PHILIPPINE ORTHOPAEDIC ASSOCIATION 71st ANNUAL CONGRESS [ONLINE] 26 - 28 November 2020

"THE NEW NORMAL: AN ORTHOPAEDIC CHALLENGE" - Adaptive Changes in Surgical Practice -



ASSOCIATION, INC.

SOUVENIR PROGRAM

71st Annual POA Convention (online) HOUSE RULES

- 1. Based on the POA Constitution, Fellows with unpaid annual dues for more than three consecutive years will not be allowed to vote in the POA elections.
 - a. If the Fellow has unsettled annual dues for 1,2 or 3 years, he may still vote
 - b. Once the unpaid dues exceed 3 consecutive years, he will not be allowed to vote
- 2. Certificate of Attendance for the 71st Convention will be granted only after confirmed attendance to the following activities:
 - a. Opening ceremony
 - b. Closing ceremony
 - c. Business meeting
 - d. Must attend majority of the symposia
- 3. CPD units will be granted for the entire Convention depending on your attendance. No QR codes will be used this year, hence no ready display of accumulated CPD units.
- 4. The Philortho App on your smart phone will be used primarily for election purposes, to enable online voting. The Convention program and official list of candidates will be uploaded by November 23.
- 5. Links to evaluation forms per session will be made available 15-20 minutes before the end of each session. These are simplified in form but must be accomplished to attest to your presence.
- 6. Official link to the Business Meeting, together with its password, will be posted/announced on Day 2. Attendees will be accepted into the meeting individually.

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MALACAÑAN PALACE MANILA

My warmest greetings to the **Philippine Orthopaedic Association**, Inc. as it holds its **71**st **Annual Congress**.

For decades, your organization has contributed significantly to the advancement of orthopedic medicine in the country through various activities and research programs. Your members' strong commitment in improving their expertise in this highly specialized discipline is truly commendable.

May this event help you address the challenges that the health sector is currently facing so that you may lead our people towards a healthier and more productive life. I hope that, as we deal with this ongoing pandemic, you will continue to become the heroes upon which our people can go to and draw inspiration from during these difficult times.

Be assured of the government's continued support as we realize a truly universal healthcare for all Filipinos. Together, let us work harder to empower our citizenry and build a more dynamic and robust nation for them.

I wish you a successful event.

RODRIG DUTERTE

MANILA 26 November 2020





My warmest greetings to the Philippine Orthopaedic Association, Inc. on the occasion of its 71st Online Annual Congress.

The COVID-19 pandemic, undoubtedly, has affected multiple disciplines or specialties of the medical profession. Resourcefulness, ingenuity and passion for one's craft has led many medical practitioners to seek new, innovative ways to better serve their patients.

The theme for your Annual Congress, "The New Normal: An Orthopaedic Challenge - Adaptive Changes in Surgical Practice", is an affirmation of POA's commitment to rise and adapt to the limitations of this state of national health emergency as you all fulfill your Hippocratic oath of preserving life and experiencing the joy of healing from those who seek help.

The Department of Health lauds the efforts of the Philippine Orthopaedic Association. May the gains of your annual Congress redound to the benefit of our countrymen. More Power to all!

UE III, MD, MSc Secretary of Health

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 URL: http://www.doh.gov.ph; e-mail: ftduque@doh.gov.ph





Warm greetings to the Philippine Orthopaedic Association, Inc. as it holds its 71st Annual Congress Online with the theme, "The New Normal: An Orthopaedic Challenge", on November 26-28, 2020.

Your theme is very timely amid this pandemic as we all adapt into the new normal in our own fields of specialization. We salute all of you for bravely facing the challenges concerning the Covid-19 virus and for continuing to provide Continuing Professional Development programs despite the hindrance to physically gather at this time.

I earnestly hope that your noble objectives will be realized, and that this year's gathering will translate into making your organization and its members better and more productive in contributing your respective shares in raising the level of health of our people that we have sworn to serve.

On behalf of the PMA National Officers and Board of Governors, our sincerest congratulations for the success of your 71st Annual Congress Online! We look forward to your continued collaboration with the PMA in all its advocacies and its activities.

Mabuhay ang Philippine Orthopaedic Association!

Mabuhay ang Philippine Medical Association! PMA: Working together as one!

P ATIENZA MD President



It is indeed a pleasure and an honor to send my best wishes to the Philippine Orthopedic Association on the occasion of its 71st Annual Congress this November 26-28.

The history of the POA is replete with outstanding achievements since its inception and I am happy to note that despite the lockdown since March, the orthopedic surgeons have been busy not just in the development of guidelines for proper patient care but in learning and educational activities via on-line platforms thus truly adapting to the challenges and changes that the new and evolving normal situation calls for. The upcoming Congress will increase further the delivery of knowledge and the sharing of needed scientific information.

The Board of Regents of the Philippine College of Surgeons is one with me in wishing you a most successful Congress in this, the year of the pandemic. More power to you all and warmest regards to all the orthopedic surgeons of the land!!

Mark

JOSE ANTONIO M. SALUD, MD, FPCS President



"When life gives you lemons, make lemonade." – Anonymous –

After 25 years being a Fellow of the Philippine Orthopaedic Association, my destination was reached. Last year, I emphasized that POA will be handling the preparation for the next three (3) International Conventions. But the task given to me changed this 2020 because of the CoViD 19 Pandemic. Your POA Board of Trustees immediately change the game plan with the unfortunate cancellation of the Butuan Midyear Convention and the ASEAN Society for Sports Medicine and Arthroscopy Congress.

Instead, a more dynamic POA Board of Trustee came up with a better strategy to overcome the threat of the pandemic and a better way to communicate and reached out to their fellows. Through the help of all the local chapters and the subspecialty societies, gave the meaning of this brotherhood within the POA, as ONE POA.

At the end of my viral term, I welcome you to this 'First' Virtual Annual Convention of 2020. I will be known as the CoViD President, where visions made for years only to be erased by a virus. However, an anti-virus was created to come up with a better POA.

For this year's theme: "The NEW NORMAL: An Orthopaedic Challenge" – Adaptive Changes in Surgical Practice – it is timely to review and develop the evolution of Orthopaedic Shield to a degree of fighting all the issues concerning our members. We reached out for you, we heard issues from you, we joined to strengthen our brotherhood as 'ONE POA'.

The Board of Trustees has learned to adapt and become fruitful to create a new goal for 2020 and beyond.

Disasters open doors for more opportunities. Unfortunate events happen but can also lead to brighter options. Strategies evolve with the hope to create better opportunities to serve our constituents.

"I no longer have to worry about what happens tomorrow, because I'm happy with what I've done today" – Snowden –

THANK YOU FOR ALL THE OPPORTUNITIES TO SERVE YOU.

MABUHAY ANG POA!!! STAY SAFE and STAY NEGATIVE!!!

PAUL RUEL C. CAMIÑA, MD, FPOA President

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Dear Fellows, Colleagues, Guests,

Welcome to the 71st POA Annual Meeting, which is being held online due to the pandemic situation.

As early as January this year, the organizing committee had started preparing for the Annual meeting. Initial plans included the participation of ASSA [ASEAN Society of Sports Medicine and Arthroscopy], POSSM [Philippine Orthopedic Society for Sports Medicine], and the Philippine Shoulder Society. However, due to covid, we were forced to abandon a face to face convention and settle for a virtual meeting.

This year's theme -"The New Normal: An Orthopaedic Challenge" - Adaptive Changes in Surgical Practice is quite appropriate to our present situation. This pandemic has markedly altered our orthopedic practice, with regards to out patient consultation [telemedicine], surgical preparation, procedures and at the same time ensuring the safety of our health personnel and our patients. Likewise, this virtual meeting is a first in our association's history.

The organizing committee would like to thank the subspecialty societies for participating and contributing to the success of this convention. Each was requested to submit 2-3 lectures relevant to each subspecialty.

Also, there is a pre-congress day, mainly geared for research. There is the Resident's Research Forum and the Research Forum for our fellows and residents.

Lastly, we would also like to thank our friends from the pharmaceutical industry [sponsors] for continually supporting us even during this difficult time.

Let us enjoy this meeting, and hope that this pandemic will be over soon, so that we can see each other face to face in next year's meeting!

PETER B. BERNARDO, MD, FPOA VICE - PRESIDENT & Overall Chairman 71st POA Annual Congress Organizing Committee

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POA 71ST ANNUAL CONGRESS [ONLINE] THE NEW NORMAL: AN ORTHOPAEDIC CHALLENGE – Adaptive Changes in Surgical Practice -

26-28 November 2020 EDSA Shangri-la Hotel, Mandaluyong City, Philippines

PRE-CONGRESS: NOVEMBER 26, 2020 [THURSDAY]

8:00 – 9:00 ORIENTATION OF NEW POA FELLOWS Frederic Joseph F. Diyco, MD, FPOA

Meeting ID: 864 0848 7376 Passcode: 907911 https://us02web.zoom.us/meeting/register/tZIpd-GspjwpHdJrDaABSR6PQOx9tOoD6_C



PBO MEETING WITH TRAINING INSTITUTIONS William T. Lavadia, MD, FPOA



LUNCH LECTURE (Mega Lifesciences) Moderator : Melito Antonio Ramos, MD, FPOA



12:00 - 1:00

A Potent Therapy in Osteoporosis and Osteoporotic Fractures Vikas Madhav Agashe, MD

Meeting ID: 892 5068 0007 Passcode: 959371 https://us02web.zoom.us/meeting/register/tZ0vcumupjsqGtN27UnWZK2xLK05mk AEguEy

PRE-CONGRESS: NOVEMBER 26, 2020 [THURSDAY]

1:00 - 3:00



RESIDENT RESEARCH FORUM

Welcome Remarks [Dr. Paul Ruel C. Camiña] Criteria for Judging [Dr. Melito Antonio P. Ramos] Introduction to Judges [Dr. Marcelino T. Cadag]

- 1. A Comparative Study on the Functional Outcome Of Patients Who Underwent Spinal Fusion Surgery Up To L5 And S1 Vertebra Based On The Oswestry Disability Index
- 2. Using the Cast Index to Predict Maintenance of Reduction in Pediatric Femoral Shaft Fractures
- 3. Correlation if Radial Bow and Post Reduction Angulation to the Functional Outcome in Non-Operatively Treated Diaphyseal Forearm Fractures in Children
- 4. Hip Geometry and Proximal Femoral Fractures among Elderly Filipino Women: A Prospective Single Center Cross-Sectional Study
- 5. Analysis on Outcome of Open Anterior Cruciate Ligament Reconstruction (Bone-Patellar Tendon-Bone Graft) Versus Arthroscopic Anterior Cruciate Ligament Reconstruction (Hamstring Graft) in Anterior Cruciate Ligament Tear among Active Military Personnel
- 6. Change at the Speed of Light: The Effectiveness of Percutaneous Laser Disc Decompression (PLDD) alone vs PLDD plus Transformational Epidural Low Back Pain (LBP) secondary to Lumbar Disc Herniation
- 7. Determination of Radiographic Healing using the RUST score and the Modified RUST in Femoral Shaft Fractures Treated with Intramedullary Nailing
- 8. Thumb Opposition Strength Using the Jamar Handheld Manual Dynamometer in Healthy Adult Filipinos: A Baseline Study
- 9. A Comparison of Percutaneous Interlaminar Endoscopic and Open lumbar discectomy: A 3-year Multicenter retrospective study
- **10.** Economic burden and the effects of early vs. delayed hospitalization on the treatment cost of patients with acute fragility hip fractures under the Orthogeriatric Multidisciplinary Fracture Management Model and Fracture Liaison Service

SNACK LECTURE (Zuellig Amgen)

Moderator: Marcelino T. Cadag, MD, FPOA



3:05 - 3:35

Fragility Fracture Prevention and the Role of Denosumab [Jose Antonio G. San Juan, MD, FPOA]

PRE-CONGRESS: NOVEMBER 26, 2020 [THURSDAY]

3:35 - 5:00	RESEARCH PAPER PRESENTATION
	[Melito Antonio P. Ramos, MD, FPOA/Marcelino T. Cadag,
	MD, FPOA]
	1. Comparison of Outcomes for Infections after Fracture Fixation (IAFF) Treated with or without Intramedullary Antibiotic Rod: A prospective Observational Study
	2. Motion Recovery Outcome after Manipulation under Anesthesia of a Stiff Knee Secondary to Delayed Femoral Nailing
	3. Correlation of Knee Range of Motion and Patellar Height Using the Modified Caton-Deshamp index in Patients Post Total Knee Arthroplasty
	4. Intra-observer reliability of Tip apex distance estimation technique using picture archiving and communication system (PACS) in Dynamic Hip Screw Fixation for Intertrochanteric Frac-tures
	5. Smartphone and Standard Gonimeter for Measurement of Knee Range of Motion: A Comparative Study
	6. The Correlation between Patellar Plicae and Degeneration of the Femoral Condyle among Military Personnel
	7. Assessment of Anterior Tibial Translation on Lateral Knee Radiographs of ACL-Deficient Military Personnel
	8. The Role of Spaced Repetition System as an Adjunctive Learning Technique in Orthopedic Training Center: A Pilot Study
	 Comparative Study of Using Biometric Forearm Referencing and Clinical Measurement in Estimating of Femoral Nail Length among Adult Patients with Femoral Shaft Fracture
	10. Patterns of Acromial Morphology among Different Age Groups in Filipinos
	11. Influence of Early vesus Late Stumo-Preserving Anterior Cruciate Ligament (ACL) Reconstruction on Proprioception and Return to Sports: A Retrospective Cohort
	12. The Experience and Perceptions of Philippine Orthopaedic Trainees on the Effect of the COVID-19 Pandemic on Residency Training: A Nationwide Survey
	13. The Current Practice of Filipino Orthopedic Surgeons in the Management of Elderly Hip Fractures
	14. The Accuracy of Hard Signs as Predictor of Major Limb Traumatic Vacular Injuries Requiring Critical Revascularization: A 3-Year Prospective Cohort Study
	15. Clindamycin as an Adjunct to Cefuroxime versus Cefuroxime Alone, in Decreasing Surgical Site Infection Rate in Elective Orthopedic Cases in a Teriary-Level Government Hospital
	16. A Cross-Sectional Study of Immediate Functional Outcomes in Elderly Patients with Intertrochanteric Fractures Treated with Primary Arthroplasty versus Open Reduction and Internal Fixation in a Tertiary-Level Government Hospital

PRE-CONGRESS: NOVEMBER 26, 2020 [FRIDAY]

- 17. Outcomes of Unstable Intertrochanteric Fractures Following Delayed Fixation by Proximal Femoral Locked Plating Versus Nailing with Minimum 1-year Follow-up; Experience on 34 Pa-tients by a Low-Resource Trauma Facility
- 18. Perioperative Complications of Lumbar Microdecompression under Wide Awake Progressive Local Anesthesia
- Correlation of Clinical and Electrodiagnostic Studies of Adult Filipinos with Moderate Carpal Tunnel Syndrome
- 20. A Limb Salvage Surgery option for Low to Middle Income Countries: A Comparison of Outcomes for Single-stage and Two-stage Endoprosthetic Reconstructions for Primary Aggressive and Malignant Bone Tumors of the Distal Femur
- 21. Use of WALANT (Wide Awake Local Anesthesia No Tourniquet) in Hand Surgeries During the COVID-19 Pandemic

Meeting ID: 892 1601 2223 Passcode: 681300 https://us02web.zoom.us/meeting/register/tZ0vduorzkoGNdbuxMjfRavl5oE9gUKBXSy

DAY 1: NOVEMBER 27, 2020 [FRIDAY]

8:30 – 9:00 OPENING CEREMONY Invocation [Dr. Frederic Joseph F. Diyco] Philippine National Anthem POA Hymn [Dr. Michael DR Muñoz] Welcome Remarks [Dr. Peter B. Bernardo] Message from PMA President [Dr. Benito P. Atienza] Message from PRC Commisioner [Hon. Jose Y. Cueto, Jr.] Opening Remarks [Dr. Paul Ruel C. Camiña] Presentation of House Rules [Dr. Frederic Joseph F. Diyco]

Meeting ID: 845 7069 3580 Passcode: 737294 https://us02web.zoom.us/meeting/register/tZAocOmupzgvEtSIdi2qMysy437frpljsF xG

DAY 1: NOVEMBER 27, 2020 [FRIDAY]

SYMPO 1: AHSP (UpJohn – Pfizer) *Moderator : David L. Alagar, MD, FPOA*



9:00 - 9:20	Strategies on Reducing & Fixing Nascent & Established
	Malunion of Distal Radius [Peter Charles Rhee, DO, MSc]
9:25 - 9:45	Distal Radio Ulnar Joint (DRUJ) Injuries
	[David Tan Meng Kiat, MD]
9:45 - 9:55	Q & A

SYMPO 2: POFAS (J & J) *Moderator: Peter S. Quiaoit, MD, FPOA*

Johnson & Johnson

9:55 - 10:15	Challenge in Orthopaedic Practice During Lockdown in Cebu
	[Kirby O. Lim, MD, FPOA]
10:20 - 10:40	Educational Strands for Lower Extremity Care
	[Juan Agustin D. Coruña IV, MD, FPOA]
10:40 - 10:50	Q & A

Meeting ID: 845 7069 3580 Passcode: 737294 https://us02web.zoom.us/meeting/register/tZAocOmupzgvEtSIdi2qMysy437frpljsF xG

DAY 1: NOVEMBER 27, 2020 [FRIDAY]

SNACK LECTURE (J & J) *Moderator: Justinian Aquilino Cyril IV Ll. Pimentel, MD, FPOA*

hnson Johnson

10:50 – 11:20 Consideration in Pain Management: Value of Multimodal Analgesia [Edward HM Wang, MD, FPOA]

SYMPO 3: ASAMI (GE Phils.)

