RENEWAL OF YOUR MEMBERSHIP. YOU MAY CONVENIENTLY RENEW IT BY CREDIT CARD OR BY A WIRE TRANSFER. MANY THANKS IN ADVANCE, WE LOOK FORWARD TO YOUR MEMBERSHIP RENEWAL AND TO HEAR FROM YOU WITH ANY COMMENTS AND SUGGESTIONS.
Do not hesitate to contact our office cotinaut.marielle@chl.lu which will be glad to help you.

Best regards from Luxembourg!
The first open EKA meeting „The Osteoarthritic Knee - Best Current Practice in Europe (BCPE)” has been held in Vienna from 24-26 Nov 2012. With 460 participants from 35 countries and over 150 industry representatives the congress in Vienna was a great success for a start up meeting. The current status of osteoarthritic knee treatment had been presented by leading European knee expert together with selected non-EKA and non-European experts. The meeting has set a new format for a „current concept” like meeting in Europe with peer-reviewed invited lectures, crossfires, case challenges and two instructional courses. Interaction with the audience was possible during the 10 sessions by using voting systems. EKA stands for “Excellence in Arthritic Knee Treatment” and this could be demonstrated very successfully with this meeting.

In the unique historical environment of the Vienna Hofburg scientific exchange and personal contacts between colleagues and friends was possible during the three-day meeting. The feedback of the delegates, faculties and industry members was very positive. This will stimulate EKA to work for our next open meeting, which will be held in Florence, April 3-5 in 2013. If you have missed the Vienna meeting, the digital version of the “Take Home Messages” and the video recordings of all sessions are available via www.europeankneeassociates.com at the EKA homepage. On behalf of the scientific committee we would like to thank all delegates, faculties, the industry and intercongress for making this event so successful for EKA.
EKA – ACTIVITIES DURING THE ESSKA MEETING GENEVA 2012

"Excellence in arthritic knee treatment"

EKA is very happy to contribute to the Esska meeting in Geneva. We will have one large room (room C) available during all four days for the EKA section program. Every surgeon interested in treatment of the arthritic knee is kindly invited to come:

• Listen to the latest developments!
• Interact with the experts and ask all your questions!

BELOW YOU FIND A SUMMARY OF THE SCIENTIFIC PROGRAM OF THE EKA SECTION IN ROOM C:

WEDNESDAY MAY 2
10.30–12.00 Free papers chaired by Dr. Baldini and Dr. Thomas about total knee with interesting details about technique and outcome
14.00–15.30 In the afternoon an interesting symposium chaired by Prof. Murray and Dr. Deschamps about the current status of partial resurfacing
16.00–17.00 Dr. Salreta and Dr. Bonnin will chair a symposium about arthroplasty and sports with top guest speakers
17.00–18.00 Dr. Thienpont and Dr. Porteous will chair a symposium from about the new technique of patient matched cutting blocks

THURSDAY MAY 3
7.30–8.55 An early start with the ICL chaired by Prof. Victor and Prof. Neyret about the basic techniques to get your TKA right!
11.30–12.00 A free paper session will be chaired by Dr. Adravanti and Prof. Ritschl
14.00–15.30 A biomechanical oriented symposium chaired by Prof. Amis and Prof. Verdonschot will focus on kinematics of the natural knee and targets for the replaced knee
16.00–17.00 The patellofemoral joint in TKA will be analysed in the symposium chaired by Prof. Fuchs-Winkelman and Dr. Vandenneucker
17.00–18.00 The latest know how on infection in TKA will be presented by the best experts and the session is chaired by Dr. Klauser and Dr. Trampuz

FRIDAY MAY 4
7.30–8.55 Take an early breakfast and enjoy the ICL about the basics in uni in medial arthritis of the knee, chaired by Prof. Argenson and Dr. Franz
9.30–10.00 Not to miss! Highlight lecture of Prof. Argenson: The new arthritic patient (main hall A+B)
10.30–11.00 Free papers on uni knee from chaired by Prof. Becker and Prof. Dodd
14.00 – 15.30 Another free paper session about TKA issues chaired by Prof. Eggli
16.00–17.00 You can improve your knowledge about revision TKA in the symposium chaired by Dr. Van Hellemont and Prof. Benazzo
17.00–18.00 The last session is about optimizing TKA chaired by Prof. Bellemans and Prof. Marcacci

