

EPOS NEWSLETTER



European Paediatric Orthopaedic Society · DECEMBER 2016



www.epos.org

Welcome Address



Dear All,

As every year at this time we are delighted to provide you with our 2nd Newsletter for 2016 !

Included are informations about some major changes regarding the EPOS journal, the „Tips and Tricks“ section focuses on spine surgery and for our younger members do we have some recommendations „How to ..succeed with your PhD“.

Beside that you will find a report about the MEPOS meeting in Dubai and the organizers from this years Rome meeting summarize their impressions.

Last but not least our current president gives you a planning update about the upcoming EPOSNA meeting in Barcelona which we are all looking forward to.

I do wish you a very happy and paeceful Christmas time and all my best for 2017 !

Happy Holidays from Sweden – with currently lots of snow.



Dr. Stephanie Boehm

EPOS board member

Consultant Paediatric Orthopaedic Surgeon

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News in JCO



JOURNAL OF CHILDREN'S ORTHOPAEDICS ON THE RIGHT TRACK

We are pleased to inform that Journal of Children's Orthopaedics has been selected for coverage in Thomson Reuter's products and services. Beginning with 2016, the journal will be indexed and abstracted in the Emerging Sources Citation Index (http://wokinfo.com/media/pdf/S024651_Flyer.pdf). Journals in ESCI remain eligible for further indexing in the Impact Factor databases (SCIE and SSCI) and other Web of Science datasets. They continue to monitor citation activity, and then evaluate whether to "upgrade" the journal to the SCIE (Science Citation Index Expanded), which would then get it an IF.

At the end of this year the scientific journal of EPOS is changing the publisher. We are proud to announce that it moves from Springer publishers to BESBJS (The British Editorial Society of Bone & Joint Surgery). Springer is a very large publishing company and being a rather small player in this field we felt decreasing help and support for our journal. In addition, the financial load of our society would have increased significantly, would we have accepted the new contract they offered.

The British Editorial Society of Bone & Joint Surgery (BESBJS) is a not-for-profit registered charity. The Society was formed in 1953 for "the advancement of education in, and the improvement in the practice of, orthopaedics and allied branches of surgery". Its core mission is to advance and improve education in

orthopaedic surgery and allied branches of surgery, and to disseminate knowledge of new and improved methods of teaching and practice. These aims are achieved chiefly through publication of its journals: The Bone & Joint Journal (formerly known as JBJS (Br); Bone & Joint Research; Bone & Joint 360; and EFORT Open Reviews. The journals attract the best clinical research and educational articles in orthopaedics and trauma internationally.

We were able to get a contract with them under favourable conditions. The Journal will have a new look (as shown on the picture below) and it will still be fully open access. The authors have to submit the articles on a new website. The management system is now "ScholarOne" instead of the "Editorial Manager".



News in JCO



Starting from next year there will be a change in the financial load for authors. Articles written by EPOS members in good standing will still be fully sponsored by EPOS in 2017. All other articles are exposed to an Article Processing Charge (APC) upon acceptance. In 2017 the fee will be 350€. In the following years, the APC will progressively increase, also for EPOS members. But throughout the contract (2017-2021), EPOS members will have special rights in JCO and always be subsided by their society. The counter-value will be the (hopefully increasing) impact factor and the excellent immediate visibility of the articles in open access.

The Editors-in-Chiefs and the EPOS-Board are certain that they have found an excellent partner with a great reputation, who will actively support our Journal and will help to ensure a positive further development of JCO.

Fritz Hefti, M.D., Professor
Editor-in-Chief of JCO

Shlomo Wientroub, M.D., Professor
Editor-in-Chief of JCO

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 (10-2 to 10-4, now online available)

As in the previous issues 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.

