



# ISAKOS

newsletter

## WINTER 2006

Volume 10, Issue 1

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## The ISAKOS 6<sup>th</sup> Biennial Congress

# Join us IN FLORENCE!

The Congress will bring together world leaders in arthroscopy, knee surgery and orthopaedic sports medicine. Diverse and high quality presentations will include 200 scientific papers, discussions and debates, over 400 electronic posters, technical exhibits, instructional course lectures and hands on workshops. Attendees from 70 different countries are anticipated to attend the ISAKOS Congress. In addition to the multi-dimensional scientific program we hope you will attend the evening social events such as the Welcome Reception and Farewell Banquet.

Florence is a city of sublime art and beauty, and casts a spell in a way few places can. Set in a valley on the banks of the Arno, this captivating city is home to some of the most magnificent Renaissance masterpieces from Leonardo, Michelangelo, Botticelli and Raffaello. Florence offers an endless amount of activities including dining on delightful Tuscan cuisine, music and theater festivals, art museums and shopping. Florence is the capital city of the Tuscan region and is only one hour from the cities of Pisa, Siena, Lucca and Arezzo and less than two hours from Rome. The Florence International Airport "Amerigo Vespucci" is only four kilometers away from the city center and provides direct flights to many European cities. The Central Railway Station, Santa



Maria Novella, is located near the Congress location, the Fortezza da Basso, and provides comfortable high-speed trains with direct travel to Rome, Milan and Naples.

The ISAKOS Congress will take place within the Fortezza da Basso, a Medicean fortress built between 1533 and 1535 by Giuliano di Sangallo. The Fortezza da Basso is located close to monuments, shops, restaurants, ISAKOS Congress hotels and a few steps away from the central railway station and four kilometers from the airport. Florence provides a captivating open air museum where you can eat outdoors admiring the beautiful scenery of piazzas, monuments and cathedrals. Its mild Mediterranean climate, enchanting views and friendly atmosphere will allow you to enjoy your stay in Florence and the 6<sup>th</sup> Biennial ISAKOS Congress. We look forward to seeing you in 2007 in Florence, Italy!

## CALL FOR ABSTRACTS

Abstract Submission is available online at

[www.isakos.com](http://www.isakos.com)

The submission deadline is  
April 1, 2006

## MARK YOUR CALENDARS

6<sup>TH</sup> BIENNIAL ISAKOS CONGRESS

FLORENCE  
ITALY

MAY 27-31, 2007

## ISAKOS WELCOMES NEW MEMBERS

### ACTIVE MEMBERS

Jorge Elias Dikdan, MD, USA  
Mark David Haber, FRACS, Australia  
Faris Fayed Werr, MD,  
Dominican Republic

### AFFILIATE MEMBERS

Turner A. Blackburn, Med, PT, ATC, USA

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Saudi Arabia  
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Kevin P Shea, MD, USA  
Victor Favilla Guimaraes Silva, MD,  
Brazil  
Hamid Mohammed Subh, MD,  
Saudi Arabia  
Pavitar Singh Sunner, MD, Australia  
Pedro Javier Tort-Saade, MD,  
Puerto Rico  
Willem Mare Van Der Merwe, MBCHB,  
VCS, SA, Ortho, South Africa  
Muhammad Abdul Wajid, FRCS (Orth),  
Pakistan  
John H Wilckens, MD, USA

## FROM OUR LEADERSHIP



### Editor's Note

**Ronald M. Selby, MD (USA)**

*"It's all about you!"*

We're thrilled to bring you this latest edition of the ISAKOS Newsletter! The calling card of this great international organization is jam-packed with information to bring you up-to-date on the activities of the committees, ISAKOS approved courses and learning centers, scientific articles, and information to help you submit abstracts and plan your schedule to attend the next biennial Congress. As I reflect on the achievements, activities, meetings, Biennial Congresses, projects, contributions and overall impact of ISAKOS one theme which seems to run through the very core of the association is **responsiveness**. If you are a member of this great organization coming your way in the very near future will be "the membership survey." For me, the extraordinary amount of time, effort and care that **President John Bergfeld, MD** and ISAKOS are putting into the planning, development, execution, and analysis of this survey speaks volumes about the goals and mission of your international association. And, to no surprise, it really is all about you! ISAKOS wants to know, quite frankly, what you think. What you think will help you achieve your objectives. What will help you in your profession. What you want from ISAKOS to help you and serve you better. The pilot project is already underway. Anyone who has read my previous editorials knows how bullish I feel and how proud I am to be a member of this organization. The question is what you want.

*(continued on page 21)*



### President's Message

**John A. Bergfeld, MD (USA)**

*Dear Friends of ISAKOS,*

I wish to extend a very Happy New Year to all and look forward to a year of even greater accomplishments from our Society. ISAKOS has continued to progress and increase its committee activities. The continued leadership of our committee chairs and members is sincerely appreciated. The Executive Committee and Board of Directors are committed to strengthening our Committee structure, the heartbeat of ISAKOS. A few of our Committee's more prominent initiatives are detailed in this issue of the newsletter on pages 4 and 5. The ISAKOS Committees will assemble at the American Academy of Orthopaedic Surgeons meeting this March in Chicago and report their progress to the Board of Directors.

We have continued to strengthen our relationship with our regional societies and have partnered with ESSKA on recent educational programs. We look forward to working closely with APOSSM and SLARD as well as our North American partners, AANA and AOSSM.

The Executive Committee is now planning the second Global Leadership Retreat in October in Beijing, China. This meeting is designed as a forum for ISAKOS leaders and industry to exchange information and explore common opportunities, challenges, problems, issues, concerns and solutions.

Building on our successful Congress this past April in Hollywood, Florida, plans are underway for an exceptional meeting in Florence, Italy, May 27-31, 2007. We hope to increase our exchange with our Russian and East Central European colleagues as the location of Florence will lend itself ideally to accomplishing this goal. We have been in contact with the Orthopaedic and Sports Medicine leaders from these countries and they are anxious to participate in our ISAKOS Congress.

As ISAKOS increases its international recognition, we hope to propose ways we can work together with other international orthopaedic sports medicine organizations such as FIMS and SICOT to accomplish our common educational missions.

The Executive Committee, our Executive Director and her staff are available to you and we welcome your suggestions for ISAKOS' continued growth.

**John Bergfeld, MD**

ISAKOS President, 2005-2007

# TRAVELING FELLOWSHIPS

## Upper Extremity TRAVELING FELLOWSHIP

Sponsored by the ISAKOS Upper Extremity Committee

This fellowship was developed to promote better understanding and communication regarding injuries or conditions involving the structures of the upper extremity. This opportunity will be available on a competitive basis to an orthopaedic surgeon between the ages of 35 and 45 years, interested in the study and advancement of understanding of injuries to the upper extremity.

Preference will be given to those who have an established academic track record. Applicants should submit the application, two (2) letters of recommendation and your curriculum vitae to the ISAKOS office at [isakos@isakos.com](mailto:isakos@isakos.com) by February 1, 2006.

The stipend will permit visits to several centers, worldwide, that can match their facilities with the applicant's interest. The fellow will write a report of the experience which will be considered for publication in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*.

Application information is available at [www.isakos.com/awards](http://www.isakos.com/awards).

## The Patellofemoral TRAVELING FELLOWSHIP

Sponsored by the Patellofemoral Foundation, Inc.

This travel award is to promote better understanding and communication regarding patellofemoral pain. This opportunity will be available on a competitive basis to an orthopaedic surgeon interested in the study and advancement of understanding of the patellofemoral joint.

Preference will be given to those who have an established academic track record. Applicants should submit the application, two (2) letters of recommendation and your curriculum vitae to the ISAKOS office at [isakos@isakos.com](mailto:isakos@isakos.com) by November 1, 2006.

The Patellofemoral Foundation will provide a stipend to permit visits to several centers, worldwide, that offer opportunities to learn about the complexities of patellofemoral pain. The fellow will write a report of the experience which will be considered for publication in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*.

## 8TH BIENNIAL ISAKOS CONGRESS 2011

## Request for Proposal

**DEADLINE: April 30, 2006**

Proposals are now being accepted for the Eighth Biennial ISAKOS Congress in 2011.

Currently, the ISAKOS **Site Selection Committee** is reviewing proposals for the 2009 ISAKOS Congress.

ISAKOS members are invited to submit a proposal to host the 2011 ISAKOS Biennial Congress. A document with specific congress requirements (dates, meeting space, hotel rooms, catering and events) is available upon request from the ISAKOS office.

If you would like your city or region to be considered by the Congress **Site Selection Committee**, please make your proposal request at [isakos@isakos.com](mailto:isakos@isakos.com) early to allow time for a comprehensive submission to ISAKOS.

**The deadline for submission is  
April 30, 2006.**

learn more at [www.isakos.com](http://www.isakos.com)

Please visit [www.isakos.com](http://www.isakos.com) and follow the links for awards to learn more about The Upper Extremity Traveling Fellowship and The Patellofemoral Traveling Fellowship.

**Download an application for both of these fellowships online today!**

If you have any questions, contact the ISAKOS office at (925) 807-1197 or via e-mail at [isakos@isakos.com](mailto:isakos@isakos.com).

See you in Florence, Italy in 2007!



