



ISAKOS

newsletter

WINTER 2008

Volume 12, Issue 1

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**International Society of
Arthroscopy, Knee Surgery and
Orthopaedic Sports Medicine**

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JOIN US...

The 7th Biennial ISAKOS Congress will bring together world leaders in arthroscopy, knee surgery and orthopaedic sports medicine. ISAKOS Congresses are well known in the international community for having diverse and high quality presentations. The 7th Biennial ISAKOS Congress in Osaka, Japan will include more than 200 scientific papers, discussions and debates, more than 500 electronic posters, technical exhibits, instructional course lectures, and hands on workshops. Attendees from more than 75 countries are anticipated to attend the ISAKOS Congress. In addition to the exciting scientific program, we hope you will attend the social events as well including the Welcome Reception.

Osaka is a charming and exciting city, combining history, commerce, shopping and food. Once an international gateway, Osaka has a unique and progressive atmosphere while still honoring the rich cultural history of Japan. With a history stretching back more than 1400 years, Osaka began as a hub of international trade, and has grown into a flourishing economic center.

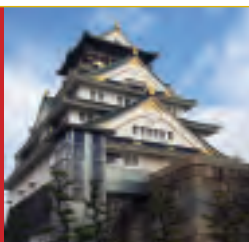
The rich history of Osaka is evident in the variety of traditional arts the city has to offer. Traditional stage arts including Bunraku puppet theatre, Noh and Kabuki are popular. Also known as the "Kitchen of Japan", Osaka's culinary tradition has created gourmet specialties such as Udon (Japanese noodles), local varieties

of sushi, Shokado-Bento (lunch boxes – a method of serving traditional Japanese food more casually), Okonomiyaki

(a grilled combination of a choice of vegetables), and Takoyaki (octopus balls). Other cultural highlights include the National Museum of Art, the Museum of Oriental Ceramics, Osaka Museum of History, Osaka Museum of Natural History, Osaka Science Museum, Osaka International Peace Center, National Bunraku Theatre, Osaka Aquarium Kaiykan, and the Tennoji Zoo. Thrill seekers can also visit Universal Studios Japan, which is located in Osaka.

The 7th Biennial ISAKOS Congress will be held at the Osaka International Convention Center. Since its establishment in 2000, the Osaka International Convention Center has served as a gateway between Japan and the international community. Located in the urban heart of Osaka, the Convention Center's well developed access network and sophisticated urban amenities make it an ideal meeting location for the ISAKOS Congress.

SEE YOU IN OSAKA!



**SUBMIT YOUR ABSTRACT FOR THE
2009 ISAKOS CONGRESS in OSAKA**
www.isakos.com
SUBMISSION DEADLINE MARCH 10, 2008

www.isakos.com

ISAKOS WELCOMES NEW MEMBERS

7TH BIENNIAL ISAKOS CONGRESS

OSAKA, JAPAN
APRIL 5-9, 2009



NEW MEMBERS

Ville Äärimala, MD PhD, FINLAND
Benjamin David Allen, FRACS,
AUSTRALIA
Shigeki Asada, MD, JAPAN
Joshua Ari Baumfeld, MD, USA
Craig R. Bottoni, MD, Chief of Surgery,
QATAR
William Jay Bryan, MD, USA
Timothy Kagoda Byakika, MD, KENYA
Xuewei Cao, MD, CHINA
Daniel Rosa Carvalho, MD, BRAZIL
Claudio I.C. Castro, MD, BRAZIL
Brendan Coleman, FRACS,
NEW ZEALAND
Rounilo Furlani Costa, MD, BRAZIL
Patrick J. DeMeo, MD, USA
Umesh Dhanjee, Dr, SOUTH AFRICA
Edwin Mark Dillon, MbChB, MMed
Ortho, SOUTH AFRICA
Anibal Dominguez, MD, CHILE
Ioan Dunca, MD, BELGIUM
Steven Edward Flores, MD, USA
Hideyuki Goto, MD, JAPAN
Hector Guarda-Marin, MD, CHILE
Christian Tapia Haberle, MD, CHILE
Yusuke Hashimoto, MD, PhD, JAPAN
Riku Hayashi, MD, JAPAN
Kaan Suleyman Irgit, MD, TURKEY
Shuken Kai, MD, JAPAN
Michihiro Katouda, MD, JAPAN
Asim Kayaalp, MD, TURKEY
Michael Kimball, MD, USA
Joyce Koh, MD, SINGAPORE
Alexandr Olexeevych Kostrub, MD,
Prof., UKRAINE
Vladimir Vasylevich Ksenyk, MD,
UKRAINE
Hung-Maan Lee, MD, TAIWAN
Jorge Alfredo Lopez, MD,
GUATEMALA
Bent Lund, MD, DENMARK
Jacques Menetrey, MD,
SWITZERLAND
Yuji Murakami, MD, JAPAN
Hirohiko Nishihara, MD, JAPAN

Inderpreet Singh Oberoi, M.S (Ortho),
INDIA
Chris J O'Meeghan, MB ChB FRACS,
NEW ZEALAND
Yasunari Oniki, MD, PhD, JAPAN
Amyn Mohd. Husein Rajani, MS,
INDIA
Yoshitomo Saita, M.D., PhD, JAPAN
Luis Fernando Jordao Santos, MD,
BRAZIL
Ruslan Sergiyenko, MD, PhD,
UKRAINE
Guilherme Kassab Siqueira, M.D.,
BRAZIL
Olexandr Sergiyovych Strafun, MD,
UKRAINE
Andras Tallay, MD, PhD, HUNGARY
Ettore Taverna, MD, ITALY
Satoshi Tokuya, MD, JAPAN
Dave Trotter, MD, USA
Dwikora Novembri Utomo, MD,
INDONESIA
Maaik van den Borne, MD,
NETHERLANDS
Werner van der Merwe, MD, SOUTH
AFRICA
Ivan Vassilev, MD, GERMANY
Paavo Henrikki Virrankari, MD,
FINLAND
Vasileios Vrangalas, MD, GREECE





Editor's Note

James H. Lubowitz, MD (USA)

Cutting edge research advances anticipated in Osaka.