• *In issue 10-2 11 original articles are published. Among these the following interesting questions are raised:*

- o *The article of Chan et al. compares the treatment of congenital vertical talus according to the Dobb method in idiopathic and teratological cases. Where is the method more efficient?*
- o *Malagelada et al. examine perceived social support and coping strategies in parents and caregivers of children with clubfeet treated according to Ponseti in South Africa and UK and compares their behaviour. Which parents have better strategies?*
- o *Bocahut et al. report on the medial to posterior release procedure after failure of functional treatment in clubfeet. Is this procedure still appropriate?*
- o *The question asked in the paper of Wicks et al. is: Partial or non-union after triple arthrodesis*

in children: does it really matter? Can you have a good clinical outcome in spite of non-union?

- o *Pourtaheri et al. wanted to find out whether or not preoperative halo-gravity traction with and without thoracoscopic anterior release for skeletal dysplasia patients with severe kyphoscoliosis is useful.*
- o *The paper by Hesketh et al. investigates the inter-observer and intra-observer reliability in the radiographic diagnosis of avascular necrosis of the femoral head following reconstructive hip surgery in children with cerebral palsy.*
- o *Georgiadis et al. had a look at the prevalence of acetabular labral tears in asymptomatic children. Is it correct that labral tears are always symptomatic?*
- o *Kramer et al. wanted to know the effects of medial synovial plica excision with and without lateral retinacular release on adolescents with anterior knee pain. Does this procedure always help?*
- o *Pradhan et al. were interested in the question whether or not an increased pin diameter improves the torsional stability in supracondylar humeral fractures.*
- o *A highly debated question is whether or not a Physiotherapy Orthopaedic Triage Clinic*

Interesting topics in JCO: a summary



can improve decision making for orthopaedics procedures and thus reduce waiting time.

- In **issue 10-3 14** original articles are published.

The following interesting questions are raised:

- o In the article of Gardner et al. the question is asked whether the long-term outcome following medial open reduction in developmental dysplasia of the hip is appropriate.

- o Schur et al. wanted to know the risk factors for avascular necrosis after closed reduction for developmental dysplasia of the hip.

- o Fukuda et al. were interested in whether or not ultrafast MRI in non-sedated infants after reduction with spica casting for developmental dysplasia of the hip is feasible.

- o Boyle et al. asked: Is the alpha angle a predictor of contralateral slipped capital femoral epiphysis?

- o If you are interested in the association between peripheral eosinophilia in children and transient synovitis of the hip, then read the article of Alamri et al.

- o Have you heard about the "triaradial bump" and its association with acetabular retroversion? If not, then read the article of Morris et al.

- o Do you think that occult injuries of the distal forearm and the wrist are a problem? You will get answers from Elvey et al.

- o What is the fate of malunions of the distal radius in children? Get answers from van der Sluijs & Bron.

- o Spyropoulou et al. report about a clearer bacteriological etiology in primary subacute hematogenous osteomyelitis in children.

- o What are the risks of revision surgery in pediatric septic arthritis? Are there laboratory predictors? Telleria et al. give answers.

- o Is spinal cord injury without radiographic abnormality (SCIWORA) in children a common finding? J Knos reports on a nationwide study in USA.

- o Is there a correlation between the Gait Deviation Index and gross motor function (GMFCS level) in children with cerebral palsy? You get an answer from Malt et al.

- o Can you correct an ankle valgus by hemiepiphysiodesis using the tension band principle in patients with multiple hereditary exostosis? Oosterbos et al. give an answer.

- In **issue 10-4 13** articles are published, 10 are original articles, 2 are technical notes and 1 is in basic science. The following interesting questions are raised:

- o How common is windswept hip deformity in children with cerebral palsy? Hägglund et al. give answers.

- o Residy et al. report on their efforts to find a balanced approach for stable hips in children with cerebral palsy.

- o How can you educate parents in Pavlik harness application? Gargan et al. present a validated simulated learning module.

- o What is the best way to correct fixed pronation deformity in congenital proximal radioulnar synostosis? SNG Bishay gives an answer.

