### SATURDAY, JUNE 3RD

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700 – 1730</td>
<td>REGISTRATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0700 – 0830</td>
<td>INSTRUCTIONAL COURSE LECTURES (concurrent sessions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICL-06:</td>
<td>ADULT RECONSTRUCTION – KNEE</td>
<td>ELGIN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THA - Complications: Old and New</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderator: J. Powell</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panel: N. Mahomed, E. Bohm, D. Backstein, O. Huk, J. de Beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infection: Latest Diagnostic and Treatment Options</td>
<td>N. Mahomed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dislocation</td>
<td>E. Bohm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MIS: Intra-Op Femur Fracture</td>
<td>D. Backstein</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resurfacing: Pitfalls to Avoid</td>
<td>O. Huk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leg Length Discrepancy: “Doc my leg is… too long/…still short!”</td>
<td>J. de Beer</td>
<td></td>
</tr>
<tr>
<td>ICL-07:</td>
<td>TRAUMA</td>
<td>WENTWORTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Rounds: Upper Extremity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderator: M. McKee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panel: E. Harvey, R. McCormack, E. Schemitsch, M.F. Swiontkowski (AOA President)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Faculty will present cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audience participants are invited to bring their own cases to the lecture for discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICL-08:</td>
<td>FOOT &amp; ANKLE</td>
<td>KENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Achilles Tendon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderator: M. Glazebro</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panel: P. Rippstein, T. Daniels</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Achilles Ruptures</td>
<td>M. Glazebro</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Achilles Repair</td>
<td>P. Rippstein</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insertional Achilles Tendonitis</td>
<td>T. Daniels</td>
<td></td>
</tr>
<tr>
<td>ICL-09:</td>
<td>GENERAL SESSION:</td>
<td>HURON</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Starting Practice: Issues for the Young Orthopaedic Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderator: A. Younger</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panel: P. Wright, P. Guy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to Make Your Practice and Continued Education Current and Enjoyable</td>
<td>P. Wright</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to Find and Select a Job</td>
<td>P. Guy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to Interact Productively with the Hospital</td>
<td>A. Younger</td>
<td></td>
</tr>
<tr>
<td>ICL-10:</td>
<td>SPINE:</td>
<td>KENORA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimally Invasive Spine Surgery - Fact or Fad</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderator: S. Lewis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Faculty : R. Rampersaud, M. Dvorak</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Saturday, June 3rd

Fact: R. Rampersaud
Fad: M. Dvorak

0730 – 0845  Continental Breakfast
GRAND BALLROOM C/ W

0730 – 0830  Exhibits Open
GRAND BALLROOM C/ W

0840 – 0845  2006 Founder’s Medal Presentation
K. Deluzio, CORS President
GRAND BALLROOM E

0845 – 1015  Symposium 2
Private Health Care in Canada?
GRAND BALLROOM E
Moderator: R. Bourne
Panel: M. Wente (Globe & Mail), R. Collins-Nakai (CMA President), B. Day, R. McMurtry, R. Hollinshead, C. Frank
Waiting My Turn - The Patient Perspective
M. Wente
The Case for Public/Private Health Care
B. Day
The Case for Retaining Single Payer Health Care
R. McMurtry
Challenges with a Private Health Care System
C. Frank
It's About Access! Informing the Debate on Public and Private Health Care
R. Hollinshead
Chaoulli/Zeliotis and the Restructuring of Health Care in Canada
R. Collins-Nakai

1015 – 1045  Health Break
EXHIBIT HALL

1045 – 1130  COA Business Meeting
President-Elect Address & Transfer of Office
GRAND BALLROOM E

1140 – 1240  Tips & Tricks

Arthroplasty
GRAND BALLROOM E
Moderator: M. Tanzer
Panel: S. MacDonald, H. Kreder, P. Beaulé, R. Bourne, M. Gross

DESCRIPTION: Video Tips and Tricks will be presented in the following areas:

Extended Trochanteric Osteotomy Made Fast and Easy
S. MacDonald
Reattachment of Trochanteric Avulsion
H. Kreder
The Trochanteric Flip
P. Beaulé
How to Avoid Notching in Hip Resurfacing
J. Antoniou
Tibial Tubercle Osteotomy for TKA Exposure
R. Bourne
Quadricep Manoeuvres for TKA Exposure
M. Gross