There are so many reasons to be excited about the 7th Biennial ISAKOS Congress to be held in Osaka, Japan in 2009, and in this issue we focus on the research advances we very eagerly anticipate. I've been captivated by ACL research and am looking forward to updates from all over the world on topics including anatomic double-bundle and all-inside reconstruction techniques. I also await the cartilage research update; there will be controversy because there is still no consensus "best treatment" for cartilage injury and because scientists are working around the globe to engineer hyaline cartilage. Speaking of tissue engineering, we'll learn that it's all about matrix + growth factors + cells. Shoulder colleagues will focus their presentations on clinical outcomes research, and I predict that the therapeutic studies will ultimately demonstrate that arthroscopic techniques make the indications for open surgery rare. Our understanding of the hip joint may be revolutionized. In the hip, we will relearn the pathophysiology of impingement, snapping, and bursitis and hear about the brand new ways to treat symptomatic patients. Foot and ankle researchers are changing the treatment of tendonosis and Achilles pathology. And I'm hoping that we will learn evidence-based indications for less invasive knee replacement, especially partial replacement. Outcomes of total knee replacement are reliable and ever-improving, but research now demonstrates that unicompartmental and patellofemoral arthroplasty have acceptable survivorship and efficacy. We are treating athletes in an era when ageing does not mean the end of sport participation, so we anticipate advances in reconstructive techniques and biomaterials which spare normal anatomy and minimize wear.

James H. Lubowitz, MD



President's Message

Paolo Aglietti, MD (ITALY)

Dear ISAKOS Members and Friends of ISAKOS:

2007 was a fantastically successful year for ISAKOS. ISAKOS' recent success is partially due to the 6th Biennial ISAKOS Congress, which was held in Florence, Italy in May or 2007. The Congress was attended by more than 3,600 people, including spouses and exhibit personnel. More than 2,850 participants attended the scientific program. This triumph was possible because of the great efforts of the ISAKOS Office and the high quality of the Scientific Program which was prepared by the Program Committee chaired by Lars Engebretsen.

ISAKOS would like to thank the ISAKOS Committee members. The ISAKOS Committees were restructured in 2007, and more members were willing to serve than ever before. ISAKOS could not function without the support of these committees. Also in 2007, more than 280 new members joined ISAKOS. Our membership now includes more than 2230 members from 80 countries. We thank these new members, as well as the members who's recommendation and promotion of ISAKOS, led to this dramatic increase in membership.

Many great things continue to await ISAKOS in 2008. Several scientific events are already being developed, including a cooperative effort between ISAKOS, the Chinese Society of Sports Medicine and the Arthroscopy Association of North America to host the "Advanced Surgical Skills & Hands On Cadaver Workshop" in Shanghai, China. ISAKOS will continue to work in 2008 to reach out to emerging markets and bring education to these underserved areas. ISAKOS will also continue to work in conjunction with our Partner Societies at a regional level, including AANA, ESSKA, APOSSM, AOSSM, and SLARD.

ISAKOS has gained a well respected international reputation for providing fantastic educational content and scientific programming. This strength is based in our internationality without any regional predominance.

Preparation continues for the 7th Biennial ISAKOS Congress to be held in Osaka, Japan on April 5-9, 2009. The ISAKOS Committees are already hard at work preparing a program to rival that presented in Florence. We invite all members of the orthopaedic, arthroscopic and sports medicine communities to submit scientific abstracts for presentation at the Congress.

I wish to personally extend a very happy New Year to all of you, and look forward to even greater accomplishments of our Society in the coming years.

Paolo Aglietti, MD

ISAKOS President, 2007-2009

MESSAGE FROM THE ISAKOS OFFICE

PROGRAM COMMITTEE UPDATE

The **ISAKOS Program Committee** will meet during the ESSKA 2008 Congress in Porto, Portugal in May 2008 to finalize the program for the 2009 Congress. Notification of the date of this meeting will be sent to ISAKOS Program Committee members as soon as possible.

ISAKOS OFFICE REPORT

Greetings from the ISAKOS Office. The ISAKOS Office has been hard at work on new and exciting projects to benefit our members:

- ISAKOS Approved Course & Teaching Centers are now available online (*Please see page 21 for more information*)
- ISAKOS Membership applications are now available online (*Please see page 20 for more information*)
- 2007 ISAKOS Congress—Instant Archive and other content available online through Members Only
- Expanded content and information available on the ISAKOS Members Only website
- ISAKOS 2009 Congress—Plans are currently underway for the 2009 ISAKOS Congress. Please continue to check the ISAKOS website for updated information regarding hotel reservations, program content, and more.
- ISAKOS 2009 Congress—the Call for Abstracts is currently available, and Abstracts will be accepted until March 10, 2008
- Elbow Dislocation Survey, developed by the Upper Extremity Committee, is now available online for Members Only
- Board of Translators Questionnaire which invites members to translate abstracts for the Journal of Arthroscopy is now available on line for Members Only

CONGRATULATIONS

7TH BIENNIAL
**ISAKOS
CONGRESS**

The ISAKOS Office would like to congratulate Leopoldo Garcia, MD of Venezuela on winning the free 2009 ISAKOS Congress registration for completing the online Congress evaluation. More opportunities will be available in the coming months to win free registration for the 2009 ISAKOS Congress.

CONGRATULATIONS



AAOS Annual Meeting

Information regarding registration for the 2008 AAOS Annual Meeting:

Starting with the **2008 AAOS Annual Meeting in March**, a **US\$100 onsite registration fee** will be charged to **all** AAOS members who do not register in advance. There is **no fee** charged for members who register in advance. The advance registration deadline is January 23, 2008. The registration fees for non-members remain the same (US\$600 in advance and US\$800 onsite).



If you are a member of an **ISAKOS Committee**, please note that registration for the AAOS Annual Meeting is not required to attend ISAKOS Committee Meetings, and that committee meetings will be held off-site from the convention venue. If you are unable to attend your scheduled committee meeting, please contact your Committee Chair and the ISAKOS Office by email at isakos@isakos.com.

SEE YOU AT THE **COMMITTEE MEETINGS** IN SAN FRANCISCO



AAOS COMMITTEE MEETING SCHEDULE

MARCH 3–5, 2007

PALACE HOTEL

**2 NEW MONTGOMERY STREET
SAN FRANCISCO, CALIFORNIA**

Monday, March 3

Time	Sutter (Mezzanine)
12:00–6:00 PM	Executive Board Meeting and Finance Committee Meeting

Tuesday, March 4

Time	California Parlor (2nd Floor)	Mendocino (2nd Floor)	Sutter (Mezzanine)
8:00–10:00 AM	Membership	Orthopaedic Sports Medicine	Education Resource Development
10:15 AM–12:15 PM	Communications 10:15–11:15 AM	Scientific	Site Selection
1:30–3:30 PM		Knee	Strategic Planning
3:30–5:30 PM	Upper Extremity	Education	Bylaws

Wednesday, March 5

Time	Mendocino (2nd Floor)	Napa (2nd Floor)
8:00–10:00 AM	Orthopaedic Sports Medicine	Journal Advisory Task Force 8:00–9:00 AM Newsletter Editorial 9:00–10:00 AM
10:15 AM–12:15 PM	Program	
12:30–2:30 PM	Board of Directors Only	
2:30–5:30 PM	Board of Directors and All Committee Chairs 2007–2009	

YOUR COMMITTEES AT WORK

EDUCATION COMMITTEE:



The **Education Committee** is chaired by David McAllister, MD and Co-Chaired by Kevin D. Plancher, MD and David Rajan, MD. Committee members include Ron Arbel, Antonio Ciardullo, Brian Donley, Joao Espregueira-Mendes, Anastasios Georgoulis, Alberto Gobbi, Milan Handl,

Maurilio Marcacci, Thomas Muellner, Dinshaw Pardiwala, Jai Thilak, Jaime Ulloa, Luis Vargas, and Changlong Yu.

