

# Ortho Balita



Official Newsletter of the Philippine Orthopaedic Association, Inc.

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## VISION NEEDS TO BLUR FOR CLARITY



The year 2020 can be called the 'Metal Rat' as a moniker derived from the Chinese horoscope, the usage of Orthopaedic implants and the events of the year so far. The year was to be envisioned as a steppingstone for the POA. For the next three years, POA was to be in the spotlight as we are hosting International Conventions from 2020 to 2022.

### “Big Plans”

The POA Board of Trustees commenced the Orthopaedic Education Council and together with the Philippine Board of Orthopedics organized “Training the Trainers” last January 18 with a goal of providing learning tools to further improve Fellows and Residents in training. Despite the eruption of Taal Volcano, the event was well attended.

The Fracture Liaison Services (FLS), a project to monitor fragility fractures in all Training Institutions, and create a database for international collation, was made through the efforts of Dr. Irewin Tabu and enough support from sponsors to keep the program throughout the Philippines and beyond the ASEAN Region.

The Orthopaedic Research Society had been organized to be inaugurated in November with the selection of prominent Research Enthusiasts of the association, eyeing to have Clinical Practice

Guidelines, Peer Review Publications and Researches worth presenting in conventions and congresses. Though budgets were limited for these, heaven - sent sponsors were willing to support through research grants.

The POA Annual Convention Committee's Ways and Means started with an initial good pledge from our supporters enough to cover the hosting of the ASEAN Society for Sports Medicine and Arthroscopy Congress for 2020 with the lead Subspecialty Society the Philippine Orthopaedic Society for Sports Medicine (POSSM) led by Dr. Enrique Leonardo 'Rich' Pasion and Dr. Edgar Michael 'Gar' Eufemio.

The Butuan Midyear hosted by the POA North Mindanao Chapter settled and readied to accommodate fellows to surf the Mindanao Island Waves. Entitled, “Minimally Invasive Surgery: Dead and Alive” was thought to be a potential success with the direction of President Paul Julius Medina.

All the preliminary work for the Congresses and Conventions were laid on the table. Special Projects were initiated and all these showed a perfect “20/20 vision for 2020”.

# VISION NEEDS TO BLUR...

From Page 1



## “Not so clear”

HOWEVER, a novel coronavirus ‘Made in China’, carried by the ‘metal rat’ created a pandemic. The SARS Corona 2 virus came with a massive effect to our country causing shock, disruption of function and cancellation of plans, unpredictable management control, and refocusing away from all the previous plans.

The cancellation of the congress in Orlando, Florida by the American Academy of Orthopaedic Surgeons amidst the complete booking of hotels and airfares came as the first blow for the Orthopaedic Community. The AAOS Organizing Committee had difficulty in responding to numerous complaints of refund of hotel bookings though airlines were open for re-booking. One country at a time through the National Orthopaedic Associations began to dismiss the invitations of Foreign Speakers and proceeded to “downgrade” to an ‘all local’ lecture congress until most of the congresses were cancelled. Even another big event on the other side of the globe in Malaysia, the APOA 2020, postponed until next year.

The POA Board of Trustees with the recommendations from the midyear convention host, the POA North Mindanao Chapter, deliberated carefully then decided to cancel the Butuan Midyear meeting then followed by cancellation of the 2020 71st Annual Convention which was planned to be hosted by the Philippine Orthopaedic Society for Sports Medicine (POSSM).

## “Quarantine and a Chance for a New Normal”

Everybody went into a ‘LOCKDOWN’ on March 16. Many events came to a sudden

standstill. But HOME QUARANTINE somehow began to stimulate everyone’s mind, generating creativity as a way of creating the NEW NORMAL. For the weeks that followed which turned into months till the present, looking for the silver lining of Covid-19 seems to be possible.

The regular POA Board Meetings were not disrupted. Financial savings were experienced through “zoom” meetings as constitutional functions of the elected officers were executed and foreign trips were dismissed. Various media were used to maintain communication between the associations and its members. Unexpectedly but reflexively, the association began to adapt to the changes. ‘Guidelines for Surgeries’ were made for POA Fellows during the crisis; adjusting to working remotely for the subspecialties and extending assistance to fellows for protection from the virus. The need for PPE’s became apparent, and so the Board made the quick decision to send funding to each chapter to ensure our Fellows’ safety. Subspecialty societies were tapped to offer their specific inputs concerning their specialties, in order to better face the challenges of the lockdown situations. As such, fine tuning of guidelines ensued, according to each subspecialty. Webinars were the new mode of communication. The POA secured its own Zoom platform, with increased capacity to accommodate all our fellows at any one time, in order to co-host specialty specific webinars. Each subspecialty was given multiple opportunities to invite chosen speakers to discuss, explain and shed light on topics affected by the Pandemic, which were specific to their fields. Judging by the number of attendees, these were obviously

a welcome source of information for our Fellows.

## “Down but Not Out”

The POA shall continue with Orthopaedic Medical Education using a different platform. Using the good experience and maximizing the concepts of ‘Webinars’, the BOT decided to have a Virtual Convention for the 71st POA Annual Convention. The unpredictability of the pandemic and safety of each delegate, attendee and sponsor has been recognized. Given the signs of the times, the Board hopes for positive vibes as it formulated the theme for the convention called “The New Normal: An Orthopaedic Challenge” – Adaptive Changes in Surgical Practice. The BOT has also decided to waive the 2020 annual convention registration fee and 2021 annual dues.

The Board of Trustees is learning to adapt and become fruitful to create a new goal for 2020.

Disasters open doors for more opportunities. Unfortunate events happen but can also lead to brighter options. Strategies evolve with the hope to create better opportunities to serve constituents. Charles Darwin’s law of evolution, “Survival of the fittest”, applies to our Board of Trustees whose working minds of the different Officers and Fellows of the Subspecialty Societies, will help conquer this crisis and heal together.

Be safe, stay safe and help save lives.

- PAUL RUEL C. CAMIÑA, MD, FPOA, FPCS  
POA President

# A Normal 20/20 Vision for 2020

*Inaugural speech delivered by POA President Paul Ruel C. Camiña*



**Editor's Note:** *The inaugural speech of the POA President, Dr. Paul Ruel C. Camiña, was edited to feature excerpts that serve as the foundation in looking for the New Normal of the POA. Other content from the address are mentioned in the articles of this issue.*

...A greater hill to be climbed is the Asia Pacific Orthopaedic Association Congress on 2022, the preparation started 4 years ago when Dr Julyn Aguilar's Presidency POA bid in hosting the Congress. The next three-year climb is tougher and we are aiming for 1,500 participants from the Asia Pacific Countries. I am in full support with the APOA Organizing Committee in your preparation. An APOA Secretariat will be hired dedicated to your purpose and we will invite Event's Organizer as early as January next year for them to bid for this event. The POA Board of Trustees can work with other matters other than conventions and congresses. Dr. Edwin Jerd Siatan planted so many seeds in his Strategic Plan made last 2019. I promised him that I will care for it so it will grow and nurture the programs until they bear fruits.

The Philippine Orthopaedic Education Council had convened, Dr Jean Pierre JP Leung, Dr. Arturo Cañete, Dr Leo Daniel Caro, Dr William Lavadia, Dr Danny Dungca, Dr Remo Tito Aguilar, Dr Nathaniel

Orillaza, Jr., Dr Leslie Reyes together with all the presidents of the subspecialty societies are with the vision of the AOA OEC for our members. This council will look into the matters of Pre-Orthopaedic Residency Training curriculum and the Post-Orthopaedic Training Program – Subspecialty Curriculum. As suggested by the whole membership we will include also a program for the Non-Fellows, a similar review course for all non-fellows to ease their passage to the PBO Examinations, a version of POA OrthoRocks for Non-Fellows, Orthopaedic Review Refresher Course (ORRC).

In this way, we can say that ONLY the Philippine Orthopaedic Association can only recognize, accredit and certify a doctor to practice Orthopaedic Surgery.

We will now deliver and formalize the Philippine Orthopaedic Research Society as the ASEAN Orthopaedic Research Society was inaugurated last November 2019 at the AOA Congress in Jakarta, Indonesia. However, we will only activate the Committee on Research authorizing Dr. Edward Wang, Dr Nathaniel Orillaza, Jr., Dr Emmanuel Estrella, and Dr. Venancio Garduce Jr. to work together and make guidelines in the formation of the Philippine Orthopaedic Research Society in line with that of the AOA. The Research Committee will continue the program for Evidence Based Medicine, research boot camp, encourage quality research papers and re-activate the Philippine Journal of Orthopaedics. Clinical Practice Guidelines

will be requested from all 12 Subspecialty Societies. This will show that ONLY POA can recommend evidence based orthopaedic treatment for the Filipino patients.

The Committee on Membership, Credentials and Affiliations headed by Dr. Frederic Joseph Diyco will collaborate with the Philippine Board of Orthopaedics to ensure the increase in diplomates and fellows without jeopardizing the quality of care for our patients. With a strong policy on credentials we can say that ONLY POA can recommend to the Professional Regulation Commission (PRC) and the Department of Health (DOH) as to the qualifications of an Orthopaedic Surgeon.

As you approved a clean version of the constitution this will be forwarded to the Securities and Exchange Commission for registration. As SEC Registered, this means that ONLY POA is recognized as the sole organization of and for qualified Orthopaedic Surgeons in the Philippines.

We will be active in our External Affairs, the committee will be headed by Dr. Marcelino Cadag and Dr. JAC Pimentel. Our relations with the Philippine Medical Association, Philippine College of Surgeons, Philippine Red Cross, and the Department of Health must not be severed. They must deal with the Board of Trustees of the POA and PBO, for all the advisory they needed for the Practice of Orthopaedic Surgery because ONLY POA can provide them the necessary advice in all their dealings in terms of excellence in Orthopaedic Care.

The newly created committees are the Committee on Public Relations and the Political Action Committee.



# A Normal 20/20 Vision for 2020

From Page 2



Dr. Anne Kathleen Antonio, heading the Public Relations Committee, will strengthen our Social Commitment to the community thru Public Information and Disaster Relief Management. We are not forgetting our concerns to our members, member benefits will be defined and classified.

And most of all, our commitment to uphold Orthopaedic Care in the Philippines. Since, ONLY POA is the recognized

and accredited People's Organization of Orthopaedic Surgeons, we can lobby to the congress and the senate to know who we are.

The Association's Board of Trustees will continue to cooperate and coordinate to its 12 Subspecialty Societies and continue to be one and united and that we will be recognized as the ONLY organization of Orthopaedic Surgeons.

We will continue to let all the government offices and non-government organizations recognized the accrediting and certifying authority of the Philippine Board of Orthopaedics and that we are the ONLY organization that can qualify a doctor to practice Orthopaedic Surgery.

All these we are looking forward to a perfect 20/20 vision for 2020.

## President's Greetings

### V. LUNA Message

CONGRATULATIONS to the DEPARTMENT OF ORTHOPAEDICS of V. LUNA MEDICAL CENTER !!!

The Department of Orthopaedics of V. Luna Medical Center served for almost 70 years for the Armed Forces of the Philippines as the first Army Hospital of the nation.

Your theme 70 Years "A Legacy of Excellence: Serving the Bravest, Exemplifying Greatness" is very appropriate as you continue to serve our soldiers, keeping them in high spirits as you serve them as their Orthopedic Surgeons, but likewise as their role model and inspiration. You have taught them far more than orthopaedic knowledge; you have also performed well as a surgeon, and more so, you also subject yourself together with them inside the war zone.

The Philippine Orthopaedic Association will always support the cause of the Department of Orthopaedics of V. Luna Medical Center. You have been recognized to have different experience in terms of managing trauma patients, your contribution to the Orthopaedic Community are greatly appreciated and your presence can never be ignored.

This year, 2020, has proven to be a very big challenge for all of us, taking into consideration your topic for your continuing orthopaedic education, "Emerging Challenges and Questions: Providing Health Care to Trauma Patients in the time of COVID-19" will even be more beneficial to our 'frontliners'. The threat is always re-emerging but the risks stay the same. Now, we do not only think of the 'safe surgery' we provide for our patient but we think of the welfare of the health care providers of the patient, from the security guard who open the gates for them, to the office employees who process their claims, to the dietary staff who prepare their meals and to the janitors who help us maintain the cleanliness of our hospital.

This year, you only not serve the bravest but the survivors; you will not only exemplify greatness in surgical skill but also show them that you care not only to your patient but to the whole world. This is your challenge, and there is no question about it, help us HEAL THE WORLD from this COVID-19.

On behalf of the POA Board of Trustees and all the fellows of the organization, let me extend my congratulation to all of you.

### POC Message

CONGRATULATIONS POC!!!

For 75 years the hospital dedicated to musculoskeletal disorders has given birth to Orthopedic Surgeons that has resulted in a strong foundation for orthopedic practice in the Philippines. This is the well-known Philippine Orthopaedic Center. Although many things have changed, the number of traumatic injuries from accidents continues to rise, leading to the dynamism inherent in orthopedic care.

The theme "75 Years as The Bastion of Philippine Orthopaedics – Saluting The Past & Trailblazing towards The Future" is truly appropriate in the celebration of your Diamond Anniversary. Creating the new direction for the next century will only depend on what we have learned from the past and what we have now. The foundations you have built will always be the strongest for Orthopedic Surgery.

The Philippine Orthopaedic Association will always support the cause of the Philippine Orthopaedic Center through the improvement of the orthopaedic curriculum. The unity of all the subspecialty

Turn to Page 5

# Orthopaedic Resident Education and Training in 2020: *Unexpected Problems Leading to Unprecedented Opportunities*

2020 was welcomed last January 12th by the explosion of a famous viewing tourist destination, Taal Volcano. This unexpected event transposed its immediate surroundings to a barren area significantly affecting to this day the lives of our countrymen in South Luzon, including some of our POA colleagues and one of our very own PBO Trustees.

Roughly a month later, COVID19 exploded into the picture. The PBO accreditation teams were in frenzy and after much deliberation, decided to hold its on-site visit to our North Luzon training institutions – BGHMC in Baguio, ITRMC in San Fernando, La Union, and CVMC in Tuguegarao, Cagayan. Shortly after, the nationwide community quarantine was implemented and how this has affected the world is a continuing history in the making. How it has affected orthopaedic practice as well as residency education worldwide still remains to be mind-boggling.

