



ISAKOS

newsletter

WINTER 2005

Volume 9, Issue 1

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ISAKOS Celebrates its Tenth Anniversary at the 2005 BIENNIAL CONGRESS IN HOLLYWOOD, FLORIDA

You can now register online for the 2005 ISAKOS Congress. Visit the ISAKOS website at www.isakos.com/register, enter your registration information and provide a credit card number for payment. Your payment will be processed immediately and you will receive a confirmation of your registration via e-mail.



The deadline to pre-register for the 2005 ISAKOS Congress is March 1, 2005. After March 1, you will be required to register on-site at the meeting in Hollywood, Florida.

If you prefer to submit your registration via fax or mail, you may download the registration form from the ISAKOS website at www.isakos.com.

THE ISAKOS CONGRESS will present current and new approaches in sports injuries and arthritis of the knee, shoulder, elbow, hip and ankle.

HIGHLIGHTED NEW TECHNOLOGY

- Double Bundle ACL & PCL
- Minimally Invasive Joint Arthroplasty
- Unicompartamental Arthroplasty
- Meniscal Transplant
- Arthroscopic Rotator Cuff Repair & Instabilities
- Hip Arthroscopy
- Computer Assisted Surgery

FEATURED SESSIONS

- Live Surgical Demonstrations
- Hands-On Workshops
- Poster Exhibits
- Scientific Paper Presentations
- Technical Exhibits
- Instructional Course Lectures

TEAM PHYSICIAN PRE-COURSE

Hot Topics in Sports Medicine
Saturday, April 2, 2005. ●

**REGISTER ONLINE FOR
THE ISAKOS CONGRESS**
WWW.ISAKOS.COM



Editor's Note Ronald M. Selby, MD, USA

Hooray for Hollywood!

ISAKOS is a dynamic, growing, and vibrant organization! The Biennial Congress to be held in Hollywood, Florida on April 3–7, 2005 will be a show of force and a celebration of the strides this growing organization continues to take. **Per Renström** (Sweden) says it elegantly in his Presidential Message in this issue. ISAKOS is a global organization and the only one of its type representing this area of orthopaedics. The instruction will be both diverse and comprehensive—a virtual tour de force on the cutting edge of research and practical treatment applications in the field of arthroscopy, knee surgery and orthopaedic sports medicine.

As you peruse this issue of the ISAKOS Newsletter I'm sure you'll be impressed with the offerings that will be available in Hollywood. This meeting is not to be missed! When you hear your friends and colleagues discuss the educational advantages and debate the academic points presented at the previous ISAKOS meetings you can be sure you will experience a congenial and stimulating learning opportunity. The type of enthusiasm the ISAKOS meetings generate makes practice more stimulating and enjoyable and will help make you a better physician. It's a win-win situation for you and for your patients.

We're happy to present several interesting submissions of scientific articles with this issue. Included you will find articles highlighting different aspects of ACL surgery. It's interesting to read articles referencing different aspects of the same subject, in this case the anterior cruciate ligament. I'd like to commend our knee surgeons for supplying these interesting papers for our review. We actually received more high-quality articles on Knee Surgery than we have room for in this issue. A further note, I believe the knee surgeons have presented a significant challenge to our other sections to present high-quality scientific submissions for future publications. We look forward to receiving these for our upcoming issues.

(continued on page 23)



President's Message Per A. Renström, MD, PhD, Sweden

Dear Friends of ISAKOS,

It is very satisfactory to start by saying that ISAKOS is successfully developing in all aspects. We try to continuously develop our activities with the ISAKOS mission in mind: **ISAKOS advances the worldwide exchange and dissemination of education, research and patient care in arthroscopy, knee surgery and orthopaedic sports medicine.**

ISAKOS Congress 2005 in Hollywood, Florida

The next congress is under way and the planning is on target. Our office and the Program Committee, headed by **Chris Harner** (USA), are doing a great job. I expect this congress to be educationally fulfilling and exciting so I urge you to register.

The congress will include Podium Presentations, Instructional Course Lectures, E-Posters and Standard Posters, Lunchtime Hands-On Workshops, Live Surgical Demonstrations and a Team Physician Pre-Course on Saturday, April 2.

Global Leadership Retreat

ISAKOS recognizes its unique position as the only orthopaedic medical association of its kind with a global constituency. At the core of the ISAKOS vision there is a determination to provide high quality and accessible educational programs to a global audience. Only by partnering with regional societies and industry leaders will ISAKOS achieve this goal. Through the Global Leadership Retreat we were able to discuss a number of topics including Education, Emerging Markets, Research, and Ongoing Challenges.

ISAKOS leadership aimed for the development of ongoing dialogue between ISAKOS and industry through interesting and productive discussions. Many working relationships and beneficial contacts have now been established due to this meeting.

(continued on page 23)

ISAKOS WELCOMES NEW MEMBERS

ASSOCIATE MEMBERS

Takenori Akiyama, MD, JAPAN

Sivaraman Arumugam, MD, India

Joao Ladis Assuneao, MD, Brazil

Edison Raul Revelo Balarezo, MD, Ecuador

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Fernando Gabaldon, MD, Venezuela

Mark William Galland, MD, USA

Glaydson Gomes Godinho, MD, PhD, Brazil

Fabio Krebs Goncalves, MD, Brazil

Glauco Antonio Bezerra Japiassu, MD, Brazil

Kwang-Am Jung, MD, Korea

GLOBAL LEADERSHIP RETREAT: IN REVIEW

**ISAKOS GLOBAL LEADERSHIP RETREAT
BOSTON, MASSACHUSETTS, USA
OCTOBER 7–8, 2004**

In October, ISAKOS leadership and corporate campaign donors met in Boston, Massachusetts for the first ISAKOS Global Leadership Retreat.

The Global Leadership Retreat was designed to be a forum for ISAKOS leaders and industry to exchange information and to explore common opportunities, challenges and solutions. The outcome of this forum was the development of a plan to achieve the ISAKOS vision of advancing our specialties around the world, to continually sponsor effective programs and to advance cooperation among ISAKOS and industry leaders.

Topics discussed at this meeting included Education, Emerging Markets, Research, and On-Going Challenges.

ISAKOS appreciated the input and close cooperation that made this Global Leadership Retreat a truly productive and successful conference.



Enjoying the day. Per Renström, Ruben Rosales, Paolo Aglietti, Gary Poehling, Christine Dale, Freddie Fu, Don Johnson, Nigel Wilkinson, Dan Berish



ISAKOS Executive Committee. Freddie Fu, Paolo Aglietti, Per Renström, John Bergfeld, Moisés Cohen, and Barry Tietjens



Global Leadership Attendees: Don Johnson, Michele Johnson, Max Fiore, Christine Dale, John Bergfeld, Nigel Wilkinson, Ruben Rosales, James Boucher, Barry Tietjens, Roland Jakob, Johan deRuiter, Steve Sargeant, Andrew Hatton, Dan Berish, Kevin Stone, Jeff Wyman, Peter Bonutti, Per Renström, Paolo Aglietti, Alberto Pienovi, Freddie Fu, Moisés Cohen, Lieve Vanden Berghe, Gary Poehling

Special thanks to

**Aircast
Arthrex
Arthrotek/Biomet
dj Orthopedics
Smith & Nephew Endoscopy
Stryker**

**For their participation at the
Global Leadership Retreat**

Jong-Min Kim, MD, Korea
Jun Dae Kwun, MD, Korea
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Washington Capelli Matsushigue, MD, Brazil
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Kyu-Cheol Noh, MD, Korea
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Jaime Angulo Vilar, MD, Spain
Kenichi Yamamoto, MD, Japan

2005 CONGRESS UPDATE

LIVE SURGICAL DEMONSTRATIONS

ISAKOS is offering a series of live surgical demonstrations on cadavers, free to all attendees. Simultaneous interpretation will be available in Spanish to all attendees, free of charge.

SUNDAY, APRIL 3RD

13:30–14:30

Double Bundle Hamstring

ACL and Single Bundle Hamstring

Masahiro Kurosaka, MD, Freddie Fu, MD and Charles Brown, MD
Sponsored by Smith & Nephew, Inc. Endoscopy Division

15:10–16:10

Rotator Cuff Repair with Footprint Reconstruction

W. Jaap Willems, MD and James Esch, MD, Moderator

Sponsored by Smith & Nephew, Inc. Endoscopy Division

MONDAY, APRIL 4TH

11:00–12:00

Arthroscopic Rotator Cuff Repair

Stephen Burkhart, MD

Sponsored by Arthrex, Inc.

13:30–14:30

Arthroscopic Knot Tying vs Knotless Approach to Instability and SLAP Repairs

Guillermo Arce, MD and Laurence Higgins, MD

Sponsored by DePuy Mitek

TUESDAY, APRIL 5TH

11:00–12:00

Arthroscopic PCL and PLC

Lonnice Paulos, MD and Robert LaPrade, MD

Sponsored by Stryker

13:30–14:30

Tibial Osteotomy: Opening Wedge; Meniscal Transplant

Giancarlo Puddu, MD and Brian Cole, MD

Sponsored by Arthrex, Inc. and MTF

WEDNESDAY, APRIL 6TH

11:00–12:00

Uni Knee: Medial and Lateral

John Repicci, MD and Philippe Neyret, MD

Sponsored by Biomet Inc. and Tornier

13:30–14:15

Minimally Invasive Total Knee Replacement

James Rand, MD

Sponsored by Zimmer

14:30–15:30

Hip Arthroscopy

J. Thomas Byrd, MD and Marc Phillipon, MD

Sponsored by Smith & Nephew, Inc. Endoscopy Division

SPECIAL EVENTS IN HOLLYWOOD

WELCOME RECEPTION AT THE WESTIN DIPLOMAT RESORT & SPA

This grand and festive affair, one of the many highlights of the congress, offers music, hors d'oeuvres, and cocktails to all congress attendees. Cost is included in the registration fee. Guests are welcome for no additional charge. Dress is business casual.