# ISAKOS

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# YOUR COMMITTEES AT WORK

## AAOS COMMITTEE MEETINGS

**MARCH 21–23, 2006**

**FAIRMONT HOTEL**

**200 N. COLUMBUS DRIVE – CHICAGO, IL**

**Tuesday, March 21**

Time	Embassy Room
12:00–6:00 PM	Executive Board Meeting and Finance Committee Meeting with lunch

**Wednesday, March 22**

Time	Embassy Room	Regal Room	Royal Room
8:00–10:00 AM	Education (2 hr)	Membership (2 hr)	Education Resource Development (2 hr)
10:15 AM–12:15 PM		Site Selection (2 hr)	Communications (2 hr)
1:30–3:30 PM		Strategic Planning (2 hr)	Knee (2 hr)
2:30–4:30 PM	Arthroscopy (2 hr)		

**Thursday, March 23**

Time	Embassy Room	Regal Room	Royal Room
8:00–10:00 AM	Orthopaedic Sports Medicine (2 hr)	Scientific (2 hr)	Upper Extremity (2 hr)
10:15 AM–12:15 PM		Program (2 hr)	Journal Advisory Task Force (2 hr)
12:30–2:30 PM		Board of Directors Only	
2:30–5:30 PM		Board of Directors and All Committee Chairs	

## ARTHROSCOPY COMMITTEE



The Arthroscopy Committee is working on several projects to be presented at the 2007 ISAKOS Congress in Florence, Italy.

Currently the **Arthroscopy Committee** is developing a CD on the **Normal Arthroscopic Anatomy of All Major Joints**.

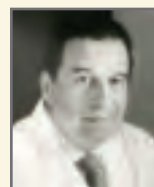
During the committee meetings in Hollywood, Florida the format of this project was determined to be as follows: superficial anatomy, routine

portals in relation to the anatomy, positioning of the patients for routine arthroscopy including alternatives, instruments needed to perform routine arthroscopy (set-up of the procedure) and normal arthroscopic anatomy as seen from each portal. The anatomy will be presented as a video and combined with pictures and drawings. This CD will be distributed during the ISAKOS Congress.

The committee is also working on a **Standardized Terminology Project**, which is a combined ESSKA/ISAKOS project. The initial focus will be on the knee, shoulder and ankle. Once this has been finalized the committee will continue with other major joints. More discussion on this project will take place during the committee meetings at the AAOS in Chicago in March 2006 (see schedule at left).

**C. Niek van Dijk, MD** (Netherlands)

## BYLAWS COMMITTEE



The **Bylaws Committee** has suggested changes to the bylaws to include the altering of the member descriptions. These suggestions were presented and reviewed by the **Executive Committee**. After discussion of the proposed changes, the **Bylaws Committee** will now finalize the proposal for change during the committee meetings at

the AAOS (see schedule at left), and notify all members of the proposed changes prior to the 6<sup>th</sup> Biennial Congress in Florence, Italy.

**Paolo Aglietti, MD** (Italy)

## COMMUNICATIONS COMMITTEE



The **Communications Committee** is pleased with the enthusiastic exchange of many ideas regarding the upcoming ISAKOS Member Survey and how the survey should be conducted. A summation of these e-mailed suggestions has been given to the **Executive Committee** and the progress of

the survey is well under way.

The following request is sent to the Board Members to consider for implications in structuring of the upcoming proposed survey.

The **Communications Committee** is also reviewing recommendations for forming guidelines for the standardization of materials for all ISAKOS digital publications.

**Ronald M. Selby, MD** (USA)

## EDUCATION COMMITTEE



The **Education Committee** has been charged with multiple tasks for the 2005–2007 term. The Executive Committee has requested that **Dr. David McAllister** (USA) and **Dr. Don Johnson** (USA) request a formal

# YOUR COMMITTEES AT WORK

survey from their committee members regarding suggestions for future workshops (topics), location and tentative chairs. In addition, the **Education Committee** is to obtain and consider suggestions from industry leaders.

The Education committee has also sent a letter to all ISAKOS Approved Teaching Centers encouraging the renewal of their status as an Approved Teaching Center as well as a follow up report on the progress of their center, the number of attendees in the last 12 months, name and contact information for those attendees, a description of the attendee's experience and photographs for possible use in the newsletter or year end reports.

All of these projects will help in the development of ISAKOS as a society and the growth of the ISAKOS membership.

**Don Johnson, MD** (Canada)  
**David McAllister, MD** (USA)

## KNEE COMMITTEE



The Knee Committee will hold a meeting on **Minimally Invasive Knee Arthroplasty** on August 3–4, 2006 in Foz do Iguaçu to investigate the indications and technique of minimally invasive knee arthroplasty and delineate the state-of-the-art approach. The conclusions of this meeting will be distributed to all delegates of the 2007 ISAKOS Congress.

In addition, **Spike Erasmus** (South Africa) and **Julian Feller** (Australia) are currently organizing a meeting on the **Biomechanics of Patellofemoral Joint and Its Clinical Relevance**. This meeting will be held in South Africa in October 2006. It is currently planned to produce a CD of the proceedings, which will be available at the 2007 Biennial Congress.

Furthermore, the ISAKOS **Knee Committee** is coordinating the development of a **Meniscal Documentation System**. The objective of this system is to further develop the knee history form, surgical documentation form, and knee examination form. Development of a surgical documentation form will include adoption of a meniscal tear/resection classification scheme and subsequent testing for intra-examiner validity.

The meniscal documentation committee will have representatives from ISAKOS, AOSSM, APOSSM, ESSKA, and SLARD. Testing of validity of the classification system will be performed during the following years. The first meeting will be held in Chicago during the AAOS in 2006. This exciting endeavor has ISAKOS embracing the growing relationship with our regional societies.

The ISAKOS Knee Committee, with **Dr. John Fulkerson** (USA) is currently organizing the Patellofemoral Travelling Fellowship, 2005–2006, of **Dr. Ryosuke Kuroda** (Japan). At this time, **Dr. Kuroda** (Japan) foresees a visit in March of 2006 with: **Donald Fithian, J. Fulkerson** and **Anthony Schepsis** in the United States and Dr. Roland Biedert, David Dejour and **Philippe Neyret** (France) in Europe.

Concerning the next travelling Fellowship, 2006–2007 and 2007–2008, information is available on the ISAKOS Website at [www.isakos.com](http://www.isakos.com) and on page 4 of this issue of the ISAKOS Newsletter.

**Philippe Neyret, MD** (France)

## ORTHOPAEDIC SPORTS MEDICINE COMMITTEE

Following the success of the 1<sup>st</sup> Team Physicians Course prior to the 5<sup>th</sup> Biennial ISAKOS Congress in Hollywood, the Orthopaedic Sports Medicine Committee plans to participate in another similar but expanded course at the Congress in Florence in 2007.

The Committee is also currently working on producing a CD of "Tips and Pearls in Sports Orthopaedics" for distribution at the Florence Congress.

**Peter Myers, MD** (Australia)

## SCIENTIFIC COMMITTEE



The **Scientific Committee** has been working on an **Evidence-Based Sports Traumatology Project**. The co-directors of this project held a meeting and presented to the Scientific Committee results of their deliberations during the summer of 2004. During a conference call in mid-December 2005, a decision will be made on how to proceed with the development of this project and will be further discussed during the ISAKOS Committee meetings at the AAOS.

A decision has been reached regarding the titles of ISAKOS meetings. It was proposed that consensus conferences would best be called current concepts conferences. This was agreed upon by the Executive Committee and has been adopted by ISAKOS.

The Scientific Committee offers its services for advising other committees or groups within ISAKOS as they develop materials such as meetings, publications, scientific articles, monographs, CD-ROMs, DVDs, and other educational material.

Our major goal is to assure that the scientific quality of what is produced meets the highest standard.

**Robert Johnson, MD** (USA)

## UPPER EXTREMITY COMMITTEE



The **Upper Extremity Committee** is diligently working on many projects at this time.

The committee is preparing a meeting entitled, **The Biceps from Origin to Insertion**, which is tentatively scheduled for October 6–7, 2006 in Dallas, TX, USA. In addition, an online survey regarding **Current**

**Practices of Shoulder Rehabilitation** as a basis for making recommendations for guidelines for rehabilitation is currently available to all ISAKOS members. Please visit [www.isakos.com](http://www.isakos.com) and follow the links to "Members Only" for more information and to participate.

Additionally, the committee is offering an **Upper Extremity Traveling Fellowship** to promote better understanding and communication regarding injuries or conditions involving the structures of the Upper Extremity. To find out more information on this fellowship and how to apply, please visit [www.isakos.com](http://www.isakos.com) or see page 3 of this issue of the ISAKOS Newsletter.

**W. Ben Kibler, MD** (USA)

# 2007 CONGRESS AWARDS

## CONGRESS AWARD PROGRAMS

### JOHN JOYCE AWARD

Sponsored by Smith & Nephew, Inc., Endoscopy Division

A cash prize will be awarded for the best arthroscopy paper read during the scientific program in Florence. All arthroscopy papers presented will automatically be considered for this award. Second and third place prizes will also be granted.

### ACHILLES ORTHOPAEDIC SPORTS MEDICINE RESEARCH AWARD

Sponsored by Aircast, Inc.

An honorarium will be awarded to a researcher who has performed the most outstanding clinical or laboratory research in the field of orthopaedic sports medicine. Complete manuscripts must be mailed to the ISAKOS office by November 1, 2006. Download an application and review detailed instructions at [www.isakos.com/awards](http://www.isakos.com/awards). Faxed and e-mailed submissions will not be considered.

**Deadline: November 1, 2006**

### ALBERT TRILLAT YOUNG INVESTIGATOR'S AWARD

Sponsored by Stryker

An honorarium will be awarded to a young investigator who has done outstanding clinical or laboratory research contributing to the understanding, care or prevention of injuries to the knee. All applicants must be under 40 years of age at the time of the 2007 Congress. Complete manuscripts must be mailed to the ISAKOS Office for consideration no later than November 1, 2006. Download an application and review detailed instructions at [www.isakos.com/awards](http://www.isakos.com/awards). Faxed and e-mailed submissions will not be considered.

