

Ortho Balita

The official Newsletter of the Philippine Orthopaedic Association, Inc.



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SEPTEMBER 2014

NEWSFLASH:

Ortho Balita is back

A warm greeting to fellows and friends of the POA!

After a few years in hibernation, we have generated enough inertia and stamina to come out again with OrthoBalita, a Constitution-mandated publication of our association; the objective of which is to keep everyone updated about the goings-on in the POA and the BOT.

We started off 2014 by identifying specific issues the Board felt needed urgent and/or committed attention and assigned each trustee one or more of these issues to handle for the year. (FYI, there are a total of 11 trustees including the Executive Committee [ExeCom] of 4: Pres, VP, Sec, Treas) Some of the more prominent issues include:

Fellows' Benefits (*VC Cabling/PCN San Pedro*). This was among the primary issues and the Board has passed a resolution to allot a specific amount (percentage) yearly to the following: fellows' insurance, disaster funds, CME and research. All fellows are now covered by an insurance policy; disaster funds are set aside for chapters should the need arise; fellows can avail

of subsidies for CME if making presentations, and some funds are available to jumpstart fellows' researches. Our pockets are not deep but whatever we can set aside for fellows, we have maximized.

Disaster Relief Management (*FJF Diyco*). This project, conceptualized in 2013 (ARQuidlat) in response to the consecutive disasters visited upon the country and this year spearheaded by AO Trauma Philippines (LM AbrahamJr) and POTS (REAng), finally saw an initial symposium held July 26 2014 at the Quezon City Sports Club where stakeholders from government, specifically DOH-HEMS, and NGOs put their heads together to address the perceived and often very real and sad disarray of surgical relief. The POA is now coordinating with DOH-HEMS to allow fellows immediate and official access to work with DOH disaster relief teams.

Philhealth (PHIC) concerns (*CS Grey/DL Alagar*). The ongoing upheaval in the Philhealth system has necessitated the POA's active participation not only in forwarding regular updates to fellows but also providing input to Philhealth itself regarding orthopaedic procedures and accompanying standardization of values. It is important that all fellows become members of the philortho e-group to both receive and respond to regular communications about Philhealth.

Yolanda victims (*DL Alagar*) In the aftermath of supertyphoon Yolanda there remain many Orthopaedic problems among her survivors. Money from a donation by the Malaysian Orthopaedic Association, matched by an equivalent amount from the POA, is being used to take care of surgical and anesthetic needs and metal implants and braces for these patients.

Philippine Medical Association (PMA) (*JA Aguilar*). The Board has seen fit to be active participants of the PMA to better understand its policies and projects. PMA President-elect Dr. Minerva 'Ervie' Camalig and PCP President Dr. Anthony Leachon graced a Board meeting to better explain how doctors could work together in addressing the BIR ruling on affidavits for our professional fees, among other items.



The Joint Meetings of the
Philippine Orthopaedic Association (65th POA),
ASEAN Orthopaedic Association (34th AOA),
Academic Congress of the Asian Shoulder Association
(8th ACASA),
ASEAN Arthroplasty Association (8th AAA),
and the ASEAN Society for Sports Medicine &
Arthroscopy (2nd ASSA)

November 25-29, 2014, Radisson Blu Hotel,
Cebu City, Philippines

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Ortho Balita is Back

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The POA Board of Trustees (BOT) being inducted into office during the Congress Banquet last Nov. 15, 2013 at the EDSA Shangri-la Hotel: (L-R) Drs. Adrien R. Quidlat (Ex-Officio), Edward HM Wang (President), Virginia C. Cabling (Vice President), Julyn A. Aguilar (Secretary) & Paul Cesar N. San Pedro (Treasurer) and Trustees Drs. Paul Ruel C. Camiña, Frederic Joseph F. Diyco, Peter B. Bernardo, Leslie M. Reyes, Edwin Jerd T. Siatan, Ceasar S. Grey and David L. Alagar

Non-Fellows (PRC Camiña). Non-POA fellows practicing orthopaedics? After much discussion among the trustees, the pendulum has begun to swing from a stand-of exclusion to one of inclusion and one based on the primary objective of service to our communities. There remain many unresolved concerns and in this issue of OB, Dr. Paul Camiña writes a thought-provoking article which sets the tone

for our further discussion of this very important concern.

Research (EJT Siatan). In order to further enhance our understanding of Orthopaedics as a dynamic science, the POA has actively participated in research writing workshops, supported bootcamps for residents (in collaboration with the PBO and the Boneand Joint Research

Group), and encouraged both podium and poster presentations at the POA Annual (with Best Paper awards).

EBM (PB Bernardo). This year the Board has also arranged for an EBM (Evidence Based Medicine) workshop in Orthopaedics (targeting specifically fellows from out of Metro Manila) aside from subsidizing Ortho Evidence subscriptions of accredited training institutions.

POA Foundation Day (LM Reyes). To further involve fellows in the recognition of this auspicious day, December 11, the Board is arranging to bring the celebrations to Chapters; allowing for a scientific meeting or a special project to be undertaken by the Chapter in collaboration with the mother organization.

POA-AOA-AAA-ACASA-ASSA

Convention (VC Cabling). And of course, the much-awaited annual convention, a 5-day scientific program from November 25-29 at the Radisson Hotel, Cebu City! These are only some of the projects the POA Board has undertaken for the first half of 2014. A year-end report will be provided at our Annual Business Meeting in Cebu but even now, midway through my term as President, I must already congratulate each of the trustees and acknowledge the work they do in the service of the POA!

-EHM Wang



Discussion on BIR issues: The POA BOT meeting with PCP President Dr. Anthony Leachon and PMA President Minerva Calimag



Ocular inspection in Cebu for this year's annual convention: Drs EHM Wang, CV Cabling, Greg Azores (AAA), and Bing Molano (ACASA), and POA Secretariat, Radisson Blu staff, ACES (POA event organizer), and ASAP (ACASA event organizer) outline the preparation for this year's Annual Convention during an ocular inspection in Cebu last July.

POA/MOA Donates to Yolanda Victims



The Philippine Orthopaedic Association (POA) received a cash donation amounting to US\$ 3,118.50 from the Malaysian Orthopaedic Association (MOA) as part of their humanitarian assistance to the victims of the super typhoon Yolanda that struck the country last November 8, 2013. This donation was generously matched by the POA and has been earmarked to provide financial assistance for medical and surgical

expenses (orthopaedic implant included) for indigent patients in areas devastated by the typhoon.

There are four patients who have benefitted from this project, so far. The first patient was a 27 y/o mother who sustained a complete spinal cord injury (L1) after being trapped under a collapsed wall during the typhoon. She underwent posterior instrumentation (Luque rod) for

stabilization, which was performed by volunteer foreign surgeons weeks after the typhoon. Unfortunately, she developed post-operative infection, which led to the implant exposure, and ultimately its removal. She was then treated with antibiotics for weeks and later on improved clinically needing only KT brace for support.



The second patient was a 34 y/o fisherman who sustained a humeral shaft fracture after being hit by flying debris at the height of the storm. This was initially treated with cast immobilization and followed up closely for monitoring. Unfortunately, he had to undergo open reduction with plate fixation after four months of immobilization because of nonunion.

POA Chapters in Pictures



The third patient was a 16 y/o boy who sustained an open forearm fracture while helping other victims during the storm surge. He was operated on in a government hospital a few weeks after the tragedy, but developed non-union and synostosis. He ultimately underwent excision of fibrous tissues and replating of both forearm bones.



The latest beneficiary was a 76 y/o female from Basey, Western Samar, who sustained a closed supracondylar fracture of her right femur after a fall during the storm. She underwent intramedullary nailing with static locking after a month, but this resulted to implant failure because of non-union. Exchange IM nailing with iliac one grafting was performed and was tolerated well by the patient.



All patients were admitted and treated at the Eastern Visayas Regional Medical Center (EVRMC) in Tacloban City. Dr. Allan Balano who has been unselfishly helping victims since the devastation of Yolanda headed the team of volunteers and staff of the hospital. They have also hosted and assisted volunteer health care providers during the critical period immediately after the typhoon.



(1st from top) POA-NL Group during their 3rd quarter meet; (Second) POA-SL Group during their 3rd quarter meet; (Third) POA-WV group during their ocular inspection in Dumaguete, for next year's midyear convention; (Above) POA-SMC Group during their 5th Pedro Velasco Memorial Lectureship and (Right) POA CEVC officers



This project will continue to support patients needing definitive and continued orthopaedic treatment for injuries sustained during the typhoon. This is one of the many ways the Orthopaedic Community shares in the task of nation building and health for all.

- DL Alagar

POA-AO Trauma Philippines-POTS Disaster Relief Surgical Management Seminar

July 26, 2014

Quezon City Sports Club

Plenary Session 1: Field Experiences and Decision Making - Disaster response from the Orthopaedic Surgeon may occur in any of the three phases of disaster response: from immediate, which involves rescue and recovery, wherein first aid and life saving procedures are most important; to acute, wherein principles of Damage Control Orthopaedics are utilized; and chronic, wherein definitive fixation procedures are put into place.

Responses to disasters depend to a large extent in the coordination between the responders and the victims, and between the responders themselves. But almost always, coordination during disasters poses not a few challenges, as was discussed during the seminar. Topping the list is the shortage or impairment of available communication facilities that usually aggravates the already frenzied situation. Hence, the importance of immediate organization of Disaster Relief Teams in hospitals in the area or nearby POA Chapters was stressed as well as the establishment of communications between them that would allow faster responses and mobilization.

Sometimes, Because of the enormity of the disaster, responders become victims themselves and their needs should be among the items that need to be addressed. Their food, security, housing and other daily essentials should be considered even before a response team is sent out.

The response team must also be equipped with necessary tools and supplies or they will only become ineffective spectators in the disaster area. The seminar underscored the importance of ensuring that surgeons arrive at the disaster site with orthopaedic supplies and equipment to facilitate early rescue efforts and treatment.

Independent efforts organized by private groups are most welcome and better

coordinated with teams already onsite. It is courteous and expedient to inform the existing teams within the area, via the designated onsite leaders, of any private or independent efforts to maximize the relief operations.

Much can be learned from the Medecins Sans Frontieres system which is guided by a Prioritization Manual. Supplies and equipment are packed and readily transported to the site of greatest need. Initial reconnaissance efforts are sent to assess and determine the type of assistance and extent of need, including the setting up of field hospitals and operating rooms and recovery wards wherever needed. Response teams must include incorporate members who are not just medical in orientation, but covering all other necessities-security, sanitation, waste disposal, field hospital set up, etc.

Finally, the idea of preparing for the worst was also highlighted. Responses can go a long way, if are pro-active and are done early and fast. In disasters, it is better to over respond than to under respond.

Plenary Session II: Surgical Interventions - Training for disaster response necessitates knowledge and skills beyond Orthopaedics. As such, online

curriculum from organizations such as the Society of Military Orthopaedic Surgeons formed in 1958 in New York City, and now with over 1000 members, and is now part of the AAOS Board of Specialty Societies, has been suggested. Such training can be incorporated into existing residency training programs in the Philippines to better equip our graduates with knowledge and skills for disaster response.

The seminar highlighted the increasing number of worsening storms and calamities that affected our country in the past years. Typhoons, earthquakes and even manmade calamities brought about by armed conflict necessitate orthopaedic response, although it was mentioned that the orthopaedic need may not be equally apparent in all. What matters is that orthopaedic surgical response to such situations must be set.

Definitive orthopaedic management through fracture fixation must be done with care, with ample attention to open fracture debridement and repeat debridement. Decisions must be made to prioritize saving lives before saving limbs, and saving limbs before saving function. As such, early amputation may well be a viable option in times of disaster relief.

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The POA, AO Trauma Philippines and Philippine Orthopaedic Trauma Society unite for better, faster and more effective disaster relief surgical response and management. In photo are (Seated L-R) Drs. Francis Altarejos, Rey Ang, Ed Wang, Natasha Reyes, Wilson Li, Boy Abraham; (Standing L-R) Drs. Bibs Carilo, Jo Lai, Bill Lavadia, JP Leung, Adel Belen, Miles Dela Rosa, Lito Flavie & Jun Tenorio.

POA-AO Trauma-POTS...

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Plenary Session III: Emergency Response, Communication and Coordination - The National Disaster Response and Rehabilitation Management Committee (NDRRMC) promulgated the National Disaster Response Plan which is composed of four pillars: Disaster Preparedness, Disaster Mitigation, Disaster Response and Disaster Rehabilitation. The NDRRMC was created via Republic Act 10121 or the Philippine Disaster and Risk Reduction Management Act of 2010. The body is headed by the Secretary of National Defense, with the following agency secretaries as vice presidents: Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), Department of Science and Technology (DOST) and National Economic Development Authority (NEDA). A cluster approach to responding to disasters is adopted, which facilitates coordination and easily determines the first point of call. Response clusters include the Department of Education, DSWD, Department of Health (DOH), Armed Forces of the Philippines (AFP), Office of Civil Defense and DILG.

In the seminar, the DOH Health Emergency Management Staff (HEMS) was represented by the head of the Response Division, Dr. Arnel Rivera. The Response Division maintains an Operations Center to serve as an alert system to monitor health and health related emergencies. It mobilizes and deploys health teams during emergencies, as well as coordinates and integrates health sector responses to health emergencies. Dr. Rivera requested a letter from the POA to signify our intention to join the teams which may be deployed

during disasters. It was mentioned that the POA has already written to Dr Carmencita Banatin, HEMS chairperson, regarding this matter, and she has responded that the POA will be kept in mind during disaster response deployment.

Meanwhile, International organizations are readily available during disasters. Beginning with a request sent to the United Nations Office for the Coordination of Humanitarian Affairs, efforts coming from various sites from all over the world are coordinated and directed, with correct logistics and intelligence information, to the affected area.

Plenary Session IV: Future Challenges - Challenging as they may be, there is also a silver lining in disaster response in the Philippines. With active and in many ways, volunteer involvement of various groups, including the POA, we are all hoping to respond to disasters better in the future.

For our part, the coordination with DOH HEMS is needed, possibly by following up the initial letter responded to by Dra. Banatin. Likewise, involvement of the POA through the established channels of the Philippine Medical Association (PMA) may also be explored. Teams organized by Chapters and by institution should be formed and prepared. An orthopaedic disaster preparedness module can be created, using the

existing curricula available abroad, and subsequently incorporated into training programs. Finally, attention should be given to logistical support, primarily to the availability of implants, either through private foundations, such as the SIGN nail, or from donations.