Date: Sunday, April 3

Time: 18:30–21:00

Cost: Included in registration
Guests are welcome

Location: Exhibit Hall, Westin Diplomat Resort & Spa

FAREWELL BANQUET AT THE WESTIN DIPLOMAT RESORT & SPA

Sponsored by Smith & Nephew, Inc. Endoscopy Division

Please join us to commemorate the conclusion of another successful ISAKOS Congress. All meeting attendees are invited to celebrate the 10th Anniversary of ISAKOS. Take in the beautiful Florida coast while you relax and enjoy the friends you have made during the congress.

Date: Wednesday, April 6

Time: 18:30–21:00

Cost: US \$95 per person

Location: Westin Diplomat Resort & Spa, Ocean Front

DAY TOURS

Special tours have been designed specifically for ISAKOS attendees and are available for an additional charge. Please see the Preliminary Program or the ISAKOS website for a full description of all day tours that are available. Register online for tours at www.isakos.com.

YOUR REGISTRATION FEE ENTITLES YOU TO ALL OF THE FOLLOWING:

- Five meeting days with over 200 scientific papers
- Live surgical demonstrations
- Daily hands-on workshops
- Instructional course lectures
- CME certificate
- Symposia and lectures
- A CD-ROM of more than 400 poster presentations
- More than 80 technical exhibit booths
- Welcome Reception
- Daily breakfasts and breaks
- Final program with abstracts and outlines from all congress presentations

INTERNATIONAL TEAM PHYSICIAN PRE-COURSE: HOT TOPICS IN SPORTS MEDICINE

April 2, 2005 • Westin Diplomat Resort • Hollywood, FL

ACL Update • Tendon Problems • Acute and Chronic Muscle Strains • Team Physician Issues • Sports Specific Issues

DESCRIPTION

This conference is designed to identify areas of interest and controversy in the management of high caliber athletes in a team sport setting. Speakers and topics have been selected that will provide an international perspective on current issues. Most of the presentations will be interactive round table discussions rather than a didactic format. Discussions will address areas of major concern and controversy along with practical and up-to-date solutions.

TARGET AUDIENCE

This course is intended for orthopaedic surgeons, team physicians, athletic trainers, physical therapists or coaches concerned with the management or prevention of injuries to the team athlete as viewed from an international perspective.

COURSE OBJECTIVES

Upon completion of the course, participants should be able to:

- Describe current developments in the management of knee, shoulder and other joint injuries in athletes.
- Better evaluate and manage sideline or on-site issues in sports medicine.
- Describe controversial issues concerning return to play in athletic events.
- Understand different modalities and treatment strategies utilized in other nations when dealing with similar injuries.
- Improve technical knowledge of both operative and non-operative procedures for the athlete.
- Discuss the use and misuse of performance enhancement substances and techniques.

COURSE DISCLAIMER

The material presented in this continuing medical education program is being made available by ISAKOS for educational purposes only.

COURSE FACULTY

Co-Chairs

Annunziato Amendola, MD, USA
John Bergfeld MD, USA

International Faculty

Franco Benazzo, MD, Italy
Kai-Ming Chan, MD, Hong Kong
Moisés Cohen, MD, PhD, Brazil
Rogerio da Silva, MD, Brazil
Jose Huylebroek, MD, Belgium
Markku Jarvinen, MD, Finland
Francois Kelberine, MD, France
Peter Myers, MBBS, FRACS, Australia
Fernando Radice, MD, Chile
Per Renström, MD, PhD, Sweden
Ronald Selby, MD, USA
Kurt Spindler, MD, USA
Bruce Twaddle, FRACS, New Zealand
Glenn Williams, MD, USA

REGISTRATION

The registration fee is US \$250.00.

Register online at www.isakos.com/register today!

PRELIMINARY PROGRAM

07:00	Registration
08:00	ACL Update
09:30	Tendon Problems
11:00	Acute and Chronic Muscle Strains
12:10	Lunch with Faculty
13:00	Team Physician Issues
14:30	Current Issues in Sports Medicine
16:00	Sport Specific Issues and Problems
17:00	Adjourn

LUNCH TIME WORKSHOPS

**SUNDAY, APRIL 3 THROUGH WEDNESDAY, APRIL 6
12:00 TO 13:30, WESTIN DIPLOMAT RESORT & SPA**

Free to all registered attendees

Spend the lunch hour learning the latest surgical techniques with a variety of cutting-edge instruments and models. Join us each day for 90-minutes of hands-on practice.

- Knot Tying Techniques
- Meniscus Repair with Suture and Implants
- ACL & PCL Reconstruction
- Shoulder Stabilization
- Rotator Cuff Repair
- Alex Shoulder Models

Workshops will be sponsored by: ArthroCare, Arthrosurface, Biomet/Arthrotek, DePuy International, Linvatec, Smith & Nephew and Stryker.

YOUR COMMITTEES AT WORK

BYLAWS COMMITTEE

The Bylaws Committee of ISAKOS met in March 2004 in San Francisco, California and recommended amendments to the ISAKOS Bylaws. Please review these changes as they will be voted upon at the 2005 ISAKOS Congress in Hollywood, FL.

a. Article XIII, 13.01(a)

Change "Section 10A3" to "Section 10.03"

b. Article XIII, 13.01 (b)

Change from "There shall be a Finance Committee which shall be composed of the Treasurer of the Society and two (2) members of the Board of Directors who shall be appointed by the President subject to approval of the Board of Directors" to "Finance Committee should be composed of the executive committee and (2) members who may be appointed by the President as necessary."

c. Terms of Office

1. 11.02 Election and Term of Office: It is the recommendation of the Bylaws Committee to add terms for the Secretary and Treasurer as follows: one 4 year term with the ability to be reelected for one 2-year term.
2. 11.03 Subordinate Officers, Committees and Agents: It is the recommendation of the Bylaws Committee that appointed officers, committee members and agents do not have voting privileges in the Board of Directors, Executive Committee and Finance Committee meetings.
3. Committee Members should have terms of office listed in the Bylaws: 4-year term for committee members with no possible option for reelection, unless the member is elected Chair or Deputy Chair.
4. Committee Chairs should have terms of office listed in the Bylaws: 2-year term with possible reelection for an additional 2 year term.

John Bergfeld, MD (USA)
Committee Chair

REGISTER ONLINE FOR THE 2005 ISAKOS CONGRESS TODAY!

You can now register online for the 2005 ISAKOS Congress. Visit the ISAKOS website at www.isakos.com, enter your registration information and provide a credit card number for payment. Your payment will be processed immediately and you will receive a confirmation of your registration via e-mail. The confirmation e-mail will include a link to reserve your hotel rooms and tours online. Registration discounts will be honored until February 1, 2005.

The deadline to pre-register for the 2005 ISAKOS Congress is March 1, 2005. After March 1, you will be required to register on-site at the meeting in Hollywood, Florida.

If you prefer to submit your registration via fax or mail, you may download the registration form from the ISAKOS website at www.isakos.com.

KNEE COMMITTEE

The Knee committee has worked with the program committee and completed the program for the Hollywood meeting. We are particularly excited about the live surgical demonstrations and the wide variety of knee topics.

The consensus document from the meeting held in Napa, California in March 2004 is completed. The presentations will be included on a DVD and will be distributed to all attendees of the ISAKOS Congress in Hollywood.

Philippe Neyret, MD (France)
Jim Rand, MD (USA)
Committee Co-Chairs

NEWSLETTER COMMITTEE

The Newsletter Sub-committee works closely with the Information Technology (Website) Sub-Committee headed up by **Vladimir Bobic** (United Kingdom). All of the current concepts articles which appear in the Newsletter are catalogued and archived on the website. Beginning with the summer 2004 issue, complete references, full articles and illustrations are available on the website. This is and will become an increasingly valuable resource and is a value-added benefit for ISAKOS members. The newsletter is not only the greeting card of ISAKOS, it is the gateway and open-door to the ISAKOS website. It allows us the opportunity to maximize the available space that we have in the Newsletter and make it more enlightening and informative for ISAKOS Members. The ISAKOS Membership, Editorial Board, Committee Chairs, Board of Directors and staff all contribute to make the newsletter a vital and quoted document.

Ronald M. Selby, MD (USA)
Editor, ISAKOS Newsletter

ISAKOS MEMBERS ONLY

UPDATE YOUR CONTACT INFORMATION TODAY!

Please visit www.isakos.com to take advantage of "Members Only," a service that will provide you with the ability to:

- Update your Contact Information
- Pay your Dues Online
- Review Committee Projects
- Submit items for the upcoming ISAKOS newsletter including: Articles, Committee Reports, Courses in Review, Current Concepts, Future Meetings, Teaching Center Summary and New Member Articles.

ORTHOPAEDIC SPORTS MEDICINE (OSMC) COMMITTEE

TERMS OF REFERENCE

The committee would like to have a terms of reference organized provide some continuity for the committee.

ANKLE INSTABILITY SYMPOSIUM

The symposium to develop a world wide consensus for ankle instability was completed in Hong Kong in October 2004. A CD will be generated and distributed at the ISAKOS Congress in April 2005.

Initiated by, International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) and International Federation of Sports Medicine (FIMS), the World Consensus Conference on Ankle Instability was held on September 19–20, 2004 at Postgraduate Education Centre, Prince of Wales Hospital, Hong Kong.

This the first joint venture between the 2 organizations and we have gathered together world top expertise to discuss the salient controversial issues on the subject. Faculty included: **Professor Kai-Ming Chan** (Hong Kong), **Professor Lars Konradson** (Denmark), **Professor Jon Karlsson** (Sweden), **Professor Gideon Mann** (Israel), **Professor Niek van Dijk** (Netherlands), **Professor Bruce Twaddle** (New Zealand), **Professor Per Renström** (Sweden), **Professor John Bergfeld** (USA), **Dr. Brian G Donley** (USA). The following faculty were invited as corresponding faculty: **Professor Richard Ferkel** (USA), **Dr. Dean Taylor** (USA), **Professor Christer Rolf** (Sweden), **Professor Roald Bahr** (Norway), **Dr. Bruce Beynnon** (USA) and **Dr. Ned Amendola** (USA).

This productive consensus meeting helps shape the world's opinion on this controversial subject. With ample time for detailed discussion in each session, all members of the faculty have responded to the presentations in the light of their expertise and certain consensus has been arrived in some of the controversial areas.

A booklet/CD will be published and distributed at the ISAKOS Congress in Florida, April 2005. It is expected a monograph with full manuscripts in late 2005.

