Malaysian Arthroscopy Society Newsletter

SCOPE Insight

Vol.3 I October 2023

MALAYSIAN ARTHROSCOPY SOCIETY 2013

10th MALAYSIAN ARTHROSCOPY SOCIETY ANNUAL SCIENTIFIC MEETING 2023

Malaysian Arthroscopy Society Council Members 2021/2023

President
Datuk Dr. Mohd Asri Abd Ghapar

Vice President
Col. Dr. Kok Choong Seng (Rtd)

Secretary
Assoc. Prof. Dr. Teo Seow Hui

Assistant Secretary
Prof. Dr. Mohamad Khairuddin Abdul Wahab

Treasurer
Dato' Dr. Shahrulazua Ahmad

EXCO
- Dr. Zulkifli Hassan
- Dr. Mohamad Razip Sirat

Past Presidents /Advisors
- Dr. Hishamudin Masdar
- Prof. Dr. Wan Hazmy Che Hon
- Maj. Gen. Dato' Dr Mohammad Amirrudin Hamdan
- Col. Dr. Azmi Abdul Latif (Rtd)

Regional Representatives
- Dr. Soon Chee Khian (North)
- Dr. Darhaysyam Al Jefri Mohamed Musim (South)
- Dr. Syed Ahmad Faisal Syed Kamaruddin (Central)
- Dr. Sazali Salleh (East Coast)
- Dr. Richard Chen Shuye Woon (East Malaysia)

Auditors
- Dr. Harjeet Singh
- Dr. Leong Wan Hee

Contact Detail

secretariat@my-arthroscopy.com

+6018 788 1399

malaysianarthroscopysociety

Malaysian Arthroscopy Society

myarthroscopy

Chief Editor's Message

The year 2023 has been a busy year, and various events have happened since our last update in February to this day. This is the third volume of Scope Insight, and we could not wait to share with everyone what has been happening all this time!

First and foremost, we are proud to announce that MAS has started a collaboration with Clinics in Shoulder and Elbow (CiSE), the official journal of the Korean Shoulder and Elbow Society (KSES). This collaboration is achieved following the 30th Annual International Congress of The Korean Shoulder and Elbow Society held in Seoul between 31st of March – 1st of April 2023. This collaboration opens a fast publication track for us in the journal, and we truly hope that MAS members will grab this opportunity to publish their manuscripts. Don't forget to read the reports on the congress later in this issue as well.

Some of us might have had our enemies turned to friends, or maybe, at the very least, suddenly became passionate of something we never showed interest before. Dr Sharifah Amirah Alsagoff has gone through the same too and is happy to share how her love for sports surgery and arthroscopy grows. Dr Robin Low and Dr Thinesh Varan would like to partake on the experience-sharing as well through their article "From Scalpels to Soccer: Orthopedic Fraternity's Futsal Extravaganza" on the National Orthopaedic Futsal Championship held in Kuantan in May.

Other than that, to promote continuous advancements in Sports injuries and Arthroscopy knowledge and surgical techniques is one of the main goal of the society. More MAS members have gained the opportunity to attend fellowship and conferences oversea this year, thanks to the educational grant MAS has obtained. Our members have been to France, Lithuania, Singapore, Republic of Korea and USA to present their own work, gain knowledge, seek guidance from experts, collaborate with other society and increase our visibility. MAS is glad to be a part of their journey of knowledge-sharing and development. Make sure to read their write-ups on their experience there.

Towards the end of the issue, we shall conclude this newsletter with some updates on the management of rotator cuff tear by Dr Raymond Yeak. It is a great way to recap and brush up our understanding on the subject, especially on the massive irreparable rotator cuff tears.

Before I conclude this message, I would like to announce that other than the usual awards, MAS will be having two first time events during the upcoming ASM – an innovative award and a post-graduate quiz championship tournament. Hope everyone is getting ready for these events and the ASM, and we are looking forward to meeting everyone there. Best of luck from us for those participating!

We hope everyone will have a great time reading Scope Insight and gain valuable information!

Assoc. Prof. Dr. Teo Seow Hui
Secretary (2021-2023),
Malaysian Arthroscopy Society
MAS Newsletter Chief Editor
(2021-2023)

MAS INNOVATION AWARD

12th October 2023

In celebration of the 10th MAS ASM 2023, we kick start the MAS Innovation Award. The cash prize for the innovation award is generously sponsored by Datuk Dr Mohd Asri Abd Ghapar, our presiding President of MAS 2021 – 2023.

The innovation award, henceforth will be contested during the MAS Scientific Meeting annually and deemed innovative by the Scientific Committee of the ASM, in the management of Sports Injury and Arthroscopy patients in Malaysia.

Terms and Conditions of this Award

1. This award is open only to a MAS Member (Life, Annual or Associate Member).
2. Must be a practicing Orthopaedic or Sports Medicine resident or specialist or consultant in Malaysia.
3. The initiative has not won any previous award elsewhere.
4. Original idea innovation proved during abstract submission status.
5. Official / validated assessment tools used to evaluate the success of the initiative will garner merit in the content.
6. The initiative encouragingly shows sustainable positive outcomes in patient care.
7. The innovation should put PATIENT SAFETY as its top priority.
8. This award is not open to industry partners employees or product belonging to a company.

Malaysian Arthroscopy Society 1st Editorial Board (2021-2023)

Chief Editor
Assoc. Prof. Dr. Teo Seow Hui
Universiti Malaya

Dr Raymond Yeak Dieu Kiat
Universiti Putra Malaysia

Dr. Robin Low Chin Aun
Shah Alam Hospital

Dr. Sugesh Raghavan
Universiti Malaya

Dr. Siva Thangaraju
Hospital Kuala Lumpur

Dr. Ahmad Farihan Mohd Don
Hospital Canselor Tuanku Muhriz, Pusat Perubatan UKM

Dr. Sharifah Nor Amirah bt Syed Abdul Latiff Alsagoff
Universiti Teknologi Mara

The Path to Joint Enlightenment

Prepared by **Dr. Sharifah Nor Amirah bt Syed Abdul Latiff Alsagoff (Universiti Teknologi Mara)**

Once, a lecturer asked me if I considered pursuing sports as a subspeciality. My immediate and unequivocal response was a resounding "NO!'. Yet, here I am writing an article about pursuing that exact field. Sometimes, our greatest passion stems from unexpected beginnings. Such was the case with my decision to embark on the subspeciality of sports and arthroscopy. Little did I know, that my seemingly definitive answer would evolve into a newfound fascination.

It was that very same lecturer that sparked my interest in the field of arthroscopy. She consistently dedicated time to explain and familiarize us with the intricacies of joint exploration. Even when there were only two students in the posting, she eagerly shared her presentations on essential landmarks, tunnel measurement and detailed arthroscopic techniques. Notably, she taught me invaluable maneuvers and tricks to ease surgery, particularly for someone as petite as herself. Her infectious passion for arthroscopy and unwavering commitment to honing her skills served as a constant source of inspiration.

As my interest in the field grew, I delved deeper into reading and expanding my knowledge. However, I am fortunate to have also found a mentor and trainer in my place of practice who has been instrumental in my journey. My trainer, with his wealth of experience, expertise, and personal investment, has provided invaluable guidance, support, and profound insights yet remains humble. I am deeply grateful for his immense patience and benevolence in guiding and helping me navigate the challenges of arthroscopy, especially as someone junior in the field.

Proficiency in arthroscopy is an advantageous skill to have in any orthopaedic surgeon's armamentarium, and it is the very definition of minimally invasive surgery, making sports and arthroscopic surgery a very popular and attractive subspecialty.

Personally, my interest in the field stems from the fact that arthroscopy allows for clear exploration of the joint while being able to perform various procedures with just minimal incisions. Although yes, there is a steep learning curve (which I'm still learning to navigate), once mastered can be most useful. Arthroscopy not only aids in diagnosis but also allows for ligament reconstruction and addressing soft tissue damage. The continuous advancements in arthroscopic tools, imaging technology, and surgical techniques make it all

continue on page 4

Prof. Dr. Teo Seow Hui guiding us during a cadaveric workshop in Singapore

Assisting Prof. Dr. Mohd Fairuz during a case of an arthroscopic debridement of the knee

the more interesting. Its versatility in application is particularly appealing, as it can essentially be utilized for almost all major joints. The complication rate is low and satisfaction derived from good patient outcome and faster rehabilitation enhances its appeal. The close connection of this field with sports also adds to its allure, providing opportunities to work with athletes and witness their swift recovery, enabling them to return to their beloved sport.

So how does an orthopaedic surgeon go into subspecializing in the field of sports and arthroscopy?

