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Message from the Chief Editor

Dear MAS Members and Friends,

Welcome to the 7th Issue of the MAS Newsletter. We are delighted to bring you another collection of insightful articles, academic updates, and society news.

This issue opens with a light yet timely read by **Dr Low** on how pickleball is making its mark on the orthopaedic fraternity. We then feature **Dr Jonas**, who shares on the management of proximal humerus fractures. You will also find comprehensive reports from the various **MAS-organised workshops**, highlighting our society's commitment to continuous learning and surgical skills development.

Our **Educational Grant recipients** who attended the recent ISAKOS Congress in Munich have also contributed their reports and reflections, giving readers a glimpse into global perspectives and advancements. Closing this issue, **Dr Raymond** provides an excellent update on the latest advancements in orthopaedic implants, with a special focus on ligamentous augmentation.

Looking ahead, I warmly invite all members to join us at the **12th MAS Annual Scientific Meeting (ASM) this October 2025**. We are proud to host renowned sports surgeons from around the world as our faculty. This year, the scientific program is enriched with new and exciting components, including:

- A **Surgical Video Technique session**
- **Case-Based Discussions**
- A **dedicated Young Surgeon Forum**

We will also continue our much-anticipated **Debate Session, Postgraduate Quiz Competition**, and recognize excellence through our **Innovation, Oral and Poster Presentation Awards**. Importantly, this year marks a special milestone: our ASM has been officially recognized as an **ISAKOS-Approved Course** – the first ever for MAS. This recognition reflects our society's growth and international standing, and we look forward to celebrating this achievement with you.

On behalf of the editorial team, I thank all contributors and readers for your continued support. We hope you enjoy this issue and look forward to seeing you at the ASM in October.

Warm regards,

Assoc Prof Dr Teo Seow Hui

Chief Editor, MAS Newsletter (2023-2025)

MAS Secretary (2023-2025)

Universiti Malaya



Malaysian Arthroscopy Society 2nd Editorial Board (2023-2025)



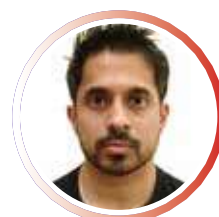
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Pickleball Fever Hits the Orthopaedic Fraternity: A Game, A Challenge, A Celebration

**By Dr Robin Low Chin Aun,
Pantai Hospital Cheras**

“Hey bro, MOA pickleball competition is coming up, let’s join!” What started as a simple WhatsApp message quickly evolved into a collective drive to compete. Within hours, news of the first-ever Dato’ Rashdeen Pickleball Tournament spread throughout the orthopaedic fraternity in Malaysia. WhatsApp groups buzzed, surgeons swapped their scrubs for sports shoes, and rivalries were born faster than a dislocated shoulder in a weekend football match. People picked up paddles instead of scalpels, trading operating lights for court lights, and trained tirelessly to master spins, smashes, and serves. Clinics echoed with discussions about drop shots instead of footdrop, and the countdown began for the most exciting showdown the fraternity has ever seen.

But before we dive into our story, let’s talk a little about pickleball history, a sport that’s sweeping across the globe. Born in Bainbridge Island, Washington in 1965, it started when three dads namely Joel Pritchard, Bill Bell, and Barney McCallum wanted to create a fun activity for their kids using ping-pong paddles, a perforated plastic ball and a badminton court. What began as a backyard experiment quickly evolved into one of the fastest-growing sports in the world, especially popular among older adults, but now embraced by all ages for its easy learning curve, low-impact nature, and highly social gameplay.



Photo of the original pickleball court, built in the summer of 1965 on Bainbridge Island, Washington.



From left to right: Barney McCallum, Joel Pritchard, and Bill Bell – the three visionaries who created Pickleball.

An Evening That Brought It All Together

The formalities were warm, never weighty. Dato’ Dr Rashdeen Fazwi bin Muhammad Nawawi, Head of Orthopaedics at Hospital Selayang, joined virtually to rally everyone onto the courts: “If I can play pickleball, everyone else can do it.” He underscored the sport’s universal appeal: not everyone can cycle 100 kilometres or shoot 95 on the golf course but

anyone can pick up a paddle and find their rhythm.

Adding a personal touch to the opening, Mr Abdul Motalib bin Abdul Wahid, Head of Orthopaedic Services (MOH), officially served the first ball using a custom pickleball paddle, a symbolic nod that the same hands that mend fractures

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Building teamwork and friendships through a fun-filled pickleball session.

by day can still deliver a winning shot by night.

With everything running seamlessly, thanks to meticulous planning and the Reclub app, it was time to let the paddles do the talking. My partner, Dr. Koh Ka Ho from Hospital Kajang, and I stepped onto the court for our first match. We began our campaign with an unexpected setback, losing our opening match, a result that tested our composure. Rather than allowing it to dictate the rest of the tournament, we took the loss in stride, reassessed our strategy, and approached the subsequent games with renewed determination. The

adjustment proved effective as we went on to win all our remaining group matches, securing a spot in the knockout rounds.

In the quarterfinals, we faced Team Tickleballs and delivered a commanding performance, clinching victory with scores of 15-2 and 15-9. Buoyed by that success, we advanced to the semifinals, where we encountered Bang Brothers (Chin Siang Leon and Alex Lee Chie Yong), the eventual men's champions. It was a hard-fought contest, filled with intensity and tactical play, but despite a strong showing, we narrowly missed a place in the final.

Interestingly, participating in such an intense tournament offered more than just competition, it provided first-hand insight into the physical demands of pickleball and the potential for injuries.

Common Sports Injuries in Pickleball

Pickleball is often perceived as a low-impact sport, yet its fast-paced lateral movements, sudden pivots, and repetitive strokes can predispose players to a spectrum of musculoskeletal injuries. Here are the most common ones:

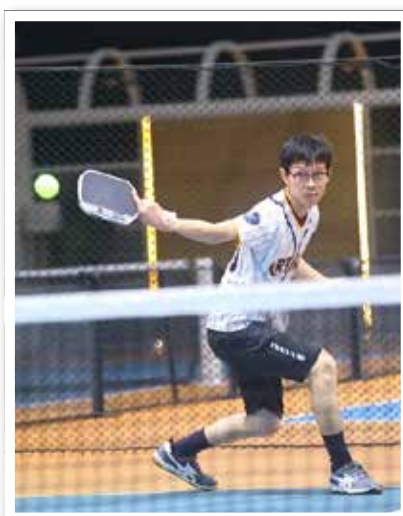
1 Rotator Cuff Tendinopathy

Chronic shoulder injuries are generally less common in pickleball due to its primarily underhand style of play. However, rotator cuff strains can still develop from repeated overhead shots or frequent reaching to return the ball.