TEAM PHYSICIAN MEETING

Prior to the ISAKOS Congress in Hollywood, Florida, there will be a International Team Physician meeting. **Dr. Amendola** (USA) and **Dr. Bergfeld** (USA) have developed the program and are looking forward to a very successful meeting.

COMMITTEE PROJECTS

To date the OSMC is working on producing a questionnaire for the ISAKOS membership and initiating a prospective study protocol on the Treatment of MCL Injury. Having a consensus study on treatment may be of value.

STRATEGIC DIRECTION AND FUNCTION OF THE OSMC

The OSMC will be directed at addressing the following themes in future projects, educational curriculum, and dissemination of Orthopaedic Sports Medicine expertise: Injury Prevention Strategies, The Effect of Sport Participation on the Musculoskeletal System, Diagnosis of Sport Injury and Rehabilitation of Sport Injury.

Ned Amendola, MD (USA)
Committee Chair

PROGRAM COMMITTEE

At present, more than 400 E-Posters, 100 Standard Posters, 185 Podium Presentations, 5 presentations for the John Joyce Award, 5 presentations for the Richard Caspari Award and presentations for the Achilles, Trillat and Patellofemoral Awards will be included at the 2005 congress. Ten Live Surgical Demonstrations, 27 Instructional Course Lectures and 16 Lunchtime Hands-On workshops are also scheduled.

We are looking forward to an exciting program in Hollywood!

Chris Harner, MD (USA)
Committee Chair

SCIENTIFIC COMMITTEE

The **Scientific Committee** has organized a symposium for the 2005 Congress on Outcomes Research. The Knee Outcomes Study (study of patient's perception of question importance on 11 major Knee questionnaires) was completed at the Fowler Kennedy Sport Medicine Clinic.

Future projects of the **Scientific Committee** include the creation of a central database, working with all other committees. Also as a committee we will begin to work on a major publication on Evidence Based Sport Traumatology which will be led by **Lars Engebretsen** (Norway) and **Jon Karlsson** (Sweden).

Nicola Maffulli, MD MS PhD FRCS(Orth)
(United Kingdom)
Committee Chair

UPPER EXTREMITY COMMITTEE

The **Upper Extremity Committee** organized a consensus study with publications on Partial Articular Side Tear of the Cuff in Paris in December 2003; the publications will be distributed at the 2005 ISAKOS Congress. The next consensus study will be on Pathologies of the AC joint.

Current on-going studies within the **Upper Extremity Committee** include an Upper Extremity Arthroscopy complications study which contains a retrospective study of 160 surgeons, 38 countries and a prospective study with 389 patients. Future Studies may include a prospective form on first time dislocators; isolated partial tear of the subscapularis tendon; MDI; symptomatic hyper laxity more than MDI and elbow dislocation natural history of the first episode.

The committee also hopes to initiate an Upper Extremity Arthroscopy Fellowship which will be dedicated to surgeons from limited resource countries. This fellowship will give these surgeons the opportunity for training in Upper Extremity Surgery.

Philippe Hardy, MD (France)
Committee Chair

MEMBERS

MEMBER CHALLENGE

This is a critical time in the development of ISAKOS Membership. We depend on our members to make the society what it is today and to embrace the potential it has in the future. We are challenging all current members to recruit one NEW member to join ISAKOS and its Global Campaign to reach across the world.

IT'S EASY!

Take an application with you when you travel and talk about ISAKOS. Tell others about the opportunities and benefits of being an ISAKOS member. Have them look at the ISAKOS website at www.isakos.com.

GLOBAL CONNECTION CAMPAIGN



MEMBER DONORS

ISAKOS members continue to contribute to the **Global Connection: Expanding International Education** campaign.

Special thanks go to the following individuals for their generous support.

- | | |
|---------------------------------|------------------------------------|
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VISIT ISAKOS

Please visit www.isakos.com and follow the campaign links to learn more about the campaign. If you have not yet made your gift, please download your pledge form today!

WHAT ARE NEW Members Saying?

QUESTION 1:

What role does ISAKOS play in your practice, community, region or nation? As ISAKOS grows, what future role would you like to see it play? How could ISAKOS be a better asset to you?

ANSWER:

Being a member of ISAKOS is not only an individual privilege but more importantly recognition of personal contribution to arthroscopic & sports surgery in my country and region. ISAKOS plays an important role in establishing networking of dedicated surgeons to oversee the advancement of this wonderful field of orthopaedics in line with the honest spirit of surgical fraternity. For me, ISAKOS is an important asset in our effort to establish a recognized centre of training in Malaysia which will benefit the future generation of the ever ambitious surgeons, besides acting as a catalyst for continuous commitment in exploring further the goldmine of this fast-evolving specialty.



Wan Hazmy Che Hon, MD, MS Ortho
Seremban, MALAYSIA
Member Since August 2004

QUESTION 2:

What do you see as being the greatest challenge(s) that ISAKOS faces? What is/are its greatest strength(s)?

ANSWER:

In my opinion the greatest challenge ISAKOS has is to keep a high standard of quality. Certainly, the orthopaedic community perceives ISAKOS to work within these high standards.



This is not an easy commitment, because there are great and continuous advances in arthroscopy and sport medicine, so in this aspect we, as surgeons, are very pleased to be supported by ISAKOS. I think this organization is successfully sharing the current knowledge that we need to improve for our career and patient care.

From my point of view, the human factor is very important. The members of ISAKOS are their main strength and also a challenge. The work of ISAKOS makes possible the organization of congresses and seminars, projects and other activities in a complete agenda around the world. In summary, ISAKOS is a remarkable example which encourages our professional lives.

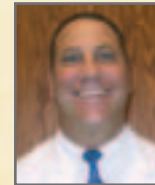
Jorge Valenzuela, MD
Curico, CHILE
Member Since July 2004

QUESTION 3:

Which past ISAKOS congress did you attend? What impressed you most about it? When you came home and told peers about it, what did you emphasize? What would you improve?

ANSWER:

I attended the 4th Biennial ISAKOS Congress held in New Zealand in March 2003. I was impressed by the size of the meeting and the scientific merit of the papers presented. Although I have been a member of a number of American orthopaedic and sports societies for several years, I never really appreciated the truly global nature of our business.



As Americans we tend to think that we have an answer to everything, and that we are the first to come up with answers to every problem. This couldn't be more incorrect. It is only after studying posterolateral knee injuries that I learned that the Europeans totally beat us to the punch! As I study other topics, I see this as a recurring theme—the international community contributes a great deal to orthopaedics sports medicine, and I (and likely others) have been naive in not recognizing this. I am looking forward to the next meeting in Florida and hope to foster new friendships with my international colleagues. Thank you!

Mark Miller, MD
Virginia, USA
Member Since November 2003 ●



TEACHING CENTER SPOTLIGHT

WELLINGTON Hospital

CONTACT ADDRESS:

The Wellington Knee Surgery Unit

The Wellington Hospital, Wellington Place, London
NW8 9LE, UNITED KINGDOM

Contact Name: George Dowd, MD, MCh, FRCS (ORTH)

Phone: +44 20 7483 5043

Fax: +44 20 7483 5241

Website: www.hcainternational.com

e-mail: kneeunit@wellington.hcahealthcare.co.uk

The Wellington Knee Surgery Unit hosts one Knee Research Fellow each year for a period of twelve months. The starting date for the fellowship is 1st January. The post is usually advertised in the British Medical Journal and the Journal of Bone and Joint Surgery in September.

The individual awarded the fellowship is paid at the level of Registrar. The post is aimed at giving the successful applicant an all-round education in knee surgery, from ligament injuries to the management of degenerative arthritis. The fellow is expected to take part in some form of research with publications and presentations during the year. The applicant should already have a good amount of experience in knee surgery. He will see follow-up patients for assessment and database input. He will be expected to attend the various academic courses that take place throughout the year.

Further information about the fellowship can be obtained from the Director of the Wellington Knee Surgery Unit, Mr George Dowd, MD, MCh (Orth), FRCS.

Besides the fellowship post, surgeons are most welcome to attend the Unit for a period of a month to six weeks. During that time, they will have access to all the surgeons in the Unit, including operating sessions and clinics. Each year the Unit holds an international knee meeting, which takes place over a period of two days. During the meeting, specific subjects are discussed in detail, with both foreign and local experts presenting lectures on the topics. Information for the International Knee Meeting, which is now in its 12th year, can be obtained from Mrs. Susan Laver, Unit Manager, at the Wellington Knee Surgery Unit.

On the last Monday of each month, at 6.30 p.m., a Problem Knee Clinic is held in which three to four patients are presented. The consultants and junior staff discuss the best management approaches for the patients.



The Wellington Knee Surgery Unit is situated in the heart of London, UK. The hospital is a private 266 bed hospital, with 15 intensive care beds and 11 operating theatres. The Wellington Knee Surgery Unit consists of six orthopaedic surgeons, all of whom have a special interest in knee disorders.

Each surgeon is autonomous and has a varying sub-specialty in knee disorders.

Each consultant has clinics during the week, together with operating sessions and ward rounds. The Unit has four secretaries and access to all special investigation tools, including x-ray, MRI and bone scanning. There is a large physiotherapy unit which includes hydrotherapy.

Research is carried out on an individual basis with each of the consultants. In addition to his work at the Wellington Knee Surgery Unit, each consultant also has a commitment to a National Health Service Hospital. It is possible for interested parties to attend both the Wellington and NHS Hospitals.

Consultants: **Mr. G.S.E. Dowd, MD, MCh (Orth), FRCS**
Mr. D. Hunt, FRCS
Mr. H. Ware, FRCS (Orth)
Mr. A. Lavelle, FRCS (Orth)
Mr. A. Williams, FRCS (Orth)
Mr. D. Sweetnam, FRCS (Orth)



September 2004

Dear Dr. Per Renström,

I am writing this letter to thank you and thank ISAKOS, for guiding me properly.

As per your guidance, I contacted Mr. George Dowd, Chief Knee Surgeon, Wellington Hospital, London, United Kingdom.

Mr. George Dowd and his team were very glad to accept me for the training program.