SATURDAY MAY 5
7.30–8.55 The basics of osteotomy will be presented in the ICL chaired by Dr. Van Heerwaarden and Dr. Mayr
11.00–11.45 Lateral arthritis of the knee, uni or osteotomy is discussed with the authors chaired by Prof. Hernigou and Prof. Lobenhoffer
11.45–12.00 Prof. Bob Teige will give his Key note lecture: Does limb torsion matter?
12.00–13.00 The final session of EKA will be Optimizing TKA part II chaired by Dr. Wymenga and Prof. Catani

We hope to meet you in Geneva at the Esska meeting 2012!

Dr. Ate B. Wymenga MD PhD, EKA President
www.europeankneeassociates.eu

ESSKA NEWSLETTER MAY 2012

ESSKA was present with a booth at the last annual meeting of the French Arthroscopy Society (SFA) last December in Marne-la-Vallée close to Paris. Several ESSKA leaders were also present due to scientific commitments. The picture shows from left to right: Prof. Stefano Zaffagnini (vice scientific chairman of the ESSKA meeting in Geneva); Dr. David Dejour (chairman of the ESSKA arthroscopy committee); Dr. Christophe Hulet (SFA president and member of the scientific committee of the ESSKA Geneva meeting); Prof. Romain Seil (ESSKA secretary general). Dr. Patrick Djian (former SFA president and current treasurer of ESSKA) is lacking on the picture. A combined SFA-ESSKA symposium was coorganized at the SFA meeting on rotational knee laxities, a subject which will be highlighted at the ESSKA congress and with a special issue of KSSTA to be distributed in Geneva.

SFA MEETING MARNE-LA-VALLÉE
First announcement!
Save the date!

ULS-ESSKA - European Shoulder Course and Decision Day in collaboration with ASTAOR

November 23, 2012
Moscow, RUSSIA

Upper Limb Section of European Society of Sports Traumatology, Knee Surgery and Arthroscopy
President Pascal GLEYZE
France
www.esska.org

Association of Sports Traumatology, Arthroscopy, Orthopaedic surgery, Rehabilitation
President Prof. Andrey KOROLEV
Moscow
www.astaor.ru

When: November 23, 2012, Friday
Where: Russia, Moscow
You can register at www.astaor.ru
astaor@mail.ru
Dear Colleagues, dear Friends,

Upper Limb Committee of ESSKA was born in 2008 and our goal was just to create a free space to share experience on the surgery we love. I remember my first talk with Ettore Taverna in Porto. On my slide: «Clinical science, for what? What are we doing here this morning? What do we really need? bigger car? longer boat? glory? No, we just need to create and to share, this is the first precondition to be really happy». Create in surgery means sharing daily experience and making clinical science. My second slide was «Clinical science should be making a collective pleasant reflection to have personal intellectual benefit, just for pleasure, with no boss, no leadership, just with friends. This is the best tool to progress in our daily activity ...».

The team we created at that time was really a dream team and all our projects during the first two years of Ettore’s presidency was so successful that Upper Limb Committee became Upper Limb Section, under the so friendly and creative patronage of ESSKA board. I had the honour to become President of this Section and the last two years was again a firework of ideas and success. First of all because hundreds of colleagues spontaneously joined us just to contribute and share their knowledge and experiences.

We created the concept of DECISION DAY with, in one single day, a complete, collective and objective overview of fundamental, diagnosis and therapeutic techniques exposed just to help each of us to make the decision for the next step of our practice. Andrey Korolev organised this event in Moscow and this was a real European meeting with 480 colleagues from all Europe and especially Russia. This event will be now the «ESSKA-Shoulder Section Official International DECISION DAY» and will be held in Moscow next November (save the date). The Porto Roz Live Arthroscopy Festival, perfectly organized by Boris Poberaj with more than 40 live surgery in a fantastic friendly communication between faculty and participants was also a great success. We will reconduct this event in 2013 as the «ESSKA-Shoulder Section Official International Live ARTHROSCOPY FESTIVAL».