As we all journey through this current global healthcare challenge, The PBO continues to proactively monitor the ever-changing and fluid COVID-19 national landscape, being duly cognizant of our PBO Diplomates and POA Fellows as well as our Orthopaedic Residents, as we all continue



to serve during these unprecedented times, not only facing undue health risks but huge service and training disruptions. The Board truly understands that this unexpected problem has had a highly variable impact on all our trainees' education and training requirements. Much as thinking long term is the mode, only immediate and short-term plans, highly dependent on

the unfolding of events, may be made. The Board continued its accreditation work by doing virtual visits of selected institutions and will review and make a report of the 2019 performance of the institutes that were not virtually visited. Even now, The PBO is laying down the framework of how to best meet the certification and credentialing needs of our trainees and how to go about program evaluation and accreditation next year readily giving allowance for flexibility and magnanimous consideration.

## POC Message

*From Page 4*

organization with its intense collaboration and cooperation in putting up ethical and high standards of orthopaedic treatment for our patients will ensure its effect to all the practitioners of your center. The knowledge and expertise that you shared in the management of frequently encountered cases will contribute to the clinical practice guidelines that are adopted by other training institutions in the Philippines.

The increasing 'industrialization' of Orthopaedic Surgery makes you the lead

center to be supported by the Department of Health in acquiring equipment to better treat our patients. The Filipino deserves your vision but do not forget your mission to the mandate of the Universal Health Care and that of the Philippine Orthopaedic Association.

On behalf of the POA Board of Trustees and all the fellows of the organization, I sincerely congratulate all of you.

The PBO has scheduled a Town Hall meeting on July 25 to jointly discuss the "plans for the 'new normal,'" focusing on the aforementioned issues and how to operationalize these recommendations.

As the month of June comes to a close, The PBO has already:

1. Postponed all the 2020 Diplomate Practical Exams for 2021;
2. Cancelled the 2020 In-Service Training

*Turn to Page 6*

# Orthopaedic Resident Education and Training...

From Page 5

Examinations (ITE) for the First Year to Third Year Residents. The Qualifying or Board Eligibility Examination is rescheduled for early 2021. The Diplomate Written and Oral Examinations initially set for July has been rest for October but seemingly, postponing it to early next year seems most likely;

The extraordinary and laudable efforts, personal risk and selfless service that our Orthopaedic Faculty and Trainees have shown cannot be overstated. The Board, without the blink of an eye, stands proud and salutes all our colleagues and trainees!

Today, there are so many questions that are still surfacing and certainly many more do remain unanswered. Most of us might be asking "Why is this happening, in a time such as this?" Please allow The Board to once again quote from the Holy Scriptures, Psalm 13:

*<sup>1</sup>O LORD, how long will You forget me? Forever? How long will You look the other way? <sup>2</sup>How long must I struggle with anguish in my soul, with sorrow in my heart every day? How long will my enemy have the upper hand?*

*<sup>3</sup>Turn and answer me, O LORD my God! Restore the sparkle to my eyes, or I will die. <sup>4</sup>Don't let my enemies gloat, saying, "We have defeated him!" Don't let them rejoice at my downfall. <sup>5</sup>But I trust in Your unfailing love. I will rejoice because You have rescued me. <sup>6</sup>I will sing to the LORD because He is good to me.*

Our present enemy, this pandemic, has been further compounded by recent natural disasters like the earthquakes and the typhoons and will be further complicated with more yet to come. This is truly a set of unexpected problems that has caused lasting socio-economic ramifications, including an unimaginable affliction in our own orthopaedic practice. The Psalmist asks for "how long," we simply do not know!

However, this time has also led us to unprecedented opportunities - a time for closely looking at our training processes, a time to allow for a restructuring of our



orthopaedic training programs, a time to discover distant learning methods, and a time to further explore virtual surgery as real options.

The Board had the annual "Training the Trainers" workshop last January 18 th together with the Orthopaedic Education Council (OEC) of The POA, with the aim of better understanding our millennial learners and having a more critical look at TPACK (Technological Pedagogical and Cognitive Knowledge), on-line educational strategies and other activities for teaching and assessment, spearheaded by Dr. Remo Tito Aguilar, one of our PBO Trustees and co-founders of #HealthXPH, a collaborative effort by healthcare stakeholders using emerging technologies and social media to impact our Philippine setting. The former Dean of the UP National Teacher Training Center for the Health Professions (NTTCHP), Prof. Erlyn Sana and Prof. Iris Isip-Tan, an Endocrinologist and the Chief of the Medical Informatics Unit of the UP College of Medicine, were our faculty resource speakers. Suddenly with a flick of a finger, these training for online activities have become relevant and applicable.

This was followed by a brief discussion on Mentoring by PBO Trustee Dr. Nathaniel Orillaza, and Dr. Sarah Gavino, a UP-PGH Resident, shared her personal testimony of how mentoring has helped in some of her major decisions. The ASEAN and PBO orthopaedic curricula were further expounded on by Drs. Arturo Canete, Jean

Pierre Leung and yours truly, and now the latter is ready for launching within the year.

Furthermore, we have now been afforded time to start looking at ways to share our resources by closely working together especially for the geographically adjacent training programs and time to consider exploring how highly functional tie-ups and linkages can be transformed from mere drawings to a robust reality.

And no doubt the best of all, as we have now been realizing, this unprecedented opportunity has given us the time to reflect on our very own personal plans and directions, time to grow in intimacy with our families, and time to experience God and trust Him even more so as to dwell in His unfailing love! Mabuhay tayong lahat!

**WILLIAM T. LAVADIA, MD, FPOA**  
Chairman, The Philippine Board of  
Orthopaedics, Inc.



# 71st POA ANNUAL CONVENTION ONLINE

Due to the current pandemic situation brought about by Covid-19, the POA Board has decided to hold the 71st Annual POA Convention ONLINE. This will be held on November 27-28- 2020 with the theme “The New Normal: An

Orthopaedic Challenge- Adaptive Changes in Surgical Practice”. We have requested the sub specialty societies of the POA to participate in this inaugural online platform. There will also be the business meeting. The Residents’ Research

Forum and Free Paper Presentation is planned for November 26, 2020. Registration is free for all Fellows and residents.

Initially, this year’s theme was supposed to be sports with the participation of ASSA (ASEAN Society for Sports Medicine and Arthroscopy) and the Phil. Shoulder Society. However, with the outbreak of the corona virus, we had to defer and opt for an alternative program. In the meantime, the POA Board has organized several webinars with the sub specialty societies to update our fellows.

- **PETER B. BERNARDO, MD, FPOA**  
*POA Vice President*



## SEC Approves Holding of Annual Meetings Online

To combat the spread of the COVID-19 pandemic, the Government has required the public to practice social distancing and avoid mass gatherings. Because of this mandated health protocol, the Securities and Exchange Commission (SEC) issued Memorandum Circular (M.C.) No. 6-2020 which allows the attendance and participation of stockholders and members of Corporations in the regular and special meetings through online and other means of remote or electronic communication.

Prior to the issuance of M.C. No. 6-2020, the annual stockholders or members meeting is required by law to be physically held every year so the shareholders or members can be updated on what the Company has achieved in the past year and to elect a new set of Board Directors or Trustees for the ensuing year.

But because of the COVID-19 pandemic, it prevented Corporations to physically hold annual meetings as this will violate the prohibition on mass gatherings. Thus, the SEC thought that the most viable solution to this problem is to go digital — using the internet through videoconferencing applications available such as Zoom, Google Meet, and Microsoft Teams.

In today’s digital era where the internet is easily accessible, one will concede that videoconferencing is the best substitute for physical meetings. However, M.C. No. 6-2020 does not limit the holding of annual meetings via online video conferences since the circular also allows other modes of remote communication like teleconferencing or audio conference. It can even be suggested that meeting through email can be valid as this is considered an electronic communication and within the

ambit of coverage of M.C. No. 6-2020.

While many Companies and Associations have decided to move their annual meetings by a few months, some of Philippines top conglomerates such as the Ayala, Aboitiz and Gokongwei groups still proceeded to hold the first online stockholders’ meetings in the Country. For Ayala Land and Ayala Corporation, their annual meeting combined both live and pre-recorded speeches and reports. However, instead of responding to live questions from shareholders, questions were culled from those sent ahead by email with only a few answered live while the rest were promised responses via email. Seeing how it worked for the Ayala, Aboitiz, and Gokongwei groups, other Corporations are now considering holding online annual meetings even when quarantine measures are lifted.

- **ATTY. RODMEL BAUTISTA**  
*POA Legal Counsel*

# To Cut or Not To Cut: *Indications for Orthopedic Trauma Surgery During the Pandemic*

*Note : the following is an outline form of a webinar lecture given on 26 June 2020 during the 70th Anniversary of the V Luna Medical Center.*

1. Keep in mind mode of transmission, a cough produces atomization of particles that aerosolize and is dispersed in air, inhaled by others; while some fall to surfaces in droplets causing contact transmission.

2. Whole population can be divided into four groups. All are asymptomatic for the first 5-7 days after exposure to contagion. Death rate highest among critical and severe.

- No symptoms 30%
- Mild/moderate symptoms 55%
- Severe symptoms 10%
- Critical symptoms 5%

3. Studies have shown that 50% to 70% in some populations can be positive for Covid but asymptomatic.

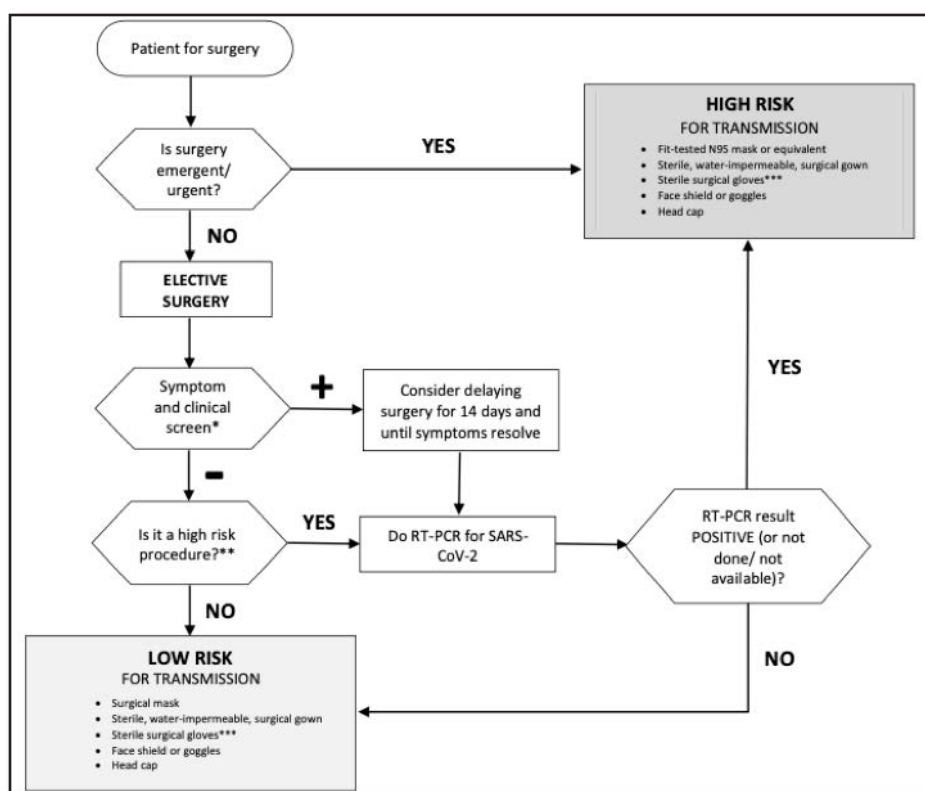
4. Sources include ACS, PCS, AAOS, POA, WHO, ESKA, PSMID and NIOSH

5. Orthopedic Procedures during Pandemic

- Emergency : limb or life threatening
- Urgent : arthroplasty infections and most trauma cases
- Urgent/Somewhat Elective : acute intra & periarticular ligament & tendon conditions; selected trauma cases
- Elective : total joint arthroplasty; osteotomies; chronic ligament/tendon conditions; chronic peripheral nerve compression syndromes

6. Stratified Urgency of Different Orthopedic Procedures for Trauma

- Priority A : Emergency (<24hrs)
  - Open fractures
  - Femoral neck in the young
  - Pelvic fractures with bleeding
  - Fractures with vascular injury
  - Compartment syndrome
  - Necrotizing fasciitis
  - Closed fractures with impending soft tissue compromise
  - External fixation for complex fractures
- Priority B : Urgent (<48hrs)



- Femoral Neck Fracture in elderly
  - Intertrochanteric Fractures
  - Talar Neck Fractures
  - Surgical Femoral shaft fractures
  - Distal femur fractures, tibial shaft fractures
- Priority C : Expedited (<2weeks)
    - Surgical clavicle, scapula, humerus, radius, ulna, tibial plateau, ankle
    - Pelvis and acetabulum fractures
    - Closure or flap coverage of open fractures
    - Repairable osteochondral fractures
- AAOS Pre-Operative Screening
    - PCR test 2-3 days before OR : patients with unknown exposure or infection
    - PCR test and Lung CT scan 2-3 days before OR : asymptomatic patients but with exposure or those presumed to be infected
    - Antibody testing 2-3 days prior to surgery : for patients who have recovered and may be adequately immune
    - Covid Positive patients : delay of surgery till full recovery
  - PCS March 22, 2020
    - Assume all patients for surgery are infected
    - OR's need : adequate PPE, negative pressure ideally, integrated filters, dedicated Covid Theaters, limited staff involvement, new workflows
    - No need to quarantine HCW if proper PPE's are used
  - POA April 4, 2020
    - Emergent Surgeries
    - Urgent Surgeries
  - PHKS & POTS April 10, 2020
    - Fragility Hip Fractures : osteoporotic bone in pxs >65 yrs or in malignancy
    - Emergent : life/limb threatening, surgery in 8 hrs
    - Urgent: surgery prevents severe impairment of function
    - Elective: delay in surgery will not affect outcome; may be delayed till end of pandemic