Trauma
ESSEX
The How To Do It Guide of Minimally Invasive Surgery Techniques
Moderator: E. Schemitsch
Panel: P. Guy, W. Dust, G.Y. Laflamme, S. Gagnon, E. Harvey

DESCRIPTION: Video Tips and Tricks will be presented in the following areas:
Proximal Femur Fixation
E. Harvey
Distal Femur Fixation- DCS  
P. Guy 
Proximal Tibia Fixation  
W. Dust 
Proximal Humerus Fixation  
G.Y. Laflamme 
Scaphoid Fixation  
S. Gagnon 

**Sport Medicine**  
Techniques in Sports Medicine  

Moderators: P. Fowler, L. Hiemstra 
Panel: R. Boorman, P. Lapner, J. Dubberley, K. Willits, R. Giffin, D. Drosdowech  

**DESCRIPTION:** Video Tips and Tricks will be presented in the following areas: 

- Copeland Hemiarthroplasty  
  R. Boorman 
- Arthroscopic Biceps Tenodesis  
  P. Lapner 
- Distal Biceps Repair  
  J. Dubberley 
- AC Joint Chronic Instability Reconstruction  
  K. Willits 
- Proximal Tibial Osteotomy Using the Puddu Plate  
  R. Giffin 
- Reverse Ball and Socket Shoulder Arthroplasty  
  D. Drosdowech 

1240 – 1340  
**Lunch, boxed**  

1340 - 1510  
**SCIENTIFIC SESSION 7:**  
COA - TRAUMA 1 – LOWER EXTREMITY  

**Moderators:**  
G.Y. Laflamme (Montréal, QC) 
P. Guy (Vancouver, BC) 

**PAPER 63**  
**1340 – 1346**  
Ideal Tibial Intramedullary Nail Insertion Point Varies with Tibial Rotation  
**R. Walker, Toronto, ON**  
M. McKee, Toronto, ON  
E. Schemitsch, Toronto, ON  
J. Waddell, Toronto, ON  

The purpose of this study was to examine how the “ideal” tibial nail insertion point varies with tibial rotation and to determine what radiographic landmarks can be used to identify the most suitable rotational view for insertion of a tibial intramedullary nail. 

**PAPER 64**  
**1346 – 1352**  
Decreasing in-Patient Stay of Neck of Femur Patients, Using a Single Question Screening Tool  
**J. Page, County Durham, UNITED KINGDOM**  
R. Gregory, County Durham, UNITED KINGDOM  

Neck of femur fractures increasingly form a large bulk of in-patient admissions to trauma units. These patients often require multi-disciplinary input before discharge. Delayed discharge not only exposes patients to nosocomial infections, it places strain on limited bed numbers. The use of a single screening question at time of admission to identify those patients suitable for fast-track discharge was investigated. 

**PAPER 65**  
**1352 – 1358**  
The Physiologic Effects of the Reamer Irrigator Aspirator on Fat Embolism Outcome Using a Porcine Model  
**R. Wang, Toronto, ON**  
M. Blankstein, Toronto, ON  
R. Li, Toronto, ON  
E. Schemitsch, Toronto, ON
The objective of this study is to investigate the effects of the Reamer-Irrigator-Aspirator (RIA) on fat embolism outcome, as compared to the standard AO reamer, utilizing physiologic parameters as outcome measures.

1358 – 1407  Discussion (9 minutes)

PAPER 66  The Outcome of Surgically Treated Displaced Acetabular Fractures at a Minimum of 10 Years Follow Up  
A. Mansoor, London, UNITED KINGDOM

To assess the long term radiological, clinical and psychological outcome of patients treated surgically for displaced acetabular fractures.

PAPER 67  External Fixation for “Floating Ankle” Fractures – Open Grade III Ipsilateral Distal Tibia and Foot Fractures  
U. Debnath, Cardiff, WALES  
A. Guha, Cardiff, WALES  
K. Hariharan, Newport, WALES  
D. Parfitt, Newport, WALES

To evaluate the outcome of salvage surgery with external fixation in these rare and severe lower limb injuries

PAPER 68  Accuracy of Imaging Techniques for Talar Neck Malunion  
X. Yuan, London, ON  
G. Chan, London, ON  
R. Jenkinson, London, ON  
D. Sanders, London, ON  
K. Willits, London, ON

The purpose of this study is to assess the ability of radiostereometric analysis (RSA) to detect changes in talus fracture fragment alignment using an in-vitro model. This will be compared to the use of plain radiographs and CT.