Moderator: Justiniano Aquilino Cyril IV Ll. Pimentel, MD, FPOA



11:20 - 11:40	Malunion and Deformity Planning
	[Rosalyn P. Flores, MD, FPOA]
11:45 - 12:05	Hip Reconstruction with Ilizarov
	[Juanito S. Javier, MD, FPOA]
12:05 - 12:15	Q & A

LUNCH LECTURE: Upjohn-Pfizer

Moderator: Nathaniel S. Orillaza, Jr., MD, FPOA

Upjohn

12:15 – 13:15 Holistic Approach to the Management of Neuropathic Pain [Elton Ong, MD]

Meeting ID: 854 6593 0331 Passcode: 907145 https://us02web.zoom.us/meeting/register/tZEpceyhrTspGdUcFGXg3OVBcYbokW WIPldQ

DAY 1: NOVEMBER 27, 2020 [FRIDAY]

SYMPO 4: PMTS (Sandoz Phils)

Moderator: Melito Antonio P. Ramos, MD, FPOA



1:15 - 1:35	Treatment of Musculoskeletal Tumors during CoViD 19
	Pandemic: A Philippine Musculoskeletal Tumor Society
	(PMTS) Multicenter Collaboration
	[Mamer S. Rosario, MD, FPOA]
1:40 - 2:00	Treatment of Musculoskeletal Tumors in Thailand during
	CoViD 19 Pandemic [Prof. Apichat Asavamongkolkul, MD]
2:00 - 2:10	Q&A

SYMPO 5: PShS (Taisho Pharma)

Moderator: Peter B. Bernardo, MD, FPOA





2:55 – 3:00 Q & A

Meeting ID: 845 7069 3580 Passcode: 737294 https://us02web.zoom.us/meeting/register/tZAocOmupzgvEtSIdi2qMysy437frpljsF xG

DAY 1: NOVEMBER 27, 2020 [FRIDAY]

SNACK LECTURE: Biofemme *Moderator: Frederic Joseph F. Diyco, MD, FPOA*



3:00 - 3:15

The New Normal: Challenges in the Management of Osteoporosis - Adaptive Changes in the Use of Biphosphonates [Leo Daniel D. Caro, MD, FPOA]

SYMPO 6: POTS (Mega Lifesciences) *Moderator: Irewin A. Tabu, MD, FPOA*



3:15 - 3:35	Orthogeriatrics in the New Normal
	[David Russel Marsh, MD]
3:35 - 3:55	Acute Fixation of Fragility Fracture: To Allow Immediate
	Weight Bearing [Prof. Takeshi Sawaguchi, MD]
3:55 - 4:15	How I Fix Fractures in the Elderly
	[Prof. Rodrigo Pesantez Hoyos, MD]
4:15 - 4:25	Q & A

SYMPO 7: POSP (Tobie Pharma)

Moderator: Frederic Joseph F. Diyco, MD, FPOA





4:30 - 4:50	Virtual is Reality: Pediatric Orthopaedic: Training in a
	Pandemic & Beyond [Julyn A. Aguilar, MD, FPOA]
4:55 – 5:15	P.O.P. in the Time of CoViD: This is How I Do ItFor Now
	[Jesse James F. Exaltacion, MD, FPOA]
5:15 - 5:25	Q & A

Meeting ID: 824 8374 7902 Passcode: 315952 https://us02web.zoom.us/meeting/register/tZYpf-qvqjwjGtZyP-

DAY 2: NOVEMBER 28, 2020 [SATURDAY]

SYMPO 8: POSSM (Mylan Phils)

Moderator : John Andrew Michael A. Bengzon, MD, FPOA



Mylan

8:30 - 8:50 8:50 - 9:10

9:10 - 9:20

Better Health for a Better World

Return to Sports After CoViD 19 [Randolph M. Molo, MD, FPOA] Telerehab in Sports [Enrico Lorenzo M. Barin, PTRP] Q & A

SNACK LECTURE: Mylan Phils

Moderator : John Andrew Michael A. Bengzon, MD, FPOA



Better Health for a Better World

9:25 – 9:55 Osteoarthritis Pain Management During the CoViD Pandemic: Optimizing Non-Surgical Options [Jose Antonio G. San Juan, MD, FPOA]

Meeting ID: 817 7599 4344 Passcode: 203108 https://us02web.zoom.us/meeting/register/tZUqcOyhpz8pHtCtpiSYmiYotea4BiPo5 Ai5

DAY 2: NOVEMBER 28, 2020 [SATURDAY]

SNACK LECTURE: Upjohn Pfizer

Moderator: Nathaniel, S. Orillaza, Jr., MD, FPOA



9:55 - 10:55

Multi-Modal Approach to Chronic Pain Management and Telemedicine [Jose Antonio G. San Juan, MD, FPOA]

SYMPO 9: PHKS (Upjohn Pfizer) *Moderator: Marcelino T. Cadag, MD, FPOA*





Upjohn

10:55 - 11:15	CoViD 19: Learning to Live in the New Normal
	[Andrej Trampuz, MD]
11:15 - 11:35	Changes in Practice and Protocols in TJR During CoViD
	[Genaro Wilfred Francisco C. Asis, MD, FPOA]
11:35 - 11:55	Rapid Recovery Pathway for TJR During CoViD
	[Angelo R. Leaño, MD, FPOA]
11:55 - 12:00	Q&A

Meeting ID: 881 0570 6785 Passcode: 484928 https://us02web.zoom.us/meeting/register/tZwsd-yvrj0tEtHa-CTFkmzyWI94ClWgsasj

DAY 2: NOVEMBER 28, 2020 [SATURDAY]

LUNCH LECTURE: GE Phils

Moderator: Anne Kathleen B. Ganal-Antonio, MD, FPOA



12:00-1:00

OEC C-Arm Ortho & Spine Surgeries [Mr. Prem Kumar]

SYMPO 10: PSS (Pfizer Phils)

Moderator: Anne Kathleen B. Ganal-Antonio, MD, FPOA





Upjohn

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SYMPO 11 POWCDLS (A Menarini Phils)

Moderator: Paul Ruel C. Camiña, MD, FPOA



1:45 - 2:05	Spotlight on Adjuvant Therapy – Firstline Solutions in the New
	Normal [Major Divya Panicker, MD]
2:05 - 2:25	Chronic Wound Management and the CoViD 19 Pandemic
	Experience from Daily [Adisaputra Ramadhinara, MD]
2:25 - 2:35	Q & A

Meeting ID: 864 3119 4906 Passcode: 633500 https://us02web.zoom.us/meeting/register/tZIpdOippz8jGtLpKOO2RRtVm2aWDrCJpgJ

DAY 2: NOVEMBER 28, 2020 [SATURDAY]

2:35 – 4:00 POA AND PBO BUSINESS MEETING

Meeting ID: 895 3536 0350 Passcode: TBA https://us02web.zoom.us/meeting/register/tZ0odOyrqDspH9QmIMMYDq1fSAasD fWdwfqz

SNACK LECTURE: JCS Pharma

Moderator: Dr. Paul Ruel C. Camiña, MD, FPOA



:00 - 4:15	Use of HA Injections in Patients with Ankle Cartilage Injuries [Carlo Angelo V. Borbon, MD, FPOA]
:15 - 5:15	CLOSING CEREMONIES
	Announcement of Winner – Poster Making Contest &
	RRF Winners
	Presentation of 2020 Inductees [Dr. Frederic Joseph F. Diyco]
	Confirmation of POA Fellow [Dr. Paul Ruel C. Camiña]
	Presentation of 2021 PBO Board of Trustees [Dr. David L. Alagar]
	Induction of 2021 PBO Board of Trustees
	[Dr. Paul Ruel C. Camiña]
	Turnover Ceremony of PBO Chairmanship
	Valedictory Address [Dr. Paul Ruel C. Camiña]
	Presentation of 2021 POA Board of Trustees [Dr. David L. Alagar]
	Induction of 2021 POA Board of Trustees [Dr. Antonio B. Sison]
	Turnover of POA Presidency
	Inaugural Address [Incoming President]
	Closing of 71st Annual Congress
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Passcode: 364360 https://us02web.zoom.us/meeting/register/tZwkc-GprTwrHtN4OgYK2AXyg2FUtgUaon1k

POA 71ST ANNUAL CONGRESS FACULTY

JULYN A. AGUILAR, MD, MHA, FPOA



Dr. Julyn Aguilar obtained her Doctor of Medicine degree at the De La Salle University College of Medicine and finished her residency in orthopaedic surgery at Philippine Orthopaedic Center. She had her fellowship in Paediatric Orthopaedics at the Chinese University of Hong Kong Prince of Wales Hospital in Hong Kong and at the University of Adelaide Women's and Children's Hospital in Adelaide, Australia. She received further training in limb lengthening and reconstruction at Sinai Hospital Rubin Institute of

Advanced Orthopaedics in Baltimore, USA under Dr. Dror Paley. She has also been taught by Dr. Ignacio Ponseti at the University of Iowa, USA on the Ponseti Technique for clubfoot. Dr. Aguilar earned her Masteral Degree in Hospital Administration at the Ateneo de Manila University Graduate School of Business. She has also earned her Career Executive Service Eligibility from the Career Executive Service Board of the Philippines.

She is currently the Head of the Children's Orthopaedic Unit of the Philippine Orthopaedic Center and Chief of the Section of Paediatric Orthopaedics, Institute of Orthopaedics & Sports Medicine at St. Luke's Medical Center, Quezon City, Philippines. She is also a past President of the Philippine Orthopaedic Association, Inc, Treasurer of the Board of Trustees of Philippine Society of Neurorehabilitation, Inc. and Trustee of the Philippine Board of Orthopaedics. In addition, she is also a Council Member of the Asia Pacific Orthopaedic Association (APOA), the Chief Delegate of the Philippine Chapter of APOA and the Secretary of the Infection Section of the APOA.

PROF. APICHAT ASAVAMONGKOLKUL, MD



Dr. Apichat Asavamongkolkul is now the Professor and Deputy Dean in administration at Faculty of Medicine Siriraj Hospital, Mahidol University (December 2014-present). He graduated his Doctor of Medicine from Faculty of Medicine Siriraj Hospital in 1987. He was interested in studying and working in musculoskeletal oncology field and has worked in Musculoskeletal Oncology Unit, Department of Orthopaedic Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University since 1996. He was one of the founders

of Siriraj Musculoskeletal Tumor Board which the first multidisciplinary meeting begun in 1996 after finishing his fellowship in musculoskeletal oncology from University of California, Los Angeles. He was a pioneer in musculoskeletal oncology field of Thailand who brought the techniques of limb salvage surgery to help patients with bone and soft tissue tumor. Both biologic and non-biologic materials have been used for reconstruction after tumor excision. Many clinical studies involving clinical outcomes in each reconstruction such as autogenous bone graft, allograft or tumor prosthesis were published. His clinical studies attract young orthopaedic surgeons who would like to be an orthopaedic oncologist. More than 15 fellows in orthopaedic oncology have graduated from his institute and recently work



in many institutes in Thailand and abroad. He was past president of Thai Musculoskeletal Tumor Oncology and he is still active working in Thai and many Asian musculoskeletal oncology societies. Furthermore, he has more than 40 English and 15 textbook chapter publications regarding tumor biology, tumor surgery and tumor reconstruction. He has been giving lectures as an invited guest speaker in many international and local meetings. His recent textbook "Bone and Soft-tissue Tumors" has been awarded as "The Excellent Textbook in 2014" from Faculty Medicine Siriraj Hospital and from Mahidol University. Faculty of Medicine Siriraj Hospital presents "Siriraj Honor Award" to Dr. Apichat in 2014 and 2016. The Royal College of Orthopaedic Surgeons of Thailand (RCOST) presents him a "2016 Excellent Academic Award" in October 2016. Recently, Siriraj Alumni presented him Alumni Achievement Award 2019.

GENARO WILFRED FRANCISCO C. ASIS, MD, FPOA



Dr Genaro Wilfred Francisco C. Asis finished his degree in BS Physical Therapy at the UP College of Allied Medical Professions in 1992. He then entered into the UP College of Medicine and continued on with his Residency at the Department of Orthopedics, Philippine General Hospital. He later took his fellowship in Hip and Knee Surgery under the tutelage of Dr Ramon B. Gustilo at the Philippine Orthopedic Institute-Makati Medical Center. He is Currently the Chairman of the Department of Orthopedics at Tricity City

Medical Center and the head of the subsection of Orthopedics at the Qualimed Hospital, San Jose Del Monte, Bulacan. He is also an active consultant at the FEU-NRMF where he teaches as Professor in the Department of Biochemistry and Nutrition and the Department of Surgery. He is a member of the Philippine Hip and Knee Society, Philippine Orthopedic Association and the Philippine College of Surgeons.

Lecture Title: Changes in Practice and Protocols for Total Joint Replacement during the COVID 19 Pandemic

Abstract: Introduction: In December of 2019 the first outbreak of the COVID 19 virus was reported in Wuhan, China. It has since then engulfed the whole world. In an effort to prevent the spread of this virus, adaptive changes have been made to almost everything that we do. Included in these adaptive changes are the modifications that we have made to our practices and to different protocols in the conduct of doing Total Joint Replacements. What follows is a description of changes to our practice and OR protocols for Joint replacement during this time of the COVID pandemic.

Methodology: Review of available literature, as well as personal communication with members of different Orthopedic institutions was done to collect data on current practice trends and treatment protocols

Results/Discussion: Changes to conduct of Joint replacement can be divided into 3 parts. Mainly the preoperative, Intraoperative and Postoperative changes. Pre-operative changes were focused on screening the patient for COVID 19, as well as maintaining or ensuring

that they are COVID free during the time of surgery. The intraoperative changes were focused on preventing spread of the disease between patients and even between members of the Hospital staff. Wearing the proper personal protective equipment was emphasized. Wound closure was also discussed to lessen hospital stay and reduce the number of followups to a minimum. Postoperative changes were focused on home-based rehabilitation as well as doing the follow up via telemedicine.

Conclusion: Changes to practice and protocols were set up to minimize the chances of spreading COVID 19 while doing joint replacement surgery. It is possible that this will be the "new normal" for the next few years while search for an effective vaccine or treatment modality is still ongoing. Further research is needed to determine if these changes are effective.

ENRICO LORENZO M. BARIN, PTRP



Enrico Lorenzo Barin is a physiotherapist and a licensed Physical Therapist (PTRP). He is the OIC of the Sports Rehabilitation Unit, Philippine Sports Commission- Medical and Scientific Athlete Services since 2010. This is a Government institution that aims to develop sports development thru grassroots talent development where Sport rehabilitation is the Over-all focus. He works Fulltime - 8 hours a day and sees 10-15 patients per day. He is Responsible for the daily rehabilitation of national athletes and coaches

with sports related injuries using different physical therapy modalities and exercise techniques; Conducts orientation on proper education and training of national athletes thru face-to-face interviews, Tele rehab and Webinars; Receives referral of athlete patients from Orthopedic Doctor in charge; Refer patient-athletes back to Orthopedic Doctor re-evaluation; and Heads the PSC – Sport Rehabilitation Unit Face book page with Online TELEREHAB service for national athletes.

He is an On-call Physiotherapist for the Philippine Volcanoes Rugby Team - Serves as the team physiotherapist on selected teams during training, local and international games. Vital for the presentation of Rugby as a growing sport in the country of the Philippines.

Lecture: Telerehab in Sports Lecture Outline:

- Telerehabilitation definition "telerehab"
- Telerehab delivery
- Telerehab importance
- Telerehab benefits
- Service in the new normal
- Telerehab barriers
- Platforms you can use
- Target population and sports clients
- How does your athletes get to you?
- Online assessment tool and documentation

- Telerehab process
- Still an increasingly thriving service method and industry.
- Closing

JUAN AGUSTIN D. CORUÑA IV, MD, FPOA



Dr. Chinkin Coruña graduated medicine from the University of the East Ramon Magsaysay Memorial Medical Center and completed Orthopaedics and Traumatology at Corazon Locsin Montelibano Memorial Regional Hospital (CLMMRH). Chinkin finished fellowship training with some of the world's best in foot and ankle surgery: Prof. Hong-Geun Jung at Konkuk University Medical Center in South Korea and Prof. Yasuhito Tanaka at Nara Medical University in Japan. He is directly involved with comprehensive

lower extremity management for Western Visayas as Medical Specialist III in CLMMRH, with committee appointments for research, quality management systems, and medical student education. Dr. Coruña also serves as Chairman of the Unit of Orthopedic Surgery and Wound Care at The Doctors' Hospital in Bacolod. Chinkin represents the country as international faculty for foot, ankle, and wound care topics in multiple global events.

Lecture: Educational Strands for Lower Extremity Care

Abstract: The lecture covers a census of lower extremity pathology in Negros Island. It builds on ankle trauma and ischemic limb topics presented during the POA annual meeting last year, and frequent webinars sponsored by POFAS. New content will update the audience on the urgency, and practicality of managing acute and chronic lower extremity conditions. The centerpiece of the presentation features a number of cases and their distinct preoperative planning. This is juxtaposed alongside early career highlights of mixed teaching opportunities from the AO Foundation, making the evolution of such endeavor a reality. The endpoint is to familiarize young trainees with their intended subspecialty and involve them in the future growth of orthopaedics in the country.

JESSE JAMES F. EXALTACION, MD, FPOA



Dr. Exaltacion finished his residency from the Philippine Orthopedic Center in 2003. A graduate of the Cebu Institute of Medicine, he holds subspecialty training in both Paediatric Orthopaedics and Adult Reconstructive Orthopaedic Surgery from Singapore and the United States. He authored clinical papers published in international journals (CORR, Journal of Orthopaedic Trauma) as well as collaborated in the the Atlas of Essential Orthopaedic Procedures published by the AAOS.

He practices in Metropolitan Cebu, and holds academic appointment from the Cebu Institute of Medicine as Associate Professor.

Lecture: P.O.P. in the time of COVID19 : This Is How I Do It ... For Now " Abstract: The recent novel coronavirus pandemic has thrown off every orthopod the world

over. Paediatric Orthopaedic Practice as a subspecialty also has to go with the times with all factors considered : from different demographics and cultural practices, local resources, the need to practice the minimum health and safety measures in all phases of management. Here is how I tried to continue serving my community of Cebu despite the perils of the pandemic focusing on the treatment of kids needing orthopaedic care. These approaches ranged from going back to basics with the versatility of Plaster of Paris to utilizing Telemedicine not just to treat musculoskeletal afflictions but also to allay fears and empower in this time of uncertainty.

But then again, the situation is still evolving ... thus I have to end it with "For Now".