**Deadline: November 1, 2006**

### RICHARD B. CASPARI AWARD

Sponsored by DePuy Mitek

The Richard B. Caspari Award was established in 2003 at the 4<sup>th</sup> Biennial ISAKOS Congress in Auckland, New Zealand to reward the best upper extremity paper read at the scientific program of the Congress. A panel comprised of members of the ISAKOS Upper Extremity Committee will select two prize-winning papers in 2007. The winners will be announced in Florence, Italy at the awards ceremony and an honorarium will be awarded.

### PATELLOFEMORAL RESEARCH EXCELLENCE AWARD

Sponsored by The Patellofemoral Foundation, Inc.

The Patellofemoral Research Excellence Award was established in 2003 to encourage outstanding research leading to improved understanding, prevention and treatment of patellofemoral pain or instability. Complete manuscripts must be mailed to the ISAKOS Office no later than November 1, 2006. Download an application and review instructions at [www.isakos.com/awards](http://www.isakos.com/awards). The winner will be awarded an honorarium at the 2007 Congress in Florence, Italy.

**Deadline: November 1, 2006**



## ISAKOS Mission Statement

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

# ONLINE ABSTRACT SUBMISSION

ISAKOS is pleased to announce it is accepting abstract submissions for the 2007 Congress via the internet. To submit an abstract, visit the ISAKOS website [www.isakos.com](http://www.isakos.com) and follow the instructions.

Authors will need to have the following information available when submitting their abstract:

1. **The complete contact information for the Presenting and Corresponding Authors**, including the institution of research. It will help to know the ISAKOS ID number of as many authors as possible. You may contact the ISAKOS Office if you do not know the ID numbers. Authors do not have to be ISAKOS members to submit an abstract.
2. **The abstract title and text.** Authors can either type the abstract into the online form, or copy and paste it from an existing document. Please note: graphics and tables will not be accepted. Text submissions only. Authors will be asked to read and abide by the guidelines below in order to be considered for presentation.

## GENERAL GUIDELINES

1. **Persons submitting an abstract to ISAKOS do so with the understanding** that they and all the authors listed on the abstract will abide by the conditions, deadlines, policies and decisions of the ISAKOS Board of Directors and Program Committee.
2. **All abstracts for the ISAKOS Biennial Congress must be submitted online** via the abstract application form by 11:59 p.m. Pacific Standard Time on **April 1, 2006**. Abstracts will not be accepted after that date. Abstracts cannot be e-mailed separately to the ISAKOS Office; they must be submitted via the ISAKOS website through the online submission form.
3. **The author must indicate on the abstract form** if the abstract should be considered for paper, poster or e-poster presentation. The ISAKOS Program Committee will make all final decisions on the mode of presentation. Efforts will be made to comply with the stated preferences.
4. **Persons submitting an abstract to ISAKOS must understand that all presenters**, coauthors, faculty members, etc. who plan on attending the Congress are expected to register for the meeting and pay all registration and travel costs. No exceptions will be made. If attendance is dependent on outside funding, please secure financial assistance before submitting an abstract.
5. **If the abstract is accepted for podium presentation**, all presenters must speak in English, and be prepared to answer questions from the audience in English.

6. **Persons submitting an abstract to ISAKOS must agree** to sign a Financial Disclosure Statement and an American Food and Drug Administration statement.

Although ISAKOS is an international society, it receives continuing medical education accreditation from the American Academy of Orthopaedic Surgeons (AAOS), and ISAKOS abides by their requirements. ISAKOS does not view the existence of disclosed interest or investments as necessarily implying bias or decreasing the value of the presentation. These disclosures will not be seen or taken into consideration when the abstract is considered for presentation.

7. **Persons submitting an abstract to ISAKOS must sign a copyright transfer** so the chosen abstracts can be published in the journal *Arthroscopy: The Journal of Arthroscopic and Related Surgery*; in the ISAKOS final program; on the ISAKOS Congress e-poster and abstract CD-ROM, which will be distributed to all Congress attendees in an unalterable format; and online on the ISAKOS and *Arthroscopy: The Journal of Arthroscopic and Related Surgery* websites.
8. **The same First Author may submit a maximum of three abstracts** for consideration at the 2007 ISAKOS Congress.
9. **No submitted abstracts will be returned to the authors**, and all authors must agree to the General Guidelines as stated above.



## ISAKOS MEMBER SURVEY

### Your Participation is Requested

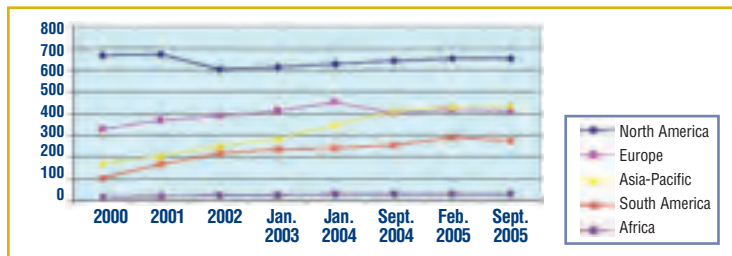
Currently ongoing is the ISAKOS Member Assessment Study. As an ISAKOS Member, it is critical that all members respond to this survey. Your thoughts and ideas on areas such as education, communication and technological issues will be extremely helpful as we continue to enhance ISAKOS programs and services on your behalf.

If you have any questions or if you have not received an e-mail regarding your access code and participation in the survey please contact the ISAKOS office directly at

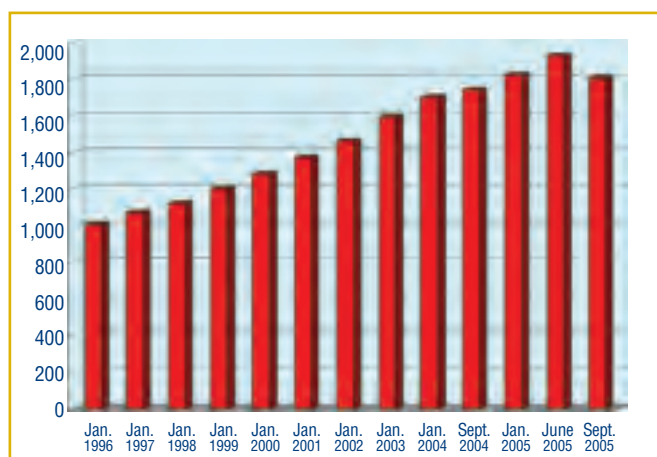
[www.isakos.com](http://www.isakos.com).

# MEMBERS

## ISAKOS GROWTH BY REGION



## ISAKOS MEMBERSHIP GROWTH



## ISAKOS MEMBERS ONLY

### UPDATE YOUR CONTACT INFORMATION TODAY!

Please visit [www.isakos.com](http://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.

Please visit [www.isakos.com](http://www.isakos.com) to benefit from this member service.

## NEW MEMBERS

We depend on our members to make the society what it is today and to embrace the potential it has in the future. It is the responsibility of members to recruit NEW MEMBERS to join ISAKOS and its goal to reach across the world.

Download an application online at [www.isakos.com](http://www.isakos.com) or contact the ISAKOS office at (925) 807-1197 for a NEW MEMBER Recruit Packet.

## ISAKOS ENCOURAGES MEMBER PARTICIPATION

This is your newsletter...and ISAKOS is your organization! The editorial board welcomes submissions from all members. E-mail the editorial board about your projects, meetings and interests at [isakos@isakos.com](mailto:isakos@isakos.com).

### Communicate with the Committees

E-mail addresses for all committee members are available on the ISAKOS Web site.

Direct e-mail communication with every board member, committee chair and deputy chair will foster a pipeline of information between members and the leadership. Stay in touch, and keep the entire organization abreast of your projects and initiatives!

### Submit Articles for Print

The newsletter welcomes scientific and other submissions from all members. Scientific submissions should only be submitted if their publication in the newsletter will not compromise their ability to be published in a journal. Previous publication may make articles unacceptable for journal publication.

Opinions, reviews, overviews, and commentaries are welcome. Photographs or artwork, where appropriate, will be considered for publication as space permits.

All submissions can be sent to [isakos@isakos.com](mailto:isakos@isakos.com).

## MEMBERSHIP DUES

Current Membership Dues invoices have been mailed.

### To Pay Your Dues:

- **Go to "Members Only" at [www.isakos.com](http://www.isakos.com)** to pay your dues online. Your login information is provided on your membership dues invoice.
- **Mail your Membership Dues invoice with payment** to the ISAKOS office at:  
ISAKOS  
2678 Bishop Drive, Suite 250  
San Ramon, CA 94583 USA
- **Fax your Membership Dues invoice with payment** to the ISAKOS office at (925) 807-1199



# 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:

### The Role of ISAKOS in my Community

The world is a global community and the people of my community and nation are entitled to a certain standard of medical care. ISAKOS helps me to provide care to my patients in my chosen field of arthroscopy and knee surgery of international standard. By being an active member my patients can feel comfortable that they are receiving appropriate care.

### The Future Role of ISAKOS

I would like ISAKOS to be more visible in my region. It is important that the people of South Africa and Africa see that the international community cares and are trying to improve there a lot. ISAKOS must help us not to fall behind. Some regions in Africa this is already a major problem. It is easier to maintain standards than to create new standards.