2 Lateral Epicondylitis

Despite the name, tennis elbow isn't exclusive to tennis. The repetitive wrist extension during volleys and dinks in pickleball can overload the extensor tendons, causing pain over the lateral elbow.

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Every shot counts in pickleball!

3 Knee Meniscus Tears

Sudden pivots, twisting movements, and low-grip court shoes increase the risk of meniscal injuries, particularly in players over 40. This can lead to pain, swelling, and mechanical symptoms like locking.

4 Achilles Tendon Rupture

Explosive push-offs to chase short balls put tremendous stress on the Achilles tendon. This can lead to catastrophic ruptures, often requiring surgical repair.

5 Ankle Sprains

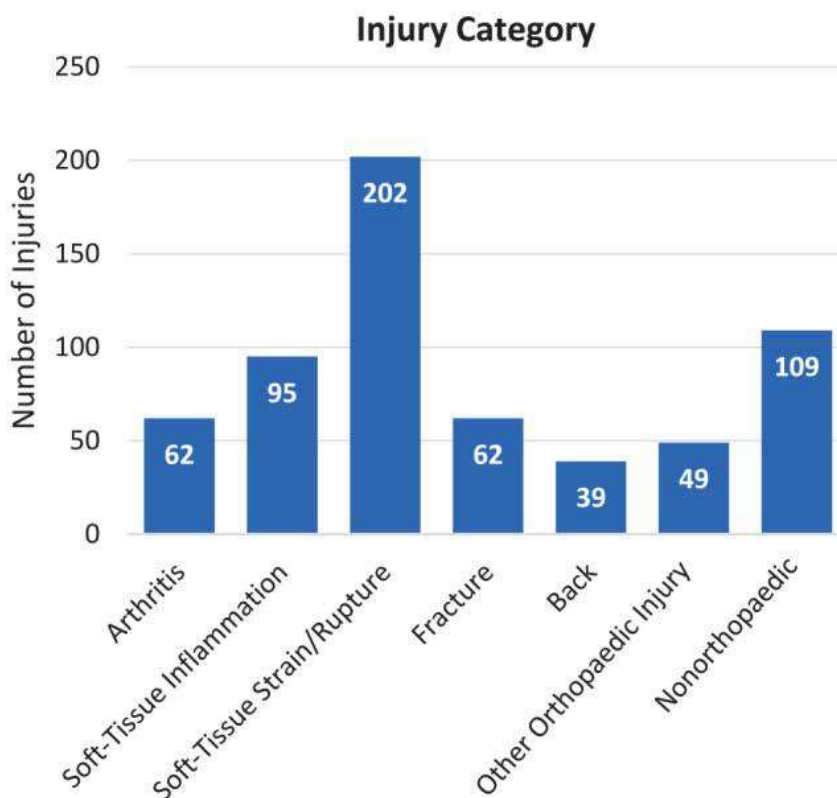
Rapid lateral movements and sudden changes in direction put the ankle ligaments at risk. Most players suffer from inversion sprains, especially if they wear non-supportive shoes. Research shows ankle sprains are among the most frequent injuries in recreational racquet sports, accounting for significant downtime.

Although these are the most frequent musculoskeletal issues seen in pickleball players, less common but more severe injuries can also occur. For instance, high-impact falls during play can lead to serious complications such as hip fractures. The image below illustrates a case of a left proximal femur fracture, a rare but significant injury that underscores the importance of fall prevention and proper balance training in players.

While pickleball, like any sport, carries the risk of injuries ranging from muscle strains to joint sprains, the recent MAS Pickleball Challenge proved to be far more than just a game. It was a celebration of collegiality, teamwork, and resilience. The event brought together surgeons, medical officers, house officers, nurses, and medical assistants—not only to compete, but to



X-ray showing a left proximal femur fracture as a result from a fall during pickleball.



Pickleball-related injuries according to category.

Ref: Herzberg SD, Bowman EN, Hill KL. Evaluation of Pickleball-Related Injuries at a Single Institution From 2017 to 2022. *Orthop J Sports Med.* 2025 Feb 6;13(2):23259671251316997.

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connect, collaborate, and foster a sense of community beyond the operating theatre. In the end, the true victory was not on the scoreboard, but in the friendships forged and the shared commitment to wellness within the orthopaedic fraternity.



PICKLEBALL TOURNAMENT RESULTS

Mixed Doubles

- 1st: Dink Dong – Chin Siang Leon, Lee Ching Li
- 2nd: Teyyais – Emir Mustaqim bin Zulkharnain, Sharifah Farihan Alsagoff
- 3rd: Kinabalu Kitchen – Wengvei Chiam Tah Kong, Jayvin Kantilal Patel

Men's Doubles

- 1st: Bang Brothers – Chin Siang Leon, Alex Lee Chie Yong
- 2nd: Aramaiti Dinkers – Yeo Siang Yew, Jayvin Kantilal Patel
- 3rd: Otago Dinkers – Azani Bin Hasan, Bernard Cheu Teck Luk

Women's Doubles

- 1st: Sabah Sunbears – Chan Sook Kwan, Wengvei Chiam
- 2nd: Dink Divas – Tan Yin Ying, Ooi Ru En
- 3rd: 100% Confused – Nur Asyikin binti Mohd Said, Wan Nor Faizah binti Wan Ramli



Did You Know? Pickleball Fun Facts

- **Invented by Dads on Vacation** – Pickleball started in 1965 when three dads wanted to entertain their bored kids with a mix of badminton and ping pong.
- **Many believe pickleball was named after a dog called Pickles.** Cute story, but not true! The real origin? The game's inventors borrowed the term from "pickle boat," where spare rowers were thrown together, just like how pickleball combines elements of tennis, badminton, and ping-pong.
- **Faster than Tennis at the Net** – Despite being slower overall, pickleball exchanges at the net (the "kitchen") can be faster than tennis volleys!
- **The Ball Has Holes On Purpose** – Pickleballs have 26–40 holes, making them slower outdoors but lightning-quick indoors.
- **You Can't Step in the Kitchen** – The non-volley zone is called the "kitchen," and stepping in during a volley is a fault. Yes, players joke about "staying out of the kitchen"!
- **Celebrities Are Hooked** – LeBron James and Tom Brady all play pickleball and have even invested in professional teams.
- **It Burns as Many Calories as Tennis** – An hour of pickleball can torch up to 600 calories—that's like running five miles but way more fun.
- **There's a "Pickleball Elbow"** – Similar to tennis elbow, overuse injuries are becoming common as the sport explodes in popularity.