ROSALYN P. FLORES, MD, FPOA



Dr. Rosalyn Flores is currently a fellow of the Ilizarov Limb Reconstruction Service of the Department of Orthopedics of the University of the Philippines – Philippine General Hospital. She specializes in Pediatric Orthopaedics and had her fellowship training under the Division of Paediatric Orthopaedics, Department of Orthopaedic Surgery at the National University Hospital, Singapore. She also underwent a Pediatric Orthopaedic training program at the Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Delaware,

USA as an International Scholarship Recipient of the American Academy of Orthopaedic Surgeons. Dr. Flores is a graduate of orthopaedic residency at the University of Santo Tomas Hospital, Manila and she was awarded as an outstanding resident by the Philippine Board of Orthopaedics during her 2nd to 4th year levels of training. She is currently affiliated with the following institutions: as an orthopedic consultant at the University of Santo Tomas Hospital, St. Luke's Medical Center – Global City, and Rizal Medical Center; as a consultant to MiracleFeet and the Philippine National Clubfoot Program; and as a faculty member of the University of Santo Tomas – Faculty of Medicine and Surgery.

Lecture: Malunion and Deformity Planning

Abstract: The lecture will discuss general concepts regarding the correction of deformity in malunions, which will include osteotomy rules and the different types of osteotomies that may be used to address these deformities. The role of the Ilizarov fixator in the management of these deformities will also be emphasized.

JUANITO S. JAVIER, MD, MChOrth, FPOA



Dr. Juanito S. Javier is a member of Class 1983, UP College of Medicine. He finished his Orthopaedic Residency Training at the Dept. of Orthopaedics, College of Medicine and Philippine General Hospital of the University of the Philippines Manila. He further trained in Pediatric Orthopaedics at the Royal Hospital for Sick Children in Yorkhill, Glasgow and Glasgow Royal Infirmary. He had advanced training in Ilizarov Surgery at the Lecco General Hospital in Lecco, Italy. Dr. Javier also obtained a Master in Orthopaedic

Surgery Degree (MChOrth) from the University of Liverpool.

Dr. Javier is presently an Associate Professor of the College of Medicine, University of the Philippines Manila. He is the Chair of the Department of Orthopaedics, College of Medicine and Philippine General Hospital. UP Manila. He is a senior consultant in the Division of Pediatric Orthopaedics in the same hospital.

He is the former President of the Pediatric Orthopaedic Society of the Philippines, Asean ASAMI and founding President of ASAMI Philippines. He established the Ilizarov and Limb Deformity Reconstruction Service of the Philippine General Hospital.

Lecture: Ilizarov Hip Reconstruction - a Viable Option Beyond Hip Replacement

Abstract: Total hip arthroplasty is the procedure of choice for the vast majority of patients requiring hip reconstruction. However, many factors including sequelae of infections, soft tissue problems and bone deformities preclude the possibility of a successful joint replacement. In these cases, the patient and surgeon should not despair because there is another viable option available. This is the Ilizarov Hip Reconstruction Procedure. This uses the time-tested valgus osteotomy of the proximal femur to provide a pelvic support. This old procedure though providing pelvic support causes secondary alignment problem and further shortening of the limb. Ilizarov combined this proximal femoral osteotomy with a second osteotomy at the distal end of the femur. The second osteotomy corrects the malalignment and at the same is the source for 'distraction osteogenesis'. The limb shortening is remedied in this manner. The new biomechanics of the hip helps in eliminating the Trendelenburg gait. The valgus osteotomy still allows functional movement of the hip. Thus, activities like sitting is not hampered.

MR. PREM KUMAR



Prem is a Clinical Application Specialist focusing on GE Interventional & Surgery products. He is based in Singapore and manages the clinical and structured training across ASEAN. Prem has +10 years of experience in the field of Diagnostic Imaging and served as a Radiographer at the Cleveland Clinic Abu Dhabi prior to GE.

Lecture: OEC C-Arm: Ortho & Spine Surgeries

ANGELO R. LEAÑO, MD, FPOA



Dr. Angelo Rigor Leaño trained in orthopedic surgery at UP-PGH. During residency training he was chosen as chief resident, was awarded as Outstanding Resident in Orthopedics by the Philippine Board of Orthopaedics and awarded the Australian Orthopaedic Association Travelling Bursary for an Asia-Pacific Registrar.

He had his fellowship training in Bone and Cartilage Transplantation and Joint Revision Surgery at Queensland Hips & Knees, Brisbane Private Hospital, Brisbane, Australia.

Among the hospitals he is affiliated with is The Medical City, where he is a consultant in the Department of Orthopedics Section of Adult Orthopedics and Arthroplasty and Training Committee member, as well as Champion for Early Recovery After Surgery in Orthopedics.

Lecture: Adapting a rapid recovery pathway for TJA patients during COVID-19 era Abstract: An introduction to early or rapid recovery principles in orthopedic surgery, their benefits and applications, and how these can be applied in current practice during a global pandemic.

KIRBY O. LIM, MD, FPOA



Dr. Kirby Lim finished his Orthopaedic and Traumatology residency at Vicente Sotto Memorial Medical Center, Cebu City in 2010. He went to Korea University Medical Center in Guro District, Seoul South Korea last 2016 to train under the tutelage of Professor Hak Jun-Kim in Orthopaedic Foot and Ankle Surgery. Currently, he is a fellow of the Philippine Orthopaedic Association and a member of the Philippine Foot and Ankle Society.

He is a Medical Specialist in the Department of Orthopedics at Vicente Sotto Memorial Medical Center. He also practices in the major hospitals in Cebu City such as Chong Hua Hospital Mandaue and Fuente, UCMed and St Vincent General Hospital and is affiliated with Spine and Orthopaedics Cebu.

Lecture: Orthopaedics in the COVID Epicenter

Abstract: During the early part of 2020, the COVID pandemic started to spread worldwide. We read about the disease on different social media platforms even before it touched our shores, but nothing could have prepared us for what was about to come.

Its spread was unstoppable, and it hit Philippines hard. It hit Cebu City even harder. It did not take long for the unfortunate event to happen. The papers dubbed our island the COVID epicentre of the Philippines. This made us innovate and react in a way we never experienced before. Both private and government sectors scrambled to formulate protocols to try to contain its spread. It was not easy. More so for our institution, being a public sector catering to most of the population of the province, we had to modify hospital staff duties as it holds true with other centers. There had been interhospital changes in the set up to prepare for the influx of COVID-19 cases such as converting the orthopedic ward to an ILI ward. The whole system that we became so comfortable with was rocked to its core.

Private practice was also affected as all non-emergent cases were temporarily deferred during the ECQ. Private clinics were mostly closed, and most orthopods started to transition into telemedicine.

In this talk, I will try to give you a feel on how COVID affected the orthopaedic practice and our training program in the government hospital in Cebu City. How we tried to adopt

to these very unique situations that the pandemic has presented to all of us. Hard as it was, it was not all that bad. In the process of trying to get over the hump, we discovered that the "Bisaya" orthopods were resilient. We were there for one another especially in the times that all we had were each other.

DAVID RUSSEL MARSH, MD



David held University chairs of T&O in Belfast and London before retiring in 2012; his clinical specialism was Limb Reconstruction. He played a leading role in developing 'orthogeriatric' co-management of fragility fracture patients in the UK, including secondary prevention to reduce the future incidence, particularly of hip fractures, which rob older people of their independence. That experience led him to initiate the Fragility Fracture Network (FFN) – a global organisation – in 2011 as its founding president. The FFN, in

partnership with sister organisation, published last year a Call to Action (CtA), which spells out what needs to be done globally to meet the huge challenge of fragility fractures. The best way to implement the precepts of the CtA in a given country is to create a National FFN. David is now the FFN's Regionalisation Chair, focused on creating National FFNs all over the world.

Lecture: Orthogeriatrics in the New Normal

Abstract: When an elderly patient presents with a fragility fracture, particularly hip fracture, the provision of excellent surgical treatment is of course necessary; however, it is not sufficient by itself. This is because a large proportion of these patients have two quite different problems: fragility of the bone (a biomechanical issue) and frailty of their whole body (a physiological issue). Addressing these, to a high quality and cost-effectively, needs different skillsets – fundamentally orthopaedic and geriatric skillsets – and these patients need both. Of course, the optimal multidisciplinary team includes more disciplines and professions than that, but the orthopaedic-geriatric partnership is at the heart of it. In places where adequate numbers of geriatricians are not available, it is possible to teach geriatric competencies to other physicians.

The term 'orthogeriatrics' has expanded its meaning to cover the whole post-fracture journey, including (i) multidisciplinary pre- and peri-operative co-management, (ii) rehabilitation and (iii) avoidance of the next fracture by secondary prevention. These are the three clinical 'pillars' of the Global Call to Action led by the Fragility Fracture Network.

PAUL JULIUS A. MEDINA, MD, FPOA



Dr. Paul Julius Medina specializes in Spine Surgery. He finished his Doctor of Medicine at the Mindanao State University – College of Medicine and had his Post-Graduate Internship at the University of the Philippines – Philippine General Hospital. He finished his residency training on Orthopaedic Surgery and Traumatology at the Philippine Orthopaedic Center and underwent clinical fellowship trainings in Spine Surgery at the Princess Elizabeth

Orthopaedic Centre - Royal Devon and Exeter Hospital, United Kingdom and at Tan Tock Seng Hospital, Singapore. He was a grantee of the 2017 European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases (ESCEO) -Eli Lilly Scholarship in Florence, Italy and a scholar of the 2012 International Osteoporosis Foundation (IOF) - Young Investigator Mentoring Program in Kuala Lumpur, Malaysia. He is currently finishing his Masters in Hospital Management and Masters in Business Administration under Jose Rizal University in Manila. He is the founding chairman of the Department of Medical Research of the MSU-College of Medicine. He is now the president of the POA-North Mindanao Chapter. He is affiliated as a spine and orthopaedic surgery consultant with the Mercy Spine Center - Mercy Community Hospital, Adventist Medical Center – Iligan and Iligan Medical Center and Hospital. He is also a member of AO Spine International and a fellow of the Asia Pacific Spine Society.

Lecture: The Challenges in Telemedicine: Diagnosing, Treating Spine Disorders"

Abstract: The Covid-19 pandemic has caught the whole world by surprise with an unprecedented limitation of human movement and interaction since World War II. This has become a great barrier for patients to acquire outpatient medical attention from their respective physicians. And with this comes the necessity to engage in one of the least utilized innovations in health – Telemedicine. This lecture will provide acumens on the challenges for spine surgeons to continuously diagnose and manage patients together with existing solutions in order to overcome or bridge the gap between him or her and the patients. Different platforms to stage a teleconsultation and the processes involved including insights for a virtual spine examination and techniques on making diagnostic examinations available for an efficient teleconsultation and patient management.

RANDOLPH M. MOLO, MD, FPOA



Dr. Molo specializes in Sports Medicine – Arthroscopic Surgery. He is currently the Section Head – Shoulder and Elbow Surgery St. Luke's Medical Center –Quezon City and Bonifacio Global City; HEAD- Ortho/Rehab Section Philippine Center for Sports Medicine, Philippine Sports Commission; PRO, Philippine Orthopedic Society for Sports Medicine; Treasurer, Philippine Shoulder Society; Team Doctor and Surgeon Philippine Men's and Women's National Football Team; Team MD/ Consultant Physician UFL Division I

Club Football Champions GLOBAL FC and Stallions FC; and Associate Professor – Ateneo School of Medicine and Public Health (ASMPH)

He is also Head of the Section of Shoulder and Elbow Surgery; Active Consultant at the Section of Sports Medicine; and Assistant Head Research Committee at the Institute of Orthopaedics and Sports Medicine (IOSM), St. Luke's Medical Center. He is a Consultant for TEAM Summit Sports Medicine and Rehabilitation Clinic; HEAD of the Ortho and Sports Rehab Unit, Philippine Center for Sports Medicine (Philippine Sports Commission); Chairman of the Philippine Football Federation – Sports Medicine Committee.
Faculty

He is a Visiting Consultant at the Department of Surgery- Univ. of the East Ramon Magsaysay Memorial Medical Center (UERMMMC); U.E. Red Warriors Department of Orthopedic Surgery – The Medical City and a Consultant Physician for New Balance Philippines (Second Wind Running Store). He is a Certified Football Medicine Instructor; Federation de Internationale de Football Association (FIFA) Football Medicine Program and a Lecturer for the Philippine Sports Institute – Philippine Sports Commission

Lecture: Return to Sports Participation Following COVID-19 Infection

Abstract: The coronavirus came in unexpectedly and affected the sporting community drastically. As most of the sporting world awaits restoration of public health recovery as it takes a back seat, new research into the field of resumption of sports and athlete performance following a covid-19 infection is being formulated. As with, the disease process itself, new and dynamic information is constantly being shared which helps formulates guidelines into a safe eventual recovery for sports participation. We have collated information from foreign sporting events, tournament medical "bubbles" and even local experience with our Olympic and national athletes as we draft training principles and safe practice in the context of existing national laws and guidelines.

For those who were unfortunate enough to be exposed to the virus and eventually contract it, the fortunate thing is most people with COVID-19 are either asymptomatic or have a relatively mild course of the disease. In a small percent of cases, severe life-threatening complications can occur including pneumonia, acute respiratory distress, pulmonary embolus, myocarditis, arrhythmias, and renal failure. At present there are no drugs with proven efficacy against the SARS-CoV-2 virus although there are clinical trials of several different medications underway. In addition, there no currently available vaccines as of the time of this presentation. Risks for sport participation vary from event to event and should one contract Covid-19, their eventual return is also dictated by the physical and physiologic demands of the sport.

Locally, we developed a return to sport assessment and risk stratification guide called Filipino FIRST (Fitness, Recreation, Sport reintroduction Tool) to assist in reintroducing recreational and competitive athletes back into a sporting environment during the COVID-19 pandemic. This includes athlete health evaluations and pre-participation medical assessments with an added covid-19 section for those with possible prior exposure or past documented infections. Current known information about the disease process puts them at risk for cardio-pulmonary issues as well as possibilities for performance decline.

This lecture aims to present what is currently known about athlete management following a covid-19 infection to assist orthopaedists and sports medicine practitioners as recreational and elite participants slowly return to the mainstream as allowed by existing and appropriate national public health guidelines.

Faculty

JEREMY JAMES C. MUNJI, MD, FPOA



Jeremy James C. Munji MD, FPOA finished his medical studies at the University of Santo Tomas Hospital back in 2008. He continued on and joined the Orthopaedic Surgery training under the same hospital's 5-year program in 2010 and became a diplomate of the Philippine Board of Orthopaedics in 2015. For his fellowship, he trained under the tutelage of Professor Laurante Lafosse at the prestigious Alps Surgery Institute in Annecy, France as a shoulder specialist in 2015-2016. He is currently practicing as an active

Shoulder Arthroscopy and Reconstruction specialist of the University of Santo Tomas Hospital and is deeply involved in research and residency as part of the department's residency training committee. Dr Munji is also a member of Shoulder and Knee Clinic Manila, a partner surgeon at the Delos Santos Medical Center Orthopedic Sports Clinic, and the Manila Orthopedic Specialist in St. Luke's BGC. His current affiliations include the Victoriano Luna (AFP) Medical Center, Cardinal Santos Medical Center and Providence Hospital.

Abstract: The pandemic brought by Covid-19 has not only interrupted life in the metro but also Orthopaedic practice in most hospitals in our country. This has resulted in losses not only in medical economics but on valuable patient follow-ups and continuing patientcare. The Philippine Shoulder society has learned to adapt to the ever-growing demand for contactless consults and telehealth. Despite being accustomed to special tests and physical examinations, the shoulder specialists have learned to clinch diagnosis and proceed with follow-up consults even just through the world wide web.

ELTON ONG, MD



Dr. Elton Ong is a practicing neurologist and attending physician at the St. James Hospital and Northside Doctors Hospital. He is also an associate professor at the University of Northern Philippines, Department of Neurosciences.

Dr. Ong took up his fellowship in Neuro-genetics at New York University. He is a member of the Philippine League Against Epilepsy, Stroke Society of the

Philippines, Dementia Society of the Philippines and a fellow of the Philippine Neurological Association. He has authored and co-authored international publications on neurogenetics and neurochemistry.

Lecture: Holistic Approach to the Management of Neuropathic Pain

Abstract: This learning activity aims for participants to be able to understand the effect of pain on sleep, anxiety and the overall quality of life of patients, review the mechanisms of neuropathic pain, learn about the how to recognize, diagnose and manage neuropathic pain, and appreciate the role of pregabalin in the management of different neuropathic pain conditions.

MAJOR DR. DIVYA PANICKER (Rtd)



Experienced Medical Doctor specialized in clinical hyperbaric medicine, underwater medicine, emergency and trauma. Significant experience and expertise in Wound Management focusing on hard to heal wounds. Interested and involved in advancing wound management as well as patient empowerment with the introduction of technological advancements and adjuvant therapy in wound care solutions.

Clinical Experience in all aspects of Malaysian Public Healthcare Services as well as Malaysian Private Healthcare Institutions delivering Hyperbaric and Wound Management Services.

Currently working in Wound Management Industry with the aim of bringing a clinical focus to commercial healthcare environment and ensuring that advancements are tailored to solve pain points of clinicians and patients.

Vast experience with speaking engagements and case sharing within Asia Pacific especially in relation to Biofilm Based Wound Management and Hypoxia in Wound Management.

Lecture: Spotlight on Adjuvant Therapy- Firstline Solutions in a New Normal Abstract: Covid-19 has made an enormous impact on the ability to deliver quality healthcare services especially in the wound management scenario. Both patients and clinicians have been challenged to ensure chronic wound management is sustained in light of social distancing and lockdown regulations.

Necessity is the mother of invention and in this case the challenges have highlighted the need as well as the quality of adjuvant therapy to ensure continuity of care and progress in wound management. Nice to have is now needed to have.

Personal Negative Pressure Wound Therapy, Ultrasound Assisted Debridement Devices, Digital wound documentation systems; with elements of Remote Monitoring and Telehealth are components of Adjuvant Therapy that have found importance and will continue to be Firstline Solutions in the New Normal.

All these solutions have been readily available for wound care management for some time. However, the adoption and uptake has been minimal and reserved for select extreme cases for a variety of reasons. The new normal scenario forces us to relook the value of these components and hopefully to recognise the full potential to provide better outcomes for patients.

Faculty

PROF. RODRIGO PESÁNTEZ HOYOS, MD



I did my medical school and orthopedic surgery residency at Hospital San Jose Universidad del Rosario in Bogotá Colombia, I did an orthopedic Trauma Fellowship at UC Davis Medical Center in Sacramento California with Dr Michael Chapman, David Mohering and Steve Olson and an AOTrauma Fellowship at Universitat Spital in Zurich with Prof Trentz, also trained in Hip Surgery in the Massachusetts General Hospital in Boston (William Harris), Hospital for Special Surgery (Eduardo Salvati) and Lindenhofspital in Bern

(Maurice Muller and Diego Fernandez). I have worked since 1996 at Fundación Santa fe de Bogotá, I was the chief of orthopedic trauma since 1996 until 2016. I am currently the AOTrauma Chairman of AO Latinamerica.