### ISAKOS as an Asset



By welcoming surgeons from my nation and continent into the global orthopaedic community, to run instructional courses in my region

and to show the people at large that they can be comfortable with the standard of care that there surgeons are providing. I think ISAKOS is perfectly situated to maintain standards across the world.

**Willem Mare van der Merwe,**  
MBC<sup>h</sup>B, FCS, SA, Ortho  
Newlands, Cape Town,  
South Africa  
Member Since September 2005

## QUESTION 2:

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

## ANSWER:



As a member I really appreciate the effort of ISAKOS in which you keep contact with us. I think that the greatest strength is your idea to make ISAKOS more simple and user friendly in the way that ISAKOS members are able to get updated information.

**Pablo Sandoval, MD**  
Zapopan, Jalisco, Mexico  
Member Since March 2005

## 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 had the pleasure of attending the most recent ISAKOS congress in Hollywood, Florida. It was a great educational experience and augmented by the most enjoyable location.

Particularly impressive was the comprehensive nature of the topics covered and international nature of the faculty and attendees. This latter feature was instructive in giving a broad and enlightening perspective

on techniques and approaches to various conditions and allowing for the important discussion and exchange of ideas

and networking. In fact these were points I have emphasized to colleagues and peers in discussing the congress and society, along with the notable quality of the instructional courses, live surgeries and "hands-on" break out sessions. This brings up one particular aspect of the meeting that could be improved. The hands-on or practical demonstration sessions were quite over-subscribed, being victims of their own relevance and quality, and I feel increased access to these, if feasible, would be a popular addition to a very worthwhile meeting.

**Kevin James Mulhall, MD**  
Drumcondra, Dublin, Ireland  
Member Since March 2005

# TEACHING CENTER SPOTLIGHT

## THE NEW SASSUOLO *Hospital*



### CONTACT ADDRESS:

New Sassuolo Hospital  
Via Ruini 2 • Sassuolo, Modena • ITALY  
Phone: +39 (335) 522-0990  
E-mail: [gigiped@hotmail.com](mailto:gigiped@hotmail.com)

The Orthopaedic and Arthroscopic Surgery Department at "The New Sassuolo Hospital" performs close to 1,000 operations per year. The New Sassuolo Hospital is located 20 km from the town of Modena, not too far from the Bologna airport. In the north-center of Italy this hospital was opened in March 2005. The New Sassuolo Hospital is a public and private hospital. Funds are collected from the National Health System and from Companies.

### CENTER ACTIVITIES

Mostly (60%) involve knee procedures: ACL, PCL, ACL-PCL combined, meniscectomy and meniscal transplant, cartilage treatments (OATS, microfractures, ACI), high tibial osteotomy, femoral osteotomy, knee prosthesis (total and uni).

20% involves elbow and wrist arthroscopy. Close to 70 elbows and 45 wrists are treated arthroscopically every year (stiff elbow, degenerative and post traumatic, loose bodies, TFCC, ganglions, scapho-lunate partial dissociation, sinoviectomy).

10% involves shoulder arthroscopy regarding rotator cuff repair and shoulder instability. Residual 10% regards sport medical procedures (achilles tendon surgery, conservative treatment, ankle arthroscopy).

### FACULTY

Four different experienced doctors are involved in the teaching center: Massimo Tosi, age 41, is mainly dedicated to knee and shoulder arthroscopy. He has been working with **Dr. Pederzini** (Italy) in the last 10 years. He has already participated as teacher in some cadaver labs in Barcelona, Spain.

Mauro Prandini, age 37, is dedicated to knee and ankle arthroscopy. He presented several papers at the Italian National Meeting regarding knee, Ankle and Wrist.

Fulvio Modonesi, age 33, is the younger. He is starting some new project on elbow surgery and cartilage repair.

Carolina Botticella, age 40, follows patients in clinic and is responsible for cartilage studies.

### EDUCATIONAL OPPORTUNITIES

The Teaching Center is involved in developing a Video Atlas in collaboration with the ISAKOS Arthroscopy Committee and the chair, **Niek van Dijk, MD** (Netherlands).

As President of the Italian Arthroscopic Society **Dr. Pederzini** (Italy) is starting a new project on fellowships in collaboration with **Dr. Fu** (USA) and Dr. LaFosse (France). The fellowships are available to both foreigners and Italians, to apply for a fellowship send an e-mail to the secretary at [mmotta@siaonline.it](mailto:mmotta@siaonline.it).

New clinical trials on double bundles ACL reconstruction are in progress. Clinical trials on elbow and wrist arthroscopy are in progress. Ten courses on elbow arthroscopy, five on wrist arthroscopy and five on ACL reconstruction are planned in 2006.

The Teaching Center works on 6 operative rooms per week, performing surgeries on Monday, Tuesday, Wednesday and Friday. Some computer facilities are available in the clinic and in the study center that is located 500 meters from the hospital.



To see a complete listing of all Teaching Centers please visit [www.isakos.com/teaching](http://www.isakos.com/teaching).

## IAS 2005 Annual Congress & Cadaveric Arthroscopy Workshop

**OCTOBER 14–16, 2005**

**NEW DELHI, INDIA**

The Indian Arthroscopy society held its cadaver arthroscopy hands on workshop and annual conference in New Delhi on October 14–16, 2005. The venue of the cadaver workshop was the Safdarjung Hospital New Delhi and the conference was held in the INDIA HABITAT CENTER New Delhi. The cadaveric course was well attended with over 100 delegates from different countries of South East Asia. The conference was attended by over 300 delegates.

The overseas faculty consisted of doctors from Australia, Germany, United Kingdom, Spain and the Netherlands. In the live surgical demonstration sessions eight arthroscopic procedures were performed and transmitted live via satellite link to attending delegates. The meeting also consisted of a session on Innovations in Arthroscopy and an awards presentation to the best paper and poster of the meeting.

The cadaveric workshop and meeting helped in creating awareness among general orthopedic surgeons of this part of world. It expanded the knowledge of indications and technicalities of arthroscopy, thus initiating more doctors into this specialty. It also provided a common platform for already practicing surgeons to exchange their experiences and to interact with faculty from around the world.

The generous contribution from ISAKOS for the course has helped the course to be successful. Due to this success, the Indian Arthroscopy Society pledges to work further in long term association with ISAKOS.

*Submitted by*  
**Dr. I. Ps. Oberoi,**  
*Secretary,*  
*Indian Arthroscopy Society*



## Tunnel Widening

### IN ACL RECONSTRUCTION



#### MARK CLATWORTHY, FRACS

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Tunnel widening was first described in the early 1990's with bone patella bone (BPB) grafts. Widening was most marked with ethylene oxide sterilized allografts.

In the late 1990's Insalata and Hamer and Clatworthy et al demonstrated significantly greater tunnel widening with hamstring grafts. These findings caused great concern for anterior cruciate ligament surgeons as they were reported at a time of increasing popularity for hamstring grafts.

The initial tunnel widening studies evaluated tunnels on plain radiographs. A cortical line demarcating the tunnel wall is seen on the post operative radiograph appearing between four and six months. Later studies have confirmed the widening with CT and MRI.

The proposed aetiology for tunnel widening can be divided into two broad categories; biomechanical and biological. The most commonly held theories are biomechanical. Namely the "bungee cord theory". Tunnel widening is attributed to excessive graft tunnel motion secondary to suspensory fixation devices such as the Endobutton and Mitek Anchor. The second theory is the "windscreen wiper theory". Here tunnel widening is accredited to the graft oscillating from a distant point of fixation resulting in cone shaped expanded tunnels.

The second school of thought is that tunnel widening is due to biological factors. Post operative MRI scans have demonstrated synovial fluid tracking between the graft and bone tunnel wall. Cytokines capable of directly or indirectly affecting bone resorption have been identified in synovial fluid. There is also a likely, but yet unproven release of cytokines at the time of graft necrosis and subsequent revascularization. It is proposed that cytokines released at the time of ACL injury and graft necrosis may lead to osteolysis.

In a recent study we were able to put these biomechanical theories to the test by evaluating four different hamstring fixation methods :

1. Bioabsorbable aperture fixation – Arthrex Bioscrew
2. Metal aperture fixation – RCI screw
3. Stiff construct – Bone Mulch Screw for femoral fixation and staples for tibial fixation
4. Elastic fixation – Endobutton & Mersilene tape for femoral fixation and staples for tibial fixation

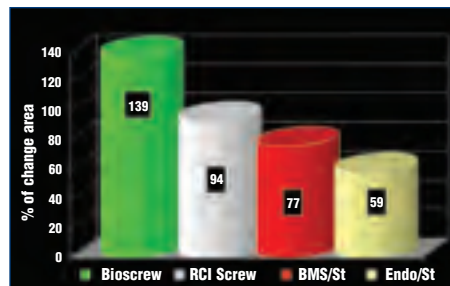


Figure 1

Tunnel widening with the different fixation techniques was Bioscrew 139%, RCI Screw 94%, Bone Mulch Screw & Staples 77% and Endobutton & Staples 59%. (Fig 1). There was a significant difference between the four fixation methods (ANOVA  $p=0.001$ ). Subsequent CT work has shown that insertion of an interference screw can increase tunnel area approximately 75% at the time of insertion. Adjustment for this factor demonstrated no difference in subsequent tunnel widening between the four groups. Interestingly there is huge variation in tunnel widening between patients despite the patient having the same graft, fixation method, surgeon and rehabilitation protocol suggesting a biological component to tunnel widening. This study evaluating different fixation devices is supported by the studies of Feller, Buelow, Brown and Ma.

