

EPOS NEWSLETTER



European Paediatric Orthopaedic Society · OCTOBER 2017



www.epos.org

Welcome Address



Dear EPOS members

I hope all of you had a sunny relaxing summer holiday, and you are now ready to enjoy one of my favorite times of the year: Autumn is in the air !

Thanks to all authors we are able to provide you with some exciting topics, reports and updates within Paediatric Orthopaedics and I wish you a happy reading !

All my best

Stephanie Böhm

Stockholm August 2017



Dr. Stephanie Boehm

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European Paediatric Orthopaedic Society

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Darko Anticevic
EPOS President 2017/2018

Dear EPOS members,

It is my great honour to serve you as 25th EPOS president in the term 2017/18. With the help of capable and supportive members of Executive committee (ExCom) I am confident that there will be productive and enjoyable months to come.

It is hard to believe that are two months have passed from spectacular EPOSNA meeting in Barcelona, already. Thanks to synergy of two Societies and leadership of two presidents Manuel Cassiano-Neves from EPOS and Jim McCarthy from POSNA, colleagues from 88 countries were attracted to participate on EPOSNA with 2.127 registrations. Scientific sessions were attended by 1.700 colleagues. Pre-course was well attended, too, with 652 registrations. Once again, I would like to emphasize the time, knowledge, enthusiasm and dedication of many EPOS members who contributed to this success. On behalf of EPOS ExCom thank you all for your work. Also, our Barcelona PCO – CAOS did marvellous job by doing preparation of EPOSNA and solving numerous complicated ramifications of greatest paediatric orthopaedic event, ever. CAOS efforts are highly appreciated.

Despite the summer atmosphere is getting across European continent, EPOS ExCom is working and focusing to residuals that have been left in the aftermath of EPOS General Assembly (GA) in Barcelona.

It is obvious that because recent growth of Society and many topics on GA, EPOS should return to the Society usual two part GA or maybe to three part, on occasion. One good example is EPOS junior councillor voting. Two candidates had equal number of votes. Due to the lack of time second round old fashioned paper voting was not possible. Post GA, electronic voting was proposed and organized and 91 EPOS members submit their preferences for the Junior Councillor and the Nomination Committee members. ExCom congratulate Stefan Huhnstock of Oslo, Norway who is elected EPOS Junior Councillor for the period of three years. Welcome on board!

It is obvious also, that ExCom has to offer to the EPOS membership clear and updated information on all relevant topics in managing the affairs of the Society. Prosperous, efficient and smooth EPOS affairs management is an ExCom obligation as well as to provide information on it to the Society members.



EPOS education activities (Annual Congress, BAT, RCCC and EPOS contribution on EFORT) as well as EPOS owned Journal of Children's Orthopaedics progressive growth are all well acclaimed by the Society members. But, our members deserve more. ExCom is preparing several measures to be implemented in the near future to avoid communication deficit with our membership. Also, we want more influence of Society membership in various Society committees as well as EPOS Study groups. Two years ago 193 EPOS members participated (172 completed) by answering on 26 questions in electronic survey. This year, EPOS survey will be repeated with an aim to listen what the wishes of EPOS members are about.

EPOS memories 2007-2016

Most of you have seen EPOS memories 2006-2017 - the book that is made and collected by EPOS past president (1995-7) and current historian - Klaus Parsch. It is worthwhile to go through this book page by page and to see that EPOS means group of dedicated people and friends. Klaus Parsch has invested a lot of work, time, patience and love in the EPOS memories book. EPOS ExCom highly appreciate Klaus' efforts and express to him deep thankfulness.

BAT Courses

EPOS Education Committee (chair: Hakan Omeroglu) with the new Central Office personal will continue its activities with two BAT courses in Speising Hospital Vienna, Austria that will follow in the next five months. The 5th Trilogy of BAT courses are starting in October 2017 with Basic I course which is scheduled for 18th to 20th October 2017. EPOS Advanced Course on paediatric spine is announced, too. This

is the first course that is organized by one of EPOS study group i.e. EPOS Spine study group. "Fundamentals of paediatric spine deformities – Children's spine is not miniature for adult's ones" is scheduled for 24th and 25th November 2017. Registration is now open for both courses and available on the EPOS webpage. All EPOS members are encouraged to promote those courses among colleagues who may be interested to participate.

EPOS study groups

Eight EPOS study groups were established at the EPOS ExCom meeting in Oslo, in November 2016. The groups are named as follows and its chairpersons are elected during year 2017:

1. *EPOS Genetics and Metabolic Group: R.Sakkers (The Netherlands)*
2. *EPOS Spine Group: C.C.Hasler (Switzerland)*
3. *EPOS Upper Limb Group: S.Farr (Austria)*
4. *EPOS Lower Limb Group: R.Ganger (Austria)*
5. *EPOS Neuromuscular Group: R.Brunner (Switzerland)*
6. *EPOS Musculoskeletal Tumors Infections and Arthritis Group: Ines Balaco (Portugal), Marta Salom Taverner (Spain)*
7. *EPOS Sports Group: F.Accadbled (France)*
8. *EPOS Trauma Group: P.Journeau (France), Annelie Wienberg (Germany).*

It is worth to note that working rules of the epos study groups are established and accepted by EPOS ExCom - available on EPOS webpage. On behalf of EPOS Education Committee, it is my pleasure to invite all EPOS members to join and actively participate in the Study group of ones choice.