I had attended the Knee unit, Wellington Hospital for 3 weeks in July. This three weeks period has provided me more than three months of education as far as Knee joint is concerned. I not only appreciate the quality and amount of Knee work at this institute, but I also appreciate the generosity of surgeons at the institute. They were very much willing to teach everything possible. I also received personal care and extra curricular support from them, as I was in a foreign country.

I am very much thankful to Mr. George Dowd, Knee Surgeon and his team for everything.

I wish others also benefit from the great surgeons and great institute. The center proved to be an excellent "ISAKOS Approved Teaching Center." I again thank ISAKOS and its team for giving me proper guidance.

Regards,
Dr Deepak Goyal
Consultant Orthopedic Surgeon
Ahmedabad, India

TEACHING CENTERS

Approved Teaching Centers

ISAKOS thanks the following Teaching Centers for supporting our members.

These centers have been approved to host fellows who request further training and/or exposure to arthroscopy, knee surgery and orthopaedic sports medicine. Interested fellows should contact the contact listed for further information. Financial assistance is up to the discretion of the teaching center and may not be available.

Please visit www.isakos.com for further information.

CENTER NAME	CITY, STATE	COUNTRY
Centro de Ortopedia y Traumatologia Centenario SA	Capital Federal, Buenos Aires	Argentina
Centro de Traumatologia y Ortopedia San Isidro	San Isidro	Argentina
Instituto de Cirugia Artroscopica	Buenos Aires	Argentina
Sports Medicine and Arthroscopic Center	Buenos Aires	Argentina
Brisbane Orthopaedic and Sports Medicine Center	Brisbane, Queensland	Australia
Sportsmed-SA Orthopaedic Division & Hospital	Adelaide SA	Australia
The Department of Orthopaedics and Trauma	Adelaide SA	Australia
Wakefield Orthopaedic Clinic	Adelaide SA	Australia
Orthopadisches Spital Speising GmbH	Vienna	Austria
Orthopedisch Chirurg	Hasselt	Belgium
SMOC SportMedisch & Orthopedisch Centrum	Brussel	Belgium
C.O.R.E. - Hospital De Coracao	São Paulo	Brazil
Centro De Ortopedia E Fraturas De Joinville	Joinville, Santa Catarina	Brazil
Orthopaedic Department of Federal University of São Paulo	São Paulo	Brazil
Fowler Kennedy Sport Medicine Clinic	London, ON	Canada
QEEII Health Sciences Centre Dalhousie University	Halifax, NS	Canada
University of Alberta	Edmonton, AB	Canada
Clinica Alemana	Santiago	Chile
Tohtoritalo Hospital	Turky	Finland
Arthroscopic Training Center	Strasbourg	France
Central Hospital of Montbeliard	Montebeliard	France
Clinique des Cedres	Toulouse	France
Clinique Mutualiste de la Digonniere	Saint-Etienne	France
Hospital Ambroise-Pare	Boulogne	France
Service de Chirurgie Orthopedique et Medecine du Sport	Lyon	France
Alpha-Klinik for Knee and Spine Surgery	Munich	Germany
Center for Knee Surgery, Foot Surgery, Sportstrauma	Heidelberg	Germany
Kassel Orthopedic Hospital	Kassel	Germany
Orthopaedische Univ Klinik Saarland Univ	Homburg-Saar	Germany
Orthopedische Klinik Abteilung Fur Rheumatologie und Arthroskopische Chirurgie	Dusseldorf	Germany
Southwestern Sports Medicine & Orthopaedic Surgery Center	Uhingen	Germany
The Chinese University of Hong Kong	Shatin, N.T.	Hong Kong
The Orthopaedic Learning Centre	Shatin	Hong Kong
Arthroscopy and Sports Medicine Institute	Dadar, Bombay	India
Hadassah University Hospital: Sport Injury Unit: Mt. Scopus Jerusalem Israel	Hadassah Ein Karem	Israel
Biomechanics Laboratory	Perugia	Italy

(continued on page 13)

TEACHING CENTERS

CENTER NAME	CITY, STATE	COUNTRY
Clinica Ortopedica del Universita Di Firenze	Firenze	Italy
Clinica S. Giuseppe	Rome	Italy
Concordia Hospital	Roma	Italy
Instituto Ortopedico Toscan-Firenze	Firenze	Italy
Instituto Ortopedico Rizzoli	Bologna	Italy
Istituto di Medicina dello Sport di Torino	Torino	Italy
R. Silvestrini Hospital	Perugia	Italy
Department of Orthopaedic Surgery Saiseikai Kanagawaken Hospital	Kanagawa-ku, Yokohama	Japan
Department of Orthopaedic Surgery of Medicine Chiba University	Chuo-Ku, Chiba	Japan
Gyeong-Sang National University Hospital	Chinju	Korea
The National University of Singapore	Singapore	Singapore
Stellenbosch Medi-Clinic G3	Stellenbosch	South Africa
The Centre for Sports Medicine	Parklands	South Africa
Gabinete C.O.T. Clinica Del Pilar	Barcelona	Spain
Hospital Santa Teresa	La Coruna	Spain
Instituto Canario de Ortopedia y Traumatologia	Las Palmas	Spain
Karolinska Institute - Department of Surgery, Anaesthesiology, Radiology and OS	Stockholm	Sweden
Service de Chirurgie Orthopedique	Fribourg	Switzerland
Onze Lieve Vrouwe Gasthuis	Amsterdam	The Netherlands
Baskent University - Department of Orthopaedics & Traumatology	Ankara	Turkey
City Hospital	Ankara	Turkey
D.E.U. School of Medicine - Department of Orthopaedics and Traumatology	Basin Sitesi	Turkey
Hacettepe University	Ankara	Turkey
Hospital for Bone Diseases Univ. of Suleyman Demirel	Isparta	Turkey
Addenbrooke's Hospital NHS Trust	Cambridge	United Kingdom
Bishop's Stortford	Herts	United Kingdom
Chelsea and Westminster Hospital	London	United Kingdom
Chester Knee Clinic:The Grosvenor Nuffield Hospital	Chester	United Kingdom
Chesterfield Nuffield Hospital	Bristol Avontol	United Kingdom
Droitwich Knee Clinic	Droitwich, WORS	United Kingdom
Halas Abbey Chambers	West Midlands	United Kingdom
Princess Elisabeth Orthopaedic	Exeter/Devon	United Kingdom
Queen's Medical Center	Derby	United Kingdom
The Royal London Hospital	London	United Kingdom
Wellington Knee Surgery Unit - The Wellington Hospital	London	United Kingdom
Worcester Royal Infirmary NHS Trust	Worcester	United Kingdom
Allegheny University Hospitals: Department of Orthopaedic Surgery	Langhorne, PA	USA
American Institute of Orthopaedic and Sports Medicine	Arlington, TX	USA
American Sports Medicine Institute	Birmingham, AL	USA
Arlington Orthopaedic Associates	Arlington, TX	USA
Arnold Orthopaedic Associates	Fayetteville, AR	USA
Arthroscopic Knee & Shoulder Center	Chattanooga, TN	USA

(continued on page 14)

TEACHING CENTERS

Approved Teaching Centers continued

CENTER NAME	CITY, STATE	COUNTRY
Baltimore Medical Mall	Phoenix, AZ	USA
Boston University School of Medicine	Boston, MA	USA
Center for Orthopaedics	Lake Charles, LA	USA
Hovis Orthopaedic Clinic	Knoxville, TN	USA
Island Sports Medicine	East Meadow, NY	USA
Knee and Laser Institute	Newport Beach, CA	USA
Lehigh Valley Hospital	Allentown, PA	USA
Lonnie Paulos, Physician and Surgeon	Salt Lake City, UT	USA
McDonough Orthopaedic and Sports Medicine Center	Wisconsin Rapids, WI	USA
Methodist Sports Medicine Center: Thomas A. Brady Clinic	Indianapolis, IN	USA
Michigan State University	East Lansing, MI	USA
Mississippi Sports Medicine and Orthopaedic Center	Jackson, MS	USA
Nicholas Institute of Sports Medicine and Athletic Trauma	New York, NY	USA
Oklahoma Orthopaedics Incorporated	Oklahoma City, OK	USA
Orthopaedic Associates of Aspen and Glenwood	Aspen, CO	USA
Orthopaedic at Woodbury	Woodbury, NJ	USA
Orthopaedic Research Foundation of Southern Illinois	Mount Vernon, IL	USA
Orthopaedic Research of Virginia	Richmond, VA	USA
Orthopaedic Specialty Group	Fairfield, CT	USA
Orthopaedic Surgery Associates of San Antonio	San Antonio, TX	USA
Orthopaedic Surgery Massachusetts General Hospital	Boston, MA	USA
Orthopedic Healthcare Northwest	Eugene, OR	USA
Resurgens Orthopaedics	Atlanta, GA	USA
San Diego Orthopedics and Sports Medicine	San Diego, CA	USA
San Francisco Orthopaedic Residency Program	San Francisco, CA	USA
Springfield Clinic, LLP	Springfield, IL	USA
The Cleveland Clinic Foundation	Cleveland, OH	USA
The Orthopedic Specialty Hospital	Salt Lake City, UT	USA
The Sports Clinic Laguna Hills	Brooklyn, NY	USA
The Texas Arthroscopic Surgery Clinic	Fort Worth, TX	USA
Town Center Orthopaedic Associates	Reston, VA	USA
Tucson Orthopaedic Institute	Tucson, AZ	USA
University of Colorado Health Sciences Center	Denver, CO	USA
University of Kentucky School of Medicine	Lexington, KY	USA
University of Missouri Health Science M-562	Columbia, MO	USA
University of South Carolina School of Medicine	Columbia, SC	USA
University of Southern California—School of Medicine	Los Angeles, CA	USA
University of Vermont	Burlington, VT	USA
West Coast Center for Orthopedic Surgery	Manhattan Beach, CA	USA

Workshop Series: REPORTS ON OMAN, BRAZIL, BEIJING & INDIA

OMAN

JANUARY 24 – 25, 2004

ISAKOS WORKSHOP SERIES

During the XXVIII World Congress of the International Federation of Sports Medicine (FIMS), held at Al Bustan Palace Hotel in Muscat, Sultanate of Oman, we hosted the first regional ISAKOS Arthroscopy Workshop, jointly organized with FIMS, with attendance of over 50 participants from various countries. This Workshop received unprecedented success, brought by the leading sponsor of Stryker, as well as the course co-ordinators, **Prof. KM Chan** (China), **Prof. Per Renström** (Sweden), **Prof. Christer Rolf** (Sweden), **Dr. Wahid Alkharusi** (Sultanate of Oman), **Dr. EBS Ramanathan** (Sultanate of Oman) and all the ISAKOS faculty, who have put in immense effort in making and designing the workshop.