Despite early concerns tunnel widening does not appear to effect clinical outcome. At the time of writing this review there are nineteen published studies evaluating tunnel widening and outcome. No studies show any correlation with a poor outcome.

Marked tunnel widening however maybe a concern with an ACL revision. Two stage revisions have been described with bone grafting of the tunnel followed by a revision reconstruction. It is my experience that the tunnels at the time of revision are not as expanded as the X rays suggest. A recently completed sheep tunnel widening modeling study

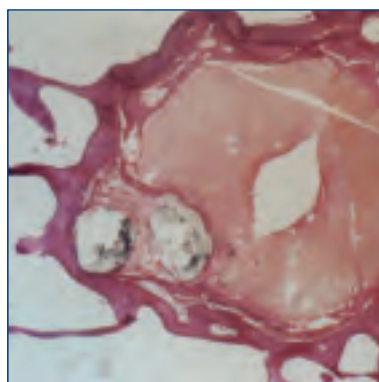


Figure 2

may explain this. Radiographs and MRI evaluation showed tunnel widening similar to our human experience however axial histological slices through the tunnel showed a cortical rim of bone surrounding the tunnel with the inner diameter similar to the original tunnel size. (Fig 2). This study suggests that we may overestimate tunnel widening with radiological measurements.

Full article and references also available online at [www.isakos.com](http://www.isakos.com)

## INCIDENCE OF INJURIES IN JUVENILE PLAYERS

A prospective seven-year-study was performed on players of a Premier League Team in the Argentine Professional Soccer.



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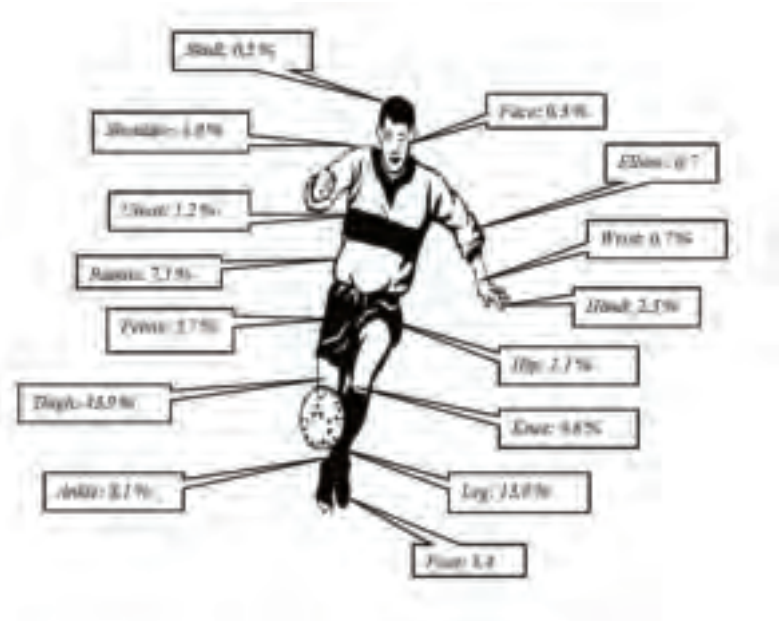
Fax: +54 (221) 471 2222

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The purpose of the present work is to evaluate the incidence of trauma injuries related to sports in the Lineup of a Premier League Team in the Argentine Professional Soccer. A prospective seven-year-study was performed on 86 professional soccer players to determine the frequency and severity of the injuries suffered by them during training practice and official tournaments.

We performed 12,040 medical examinations in 2,021 in training sessions and 542 official matches. 3,119 pathologies were diagnosed and divided in clinical (18,7%) and trauma (81,3%) ones, being the last ones subdivided in muscle-tendinous, articular and other pathologies. Based on J. Dvorak and A. Junge (Supplement AJSM–2000), with our modifications, we classified the injuries into four grades: Grade I (minor injuries) with 2,345 cases (92,44%), Grade II (mild injuries) with 92 cases (3,6%), Grade III (severe injuries) with 59 cases (2,3%) and Grade IV (major injuries) with 40 cases (1,5%) The incidence of the injury was 9,1 every 1,000 hours per exposition-player. There was an absolute predominance of lower limb injuries (84,8%) with respect to other parts of the body. The most affected region was the thigh (43,9%), followed by the leg (13,8%), the knee (9,6%) and the ankle (8,1%). The knee was the joint which suffered the majority of Grade IV (major injuries), represented by 19 severe capsular-ligamentus sprains. The most frequent pathologies were muscular ones where the rectus femoris was the most affected. We found similarities between the anterior and posterior muscular groups of the thigh. The indirect mechanism of production (80%) prevailed over the direct one (20%) in musculotendinous injuries. There was: muscle strains 37 c/1000 hs., ACL tears 2.1 c/1000 hs., meniscus tears 0.9 c/1000 hs., several ankle sprains 0.9 c/1000 hs. A very low incidence of injuries needed surgical treatment (23 cases, 0,9%). This shows the prevalence of conservative orthopaedic treatment over surgery. Conclusions were made regarding methods to make preventive protocols and proper initial diagnoses, to establish the recovery time and return to sports. Thus, we avoided relapses and increased the credibility of our Sports Medical Staff.

Full article and references also available online at [www.isakos.com](http://www.isakos.com)



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## ALL-INSIDE SUTURE TECHNIQUE FOR PALMER CLASS 1B TRIANGULAR FIBROCARILAGE LESIONS

**LUIGI ADRIANO PEDERZINI, MD,**  
**MASSIMO TOSI, MD,**  
**MAURO PRANDINI, MD,**  
**CAROLINA BOTTICELLA, MD**



**LUIGI ADRIANO PEDERZINI, MD**

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### INTRODUCTION

The treatment of TFCC lesions is in relationship to the location and the age of the patient. The blood supply is limited at 10–40 % of the outskirts, while the central portion is completely avascular.

Over time the biomechanical validity of TFCC reinsertion has led to the publication of various studies on arthroscopic suture techniques<sup>1-2-3</sup>. Reviewing personal experience over 10 years of TFCC treatments, some problems related to residual ulnar pain due to extraarticular knots are evidenced. A new All-inside technique has been developed in the last three years.

### METHODS

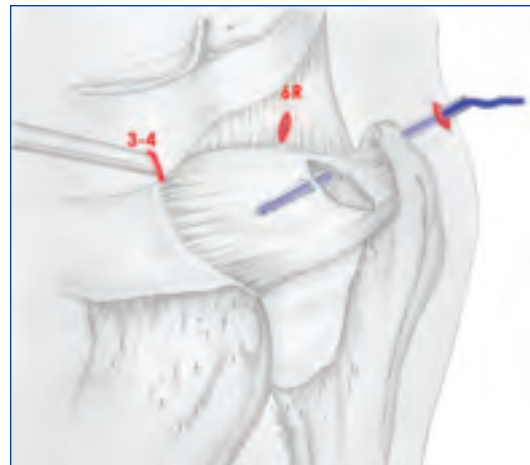
The technique is based on the use of a slotted needle (ArthroCare Inc.) with an appropriate stylet. Wrist arthroscopy is performed by administering local anaesthetic to the brachial plexus and using a pulley system with finger traps applied to the fingers and a counter traction system applied to the arm with a second pulley of 4–5 kg. The portals normally used are 3–4 and 6R. Once the diagnostic procedure is complete and the ulnar-sided tear has been identified, tear debridement is performed to increase blood supply to the edges of the tear for adequate healing.

A small incision of 1.5 cm is then made to isolate the sensitive branch of the ulnar nerve. Keeping the optic in the 3–4 portal, a slotted needle is inserted through the capsule wall avoiding the isolated sensitive ulnar branch to penetrate the ulnar-sided TFCC tear. A 2/0 PDS monofilament is then inserted into the needle and once visualized in the joint is withdrawn from the joint through the 6R portal at the back (Picture 1). At this point, the specific design of the needle allows it to be removed. The same needle is then inserted through the tear at about 0.5 cm from the point where the needle exited on the previous suture (Picture 2). The other end of the suture is inserted into the needle and once visualized is withdrawn through the 6R

portal (picture 3). In this way, we create an extra-articular loop and both ends of the same suture pass through the tear via the 6R portal. A knot is then tied and fixed inside the joint on the ulnar-sided edge of the TFCC using a pusher (Picture 4). Any excess suture is then cut with a basket punch (Picture 5). Using the same technique, 2 or 3 more stitches can be placed to improve healing of the tear.

At the end of the suturing procedure, the sutured edge of the TFCC is palpated with a hook to test the stability of the repair. At the end of the operation, the forearm is put into plaster/a splint for 25 days which allows the elbow to bend and extend a few days after the operation.

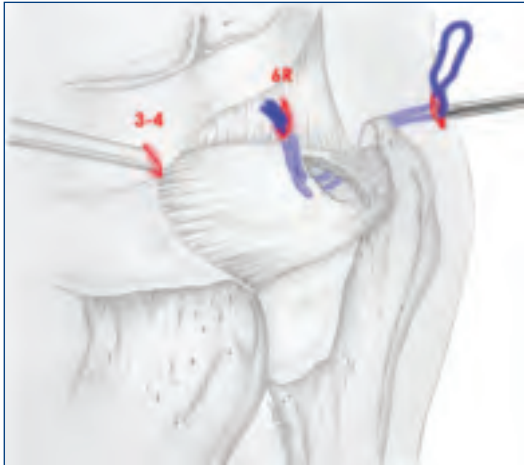
Thirty Palmer 1B ulnar tears have been treated using this method with follow-up tests at 1, 3, 6, 12, and 18 months. It was possible to carry out MR Arthrogram on 2 cases two months after the operation. 25 patients were clinically tested and assessed using the Dash score at 6, and 18 months.