37th EPOS Annual meeting Oslo 2018

After three consecutive EPOS annual meetings all held in Mediterranean towns, EPOS community is impatient to re-discover charm of one of the Nordic countries. Oslo 2018 local organizing committee members represent excellent balance of experience of Terje Terjesen and Ivan Hvid which is supplemented with enthusiasm activism of younger colleagues. Preparations for EPOS annual meeting in Oslo are under way. I am sure that newly appointed Reading Committee (RC) chairperson Antonio Andreacchio with RC members will arrange spectacular scientific programme in Oslo. Save the date April 11-14, 2018!

Please check EPOS webpage regularly for newest info www.epos.org

Darko Anticevic

EPOS President 2017-2018

EPOSNA 2017



Just a few months ago we completed an incredible meeting in Barcelona. For the first time EPOS and POSNA joined forces to organize a combine meeting of the two Societies. It was an incredible meeting and we hope that all EPOS members enjoyed it as much as the EPOS Executive Committee and staff.

The combination of an outstanding scientific meeting in combination with the Mediterranean flavor (excellent weather, food and the cultural art of Barcelona) provided by the local guests Julio de Pablos, Jorge Knörr and Marius Aguirre Cañadell was unforgettable and will stay in our memories. This was complemented by the exceptional Conference of Carolina B Garcia Estévez from the Barcelona School of Architecture on "Barcelona, Between the Straight and Bent Line:

Architecture from Gaudi to Miralles"

The meeting was presided by the Presidents of both Societies Manuel Cassiano Neves and Jim McCarthy and EPOS would like to acknowledge the open spirit present in all aspects of the organization responsible for building a strong bonding between the two societies that contributed enormously for the success of the meeting .

Darko Anticevic and Anthony Stans chaired this year's program committee and together with Rudolf Ganger and Jeff Sawyer organized an outstanding Pre-Course featuring renown authorities from North America and Europe, providing a global perspective on topics including Slipped Capital Femoral Epiphysis, Neuromuscular Hip Subluxation/Dislocation, Trauma and Early Onset Scoliosis.

For the general Scientific Session, 1,372 abstracts were submitted from 58 countries of 6 continents, resulting in a program featuring 232 Podium Presentations, 20 Paper Posters, and 217 e-Posters. A record 2,017 attendees filled the main auditorium and concurrent sessions to full capacity. The meeting highlights included the Presidential Guest Speaker address by Deborah Eastwood who delivered an inspirational speech on "Challenging Change" while Ernesto Ippolito and Dr. Michael Millis received the Pro Maximus Meritis Medal, the most prestigious award presented by EPOS. Dr. George Thompson accepted the POSNA Distinguished Achievement Award.

Presidents Manuel Cassiano Neves and Jim McCarthy transferred the Presidency of our organizations to the capable leadership of Darko Anticevic, and Rick Schwend. An on "Friday Night

EPOSNA 2017



Get Together” at the historic Casa Llotja de Mar, built in the 14th century when it housed Barcelona’s stock exchange everybody seem to be much more relaxed...

The meeting was organized by the POSNA staff in cooperation with CAOS and EPOS recognizes the enormous amount of work done in an extremely professional way. They did a masterful job managing the many logistical challenges encountered when organizing such a large meeting with attendees from around the world, making it a world-class event. EPOS also would like to thank all the anonymous people that worked hard behind the scene and contributed to the success of the meeting and EPOS members that stayed behind making it possible for colleagues to attend.

The challenge that is now open is “when and where will EPOS and POSNA get together again?”

For now see you all in Oslo, April 11 – 14th 2018!



37th EPOS Annual Meeting

11-14th April 2018, Oslo, Norway

Manuel Cassiano Neves
EPOS President 2016-17

Darko Anticevic
Program Co-Chair EPOSNA

Tips and tricks in... Knee Surgery



SURGICAL TIPS OR TRICKS IN KNEE SURGERY



Franck Accadbled, MD. PhD

Consultant Orthopaedic Surgeon
at Hôpital des Enfants, Toulouse University Hospital, France

The following tips grew from my own experience and most are validated by recent literature which I will be gladly forward to those readers interested on demand. Always try to meet the patients/parents expectations as much as possible. Sports medicine is a singular field. The lives of young athletes and their families are often organized around their sport. It includes daily training, competition over week end trips, sport mates and social network...This should be part of the decision making when considering treatment then return to sport. As emphasized by my predecessor in this section Bruce Foster, allow some time in consultation to talk with the patient and his family and appreciate these elements.