The precise and concise presentations given by various distinguished faculty worldwide, supported with substantial case studies and illustrations, further added merits to the program. Course Directors included: **Professor KM Chan** (China), **Professor Per Renström** (Sweden), **Professor Christer Rolf** (Sweden), **Dr. Wahid Al-kharusi** (Sultanate of Oman) and **Dr. EBS Ramanathan** (Sultanate of Oman). The faculty included: **Professor Paolo Aglietti** (Italy), **Professor Kim Seung-ho** (Korea), **Dr. Barry Tietjens** (New Zealand), **Professor Roland Jakob** (Switzerland), **Professor Mohammed Razi** (Iran), **Professor Christer Rolf** (Sweden), **Dr. Patrick Yung** (China) and **Dr. Christopher Tong** (China).

This Arthroscopy Workshop was extremely practical and effective, for it not only presented the latest technology of arthroscopy, but also stimulated exchange of clinical and research findings and techniques among the participants and experts.

BRAZIL

JULY 2–4, 2004

ISAKOS WORKSHOP SERIES

On July 2–4, 2004, the International Meeting “Update in Cartilage Repair: From Basic Science to Replacement”, was held in São Paulo, Brazil.

The event was a tremendous success, with more than 400 participants! Sponsored by ISAKOS, SLARD and the Center of Traumatology and Sports Medicine of the Federal University of São Paulo we managed to bring 16 international guests and some of the most notorious national experts; who brought their knowledge to be shared with our participants. It was an attempt to bring together, in a unique event, countries such as the United States, Italy, Portugal and Latin and Central American countries, to work together for the same purpose of updating cartilage repair.



Luis Valenzuela (Chile), Moisés Cohen (Brazil), Sudha Agarwal (USA) and Rodolfo Carpignano (Argentina)

We had an active participation of **James Deschner**, **James H. Lubowitz**, **Johnny Huard**, **Luis Vargas**, **Philip Davidson**, **Mario Ferreti** and **Sudha Agarwal** from the United States. **Giancarlo Puddu** from Italy, **João Espregueira Mendes** from Portugal and from Latin and Central América, **Alberto Aralújo** (Peru), **Alberto Pienovi** (Argentina), **Diego Martinez** (Colômbia) and **Alberto Ochoa** (Colômbia), **Eduardo Zamudio** (Chile), **Fernando Mota** (Uruguay), **Mario Castellanos** (Mexico) and many other important people from Brazil.

The five live interactive transmissions with the participants was the hit of the meeting. All surgeries took place at the Israeli Albert Einstein Hospital in São Paulo. **Gilberto Camanho** (Brazil) and **Giancarlo Puddu** (Italy) performed a tibial osteotomy, **Moisés Cohen** (Brazil), performed a Unicompartmental Knee arthroplasty and an autologous chondrocytes culture transplant and **Fernando Motta** (Uruguay) and **Carlos Eduardo Marques** (Portugal) finished the live surgeries with a Total Knee Arthroplasty. Additionally, video conferences on Meniscal Transplant in Cadaver Knees and Femoral Condyle were performed by **Philip Davidson** from St. Petersburg, Florida, USA including a follow-up discussion with the audience.

During the meeting **Dr Zamudio** from Chile transferred the SLARD presidency to **Dr Moisés Cohen** from Brazil.

The success of the meeting is due in large part to the high-quality level of the materials presented. This success encourages us to go further in the search of knowledge to share in future events.

Many thanks to the ISAKOS office, represented by Michele Johnson and to the ISAKOS Board of Directors, for the opportunity, truthfulness and encouragement to organize this important meeting for the South American people.

Moisés Cohen, MD, PhD (Brazil)
Meeting President

2004 WORKSHOP SERIES

BEIJING

SEPTEMBER 22 – 24, 2004

ISAKOS WORKSHOP SERIES

Endorsed by the International Federation of Sports Medicine (FIMS) and the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS), this Team Physician Advanced Course is organized with the collaboration of the Centre and the Hong Kong Association of Sports Medicine and Sports Science.

Together with our experienced local faculty, a few world renowned international expertise were invited to give lectures at the Course.

This course highlighted the subject of Team Physicians with specific emphasis on recent advances in diagnosis and management and also the practical issues related to the athlete care and return to sports. Attendance of over 80 participants ranged from orthopaedic surgeons, family doctors, A & E doctors, physiotherapists to other allied health professionals.



INDIA

OCTOBER 7, 2004

ISAKOS WORKSHOP SERIES 2004

On the 7th of October, the Regional Workshop on Arthroscopy of the Knee and Shoulder was held in Mumbai, India, prior to the Annual Meeting of the Indian Arthroscopy Society. Both **Ramon Cugat** (Spain) and **Jaap Willems** (Netherlands) assisted the local organizing committee.

The workshop was held in the Anatomy Department of the King Edward Hospital/University. The workshop was a great success. In total there were 14 workstations for the participation of 70 surgeons. In all, two companies, Smith & Nephew and Karl Storz supplied the arthroscopic equipment.

The program consisted of lectures both in the morning, knee, and afternoon, shoulder. The participants, in addition, were able to spend time practicing on knee as well as shoulder arthroscopy. Thanks to the participation of many surgeons from India, who were able to moderate, everything was very efficient.

Nicholas Antao (India) together with **Anant Joshi** (India), both orthopaedic surgeons from Mumbai were in charge of the course and they did a great job in promoting arthroscopy in India.

I think that with the support of this course, ISAKOS did a great job in fostering arthroscopy in the whole subcontinent of India.

There is still much work to do!

*With many regards,
Jaap Willems, MD (Netherlands)*

NEW THOUGHTS ON TENSIONING A SOFT TISSUE ANTERIOR CRUCIATE LIGAMENT GRAFT



BY STEPHEN M. HOWELL, MD

Maury L. Hull, PhD.

Sacramento, CA

Mechanical Engineering Department

University California at Davis, Davis, CA

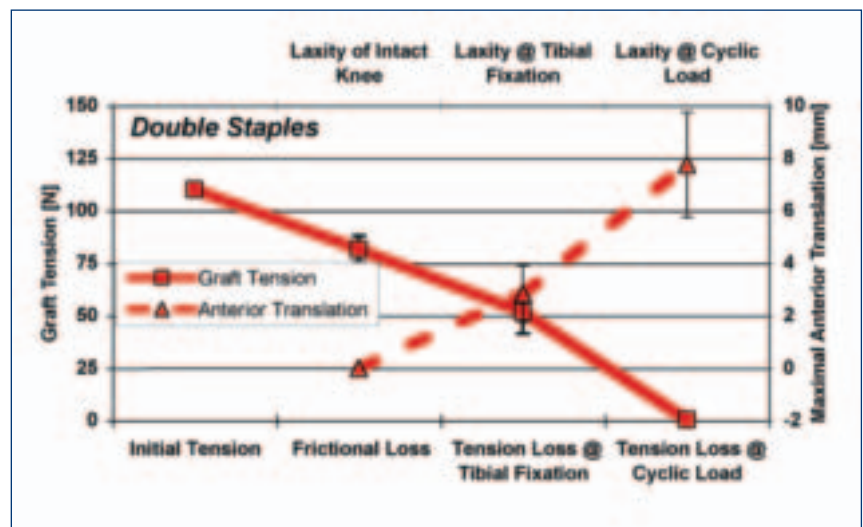
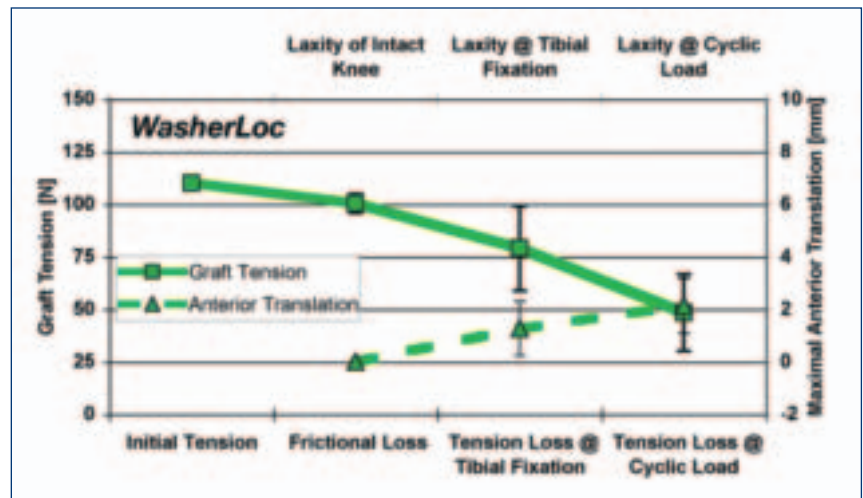
The method of tensioning a soft tissue ACL graft is controversial, because surgeons do not agree on how much tension to apply, whether the structural properties of the fixation method should be considered, and whether or

not to use a tensioning device. The goal of a tensioning method is clear, which is to restore anterior stability to the knee.

For a tensioning method to be effective the initial tension should be transferred and maintained in the intraarticular portion of the graft. Our recent study of four fixation devices showed that tensile force applied to a soft tissue ACL graft is not transferred intraarticularly and is not maintained during graft fixation. Friction in the tibial tunnel causes a loss in tension. The insertion of the tibial fixation device changes the intraarticular tension, and the direction and magnitude of the change in tension is unpredictable. Slippage of the graft at the site of fixation during cyclic loading causes an additional loss in tension. The amount of tension loss after inserting and cycling the knee is sufficient to increase anterior laxity (Figure 1) {Grover, In Press #168}.