Lecture: How I Fix Fractures in the Elderly

Abstract: In the lecture I will be covering the different surgical techniques to treat fractures in the elderly, in upper and lower extremity, using plates and nails and some combinations. Addressing the problems with osteopenic bone and the orthogeriatric fracture care.

ADISAPUTRA RAMADHINARA, MD, MSc, CWSP, FACCWS



Dr. Adisaputra Ramadhinara is a board-certified wound specialist physician from the American Board of Wound Management, and a Master of Science in Wound Healing and Tissue Repair from Cardiff University, UK. Currently he is practicing as wound care physician at Pantai Indah Kapuk Hospital, Jakarta. Apart of being an honorary tutor at Cardiff University, UK, he is actively lecturing about wound healing in Asian countries as invited speakers. Several publications regarding wound care science has been made and presented in

wound care conferences held by European Wound Management Association and the World Union Wound Healing Society Congress.

Lecture: Chronic Wound Management and the Covid-19 Pandemic Experience from Daily Practice

Abstract: The Covid-19 pandemic gives a huge impact towards many healthcare sectors, with no exception of wound care service. Initially, many patients are afraid to come to the wound clinic, however currently things are almost getting back to normal with certain added protocols for patients and health care professional to ensure a proper and safe wound care service. We also try to maximize every treatment schedule to lengthen the duration of dressing changes. Currently, with optimum debridement and proper dressing selection, we could prolong the duration of dressing changes until 5 days, while maintaining good healing trajectories.

PETER CHARLES RHEE, DO, MSc



Dr. Peter Charles Rhee is a hand and microvascular surgeon within the Department of Orthopedic Surgery at the Mayo Clinic in Rochester, MN. He holds academic appointment as an Associate Professor of Orthopedic Surgery through the Mayo Clinic College of Medicine and is the Program Director for the Mayo Clinic Hand Surgery fellowship program. He is board certified in orthopedic surgery with a Certificate of Added Qualification in Hand Surgery through the American Board of Orthopedic Surgery. Dr.

Rhee graduated as Valedictorian of his medical school class at the Kirksville College of Osteopathic Medicine (Kirksville, MO). He completed his orthopedic surgery residency and hand surgery fellowship at the Mayo Clinic while obtaining his Master of Science degree in Orthopedic Research from the Mayo Graduate School.

He then served in the United States Air Force as the Chief of Hand and Microvascular Surgery at the San Antonio Military Medical Center (SAMMC, Fort Sam Houston, TX), the DoD's only Level-1 trauma center where he instituted a microvascular surgery service to support the care of upper and lower extremity traumatic injuries. He was also the Director of the Microvascular Surgery Research Lab (Fort Sam Houston, TX) and Chief Hand Surgeon at the Center for the Intrepid Advanced Rehabilitation Center (Fort Sam Houston, TX) from 2013 until 2017. He participated on 2 deployments to the Dominican Republic and to Bagram Airfield in Afghanistan. He was awarded the Meritorious Service Medal for his contributions to patient care both in San Antonio and in Afghanistan. During his USAF career, he was a subject matter expert in the management of the mangled upper extremity. He is currently a Lieutenant Colonel for the USAF reserves primarily focusing on combat casualty care research.

A dedicated teacher, Dr. Rhee, has developed educational curricula for residents and fellows utilizing evidence-based practices to enhance objective based learning and developing independent thought and analysis. He was awarded "Teacher of the Year" by the orthopedic surgery residents at SAMMC (2015), by the orthopedic surgery residents (2020) and hand surgery fellows at the Mayo Clinic (2018, 2019). He is involved in educational committees both for the American Society for Surgery of the Hand (ASSH) and the American Association for Hand Surgery (AAHS).

Dr. Rhee has a clinical interest in the emergent management and reconstruction of traumatic injuries to the upper extremity from the brachial plexus to the fingertip. He also has a profound interest in the management of patient with upper motor neuron injuries from cervical spinal cord or brain injuries. He has presented over 60 regional, national, and international presentations, has authored 61 peer-reviewed articles, 2 editorials, and 5 book chapters. He also serves on 8 committees for the ASSH and 1 committee for the AAHS. Dr. Rhee is a reviewer for the Journal of Hand Surgery America, American Journal of Orthopedics, Journal of Clinical Biomechanics, and Hand Surgery.

Faculty

Lecture: Strategies on Reducing and Fixing Nascent and Established Malunion of the Distal Radius

Abstract: Displaced distal radius fractures with intra-articular incongruity, unacceptable alignment, rotation, and length are indicated for operative reduction and stabilizing. These fractures are challenging at the time of acute management but can be extremely difficult in the setting of nascent or established nonunion. Reconstructing the malunited distal radius requires a thorough understanding of the functional anatomy of the distal radius and distal radioulnar joint with the knowledge to perform a variety of surgical exposures and fixation constructs. Technical pearls to reconstructing the nascent and established malunion of the distal radius will be imparted.

JONATHAN C. RONQUILLO, MD, FPOA



Dr. Jonathan C. Ronquillo is a graduate of De La Salle University - College of Medicine in 1996. He completed his orthopedic residency training in the same institution as chief resident in March 2003 and passed his diplomate examinations in the same year. He fulfilled his subspecialty training as surgical fellow under the Shoulder and Sports Services at St. George Hospital in Sydney, Australia, and was a staff member of the Orthopaedic Department in Logan Hospital, Brisbane, Australia from 2004-2010.

He has authored and co-authored published materials on the shoulder in peer reviewed journals and has presented his works in international and local conventions. He has distinct interest in shoulder, sports, and trauma research.

Currently, he is the chief of the sports and arthroscopy unit in the department of orthopedics, and the unit head of the Advanced Wound Care Clinic at De La Salle University-Medical Center. He is an associate professor at the De La Salle University-College of Medicine. He is also a student examiner/ research paper reviewer for the University of New South Wales, Australia through the Orthopedic Research Institute of St. George Hospital in Sydney, Australia.

Dr. Ronquillo is a fellow of the Philippine Orthopaedic Association, President of the Philippine Shoulder Society, President of the Philippine Orthopaedic Wound and Diabetic Limb Society, a fellow of the Philippine Orthopaedic Society for Sports Medicine, and the ASEAN Society for Sports Medicine and Arthroscopy. He practices at the De La Salle University Medical Center and the Asian Hospital and Medical Center.

Lecture: Keeping Our Heads on Our Shoulders: The Philippine Shoulder Society Report Abstract: The Covid-19 pandemic continues to bring unprecedented challenges to all sectors globally. On healthcare systems in particular, its effects are polar opposites: while one end was being overwhelmed with patients, the other was rendered almost at a standstill during lockdowns and expanded quarantine. Such is the latter for Orthopaedics, especially on elective cases. Practice of clinicians used to provide healthcare at bedside, went on the downside. From actual examinations of patients' conditions that are acute or chronic, to distant consultations that is electronic.

This lecture provides a summary of the society's activities to adapt to the new challenges brought about by the pandemic, essentials and take-home messages of the only ISAKOS accredited POA-sponsored webinar, and other research activities that keeps our heads on our shoulders.

MAMER S. ROSARIO, MD, FPOA



Dr. Mamer Rosario is a musculoskeletal oncology consultant of the Department of Orthopaedics at the East Avenue Medical Center, where he completed orthopaedic surgery residency. He finished his medical degree at the University of the Philippines College of Medicine, and master's degree in public administration at the University of the Philippines National College of Public Administration and Governance. He finished his clinical and research fellowship in orthopaedic oncology, spine and spinal cord surgery at

the Kanazawa University in Japan as Takeda Science Foundation Scholar, and clinical and research fellowship in musculoskeletal oncology at the Seoul National University in Korea as Daewoong Foundation Scholar. He was Shoichi Kokubun Spine Fellow of the Tohoku University in Japan, and Naton Academy Visiting Spine Fellow at the People's Liberation Army General Hospital in China. He has authored articles in peer-reviewed journals and presented papers as Japan Orthopaedics and Traumatology Research Foundation Fellow, Korean Orthopaedic Association International Fellow, SIGN Fracture Care International Scholar, and Japanese Orthopaedic Association Congress Travel Awardee. He is member of the International Society of Limb Salvage, Philippine Musculoskeletal Tumor Society, and Philippine Spine Society.

Lecture: Treatment of musculoskeletal tumors during the COVID-19 pandemic: a Philippine Musculoskeletal Tumor Society multi-center collaboration

Abstract: The lecture recognizes the challenges posed by the present pandemic in the treatment of musculoskeletal tumors in the Philippines. The Philippine Musculoskeletal Tumor Society, despite all adversities, has taken up a proactive role for sustaining needed urgent care for Filipino patients in the COVID-19 era. The society's experience of treating musculoskeletal tumors amid the pandemic is discussed, upon analysis of a multi-center cohort of patients treated from the day local COVID-19 transmission was documented in the country.

Lecture: Emergency decompression for spinal metastasis in relation to COVID-19 Abstract: The lecture recognizes the challenges posed by the present pandemic in the treatment of metastatic spinal disease and proposes guidelines for COVID-19 assessment of, as well as triaging cases needing essential spine tumor surgery in the COVID-19 era. The lecture concludes minimally invasive techniques must be appropriate for performing decompression and stabilization of indicated spine tumor cases, but with guidance by a multi-specialty team that maximizes adjuvant cancer therapies to ensure optimal outcomes.

Faculty

JOSE ANTONIO G. SAN JUAN, MD, FPOA



Dr. Jose Antonio San Juan specializes in Orthopedics and has a subspecialty in Joint Replacement Surgery, Joint Reconstruction and Arthroscopic Surgery and Sports Medicine.

He is currently the Chairman and Program Director of the Adult Reconstruction Fellowship of the Department of Orthopaedics in Chong Hua Hospital. He is also a partner at the Cebu Orthopaedic Institute and the

President of the Philippine Hip and Knee Society. He is a Principal Reviewer of the American Journal of Sports Medicine and a member of the editorial board of the Orthopaedic Journal of Sports Medicine.

Optional: Dr. San Juan graduated from the University of the Philippines College of Medicine. He took his Residency Training at the University of the Philippines, Philippine General Hospital and his Fellowship Training in Joint Reconstruction and Arthroscopic Surgery at Flinders Medical Centre-Repatriation General Hospital in Adelaide South Australia and the University of Cincinnati Medical Center, Ohio USA.

Lecture: Multi-Modal Approach to Chronic Pain Management and Telemedicine Abstract: This learning activity aims for participants to be able to recognize the effects of chronic pain on the different body systems and the overall quality of life of patients, learn about the different modalities in chronic pain management and mechanism based treatment of inflammatory pain management in osteoarthritis, appreciate the role of NSAIDs and selective COX-2 inhibitors in the management of chronic pain and understand the role of telemedicine in the management of patients with chronic painful conditions.

PROF. TAKESHI SAWAGUCHI, MD, PhD



Dr. Sawaguchi is a Professor at the Department of Traumatology, Fukushima Medical University and Director of the Pelvic and Joint Reconstruction Unit, Trauma and Reconstruction Center, Shinyurigaoka General Hospital in Kawasaki City, Kanagawa Japan

He finished Medicine and Ph.D at the Kanazawa University. He specializes in Joint surgery (Hip, Knee) and Trauma (Pelvis, Lower extremity, Fragility

fractures). Dr. Sawaguchi is currently the Chairman-elect (2021) of the AO Trauma Asia Pacific, Past President of the Japanese Society for Fracture Repair and Past chairman of AOTrauma Japan

Lecture: Acute Fixation of Fragility Fracture & Immediate Weight Bearing Abstract: Due to the worldwide aging of the population and significant prevalence of osteoporosis, there is a dramatic increase of fragility fractures. Among them, hip fracture has negative impact on patient's daily life and mortality. It is estimated that the number of the hip fractures will be 6.26 million worldwide and 3.25 million in Asia per year in 2050. Acute surgery decrease mortality, complications, length of hospital stay, readmission rate and medial cost. It is mandatory to optimize patient's condition for early surgery.

Joint reaction force in the hip joint is 1.5 to 2.5 times of body weight and also with other daily motion This means even without walking nearly similar force is transmitted through the femoral head and if the fixation is not stable, fracture will displace. Restricted weight bearing needs significantly greater energy and the geriatric patients are not able to control weight bearing. Also, restricted weight bearing increase complications, length of hospital stays and mortality. On the other hand, cyclic or dynamic axial loading of bone stimulate callus formation and fracture healing. Early weight bearing may improve function, decrease venous thromboembolism, pneumonia, urinary tract infections, pressure ulcers. Immediate weight bearing has demonstrated benefits in patient balance and mobility.

Therefore, postoperative weight-bearing restrictions in elderly hip fracture patients should be avoided to achieve early mobilization. Immediate postoperative full weight bearing is recommended. Surgery should allow immediate postoperative full weight bearing.

DAVID TAN MENG KIAT, MD



Dr David Tan is a Hand Surgeon from Singapore who is in private practice. He was previously a senior consultant hand surgeon at the National University Hospital of Singapore in the Department of Hand and Reconstructive Microsurgery and received his specialist accreditation in 2008. He completed an ACGME accredited one-year fellowship in Hand Surgery at the Hospital for Special Surgery, New York. He is an avid educator in the field of hand surgery and the breadth of disorders it encompasses and held the position

of Residency Program Director from 2012 to 2020 just prior to his departure for private practice. His specialty focuses are wrist disorders such as carpal instability and distal radioulnar joint instability and elbow disorders in the areas of traumatic elbow instability and elbow stiffness. He is the immediate past president of the Singapore Society for Hand Surgery and has been privileged to share his knowledge and experience in various presentations around the region and internationally. This is his second invitation to the POA Congress, and he is delighted with the opportunity to speak to this dynamic community of Orthopaedic specialists.

Lecture: DRUJ Injuries

Abstract: Distal radioulnar joint injuries are an important cause of chronic wrist pain and disability. Due to its complex articulation and stabilizing mechanisms, pathologies of the distal radioulnar joint should be considered as a disorder of one or more of several components; the Triangular Fibrocartilage Complex, quality and architecture of the Sigmoid Notch and integrity of the dynamic stabilizers; in particular, the Extensor Carpi Ulnaris tendon. Pathologies can be broadly considered into instability, stiffness, degenerative and inflammatory categories. This presentation will describe the importance of the various functional components of the distal radioulnar joint and cover the common and important aspects of distal radioulnar joint injuries. *POA 71st Annual Congress*

Faculty

ANDREJ TRAMPUZ, MD



Dr. Andrej Trampuz is Professor for Infectious Diseases at the Center for Musculoskeletal Surgery at Charité University Hospital in Berlin, Germany, an internationally renowned expert in the clinical and research field of bone, joint and implant infections. He received his MD degree from the University of Ljubljana, Slovenia (1994), internal medicine board (1997) and infectious diseases board (2000). During his postdoctoral research fellowship at the Mayo Clinic in Rochester, Minnesota, USA (2001-2004) he developed the

sonication procedure of implants for improved biofilm infection diagnosis.

Dr. Trampuz worked at the University Hospital Basel, Switzerland (2005-2009) and Lausanne, Switzerland (2010-2013) until he was appointed in 2013 as Head of the interdisciplinary septic surgical unit at Charité University Hospital in Berlin, Germany. There he leads the international visiting program, through which over 120 clinicians and researchers from all over the world visited the Charité Hospital to advance their knowledge and share experience.

Under his supervision 25 fellows and residents completed their medical training in internal medicine and infectious diseases. His research group consists of 12 graduate and post-graduate scientists, working on novel diagnostic, preventive and treatment strategies against biofilms, including innovative therapies using antibiotics and bacteriophages.

He founded the ESCMID Study Group on Implant-Associated Infections (ESGIAI) and established several international collaborations with renown institutions around the world, including Davos, Barcelona, Rome, Lisbon, Vienna, Lausanne, Leuven, Lyon, Oxford, St. Petersburg, Brisbane, Tokyo, Manila, and Solomon Islands. He authored 264 peer-reviewed publications and 9 book chapters. He is also the founder of the PRO-IMPLANT Foundation, a non-profit organization located in Berlin supporting research, education and clinical consultations for patients with bone and implant infections (www.pro-implant. org). In 2017, he received the Charnley Medaille in Liverpool from the British Orthopaedic Society (BOA) and in 2020 the Cierny-Mader Lecture Award at the Oxford Bone Infection Conference (OBIC).

Lecture: The New Normal: An Orthopaedic Challenge – Adaptive Changes in Surgical Practice

Abstract: As the world grapples with the COVID-19 pandemic, we as health care professionals thrive to continue to help our patients, despite this goal is ever more challenging. In this presentation, the coronavirus epidemiology, transmission mode, clinical characteristics, and infection risks for orthopedic and trauma patients are reviewed. In addition, general preventive control strategies, personal protection measures, and SARS-CoV2 virus testing will be discussed. Finally, an overview of the current vaccine development, efficacy and safety results will be presented.



While animals are believed to be the original source, the SARS-CoV2 virus spread is now from person to person. On average, without nose-/throat protective masks, one infected person infects between 2-3 other people. The incubation period for COVID-19 is 1-14 days (median 4 days). The virus is mainly transmitted via respiratory droplets and aerosols through sneezing, coughing, singing or when people interact with each other in close proximity (<1.5 meter). Respiratory droplets are inhaled, or land on surfaces through which other can get infected when they touch their nose, mouth or eyes. SARS-CoV2 virus can survive on different surfaces from several hours (copper, cardboard) up to a few days (plastic and stainless steel).

The virus can be transmitted from symptomatic and asymptomatic people 1-2 days before showing symptoms. With efficient testing strategy (PCR of nose-/throat-swab) infected person can efficiently be detected and isolated, while the exposed person can be put in quarantine (contact tracing). Universal masking can prevent the transmission from unknown infected person and should be implemented as long as the virus circulates in the population. The global society has and will pay an enormous toll of the COVID-19 pandemic in terms of morbidity and mortality. Our efforts within medical field now need to focus on the timely identification of patients at risk of deterioration and their need for intensive care measures.