Anterior Cruciate Ligament (ACL) reconstruction:

- *Beware of previous surgery. In case of a revision reconstruction (not that uncommon, up to 20% of cases according to recent literature), best is to obtain OP report and a MRI scan. Check the size and position of previous bone tunnels and availability of potential grafts.*
- *Always obtain long leg AP radiograph as a reference before any reconstruction in a skeletally immature individual, in case any growth disturbance occurs*

- *It is important to make the reconstruction technique you adopt as simple as possible with reproducible steps. This proves valuable when teaching trainees who appreciate a clear message leaving their mind clear.*
- *Use as few instruments and most importantly get as few companies involved as possible. This allows for an optimal management of stocks on shelves and prevents having theatre nurses confused before and during procedures.*
- *Repair any meniscus tear and mind hidden lesions (stick the arthroscope through the notch underneath the Posterior Cruciate Ligament to check for hidden lesions, then repair as needed using accessory postero medial portal). The old adage according to which short and stable meniscal tears do not require repair as they always heal after ACL reconstruction is not to be trusted anymore.*
- *Leave only when you have probed a tight graft*
- *Allow time to heal and evaluate function. Return to sport should be driven by those 2 components.*
 - *No pivoting activity before 6months. Competitive contact sports are resumed between 9 and 12months postop. The sports*

Tips and tricks in... Knee Surgery



SURGICAL TIPS AND TRICKS IN KNEE SURGERY

kid and his family may be disappointed but this shall preserve him from further injuring his knee with cartilaginous and meniscal tears. Take time to make a point and explain this matter at each consultation, pre and postop.

- There are several validated scoring systems available. I like the single leg hop test which is very simple and nonetheless relevant. You need to observe the length and the balance when landing and inquire about the patient confidence in his knee. The test has to be bilateral and comparative. You may realize that the unaffected knee would sometimes benefit from some physiotherapy to prevent another injury.

Osteochondritis dissecans (OCD)

- *Surgical management always start with an arthroscopy to observe and palpate.*
- *Stable OCD lesions resisting to conservative measures are best managed with transchondral arthroscopic perforations which allows inspection, probing and safe perforations. I find it useful to use a cannula to target the desired site and control the depth of the perforation, usually 20 mm.*

- *My preference is to fix unstable lesions with 1 or 2 osteochondral plugs using osteochondral transplantation sets.*

Discoïd meniscus surgery

- *First trim the inner part, then observe and probe. Repair any remaining meniscal tear/instability*
- *When trimming, I find it useful to switch portals and observe your work from a different angle. We often tend to bite forward rather than circumferentially and excise too much of the middle/posterior segments.*

Patellar instability

- *All possible factors have to be acknowledged including femoral torsion*
- *Medial Patello Femoral Ligament (MPFL) reconstruction graft as an isolated procedure provides very satisfactory results. I use the Chassaing technique with free gracilis tendon and soft tissue fixation*
- *Lateral retinaculum should be released arthroscopically only when tight (medial translation of the patella restricted).*

Tips and tricks in... Knee Surgery



FRANCK ACCADBLED: SHORT BIOGRAPHICAL NOTES

Franck Accadbled, MD. PhD, is a Consultant Orthopaedic Surgeon at Hôpital des Enfants, Toulouse University Hospital, France. His clinical interests are in paediatric orthopaedics and trauma, especially of the lower limb, sport injuries, limb lengthening and growing spine deformities. His research interests are focused on biomechanics.

He qualified from Toulouse School of Medicine and he became Specialist Registrar in Toulouse University Hospital. He was trained as an Orthopedic surgeon specialized in Knee Arthroscopy, then accomplished a clinical fellowship in pediatric orthopaedics and trauma at the Women's and Children's Hospital in Adelaide, Australia. He was appointed as a professor in Toulouse in 2012. He is currently the treasurer and chairman of the scientific committee of SoFOP (French Pediatric Orthopedics Society). He is also a member of EPOS (European Pediatric Orthopaedics Society) scientific Committee. He was recently appointed chairman of newborn EPOS Sports & Trauma study group.

Baby hip sonography



BASICS, HIGHLIGHTS, COMMON MISTAKES AND RECOMMENDATIONS



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Introduction

Hip sonography in the "Graf-technique" is used today worldwide, in Germany ,Austria ,Switzerland in the Czech Republic, even in Mongolia as a general screening, in many other countries (Poland, Italy, Hungaria, Turkey, etc.) locally. The technique was developed in the last 30 years step by step up to a very high standard. Unfortunately sometimes mistakes are done, which had been done 30 years before. Therefore e.g. in Germany a quality control of the sonograms was introduced (1) and a certificate is needed for the examination to keep the standard high. The controversial discussion about the value of hip sonography came up because some other or modified techniques are not reliable or lead to overdiagnosis. Or: "Hip sonography is not hip sonography". Trainig for hip sonography must be done (like in Germany) by authorized trainers to get the certificate; bedside teaching must be avoid, because mistakes are taught very often systematically by non authorized teachers.

Basics: (2,3)

- Most of the mistakes are done, because of a wrong anatomical identification of the echoes. To avoid this mistakes, no sonogram should be accepted, when even only one of the anatomical structures according "Checklist I" is not visible. (Fig.1)

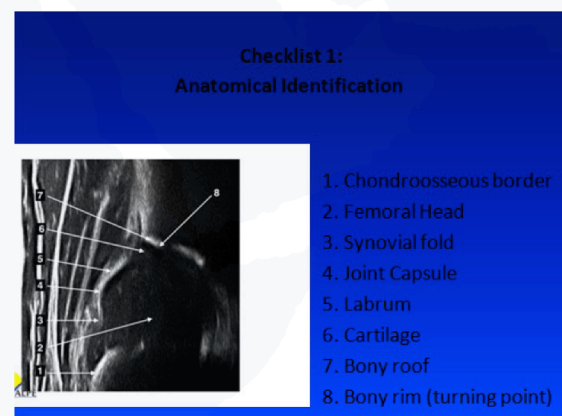


Fig.1. Checklist : If only 1 of this anatomical structures is not identified, never use the sonogram for a diagnose.