For candidates hailing from government hospitals, the Orthopaedic Sports and Arthroscopy Subspecialty provides a structured program for their fellows during the three-year training. Once a candidate has been accepted after an interview, they will be provided with a scheduled placement throughout the program. This includes placement or rotation to various hospitals depending on the availability of certified trainers at the given time. Hospital Kuala Lumpur (HKL),one of the busiest hubs for sports surgery is often included in these placements. Throughout the training period, fellows are required to maintain a logbook and submit a 6 monthly supervisor assessment report. After completion of the first year, fellows must sit for the Part 1 Examination. During the three-year training, fellows are expected to produce one publication and deliver two podium presentations and two poster presentations. The subspecialty committee also mandates an overseas attachment for a minimum of six months up to a year. Training concludes upon passing the Part 2 Examination. The Sports Subspecialty Committee then recommends the trainee to the Orthopaedic Subspecialty Training Committee for certification. The certificate of successful completion of subspecialty training will be issued by the Ministry of Health and the Malaysian Arthroscopic Society.

For those of us in the university setting, such as myself, we are fortunate that the majority of universities have sports and

continue on page 5

Expert examiners gathered for the Part 1 & Part 2 Sports Examination

Exam candidates geared up for the viva examination

Dr. Nurhanani during her attachment at the Croix-Rousse Hospital, Lyon

arthroscopic surgeons readily available, facilitating in-house training. However, in order to ensure equitable level of proficiency, we too are required to undertake the Part 1 and Part 2 Examinations alongside our counterparts in the Ministry of Health (MOH). These examinations are conducted in a viva voce format facilitated by esteemed examiners from the government, university and private sector, all renowned specialist in the field of arthroscopic surgery. Furthermore, a university fellow has the option to pursue overseas training or local training outside of respective university for a duration of 6 months to 1 year, subject to the discretion of their trainer.

Fellows must also diligently maintain a logbook, deliver an oral presentation, produce one publication and successfully pass the examinations. Upon meeting these criteria and receiving the trainer's recommendation, the Malaysian Arthroscopy Society would issue a certificate of successful completion of subspecialty training.

The third pathway to becoming an arthroscopic surgeon involves pursuing fellowship training, often done abroad. The duration of fellowship can vary based on individual needs and requirements. However, it is crucial to recognize that obtaining arthroscopic skills extends beyond completing a fellowship program; it necessitates continuous practice and a comprehensive understanding of the techniques involved. While this pathway may be perceived as the easiest and shortest, it is important to emphasize that gaining recognition from peers is crucial to being considered a competent sports practitioner. Even after obtaining a fellowship certificate from outside of Malaysia, one must demonstrate proficiency and the ability to safely perform core arthroscopic procedures, while also acknowledging their limitations.

Dr. Nurhanani during her attachment at the Bezmialem Vakif University Hospital, Istanbul

To conclude, sports and arthroscopy offers immense satisfaction with tremendous potential for further evolution particularly with ongoing technological advances. There are various pathways to enter and excel in this field, but one of the most crucial aspects is gaining peer recognition. The acknowledgment and validation from fellow professionals in the field are vital in establishing oneself as a competent and respected sports and arthroscopy surgeon. The G.O.A.T. (Greatest of All Time), the late Dr. Freddie Fu, once said, "We all make mistakes, so it is important to be self-critical; if you believe you are perfect, you won't progress in life." It is my hope, that we, the upcoming generation of sports surgeons, will uphold this wisdom by cherishing the value of self-reflection, pursuit of knowledge and self -improvement .Together, we can make meaningful contributions to the growth and development of the ever-evolving landscape of sports and arthroscopic surgery particularly in our region.

From Scalpels to Soccer: Orthopedic Fraternity's Futsal Extravaganza

Prepared by **Dr. Thinesh Varan Subramaniam, Hospital Tuanku Ampuan Najihah and Dr. Robin Low Chin Aun, Hospital Shah Alam**

Once again this year, the annual event of the Inter-hospital National Orthopaedic Futsal Championship, comprising the prestigious Dato' Dr. Rauf Cup, Dr. Sa'adon Challenge Shield, Prof Dr. Yazid Baijuri Supercup, and Dato' Dr. Rashdeen Fazwi Evergreen Cup, graced the sporting arena with a display of exceptional talent and fierce competition. The inaugural edition of Dato' Dr. Rauf Cup took place in 2014 in Negeri Sembilan, meticulously organized by Hospital Kuala Pilah under the leadership of Dr. Anuar Bin Ali to honor the invaluable contributions of Dato' Paduka Dr. Abdul Rauf Bin Ahmad to the orthopedic fraternity in Malaysia. Since then, it has evolved into a prestigious national event, attracting orthopedic teams from across the country who vie for the chance to claim these coveted trophies.

Figure 1: The original Dato' Rauf Cup trophy and Dr. Sa'adon Challenge Shield is an exquisite masterpiece depicting scenes of sporting excellence and unity.

Figure 2: The opening ceremony of the futsal competition was a grand spectacle, highlighted by an awe-inspiring display of the meticulously crafted trophies.

The tournament is set to be a highly anticipated event, with many of the specialists, medical officers and house officers from orthopedic departments nationwide expected to participate. It is hoped that the event will not only value and recognize the surgeons' outstanding accomplishments but also raise awareness about the importance of physical activity in maintaining a healthy lifestyle. Moreover, this tournament serves as an excellent platform for fostering meaningful connections between younger generations in orthopedics and their seasoned mentors.

The two-day action-packed event kicked off with an enjoyable gathering dinner on the first day, setting the stage for the highly anticipated futsal competition on the second day. To ensure fairness and competitiveness, a draw was held during the dinner to create evenly divided groups. In this round-robin format, each team will engage in three matches against the other opponents within their group, totaling six thrilling games within each group. The stakes are high, as the first and second placed teams from each group will earn their spot in the prestigious knockout stage of the Dato' Dr. Rauf Cup. Meanwhile, the third and fourth placed teams will have a chance to prove their mettle in the knockout stage of the thrilling Dr. Sa'adon Challenge Shield. Following this gripping round, the tournament progresses to the quarterfinals, the semi-finals, and a riveting third-place match (contested by the losing semi-finalists) before culminating in the highly anticipated final showdown.

The most recent tournament was successfully held in a well-equipped indoor sports complex at Kuantan on 27th and 28th May 2023. A total of 26 teams took part in the competition. Throughout the tournament, the atmosphere was electric, with

continue on page 7

Figure 3: Hospital Batu Pahat team erupts in joy as they celebrate the winning penalty shot successfully gliding past the goal line, securing their triumph in the competition.

teams showcasing their skills and competitive spirit. All the matches were played passionately, promoting camaraderie and sportsmanship among the participants. Organizers ensured fair play and adherence to the rules, creating an atmosphere of healthy competition.

The final match of the Dato' Rauf Cup was a momentous occasion, as the two finest teams, Hospital Batu Pahat and Hospital Melaka battled it out on the court. The match

continue on page 8

Figure 4: Players sustaining various injuries, showcasing the dedication and courage exhibited in their pursuit of victory on the field.

kicked off with a flurry of quick passes and lightning-fast footwork, showcasing the exceptional agility and precision these orthopedic experts possess. The level of competition was intense, as both teams demonstrated a deep understanding of the game and executed strategic plays flawlessly. As the full-time whistle blew, the tension in the court reached its peak, and the game headed towards a nail-biting penalty shootout after the initial full-time score ended as a 0-0 draw.

The players took their positions, ready to exhibit nerves of steel and composure under immense pressure. The drama intensified as the final round of penalties arrived, with the scoreline locked at 2-2. It was Hospital Batu Pahat's penalty that turned the tide in their favor, as the player confidently struck the ball into the back of the net, triggering a euphoric celebration among their teammates and supporters. Congratulations to Hospital Batu Pahat on their hard-fought 3-2 win in the penalty shootout!

The competition proved to be a thrilling and intense sporting spectacle, but it also brought with it its share of challenges, as injuries took center stage. Throughout the tournament, players battled against various adversities, with some succumbing to muscle cramps due to the relentless pace of the matches. Additionally, the high-impact nature of the game led to unfortunate incidents like lateral malleolus fractures, leaving players with significant setbacks. Amidst the action, there were also instances of ACL injuries, an all-too-familiar concern in sports. These injuries serve as a reminder of the physical demands placed on these dedicated athletes, highlighting the importance of proper training, injury prevention measures, and comprehensive medical support to safeguard their well-being on the futsal court.

The spirit of competition, dedication, and unity displayed by all teams is a testament to the power of sports in bringing people together and fostering a strong sense of community. As we look forward to future showdowns between these remarkable medical institutions, let us celebrate the joy of sports and its impact on promoting a healthier and more connected society.