EDWARD HM WANG, MD, FPOA



Dr. E Wang (UP-PGH 1988, U Glasgow 1990, U Toronto 1992, MS clin epi UPM 2000) is Professor of Orthopedics and member of the Research Executive Council at the UPM where he is also University Scientist 3 and Program Lead of the UPM-CM SIBOL (Surgical Innovation & Biotechnology Laboratory). He was elected Academician, National Academy of Science & Technology (2015) and is co-convenor of the Philippine Sarcoma Symposium. He is actively involved in the ASEAN Ortho Assn in the Curriculum Comm

and the Ortho Research Society and he sits on the Advisory Board of the Asia-Pacific Musculoskeletal Tumor Society. Dr. Wang's research interests include general and Tumor Orthopedics. He has authored 65 scientific and technical publications plus the book "Bone Tumors in Filipinos". He is Associate Editor for the J of Bone and Joint Surgery (Open Access), member of the Editorial Board of the J of Ortho Surgery & Manuscript Editor of the Malaysian Ortho J.

PHILIPPINE ORTHOPAEDIC ASSOCIATION RESIDENTS' RESEARCH FORUM ABSTRACTS NOV. 26, 2020

1. A Comparative Study on the Functional Outcome Of Patients Who Underwent Spinal Fusion Surgery Up To L5 And S1 Vertebra Based On The Oswestry Disability Index Francis Detabali, MD POC

Background: Studies concerning the functional outcome of patients who underwent spinal fusion surgery up to L5 vertebra and up to S1 vertebral level are scarce and as such, no conclusive data has been established if there is, indeed, a significant difference in the patients' perceived functional outcomes across both groups. The study used the Oswestry Disability Index (ODI) questionnaire to gauge the patients' responses as to the improvement in their functional outcome.

Objectives: The study aimed to determine if there is a significant difference in the functional outcome of patients who underwent fusion up to L5 vertebra and up to S1 vertebra based on their responses in the ODI questionnaire.

Design and Methods: The study used a comparative research design to gather and compare the responses of the two groups. Using the response scores in the ODI, the T-test for Paired Two Sample Means was used to determine if there is a significant difference in the patients' ODI responses pre- and post-intervention in patients who underwent spinal fusion surgery up to L5 and up to S1. Afterwards, the Absolute Change in Disability Index (Little, et. al., 1994) was used to determine the absolute change in disability scores and the T-Test for Two Sample means was used to determine if there is a significant difference in the functional outcomes of patients who underwent spinal fusion surgery up to L5 and up to S1 based on their ODI scores.

Results and Conclusion: There is a significant difference in the pre- and post-intervention scores of patients who underwent spinal fusion surgery up to L5 (T-value 10.1688701 (p=0.000031) > T-crit 2.26216) and patients who underwent spinal fusion surgery up to S1 (T-value 6.79497 (p=0.00008) > T-crit 2.26216). However, there is no significant difference in the functional outcome of the patients who underwent spinal fusion surgery up to L5 as compared to those who underwent spinal fusion surgery up to S1 (T-value 1.011878 (p=0.325006 < T-crit 2.100922).

Recommendations: Increase the number of respondents to enable the future researchers to gather a more conclusive set of data. Future researchers can also opt to do a systematic review of literature, or a prospective and/or retrospective cohort designs to determine if the patient population who underwent spinal fusion up to L5 and up to S1 has or has not experienced a significant improvement in their quality of life based on their responses to the ODI. The researcher also recommends that future researchers also consider the patients' demographics, e.g. age, gender, initial diagnosis, lifestyle, weight, height, and socio-economic status, to name a few, to further validate their findings and make the necessary assumptions and correlations.

Keywords: Spinal Fusion, L5, S1, Oswestry Disability Index, ODI, Activities of Daily Living, ADL (450)

2. Using the Cast Index to Predict Maintenance of Reduction in Pediatric Femoral Shaft Fractures

Christian Aaron Lantin, MD POC

Purpose: There is considerable loss of reduction in pediatric femoral shaft fractures treated with hip spica. This study determines if Cast Index, an established technique for forearm fractures can be applied to the management of pediatric femoral shaft fractures.

Materials/ Methods: This is a prospective cohort study which used convenience sampling. Casting and radiograph techniques were standardized. Independent evaluators measured initial reduction and Cast Indexes. Follow up radiographs were then taken at one, two, and four-weeks post-treatment.

Results: 35 patients were included in this study, 23 of which maintained acceptable reduction while 10 lost reductions and 2 were lost to follow up. There was a moderate inverse correlation between Cast Indexes and changes in reduction in the coronal and sagittal planes (-0.595, p-value 0.001 and -0.555, p-value 0.005 respectively) during week 2. However, there was no significant correlation between Cast Indexes and changes in reduction at 1- and 4-weeks post-treatment. Cast Indexes between patients who maintained acceptable reduction and those with lost reduction were also statistically different (p-value 0.027).

Discussion: The recommended cast index for forearm fractures of less than 0.80 may not be applicable to femoral shaft fractures because of the difference in anatomy. Consequently, an equidistant application of support may be more effective for casting the thigh. Therefore, the ideal cast index for femur fractures should be close to 1. In addition, the distribution of relatively minimal changes in reduction was observed to be around a Cast Index of 0.95 to 1.02 though this value may not be statistically significant.

Conclusion: This paper concludes that there is no direct correlation between Cast Indexes and maintenance of reduction. However, there is a significant difference between CI values between acceptable reduction and reduction lost groups. In addition, cast indexes between 0.95 and 1.02 may be the ideal values for femoral shaft fractures.

3. Correlation if Radial Bow and Post Reduction Angulation to the Functional Outcome in Non-Operatively Treated Diaphyseal Forearm Fractures in Children

Rachelle Jasmine Ong, MD; Angeli Charmeinn P. Apalisoc, MD, FPOA POC

Background. The restoration of the radial bow in the diaphyseal fractures of the forearm is crucial in the normal rotation of the forearm in adults. However in children, there is still no consensus on the degree of acceptable deformity and no study has investigated the importance of restoring the radial bow in the pediatric diaphyseal forearm fractures treated non operatively. This study aims to determine if restoration of radial bow can be a good predictor of functional outcome compared to post-reduction angulation among non-operatively treated diaphyseal forearm fractures in children.

Methods. Patients ages 6-18 years old with open physis, presenting with diaphyseal forearm fractures and treated non-operatively with casting were enrolled in the study. Anteroposterior and lateral radiographs of the forearm were obtained, and a contralateral anteroposterior radiograph was also taken to determine the normal radial bow. Closed reduction and casting were done and the radioulnar anterolateral angulations, maximum radial bow and site of the maximal radial bow were measured on the post reduction radiographs. The angulation, radial bow, forearm pronation and supination, DASH scores and the Grace and Eversmann rating scale were measured on the 6th, 10th and 12th week follow-up.

Results. 206 participants were included and analyzed in this study. The mean radial bow was 11.1mm and the site of maximal radial bow was at 57.62%. Average radial anteroposterior and lateral angulations were 9.7° and 17.33°, respectively. Average ulnar anteroposterior and lateral angulations were 8.39° and 10.47°, respectively. Mean pronation-supination was 100°. Median DASH scores at 6 weeks, 10 weeks and 12 weeks were 69 points, 43 points and 22 points, respectively. Among the different parameters that were tested, the maximal radial bow had a correlation with the functional outcome (r = 0.192, p = 0.006). Moreover, every millimeter increase in maximum radial bow led to a four-fold increase in the odds of having good to excellent functional outcome (aOR 3.86, 95% CI 1.52 to 9.80, p = 0.004).

Conclusion. Measuring the maximal radial bow in non-operatively treated diaphyseal forearm fractures can be used as a parameter to predict the functional outcome in the pediatric population.

4. Hip Geometry and Proximal Femoral Fractures among Elderly Filipino Women: A Prospective Single Center Cross-Sectional Study

Christian Ian Barrido, MD POC

Introduction: Few controlled studies explore proximal femoral geometry and association with femoral neck (FN) or intertrochanteric (IT) fractures, especially among the elderly Filipino population. Previous reports, however, still reveal multiple inconsistencies.

Objective: To establish if there is an association between radiographic hip geometry and proximal femoral fractures based on measurements taken from elderly Filipino women.

Methods: This is a prospective cross-sectional study of 182 Filipino women \geq 60 years old at a single institution last 2019-2020. Patients were divided into groups with femoral neck fractures (n=84), intertrochanteric fractures (n=64), and those without diagnosed hip fractures (n=34). Standard pelvic radiographs with control of hip internal rotation was done and the following radiographic parameters were compared: hip axis length (HAL), femoral neck length (FNL), neck shaft angle (NSA), horizontal offset (HO), femoral head diameter (FHD), and femoral neck diameter (FND).

Results: Data suggests that an increased FND increased the risk for acquiring both femoral neck (OR = 1.31, 95% CI 1.06 - 1.62; p = .011) and intertrochanteric fractures (OR: 1.22, 95% CI 1.07 - 2.16; p = 0.018). For intertrochanteric fractures alone, a wider NSA (OR 1.27, 95% CI 1.02 - 1.58, p = 0.033) and larger HO (OR 1.29, 95% CI 1.02 - 1.64, p = 0.036) also increased the risk for this fracture type while a longer HAL was protective (OR 0.85, 95% CI 0.73 - 0.98, p = 0.30). Other radiographic parameters and ratios revealed no association.

Conclusion: Results show that there are certain hip geometric parameters that play a role in the risk and incidence of developing femoral neck or intertrochanteric fractures. These measurements may aid in identification of patients at risk.

This study may act as a guide for future implant design and increase accuracy of hip reconstruction among elderly Filipino women.

Keywords: hip geometry, proximal femur, Filipino, femoral neck, intertrochanteric, risk factor, fracture

5. Analysis on Outcome of Open Anterior Cruciate Ligament Reconstruction (Bone-Patellar Tendon-Bone Graft) Versus Arthroscopic Anterior Cruciate Ligament Reconstruction (Hamstring Graft) in Anterior Cruciate Ligament Tear among Active Military Personnel

Eduard Frank D Delos Reyes MD; Janmichealben Miranda, MD, FPOA VLMC-AFPHSC

Backgournd: ACL injuries are common among our military individuals who endure hard physical training and strenuous work regularly.

Objectives: This study determines the outcome between Open ACL (BPTB) and arthroscopic ACL (Hamstring) reconstruction and investigates which procedure is superior.

Methods: From 2014-2017 there were a total of 78 patients, of which 6 were excluded because 2 were civilian personnel and 4 were lost to follow ups

Results: according to the data 51% of the participants are within the age range of 18 to 30 years old and 97% are male. Table 2 shows that 29.17% of the subjects' ranked private first class, 23.60% ranked corporal and 16.67% ranked sergeant. There is an equal percentage of and a few numbers of subjects, specifically 5.56%, who are ranked officer.

For the KOOS Pain result, the p-value between hamstring and BPTB is 0.1850, which is greater than the alpha level of significance 0.05. Since p-value 0.1850>0.05, the null hypothesis is accepted. For the KOOS Symptom result, the p-value between hamstring and BPTB is 0.1212, which is greater than the alpha level of significance 0.05. Since p-value 0.1212 > 0.05 alpha, the null hypothesis is accepted. For the KOOS ADL (Function in Daily Living) result, the p-value between hamstring and BPTB is 0.4442, which is less than the alpha level of significance 0.05. Since p-value 0.4442 > 0.05 alpha, the null hypothesis is accepted. For the KOOS Quality of Life result, the p-value between hamstring and BPTB is 1.0000, which is greater than the alpha level of significance 0.05. Since p-value 0.5. Since p-value 0.4442 > 0.05 alpha, the null hypothesis is accepted. For the koos Quality of Life result, the p-value between hamstring and BPTB is 1.0000, which is greater than the alpha level of significance 0.05. Since p-value 0.05. Since p-value 0.05 alpha, the null hypothesis is accepted.

Conclusion: The research supports the null hypothesis that there is no significant difference in the subjective outcome between hamstring graft and bone-patellar bone-tendon graft in the treatment of anterior cruciate ligament tears among military personnel. The orthopedic surgeons in Victoriano Luna Medical Center may continue to choose the method of reconstruction according to their surgical skills and personal preferences (326)

6. Change at the Speed of Light: The Effectiveness of Percutaneous Laser Disc Decompression (PLDD) alone vs PLDD plus Transformational Epidural Low Back Pain (LBP) secondary to Lumbar Disc Herniation Al-Mondjid L. Lee, MD

NMMC

Background: Lumbar disc herniation (LDH) is not uncommon at outpatient orthopaedic clinics. Symptoms include low back pain (LBP) that sometimes persists and becomes chronic in nature and may be severe enough to affect activities of daily living (ADL).6 Ways that can relieve pain and promote recovery with minimal or no surgical incision at all is increasingly gaining attention and becoming common.1

Objective: To assess the clinical outcome of patients with LDH treated with percutaneous laser disc decompression (PLDD) alone versus PLDD plus transforaminal epidural steroid injection (TFESI).

Study Design and Sampling: Retrospective cohort study; total count

Methods: A sum of 44 patients was included in the study. They were divided into 2 groups: 1. PLDD (group A); and 2. PLDD plus TFESI (group B). LBP due to LDH and its effects to ADL was assessed using pain numerical rating scale (NRS) and oswestry disability index (ODI) before and at different periods of time after treatment.

Results And Discussions: There was no significant difference in demographic profile, and pretreatment NRS and ODI of patients in both groups; hence, the 2 groups were comparable. The ODI and NRS of both groups had decreasing trend as observed on different periods of time. Moreover, there was a significant difference of NRS and ODI in group A when compared to group B in day 1 (p<0.05), day 14 (p<0.05) and month 1 (p<0.05) which showed that there was a significant decrease in pain and quality of life among patients treated with PLDD plus TFESI when compared to PLDD alone in early periods post treatment. However, there was no significant difference noted on NRS and ODI in the succeeding periods of assessment.

Conclusion: This study showed that PLDD is an effective treatment for LBP secondary to LDH given proper selection of patients.

Keywords: Low back pain; disability; lumbar disc herniation; herniated nucleus pulposus; minimally invasive; spine intervention; percutaneous laser disc decompression; transforaminal epidural steroid injection

7. Determination of Radiographic Healing using the RUST score and the Modified RUST in Femoral Shaft Fractures Treated with Intramedullary Nailing

Kris Raymund A. Francisco, MD WVMC

Objectives: To determine and compare the reliability of both the Radiographic Union Scale for Tibial Fractures (RUST) and modified RUST when applied to assess bone healing in femoral shaft fractures treated with intramedullary nailing from January 2013 to December 2017 at a Level III Trauma Center in a tertiary government hospital.

Methods: Eight observers were assigned randomly, namely two fellow orthopaedic consultants and six orthopaedic residents, to assess the femoral shaft x-rays of patients treated with intramedullary nailing using the Radiographic union scale for tibial fractures (RUST) and the newly created modified RUST. Two sets of x-rays in the anteroposterior and lateral views for their respective follow up periods, eighty six (86) sets in total, were used. These 86 sets of radiographs were primarily assessed by the raters within the 2nd week of August 2020 and final assessment was done within the 2nd week of September 2020.

Results: Assessments of eighty six sets of radiographs showed that there is an excellent and essentially perfect agreement between all observers with the use of RUST and mRUST at 0.92 ICC (95% CI; 0.88-0.94) and 0.93 ICC (0.90-0.95), respectively and as stated by Portney et. al. (2009), an ICC of 0.90 to 0.99 is acceptable for use as a clinical measure.

Conclusion: This study showed that the Radiographic Union Scale for Tibial Fractures (RUST) and the modified RUST possesses a high intra-observer and inter-observer agreement and variability that can both be clinically used as a tool for assessment of radiographic healing of fractures of the femoral shaft treated with intramedullary nailing. These two scoring systems also have nearly identical high reliability and reproducibility when their use is compared.

Keywords: RUST Score, mRUST Score, Interobserver reliability, Intraobserver reliability, femoral fractures, intramedullary nailing, SIGN nails, Reliability

8. Thumb Opposition Strength Using the Jamar Handheld Manual Dynamometer in Healthy Adult Filipinos: A Baseline Study

Charles Andrew R. Chu-Santos MD; Precious Grace Handog MD FPOA CHH

Background: The thumb is considered the central component of hand function and involves for 40% to 50% of the hand's usefulness. Thumb opposition is the hallmark of human hand function and is the most important motion of the hand. Currently there is no quantitative baseline data for thumb opposition strength using a standardized measure and tool. Thus, this study aims to provide the baseline reference using the Jamar B & L Pinch Gauge Dynamometer.

Methods: Purposive sampling was done for recruitment. The maximal strength among three trials for each stage of Kapandji that was designated (Stage 5,6,9) was recorded and used in the data.

Results: With 388 individuals included in the study, it was noted that the mean thumb opposition strength in stage 5 right is 4.14 to 4.42 kg, Left 3.79 to 4.04 kg. Stage 6 right 2.80 to 3.02 kg, Left 2.48 to 2.67kg. Stage 9 right 3.23 to 3.40kg, left 3.17 to 3.34 kg. There was significant difference between the 3 designated stages of Kapandji (Stage 5,6,9). Generally, males have higher strength than females and that hand dominance has no significant correlation. Age has a positive correlation with thumb opposition strength. BMI and Dash score showed no significant correlation except on Stage 5 left and Stage 6 right. Occupation showed to have significant difference in strength. The lowest measures are observed in medical professionals and office clerks, while highest measures are observed in manual laborers.

Conclusion: Baseline reference for thumb opposition strength in the local setting in the Philippines is of significance considering that this function of the thumb is vital and it is involved in several conditions. This data will be of great importance as a quantitative measure for therapeutic assessment and that it can be used as a screening measure for susceptible individuals. Keywords: Thumb Opposition strength, Baseline study, Filipinos, Pinch strength, thenar muscles, MMT

9. A Comparison of Percutaneous Interlaminar Endoscopic and Open lumbar discectomy: A 3-year Multicenter retrospective study Ezekiel Ilano, MD CHH

Study design: This is a multicenter 3-year retrospective cohort study design

Objective: The aim of the study is to compare the operative time, blood loss and length of hospital stay, postoperative VAS, ODI and satisfaction rate in patients who underwent open lumbar discectomy and percutaneous interlaminar endoscopic lumbar discectomy in our local setting.