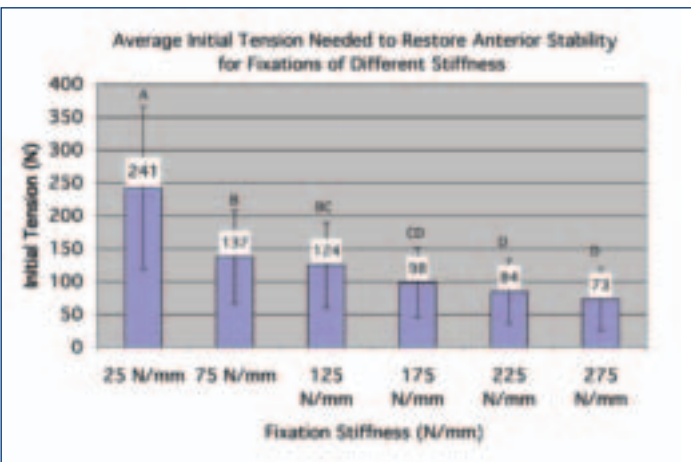
One technique that compensates for the inevitable loss in graft tension on anterior stability with a soft tissue ACL graft is the use of a high-stiffness graft construct {Karchin, 2004 #167}. The formation of a high-stiffness soft tissue ACL graft construct requires high-stiffness fixation devices. High-stiffness fixation devices are placed distal or at the end of the tunnels in cortical bone that has 30 times the strength of cancellous bone {Coleridge, 2004 #178; To, 1999 #173; Magen, 1999 #176}. Because the stiffness of the construct is determined by the stiffness of the fixation devices, a graft fixed with high-stiffness fixation devices is still stiffer than joint line fixation with interference screws even though the graft is a few centimeters longer {Kousa, 2003 #174; Magen, 1999 #176; To, 1999 #173}.

The initial tension required to restore anterior stability for a high-stiffness graft construct is more than three times less than that for a low-stiffness construct (Figure 2). Because a high-stiffness graft construct requires less initial tension than a low-stiffness graft construct, the tension pattern in a high-stiffness graft construct better matches the pattern in the intact anterior cruciate ligament {Karchin, 2004 #167}.



CURRENT CONCEPTS

Some surgeons prefer to use a tensioning device attached to the tibia because the amount of tension can be dialed-in and the need for an assistant is eliminated. Others contend that the joint reaction forces produced by the tensioning device improve anterior knee stability. We studied the effect of the three joint reaction forces and showed that the anterior stability was the same whether the graft was tensioned with a device attached to the tibia that produced joint reaction forces or tensioned by hand without a joint reaction force. The most likely explanation that the joint reaction forces do not improve anterior stability is that the compressive force negates the displacement effect of the posterior force, a finding confirmed by many other studies {Thompson, 2004 #172}.



In summary, we have learned that the initial tension is lost, the slippage and stiffness of the fixation determines the tension needed to stabilize the knee, and that the use of a tensioning device does not affect anterior stability. We now try to maintain of stability after tensioning and cyclic loading of the knee by using fixation methods that resist lengthening at the site of fixation and provide high-stiffness. We pay close attention to the technique for inserting the tibial fixation device as this step induces the greatest change and variability in the intraarticular tension. We are equally comfortable tensioning the graft by hand or with a tensioning device attached to the tibia since the joint reaction forces do not affect anterior stability. ●

Full article and references also available online at www.isakos.com

WHY SHOULD WE SACRIFICE THE GRACILIS IN ACL HAMSTRING RECONSTRUCTION?



ALBERTO GOBBI, KONRAD MALINOWSKI, MATTEO VITALI AND MILCO ZANAZZO

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INTRODUCTION

The use of hamstring tendons for ACL reconstruction has become more accepted in the recent years. Many authors have shown good results using semitendinosus and gracilis grafts^{1, 2, 3} while others have had similar results using the quadrupled semitendinosus alone.^{4, 5, 6} Some, however, have been concerned about the possibility of muscular weakness and its effects on strength and stability after sacrifice of hamstrings.^{7, 8, 9, 13, 14, 15, 18}

In our study, we sought to determine if there was a difference in the clinical results of ACL reconstruction when using the semitendinosus tendon (ST) alone versus the semitendinosus and gracilis (STG) construct.

MATERIALS AND METHODS:

From January 1996 to December 2001, 230 consecutive patients underwent ACL reconstruction using hamstring autografts. In our prospective randomized study we followed a group of 97 patients operated with either an ST graft (50) or STG graft (47).

No statistically significant differences were found for the age, time of surgery, gender, leg involved, or meniscal treatment among two grafts groups ($p > 0.05$).

The patients were evaluated according to standard knee scales (IKDC, Noyes, Lysholm, Tegner), self evaluation score—SANE,¹⁰ clinical findings, computerized knee laxity analysis and functional tests. Isokinetic flexion, extension and internal rotation-external rotation testing were also performed. Subjects were evaluated preoperatively and 3, 5, 12 months after surgery by the surgeon and physical therapist. Independent examiners conducted the final evaluation at a mean follow-up of 36 months. Patients were asked about their satisfaction with the treatment, and if they were able to return to the same pre-injury activity level and sport.

RESULTS:

We compared data for the ST and STG groups and did not find any significant difference between the two groups with standard knee scores, self evaluation scores, clinical findings, computerized knee laxity analysis, flexion–extension and external rotation strengths, as well as functional tests. We noted, however, that the internal rotation torque deficit was significantly higher in the STG group ($p=0.039$). Likewise, the external to internal rotation ratio was significantly greater ($p=0.006$) in the STG group.

DISCUSSION:

The use of a doubled STG graft versus a quadrupled ST graft is still a matter of contention.

Recent studies have explained some disadvantageous effects after harvesting hamstring tendons. Tashiro et al¹³ in a prospective, randomized study reported a significant decrease of hamstring strengths in both groups when studied at 70° or more flexed position; furthermore, the double tendon group had considerably less strength than the single tendon harvest group at 18 months. The difference was seen especially at high flexion angles. Ohkoshi et al⁹ reported no difference in peak flexion torque or total work after semitendinosus harvest from uninjured knee, but the presence of the different shape of isokinetic curve at deep flexion after harvesting.

In another study, Nakamura et al⁷ reported a significantly lower mean maximum standing knee flexion angle in the STG group compared to the ST group. Adachi et al¹⁸ compared ST and STG group with allogenic fascia lata graft and reported that peak torque value and total work in each group, compared to normal knees, was not statistically different; however, the more hamstring tendons were harvested, the more loss of active knee flexion was observed.

Other authors^{8,14,15} noted persistent weakness in internal rotation after harvest of the semitendinosus and gracilis tendons, and suggested that hamstring sacrifice would compromise dynamic stability, especially under rotational loads.

Cross,¹⁶ Eriksson,¹⁷ Leis¹⁹ revealed a potential for the hamstring tendons to regenerate and for the semitendinosus muscle to recover, although the degree of recovery in the case of internal rotation strength is, at minimal, one year as confirmed in this study.^{16,17}

In a recent study, Hioki et al²⁰ reported that the redevelopment of hamstring tendons after graft harvest was not equal, and they distinguished three different patterns: similar shape to intact knee, smaller proximally with distal tendon-like structure, and considerably smaller proximally without tendon-like structures. The greatest knee strength was in the first, and the lowest in third group.

CONCLUSION:

The use of ST or STG for ACL reconstruction offers good clinical results and we did not find important differences with the final outcome, but isokinetic tests revealed internal rotation weakness in the ST group. There are still plenty of questions without answer, but many studies recommended sacrifice one hamstring tendon only.

In our opinion, the surgeon should always consider reconstruction using only semitendinosus tendon, especially in specific, demanding deep flexion and maximal rotational strength sports activities such as hurdles, long-, high- and triple jumps, skiing or soccer.

Maybe this strength weakness, revealed after hamstring ACL reconstruction, is one of the reasons of failure in returning athletes to sport. ●

Full article and references also available online at www.isakos.com

ROTATIONAL INSTABILITY OF THE ACL INJURED AND RECONSTRUCTED KNEE IN LOW AND HIGH DEMANDING ACTIVITIES. A 3-D MOTION ANALYSIS STUDY.



ANASTASIOS GEORGOULIS, MD
ASSOCIATE PROFESSOR,

*Head of Arthroscopy and Sports Medicine,
Dept. of Orthopaedic Surgery,
Director of Orthopaedic Sports
Medicine Center,
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The subject of modified gait patterns after ACL injury and reconstruction is very interesting; an important part of the research society is concentrated on

this subject. The ability of the ACL and ACL graft to withstand anterior tibial loads has been investigated extensively. There is limited research however, focusing on the ACL as a stabiliser when a combined rotational load is applied.

There are some clinical questions that need to be answered: What is the gait pattern of a deficient knee? Which movements are abnormal and may cause cartilage damage? Does ACL reconstruction restore every pathological function to normal? These questions can be investigated objectively by using an in-vivo method like motion analysis. With a three-dimensional optoelectronic system we can capture the movements of reflective markers placed on selected bony landmarks of the lower limbs and pelvis. The system calculates a lot of parameters, like flexion-extension, abduction-adduction and, finally, internal-external rotation of the knee, which is our research object.

Over the last three years, we examined the internal-external rotation of the ACL-deficient and reconstructed knee in different stressful activities. We examined these subjects during walking, which is an undemanding activity, during descending and pivoting, which is a demanding activity and during subsequent pivoting after landing, an activity considered by many researchers to represent demands that are more comparable to those found during high level sports.

In our first project, we examined ACL-deficient and reconstructed subjects, and we found that the ACL injured knees have an increased internal rotation. This abnormal internal rotation of the tibia may be the cause of cartilage damage of the medial compartment; this is a hypothesis that has to be the subject for further investigation. However, ACL reconstruction partially restored this increased tibial rotation during walking (Georgoulis et al. (2003) Am J Sports Med 31:75-79).