PAPER 69  Outcomes of High-Energy Tibial Plateau Fractures: A Retrospective Review  
H. Broekhuysse, Vancouver, BC  
J. Adlington, Vancouver, BC  
P. Blachut, Vancouver, BC  
P. Guy, Vancouver, BC  
P. Lodhia, Vancouver, BC  
R. Meek, Vancouver, BC  
P. O’Brien, Vancouver, BC

To evaluate early and late perioperative complications and long term quality of life outcomes in patients having undergone immediate open reduction and internal fixation of acute high-energy tibial plateau fractures (AO C3).

1431 – 1443  Discussion (12 minutes)

PAPER 70  Comparison of Precollapse and Postcollapse Effects of a Venous Filter on the Embolic Load During Medullary Canal Pressurization: A Canine Study  
P. Duffy, Calgary, AB  
A. Furey, St. John’s, NL  
J. Powell, Calgary, AB
The purpose of this study is to evaluate the hemodynamic and pulmonary effects of intramedullary nailing with a removable filter placed into the common iliac vein.

**PAPER 71**

1449 – 1455

**Osteoporosis Treatment and Investigation after a Hip Fracture: A 6-Month Randomized Controlled Trial**

*J. Davis, Vancouver, BC*

**P. Guy, Vancouver, BC**

*T. Lui-ambrose, Vancouver, BC*

*K. Khan, Vancouver, BC*

To test a novel Patient Education and Physician Alerting (PEPA) intervention that seeks to improve the proportion of correct diagnosis and management of osteoporosis in older adults who have sustained a recent hip fracture secondary to a fall.

**PAPER 72**

1455 – 1501

**Radiation Exposure in Orthopaedic Trauma Surgery**

*P. Blachut, Vancouver, BC*

The use of radiology is integral to Orthopaedic Trauma surgery and there has been increasing dependence on image intensifiers in the operating room. A study was undertaken to assess the radiation exposure of the surgeon.

**Discussion (9 minutes)**

1501 – 1510

**SCIENTIFIC SESSION 8:**

COA - SPORT MEDICINE – UPPER EXTREMITY

**Moderators:**

*P. MacDonald (Winnipeg, MB)*

*R. Hollinshead (Calgary, AB)*

*I. Leslie (BOA President)*

**PAPER 73**

1340 – 1546

**Size of Tear as a Prognostic Indicator For Outcome Following Rotator Cuff Full-Thickness Tear Repair**

*R. Holtby, Toronto, ON*

*P. Alexander, Burlington, ON*

*F. Moola, New Westminster, BC*

*H. Razmjou, Toronto, ON*

*J. Wessel, Hamilton, ON*

Impairment and disability were evaluated in 120 patients before and 2 years following repair of full-thickness tears of the rotator cuff. Size of the tear was generally associated with both pre and post-operative scores but pre-operative scores were better predictors of outcome than tear size.

**PAPER 74**

1346 – 1352

**Outcome of Metal Radial Head Arthroplasty in Elbow Reconstruction**

*B. Shore, London, ON*

*K. Faber, London, ON*

*G. King, London, ON*

*S. Patterson, London, ON*

The purpose of this study was to evaluate the functional outcome of patients with metal radial head arthroplasty (RHA) for elbow reconstruction.

**PAPER 75**

1352 – 1358

**Partial and Full-Thickness Rotator Cuff Tears: Range of Motion Comparison**

*R. Holtby, Toronto, ON*

*H. Razmjou, Toronto, ON*

*A. Aarabi, Toronto, ON*
Ninety consecutive patients diagnosed with partial thickness tear who had undergone decompression and or acromioplasty were matched with 90 patients (age and gender) following repair of a full-thickness tear (FTT). There was a statistically significant difference in passive external rotation between groups with FTT group being stiffer ($p=0.019$) 6 months post-operatively.

1358 – 1407  
Discussion (12 minutes)

PAPER 76  
1407 – 1413  
A Comparison of Two Techniques of Local Anaesthesia Administration for Carpal Tunnel Decompression

S. Patil, Middlebrough, UNITED KINGDOM  
M. Ramakrishnan, Middlebrough, UNITED KINGDOM  
J. Stothard, Middlebrough, UNITED KINGDOM  

To compare the analgesia provided by pure subcutaneous infiltration (Gale technique) of lignocaine with that provided by infiltration of lignocaine into the carpal tunnel in addition to the subcutaneous tissue (Altissimi technique) for carpal tunnel decompression.