Figure 5: The captivating photos capture the exhilarating prize-giving ceremony.
Top left: Champions of the Dato' Rauf Cup (Hospital Batu Pahat).
Top right: Winners of the Dr. Sa'adon Challenge Shield (Hopital Melaka).
Bottom left: Winners of Prof Dr. Yazid Baijuri Supercup (Hospital Melaka).
Bottom right: Winners of Dato' Dr. Rashdeen Fazwi Evergreen Cup.

The Land of The Morning Calm – My Shoulder and Elbow Fellowship Experience

Prepared by **Dr Ling Jian Loong, Hospital Raja Permaisuri Bainun, Ipoh**

Over the past six months, every moment has proven its worth. The environment was welcoming, the people were delightful, the facilities were top-notch, and the lifestyle was the epitome of K-POP. For a while, I've admired the work of Professor Jeon In-Ho, a distinguished Shoulder & Elbow Surgeon. I count myself incredibly lucky to have seized the chance to partake in the Shoulder and Elbow Fellowship Programme at Asan Medical Centre (AMC) under his mentorship.

Phase 1 - Administrative Procedures

Interacting with AMC's administration was seamless, with most of our engagements taking place online. Their directions were unequivocal, and they addressed my inquiries promptly and coherently. Ms. Christina Choi, responsible for international fellows, was invaluable, guiding me through every administrative step. Whether it was ensuring my documentation and visa application were in order or arranging my accommodation at the AMC dormitory, Ms. Christina was always at my side.

Phase 2 - The Arrival

I touched down in the early morning hours to a crisp - 15 degrees Celsius, feeling as though countless needles grazed my skin each time the wind blew. The journey to AMC was tranquil, with snowflakes softly touching down. Having experienced the even colder Russian climate, this brought back fond memories from my medical student days. Upon reaching the dormitory, the warden greeted me warmly and showed me to room C1409. Initially designed for two, the room became a single-occupancy due to the Covid-19 pandemic. It housed all essentials: a bed, study table, fridge, personal bathroom, and a shared common hall with amenities. The floor heaters ensured my comfort throughout.

Phase 3 - Orientation

Meeting Ms. Christina in person after only email interactions was a delight. She handed over an AMC guidebook, lab coat, and ID card before introducing me to the vast AMC complex. Boasting three wings - East, West, and New - plus a Research Department, the center interconnected seamlessly. The Basement 1 level alone had a

continue on page 10

plethora of services: restaurants, banks, gym, indoor pool, shopping center, bakery, and even a grocery market.

These amenities meant I barely had to brave the chilly outdoors. The highlight was meeting Professor Jeon. His office welcome was warm and genuine. Over a steaming cup of Americano, we discussed my fellowship aspirations and potential research collaborations. Afterward, we made our way to the Outpatient Clinic.

Phase 4 - Commencement of the Fellowship

My schedule was rigorous. Ward rounds commenced at 8 am, punctuated with briefings before seeing patients. Mondays and Wednesdays were outpatient clinic days, each catering to different patient profiles. Despite the grueling clinic days, they were rewarding.

Every session concluded with newfound wisdom. Tuesdays and Thursdays were dedicated to the operating room. We discussed cases beforehand, and I cherished the collaborative nature of these pre-op deliberations. Prof. Jeon's openness to diverse opinions and approaches was inspiring. The surgeries I observed and assisted with ranged from arthroscopic procedures to complex replacements. Fridays pivoted towards academic pursuits: journal reviews, presentations, and research updates. An exceptional highlight was attending the Korean Shoulder and Elbow Society Scientific Conference – a phenomenal learning and networking platform.

Phase 5 - Beyond Work

In true Korean spirit, weekends were a respite. I embraced the vibrant KPOP culture and Korea's health-conscious ethos. Seoul's pedestrian and cyclist-friendly roads were a joy to explore by bicycle. The city's culinary treats, from barbecued meats to cold noodles and fried chicken, were gastronomic delights. Among Seoul's historic landmarks, the Demilitarized Zone (DMZ) left a lasting impression.

Phase 6 - Concluding Thoughts

As with all enriching journeys, this too had its finale. My heartfelt gratitude goes to Professor Jeon In-Ho for this unparalleled learning journey. The Malaysian Arthroscopic Society's support has been instrumental, and I'm indebted for this transformative educational venture. Armed with this newfound knowledge and expertise from the land of the morning calm, I'm eager to serve society optimally – both as a proficient Orthopaedic Surgeon and, fundamentally, as a devoted medical professional.

Nordic Orthopaedic Foundation Vilnius, Lituania

7th - 9th September 2022

Prepared by **Dr Aaron Lim Boon Keng, Island Hospital, Penang**

ACL Prevetion in Childrem

Probably the most important aspect of the course was the emphasis on ACL Injury Prevention for Children due to the accelerating incidence of injuries in this age group. ESSLA & ESMA have developed a video to address this issue which should be distributed in the eNewwletter for MAS.

https://academy.esska.org/esska/2020/revision/356760/faculty.presenters.esska-esma.acl.prevention.for.all.-.introduction.%28english%29.html

The emphasis is on 4 aspects of training which unfortunately are not heeded in out schools & sports training programmes.

Total Joint Arthroplasty

Another topic of debate was the increasing move towards shorter stays in hospital for total joint arthroplasty.

My Report On The Journey to Lyon, France for The 20th Journées Lyonnaises De Chirurgie Du Genou - Themed "La Patella"

22nd - 24th September 2022

Prepared by **Dr Rajesh Rampal, Ministry of Health Arthroscopy and Sports Surgery Fellow**

I would like to thank the Malaysian Arthroscopy Society for awarding me this education grant to attend this educational scientific meeting. It is surreal to be travelling again after more than 2 years of lockdown due to the pandemic. As we move into endemicity the easing of covid quarantines, restrictions, and travel formalities brings us to some form of pre-pandemic normalcy. There was no need for any covid testing in Malaysia or France and there were no face mask requirements enforced in France and the rest of Europe during my travel.

The course was held in the Lyon Convention Centre which is located in the 6th district of the Lyon, in an area dedicated for Congresses along the river Rhone. It's located approximately about 8 - 10 km from the Lyon City Centre and is approximately a hour and half walk or 10 - 15 min bus / tram ride to town. The weather in Lyon during the trip was comfortable and cooling which made the walks to town along the riverside a pleasant experience. Lyon city is famous for being the Gastronomical centre of French cuisine and had plenty of restaurants available to intrigue my taste buds.

The scientific meeting marked the 20th edition of Journées Lyonnaises De Chirurgie Du Genou by the Lyon School of Knee Surgery. It also coincided with jubilee of the 50 years of Lyon's School of Knee Surgery and also the 3rd edition of "The Patella." This course is held biannually to share updates in the knee based on the Lyon School of Knee vast research and experience. The course was primarily in French. However English translations were made available through headphones for the many foreign experts that had attended. The Lectures were held in an amphitheatre and attended by 1000 participants from 40 nationalities. There were few other Malaysian attendees including a Malaysian Sports Fellow (MOH) who was training at Lyon during the time of the scientific meeting. The registration fees were waived for Fellows with proof of their status of fellowship. I also received a waiver on my registration fees as I am also currently undergoing my fellowship training. This in my opinion is an excellent effort which I feel we can apply to our local Malaysian Scientific Meetings to encourage continuous learning and sharing of knowledge and to open our doors for more scientific interactions with international delegates who each come with their own rich experiences to share.

This scientific meeting was based solely on the Patella as the patella is often pushed into the background and the congress had successfully brought the focus to the patella not as a third compartment but as the central part of the knee. The agenda of the congress was divided into 4 parts namely:

1. The Painful Patella
2. The Unstable Patella
3. The Degenerative Patella
4. The Prosthetic Patella

continue on page 13

A photo of the Malaysian delegates with the LYSKS legends, DeJour and Neyrette

A photo with Dr Jacques Caton and Dr Moganadass

The main sponsors of the congress were Lepine Group (French Arthroplasty Company), J&J Depuy, Smith & Nephew, Stryker and many other Exhibitors from French and International Companies. The opening ceremony was done by the 3 current President, Vice President and Past President of Lyon Knee School, Demey Guillaume, Fayard Jean-Marie and Lustig Sebastien, as well as key note lectures by David Dejour, Phillipe Neyrette, Jacques Caton, Sonnery Cotet, Sebastien Parrate and other international speakers.

Main Learning Points:

1. Modern Analysis of Patella pain - Main factors (Trochlea Dysplasia, Patella Alta, TT-TG), Secondary factors (Genu Valgum, Excessive Femoral Anteversion, External Tibial Torsion, Patella Dysplasia).

2. Idiopathic patellofemoral pain syndrome (vicious cycle) - Role of Arthrogenic Muscle Inhibition (AMI), Inappropriate motor pattern, Dynamic valgus, Psychological factors resulting in increased PF load.