Baby hip sonography



BASICS, HIGHLIGHTS, COMMON MISTAKES AND RECOMMENDATIONS

- To make sonograms reproducible and independent from the experience and skill of the examiner, the joint must be "cut" always in the same area, the so called "standardplane". The 3 points of the standard plane are fixed in Checklist II. (Fig. 2)
- Hip sonography is in principle a "dynamic" examination, but to make it reproducible only 1 plane, the "standardplane" for the final diagnosis is used. Additionally in some cases a "stress test" (like the clinical examination with pushing the leg) is done, to separate the pathological "instability" from completely harmless movements which are called "elastic wipping". The differentiation (sono. Typ IIc-stable and Typ IIc-unstable) is done by measurement and not by feeling!

Usability check (Checklist II)

- Lower limb
- PLane
- Labrum



Fig. 2. Checklist II. All the 3 landmarks must be visible. Only 1 exception ! (Luxated haed)

- Only linear probes must be used. Sector- or trapezoid probes with no parallel beams, may lead to overdiagnosis (3). Tilting the probe also leads to tilting effects, which may lead to overdiagnosis too. Therefore a cradle and the probe guide system should be obligatory. (Fig. 3)

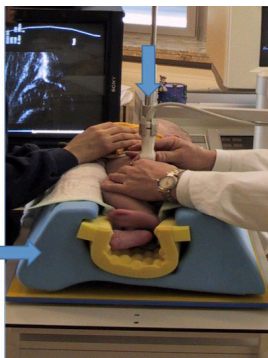


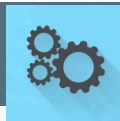
Fig. 3. Positioning device and probe guide system are obligatory to avoid tilting effects

1. The pathoanatomical situation in the joint during the developing of the luxation can be seen clearly by sonography and the steps are classified with 4 Typs. The deformed, in an X-ray non visible cartilaginous preformed acetabular roof, the labrum, the ligaments and soft tissues which may make problems for the treatment, are clearly visible. The patholog is a luxated joint is different also and well visible (Fig.4). Arthrography is not needed anymore.

2. To classify the preluxation stage (Typ IIc) by measurement. This typ has no clinical signs, is in the "neighbourhood" to the luxations and is developing (DDH!!!) a luxation, when it is not treated immediately.

3. To classify the maturation of the joint according the age. What is normal and acceptable in what age? What is acceptable in a 4 weeks old baby, is not acceptable for a 4 month old baby! E.g. -Type IIa: this joints are younger than 3 months, they look like a dysplastic joint, but according the age they are acceptable, they are "physiological immature", no treatment. Is the baby older than 3 month with the same proportions, it is not acceptable, it is a real dysplasia (Type IIb) and needs treatment. With this system overtreatment can be avoided.

Baby hip sonography



BASICS, HIGHLIGHTS, COMMON MISTAKES AND RECOMMENDATIONS

Common mistakes:

1. In 48 % (!) wrong anatomical identification: Labrum mixed up with synovial fold or ischiofemoral ligament or proximal perichondrium. Bony rim incorrect identified, joint capsul mixed up with intermuscular septum. Lower limb of os ilium mixed up with the central fovea. Solution: Checklist I !!!
2. Sonograms where measured out of the standard plane or with tilting effects--consequently with wrong diagnosis; Or the Exception of the standard plane is unknown: If the haed is luxated, it is not always in the standard plane, the haed is luxated superior-posteriorly!) Solution: Checklist I always before Checklist II.
3. Differentiations between Type III and Type IV is pathoanatomical according the deformed cartl. roof. The problem for the reduction is made by the deformed cart.roof and not by the Labrum! Sonographically the seperation of Type III (Fig. 4) from Type IV (Fig. 5) is made by the perichondrium

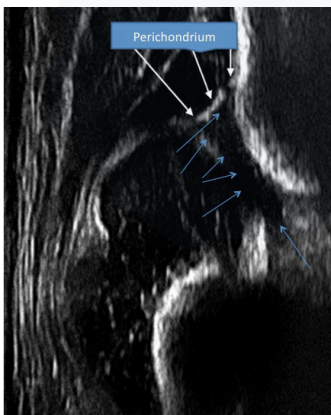


Fig. 4. Luxation type III: The deformed cartilageneous roof mostly is pressed upwards. Perichondrium goes upwards.