The Education Committee met most recently at the 2007 ISAKOS Congress in Florence, Italy in May. At this meeting, the charges of the committee were reviewed. These include the full responsibility for evaluation and tentative approval of applications for the three levels of ISAKOS sponsored courses. To that end, eighteen courses have been approved as ISAKOS Approved Courses since the last ISAKOS Congress. A current listing can be found at the ISAKOS web site

<http://isakos.com/meetings/default.aspx>.

Since the last committee meeting in May 2007, the committee has communicated extensively by e-mail regarding evaluation and approval of ISAKOS sponsored meetings and workshops. Below is a listing of workshops which were partially sponsored by ISAKOS in 2007 and those which will receive partial sponsorship by ISAKOS in 2008:

APPROVED IN 2007:

Teach the Teachers: Arthroscopy Program

*Institute of Sports Medicine
Beijing, China
June 29–July 1, 2007*

Czech Society for Sports Traumatology and Arthroscopy

*Sponsoring Society: European Society of Sports Traumatology Knee Surgery and Arthroscopy (ESSKA)
Prague, Czech Republic
June 22–23, 2007*

South African Knee Society Instructional Course

*Sponsoring Society: South African Knee Society (SAKS)
Cape Town, South Africa
August 16–19, 2007*

SLARD International Course and Lab Shoulder Reconstruction

*Sponsoring Society Latin American Society of Orthopaedics and Traumatology (SLARD)
Bogota, Colombia
October 18–20, 2007*

UPCOMING 2008 WORKSHOPS:

The 24th International Jerusalem Symposium on Sports Medicine

*Jerusalem, Israel
February 3–4, 2008*

Advanced Surgical Skills and Hands on Cadaver Workshop

*Partner Society: The Chinese Association of Sports Medicine (CASM)
Fudan University, Huashan Hospital
Shanghai, China
May 15–18, 2008*

Advanced Team Physician Course: World Congress for Prevention of Sports Injuries

*Oslo Sports Trauma Research Center
Lofoten, Norway
June 21–24, 2008*

Our current goals are to streamline the application and approval process for ISAKOS Approved Courses and Teaching Centers. We are pleased to announce that these processes are now entirely on-line at <http://isakos.com/meetings/default.aspx>. This should allow for an easier and faster application process with Approved Courses and Teaching Centers being automatically posted on the ISAKOS website.

One item under review by the committee is the creation of a one day meeting each year on a topic to be determined by the Education Committee which will teach leaders in workshops how to educate their audiences effectively. Another item under review by the committee is the establishment a better mechanism to evaluate and obtain feedback (post meeting) from ISAKOS sponsored courses and workshops.

The education committee is able to sponsor up to 4 workshops per year with partial funding to help offset the costs of the workshop. We are especially interested in sponsoring workshops in the following locations:

- | | | |
|--------------|--------------|-----------------------|
| a. Beijing | i. Bogotá | q. Rio De Janeiro |
| b. Shanghai | j. Cali | r. Curitiba |
| c. Warsaw | k. Abu Dhabi | s. Mexico City |
| d. Moscow | l. Riyadh | t. Monterrey |
| e. Prague | m. Jeddah | u. Black Sea, Ukraine |
| f. Budapest | n. Cairo | v. Buenos Aires |
| g. Mumbai | o. Tripoli | |
| h. New Delhi | p. Sao Paolo | |

If you are interested in organizing a workshop in one of these areas or in another area, please contact an education committee member or Katie Anderson in the ISAKOS office at katie@isakos.com.

KNEE COMMITTEE

The **Knee Committee** is chaired by Julian Feller (AUS) and Co-Chaired by Allen Anderson (USA).

The current committee members are Jack Andrich, Peter Bonutti, Jesus Cardrona-Munoz, Bill Clancy, Matteo Denti, Leopoldo Garcia, Jean-Yves Jenny, Abbas Madani, Shuichi Matsuda, Tony Miniaci, Philippe Neyret,



YOUR COMMITTEES AT WORK

Hans Paessler, David Parker, Rene Verdonk, Russell Winsor, and Eduardo Zamudio.

The Committee will meet on Tuesday, March 4, 2008 in San Francisco. The following actions and activities will be discussed:

- Current Concepts meeting on Navigation in Knee Surgery, to be held in October 2008
- Plan Current Concepts meeting on Biologics for Knee Surgery, to be held in 2009
- Meniscal Tear Classification DVD—this project is currently under development for distribution at the 2009 ISAKOS Congress in Osaka under the guidance of Allen Anderson.
- Navigation in Knee Surgery DVD—this project is currently under development for distribution at the 2009 ISAKOS Congress in Osaka.

The Knee Committee is also producing Current Concept Articles to be featured in upcoming editions of the ISAKOS Newsletter including “Complications of Navigation for Total Knee Arthroplasty” by Peter Bonutti, “Origins of Patellofemoral Pain” by Abbas Madani and Dariusz Witonski, and “Complications of Meniscal Repair” by Matteo Denti.

MEMBERSHIP COMMITTEE:



The **ISAKOS Membership Committee** is chaired by M. Nedim Doral (Turkey), and co-chaired by

Vicente Gutierrez. Other Committee members include A. Anderson, L Vargas, J Huylebroek, R Abdalla, J Bartlett, M Ochi, R Smigielski, C Kaeding, SH Kim, C Willberg, H Pinar, and G. Cerulli.



The ISAKOS Membership Committee met last at the 2007 ISAKOS Congress

in Florence, Italy, and has been in contact via email since the Congress.

