Knot tying, triangulation, etc....the basics. Are all orthopedic surgeons in training reaching proficiency? A new arthroscopic assessment tool, meant for residents, is hoping to ensure that this is the case. Gregg Nicandri, M.D., an orthopedic surgeon with the University of Rochester Medical Center in New York, tells OTW, “Arthroscopic training remains a delicate task, and it is challenging to determine if an orthopedic resident is making the appropriate amount of progress. The Arthroscopic Surgery Skill Evaluation Tool (ASSET), a video based program, allows for the assessment of a surgeons’ arthroscopic skill level. It measures, among others things, how well the surgeon to use the arthroscope in a way that doesn’t damage the soft tissue and cartilage; the ability of the surgeon to use the instruments within the joint; and the ability of the surgeon to triangulate within the joint and coordinate the use of both hands.”

“At present, we are validating the ASSET, and having residents from PGY1-5 [post graduate year 1-5] complete simulated and live diagnostic arthroscopies of the knee and shoulder. We are attempting to determine whether performance as determined by ASSET on simulated surgery correlates to performance in real surgical cases and how well skills transfer from various simulated to live surgical environments. We are collecting this data in an effort to develop benchmarks and proficiency criteria; that will help us provide guidance to other programs as far as how they can determine the progression of their residents.

“This is a novel tool, not only because it allows for an objective assessment of the trainee’s progress, but because it can be used to assess multiple arthroscopic procedures as well as proficiency in common simulated environments. For example the ASSET can be used to assess proficiency when performing a diagnostic knee arthroscopy on a dry anatomic model, on a cadaveric specimen, and on a virtual reality simulator. There has been an increased emphasis on surgical skills education outside of the operating room and a tool like the ASSET allows us to assess the efficacy of various skills curricula on arthroscopic proficiency.”
“For example, the ABOS (American Board of Orthopaedic Surgery) recently published a recommended PGY-1 [post graduate year 1] curriculum for arthroscopy and we have initiated a study to determine the effect of completing this curriculum using the Arthroscopy Association of North America’s FAST (Fundamentals of Arthroscopic Surgery Training workstation on PGY-1 proficiency when performing diagnostic knee arthroscopy.”

“At this point the ASSET is being used primarily for the assessment of basic diagnostic arthroscopy however we intend to assess its validity for more advanced procedures such as meniscectomy, ACL reconstruction, and labral repair”

**Lateral Meniscus Guide 30-50% off?! Better Read This Study**

In what is likely the first such study of its kind, researchers have found that using the lateral meniscus as a guide for ACL (anterior cruciate ligament) tibial tunnel placement may not be such a great idea. Mark Miller, M.D. is the S. Ward Casscells Professor of Orthopaedic Surgery at the University of Virginia. He tells OTW, “First of all, there is a dearth of research on tibial tunnel placement in ACL reconstructions (as opposed to quite a lot of work that has been done on the femoral side). We have just completed a study in which we took intra-operative lateral radiographs for 100 consecutive primary ACL reconstructions using guidelines commonly recommended for placing the tibial tunnel. It turns out that when you use the lateral meniscus as a guide for tibial tunnel placement, the resultant location on lateral X-rays is highly variable…anywhere from 30 to 50% of the way across the tibial plateau.”

“We are now about to complete a cadaveric study where we will investigate anterior tibial tunnel placement with newer independent drilling femoral tunnel techniques and see whether there is graft impingement. Previous research suggests that if you drill the femoral tunnel through the tibial tunnel and you put the tunnel too far anteriorly, then notch (roof) impingement is common. Everybody was placing the tunnel posteriorly but biomechanically it may not be the best place because studies say that anterior placement is more effective. It turns out that with this independent femoral drilling you get less roof impingement…so you CAN put it more anteriorly.”

“Despite this new evidence, people are still going to be concerned about roof impingement. Thus, we must continue to work on proving that this is not a problem. Our hope is to expand this into clinical studies soon.”

**Steven Haddad, M.D. Driving for Expanded Education and Fellowship Under AOFAS**

Under President Steven Haddad’s leadership, the American Orthopaedic Foot & Ankle Society (AOFAS) is developing resources to expand education and assist fellowship programs as they train the next generation of orthopedic foot and ankle specialists. “The number of foot and ankle fellowship positions offered in the match has increased 90% over the past 10 years, and the number of applicants has exceeded the number of positions,” Dr. Haddad told OTW. “More important, the educational experience provided through our fellowships continues to strengthen as we add AOFAS resources to complement the fellowship directors’ dedication. The Society’s outreach through our Resident Scholarship Program has encouraged interest in the specialty. These Resident Scholars attend the AOFAS Annual Meeting largely free of financial obligations, and are paired with a mentor to enhance their experience. This year the number of Resident Scholars coming to our annual meeting is more than double that of four years ago, and a high number apply for our fellowships. We are committed to providing resources to build on the excellent broad-based educational experience our fellows receive. “

“We are also expanding our public outreach on our Society’s patient education website [www.FootCareMD.org](http://www.FootCareMD.org)” he continued. “More than 50 new articles on foot and ankle conditions and treatments have been added to the site by our committees this year. To increase understanding, photos are being added to this peer-reviewed content. Patients now have a place to go to achieve a validated understanding of their condition and proposed treatment options.

Another important focus for the AOFAS is research. “A successful 10-site pilot study collected data from more than 300 patients using the PROMIS (NIH Patient Reported Outcome Measurement Information System),” Dr. Haddad explained, “and soon the AOFAS will launch a broader initiative by expanding its OFAR (Orthopaedic Foot & Ankle Outcomes Research) Network. It will provide the mechanism for members to collect patient-reported outcomes and assess their results. This database will allow our members to evaluate their own success in achieving the desired
surgical goals."

“This is a time of significant growth for the AOFAS in terms of membership engagement and building for the future. Our annual meeting attendance jumped 26% last year over the previous year, and abstract submissions this year are up 50% over last year. We upgraded our journal, Foot & Ankle International, last year with a new publisher, and the number of manuscript submissions increased 17% during that first year. Simply put, the AOFAS has never been stronger in membership advocacy.”

**AMSSM Announces Traveling Fellows**

The American Medical Society for Sports Medicine (AMSSM) has selected Chad Asplund, M.D. and Irfan Asif, M.D. as the first two Junior Traveling Fellows for AMSSM’s new International Traveling Fellowship program tour to Australia. Drs. Asplund and Asif will join AMSSM Founder Jim Puffer, M.D., who will serve as the first Senior Traveling Fellow for the July 9-23, 2014 tour. This program is supported by DJO Global, Inc.

The Traveling Fellowship program is an academic exchange and clinical immersion initiative for sports medicine physicians to teach and learn sports medicine on a global level. The purpose of the program is to encourage academic interchange, share research and explore common clinical interests amongst international sports medicine leaders.

Dr. Asplund serves as medical director of Student Health Services and associate professor at Georgia Regents. He is the team physician for Georgia Regents, Paine College and the Augusta Greenjackets baseball team. Dr. Asif serves as director of the Sports Medicine Fellowship Program and assistant professor at the University of Tennessee Department Of Family Medicine. The Traveling Fellowship tour will include stops in Melbourne, Canberra and Sydney.