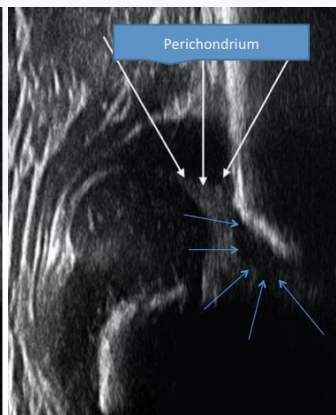


Fig. 5. Luxation type IV: The deformed cartilagenious roof is completely pressed downwards in the direction of the original acetabulum. Perichondrium goes hoizontal.

of the cart.roof and not by the labrum! Other typical mistakes are demonstrated in Fig. 6/7.

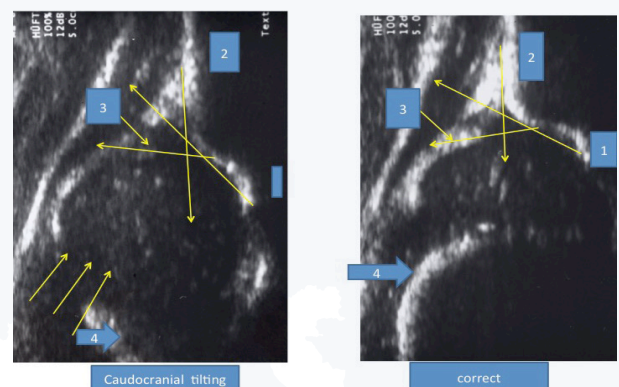


Fig. 6. Left: incorrect sonogram with caudocranial tilting effect, which leads to overdiagnosis. Compare with the right sonogram from the same joint. 1 lower limb of os ilium. 2 plane. 3 labrum. 4 chondroosseous border which is disappearing as a sign of tilting in the left sonogram. Arrows shoe the direction of the ultrasound beams. Compare Alpha/ Beta in the same joint! Deacreasing Alpha and increasing Beta because of tilting (or sector probes) only!

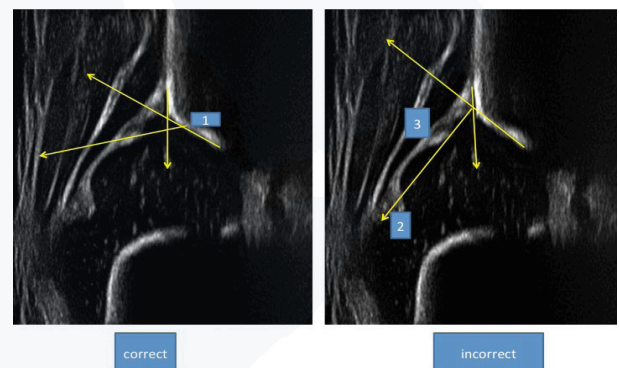


Fig. 7. Left sonogram: Checklist I and checklist II are ok. Measurement lines are correct. right: checklists are ok too, but mistakes: bony roof line is not tangential to the bone, it cuts the echoes (=bone!). cartilage roof line is wrong: It does not come from the bony roof (= "concavity to convexity") (1), it comes incorrectly from the crossing point from the other lines and goes to the synovial fold (2) instead to the middle of the labrum (3).

Baby hip sonography



BASICS, HIGHLIGHTS, COMMON MISTAKES AND RECOMMENDATIONS

4. *Instability is diagnosed by "feeling" and "experience" and not diagnosed with measurement. A big mistake is, when instability (=pathology) is not separated from the harmless movements, which are called "elastic wipping" by measurement.*
5. *The terms "limbus, inverted limbus or inverted labrum" are historical and should not be used anymore. An "inverted labrum" is not existing!* (4)

Discussion, results and recommendation

The inconsistent hip ultrasound techniques used in some countries are the main reason of ongoing discussions regarding hip sonography and its reliability. In the German speaking countries there are strict rules for training and quality management. The results of a general screening with the Graf-technique in these countries about more than 25 years, are impressive: operations, haed necrosis, but also the conservativ treatment rate dropped down dramatically. Treatment - plus screening costs are 1/3 cheaper than only the treatment costs before screening was introduced. (5)

Only to check so called "risk babies" cannot solve the problem: The summary of the international literature (6) shows a disastrous outcome: 54% of luxations are no risk babies, have no clinical signs like Ortolani and no instability! The screening was not introduced in the first step by medical doctors, it was introduced indirectly by the parents: The mothers know ultrasound very well, because it is used during her pregnancy. So they made stress to the doctors to learn the technique to check these babies without radiation.

Final recommendations

It is better to do nothing than to do hip sonography in an incorrect technique. Training by authorized trainers in courses is necessary, not only bed-side teaching. A certificate is obligatory as well as quality management and controls. To check risk babies only cannot solve the problem. The results in the screening countries with a standardized technique are in any way impressive. The best results we get, when diagnosis and treatment start as early as possible. (7)

MOTTO: Prevention is better than operation!

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Limb Lengthening and Reconstruction Society-Nordic (LLRS-Nordic)



Joachim Horn M.D., Ph.D
Current President of LLRS-Nordic

LLRS-Nordic was founded during the annual meeting of the International Limb Lengthening and Reconstruction Society in Miami, Florida, November 6th, 2015.