Interesting topics in JCO: a summary



o How can you assess index pollicisation in congenital anomalies? Is a video-assisted assessment feasible? Mas et al. know the answer.

o Khadim et al. present a method of solid screw insertion for tension band plates in a technical note.

o Mills & Nelson describe an improved spreadsheet for calculating limb length discrepancy and epiphysiodesis timing using the multiplier method in a technical note

o Are the results of the treatment of pediatric forearm fractures with in situ intramedullary implants appropriate? Answers by Kelly et al.

o Do routine radiographs at time of pin removal after closed reduction and percutaneous pinning for type 2 supracondylar humerus fractures change the management? Answers by Garg et al..

o How can you identify non-accidental fractures in children aged <2years? Leaman et al. report on that.

o What are the patterns of congenital bony spinal deformity and associated neural anomalies on X-ray and magnetic resonance imaging? Read the article of Trenga et al.

o Is there an etiologic relationship between non-ossifying fibromas of the distal tibia and the intraosseous membrane? Muzykewicz et al. know the answer.

o Does radiofrequency ablation (RFA) epiphysiodesis affect adjacent joint cartilage? In a basic science article Shigetomi-Medina et al. examined this question.

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

Tips and tricks in... Spine Surgery



SURGICAL TIP OR TRICK THAT HAS FACILITATED PATIENT CARE



Prof. Muharrem Yazici

Professor of Orthopaedics at the Hacettepe University in Ankara, Turkey.

In this short-communication, I will share you some tips and tricks I came by sometimes by reading, sometimes by listening, trial and error, sometimes by enduring pain shortly, by living through my 20 year career in spinal surgery. By definition these tips and tricks may not be evidence-based, reflect general tendencies, or parallel other surgeons' experience. For simplicity's sake, I will focus only on AIS.

What do I understand when I hear the phrase 'facilitating patient care'? I understand completing the intended surgery most easily and effectively for the patient, most comfortably for the family, and finally taking pleasure and pride in my work.

Accomplishing this is related to delivering on the expectations of the patient, family and physician, and doing all this in one go and as painlessly as possible.

AIS, during the period of planning and execution of its treatment, is mainly a cosmetic disorder.

1. Never forget that you are doing cosmetic surgery

2. At presentation, try to understand the weight of the self-image problem the disorder causes to the adolescent, even before looking at the patient's back or x-rays.
3. If the present deformity is unacceptable for the adolescent, then the physical examination and x-rays become meaningless. If she realizes she will not be getting the help she requires from you, she will simply go to another doctor.
4. Always take pictures during the preoperative visit. These pictures will assist in planning, documentation, and, most importantly, responding to the questions and criticisms of the mother and the adolescent postoperatively.
5. The surgeon's objective is to achieve maximum coronal correction by fusing the fewest number of levels and doing all this by ensuring maximum neurological safety. The patient's and surgeon's objectives never match. After she wakes up neurologically intact and her wound is healed, the adolescent will forget all the risks that were involved. She could care less about how many levels you've had to fuse. What she cares about is the shape of her back and her shoulders. Don't

Tips and tricks in... Spine Surgery



SURGICAL TIP OR TRICK THAT HAS FACILITATED PATIENT CARE

forget that you will get a lot of headache if her appearance isn't perfect.

6. *No doubt the advances in implant technology in the past years have provided surgeons with great resources. However, for a 50-60 degree AIS, what metal or implant type or instruments are used aren't that important. What's important is the philosophy. If you do not feel that you are qualified to analyze the deformity well, don't start with AIS. Even minor mistakes in this disorder are very hard to mitigate.*
7. *First look at the standing radiograph and estimate the levels for instrumentation. Then think how you can limit these levels further.*
8. *Today, we can perform surgeries we couldn't even dream of 20 years ago, correct severe deformities in all three planes. However, never forget that we are fusing a region of the body which was designed, perhaps created, to move. We are still performing morbidity surgery.*
9. *Classification systems are invaluable for communication, documentation and scientific research among surgeons. However, none of these will tell you what to do in manner of a cookbook. Always plan a strategy for each individual patient before surgery. Revise this strategy if necessary by taking intraoperative radiographs.*
10. *Think twenty times, not twice, about selective fusions. The correction rates achieved in studies recommending selective fusion are not acceptable when the capabilities of modern implant technology and the expectations of 21st century teenagers are considered as a whole. It is impossible to get a 15 year-old girl to accept disfigurement now for her wellness 30, 40 years in the future.*
11. *Try to avoid filling the entire spine with screws. Don't forget that screws outside critical levels don't just increase expenses but the risk and the amount of intervention on normal physiology as well.*
12. *When discussing long-term results, compare with scoliotic spines, not normal ones. By having a scoliotic spine, your patient has lost the chance of being 'normal'. You can give her a straight spine, but never a perfect spine, and don't impress godly power upon yourself.*