Proximal Humerus Fractures: Reconstruct, Reinforce, or Replace

By Dr Jonas Fernandez,
Hospital Putrajaya

Proximal humerus fractures (PHFs) are common in elderly individuals, reported as the third most basecommon fracture in this population behind distal radius and hip fractures. Several deforming forces act on the proximal humerus in the setting of fracture, making it susceptible to malunion and nonunion. The supraspinatus exerts a force posteromedially. The infraspinatus and teres minor pull posteromedially and externally rotate. The subscapularis exerts an anteromedially directed force on the lesser tuberosity. The pectoralis major internally rotates and adducts, while the deltoid pulls superiorly on the metadiaphysis of the humerus.

The Neer classification, developed in the 1970s, is the most commonly used to classify proximal humerus fracture based on number of parts. However, it lacks the ability to determine treatment options. The Mayo-Fundación Jiménez Díaz (Mayo-FJD) classification for PHFs aims to identify specific fracture patterns and apply displacement criteria to each pattern. It is shown to produce better inter and intra-observer agreement and can be used as a guide to treatment.

There isn't a single treatment protocol that is applicable for all types of PHFs. Natalia et al, proposed several guiding principles, suggesting surgical intervention should be considered in the following scenarios:

- in fractures in which the humeral head is severely compromised (due to fracture-dislocation, severe impaction, or a split of the head itself),

- in non-impacted fractures with gross instability between the humeral shaft and humeral head, and
- in those cases in which displacement of the tuberosities or the final shape of the proximal humerus after healing will lead to symptomatic malunion.

Common surgical treatment options for PHFs include plate fixation alone, plate fixation with fibular strut graft augmentation or shoulder arthroplasty.

1 Locking Plate Fixation (Reconstruct)

Locking plate osteosynthesis remains a cornerstone in the management of displaced two- to four-part PHFs. However, systematic reviews have reported high complication rates, including varus malunion, avascular necrosis, screw perforation and revision surgery rates around 14%.

Anatomical fracture reduction and precise plate and screw placement play an integral role in the outcome after fixation. Particular attention should be

placed on the height placement of the plate and the direction of the calcar screws. With improved surgical technique and patient selection, complication and reoperation rates have decreased over time (fixation loss dropped from 14% to 4.8%).

2 Fibular Strut Graft Augmentation (Reinforce)

Fibular strut allograft augmentation has been proposed to reinforce plate fixation, especially in cases with medial comminution, varus tendency, or poor bone stock. Saltzman et al. reported lower screw penetration (3.7%) and reoperation (4.4%) rates with strut augmentation. Strut grafts improve functional outcomes, reduce complications, and better maintain radiographic alignment (e.g., head-shaft angle, humeral height)

Biomechanically, plate fixation augmented with fibular strut constructs demonstrate superior stiffness, failure load, and less displacement under cyclic loading versus medial support screws alone. However,

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The figure shows a preoperative shoulder X-ray of a young male with a comminuted proximal humerus fracture and dislocated head, alongside an intraoperative X-ray demonstrating fracture fixation with a proximal humerus locking plate and fibular strut graft augmentation.

cases with fibular strut allograft may complicate later conversion to arthroplasty due to technical challenges and unique risks.

3 Shoulder Arthroplasty (Replace)

Shoulder arthroplasty, particularly reverse total shoulder arthroplasty (rTSA), is increasingly favoured for elderly patients with complex PHFs or poor bone quality. A systematic review and meta-analysis comparing rTSA versus ORIF in older patients suggests that rTSA may yield better patient-reported outcomes and lower revision rates.



Figure shows a 3D CT scan of a comminuted proximal humerus fracture with dislocated head in an elderly patient and postoperative X-ray after reverse total shoulder arthroplasty.

RTSA is widely accepted as a robust option for fracture-related indications and is often preferable to hemiarthroplasty in the elderly with comminuted patterns or rotator cuff deficiency. This is because post operative range of motion (forward flexion and abduction) does not depend on tuberosity healing. However, having said that, greater tuberosity plays an important role in stability as it provides the wrapping effect of the deltoid. Furthermore, tuberosity healing improves shoulder rotation.

Conclusion

The optimal strategy for managing PHFs depends on patient age, bone quality, fracture complexity, and surgeon expertise. For stable fractures in younger patients, locking plate fixation remains viable, though surgeons must guard against varus collapse and hardware complications. In osteoporotic and comminuted fractures, fibular strut graft augmentation improves construct stability and functional outcomes, offering a middle ground between ORIF and arthroplasty.

In older patients with complex three- or four-part fractures, poor bone stock, or high risk of AVN, primary RTSA is increasingly supported due to favourable outcomes and lower revision rates.

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A Resounding Success: Recap of the 1st MAS Shoulder Arthroscopy Cadaveric Workshop

**By Dato Dr Shahrulazua bin Ahmad, Organising Chairman
ParkCity Medical Centre**

The Malaysian Arthroscopy Society (MAS) proudly hosted its 1st Shoulder Arthroscopy Cadaveric Workshop on June 21-22, 2025. This landmark event, held at the state-of-the-art facilities in the Simulation and Skill Training Centre (SSTC), Hospital Kuala Lumpur, marked the beginning of a new flagship annual series dedicated to advancing surgical skills through immersive, hands-on education. The workshop welcomed 16 orthopaedic surgeons, comprising 10 from Malaysia and 6 from Indonesia, fostering a vibrant environment for regional learning and collaboration. Under the guidance of a distinguished faculty of Malaysia's foremost shoulder arthroscopy experts, participants engaged in two intensive days of lectures and, most importantly, extensive practical sessions on cadaveric specimens.

The curriculum was designed to cover a broad spectrum of intermediate to advanced shoulder arthroscopy procedures. A cornerstone of the workshop's effectiveness was its exclusive 2:1 participant-to-cadaver ratio, ensuring maximum hands-on time for every surgeon. Furthermore, each station was overseen by a dedicated table instructor from our esteemed faculty, providing real-time, one-on-one guidance, troubleshooting, and expert tips throughout every procedure. This intimate learning setup was consistently highlighted as the most valuable aspect of the course by participants.