PAPER 77  
1413 – 1419  
The Inter-Observer Reliability of Classification Systems for Radial Head Fractures

K. Hildebrand, Calgary, AB  
K. Keifer, Calgary, AB  
D. Sheps, Calgary, AB  

Classification systems for orthopaedic injuries are used in clinical care and research to allow for communication about the diagnosis, prognosis, treatment, and outcome of fractures and dislocations. The inter-observer reliability of the Hotchkiss modification of the Mason classification system and the AO classification system were evaluated to assess their reliability in classifying radial head fractures.

PAPER 78  
1419 – 1425  
Deep Infection after Rotator Cuff Repair

G. Athwal, London, ON  
R.H. Cofield, Rochester, MN  
D.M. Rispoli, San Antonio, TX  
J.W. Sperling, Rochester, MN  

The clinical presentation, bacteriology, treatment, and outcomes of patients with rotator cuff repair complicated with deep infection are reviewed. The treating surgeon should be aware of the high incidence of Propionibacterium and the importance of allowing a minimum of seven days of culture to identify this organism.

PAPER 79  
1425 – 1431  
Lateral Ulnohumeral Joint Space Widening is Not Diagnostic of Radial Head Arthroplasty Overstuffing

A. Rowland, London, ON  
G. Athwal, London, ON  
G. King, London, ON  

The purpose of this study was to show that widening of the lateral ulnohumeral joint is a normal anatomic variant and therefore cannot be used conclusively to diagnose radiocapitellar joint overstuffing.

1431 – 1443  
Discussion (12 minutes)

PAPER 80  
1443 – 1449  
Wrong-Sided Surgery – Are We There Yet?

C. Martin, Kanata, ON
Wrong sided surgery is a devastating, yet avoidable adverse event. The Committee on Orthopaedic Practice & Economics (COPE) position paper on wrong sided surgery in Orthopaedics in 1994 had proposed to develop a reproducible method of operating on the correct side. Now 10 years after its acceptance as the standard of care in Canada for orthopaedic surgeons at the COA Meeting in 1995, have all cases of wrong sided surgery been eliminated?

**PAPER 81**
**1449 – 1455**

**Improved Accuracy of Computer-Assisted Glenoid Implantation: A Randomized Controlled Trial**

*D. Nguyen, London, ON*

*J. Brownhill, London, ON*

*D. Drosdowech, London, ON*

*K. Faber, London, ON*

*L. Ferreira, London, ON*

*G. Garvin, London, ON*

*J. Johnson, London, ON*

*A. Kedgley, London, ON*

*G. King, London, ON*

*J. Macdermid, London, ON*

*J. Mozzon, London, ON*

A standardized protocol for determining in real-time via 3D CT imaging softwares and electromagnetic tracking the glenoid orientation was developed. 16 paired shoulders were randomized to either Computer Assisted Glenoid Implantation (CAGI) or traditional methods. CAGI was more accurate during all phases of glenoid implantation (p < 0.05; paired t-test).

**PAPER 82**
**1455 – 1501**

**Trapezium Arthroplasty and Ligament Reconstruction: A New Technique for Treatment of 1st CMC Arthritis**

*R. Thakral, Waterford, IRELAND*

*F. Kheradmand, Waterford, IRELAND*

*M. Moynagh, Waterford, IRELAND*

*J. O'Beirne, Waterford, IRELAND*

*J. Varian, Dublin, IRELAND*

Trapezium excision and arthroplasty combined with ligament reconstruction as a treatment for first carpometacarpal joint arthritis is known to be associated with synovitis, prosthesis subluxation /dislocation and proximal migration of the metacarpal. To determine the effectiveness of our technique we used the objective and subjective outcome scores to assess the long term results.