# To Cut or Not To Cut...

From Page 8

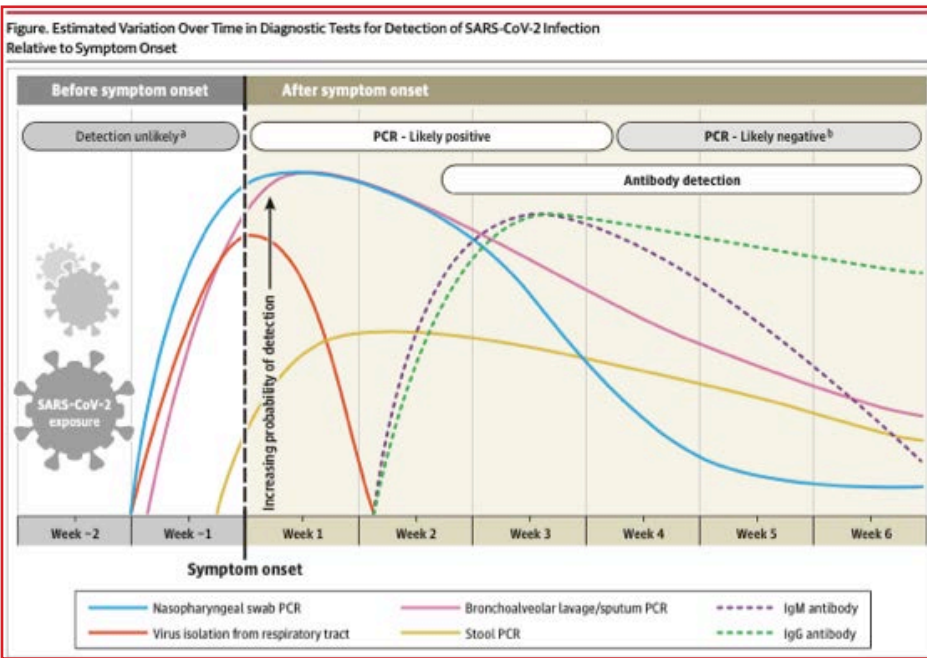
11. Urgent Surgery on : hip fractures in Covid negatives without pulmonary symptoms
  - a. Adequate health care workers
  - b. Able to provide PPE's
12. Delay Surgery or Transfer Patient
  - a. Covid positive hip patients
  - b. Covid negative but with pulmonary symptoms hip patients
  - c. No testing for covid 19 hip patients
  - d. Lack of trained staff/equipment to guarantee safety
13. PSMID Risk Assessment of Surgeries during Covid : May 26, 2020
  - a. Remember respiratory transmission
  - b. Clinical parameters with PCR if available, will determine transmission risk
  - c. Screen patients based on symptoms, exposure, travel history
  - d. Do chest xrays

- e. PCR if available for asymptomatics who need high risk surgery but consider if needed in light of PPE use
14. High Risk for Transmission : emergency procedures; PCR positive pxs; patients with unavailable PCR results but need surgery
15. Low Risk for Transmission: asymptomatics needing low risk surgery; symptomatics with negative PCR but need low/high risk surgery
16. Aerosol Generating Procedures include use of high speed/high energy devices (drills, saws, reamers) which may aerosolize virus in blood. Safety zone 6 feet radius from OR table.
17. Electrocautery to be kept to a minimum; produces smoke that has virus particles but not proven to be infectious.
18. PSMID algorithm for Risk Stratification of surgical procedures based on urgency of procedure, clinical assessment and PCR results.

19. Hazmats are difficult to don/doff, may risk contamination if improperly used; not required because covid is respiratory, not absorbed through skin. Weigh the need.
20. DOH May 29 Memo : expanded testing guidelines
  - a. "significant" exposure in covid positive : face to face within 1 meter for more than 15 mins; direct physical contact; direct patient care without PPE; from 2 days prior to 2 weeks after symptoms appear
  - b. Test only those with significant exposure
21. Prerequisites in Resuming Electives
  - a. Sustained reduction in new covid cases for 14 days
  - b. Available testing for patients and HCW
  - c. Adequate PPE's and trained staff
  - d. Case prioritization schedule adopted with facility policies to minimize risk of transmission to patients and surgical team

22. Take Home Messages
  - a. No definite how and when this will end
  - b. Consider infectivity from symptomatic & asymptomatic patients
  - c. Classify and stratify orthopedic procedures accordingly
  - d. Know who and how to screen and test
  - e. Be mindful of high vs low risk for transmission & react properly
  - f. Know the truth behind potential sources of infection
  - g. Test adequately and properly based on known virus behavior
  - h. Be ready to move forward to face huge backlogs

- FREDERIC JOSEPH F. DIYCO, MD, FPOA  
 POA Corporate Secretary



## POA Supports Multicenter Project Promoting Ortho-geriatrics and the Fracture Liaison Service

Even before the declaration of the COVID-19 disease as a global pandemic March 11, 2020, fragility hip fractures were already considered as an epidemiologic emergency, as supported by the early projections in the 1990's predicting that

there will be a massive increase in the number of fragility hip fractures worldwide, making it a major public health concern. More alarming is that more than half of the projected increase will happen in the Asian region

1. According to a recent study conducted by the Asian Federation of Osteoporosis Societies (AFOS), there will be a 2.28-fold increase in the number of osteoporotic hip fractures in the Asian region from 1,124,060

## POA Supports Multicenter Project ...

in 2018 to 2,563,488 in 2050

2. Also a big concern will be the increase in the financial burden of fragility hip fracture management from 9.5 billion (USD) in 2018 to 15 billion USD in the year 2050

3. Preliminary reports of the International Orthopedic Multicenter Study in Fracture Care (INORMUS) revealed that in the low to middle income countries across the world, fragility fractures of the hip comprise the highest fracture burden among females, and most of them are greater than 60 years old

4. INORMUS includes countries in the Asian region such as China, Pakistan, Vietnam, Nepal, Thailand, Iran, and the Philippines.

Recognizing the need to respond to the growing epidemiologic emergency caused by fragility fractures, the Philippine Orthopedic Association, through its Ortho-Geriatric and Osteoporosis Working Group, is supporting a multicenter project in the form of a research study entitled "A Multicenter Implementation of the Combined Ortho-geriatric Fragility Fracture Management (OFFM) and Fracture Liaison Service (FLS): Challenges and Clinical Impact on the Elderly with Hip Fractures during the New Normal". The project aims to involve the PBO accredited training institutions, as well as other willing hospitals across the country, with the hopes of supporting each hospital launch their own nationally and globally aligned Ortho-geriatric and FLS Clinical Pathway. An integrated systems management support group will be provided for each participating hospital that will help in sustaining patient records and follow-ups in the form of a Fragility Hip Fracture Registry, that is aligned with the other global hip registries.

The initial phase of the project, which will involve the recruitment of participating institutions and grassroots dissemination of the project details, has begun last February 2020 and will be extended until the last quarter of the year, as a result of the social changes brought about by the pandemic. As of this writing, half of the PBO accredited

training institutions have already expressed their intent to join the project. The second phase, which will involve actual patient recruitment and initiation of the Ortho-geriatric and FLS Clinical Pathway in the respective institutions, will start in January 2021. The project is expected to finish by the first quarter of 2022, in time for the 2022 Fragility Fracture Network Global Congress, which will be held in Melbourne Australia on October 2022.

In the end, aside from helping the participating institutions start their own sustainable multidisciplinary Ortho-geriatric and Fracture Liaison Services, it is also the hope of the project to generate a globally aligned fragility hip fracture registry for the Philippines. The data can be used to lobby for policy changes in the government, giving importance to ideal osteoporosis care, as well as the prevention and excellent management of fragility fractures in the elderly, including rehabilitation and falls prevention.

***\*if you wish to join the project, please send me an e-mail at [tatabu@up.edu.ph](mailto:tatabu@up.edu.ph)***

1) Cooper, C., Campion, G., & Melton, L. J. (1992). Hip fractures in the elderly: A world-wide projection. *Osteoporosis International*, 2(6), 285–289. doi: 10.1007/bf01623184

2) Cheung, C.-L., Ang, S. B., Chadha, M., Chow, E. S.-L., Chung, Y.-S., Hew, F. L., ... Fujiwara, S. (2018). An updated hip fracture projection in Asia: The Asian Federation of Osteoporosis Societies study. *Osteoporosis and Sarcopenia*, 4(1), 16–21. doi: 10.1016/j.afos.2018.03.003

3) Pouramin, P., Li, C. S., Sprague, S., Busse, J. W., & Bhandari, M. (2019). A multicenter observational study on the distribution of orthopaedic fracture types across 17 low- and middle-income countries. *OTA International*, 2(3). doi: 10.1097/oi9.0000000000000026

- **IREWIN A. TABU, MD, FPOA**  
**Project Head, POA Ortho-geriatric and Osteoporosis Working Group**

## POA North Luzon Chapter Highlights

The POA North Luzon Chapter ended the year 2019 with the 4th Quarterly Meeting held at Clark Marriott Hotel. Soon after, the election of new set of officers for the year 2020 was done, followed by Fellowship Night, Christmas Party and raffling of Christmas gifts, the grand prize going to the POA Executive Secretary, Ms. Celia Rigor.

The new set of officers are:

President: Dr. Erwin Guzman  
 Vice President: Dr. Peter Paul Papio  
 Secretary: Dr. Voltaire L. Seares  
 Treasurer: Dr. Rolando Dela Cruz  
 Auditor: Dr. Ruel Dela Cruz  
 PRO: Dr. Rambo Arocena

The First Quarterly Meeting for the year 2020 was held at the Sola Hotel in San Nicolas, Ilocos Norte last February 15, 2020. The scientific program centered on Pediatric Lower Extremity Conditions. The speakers were Dr. Nick Suero, Dr. Ana Decentecio Ricardo, Dr. Dalo Sumpaico, Dr. Juanito Javier and Dr. Cielo Balce. A separate lecture was given by Dr. Nick Suero regarding the nationwide program on the Correction of Clubfoot.

This was followed by the induction of the new set of officers with POA President Dr. Paul Camiña as the inducting officer. Two new members of the POANL were, likewise, inducted. Dr. Hubert Paulino and Dr. Cornelius Javier.

Financial assistance was given as a way of support to our colleagues in south Luzon

# POA North Luzon...

From Page 10



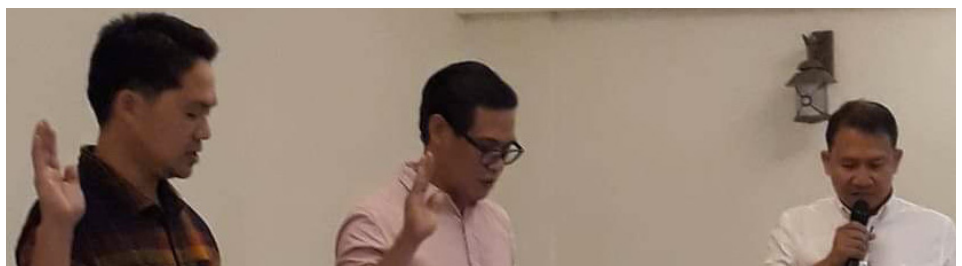
during the volcanic eruption of Taal. This chapter also promised to give all out support for the POA North Mindanao Chapter, who was supposed to host the aborted Midyear Convention last May, through raffle ticket sales.

Early this year, this chapter already had a yearlong plan but the COVID scare deterred all the plans.

Last May 30, 2020, a Zoom meeting among the officers was held where the group decided to endorse Dr. Jeanne Pierre Leung and Dr. Alvin Amador as the chapters' candidates for the POA Board of Trustees. For the financial donation given by the POA, the group decided to purchase protective goggles to be distributed among the members of the chapter.

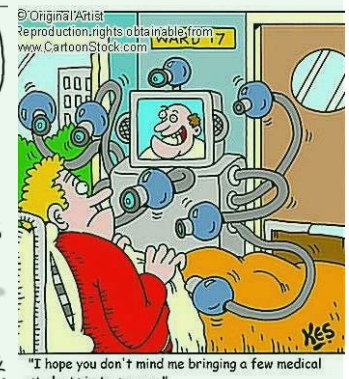
Inasmuch as everything has changed because of the COVID scare, plans are under way to get in touch with the other members of the chapter through limited Zoom conferences.

- ERWIN V. GUZMAN, MD, FPOA  
POA North Luzon Chapter President



Note about covid test.

You can get tested on Monday.  
Be exposed to covid on Tuesday.  
Get a negative result on Wednesday.  
Go out to meet people on Thursday.  
Be mildly symptomatic on Friday ("But I was negative") .  
Then get tested on Saturday.  
Only to be positive on Monday.



# AMIDST OUR TRYING TIMES...

The first half of the year 2020 has been a difficult time for everyone especially for the people in southern parts of Luzon. Taal Volcano eruption happened last January and its aftermath can still be felt until the early weeks of March. This resulted to a huge number of displaced individuals and

families fleeing their homes due to the danger that may occur anytime. Then the pandemic brought about by CoVID-19 suddenly took place affecting all healthcare workers including the Philippine Orthopaedic Association – South Luzon (POA-SL) members.

The officers of POA-SL held a relief operation for the residents of Taal Island who were relocated at Ibaan, Batangas last February 1, 2020. This project was headed by Dr. Ernesto Tenorio and Dr. Ramon Anatalio III, our president and vice-president, respectively. The association was able to donate hygiene kits, food packs, blankets, and mosquito nets to almost 100 families living in the temporary shelters. Volunteers from the ACC Physical Therapy Clinics which was led by the past president of POASL, Dr. Abundo Celera, also joined in this endeavor. They donated clothes and other basic necessities for the evacuees. This mission would not have been successful without the generous contributions from the members of the POA-SL, Philippine Orthopaedic Association (POA) National, industry partners and other kind-hearted individuals.



- **ROBERTO GABRIEL L. LOPEZ, MD, FPOA**  
POA SL Chapter Secretary

## POA WV Chapter Induction & 1stQ Meeting

It was the day after Valentine's February 15, 2020 that the Philippine Orthopaedic Association's Western Visayas Chapter celebrated our First quarterly meeting and our induction ceremonies for our new set of officers. Venue was set at the Seda Hotel, Iloilo. The arrangements and décor were still in Valentine mode so for some of our fellows who arrived early, they enjoyed a second Valentine's treat from the hotel complete with themed photobooths. As always, our fellows very much enjoyed the ambience and the accommodations of the hotel.

As most of our quarterly meetings, the day started with a resident's activities at two in the afternoon. Attendees included the residents of the three training hospitals in Western Visayas and some fellows who arrived early to attend the said activity. Dr. Christian Casamayor gave a short lecture and an after fellowship talk to residents. Our chapter see these kinds of activities as means to inculcate to our young residents



the right values and attitudes that make a good Filipino orthopaedic surgeon. As one of the POA Fellow

attendees would say "Humility and hard work will always help the resident in the long run".

Our business meeting that followed was one of the best attended so far with our Fellows numbering around 30 or so coming from 3 to 4 hours drive from Kalibo, Aklan to almost overnight land travel and boat from Dumaguete city. For this alone, we greatly



appreciate the sacrifices our fellows go thru just to attend our activities. Focus on our business discussions were on our future hosting of our POA Midyear Convention and we are happy to say that our fellows are enthusiastic and are fully behind our association in hosting said event. We promise to make it a happy and memorable event as most POA Fellows would be

Turn to Page 13

## POA WV Chapter...

From Page 12



excited to visit Western Visayas once again. Details unfortunately we will have to keep it a secret because we do love the suspense and the thrill of waiting. Ha ha ha...