   AMI is the resultant of PF injury / Knee surgery - results in disrupted sensory feedback & decreased motoneuron excitability --> resulting in VMO inhibition /atrophy & Hamstring over-stimulation/ hypertrophy --> extension weakness/ lag & increased PF loads. Treatment is Education, Neuromotor training / reprogramming & Physiotherapy (weakening hamstrings and strengthening quadriceps, strecthing).

   Single leg squat - look for dynamic valgus (either subtalar collapse / trunk postural control deficit).

3. Patella tendinitis - 1st line treatment conservative, 2nd line injection (PRP>Corticosteroid), 3rd line surgery - Artroscopic vs US guided ablation.

4. Patella infera - Patella tendon lengthening preferred by LYSKS compared to TT Proximalisation.

5. MPFL - gracilis tendon is sufficient, Common fixation techniques are stronger then native MPFL , when using inteference screw avoid 5mm screws (6mm or above).

6. MPFL Recon reduces Caton Deschamps Index by 0.2 (Proposed new limit for patella alta surgery combined with MPFL Recon should be CDI 1.4 not 1.2).

7. Patella Alta surgery - Distal transfer if CDI > 1.4.

8. Trocheoplasty - Recession wedge vs Deepening tocheoplasty.

9. Long term results of Trocheoplasty - 18yrs FU, 75% developed OA but on 12.5% Iwano >2 , OA related to Cartilage status at time of surgery, Indication - high grade trochlea dysplasia.

10. Long term results MPFL recon - gracilis tendon autograft in appropriately selected patients effective long term treatment for recurrent patellofemoral instability with low recurrence. 33% develop evidence of patellofemoral arthritis > 10yrs after MPFL recon.

11. When facing Extension knee lag - Patient education --> Hamstring Relaxation --> VMO awakening --> Functional knee levels.

12. Return to sports after MPFL recon - 90% athletes RTS 3-6 mths , 70% same level. If include osteotomies 1-3 mths longer RTS, higher risk of post op complications. In general PF population has lower activity levels than ACL pts.

13. When it comes Cartilage repair - ACI, AMIC, Particulate juvenile allograft cartilage transplantation. Best results seen in medial facet and crest locations on patella. Trochlea results > Patella.

14. Other techniques Patella OATS - 72% success at long term, Fresh osteochondral allograft - larger lesions > 2cm2 , failed cell based therapies, bipolar lesions.

15. Lateral facetectomy for Patellofemoral arthritis. LYSKS study long term follow up. Isolated PFOA, native knee. Improves pain, improved functional outcomes, no locking symptom, gives 5-10yrs before arthroplasty. Benefit - low cost, fast recovery, no contraindication for future arthroplasty. Indicated for young and active patient with isolated PFOA.

In all it is has been a meaningful learning experience for a young surgeon in training and it taught me on how much I still had yet to learn about the patella and the pivotal role it plays as the central part of the knee which is commonly overlooked. It was also a unique opportunity to learn, share thoughts and to discuss with experts from all over the world and to be able to learn from their individual experiences.

This congress has motivated me to read more about the patella and to look at the vast literature on the patella. Finally, the daily walks along the Rhone River after the conference was a memorable experience where I reflected on the learning's for the day. Along with this report are attached a few photos of the congress and of Lyon which made the 17 hour flight journey worthwhile.

Singapore Orthopaedic Association (SOA) 44th Annual Scientific Meeting (ASM)

5th - 10th December 2022

Prepared by **Assoc Prof Dr Mohd Nizlan Mohd Nasir, Universiti Putra Malaysia**

The meeting started with the opening ceremony on Wednesday, 7th December 2022 at 7.00 pm with 3 special lectures from distinguished speakers:

Felix Savoie
Keynote Lecture - The History And Future Of Shoulder Surgery, One Person's Perspective.

Guillermo Arce
Presidential Lecture - Best Techniques For Biceps Tenodesis.

Federico Canavese
N Balachandran Lecture - Pelvic Osteotomies: When Small is the New Big.

This was followed by the Reception Dinner.

During The Special Lectures
My Free Paper was scheduled the next day, on the 8th of December 2022 (Thursday). The title of my presentation was "Sling or Filling Effects: Does Surface Restoration from Coracoid Transfer after Latarjet Procedures Matter?" which was also published recently in the Journal of College of Physicians of Pakistan (JCPSP).

Unfortunately, during the talk, there was no picture taken as my other Malaysian presenter had to rush to catch a flight after his paper. I tried to search for my picture in the conference website but it was not there also.

At 5.30 pm of the same day, Mr Hisham Masdar and I attended the ACASEA Board Member Meeting discussing on the planning of ACASEA Meeting over the next 6 years. Malaysia was suggested as the back-up host for the 2026 ACASEA Meeting if New Zealand is unable to host the meeting.

ACASEA Board Members. Assoc Prof Nizlan has been appointed as one of its new members.

With Malaysian delegates: Datuk Dr Asri, Mr Soon, Mr Hisham and Mr Charanjeet Singh.

Prepared by **Dr Nor Hamdan Fakru, Universiti Sains Malaysia**

The event was successfully organised withgood topics being discussed in Sports and arthroscopy interest group. I was given an opportunity to participate in oral presentation on the topic: Experience in Distinctive Surgical Technique of ACJ Fixation without Biologic Graft – A Desirable Patient's Functional Outcome.

I am sharing on my technique on ACJ fixation surgery, the outcome to the patients, the benefits and the drawbacks with the audience. I am glad to be given this opportunity and hopefully this grant will continue benefiting the MAS members.

Prepared by **Dr Siva Thangaraju, Hospital Kuala Lumpur**

The Singapore Orthopaedic Association (SOA) 44th Annual Scientific Meeting (ASM) was held from 5-10 December 2022, at the Shangri-La, Singapore. The theme of the meeting was "Innovating Orthopaedics: The Future is Now."

The meeting featured a variety of speakers and topics related to orthopaedic surgery, including:

- Robotic surgery
- 3D printing
- Artificial intelligence
- Sports medicine
- Pediatric orthopaedics

The conference was a valuable opportunity for orthopaedic surgeons to learn about the latest trends and best practices in the field.

Some of the key takeaways from the SOA 44th ASM:

1. Robotic surgery is becoming increasingly common in orthopaedic surgery, and it offers a number of advantages over traditional surgery, such as increased precision and accuracy.
2. 3D printing is being used in orthopaedic surgery to create custom implants and devices that are tailored to the individual patient.
3. Artificial intelligence is being used in orthopaedic surgery to develop new diagnostic tools and treatment algorithms.
4. Sports medicine is a rapidly growing field, and there are several new developments in the treatment of sports injuries.
5. Pediatric orthopaedics is a specialized field, and there are a few new developments in the treatment of pediatric orthopaedic conditions.

The SOA 44th ASM was a successful meeting that provided orthopaedic surgeons with an opportunity to learn about the latest trends and best practices in the field. The meeting also provided a forum for networking with other surgeons and sharing ideas.

Prepared by **Dr Lim Ming Yong, Hospital Seberang Jaya, Penang**

The theme of the meeting was "Innovating Orthopaedics: The Future is Now." Distinguished speakers were invited to present on various subjects concerning orthopaedic surgery, which covers; Artificial intelligence, Sports medicine, Pediatric orthopaedics, Robotic surgery and 3D printing.

The ASM served as a valuable platform for orthopaedic surgeons to remain updated on the latest advancements and best practices within their field.

Key highlights from the SOA 44th ASM include:

1. Artificial intelligence contributes to the development of novel diagnostic tools and treatment algorithms in orthopaedic surgery.

2. The field of sports medicine is rapidly expanding, with significant advancements in the treatment of sports-related injuries.

3. Pediatric orthopaedics, as a specialized domain, witnesses notable advancements in the treatment of orthopaedic conditions affecting children.

4. Robotic surgery is increasingly prevalent in orthopaedic procedures, providing advantages like enhanced precision and accuracy compared to traditional methods

5. In orthopaedic surgery, 3D printing is utilised to fabricate personalized implants and devices tailored to individual patients.

In summary, the successful SOA 44th ASM offered orthopaedic surgeons a platform to acquire knowledge regarding the latest trends and optimal approaches in their field. Moreover, it provided an avenue for networking and the exchange of ideas among surgeons.

30th Annual International Congress of the Korean Shoulder and Elbow Society (KSES)

31st March - 1st April 2023

Prepared by **Assoc. Prof Dr Teo Seow Hui,**
Department of Orthopaedic Surgery (NOCERAL), Universiti Malaya

Strengthening the professional relationship between Malaysian Arthroscopy Society (MAS) and other societies is always our aim. In January 2023, MAS has reached out to Korean Shoulder and Elbow Society (KSES) to express this intention and to show MAS support on the activities organised by KSES. Our intention was well-received, and we were invited to the annual International Congress of KSES in March 2023.