**1501 – 1510**

**Discussion (9 minutes)**

**1340 - 1510**

**SCIENTIFIC SESSION 9:**

**ESSEX**

**COA - PAEDIATRICS / FOOT & ANKLE**

**Moderators:**

*T. Carey (London, ON)*

*T. Daniels (Toronto, ON)*

*S. Weinstein (AAOS President)*

**PAPER 83**
**1340 – 1346**

Gait Analysis of Children Treated Non-Operatively for Clubfoot: Physical Therapy vs Ponseti Casting

*R. El-hawary, Halifax, NS*

*K. Jeans, Dallas, TX*

*L. Karol, Dallas, TX*

*B.S. Richards, Dallas, TX*
Currently, clubfoot is initially treated with non-operative methods including Ponseti casting and the French functional/physical therapy program. The gaits of 76 non-operatively treated clubfoot patients were studied. Half of these 2 year-old patients had normal ankle motion. Less than 20% in each group experienced calcaneus and equinus gaits, respectively.

PAPER 84 1346 – 1352
Spinal Cord Monitoring in Patients with Neural Axis Abnormalities: A Comparison to AIS Patients

R. El-hawary, Halifax, NS
A. Mcclung, Dallas, TX
P. Rampy, Dallas, TX
S. Sparagana, Dallas, TX
D. Sucato, Dallas, TX
E. Van Allan, Dallas, TX

Our purpose was to compare the effectiveness of SCM between NAA and AIS patients.

PAPER 85 1352 – 1358
The Results of Innominate Osteotomy and Combined Innominate and Femoral Osteotomy in LCPD

M. Javid, Tehran, IRAN
J. Wedge, Toronto, ON

Background: Treatment of Legg-Perthes disease in older children with greater involvement of the femoral head remains uncertain. Innominate or combined innominate and femoral osteotomies are generally performed to better contain and provide more coverage of the femoral head by the acetabulum and thus achieve a more spherical head and a congruent joint. The purpose of the study was to show the results of both surgeries.

1358 – 1407  Discussion (9 minutes)

PAPER 86 1407 – 1413
Improvement in Quality of Life Following Surgery for Adolescent Idiopathic Scoliosis

A. Howard, Toronto, ON
B. Alman, Toronto, ON
S. Donaldson, Toronto, ON
D. Hedden, Toronto, ON
A. Howard, Toronto, ON
D. Stephen, Toronto, ON
J. Wright, Toronto, ON

We used the Climent Quality of Life for Spinal Deformities Scale prospectively in a nonrandomized comparative cohort of operative versus observational management of adolescent idiopathic scoliosis. The operated group experienced an increase in quality of life of 4.3 points (95% C.I. 0.69, 7.88) on the 115 point Climent scale. Although statistically significant, this increase was lower than the 5.5 point cutoff we had defined a priori as clinically significant. Scoliosis surgery results in a small increase in spine related quality of life at two years. This increase is of questionable clinical significance.

PAPER 87 1413 – 1419
Chiari Osteotomy in One-Stage Reconstruction of Painful Dislocation of Hip in CP

U. Debnath, Cardiff, WALES
G. Evans, Oswestry, WALES
A. Guha, Cardiff, WALES
S. Karlakki, Wrexham, NORTH WALES

This is a retrospective study, analysing the long term outcome following Chiari osteotomy and
varus derotation osteotomy, which was performed as a part of one stage surgical reconstruction for painful subluxed or dislocated hips in cerebral palsy patients.

**PAPER 88 1419 – 1425**

**Patients with Endstage Hip and Ankle Arthritis have Comparable Health-Related Quality of Life**

**C. Foote, Halifax, NS**  
M. Dunbar, Halifax, NS  
M. Glazebrook, Halifax, NS  
J. Lau, Toronto, ON  
R. Leighton, Halifax, NS  
M. Penner, Vancouver, BC  
D. Peter, Victoria, BC  
C. Stone, St. John’s NL  
K. Wing, Vancouver, BC  
A. Younger, Vancouver, BC  
T. Daniels, Vancouver, BC

To assess patients quality of life, pain, and functional limitations with endstage ankle arthritis (EAA) and compared this to a similar cohort of patients with endstage hip arthritis (EHA).

**PAPER 89 1425 – 1431**

**Mid-Term Outcome Following Tarsometatarsal Fusion for Hallux Valgus with a Hypermobile 1st Ray**

**C. Kellett, Toronto, ON**  
M. Assal, Geneva, SWITZERLAND

41 metatarsocuneiform arthrodeses were performed. Average hallux valgus angle was 36.8 pre, and 7.3 post-operatively. Average intermetatarsal angle was 17.3 pre and 6.9 post-operatively. Average post-operative AOFAS score was 86.4. All arthrodeses fused at 3 months. Metatarsocuneiform arthrodesis gives good clinical and radiological results for hallux valgus with first-ray hypermobility.