Primary areas of discussion for the Committee have included increasing the number of ISAKOS Members. ISAKOS currently has 2,218 members from 80 different countries. To accomplish this goal, Regional Coordinators have been assigned. The regional Coordinators are as follows: Vincente Gutierrez & Rene Abdalla (South America); Allen Anderson (North America); John Bartlett (Asia—South Pacific); Jose Huylebroek (Western Europe); Mitsuo Ochi (Asia—Central); Robert Smigielski (Eastern Europe). The regional coordinators were asked to correspond with local organizations and members to increase membership from within their area.

The Membership Committee will meet in San Francisco at the AAOS meeting in March. Planned topics of discussion include:

- New methods of recruiting members
- Organizing a “new members’ prize” which only new members can apply for at ISAKOS meeting
- Providing more information regarding opportunities to work with ISAKOS teaching centers as a benefit for members, including offering more information related to accommodation, food, etc.

PROGRAM COMMITTEE



The **ISAKOS Program Committee** is chaired by Kazunori Yasuda, MD (JAPAN), with assistance from Deputy Chair Andreas Imhoff, MD (Germany).

The ISAKOS Program committee has been hard at work developing the program for the 2009 ISAKOS Congress.

The primary area of discussion for the Committee has been evaluation of the 2007 Biennial Congress in Florence with recommendations for changes for the 2009 Biennial Congress. This discussion will impact the development of the scientific program for the 2009 Biennial Congress including selection of appropriate symposia, instructional courses, surgical demonstrations, lectures, etc.

During the upcoming meeting San Francisco in March, the Program Committee will be working to nominate reviewers to evaluate abstracts to be submitted, and develop the scientific program including appropriate symposia, instructional courses, surgical demonstrations, and lectures for the 2009 ISAKOS Biennial Congress.

UPPER EXTREMITY COMMITTEE



The **ISAKOS Upper Extremity Committee** is chaired by Benno Ejnisman (BRAZIL), with Klaus Bak (DENMARK) serving as deputy chair.

The Upper Extremity Committee last met at the ISAKOS Congress in Florence, but has been communicating via email. The

Committee will meet again in San Francisco at the AAOS Annual Meeting.

The Upper Extremity has accomplished many goals including the development of the Elbow Dislocation Online Survey, and the “Biceps from Origin to Insertion” CD that was distributed at the recent ISAKOS Congress in Florence.

Future projects for the Upper Extremity include:

- Analysis of the results of the Elbow Dislocation Online Survey
- Review of applications for the Upper Extremity Traveling Fellowship
- Development of educational content for the 2009 ISAKOS Congress in Osaka
- Planning of a shoulder instability consensus meeting

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7TH BIENNIAL
**ISAKOS
CONGRESS**

**OSAKA, JAPAN
APRIL 5-9, 2009**



Call for abstracts online at
www.isakos.com in
September 2007.

Abstract submission deadline:
March 10, 2008.

CALL FOR ABSTRACTS



DEADLINE EXTENDED TO MARCH 10, 2008

ONLINE ABSTRACT SUBMISSION INSTRUCTIONS

Submission Available: September 2007 • Submission Deadline: March 10, 2008

ISAKOS is pleased to announce it is accepting abstract submissions for the 2009 Congress via the internet.

To submit an abstract, visit the ISAKOS website (www.isakos.com) and follow the instructions. The online system will be available beginning September 2007. 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 cut 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 March 10, 2008. 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 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, co-authors, 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 2009 ISAKOS Congress.
9. No submitted abstracts will be returned to the authors, and all authors must agree to the General Guidelines as stated above.



2009 CONGRESS AWARDS & FELLOWSHIPS

JOHN JOYCE AWARD

Sponsored by Smith & Nephew, Inc., Endoscopy Division

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

Deadline: October 1, 2008

ACHILLES ORTHOPAEDIC SPORTS MEDICINE RESEARCH AWARD

Sponsored by DJO Incorporated

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 October 1, 2008. Download an application and review detailed instructions at www.isakos.com/awards. Faxed and e-mailed submissions will not be considered.

Deadline: October 1, 2008

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 2009 Congress. Complete manuscripts must be mailed to the ISAKOS Office for consideration no later than October 1, 2008. Download an application and review detailed instructions at www.isakos.com/awards. Faxed and e-mailed submissions will not be considered.

Deadline: October 1, 2008

RICHARD B. CASPARI AWARD

Sponsored by DePuy Mitek

The Richard B. Caspari Award was established in 2003 at the 4th Biennial ISAKOS Congress in Auckland, New Zealand to reward the best upper extremity paper presented during the scientific program of the Congress. A panel comprised of members of the ISAKOS Upper Extremity Committee will select two prize-winning papers in 2009. The winners will be announced in Osaka, Japan at the awards ceremony and an honorarium will be awarded.

Deadline: October 1, 2008

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 October 1, 2008. Download an application and review instructions at www.isakos.com/awards. The winner will be awarded an honorarium at the 2009 Congress in Osaka, Japan.

Deadline: October 1, 2008

Upper Extremity TRAVELING FELLOWSHIP

Sponsored by the ISAKOS Upper Extremity Committee

The Upper Extremity Traveling Fellowship was developed to promote better understanding and communication regarding injuries or conditions involving the structures of the upper extremity. This opportunity is 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 or isakos@isakos.com.

The stipend will permit visits to several centers worldwide, that can match their facilities with the applicant's interests. The fellow will write a report of the experience which will be considered for publication in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*, as well as for presentation at the 2009 ISAKOS Congress in Osaka, Japan.

Deadline: May 1, 2008

The Patellofemoral TRAVELING FELLOWSHIP

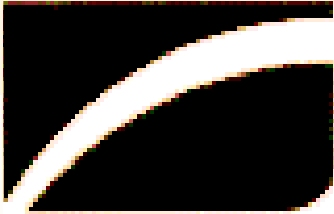
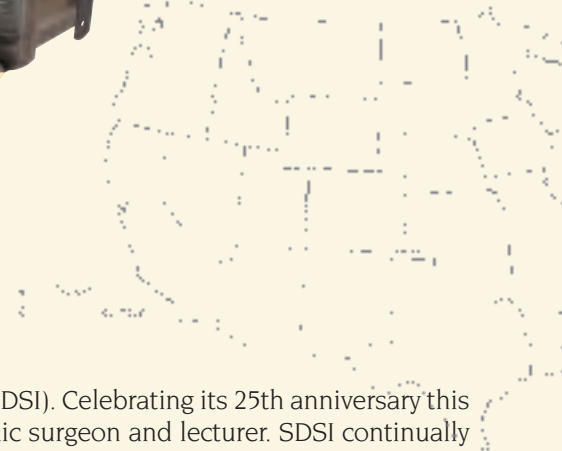
Sponsored by the Patellofemoral Foundation, Inc.