It was also suggested that the philortho e-groups be used to determine the specific needs of Chapters for disaster management preparedness. Such concerns can be made so that the POA can identify specific needs and therefore address these accordingly, if possible. *- FJF Dilyco*



We are urging all Fellows who are not yet members of the philortho e-group to please join via one simple step. Just send your email address to mikee@philortho.org signifying your intention. Hurry up and get the latest announcements on POA, orthopaedic meetings, conferences, and more! PLUS, be connected to everyone by posting your comments/messages on our e-group!

<https://groups.yahoo.com/neo/groups/philortho/info>

POA Intensifies Fellows' Benefits

Good News, everyone! The POA Board of Trustees (BOT) has allocated 20% of our annual revenue to various important activities which would benefit POA fellows.

After studying the average net income and annual profits of our Association over the past years and duly allocating enough funds for our annual operational expenses for the next three years, the BOT passed a resolution that set aside money to fund several activities for Fellows, including CME subsidies, Research funds, Disaster funds, and Fellows' Insurance Benefits. The CME fund will allow for a small subsidy for fellows who will attend conventions. The Research fund provides an initial support for fellows' researches while the Disaster funds will help POA Chapters in times of emergencies and natural disasters. The Fellows' Insurance Benefits, which takes the lion's share of 45% of the allocated 20% annual net income, assures insurance coverage for all POA fellows in good standing.

The POA Board recognizes the need to provide further support to POA Fellows who are in need of assistance during times of calamities, severe sickness and/or death. Because of this concern, our President, Dr. Edward Wang,

spearheaded the idea of an insurance program for all the active POA Fellows. The BOT supported and approved of it.

POA now has a Group Life Insurance Program under the insurance company, AXA Philippines. The Policy Effective Date was May 5, 2014, which was also the date of the contract signing for the insurance policy.

Included in this insurance program are Fellows 18 y/o but not more than 65 y/o on their eligibility dates and who are able to perform the activities of daily living or actively at work. He/she should be an active Fellow in good standing and is practicing in the Philippines.

Each eligible member shall be insured for an amount based on the Group yearly renewable term with death benefit of P100,000.00, and with the following benefit riders:

- a) Accidental Death and Dismemberment benefit of P100,000.00 (AD&D)
- b) Total/Permanent disability benefit of P100,000.00 (TPD)

Among other items, the insurance policy covers accidents while riding a vehicle or a motorcycle (included under AD&D), which means that death, disablement

or bodily injury due to accidents while riding as a passenger or operating as a driver is protected. Murder and unprovoked assault is 100% covered under AD&D.

For those who are 66 y/o to 70 y/o, their coverage is 50% of the total benefit of a fellow. A member shall have the right to designate anybody, not disqualified by law, as his beneficiary. If there is no beneficiary designated by the member or if there is no designated beneficiary surviving at the death of the member, the following persons are designated to receive the benefits, in the following order of preference:

1. Widow or widower;
2. Surviving children;
3. Surviving parents;
4. Surviving brothers and sisters;
5. Estate executor or administrator

The goal of these enhancements in our programs is to be more responsive and relevant to the needs of our Fellows. Yet the POA is not resting its laurels and is still looking into several other options that could further improve the POA Fellows' Benefits. Rest assured that the POA Board of Trustees will continually work for more programs that will support our POA Fellows in the future!

- *VC Cabling*



PhilHealth Revisits RUVs for Orthopaedic Procedures

The last time our RVS was updated was decades ago. A lot has changed since then of how we treat our patients and on the various orthopaedic procedures that we do. Percutaneous, minimally invasive, imaging and arthroscopy-guided procedures are just some of those that have become popular over the years, if not the standards of treatment in our field. These are technically demanding surgeries that require special training and skills, and as such should be valued accordingly. On the other hand, there are a number of listed procedures in the current RVS that may not be applicable,

relevant or proven effective at present time. These underscore the need to adapt the scale to the current changes in medical and surgical technology.

Having brought the matter to their attention, the Philippine Health Insurance Corporation (PHIC) conducted a workshop to re-evaluate the Orthopaedic RVS and its corresponding RUVs last April 28-30 at the Sequoia Hotel in Quezon City. Surgeons from the Philippine College of Surgeons (PCS), the Philippine Orthopaedic Association (POA), and the Philippine Orthopaedic

Center (POC) were invited and participated in the workshop. This was the first of a series of consultations between PHIC and the different orthopaedic institutions and their subspecialty societies that aims to continuously improve the scale system in order to continuously meet the needs of the Filipino patients.

After two days of discussions, a mechanism was devised that would guide the PHIC in setting the appropriate RUVs for each orthopaedic procedure. Among

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POC Alumni Hold Post-Graduate Course

The annual post graduate course of the Philippine Orthopaedic Center (POC) Alumni Association was held on February 8, 2014.

Graduates of the POC in orthopaedics, anesthesia, and rehabilitation medicine returned to the POC on this special occasion for new knowledge and renewing of old ties.

This year's theme was "What's New in Tendon Repair?" The first part of the event included lectures on diagnosis, principles of treatment, surgical technique, and post-op care. The second part or sessions included video demonstrations of tendon repair and actual hands-on practical exercises on cadaver and/or bovine models by participants for the following tendons: quadriceps tendon, patellar tendon, tendon of Achilles, and flexor tendon of the hand.

Organizers of the event said it was the first of its kind in the POC where all participants were doing the practical exercises simultaneously and with table instructors supervising the activities. Graduates from Luzon, Visayas, and Mindanao came to participate. The course was opened to POC residents and rotators and a total of 154 graduates and residents registered in the course.

- NB Carilo



POC Alumni strengthen knowledge and ties during their annual post graduate course. Photos taken at POC Auditorium and Conference Rooms.



Philhealth Revisits ...

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other important factors, the mechanism looked at the procedure time (i.e., < 30 minutes, 30 minutes to < 2 hours, 2 hours to < 5 hours, > 5 hours, etc.), the type of anesthesia (i.e., none, local, regional, general), and the instrumentation needed (none, basic, specialized, imaging/arthroscopy) in performing the surgery. Corresponding points were assigned for each category and the total score was matched to a scale of RUVs.

Compared to the prevailing rate, a significant increase in RUVs were noted in the new proposed mechanism.

Subsequent workshop and meetings in the future could further yield improvements

and finally lead to a more reasonable and appropriate scale system.

Though the result of the workshop remains a proposal at present and will have to be approved by the government agencies concerned, the stakeholders are hopeful that revisions will be enacted in time. What matters now is that the PHIC has become aware of the urgency of this endeavor and has given its assurance of support to revisit and work on the RUVs and RVS. More importantly is that we at POA remain at the forefront of this important development in our field. Here's to hoping that we get a more reasonable compensation, and that it gets implemented soon. Abangan!

- DL Alagar

Submission of articles for the next OrthoBalita (publication date is on December 2014) is now open!

Send your articles and photos with captions to mikee@philortho.org



UST Celebrates Orthopaedics Week

The Department of Orthopaedics of the University of Santo Tomas Hospital has recently concluded their "Orthopaedics Week" last May 5–11, 2014 in celebration of their eighth year as a Department.

The activities lined up for the week included free clinics/out-patient consults, lay-fora, live surgeries with free implants and anchors, which was concluded by a microvascular workshop attended by consultants and residents. The week-long celebration coincided with the Department's quarterly "Visiting Surgeons Program" with orthopaedic consultants from Vietnam and Indonesia who were observing in arthroscopic shoulder surgeries, Anatomic ACL Reconstruction and participating in Dry Laboratory exercises for shoulder arthroscopy.

To kick-off the celebration, Dr. Carmelo L. Braganza gave a short lecture on Sports Injuries to a lay audience that included students, out-patient department patients and residents. This ushered in a series of Lay Fora that included the following: "Common Hand Problems" and "Osteoarthritis" by Dr. John Hubert Pua and Dr. Charles C. Villamin, respectively. Dr. Alberto Ma V. Molano (Director, USTH OLC & Department Chairman) and Dr. Raymond Y. Nuñez conducted a Dry Laboratory Skills Lab on Shoulder Arthroscopy for the visiting ASEAN surgeons plus a live interactive surgical demonstration on Anatomic ACL

Reconstruction and Arthroscopic Bankart & SLAP Repair. The arthroscopy series was concluded by a lecture on the "Scientific Approach to Postoperative Shoulder Rehabilitation" by Dr. Christopher Jordan (OKC, USA).

On the final leg of the celebration, Dr. Nelson T. Lim, (President of AHSP) spearheaded a two-day "Basic Microvascular Anastomosis Workshop," in cooperation with the Association of Hand Surgeons of the Philippines. This was attended by our colleagues from Vicente Sotto Memorial Medical Center in Cebu.

All in all, the success of the Orthopaedics Week for UST did not only provide learning for its staff and residents but also a great amount of aid to the indigent patients of the Hospital's Clinical Division. Events as such, fostered by the Philippine Orthopaedic Association (POA) and the various training institutions bring



Above: Dr. Christopher Jordan (OKC, USA) during his free out-patient clinic for shoulder, hip, knee and neuromuscular conditions. Below Dr. John Hubert Pua during his Lay-Forum on Common Hand Pathologies and Conditions at the University of Santo Tomas Hospital, Orthopaedic Learning Center with close to 40 lay attendees.

Orthopaedics in the forefront of surgical excellence and patient care in our country.
- JJC Munji



Dr. Nelson T. Lim, AHSP President, trains the residents on Microvascular Vessel Anastomosis on a Murine Model

“Ortho RoCKs”

A Comprehensive Review Course for the Orthoped

The Department of Orthopaedics of the UP-PGH held a first-of-its-kind post-graduate review course, “Ortho RoCKs” (Orthopaedic Review of Core Knowledge) June 20-21, 2014 at the Crowne Plaza Manila Galleria in Ortigas Center. The two-day program assembled a comprehensive set of lectures, including Basic Orthopaedic Science, Hand and Reconstructive Microsurgery, Upper Extremity Trauma, Lower Extremity Trauma, Adult Orthopaedics, Pediatric Orthopaedics, Musculoskeletal Tumors, Sports Medicine, Spine, and Arthroplasty. These topics, put together by the Scientific Program Committee headed by Dr. Tammy de la Rosa, also Training Officer at the PGH, were aimed at strengthening the core knowledge of residents, fellows, and practicing orthopaedic surgeons. The 37 faculty were composed of members of the consultant staff as well as alumni of the Department.

On both days, the lecture hall at the Crowne Plaza was full. According to Course Directors Dr. Carlo Emmanuel Sumpaico and Dr. Dave Dizon, there were a total of 205 attendees, 153 residents and 52 consultants, and all training institutions were represented. Sessions were scheduled from 8am - 5pm, the steady stream of lectures interrupted only by short Q&A portions, lunch and merienda breaks, and best of all, raffle draws for 2 iPads

(both of which were won by lucky residents from the AFP Hospital).

The course was well received; already a similar course is planned for June of 2015. This 2nd course will incorporate the suggestions forwarded by attendees in their evaluation forms, submitted at the end of each day.

According to Department Chair Dr. Edward Wang, “Ortho RoCKs” is envisioned to be one of the regular programs of the department, the objective of which is to enhance continuing medical

education not only of orthopaedic residents and fresh graduates reviewing for the in-training and diplomate examinations but also of established orthopaedic surgeons who want to keep abreast of new developments in our field of practice.

ORTHOPEDICS
A Review Of Core Knowledge

Adult Orthopedics | Arthroplasty | Basic Sciences
Hand and Microsurgery | Upper and Lower Extremity Trauma
Musculoskeletal Tumors | Pediatric Orthopedics
Spine | Sports Medicine

The Crowne Plaza Manila Galleria | Ortigas Avenue
20 & 21 June 2014



Participants in attendance and agreement: Ortho RoCKs!

POA CEV Chapter 2014

The POA Central-Eastern Visayas chapter entered the year 2014 with a bold new attitude with the election of what can be described as THE YOUNG AND THE RESTLESS. Heading the cast of the “Barely Forty” set of officers is Dr. Phillippe Baclig (President), a truly “home-grown” Cebuano orthoped who completed his training in Vicente Sotto Memorial Medical Center. Phillippe or Apple (pronounced “APOL” . . . in Bisaya), as he is affectionately called, has bravely accepted the mandate, made more challenging with this year’s Annual Convention, which for the first time will be held out of Imperial Manila and will happen in Cebu.

Rounding up “the young and the restless” are, the straight-shooting Vice-President, Dr. Jesse James Exaltacion; the converted Cebuano, Dr. Jeff Arbatin as Treasurer; the soft-spoken PRO, Dr. Migs Go; and, the “still barely forty-ish” secretary, Dr. Wilson de la Calzada.

After an oath-taking ceremony last January 24, lead by the POA National Vice-President, Dr. Virginia Cabling, “the restless” buckled down to work immediately in a Strategic Planning session with the equally restless, Dr. Judith Akol, the chapter’s acknowledged “Presidentita Emeritus”. Dr. Judith Akol, with the “Unli” supply of ideas,

connections and stories to tell, has been instrumental in the chapters continued vigor and energy.

From this Strategic planning, the calendar has been stacked with monthly meetings to be held every last Friday of the month. To spice these meetings, the officers have decided to do away with the traditional “journal reporting” and instead go with the “CROSSFIRE” format. Already, the past two meetings (“Femoral Neck Fractures in the Young: Fix or Replace” last February and “Clavicular Fractures: Why Fix, Why Not?” last March) have been met with keen interest and enthusiastic attendance by both fellows and residents.

In keeping with National Officers’ thrust of “reaching out”, POA-CEV has likewise brought the POA back to the fellows in the provinces, with a first meeting held in the neighboring city of Tagbilaran in Bohol. A simple but heartwarming outreach program of gift-giving to the children of the Trinity’s Angels Care Home, an orphanage in the town of Albuquerque followed by a visit to the areas devastated by last years’ Magnitude 7.8 earthquake in the town of Loon.

The entourage then shuttled back to Tagbilaran for the “Crossfire” session on “Clavicular Fractures: Why Fix? Why Not?” This was followed by a motivational talk by “surprise speaker” Coach

Chot Reyes of the Gilas Pilipinas national basketball team. Coach Chot inspired the body with a mesmerizing speech on TEAMWORK, drawing references from their experiences in video clips from the FIBA-Asia Championship.