Introduction:

Among the surgical methods for lumbar disc herniation, open lumbar discectomy (OLD) is considered the gold standard. OLD can rarely cause scar tissues around nerves, damage to facet joints, and lumbar instability after the operation. Recently, PIELD is also commonly performed for lumbar disc herniation at L5-S1, for its various strong points compared to OLD such as surgery under local anesthesia, less damage to surrounding muscles and bone structures, and fast patient recovery [8–12]. Indications were limited depending on the location and progression of lesions in early days, but lately these limitations have been overcome owing to advances in technology and instrumentation [9–12]. Nevertheless, it has not been clearly confirmed whether PIELD, which had good results recently, is better than OLD, the gold standard.

Data analysis: Patients' gender and procedure done will be expressed in frequency. Moreover, in comparison between PELD and OD, operative blood loss, operative time, length of hospital stays, VAS and ODI shall be compared using ANOVA. P Values were determined using Mann Whitney U test. SPSS (v22 will be used as software

Conclusion: This nonrandomized comparative study found that PIELD had significantly better results than OLD in the VAS score, ODI, operation time, and hospital stay as a surgical treatment

for lumbar disc herniation in our local setting. Nevertheless, OLD still showed good clinical results, and therefore a randomized controlled study with a large sample size would be required in the future to compare these two surgical methods.

10. Economic burden and the effects of early vs. delayed hospitalization on the treatment cost of patients with acute fragility hip fractures under the Orthogeriatric Multidisciplinary Fracture Management Model and Fracture Liaison Service

Kiko A. Cortez, MD Co-Investigators: Joseph Garvy L. Lai, MD FPOA & Irewin A. Tabu, MD FPOA UP-PGH

Fragility hip fractures present not only as a significant cause of morbidity and mortality to the elderly population but also as an important source of financial burden due to staggering costs of hospitalization, medications, implants, and productivity losses. In this retrospective cohort study, the patient database of the Orthogeriatric Multidisciplinary Fracture Management Model and Fracture Liaison Service (OMMA-FLS) was reviewed to investigate the effects of timing of hospitalization to the overall treatment costs of charity patients with acute fragility hip fractures admitted in a tertiary government hospital. The economic burden of this group of patients was also computed. A total of 118 patients were enrolled in the study with 54 patients in the early hospitalization (EH) group (\leq 3 days) and 64 in the delayed hospitalization (DH) group (4-28 days). Mean interval of injury to hospitalization is 1.30 ± 1.24 days for the EH group and 12.52 \pm 6.20 days for the DH group. There was significant difference in the median treatment cost (p=0.0362) and other sector cost (p=0.0220) between those who were early hospitalized and delayed hospitalized. Moreover, median treatment cost and median other sector cost is less among early hospitalized group than those who were in the delayed hospitalized group. The computed economic burden of patients with acute fragility hip fractures is PhP 1,094,048,363.00 or USD 22,595,007.79. Therefore, we conclude that hip fractures present with significant financial impact for patients and the society and early hospitalization of these patients leads to less cost of treatment. Future studies should be undertaken to investigate interventions that may help lessen this burden.

Keywords: economic burden, acute fragility hip fractures, orthogeriatrics



PHILIPPINE ORTHOPAEDIC ASSOCIATION FREE PAPER PRESENTATION ABSTRACTS NOV. 26, 2020

1. Comparison of Outcomes for Infections after Fracture Fixation (IAFF) Treated with or without Intramedullary Antibiotic Rod: A prospective Observational Study Efren Angelo Dela Dingco. MD POC

Introduction: There is no definitive consensus with regards to intramedullary antibiotic treatment for infections after fracture fixation. The study aimed to compare whether the use of local antibiotic therapy in comparison to the removal of an implant alone was effective in achieving infection control.

Methodology: This was a prospective observational study conducted at a tertiary special hospital over a six-month period. Patients with an infection after fracture fixation that needed debridement were included in the study and analyzed into either debridement, removal of an implant with intramedullary antibiotic rod (Group 1), or debridement with removal of im-plant alone (Group 2). Laboratory parameters of infection, radiographs, and wound cultures were taken at one month, three months, and six months post-operatively. Patient de-mographics and clinical characteristics were reported using descriptive statistics and comparison of outcomes between groups was done using t-tests.

Results: Twenty-three (23) participants were enrolled in the study. Eight patients were included in Group 1 and 15 patients in Group 2. Eighty-seven percent (87%) of the total sample are males with a mean age of 40. Eleven (11) had involvement of the femur while 12 had involvement of the tibia, of which 14 cases underwent an index intramedullary nailing proce-dure. No statistically significant difference between groups based on laboratory parameters of infection. Seven patients had non-union and four patients were reported to have persis-tent infection.

Conclusion: Success rate of debridement with or without intramedullary antibiotic delivery device for infection control at six months post-op is more than 80%. Complications such as non-union and sinus tract formation occur following treatment using these methods.

2. Motion Recovery Outcome after Manipulation under Anesthesia of a Stiff Knee Secondary to Delayed Femoral Nailing

Erick Dustin Lim. MD POC

Background: Knee stiffness is a common complication from prolonged traction when a delayed femoral fracture nailing occurs. Manipulation under anesthesia (MUA) utilized in knee stiffness seen post total knee replacement, has been reported with good results.

Objectives: To determine the knee motion recovery from MUA of knee stiffness secondary to prolonged traction from delayed femoral fracture fixation.

Design and Methods: A clinical trial where in 45 patients who had delayed surgery (>3 weeks) for an isolated femoral shaft fractures were randomly distributed to two groups. Patients were assigned to the manipulation under anesthesia (MUA) group (n=25) and without manipulation group (n=20). Time (weeks) and motion recovered post operatively was compared between groups. T-test was employed to compare significant difference in both groups.

Results: MUA group were in traction for an average of 37 ± 9 days and the non- MUA group for an average of 39 ± 9 days prior to definitive fixation.

At 3 months both groups regained full functional range of motion (NS, p-value of 0.70) The MUA group was noted to have shorter average weeks to regain functional (5.36 ± 3.45 weeks) compared to the group without manipulation (5.7 ± 4.37).

Conclusion: No significant difference in time and motion recovered in both groups.

3. Correlation of Knee Range of Motion and Patellar Height Using the Modified Caton-Deshamp index in Patients Post Total Knee Arthroplasty

Eliseo Albert Pagdato, MD POC

Total knee arthroplasty (TKA) is commonly performed in patients presenting with severe forms of osteoarthritis, of the knee. The two main measures of a successful total knee arthro-plasty are increase in range of motion and pain relief. Range of motion being the most important criteria for patient satisfaction from the operative management. The position of the patella is the most important factor for normal knee joint function and is correlated to the degree of range of motion. The modified Caton-Deschamp (mCD) index was developed to as-sess patellar height after TKA. The study is a single center, prospective case series of patients who underwent Primary Total Knee Arthroplasty for Degenerative Osteoarthritis in our institution from January 2018 to December 2019. Twenty-eight patients with mean age of 64, ranging from 56 to 75 years old, were recruited for the study of which 25 individuals were female (89%) and 3 individuals were male (11%). Standing knee anteroposterior and lateral radiographs were taken wherein modified Caton-Deschamp index measured to determine patellar height pre and postoperatively. Minimal improvement in range of motion were noted at 3 months to 6 months postoperative period with most patients with plateauing of flex-ion-extension arc starting at 3months post-surgery. The improvement in knee range of motion postoperatively has been shown to have positive correlation to patellar height with statis-tically significant values at 3 months post-surgery. Correlation of measurements done at 3 months post-surgery revealed significant positive correlation between range of motion and patellar height. Utilizing modified Caton-Deschamp index to accurately measure patellar height preoperatively is helpful to make intraoperative adjustments based on the new land-marks postsurgery to achieve normal patellar height to maximize improvements in knee range of motion.

Keywords: Patellar Height, Modified Caton-Deschamp Index, Range of Motion, Total Knee Arthroplasty

4. Intra-observer reliability of Tip apex distance estimation technique using picture archiving and communication system (PACS) in Dynamic Hip Screw Fixation for Intertrochanteric Fractures

Gabriel Nicholas Grey, MD POC

INTRODUCTION: Tip apex distance is the most important predictor of screw cutout after internal fixation of pertrochanteric fractures. This is what Orthopedic surgeons measure post-op. However, Baumgaertner's formula to calculate the TAD can be difficult for some clinicians. The current study aims to describe a new method of tip-apex distance estimation applied using the PACS system and testing the methods reliability so the technique can be used clinically.

OBJECTIVES: Compare standard versus the estimation technique in terms of speed of computation and determine the reliability of the new proposed method of estimating TAD.

METHODS: One post-op x-ray of a pertrochanteric fracture treated with a dynamic hip screw was selected for the study. Xray was calibrated using the actual measurement of the lag screw. After a tutorial of 10 minutes, they were asked to measure using both the standard and the proposed estimation technique on 2 separate occasions 1 week apart. Paired Sample T-test was used to determine the difference of mean duration of computation between the standard and new estimation techniques. Bland-Altman analysis was used to determine dif-ference between the intra-observer test and retest results of tip apex distance estimation. Interclass correlation coefficient is used to determine reliability.

RESULTS: Mean computation duration using the new technique was lower as compared to the old formula (96.14 \pm 27.78 vs 187.98 \pm 25.82 seconds, p < .0001). The ICC for consistency is excellent, with an ICC of 0.91 and a 95%CI ranging from 0.52 to 0.99, and significant at p = 0.002. Using Bland-Altman test, we identified the agreement in TAD of the intra-observer test with the retest results. On the average, residents tended to have lower TAD measurement in the retest by 0.33 millimeters.

CONCLUSION: The study has shown that the estimation technique has good intra-observer reliability and can be done faster

5. Smartphone and Standard Gonimeter for Measurement of Knee Range of Motion: A Comparative Study

Bianca Criselda Carilo, MD POC

standard method to evaluate range of motion. This method which entails the use of the examiner's both hands while usual disabled subjects exert effort to maintain a certain position during the measurement, can lead to instability and often erroneous measurements. Nowadays, mobile technology has revolutionized our practice of goniometry with an "easy-access, user-friendly" photography-based application as most people who are technology-proficient would describe.

The objectives of this research are to determine if the smartphone goniometer is a valid and reliable tool in measuring knee range of motion, and in reference to the standard or uni-versal goniometer.

Twenty-five subjects, both healthy and impaired, were deemed sufficient for this research and they were evaluated by eight examiners with comparable skillfulness in the technical usage and applications of the standard goniometer.

Pearson's correlation and paired t-test between observations using the standard goniometer and mean observations (of the 8 raters) using smartphone application were performed to test the concurrent validity. Intraclass correlation coefficient (ICC), Two-Way Mixed Effects Model was used in determining the inter-rater reliability.

Using Pearson's correlation, high magnitude (r=0.99; p=0.000) was observed, and the inter-rater reliability was found to be excellent and precise (ICC=0.998; 95% CI: 0.997, 0.999). Hence, it was found out that the smartphone application is a valid and reliable tool in determining the knee range of motion.

Keywords: knee joint, range of motion, universal goniometer, standard goniometer, smartphone application, goniometer software, digital goniometer

6. The Correlation between Patellar Plicae and Degeneration of the Femoral Condyle among Military Personnel

Isacchar Ć. Padao, MD VLMC

Purpose. To determine if there is a correlation between patellar plica syndrome and presence of osteochondral defect among patients who underwent diagnostic arthroscopy.

Methods. This is a single-center, retrospective cohort involving patients who underwent diagnostic arthroscopy with or without primary ACL reconstruction, meniscectomy, and applica-tion of Hyalofast scaffold done between January 1, 2018 and December 2020. Chart review of all patients, who were admitted from 2018-2020 and underwent diagnostic arthroscopy of the knee was done. All charts that satisfied the inclusion criteria were included in the study. Patients' demographic data, history, physical examination findings were gathered and tabulated.

Results. There was a total of 70 patients underwent diagnostic arthroscopy from January2018 until December 2020. Overall, the prevalence rate of knee Patellar Plica syndrome in VLMC is 10%. There were no significant differences noted, in terms of age, gender, comorbidities, BMI, AND length of military service. However, patellar plica syndrome is significantly less associated with sports-related injuries (p = 0.007), and with other knee pathology (p < 0.001). The most common type of patellar plica noted intraoperatively is mediopatellar plica (71%), followed by infrapatellar plica (29%). Anterior and/ anteromedial pain is the most common symptom of patellar plica syndrome (100%), followed by pain upon kneeling (71%). There were significantly less patients presenting with clicking or catching with patellar plica syndrome (p=0.003), and significantly more patients who have a positive mediopatellar test on physical examination (p=0.023). Osteochondral defect is associated with patellar plica syndrome, which is present in 86% of the cases, having a p= 0.001.

Conclusion. Patellar plica syndrome itself is rare in our setting accounting to only 10% prevalence rate. Despite this, statistical data gathered showed that osteochondral defect is indeed directly correlated to patellar plica noted intraoperatively.

Key words: Patellar plica syndrome; degeneration of the femoral condyle

7. Assessment of Anterior Tibial Translation on Lateral Knee Radiographs of ACL-Deficient Military Personnel

Gerard Per G. Palad, MD VLMC

Background: The Anterior Cruciate Ligament (ACL) is the most commonly disrupted ligament of the knee, especially in athletes who participate in sports involving rapid actions as well as military personnel who are subjected to extreme training regimens and physical stresses. As a consequence, this ligament becomes one of the first to be injured for these groups of people, and it is important that early diagnosis of this condition be established to enable the administration of early management and proactive treatment strategies.

Objectives: The Anterior Tibial Translation (ATT) index measured in lateral knee radiograph may be a useful tool that can aid in the diagnosis of ACL tears, hence was used in this study.

Methodology: From Jan 2018 to Aug 2020, a total of 42 eligible patients were included in the study. The anterior tibial translation was measured on the lateral radiograph of both affected and unaffected knees.

Results: The study show significant differences between the subjects' average ATT on the affected knees with and without traction and between the average ATT of the normal knees with and without traction. There are also statistically significant differences between the average ATT of the normal and affected knees with traction and between the average ATT of the normal and affected knees with traction. Finally, there's a significant difference between the average difference of the ATT of the affected knees with and without traction and average difference of the ATT of the unaffected knees, with and without traction.

Conclusion: With increased values of the measured ATT's among affected knees as compared to normal knees when traction is applied, the said index can be considered as a useful parameter in determining the presence of ACL tear.

Keywords: anterior cruciate ligament, ACL, anterior tibial translation (ATT), ACL tear

8. The Role of Spaced Repetition System as an Adjunctive Learning Technique in Orthopedic Training Center: A Pilot Study

Lou Mervyn A. Tec, MD ITRMC

In the advent of the digital age and advancements in modern technology, learning has also evolved incorporating different tools that can augment learning. One of these is the spaced repetition system (SRS). This system creates an environment of strategic spacing of learning concepts that theoretically creates more synapses for long-term memory therefore increas-ing retention and recall. This study aims to identify if the SRS is effective and applicable within the rigors of Orthopedic residency training by measuring the improvement of scores (in percentage correct) from the pre-test against the 1st month, 2nd month and 3rd month post-tests. Then a post-program evaluation was administered to measure the ease, adequacy and acceptability of the program as an adjunctive learning tool during residency. Eleven participants were recruited which consists of the 1st year, 2nd year, 3rd year, 4th year and 5th year residents of the Orthopedic residency program. Results have showed that there were statistically significant (P<0.001) increases in the scores for the 1st (29.18%), 2nd (32.45%), and 3rd (34.82%) month post-tests when compared to the pre-test (24.45%). However, there were no significant differences between the 1st and 2nd month post-tests and 2nd and 3rd month post-tests. The participants also subjectively agreed that the SRS system was easy to use, clear and easy to study, not time-consuming and not difficult to follow. Likewise, the partici-pants also think that the method of adjunctive learning is acceptable and adequate during training and can be of benefit in the future.

KEYWORDS: spaced repetition, e-learning, Orthopedic residency training, resident education, open educational resources

9. Comparative Study of Using Biometric Forearm Referencing and Clinical Measurement in Estimating of Femoral Nail Length among Adult Patients with Femoral Shaft Fracture Leo Francis Diaz, MD ITRMC

Background: Femoral shaft fractures is one of the most commonly seen injury patterns by orthopaedic surgeons around the world. Intramedullary nailing is the most common surgical procedure used for treatment. One of the tenets of fixation is achieving the length of the femur and prevent unacceptable limb length discrepancy, in order to do so, a good preopera-tive estimation of nail length can achieve the goal and reduce operative time spent on nail preparation thereby reducing cost and maximizing patient safety.

Objectives: To determine if forearm referencing using the olecranon to tip of 5th metacarpal is comparable or more reliable than clinical measurement in estimation of final nail size in intramedullary nailing of femoral shaft fractures in adults.

Study Design and Methods: This is a prospective cohort study of adult patients who were treated with intramedullary nailing in a tertiary hospital A total of fifty-three patients were in-cluded in the study and were then had their OMD taken as well as the distance from the greater trochanter to the edge of the lateral condyle in which 2 centimeters were deducted. Distance from the greater trochanter to the superior pole of the patella is taken. All 3 measurements were taken by 3 separate observers and noted against the final nail length.

Results: There is no significant difference between Olecranon – 5th metacarpal head distance (SD – 1.10355), Greater Trochanter to Lateral Condyle distance minus 2 centimeter (SD – 0.90940) and Greater Trochanter to superior Pole of Patella (SD – 1.18608). All tested methods of estimation show good interobserver reliability (ICC 0.808 – 0.872). However, GT-Knee joint measurement minus 2 cm has a higher accuracy (0.764) than the two other estimation.

Conclusion: Olecranon to metacarpal distance can be used as a method of estimating the final nail length in intramedullary nailing.

Keywords: Forearm referencing, Femur, Intramedullary Nailing

10. Patterns of Acromial Morphology among Different Age Groups in Filipinos

Juliuan P. Ferrer, MD MMC

Background: Shoulder pain is a common complaint prompting consult with an Orthopaedic Surgeon. Impingement Syndrome and Rotator Cuff Tears are the most common causes of shoulder pain. Impingement Syndrome is when the Supraspinatus Tendon impinges on the Tip of the Acromion resulting in microtrauma. Bigliani classified 3 types of Acromion, wherein types 2 and 3 are associated with a higher risk of Rotator Cuff Tear. This is why it is important to determine which age group has the greatest incidence of these Acromion Types.

Research Objectives: The purpose of this study is to determine the risk of Rotator Cuff Tear in different age groups of Filipinos based on the Bigliani Classification of Acromial Morpholo-gy, by also looking into the incidence of each type, peak incidence amongst age groups, and find a correlation of Acromion type with age and gender. This will aid us in understanding its clinical course and occurrence.