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 or isakos@isakos.com.

Deadline: October 1, 2008

SAN DIEGO SHOULDER INSTITUTE



CONTACT ADDRESS:

San Diego Shoulder Institute
3905 Waring Road
Oceanside, CA 92056
760-940-2066
www.shoulder.com

Innovation and excellence are key operative words for San Diego Shoulder Institute (SDSI). Celebrating its 25th anniversary this year, SDSI was founded by James C. Esch, M.D., Internationally renowned orthopaedic surgeon and lecturer. SDSI continually receives recognition for being on the forefront of educational offerings.

In the pursuit of promoting quality education to enhance knowledge and performance for orthopaedic surgeons, SDSI offers an annual course focusing on "Arthroscopy, Arthroplasty, and Fractures". The intense four day course, held in San Diego, California each June, includes lectures, panel discussions, and case studies. Expert faculty from across the globe present latest research, methodologies to enhance patient outcomes, and strategies to improve surgical technique. The audience is afforded an opportunity to benchmark against peers by interactive automated audience response mechanisms. Post-operative management is explored via a session on rehabilitation and patient examination. Extensive supplemental information, bound in book format, is provided to all attendees. In addition to didactic presentations, participants perfect their skills in shoulder model and cadaver laboratories. Laboratories are assigned using a matrix assignment approach, individualizing the learning experience based on participant's interest, learning objectives, and skill level. Cadaver laboratories, held at the University of California School of Medicine, provide an environment to learn techniques in shoulder arthroscopy and arthroplasty. Approximately 400 surgeons attend the annual course. A comprehensive DVD of course lectures and handouts is available for interested parties unable to attend the course or as an adjunct learning modality.

This year's course, slated for June 18-21, 2008 in San Diego, California brings a culmination of experts to the table in celebration of SDSI's silver anniversary. "Our key interest", states Dr. Esch, "is to clearly identify gaps in knowledge and performance and to structure educational courses to close those gaps. SDSI strives to continually improve the care for shoulder patients across the globe". Additional information regarding the course and future offerings may be directed to: Rebeccaq2@cox.net.



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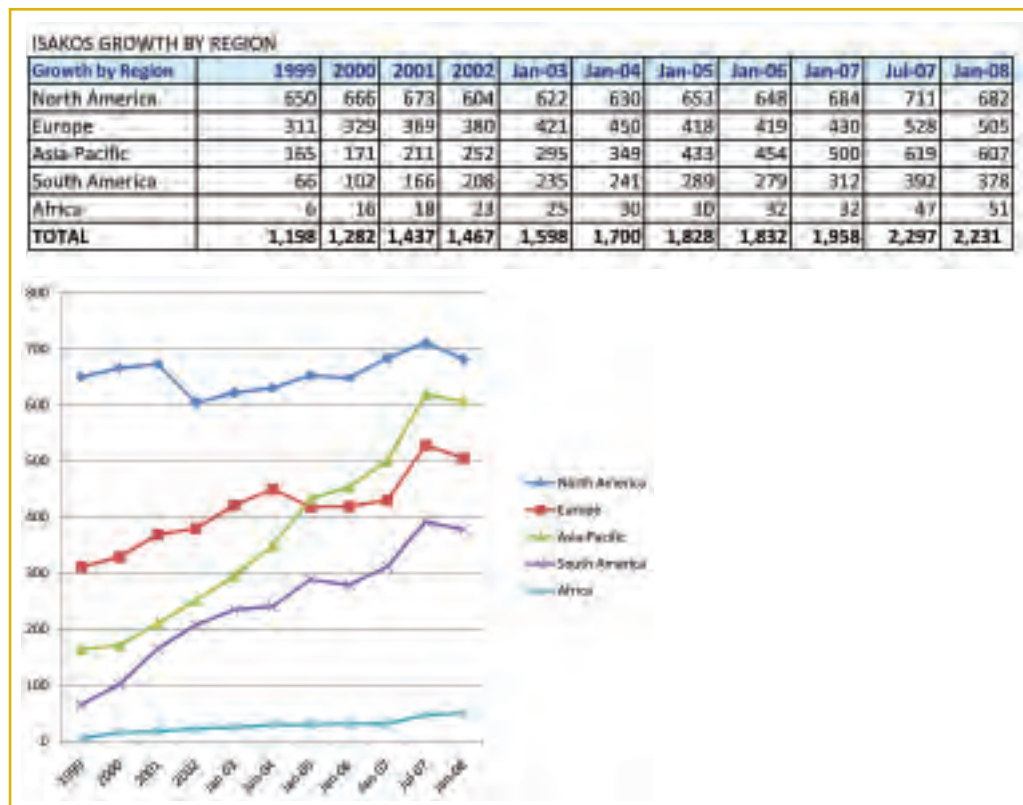
Year	Total Number of Members
January 2008*	2,231
July 2007	2,297
January 2007	1,958
January 2006	1,832
January 2005*	1,828
January 2004	1,700
January 2003	1,598
January 2002	1,467
January 2001	1,437
January 2000	1,282
January 1999	1,198
January 1998	1,141
January 1997	1,071
January 1995	1,005

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I first learned of ISAKOS while pursuing a Master of Science degree in bioengineering/biomechanics at the University of Pittsburgh in the Musculoskeletal Research Center. It was there that I discovered the strength of teamwork and collaboration. I had the privilege of working with many international research fellows (from Brazil, Canada, China, Germany, Italy, Japan, Korea, United States, and Venezuela), thus gaining an international perspective on research.

From this experience, I learned that basic science and clinical research can serve as a valuable tool for answering clinically relevant questions and improving patient care. This motivated me to pursue a residency in the Clinician Scientist Program at Wake Forest University, School of Medicine. In this program, I have a unique opportunity to devote two years exclusively to research. The two year fellowship is followed by a standard five year clinical orthopaedic surgery residency. This program will help me pursue a career in academic medicine.

The position in the Clinician Scientist Program at Wake Forest University has afforded me the opportunity to learn and develop techniques in tissue engineering. My current research project entails the evaluation and development of an allograft-based tissue engineered meniscus transplant. This project is a collaborative effort between the Department of Orthopaedic Surgery, the Wake Forest Institute for Regenerative Medicine, and the University of Pittsburgh Knee Biomechanics Laboratory with Cristin Ferguson, MD as my mentor.

In 2005, I attended my first ISAKOS conference in Hollywood, Florida, while I was a medical student and lead research engineer for Christopher Harner, MD. The meeting was alive with academic discourse and exemplified how ISAKOS can broaden perspectives while maintaining a connection with the world of Orthopaedics. It was this experience that helped solidify my desire to pursue academics and be involved in organizations like ISAKOS. After starting residency at Wake Forest in July 2006 and through the encouragement and sponsorship of Gary Poehling, MD, I had the honor of joining ISAKOS.