The Bohol visit was concluded with a chill-out session of fresh buko and kaimito at the world-class beach resort of Dr. Mondragon, “Bufo’s Hideaway.” It is a new, up and coming (opening to the public July 2014), must-visit hideaway resort and convention center rising in the earthquake-devastated town of Loon, Bohol that personifies Bohol’s “never-say-die” Dagohoy legacy. Next up is the Yolanda-ravaged city of Ormoc in June, with Dr. Jaime “Bufo” Gatchalian.

Further ahead is the Joint meeting of 65th POA Annual, 34th ASEAN Orthopaedic Association, 8th Academic Congress of Asian Shoulder Association, 8th ASEAN Arthroplasty Association, and 2nd ASEAN Society for Sports Medicine and Arthroscopy Conventions in November at the Radisson Blu Hotel. This being an international meeting, the National Officers shall be taking the lead with the POA-CEV providing local support. Preliminary meetings have already assigned local CEV representatives to the different working committees. Yes, the task is daunting to say the least, but the National Officers could not have chosen a better place for such an event. So, prep that “Bikini Body” for the beaches and be ready to lose it to the famous “Lechon Cebu” (Anthony Boudain’s Best Pig in the World). See you all in Cebu!

- W Dela Calzada



POA-CEV with the children of Holy Trinity's Care Home



POA-CEV chillin' out in Bufo's Hideaway in Loon, Bohol



POA-CEV with Coach Chot Reyes of Gilas Pilipinas

SPMC Orthopedic Response Team

Around the globe in recent years, there has been an increase in incidence of disasters, both natural and man-made. A natural disaster is a major adverse event resulting from the inherent processes the Earth undergoes including floods, volcanic eruptions, earthquakes, tsunamis, and other geologic movements. A good way to define man-made disasters is when the catastrophes result from human intent, negligence, or error. Oil spills, war, terrorism are some examples. Natural or man-made, the results of disasters are usually wide scale destruction and high cost to properties, the ecosystem, and human lives.

The Philippines' geographical location, situated in western Pacific Ocean and on the fringes of Pacific Ring of Fire that is close to the equator, makes it prone to earthquakes and typhoons. It sits right on a typhoon belt, resulting to most of the islands having torrential rains at an average of 19 typhoons each year.

Meanwhile, as we are a country with varied religions and cultures, differing political and social outlooks, conflicts and unrest in some parts of the country is a reality.

SPMC Department of Orthopaedics

The Southern Philippines Medical Center (SPMC) is a tertiary government hospital located in Davao City. It has a capacity of 1,300 beds and is the endpoint of referrals for Mindanao. It is also a center for residency training of various medical fields.

The Department of Orthopaedics of SPMC was established in 1990 and is presently with full accreditation from the Philippine Board of Orthopaedics.

The increasing events of natural calamities and man-made disasters in the past two years that resulted not only to the disruption of lives and destruction of properties but to the loss of many lives amongst Filipinos has inspired our Department to heed the call for humanitarian action. With the active participation of both consultants and residents, the Department created a response team that can act and mobilize immediately in times of disaster.

Typhon Pablo (Bopha)

On December 3, 2012, typhoon Pablo made landfall on several provinces in Mindanao with winds of 280 km/hr. Considered as the strongest tropical typhoon to ever hit the Southern Philippines, it resulted to widespread destruction of crops, live stocks, and properties and claimed more than 800 lives.

The center of destruction, the town of Baganga, is roughly five hours from Davao City. However, as the road networks were not passable, with bridges washed away and roads destroyed or blocked by fallen trees and debris, victims started to arrive in our institution two days after.

As we were faced with the steady influx of victims, with the hospital filled beyond capacity, we had our hands full and our resources strained. Upon learning

that more victims are to be ferried by boat to the nearest city (Mati City in Davao Oriental) from the center of destruction (Town of Baganga), we sprang into action and formed an Emergency Response Team composed of SIGN surgeons, namely, Dr. Hilario Diaz, our SIGN Program Manager, and Dr. Rex Peñaranda, voluntary consultant, and hereon spearheaded the creation of the 1st SPMC Orthopaedic Response Team. The team,

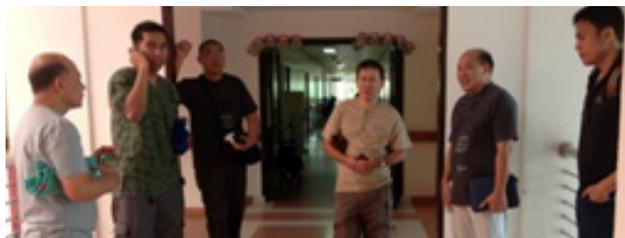
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The 1st SPMC Orthopaedic Response Team. From Left to Right: Drs. Richie Sorilla, Dan Bagarra, Rex Peñaranda, Hilario Diaz, Carlito Valera and Edwin Garcia (Anaesthesiologist)



Drs. Diaz and Peñaranda take the lead on the coordination with the PHO



Drs. Diaz, Peñaranda, Bagarra, Garcia, Valera and Sabal at pre-op planning



Drs. Bagarra & Sorilla are shown in photos doing percutaneous pinning and close reduction at the Xray Room

SPMC Orthopedic...

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composed of four consultants and two residents, headed to Mati, Davao Oriental on board two vehicles carrying along SIGN IM Nails, various plates, external fixators, instrumentations and other orthopaedic material, as well as provisions and tents for the team.

The team coordinated with the Provincial Health Officer and performed Orthopaedic management and surgeries at Mati Provincial Hospital. Fifteen patients were treated while others were initially managed and referred to either Davao Regional Hospital in Tagum City and Southern Philippines Medical Center in Davao City for the definitive treatment. Two other residents from SPMC were sent to Davao Regional Hospital to augment their Orthopaedic team in performing SIGN IM Nailing. At the end of the month, there were 72 patients that were treated at SPMC. Eighteen patients were managed with SIGN nailing while 12 patients were operated for posterior instrumentation of the spine. All these patients received free implants and hospital bills were covered by the Department of Social Welfare and Development (DSWD) and Department of Health (DOH).

Zamboanga City Siege

On September 9, 2013, an armed clash erupted in Zamboanga City between the Armed Forces of the Philippines and a faction of Moro National Liberation Front resulting to over 100,000 civilian displacements, millions of pesos of damage to properties and hundreds of deaths and injuries among MNLF fighters, soldiers and civilians.

Upon the request of the DOH, two senior Orthopaedic Residents, Dr. Richie Sorilla

and Dr. Allan Herrera, were sent along with other Surgery residents from SPMC and DRH to set up a mobile surgical clinic in a makeshift hospital in Zamboanga to cater to the need of overflowing surgical cases.

The team brought with them implants, instrumentation/equipment, and orthopaedic materials. Six patients were operated including three civilians and three MNLF fighters. Nine other civilians were also treated.

Typhoon Haiyan (Yolanda)

The strongest and most powerful tropical cyclone that has ever been recorded with a wind of 315 km/h made landfall on Tacloban City, Philippines on December 8, 2013. The typhoon, locally known as "Yolanda," caused catastrophic destruction in the Visayan Region and wiped out almost the entire Leyte. The devastation claimed approximately 8,000 lives, with 1,000 still missing. It also resulted to 30,000 injuries and 40 billion pesos of damage to properties, making it the worst disaster that ever hit the Filipino people.

The effect was magnified to a greater extent as the Philippine government and the people were barely recovering from two previous disasters that occurred barely three weeks prior, the Zamboanga Siege and the intensity 8 earthquake that struck Bohol and surrounding areas in the Visayas. The latter was said to be the deadliest quake to hit the Philippines in 23 years, and has an

estimated death toll of 200, around 900 injuries and 71,900 residential houses destroyed.

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The DRH-SPMC Surgical Team



The WMSU Gymnasium transforms into a temporary hospital after the clash



OR is in OT: Drs. Herrera and Sorilla perform surgery in Operating Tent



The remains of Tacloban after Yolanda; fallen trees, electric posts, car and debris

SPMC Orthopedic... *Continued from Page 12*

The SPMC Orthopaedic Response Team was quickly sent to Tacloban City on the third day after Yolanda made landfall. The team, headed by Dr. Hilario M. Diaz, was composed of Dr. Jeremiah R. Morales, Dr. Kristopher E. Tolosa, Dr. Allan Rodolfo P. Herrera and Dr. Richie A. Sorilla. The Tacloban response was in partnership with Philippine Orthopaedic Association-South Mindanao Chapter. The team travelled on short notice by van from Davao City to Tacloban City. Armed with implants provided by SIGN (SIGN Nails, External Fixators, plates and screws) and loaded with provisions, the team was rapidly deployed to areas where its services were needed.

The team was the first to perform surgical fixation in the whole province of Leyte, including SIGN IM Nailing, Application of External Fixator, Screw fixations using SIGN Screws and spine posterior instrumentation. After a month of stay in a makeshift hospital, the team performed over 60 surgeries including six SIGN IM Nailing, two ORIF-CHS fixation, two CR-Screw fixation using SIGN screws, eight application external fixators (tibia, femur or radius), several debridement and amputations and one posterior decompression and posterior instrumentation of Thoracolumbar Spine.

The generosity of SIGN to our Department motivated us to help and provide our services in times of disaster. It inspired us to carry out SIGN's goal that is equality in fracture care, in good times or bad times.

The small contributions we made to our patients and brethren in the area stricken by either calamity or conflict made us

realize that by sharing our services and SIGN donations available to them will not only help them return to normal functions and reunite with their families but more importantly gave them hope. Hope transcends them to survive and rise up again after the disasters.

At the end of the day, in the midst of disaster, the SPMC Orthopaedic Response Team is ready and committed to take actions to be beacons of hope.

- RA Sorilla



"Yolanda Splint"



Drs. Diaz and Herrera performs SIGN IM Nailing of Femur



The SPMC Emergency Response Team. From Left to Right: Drs. Diaz, Morales, Tolosa, Sorilla and Herrera

Sulong South Luzon

I have only been a member of the South Luzon Chapter of the Philippine Orthopaedic Association since 2009. It was a time when the chapter was preparing to host the POA Midyear Conference the following year, and the chapter was understandably busy. Other than the quarterly meetings, which were the staple for which the chapter regularly

met, there were also committee meetings and execom meetings that I attended. And as a newbie, I tried to involve myself in the chapter by joining the Midyear Steering committee. I was assigned to the tedious task of documentation of the midyear (a.k.a. un-OFFICIAL photographer of the chapter). I was glad to have been assigned this task because it was something I

enjoyed doing. It also meant that I would be present in all the activities and functions of the conference.

Five years later, I feel so at home with the chapter. My involvement in the organization paid off and now, I can say, that the chapter has become a significant part of my life. I still consider myself a "green apple" though, especially when I sit next to our founding officers during fellowship or when we exchange knowledge and experiences during scientific fora. But even with my short stint as a member, and presently an officer of the chapter, I have seen our group grow, not only in membership but also in the activities that we organize. Even our (pardon the term) elders are ecstatic



From L to R: Dr. Edward Wang (POA President), Dr. Jun Celera (President), Dr. Jun Faller (VP), Dr. Lendell Gatchalian (Sec), Dr. Jack Pandanan (Treas), Dr. Bogie Anatalio (PRO), Dr. Tony Toquilar (Trustee), Dr. Jun Tenorio (Trustee), Dr. Jency Ong (Ex Officio) & Dr. Bong Guloy (Adviser)

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Sulong... *Continued from Page 13*

and have said that the chapter is moving forward and at an incredible rate. This year alone, the chapter held its induction ball for new officers and members on its first quarter meeting of the year. It was held at Crimson Hotel, the newest hotel in Alabang, Muntinlupa on January 25, 2014. Attendees were dressed up in their best suit-something that hasn't been done in the chapter. The new set of officers was inducted by none other than the present POA President, Dr. Edward Wang. Our inspirational speaker of the evening was Gilas Pilipinas Basketball Team Coach Chot Reyes, who spoke about a very timely topic, which is teamwork. The event was a preview of what was to come for the chapter-something new and exciting, of course!

The second chapter meeting of the year was another milestone for the POA-South Luzon Chapter. After the cancellation of the POA Midyear convention for the year, the chapter decided to hold its own mini-midyear. It was held in the city of Dumaguete, where our very own Dr. Mark Macias is Provincial Vice Governor. Eighty seven delegates, consisting of 35 fellows and their families, were welcomed by the gentle people of Negros Oriental. Besides the scientific lectures on pain management and osteoporosis, the fellows were also treated to the delights that the province offers.



POA-South Luzon members with the Vice Governor of Negros Oriental



Gentle Encounters: The delegates of the POA-South Luzon Chapter and the people of Dumaguete during the chapter's mini-midyear convention

In return, the chapter members, along with the spouses and children who came, helped in planting mangrove seedlings as part of the chapter's socio-civic responsibility and environmental advocacy.

Even after all these excitements, I know that there is much to look forward to in the future. The founding members' hard work had paid off for the chapter has grown leaps and bounds since its humble beginnings yet the camaraderie and unity remains as strong as ever. So onward we go. Sulong, South Luzon!

- LJZ Gatchalian

AOA STF 2014

It was the turn of the Philippines to be visited by the 2014 ASEAN Orthopaedic Association (AOA) Senior Travelling Fellowship (STF) last July 21-24.

For four days, Dr. Kittirattanasakulchai from Thailand, Dr. David Chua from Singapore, Dr. Daw Nwet from Myanmar, and our very own fellow Dr Lynn Sarah Agdeppa from Cotabato made the rounds of various activities for the Philippine leg of their fellowship.

Interested to be the next AOA Senior Travelling Fellow? Apply Now



AOA STF Visit to UP-PGH (above) and AFPMC (below)



G. Pasion in a dinner at the "Blackboard" restaurant in the Podium mall. The travelling fellows visited the Philippine Orthopaedic Center (POC), AFP Medical Center, and UP-Philippine

General Hospital (UP-PGH), where they presented their experiences and participated in lively discussions with the

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Our AOA-Yangon Outreach Program

When I (Janis) first heard about the AOA Yangon Outreach Program, I already got interested in volunteering. I thought I would be hitting two birds with one stone if I did it. The reason is because if I volunteer, first, I will be able to contribute to the knowledge of Orthopaedic Surgeons there; and second, I have a friend who is based in Yangon and I have always wanted to visit him and go sightseeing in Myanmar.