Lennard Funk created the first «ESSKA Shoulder Section - MPM – Meeting Private Mentor» in Wrightington last November and this was also a great success to see leaders in shoulder surgery spending 2 full days with two or three participant each, making cadaver lab, explaining personal views during live demonstrations, talking about their personal surgical life and of course drinking the Wrightington beer in local pubs! This MPM will also be reconducted. This year will be Wrightington a «Sports Shoulder Day» and a «tips and Trick’s conference» organised.

I addition of this three fixed annual or biannual events, we have our annual course and the next one will be in the so nice place of Ljubljana and organized by Vladimir Senekovic. This course promises to carry again our spirit of creation and friendship in sharing shoulder experience (ESSKA-Shoulder Section – Annual Course and Cadaver Lab – LjUBLJANA).

Of course, you are all invited to register to all these events and be sure that we are also very acute for organizing extras. If you want to sing at night with colleagues on the Moscow red square or sail on a race boat in Porto Roz, or maybe see the Manchester football club, you are already in the team, join us and be sure you are welcome!

The biannual ESSKA congress is an important date. We have more than two full days of science on shoulder and this is one of the reason I am very proud of the work of all this team and of all the enthusiasm we created around us. All topics that we will present in Geneva are very practical, with also acute presentation of the state of the art and two comparative multicentric studies on shoulder instability and different techniques of cuff repair.

But first of all, and this is why this team is a dream team, all these presentations are the results of a common work, they are real collective proposition directly coming from our daily experience and ... difficulties (just come and see the «Crazz and Nightmare session» during ESSKA congress organized by Nikos Tzanakakis).

Last but let least, we are now starting the first multimedia online book on shoulder surgery with more than 60 contributors and as many videos and media as you can dream about. This effort took time to start because we do think, as doctors and member of a scientific society, that we must have all rights on all our intellectual productions and this was difficult to negotiate with editions companies. This difficulty is behind us now and we are sure we will be able to make this multimedia book run as an online encyclopedia and stay a reference as the Shoulder Section educational tool for all of you.

As you could understand, Upper Limb Section is now ESSKA-SHOULDER SECTION. Under our coordination, EWAS will manage thecre and we plan to create an Elbow committee.

During this two years of presidency, every minutes I spend for Shoulder Section was a real pleasure and always full of emotion because of the idea that we were really, spontaneously and collectively making something usefull.

Throught all these projects we made all together, so enriching time we spend with members and participants to our meetings and because this team was generous for all, patients, colleagues, time and works, I really feel during this two years how Europe is present already. Europe is full of creation, respect, culture and energy, Europe is ready to build something close to human being even if we do not realize that in our heavy daily works. I think this is the spontaneous way of our team and this is why we made so many in a so short time, we worked for all and not for us.

The way ESSKA welcome us, help us and let us be free, creative and happy is for me a symbol of what Europe can do when we are all together with a common vision. I would like to say thank you to thefoundators of Shoulder Section for what they did and for given me the chance to contribute and coordinate this team during the last two years.

I engage all of you to come to our Open meeting during next ESSKA Geneva congress, you will have a very original presentation of the «State of the Art in Shoulder Surgery – 2012», the presentation of all our forthcoming events and multicentric clinical studies.

Boris Poberaj will be the next ESSKA SHOULDER SECTION President and will present the new board, and all new projects for the next two years. Boris is a fantastic shoulder surgeon, an exceptional organizer, a high level and open minded scientist and first of all, the guy we all want to have as a friend.

As I have the privilege to know a part of the projects prepared by Boris, I can say I am proud and exited of the next two years of SHOULDER SECTION Under his Presidency.

ESSKA SHOULDER SECTION, FOREVER!

ULS – WORD OF THE COMMITTEE.
PASCAL GLEYZE, BORIS POBERAJ, NIKOS TZANAKAKIS
Shoulder Tips & Tricks 2012
21st to 23rd November 2012
Wrightington Hospital, UK

Tips & tricks in shoulder management from International experts

- **21 November – Sports Shoulder Conference**
  - Topical aspects of surgery and rehabilitation in athletes with lectures and case presentations.
  - Faculty: Maarten Van Der List, Anne Cools, Andrew Wallace, Jo Gibson, Doug Jones, Ian Horsley, Norman D’hondt, Lennard Funk, Puneet Monga, Mike Walton.