Tips and tricks in... Spine Surgery



MUHARREM YAZICI: SHORT BIOGRAPHICAL NOTES

Muharrem Yazici is Professor of Orthopaedics at the Hacettepe University in Ankara, Turkey. His clinical practice involves pediatric orthopaedics and spine problems and his researches are focusing on the treatment of early onset pediatric spine deformities.

He served as president for EPOS (2012-2013) and Board of Director for SRS (2012-2014). He is currently Program Committee Chair of SRS; Executive Committee Member of Growing Spine Study Group and Growing Spine Foundation.

How to...?



SUCCEED WITH YOUR PHD



Eva Bengtsson Moström

wearing a classical doctoral hat in the Blue Hall of Stockholm City Hall (Official place of the Nobel prize ceremony)

Paediatric Orthopaedic Surgeon working at Astrid Lindgren Childrens Hospital, Karolinska University Stockholm in Sweden

The eligibility, the structure of the doctoral studies and the requirements for a PhD vary between countries. Detailed information regarding regulations are best to be found at the university or department of your interest. In Sweden for example, in addition to writing a thesis there are compulsory courses and mandatory tasks such as participation and presentation at international research congresses, and teaching (more information about the rules of Karolinska University Stockholm under www.ki.se).

The thesis most often consist of a written framework and four individual studies, all of which are published (or in the process of publication) in peer-reviewed scientific journals. Under supervision the doctoral students are expected to be the main contributor to the scientific work and hence the main author of the studies. After a minimum equivalent to four years of full-time research the thesis is defended in public before a panel of experts in the field. If the thesis and the oral defense is approved an academic milestone is reached, and the joy of reaching a distant goal is worth all the effort.

Regardless of differences in national rules and guidelines there are some general points to consider in succeeding with your PhD studies and I would like to share ten tips and thoughts.

1. Choose your research project and supervisors with great care. The time you will spend with the project require a genuine interest in the field and hours of close collaborations.
2. Discuss the economy in the project. Is the research well-funded? Are the costs for the studies covered, and can time off from clinical work be financed?
3. If applicable to the standards of your University; engage supervisors with a different profile that can be a complement to your main supervisor. Perhaps a physicist, an engineer or an epidemiologist could add value to the project.
4. Make sure the authorship order is set beforehand, and that contribution to the studies are discussed in the research group (learn more about authorship rules under:

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

How to...?



SUCCEED WITH YOUR PHD

5. *Be realistic and prepare yourself for setbacks. For sure, the years to come will not always follow the preset time plan. Perseverance and tenacity may come in handy.*
6. *Take control of your studies, double check the ethical approvals and know your methods. Even if there are good research assistants and other excellent co-workers you need to know how every measurement and test is done. It will be a strength in your thesis defense.*
7. *Attend courses in statistics, information literacy and scientific writing early in your doctoral studies to establish a good structure from the outset.*
8. *Set up regular meetings with your supervisors for guidance, evaluation of progress and re-evaluation of the research plan. As the project runs over several years the initial study plan might need revision due to progress in the field.*
9. *Engage in research seminars at your university; it is enriching and might generate new collaborations for future research after your PhD.*
10. *Enjoy the opportunity to immerse yourself in a field of research, but don't put everything else in life on hold – spend time with family and friends!*

Eva Bengtson Moström is a Paediatric Orthopaedic Surgeon working at Astrid Lindgren Childrens Hospital, Karolinska University Stockholm in Sweden. She is a knee expert and recently succeeded with her PhD.