From 24th – 25th November 2016 LLRS-Nordic held its first annual meeting at Oslo University Hospital with 50 participants from all Scandinavian countries including Finland. Invited guest speakers were Dr. Ralph J.B. Sakkers from Utrecht, Netherlands and Priv.-Doz. Dr. Frank Schiedel from Münster, Germany. Main topics of the meeting were limb lengthening with intramedullary nails and other reconstructive procedures in congenital and posttraumatic deformities. Plenty of time was scheduled for case discussions allowing participants to bring their own cases. The professionally and socially

successful meeting included a walk through city along the harbor with a following dinner at a very pleasant restaurant at the water front. The society will continue to have meetings once a year with the next meeting to be held in November 2017 in Copenhagen. The meeting will be announced at the society's website www.llrs-nordic.org.

Limb lengthening and reconstructive surgery is a relatively new subspecialty of orthopedic surgery. However, a dramatic progress has been made in the field of deformity correction during the last decades. In 1951 Gavril A. Ilizarov from Kurgan in Siberia introduced new methods of limb lengthening and deformity correction. Based on the principles of fracture,



Group photo from the 1st meeting of LLRS-Nordic in Oslo 24th – 25th November 2016

Limb Lengthening and Reconstruction Society-Nordic (LLRS-Nordic)

preliminary healing, and rhythmic distraction in a stable mechanical environment, Ilizarov developed the method of callus distraction (callutasis). As Ilizarov's method was spread to Europe and around the world, like-minded surgeons formed national ASAMIs (Association for the Study and Application of Methods of Ilizarov). ASAMI-North America, founded in 1989, evolved into the Limb Lengthening and Reconstruction Society (LLRS). The two international societies, the International LLRS (ILLRS) and ASAMI International currently joined together to one society. The LLRS Nordic will be an affiliate society of this one larger Confederation of ASAMI International and ILLRS, which will arrange its next meeting in Lisbon from 30th August – 2nd September 2017.

Besides the Ilizarov method all forms of reconstructive surgery and deformity correction are within the scope of modern limb lengthening and reconstruction societies, including amongst others limb lengthening with intramedullary nails, acute axis correction and guided growth.

The goals of our newly founded society are to: Promote the professional advancement of orthopaedic reconstructive deformity surgery in the Nordic countries, coordinate and stimulate to scientific activities within the field of reconstructive orthopaedic surgery, promote education within the field of reconstructive orthopaedics in the Nordic countries, pursue and expand international contacts and to improve the interaction between orthopaedic health care professionals and patients (including their relatives), suffering from deformities.

With best regards,

Joachim Horn M.D., Ph.D

Current President of LLRS-Nordic

11th International Congress of the Chinese Orthopedic Association



Prof. Federico Canavese MD PhD
Head Pediatric Surgery Department
University Hospital Estaing

The 11th International Congress of the Chinese Orthopedic Association (COA) took place in Beijing, China, from November 17th to November 20th, 2016.

European Pediatric Orthopedic Society (EPOS; F. Accadbled, F. Canavese, J. Czubak, H. Omeroglu) and Pediatric Orthopedic Society of North America (POSNA; A. Allen, J. Frank, R. Schwend, P. Shoenecker) representatives had the privilege and the honor to attend this gathering. One of the major goals of EPOS is to strengthen the relationship with the national pediatric orthopedic societies worldwide and the participation, together with POSNA, to the COA meeting was an ideal way of promoting this idea.

Overall, more than 15000 orthopedic surgeons from all over China and nearby countries attended the COA meeting and over 200 guest speakers - coming from all over the world and representing all orthopedics and traumatology subspecialties - joined the Chinese faculty. Moreover, the American Academy of Orthopedic Surgeons (AAOS) represented United States of America as guest nation.

The pediatric orthopedic session took place on November 18th and 19th and it was very interesting and organized with great skill and care. The session was coordinated by Pr. Xuemin Lu (Beijing, China) and over 250 participants attended it, coming mostly from China but also from Taiwan, Macao and Hong Kong. During these two days, talks on scoliosis, tumors, DDH, hip surgery, cerebral palsy, and fractures followed one another. Each of the talks given sparked discussions amongst Chinese, European, and American colleagues. All attendees agreed it was a great thing to be a part of.

The last day (November 20th) all EPOS and POSNA guest speakers joined the Pediatric Orthopedic department at Beijing Jishuitan Hospital where they had the opportunity to visit the facility and to discuss several clinical cases with the local team. This gathering was very valuable in adding another dimension in exchanging information and learning together (Fig. 1). Moreover, to meet people across the globe who are passionate about pediatric orthopedics was very refreshing experience for all faculty members.



Figure 1. EPOS and POSNA faculty with the Pediatric Orthopedic team at Beijing Jishuitan Hospital, China

Besides the well-organized scientific program, the social program, including a visit to the Great Wall and an enjoyable course dinner, was impressive. Everything was perfectly well organized from the second EPOS and POSNA guests arrived in Beijing until their departure. Thank you so much to Pr. Xuemin Lu and our Chinese friends, the long trip to Beijing and back was well worth it!