Our induction ceremonies capped with the fellowship night was both solemn and a happy occasion as we celebrated at the rooftop of the Seda Hotel overlooking Iloilo city. We are deeply honoured with our guest, Dr. Peter Bernardo Vice-President of our Philippine Orthopedic Association, as he graced the activity with his presence and for inducting our new set of officers for the year 2020. Induction was held at the Seda Rooftop function room and it was a Fellows only event so making it a private and solemn event. Fellowship night followed at the rooftop bar with the residents joining everybody for a few rounds of bonding, jokes, and mostly stories of camaraderie as our chapter once again embark in a new year and an exciting Midyear Convention to plan ahead.

May we introduce our POA-Western Visayas Officers for the year 2020

President: Raymundo R. Quimpo, MD, FPOA

Vice-President: Jair Kimri Jingco, MD, FPOA



Secretary: Lucille P. Detoyato, MD, FPOA

Treasurer: Shaun Porras, MD, FPOA

PRO: Wilangelo Mana-ay, MD, FPOA

BOD: Gladys Pailano-Tan, MD, FPOA

Douglas Panerio, MD, FPOA

Raoul R. Cañonero, MD, FPOA

Jonathan Reblando, MD, FPOA

Ex-Officio: Margarito M. Morano, MD, FPOA

- RAYMOND QUIMPO, MD, FPOA  
POA West Visayas Chapter President

# Wound Care Hands-On Workshop: A joint project by POA- WV Chapter and the POWCDLS

On March 7, 2020, a hands-on workshop on basic wound care was given by the POA-Western Visayas Chapter working together with the Phil. Wound Care and Diabetic Limb Society at Bethel House Hotel, Dumaguete city.

This was a whole day affair and attended by more than 30 participants consisting of surgeons, physicians, nurses, and other paramedical personnel. The activities included lectures by Dr. Lucille Detoyato representing the POA-WV and Dr. Jay Asuncion for the PWCDLS. The lectures involved basic topics, practical and advanced equipments used in wound care. Wound dummies and actual equipment were provided by Getz Bros. The hands on work shop followed the lectures with Dr. Daryl Aplao as the main facilitator and provided actual cases and patients for the participants to apply their learnings.

All in all the participants have well received the lectures and were very enthusiastic with all the activities. Discussions were very

Turn to Page 14

# Wound Care Hands-On Work Shop...

From Page 13

lively with participants being of different professions contributed their own take to the new things learned that day. Post work shop evaluation by the attendees showed overwhelming appreciation for the activity and the lecturers with hopes that a second work shop be organized again so more of their colleagues can join also.

The workshop ended with awarding certificates of appreciation and token gifts of the famous Dumaguete Sylvanas to the lecturers and to the sponsors of the activity by the POA-WV Chapter President Dr. Raymundo Quimpo.

*- RAYMOND QUIMPO, MD, FPOA  
POA West Visayas Chapter President*



# POA – SouthMin in cooperation with SPMC Ortho Extends Help to Makilala Earthquake Victims

More than 500 families from Makilala, North Cotabato were the beneficiaries of a recent medical and relief mission participated in by the Philippine Orthopedic Association – Southern Mindanao Chapter last November 9, 2019. Accompanied by 35 air force reservists from the 39th Infantry Battalion of the Philippine army, a team of 14 doctors and 7 volunteers conducted a medical consultations and treatments to over 200 individuals at Barangay New Israel,

Turn to Page 15



# POA – SouthMin...

From Page 14

Makilala, North Cotabato. A makeshift clinic was put up under a tent outside the barangay hall where patients were seen and treated and free medicines were given to the earthquake victims.

The mission was held as a response to provide aid to the victims of the clusters of earthquakes and aftershocks that shook the province of Cotabato last October 2019. Thousands of families were reported to have been displaced with a number injured from the quakes. Brgy. New Israel, where the mission was conducted, was identified as one of the many areas that had yet to receive adequate medical and relief assistance since the earthquakes began.

Relief goods comprised of blankets, food, drinking water, bed mats and mosquito nets, were also distributed simultaneously with the conduct of the medical mission. Spearheaded by Dr. Hilario Diaz and the SPMC Department of Orthopedics, the mission was a collaborative effort of the POA Southern Mindanao Chapter, Philippine Air Force Reserve Command and the Philippine Army 39th Infantry Battalion.

- Jake Morales, MD, FPOA, Larry Diaz, MD, FPOA & Rex Peñaranda, MD, FPOA



# “RELEARNING THE BASICS” POA South Mindanao Chapter

The POA South Mindanao Chapter, in partnership with the Department of Orthopedics Southern Philippines Medical Center (SPMC), the Philippine Orthopedic Trauma Society, and the AO Trauma Philippines held a one-day postgraduate course on March 7, 2020 entitled “Back to Basics: Approaching Peri-articular Fractures of the Knee”. It was held at the JICA Building of the SPMC and was well attended by over 60 participants, more than half of which were training residents from SPMC, Vicente

Sotto Memorial Medical Center, Corazon Locsin Montelibano Memorial Regional Hospital, Western Visayas Medical Center, Northern Mindanao Medical Center, and as far away as the Philippine General Hospital. It was also graced by practicing orthopedic surgeons from both North and South Mindanao chapters, and from as far as Manila.

We were very fortunate to have the entire AO Trauma Philippines Country Council as faculty led by its current Chair, Dr.

Frederic F. Diyco. Also in attendance were the Education Officer, Dr. Jean Pierre F. Leung; the Community Development Chairperson, Dr. Jose Antonio San Juan; and the Research Officer, Dr. Maria Adelwisa Belen. Local faculty included SPMC’s Orthopedic Trauma head, Dr. Kristoffer Roa, and SPMC spine and trauma consultant, Dr. Richie Sorilla.

The event held a series of didactic lectures in the morning followed by small group

# “RELEARNING THE BASICS”...

From Page 15



discussions, wherein participants had the opportunity to discuss cases and share their own practices in a more controlled setting. The smaller groups allowed both residents and consultants alike to share their thoughts and apply the basic principles taught during the lectures. After a late lunch, practical exercises were conducted on sawbone models for fractures of the distal femur and tibial plateau. We are grateful for the support of KangHui Medtronic through Titech Medical Trading, who graciously provided the sawbones and allowed use of their instruments and implants. The participants were also treated to a demonstration of the classic 95-degree angle blade plate inserted into the distal femur by Dr Diyco. This served to orient the young participants on the evolution of treatment for the distal femur and to highlight that older implant designs need not necessarily be obsolete.

This postgrad workshop was made possible through the efforts of the POA-SMC Organizing Committee: chapter president, Dr. Paolo Alan Tabar, who conceptualized the project; ably executed by VP and Program Organizer Dr. Ma. Ramona Reyes, with the unfailing support of the chapter secretariat, Malou Igos; the AO Trauma Philippines Country Council and its partner, the Philippine Orthopedic Trauma Society and the SPMC Department of Orthopedics headed by its chairman, Dr. Noel Rex Peñaranda.

We look forward to future endeavors and projects in cooperation with our One POA family. May we never stop learning.

**- MA. RAMONA B. REYES, MD, FPOA & FREDERIC JOSPEH F. DIYCO, MD, FPOA**





# POA – SouthMin in cooperation with SPMC Department of Orthopedics Aids in Second Wave of Relief Efforts

A 6.9 magnitude earthquake rocked Davao del Sur last December 15, 2019 displacing thousands of families and destroying countless houses and buildings. Heeding the call for service, the POA-Southern Mindanao Chapter again utilized its links to contribute to a second wave of relief efforts this time centering on affected areas in the Province of Davao del Sur.

Together with the SPMC Department of Orthopedics, the Philippine Air Force Reserve Command, the 2nd Scout Ranger Battalion and the Philippine Army 39th Infantry Battalion, a team composed of doctors, volunteers and reservists visited Piape, Padada in Davao del Sur last December 28, 2019 to distribute relief goods and supplies to at least 430 families in the said area.

A makeshift clinic was also put up in the barangay gymnasium where free medical consultation and medicines were provided to more than 250 individuals some of whom were referred to bigger hospitals for appropriate care. Brgy. Piape was one of the identified areas that had yet to receive any assistance after the province was hit by the destructive earthquake.

- Jake Morales, MD, FPOA, Larry Diaz, MD, FPOA & Rex Peñaranda, MD, FPOA



# THE PSOWOSI INITIATIVE DURING THE COVID-19 PANDEMIC

The year 2020, so far, has been a most challenging start of a new decade. The eruption of Taal Volcano in January caused mass devastation in the province of Batangas with effects felt in the neighboring provinces. And as we were cleaning up, we had to face a disease starting from the province of Wuhan in China, that has blown into a pandemic. This mysterious respiratory disease which turned out to be the novel corona virus, termed the Covid19, has spread its tentacles to Europe, North America and subsequently the entire world, thence, the start of the Pandemic of 2020. Time stopped for most of the world. A lockdown, where the population was mandated to stay home, was the new norm. As the Health Care Workers who frontline the emergency rooms became the modern day heroes, Essential Workers were likewise deemed ferociously important partners in the community.

The world, as we know it, stopped. Socialization and physical interaction was prohibited, but life kept on going, with a 180-degree change. A new normal began. Physical distancing was demanded from society, implemented strictly through the Enhanced Community Quarantine (ECQ). No one was allowed outside their homes, unless they were Front Liners, or those assigned by households to get basic needs, such as food and medicine. Personal protection from the infection became a priority and a commodity. Personal Protective Equipment (PPE) consisting of masks, eye protectors, jumpsuits, gloves, face shields and more, were now included in the daily armamentarium. Learning in all levels transitioned into an online type of learning. FaceTime, Google Meet, Zoom and other social media learning platforms were eventually used to slowly restore education and work. Our specialty, Orthopedics, was not spared in this abrupt change.



The Philippine Society of Women Orthopaedic Surgeons (PSOWOSI), in the midst of all these changes decided to make a difference in our own way. Out of the society's funds, through the kind donations of our members, reusable PPEs were donated to institutions in the NCR, and reached as far as the different point of Luzon, including Cabanatuan, Nueva Ecija and Zambales, all the way to Davao, Mindanao. Beneficiaries were mostly government institutions where supplies were wanting. A total of 217 pieces of jumpsuits were distributed to ten institutions. This effort is still ongoing, so we appreciate any donations through our



# THE PSoWOSI INITIATIVE...

Turn to Page 18

society. We are extremely grateful to our members, who answered this call, despite the trying and tight times. Our message to these health workers was, “Keep your Head Up, God gives His Hardest Battles to His Strongest Soldiers”.

As webinars and large meetings became our connection and source of learning and information in the Orthopaedic Community, PSoWOSI presented an interactive online activity, through the POA webinar series. Our topic was “The Surgeon is In: Recommendations and Practical Applications of Covid19 Guidelines to Ensure Clinic Safety For You and Your Patients”. Our speaker, Dr Cristobal C. Dumo, Jr, is an Infectious Disease Specialist of the St Luke’s Medical Center. We would like to acknowledge Johnson & Johnson for being our partner sponsor in this activity, held last 19 June 2020 from 7-8 pm. Support from our fellows and residents was overwhelming, with close to 200 attendees during the webinar, providing a good volley



of questions and answers between our participants and our speaker.

We are now in the middle of year 2020 and the outlook for the Pandemic is still uncertain. What is certain is that the PSoWOSI will continue to make a difference in the orthopedic and medical fields. We are looking forward to a better

outcome sooner than later. The world is involved in this medical mystery and new normal, and we hope for a solution to this invisible virus, which has caused the world, as we know it, to stop. With FAITH and HOPE, PSoWOSI will continue to spread HELP despite these trying times.

- DR. EMILIA HALILI TANCHULING, MD,  
FPOA  
PSoWOSI President

## PHKS 2020 - An Unexpected Year

The Year 2020 started on a high note. PHKS started with the Induction of new PHKS Fellows followed by 1st Quarterly Meeting held last February 22, 2020, Saturday, 6:00pm at Discovery Suites Ortigas. The newly-inducted fellows presented interesting cases for discussion.

Unfortunately, our planned activities for the year 2020 were side-tracked by the Covid-19 pandemic. This resulted to the collaboration of Philippine Orthopedic Trauma Society (POTS) and Philippine Hip and Knee Society (PHKS) to come up with the Guidelines on Surgery for Fragility Hip Fractures during the Covid-19 Pandemic to guide our members on best practice in the face of the unseen virus.

- Members in charge – Dr. Villamin and Dr. Chuasuan

October 22 (Thursday)

- Online 3rd Quarterly Meeting
- Presentors – East Avenue/ VLuna
- Members in charge – Dr. Cadag and Dr. Valenzuela

November (Date to be announced/Online or in person depending on government restrictions)

- Instructional Course Lecture on TKA
- lection of new PHKS Board 2021-2022
- Roadshows, Postgraduate courses and Research symposiums are cancelled
- All Quarterly meetings will be online

This pandemic has affected the world but human ingenuity and resilience will always rise up to the occasion.

Turn to the next page for the Guidelines in toto as published and disseminated last April 8, 2020 to the different training institutions, PHKS website and PHKS Facebook page.

**The upcoming PHKS activities have been revised to align with the other schedules of the different subspecialties –**

August 27 (Thursday)

- Online 2nd Quarterly Meeting
- Presentors – UST/JR

**INDUCTION OF NEW FELLOWS AND QUARTERLY MEETING**

February 22, 2020 . Saturday . 6pm  
Clermont 22nd Floor  
Discovery Suites, Ortigas

# PHKS 2020 - An Unexpected Year...

From Page 19

As learning is always paramount to our society, PHKS partnered with our mother organization, Philippine Orthopedic Association (POA) and came up with PHKS R.O.L.E. (Residents and Orthopods Lockdown Encounters) Online “The Hip Series” which was held via Zoom meetings on May 20, 23, 26, 29 and June 2, 2020, 8pm. The objective of this endeavor is to bridge the gap in learning of the residents and fellows. Below are the featured topics and speakers.