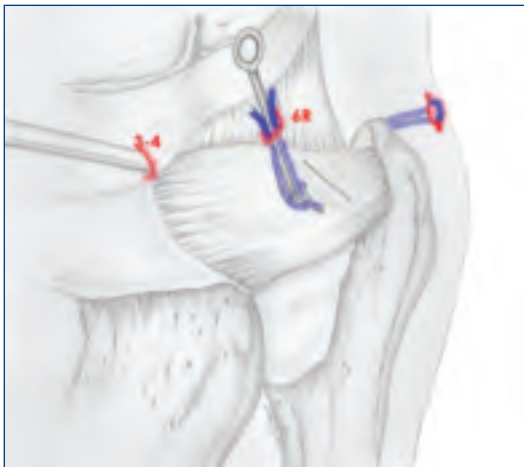
Picture 1



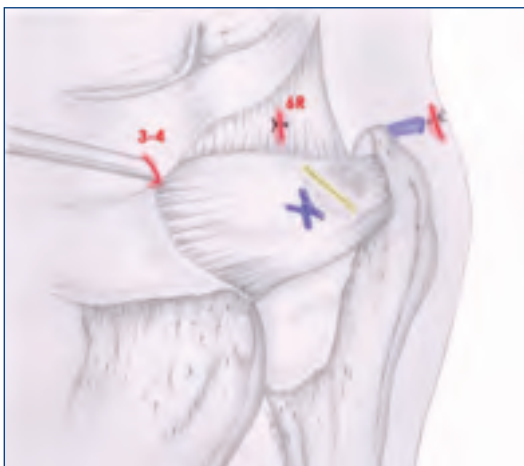
Picture 2



Picture 3



Picture 4



Picture 5

## RESULTS AND CONCLUSIONS

The results are extremely interesting. 2 cases that underwent MR Arthrogram two months post-op, showed TFCC integrity without the passage of contrast medium from the radial carpus to the medial carpus. The knots showed no trace of marks left on the cartilage of the triquetrum bone, or the lunate.

Clinically, after one month, the patients showed articular stiffness with widespread pain but it was never localized exclusively in the ulna. Three months post-op the pain had practically disappeared and patients had regained full range of movement. Furthermore, there was no swelling locally in the ulna and the articular stiffness had almost disappeared. Three months post-op, all the patients had gone back to their normal social life, while 7 sportsmen/women and 10 manual workers had returned to their most demanding levels of activity at around 3 to 4 months.

At the 6-month controls, the Dash score showed a score of between 0 and 10 points in 70% of the cases (to good results), in 20% of cases a score of between 10 and 40 points (to satisfactory results) and in 10% of cases a score of more than 40 points (unsatisfactory/not yet satisfactory results).

At the 18-month controls, the Dash score showed in 85% of the cases a score between 0 and 10 points, in 10% of the cases a score between 10 and 40 points and in 5% of the cases a score of over 40 points.

No case of ulnar pain due to the wire loop in the subcutaneous tissue was evidenced.

The results, the reproducibility of this technique allow us to choice All-inside technique in 1B Palmer class TFCC lesion.

*Full article and references also available online at [www.isakos.com](http://www.isakos.com)*

## THE ROLE OF ARTHROSCOPY IN THE TREATMENT OF GLENOHUMERAL ARTHRITIS



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Glenohumeral arthritis has traditionally been a disease with a limited arsenal of treatment. Once medical management is no longer effective for pain relief, patients usually are offered a shoulder arthroplasty as the main surgical treatment, which reliably relieves pain, but can be associated with significant morbidity and has limited longevity. Arthroscopy for shoulder arthritis has been attempted and studies from the 80's and early 90's suggest that those that do best with arthroscopy for degenerative joint disease of the shoulder are those with less severe arthritis, particularly those with minimal or no radiographic changes. Most of these studies involve arthroscopy of only the glenohumeral joint. Those published series that include subacromial bursectomy seem to have a better outcome.

Many patients with glenohumeral arthritis are often older, and have associated co-morbidities with multiple medical conditions that may be contraindications to a major surgery. On the other side of the spectrum, there is a subset of patients who are young, chronologically or physiologically, and active where doing a shoulder arthroplasty would either significantly alter their lifestyle or put excessive stress on the prosthesis increasing the risk of early failure or wear.

Recently a couple of prospective studies of arthroscopic debridement of patients with severe glenohumeral arthritis have shown reliable improvements in both pain and function. Safran studied 18 patients with advanced glenohumeral arthritis with an average 4.5 years follow up. (Safran, AAOS 2002). The average inferior humeral head spur size was more than 1 cm and 15 patients were classified as severe arthritis on the Samilson scale, 2 moderate while the last patient had superior migration and penciling of the distal clavicle due to cuff arthropathy. No tissues were repaired or released, and no bony procedures were carried out. All patients just had debridement of loose and scaly tissue, removal of loose bodies, washout and subacromial bursectomy (without acromioplasty). It was found that this isolated arthroscopic debridement was a low risk procedure (no complications were identified) and nearly 80% of patients had significant pain relief by 3 months that by 4 years more than 70% still had pain relief.

While there was no improvement in range of motion, there was improvement in function that correlated with the pain relief. During the study, only 2 patients had further surgery—1 repeat arthroscopic debridement 3 years following the first arthroscopy and one total shoulder arthroplasty at 9 months as the patient did not have the degree of pain relief he had hoped for with the arthroscopy.

More recently, Weber presented his results of 36 patients with severe glenohumeral arthritis treated arthroscopically with a mean follow up of more than 5 years (2–14 years) (AAOS 2005). The procedure was similar to the above study, except an acromioplasty was performed when there was rotator cuff pathology. While good initial response to debridement was noted at the 3 month point in 86% of patients (UCLA scores), only 33% of patients showed good or excellent results at long-term follow-up. All patients showed significant radiographic progression of disease. Six patients converted to total shoulder replacement over the course of the study. Survivorship analysis showed an 82% five-year survivorship using arthroplasty as an endpoint. Long-term outcome correlated with the severity of preoperative radiographic scores.

Thus, based on recent prospective studies, it can be concluded that arthroscopic debridement with subacromial bursectomy is a good operation at relieving pain in the short term with low risk that should be considered as a temporizing procedure that may be included in the algorithm of management of patients with severe shoulder arthritis, but does not alter the natural progression of the disease.

*Full article and references also available online at [www.isakos.com](http://www.isakos.com)*

### INTERNATIONAL SOCIETIES & PRESIDENTS

ISAKOS maintains an extensive list of all international societies and presidents on the ISAKOS website.

Please visit [www.isakos.com](http://www.isakos.com) and follow the links to the International Societies.

If your information is incorrect or you are not listed please contact the ISAKOS office at [isakos@isakos.com](mailto:isakos@isakos.com).



## RUSSIAN ARTHROSCOPY SOCIETY (RAS) HOSTS A MEETING WITH ISAKOS & ESSKA

St. Petersburg, Russia  
September 14–17, 2005

On September 14–17, 2005, the IV Congress of The Russian Arthroscopy Society, was held in Saint Petersburg, Russia. The organizers were the Russian Research Institute of Traumatology and Orthopaedics named after R. Vreden of Health and Social Development Federal Agency and Russian Orthopaedic Society. The Congress was sponsored by ISAKOS, ESSKA, The Russian Arthroscopy Society and Karl Storz Endoskope.

A milestone was made during the congress. On September 14, 2005, for the first time in Russia, an Instructional Course was held by ESSKA and ISAKOS. Those events proved to be extremely important for wide sections of traumatic and orthopaedic surgeons and will contribute to an increased level of medical care to patients.

The IV Congress gathered almost 400 participants from Russian cities and near and distant foreign countries from all over the world. The Congress welcomed many great international speakers and known specialist in the area of arthroscopy as **John Bergfeld** (USA), **Benno Ejnisman** (Brazil), Istvan Berkes (Hungary), **Matteo Denti** (Italy), **Robert Śmigielski** (Poland) and **Karl Benedetto** (Austria), who were willing to share their knowledge and experience with participants during the Congress and Instructional Course.

Invited lectures came from different countries such as Austria, Brazil, Czech Republic, Germany, Hungary, Italy, Poland, Slovenia and the USA. In their presentations they shared their own methods and knowledge collected in the field of arthroscopy. Additionally they presented their own medical experience from their own countries, and hospitals. The main goal was to popularize arthroscopy in Russia as a very important component of reforming of whole systems of public health. The arthroscopic technique allows performing the necessary surgery on a high level and moreover provide quick restoration of joint and limb functions.