- **22 November – Shoulder Arthroscopy Conference**
  - Common and rare complex and difficult problems in soft tissue and arthroscopic shoulder surgery.
  - Faculty: Enrico Gervasi, Giles Walch, Juan Bruguera, Graham Tytherleigh-Strong, Maarten Van Der List, Jo Gibson, Lennard Funk, Puneet Monga, Mike Walton.

- **22 November – Shoulder Rehabilitation Meeting** (parallel meeting)
  - Demonstrations and workshops in the latest techniques and issues in shoulder rehabilitation.
  - Faculty: Anne Cools, Jo Gibson, Martin Scott, Rob Conlon, Julia Walton.

- **23 November – Shoulder Arthroplasty Conference**
  - The latest issues in shoulder replacement, including revision, reverse, stemless and resurfacing replacements.
  - Faculty: Joe Iannotti, Giles Walch, Rolf Hertel, Ian Trail, John Haines, Adam Watts.

To register your interest or for more information contact Mavis Luya
upperlimb@wrightington.org.uk
The KSSTA journal was first published in 1992 under the pioneering editorship of Ejnar Eriksson for the next sixteen years and so this year we are celebrating our 20th anniversary. Initially only four issues were published each year, this increased to six in 1999 and six years later to eight. Ten years ago the journal contained 390 pages for the whole year. Since 2006 we have had twelve issues per year, each with approximately 100 pages per issue. This year we will publish twelve issues with a total of approximately 2400 pages which represents a more than fourfold increase in both pages and issues over the last ten years.

As ESSKA achieves its ambition to be the leading scientific society in the field of knee surgery, sports traumatology and arthroscopy submissions to the KSSTA journal have increased. Despite an efficient reviewing process and an increased rejection rate, an increasing backlog in excess of six months has occurred. Authors must now wait for more than a year from submission to publication in print, though their online paper is both viewable and citable as soon as it is accepted.

In the last four years our submissions have increased from 540 to 997 and this year compared to 2011 in the first two months we are up by 28%. We have noted the increasing quality of these submissions and are pleased to report basic science studies of excellent quality in the fields of cartilage injuries, bone metabolism and knee biomechanics as well as clinical studies dealing with ACL and PCL injuries and osteotomies around the knee.

Our impact factor continues to rise, increasing by 12% to 1.857 last year when many well-known journals struggled just to stand still. We should like to exceed 2.0 over the next 2-3 years which we regard as very respectable for a clinical journal. We have some way to go before we attain levels of 3.4 – 3.8 enjoyed by our sister Journals the American Journal of Sports Medicine and Arthroscopy.

Receiving and publishing the best papers will be reflected in a rise in our Impact Factor and to that end later this year we are publishing several theme issues. Topics to be covered include “Early Osteoarthritis”, “Rotatory Knee Laxity” and “Osteotomies around the Knee” and we are grateful to our guest editors Elizaveta Kon, Volker Musahl, Romain Seil and Ronald van Heerwaarden for their hard work and skill in delivering these. The addition of Rainer Siebold and Stefano Zaffagnini to our Editorial team from this January together with Sebastian Kopf as Web Editor has given us some needed flexibility as well as help with the increasing workload.

We shall have a busy time during the ESSKA conference in Geneva. A Reviewers Course will be held in conjunction with the Arthroscopy Journal during a lunch breakout session on Friday May 4th. This will be aimed at present and future reviewers. Springer will host a general information meeting on Thursday morning May 3rd for all Editors, Editorial Board members and Reviewers. there will be a 20th Anniversary session after the opening ceremony on Wednesday evening and we shall be launching a new web page. We invite you to the “Meet the Editor” sessions and remind you that the journal is on Facebook.

The new and prestigious “Best Paper Award” will be presented on Saturday morning. Awarded biennially it will be for the best paper published in our Journal during the preceding two years (2010 and 2011).