- **EDSEL F. ARANDIA, MD, FPOA**  
PHKS President

Induction proper headed by Dr. Edsel F. Arandia, PHKS President. New PHKS fellows (L-R) Carlo Angelo R. Belen, Mark Philip B. Besa, Karlou D. Mutia, Charles Abraham C. Villamin, Jason E. Romualdo, Robertito Paolo B. Sindiong, Hubert DR Paulino, Dyan F. Pangilinan-Docena



POA IN PARTNERSHIP WITH PHKS PRESENTS

### RESIDENTS AND RTHOPODS LOCKDOWN ENCOUNTERS

AN INTERACTIVE ONLINE ACTIVITY ABOUT TOTAL HIP AND THROUPLANT PERIOPERATIVE MANAGEMENT

**SPEAKERS**  
DR. CHARLES ABRAHAM C. VILLAMIN - SAFF PRACTICE IN BONY RECONSTRUCTION SURGERY USING CONFINED PATTERNS  
DR. JONAS TABARANA C. TORRES - PERIOPERATIVE HIP TREATING TECHNIQUE OF ACETABULAR CUP ALIGNMENT  
DR. MARCELO B. CADAG - PLANNING OPTIONS IN TKA

20 MAY 2020, 8-9PM  
Zoom link to be sent the day before

POA IN PARTNERSHIP WITH PHKS PRESENTS

### RESIDENTS AND RTHOPODS LOCKDOWN ENCOUNTERS

AN INTERACTIVE ONLINE ACTIVITY ABOUT TOTAL HIP AND THROUPLANT OVERVIEW OF SURGICAL APPROACHES

**SPEAKERS**  
DR. EDSEL F. ARANDIA - DIRECT POSTERIOR TKA  
DR. ANDREW GABRIEL S. TABARANA - DIRECT ANTERIOR APPROACH  
DR. JESSE ANTONIO C. SAN JUAN - DIRECT LATERAL APPROACH

23 MAY 2020, 8-9PM  
Zoom link to be sent the day before

POA IN PARTNERSHIP WITH PHKS PRESENTS

### RESIDENTS AND RTHOPODS LOCKDOWN ENCOUNTERS

AN INTERACTIVE ONLINE ACTIVITY ABOUT TOTAL HIP AND THROUPLANT PERFORMING THE "LOAD AND" FIXATION

**SPEAKERS**  
DR. JUSTIN ALLEN M. LIM - EXPERTISE FIXATION IN PMA THE "LOAD AND" FIXATION  
DR. VERONIC B. VALDEVELLA JR. - CEMENTLESS ACETABULAR FIXATION  
RAYMOND ALVIN J. ARANDE - CEMENTLESS FEMORAL FIXATION

26 MAY 2020, 8-9PM  
Zoom link to be sent the day before

POA IN PARTNERSHIP WITH PHKS PRESENTS

### RESIDENTS AND RTHOPODS LOCKDOWN ENCOUNTERS

AN INTERACTIVE ONLINE ACTIVITY ABOUT TOTAL HIP AND THROUPLANT AVOIDANCE AND TREATMENT OF COMPLICATIONS

**SPEAKERS**  
DR. JESSE ANTONIO C. SAN JUAN - ILE ACETABULAR, DR. GUSTAVO A. GILDO - INSTABILITY FOLLOWING TKA  
DR. VERONIC B. VALDEVELLA JR. - CEMENTLESS ACETABULAR FIXATION  
DR. RALPH J. PARRA - TREATMENT OF PJI

29 MAY 2020, 8-9PM  
Zoom link to be sent the day before

POA IN PARTNERSHIP WITH PHKS PRESENTS

### RESIDENTS AND RTHOPODS LOCKDOWN ENCOUNTERS

AN INTERACTIVE ONLINE ACTIVITY ABOUT TOTAL HIP AND THROUPLANT COMPLETE TKA

**SPEAKERS**  
DR. ANTONIO A. TANCHILING, JR. - SYNOPLASTIC HIP  
DR. JESSE A. JAMES - CON FEMORAL RECONSTRUCTION FOLLOWING TKA  
DR. JIMBERT A. MORALES - THE ART OF THE INTERNAL RELEASE  
DR. MICHAEL DR. MORALES - MARKING THE PLACES: FEMORAL RECONSTRUCTION IN ACETABULAR CEMENT OR NOT IN CEMENT

02 JUNE 2020, 8-9PM  
Zoom link to be sent the day before





# Guidelines on Surgery for Fragility Hip Fractures during the Covid-19 Pandemic

*Philippine Hip & Knee Society and Philippine Orthopaedic Trauma Society  
April 10, 2020*

During these times of uncertainty, the Philippine Hip and Knee Society and the Philippine Orthopaedic Trauma Society present these guidelines on the management of fragility hip fractures to its members and to the fellows of the Philippine Orthopaedic Association.

These are strategies developed by the two societies based on a consensus arrived at after deliberation and review of the latest reports on Covid-19 virus. Needless to say, it is up to the treating surgeon whether our recommendations are to be followed strictly or if they are to be modified depending on several factors such as availability of resources, availability of personnel, and the prevailing directives in the regional and local area where the treating physician practices.

## A. DEFINITION OF TERMS

1. Emergent Cases
  - a. True life or limb threatening injuries
  - b. Requires surgery within 8 hours
2. Urgent Cases
  - a. Immediate surgical intervention would prevent significant impairment of function
  - b. Surgery may be done if resources and personnel may be allotted to the case without negatively affecting the ongoing management of the Covid-19 pandemic
3. Elective Cases
  - a. Chronic problems in which surgery may be delayed without adversely

- affecting the eventual outcome
  - b. Surgery should be postponed or delayed until the pandemic is over
4. Fragility fractures
- a. Fragility fracture is a form of pathologic fracture that occurs in bone weakened by disease
  - b. For these guidelines, fragility fractures of the hip refer to:

- i. Fractures in osteoporotic bone in patients 65 years old or older
- ii. Fractures in bone weakened by malignancy in a patient of any age

## B. ESTABLISHING THE DIAGNOSIS OF COVID-19 AS IT RELATES TO TREATMENT OF FRAGILITY HIP FRACTURES

1. All patients with fragility hip fractures MUST be tested for Covid-19 prior to surgery.
  - a. Testing should be done as soon as possible upon admission in order to facilitate surgical intervention within 3-5 days (or even earlier) after admission.
  - b. Methods:
    - i. PCR-based Covid-19 test
    - ii. Use of other diagnostic examinations such as chest x-rays and/or CT scans to aid in diagnosis
    - iii. Other methods may be used as we learn more of the disease
  - c. All Covid (+) patients should be referred to an infectious disease specialist for co-management. These patients may require transfer to an

institution designated for Covid (+) patients only

2. Treatment of patients with fragility fractures in relation to the results of Covid testing:

- a. Surgery may be considered as urgent when the following are fulfilled:
  - i. Fragility hip fracture in a Covid (-) patient with no pulmonary symptoms
  - ii. Presence of necessary health personnel and skilled health workers
  - iii. Proper precautions should be exercised and the proper use of personal protective equipment (PPE) should be enforced
- b. Surgery must be delayed or patient should be transferred:
  - i. Scenarios when delay or transfer should be considered:
    - a. Fragility hip fracture in Covid (+) patients
    - b. Fragility hip fracture in Covid (-) patients with pulmonary symptoms (mild, moderate, or severe)
    - c. Fragility hip fracture in patients who cannot be tested for Covid 19 infection
    - d. Lack of trained staff, space (e.g., room, ICU bed if it is forseen that patient may require it, etc), and/or equipment to treat the patient safely.
  - ii. Continuation of care for patients in which surgery will be delayed:
    - a. For Covid (+) patients, transfer to a hospital designated as a referral center for such patients. Traction, skin or skeletal, may have to be applied prior to transfer.
    - b. For Covid (-) patients with pulmonary symptoms, referral to appropriate subspecialists (e.g., infectious disease consultant, pulmonologist) for further management with traction applied, either skin or skeletal, while waiting for the definitive management.
    - c. For patients who are asymptomatic but cannot be tested, application of skin or

# Guidelines on Surgery for Fragility Hip Fractures during the Covid-19 Pandemic

From Page 21

skeletal traction should be applied.  
d. In those instances where surgery cannot be safely done due to lack of staff, space, or equipment, plans for appropriate transfer or referral to another hospital should be in place.

## C. PROCEDURE TO FOLLOW WHEN PERFORMING SURGERY ON THESE PATIENTS

1. Patients for surgery should have been tested for Covid-19.

a. Please see above for further details on how treatment should proceed once the results are known.

b. Even if results are negative, the surgical team should treat all cases as potentially infected for their own safety.

2. The surgical team should preferably:

a. Remove clothes from home and put into a garment bag upon arrival in the hospital.

b. Ensure that non-essential items for the surgery (e.g., wallet, cellphone, personal effects) are not brought into the operating room itself.

c. Change to scrub suits provided by the hospital. This would include shoe wear for hospital use only.

3. Patients should be transported with a mask. A specified path should be marked for patient transfers to and from the OR for both Covid (+) and Covid (-) patients.

4. During induction, only the anesthesiologist should be in the room. Preferably, induction should be done in an anteroom.

a. Preferable mode would be spinal, epidural, or regional anesthesia.

b. However, there is always the possibility that intubation may be needed.

c. If intubation is required, preference is given to devices that will isolate the patient's head and neck from the anesthesiologist and the surrounding environment. Preferred PPE for anesthesiologist when performing

endotracheal intubation are PAPR hood when available, otherwise surgical cap with face shield should be used, N95, isolation gown, gloves.

5. When positioning the patient:

a. Use of an N95 mask, goggles or face shield, cap, and gloves is recommended.

b. Always cover the OR shoes.

c. A gown (disposable or non-disposable) could be used for additional protection.

However, since this is a respiratory infection, it would be better if the patient were wearing a mask during this time if spinal, epidural, or regional were used. If the patient were intubated, have the anesthesiologist cover the mouth and nose of the patient with a mask over the tube. An aerosol box to isolate the patient's head and neck may also be used for this purpose.

6. For actual surgery:

a. For the surgical team, in addition to the N95 mask, goggles, cap, and gloves, a waterproof, disposable surgical gown is needed.

i. A personal protection system incorporating a surgical helmet and surgical gown would be the best option.

ii. If the above is not available, then the team can use a disposable raincoat perforated or opened at the back (to allow air flow) or waterproof apron under the surgical gown. Take appropriate measures that no unsterile portion will contaminate the field.

b. For other personnel within the operating room (e.g., anesthesiologist, circulating nurse, etc) who are not scrubbed, the following should be worn: N95 mask, goggles, cap, disposable or non-disposable gown, and gloves.

c. Instead of goggles, a face shield can be used as long as it does not interfere with movement.

d. For the neck, it may be covered with gauze or any equivalent similar to the

way we pad the thyroid shield when using fluoroscopy.

e. Hazmat suit is not necessary.

i. Although there are reports of aerosolization of blood with electrocautery, it has not been proven to cause an infection. This is a respiratory infection.

ii. Hazmat suits are not plentiful and we have to conserve our resources for those frontline units that may need them more.

iii. There is a risk of breaking sterility and thus increasing the risk of postoperative infections.

7. After surgery and once the patient is out of the room:

a. The correct way of taking out PPEs should be followed.

b. Gross contamination is cleaned with an alcohol-based solution. The room is then sterilized once more with UV light or hydrogen peroxide vapor in preparation for the next case.

c. Remove scrub suits, shoe covers, mask, goggles, and cap in the prescribed manner.

d. Consider taking a shower, if possible.

e. Wear your street clothes or change to clean scrubs if you will be doing any more cases or procedures.

8. Plan for early hospital discharge (2-3 days or less, if possible) with coordinated multi-disciplinary care and with provisions for follow-up by phone, text messaging, or through video conferencing, as the case may be.

## D. METHODS TO REDUCE AEROSOLIZATION OF BLOOD DURING SURGERY

1. The use of tranexamic acid is recommended to lessen bleeding during surgery unless otherwise contraindicated. The recommended dose is 15 mg/kg, given 20 minutes prior to surgery.

2. Suctioning of cautery smoke is

Turn to Page 23

# Guidelines on Surgery for Fragility Hip Fractures during the Covid-19 Pandemic

From Page 22

recommended to eliminate aerosols produced as a result of cautery. It is also recommended that a hypochlorite solution be added to the suction machine bottle. One percent solution of hypochlorite is recommended.

3. The use of Hydrogen peroxide as an irrigating solution is also recommended at a 50:50 mixture (1.5% hydrogen peroxide). This will serve a dual purpose of antiviral as well as for hemostasis. This is to be combined with Povidone-iodine wash at a 0.3% solution to take advantage of its synergistic effect with Hydrogen Peroxide. Hydrogen peroxide however should not be left in enclosed cavities like the medullary canal as this may lead to air embolism.

4. Whenever possible, hemostatic agents designed to stop bleeding on contact be used in order to control bleeding.

5. It is preferred that no drain be applied to the surgical site but only if hemostasis is assured. Application of the drain will now be dependent on the surgeon's judgement.

6. It is recommended that skin closure be done via subcuticular technique using absorbable sutures. This would eliminate the need for patient to follow-up for removal of sutures. Skin adhesives may also be used when available.

7. Dressing of the wound should be waterproof. Specialized dressing like antimicrobial dressings are also recommended to minimize surgical site infection.

8. It is recommended that surgery for these patients be done expediently, surgeon should use the approach and the implant he or she is most familiar with that will address the problem of the patient.

## E. OPTIMIZING THE OPERATING ROOM ENVIRONMENT

1. New institution approved workflows for patient transfers, staff movement, equipment transfers, infection prevention, and decontamination should be enforced

in the operating room.

2. There should be a dedicated or designated operating room for patients who are Covid (+) or PUI that is separate from the main operating room complex, if possible.

3. The operating room should have a negative pressure environment. Any positive pressure environment should be avoided.

4. In the absence of negative pressure environment, the operating room has to be equipped with an embedded or portable High Efficiency Particulate Air (HEPA) filter.

