

12th International Conference on
**Orthopedics,
Osteoporosis & Trauma**

November 13-14, 2019 | London, UK

Keynote Forum



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Karena Wu

Active Care Physical Therapy, USA

The use of anti-inflammatory modalities in musculoskeletal healing

Physical therapists are specialists in musculoskeletal care. They are more intimately involved in the care of their patients due to the frequency of visits in rehabilitation. In the United States, 50+ states allow patients to access a physical therapist directly. This emphasizes the need for physical therapists to be more medically and pharmacologically sound. Unfortunately, evidence exists that many physical therapists lack the knowledge of basic inflammatory processes and the effects of anti-inflammatory modalities. This research commentary reviews the mechanism and type of injury and inflammatory processes and the administration and effects of various pharmacological musculoskeletal treatments. This publication was authored by Dr. Karena Wu and Dr. Chris Showalter.

Biography

Karena Wu is owner and clinical director of Active Care Physical Therapy in NYC and Mumbai. Originally from Los Angeles, California, she has been in private practice in NYC for over 19 years. She has a Master of Science degree in Physical Therapy from Columbia University and a Doctor of Physical Therapy degree from Temple University. She is a Board-Certified Clinical Specialist in Orthopedic Physical Therapy through the American Physical Therapy Association. She is a Certified Orthopedic Manual Therapist, Strength and Conditioning Specialist, Kinesiology Tape Practitioner and Pilates Instructor. She is Medical Director of the Association of Volleyball Professionals and is used as a healthcare expert on local and national TV in America. She is currently a fellow in training at the Maitland Australian Physiotherapy seminars orthopedic manual therapy fellowship program.

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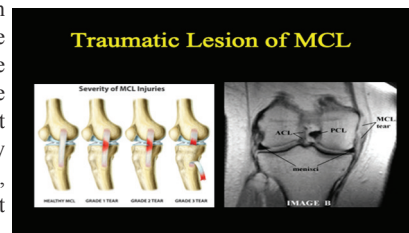


Stephen Cavallino

European School of Prolotherapy, Italy

Regenerative non-surgical therapy in post-traumatic knee lesion of the medial collateral ligament using a natural regenerative solution (Prolotherapy)

Prolotherapy is a non-surgical injection therapy in regeneration medicine. Any acute trauma to the knee ligaments in the acute phase need rest and immobilization. The healing curve can improve dramatically using Prolotherapy. All weak ligaments in the chronic healing face may not heal well and cause a secondary weak joint. This can become a chronic pain syndrome because there is a less functional knee joint. Prolotherapy to the damaged connective tissue can accelerate healing and blood supply to regenerate the damaged tissue and increase the joint function. The objective in this presentation is to show how important it is to understand why joints become degenerative caused by weak ligaments and how we can correct this degenerative process by treating the connective tissues to strengthen the ligaments. The ligaments are the structure that have been forgotten and are so important in joint stability. Once the ligaments are treated with prolotherapy injection therapy using dextrose, the bio-tensegrity of the joint will function better. In conclusion, prolotherapy is a very safe, effective and easy treatment to improve the joint function, reduce pain, avoid surgery and to give the patient a better quality of life.



Biography

Stephen Cavallino have been Board Certified in Emergency Medicine in Italy. He has been involved in regenerative medicine for more than 20 years. He is now the Director of the European School of Prolotherapy in Italy. He has participated in many different voluntary Prolotherapy Missions worldwide. He is a member of the Hackett Hemwall Patterson Foundation (HHPF) in Wisconsin, USA and Vice-President of the Italian Association of Prolotherapy (SIPRO) since 2003. Prolotherapy has grown now throughout Europe because he dedicated many years of teaching prolotherapy with the help of many clinical instructors from the SIPRO and HHPF. Currently, he is a Clinical Instructor for Prolotherapy and Neuroprolotherapy (Perineural Injection Treatment).