The congress was held in SC Convention, Seoul, Republic of Korea from 31st March to 1st of April and I have attended the congress to represent MAS with the support by the society.

The journey to Seoul was filled with hopes not only to gain knowledge, but also to nourish future collaboration and networking between these two societies.

The congress provided great experience and opportunity to improve our knowledge. I had an excellent time there to be a in the occasion, where we exchanged ideas and surgical advances in shoulder surgery with other international delegates who attended the congress. At the same time, the congress allowed me to meet up with a few of our local fellows who are doing fellowship with respected mentors from the Republic of Korea. These moments clearly served as an opening for us to strengthen the bond between MAS & KSES.

On top of that, our participation in the congress has blessed MAS with recognition from the official journal of KSES, Clinics in Shoulder and Elbow (CiSE), symbolising the collaboration between MAS and CiSE. Following this recognition,two Malaysian editors have been appointed for this journal. Apart from that, we could also recommend Malaysian reviewers to review the manuscripts that are submitted for publication in CiSE.

With this collaboration, manuscripts that are submitted from Malaysia will be given priority for publication in CiSE. Other than that, the journal also offered us with the addition of our affiliation to the CiSE journal homepage. MAS has a high hope that our collaboration and contributions to CiSE will help the journal achieve its mission and vision while increasing our visibility at the same time.

Overall, the mission to represent MAS to the International Congress of KSES was a success. Perhaps, this will also be a steppingstone for MAS to new and excellent partnerships with other international orthopaedic societies.

Prepared by **Dr Raymond Yeak, Universiti Putra Malaysia**

Korean Shoulder and Elbow Society (KSES) was established in 1993 and it has come a long way since. KSES 2023 marks the 30th anniversary of the society. It was held in Seoul, South Korea from the 31st of March 2023 till 1st April 2023. This year's conference holds the KSES record as the largest number of podium presentations with 31 domestic and 24 international speakers from 18 countries.

To commemorate the 30th anniversary of the society, this year's conference theme was titled 'Standing at the Center of Rotation' as it aptly reflects the emergence of the Korean Shoulder and Elbow Society as the global leader in the field of shoulder and elbow care.

For this year's conference, some of the world-renowned speakers included Stefano Gumina from Italy, Pascal Boileau and Jean Kany from France, Katsumi Takase from Japan, George Athwal from Canada and KSES own share of renowned and visionary surgeons such as KSES president Shin Sang Jin, Yong Girl-Rhee, Yoo Jae Chul, Oh Joo Han and many more speakers have come to participate in the conference. The lectures have provided the participants with a deeper understanding and invaluable insights into understanding the complexity of shoulder surgery.

It always amazes me when these surgeons who are subject matter experts in their respective fields share their experiences to pass on their knowledge, skills and experience to fellow colleagues for the improvement of medical advances in the medical field.

Going back to Korea took me down my own memory lane when I first embarked on my journey to become a sports surgeon. I was undergoing my fellowship training in 2017 whereby I had the opportunity to undergo training under my learned mentors, whom are committed to educating and guiding their younger counterparts for the betterment of the society.

Now, fast forward 6 years, in 2023, I was fortunate enough on this occasion to be given the opportunity to be a faculty member, a panelist in the panel discussion, a chairperson for one of the symposiums as well as a speaker sharing the stage together with Teruhisa Mihata from Japan and Thay Q. Lee from the United States, both of whom are world-renowned surgeon as well as researcher. This is an honour that I will forever cherish.

All work and no play makes Jack a dull boy. The organizer made sure that all the participants also had opportunity to mingle around in a more relaxed environment during the President Dinner, whereby all like-minded surgeons can have a networking session. To top it off, the participants were presented with the Korean traditional performance during the President Dinner.

It has always been my motto to serve my patients the to my best ability and I believe that to achieve this, all surgeons including myself, need to continuously strive to improve ourselves by keeping up with the latest evidence-based medicine. The 30th KSES conference has been an eye opener to me and will serve as a benchmark for many other conferences to come.

Figure 1: Talk and discussion on Rotator Cuff Tear and Superior Capsular Reconstruction

Figure 2: Panel discussion on Rotator Cuff Tear

14th Biennial ISAKOS Congress, Boston, USA

18th - 21st June 2023

Prepared by **Dr Gan Eng Cheng, Damansara Specialist Hospital**

Boston is a good venue for conference with beautiful greeneries and excellent seafood.

Topics of Discussion

1. New development in stem cells treatment. Reinforcement of the importance of stem cells treatment in orthopaedic and biologic treatment is the future of orthopaedics.
2. Bone marrow aspirate is a good source of stem cells. Spinning of bone marrow to concentrate will cause decrease number of MSC.
3. Knee surgeries; more results shown that ALL and LET surgeries should be done as adjunct to ACL reconstruction.
4. iv. Shoulder surgery; interesting to note tuberoplasty as a good surgical method of treatment for massive rotator cuff tear. Also, capsuloplasty using artificial ligament was discussed.
5. PCL & PLC Reconstruction: Technique essentially no new changes.

Interesting New Conference Topics

1. Meeting with experts on difficult and situational clinical cases.
2. Presented in small groups with actual cases. Expert will give their views with participants involvement.

Orthopaedic Industries Vendors

Surprisingly low participation from vendors, notably only 2 major sponsors, i.e., Smith & Nephew and Arthrex. A disappointment as compared to previous meeting.

Overall Conclusion:

Good meeting with good speakers, and interesting discussions.

Prepared by **Dr Aaron Lim, Island Hospital, Penang**

Takeaway Messages

1. Anterior Lateral Ligament Reconstruction (ALLR) protects the ACLR & the re-tear ACLR rates drops below 5%.
2. ALLR does not increase or worsen lateral compartment Osteoarthritis.
3. SCR Failure rates high – however the intra-substance ruptures failures fare better than failures at the greater tuberosity.

Thai Orthopaedic Society of Sports Medicine (TOSSM) - ASEAN Society for Sports Medicine and Arthroscopy (ASSA)-Korean Shoulder and Elbow Society (KSES) Combined Meeting 2023

6th-8th July 2023

Prepared by **Dr Siti Hawa Tahir, Hospital Kuala Lumpur**

The above conference was an initiative by the Thai Orthopaedic Society of Sports Medicine (TOSSM) in collaboration with the ASEAN Society for Sports Medicine and Arthroscopy (ASSA) and the Korean Shoulder and Elbow Society (KSES) which was held in Pattaya, Thailand from 6th till 8th of July 2023.

Among the delegates who attended the conference were from various ASEAN countries including Singapore, Indonesia, Vietnam, Hong Kong and from other regions such as Australia, United Kingdom, USA and South America.

As an invited speaker, I gave a lecture with the topics of "Irreducible posterior sagging in chronic PCL laxity"(Knee 7 on day 2), and was one of the panelists for a forum on "Trend in treating the Frozen Shoulder" (Shoulder Symposium on Day 2).

It was a fruitful trip with sharing of knowledge and experience as well as ideas in the field of Arthroscopy and Sports Medicine with the experts from other countries.

Photo taken at the conference with the president of TOSSM, Dr Bancha Cherncujit (5th from left) and MAS president, Datuk Dr Mohd Asri Abd Ghapar (3rd from right) and several Malaysian delegates.

Updates on Rotator Cuff Tear

Prepared by **Dr Raymond Yeak Dieu Kiat, Universiti Putra Malaysia**

Rotator cuff tears are common and we see such cases day in day out. It can result in pain, weakness or loss of function. The aetiology can be either traumatic or degenerative. Statistically, 20.7% of the general population between the age range of 18 to 87 years old will develop either a traumatic or degenerative tear of the rotator cuff and the incidence will increase with age[1]. The aetiology of rotator cuff tear can be explained with the extrinsic and intrinsic theory. **(Fig 1)**

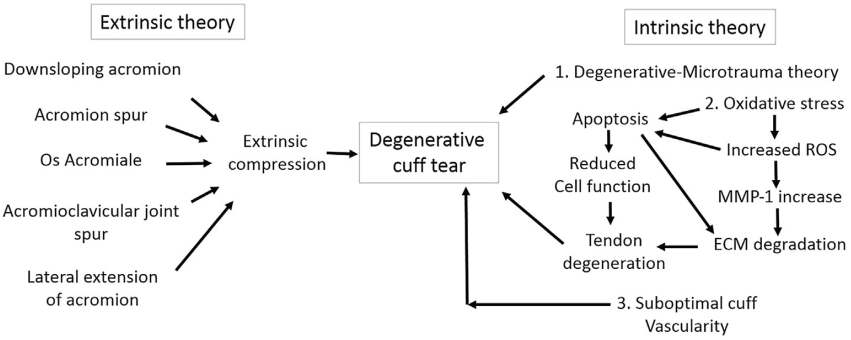

Figure 1: Summary of extrinsic and intrinsic pathways of rotator cuff tear. ECM. extracellular matrix; MMP-1. matrix metalloproteinase-1; ROS. reactive oxygen species.