5. Only one entry/exit door should be used to minimize traffic and flow of contaminated air

6. The donning and doffing room for PPEs should be in separate rooms and the proper sequence/procedure should be clearly displayed in these rooms for the staff to comply

7. The operating room should be sterilized with UV light or hydrogen peroxide vapor prior to any surgical procedure.

8. Limit the number of surgeries scheduled for the day in consideration of the extended turnaround time because of the revised workflow to include proper donning and doffing of the staff

9. This dedicated OR should be equipped with an aerosol box for use during the entire procedure regardless of anesthetic technique

10. An equipment, instrument, drugs and consumables list shall be prepared prior to the surgery to ensure that all these are brought into the theater prior to start of surgery and to prevent frequent trips outside of the OR by the circulating nurse

11. Limit the number of personnel inside the OR theater to the following -- surgeon, 1st assist, surgical tech, scrub nurse, circulating nurse, orderly, anesthesiologist, anesthesia assist

12. All consoles and monitors shall be covered with transparent plastic wrap to facilitate immediate disposal after surgery

and decrease risk of contamination

13. All equipment and instruments shall be sterilized in the same institution where the surgery shall be performed

## F. EFFICIENT ROTATION OF ORTHOPEDIC SURGICAL TEAMS DURING THE COVID-19 PANDEMIC

1. Surgical teams should be divided into three groups. Each team will perform surgeries for one week straight (i.e., team 1 does surgery during the first week, team 2 does surgery during the second week, team 3 does surgery during the third week, and the process will then repeat itself). They will also be responsible for looking after the patients in the floors during their week of duty. This will allow each team to have a 14-day quarantine period/rest between duty schedules.

2. Teams should not come in contact with each other. Endorsements may be done electronically after each rotation.

## G. NON-OPERATIVE MANAGEMENT AND PALLIATIVE CARE

1. If surgery is to be deferred or delayed, refer to Ortho-Geriatric Multi-Specialty Team to optimize patient and to prevent medical complications.

2. Optimize pain management (refer to Anesthesia and/or Pain Specialist). It is recommended to avoid narcotics and strong opioids.

3. Patient may be referred to Rehab Med for bedside physical therapy and mobilization while admitted and provisions for continuing home therapy should be included in the discharge plan.

4. Consider application of balance skeletal traction if delays in surgery are expected especially for intertrochanteric/pertrochanteric fractures

5. Use of pneumatic egg crate mattress if available.

**References available upon Request**

# PSS Back to School with Research 101

The Philippine Spine Society headed back to studying the basics of research this June as they collaborate with the team of Dr. Venus Oliva Cloma-Rosales of Research 101 on an online research workshop. Orthopedic and Neuro spine surgeons roll up their sleeves to master the rudiments of protocol writing; i.e., formulation of a research question, literature search, critical appraisal, study design, and sample size calculation. This activity yielded 38

participants who signed up in 6 different study groups: Degenerative, Deformity, Trauma, Minimally Invasive Spine Surgery (MISS), Cervical, and the Spinal Infection, Metabolic, Osteoporosis, and Tumor (SIMOT). This Research workshop is designed to equip these six research study groups with technical skills in writing quality research protocols through plenary lectures and laboratory protocol dissection sessions. With gratitude, several implant

companies and pharmaceutical companies have supported us in this endeavor. The workshop has started June 10, 2020 and will culminate with a research protocol presentation on October 14, 2020. Ultimately, this project is aimed at boosting the research output of the different study groups and translate to better patient care.

- **ROMEL ESTILLORE, MD, FPOA**  
Head of Research  
Philippine Spine Society

# PSS Continuous On-line Learning and Annual Conference

In the setting of the current pandemic due to high transmittable SARS-COV-2 virus, the Philippine Spine Society shifted our continuous medical education activities to the on-line learning format. Through the POA's interactive on-line series, "Residents and Orthopods Lockdown Encounters" we have monthly lectures to be given by esteemed spine surgeons, from here and abroad, starting July until October.

Our first webinar will be on "Metastatic Spinal Disease" was held on July 9, Thursday evening. We had our local speakers from different training institutions discussing considerations in treating patients with spine metastasis. Our first speaker, Dr. Mamer Rosario of East Avenue Memorial Medical Center, talked about the clinical presentation of metastatic spinal tumors, with emphasis on function and spinal instability. Dr. Mark Pasion from Philippine Orthopedic Center, discussed staging, the different scoring systems, and the feasibility of surgery. Lastly, Dr. Pierre Mella of Vicente Sotto Memorial Medical Center and Chong Hua Hospital, analyzed the treatment algorithms, Boriani and NOMS. Both Dr. Pasion and Dr. Mella trained in Italy, while Dr. Rosario trained in Korea and Japan, on spine tumor. Our president, Dr. Francisco Altarejos and Dr. Ronald

Tangente, moderated this well-attended webinar, with over 150 participants. It was a very interactive and informative learning opportunity for spine surgeons, orthopedic surgeons, and residents. We are looking forward to the lectures in September and October to be delivered by Dr. Edward Rainier Santos and Dr. Jonathan Sembrano respectively. Dr. Santos will talk about Navigation in Spine Surgery, while Dr. Sembrano will be discussing OLIF's ALIF's, and XLIF's. Both Filipino spine surgeons are currently practicing in the US. We would like to acknowledge our sponsors for our webinars, Mylan, Prolia, and Getz. They have continuously supported the different projects of the PSS and the POA throughout the years, and we appreciate this.

This webinar series will be culminated by the POA Annual (Virtual) Conference of the Philippine Orthopaedic Association on November 27-28, 2020. The PSS will be participating in the annual convention through a lecture to be given by Dr. Paul Julius Medina, an esteemed member of the PSS, and currently the President of the POA Northern Mindanao Chapter. He will be giving a lecture on "Innovation in Telemedicine: The Challenges in Consultation, Diagnosing and Managing Spine Diseases".

To end this year, the PSS is also planning our very own Annual Conference in November where we will be presenting the fruits of our Research Workshop. We hope that through our concerted efforts, we will slowly put the Philippines on the Spine world map.

- **DR. ANNE KATHLEEN B. GANAL-ANTONIO, MD, FPOA**  
CME Head  
Philippine Spine Society



# Philippine Orthopedic Center's DIAMOND ANNIVERSARY

The Philippine Orthopedic Center, once known as the National Orthopedic Hospital, was founded on February 9, 1945. The hospital celebrated with a weeklong festivity from February 2 to 8, 2020. The theme of this year's Celebration was "POC: 75 Years as the Bastion of Philippine Orthopedics, Saluting the Past & Trailblazing Towards the Future."

The employees and their families and friends flexed their muscles on February 2, a Sunday, at the Quirino Grandstand. They danced to a Zumba fitness video and others ran a 5, 10, and 15 km race.

The formal opening ceremony, hosted by the Nursing Division, was on February 3, 2020. An Alay Lakad was participated by the different departments of the hospital. It went around the streets enclosing the institution. It was then followed by a Eucharistic celebration at the POC Chapel and the unveiling of the POC Hymn. The day ended with the annual Employee Service where dedicated years of service were given due recognition.

Tuesday, February 4, was hosted by the Rehabilitation Medicine Department. It was a day of Wellness and Awareness for the employees. They challenged the personnel to keep fit for a day by increasing their STEPS as they go about their daily activities. The day began with a Zumba event followed by lectures on Nutrition, Osteoporosis and Spine Health. The treat for the day was a Free Upper Body Massage. The 4th day, hosted again by the Nursing Division, was a spectacle to behold as the different departments paraded their Floats representative of the different regions of the Philippines.

Thursday was brought to us by the Administrative Division. Hospital personnel joined different sports activities and games played around the hospital.

The last 2 days of the celebration were the Scientific Convention, Fellowship



# Philippine Orthopedic Center...

From Page 25

Night, and Gala Night. These were held at the Novotel in Araneta Center in Cubao. The Scientific Convention began with different research papers from the Research Committee. It was then followed by lectures on Trauma and Infection. The day ended with a Fellowship Night and entertainment was provided by the famed Unarse and Peralta Bands. The second day of the convention had simultaneous lectures on Spine and engaging topics on Nursing. Succeeding lectures were on Hospital Management, Pediatric Orthopedics, Sports, Foot and Ankle, and Musculoskeletal Tumor. Topics on Anesthesia, Radiology, and Rehabilitation Medicine were likewise taken on. The Grand Alumni Homecoming and Gala Night quickly followed suit where former colleagues attended and joined in on the good music and food to reminisce their years spent with the Philippine Orthopedic Center. The Employee of the Year was also awarded during the night.

All in all the week long celebration was a joyous occasion to which the hospital staff was able to make memories to look back on. Onward to the 80th year!

- AMEENA TARA X. SANTOS, MD, FPOA



**EVENTS PROGRAM**

SUNDAY - FEBRUARY 02, 2020  
-TAKBUTO 2020 & FAMILY DAY-

MONDAY - FEBRUARY 03, 2020  
-OPENING CEREMONY & ALAY LAKAD-

TUESDAY - FEBRUARY 04, 2020  
-WELLNESS AND AWARENESS-

WEDNESDAY - FEBRUARY 05, 2020  
-PARADE OF FLOATS & SALO-SALO-

THURSDAY - FEBRUARY 06, 2020  
-SPORTS DAY-

FRIDAY - FEBRUARY 07, 2020  
-SCIENTIFIC CONVENTION & FELLOWSHIP NIGHT-

SATURDAY - FEBRUARY 08, 2020  
-SCIENTIFIC CONVENTION & ALUMNI HOMECOMING-

Service Excellence



# Department of Orthopaedics, V. Luna Medical Center, Commemorates its 70th Founding Anniversary with the First-Ever Online Post-Graduate Webinar Course

This year marks the 70th Founding Anniversary of the Department of Orthopaedics and Traumatology of Victoriano Luna Medical Center (VLMC) at the Armed Forces of the Philippines Health Service Command. The Department has its roots in treating injured soldiers serving the country. In 1937, the 1st Philippine Army General Hospital, the predecessor of VLMC, was established in Camp Murphy (now Camp Aguinaldo) with an initial bed capacity of 60. By the time World War II had begun, it had expanded to a 500-bed capacity until it was effectively destroyed by Japanese bombing. After the war, the 1st Philippine Army General Hospital was revived along Shaw Boulevard in Mandaluyong and renamed Victoriano Luna General Hospital in honor of Colonel Victoriano K. Luna, who died in the Battle of Bataan and was an advocate of developing the facility.

## History of V. Luna Orthopaedics

In 1950, the Section of Orthopaedics was established under the Department of Surgery at Victoriano Luna General Hospital (VLGH). It was in this year that the hospital transferred from its post-war headquarters to its present location, a 16-hectare facility along Kamias Road in Quezon City. By 1954, the Department of Orthopaedics was established and named its first Department Head, Colonel Moises S. Santos, who had served in World War II and was a Bronze Star Medal recipient.

As a military hospital, the majority of soldiers incurring gunshot and blast injuries on the battlefield, warrant care under the Department of Orthopaedics and Traumatology. Therefore, the foundation Orthopaedics at VLMC has always been rooted in the treatment of these heroes. Treatment of orthopedic trauma and open fractures has been the primary duty of the Department. However, since VLMC also caters to military dependents and the



non-battle casualty injuries of soldiers, the Department also provides care to patients needing other subspecialty Orthopaedic treatment. These include arthroplasty for hip and knee, sports medicine and arthroscopy, spine, hand and microvascular surgery, foot and ankle, shoulder, musculoskeletal tumor, pediatric orthopaedics, Ilizarov technique for distraction osteogenesis, minimally-invasive fracture surgery, and wound care.

Throughout the years, the Department has not only performed its duty in treating the heroes of our nation, but has also become an orthopedic training institution, producing graduates who have contributed greatly to the field of orthopaedics in the Philippines. Brigadier General Evaristo N. Sanchez, Jr. AFP (1978), Police Brigadier

General Francisco P. Altarejos (2008), and Brigadier General Adrien R. Quidlat AFP (2013) became President of the Philippine Orthopaedic Association (POA). They exemplify excellence in the field of orthopedics, all the while serving their country. During their training, residents also balance their duties as an orthopaedic surgeon and a military doctor, regularly being deployed to far-flung military station hospitals, such as Zamboanga City, Cotabato City, and Jolo, Sulu. More recently, residents and consultants were deployed during the Zamboanga Siege and the Battle of Marawi.

Duty calls, but learning never stops

# Department of Orthopaedics, V. Luna Medical ... From Page 27

With this year marking the 70th Founding Anniversary of the Department of Orthopaedics at VLMC, the annual Ortho-Week celebration scheduled for the second week of March was planned to be exceptional. However, like many other events, it was cancelled due to the COVID-19 pandemic. A number of residents were deployed to the quarantine centers managed by the AFP, and to Cebu City to augment the response to the spike in COVID-19 cases.

The “new normal” of life in the pandemic brought about many changes not only to the practice of orthopaedic surgery, but in the training of orthopaedic surgeons as well. To make sure that learning and training does not stop during the pandemic, the current Head of the Department, Lieutenant Colonel Nathaniel P. Mendez and the Training Officer, Major Dennis Paolo H. Abadilla, formulated an online “Webinar” course to address the challenges and discuss strategies in treating trauma patients during the pandemic. This would also serve to commemorate the 70th Founding Anniversary of the Department. The Department’s first-ever online post-graduate Webinar course entitled, “Emerging Challenges and Questions (ECQ): Providing Quality Health Care to Trauma Patients in the Time of COVID-19,” took place on June 26-27, 2020.

The first day of the Webinar course was intended for physicians and the second day for nurses and other allied health professionals. On the first day of the webinar, distinguished orthopedic surgeons in the country: Dr. Frederic Joseph Diyco, Dr. Jose Fernando Syquia, and Dr. Jerome Anthony Asuncion, delivered outstanding talks for their assigned topics. In the first presentation, Dr. Diyco extensively discussed the indications for trauma surgery during the pandemic, based on current recommendations of experts from different medical societies. It was followed by Dr. Syquia who talked about maximizing non-operative orthopedic management, such as closed reduction and traction, when elective surgical procedures must be delayed due to the covid pandemic. For the last presentation, Dr. Asuncion elaborated on the role of minimally invasive fracture



DEPARTMENT OF ORTHOPAEDICS AND TRAUMATOLOGY  
VICTORIANO LUNA MEDICAL CENTER

70<sup>th</sup> A LEGACY OF EXCELLENCE:  
SERVING THE BRAVEST, EXEMPLIFYING GREATNESS

POST-GRADUATE WEBINAR COURSE

EMERGING CHALLENGES AND QUESTIONS:  
PROVIDING QUALITY HEALTH CARE TO TRAUMA PATIENTS IN THE TIME OF COVID-19

Day 2 Lectures  
June 27, 2020 | 19:00H

DR. MA. MELISSA MONICA TURAO-AGONCILLO  
Pre Surgical Evaluation of Trauma Patients during Pandemic

CPT. JIMMUEL VELUZING  
The Pandemic Trauma Nurse

DR. JEREMY JAMES C. MUNJI  
Role of Telemedicine in Time of Pandemic

LTC STEFAN FERNANDEZ, PhD  
Foreign Experiences on Pandemic

Moderator: LTC DOMINGO A. CHUA, JR. MC

Open to all Medical Practitioners and Allied Health Care Professionals. Scan QR Code to Register

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POST-GRADUATE WEBINAR COURSE

EMERGING CHALLENGES AND QUESTIONS:  
PROVIDING QUALITY HEALTH CARE TO TRAUMA PATIENTS IN THE TIME OF COVID-19

Day 1 Lectures  
June 26, 2020 | 19:00H

DR. FREDERIC JOSEPH DIYCO  
To Cut or Not to Cut?: Indications for Orthopaedic Trauma Surgery during Pandemic

DR. JOSE FERNANDO SYQUIA  
Maximizing Non-operative Management of Long Bone Fractures

DR. JEROME ANTHONY ASUNCION  
Role of Minimally Invasive Fracture Surgery during Pandemic

Moderator: DR. MARCELINO T. CADAG

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surgery during these challenging times. Over 500 registered online participants joined the first day of the Webinar course, which was moderated by Dr. Marcelino Cadag.