The first day commenced with registration and a welcome address by the Organising Chairman, Dato Dr Shahrulazua Ahmad. The morning lectures set the stage, with Dr Charanjeet Singh detailing the approach and suture techniques for arthroscopic Bankart Repair, followed by Datuk Dr Mohd Asri Abd Ghapar discussing management options for SLAP lesions. The extensive practical session that followed allowed participants to observe live demonstrations of Bankart and SLAP repairs before practicing

these techniques themselves on cadaveric specimens.

The afternoon session shifted to subacromial space procedures. Dr Mohd Nizlan Mohd Nasir lectured on the approach for subacromial decompression and distal clavicle excision. Maj Gen Dato' Dr Mohammad Amirrudin then provided insights into techniques for Supraspinatus (SST) tear repair and the indications for an interval slide

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Photo showing the cohort of the 1st Annual MAS Shoulder Arthroscopy Cadaveric Workshop, featuring participants and faculty members.





The success of this cadaveric workshop confirmed MAS's commitment to providing the highest quality of surgical education. The energy and engagement witnessed over these two days were truly inspiring. The mix of local and international participants created a fantastic dynamic. It was not just about teaching techniques; it was about building a community of practice across ASEAN. Launching this as our annual flagship workshop was a strategic priority for MAS, and the feedback confirms we are fulfilling a critical need for high-fidelity training. The resounding positive response from all attendees ensures that the 2nd Annual MAS Shoulder Arthroscopy Cadaveric Workshop will be a highly anticipated event in the 2026 calendar. MAS is committed to continuing this series, further solidifying its role as a leading centre for orthopaedic education in the region.

On behalf of the Malaysian Arthroscopy Society (MAS), I therefore would like to extend my heartfelt gratitude to all the faculty, participants, and industry partners (Icon Medic, Transmedic, Arah Tenang and Am Meditech). A special thank you to my organising committee members which included Dr Siti Hawa as the Co-chair, Assoc Prof Dr Mohd Fairudz as the MAS Central Regional Representative, Dr Muhammad Hafiz and all the other local committee members from HKL, who made this 1st MAS Shoulder Arthroscopy Cadaveric Workshop a resounding success!

release. The subsequent practical session covered these advanced techniques, with live demonstration and followed by the participants hands-on experience in decompression, acromioplasty, and cuff repair.

The second day delved into more complex reconstructions. Dr Azmi Abdul Latif began with a lecture on the approach for subscapularis tendon tears. This was followed by Dr Bazam Abdul Rani presentation on the various techniques of biceps tenodesis. Dr Ng Wuey Min's gave his lecture and experience on the treatment of massive cuff tears using Superior Capsular

Reconstruction (SCR). The morning session was completed with live demonstration on the cadavers and participants hands-on practice on subscapularis repair and biceps tenodesis techniques.

The afternoon session started with Dr Siti Hawa Tahir presentation on the 'how and when' to perform the Remplissage procedure. The final practical session consisted of live demonstration on SCR and Remplissage procedures, as well as the opportunity for the participants to practice on the cadaveric models.

Skill, Scalpel, Success: Reflecting on the Landmark MAS Reverse Shoulder Arthroplasty (RSA) Cadaveric Workshop

**By Dato Dr Shahrulazua bin Ahmad, Organising Chairman
ParkCity Medical Centre**

Kuala Lumpur, June 23, 2025 – The Malaysian Arthroscopy Society (MAS) proudly launched its first Reverse Shoulder Arthroplasty (RSA) Cadaveric Workshop, a landmark event that marks the beginning of an annual series dedicated to advancing orthopaedic surgical skills in Malaysia and the region.

Held at the Simulation and Skill Training Centre (SSTC), Hospital Kuala Lumpur, the workshop was meticulously designed to provide a comprehensive learning experience, blending expert lectures with intensive hands-on cadaveric training. The event saw an excellent turnout of nine dedicated participants, comprising six surgeons from Malaysia, two from Indonesia, and one from Maldives, underscoring the



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Photo showing the participants and distinguished faculty members



regional demand for high-quality surgical education in RSA.

The day commenced with a series of concise and high-yield lectures delivered by a renowned faculty. The sessions covered various topics of RSA,

from fundamental principles to managing complex cases. Dato Dr Shahrulazua bin Ahmad, the Organising Chairman, officially opened the workshop, setting an inspiring tone for the day.

The lecture series featured invaluable talks from experts

including Dr Johan bin Abdul Kahar on indications, Dr Mohd Nizlan bin Mohd Nasir on surgical exposure, and Dr Raymond Yeak Dieu Kiat on humeral component techniques. Assoc

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Prof Dato' Dr Badrul Akmal Hisham bin Md Yusoff provided critical insights into glenoid preparation and implantation, while Dr Ng Wuey Min shared essential pearls for avoiding complications. Dr Charanjeet Singh delivered a powerful double session on managing complicated fractures and the nuances of revising failed RSA procedures.

Following the lectures, the learning transitioned seamlessly into the practical arena. To ensure participants were perfectly prepared, Dr Mohd Nizlan first conducted a live demonstration on a cadaver and provided an invaluable visual walkthrough of the surgical approach and techniques before the participants began their hands-on session.

After the demonstration, the participants broke into their small groups for the extended hands-on cadaveric lab. This session was structured to maximize learning: participants were divided into groups of three per station, each with a dedicated table instructor. This low participant-to-faculty ratio ensured that every surgeon received personalized, step-by-step guidance and immediate feedback as they meticulously worked through the surgical steps themselves.

The workshop concluded with closing remarks and a certificate presentation ceremony, celebrating the participants' commitment to enhancing their surgical expertise. The overwhelming positive feedback from both local and international attendees has firmly established this workshop as a premier educational event in the regional orthopaedic calendar. Participants particularly praised



the progression from lecture to live demo to hands-on practice as an immensely effective and beneficial format for surgical development.

The success of this inaugural workshop would not have been possible without the invaluable support of our industry partners. MAS extends its sincere gratitude to Arah Tenang Sdn Bhd and Icon Medic Sdn Bhd for their commitment to advancing medical education and their crucial role in facilitating this hands-on learning experience.