Finally we thank Springer our publisher for a continuing harmonious relationship and look forward to seeing you at the ESSKA conference in Geneva.
INVITED LECTURES

Jean-Noël Argenson (France)
“The new arthritic patient”

Pierre Chambat (France)
“The European course of knee surgery”

John Feagin (USA)
“Ejnar’s Vision: The ESSKA - AOSSM Legacy”

Freddie Fu (USA)
“Anatomical reconstruction of the ACL”

Tim Hewett (USA)
“ACL injury mechanism and prevention”

Johnny Huard (USA)
“Tissue engineering over the first decade of the XIXth century”

Grégoire Courtine (CH)
“Restoring voluntary control of locomotion after paralyzing spinal cord injury”

C. Niek van Dijk (The Netherlands)
“On Goals, Roads and Keeping fit!”

43 SYMPOSIA
Will be organised in co-operation with the ESSKA committees Arthroscopy, Cartilage, Basic science, Sports, U45, Education, Fellowship, ESSKA sections EnA and ULS, and the societies AFAS, AGA, AOSSM, APOSSM, ECOSEP, EFOST, SFA, SIGASCOT, and SLARD.

18 ICL
Main topics:
Acute Achilles tendon rupture, Video surgical technique, Algorithms and flowcharts for the treatment of cartilage pathology, Basic concept in PLC evaluation (imaging, clinical evaluation), Massive PC tears and cuff Arthroplasty, TKA basics, The role of wrist arthroscopy in traumatic and post-traumatic injuries, Revision ACL

PHYSICAL THERAPY PROGRAMME
Two full days with symposia and one day with workshops. International faculty. Sessions about shoulder, ACL, cartilage, hamstring, OA, TKA.

NURSE PROGRAMME
One full day, international faculty.

KSSTA REVIEW COURSE
(Thursday, 75 min.)
Pre-registration mandatory!

ORTHOPAEDIC SPORTS MEDICINE
COMPREHENSIVE REVIEW COURSE
(Friday afternoon, 3.5 hrs)
Pre-registration mandatory, international certificate, extra fee, special hand-out, stand-alone unit which can be booked independently from congress participation.
A complete review course covering all aspects of sports traumatology and sports medicine with an outstanding European faculty. Step by step presentations: classification, clinical diagnosis, radiological diagnosis, suggested treatment, surgical technique, complications, return to competition.

Topics:
upper limb, lower limb, spine, sport medicine
(for details see website)
15th ESSKA Congress

MAY 2-5, 2012

GENEVA/SWITZERLAND

REGISTER NOW!

Pre-registration until April 23, 2012

Check out the scientific programme online!

www.esska-congress.org
## Scientific Program

The comprehensive scientific programme during the ESSKA Congress will include:

- Invited Lectures
- Free paper sessions and large poster exhibition
- Short podium presentations of 30 best posters with awards for best posters in 5 categories
- Star Paper Session
- Orthopaedic Sports Medicine Comprehensive Review Course
- National Awards Session
- 18 Instructional Course Lectures
- 35 Symposia and 20 Key Note Lectures
- Quick Question Lectures
- Interactive Sessions, Mini Battles
- Physical Therapy Programme (three full days)
- Nurse Programme (One full day)