I have been fortunate to find good mentors that have led by example, providing guidance and encouragement to set high goals and achieve them. Furthermore, maintaining relationships with visiting fellows has helped form fruitful research collaborations as well as provided an excellent friendly support structure. ISAKOS can play a key role in achieving both of these successes.

Kathryne J. Stabile, MD, MS

Resident

Physician Scientist Training Program

Department of Orthopaedic Surgery

Wake Forest University Health Sciences

kstabile@wfubmc.edu



WORKSHOP SPOTLIGHT

ESSKA2000–ISAKOS KNEE LECTURE COURSE

Prague, Czech Republic, June 2007

Vojtech Havlas

ESSKA Integration Committee Vice-Chair

The Czech Society for Sports Traumatology and Arthroscopy was honored to organize the “ESSKA2000 – ISAKOS Knee Lecture Course” which was held in Prague in June 2007. This was the first annual lecture course organized as a combined meeting of ESSKA2000 and ISAKOS. Speakers from both the societies participated and gave excellent lectures.

The course focused on “knee surgery in prevention and treatment of osteoarthritis” alias “knee surgery from A to Z”. The faculty included top experts in each of the knee subspecialties from various countries across Europe and overseas. The 15 member faculty composition was as follows:

- Paolo Aglietti (Italy)
- Karl Benedetto (Austria)
- István Berkés (Hungary)
- Matteo Denti (Italy)
- Ejnar Eriksson (Sweden)
- John Goodfellow (United Kingdom)
- Heiko Graichen (Germany)
- Heino Kienapfel (Germany)
- Rob La Prade (USA)
- Urs Munzinger (Switzerland)
- Hanns Scharf (Germany)
- René Verdonk (Belgium)
- Karl Westphal (Germany)
- Leo Whiteside (USA)
- Kazunori Yasuda (Japan)

On behalf of the lecture course Organizing Committee, it is my great pleasure to extend our thanks to all our speakers for their kind acceptance to participate in Prague ESSKA2000-ISAKOS Knee Lecture Course. It is because of the speakers’ merit that the course was able to present very high scientific standard. Organizers would also like to address special thanks to the board members of ESSKA2000 and ISAKOS for their active support to the lecture course.

The total number of course participants met the estimated figures. The total attendance to the lecture course was 130 participants. The attendees came from various countries across all Europe and overseas—namely from Czech Republic, Germany, Poland, Russia, Slovakia, Hungary, United Kingdom, Israel, Bulgaria, Denmark, Republic of Congo, Ukraine, Mexico, Kosovo, Croatia and Greece.



The lecture course scientific level was acknowledged by both the attendees and the speakers. The open, friendly and informal panel discussions were appreciated by all participants.

It was my pleasure and a great honor to be entitled to participate on this course organization as a designated Chairman of Organizing Committee. I would like to express many thanks to all my co-workers from CSSTA and ESSKA2000 and to everyone contributing to the organization of this successful meeting as well as to all our sponsors for their support.

The lecture course photo gallery and a selection of presentations are available on the English version of the Czech Society for Sports Traumatology and Arthroscopy web site – www.sstacz.cz.

I take the liberty, on behalf of ESSKA2000 Integration Committee, to invite all young orthopaedic surgeons with interest in knee and shoulder surgery, sports trauma and arthroscopy for the coming lecture course taking place in Croatia in 2008. Further information will be available on the ESSKA web site www.esska.org.



TUNNEL WIDENING IN ACL RECONSTRUCTION

MARK CLATWORTHY

*Auckland Bone & Joint Surgery
Auckland, New Zealand*

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 Harner 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 "bungy 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 :

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

Tunnel widening with the different fixation techniques was Bioscrew 139%, RCI Screw 94%, Bone Mulch Screw & Staples 77% and Endobutton & Staples 59%. 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 modelling study 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. This study suggests that we may overestimate tunnel widening with radiological measurements.

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

MARGIN CONVERGENCE REPAIRS: A 2–10 year follow-up on Medium to Massive Rotator Cuff Repairs



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*Institute of Sports Medicine and Orthopaedics, P.A.
Aventura, FL*

CRAIG D. MORGAN M.D.*

*Morgan-Kalman Clinic
Wilmington, DE*

ABSTRACT

Purpose: This study was done to compare the outcomes of patients treated arthroscopically with Margin Convergence (MC) suturing for medium to massive retracted rotator cuff tears. **Type of Study:** Case series of patients with 17-116 months of follow-up (MC). **Methods:** Patients underwent arthroscopic rotator cuff repairs between 1996 and 2004. The patients treated with MC only, were selected based on the mobility of their cuff tissue after an extensive soft tissue debridement was performed. There was a total of 83 shoulders repaired, 69 (83%) were available for follow-up. All patients were evaluated pre- and post-operatively by the senior author. **Results:** Tear pattern was evaluated using the Deorio and Cofield Classification. There were 22 (32%) medium, 15 (22%) large and 32 (46%) massive. Postoperatively the outcomes were based on the Modified University of California Los Angeles (UCLA) Scoring System. Of those treated with MC only, 88% had a good-excellent outcome. **Level of Evidence:** Level 4, retrospective study. **Conclusions:** Arthroscopic repair of medium to massive rotator cuff tears results in good to excellent outcomes in the majority of patients. Depending on the characteristics and chronicity of the rotator cuff tear the appropriate treatment can result in a good to excellent outcome. **Key Words:** Margin Convergence—Rotator cuff

INTRODUCTION

The arthroscopic treatment of rotator cuff tears has advanced a great deal over the last decade. Initially thought of as a method to fix small tears, the advancement in technology and techniques has allowed surgeons to repair virtually any form of rotator cuff tear through the use of an arthroscope. Arthroscopy affords better visualization of the rotator cuff tear. This will allow a surgeon to: (1) theorize on the geometry of the tear pattern, (2) visualize your repair technique and (3) execute the technique. The benefit for the patient is that the deltoid muscle does not need to be violated during the procedure, as it is in the open or mini-open techniques.

Several authors have reported on the effectiveness of arthroscopic repair for large and massive rotator cuff tears. Their results can be compared to traditional open techniques. The theory of “margin convergence” was first proposed by Dr. Stephen Burkhart. Millstein and Snyder showed that margin convergence should first be performed to reduce the strain of the repair; this will also prevent tear migration. This can be explained by the fact that a water tight closure of the rotator cuff is not needed to obtain a successful outcome.