If you wish to learn more about her work you can find her full thesis under the following link:

<http://hdl.handle.net/10616/45011>

<https://openarchive.ki.se/xmlui/handle/10616/45011>

What's going on in other societies? (MEPOS Dubai)



Jaroslav Czubak

The 3rd Middle East Pediatric Orthopaedic Society {MEPOS} Meeting was held in Dubai between 20 and 22 October 2016.

The meetings started 5 years ago and have grown to become the most visited Middle East conference for pediatric orthopaedists. Last year's meeting was attended by more than 170 leading orthopaedic specialists from more than 25 countries and featured 3 days of interesting presentations, case discussions, workshops and seminars.

This year's conference was even larger, with diverse and international speakers from international and national centers of excellence.

The 3rd congress has been focused around gaining a better understanding of the diagnosis, treatment and management of limb deformities to the upper and lower extremities as well as an in-depth coverage of pediatric hip conditions and sports related injuries.

The organizers also arranged a series of interesting pre-conference courses which also included a full day physiotherapy seminar focusing on pediatric orthopaedics. The MEPOS Annual Meeting 2016 covered key topics of significant importance not only to orthopaedic surgeons but also to sports medicine specialists, neonatologists, pediatricians, other physicians, nurses, students, interns and trainees.

The Conference chairman was Dr Marc Sinclair and Co-chairman was Dr Zaid Al Abaudi. Dr. Marc Sinclair is the spiritus movens of all activities concerning MEPOS and relations between EPOS and Middle East Society.

The aim of the MEPOS and their conferences is to create the platform which allows pediatric orthopaedic surgeons from the region to attend state of the art lectures, present research and clinical papers to international audience. MEPOS Congress was also a platform for discussion difficult and complicated cases and sharing evidence based treatment experience.



Dr. Czubak together with conference chairman Dr. M.F. Sinclair

What's going on in other societies? (MEPOS Dubai)



I attended this meeting for the first time and officially represented European Pediatric Orthopaedic Society. Besides me the organizing committee invited also distinguished guests from Middle East, Europe and Asia: prof. Ashok Johari, prof. Gamal Hosny, prof. Maurizio Catagni, Micha Langendorfer, dr Marc Sinclair, dr Jason Howard, dr Talal Ibrahim, prof. Mohamed el Sobky, Carlo Camathias. According to my knowledge there were more than 200 participants.

On the first day there were pre-meeting workshops concerning contemporary techniques in pediatric orthopaedics. Paralelly there were physiotherapy seminars (both took full day).

I also tried to understand local condition concerning pediatric orthopaedic surgery and attended the General Assembly. The next location and chairman of the congress were chosen i.e. Abu Dabi and Dr. Zaid Al Aubaidi.

On the part of EPOS I declared willingness for cooperation concerning especially travelling fellowship.

I was asked questions by participants who would like to visit different centers in Europe to improve the experience in different fields of pediatric orthopaedics.

EPOS Meeting 2016 Rome



Gaetano Pagnotta

It was not hard to imagine that the Social Program of a conference held in Rome would be scintillating.

But the 35th Epos Meeting of last April has done much more.

It was hard to imagine, for example, the spectacular scenery offered by Palazzo Colonna located in the heart of ancient Rome, or the unforgettable panorama that Hilton terrace offered to Epos people from Monte Mario hill.

We cannot forget how many friends with spouses, fiancées, even the whole family were Palazzo Colonna and were walking in the warm and fragrant April's evening looking for a typical restaurant close to Piazza di Spagna or near Fontana di Trevi.

But the greatest and unexpected emotion was offered by the private audience that Pope Francis gave to former past Presidents of the Epos and by the greetings he addressed to a delegation of congressmen present in St. Peter's Square.

Pope Francis has also received an EPOS plaque commemorating the meeting delivered by one of the two presidents of the Congress. To him, the Holy Father addressed words of appreciation for the precious help offered to suffering children.