## Invited Lectures

### Wednesday, May 2nd, 2012

**Freddie Fu (USA)**
"Anatomical reconstruction of the ACL"

**Tim Hewett (USA)**
"ACL injury mechanism and prevention"

**Pierre Chambat (France)**
"The European course of knee surgery"

### Thursday, May 3rd, 2012

**Presidential Lecture**
by C. Niek van Dijk (The Netherlands)

**Social Lecture**
by Guillaume Courtine (Switzerland)

**Einar-Eriksson-Lecture**
by John Feagin (USA)

### Friday, May 4th, 2012

**Jean-Noël Argenson (France)**
"The new arthritic patient"

### Saturday, May 5th, 2012

**Johnny Huard (USA)**
"Tissue engineering over the first decade of the XXIst century"

### ICL (Instructional Courses Lectures)

**Thursday, May 3rd, 2012**

**ICL 01: Arthroscopy committee**
Video surgical technique.

**ICL 02: ULS**
Management of rotator cuff calcific tendinopathy.

**ICL 03: ULS**
Personality of cuff tears and biceps pathology, global visions evaluation and treatment options.

**ICL 04: EKA**
TKA the basics – Surgical technique to get your TKA right.

**ICL 05: ESSKA - AFAS**
Posterior ankle impingement: What’s the limit?

**ICL 06: PCL study group**
Basic concept in PCL evaluation (imaging, clinical evaluation).

### Friday, May 4th, 2012

**ICL 07: Revision ACL cruciate reconstruction.**

**ICL 08: ULS**
Massive RC tears and cuff arthropathy.

**ICL 09: Multiple ligament injury management.**

**ICL 10: EKA**
Uni in medial OA - The basics.

**ICL 11: Study design and research methodology.**

**ICL 12: EWAS**
Wrist arthroscopy in traumatic and post-traumatic injuries.

### Saturday, May 5th, 2012

**ICL 13: Needed knowledge for a surgeon on the lateral and posterolateral corner of the knee - A case based ICL.**

**ICL 14: ULS**
Safe and efficient shoulder rehabilitation after surgery - Practical guidelines for surgeons.
ICL 15: Cartilage committee
Algorithms and flow-charts for the treatment of cartilage pathology.

ICL 16: EKA
Osteotomy - The basics.

ICL 17: ULS
Elbow arthroscopy.

ICL 18: Navigation in orthopaedic sports medicine.

SYMPOSIA
Symposia will be organised in co-operation with the following organisations, sections and committees:
SLARD, APOSSM, EFOST, SFA, SIGASCOT, ECOSEP, AOSSM, AGA, EKA, AFAS, ULS and the ESSKA committees Arthroscopy, Cartilage, Basic science, Sports, U45, Education and Fellowship.

ORTHOPAEDIC SPORTS MEDICINE COMPREHENSIVE REVIEW COURSE
For the first time, an Orthopaedic Sports Medicine Comprehensive Review Course will be held during the meeting in Geneva. This 3.5 hours course will cover all aspects of Sports Traumatology and Orthopaedic Sports Medicine with an outstanding European faculty. Experts will give synthetic and comprehensive presentations that will address typical sports medicine issues. Participants will be involved in discussion sessions about hot topics in this field. The presenters will describe the diseases in lectures with the following identical structure: classification, clinical diagnosis, radiological diagnosis, suggested treatment, surgical technique, complications and return to competition. The course will be a primer for a future European Sports Medicine Certification Examination and it will be tailored for all attendees willing to refresh their knowledge and/or younger colleagues interested in gaining a large basis in sports medicine. Lectures will be supported by hand-outs and references.

THE COURSE WILL BE HELD ON FRIDAY 4TH MAY, AT 14:00 O’CLOCK, ROOM P.

COURSE PROGRAMME:

UPPER LIMB
Chair: Pietro Randelli

ACUTE AND CHRONIC INJURIES
- SHOULDER INSTABILITY, PASCAL GLEYZE
  a) Anterior (10 mins)
  b) Posterior and Multidirectional (10 mins)
  c) A/C joint acute and chronic (10 mins)

- ROTATOR CUFF TENDINOPATIES AND TEARS (10 mins)
  PIETRO RANDELLI

- ELBOW – WRIST AND HAND PAOLO ARRIGONI
  a) Dislocations and Instability of the Elbow (10 mins)
  b) Tennis Elbow (10 mins)
  c) Sports related pathologies of the wrist and hand (10 mins)

- Sports related Fractures of the upper limb (10 mins)
  VLADIMIR SENEKOVIČ

LOWER LIMB
Chair: Peter Verdonk

- KNEE INSTABILITY
  a) ACL (10 mins) RAINER SIEBOLD
  b) PCL, collaterals, Multiligaments and Patellofemoral
    (10 mins) SVEN SCHEFFLER

- Meniscal Pathology (10 mins) PETER VERDONK

- Cartilage Injuries (10 mins) LISA KON

- Femoro Acetabular Impingement and Hip pathologies in
  sports (10 mins) MICHAEL DIENST

- Athlete’s Ankle (10 mins) GINO KERKHOFFS

- Tendon disorders and Injuries (10 mins) NICOLA MAFFULLI

- Sports related Fractures and dislocations of the lower limb
  (10 mins) KP BENEDETTO

