

EPOS NEWSLETTER



European Paediatric Orthopaedic Society · MARCH 2016



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Welcome Address



Dear EPOS Members

Spring is in the air and we are delighted to bring you our first Newsletter in 2016, consisting of informative and helpful topics in the field of Paediatric Orthopaedics !

In addition to a report on the recent Educational BAT course in Vienna, we take a look at "What`s happening in other related societies?"

Scientifically, the Editor of the JCO recommends some excellent papers published in our society`s journal and the Head of the Scientific Committee teaches you "How to... write the perfect abstract."

Again a real expert in the field (from Australia) tells you his secret top ten list in the "Tips and Tricks" section and maybe you may be inspired to consider possible future meeting locations.

Enjoy and have a wonderful sunny Spring!
Best wishes



Dr. Stephanie Boehm
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Consultant Paediatric Orthopaedic Surgeon
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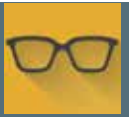
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National Societies: What`s going on in...Turkey?



EPOS AT THE MEETING OF THE TURKISH SOCIETY OF CHILDREN'S ORTHOPAEDICS



Dr. Manuel Cassiano Neves
EPOS President Elect 2016-2017

In the last decades the Orthopaedic practice moved from a general practice to a specialized one. Children's Orthopaedics did not differ from other specialties and we have seen the birth of national paediatric orthopaedic societies in different countries as a result of a demand for specialized education.

The Turkish Society of Children's Orthopaedics will organized it's first meeting between 10 and 12 March 2016. Although it was already founded in 1994 most of the activities of the Society were done in cooperation with the Turkish Orthopaedic Society during their annual meeting.

However the Turkish Society of Children's Orthopaedics contributed in several activities in the domain of Public Health, namely the contribution to the foundation and organization of "nationwide newborn hip screening program in Turkey" This nationwide program was officially started in 2013 but it took 8 years to complete this project. They also run several educational projects like DDH-PEV between 0-6 months course and a Hip UltraSound course.

During the scientific activities of their society, they hosted several distinguished European and American colleagues such as R.Graf, C.Stanitski, D.Stanitski, N.Carroll, M.Benson, R.Bowen, K.Wilkins, S.Weinstein, A.Herring, S.Wientroub, A.Dimeglio, G.Bollini, T.Epeldegui, D.Eastwood, M.Kocher, P.Schoenecker, P.Lascombes, V.Mosca etc.....

This year the Society decided to organize its own congress and this will be the first nation wide official congress with international speakers. EPOS is proud to be associated with this event represented by the First Vice President M Cassiano Neves and we want to thank the current President Prof. Bartu Sarisozen for the kind invitation.

One of the major goals of EPOS is to strengthen the relationship with the National Paediatric Orthopaedic Associations and this is a ideal way of promoting this idea.

More information at: <http://cocukortopedi2016.org/>

National Societies: What`s going on in... China?



Pierre Lascombes
EPOS Past-President

An EPOS delegation (Deborah Eastwood, Bjarne Møller-Madsen, Manuel Cassiano-Neves and Pierre Lascombes) has been invited by the Chinese Orthopaedic Association (COA) at the 10th International Congress in Chongqing of COA, November 19-22 2015. Generally speaking, we were impressed by the number of attendees (20'000), by the opening ceremony comparable with an Olympic games opening ceremony, by the 100 COA board members standing on the podium, by the industry booths, by the President's talk focused on the interest of the big data and the computerised and robotic surgery. The future of orthopaedics seems to be definitively in China.



Regarding paediatric orthopaedics, the first days were dedicated to lectures given by both EPOS and POSNA delegates. On the American side, Alwin Crawford, Stuart Weinstein, Sanjeev Sabharwal, Robert Cho and Joshua Abzug gave talks on their favourite topics. EPOS was well represented with a high level of expertise. The following days were Chinese oral presentations. I may express my admiration to their scientific research. In a country with 16.8 millions new-borns per year (with a single child per family policy), there are 25'000 DDH per year and a lot of delayed diagnosis, and so a great number of open reduction surgical procedures. Among the other topics, I noticed: sequellae of septic diseases, lower limbs deformities, spine disorders, bone tumors, rare disorders with great numbers of forearm synostosis, caput vara of the proximal humerus, severe bowing legs treated with bifocal osteotomy femur and tibia and locking nails, growing pain... It was a huge meeting.