Methodology: 426 Supraspinatus Outlet View Radiographs were reviewed from a digital archive from 2017 to 2020, and their Acromial Morphology classified according to the Bigliani Classification. All age groups were included with no exclusion whether there was a concomitant pathology separate from the Acromion. Data was analyzed using STATA Version 15.

Results and Conclusion: The Acromial Morphology progresses to a more curved or hooked type with increasing age, notably the 51-60 age group, implying increasing age affects Acro-mion Type, which can be correlated to Impingement Syndrome and Rotator Cuff Disease seen in older patients. Likewise, there is insufficient evidence to conclude a correlation with gender. As such, we recommend requesting for Shoulder Impingement Series, more so for older patients, to stratify them for risk of incurring a Rotator Cuff Tear and discuss with them treatment options including Acromioplasty.

Key Words: Acromion Type, Bigliani Classification, Supraspinatus Outlet View

11. Influence of Early vesus Late Stumo-Preserving Anterior Cruciate Ligament (ACL) Reconstruction on Proprioception and Return to Sports: A Retrospective Cohort

Jose Rodrigo G. Cervero, MD MMC

Background: It is established that the anterior cruciate ligament (ACL) is a neuroprotective structure that gives proprioceptive feedback to the knee. This is brought about by the presence of mechanoreceptors, which if preserved during reconstruction, improve post-operative proprioception. Although proven through laboratory testing, the clinical outcomes of stump-preserving ACL reconstruction (SPAR) still do not differ significantly from regular ACL reconstruction (RAR).

Methods: We investigated the effect of the timing of SPAR on proprioception using the single-leg hop test as a surrogate marker. Twenty-four (24) patients in whom SPAR was per-formed by a single surgeon in a single institution from 2015-2019 were reviewed. The study population was divided into 3 groups according to the timing of SPAR from the time of inju-ry. Performance of the single-leg hop test was expressed in terms of Limb-Symmetry Index (LSI) and was compared between study groups.

Results: There were 12 patients who underwent an early SPAR within 3 months from injury (Group A=12), 5 patients who underwent SPAR between 3 to 6 months from injury (Group B=5) and 7 patients who underwent a late SPAR more than 6 months from injury (Group C=7). The mean age of the subjects was 32 +/-10 years. There were more males than females (19:5) in the study population. The most common sporting activity during the injury was basketball (18/24). The average time until performance of the single-leg hop test was 6.4 months after surgery. There was no statistical difference in the performance of each of the 4 subtests comprising the single-leg hop test between the study groups (p = 0.2651, 0.3075, 0.8237, 0.7252).

Conclusion: Our data does not show enough evidence to conclude that the timing of the performance of a SPAR significantly affects post-operative proprioception as represented by the performance of the single-leg hop test.

12. The Experience and Perceptions of Philippine Orthopaedic Trainees on the Effect of the COVID-19 Pandemic on Residency Training: A Nationwide Survey Ric Adrian A. Estacio, MD DLSUMC

The coronavirus disease 2019 (COVID-19) was declared a pandemic by the World Health Organization on March 11, 2020. Since then, healthcare systems have been battling to ensure continuous provision of appropriate medical care. With an after-effect on medical education and training, residency programs face significant challenges. A survey using Google Forms was conducted among 345 orthopaedic residents from all 22 training institutions in the Philippines to determine the effect of COVID-19 pandemic on the medical and surgical training as perceived by the trainees. Clinical experience, teaching and education, health and safety, and overall satisfaction were the domains investigated. A total of 217 residents responded (response rate of 62.9%) and most were 26-30 years old (58.1%). There were more male respondents (75.5%) than female (24.5%). For the clinical experience, the percentage reduc-tion in terms of emergency (p = 0.048), elective (p < 0.001), and outpatient cases (p = 0.001) were statistically significant across the different hospitals. For teaching and education, the Zoom app was the most popular platform utilized (100%) and webinars, case conferences, didactic lectures, and mortality and morbidity conferences were continued. For the health and safety, 21 residents (9.7%) had COVID-19 infection during work and 35% underwent RT-PCR test after exposure to COVID-19 patients. Overall satisfaction

rating of the respondents' respective departments and the Philippine Board of Orthopaedics in regard to addressing concerns in residency training had positive feedback among 93.5% and 87.1% of respondents, respectively, while 48% expressed unsatisfactory overall rating on the effect of COVID-19 pandemic on their residency program. The COVID-19 pandemic had a negative impact on the medical and surgical training of the orthopaedic residents in the country. This poses a big challenge to the different training institutions to ensure quality and effective training in the midst of this pandemic and beyond.

Keywords: COVID-19, impact, orthopaedic residency, pandemic, Philippines, survey

13. The Current Practice of Filipino Orthopedic Surgeons in the Management of Elderly Hip Fractures

Sean Paulo C. Padilla, MD DLSUMC

Introduction: Fragility fractures occur because of low energy trauma to the hip which normally would not cause a fracture. These are a major public health problem with high human, socioeconomic impact, morbidity, and mortality. Prompt recognition and management of underlying cause (osteoporosis) is necessary for improved outcomes. This study aims to evalu-ate the current knowledge, attitude, and practice of the orthopedic surgeons in the Philippines with regards to management of elderly fragility fractures of the hip.

Methods: A nationwide online Knowledge, Attitude, and Practices (KAP) survey regarding management of elderly fragility fractures of the hip was conducted among Filipino orthopedic surgeons during the year 2020. The survey answers were compared between groups (Years of practice, Area of practice, Affiliation with orthopedic training program).

Results: A total of 244 respondents (out of 267 entries) were included. 11.9% of respondents were able to include 'fragility/osteoporotic fracture' in the primary diagnosis of the given case. About half of the respondents (54.5%) would repair the hip fracture, refer for to other medical specialists for co-management, and in-vestigate and initiate osteoporosis treatment. 11.89% would only treat the fracture surgically. There is still significant unavailability of orthogeriatric services and FLS in the Philippines. Total KAP scores did not vary significantly between groups except in practice. Groups from 0-5 years and the private urban setting had the high-est KAP scores.

Conclusion: The results of the KAP survey showed the knowledge, attitudes, and practices in the Filipino orthopedic surgeons do not vary significantly with regards to elderly fragility hip fractures. 'Fragility fracture' should always be included in the 'primary diagnosis' of low energy elderly hip fractures. Filipino surgeons are will-ing to participate in osteoporosis care. However, Filipino surgeons should embrace the FLS program and orthogeriatric services to enhance the healthcare system in dealing with osteoporosis and fragility fractures.

Keywords: Fragility Fracture, Osteoporosis, Hip Fracture, KAP survey

14. The Accuracy of Hard Signs as Predictor of Major Limb Traumatic Vacular Injuries Requiring Critical Revascularization: A 3-Year Prospective Cohort Study Vicente M. Perez, MD DLSUMC

Objective: To evaluate accuracy of clinical examination in determining major limb traumatic vascular injuries requiring critical revascularization.

Design: 3-Year Prospective Cohort Study (March 1, 2017 to March 1, 2020)

Setting: Tertiary Hospital

Participants: Patients with limb threatening traumatic vascular injuries.

Main Outcome Measure: Major limb traumatic vascular injuries requiring critical revascularization intra- operatively.

Results: In our setting, the prevalence of major limb traumatic vascular injuries requiring critical revascularization was 31% (8 out of 21). Four (50%) patients had injury in upper extrem-ity while the remaining 4 (50%) patients had injuries involving the lower extremity. The mechanisms of injury were blunt in 4 (50%) and penetrating in 4 (50%) of the patients. All pa-tients were male, with a mean age of 26.8 years old (8- 52). The mean ischemia time was 11.25 hours (8-14). Pulselessness as a clinical examination finding had a sensitivity of 100% and specificity of 76.9%, with a positive and negative predictive value of 61.5% and 100% respectively. Direct repair was done in 3 (37.5%) patients, and reverse interposition vein graft in the remaining 5 (62.5%). All limbs survived, except for 1 limb that developed critical limb ischemia at 9th hospital day post-operatively. The overall limb salvage rate after critical revas-cularization of major limb traumatic vascular injuries was at 87.5%.

Conclusion: Pre-operative identification of hard signs is a useful tool for assessment of limb salvage in patients with major limb traumatic vascular injuries. It was found that among the hard signs, Pulselessness is the most reliable clinical examination finding practically applicable in predicting the need for critical revascularization in patients with major limb traumatic vascular injuries.

15. Clindamycin as an Adjunct to Cefuroxime versus Cefuroxime Alone, in Decreasing Surgical Site Infection Rate in Elective Orthopedic Cases in a Teriary-Level Government Hospital Tristram Zoleta, MD EAMC

Background. One of the dreaded postoperative complications of internal fixation is surgical infections. A review of data on all orthopedic surgeries requiring internal fixation done from July 2013 to July 2015 at a tertiary-level government hospital showed that the overall infection rate was at 6.7%. The American Association of Orthopedic Surgeons (2009) recommend the use of cefuroxime or cefazolin as the prophylactic antibiotic. Clindamycin has good coverage against Gram positive aerobic cocci, including MRSA, Gram negative anaerobic organ-isms and use as an alternative for prophylaxis. The study seeks to provide baseline data and aims to determine if there will be a decrease in the rate of infection with the use of dual antibiotics

Methods We did a retrospective cross-sectional chart review study conducted at the Department of Orthopedics of tertiary-level government hospital from January 2015 to December 2016. All operations were elective orthopedic cases requiring internal fixation. Patients were given divided in to two groups those who received Cefuroxime alone or Cefuroxime and Clindamycin as a prophylactic antibiotic.

Results Among the 252 patients, 20/252 (7.9%) had SSI. Of the 20 cases with SSI, 95% had been given Cefuroxime Alone while 1 case (5%) had SSI who had Cefuroxime and Clindamycin antibiotics. Moreover, the rate of without SSI in Cefuroxime and Clindamycin group is lower 10% vs those with Cefuroxime Alone (90%). Z test of differences in two proportions showed that the rate of SSI in Cefuroxime and Clindamycin is significant lower as compared to those with Cefuroxime Alone

(5% vs 95%, p<0.001). Thus, Cefuroxime and Clindamycin antibiotics prevent the development of SSI.

Conclusion Surgical site infection is a dreaded complication in orthopedic cases. Based on this study, Clindamycin as an adjunct to Cefuroxime effectively decreased the surgical site in-fection rate in elective orthopedic cases as compared with Cefuroxime alone

16. A Cross-Sectional Study of Immediate Functional Outcomes in Elderly Patients with Intertrochanteric Fractures Treated with Primary Arthroplasty versus Open Reduction and Internal Fixation in a Tertiary-Level Government Hospital Tristan Jegar Josef Frederic P Catindig

EAMC

Aim: Presently, there is limited data on the comparative use of primary arthroplasty and open reduction and internal fixation (ORIF) in treating intertrochanteric fractures of the elderly (> 65 y.o.) in the Philippine setting. This study aims to establish baseline data for further prospective trials and research.

Materials and Methods: Inclusion criteria are: Age > 65, Closed, complete, complex, intertrochanteric fracture of the femoral neck, patient is previously a community or home ambula-tor, absence of severe cognitive dysfunction, and independent living status. The study included 32 patients, ORIF group (n = 21), and Arthroplasty group (n = 11). Time to ambulation and infection rates were analyzed in the immediate post-operative period of six days. Pre-operative and intraoperative data were also recorded.

Results: There was a significant difference in time to ambulation (p < 0.0001) between the two treatment options. There was no significant difference in infection rate.

Conclusion: Arthroplasty resulted to early ambulation and return to normal function compared to open reduction and internal fixation (ORIF). Post-operative complication in terms of infection rates did not vary significantly.

Level of Evidence: IV Historically controlled Study

17. Outcomes of Unstable Intertrochanteric Fractures Following Delayed Fixation by Proximal Femoral Locked Plating Versus Nailing with Minimum 1-year Follow-up; Experience on 34 Pa-tients by a Low-Resource Trauma Facility Kristoffer Narvaez, MD EAMC

Background. Studies on unstable intertrochanteric hip fractures following delayed fixation are lacking. We therefore analyzed outcomes of unstable intertrochanteric hip fractures fixed by either proximal femoral locked plating (PFLP) or nailing (PFN) after a minimum 2-week interval from the time of injury in a Philippine trauma facility.

Methods. A retrospective series of 34 patients with closed, isolated A2 or A3 intertrochanteric hip fractures treated past 2 weeks from the time of injury with minimum 1-year follow-up were included. We categorized the fractures according to whether PFLP or PFN was used and compared clinical and radiological outcomes.

Results. Fourteen (41%) fractures were fixed using PFN and 20 (59%), with PFLP after a mean interval of 4.48 weeks (range, 2 to 7.71 weeks) from the time of injury. The PFN group had

significantly higher malreduction rate (64% vs. 20%, p=.014) than the PFLP group, although no significant differences in operative time (241 \pm 42.6 vs. 257 \pm 67.7 minutes, p=.46), intraoperative blood loss (1040 \pm 972 vs. 948 \pm 608 mL, p=.958), deep infection rate (7% vs. 10%, p=1), and nonunion rate (14% vs. 10%, p=1) were found.

Conclusion. Both PFN and PFLP are reliable fixation devices for unstable intertrochanteric hip fractures in the setting of delayed treatment, although PFLP must be considered for cases in which locating the proper PFN portal becomes difficult.

Key words. Intertrochanteric fractures;Proximal femoral nail;Proximal femoral locking plate; Delayed fixation; Clinical outcomes

18. Perioperative Complications of Lumbar Microdecompression under Wide Awake Progressive Local Anesthesia

Daniela Kristina D. Carolino, MD SLMC

Study Design: Retrospective cohort (Level of evidence III)

Objective: Posterior lumbar decompression has long been considered the gold standard surgical treatment for sciatica and radicular leg pain. This procedure is often carried out under general anesthesia (GA) or neuraxial anesthesia due to the preferences and biases of the surgeon, anesthesiologist, and the patient. With the recent advent of using local anesthesia (LA) instead of GA in select patients for endoscopic and minimally invasive lumbar discectomies, the primary outcome measure of this study was to determine the incidence of perioperative complications associated with LA in patients that underwent posterior lumbar microdecompression surgeries.

Methods: This retrospective study included 71 consecutive patients that underwent lumbar microdecompression under LA from 2009 to 2019 at two tertiary hospitals by a single orthopaedic spine surgeon. The term "wide-awake progressive local anesthesia" or WAPLA was coined to aptly describe the technique of preemptively administering LA in a sequential fashion to anatomic structures in the lumbar spine while progressing through the surgery.

Results: There were four patients out of the 71 patients (5.6%) who were noted to have postoperative complications: two with severe pain requiring additional doses of analgesia; one with hypotension; and one with a hypertensive episode.

Conclusions: This may indicate the relative safety of the procedure, hence may be considered a viable option for patients undergoing lumbar microdecompression. Regardless of type of anesthesia used, the innate risks of the procedure are ever present and should be avoided at all costs.

Key Words: wide awake progressive local anesthesia, local anesthesia, general anesthesia, spinal anesthesia, complications

19. Correlation of Clinical and Electrodiagnostic Studies of Adult Filipinos with Moderate Carpal Tunnel Syndrome

Hester Renel L Palma MD; Precious Grace Handog, MD, FPOA CHH

Carpal Tunnel Syndrome (CTS) can cause pain, numbness, and limitation of hand function due to compression of the median nerve. In a severe chronic carpal tunnel syndrome, muscle thenar atrophy is seen as a irreversible condition that reflects the broad spectrum of histopathologic changes that occur in the nerve. History and physical examination prevail a solid standard in diagnosing patients with CTS, however, one cannot distinguish the severity of CTS based on physical examination alone. EMG-NCV is used as an ancillary tool in assessing pa-tients with CTS. Although controversies exist about its accuracy and utilization, it can serve as a guide on the necessary management in treating patients with moderate and severe CTS. We have not known written reports on patients clinically assessed with their motor strength, Two-point discrimination and Semmes Weinstein Monofilament Test in patients with carpal tunnel syndrome. Our study wants to prospectively assess the clinical thenar muscle strength and sensation and analyze the clinical outcome in correlation of the electrophysiological findings in patients with moderate carpal tunnel syndrome. Out of 8 subjects, 4 have thenar atrophy categorized as moderate CTS. All of the subjects showed a Manual Muscle Testing score of +4. However, this study showed no significant correlation between thenar atrophy and EMG-NCV findings. Thenar atrophy doesn't correlate with decrease muscle strength and there are no significant relationships between 2-point discrimination, Semmes-Weinstein and neuroconductivity studies.

20. A Limb Salvage Surgery option for Low to Middle Income Countries: A Comparison of Outcomes for Single-stage and Two-stage Endoprosthetic Reconstructions for Primary Aggressive and Malignant Bone Tumors of the Distal Femur

Sarah Olivia J. Gavino, MD; Edward HM Wang, MD, FPOA UP-PGH

Endoprosthetic reconstruction (EPR) offers a mobile and stable weightbearing joint after resection of tumors around the knee. The outcomes of EPR in literature are very good but the expensive cost precludes its immediate insertion after tumor resection as a single procedure in Low to Middle Income Countries (LMIC) like the Philippines. The solution has been via a two-stage process of using a temporary bone cement spacer while awaiting procurement of the definitive EPR. This study aims to compare the outcomes of 2-stage EPR with traditional single-stage EPR for patients with primary malignant bone tumors of the distal femur, in terms of prosthesis survivorship, functional and oncologic outcome. The mean follow up period was 98 months for a total of 23 patients, 10 in the single-stage and 13 for the 2-stage groups. In comparing the single-stage and 2-stage EPR, the results are as follows, respectively: av-erage prosthesis survivorship was 26 months and 61 months, rate of failure was 40% (3 structural and 1 infection) and 54% (4 structural, 1 infection, 1 aseptic, and 1 tumor progression), and MSTS was 25 and 26. The similar outcomes of the 2 groups make two-stage EPR a viable option for the management of primary aggressive and malignant tumors of the distal femur. Further study is recommended with a bigger study population for statistical parameters to be applicable.