METHODS

A retrospective analysis was performed on all the patients in the senior author's practice. After a thorough review of the charts, patients who underwent arthroscopic rotator cuff repairs. Exclusion criteria included patients that had: subscapularis involvement tuberosity fixation with anchors, any open procedure or had a concomitant SLAP repair. The demographics for the two groups can be seen in Table 1.

SURGICAL TECHNIQUE

All patients had their surgery performed by the senior author, in the lateral decubitus position with a ten pound weight hung off the end of the shoulder boom. After sterile prepping and draping, posterior and lateral portals were made in the usual manner. An evaluation of the intra-articular anatomy was performed. At this time the majority of the patients had a visible large to massive rotator cuff tear. The arthroscope was then reinserted into the subacromial space and a thorough evaluation of the tear pattern was performed.

With the use of a tissue grasper the rotator cuff tendon was elevated. If adhesions were found, they were either cleaned with the arthroscopic shaver or with an ArthroCare Wand (ArthroCare, Austin, TX). Next the geometry of the tear was evaluated.

The appropriate vector for tendon approximation was identified. With that done, the margin convergence suturing was performed as described by Burkhart. Then an attempt was made to secure the cuff to bone. If there appeared to be too much strain in reducing the rotator cuff to the bone, no further repair was performed.

RESULTS

The majority of patients in this study were men, with an average age of 61 years. The mean follow-up period was 65 months (Table 1). In looking at the distribution of tears, the largest amount of the patients that were evaluated and that fell within the parameters of the study were in the Massive tear group (Table 2). Then the outcomes showed that almost two-thirds of the patients rated their results as excellent, according to the modified UCLA scoring system (Table 3). Interestingly enough, when we looked at the mean UCLA scores, they fell in the Good category across the board (Table 4).

DISCUSSION

As first stated, it is important to evaluate the pattern of the rotator cuff tear. Often times what appears to be a severely retracted U-shaped tear is improperly reduced. The medial extension of the tear actually represents an L-shaped tear that under normal physiologic load has retracted medial to the glenoid. In these tears, it is important not to try and mobilize the medial margin of the tear over to the humeral bone, because the large tensile stresses will doom the repair to failure. In some cases, an attempt to countermand this position, surgeons have placed the patient in an abduction pillow for six to eight weeks. This would only doom the repair to failure because of the sudden increased tensile load across the repair site.

In biomechanical studies, Burkhart, showed the importance of balancing the force couples between the anterior and posterior tendons. When this is done appropriately a balanced shoulder is maintained, establishing a stable fulcrum of glenohumeral motion. This technique has been shown to be especially effective in those that have large U-shaped tears.

In a similar study to ours, Burkhart et al evaluated 62 patients with either crescent shaped or U-shaped tears. The size of the tears ranged from small to massive. Fifteen of their patients were treated with margin convergence suturing only. Overall, 56 out of the 59 patients who were followed up had good or excellent results in their UCLA scoring system. They showed that the larger tears had similar results to the small tears. Those that were repaired directly to bone did not significantly differ from those that were only sutured.

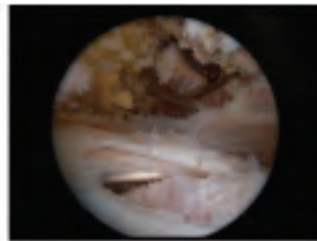


Figure 1a

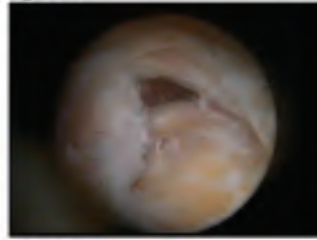


Figure 1b



Figure 1c

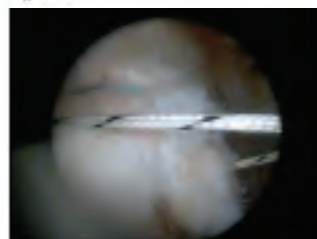


Figure 1d

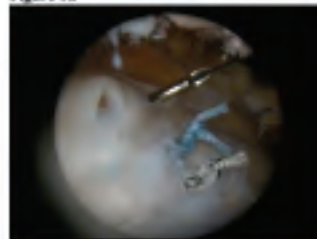


Figure 1e

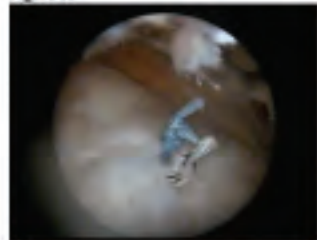


Figure 1f

Jones and Savoie looked at sixty patients who underwent arthroscopic reconstruction of large and massive rotator cuff tears. Only 3 of theirs had purely margin convergence reconstructions. Their patients had an average follow-up of thirty-two months, and resulted in 88% having good or excellent results, but 98% of all patients were satisfied with their outcome. They agree with the findings of Burkhart et al, a complete closure of the defect is not necessary for a good or excellent result. It is the ability to restore the force couples, which will determine the final result.

Bittar agreed with the initial statement. Arthroscopy allows the surgeon to visualize, probe and mobilize to assess the extent of a tears damage and reparability. He looked at seventy-four patients with a five to ten year follow-up. All of these patients had rotator cuff repairs fixed to the tuberosity. Thirteen of these failed, six of which had a complete re-rupture. Even with that, 83% had good to excellent results.

Even if the tear is repaired by fixation to the tuberosity, postoperative MRI has shown that there will still be a residual tear in 89% of patients. Mellado and colleagues looked at a group of 28 patients (22 with complete repair, 6 with partial repair); their post-op UCLA scores averaged 30 (good).

MARGIN CONVERGENCE REPAIRS (cont.)

In this series, 86% had re-ruptured after a complete repair. They noticed that the clinical outcome was independent of the intraoperative size of the rotator cuff tear. They concluded that with the favorable outcome of partial repairs versus complete repairs, this modality should be investigated further.

The margin convergence technique has also proven to have an effect on reducing pain in those patients that undergo repairs. The decreased strain produces decreased stimulation of pain receptors in the shoulder. This will then indirectly lead to enhanced function. Thus: no strain, no pain.

CONCLUSION

Arthroscopy is now a very reliable technique to repair all types of rotator cuff repairs. Even with that, the advanced techniques in arthroscopic reconstruction of the shoulder, some of the basics of rotator cuff reconstruction have been lost. It is important to balance the tear prior to fixating it to the bone. If the force couples have not been returned to the cuff, the repair is doomed to fail in the majority of cases.