On the other hand, I was a bit skeptic because I wasn't so sure if I will be of valuable help if ever indeed I volunteer. I wasn't sure of what they needed, and I was not that confident of lecturing to foreign doctors. Somehow I am thinking, "What if they think I am too young and inexperienced to teach them? What if they do not understand me?" So I didn't volunteer, or so I thought-Little did I know that somebody volunteered for me for the program.

Dr. Enrique "Rich" Pasion told the Philippine Orthopaedic Society for Sports Medicine President, Dr. Benedict Valdecañas, that I was interested. I then received an SMS message from Dr. Valdecañas and then I found myself emailing him my curriculum vitae and photograph. I didn't hear from anybody from the AOA for several weeks, hence I thought I wasn't going to be part of it anymore until I received an e-mail from Dr. Peter Lee with the AOA Yangon - then I panicked. I had to do two lectures in less than two weeks. Plus, finish my scheduled surgeries, do clinic consults, squeeze and reschedule my patients who have booked an appointment with me that would fall on the schedule of the outreach program, book my flight and pack my stuff. Those two weeks felt just like two days instead. But I didn't regret going.

AOA STF 2014

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hospitals' orthopaedic departments and faculty. To further enrich their Philippine experience, and characteristic of the Filipino hospitality, the travelling fellows were treated to some sightseeing of famous tourist spots around Manila, given a taste of some local delicacies, and do some shopping.

- PB Bernardo

Dr. Raymond Nuñez on the other hand, was requested by Dr. Edward Wang (POA President) and Dr. Alberto Molano (PShS President) to go to the AOA Yangon Outreach Program.

Upon arriving in Yangon, we went right through Immigration. "Right through" meaning we were not asked ANY questions at all. We basically breezed through immigration. We cannot tell you how happy we were to see a placard saying "Dr. Raymond Nuñez." Then I thought, "Hey, how come my name is not on a placard?" So I told the guys picking Raymond up "I don't care if you guys didn't expect me but I am coming with you."

It was Dr. Myo Myint Tun and a Senior Resident (whose name slipped our mind) who came to pick us up. I asked the resident if they knew I was coming, he said they weren't sure if I was. I am pretty sure I received an e-mail from Dr. Lee saying he will forward my flight itinerary to Prof. Myint Thaug, but I guess his e-mail got lost. We were then brought to the newly renovated Park Royal Hotel, which was a very nice and comfortable. We were treated to a scrumptious dinner at Si Chuan Dou Hua Restaurant by our host Prof. Myint Thaug, MD and Dr. Peter Lee, Chairman of the AOA Outreach Committee and were also introduced to the other invited guests, Dr. Jirantanin Rattanavarinchai from Thailand and Dr. Sapto Adji Hardjosworo from Indonesia.

Day 2 started late. The speakers

met unintentionally during breakfast then picked up and brought to the Defense Service Orthopaedic Hospital (DSOH), the program venue. The DSOH is a Military Hospital treating mainly orthopaedic cases.

We will have to admit this is the first program, which we attended, that started past 9:00. We believe the reason is because their work hours are from 9:00 am - 4:00 pm. We were greeted by our host Prof. Myint Thaug and Major Soe Min, MD who introduced all of us to the hospital staff young Orthopaedic colleagues as well. We had lectures in the morning and one surgery and case discussions in the afternoon. The attendees were the residents and Senior and Junior Consultants of the DSOH and the other hospitals in Yangon. The lectures were very informative and easy to comprehend. I salute Dr. Lie because at the last minute he had to give the lectures, which were supposedly to be given by a Malaysian Surgeon, who apparently was not granted a Visa. Not only did Dr. Lie give the lectures at the last minute, but also, he delivered the lectures well! The only drawback for Day 2 was the surgery performed by Dr. Jirantanin did not have live feed. It would have been better if the

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Drs. De Vera and Nuñez participate in an enriching experience with colleagues from Myanmar and AOA during the AOA-Yangon Outreach Program

34th Year of the ASEAN OA

The AOA turns 34 this year! From the original five member countries in 1981 namely Indonesia, Malaysia, Philippines, Singapore and Thailand, duly represented by their respective national orthopaedic associations, the AOA has eight members now. Vietnam joined AOA in 2006, Myanmar in 2011, and Brunei in 2013. All members of their country associations are considered individual members of the AOA. Hence all POA Fellows are AOA members and can avail of special benefits and privileges such as applying for Traveling Fellowships (TF), reduced attendance to AOA Annual Congresses, and subscriptions to the ASEAN Journal of Orthopaedics, among others.

The AOA offers TFs every year participated in by a Fellow from each AOA member countries in the following activities:

1. AOA Junior TF (started 1983), is a five week travelling fellowship where they visit orthopaedic centers in all the eight member countries. They are expected to present a lecture or research paper during these visits. This TF ends at the ASEAN OA annual meeting for the year. Cebu will be the pitstop where the AOA Annual Congress will be hosted by POA this year.

2. AOA Senior TF (started 1986), are attended by senior orthopaedic surgeons from all of the eight member nations who travel together for two weeks with the objective of sharing orthopaedic training and learning. The TFs present a scholarly lecture on their research papers in all the countries they visit, among other activities.

3. AOA-AOA TF to America (USA) happens every two years on even numbered years. Fellows from all AOA countries visit orthopaedic centers in the USA for three weeks and ends at the American Orthopaedic Association (AOA) annual congress for that year. TFs must have at least three research papers to present during the Travelling Fellowship.



Picture shows the AOA Executive Council during the AOA Council meeting held in Jakarta, Indonesia, Nov. 2013. 1st Row (L-R): Prof. Myint Thaug (Myanmar Pres.), Dr. Adrien Quidlat (POA Pres. 2013), Prof. Lewy Pasion (AOA Secretary General), Dr. Dohar Tobing (AOA Pres. 2013), Dr. Faris Kamaruddin (AOA Pres. 2014), Prof. Saw Aik (AOA Journal Editor), Dr. Lia Marlina (IOA), & Prof. Ed Wang (POA Pres. 2014). The back row includes the rest of the Council, from Thailand, Brunei, Malaysia, Singapore & Indonesia.



The Indonesian Ladies of the Indonesian Orthopaedic Association (IOA) pose for posterity at the IOA/AOA Congress in Jakarta, Nov. 2013. They are the wives of the past IOA Presidents and the current IOA officers. They are the most active Ladies group in the AOA, who always provide a Ladies Social & Cultural Program during IOA conventions. Shown also in the photo are Mrs. Elizabeth Pasion & Dra. Angga Quidlat (9th & 10th from left on the last row). Seated in the first row (1st and 4th from left) are the widows of Prof. Hilmy and Prof. Soelarto, founding directors of AOA from Indonesia.

4. AOA TF to Australia & New Zealand started in 2012. Only three TFs from among the AOA countries are sent every two years (even numbered years) for this fellowship. They normally come from the AOA countries who have previously hosted Australian (2) and NZ TTF (1) the previous year (odd numbered years). The TFs spend at least 10 days in Australia, ending during the Australian OA Annual Scientific meeting. They then proceed to New Zealand for about 4-5 days to coincide with the NZOA Annual Congress.

Apart from the travelling fellowships, the AOA has also embarked on an AOA outreach program. This was started in 2011 chaired and coordinated by Dr. Peter Lee (SOA). Volunteer orthopaedic surgeons from the AOA members join together as a group to give lectures, workshops, and live surgeries in different selected sites in the ASEAN region. There are at least 3-4 Outreach Projects per year. We had one in Davao in 2013, where the theme was on AO Trauma & Fracture Fixation.

34th Year...

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The AOA Committee on Orthopaedic Education/Training was started in 2013. It is chaired by Prof. Lee Eng Hin (SOA). It will address the need for integration and unification of orthopaedic training program in the ASEAN. It will also open avenues for offering of Fellowship Training in the different subspecialties by the AOA member institutions. This will uplift the standard of Orthopaedics in the ASEAN. The AOA Annual Meeting rotates among the member countries, usually in alphabetical sequence. This year, the AOA's 34th., it is the POA who will host it in Cebu from Nov. 25-29.

On behalf of the AOA, I would like to enjoin everybody to participate in this year's Annual Congress. I would like to congratulate the POA Organizing Committee, headed by Dr. Virginia Cabling, and of course the Honorary Chair, Dr. Edward HM Wang, and the rest of the hardworking POA Board of Trustees for all the effort they have extended to make this Annual Congress a success. Mabuhay! - EG Pasion

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Our AOA-Yangon...

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participants were given the opportunity to watch the surgery done as they will be able to learn from this. After the lectures, we were again given time to rest then we had dinner in Pandomar Restaurant which served traditional Burmese Cuisine. Again, the food was exquisite!

Day 3 started a bit early. We had breakfast and were brought to Shwedagon Pagoda. After visiting the Pagoda, we were then brought to The Strand and Hotel Savoy for coffee then back to DSOH for the program proper. When we arrived a little after 9:00, Dr. Lie was just starting his Arthroscopic Subacromial Decompression. After lunch, we had to do the Arthroscopic ACL Reconstruction. The operating room team already set the patient up by the time I went inside to scrub. I then donned my sterile gown and gloves and proceeded with the surgery. I am thankful that Dr. Sapto Adji Hardjosworo and Dr. Denny Lie helped me with the procedure. That night, they brought us to have dinner and watch the Traditional

Cultural Variety Show in Kandawgyi Palace. Once more, the food was exceptional! Everything we tried tasted good! The show was also nice. It gave us a background of the different eras in Myanmar. Over all, it was an enlightening experience for us. Our hosts Prof Myint Thuang, MD and Dr. Peter Lee expressed their heartfelt appreciation for the success of the outreach program and vowed to hold more of it to enable the transfer of technology to our less-developed neighbors.

We must say, it was a fun and different experience! The people who came for the program from Singapore, Thailand and Indonesia were very easy to deal with and are all very nice and friendly. We felt comfortable around all of them. We are also glad to be able to share our knowledge to the Orthopaedic Surgeons in Yangon. We sincerely hope that they learned from our short program there. We believe we should do more programs like this in Yangon. We believe the Surgeons and the hospital staff there need more exposure to Sports and



Arthroscopy. cases. We can give them more Instructional Course Lectures, and probably do hands-on saw bone or cadaveric workshops. There is still a lot to do but hopefully the next programs to be held there will be a lot better, and the Yangon Surgeons and the hospital staff will benefit more. We will definitely volunteer again for such programs in the future. We believe such programs will benefit many Orthopaedic Surgeons and patients from different nations. This is also our chance to interact with Surgeons from different ASEAN countries, develop camaraderie and start lasting friendships.

- RY Nuñez/JA Espino-de Vera

What's Old and New in My World of Orthopaedics

Every year, during the Annual Convention, we pay tribute to the founder and first president of the Philippine Orthopaedic Association, Dr. Jose V. Delos Santos. From what I heard and read, the achievements of this man are remarkable and his contribution to Philippine Orthopaedics and the association are invaluable.

Totong, as fondly called at home, graduated from the UP College of Medicine in 1925 and took up orthopaedic residency training at John Hopkins Hospital in Baltimore, MD, and additional postgraduate studies in Dresden, Germany. His outstanding research work on "Aseptic Hip Necrosis" was incorporated in the standard textbook of orthopaedics.

Back in the Philippines, he was assigned as Chief of the UP Infirmary in 1935 and after the liberation of Manila in World War 2, he was designated chief orthopaedic surgeon of PICAU I in 1945, later renamed Mandaluyong Emergency Hospital, the forerunner of the NOH, to handle civilian war casualties. He worked tirelessly with a few young surgeons who dedicated themselves to the practice of orthopaedic surgery. He was appointed the first director of the NOH in 1947 and he was elected the first president of the Philippine Society for Trauma and Orthopaedics in 1949, renamed POA later.

J.V. as he was known in the orthopaedic community ventured in hospital business and had a very successful private practice, but he never stopped visiting the NOH. I remember having assisted him perform arteriography on several occasions as part of his research work on bone tumors, and I always listened to his words of wisdom during conferences. Dr. J.V. Delos Santos the pioneering Filipino orthopaedic surgeon is gone, but his legacy lives on.

Remembering Dr. Delos Santos today is something special because some of his close relatives are around to witness the ceremony. Your presence has made the affair very meaningful and very significant indeed. Let us please welcome them with a warm applause.

Before I proceed, allow me also to acknowledge the presence of Dr. Francisco N. Aguilar, the last surviving member of the first generation of Filipino orthopaedic surgeons.

Today, it is my distinct honor and privilege to deliver the Jose V. Delos Santos Memorial Lecture. I am grateful to the Board of Trustees, in particular to the president, Dr. Adrien Quidlat, for giving me this opportunity.

I have chosen "What's Old and New in My World of Orthopaedics" as the subject of my lecture to share with you my observations in the development of Philippine Orthopaedics and how it has influenced patient care.

Orthopaedics started as a distinct surgical specialty when the National Orthopaedic Hospital (initially named PICAU in 1945, renamed MEH after a few months and now called POC) was established in 1947 but its recognition was limited to the confines of this specialty hospital. Elsewhere in the country, orthopaedics was merely part or at most a section of surgery until 1971 when the UP-Philippine General Hospital created a department of orthopaedics. By this time, graduates of the NOH were encouraged to spread out and join other medical institutions that formed their separate orthopaedic department or service. Today, we are in the era of subspecialization.

The development went beyond our shores. In the international field, we have established contact with many countries and various orthopaedic organizations and made major contributions as well. The Western Pacific Orthopaedic Association (now APOA) was founded in 1962 with Gen. B. Valdez and Dr. C. Jocson as original incorporators and officers. The ASEAN orthopaedic Association was born in 1981 with Dr. J.M. Pujalte as the founding president. Currently, Dr. E. Pasion is the AOA Secretary General.

I graduated from medicine in 1963 and I don't regret being an orthopaedic surgeon as I have enjoyed the luxury of practicing my specialty for a long time. I still do.