On the second day, the current Chief of the Medical Service at VLMC and immediate past Head of the Department of Orthopaedics and Traumatology,

Lieutenant Colonel Domingo A. Chua, Jr. moderated the program that was geared for nurses and other allied health professionals. The evening began with a presentation by Dr. Ma. Melissa Monica Turao-Agoncillo, an infectious disease specialist, focusing on the pre-surgical evaluation of trauma patients during this time of pandemic.

# Department of Orthopaedics, V. Luna Medical ... From Page 28



Next, Captain Jimmuel Veluz, a military nurse, shared his experiences in the quarantine centers managed by the AFP. In the third presentation, Dr. Jeremy James C. Munji discussed the expanded role of the telemedicine in the new normal and strategies to make it more helpful and efficient for both patient and physician. The last lecture of the evening was presented by Lieutenant Colonel Stefan Fernandez, an American military operations officer with a Ph.D. in microbiology and immunology.

Lieutenant Colonel Fernandez provided an international point of view, with insight gained from his tenure as Director of Virology Laboratories for the Armed Forces Research Institute for Medical Sciences (AFRIMS) of the U.S. military.

The success of the first-ever online post-graduate Webinar course was highlighted by its reach (with 500 participants in the first day and 400 in the second day), as well as the relevant nature of the topics

discussed. Indeed, this was a fruitful way to commemorate the Department's 70th Founding Anniversary. In this new normal, society has had to adjust to the changes brought about by the pandemic. These adjustments have been made to make sure that trauma patients will continue to get the treatment they need, and residents will be provided with relevant learning opportunities.

*- Ron Ryan D. Romero, MD & Clariz S. Patricio, MD*

## PCS Reaches Out to POA: *Harnessing the Power Of A United Front*

*It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness...* so goes the opening lines of Charles Dicken's A Tale of Two Cities. These lines aptly describe the current situation we find ourselves in since the start of 2020. It started with the sudden eruption of the Taal Volcano on January 12, 2020 that destroyed towns and wreaked havoc on people's lives living in Batangas, Cavite and Laguna. Immediately, the Bayanihan spirit rolled in with numerous help and donations coming in from all over the country. The Philippine College of Surgeons was one of the organizations who immediately mobilized its resources to help through the Southern Tagalog Chapter. The

chapter fellows helped in the makeshift clinics set up in the different refugee areas. The Board of Regents also donated cash to support the chapter's relief operations.

Then a few weeks after, a more menacing disaster started to take root in the Philippines when a Chinese national travelling from Wuhan entered the country on January 30, 2020 bringing with her the much feared virus that will eventually be called SARS-CoV-2 causing a highly infectious disease that will eventually be called COVID-19.

On March 7, the first local transmission of COVID-19 was confirmed and due to

the rapid rise of new cases a total lockdown was declared by the government a few days after. Then on March 11, WHO declared a COVID-19 pandemic. Amidst the rapid spread of the virus and ECQ, the College



*PCS President Dr. Jose Antonio Salud*

# PCS Reaches Out to POA...

From Page 29

remained steadfast and immediately worked relentlessly to help the government agencies and hospitals initiate mitigation protocols. As reported by Dr. Jose Antonio Salud, President of the PCS, the Board of Regents started meeting online via Zoom application every 2-3 days churning out much needed



guidelines, advisories and infographics for fellows, all surgeons and surgical residents. The American College of Surgeons took notice and requested copies of the guidelines that they wanted to use for their website among others. The other surgical specialties under PCS, including POA, also later came out with their subspecialty-specific guidelines, recommendations and infographics.

By July, although the spread of the virus continues, the government started easing community quarantine and we all started dealing and living with the “new normal”. It was also at this point that the PCS Officers requested for a meeting with the POA Officers.

## PCS MEETS POA VIA ZOOM

Working on its thrust to further strengthen the ties with the different surgical subspecialties, the College requested for a meeting with the Executive Committee Officers of POA on July 4, 2020. During this meeting Dr. Jose Antonio Salud (current president of PCS) reiterated that PCS has been and will continue looking after the welfare of all Filipino surgeons under its umbrella. Since POA is one of the surgical organizations under PCS, the college ensures that it will look after the welfare and concerns of all POA Fellows even if majority of POA Fellows are not Fellows of PCS. He however made an ardent appeal for POA to encourage its Fellows to become Fellows of the College in order for them to enjoy the full benefits of being a PCS Fellow. Our Fellows can avail of the PCS Expedited Application Program to fast track the application. The following are the main benefits of a PCS Fellow:

- Life Insurance at minimum cost: Fellow Assistance Plan(FAP) with annual contribution of only P500.00

- Surgical Scholarship Program open to all surgical subspecialties
- Higher HMO rates
- Media exposure for the advocacies of its Fellows
- Provides the platform to have a strong voice in upholding your rights & privileges as a surgeon
- Full access to the PCS website linked to many healthcare networks and professional organizations
- Expert assistance in research and research publication
- Free copy of Philippine Journal of Surgical Specialties, the official journal of PCS

## The Power of a United Front: Neutralizing External Threats

PCS since time immemorial has recognized the power of a united front and has been harnessing this power to pursue projects and advocacies on a national scale. Small organizations banding together under one big umbrella organization can initiate changes and address external threats more effectively than an individual smaller organization acting on its own. Dr. Salud pointed out the following issues at hand:

### 1) Non-Diplomate Medical Specialist Issue

PCS acknowledges the potential problem regarding two medical specialist organizations composed of non-diplomate doctors who have consolidated themselves and are currently very influential at PRC, PMA and DOH. They also have a strong lobby group at the Senate and House of Representatives. This group is aggressively moving for “inclusivity” and asking to be recognized by PRC, DOH and PMA as another specialty division with their own respective specialty boards. Currently PCS with its subspecialty boards is the only organization recognized by PRC and



PMA under surgical division. If the group succeeds then this will open the door for the group to be recognized as another organization under surgical division.

### 2) HMO and RVU Issues

PCS has also recognized the power of a united front when negotiating with HMOs and Philhealth. Several years ago, the College signed a Memorandum of Agreement with two HMO organizations namely AHMOPI (Association of Health Maintenance Organization of the Philippines) and PAHMOC (Philippine Association of Health Maintenance Organizations Companies). This MOA defines the rights, privileges, responsibilities and PF rates for HMO clients or patient-members. With this MOA, if you are a PCS Fellow and you sign the Universal Service Agreement (USA) Form you will be eventually issued a USA ID. This USA is valid for all HMOs under AHMOPI and PAHMOC and in turn entitles you to directly see AHMOPI and PAHMOC HMO patients and avail of the higher PF rates offered in the MOA,

## PCS Reaches Out to POA...

From Page 30

PCS for the past years have worked together with the different subspecialty societies to revise and update the current 2009 RVU list. The new RVU list has been finally consolidated and PCS has submitted this to AHMOPO and will be submitting it to PAHMOC later this year. PCS will continue negotiating with AHMOPI & PAHMOC to raise PF rates based on the new RVU list we submitted.

### 3) National Policy Issues: IRR of the Universal Health Care Law; Pending Physician's Act; New Philhealth Premiums

For the past years and even amidst the community quarantine, PCS has been meeting regularly with DOH, PMA, Philhealth, members of the House of Representatives Committee on Health and attending congressional health committee hearings. The College has been and will continue to actively participate in the hearings and deliberations on national health policy issues like the pending Physicians Act. It will also continue to actively pursue the implementation of needed revisions in the IRR of the Universal Health Care Law including the controversial new Philhealth premiums for doctors.

The aforementioned issues are the main reasons why PCS is appealing for POA to encourage its Fellows to officially join PCS and help PCS harness the power of a united front to neutralize the very worrisome external threats noted above. With the full and unending support and cooperation of each subspecialty society under PCS, the College will effectively address these threats and meet the challenges of providing top quality care for our patients and ensuring the best for the welfare of our surgeons.

### **We Fight As One, We Win as One**

*It is a far, far better thing that I do, than I have ever done; it is a far far better rest that I go to, than I have ever known...and so goes the last lines of A Tale of Two Cities.*

- JULYN A. AGUILAR, MD, FPOA, FPCS,  
MHA  
PCS Regent

## POA'S INTERACTIVE ON-LINE LEARNING (*Residents and Orthopods Lockdown Encounters*)

At the height of the Enhanced Community Quarantine (ECQ), our government's response to the COVID-19 Pandemic, the demand for on-line learning surged. The Philippine Orthopaedic Association understood the yearning for knowledge of our orthopedic surgeons, thus the platform for interactive on-line learning was conceptualized late April 2020. Immediately, the invitation to hold on-line learning activities were extended to the subspecialty and chapter presidents. The first responders were Philippine Orthopedic Foot and Ankle Society (POFAS), Philippine Orthopedic Society of Sports Medicine (POSSM), Philippine Hip and Knee Society (PHKS) and Philippine Orthopedic Wound Care and Diabetic Limb Society (POWCDLS), headed by their respective presidents, Dr. Carlo Angelo V. Borbon, Dr. Enrique Pasion, Dr. Edsel Arandia, and Dr. Jonathan Ronquillo. In May, these subspecialties spearheaded the first continuous learning activities offered for orthopedic surgeons in practice and in training on the offered platform. The title "Residents and Orthopods Lockdown Encounters" was conjured by Dr. Edsel Arandia as he rolled out a series of lectures on principles of total hip arthroplasty delivered by Fellows of the PHKS. This series was well-attended with close to 200 participants logging in per session with a very interactive audience evidenced by the volley of questions that followed after each series of lectures. The question and answer portions were quite interesting and highlighted by participation from all corners of the Philippines. After the success of the PHKS, all the subspecialties have signed up to give their own set of lectures. Last June, we heard from the PHKS, Philippine Shoulder Society (PShS), Association for the Study of the Methods of Ilizarov (ASAMI) and the Philippine Society of Women Orthopedic Surgeons, Inc. (PSOWOSI) and POWCDLS. The Philippine Musculoskeletal Tumor Society (PMTS), Philippine Spine Society (PSS), Philippine Orthopaedic Society for Sports Medicine (POSSM), Association of Hand Surgeons in the Philippines (AHSP) and POWCDLS will give the series of lectures in July. We look forward to the PShS who will have their own Shoulder Series Webinar

with local and international speakers in August, interspersed with webinars of the POFAS, Pediatric Orthopedic Surgeons of the Philippine (POSP), PHKS, and the PSS throughout the month. In September, we will be anticipating the webinars of the AHSP, PSOWOSI, POSP, Orthogeriatrics through POTS, ASAMI, and PSS. We slow down in October and November, as we are gear up for the POA Annual Convention in November 27-28, 2020. Nonetheless, the POSSM, PHKS, PSS, and POFAS will be holding their meetings from October to the first week of November.

This project, though initially conceptualized to be a small undertaking has shaped up to be a gargantuan task, which has turned out to be quite rewarding and fulfilling for all of us. The webinars are saved and will be available for viewing on a YouTube channel for the benefit of those who could not attend initially as a form of asynchronous learning. Lately, we have incorporated evaluation forms and short quizzes after the lectures, which help us improve our webinar and keep track of attendees. We are in the process of creating a certificate of attendance to be distributed to the attendees, and will be available soon. As such, we are also working towards accrediting these sessions for CPD units for all the attendees and are procuring the license to do so. Through different sponsors, we were able to finance this project, while benefiting the subspecialty societies who have committed in this activity.

It has been a good run so far and we promise that we will continue to provide this venue for active participation and continuous learning open to all Orthopods. Lastly, the POA would like to sincerely thank the subspecialty societies who have supported this run of on-line learning activities along with the sponsors who have partnered with POA in seeing this to fruition, and of course, our Fellows and the Orthopedic Residents who have given their valuable time to pursue further knowledge in Orthopedics. Watch out for the webinar announcements on the POA FB page and Viber.