The best method to do this is by first properly assessing the geometry of the tear. Once this is done, the appropriate margin convergence can be performed to restore the force couples, as shown by Burkhart. Then if the rotator cuff is able to be reduced without tension to the tuberosity, bony fixation can be performed, if not then leave the repair at the margin convergence. Postoperatively, the same rehabilitation protocol should be followed with the margin convergence only patients, as those that had tuberosity fixation.

Acknowledgement: The authors thank Dr. Ken Hodor and Nicole Ans for assistance in preparation of the manuscript for this paper. Dr. Greg Barnhill for his insight into arthroscopy.

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

Table 1. Patient Demographics

	Margin Convergence
Number of Patients	83
Average Age	61.46 years
Age Range	34 to 87 years
Male	64
Female	19
Follow-up Mean	65.19 months
Follow-up Range	17-116 months
Lost during Follow-up	14/83 (17%)

Table 2. Margin Convergence Technique Divided by Rotator C

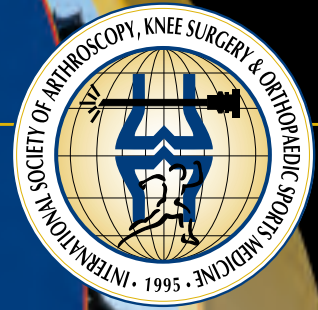
Deorio and Cofield Classification	Margin Convergence
Medium (1 – 2.9 cm)	22 (32%)
Large (3 – 5 cm)	15 (22%)
Massive (> 5 cm)	32 (46%)

Table 3. Outcomes of Margin Convergence

	Margin Convergence
<u>UCLA Scores</u>	
Excellent	45/69 (65.2%)
Good	16/69 (23.2%)
Fair	5/69 (7.2%)
Poor	3/69 (4.4%)
Average UCLA	32.36

Table 4. Mean UCLA score dependent on size of tear.

	Med	Large	Mass
Excellent			
Good	32.5	30.5	31
Fair			
Poor			



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ISAKOS APPROVED COURSES IN REVIEW

SEVERANCE ARTHROSCOPY FRESH CADAVER WORKSHOPS

November 2007

Severance Arthroscopy fresh cadaver workshops were held in November 2007. The workshops have been held at Yonsei University College of Medicine in Korea for 30 times since July 7th, 2001, and have been ISAKOS Approved Courses more than 20 times. The Severance Arthroscopy courses are the only fresh cadaver workshops held in Korea with ISAKOS approval.

During the workshop, participants observed demonstrations by Professor Sung-Jae Kim and then went into training by themselves under the guidance of professors and table instructors. Participants were able to train themselves for various operative techniques and had opportunities to discuss with the instructors. After exercise, they dissected the cadavers to get more information about surgical anatomy of the joint. The participants found the course to be very valuable as part of their continuing medical education.

Course Chairman:
Prof. Sung-Jae Kim

Lab Instructors:

Sang-Jin Shin M.D.
Yung-Hoon Kang M.D.
Jong-Min, Kim M.D.
Sang-Wook, Ryu M.D.
Hyung-Sik Kim M.D.
Nam-Hong Choi M.D.
Young-Mo Kim M.D.
In-Seop Park M.D.

Young-Lae Moon M.D.
Ki-Cheor Bae MD
Shin-Kang Cho MD
Tai-Won Kim M.D.
Kyun g-Soo Oh M.D.
Ji-Ho on Chang M.D.
Seung-Bae Cho M.D.



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For more information, please contact:

Mohamed El Masry
drmedoelmasry@yahoo.co.uk
Tel: +002 012 2101592
Fax: +002 02 37604630
www.lrc.edu.eg

ADVANCES IN SHOULDER SURGERY

February 12–15, 2008
Ousit Thani Hotel
Bangkok, Thailand

For more information, please contact:

Ben Edwards
bedwards@device.com.au
Tel: +61 02 0418 299 339
Fax: +61 02 94533080
www.device.com.au

7TH CADAVER ARTHROSCOPY COURSE IN BASIC & ADVANCED KNEE, AND BASIC SHOULDER SKILL

February 17–18, 2008
Safdarjung Hospital
New Delhi, India

For more information, please contact:

Dr. Ips Oberoi
ipsoberoi@hotmail.com
Tel: +91 129 4047180
Fax: +91 11 29963291
www.indiaarthroscopy.co.in

3RD INTERNATIONAL SURGICAL COURSE

February 21–23, 2008
Polyfunctional Center–Sport Hall Tarvisio
Udine, Italy

For more information, please contact:

Sara Zanazzi
info@meetingsarazanazzi.it
Tel: +39 0432 1790500
Fax: +39 0432 1790854
www.meetingsarazanazzi.it

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Cancer Pavillion, UPMC Shadyside Hospital
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For more information, please contact:

Freddie Fu, MD
ffu@upmc.edu
Tel: +1 412 605 3265
Fax: +1 412 687 0802
https://cchehs.upmc.edu/formalcourses.jsp#1269

35TH SEVERANCE FRESH CADAVER KNEE ARTHROSCOPY WORKSHOP

March 22, 2008
Yonsei University Health System
Seoul, South Korea

For more information, please contact:

Kyung-Soo Oh
severanscopy@yuhs.ac
Tel: +82 2 2228 5679
Fax: +82 2 363 6248
www.severanscopy.com

36TH SEVERANCE FRESH CADAVER SHOULDER ARTHROSCOPY WORKSHOP

March 29, 2008
Yonsei University Health System
Seoul, Korea, South

For more information, please contact:

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Tel: +82 2 2228 5679
Fax: +82 2 363 6248
www.severanscopy.com

17TH FRESH CADAVER KNEE ARTHROSCOPY COURSE

April 3–April 5, 2008
Sheraton Hotel
Antalya, Turkey

For more information, please contact:

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Buenos Aires, Argentina

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4TH BASEL INTERNATIONAL KNEE CONGRESS & INSTRUCTIONAL COURSE

June 29–July 2, 2008
Congress Center
Basil, Switzerland

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37TH SEVERANCE FRESH CADAVER KNEE ARTHROSCOPY WORKSHOP

November 8, 2008
Yonsei University Health System
Seoul, South Korea

For more information, please contact:

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38TH SEVERANCE FRESH CADAVER SHOULDER ARTHROSCOPY WORKSHOP

November 15, 2008
Yonsei University Health System
Seoul, South Korea

For more information, please contact:

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EFOST 2008: 5TH MEETING OF THE EUROPEAN FEDERATION OF NATIONAL ASSOCIATIONS OF ORTHOPAEDIC TRAUMATOLOGY

November 26–30, 2008
Sheraton Hotel
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