Ernesto Ippolito

Certainly, we have gotten a great deal of satisfaction from the scientific organization: it is to be noted that the number of abstracts that was submitted (731), was one of the highest of the last EPOS Meetings.

The scientific sessions, including all the main aspects of Pediatric Orthopaedics, from Basic Sciences to Foot and Ankle, have been well balanced and very well moderated. We are also pleased with the scientific level of the pre-meeting-BAT course on the SCFE, which has reached a high level of quality regarding the content and the key speakers as well.

The course as an update on SCFE, will be published in a special issue of the Journal of Children's Orthopaedics.



EPOS-EFORT BAT TRAUMA COURSE IN VIENNA



Hakan Ömeroglu
Educational Committee, Chair

Second part of the 4th EPOS-EFORT IC Trilogy was held between the dates 5 and 7 October 2016 in Orthopaedic Hospital Speising Vienna. The second part included theoretical lectures, debates, techniques in paediatric orthopaedics, case discussions and workshops concerning general characteristics and treatment principles of fractures, upper and lower extremity fractures and intraarticular knee injuries in children (The program is enclosed). Eleven basic and trauma courses have been held in Vienna since May 2011 and the fourth trilogy will be completed in March 2017.

One hundred and twenty nine colleagues from 27 different countries (4 continents) attended the course. Portugal was the leading country concerning the number of participants, followed by Austria, Spain and Greece.

• Portugal	21
• Austria, Spain	12
• Greece	11
• Romania	9
• Sweden	7
• Poland, Turkey	6
• Germany, Israel, Ukraine	5
• Netherlands, Slovakia	4
• Finland, Italy	2
• Armenia, Brazil, Bulgaria, Denmark, Egypt, Ireland, Japan, Mexico, Russia, Singapore, Switzerland	1

The faculty was composed of 10 members from 7 different countries. Franck Accadbled (Toulouse, France), Cristina Alves (Coimbra, Portugal), Federico Canavese (Clermont-Ferrand, France), Manuel Cassiano Neves (Lisbon, Portugal), Rudolf Ganger (Vienna, Austria), Yoram Hemo (Tel Aviv, Israel), Pierre Journeau (Nancy, France), Bjarne Møller-Madsen (Aarhus, Denmark), Hakan Ömeroglu (Eskisehir, Turkey) and Thomas Wirth (Stuttgart, Germany) were the invited faculty members.

At the end of the course 27 colleagues received their trilogy diplomas by attending three consecutive courses. Since May 2011, 155 physicians from 33 countries have completed their European core curriculum educations in Paediatric Orthopaedics by attending the basic I, basic II and trauma courses. Greece and Portugal are currently the leading countries concerning the number of trilogy graduates, followed by Italy and Poland.

• Greece, Portugal	17
• Italy	12
• Poland	11
• Spain	10
• Romania	9
• Austria, Turkey	8
• Netherlands	6
• Croatia, Sweden, Ukraine	5
• Denmark, Estonia, Germany, Norway, Russia	4
• France, Hungary, Ireland, Slovakia, Switzerland, UAE, UK	2
• Bulgaria, Czech Republic, Egypt, Finland, Israel, Jordan, Lithuania, Serbia	1

EPOS-EFORT BAT TRAUMA COURSE IN VIENNA

An electronic course syllabus including the bulleted summaries of each theoretical lecture, debate and technique talks were sent to the registered attendees by e-mail on 30th Sep 2016 (5 days prior to the course).

Totally 19 cases concerning the upper and lower limb fractures were presented by the participants. The best case presentations were elected by the votes of the audience and Lam Kai Yet from Singapore and Gabriel Mindler from Austria were certified as the best-case presenters.



Attendees and faculty members are in the hospital's garden (6th Oct 2016)



Faculty members are in the hospital's garden (6th Oct 2016)

EPOS-EFORT BAT TRAUMA COURSE IN VIENNA

Orthopediatrics and Orthofix were the industry partners of the course. Orthopediatrics supported the organization of two workshop stations and Orthofix was represented by an observer who aimed to assess the objectives and contents of the course for further collaboration with EPOS educational activities.