**Robert Śmigielski, MD** (Poland)



From the left: John Bergfeld, R. Tihilov,  
Karl Peter Benedetto



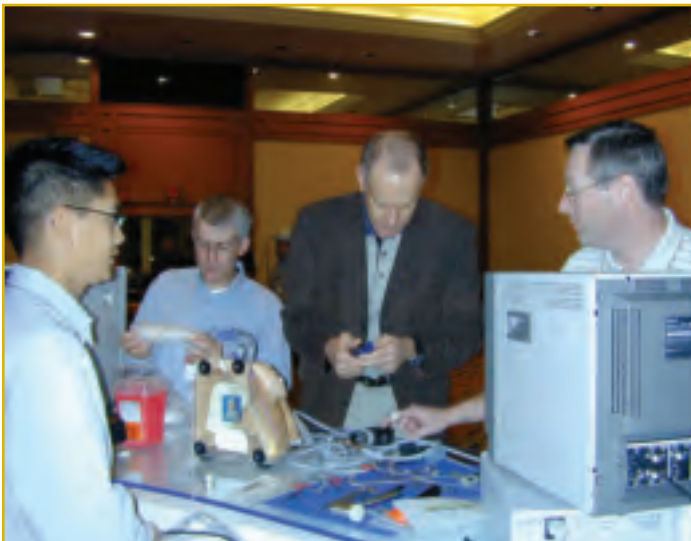
From the left: Robert Śmigielski, Matteo Denti,  
Istvan Berkes, John Bergfeld, Karl Peter Benedetto

# ISAKOS APPROVED COURSES IN REVIEW

## ARTHROSCOPIC SURGERY 2005

Tucson, Arizona • January 20–23, 2005

Two hundred sixty-four orthopedists from the United States, Canada, Argentina, Australia, Denmark, Germany Italy, the Netherlands and the United Kingdom attended Arthroscopic Surgery 2005 at the Westin LaPaloma Resort in Tucson, Arizona, January 20–23, 2005. A total of 24 hours of category 1 CME credits were available to the participants.



Under the direction and organization of course director, Robert T. Burks, MD, the program featured 3½ days of presentations on arthroscopic shoulder and knee repairs, including shoulder instability and SLAP, rotator cuff, biceps, ACL/PCL and osteotomies and articular cartilage and patella. A highlight of the seminar, which received high marks from the delegates, were case presentations and discussions by the faculty, and also a complication session run by the faculty. In addition to the program were two instructional courses featuring Julia Crim, MD addressing shoulder MRI for the orthopedist, and **Jack Bert, MD** (USA) on developing ancillary services for the orthopedic practice.

Our distinguished faculty included Jeffrey S. Abrams, MD, **David W. Altchek, MD** (USA), Robert H. Bell, MD, **Jack M. Bert, MD** (USA), **Stephen S. Burkhart, MD** (USA), Robert T. Burks, MD, **Brian J. Cole, MD** (USA), Julia R. Crim, MD, **Donald C. Fithian, MD** (USA), **William A. Grana, MD** (USA), **Patrick E. Greis, MD** (USA), Laurence D. Higgins, MD, Bert R. Mandelbaum, MD, Michael H. Metcalf, MD, J. Bruce Moselay, MD, **Frank R. Noyes, MD** (USA), **Giancarlo Puddu, MD** (Italy), Richard K. Ryu, MD, **Stephen J. Snyder, MD** (USA) and Hugh S. West.

## SURGICAL WINTER GAMES

Cortina, ITALY • March 7–11, 2005

The Italian Arthroscopic Association (S.I.A.) held the first “Surgical Winter Games,” March 7–11, 2005, in Cortina D’Ampezzo, one of the most beautiful ski resorts in the Alps. The “Surgical Games” is a live surgery course focused on the most up-to-date arthroscopic procedures for the knee (2 days), shoulder (2 days) and small joints (1 day).

Live surgery (at least 2 procedures per day) and “new frontiers” in arthroscopic surgery are the trademarks of this course. Additionally, the crossfire discussions, lectures and workshops provide a comprehensive overview of current concepts regarding the clinical and surgical approach to articular pathologies.

In 2005, the SIA board (President Priano, Vice President **Luigi Pederzini** (Italy)) was supported by the following invited surgeons: **John Bergfeld** (USA), **Karl Peter Benedetto** (Austria), **Ramon Cugat** (Spain), Van Der Mevde (South Africa) for knee; and Lafosse (France), Boileau (France), Gerber (Switzerland), **James Esch** (USA) and **Anthony Romeo** (USA) for shoulder.

Surgical winter games are scheduled on April 3–8, 2006 also.

**Freddie Fu** (USA), **Kevin Stone** (USA), **Alfred Tria** (USA), **Lonnie Paulos** (USA), **Toni Miniaci** (USA) and other Italians will be involved in a knee session, (meniscal transplant, anatomical ACL reconstruction, unicompartimental prosthesis) while the shoulder faculty (rotator cuff repair, shoulder instability, arthroplasty) will be represented by Walch (France), D. Hunter (USA), **J. De Beer** (South Africa), L. Lafosse (France), W. Anderl (Austria).

# ISAKOS APPROVED COURSES IN REVIEW

## 2<sup>ND</sup> INTERNATIONAL HIP ARTHROSCOPY COURSE

São Paulo, Brazil • March 17–19, 2005

The second International Hip Arthroscopy Course was held on March 17–19, 2005 at the Sirio-Libanês Hospital in São Paulo, Brazil, jointly promoted by Santa Casa de São Paulo School Hospital and a private institution. This was the first joint effort of this nature in Brazil.

The course was a success and was attended by over 200 people, the majority of whom were from Brazil, not to mention the participation of European and Latin American colleagues. Thanks to the support given by ISAKOS.

Regarding the program, we strove to cover all aspects of hip arthroscopy, from basic technique, arthroscopy in athletes, lesion repair to the most talked-about issue at the present moment, namely femoro-acetabular impingement.

Three live arthroscopies were performed at the meeting with the active participation of all attendees. In this way, they were able to experience first-hand all the difficulties the three hip surgeons faced upon operating on the two athletes, one of them bilaterally. These three were **Dr. Thomas Byrd** (USA), Dr. Marc Philippon and Dr. Thomas Sampson, all of them from the USA. Additionally, we had two hands-on workshops using Sawbones™ specimens. Dr. Victor Ilizaliturri, from Mexico City helped us with the divulging of the new aiming guide for portal placement and in his lecture he told those present that this had been the first Meeting in the world to utilize Sawbones™ specimens.



Another orthopedic guest, Dr. Michael Leunig, from Switzerland, attended the meeting to defend the open technique, as opposed to the arthroscopic technique, even though he is not at all against the latter.

Finally, all present considered the meeting a definite blockbuster and thus, we are already in preparation for the third meeting, counting on your attendance. We will have the opportunity to further divulge hip arthroscopy, observe live operations and above all meticulously review the results of the live operations performed in the first and second meetings. We are looking forward to seeing you soon!!!

**Giancarlo Polesello**

## 14<sup>TH</sup> BASIC KNEE ARTHROSCOPY COURSE

Antalya, Turkey • March 24–26, 2005

Basic Knee Arthroscopy Courses have been held in Antalya, Turkey for 14 years by Orthopaedic Department of Akdeniz University Medical School under the supervision of Turkish Society of Sports Traumatology Arthroscopy and Knee Surgery. This is the only arthroscopy course (along with the ankle arthroscopy course at the same institution) with ISAKOS approval in Turkey. The presidents were Prof. A.Turan Aydin and Prof. Semih Gur and the Secretary was Associate **Prof. A. Merter Ozenci** (Turkey).

The course has consisted of theoretical lectures and practical workshops in first two days and the last day was reserved for the live surgery demonstrations at the Akdeniz University Hospital. A total of 48 participants including the international orthopaedic surgeons took part in the 14<sup>th</sup> Basic Knee Arthroscopic Course.

Theoretical lectures were the fundamentals of knee arthroscopy including the necessary instruments, basic techniques, portal and arthroscopic anatomy, principles of meniscal and chondral surgery and so on. Every afternoon a workshop for training of skills was held using either a knee model or a calf knee under the guidance of an ISAKOS member instructor. Various competitions were arranged to motivate the participants during workshops.

The last day of the course was a complete live surgery day; participants observed arthroscopic surgeries in an operation theatre and had opportunities to ask various questions to the instructors. After the completion of the course an ISAKOS approved certificate along with the course CD was given to the participants.

# ISAKOS APPROVED COURSES IN REVIEW

## 8<sup>TH</sup> ADVANCED ARTHROSCOPIC SURGERY COURSE

Ankara, Turkey • June 23–25, 2005

The 8<sup>th</sup> Advanced Arthroscopic Surgery Course organized by the Ankara Branch of Turkish Society of Sports Traumatology, Arthroscopy and Knee Surgery took place at Ankara, Hilton between the 23<sup>rd</sup> and 25<sup>th</sup> of June, 2005 with an international participation.

The Interest and participation to our course was very high with a total of 203 surgeons: 141 attendants, 62 lecturers in which 4 of them were guest speakers from foreign countries.

During the course, biomechanics, prevention and treatment of sports injuries were discussed. In the practical session, held at the end of the lectures, it was observed that every effort to increase the experience of the young sports surgeons was not a waste. Eventually, the successful outcome pleased the lecturers and organization committee.

The course, with the participations of **Prof. Dr. M. Marcacci** from Bologna, **Prof. Dr. A. Caraffa** and Dr. S. Brué from Perugia, and **Prof. Dr. M. Strobel** from Munich, lasted for two and a half days.

**Prof. Dr. Caraffa** (Italy) mentioned about the latest developments about proprioception, gait analysis and important tips about prevention of injuries during sports activities, and emphasized the importance of proprioceptive studies in laboratories.

**Prof. Dr. Marcacci** (Italy) mentioned the industrial production of cartilage tissue, and explained the application of in vivo studies into the clinical situations.

Another issue **Marcacci** (Italy) discussed about was the importance of the biomechanical characteristics of the cartilage mass produced, and he claimed that this subject has to be studied individually in detail. Furthermore, the biological endurance of the new tissue has been considered another issue that has to be proved.

**Prof. Dr. Strobel** (Germany) talked about the mechanisms of injury to anterior and posterior cruciate ligaments and their surgical reconstruction techniques. He also contributed to the interactive sessions with his practical applications and technical notes on the phantom.