We were warmly welcomed during the meeting. On Thursday evening, we visited the city of thousands of buildings and 35 million inhabitants on a boat for a cruise. It's fantastic to imagine the last century small fisherman city which grow up to the today Dubai's style skyscrapers.

National Societies: What's going on in... China?



Before the COA meeting, we were received in Beijing by Xuemin Lu, our local host, at the Ji Shui Tan Beijing Hospital. The first day was dedicated to a visit of Beijing down town and to climb the thousand steps at the Great Wall. The department of paediatric orthopaedic in Beijing is headed by Professor Guo Yuan, president of the paediatric orthopaedic chinese association. The number of surgeons is 27, of beds is 93 with 6 to 7 beds each room. The top five of diseases is: delayed DDH, bone tumors, limbs deformities, sequellae of septic diseases, and clubfeet. We realised they treat around 10 cases per year of Trevor's disease, and we suggested them to describe and to publish a classification of this disease. Then, we were invited in the operating rooms, three floors of 10 rooms each. The orthopaedic department has 800 beds. One girl, three years old, was operated on of a DDH: nice correction after a lateral



open approach, a control of the femoral derotation of the femur with an original goniometer, and a Salter osteotomy. In a second room, a 6 years old boy was treated for a severe clubfoot. In another room, a reduction of a Proteus disorder of the third ray of the foot was performed. The afternoon was dedicated to a meeting and cases discussion.

In conclusion, EPOS delegates were warmly received in Beijing and in Chongqing. This first official contact with our Chinese friends has to be followed by a closed collaboration. We would appreciate to support Dr Lu's candidature to the EPOS corresponding membership as our first Chinese member, and to invite them to participate to our next annual meeting in Rome. In addition, collaborations should be developed, including fellows' exchanges and scientific meetings.



EPOS BAT Basic Course I



Hakan Ömeroglu
Educational Committee, Chair

First part of the 4th EPOS-EFORT BAT Instructional Course Trilogy was held between 16 and 18 March 2016 in Vienna Orthopaedic Hospital Speising. The first part (Basic I course) included lectures, debates, techniques, workshops, case presentations concerning basic knowledge, hip and foot disorders, LLD and lower limb deformity. The course was fully booked and registration was closed on 24 February 2016. 151 participants from 31 countries attended the course. Attendees according to their countries were shown below;

• Poland	20
• Portugal	19
• Romania	13
• Greece, Spain, Austria	11
• Turkey	8
• Ukraine	7
• Italy	6
• Sweden, Belgium, Netherlands	5
• Germany, Norway	4
• Slovakia, Finland, Estonia, Denmark, Israel	2
• Singapore, Serbia, Lithuania, Ireland, Hungary, Croatia, Egypt, Switzerland, Brazil, Bulgaria, Armenia, UK	1

There were 14 faculty members from 11 countries. The faculty members were; A.Andreacchio, D.Anticevic, C.Alves, S.Böhm, M.Cassiano Neves, J.Czubak, F.Hefti, R.Ganger, P.Lascombes, H.Ömeroglu, B.Moller-Madsen, M.Ramachandran, A.Roposch, R.Sakkers.

It was initially decided to publish electronic course syllabus including the bulleted summaries of the lectures and it was distributed to the attendees prior to the course.

Twelve case presentations were made by the participants and the best case presenter was certified and awarded. Prof.Fritz Hefti gave the latest edition of his textbook to the best case presenter.