A special appreciation goes to the esteemed faculty and to my organising committee members which included Dr Siti Hawa as the Co-chair, Dr Muhammad Hafiz and all the other local committee members from HKL, for their tireless efforts in making this inaugural event a tremendous success.

This workshop has set a high standard, and I look forward to continuing the MAS mission to educate, train, and inspire the next generation of shoulder surgeons.

6th Borneo Arthroscopy Course Report

14th – 15th July 2025 at Sarawak General Hospital,
Daycare Complex

**By Dr Leong Wan Hee,
Organizing Chairperson
Sarawak General Hospital**

The 6th edition of the Borneo Arthroscopy Course was successfully held on the 14th and 15th of July 2025 at the Daycare Complex of Sarawak General Hospital. This year's course focused on the theme management of complex conditions around the knee, providing a comprehensive platform for knowledge exchange and skill enhancement in arthroscopic techniques.

Held in conjunction with the 2nd Sarawak General Hospital Sports Course, the event attracted a total of 27 participants, comprising orthopaedic surgeons, nurses, and medical assistants. The diverse participation contributed to a dynamic learning environment and interdisciplinary collaboration.

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Opening Ceremony by Organizing Chairperson



Talk by Sports Physician (Dr Yau May Yann)



Group photo of 6th BAC 2025

The first day featured a morning session of insightful lectures delivered by experienced faculty, covering a range of topics relevant to complex knee pathologies. In the evening, participants engaged in clinical ward rounds, providing them with valuable hands-on exposure and real-time case discussions.

The second day was dedicated to live surgical demonstrations, including a multiligament knee reconstruction and two anterior cruciate ligament (ACL) reconstruction procedures. These sessions offered participants the opportunity to observe advanced surgical techniques and interact directly with the operating surgeons.

The success of this year's course was made possible through the strong support of the Malaysian Arthroscopy Society (MAS), alongside the dedicated efforts of the organizing committee, faculty, and participants.

Pneumothorax Management

- asymptomatic, asymptomatic and asymptomatic
- after blunt or penetrating trauma

Diagnosis

- Main blood pressure 180/120
- Tachycardia
- Decreased SpO₂

Respiratory

- Apical bullae
- Basilar atelectasis
- No pleural fluid
- Single-lead ECG

The slide also features two diagrams: one showing a cross-section of the lung with a bulla and another showing a chest X-ray with a pneumothorax.

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Temperature Settings: *

Colder $\geq 45^{\circ}\text{F}/7.2^{\circ}\text{C}$ average pad operating temperature

Cold $\geq 50^{\circ}\text{F}/10^{\circ}\text{C}$ average pad operating temperature



Compression Settings:

Regular = 50 mmHg average peak compression

Low = 25 mmHg average peak compression



ADJUSTABLE
COLD AND
COMPRESSION



COLD &
COMPRESSION
CAN REDUCE
OPIOID USE ²



EASY-TO-USE



ERGONOMIC
THERAPY PADS



TEMPERATURE
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SINGLE PATIENT USE
HOSPITAL TO HOME



RELIABLE
DURABLE MOTOR

Cold and Compression Pads for *Targeted Application*

Polar Care Wave cold and compression pads are designed to reduce pain and edema to optimize patient recovery. A built-in mesh barrier does not require patients to utilize an additional dressing in between the pad and the patient's skin.

“

As part of a comprehensive low swelling protocol, I recommend that patients begin cold and compression therapy prior to their surgery and utilize the *Polar Care Wave* 6-8 weeks throughout their entire recovery process. **

”

— Dr. Andrew Wickline



Scan for access to Dr. Wickline's Published Article



The Polar Care Wave should only be used as prescribed by a medical professional, frequency, duration and settings may differ depending upon the patient's medical history. Inspect the skin receiving treatment per the practitioner's instructions, typically every 1 to 2 hours.

*The Foot/Ankle pad at the cold setting may operate at temperatures above 60°F / 15.5°C which only provides a cooling sensation.
** Dr. Wickline is not a paid consultant for Breg and does not hold any ownership interest in Breg, Inc. or its affiliates.

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15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11



ISAKOS CONGRESS 2025

Reported by Prof Dr Azhar Bin Mahmood

@ Azhar Mahmood Merican, ALTY Orthopaedic Hospital

Thank you MAS for the opportunity to attend the ISAKOS conference this year in Munich Germany. It was a valuable opportunity for me to attend and update myself with newer techniques and also provided validation for my current practice. As a knee surgeon who preforms joint replacement, osteotomies, meniscal and anterior cruciate ligament surgery it was a well suited course in terms of breadth and detail. My first day I spent pregress at a cadaveric workshop on arthroscopic knee surgery. My facilitator was a high volume surgeon and I learnt a few tips on improving my surgical efficiency and also some alternate/newer techniques particularly with centralisation and meniscal root repairs.

On the subsequent days I attended talks on various Instructional course reviews, surgical techniques and updates. The instructional courses was particularly good too. They were at 730 am but was equally well attended. The update on platelet rich plasma was informative and the ones on patellofemoral issues, tibial osteotomies and meniscus were particularly good and had key renowned speakers in that field. It was also a good time to catch up with Malaysian delegates who I have not seen for some time and there were a number of delegates from the MAS fraternity and council. Food and proviision of coffee during breaks were poor and in particularly coffee was regulated , being dispensed strictly at very narrow specific times. This was



I guess on purpose to make one visit booths which provided coffee. Nonetheless, though not unexpected it is quite different in this respect from Malaysian meetings.

On one of the meeting days, I also took the opportunity to visit Brainlab next door to the meeting venue to see their newest equipment in navigation and virtual/alterred reality surgery. It is their head

office which was located in the previous Munich airport control tower. The whole venue complex for the meeting was previously on the old aiport grounds.

15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11

Reported by Prof Dr Wan Hazmy Bin Che Hon,
KPJ Seremban Specialist Hospital



ISAKOS CONGRESS 2025

Focus/ Learning Point

Robotic versus conventional surgery

Whilst robotic assisted surgery has shortened the learning curve especially for the young surgeons with better precision, the clinical functional outcomes is not yet reached significant statically different from the conventional surgery. A long-term follow-up is yet to unveiled its superiority

Molecular biology in cartilage regeneration

Ongoing research is fascinating in discovering the new treatment option in cartilage preservation.