I first heard of orthopaedics in medical school but I thought of it as carpentry work and not attractive at all. My first encounter with orthopaedics was in 1965 when as a junior surgical resident in Baguio, I witnessed an orthopaedic team from NOH (Dr. Pujalte was one of them) operate on a case of Pott's disease with paraplegia. I was so impressed and wished I could do the same surgery someday. As a senior surgical resident, I transferred to the NOH to join the residency training program and start all over again. There was no problem then because they preferred to have a resident with experience in surgery.

As the center for orthopaedic diseases, patients came to NOH from all over the country and the residents had the rare chance to attend to various orthopaedic conditions like trauma (fractures), crippled children, congenital diseases, spine deformities, arthritides, bone tumors, skeletal TB



Dr. Antonio B. Sison enlightens the crowd during the Opening Ceremonies of the POA 64th Annual Convention

and other infections, endocrine and metabolic disorders among others.

200 years after Abraham Colles published his report in 1814, Colles' fracture was and still is a common sight at the ER, which was routinely managed by manipulation and plaster immobilization under local anesthesia. Today, the tendency is to apply external fixation or do an ORIF. Pott's disease, first described by Percival Pott in 1779 comprised around 70% of spine operations. The protocol then was to indicate surgery in cases with neurological deficits and the approach was dictated by the site of pathology to directly attack the lesion so that the standard procedure was anterior decompression with rib or iliac bone grafting without instrumentation. Today, young surgeons do it differently by employing an instrumented posterior approach with pedicle screws and cages. Considering that TB is a disease of poverty, this technique is somewhat expensive.

Regarding pediatric conditions, post polio deformities were very common and the staff did a lot of polio surgery and CP surgery too and bracing. Also, school teachers were hired because of the prolonged hospital stay of scoliosis patients, managed by serial casting with no instrumentation yet.

More than a hundred years after it was discovered by Roentgen in 1895, the x-ray continued to be the mainstay imaging modality for the diagnosis and treatment of fractures and other orthopaedic conditions but with the introduction of MRI, its usefulness has diminished and gone are the days of arteriography and myelography.

These old reliable implants are still useful, namely wire, pin, Kuntscher nail and Moore/Thompson prosthesis. Wires and pins are readily

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What's Old and New...

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available, K-nail is very cheap and easy to use if correctly indicated, Moore/Thompson prosthesis is still used in 3rd world countries if prosthetic replacement is indicated for hip fracture in the elderly.

Total hip replacement, popularized by John Charnley in the late 60s is considered a miracle surgery for making a cripple walk again. The Centre for Hip surgery in Wrightington, Wigan suddenly was transformed into a Mecca and everybody wanted to visit the place. It took 3 months for Dr. JM Pujalte and myself to be accommodated in 1972 because of the very long waiting list of visitors. We started doing THR in 1973 and TKR in 1975 and today the operations look very ordinary.

For cancer surgery, limb salvage is ideal to those who can afford because the operation is expensive but there is no guarantee for added morbidities and improvement in limb function. The gold standard procedure is still amputation and functional orthosis fitting.

In sports injuries, knee arthroscopy is preferred especially for athletes but the open ligament reconstruction which is cheaper has shown comparative results. It is noteworthy that many patients who had surgery fare no better than those managed conservatively. Shoulder arthroscopy is gaining popularity but its true value for most shoulder problems is doubtful.

With regard to spinal surgery, the numerous cervical and lumbar techniques that have evolved are the source of controversy. There is no clear answer yet as when to do fusion or not, when to use instrumentation or what is considered an overdone procedure. The irony is that most patients with cervical or lumbar disc problems respond favorably to conservative treatment. Alternative therapies are resorted to sometimes by patients for some reasons and those who claim improvement do so despite and not due to the procedures employed because there is no convincing scientific explanation.

Hilot. This traditional Filipino bone setter is here to stay with us.

Acupuncture. This ancient Chinese system is accepted by some physicians who have found it beneficial in treating some pain disorders resistant to conventional therapy.

Chiropractic. This alternative therapy has no scientific basis and use deceptive practices to restore alignment of supposedly misplaced vertebrae. Like a spine surgeon, the manipulator is guided by imaging studies too.

Stem cell therapy. The Philippine Spine Society published its position statement last August 2013 that SCT at this time has no proven value in treating spine conditions. I am not aware of POA's official stand.

The Philippine Board of Orthopaedics is the watchdog of orthopaedic training and education. It was established in 1972 and since then it has served its purpose well. In 1989 when I was the chairman, there were 5 programs in Metro Manila and 1 in Cebu. Today, there are 20 training hospitals nationwide and I imagine that work is difficult and expensive to monitor all of them. Maybe it is time to introduce major changes in the by-laws to make the PBO more relevant to present day orthopaedics. (Acknowledgement of one surviving member of the first board, Dr. JM Pujalte).

Advances in medicine and technology have been extraordinary, but it has created the big problem of escalating costs of medical/hospital care. Orthopaedics is no exception. While we are aware of this unfortunate price of progress, patients receive more medications, subjected to more tests, and undergo more operations than what seem to be necessary. Call this extravagance of progress.

Overmedication. Many new medicines have become available and physicians are easily convinced to prescribe them. The arthritic patient receives expensive NSAIDs instead of the old reliable and cheap paracetamol. An elderly lady who takes 6-8 different essential medicines daily for various medical conditions is given additional drugs, hoping to delay joint degeneration or to prevent a fracture from occurring in the future. Many patients with back pain are increasingly referred for pain management so that the temporary pain relief postpones diagnostic tests and treatment.

Overdiagnosis. The MRI has done wonders for the orthopaedic surgeon, especially in making an accurate diagnosis but unfortunately this advanced imaging modality is one of the most abused.

Many times, a patient has undergone an MRI test because of nape or low back pain, before consulting a spine surgeon. Please note that it is unusual for an MRI to be interpreted as normal. There is almost always an abnormal finding reported even if the patient has no significant back problem. In a conference, a resident shows first the MRI films before presenting the symptomatology of a case. The demand is so much so that some hospitals have more than one MRI machine and need to operate them 24 hours a day.

More operations done.

- Unnecessary surgery. It happens everywhere. Performing an operation when a case can be managed conservatively with equal success or when there is no clear or strong indication are good examples.

- Use of implants. Orthopaedics is a specialty where the use of implants is essentially part of the operation. This privilege should not be abused. For instance, the standard technique for a classic lumbar HNP is the time tested laminotomy and discectomy without fusion/instrumentation.

One time, I performed a posterior decompression and pedicle screws fixation on a 58 year old woman with lumbar spine stenosis but 3 months later, I had to remove the implants because of infection. She consulted another spine surgeon and fortunately she refused to undergo a repeat instrumentation procedure. 2 years later today, except for slight numbness of the big toe, the patient is back to playing golf. In retrospect, there was no need for the implants in the first place and my decision to use it was perhaps industry driven.

- Overuse of implants. Determining the extent of fusion is debatable. Sometimes a 360° fusion/instrumentation is justified but at times it is an overkill.

Cost of implant. May I cite two socioeconomic issues that are health care related, namely overpopulation and high cost of medicine. In the pending Reproductive Health Act, parents can choose the number of children they want. In the Generics Law and Cheaper Medicines Act, the patient is given the choice to buy a cheap or expensive medicine. But in orthopaedics, the patient cannot choose the brand of implant, whether american, european, or asian and he cannot complain about the high cost because there is no price control/regulation. This issue can be addressed if the 555 POA fellows or a majority of them and the few implant companies will resolve to standardize the cost of implants. I suggest that the POA leadership should take a serious look at this concern and see what can be done about it.

Let us not take advantage of our patients. It seems that the medical profession is losing out its noble purpose to the evils of commercialism, consumerism and materialism. But I still believe that the Filipino orthopaedic surgeon maintains high moral and ethical standards of practice. Let us uphold the Hippocratic oath when we swore to do what is best for the benefit of our patients. Above all, let us be aware that somebody up there is keeping watch over us. I refer to the Greatest Healer of all, our Lord Jesus Christ. Maybe it is time to renew our Christian faith.

- AB Sison

An Invitation to Join the POA

(Accreditation with the POA and the practice of Orthopaedics by non-fellows has been an issue with our organization for a long time. The changing environment of medical practice and the need to address the orthopaedic needs of a burgeoning Filipino population of 100 million demand that we revisit this issue. This thought-provoking article by POA trustee Dr. Paul Camiña should serve as an initial step to our further in-depth discussion and hopefully resolution of the matter. – Dr. Edward Wang, POA President)

Dr. Albert Dy, Past President of the Philippine Orthopaedic Association, Inc. (POA) received a communication from the Secretary of the Department of Health (DOH), Dr. Enrique T. Ona, in year 2012, encouraging the POA to embrace and accept practicing Orthopaedic doctors who had graduated from Philippine Board of Orthopaedics (PBO) accredited training institutions but who had remained non-members/non-fellows. It is interesting that this communication was made simultaneous with the proposed Physicians' Act of 2012; "An Act regulating the education and licensure of

physicians and the practice of Medicine in the Philippines, repealing for the purpose Republic Act No. 2382, as amended, and for the purpose." Senators Franklin Drilon and Antonio Trillanes IV authored Senate Bill 3137 in substitution of Senate Bill No. 2669 paralleled to the House Bill 6538 authored by Representative Janette Garin (16th Congress) repealing R.A. 2382 (Medical Act of 1959), the final product being the Physicians' Act of 2012.

It would seem this act will regulate the practice of medicine in general, as it authorizes the Philippine Board of Medicine to hold the Licensure Examinations, issue and revoke medical licenses based on stipulations provided for in the Act. We await the final Implementing Rules and Regulations (IRR) especially with regards the restriction of medical practice to one's own specialty training. Dr. Edward H.M. Wang, current POA President, instructed me to gather the following data from our 20 PBO - accredited Training Institutions. As of 2013, we have

INSTITUTION	Non-Fellow	1960-1970	1971-1980	1981-1990	1991-2000	2001-2010	2011-2013	Qualified NF	Dead NF
POC	166	20	13	36	24	35	38		3
JRRMMC	29		3	6	11	7	2		
UPPGH	28		3	6	12	5	5	5	
VSMMC	24		3	9	2	8	2	2	2
VMMC	15		3	0	6	4	2	5	0
AFFPMC	65			16	25	16	8	17	3
BGHMC	15			4	9	0	2		1
SPMC	9				5	2	2	3	0
MMC	10				0	4	6		1
USTH	2				0	2	0	1	0
SLMC	3				0	1	2	3	0
WVMC	8				6	1	1	1	0
WVSUMC	1				0	0	1		0
DLSUMC	10				1	6	3	2	0
ITRMC	10				0	6	4	3	0
EAMC	4					3	1	3	0
NMMC	7					5	2		0
CLMMRH	6					2	4	3	0
CHH	2						2	2	0
TMC	2						2	2	0
TOTAL	416	20	25	77	101	107	89	52	10

1,130 graduates. Seven hundred seventy six (776) of these graduates became fellows of the POA (68.67%). Fifty eight (58) fellows are listed as inactive and 34 are known to be deceased. There are 54 graduates who passed the diplomate examinations given by the PBO who are yet to become fellows of POA.

The concern of the present POA Board of Trustees is how to invite 416 or around thirty seven percent (36.81%) of our graduates to be members of the association. Is the

association obligated to encourage them to take the diplomate examinations prepared by the PBO? How far can we reach out and offer our hands to them?

An average of 37% of our graduates did not pass the diplomate examinations. This ranges from 11% - 70% failure rate from accredited institutions. Failure to become a fellow did not stop them from practicing Orthopaedics in their own areas, co-existing with fellows of POA and sometimes even accorded associate membership status from local POA Chapters. They have also been welcome to attend POA sponsored meetings conventions and are presently enjoying the same PHIC privileges as a result of the introduction of the 'All Case Rate' policy. What will be the boundary of being a fellow and a non-fellow Orthopaedic Practitioner in the Philippines? Does it still make a difference to become a fellow? Will the Physicians' Act of 2012 scare them?

The act will supervise, control and regulate the practice of medicine through the integration of the profession under one national Accredited Professional Organization of Physicians in the hope to promote competence, moral values and professional attitude of physicians (Article I Section 3.c-e). Incorporated in the act is that the Board of Medicine can suspend a doctor from the practice of his profession or revoke his certificate of registration on the grounds of performing any act constituting the practice of an area of medical specialization without fulfilling the specialization requirements prescribed by the Board' (Article V Section 28.k); or 'willful failure or refusal to be a member of the integrated Accredited Professional Organization or expulsion or termination of membership therefrom. (Article V 28.o).

On whose responsibility lies the invitation to non-fellows to join the POA? Are we going to let the law take its full effect unto them? Are we going to open the door to POA widely to accommodate them? Are we going to request PBO to

INSTITUTION	Year Started	Graduates	Fellows	Inactive	Dead Fellows	Diplomate	Non-Fellow	%NF
POC	1952	476	310	39	28	0	166	34.87
JRRMMC	1972	65	36	1	0	0	29	44.62
UPPGH	1972	171	133	12	4	10	28	16.37
VSMMC	1974	48	24	0	0	24	24	50.00
VMMC	1975	30	15	1	0	0	15	50.00
AFPMC	1982	94	28	0	0	1	65	69.15
BGHMC	1986	30	14	0	0	1	15	50.00
SPMC	1991	28	17	0	0	2	9	32.14
MMC	1992	26	16	1	1	0	10	38.46
USTH	1994	16	12	1	0	2	2	12.50
SLMC	1994	27	21	0	0	3	3	11.11
WVMC	1994	22	9	0	0	5	8	36.36
WVSUMC	1999	8	7	0	1	0	1	12.50
DLSUMC	2000	27	14	0	0	3	10	37.04
ITRMC	2000	15	4	2	0	1	10	66.67
EAMC	2001	23	17	1	0	2	4	17.39
NMMC	2003	10	3	0	0	0	7	70.00
CLMMRH	2006	10	4	0	0	0	6	60.00
CHH	2012	2	0	0	0	0	2	100.00
TMC	2013	2	0	0	0	0	2	100.00
TOTAL		1,130	684	58	34	54	416	36.81

An Invitation...

Continued from Page 18

create amnesties for them to pass the diplomate exams? Are we going to put the burden of responsibilities to each PBO accredited institutions to police their own ranks?

The data gathered also shows the distribution of non-fellows as to their year in practice, place of practice, status of practice and if they are qualified to take PBO diplomate examinations.