SPINE AND SPORT MEDICINE
Chair: Matteo Denti

- Spine and sports related injuries (10 mins)
  ANTONIO FAUNDEZ

- Muscles Injuries, Groin pain-Sports ernia, Sudden death,
  Infections and Viremia (10 mins)
  PACO BIOSCA CHELSEAFC

NURSE COURSE
The ESSKA Congress 2012 will offer a one day course for nurses in orthopaedics. They will have the opportunity in sharing their skills and knowledge with an international audience. The focus will be in the fields of addressing the issues affecting orthopaedic nursing in the past, present and future, and the quality of musculoskeletal care in the areas of orthopaedic nursing such as patient education, pain care, quality of life, osteoporosis and nutrition. The symposia will include presentations from different experts on the fields of orthopaedics followed by an open panel discussion.
PHYSICAL THERAPY PROGRAMME

Based on the great success of the special physical therapy programme during the ESSKA Congress 2010 in Oslo, we will follow up and offer new highlights for the special physical therapy programme during the ESSKA Congress 2012. There will be a two day programme with both lectures and workshops with clinical guidelines. The outlines for the symposia and workshops will be:

SHOULDER SYMPOSIUM
- Assessment of scapular movements.
- Latest updates on shoulder impingement and rehabilitation.
- Rehabilitation of overhead athletes.
- Treatment of stiff shoulders, a self rehabilitation protocol.

KNEE OSTEOARTHRITIS (OA) AND TOTAL KNEE ARTHROPLASTY (TKA)
- Lower limb biomechanics for patients with OA
- Exercise type and dose for patients with OA
- Evidence based exercise therapy for patients with TKA
- Neural mechanisms underlying quadriceps weakness in patients with TKA.

ACL SYMPOSIUM
- Rehabilitation program for non-operatively treated individuals with ACL injury.
- Latest evidence on the effect of rehabilitation programs after ACL reconstruction.
- Core stability: significant for ACL rehabilitation?
- Return to sport in non-operative or operative treated individuals.
- Sport specific rehabilitation for football players.

CARTILAGE SYMPOSIUM
- The effects of exercise therapy for patients with cartilage lesions.
- Rehabilitation program following cartilage repair.
- A 3 months exercise therapy program that involved clinical meaningful changes.
- Gait retraining for reducing knee joint loading for patients with cartilage lesions.

HAMSTRINGS SYMPOSIUM
- Diagnostic criteria – MRI and clinical tests.
- An evidence based update of rehabilitation after hamstring injuries.
- Acute hamstring injuries: comparing two rehabilitation protocols.

WORKSHOPS

1. 
ACL REHABILITATION FOR NON-OPERATIVELY TREATED INDIVIDUALS. Ingrid Eitzen and Hege Grindem.

2. 
REHABILITATION AFTER SHOULDER INJURIES FOR OVERHEAD ATHLETES. Annelies Maenhout and Ann Cools

3. 
ACL REHABILITATION FOR NON-OPERATIVELY TREATED INDIVIDUALS. Ingrid Eitzen and Hege Grindem

4. 
REHABILITATION AFTER SHOULDER INJURIES FOR OVERHEAD ATHLETES. Annelies Maenhout and Ann Cools

5. 
PREVENTION AND REHABILITATION AFTER HAMSTRING INJURIES. Carl Askling and Håvard Moksnes

6. 
EXERCISE THERAPY PROGRAMME FOR PATIENTS WITH KNEE OA. Kristin Briem and Silje Stensrud

7. 
PREVENTION AND REHABILITATION AFTER HAMSTRING INJURIES. Carl Askling and Håvard Moksnes

8. 
EXERCISE THERAPY PROGRAMME FOR PATIENTS WITH KNEE OA. Kristin Briem and Silje Stensrud

9. 
FATIGUE INDEX - METABOLIC AND FUNCTIONAL PERFORMANCE TESTS FOR THE ATHLETES. Furio Danelon and Cyril Beson and Roland Thomee
### TIMETABLE
#### WEDNESDAY, MAY 02, 2012