**Discussion (12 minutes)**

**PAPER 90 1443 – 1449**

**The Aging Foot and Ankle: A Comparison of Young and Senior Athletes**

**G. de Vries, Calgary, AB**  
B. Nigg, Calgary, AB  
S. Rigonalli, Calgary, AB

Previous gait studies in community ambulatory older adults show reduced walking velocity, shorter steps, ankle stiffness, and increased duration of double-limb support. A description of gait in very active older adults is needed.

**PAPER 91 1449 – 1455**

**Evaluation of Function and Quality of Life Following Posterior Ankle Arthroscopy**

**K. Willits, London, ON**  
S. Griffin, London, ON  
K. Willits, London, ON  
H. Sonneveld, Armstelveen THE NETHERLANDS

The purpose of this study was to perform a retrospective study, with short-term follow-up to determine the quality of life, function and clinical results after posterior ankle arthroscopy.

**PAPER 92 1455 – 1501**

**Ankle Arthroplasty versus Ankle Arthrodesis for End-Stage Ankle Arthritis: A Functional Comparison**

**T. Daniels, Toronto, ON**  
N. Duggal, Toronto, ON  
S. Redekop, Toronto, ON
The purpose of this study was to compare patients treated with both ankle arthroplasty or ankle fusion using validated functional outcome measures and a computerized motion analysis system that measures three-dimensional kinematics and temporal data and to compare the functional outcome and gait mechanics of ankle arthroplasty and ankle arthrodesis to a healthy control group.

**Saturday, June 3rd**

*M. Yeung, Toronto, ON*

The purpose of this study was to compare patients treated with both ankle arthroplasty or ankle fusion using validated functional outcome measures and a computerized motion analysis system that measures three-dimensional kinematics and temporal data and to compare the functional outcome and gait mechanics of ankle arthroplasty and ankle arthrodesis to a healthy control group.

**1501 – 1510**  
*Discussion (9 minutes)*

**1340 - 1510**  
**SCIENTIFIC SESSION 10:**  
**COA - ADULT RECONSTRUCTION – HIP**  
**Moderators:**  
J. Powell (Calgary, AB)  
E. Bohm (Winnipeg, MB)

**PAPER 93**  
**1340 – 1346**  
*M. Shekhman, Vancouver, BC*  
C. Anglin, Vancouver, BC  
C.P. Duncan, Vancouver, BC  
D. Garbuz, Vancouver, BC  
N. Greidanus, Vancouver, BC  
A. Hodgson, Vancouver, BC  
K. Inkpen, Vancouver, BC  
B. Masri, Vancouver, BC  
J. Tonetti, Vancouver, BC

The purpose of this study was to compare femoral guide-pin placement using a computer-assisted surgical (CAS) navigation system to a currently available manual alignment device.

**PAPER 94**  
**1346 – 1352**  
Bone Remodeling is Different in Metaphyseal and Diaphyseal Fit Uncemented Stems  
*J. Saito, Toronto, ON*  
N. Aslam, Toronto, ON  
E. Schemitsch, Toronto, ON  
K. Tokunaga, Toronto, ON  
J. Waddell, Toronto, ON

In uncemented total hip arthroplasty, stem design is one of the important factors influencing bone remodeling. The purpose of this study was to determine the differences in bone remodeling between metaphyseal and diaphyseal fit stems.

**PAPER 95**  
**1352 – 1358**  
Prospective Randomized Study Comparing Ceramic/Ceramic and Ceramic/PE Bearing Surfaces in THA  
*R. Friedman, Charleston, SC*  
S. Bal, Columbia, MO  
K. Cherry, State College, PA  
D. Jessup, Richmond, VA  
J. Longo, Phoenix, AZ  
M. Newman, Newport Beach, CA

This randomized, controlled, multi-center, prospective study evaluated 493 ceramic/ceramic versus 322 ceramic/PE THA at a 2 to 7 year follow-up. There was efficacy and safety of the ceramic/ceramic bearing surface compared to the standard ceramic/PE, with no failures or complications related to the bearing surface. Further follow-up is indicated to determine the long-term outcome.
Saturday, June 3rd

1358 – 1407  
**Discussion (9 minutes)**

**PAPER 96**  
Radiographic Signs of Osseointegration in Porous-Coated Acetabular Components  
**J. McAuley, Alexandria, VA**  
C. Engh, Sr., Alexandria, VA  
M. Moore, Alexandria, VA  
A. Young, Alexandria, VA

We reviewed post-primary and prerevision radiographs in 119 hips for: radiolucent lines, superolateral and inferomedial buttress, medial stress shielding, and radial trabeculae. 98 cups had three to five radiographic signs of osseointegration; 95 (97%) were found to be bone-ingrown at revision. With only one or no sign; (83%) were clinically unstable at revision.