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

Among 129 participants, 71 (55%) filled out the feedbacks.

1. "Good" and "excellent" ratings of the "theoretical lectures", "debates" and "techniques" are almost over 80%.
2. "Good" and "excellent" ratings of the "case presentations by the participants" sessions are around 95%. Such kind of sessions is very popular among the participants and need to be continued.
3. "Good" and "excellent" ratings of the "workshop stations" are over 85% except the "research methods one". The feedback concerning the research methods station always remains the same in all courses and is definitely independent from the performances of the instructors. The attendees are mostly interested in the sessions in which they can improve their clinical knowledge and skills.
4. Better feedbacks are seen on the second and third days. Perhaps the participants could not be able to adapt the tight schedule on the first day. Perhaps the course dinner at the end of the first day motivated them.
5. Overall rating of the course is 96% excellent and good.
6. It is again seen that discussions at the end of the sessions are becoming the discussions of the faculty members among themselves.
7. 94% is willing to share knowledge and clinical skills with the experts. 96% considers this course as an excellent platform for exchange and comparison of excellent practice.
8. It is interesting to see that 46% heard about this course from a colleague and 35% from EPOS website. 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 third part of the 4th BAT course trilogy is the "Paediatric Orthopaedics Basic II Course" and will be held between 8 and 10 March 2017 in Orthopaedic Hospital Speising, Vienna. It includes theoretical lectures, debates, and techniques in paediatric orthopaedics, case discussions and workshops concerning neuromuscular, spine, upper limb and knee disorders as well as bone tumours and musculoskeletal infections in children. The program was updated according to the discussions among the faculty members in October as well as feedbacks from the attendees. The final program will be announced by the end of 2016. By the end of this upcoming course, four BAT course trilogies will be completed.

It is needed to determine the dates of the 5th trilogy. The recommended dates for the 5th trilogy are:

Basic I	11-13 October 2017 or 18-20 October 2017
Trauma	14-16 March 2018
Basic II	10-12 October 2018

The enclosed documents are:
1-Final program brochure
2-Detailed feedbacks

Yours Sincerely,

Hakan Ömeroglu
Educational Committee, Chair

EPOSNA Barcelona 2017



Dr. Manuel Cassiano Neves
EPOS President Elect 2016-2017

Dear EPOS member,

The time is flying and the EPOSNA meeting is already around the corner... In 6 months we will get together for what we all hope, will be the largest meeting in Paediatric Orthopaedics' ever.

When a group of EPOS and POSNA members had the idea of putting together both Societies, probably they did not realize the impact and the importance of such meeting! But people in both sides of the Atlantic decided it was worth it and worked hard to make this idea happen. As you can imagine it was not easy, with some little obstacles in between, but with the dedication of all we did it and the meeting will be a success!

We had close to 1300 abstracts sent in, what shows that attention the meeting gathered around the world. People are enthusiastic about it as much as the team putting it together. And we know that in order to have an outstanding program it will be very hard for the program committee to decide on the best papers that will be presented in Barcelona.

For the pre-meeting course Rudolf Ganger and Jeffrey R. Sawyer suggested the title: *Cutting-Edge Paediatric Orthopaedics 2017: A Global Perspective*. It will bring the best from both continents on Hip (Perthes and SCFE), Spine (Early Onset and Adolescent Scoliosis), Neuromuscular (Cerebral Palsy and in particular the hip) and finally fracture treatment (arthroscopically assisted and complex fractures).

Both societies are confident that this will be an extraordinary interesting event and EPOS wants to thank POSNA and in particular his President James McCarthy for collaboration, open mind, and constructive atmosphere that makes this enormous task an easy-going process.

We are looking forward to meet you all in Barcelona on May 3rd to 6th 2017, for a unique moment in the field of Paediatric Orthopaedics.