At the end of this course 128 orthopaedic surgeons or residents from 30 countries completed the core curriculum education by attending basic I, basic II and trauma courses between 2011 and 2016 and were eligible to receive the trilogy diploma

• Greece	16
• Portugal	14
• Italy	12
• Poland	10
• Romania	8
• Spain, Turkey	7
• Croatia, Ukraine	5
• Denmark, Estonia, Germany, Netherlands, Russia	4
• Austria, Sweden	3
• France, Hungary, Slovakia, UAE	2
• Bulgaria, Czech Republic, Ireland, Israel, Jordan, Lithuania, Norway, Serbia, Switzerland, UK	1

EPOS BAT Basic Course I

EPOS Foundation provided 10 scholarships for the 4th trilogy. Course registration and accommodation costs of the winners in three consecutive courses of the 4th trilogy will be covered by the EPOS foundation. The scholarship winners are Alexandre Bernardi (BR), Bartosz Musielak (PL), Eleftheria Samara (GR), Gevorg Jhangiryan (AM), Joao Cabral (PT), Johanna Maria Syvanen (FI), Madalina Florentina Macadon (RO), Pavel Rakhman (UA), Rene Bosboom van Stralen (NL), Senol Bekmez (TR).



The second (trauma) and third (basic II) courses of the 4th trilogy will be held on 5-7 October 2016 and 8-10 March 2017, consecutively in Vienna.

Interesting topics in JCO: a summary



Fritz Hefti, M.D., Professor

Editor-in-Chief of the Journal of Children's Orthopaedics

Open questions that find answers in the latest issues of JCO (9-6 and 10-1, now online available)

As in the previous issue of EPOS news we again publish a brief report on the open questions that find answers in the newest issues of JCO. Hopefully we can motivate the members of the society to read these articles.

- *Issue 9-6 is dedicated to arthrogryposis multiplex congenita. 8 current concept review articles summarize the symposium that was held in Helsinki during the EPOS-congress 2012. The best experts in this field present their knowledge in a compact form.*
 - o *Besides this main focus of this issue there are 5 original articles on various subjects. Among these the following interesting questions are raised:*
 - o *In the article of Hachache et al. the question is asked whether percutaneous proximal gracilis tenotomy is as effective and safe as the open procedure in cerebral palsy?*
 - o *Tension band plating for guiding growth in axis deviations and leg length discrepancies is a very common procedure. Does physical therapy prevent post-operative delay in return of function following tension-band plating? This question is answered in the article of Fillingham et al.*
 - o *Fibrodysplasia ossificans progressiva is a rare disorder characterized by episodes of acute pain*

and heterotopic ossification of soft tissue, and progressively limited physical function and social participation. How limited is quality of life in these patients? This is the subject of investigation in the article of Ortiz-Agapito and Colmenares-Bonilla.

o *Tuberculosis of the hip joint fortunately is rare. However, if it occurs, significant destruction can result. Tiwari et al. ask the question whether there is functional improvement after hip arthroscopy in such cases.*

- *In the most recent issue 10-1 there is a current concepts review on EOS® biplanar X-ray imaging by Melhem et al.. Then 4 original articles and 2 technical notes are published and finally all (english) abstracts of the presentations of the 29th Annual Meeting of the German Speaking Children's Orthopaedics Society that has taken place in Frankfurt in April 2015 are published. Among the original articles these interesting questions are raised:*

o *Matar et al. ask the question whether the Ponseti method for treating clubfoot associated with arthrogryposis is effective. They examined 10 children with 17 arthrogrypotic clubfeet, with an average follow-up of 5.8 years.*

Interesting topics in JCO: a summary



o *MacNeille et al. examine the question whether a mini-open technique for Achilles tenotomy in infants with clubfoot is safer than the percutaneous technique.*

o *Tscholl et al. wonder whether arthroscopic osteochondroplasty in patients with mild slipped capital femoral epiphysis after in situ fixation is a useful method.*

o *The question that is asked by Saglam et al. is "Femoral derotation osteotomy with multi-level soft tissue procedures in children with cerebral palsy: Does it improve gait quality?" A video-based gait assessment was carried out to answer this question.*

o *The following technical notes describe new methods:*

• *Teplenky and Mekki describe an interesting new technique of a pertrochanteric osteotomy and distraction femoral neck lengthening for treatment of proximal hip ischemic deformities in children.*

• *Anderson et al. describe a technique for pediatric chest wall reconstruction using custom-designed titanium implants.*

We hope that our readers will be stimulated by reading these articles on new research.