Approaches to multi ligamentous knee injuries

- Robust approaches (early surgical intervention combining both open and arthroscopic surgery) in repairing all the ligaments involved
- Hard documentation of both neuro and vascular injuries is highly recommended prior the surgery especially in cases even with minute suspicion.
- Surgery in the 2nd week is the best intervention time
- The surgeon expertise, the patient affordability and the support system should be in place for better outcome

Devices technology

More new repair devices and instrument being manufactured. Yet not much variation from the principal /original devices (more of modification)

Industrial players in sport surgery

Increase participation from industrial from China

ACLR in younger age group

Study does not show any significant differences between extraarticular procedure or non-epiphyseal breach ACLR or epiphyseal breach ACLR with BPTB in term of function and growth disturbances

ISAKOS fraternity

Emphasizes given to plurality and equality in regions, gender, culture and economic status in approaching sports injuries and treatment.



15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11

Reported by Dr Gan Eng Cheng,
Sunway Medical Centre Damansara



ISAKOS CONGRESS 2025

Conference:

Topic of Discussion

- Knee surgeries; more results shown the ALL and LET surgeries should be done as adjunct.
- Isolated treatment of ACL injury, hamstring + ACL or BTB + Lemaire.
- LET Reinforcement of importance in ACL reconstruction especially in athletes below 25 years old.
- Rehab especially on weight-bearing strengthening post operation ACL.
- New concept on ACL tear reconstruction.

Interesting new conference topic

- Meeting with expert on difficult and situational clinical cases.
- Gong session on research topic short and precise to discuss cases of interest.

Fairly good participants with some new ideas on equipment of implant.

Overall Conclusion:

Good meeting with good speakers, and interesting discussions.



15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11

Reported by Dr Mohd Sharifudin Bin Said,
Hospital Teluk Intan



ISAKOS CONGRESS 2025

Purpose of Attendance:

To attend the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) 2025 as part of continuing medical education and professional development in the field of arthroscopy and sports orthopaedics.

8 June 2025:

Did not attend due to late flight arrival in Munich

9 June 2025 (Day 2):

- Attended sessions of "Rotator Cuff Repair Innovation" and "Cartilage Repair Techniques"
- Attended ACL graft in 2025, Revision ACLR and its unique Rehabilitation.
- Visited ISAKOS exhibition booths and engaged with device manufactures and researchers

10 June 2025 (Day 3):

- Attended lectures on "Management of Multiligament Injuries/ PCL in 2025", "Biomechanics in Shoulder Instability and Scapular Dyskinesia", "Pediatric ACL Treatment Option" and "Patella Instability/ various Osteotomies around the Knee".
- Joined researched presentations by international faculty.
- Engaged in discussion with global peers on surgical advancements.

11 June 2025 (Day 4):

- Participated in final plenary session and closing remarks
- Summary of learning outcomes and networking session
- Prepared for departure.

Outcome & Benefits:

- Acquired up-to-date knowledge and surgical skills in arthroscopy.
- Network with leading professionals from around the world.
- Exposure to latest devices, techniques, and clinical evidence.



15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11

**Reported by Dr Khoo Shaw Ming,
KPJ Pasir Gudang Specialist Hospital**



ISAKOS CONGRESS 2025

It has been a great honour to be given the opportunity to attend the ISAKOS congress 2025 which was held in Munich, Germany from 8th to 11th June 2025.

The ISAKOS congress as usual, was packed with many interesting instructional course lectures, expert sessions, debates, discussions, research papers presentations and live surgery demonstrations. The topics were delivered by the renowned international speakers including experts from our nation, Malaysia. The programs were very well organised, very informative and insightful. This has greatly improved my understanding and knowledge on the latest consensus on the treatment of knee injuries. And, it's a very good reminder to us, to have proper functional goals in mind when treating the patients – “What are we trying to achieve?”.

Overall, the ISAKOS congress 2025 was great. I were also able to catch up with some old friends and met new acquaintance.

Thank you.



15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11

Reported by Dr Ooi Chee Lean,
Metro Specialist Hospital



ISAKOS CONGRESS 2025

My experience at ISAKOS in Munich, Germany

Attending the ISAKOS 2025 congress in Munich, Germany, was an unforgettable experience that enriched my medical knowledge, expanded my professional network, and allowed me to witness groundbreaking advancements in orthopedics and sports medicine. Held from June 8-11, 2025, at the Messe München Conference Center, the event brought together leading surgeons, researchers, and industry experts from around the world.

The scientific program was exceptionally comprehensive, covering a wide range of topics, including:

- a. advances in minimally invasive arthroscopic techniques
- b. biologics and regenerative medicine in orthopedics
- c. robotic-assisted surgery and AI applications
- d. management of sport-related injuries in athletes

One of the highlights was the surgical demonstrations, where world-renowned surgeons performed complex procedures while explaining their techniques. The interactive sessions allowed for engaging discussions, and the debates on controversial topics (such as the optimal treatment of ACL tears in young athletes) were particularly thought-provoking.

The exhibition hall showcased cutting-edge medical technologies, from next-generation arthroscopic tools to AI-driven diagnostic systems. Companies demonstrated innovative implants, biologics, and rehabilitation devices, highlighting how technology is revolutionizing patient care.

Attending ISAKOS 2025 in Munich was a transformative experience that deepened my understanding of orthopedic advancements and connected me with the global medical community. The knowledge gained and the relationships formed will undoubtedly influence my practice. I left Munich feeling inspired and eager to apply what I learned to improve patient outcomes.



Munich, Germany from June 8 to June 11

ISAKOS
CONGRESS
2025



Emerging Trends:

- ### Clinical Applications:

- ### Implementation Strategy:

- Attended few interesting talk:**

- The Future of Arthroscopy
- Modern ACL Reconstruction
- Meniscus Repair Under Visualization

Few important learning points:

- ACL reconstruction and injury prevention strategies
- Meniscal repair and preservation techniques
- Cartilage restoration and biologics
- Advances in shoulder arthroscopy and joint preservation

Overall, ISAKOS 2025 has significantly enriched my practice by spotlighting future-forward approaches and reinforcing a global community of musculoskeletal care innovation.