(Pandey V, Jaap Willems W. Rotator cuff tear: A detailed update. Asia Pac J Sports Med Arthrosc Rehabil Technol. 2015 Feb 11;2(1):1-14. doi: 10.1016/j.asmart.2014.11.003. PMID: 29264234; PMCID: PMC5730646.)

There are non-operative and surgical means to treat this condition. Only when we have exhausted the non-operative means, we then turn to the surgical treatment options available. There are various treatment options available ranging from mini open repairs to arthroscopic repairs with various techniques in our armamentarium. Both have produced improved post-op clinical outcomes in patients.[2]

I would like to focus on a subgroup of patients which is often subjected to constant debate. In severe rotator cuff tears, we have the massive and the irreparable rotator cuff tear. These are essentially different components and should not be used interchangeably. The term "massive" RCT describes full thickness tears of 2 tendons, retraction to glenoid and/or exposure of 67% of the greater tuberosity.[3] Gerber et al. defines a RCT to be "irreparable" if it is impossible to achieve anatomic fixation of the torn posterosuperior tendons in less than 60 of glenohumeral abduction despite adequate tendon release.[4]

The primary function of the rotator cuff is to keep the head of the humerus depressed and centred into the glenoid fossa resulting in a single centre of rotation, while allowing efficient abduction or forward elevation of the arm.[5,6] The centralizing force in the glenohumeral joint is achieved by balancing the force couples. **(Fig 2)** The shoulder joint has two force couples, namely, coronal and transverse. The coronal force couple is the result of the balance of moments created by the deltoid versus inferior rotator cuff (IS, SC, and TM).[7]

The transverse force couple is a balanced moment between the anterior SC and posterior IS and TM muscles. Disruption of the transverse force couple will result in imbalance of massive cuff tear wherein the large tears of the SS gradually involve the IS, resulting in the weakening of the posterior cuff. This causes imbalanced transverse as well as coronal force couples, leading to posterosuperior migration of the head and inability to maintain stable fulcrum of motion.[8,9]

The various techniques in our armamentarium also seek to minimize glenohumeral joint pressures to reduce the risk of developing cuff arthropathy, reduce pain, and restore function. Therefore, restoration of transverse and coronal force couples by

continue on page 22

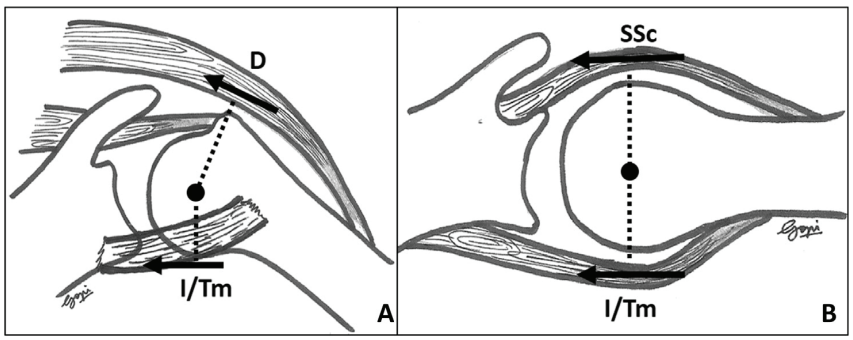

Figure 2: (A) Coronal force couple. (B) Transverse force couple. D . deltoid muscle force; I/Tm . infraspinatus/teres minor muscle force; SSc . subscapularis muscle force.

(Pandey V, Jaap Willems W. Rotator cuff tear: A detailed update. Asia Pac J Sports Med Arthrosc Rehabil Technol. 2015 Feb 11;2(1):1-14. doi: 10.1016/j.asmart.2014.11.003. PMID: 29264234; PMCID: PMC5730646.)

partial repair of tendons (IS and SC) in the case of massive cuff tear can produce good results.[8,9]

Collin et al classified rotator cuff tears according to involved components.[10] **(Fig 3)** He found that pseudoparalysis was only found in certain types of tears. Pseudoparalysis was demonstrated in 80% of patients with Type B tears and in 45.4% with Type C tears and 33.3% in Type E and 2.9% in Type D. **(Fig 4)**

As with all surgeries, pre-op planning is essential and according to literature, the following are the reported predictors of irreparability which can be used in the pre-op planning:

1. Tear size and age.[11]
2. Fatty degeneration with over 50% fatty infiltration of the muscle belly (Goutailler grade 4).[12]
3. Muscle atrophy: Tangent sign in sagittal MRI showing less supraspinatus muscle in the supraspinatus fossa.[13]
4. Ultrasound assessment of tear size/MRI: anterosuperior (SSC + supraspinatus) or posterosuperior (infraspinatus + supraspinatus) massive tear of more than 5 cm.[11,14]
5. X-ray/CT scan: Moloney's line's harmony assessment of shoulder and glenoid, acromiohumeral distance of less than 6 mm.[15]

Treatment of massive irreparable cuff tear (MIRCTs) remains a challenging dilemma for surgeons. In MIRCTs, treatment options include non-operative management, debridement with tenotomy or tenodesis with or without acromioplasty, partial repair, tendon transfer, reverse total shoulder arthroplasty (RTSA), implantation of a subacromial biodegradable spacer (SBS), patch interposition and superior capsular reconstruction (SCR).[4,16-21]

There are specific advantages and disadvantages that have

continue on page 23

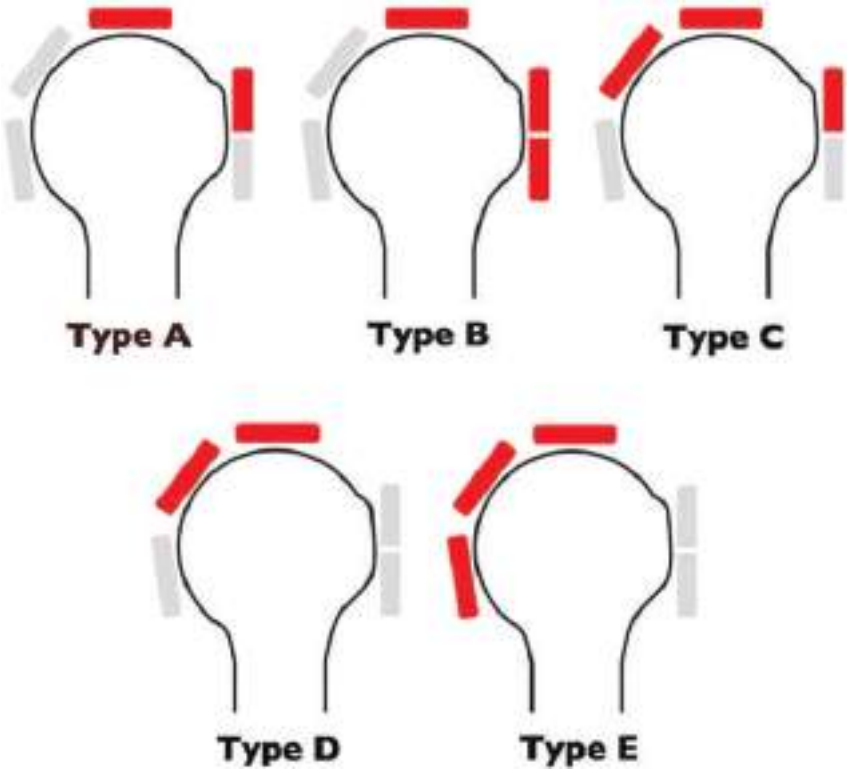

Figure 3: Rotator cuff tears classification according to the involved components: Type A, supraspinatus and superior subscapularis tears; Type B, supraspinatus and entire subscapularis tears; Type C, supraspinatus, superior subscapularis, and infraspinatus tears; Type D, supraspinatus and infraspinatus tears; and Type E, supraspinatus, infraspinatus, and teres minor tears.

(Collin P, Matsumura N, Lädermann A, Denard PJ, Walch G. Relationship between massive chronic rotator cuff tear pattern and loss of active shoulder range of motion. J Shoulder Elbow Surg. 2014 Aug;23(8):1195-202. doi: 10.1016/j.jse.2013.11.019. Epub 2014 Jan 14. PMID: 24433628.)