Tips and Tricks in Pediatric Orthopaedics



ANTIPODEAN TIPS AND TRICKS: A TOP TEN LIST FROM BRUCE FOSTER



Dr Bruce K Foster , AM

Deputy Director of Orthopaedics at the Women's and Children's Hospital and Clinical Associate Professor in Paediatrics and Orthopaedics at Adelaide University

Following on from Dr.Scott Mubarak "toddler examination", this article will focus on a distillation of some general tips for the assessment of patients and their parents that have helped to guide clinical decisions. Perhaps this can facilitate others in their work.

I too would recommend the parental lap examination for the infant to school age child as a way to gain confidence of the patient and family. This can set the scene even in a busy consultation room where there may be as many as five or more people in the consultation room as all family members have a "day out at the doctors".

So the top ten tips?

#1 *The first observation is with a parent/parents who wear dark sunglasses to the consultation and do not remove them. This is a poor prognostic sign that the consultation will fail in its communication objective. I directly now ask that they be removed or that more usual prescription lenses are worn.*

#2 *In obtaining informed consent for a procedure after a careful explanation of the risks and benefits if the response of the parents is*

"What?" Dr Chris Colton from Nottingham for pin-in-situ S.U.F.C.E patients introduced me to this poor prognostic communication sign.

#3 *For CP patients a review at least twice, perhaps three times will enable a careful decision and consent process. To ensure that the variabilities of examination is determined for time of day, spasticity and athetosis etc, can be all considered before consent to the procedure. But also the communication to the commitment to a rehabilitation programme of physiotherapy, occupational therapy and orthotic appliances, scheduling and manufacture can be confirmed.*

#4 *Avoid the 'A.O.Philosophy. "ie Always Operate" doesn't resolve issues that relate to pain or deformity correction.*

#5 *And "Is the Treatment Outcome better than the Natural History." Dr. G Dean McEwen particularly was fond of this philosophical approach in patients with Perthes Disease. Even today treatments are determined empirically. Beware the limping Perthes child because he/she will limp certainly after the operation and potentially be no better in the longer term. Can you select the approximately 20-25% of cases that may be better?*

Tips and Tricks in Pediatric Orthopaedics



ANTIPODEAN TIPS AND TRICKS: A TOP TEN LIST FROM BRUCE FOSTER

#6 *A. Graham Apley was keen to espouse the patient assessment by Look, Feel, Move, X-RAY. I've added a short four letter word "Test". This covers the new and emerging assessment tools, genetic testing, PET scans, new MRI sequences, etc. But mostly the diagnoses or differential diagnoses is based on the first four words.*

#7 *"Dr Google Can Be Your Friend" Many and increasingly more patients have internet knowledge of their child's condition. You though have the knowledge and experience to be "the appropriate filter" for correct decision and informed decision making. I now welcome the information and also suggest that future developments be brought to my attention for consideration. Particularly more complex syndromes or with emerging genetic diagnosis "new" information may not be in your general field of expertise.*

#8 *To students of all levels I recommend the Surgical Sieve when teaching on any subject. The mnemonic for me has been VITAMIN C; Congenital and Acquired (Vascular Infection Inflammatory, Traumatic, Autoimmune, Metabolic, Idiopathic Iatrogenic, Neoplastic. Most students prefer to make up their own but it begins a start to any question 'What are the causes of X' and decreases anxiety and inability to respond.*

#9 *"Mothers (parents) instinct may be correct" particularly with the second or 3rd opinion. There can be a "hidden agenda". Why they are seeing you apart from disagreement with a colleague. Their question has not been answered. Directly ask them "are there any other questions?" to the parent and child at the end of the consultation. As a ryder to this is for assessment of patients with the potential*

DDH. 'If there is doubt the hip is out'. The duty of care here as a paediatric orthopaedic surgeon is to ensure that the opportunity for a late diagnosis is minimised and a simple ultrasound or x-ray can eliminate that possibility.

#10 *A senior mentor gave me a tip when a consultation was not progressing well in the post operative period. So can you indicate whether "things are either better or worse?" It's the same Dr ! No . "They are never the same". Communication may be re-established or not on this occasion but may open the door on a future consultation. Or else has failed and the patient needs referral to another colleague.*

I recognise that some of these comments are somewhat "tongue in cheek" but have made for smoother communication on consultations from time to time !!