15th Biennial ISAKOS Congress 2025

Munich, Germany from June 8 to June 11



ISAKOS CONGRESS 2025

**Reported by Dr Ng Wuey Min, Sunway Medical Centre
Dr Soon Chee Khian, Loh Guan Lye Specialist Centre**

Attendance at ISAKOS Congress 2025 - Munich, Germany

We had the privilege of attending the ISAKOS Congress 2025 held in Munich, Germany from 8 to 11 June 2025. The congress brought together leading orthopaedic surgeons, sports medicine specialists, and researchers from around the world to share the latest advancements and best practices in arthroscopy, shoulder & knee surgery, and orthopaedic sports medicine. The event provided valuable opportunities for knowledge exchange, hands-on learning, and networking with global experts.

Participating in this prestigious event has further enriched my clinical perspective and reinforced my commitment to delivering evidence-based and innovative care to my patients. We would like to thank Smith & Nephew and MAS for giving us this opportunity.



**Reported by Dr Aaron Lim Boon Keng
Island Hospital Penang**

Another very good course

Things learnt:

- Morselize the stump and ACL remnants with the effusion, then re-inject into the knee after surgery to enhance healing.
- Anterolateral ligament (ALL) reconstruction should be performed more frequently, as the Santi group reported only a 4% re-tear rate—better than BPTB grafts.
- There is increasing use of biologics to improve healing rates in shoulder rotator cuff repair.
- Return to sport (RTS): Kinesiophobia after ACL reconstruction remains a major challenge.

Advancements In Orthopaedic Implants: Bridging The Gap Between Strength And Healing With The Next Frontier In Ligament Augmentation Technique

By Dr Raymond Yeak Dieu Kiat, Sunway Medical Centre Damansara

For a long time, sport surgeons has been looking for the elusive answer to an implant that can enhance healing as well as provide the mechanical strength to the reconstruction of various ligaments, tendons or grafts. In 1902, a German physician attempted an ultimately unsuccessful ACL reconstruction utilising a combined silk fibre and semitendinosus graft.¹

This is an innovative surgical approach known as ligament augmentation technique (LAT). It stands on the principle of load sharing where the ligament is protected while it heals. LAT which spans from bone to bone or tissue to bone and is fixated on the tissue, intra- or transosseously with staples, suture anchor, suture button, or

interference screw. It acts as the internal brace or scaffold and protects the healing ligament, tendon or graft from excessive strain.

In order to pursuit better outcomes, sports surgeons have tried allografts as well as synthetic implants. Historically, materials were either synthetic or biologic. Biologic such as allograft was first used in 1970s. Neviaser et al. did use freeze-dried rotator cuff allograft to reconstruct massive tears that were otherwise irreparable, a method they reported on in a 1978 publication.² Allografts, while providing initial structural support, are not designed to induce new tissue growth. Synthetic ligaments on the other hand can provide the initial structural support. They can also possibly avoid some of the postoperative complications associated with allograft transplantation.³

Synthetics are divided into permanent synthetic reinforcement, bioinductive scaffold and reinforced biocomposite scaffold. The bioinductive scaffold and reinforced biocomposite scaffold are resorbable implants.

What are bioinductive implants? It is a medical device designed to stimulate the body's natural healing response to regenerate new native tissue. Recently, there has been a renewed interest in bio-inductive implants. The aim was for mechanical enhancement or biological regeneration. The modern history of synthetic LATs dates back to the 1980s, when polymer devices such as polypropylene braid were first used in ACL reconstruction. Commercial ACL ligament augmentation devices were

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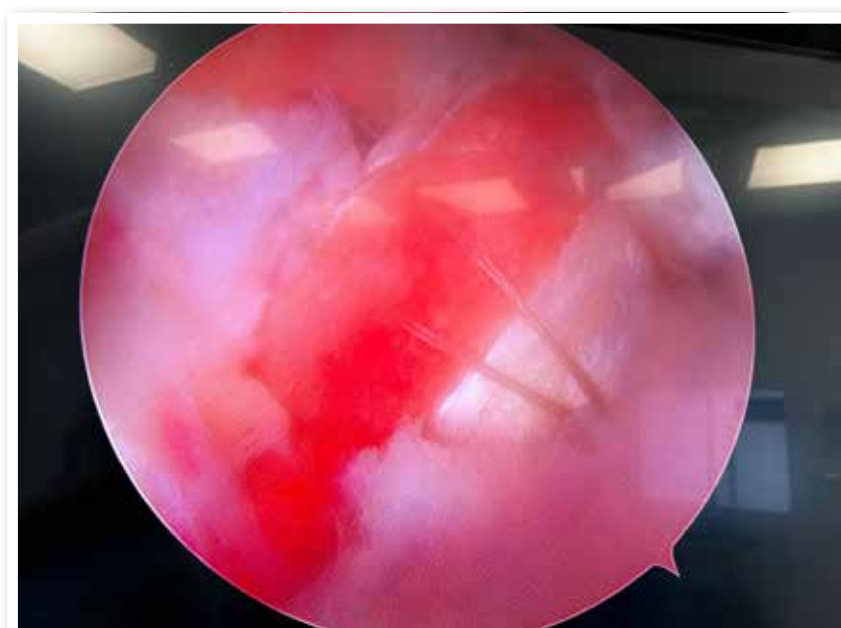


Figure 1: Knee Biobrace in ligament augmentation technique in knee ACL reconstruction



Figure 2: Knee Biobrace in ligament augmentation technique in knee ACL reconstruction

initially produced during this time, including the Kennedy LAD (3M, St. Paul, MN) and the Dacron graft (Stryker, Kalamazoo, MI). They are now less commonly used due to complications with their use, such as infection, autoimmune reaction, and graft failure.¹

Current permanent synthetic implants includes the Ligament Advanced Reinforcement System (LARS; LARS Company, Arc sur Tille, France), InternalBrace (Arthrex, Inc., Naples, FL, USA), and TightRope (Arthrex, Inc., Naples, FL, USA). Permanent synthetic implants carries long-term risks associated with permanent synthetic materials, including wear-debris-induced synovitis and potential failure.⁴

To address this issue, resorbable synthetic implants such as Regeneten Bioinductive Implant (Smith & Nephew, Watford, UK) and Artelon FlexBand (Artelon, Inc., Sandy Springs, GA, USA) were introduced. Is bioinductive scaffold such as regeneten or reinforced biocomposite scaffold such as Artelon the answer to all our concerns? Regeneten (Figure 3) was first introduced in 2014. It is made from a collagen scaffold obtained from Bovine Achilles tendon. The advantages lie in its ability to regenerate native tissue and reduce the risk of re-tear. Artelon which were introduced in the early 2000s on the other hand provides immediate, long-lasting synthetic strength. Artelon's focus on synthetic reinforcement versus Regeneten's focus on biological induction. However, due to the long degradation time of 4-6 years and slow tissue ingrowth, there are concerns with foreign body reactions.