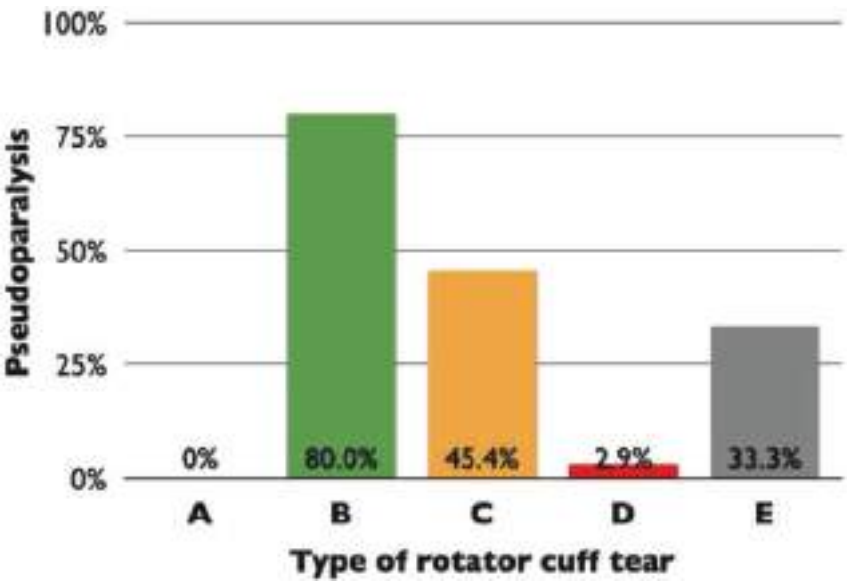

Figure 4: Percentage of pseudoparalysis, which was defined as the inability to elevate the arm actively beyond 90 with full passive range of motion.

(Collin P, Matsumura N, Lädermann A, Denard PJ, Walch G. Relationship between massive chronic rotator cuff tear pattern and loss of active shoulder range of motion. J Shoulder Elbow Surg. 2014 Aug;23(8):1195-202. doi: 10.1016/j.jse.2013.11.019. Epub 2014 Jan 14. PMID: 24433628.)

been reported for each of these procedures. The surgeon has to determine the ideal individualized treatment for each patient. The Society for Arthroscopy and Joint Surgery (AGA) Shoulder Committee has proposed the following algorithm. **(Fig 5)**

Of these, SCR attracts lots of controversy. The superior capsule is a thin structure from the labrum to the humeral head with the greater tuberosity that covers the footprint of the supraspinatus tendon and serves as a static stabilizer for the glenohumeral joint[22-24]. It was first introduced by Mihata 11 years ago. Superior capsule reconstruction is a joint-preserving, anatomic, and arthroscopic option especially in highly active and young patients. SCR was developed to treat massive irrepairable rotator cuff tear by Teruhisa Mihata in 2012.

It was a technique used to restore function and improve pain due to the lack of availability of reverse total shoulder replacement in Japan for superior and posterosuperior rotator cuff tear. It was deemed by Adams et al as the essential lesion and this procedure has become a game changer, especially for a young and high-demand patient population.[25] It was deemed a technical marvel by some and a fading fashion by others.[26] Despite the controversy, SCR has good short and long term results. Mihata has the longest 10 years outcome which showed good outcome. There is room for improvement as we seek for the best SCR. We still need high-quality randomized controlled trial demonstrating its clinical and cost-effectiveness. On the other hand, RTSA should be left as the last resort for the younger patients due to the lower statistics of good outcome in the long run.

The Neer circle consensus paper by a group of experts came out with the following conclusions. **(Fig 6)**:

1. There were several clinical scenarios and treatment options that met a high level

continue on page 24

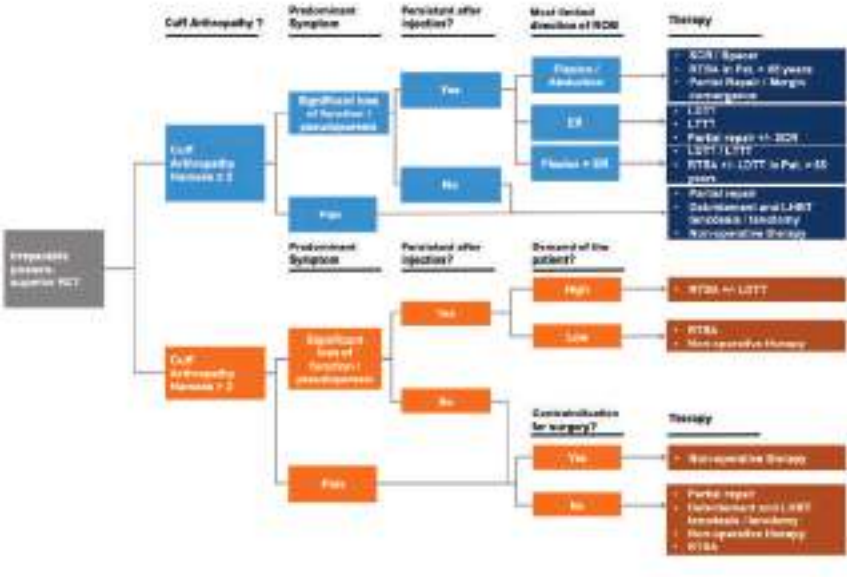

Figure 5: Proposed Treatment Algorithm by the AGA Shoulder Committee

(Pogorzelski J, Rupp MC, Scheiderer B, Lacheta L, Schliemann B, Schanda J, Heuberer P, Schneider M, Hackl M, Aga Shoulder Committee-Rotator Cuff, Lorbach O. Management of Irreparable Posterosuperior Rotator Cuff Tears-A Current Concepts Review and Proposed Treatment Algorithm by the AGA Shoulder Committee. J Pers Med. 2023 Jan 21;13(2):191. doi: 10.3390/jpm13020191. PMID: 36836425; PMCID: PMC9964754.)

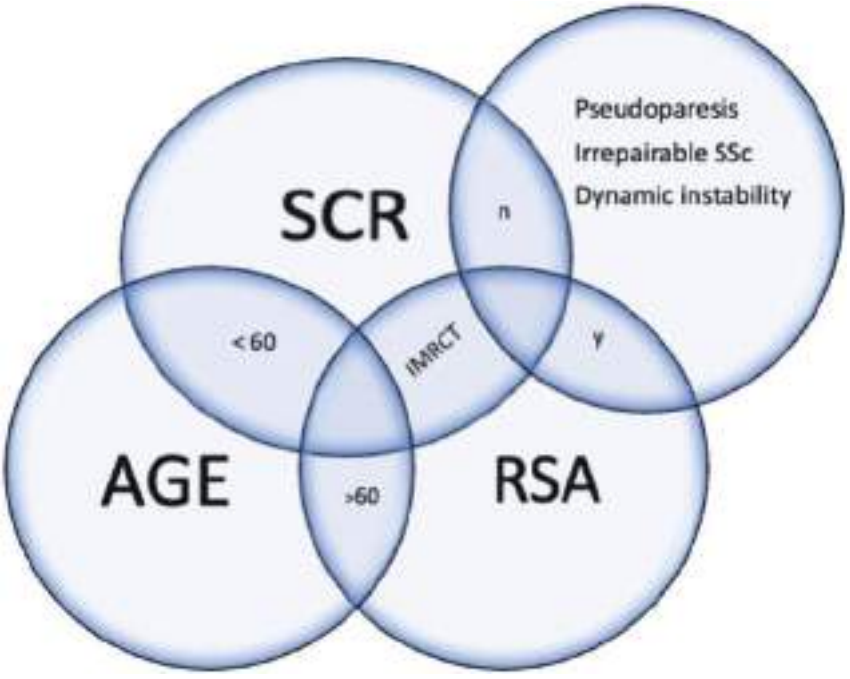

Figure 6: Neer Circle Consensus Paper on the treatment algorithm for MIRCTs: The factors displayed are the conditions of the patients where consensus was reached on treatment for MIRCTs. Starting with the patient's age (bottom left bubble) and adding clinical findings (top right bubble), recommendations for treatment can be seen in this chart.

(Dey Hazra ME, Dey Hazra RO, Hanson JA, Ganokroj P, Vopat ML, Rutledge JC, Yamaura K, Suppauksorn S, Millett PJ. Treatment options for massive irreparable rotator cuff tears: a review of arthroscopic surgical options. EFORT Open Rev. 2023 Jan 27;8(1):35-44. doi: 10.1530/EOR-22-0015. PMID: 36705608; PMCID: PMC9969010.)

of consensus for preferred, acceptable, and not acceptable/contraindicated treatments.

2. There was a high level of consensus for RSA among patients aged more than 70 years old with pseudoparesis, an absent or irreparable subscapularis, and dynamic instability.

3. In the setting of an MIRCT, there was consensus against RSA in patients aged less than 50 years old presenting with an intact or reparable subscapularis and no dynamic instability or pseudoparesis.