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<thead>
<tr>
<th>Time</th>
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<td>Opening ceremony</td>
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<td>Poster Happy Hour I</td>
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<td>Free papers</td>
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### TIMETABLE
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**ESSKA NEWSLETTER MAY 2012**

33
## TIMETABLE
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<td>Battle: Arthroscopic treatment of degenerative joint</td>
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<td>Key note: Does the female nurse work?</td>
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<td>Key note: How things can go wrong</td>
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### SATURDAY, MAY 05, 2012

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<td>Key note: From onset to treatment</td>
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### INSTRUCTIONAL COURSE LECTURES

**THURSDAY, MAY 3, 2012 / FRIDAY, MAY 4, 2012**

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<tbody>
<tr>
<td>A + B</td>
<td>ICL 01: Arthroscopy committee: Video surgical technique</td>
<td>Rabold R. (Germany), Kartus J. (Sweden)</td>
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<tr>
<td>LE JURA</td>
<td>ICL 02: ULS: Management of rotator cuff calcific tendinopathy</td>
<td>Navas V. (Czech Republic), Antinoriarniakis E. (Greece)</td>
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<tr>
<td>LE SALÈVE</td>
<td>ICL 03: ULS: Personality of cuff tears and biceps pathology, global visions evaluation and treatment options</td>
<td>Pobega E. (Slovakia), Calvo Diaz A. (Spain), Taverna E. (Italy)</td>
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<td>LE JURA</td>
<td>ICL 04: EKA: TKA the basics - Surgical technique to get your TKA right</td>
<td>Victor J. (Belgium), Neyret P. (France)</td>
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<tr>
<td>LE SALÈVE</td>
<td>ICL 05: ESSKA - AFAS: Posterior ankle impingement: What’s the limit?</td>
<td>van Dijk C. (Netherlands), Caster J. (United Kingdom)</td>
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<td>E</td>
<td>ICL 06: PCL study group: Basic concept in PCL evaluation (imaging, clinical evaluation)</td>
<td>Vedovini P. (Belgium), Benesatto K. (Australia)</td>
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<tr>
<td>A + B</td>
<td>ICL 07: Revision ACL cruciate reconstruction</td>
<td>Denti M. (Italy), Menetrey J. (Switzerland)</td>
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<td>LE JURA</td>
<td>ICL 08: ULS: Massive RC tears and cuff arthropathy</td>
<td>Boozari P. (France), Caruso Peran A. (Portugal)</td>
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<td>LE SALÈVE</td>
<td>ICL 09: Multiple ligament injury management</td>
<td>Marx R. (United States), Jakobson B. (Denmark)</td>
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<td>C</td>
<td>ICL 10: EKA: Unic. medial OA - The basics</td>
<td>Argenson J. (France), Paris A. (Germany)</td>
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<td>ICL 11: Study design and research methodology</td>
<td>Årøen A. (Norway), Løken S. (Norway)</td>
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<td>E</td>
<td>ICL 12: EWAS: Wrist arthroscopy in traumatic and post-traumatic injuries</td>
<td>Messina Jane (Italy), Luchetti R. (Italy)</td>
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### INSTRUCTIONAL COURSE LECTURES

**SATURDAY, MAY 5, 2012**

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<td>ICL 13: Needed knowledge for a surgeon on the lateral and posterolateral corner of the knee - A case based ICL</td>
<td>Engenbretsen L. (Norway)</td>
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<td>ICL 14: ULS: Safe and efficient shoulder rehabilitation after surgery - Practical guidelines for surgeons</td>
<td>Gleyze P. (France), Cool Ann M. (Belgium)</td>
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<td>ICL 15: Cartilage committee: Algorithms and flow-charts for the treatment of cartilage pathology</td>
<td>Brittberg M. (Sweden), Moadt H. (Germany)</td>
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<td>ICL 16: EKA: Osteotomy - The basics</td>
<td>van Heerwaarden R. (Netherlands), Mayr H. (Germany)</td>
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<td>ICL 17: ULS: Elbow arthroscopy</td>
<td>Sahlin M. (United States)</td>
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<td>E</td>
<td>ICL 18: Navigation in orthopaedic sports medicine</td>
<td>Colombet P. (France), Klos B. (Netherlands)</td>
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