**PAPER 97**  
Outcome of Uncemented Total Hip Arthroplasty in Patients Aged 50 Years or Younger  
**S. Kearns, London, ON**  
R. Bourne, London, ON  
A. Burns, London, ON  
B. Jamal, London, ON  
S. MacDonald, London, ON  
R. McCalden, London, ON  
C. Rorabeck, London, ON  
M. Skuteck, London, ON

The aim of this study was to assess the outcomes of uncemented THA's performed in our unit in patients aged under 50.

**PAPER 98**  
MIS Total Hip Arthroplasty: A Comparison of the Two-Incision Mini and G3 Approaches  
**O. Safir, Toronto, ON**  
D. Backstein, Toronto, ON  
V. Bubbar, Toronto, ON  
A. Gross, Toronto, ON  
C. Kellett, Toronto, ON  
R. Korley, Toronto, ON  
B. Liberman, Toronto, ON

The first 25 patients on the learning curve were compared for 2 different MIS approaches for Total Hip Arthroplasty. The G3 approach has advantages over the 2-incision mini: shorter operative time, no fluoroscopy, fewer days in hospital, shorter total incision length and lower complication rate.

**PAPER 99**  
Quality of Life After Periacetabular Osteotomy in Patients Over 40: A Comparison with THA  
**D. Garbuz, Vancouver, BC**  
M. Awwad, Vancouver, BC  
C. Duncan, Vancouver, BC

The purpose of this study was to compare postoperative quality of life in patients with dysplasia who underwent Bernese periacetabular osteotomy to those who had total hip arthroplasty.

1431 – 1443  
**Discussion (12 minutes)**

**PAPER 100**  
Restoration of Femoral Offset and Function: Randomized Study Comparing Total Hip Resurfacing and Total Hip Arthroplasty  
**M. Lavigne, Montréal, QC**  
J. Girard, Montréal, QC
Femoral offset restoration is recognised as an important part of THA procedure to reduce the joint reactive force and improve stability. In SRA, femoral offset is often reduced due to the femoral component valgus position. The main objective of this study was to correlate the clinical function of SRA and THA patients with their different biomechanical hip reconstruction (femoral offset).

**PAPER 101**
1449 – 1455
Quality of Life and Satisfaction Following Hip Resurfacing vs THA: A Comparative Cohort Study

**M. Manzary, Vancouver, BC**
C. Duncan, Vancouver, BC
D. Garbuz, Vancouver, BC
N. Greidanus, Vancouver, BC
B. Masri, Vancouver, BC

To evaluate and compare patient reported quality of life and satisfaction following metal on metal hip resurfacing and total hip arthroplasty procedures.

**PAPER 102**
1455 – 1501
Clinical Effectiveness of Outpatient Physiotherapy vs Exercises Alone Post THA: A Prospective RCT

**N. Greidanus, Vancouver, BC**
A. Anis, Vancouver, BC
C. Backman, Vancouver, BC
C. Duncan, Vancouver, BC
J. Esdaile, Vancouver, BC
D. Garbuz, Vancouver, BC
J. Kopec, Vancouver, BC
B. Masri, Vancouver, BC

To evaluate the effect of outpatient physiotherapy versus a self-administered home exercise program on recovery following primary total hip arthroplasty.