I would like to express my gratitude to the STORZ group for their excessive support and to the Turkish Linvatec, Smith & Nephew-Dyonics, Stryker, Baysal Group and others.

I would like to express my special thanks to my colleagues Dr. R. Tandoan, **Dr. G. Leblebicioglu** (Turkey), **Dr. O.A. Atay** (Turkey), Dr. O. Tetik, Dr. T. Aydog, Dr. A. Kayaalp, Dr. M. Bozkurt and to Dr. H. Demirel who participated in the organization and also to the Honorary and Board Members of Turkish Society of Sports Traumatology Arthroscopy and Knee Surgery (TSYADCD).

*Submitted by*

**Prof. Dr. Mahmut Nedim Doral** (Turkey)

*Immediate Past President, Turkish Society of Sports Traumatology, Arthroscopy and Knee Surgery*

## 2005 SEVERANCE ARTHROSCOPY LIVE SURGERY COURSE

July 2, 2005

Severance Hospital, Yonsei University, Seoul, Korea

The 14<sup>th</sup> Severance Live Surgery and Symposium was held at Severance Hospital, Yonsei University, Seoul, Korea on July 2<sup>nd</sup>, 2005. Severance Live Surgery Symposia have been held since 1993, as the first live surgery symposium in Korea, and was ISAKOS approved in 2004.

**Professor Sung-Jae Kim, MD** (Korea), organizer of the live surgery symposium and director of Severance Arthroscopy & Joint Research Institute, has been working as arthroscopy committee member of ISAKOS and editorial board member of Arthroscopy journal.

More than 300 participants attended our 14<sup>th</sup> live surgery course including 249 preliminary registrants (orthopaedic surgeon).

The program consisted of live surgeries of 6 cases (including a guest operation) and 2 special lectures.

**Masahiro Kurosaka, MD, Masayoshi Yagi, MD** (Japan) and Akio Matsumoto, MD were invited to our symposium.

**Masahiro Kurosaka, MD** who is president of JAA had given the lecture on "Clinical Aspects of Anatomic ACL Reconstruction" and **Masayoshi Yagi, MD** (Japan) had given the lecture on "Biomechanics on Anatomic ACL Reconstruction".

They also performed the live surgery (double bundle ACL Reconstruction) successfully.

During the live surgery course, participants paid attention to see the live surgeries and arthroscopic techniques, and had opportunities to discuss with the operator directly.

It was possible since we have a good audiovisual system which allowed direct communication between the operator in the operating theater and participants in the hall.

It was useful time for the participants to attend the live surgery symposium; **Professor Sung-Jae Kim, MD** (Korea) has made a plan to introduce more various and up-to-date arthroscopic knowledge and techniques.

*Submitted by*

**Sung-Jae Kim, MD** (Korea)



# ISAKOS APPROVED COURSES IN REVIEW

## INTERNATIONAL SYMPOSIUM ON SPORTS MEDICINE

July 6–7, 2005 • Tel Aviv, Israel

The International Symposium on Sports Medicine–Israel 2005 was a combined meeting of the International Jerusalem Symposium on Sports Medicine and the annual international meeting of the Israel Society of Sports Medicine.

It was a 2-day intense meeting with 3 parallel halls all fully occupied and additional pre and post congress courses. The symposium had approximately 300 participants and over 40 foreign faculty members. The faculty was truly international representing 13 countries over 5 continents.

During the meeting, time was allocated for personal communications and direct contact between the younger generation of physicians attending the meeting and the older generation of international faculty. The meeting concluded with a feeling of satisfaction and success as the goals were fully achieved.

## 21<sup>ST</sup> & 22<sup>ND</sup> SEVERANCE ARTHROSCOPY CADAVER WORKSHOP

August 20 & 27, 2005

Yonsei University College of Medicine, Korea

Severance arthroscopy fresh cadaver workshops were held on August 20, 2005 (knee) & August 27, 2005 (shoulder).

The workshops have been held at Yonsei University College of Medicine in Korea since July 7<sup>th</sup>, 2001 and got ISAKOS approval since the 11<sup>th</sup> workshop on November 1<sup>st</sup>, 2003. These are the only fresh cadaver workshops in Korea with ISAKOS approval. **Professor Sung-Jae Kim, MD** (Korea), course chairman of the workshop and director of Severance Arthroscopy and Joint Research Institute, has been working as an arthroscopy committee member of ISAKOS and editorial board member of *Arthroscopy: The Journal of Arthroscopic and Related Surgery*.

During the workshops, participants observed demonstrations by **Professor Sung-Jae Kim, MD** (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 with the instructors. After the exercise, they dissected the cadavers to get more information about surgical anatomy of the joint.

It was useful time for the participants to attend the workshop. Professor Sung-Jae Kim (Korea) made a plan to include ankle and elbow arthroscopy in the future workshops.

Submitted by

**Sung-Jae Kim, MD** (Korea)

## FROM OUR LEADERSHIP

*continued from page 2*

### Editor's Note

If I may paraphrase the late President of the United States, John F. Kennedy, in urging all citizens, "ask not what ISAKOS can do for you, ask what you can do for ISAKOS, ... and to my fellow citizens of the world, ask not what ISAKOS can do for you, but ask instead what we can do together to help benefit mankind." Perhaps I'm taking the long way to get around to my point that the more you participate with ISAKOS the more benefit you will gain from the association.

The program committee is working hard to put together an exceptional meeting in Florence. I encourage you to read the information contained in this newsletter and MARK YOUR CALENDARS for the 6<sup>th</sup> Biennial ISAKOS Congress, May 27–31, 2007, in Florence, Italy.

Check the interesting statistics on the growth of ISAKOS. I will also recommend the scientific submissions for your perusal: **Mark Clatworthy, FRACS** (New Zealand) writes about Tunnel Widening in ACL Reconstruction; **Vicente Paús, MD** (Argentina) outlines an in-depth look at the Incidence of Injuries in Juvenile Players, a 7-Year-Study; **Luigi Pederzini, MD** (Italy) reveals an All-Inside Suture Technique for Palmer Class 1B Triangular Fibrocartilage Lesion; and **Marc Safran, MD** (USA) reviews and clarifies The Role of Arthroscopy in the Treatment of Glenohumeral Arthritis. I think you'll find these excellent reading.

I look forward to seeing you in Florence!

**Ronald M. Selby, MD**

# ISAKOS

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# UPCOMING ISAKOS APPROVED COURSES

## ARTHROSCOPIC SURGERY 2006

Sun Valley Resort  
Sun Valley, Idaho, USA  
February 4–7, 2006

**For Further Information,**

**Please Contact:**

Karon Sorensen, Seminar Director  
Tel: (801) 587–5446  
Fax: (801) 587–5411  
E-mail: karon.sorensen@hsc.utah.edu  
www.arthroscopyseminars.org

## NORF ADVANCED COURSE IN ARTHROSCOPIC SURGERY

Tott Hotel and Spa  
Are, Jamtland, Sweden  
March 15–19, 2006

**For Further Information,**

**Please Contact:**

Torsten Wredmark  
Tel: +46 8 585 800 00  
Fax: +46 8 585 822 24  
E-mail: torsten.wredmark@cfss.ki.se

## 25TH FRESH CADAVER KNEE ARTHROSCOPY WORKSHOP

Yonsei University Hospital  
Seoul, Korea  
April 1, 2006

**For Further Information,**

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Tel: +82 2 222 85679  
Fax: +82 2 363 6248  
E-mail: sungjaekim@yumc.yonsei.ac.kr  
www.severnscopy.com

## INTERNATIONAL SYMPOSIUM ON SPORTS MEDICINE

Sheraton City Hotel  
Tel Aviv, Israel  
April 5–6, 2006

**For Further Information,**

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E-mail: gmann@sportsmedicine.co.il  
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## 15TH BASIC KNEE ARTHROSCOPY COURSE

Sheraton Hotel  
Antalya, Turkey  
April 6–8, 2006

**For Further Information,**

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Tel: +90 242 227 4329  
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E-mail: merteroz@yahoo.com  
http://www.geocities.com/merteroz/art  
hroscoy.html

## 2006 PCL AND PLRI SYMPOSIUM

Chung-Ang University Medical Center  
Seoul, Korea  
April 29, 2006

**For Further Information,**

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E-mail: jungyb2000@paran.com  
www.kneecenter.co.kr

## 12TH ESSKA 2000 CONGRESS

Congress Innsbruck  
Innsbruck, Austria  
May 24–27, 2006

**For Further Information,**

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Katrin Volkland, Congress Organization  
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E-mail: esska@intercongress.de  
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## INTERNATIONAL ARTHROSCOPY & SPORTS MEDICINE CONGRESS

Buenos Aires Sheraton Hotel  
Buenos Aires, Argentina  
June 4–7, 2006

**For Further Information,**

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Laura Esposito  
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E-mail: artroscopia\_arg@ciudad.com.ar  
www.artroscopia.com.ar

## INTERNATIONAL SHOULDER COURSE 2006

Hilton Hotel Cartagena  
Cartagena, Bolivar, Columbia  
June 9–11, 2006

**For Further Information,**

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mauroguti@hotmail.com  
www.sccot.org

## AMSTERDAM FOOT & ANKLE COURSE

AMC University Hospital  
Amsterdam, Netherlands  
June 15–16, 2006

**For Further Information,**

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M. Lammerts  
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Fax: +31 20 566 9117  
E-mail: m.lammerts@amcuva.nl  
www.anklecourse.com

## 15TH SEVERANCE ARTHROSCOPY LIVE SURGERY & SYMPOSIUM

Severance Hospital  
Seoul, Korea  
June 17, 2006

**For Further Information,**

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