Perhaps think on this listening to the "Top Ten Song Tips" (in no particular order)

- 1 Flame Trees (Jimmy Barnes)*
- 2 Beds are Burning (Midnight Oils) / Land Down Under (men at Work)*
- 3 Staying Alive (Bee Gees)*
- 4 Imagine (John Lennon)*
- 5 Have I Told You Lately (Van Morrison)*
- 6 We Are The Champions (Queen)*
- 7 Beautiful Day (U2)*
- 8 Whenever God Shines his Light (Cliff Richard)*
- 9 Satisfaction (Rolling Stones)*
- 10 Hello (Adele)*

Dedicated to David Bowie 1945-2016

Tips and Tricks in Pediatric Orthopaedics



BRUCE FOSTER: SHORT BIOGRAPHICAL NOTES

Dr Bruce K Foster AM MBBS M.D. FRACS is Deputy Director of Orthopaedics at the Women's and Children's Hospital and Clinical Associate Professor in Paediatrics and Orthopaedics at Adelaide University. He specialises in trauma, hip conditions, and leg lengthening /deformity correction procedures. He has a specific interest in growth plate surgery and the understanding of structure and function of the physis. He has published extensively on physal repair mechanisms and general paediatric orthopaedics. He has been in academic clinical practice in Adelaide for the past 35 years, also providing outreach services to Darwin, Alice Springs, Mildura and Kangaroo Island. A corresponding member of POSNA since 1986.

He was selected as an ABC Travelling Fellow in 1988. In 1991 he established the Bone Health Foundation to provide infrastructure support for bench related research in South Australia. For this initiative and services to the orthopaedic community he was then awarded an Order of Australia in 2011. Since 2003 he has participated in the international trial of the Fitbone Intramedullary lengthening device. In 2009 he was a founding board member of the International Hip Dysplasia Institute.

He is passionate about fellow and registrar orthopaedic training. Over the past 3 decades 30 international fellows have trained in Adelaide and returned to practice in North America, The European Union and Asia. A past supervisor of registrar training in South Australia and examiner for the FRACS 1996-2004 and NTFE 2013-2015. The local trainees have awarded him the "Golden Mallet" for 2012, 2013. He is also proud of the successful mentorship and completion of fellowship by IMG Trainees from Northern Territory and South Australia.

In 2012 he was named on Australia Day as "Senior Australian of the Year" for South Australia.

A founding member of the executive of APOS in 1990. As President of APOS 2014/2015 he attended EPOS, Marseille 2014 and welcomed Prof Dr Thomas Wirth from Stuttgart Germany and Prof Tony Herring from Dallas USA as Visiting Lecturers to the Silver Jubilee AGM of APOS which was held in conjunction with POSNZ in 2015 on the Gold Coast, Queensland Australia.

How to...?



KEYPOINTS ON HOW TO WRITE A GOOD ABSTRACT



Cristina Alves
Scientific Committee, Chair

It is important for researchers to master the skill of creating a good medical abstract, as selections for presentations at Scientific Meetings are done based on written abstracts of 300 to 400 words. The abstract is a condensed version of scientific work and provides a concise summary of a research study and its results. Based on the abstract, the reviewers will judge whether it is worthwhile to know the entire work and the meeting attendees will decide whether to come to the session at which the research work is presented.

An abstract will answer the questions, "Why did you start?", "What did you do?", "What did you find?" and "What does it mean?". When undertaking the task of writing an abstract, the authors must first read the instructions and abide by the rules of the Meeting: length (number of words or characters), format, deadline. Medical abstracts are usually divided into five sections: Title, Introduction, Material and Methods, Results, Conclusion. Abstracts submitted to the European Paediatric Orthopaedics Society Meetings are further required to have a sixth section: Significance.

The Title should summarize the abstract and convince the reviewers that the topic is important, relevant, and, ideally, innovative. It is a sentence that conveys the context and aims of the study and adequately transmits the meaning of the research work. A strategy to generate an appealing title is to write 6 to 10 keywords from the abstract and create various sentences with them. Ideally, the title communicates the essential take-home message of the study and is no more than 10-12 words long.