In our second project, we investigated a very demanding activity like descending and subsequent pivoting, in order to

learn whether these gait adaptations remain the same. We measured the internal-external rotation of the tibia during descending and pivoting in so-called successfully ACL-reconstructed patients which means a) no complaints in daily activities, b) KT-1000 arthrometer difference less than 2mm and c) Lysholm score more than 85 points. We evaluated the maximum range of motion of the tibial internal-external rotation during the pivoting period, and we found a significant difference ($p=0.01$) within the ACL reconstructed group, between the reconstructed and the contralateral intact leg. (Ristanis et al. (2003) Knee Surg, Sports Traumatol, Arthrosc 11:360-365)

In a third project, we measured the internal-external rotation in ACL deficient and reconstructed knees after landing and subsequent pivoting. We selected landing as the task, because it represents an activity that places higher demands on the knee than walking, jogging or stair climbing. In addition, we combined this stressful activity with subsequent pivoting to further increase rotational loads on the knee. Such a task is considered by many researchers to represent demands that are more comparable to those found during high-level sports like basketball. Our results revealed significant differences between the reconstructed leg of the ACL group and the healthy control, and between the deficient leg of the ACL deficient group and the healthy control. We also found no significant differences between the deficient leg of the ACL deficient group and the reconstructed leg of the ACL reconstructed group. ("Tibial rotation remains a problem one year after ACL reconstruction during high demanding activities" submitted for publication)

Our studies show that ACL injury leads to abnormal internal-external rotation of the knee joint, during both, low and high demanding activities. Although ACL reconstruction restores anterior tibial translation, does not seem to fully restore normal movement, especially during loading and extreme rotation conditions. Our findings indicate that current ACL reconstruction procedures improve tibial rotation in low demanding rotational activities like walking, but fail to rotationally stabilize the knee when higher loads are applied.

The results from our study, provides support to other studies, which indicated that ACL reconstruction does not fully restore ACL function. Andriacchi et al. dynamically assessed the functional outcome of patients who had undergone ACL reconstruction and found that successfully ACL reconstructed patients displayed virtually no abnormality during low demanding activities, but noticed however, that with higher demanding activities like pivoting or jogging, persistent gait adaptations were present.

A possible explanation for these findings is that the ACL reconstruction unfortunately does not re-establish the anatomy of the ACL. Unlike the patellar tendon that has a more uniform anatomy, ACL consists of 2 major bundles that exhibit different patterns during motion. The anatomic complexity of the ACL has not been reproduced by current ACL reconstruction procedures. A two-bundle graft is now being used by some surgeons to simulate better the morphology of the original ACL, but this technique has not been investigated extensively. A recent in-vitro study by Woo et al. showed that the placement of the tunnel at 10 or 2 o'clock provides better functional stability in terms of internal-external rotation than a placement at 11 or 1 o'clock.

Currently, the success level of an ACL reconstruction is clinically assessed via static measurements of anterior tibial translation (KT 1000 arthrometer). With our study, we emphasized the need to develop an objective measure to assess functional dynamic stability of the knee after surgery, especially in regard to tibial rotation, in order to improve clinical practice.

In conclusion, the ACL reconstruction doesn't fully restore stability of the knee in terms of internal-external rotation of the tibia, even if the pathological anterior translation of the tibia is significantly restored. Improvement of current techniques and development of new surgical procedures or grafts should also contribute in restoring internal-external rotation and not only anterior translation.

ACKNOWLEDGEMENTS

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Full article and references also available online at www.isakos.com

GRAFT CHOICES FOR ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION



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The question of which graft to use for anterior cruciate ligament (ACL) reconstruction continues to be debated at meetings around the world. The overall choice of grafts consists of autografts, allografts, and synthetic grafts. By far the two most commonly used grafts are central third bone-patellar tendon-bone and hamstring tendon, either semitendinosus alone or semitendinosus combined with gracilis. Seventy per cent of the 132 members of the ACL study group who responded to the recent biannual survey indicated that the patellar tendon is their graft of choice, while 25% use hamstring tendon. [1] The next most popular graft was quadriceps tendon, followed by allograft tendon. It is worth noting that there may be considerable geographic variation in the choice of graft for ACL reconstruction. Half of the returned questionnaires came from surgeons working in the USA. A survey of the Australian Knee Society indicated a more even distribution between patellar and hamstring tendons. [2]

In selecting a graft for ACL reconstruction there are a number of factors that need to be considered (for a comprehensive review see Bartlett RJ et al [3]). The graft must have been shown to provide satisfactory outcomes. The morbidity associated with harvesting the graft needs to be taken into account, as do, in the case of allografts, cost and the risk of disease transmission. These factors need to be evaluated in regard to the patient's occupation, the type of sport in which they are involved, their skeletal age, associated ligamentous pathology, the chronicity of the injury, and their inherent degree of ligamentous laxity. In revision ACL reconstruction there are additional considerations such as the graft that was used for the primary reconstruction and the presence and degree of bone tunnel enlargement that is present. Grafts that include a bone block may be more suitable where enlarged bone tunnels are present.

As a result of the increased interest in hamstring tendons, largely due to the development of new fixation methods, there have been a number of randomised controlled trials (RCTs) published in the past few years comparing patellar tendon and hamstring tendon grafts. [4-11]. Both grafts have been shown to produce satisfactory functional outcomes. In general hamstring tendon grafts have been associated with less morbidity, particularly in terms of

CURRENT CONCEPTS

anterior knee pain and more specifically pain on kneeling. Patellar tendon grafts seem to be associated with an increased risk of extension deficit but in many studies have been associated with slightly less anterior knee laxity as measured by arthrometer. Some studies have shown a higher rate of return to preinjury sport with patellar tendon grafts. In those studies that have looked at radiographic bone tunnel enlargement, hamstring tendon grafts have generally been shown to be more frequently associated with this phenomenon than patellar tendon grafts. To date, bone tunnel enlargement has not been associated with clinical sequelae but does remain a potential concern in the longer term and also in the setting of revision surgery.

These recent studies have involved relatively small numbers and for the most part have had inadequate power to provide clear answers. Although meta-analysis of these trials may provide a clearer picture, a recent preliminary analysis found that there was insufficient data to conclude differences in patient function. Interestingly, the authors noted that they had variable access to the raw data from the authors of published RCTs. [12] They also reported that, because of inadequate and inconsistent reporting of outcome measures and a failure to employ validated patient-based measures, it was difficult to synthesise and analyse the data from the various trials. However, their analysis did demonstrate a slightly increased objective laxity following ACL reconstruction with hamstring grafts, although the clinical significance of a mean difference of 0.8mm is unclear. The authors were also able to confirm an increased incidence of anterior knee pain following use of patellar tendon grafts.

Most randomised trials must necessarily have a set of inclusion and exclusion criteria. This raises the issue of whether the results of a randomised trial can be extrapolated to a wider patient population. Overall the RCTs have had a 3:1 predominance of male subjects and the applicability of their findings to only female patients is unclear. Barrett et al recently reported that hamstring tendon grafts were associated with a much higher rate of failure than patellar tendon grafts in a female population. [13] On the other hand, Siebold et al have recently demonstrated equivalent functional outcomes with both graft types in females but with less morbidity and better subjective outcomes with hamstring grafts. [14]

Patellar tendon remains the gold standard for many surgeons. The graft can be harvested from either the ipsilateral or contralateral knee. Whilst the use of the contralateral patellar tendon has not achieved widespread popularity in the setting of primary reconstruction, it is used more frequently in the setting of revision surgery. Much of the morbidity originally attributed to the graft itself has subsequently been shown to be able to be controlled by adequate preoperative preparation, particularly restoration

of a good range of motion, and by appropriate postoperative rehabilitation. [15] Rapid rehabilitation protocols have been developed for patellar tendon grafts and a desire or need for a rapid return to sport may represent a relative indication for the use of a patellar tendon graft. [16] Shelbourne has demonstrated that patients can return to sport as early as four months following their surgery, particularly if they have had the graft harvested from the contralateral knee. [17]

A history of previous patellar tendinopathy or Osgood Schlatter's disease probably constitutes a relative contraindication to the use of the patellar tendon, and a requirement to kneel also needs to be taken into account in selecting an appropriate graft. Bone grafting of the patellar and tibial tubercle defects and the use of transverse incisions may reduce the incidence of kneeling pain.

Hamstring tendon grafts can be double, triple, or quadruple stranded. Most surgeons appear to favour a four strand graft. This can either consist of a quadrupled semitendinosus tendon, or a doubled semitendinosus tendon combined with a doubled gracilis tendon. Although quadrupled semitendinosus grafts are relatively short, their diameter tends to be greater than doubled gracilis/doubled semitendinosus grafts. Whatever graft is used, a variety of fixation options exist. In general, femoral fixation can be adequately achieved with a variety of methods including suspensory, transfemoral and interference screw techniques. Tibial fixation remains an ongoing concern for many surgeons due to issues of bone density and prominence of subcutaneous hardware in the proximal tibia.

The applicability of rapid rehabilitation protocols to hamstring tendon grafts remains unclear. A recent study has suggested that early motion following hamstring tendon and ACL reconstruction may be associated with increased radiographic bone tunnel widening. [18]

Most studies that have looked at quadriceps and hamstrings strength following ACL reconstruction have shown little in the way of long term deficit, but this may reflect the methodology employed rather than the absence of a real difference. In addition, the relatively small numbers of subjects involved in these trials may mean that there was inadequate power to detect a clinically significant difference. A recent presentation suggested that testing hamstring strength at high degrees of flexion can demonstrate a significant deficit associated with the use of hamstring tendon grafts. [19] It remains to be seen whether preservation of the gracilis tendon results in better hamstring function.

Quadriceps tendon has had some strong proponents over a long period but has not gained widespread acceptance. This appears to relate in part to a lack of familiarity with the use of this graft as well as concerns about harvest, cosmesis, and the potential to interfere with the extensor mechanism.

Allograft tendon seems to have gained increased popularity in recent years, particular in the USA. Allografts effectively eliminate the morbidity of graft harvest but are expensive and are associated with a very small potential risk of transmission of viral disease. In the past, allografts have been associated with an increased incidence of bone tunnel widening. A variety of allograft tendons are available. Recently the tibialis anterior tendon has been popular.

From a practical perspective, individual surgeons must decide whether to use one graft for all situations or to tailor the graft choice to the individual. Those surgeons performing large numbers of ACL reconstructions will be more likely to understand the nuances and subtleties associated with a particular graft. They may therefore be able to extend the indications for a particular graft. On the other hand, they may have been performing a sufficient number of procedures to be comfortable with using a variety of grafts, making it possible to be selective. Surgeons performing only a relatively small number of procedures should probably stick to one graft type, and where this graft type is not suitable for an individual, refer the patient to a surgeon who is familiar with a more appropriate alternative. ●

Full article and references also available online at www.isakos.com

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continued from page 2

FROM OUR LEADERSHIP

Editor's Note

Time certainly flies. It is hard to imagine that the Biennial Congress in Hollywood marks the 10th anniversary of ISAKOS. Be sure to mark your calendar and get your reservations in now! Pre-registration is accepted until March 1, 2005, after which you will be required to register on site at the meeting in Hollywood, Florida.