Keywords: endoprosthetic reconstruction, low to middle income countries, temporary bone cement spacer, single-stage EPR, two-stage EPR

21. Use of WALANT (Wide Awake Local Anesthesia No Tourniquet) in Hand Surgeries During the COVID-19 Pandemic

Richard S. Ang, MD; Justiniano S. Bai, MD, FPOA BGHMC

Background: During this COVID-19 pandemic, health care services should be streamlined to deliver adequate care while at the same time, minimizing interaction between patients and health care providers. In the performance of hand surgeries, the emergence of the WALANT (wide awake local anesthesia no tourniquet) technique utilizing a mix of lidocaine and epi-nephrine to provide anesthesia and hemostasis on the operative field may circumvent this dilemma. In the context of the current pandemic, WALANT affords to eliminate performing aerosolizing procedures associated with general anesthesia, thus reducing the virus's potential transmission.

Objective: To evaluate the utility of WALANT in the reducing duration of exposure of healthcare providers in performing hand surgeries

Method: This is a case series study on patients undergoing hand surgeries during the Covid-19 pandemic. Duration of hospital stay and pre and postoperative patient encounter duration were recorded as outcomes between general anesthesia (GA) group and WALANT group.

Results: A total of 31 record of patients were retrieved. Hospital stay of the general anesthesia (GA) group was 4 days (+/- 2) and the WALANT group at 2 days (+/- 1.4) with no significant difference (P-value: 0.06). There is a significant difference (P >0.5) between the preoperative duration of hand procedure performed under WALANT (35 mins) vs GA (51 mins). The postoperative duration of hand procedure performed under WALANT (16 mins) vs GA (72 mins) showed a significant difference with a P- value of <0.5.

Conclusion: Utilization of WALANT for hand surgeries showed significantly less time in the hospital during the pre and postoperative phase thereby limiting the healthcare provider exposure.

Keywords: Wide-Awake General Anesthesia No-Tourniquet (WALANT), Hand Surgery, Covid-19 Pandemic





2020 ELECTRONIC POSTERS

Link:

- 1. A Retrospective Study Comparing Three Entry Points for Intramedullary Nailing of Proximal Tibia Fractures and its Effect on Reduction - Julius Albert Yen, MD., SPMC
- A Retrospective Study on the Relationship of Timing of Antibiotic Administration and the Development of Surgical Site Infection in Patients with Open Fractures of the Tibia - Patrick Michael V. Manalaysay, MD, SPMC
- 3. The Accuracy of GeneXpert Testing of Tissue Sample in Diagnosing Tuberculosis Spondylitis and Proportion of Plumonary Tuberculosis among Patients Admitted with Suspected Tuberculosis Spondylitis using GeneXpert - Leoncio S. Tajon, MD, VSMMC
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- Bacteriologic Profile of Orthopaedic Wounds of Battle Casualties for CY 2019-2020 -Dr. Gonzalo Gabriel B. Lavarias III, MD, VLMC
- 7. Hip Transposition as a Reconstructive Option after Pelvic Resection of Periacetabular Bones Tumor: A Case Series - Clariz Patricio, MD, VLMC
- 8. Anti-Microbial Susceptibility of Pathogenic Isolates from Open Fracture Wounds Admitted at West Visayas State University - John Alfred D. Yap, MD, WVSUMC
- 9. Outcome Analysis of Supracondylar Femur Fractures Treated with Retrograde Nail vs. Distal Femur Locking Plate: A Meta-Analysis - John Patrick R. Marquez, MD, CVMC
- 10. Intraoperative use of Tranexamic Acid in Long Bone Fracture Surgeries: A Meta-Analysis - Manuel A. Gaspar, MD, CVMC
- 11. Vibriofluvialis as a Cause of Necrotizing FasciitisA Arvin B. Noscal MD, ITRMC
- 12. A Descriptive Study on the Degree of Vascular Occlusion of the Resected Tibial Vessels on Histopathology Result among Patients with Wagner IV and Diabetic Foot who Underwent Below Knee Amputation - Jobert Dale M. Chan, MD, NMMC
- Double Crush Syndrome of the Ulnar Nerve at The Cubital Tunnel and Guyon's Canal: A Case Report – Carlos Miguel B. Santos, MD, USTH
- Pseudomyogenic Hemangioendothelioma (Epithelioid Sarcoma-Like Hemangioendothelioma) Of The Shoulder: A Case Report and Literature Review – Ted Matthew P. Evangelista, MD, USTH
- Platelet Rich Plasma On Ankle Sprains Efficacy On Pain Reduction and Shorter Return to Play: A Systematic Review of Randomized Control Trials - Anne Marie M. Milo, MD, USTH
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- 21. Platelet Rich Plasma Versus Corticosteroid Injection In The Treatment Of Carpal Tunnel Syndrome: A Meta-Analysis - Cesar Paolo F. Zaballero, MD, USTH
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- 23. Normal Baseline Values for Isometric Shoulder Strength in Scaption For Healthy Filipino Individuals Aged 20 To 30 Years Old - Patrick Henry G. Lorenzo, MD, USTH
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- Tranexamic Acid Decrease Perioperative Blood Loss from Femoral Fracture Treatment using the SIGN nail-experience on 54 Patients by a Low-resource trauma care facility -Mark L. Abriol Santos, MD, EAMC
- 31. A Retrospective study on the diagnosis and treatment of Iliopsoas Abscess in a Tertiary Care facility in the Philippines - Bienvenido Leo Antonio M. Caro, M.D, EAMC

- 32. The Foot Health Status of Tertiary Hospital Employees: A population-based Correlational Study Jocelle Joanne B. Dema-ala, MD, EAMC
- 33. Towards A More Efficient Fracture Care Delivery by A Public Tertiary Facility In The Philippines Ma. Loren Josephine O. Lantin, MD, EAMC
- Fragility Fractures in Children: Evaluating Fracture Risk and Nutrition in Filipino Children using Standard Growth Charts in a Tertiary Trauma Center - Kristoffer Carlo A. Narvaez, MD, EAMC
- 35. Operative Management of a Complex Bicondylar Hoffa fracture in an Adult: A case report - Kristoffer Carlo A. Narvaez, MD, EAMC
- 36. Pectoralis Major Tendon as Landmark for Proximal Humerus Surgery: A Cadaveric Study on the adult Filipino population Daniel William T. Yu, MD, UP-PGH
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- Delayed Treatment of Morel-Lavallee Lesion in the Knee; A Challenge during COVID-19 pandemic – Noreen Joyce L. Yeo, MD, MMC
- Midterm Clinical and Radiographic Outcomes of Multi-Level, Stand-Alone Indirect Decompression and Facet Fusion Using Posterior Cervical Cages - Christian Julius P. Mendoza, MD, SLMC
- 40. Tibial Plateau Slope Profile of 18-45-year old Filipinos with ACL injuries: A Descriptive Study John Christopher R. Ragasa, MD, SLMC
- 41. Extra-articular intratendinous gouty flexor tenosynovitis of the hand at zones IV and V presenting as finger flexion contractures: A Case Series Sybill Sue M. Moser, MD, SLMC
- 42. Intramuscular Myxoma Of The Vastus Medialis: A Case Report Jessiah Aura M. Navarro, M.D, SLMC
- 43. Functional Outcome of Arthroscopic ACL Reconstruction using Quadriceps Tendon Graft: A Local Study - . Jaser H. Hussin, MD, SLMC
- 44. Intra-Articular Platelet-Rich Plasma Injections in Patients with Knee Osteoarthritis in a St. Luke's Medical Center: A Local Experience Jefferson James V. Co, MD, SLMC
- 45. Simultaneous Traumatic Asymmetric Bilateral Hip Dislocations in a Young Adult: A Case Report and and Literature Review - Loren E. Albarillo, MD, SLMC
- 46. Localized pigmented villonodular synovitis from the posterior border of the patellar tendon in a 13-year-old female: A case report Ma. Angela F. Berris, MD, SLMC
- 47. The Distal Radius Dilemma: Distal Radius Malunion form an old Salter-Harris Type IV injury in a 12-year-old male Ma. Angela F. Berris, MD, SLMC

WINNING POSTER

COVID 19 affected many lives not only the common people but also the health profession. Many changes happened especially in our daily living and even the society and community we lived in. Despite these changes, the Orthopedic Society became adaptive and flexible in order to continue our practice and our services to the community no matter what challenges will come during this pandemic. We will continue with passion and love for Orthopedics in this new normal.

Dr. Almar S. Bantolo Endorsed by: Margarito M. Morano, MD, FPOA West Visayas Medical Center




Orthopaedics in times of the corona virus pandemic – Delivering quality orthopaedic services to our patients while avoiding being infected by the virus through technology. OnLine Clinics and Consults (maximising the use of the internet) coupled with maximum protection protocols during Surgeries (HazMats, Respirators, PPE). Orthopods stepping up against the virus... the new normal.

> Selwyn Ian P. Embay, MD, FPOA POA North Mindanao Chapter

"Adaptability is about the powerful difference between adapting to cope and adapting to win." - Dr. Max McKeown

Our current mindset as with any new crisis is to cope or to survive. The goal of this illustration is not to highlight someone who is struggling to cope but to feature the orthopedic surgeon who is thriving and moving forward. "Adapting to win" means finding opportunities for transformation rather than finding ways to get back to normal. The new normal isn't a destination or goalpost we can arrive at, it's an attitude for change.

Dr. Karla Theresa S. Araneta Endorsed by: Rolando V. Tiongson, MD, FPOA POA Western Visayas





This diagram represents the POA protecting its members from the present dangers of today, the corona virus. To enable it (the POA) to continue its noble task of continued education, reeducation, research and community service. Showing its resilience in adapting to the dictates of the new normal.

> Antonio Mario L. De Castro, MD, FPOA Veterans Memorial Medical Center

Protects its members. Organizes continuous learnings. Adapts to the new normal. This is your P.O.A.



Orthopods face new challenges in this new normal. They are, however, strengthened by their learned skills and faith in God (represented by the PPE suited man in the foreground carrying his trusted power drill and powerful rosary). All the skills and knowledge we learned (shown as the colored pictures arranged ala "zoom" in the back) will further strengthen us and keep us true to our GOAL - To make the fractured Tree of Andre STAND UP again (shown as the tree of Andre being fixed by an orthopod).

> Dominic D. Santos, MD, FPOA POA North Luzon Chapter



Times today are so weird that our daily routine seems to have turned upside down. In our most comfortable pajamas on bed, we only put on a coat for the daily virtual conference to begin. After donning a PAPR suit to perform surgery, we excuse ourselves intraop when it is our turn to present a preoperative plan for another emergent procedure to follow. Such scenarios are the extremes of today's normal. Both are entirely possible due to combined physical and telepresence in academic activities and experienced by the adaptable orthopedic surgeon on alternating days.

Dr. Chloe Marie C. Samarita – Endorsed by: Juan Agustin D. Coruña IV, MD, FPOA Corazon Locsin Montelibano Memorial Regional Hospital



Orthopedics of the New Normal: THE PANDEMIC - PROOF ORTHOPOD

COVID-19 is truly a game changer. It influenced the way we assess patients, the way we communicate, the we teach students and most importantly the way we deliver orthopedic care. Equipped with 4Cs - character, competence, compassion and care, the pandemic-proof orthopod is ready to take on the challenges of the new normal.

Dr. Ralph Daniel V. Delgado Endorsed by: Mylo N. Soriaso, MD, FPOA West Visayas State University Medical Center



The Filipino Orthopedic Surgeons, led by the Philippine Orthopedic Association, has shown beyond a doubt the meaning and concept of the word "Bayanihan". In spite of the difficulties and the strain of resources due to the COVID-19 pandemic, the spirit of civic unity and cooperation amongst the Orthopedic surgical community has allowed patients with orthopedic problems to receive quality care. In addition, the community has provided numerous opportunities for orthopedic education and professional growth, in the form of consistent online webinars which addresses the challenges faced by orthopedic surgeons during these difficult times. The pandemic and its after-effects will be with us for some time, but we are confident that the community of Filipino Orthopedic Surgeons will persist and remain steadfast in the pursuit of our ultimate goal - better patient outcomes, despite difficulties, despite the pandemic, despite everything.

Dr. Kristopher Carlo A. Narvaez Endorsed by: Geoffrey R. Battad, MD, FPOA East Avenue Medical Center

THE TREE OF ANDRY

Instead of the usual wooden splint that is used to prop the tree up, we used a splint of technology; laptops, cellphones and computers, harnessed to the tree with wires of communication. We wanted to focus on how we are forced to learn and find new ways to do our jobs in the advent of this pandemic. Aside from our fields of expertise, we are now expected to incorporate technology as well in our practice. We symbolized this by the new "fruits" of social media we now use to communicate with our patients. Finally, as demanded by this pandemic, it all must be encapsulated in a mask for us to be able to continue to do our jobs as well.

Dr. Gaston Juan Roces & Lois Desiree Roces Endorsed by: Franklin M. Dizon Ill, MD, FPOA Philippine Orthopedic Center





$''L \, D \, R``$

The poster focuses on the remote treatment of orthopaedic patients during the current Pandemic. The poster shows the "Tree of Andry" - fractured, but being treated by orthopaedic professionals in PPE. Meanwhile, another surgeon is giving his contribution remotely while simultaneously communicating with other experts in the field. Small details within the poster also shows the many aspects of orthopaedic care that the "patient" requires. This imagery highlights the orthopod's adaptation to the challenges of the pandemic. While the risks are inevitable, the need for orthopaedic care in our community persists. The orthopaedic surgeon therefore, has the challenging task to use what is in his/her disposal to continue serving this need, while also protecting himself, and his patient from the latest invisible enemy - COVID-19.

Dr. Reynald Angelo N. Reyes Endorsed by: Romer Ariel M. Santos, MD, FPOA East Avenue Medical Center

"ORTHOPAEDIC EVOLUTION WITH THE NEW NORMAL" With the virus looking like it is here to stay, an evolution of the current practice is needed. To protect our patients we must protect ourselves.

Dr. Sandley S. Sabang Endorsed by: Phillipe Y. Baclig, MD, FPOA Vicenter Sotto Memorial Medical Center





The COVID 19 pandemic has brought about dramatic changes in the world we are in. Precautionary measures have been implemented to reduce the risk of transmission thereby reducing the spread of the disease, which has been a difficult process for both the medical staff and the patients. But as doctors, our unwavering dedication to heal and serve the patients will not falter as we embrace the new normal.

Dr. Joan Francine U. Perez Endorsed by: Judith Valerie M. Akol, MD, FPOA Chong Hua Hospital

COVID- Pandemic

"Common Orthopaedic Visual Inconvenience During Pandemic"

Face shield is included as part of Personal Protective Equipment recommendations for health care providers especially among surgeons during this Pandemic. Wearing face shield during prolonged Surgery might cause headache. visual fatigue, evestrain, double vision, or blurred vision. It results from *imbalance* of *extra-ocular* muscles, uncorrected refractive errors, accommodative impairment and improper lighting.

Mark U. Pasion, MD, FPOA Philippine Orthopedic Center



My Vision is Distorted But My Mantra Is Clear, Never Give Up, Challenge Accepted!



Simply put, we adapt to this crisis brought about by the pandemic by protecting our patients and protecting ourselves. We continue to do our duty but not without newly established precautions.

> Dr. Gian Dominique D. Galman Endorsed by: Angel C. Gozum, MD, FPOA Makati Medical Center

THE NEW NORMAL: ORTHOPAEDIC CHANGES IN SURGICAL PRACTICE

The New Normal: Orthopaedic Metamorphosis

With the pandemic not going away anytime soon, changes are essential. Things could always be better, but things could always be worse. In the days and weeks ahead, keep calm, protect yourself, and carry on.

With us we fight through this pandemic

Dr. Maureen Mae M. Acriche Endorsed by: Kristia Jimmylou Akiatan-Rey, MD, FPOA Vicente Sotto Memorial Medical Center



IT IS NOT EASY TO MEND WHAT IS BROKEN, BUT THERE IS NO **DISTANCE** WE CANNOT BRIDGE FOR YOU The pandemic brings with it the challenge of being able to connect with our patients, even if we seem so far away. They could be afraid of going to the hospital for various reasons. But that doesn't mean the service ends there. We don't wait for things to work, we make things work. Accidents happen. No one can predict the next injury. But that's why we Orthopedic surgeons are always on guard. We put you before us. We are not afraid of brokenness. We mend and we heal.

Dr. Charles Andrew R. Chu-Santos Endorsed by: Judith Valerie M. Akol, MD, FPOA Chong Hua Hospital

Sometimes adaptation can be out of necessity, rather than choice. One of the biggest changes we have had to face was to go out of our comfort zone from being Orthopedic surgeons (or residents), and put ourselves in the shoes of our fellow internists, general practitioners, and even nurses. At some point, we may have had to do things we would not have expected after going into a cutting specialty. It may be going on duty as an attending physician in a medicine ward dedicated to COVID-19 patients, being a triage officer, or manning a quarantine facility, in



addition to our responsibilities as surgeons. We may have had to pay attention to details that we normally overlook, such as checking for signs of fever and cough, to actually dealing with electrolyte correction, ECG interpretation, and even ACLS. This adaptive change may not directly involve our surgical expertise, but in times of a pandemic, we go to where help is needed, and we adapt.

Dr. Paula Veronica S.J. Reyes Endorsed by: Emmanuel P. Estrella, MD, FPOA Philippine General Hospital



The COVID-19 pandemic is a war against an invisible enemy. As physicians, we made an oath to heal the sick and promote health, and at the same time protect the weak. A lot of us have had to isolate ourselves from our families for fear of bringing the disease back to our homes, and even some have become victims to the illness. The world is a war zone, and we, along with the other frontliners, are first in command. We are surgeons, but we are also soldiers.

Dr. Paula Veronica S.J. Reyes Endorsed by: Emmanuel P. Estrella, MD, FPOA Philippine General Hospital

The rapid spread of COVID-19 around the world with over 4.5 million cases and over 300,000 deaths brings new challenges for the international medical and surgical community. The unprecedented strain it has put on units around the world has unfortunately been accompanied by an increasing number of COVID-19 infections.

The Orthopedic practice in the Philippines had to modify and streamline operations in order to sustain and serve our patients amidst the pandemic.

Dr. Roel Gabriel G. Rabino Endorsed by: Jonathan C. Ronquillo, MD, FPOA De La Salle University Medical Center





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Dr. Roel Gabriel G. Rabino Endorsed by: Jonathan C. Ronquillo, MD, FPOA De La Salle University Medical Center



"Misere nobis"

An orthopod's prayer during this pandemic for God's mercy upon him, upon his patient, and most importantly, upon his beloved. So that, as he continues to serve and heal the sick, may he also heal internally by his family's presence and embrace.

> Jasper Jo R. Martinez, MD, FPOA Baguio General Hospital and Medical Center

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