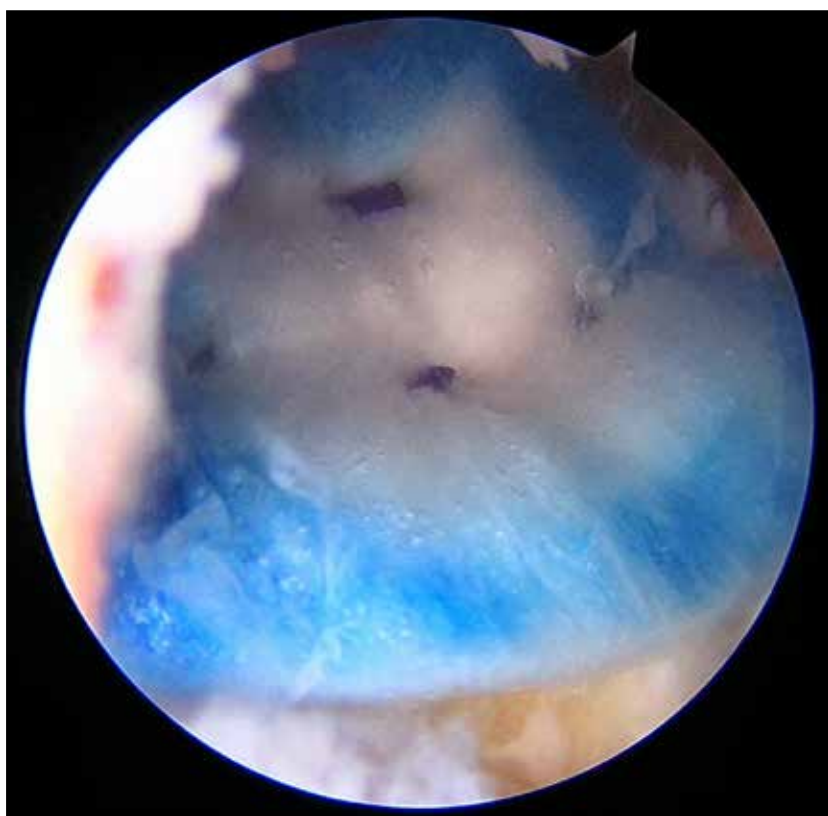


Figure 3: Regeneten used in shoulder rotator cuff repair as ligament augmentation technique

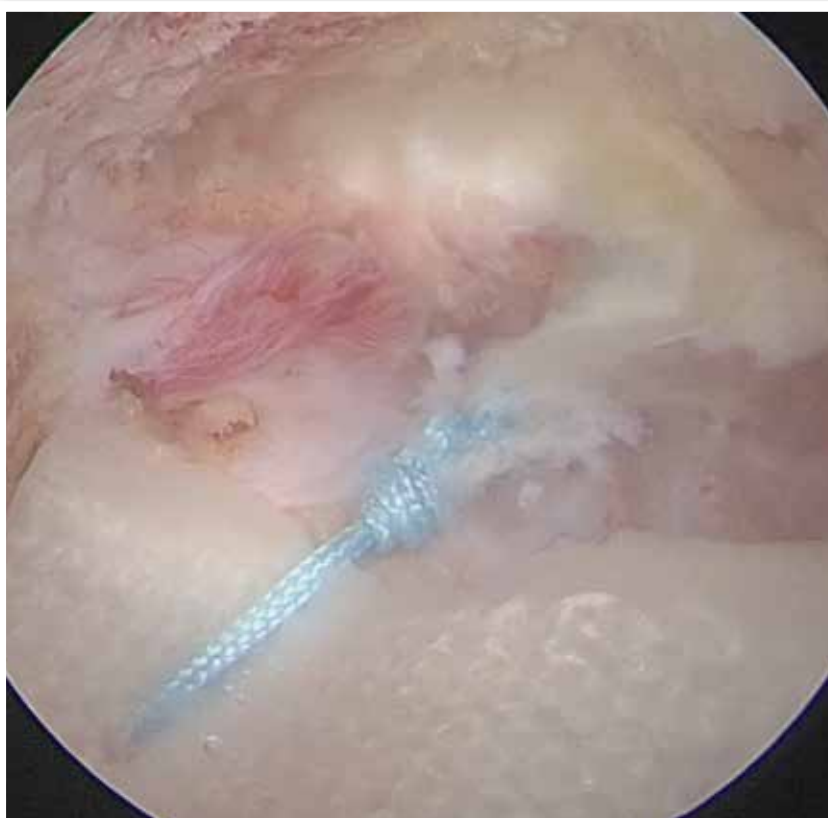


Figure 4: Biobrace used in shoulder rotator cuff repair as ligament augmentation technique

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Subsequently Biobrace Reinforced BioInductive Implant (CONMED, Utica, NY, USA) was introduced in 2021 to counter the weakness of both Regeneten and Artelon. It has dual mechanism and aims to provide both the mechanical reinforcement as well as enhance healing as the biocomposite scaffold. It degrades over 2 years and is replaced by new native tissue. It is made of a porous collagen matrix and bioresorbable poly-L-lactic acid (PLLA) microfilaments. This combination provides temporary mechanical reinforcement while inducing the body's natural healing process to regenerate native tissue. The collagen is gradually absorbed

within six months, and the PLLA microfilaments degrade slowly over approximately two years. This process allows the implant to be gradually replaced by the new native tissue minimizing the long-term risks associated with foreign body reactions. They are currently being utilised mainly in acl (Figure 1 & 2) and rotator cuff augmentation (Figure 4) but there are 45 different procedures that can utilise the implant. Despite the promising nature of the new technology, further studies are needed and long-term performance is still being studied.

Conclusion

In order to bridge the gap between strength and healing,

there has been a continuous evolution in ligament augmentation technique. Earlier efforts were based on purely synthetic or biologic material, which could only provide mechanical enhancement or biological regeneration. The latest biocomposite scaffolds may provide us with a more sophisticated strategy by providing us with both temporary load-sharing and bioinductive properties. Nevertheless, ongoing research and long-term studies are essential to fully evaluate their performance and refine this promising technology.

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