EPOS-EFORT BAT BASIC II COURSE IN VIENNA



Hakan Ömeroglu
EPOS Educational Committee, Chair

Third part of the 4th EPOS-EFORT IC Trilogy was held between the dates 8 and 10 March 2017 in Orthopaedic Hospital Speising Vienna. The third part included theoretical lectures, debates, techniques in paediatric orthopaedics, case discussions and workshops (research methods, cannulated blade locking hip plate, distal femoral and tibial derotation plates, spinal instrumentation, gait analysis laboratory) concerning the neuromuscular, spine, upper limb, knee disorders as well as musculoskeletal infections and tumors. Twelve courses were held in Vienna between May 2011 and March 2017 and the fourth trilogy was completed in March 2017.

One hundred and eleven trainees from 27 different countries attended the course. Portugal was the leading country concerning the number of participants followed by Romania and Spain.

• Portugal	15
• Romania	14
• Spain	11
• Italy	8
• Poland	7
• Austria, Greece	6
• Germany, Turkey	5
• Sweden	4
• Belgium, Hungary, Netherlands, Norway, Slovakia	3
• Egypt, Israel, UK	2
• Armenia, Denmark, Ireland, Jordan, Latvia, Saudi Arabia, Singapore, Switzerland, Ukraine	1

The faculty was composed of 15 members from 11 countries. Cristina Alves (Coimbra, Portugal), Manuel Cassiano Neves (Lisbon, Portugal), Sebastian Farr (Vienna, Austria), Rudolf Ganger (Vienna, Austria), Werner Girsch (Vienna, Austria), Ilkka Helenius (Turku, Finland), Andreas Kranzl (Vienna, Austria), Guy Molenaers (Leuven, Belgium), Bjarne Møller-Madsen (Aarhus, Denmark), Dror Ovadia (Tel Aviv, Israel), Hakan Ömeroglu (Ankara, Turkey), Manoj Ramachandran (London, UK), Ignacio Sanpera (Palma de Mallorca, Spain), Elke Viehweger (Marseille, France) and Thomas Wirth (Stuttgart, Germany) were the invited faculty members.

At the end of the course 56 colleagues received their trilogy diplomas by attending three consecutive courses. Since May 2011, 211 physicians from 35 countries have completed their European core curriculum educations in Paediatric Orthopaedics by attending the basic I, basic II and trauma courses. Portugal, Greece and Poland are currently the three leading countries concerning the number of trilogy graduates. Among the 10 scholarship winners of the 4th trilogy, seven of them attended all the three courses and received their diplomas.

• Portugal	25
• Greece	22
• Poland	16
• Spain	15
• Italy, Romania	14
• Austria	13
• Turkey	12
• Sweden	8
• Netherlands	7

EPOS-EFORT BAT BASIC II COURSE IN VIENNA



- Germany, Ukraine 6
- Croatia, Denmark, Norway 5
- Estonia, Slovakia 4
- Switzerland 3
- France, Hungary, Ireland, Israel, UAE, UK 2
- Armenia, Belgium, Bulgaria, Czech Republic, Egypt, Finland, Jordan, Lithuania, Saudi Arabia, Serbia, Singapore 1



An electronic course syllabus including the bulleted summaries of each theoretical lecture, debate and technique talk were sent to the registered attendees by e-mail on 6th March 2017 (2 days prior to the course).

Totally 16 cases were presented by the attendees (13 cases from trainees and 3 cases from faculty members). All the cases led to instructive discussions among the attendees and faculty members.

Orthopediatrics and K2M were the industry partners of the course. Orthopediatrics supported the organization of two workshop stations and K2M supported the organization of one workshop station.

The course feedbacks were encouraging (The detailed report is enclosed).

EPOS-EFORT BAT BASIC II COURSE IN VIENNA



In summary;

Among 111 participants, 55 (about 50%) filled out the feedbacks.

1. "Good" and "excellent" ratings of the "theoretical lectures", debates" and "techniques" ranged from 78% to 93% and were generally around 85%.
2. "Good" and "excellent" ratings of the "case presentations by the participants" sessions ranged from 77% to 91% and were generally around 85%. Such kind of sessions is very popular among the participants and need to be continued.
3. "Good" and "excellent" ratings of the "workshop stations" ranged from 83% to 92% except the "research methods one". However, this time "good" and "excellent" ratings of this station were 70% that was significantly better than the previous courses. The modification in the format of this station seemed to work.
4. "Good" and "excellent" ratings of all the talks in the tumors and infections sessions were around 90% which could show us the interest of the attendees in these two difficult topics. A significant revision in the tumors session based on the previous discussions among the faculty members seemed to work.

5. Overall rating of the course was 89% excellent and good.
6. It is interesting to see that nearly half of the responders heard about this course from a colleague. It is obvious that happy older participants are encouraging new participants. It is also clear that national societies are not so much interested in to promote this course to their members or colleagues.

The dates of the upcoming 5th trilogy are;

Basic I 18-20 October 2017

Trauma 14-16 March 2018

Basic II 10-12 October 2018

Yours Sincerely,

Hakan Ömeroglu

EPOS Educational Committee Chairman

Mission Report: EPOSNA Core Curriculum Course Nepal



Prof. Elhanan Bar-On MD, MPH

The 8th EPOS Regional Core Curriculum Course was held in collaboration with POSNA in Kathmandu – Nepal on March 1-3, 2017. Previous courses were in Kosovo, Albania, Lithuania, Bosnia-Herzegovina, Romania, Georgia and Serbia.