Somehow we cannot reach 100% of non-fellows for many reasons. There is the possibility to reach at

least fortyseven perce (47.12%) of those who graduated from 2001 up to the present. Around 196 younger orthopaedic practicing MDs can be invited or encourage to take diplomate examinations or even submit themselves to refresher courses offered by their own training institution to raise the possibility of passing their examinations.

Let us include them to our VISION: 'A national organization of qualified, competent and compassionate orthopaedic surgeons dedicated to the advancement of research, training, and service to the highest standards.'

Let us act on our MISSION to accept them: 'To advance the art and science of orthopaedics by promoting excellence, research, training and service.'

- PRC Camiña

Non-Fellows of POA

There are growing concerns about non-fellows of the Philippine Orthopaedic Association (POA) who are presently practicing Orthopaedic surgery and procedures in different parts of the Philippines. Related to this is the question of what actions the present leadership of the POA or that of its accrediting and examining body, the Philippine Board of Orthopaedics (PBO), are taking, if any?

Some of us maybe in the belief that our non-fellow colleagues would not be able to provide quality Orthopaedic practice/service to our patients, and thus indirectly affect the integrity and reputation of the POA as an institution such as in situations where patients may think they are members or fellows of the POA. There are, however, no hard facts or concrete basis for this statement at present. On the other hand, non-fellows of the POA may provide better Orthopaedic services than General Practitioners or manghihilot in areas where there are no orthopods available.

The reality is that fellows and non-fellows co-exist in hospitals, municipalities, cities, provinces, and communities. Professional competition, encroachment and survival are just some of the issues that arise from such situations. These lead to the question of how can we address the situation in order to perform our professions to the best of our knowledge and capabilities while getting the most satisfaction or benefits from our practice.

POA as the umbrella organization must be in the lead in updating the database of Orthopaedic Surgeons thru its chapters, including non-fellows. Comparative and periodic assessments can be done to see if the numbers of non-fellows are on the rise or not. Since most of the non-fellows graduated from an accredited training program, the PBO should note the institutions where the highest numbers of non fellows graduate and assess the causes of exam failures related to their training programs. The reason for the non-fellow's lack of interest in pursuing or taking the PBO exam, and why even diplomates of PBO are non-fellows of POA, must likewise be identified and taken into consideration. Individual Fellows of

POA can also do their share by possibly inquiring in their hospitals or observing their communities about its policy on accepting non-fellows to practice within their institution or area.

Getting all these information could help in our common goal of addressing the situation. In the end, however, it is the non-fellows themselves who must take responsibility and initiative to pursue and pass the PBO examinations. The POA and PBO can only do so much and among them is strengthening of its awareness activities and reaching out to the nonfellows to encourage them to join Orthopaedic update reviews. Such reviews must be initiated by training institutions, with a push from POA and PBO, especially for their non-fellows graduates.

Lastly, we must all disseminate the benefits or advantages of being a Fellow of the POA, including the opportunity to take further sub specialty fellowship training in the Philippines or overseas as well as the fact that fellows can apply and practice orthopaedics in tertiary medical centers, both in private and public hospitals,

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ONE POA

Associate members were included in the POA BY-LAWS 1991, Article III. They are the graduates of POA accredited residency training program, and are therefore PBO eligible. There was a limitation on membership as an Associate: They had to pass the diplomate exam within a period of five (5) years, otherwise the right of this membership was terminated with prejudice. In reference to POA Administrative Manual, "Associate Members are those who are board eligible and who apply for associate membership. Associate membership is only for a maximum of two years until such time that the associate member has become a Diplomate and thus qualified to become a Fellow upon Application."

In the recent amended POA Constitution, the Associate Membership article was stricken off. It was said that this status did not push the Associate Members harder to become Diplomates and eventual fellows of the POA. No one applies for Associate Membership status also since they do not feel the need for it and there are no added benefits for them. The said status was reportedly abused; being used at times to pose as a 'regular' fellow of the POA.

The present POA Board of Trustees was visited in one of their regular monthly meetings by then President-Elect Dr. Minerva Calimag. She shared that the Philippine Society of Anesthesiologists (PSA) has no problem with their non-diplomate members.

They have their own simple PSA AMENDED BY-LAWS (2004).

Written in ARTICLE II - OBJECTIVES; The objectives of this organization shall be:

1. To unite one Society all the qualified doctors of medicine in the Philippines who are engaged in the practice of anesthesiology.
2. To raise the quality standards of the specialty by upgrading knowledge and encouraging research amongst its members.

3. To encourage specialization in this field.
4. To make available to more people the benefits to be derived from the services of qualified anesthesiologists.
5. To protect the public against unethical practice of anesthesiology.
6. To safeguard the interests of the members.

In ARTICLE IV MEMBERSHIP

Section 1. Qualification for Membership

1.1 Must be a Doctor of Medicine licensed to practice in the Philippines.

1.2 Must be engaged in the practice of anesthesiology.

1.3 Must be a member of good standing of the Philippine Medical Association

Section 2 Classification of Members.

Members shall be classified as follows: Regular Members, Trainee Members and Honorary Members

2.1 REGULAR Members

2.1.1 Completed training in anesthesia through a formal 3-year residency in anesthesiology

2.1.2 Senior members at the time of ratification of these By-Laws

2.1.3 Life members at the time of ratification of these By-Laws

2.1.4 Members of good standing in the local chapter where they reside or practice.

2.2 TRAINEE Members

Those who are undergoing training in anesthesiology through formal residency training here or abroad, or in a government-in-service training program.

Section 4. Obligations and Rights
4.1 All members of the Society, to be considered a member in good standing, shall:

4.1.1 Pay all applicable national and chapter dues as well as all assessments that

may be imposed by the duly authorized bodies of the Society.

4.1.2 Comply with the requirements of the Commission on Continuing Professional Education (CPE) of the Professional Regulations Commission (PRC); and

4.1.3 Comply with such other obligations as may be imposed by the duly constituted bodies.

4.2 A REGULAR Member in good standing is entitled to:

4.2.1 Participate in all scientific activities and social functions of the society.

4.2.2 Vote and be voted upon, subject to rules and regulations as provided for in these By-laws and in the Election Code.

4.2.3 Receive benefits provided by the Society to its members:

4.2.3.1 Get a copy of the journal of the Society and other such publications intended for general circulation.

4.2.3.2 Enjoy such rights and privileges as may be granted to members from time to time.

We probably will not have more amendments to our constitution right now. We don't need to have discussions and arguments on the inclusion of non-fellows to membership of the POA. At the same time, what can we do to prevent more alienation of non-fellows from POA? What can we offer to the call of the Department of Health (DOH)? Let us collect the details of all non-fellows; their postal addresses, contact numbers, email addresses or any information regarding their whereabouts so the POA can open the communications between them and the organization.

Let us include them in all our communications regarding annual and midyear POA conventions, subspecialty conferences and workshops, hospital post-graduates and as far as international gatherings.

Let us offer refresher courses, learning modules, clinical practice guidelines, standard practices and etiquettes, and other CPEs offered to our Fellows. We have so much to offer to them if not their membership. We can give them these favors in return for a separate registration fee at our meetings. We welcome them as delegates in all our gatherings. We welcome them as colleagues. We treat them as brothers in profession.

Non-Fellows...

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and full accreditation by Philhealth and private HMOs. The message must be clear: As fellows of POA, opportunities are better.

Above all, nothing compares to the professional satisfaction of being a Fellow of POA.

In the future, let us all review and revisit the results of these proposed actions and together answer the question, "Did we do our part in responding to the concern of the increasing numbers of non fellows?" *Salamat at Mabuhay ang POA -PBO!*

- FP Altarejos

AHSP Research Contest

The Association of Hand Surgeons of the Philippines (AHSP) held its first research contest last March 19, 2014 at The Medical City conference room.

Two papers made it to the final presentation. They are "The Diagnostic Value of Electrodiagnostic Studies and Provocative Tests in Carpal Tunnel Syndrome: A Multicenter, Clinical Population-Based, Cohort Study" by Dr. Piere Mella of the Philippine General Hospital and "Patient Satisfaction with Intravenous Regional Anesthesia for Hand and Wrist Surgery at the UST Hospital: An Initial Report" by Dr. Jerome Munji of the University of

Santo Tomas Hospital, which was declared the contest's winning paper. Dr. Munji's paper was chosen by judges Dr. Emmanuel Sumpaico and Dr. Henry Calleja. The winning author will receive an all-expense-paid trip to present in Kuala Lumpur, Malaysia for the Asia Pacific Federation of Hand Surgery Societies (APFSSH) meeting this coming October.

The AHSP plans to hold this research contest that aims to highlight notable studies in hand surgery bi-annually, to coincide with APFSSH international meetings.

- NS Orillaza, Jr.

Examinations

PBO Diplomate Exams
Oct. 10: Written [7am-12nn]
Oct. 11 & 12: Oral [7am onwards]
@Bonaventure Plaza, Ortigas Ave., Greenhills San Juan

Ortho Balita

Ortho Balita
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After a successful first salvo this year, the AHSP will hold its research contest on hand surgery biannually and encourage more participants and researches in the future. Shown here are Dr. Jerome Munji (center), winner of the first AHSP research contest with (left to right) Dr. Nelson Lim (AHSP presiden), Dr. Carlo Emmanuel Sumpaico and Dr. Henry Calleja (judges), Dr. Emmanuel Estrella (AHSP VP), Dr. John Hubert Pua (Senior author), Dr. Nathaniel Orillaza Jr. (AHSP Treasurer)



Updates

Any updates on your personal records with POA? Please let us know

[Clinics/Home Address/ Contact Numbers/Email Address... etc.]

The Nominations Committee is now accepting nominees/candidates for the upcoming POA/PBO Elections on Nov. 28, 2014. Be part of the POA and PBO Board now!

POA Research Writing Bootcamp

Last March 1, while many people were participating in a large-scale fun run at the Mall of Asia in Pasay City to build up physical strength and fitness, a handful of Philippine Orthopaedic Association (POA) residents and research coordinators from various Philippine Board of Orthopaedics (PBO) accredited training institutions were themselves undertaking a different strengthening and fitness activity.

No physical challenges were required from the participants, though, as what was bolstered and reinforced during this activity was their research writing skills.

Like the traditional fitness boot camps designed to increase physical strength through a variety of intense group exercises, the POA Research Writing

Boot Camp held a blueprint of activities with the objective of training, expanding and stepping up the participants' aptitude in undertaking relevant, timely and well-written research papers. The importance of research writing in orthopaedic innovation and overall advancement was underscored. The boot camp also stressed the need to sustain and support similar activities that will uphold the quality of research writing in the orthopaedic community.

An "Orthopaedic Research Writing Workbook" was drafted during the boot camp, which at the minimum would document the experiential learning of the participants and be shared with other aspiring and practicing orthoped researchers. The workbook is up for review for possible

publication and wider dissemination in the future.

The POA Research Committee, headed by Dr. Edwin Jerd T. Siatan who worked closely with the Bone and Joint Research Group for the course development and preparations, led the boot camp. Dr. Adrian Paul J. Rabe served as overall workshop coordinator.

Finally, as with any regular boot camp, the Research Writing Boot Camp imparted to the participants yet another important lesson. That is, that special sense of camaraderie and the value of team effort in any undertaking-research writing included-that the participants took home with them. The activity was supported by Janssen Pharmaceuticals.



All smiles for the participants of the POA Research Writing Bootcamp as they take home essential lessons on orthopaedic research writing.

POA holds 1st EBM Workshop

In line with the POA's thrust of constantly providing opportunity for advanced learning and innovation for its members, our association conducted the very first Evidence-Based Medicine (EBM) workshop for fellows last August 30 at the Crowne Plaza Manila Galleria. With the process of systematically assessing actual health outcomes on the clinical and cost-effectiveness of treatments and resources, EBM is positioned to help our fellows in providing optimum clinical care to patients. Among other things, EBM

encourages critical appraisals of journals and medical articles to help train our residents and fellows in looking into the strength and weight of scientific evidences in making decisions on healthcare delivery.

A total of 28 participants from the different chapters and the NCR attended the workshop. The Institute of Clinical Epidemiology-National Institutes of

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Exhibit A & B: Photos as evidence from the recently concluded Evidence-Based Medicine Workshop



A Mentor and Colleague with Insatiable Quest for Excellence

This year Philippine Orthopaedics lost a humble educator. He belonged to the generation

of visionary pioneers after the so-called “first wave” of Philippine orthopods. Dr. Ramon Celso has come to rest with a heart of wisdom and legacies that helped changed the face of orthopaedics in the Philippines.

He graduated from University of Santo Tomas Faculty of Medicine and Surgery in 1955. He had his residency in Orthopaedics at the National Orthopaedic Hospital, now the Philippine Orthopaedic Center (POC), and became a fellow of the Philippine Orthopaedic Association (POA) in 1962. Dr.Celso was among the first graduates of the orthopaedic training program enacted by Philippine congress during those times when the PBO was not yet in existence.

Due to his exemplary residency performance, he was awarded a WHO Fellowship in Denmark in Rehabilitation Medicine in 1962. When the Philippine Board of Orthopaedics (PBO) was A Mentor and Colleague with Insatiable Quest for

Excellence established in 1972, all orthopaedic training graduates were required to take the PBO exams. Dr.Celso was among the pioneering ones who took the examination and thereafter was bestowed the degree of Diplomate in Orthopaedics.

He was a simple and a sincere colleague and mentor, always considerate to the feelings of others, be that of his trainee or his equal. He is remembered as one who has the passion to share his knowledge to others. Where there was an orthopaedic scientific activity, there he would be to actively participate, whether it be in pre-operative indication rounds, grand rounds, department conferences, and even national conventions. He carried this character even to the last days of his life. It is recalled that he would regularly participate in the orthopaedic conferences at The Medical City where he had his private practice from the start of his career until his last days.

His quest for orthopaedic excellence brought him to the PBO. Maybe to make his vision of orthopaedic excellence be felt, he was not satiated by one full term in the PBO but twice. He was Chairman in 1986 and 1995.

In his youth, he was a physical fitness enthusiast. Regularly on weekends, he would take the road to Antipolo from Mandaluyong where he lived and back. That kept his youthful looks and enviable flat tummy even during his “retirable years”. But he never retired, still on a regular day he would be at The Medical City where he had his private practice, seeing patients and participating in the training activities of its orthopaedic department.