4. Consensus for SCR as a not acceptable/contraindicated option was reached for patients aged more than 70 years old with pseudoparesis and an irreparable subscapularis, with variability in other features.

5. Additional studies with high levels of evidence are needed in this population on the various treatment options available to delineate the differences in patient outcomes.

In conclusion, there is no panacea for MIRCTs. All the treatment options have the improved clinical outcomes if it is performed on patients with the right conditions. Therefore, we as surgeons have to choose the correct indication and treatment option for each patient to ensure the best outcome possible.

References

1. *Yamamoto A, Takagishi K, Osawa T, et al. Prevalence and risk factors of a rotator cuff tear in the general population. J Shoulder Elbow Surg. 2010;19(1):116–120. https:// doi.org/10.1016/j.jse.2009.04.006.*

2. *Sakha S, Erdogan S, Shanmugaraj A, Betsch M, Leroux T, Khan M. Update on all-arthroscopic vs. mini-open rotator cuff repair: A systematic review and meta-analysis. J Orthop. 2021 Mar 27;24:254-263. doi: 10.1016/j.jor.2021.03.009. PMID: 33867750; PMCID: PMC8040116.*

3. *Schumaier, A.; Kovacevic, D.; Schmidt, C.; Green, A.; Rokito, A.; Jobin, C.; Yian, E.; Cuomo, F.; Koh, J.; Gilotra, M.; et al. Defining massive rotator cuff tears: A Delphi consensus study. J. Shoulder Elb. Surg. 2020, 29, 674–680. [CrossRef].*

4. *Gerber, C.; Vinh, T.S.; Hertel, R.; Hess, C.W. Latissimus dorsi transfer for the treatment of massive tears of the rotator cuff. A preliminary report. Clin. Orthop. Relat. Res. 1988, 232, 51–61. [CrossRef].*

5. *Saha AK. Dynamic stability of the glenohumeral joint. Acta Orthop Scand. 1972;42:476e483.*

6. *Basmajian JV, Bazant FJ. Factors preventing downward dislocation of the adducted shoulder joint. An electromyographic and morphological study. J Bone Joint Surg Am. 1959;41A:1182e1186.*

7. *Inman VT, Saunders JB, Abbott LC. Observations of the function of the shoulder joint. 1944. Clin Orthop Relat Res. 1996:3e12.*

8. *Burkhart SS. Partial repair of massive rotator cuff tears: the evolution of a concept. Orthop Clin North Am. 1997;28:125e132.*

9. *Burkhart SS. A stepwise approach to arthroscopic rotator cuff repair based on biomechanical principles. Arthroscopy. 2000;16:82e90.*

10. *Collin P, Matsumura N, Lädermann A, Denard PJ, Walch G. Relationship between massive chronic rotator cuff tear pattern and loss of active shoulder range of motion. J Shoulder Elbow Surg 2014;23:1195-1202.*

11. *25. Tse AK, Lam PH, Walton JR, Hackett L & Murrell GAC. Ultrasound determination of rotator cuff tear repairability. Shoulder and Elbow 2016 8 14–21. (https:// doi.org/10.1177/1758573215585284).*

12. *27. Melis B, Nemoz C & Walch G. Muscle fatty infiltration in rotator cuff tears: descriptive analysis of 1688 cases. Orthopaedics and Traumatology, Surgery and Research 2009 95 319–324. (https://doi.org/10.1016/j.otsr.2009.05.001).*

13. *28. Khair MM & Gulotta LV. Treatment of irreparable rotator cuff tears. Current Reviews in Musculoskeletal Medicine 2011 4 208–213. (https://doi.org/10.1007/s12178-011-9098-3).*

14. *29. Kovacevic D, Suriani RJ, Grawe BM, Yian EH, Gilotra MN, Hasan SA, Srikumaran U, Hasan SS, Cuomo F, Burks RT, et al. Management of irreparable massive rotator cuff tears: a systematic review and meta-analysis of patient-reported outcomes, reoperation rates, and treatment response. Journal of Shoulder and Elbow Surgery 2020 29 2459–2475. (https://doi.org/10.1016/j.jse.2020.07.030).*

15. *30. Kleim BD, Siebenlist S, Scheiderer B & Imhoff AB. Irreparable rotator cuff tear—reverse shoulder arthroplasty and alternative procedures. Der Unfallchirurg 2021 124 117–124. (https://doi.org/10.1007/s00113-020-00922-3).*

16. *Burkhart, S.S. Reconciling the paradox of rotator cuff repair versus debridement: A unified biomechanical rationale for the treatment of rotator cuff tears. Arthrosc. J. Arthrosc. Relat. Surg. 1994, 10, 4–19. [CrossRef].*

17. *Godin, J.A.; Pogorzelski, J.; Horan, M.P.; Lacheta, L.; Hussain, Z.B.; Altintas, B.; Frangiamore, S.; Mannava, S.; Fritz, E.M.; Millett, P.J. Impact of Age and Subscapularis Tendon Reparability on Return to Recreational Sports Activities and 2-Year Outcomes After Reverse Total Shoulder Arthroplasty. Orthop. J. Sports Med. 2019, 7, 2325967119875461. [CrossRef].*

18. *Lobao, M.H.; Canham, R.B.; Melvani, R.T.; Abboud, J.A.; Parks, B.G.; Murthi, A.M. Biomechanics of Biodegradable SubacromialBalloon Spacer for Irreparable Superior Rotator Cuff Tears: Study of a Cadaveric Model. J. Bone Joint Surg. Am. 2019, 101, e49. [CrossRef] [PubMed].*

19. *Oh, J.H.; McGarry, M.H.; Jun, B.J.; Gupta, A.; Chung, K.C.; Hwang, J.; Lee, T.Q. Restoration of shoulder biomechanics according to degree of repair completion in a cadaveric model of massive rotator cuff tear: Importance of margin convergence and posterior cuff fixation. Am. J. Sports Med. 2012, 40, 2448–2453. [CrossRef] [PubMed].*

20. *Pogorzelski, J.; Fritz, E.M.; Godin, J.A.; Imhoff, A.B.; Millett, P.J. Nonoperative treatment of five common shoulder injuries: A critical analysis. Obere Extrem. 2018, 13, 89–97. [CrossRef] [PubMed].*

21. *Pogorzelski, J.; Muckenhirn, K.J.; Mitchell, J.J.; Katthagen, J.C.; Schon, J.M.; Dahl, K.D.; Hirahara, A.M.; Dines, J.S.; Adams, C.R.; Dooney, T.; et al. Biomechanical Comparison of 3 Glenoid-Side Fixation Techniques for Superior Capsular Reconstruction. Am. J. Sports Med. 2018, 46, 801–808. [CrossRef].*

22. *Petri M, Greenspoon JA & Millett PJ. Arthroscopic superior capsule reconstruction for irreparable rotator cuff tears. Arthroscopy Techniques 2015 4 e751–e755. (https://doi. org/10.1016/j.eats.2015.07.018).*

23. *Mihata T, McGarry MH, Kahn T, Goldberg I, Neo M & Lee TQ. Biomechanical effect of thickness and tension of fascia Lata Graft on glenohumeral stability for superior capsule reconstruction in irreparable supraspinatus tears. Arthroscopy 2016 32 418–426. (https://doi.org/10.1016/j.arthro.2015.08.024).*

24. *Kitridis D, Yiannakopoulos C, Sinopidis C, Givissis P & Galanis N. Superior capsular reconstruction of the shoulder using the long head of the biceps tendon: a systematic review of surgical techniques and clinical outcomes. Medicina 2021 57 1–12. (https://doi. org/10.3390/medicina57030229).*

25. *Adam CR, De Martino AM, Rego G, Denard PJ, Burkhart SS. The rotator cuff and the superior capsule: why we need both. Arthroscopy. 2016;32(12):2628–37. [PubMed] [Google Scholar].*

26. *Lädermann A, Rashid M. Superior Capsular Reconstruction-Technical Marvel or Fading Fashion? Arthroscopy. 2022 Nov;38(11):2954-2956. doi: 10.1016/j.arthro.2022.08.013. PMID: 36344054.*

10th MALAYSIAN ARTHROSCOPY SOCIETY 2023

ANNUAL SCIENTIFIC MEETING

12 - 14 OCTOBER

Putrajaya Marriott Hotel

Advances in Arthroscopy and Orthopaedic Sports Medicine: The Next Decade

MEET OUR *Keynote Speaker*

DR DAVE LEE YEE HAN

ASSA IMMEDIATE PAST PRESIDENT

Topic:

MOVING ON TO THE NEXT STAGE

LIVE

12TH OCTOBER 2023 | DAY 1 | 10:30AM - 11:00AM | LECTURE HALL A

20 CPD Point Awarded

mma