Do not overlook the pre meeting "Team Physician Course" organized by our Orthopaedic Sports Medicine Committee section for April 2, 2005. This will precede the Biennial Congress and covers the many and varied areas of expertise required in the role of a team physician.

I look forward to seeing you in Hollywood, Florida!

President's Message

In summary we do feel and hope the first Global Leadership Retreat was advantageous for both ISAKOS and the Orthopaedic Global Industry.

ISAKOS is a Global Organization

Globalization continues to shape our world and the increasingly complex technology yields new possibilities. We do believe that ISAKOS as a society will embrace these changes in technology through the outstanding work of both current and future members from all around the world.

ISAKOS is now a society on the front line of research, management and surgical techniques. Keys to the society's success include a good functional structure and a high level of knowledge and information from our members and fellow industry leaders.

See you in Hollywood, Florida!

ISAKOS

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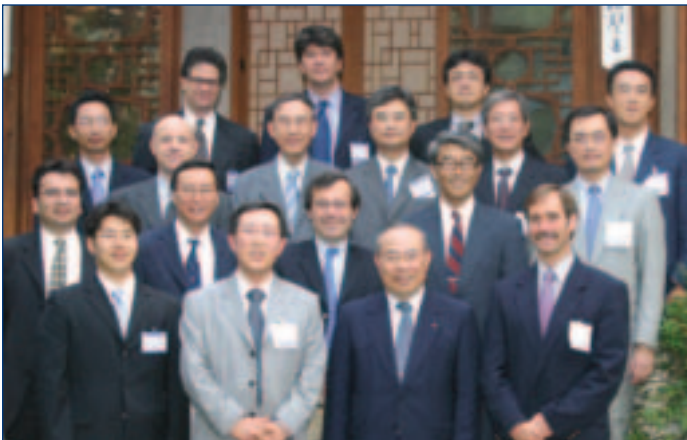
APPROVED COURSES IN REVIEW

THE 8TH SMC SHOULDER SYMPOSIUM JUNE 10–12, 2004

SAMSUNG MEDICAL CENTER, SEOUL, KOREA

The 8th SMC Shoulder Symposium was held from June 10 to 12, 2004 in Samsung Medical Center, Seoul, Korea. This symposium was previously a domestic meeting for Korean surgeons, but this year it was expanded to an international meeting. Overall 142 participants from 12 countries attended the symposium including 14 faculties. **Dr. Seung-Ho Kim, MD** (Korea), a chairman of the symposium was very proud to invite outstanding guest speakers from the world such as **Dr. Richard L. Angelo** (USA), **Dr. Alessandro Castagna** (Italy), **Dr. Chih-Hwa Chen** (Taiwan), **Dr. Philippe Hardy** (France), **Dr. Eiji Itoi** (Japan), **Dr. Felix H. Savoie III** (USA), **Dr. Hiroyuki Sugaya** (Japan) and **Dr. Gilles Walch** (France).

The 8th SMC Shoulder Symposium is an ISAKOS-Approved course which included live patient surgical demonstrations, lectures, and workshops in shoulder arthroscopy and arthroplasty. **Dr. Kim** (Korea) and other faculties performed eight live surgeries including arthroscopic Bankart repair, arthroscopic rotator cuff repair, arthroscopic capsulolaboplasty for the multidirectional instability, and total shoulder arthroplasty.



The meeting was very well organized and compact in schedule and contents. The quality was outstanding which favors most of the participants. The Division of Shoulder and Sports Medicine of the Department of Orthopaedic Surgery at the Samsung Medical Center has been involved in education of international surgeons for the last ten years and has now become Asia's most outstanding learning center in shoulder surgery.

ISAKOS Mission Statement

**ISAKOS advances
the worldwide
exchange and
dissemination of
education, research
and patient care
in arthroscopy,
knee surgery
and orthopaedic
sports medicine.**

APPROVED COURSES IN REVIEW

THE 3RD CONGRESS OF THE ASIA-PACIFIC KNEE SOCIETY & THE 7TH CONGRESS OF TURKISH SPORTS TRAUMATOLOGY, ARTHROSCOPY AND KNEE SURGERY OCTOBER 30–31, 2004, ISTANBUL, TURKEY NOVEMBER 1–4, 2004, ANKARA, TURKEY

The 7th Congress of the Turkish Society of Sports Traumatology, Arthroscopy and Knee Surgery (TSYADCD) combined with the 3rd Congress of the Asia-Pacific Knee Society "APKS" (Knee Section of APOA) and took place on October 30–31, 2004 in Istanbul and November 1–4, 2004 in Ankara.

President **Prof. M.N. Doral** (Turkey) and Secretary **Prof. R. Tandogan** (Turkey) organized the Congress with the collaboration of ISAKOS, ESSKA, EFOST and APKS. The Honorary Presidents were; **Prof. E. Gür**, **Prof. J. Bergfeld** (USA), **Prof. T. Koshino** (Japan) and **Prof. H-C. Liu** (Taiwan).

More than 700 participants from 28 countries met in Turkey for both a scientific exchange and an exciting social program discovering the countries' rich cultural heritage, visiting historical sites in Istanbul, Ankara and Cappadocia.

The scientific program was comprised of 60 lectures, 21 symposia, and 12 instructional courses presented by world leaders in arthroscopy. The meeting also included the presentation of 180 free papers and 33 posters. In addition, the Robert W. Jackson-II award was presented to the best basic science paper. The winners were **T. Aydog et al**, **M. Sargon et al** and **B. Karadam**.

The new APKS President was elected and **Prof. M.N. Doral** from Turkey took over the presidency from **Prof. H-C. Liu** of Taiwan for the next two years. The next APKS Congress will be held in Seoul/South Korea in 2006 under the Presidency **Prof. D.K. Bae** (Korea).

Respectfully Submitted by
MN Doral, MD and R. Tandogan, MD



15th Cadaver Workshop

15TH & 16TH CADAVER WORKSHOP

Arthroscopy cadaver workshops were held on July 3rd (knee) & July 10th (knee), 2004. The ISAKOS approved courses were held at Yonsei University College of Medicine in Korea. These courses have received ISAKOS approval since the 11th workshop on November 1, 2003. These are the only cadaver workshops in Korea with ISAKOS approval. **Professor Sung-Jae Kim** (Korea), course chairman of the workshop and representative of the Severance Arthroscopy Research Society, has been working as an Arthroscopy committee member of ISAKOS and as an editorial board member of the Arthroscopy Journal. Originally, the 16th cadaver workshop was scheduled to be held on July 10, 2004 for shoulder arthroscopy. However, the shoulder workshop was changed into a knee workshop because of the increasing needs of applicants.

During this workshop, participants observed demonstrations by **Professor Sung-Jae Kim** (Korea) and then went into training by themselves under the guidance of the professor and table instructors. Participants were able to train themselves for various operative techniques and had opportunities to discuss these with the instructors. After these exercises, they worked with the cadavers to get more information about surgical anatomy of the joint. It was very useful for the participants to attend the workshops.

Professor Sung-Jae Kim (Korea) made a plan to include ankle and elbow arthroscopy in future workshops.



UPCOMING ISAKOS APPROVED COURSES

ARTHROSCOPIC SURGERY 2005

January 20–23, 2005

Westin LaPaloma, Tucson, Arizona, USA

For Further Information, Please Contact:

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Fax: +1 (801) 587 5411

Email: Karon.sorensen@hsc.utah.edu

www.arthroscopyseminars.org

19TH CADAVER KNEE ARTHROSCOPY WORKSHOP

February 18, 2005

Yonsei University Hospital, Seoul, Korea

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20TH CADAVER SHOULDER ARTHROSCOPY WORKSHOP

March 4, 2005

Yonsei University Hospital, Seoul, Korea

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SURGICAL WINTER GAMES: A LIVE SURGERY COURSE

March 7–11, 2005

Cortina, Italy

For Further Information, Please Contact:

Italian Arthroscopy Society (SIA)

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Dr. Luigi Pederzini

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II INTERNATIONAL HIP ARTHROSCOPY MEETING

March 17–19, 2005

IEP–Instituto de Ensino e Ensino Pesquisa

Hospital Sirio–Libanes, São Paulo, Brazil

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REVIEW OF TISSUE ENGINEERING

March 31–April 1, 2005

Winston-Salem, North Carolina, USA

Because of the current interest in tissue engineering in Orthopaedic Surgery and the unique availability of the Wake Forest Institute for Regenerative Medicine faculty and researchers, Wake Forest University will host a pre-ISAKOS symposium in Winston-Salem, NC on March 31, 2005 to explore the exciting new field of tissue engineering and how this discipline may affect the future of orthopaedics.

For additional information, call the Office of Continuing Medical Education

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BASIC KNEE ARTHROSCOPY COURSE

March 31–April 2, 2005

Sheraton Hotel, Antalya, Turkey

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http://www.akdeniz.edu.tr/tip/ortopedi/artro_verikpk.html

1ST WORLD CONGRESS ON SPORTS INJURY PREVENTION

June 23–25, 2005

Holmenkollen Park Hotel, Oslo, Norway

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Web: www.ostrc.no/congress2005

VIII ADVANCED ARTHROSCOPIC SURGERY COURSE

June 23–25, 2005

Hilton Ankara, Ankara, Turkey

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INTERNATIONAL SYMPOSIUM ON SPORTS MEDICINE – ISRAEL 2005

July 6–7, 2005

Tel Aviv, Israel

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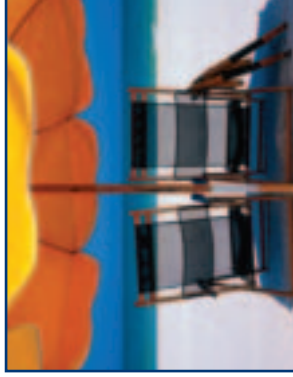
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