He wanted to continue servicing his patients that he decided to have a clinic at his residence. It was after the clinic was finished that he bid goodbye. His dream clinic served as the punctuation mark to his career, to the one of the loves of his life, orthopaedics.

Tito Monet, as we fondly called him, passed away on May 18, 2014 at 84. He was a star to the orthopaedic students and now surgeons whose lives he touched as he traveled his, extinguished yet continuing to emit eternal light with indelible incandescence remembered by their impact specifically on the evolution of orthopaedic training in the Philippines. Farewell, mentor and colleague, rest in peace, till we meet again.

- NB Carilo

POA holds 1st...

Continued on from Page 23
Health, University of the Philippines Manila, headed by Dr. Marissa Alejandria, with faculty, including Dr. Jojo Mantaring, Dr. Estee Estrella, and Dr. Nats Orillaza, was tapped to facilitate the workshop.

Sponsored by Janssen Pharmaceuticals, the EBM workshop will be an annual continuing medical education activity of the POA.

- PB Bernardo

Interested to participate next year in this EBM Workshop? Inform the Secretariat and sign up now!



Additional Evidence: Photos from the Evidence-Based Medicine workshop

TENTATIVE PROGRAM

Philippine Orthopaedic Association (65th POA), ASEAN Orthopaedic Association (34th AOA), ASEAN Arthroplasty Association (8th AAA), and the Philippine Arthroscopy Association (10th PAA) Joint Meeting

Nov. 25-29, 2014 . Radisson Blu Cebu

NOV. 24, [Monday]

1300 – 1700 REGISTRATION
1800 WELCOME COCKTAILS (Poolside Garden, Radisson Blu)

NOV. 25, [Tuesday]

0730-0740 OPENING REMARKS
0800 PRESIDENTIAL LECTURE 1: Laurent Lafosse on Arthroscopic Laterjet
0830 PRESIDENTIAL LECTURE 2: Gilles Walch on Functional Outcome of Reverse Shoulder Arthroplasty
0900 PRESIDENTIAL LECTURE 3: Katsuya Nobuhara
0930 - 1200 LIVE SURGERY (Laurent Lafosse and Hiroyuki Sugaya)
1200-1330 LUNCH SYMPO: Biomet [Sta Maria 1]; Smith & Nephew [Sta Maria]; Mitek [Sta Maria 1];

BASICS AND BIOMECHANICS/ MISCELLANEOUS [Sta. Maria 1]		INSTABILITY/MISCELLANEOUS [Sta. Maria 2]		ROTATOR CUFF [Sta. Maria 3]	
MODERATORS: Andri Lubis/ Randolph Molo		MODERATORS: Yu Mochizuki/ Alex Supapo		MODERATORS: Junji Ide/ Wilson Dela Calzada	
1330	Shoulder Biomechanics - Nobuyuki Yamamoto	1330	The new concepts of shoulder instability: not only from the glenoid, also from the humeral head - Kang-Lai Tang	1330	Anatomic rotator cuff repair - Jin-Young Park
1345	The Evolution of Shoulder Arthroscopy - Vatanachai Rojvanit	1345	Arthroscopy findings & classification of Bankart lesion, based on 800 cases of recurrent anterior dislocation of shoulder - Sanjay Desai	1345	Partial Thickness Tears: Basic Science, Techniques and Outcomes - Denny TT Lie
1400	Epidemiology of rotator cuff tears in the general population - Atsushi Yamamoto	1400	Arthroscopic Chronic Bony Bankart Repair: Right Technique and Long-Term Outcome - Hiroyuki Sugaya	1400	Approach to the Partial Thickness Tears of The Rotator Cuff Tendon - Seung-Ho Kim
1415	Clinical and radiologic results of hemiarthroplasty with subacromial bursa prevention for acute proximal humerus fracture - Yoshiyasu Uchiyama	1415	Results of Arthroscopic Bankart repair in recurrent anterior dislocation of shoulder with significant bone loss - Sanjay Desai	1415	Arthroscopic treatment for RC tear, suture bridge - Kwang Jin Rhee
1430	Comparison of stress distribution pattern between single-row, double-row, and transosseous equivalent repair using 3-dimensional finite element method - Hiroataka Sano	1430	Open Laterjet - Gilles Walch	1430	Arthroscopic Rotator Cuff Repair "Net-like" DAFF technique using small soft anchor: Not to need a knot-tying at all! - Minoru Yoneda
1445	Biomechanical Research on Biologic Rotator Cuff Tear Repair - Joo Han Oh	1445	Possible dislocation position in the patients with recurrent anterior shoulder dislocation : assessment under general anesthesia - Kenji Hayashida	1445	Open and Arthroscopic surgery for massive rotator cuff tear- Teruhiko Nakagawa
1500	Open Forum	1500	Open Forum	1500	Open Forum
MODERATORS: Albert Cesar Faller Jr. / Young Lae Moon		MODERATORS: Ambrosio Valdez/ Kazutoshi Hamada		MODERATORS: Miguel Enrique Valencia/ Kazuomi Sugamoto	
1510	Biomechanical diagnosis and treatment of the throwing shoulder - Hiroaki Tsutsui	1510	Arthroscopic Bankart Repair True transosseous-equivalent repair by twin anchor footprint fixation (TAFF) technique using small soft anchor - Minoru Yoneda	1510	Arthroscopic Rotator Cuff Patch Grafting: Clinical Basic Study - Junji Ide
1525	Glenohumeral Relationships at Different Angles of Abduction - Hiroaki Inui	1525	Arthroscopic repair of Global labral tears - Ashish Babhulkar	1525	Arthroscopic ePTFE Interpositional Patch for Massive Rotator Irreparable Rotator Cuff Tears - Jonathan Ronquillo
1540	Analysis of throwing motion - Hiroki Ninomiya	1540	Posterior Labral Tear - Keng Thiam Lee	1540	Large Tears of the Supraspinatus: Hybrid Repair and Suprascapular Nerve Release - Jae-Chul Yoo
1555	Neglected Shoulder Dislocation - Hermawan Nagar Rasyid	1555	My 18 years experience of Arthroscopic Bankart repair: Is the Latarjet procedure being over done? - Sanjay Desai	1555	Arthroscopic Suprascapular Nerve Release - Laurent Lafosse
1610	Balancing the Floating Shoulder - Nicolas Antao	1610	Open Forum	1610	Arthroscopic Subscapularis Repair - Laurent Lafosse
1625	Fate of labrum after Bankart repair - Jin-Young Park	FREE PAPER PRESENTATION		1625	The scientific basis for post operative shoulder rehabilitation - Christopher Jordan
1640	Open Forum	FREE PAPER PRESENTATION		1640	Open Forum
MODERATORS: Orson Odulio/ Kenji Hayashida		MODERATORS: Victor Felix Gaddi/ Denny TT Lie		MODERATORS: Chauncey Kester Lim/ Joo Han Oh	
1650	Bony Morphology of shoulder - Cadaveric study - Ashish Babhulkar	1620	The Three Dimensional Geometry of the Proximal Humerus in Filipinos A Cadaveric Study - Alvin Ray Yu	1650	Effect of corticosteroid and hyaluronic acid on torn rotator cuff tendon - Hidehiro Nakamura
1700	Clinical assessment of the shoulder by examination under interscalene block - Daisuke Nakai	1630	Effects of stride length on trunk rotation - Naoki Ramoto	1700	Tendon retraction influences on cross-sectional area of supraspinatus muscle: Comparison between pre and postoperative MRI - Shoji Fukuta
1710	The efficacy of pain relief by interscalenous brachial plexus block using ultrasound and suprascapular nerve block on arthroscopic rotator cuff repair - Satoshi Iwashita	1640	Change of the capsular volume after arthroscopic Bankart repair and capsular shift: affecting factors and correlation with outcomes - Seok Won Chung	1710	Arthroscopic assisted latissimus dorsi transfer for irreparable cuff tears: early clinical result - Kotaro Yamakado
1720	Relationship between Glenohumeral Internal Rotation Angle and Superior Migration of Humeral Head during Shoulder Rotation at Elevated Position Using a Cine-MRI - Hiroki Yamauchi	1650	Arthroscopic bankart repair for persistent shoulder pain after trauma without subsequent dislocation - Shota Hoshika	1720	Influence of range of motion restriction with rotator cuff tear for postoperative results - Norio Ishigaki
		1700	Arthroscopic Stabilization for Recurrent Anterior Glenohumeral Instability with Patients in 40 Years and Older: Pathology and Outcomes - Kazutomo Onishi	1730	Influence of postoperative cuff integrity on health-related quality of life in large/ massive cuff tears - Hidehiro Nakamura
		1710	Revision Arthroscopic Labrum Repair: The Reason of Glenohumeral Joint Arthropathy from Initial Surgery - Sang-Hoon Lee	1740	How can we reduce the reoperation rate after arthroscopic treatment for septic arthritis of shoulder? - Joo Han Oh
		1720	Recurrence of anterior shoulder instability after arthroscopic surgery using suture anchors - Chang-Hyuk Choi	1750	Effect of arthroscopic capsular release on shoulder stiffness concomitant with a rotator cuff tear - diabetes as a predisposing factor associated with treatment outcome - Seok Won Chung
		1730	Open Forum	1800	Anti-adhesive agents is effective in rotator cuff surgery?: Based on Arthroscopic Findings in Revision-Rotator-Cuff Surgeries - Sang-Hoon Lee
1900-2100	CONGRESS BANQUET and Testimonial for Prof. Katsuya Nobuhara (Grand Cebu Ballroom, Marco Polo Plaza Hotel, Nivel Hills Lahug Cebu City)			1810	Does hypertrophied teres minor improve the external rotation strength of the patients with posterior- superior rotator cuff tear?- Kenshi Kikukawa
				1820	Open Forum

AM OF ACTIVITIES

Academic Congress of the Asian Shoulder Association (8th ACASA), and the ASEAN Society for Sports Medicine & Arthroscopy (2nd ASSA)
 at the Grand Hyatt Hotel, Cebu City

NOV. 26, [Wednesday]

0700 Presidential Lecture 4: Katsuya Nobuhara
 0730 Open Forum

BASICS AND BIOMECHANICS/MISCELLANEOUS [Sta Maria 1]

MODERATOR: Emilia Tanchuling
 0730 3D based medical application of shoulder practice - Young Lae Moon
 0745 3D image technology already innovated the therapy and the research of the shoulder joint - Kazuomi Sugamoto
 0800 Computer-Aided-Design in total shoulder arthroplasty - Bancha Chernchujit
 0815 The Hybrid & Dual-Row Labral Repairs: Evolution in our Concepts & Clinical Outcomes - Denny TT Lie
 0830 A Radiographic Classification of Massive Rotator Cuff Arthritis - Kazutoshi Hamada
 0845 Open Forum

MODERATORS: Roberto Gabriel Lopez/ Keng Thiam Lee
 0900 The new concepts of shoulder arthroplasty: from anatomy to individual - Kang-Lai Tang
 0915 Effects of Humeral Component Retroversion on Functional Outcomes in Reverse Total Shoulder Arthroplasty for Cuff Tear Arthropathy - Yong Girl Rhee
 0930 Long Term Outcome in Anatomic Shoulder Arthroplasty - Gilles Walch
 0945 Management of AC Joint Dislocation: Current Trends - Ashish Babhulkar
 1000 Minimally Invasive AC Joint Dislocation Management - Carlo Borbon
 1015 Arthroscopic Distal Clavicle Resection - Juan Carlos Paredes
 1030 Open Forum
 FREE PAPER PRESENTATION

MODERATORS: Manuel Pecson/Sanjay Desai
 1050 Arthroscopic stabilization for Neer type 2 fracture of the distal clavicle fracture - Katsumi Takase
 1100 Arthroscopic anatomical reconstruction of coracoclavicle ligaments for acromioclavicular joint dislocation - Katsumi Takase
 1110 Morphological Analysis of Acromioclavicular Joint using Reconstructed 3D CT Model and the Contact Characteristics with Hook Plate in Subacromial Space - Jong-Pil Yoon
 1120 Correlations of Magnetic Resonance Imaging Findings with Clinical Severity and Prognosis in Frozen Shoulder - Jong-Pil Yoon
 1130 How much should we inject the intra-articular steroid in patient with shoulder stiffness? - randomized comparative study of two dose regimens - Kim Yang Soo
 1140 Open Forum
 1230-1330 Lunch Symposium (Pfizer)

MODERATOR: Juan Carlos Paredes
 1400 Relationship between Posterior Shoulder Tightness and Humeral Anterior Translation during Passive Shoulder Internal Rotation -Using Cine-MRI- Jun-ya Miyazaki
 1410 Blood flow changes of the anterior humeral circumflex artery decrease with the scapula in internal rotation - Kenji Kanazawa
 1420 Hill-Sachs classification under arthroscopic findings - Kazuhiro Shibayama
 1430 Arthroscopic fixation for the fracture of the glenoid fossa using an endobutton - Takamitsu Mondori
 1440 Open Forum
 1500 Snack Symposium

INSTABILITY/MISCELLANEOUS [Sta Maria 2]

MODERATORS: Joo Han Oh/Janis Ann De Vera-Espino
 Management of Shoulder Instability - Ashish Babhulkar
 Innovative Shoulder Solution: Arthroscopic artificial bone grafting for patient with huge bony defect of the glenoid - Minoru Yoneda
 Regeneration of AIGHL complex for traumatic instability of shoulder joint - Yu Mochizuki
 Sports Related Injury Mode and Intra-articular Pathology in Recurrent Anterior
 Glenohumeral Instability in 702 Patients - Norimasa Takahashi
 Shoulder Immobilization after Dislocation - Eiji Itoi
 Open Forum

MODERATORS: Jonathan Ronquillo/ Eiji Itoi
 Rotator Cuff Tear: What Do We Need to Treat? - Chauncey Kester Lim
 Matrix Metalloproteinase, Tissue Inhibitor of Metalloproteinase in Frozen Shoulder, and Their Changes as Response to Active Stretching and Gentle Thawing Exercise - Andri Lubis
 Rotator Cuff Lesions in Primary Stiff Shoulders - Hiroyuki Sugaya
 Rotator cuff repair with stiff shoulder - Tae-Soo Park
 Pathology of Long Head of the Biceps (LHB) in Patients with Rotator Cuff Tear Incidence of the hypertrophy and inflammation examined by Ultrasound - Norimasa Takahashi
 Biceps Lesion: What to Look for and How to Treat? - Jae-Chul Yoo
 Open Forum
 FREE PAPER PRESENTATION