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Michael Borsky

Etzelclinic, Switzerland

ACP therapy in severe osteoarthritis of the knee

Introduction: Knee osteoarthritis is a major problem in the European population from a medical as well as from an economical point of view. Surgical treatment implicates a long absence from work. Alternative treatments postponing major surgery to the age of retirement from work would be beneficial.

Methods and Material: Patients with severe knee osteoarthritis qualifying for knee replacement but not yet ready for major surgery are treated by four intraarticular injections of ACP (double syringe system, Arthrex). Injections are performed once a week. Lequesne and VAS score before and four weeks after treatment are evaluated. Two years after treatment patients are contacted via telephone. Those not requiring a knee replacement in the meantime and not requiring pain killers in daily living are considered as midterm success.

Results: As far 189 patients were treated, 109 women and 80 men aged 64.3 +/- 10.7 years. 28 (14.8%) patients showed no effect. Lequesne score was 11.4 +/- 3.9 before and 3.9 +/- 2.7 ($p < 0.001$) after treatment. Regarding the Lequesne classes 119 patients were classified to the extremely severe and severe group before treatment whereas after treatment 172 patients were classified as mild or moderate ($p < 0.001$). Consequently, the VAS score dropped from 6.6 +/- 1.8 before to 2.2 +/- 1.5 after treatment ($p < 0.001$). Two years after treatment 146 patients were contacted (no one lost for follow up). 100 (68.5%) of them being classified as midterm success (no knee replacement, no necessity of pain killers). 33 (22.6%) patients had major surgery in the meantime. 13 (8.9%) patients underwent other therapies, mostly another ACP treatment.

Conclusion: Intraarticular Autologous Conditioned Plasma (ACP) therapy shows excellent short-term results reducing significantly the Lequesne score and class as well as the VAS pain score. Furthermore, the majority of the patients does not require major surgery for another two years, thus often postponing the time of surgery to the age of retirement and avoiding higher costs from incapacity to work.

Biography

Michael Borsky is practicing surgery for 30 years. Graduated from the University of Zurich he spent most of his residency in institutions around the city of Zurich, including the Zurich University Hospital. At last head of surgical department in a country hospital in the larger Zurich area he founded together with another colleague in the year 2000 the "etzelclinic", a surgical and orthopaedic unit. In the meantime, the "etzelclinic" accommodates 8 surgeons, each team dealing only with one joint. He was from the beginning pushing the "orthobiology" treatments additionally to the surgical treatments of knee diseases, especially in knee osteoarthritis, being amongst the first in Switzerland offering intraarticular Platelet -Rich Plasma (PRP) preparations.

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Etzelclinic, Switzerland

Three years results after ACL surgery with different types of transplants

Purpose: We evaluated patients undergoing Anterior Cruciate Ligament (ACL) replacement comparing the results of different types of grafts.

Methods: 3 years after ACL replacement Lysholm, Tegner and IKDC scores are evaluated. Anterior translation is measured by the Rollimeter and rotational stability tested by the pivot shift. Donor site morbidity and anterior knee pain are questioned.

Results: There were 29 BTB autografts (A), 54 BTB allografts (B), 87 Hamstring autografts (C) and 8 Hamstring allografts (D). There was no significant difference regarding the Lysholm, IKDC and Tegner score. The anterior translation was slightly better in the BTB allograft group -0.30 ± 1.29 (B) versus 0.39 ± 1.29 (A) and 0.46 ± 1.23 (C) respectively ($p < 0.05$). There was no difference between the groups regarding patients with negative pivot shift (more than 93% each). No anterior knee pain was present only in 14% of the Patients in group A compared to 77% in group B, 97% in group C and 83% in group D respectively ($p < 0.001$).

Conclusion: Beside financial arguments the BTB allograft could be the graft of choice for ACL reconstruction showing a slightly better a/p stability at three years compared to BTB allograft and Semitendinosus autograft. Furthermore, there is a donor site morbidity in a considerable number of the BTB autograft patients. Evidence level II, prospective, non-randomised study.

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