The course was coordinated by Elhanan Bar-On from EPOS and David Spiegel from POSNA following a meeting in Nepal in the aftermath of the 2015 earthquake and after establishing collaboration with the local hosts – Prof. Ashok Banskota and Dr. Bibek Banskota from The Hospital and Rehabilitation Centre for Disabled Children in Dhulikel – Nepal. Additional course faculty included EPOS members: Manuel Cassiano-Neves, Pierre Lascombes and Ignacio Sanpera and POSNA members Rick Schwend, Bob Henrikus and Colleen Sabatini.



The course was attended by 114 participants. 107 came from Nepal, 5 from China and 2 from Australia. Of the 114 participants, 59 were orthopedic consultants, 30

were orthopedic residents and 25 were from allied professions. The course content was based on a core curriculum covering trauma, hip, foot, limb deformity, spinal deformity, neuromuscular problems, infections and skeletal dysplasias. Case discussions were held discussing problem cases treated by local orthopedists and cases presented by the guest faculty. This course content has evolved based on previous course experience and feedbacks as well as pre-course consultations with the local hosts regarding the specific interests of the local participants.

The feedback received from the participants and organizers was excellent and encourages us to continue this endeavor. The collaboration with POSNA proved to be fruitful and may be pursued in some future locations.

The next EPOS RCCC is planned for 2018 in Baku – Azerbaijan.



Report on the transition process of JOC and future challenges



Fritz Hefti, M.D., Professor
 Editor-in-Chief
 Journal of Children's Orthopaedics (JCO)

In December 2016 the third contract with Springer ended after a duration of 3 years. Since 1.1.2014 the Journal is Open Access. EPOS owns the Journal and the copyright of the articles belong to the authors. All articles are listed in Pubmed immediately after publication. EPOS paid an Article-Processing Charge (APC) of 400 EUR per article to Springer. For all authors the publication in JCO was free of charge, irrespective whether or not they were members of EPOS.

Springer's proposal for a new contract (in January 2016) was not acceptable for EPOS. In recent years, the cooperation with Springer publishers was difficult. Springer owns more than 2500 journals, JCO is among the smallest ones. Their interest in the journal is small. The editorial process is done in India, every 6 months the person in charge is changing. We experienced a lot of incompetence at all levels. The support from Springer to get the Impact factors was insufficient.

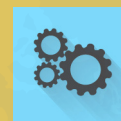
In spring 2016 we evaluated the alternatives. At 14th June 2016 we had 2 meetings in London. From the EPOS Deborah Eastwood, Shlomo Wientroub and Fritz Hefti were present. In the morning we met Peter Richardson, Rob Marshal and Amy Goggins from BJP (Bone & Joint Publishers, the publishers of the Bone &

Joint Journal). In the afternoon we met Håkan Pårup from Taylor & Francis (the publisher of Acta orthop. scand.). Both offers were financially better than Springer's. However, there were significant differences between the two publishers. Taylor & Francis have their Editorial management in the Philippines and they are also a big consortium with more than 2500 journals. There would be a substantial risk of a similar development as with Springer. BJP on the other hand have their Editorial management in London, they only publish Orthopaedic Journals (at present 5) and they are a non-profit organization.

Both publishers calculated a theoretical impact factor for JCO of 1.0 (in comparison: JPO has 1.33; JPO-B has 0.45)

On 30. September 2016 we signed an agreement with BJP. The Publishers will pay to EPOS a royalty of 10% on all non-EPOS Author Publication Charge (APC) income in 2017 and 2018, and, subject to an IF being obtained during 2017, a royalty of 10% on all income from the Journal from 2019 onwards. EPOS will support the publication of 60 articles in 2017, (EPOS-members or non-EPOS members) at a cost of €400 per article (total €24,000). In addition, non-members will be charged an APC of €350.

Report on the transition process of JOC and future challenges



From 2018 onwards, EPOS will contribute €400 to support the APC for EPOS members only.

The financial plan:

Year	EPOS-members	Non-members	# of art. supported by EPOS (400€)
2017	-	350€	60
2018	400	900€	23
2019	600	1500€	27
2020	600	1500€	33
2021	600	1700€	36

BJP uses a different data management system (ScholarOne) than Springer (Editorial Manager).

Transition Process:

In October/November 2016 the two editors-in-chief worked with the Management system ScholarOne and the assistant of the BJP-office, Ms. Mandy Webb. The data were transferred from Springer. Starting with 1. December 2016 all submissions went to BJP. Springer's Editorial Manager was left open until end of February 2017. Springer was very helpful in transferring all information. The archive was completely transferred by 2.12.2016

The first experience with the Editorial Office of BJP is very positive, we get a very competent support. There are a few snags in the ScholarOne management system. They are difficult to be eliminated, because this is one of the 2 worldwide used systems and to make changes is a very slow process. The website of BJP needs to be improved, it is difficult to find the journal.

Future Challenges:

Besides the need for Improvement of the website advertisements and the visibility has to be enhanced. Recently we requested Clarivate Analytics to undertake the full evaluation for getting Impact Factors In the current year.