MODERATORS: Rich Pasion/ Bancha Chernchujit
 Arthroscopic Subacromial Decompression via bursectomy alone versus bursectomy with acromioplasty: A Prospective Randomized Study - Nesti James Panopio
 Gap Formation and Integrity of Dual-Row Cuff Repair: A Biomechanical Study - Denny TT Lie
 Arthroscopic transosseous suture repair of the rotator cuff without the use of anchors - Shigehito Kurada
 Some cases with rotator cuff tears cannot be diagnosed using MRI - Tomoyuki Matsuba
 Open Forum
 Lunch Symposium (Pfizer)

MODERATOR: Herminio Valenzuela
 Clinical outcomes and intra-articular findings of first time shoulder dislocations after arthroscopic stabilization procedure: A comparative study with recurrent shoulder dislocations - Sang-Jin Shin
 Clinical Profile of patients with shoulder dislocation seen and managed at DLSUMC from 2007-2011: A 5-year retrospective study - Julius Pallera
 3 dimensional CT assessment of graft osteolysis, union and placement after modified Latarjet Procedure - Ashish Babhulkar
 Quantitative Assessment of the Latarjet Procedure for Large Glenoid Defect by Computed Tomography: Coracoid Graft Can Sufficiently Restore the Glenoid Arc - Yong Girl Rhee
 Open Forum
 Snack Symposium

ACASA FREE PAPER PRESENTATION [Sta Maria 3]

MODERATORS: Carlo Borbon/ Hirotaka Sano
 0730 The Deep Layer of the Rotator Cuff Tendon Becomes Stiffer with Age: A Possible Cause of Cuff Tear - Nobuyuki Yamamoto
 0740 Analysis of reasons and multi-elements for the patients to seek new institution after initial shoulder surgery - Paolo Alan Tabar
 0750 Clinical features of bursal-side everted flap (EF) lesions in partial-thickness rotator cuff tears - Eiji Shimpuku
 0800 Arthroscopic transosseous rotator cuff repair with Arthro Tunneler™ - one year follow up study - Ko Himori
 0810 Modified margin convergence: Over-under lacing suture technique - Chauncey Kester Lim
 0820 Open Forum

MODERATORS: Carmelo Braganza/ Hermawan Nagar Rasyid
 0840 Optimum tension for bridging sutures in trans-osseous equivalent rotator cuff repair - Ji Soon Park
 0850 Prognostic factors affecting rotator cuff healing after arthroscopic repair in small to medium sized tear - Ji Soon Park
 0900 Prospective Randomized Comparative study of IRI subscapularis tear: Clinical and radiologic outcome - arthroscopic repair vs debridement - Sang-Hoon Lee
 0910 Comparison of scapular upward rotation at 90 degrees of the arm elevation with patients having rotator cuff tears, before and two month after the surgery - Yasuyuki Ueda
 0920 Effect of passive motion on functional outcome and structural integrity after arthroscopic rotator cuff repair: Prospective comparative study - Junji Ide
 0930 Anti-adhesive agents is effective in rotator cuff surgery?: Based on Arthroscopic Findings in Revision-Rotator-Cuff Surgeries - Sang-Hoon Lee
 0940 Open Forum

MODERATORS:
 0950 Effect of corticosteroid and hyaluronic acid on torn rotator cuff tendon - Hidehiro Nakamura
 1000 Tendon retraction influences on cross-sectional area of supra spinatus muscle: Comparison between pre and postoperative MRI - Shoji Fukuta
 1010 Arthroscopic assisted latissimus dorsi transfer for irreparable cuff tears: early clinical result - Kotaro Yamakado
 1020 Influence of range of motion restriction with rotator cuff tear for postoperative results - Nario Ishigaki
 1030 Influence of postoperative cuff integrity on health-related quality of life in large/massive cuff tears - Hidehiro Nakamura
 1040 Open Forum
 1050 Free Papers
 1150 Open Forum

NOV. 26: POA-ADA-AAA-ASSA

0700 Registration
 0800-1100 PBO Training Institutions Meeting (TBA)
 1000-1100 New Fellows' Orientation (Santiago)
 1500 POA-ADA-AAA-ASSA Opening Ceremonies [Sta. Maria 3]
 Jose V. Delos Santos Memorial Lecture: Development of the Management of Knee Arthritis [Guy Bellier]
 1900 Welcome Reception [Sta. Maria 1, 2 & 3]
 POA Ortho Women's Meeting

PRE-REGISTRATION DETAILS [Until Oct. 24, 2014]

	POA-ADA-AAA-ASSA (Nov 26-29)		5-Days w/ ACASA (Nov25-29)	
	Pre-Reg (5/25-10/24)	On-Site	Pre-Reg (5/25-10/24)	On-Site
POA FELLOWS	P3,500	P4,000	P4,500	P5,000
*50% Discount for Fellows aged 60-64; Fellows 65 years and above are FREE				
Local Residents/Students & Allied Healthcare Professionals				
	P2,500	P2,500	P3,000	P3,000
Non-Fellow Delegates	P4,500	P5,000	P5,500	P6,000
Accompanying Persons**	P1,000	P1,000	P1,000	P1,000
**Admission to social programs: Opening/Welcome Reception & Congress Banquet				

PAYMENTS:

ONLINE: <http://philippineortho.org/registration-andsponsorship>
<http://acasa2014.com/registration/>

BANK DEPOSIT

Account Name: Philippine Orthopaedic Association, Inc.
 UnionBank Account No.: 000010116590
 BDO Account No.: 1211 089 043

*For Fellows, do not forget to include in your payment your annual dues (P1,500.00)

TENTATIVE PROGRAM OF ACTIVITIES

Philippine Orthopaedic Association (65th POA), ASEAN Orthopaedic Association (34th AOA), ASEAN Arthroplasty Association (8th AAA), and the ASEAN Society for Sports Medicine & Arthroscopy (2nd ASSA)

Nov. 25-29, 2014 . Radisson Blu Hotel, Cebu City

NOV. 26 [Wednesday]

0700	Registration
0800-1100	PBO Training Institutions Meeting [TBA]
1000-1100	New Fellows' Orientation [Santiago]
1500	POA-ADA-AAA-ASSA Opening Ceremonies [Sta. Maria 3] Jose V. Delos Santos Memorial Lecture: Development of the Management of Knee Arthritis [Guy Bellier]
1900	Welcome Reception [Sta. Maria 1, 2 & 3]
POA	Ortho Women's Meeting

NOV. 27 [Thursday]

0700	Registration
0800-0900	ADA Education (Lee Eng Hin) [San Pablo]
0900-1200	ADA Council Meeting [San Pablo]
1000-1200	AAA Business Meeting [Santiago]
1400-1700	POA Business Meeting [Sta. Maria 3]
1800	President's/Speakers'/ADA Homecoming [by invitation] Alumni Night/Free Night

PODIUM PRESENTATIONS

0800-1230	Arthroplasty [Sta. Maria 3]
0800-1230	General Topics [Sta. Maria 2]

ASSA PLENARY SESSION I [Sta. Maria 1]

0730	Registration
0800	ASSA Opening Ceremonies/Welcome Remarks - BFD Valdecanas (President, POSSM)
0810	History of ACL Reconstruction in Southeast Asia (AA Rivera)
0830	Posterior Portal PCL Reconstruction (Tang Ha Nam Anh)
0850	Arthroscopic Posterolateral Reconstruction Techniques (Charanjeet Singh)
0910	Fundamentals of Hip Arthroplasty (Andrew Dutton)
0930	Open Forum
0940	Snack Sympo: Takeda
1010	Osteotomy for the Surgical Treatment of Patellofemoral Instability (Nadhaporn Saengpetch)
1030	Treating Cartilage Defects Using Mesenchymal Stem Cells (Andri Lubis)
1050	Cartilage Repair Techniques in the Knee (Kevin Lee)
1110	Augmented Chondrocyte Implantation (Channarong Kasemkijwattana)
1130	Cartilage Repair - What is the Current Evidence (Lee Eng Hin)
1150	(Reiner Seibold)
1210	Open Forum
1220	Closing Remarks (Mohd Asri Abd Ghapar, President, ASSA)
1230	Lunch Symposium: A. Menarini
1400-1600	ASSA-POSSM Business Meeting [Dr. Mohd Asri Abd Ghapar (ASSA President)/Dr. Edgar Eufemio (ASSA EVP)]
1900	ASSA-POSSM Fellowship Night Keynote Speaker (Dr. John Bartlett)

NOV. 28 [Friday]

0500	POA Fun Run
1230	POFAS General Assembly Meeting
0800-1500	POA/PBO Elections
1400-1700	Residents' Research Forum [TBA]

PLENARY SESSION I

0800	Nothing Beats a First Kiss! Getting the Primary Hip Replacement Right: Tips and Pearls (G Herrera)
0815	Hip Design and Considerations (Bearing Surfaces Not Included): What's for who? (Thainainit Chothanaphuti)

0830	Options for the Young Osteoarthritic Hip (M Cadag)
0845	Hip Bearings: The Burden of Choice (Charlie Sumettanavich)
09:00	Open Forum
0905	Snack Sympo [Delos Santos Medica Center]

PLENARY SESSION II

0935	A Test to Evaluate Mobility of Trochanter Over Acetabulum During THR (Le Phuc)
0950	The True Anterior Approach: What are the results? (M Muñoz)
1005	Minimally Invasive Total Hip Replacement: How I do it, when I do it (Sarbjit Singh)
1020	Total Hip Replacement After Hip Fusion (JA San Juan)
1035	Open Forum

PLENARY SESSION III

1040	Your Time is Up: The Dysplastic Hip (Aznar Merican)
1055	Osteoporosis and Total Hip Replacement (JP Leung)
1110	Handling Bone Defects in Primary Hip Replacement (P Quiaoit)
1125	Open Forum

PLENARY SESSION IV

1130	Reverse Hybrid in Total Hip Replacement (Dickly Mulyadi)
1145	Total Hip Replacement After Acetabular Fractures (I Tabu)
1200	Handling Defects in Revision Hip Replacement: The Bone Collector (Choon Hin Lai)
1215	Handling Defects in Revision Hip Replacement: Real Steel (Alfredas Smailys)
1230	Open Forum
1235	Lunch Sympo: Pfizer
1400	Resident's Research Forum [San Martin]

PLENARY SESSION V

1400	Long Stem Uncemented Revision Hip Surgery (Aznar Merican)
1415	Long Stem Cemented Revision Hip Surgery (David Choon)
1430	The Intertrochanteric Fracture in the Elderly: To replace (DV Antonio)
1445	The Intertrochanteric Fracture in the Elderly: To fix (JC Estil)
1500	Open Forum

PLENARY SESSION VI

1505	2 Stage Revision for THA Periprosthetic Infections (P Quiaoit)
1520	DAIR in Handling THA Periprosthetic Infections (Alfredas Smailys)
1535	Pros and Cons in Bone Conservation of Using Short Metaphyseal Stems: What are the results? (D Manicic)
1550	Open Forum
1600	Snack Sympo: GSK

PLENARY SESSION VII

1630	Second Generation XLPE in THA: Any Improvement Over First Generation? (Christopher Mow)
1645	Dealing with Periprosthetic Fractures After Hip Arthroplasty (Thainainit Chothanaphuti)
1700	Dealing with the Dislocating and Painful THA (AG Tabberrah)
1715	Open Forum
1720-1800	Free Paper Session
1800-2200	Congress Banquet

NOV. 29 [Saturday]

PLENARY SESSION VIII

0800	Nothing Beats a First Kiss! Getting the Primary Knee Replacement Right: Tips and Pearls (J Atupan)
0815	Knee Design and Considerations (Bearing Surfaces Not Included): What's for who? (Aree Tanavalee)
0830	Options for the Young Osteoarthritic Knee (Kevin Lee)
0845	Implant Rotation and Size for the TKR: Getting it right (Aree Tanavalee)
0900	Forum
0905	Snack Sympo: Sanofi

PLENARY SESSION IX

0935	Balance the Gap: Do not fall into it (MA Lopez)
0950	The Rotating Platform: When to use or not? (Alfredas Smailys)
1005	Invasive Total Knee Replacement: How I do it, when I do it (Choon Hin Lai)
1020	Total Knee Replacement After Knee Fusion (RT Dela Rosa)
1035	Open Forum

PLENARY SESSION X

1040	The Difficult Knee: Part One (KC Mehta)
1055	Difficult Knee: part Two (KC Mehta)
1110	Primary Total Knee Replacement on Knees with Bone Defects (Fachry Ambia Tandjung)
1125	Open Forum

PLENARY SESSION XI

1130	Dealing with the Valgus Knee (AL Raymundo)
1145	TKR Post Patellectomy? (Jamal Azmi Mahamad)
1200	Factors Associated with Infections: Fact or Fiction? What the evidence tells us (MA Limson)
1215	I've Over Released (Guy Bellier)
1230	Open Forum
1235	Lunch Symposium: Rottapharm

PLENARY SESSION XII

1400	Patellar Resurfacing: Will this ever end? I resurface (LA Leagogo)
1415	Patellar Resurfacing: Will this ever end? I don't (Nicholas Budhiparama, Indonesia)
1430	Cruciate Retention: Will this also ever end? I save (P Baclig)
1445	Cruciate Retention: Will this also ever end? I sacrifice (GW Asis)
1500	Open Forum

PLENARY SESSION XIII

1505	Handling Bone Defects in Revision Knee Replacement (Kevin Tetsworth)
1520	The Cementless TKA, is There a Resurgence? What are the current results? (Kevin Tetsworth)
1535	Patient Specific Instrumentation in UKA/TKA: Worth the expense? (Christopher Mow)
1550	Open Forum
1600	Snack Sympo

PLENARY SESSION XIV

1630	The Stiff Knee (Guy Bellier)
1645	Extensor Mechanism Disruption and Patellar Fractures in TKR (Azlina Abbas)
1700	Dealing with Periprosthetic Fractures After Knee Arthroplasty (David Choon)
1715	Dealing with the Unstable and Painful TKA (Jamal Azmi Mohamad)
1730	Open Forum
1735-1800	Free Paper Sessions
1800	Closing Ceremonies