The Introduction provides a brief review of what is known about the problem addressed by the research work, what remains unknown, and how the research fills knowledge gaps. The first sentence of the introduction should be interesting and striking. The final sentence should describe the purpose of the study or the study's a priori hypothesis.

In the Methods section, the reviewers look for enough details to judge the validity of the research. For clinical research abstracts, the authors must specify study design, research setting, selection methods, inclusion and exclusion criteria, number of patients enrolled, description of the intervention

How to...?



KEYPOINTS ON HOW TO WRITE A GOOD ABSTRACT

(if adequate) and a list of the outcome variables and how they were measured. Finally, the authors should describe the statistical methods used to analyze the data.

The Results section should have a description of the subjects that were included and excluded from the study. The reasons for exclusions should be provided. The authors should list the frequencies of the most important outcome variables and make comparisons between various subgroups within the study (treated vs. untreated, male vs. female, etc), regarding the outcome variables. Numerical results must include standard deviations or 95% confidence intervals and the level of statistical significance. If the results are not statistically significant, the authors should state the power of the study.

As for Conclusion, the authors should state succinctly what can be concluded from the study and summarize its implications. The conclusions must be supported by the data presented in the abstract and the authors should state if their research produced the answer that was expected. If possible, the generalizability and the limitations of the study should be mentioned.

In the Significance section, the authors should clarify why their research is important, by explaining how their findings add to current knowledge.

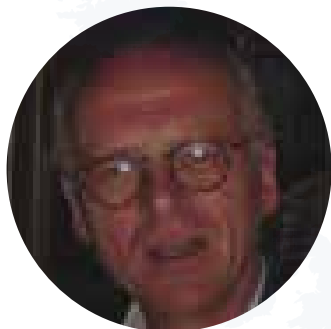
For young researchers, it may be useful to read through the published abstracts from the previous annual meeting, as this helps to a feel for what a selected abstract looks like. It is also important to have the help of an experienced mentor, who can revise the abstract and give feedback. It is beneficial to share the abstract with others, who can read the draft and check for clarity and spelling or grammatical errors. Reading the abstract orally, may contribute to find grammatical errors and word omissions. Abbreviations should be limited and always spelled out the first time they are mentioned unless they are commonly recognized (e.g., ESR).

Preparing an abstract for presentation at a scientific meeting is part of the research cycle, and aids the completion of a research work. Although short in length, a good abstract usually takes several days to write. Enough time should be allowed for listed authors to have input into the abstract, and for each of them to approve the final version.

A good abstract communicates why the study was done, how it was carried out, what was found, and what are the potential implications. A clear abstract, which provides this information and strictly adheres to the specifications and format requirements, is more likely to be accepted for presentation.

EPOS Future Meeting Application: 2018

EPOS IN OSLO 2018?



Ivan Hvid
Professor

Oslo is applying – again – to host the EPOS Congress. Oslo offers fine congress facilities in the city center, surrounded by affordable hotels – and perhaps a few expensive ones!

Oslo is a fine city situated at the bottom of the deep Oslo-fjord, surrounded by low mountains. The weather in april is usually quite agreeable, sometimes even warm. After congress hours, Oslo has much to offer.

Perhaps you should even plan to stay some extra days, and enjoy the fabulous view from Holmenkollen with its iconic skijump-tower, the Aker Brygge, the sparkling opera house, the Bygdøy with its museums and beaches, the Munch Museum, the Vigeland Sculpture Park, and much more. You might even wish to get on the famous boat trip (Hurtigruten) and enjoy the spectacular fjords of western Norway, and visit the cities there on the way.

If you Love2Hike, Nordmarka offers a huge area to enjoy, and you just need to take the T-train from downtown Oslo, its less that half an hour away. It's unlikely that we will have any snow left for cross country or downhill skiing, but if you go further north, even this may be an opportunity.

At the Pediatric Orthopaedic Department at Oslo University Hospital, we are eager to greet you in the spring of 2018 to share the richness of pediatric orthopaedics. We shall of course be in close cooperation with the Board to plan the best possible and exiting scientific program you could ask for.

Our very best regards and warm welcome to Oslo in 2018.

Terje Terjesen
Emeritus professor

Joachim Horn
Head of Section

Ivan Hvid
Professor