1501 – 1510  *Discussion (9 minutes)*

1510 – 1600  *Health Break*  

1600 – 1830  *COA SPECIALTY DAY*  

**Sport Medicine**  
**ESSEX**  
Moderators: E. Boynton, J. Leith, R. Tregonning (NZOA President), R. Holtby, G. Athwal  

**Elbow:**  
1. Elbow Ligament Instability Current Status of Diagnosis and Treatment Questions  
   B. Regan  

**Knee:** J. Leith, R. Tregonning, Moderators  
1. The Dislocated Knee Current Status of Evaluation and Treatment  
   B. Levy  
2. Revision ACL Reconstruction  
   M. Gilbart  
3. Current Status of Meniscal Repair versus Meniscal Excision  
   R. Giffin  
   P. MacDonald
Saturday, June 3rd

5. Current Thoughts on Patellofemoral Pain Treatment
   - Questions
   T. Smallman

General: E. Boynton, Moderator
1. Caring for the Elite Athlete and My Experience at the Olympic Games
   - R. McCormack

   - N. Mohtadi

Shoulder: R. Holtby, Moderator
1. Debate
   - Rotator Cuff Repair Should be Done Arthroscopically
     - R. Hollinshead
   - Rotator Cuff Tear Should be Done Open
     - R. Richards

2. My Approach to SLAP Lesions
   - R. Balyk

3. Arthroscopy for OA of the Shoulder: Is There a Role?
   - M. Ernest

Frozen Shoulder: G. Athwal, Moderator
1. Debate:
   - Should be Treated with Manipulation Under Anaesthesia
     - J. Moro
   - Should be Treated with Arthroscopic Release
     - D. Drosdowech

Foot & Ankle
   - Moderator: J. Lau
   - Panel: E. Boynton, M. Glazebrook, P. Rippstein

DESCRIPTION:
Symposium on Basic Science for Foot and Ankle Surgeons
1. Use of Bone Graft Substitutes in Foot & Ankle Surgery
   - M. McKee

2. Update on Achilles Tendonitis
   - M. Glazebrook

Symposium on Total Ankle Replacement
1. Design Rationale and Results of Total Ankle Arthroplasty
   - P. Rippstein

Panel Discussion and “My Worst Complication”
   - J. Lau, Moderator

Trauma
   - CIVIC

Management of Common Fracture Problems: Exploring the Grey Zones

Moderator: E. Harvey

DESCRIPTION: This 2 ½ hour session will take a practical case-based approach to the treatment of common fractures including: Open fractures: Immediate care versus next day care versus damage control. Distal Radius Fractures: ORIF dorsal plate versus pinning with exfix versus ORIF volar plate; minimal exposure small plates versus locking plates. Pilon fractures: A-type fractures - nailing versus distal locked plating; C type fractures - standard plates versus distal locked plates.

Arthroplasty
   - GRAND BALLROOM E

The Hip: Bone and Joint Preservation
Saturday, June 3rd

MODERATORS: J. Waddell, P. Beaulé,
PANEL: J. Antoniou, G.Y. Laflamme, O. Huk, R. Bourne, D. Bobyn, P.A. Vendittolli,
M. Lavigne, M. Tanzer, D. Garbuz

BONE PRESERVATION: J. Waddell, Moderator

Surface Arthroplasty for the Young Patient: An Update of Results. J. Antoniou
Evolving Indications: Is It for All Patients? P. Beaulé
Which Approach: Posterior or Direct lateral? G.Y. Laflamme
What About the Serum Ions? O. Huk

Case Presentations Panel Discussion Results of Audience Survey

Special Presentation:
Why Contribute Data to the CJRR R. Bourne

JOINT PRESERVATION: P Beaulé, Moderator

The Young Adult with Hip Pain: History, Physical and Imaging P.A. Vendittoli
Treatment of Femoroacetabular Impingement M. Lavigne
Arthroscopic Treatment of Labral Tears M. Tanzer
Outcomes and Patient Satisfaction of Pelvic Osteotomies D. Garbuz

Panel Discussion

1830 Exhibits Closed

1930 – 2400 FUN NIGHT DOMINION, CHURCHILL
“Streets of Toronto”

Please join us for wining, dining and dancing among the "Streets of Toronto". Sample foods from the many cultures of our cosmopolitan city. Try the "Bourne Martini" designed especially for this event.

Dance the evening away to the sounds of "Arden and the Tourists", one of Toronto's premiere nightclub bands. Their versatility will appeal to both young and old. We look forward to entertaining you on this FUN evening.

The seating for this extraordinary event is strictly limited, so don't miss out on the opportunity to enjoy a very special evening with your friends. - The Local Arrangements Committee

* The COA gratefully acknowledges the support in the form of an unrestricted educational grant to help make the following sessions possible:
  - Smith & Nephew – Symposium 2 and Tips & Tricks