- ANNE KATHLEEN GANAL-ANTONIO,  
MD, FPOA

# WEBINAR SCHEDULES

Date/ Time	Host Subspecialty Society	Topic/s	Lecturer/s
May 7, 8-9pm	POFAS	Ankle and Hindfoot Trauma	CLMM Regional Hospital
May 11, 8-9pm	POSSM	Interesting Cases on Sports Medicine or Arthroscopy	PGH/TMC/JRMMC
May 20, 8-9pm	PHKS	Perioperative Management in THA	Drs. Villamin/Syquia/Cadag
May 23, 8-9pm	PHKS	Overview of Surgical Approaches in THA	Drs. Arandia/Tabberrah/San Juan
May 26, 8-9pm	PHKS	Performing THA	Drs. Lim/Valenzuela/Kokseng
May 29, 10am-12nn	POWCDLS	Advanced Wound Care in Times of Covid/Quarantine PPE Related Injuries: Skin at Risk	Dr. Roberto Lopez/Dr. Divya Panicker
May 29, 8-9pm	PHKS	Avoidance and Treatment of Complications	Drs. San Juan/Guloy/Paner
June 2, 8-9pm	PHKS	Complex THA	Drs. Tanchuling/Tabu/Monicit/Munoz
June 10, 7-9pm	PShS	Journals/Interesting cases	Chong Hua Hospital/UP/UST
June 13, 8-9pm	POSSM	How to cope with Covid-19 in our practice (Resuming clinic, Telemedicine, EMR)	Drs. Jurilla /San Juan; special topic by Chong Hua
June 18, 7-8pm	ASAMI	Options for Management for Nonunion	Drs. Cosette Atutubo/ Cielo Balce
June 19, 7-8pm	PSOWOSI	Recommendations & Practical Application of covid-19 Guidelines to Ensure Clinic Safety for you and your patients	Dr. Cristobal C. Dumo
June 24, 7-9 pm	POWCDLS	Pressure ulcer in times of COVID-is it any different? Updates and Practice	Drs. Adisaputra Ramadhinara, Divya Panicker, Jonathan Ronquillo
July 2, 8-9pm	PMTS	Challenges in Managing Musculoskeletal Tumors in COVID pandemic	PGH, POC, JBLMMC, SPMC
July 9, 8-9pm	PSS	Metastatic Spinal Tumours	Drs. Rosario, Mella, Pasion
July 15	POSSM	Interesting Cases on Sports Medicine or Arthroscopy	POC/UST/EAMC
July 22	AHSP	Teleconsultation strategies in evaluating hand stiffness	
July 24	POWCDLS	TBA	
July 29	AHSP	The Bier Block Alternative for Upper Extremity Surgery; WALANT for fracture fixation in Upper and Lower Extremity Surgery	Dr. John Hubert Pua/ Dr. Amir Ahmad
Aug 5, 7pm	PShS	Tendinopathies - research findings, pathology, and most effective treatments	Dr. Neal L. Millar
Aug 6	POFAS	Mid- and Forefoot Trauma	POC
Aug 7, 7pm	PShS	Cuff Healing and Adhesive Capsulitis	Prof. George Murrell
Aug. 12, 7 pm	PShS	Clavicle Fracture and proximal humerus fracture	Dr. Angeli Apalisoc/ Dr. Jerome Anthony Asuncion
Aug 13	POSP	Office Paediatric Orthopaedics	Dr. Vicente Patricio Reyes Gomez
Aug 14, 7 pm	PShS	Instability with Bone Loss Treatment Controversies of the Proximal Biceps	Dr. Hiroyuki Sugaya/ Dr. Andy Nevi-aser
Aug 19, 7pm	PShS	How to Select Patients for Arthroscopic Bankart Repair Arthroscopic Transosseous Rotator Cuff Repair: A Cost-Effective Procedure?	Prof. Alessandro Castagna
Aug 20	POFAS	Basic Principles of Foot and Ankle Surgery	POFAS
Aug 27,730pm	PHKS	Interesting Cases on THA and TKA	JRRMMC/UST
Aug 29	PSS	TBA	
September TBA	AHSP	TBA	
September 10	PSOWOSI	Shoulder injuries in women, THR in women	Dr. Tin Italia, Dr. Pam Gervasio
September TBA	POSP	TBA	
September TBA	POTS/FFN-Phil	Orthogeriatrics during the COVID-19 Pandemic	POTS/FFN-Phil
September TBA	ASAMI	Postop Mx of External Fixation	
September 26	PSS	Navigation in Spine Surgery	Dr. EdwArd Rainier Sntos
Oct 15	POSSM	Interesting Cases on Sports Medicine or Arthroscopy	CHH/VMMC
Oct 22	PHKS	Interesting Cases on THA and TKA	VLuna/East Ave
Oct 24	PSS	OLIF and XLIF	Dr. Jonathan Sembrano
Nov 5	POFAS	DM Foot	JRRMMC



# ASEAN ORTHOPAEDIC ASSOCIATION UPDATES

The AOA Council held the first ever-online Annual Council meeting on June 11, 2021 via ZOOM. This was organized by AOA Secretary General Prof. Ellewellyn Pasion and was attended by all the National Presidents & Council members of the 9 member countries of AOA. The Cambodia Orthopaedic Association is the 9th member, having been admitted in Jakarta, November 2019 during the 39th AOA Annual Congress.

The Agenda included the following

1. Announcement of the postponement of the 40th AOA /50th MOA ASM which should have been held on June 18-20, 2020. This is postponed for next year, June 24-26 and still to be held at the KLCC in KL.
2. The cancelation of all the AOA Traveling Fellowship 2020 (both the Senior & Junior Traveling Fellowship & the AOA Fellowship to Australia & New Zealand) for next year 2021.
3. Pledge of support of the AOA to the Global FFN initiatives regarding Osteoporosis. Dr. Irewin Tabu was invited to the meeting to expound on this.
4. Most of the National Associations have postponed their Annual meeting this year for next year. Some have proposed to do Virtual Online Annual meetings like the POA.
5. Most National Associations would hold regular Webinars this year on various Orthopaedic topics, and which will be open to all AOA member countries to join.
6. The Annual AOA election of officers 2020-2021 was held and the following elected officers will start their official functions on November 1, 2020

Elected President: Chye Ping Ching



(Malaysia)  
 Senior Vice President:  
 Peter B. Bernardo  
 (Philippines)  
 Vice Presidents  
 (National Association Presidents):  
 OSBD:  
 KetanPande  
 CSOT:  
 Yin Sinath  
 IOA: H Mustamsir



MOS: Khin Maung Myint  
 RCOST: Thanainit Chotanaphuti  
 SOA: Dennie Lie  
 VOA: Nguyen Van Thach (?)  
 Secretary General: Ellewellyn G. Pasion (Philippines)  
 Council Members:  
 OSBD: Hjh Liza Binti Hj Ishak & Philip Korah  
 CSOT: (To be submitted)  
 IOA: Ismail HD & 1 more to be named  
 MOA: Kamarul Ariffin Bin Khalid & Sharifah Roohi Syed Waseem Ahmad  
 MOS: (To be submitted)  
 POA: Frederic Joseph F. Diyco & David L. Alagar  
 RCOST: to submit names after June 15  
 SOA: James Hui & Gabriel Liu  
 VOA: Nguyen Vhin Thong & Pham Dhang Nhat (?)  
 Committee Chairmen:  
 Dr. Peter Lee (Outreach Program)

Prof. Saw Aik (Journal Editor)  
 Prof. Lee Eng Hin (Orthopedic Education/ Training)

7. There will be 2 AOA Meetings next year. June 24-26 MOA 50th ASM/39th AOA Annual Congress in KLCC. K. L. November 2021- 41ST Annual AOA/ POA Annual meeting at Shangri-La EDSA. The POA will be hosting the ASEAN OA Congress.
8. The transfer of the AOA Presidency & induction of all officers & Council members will be held online by Zoom on November 1, 2020.

The AOA is hoping that the COVID Pandemic would have been contained by next year and air travel can be safe again.

- PROF. ELLEWELLYN G. PASION, MD,  
 FPOA, FACS  
 AOA Secretary General

# Orthopedist's Reflections: LIFE 2.0



That's what my friend Eda called it, this new chapter I am in. My 54 years would have ended in a blink of an eye because of a disease completely non-existent this time last year and washed onto our shores only six moons ago. Last March 2020, I contracted COVID-19.

The nationwide March lockdown was a sudden downshift from our daily work routines. I shut down my clinics and remained home pretty much all day. Having little exercise restriction where I live, I used my free time to exercise more often. I did my five kilometers runs every other day around the village. But I started having nightly low-grade fevers, and running gradually became more difficult. I resorted to walking the same distance, but after a couple of days, even that caused undue fatigue. At rest I didn't complain of labored breathing, and I slept well at night. I never had any cough or sore throat then. However, my worried wife, who is also a doctor, told me my respiratory rate went up to 30 breaths per minute.

She persuaded me to go to the hospital. After an exchange of Viber messages with a pulmonologist, he drove me to the emergency room of Makati Med on the 22nd of March. There we both had our nasopharyngeal swabs for the COVID-19 virus, chest X-rays, and blood tests. I had pneumonia evident in my chest film. Her chest X-ray was clear despite having occasional coughing herself. Shortly, we were both admitted to the hospital in separate isolation rooms in the COVID wing.

Doctors knew very little about the virus then. Some medications we got were of off label use, based mainly on shreds of earlier experience by other doctors. Clinicians were crawling in the dark then, much like they are doing now.

My wife and I kept in touch through video messaging. We had daily video calls with our two children at home, and together we still continued our nightly rosaries. There was nothing to hold on to except faith and each other.

Her cough abated within two days and her appetite became better. However, my condition was getting worse. I developed terrible chills and an almost constant fever. My limbs and trunk ached from all the shaking. My new X-rays showed progression

of the pneumonia. I needed oxygen through a nasal cannula. They needed to give me an infusion of tocilizumab to stop that "cytokine storm".

Even before the completion of the tocilizumab infusion, my fever had disappeared. The following morning, however, my new chest X-rays revealed worsening of my lungs. In my eyes it looked like ARDS. I braced myself for the worst. Soon enough, the pulmonologist came and told me it would be best if I undergo early prophylactic intubation. I was online with my wife during his rounds, and she shared the burden of my thoughts.

There was no denying for both of us. I needed her to be there when I said yes to the procedure. We both knew I had no other choice, and delaying it could kill me. Right after I signed the consent form, I started typing on my laptop. I wrote down my bank accounts, my ATM cards' PIN numbers, my life insurance policy, our family and property documents. I told her I placed it all in one digital folder at the center of the laptop's display. Fortuitously, she'd be able to read it all, because she was already told she would be discharged the following day. Deeply, I was totally happy for her and the children. At least I knew at least one of us was coming home. She tried buoying my spirits up, and I've never exchanged so many sweet nothings in a span of a few hours while we were waiting for the intubation team. That was excruciating, saying goodbye without saying the word goodbye.

I called up a priest friend that afternoon. I had confession over the phone, and he gave me absolution. I was ready.

On the evening of the 25th of March, the intubation team came to my room. There was no ICU vacancy yet, so they wheeled in the ventilator and the monitors to my room. Before the procedure, I requested that they secure my rosary on my wrist. They gave me a deep sedative and a paralyzing agent, and when I opened my eyes, I had an endotracheal tube, a nasogastric tube, an internal jugular catheter, and a Foley catheter already. I was wheeled into the ICU a few hours later.

In my ICU stay, I was never placed in coma or deep sedation. I was awake most of the time, and I knew everything happening around me. My Infectious Disease doctor came on my first ICU day and told me that my swab came out positive, while my wife's was negative. The nurses gave me a pen and

several sheets of paper, and I communicated to them and the doctors by writing. As a doctor myself, I've seen patients complain of stiff shoulders after hospitalization, and I told myself not to let that happen to me. I spent some time every day moving my shoulders through their full range of motion. I also did regular quad setting and calf exercises and hip and knee range of motion exercises. I turned side to side so I wouldn't get bedsores. All with tubes stuck in my airway and my gullet.

I spoke to my mother who died in 2017. I told her, "Ma, don't come over and show yourself to me. Don't invite me to come with you. I will not join you." Tenacious as my spirit seemed, it wasn't a walk in the park. I don't even know where to begin. The pain of airway suctioning. The daily painful arterial punctures for blood gas determination. The subcutaneous anticoagulant injections. The ventilator and monitor alarms. The perennially dry lips. The total submission needed in pooping in a diaper and having someone to clean you up. The sloooow movement of that clock facing the bed, and the way that virus messes up your sleep-wake cycle. And my fears. My worst fear was having a stroke or a heart attack or aspirating during tube feeding, and surviving it just to become permanently debilitated. I needed to last through all that, and my only weapon was that rosary on my left wrist. I never prayed the rosary as much as I did then. I prayed and prayed until I lost count. I asked Mother Mary to come and give me a tight embrace. I felt she brought my mom along for a group hug.

Little things mattered. I requested that they use ice-cold water to flush down my nasogastric tube after being given food or meds. The sensation was as good as having a cold drink of water. My right shoulder ached from overstretching (yes, I overdid it), so they gladly gave me the ice pack I asked for.

There wasn't a day when my oxygen saturation went down during my weaning period. My chest X-rays and blood gases progressively showed improvement. After the seven days of mechanical ventilation, my doctors extubated me. The whooosh of cool air passing through my own windpipe in my first gasp of a breath was incredible, as if a huge tunnel was instantly placed inside my neck. After the initial coughs, I uttered my first words after what seemed like an eternity of a week: "Thank you!"

# Orthopedists's Reflections...

From Page 34

All my other tubes-- Foley catheter, nasogastric tube, internal jugular catheter-- were successively removed within the same afternoon. Only a Heplock remained on my left hand.

Within the next few hours, I was shifted rapidly from a high-flow nasal cannula to a regular nasal cannula, to an ordinary facemask. The quick succession of oxygen delivery systems was mostly due to my request for the change--whatever device they tried on me smelled horribly. The nasal cannulae and the silicon facemasks all smelled like smouldering rubber. In fact, most things around me did not smell right. My skin smelled like crushed bedbugs, my hair even worse. I requested for the usual moist wipes they use for my sponge baths to attempt to wipe the smell off my skin. However, the wipes themselves smelled just as bad. My nurse offered to use baby soap for my next sponge bath instead of the moist wipes. Please, and thank you, I said. Soon enough I smelled like a baby sprinkled with a small amount of crushed bedbugs. I knew that coronavirus can cause loss of olfaction and taste, but this was different. I didn't lose my sense of smell, but mine got totally screwed up.

I stayed in the ICU for another 24 hours. As soon as I got transferred to a regular isolation room, I gingerly walked to the bathroom using the wheeled IV stand as a prop. The ground beneath me moved every time I stood or walked, but I never blacked out. Lest I get into an orthostatic accident, I took a soothing bath and shave while seated on the toilet, grateful for a new life and a long shower hose. I don't recall smelling horrible odors anymore then. And for the first time in my confinement, I slept like a baby.

My confinement was extended for four more days just for observation. I was swabbed again twice more to check for the virus, both times yielding negative results. All things looked up and up, and I was looking forward to going home soon. My good mood was abruptly doused the day before my discharge, when I learned that my wife's cousin just died from the same disease after 31 days in another hospital. I cried. I never cried for myself during my stay, but this time I did, for him. We were battling the same enemy, and he didn't make it through.

Weighing eight kilograms less, I went home on the afternoon of Palm Sunday. There was no fanfare, no photos. The orderlies wheeled me to the rear driveway of the hospital with

my bags and left me there alone, upon my insistence. My wife arrived with the car a few minutes later and brought me home. Moments after our arrival, I got a bowl of vanilla ice cream, something I had my heart set on on the day of my extubation.

Looking back, I know I made it through the grace of God and the skill of my doctors. And my nurses! I call them my angels in bunny suits, and I have a newfound respect for these colleagues. Twelve hour shifts in full-wrap Level 3 PPE's is not something for the weak.

My IDS doctor told me, "Robbie, it's your lungs. Your runner's lungs saved you." Perhaps. Maybe I did have that extra reserve and the tenacity. The same tenacity that told me to restart exercising as soon as I can. So two weeks after my discharge, at the end of my mandatory quarantine, I put on my sneakers and started walking. Short walks at the onset, gradually speeding up, slowly increasing my distance week by week. Now, one hundred and eight days after my extubation, I am able to run 6.5 kilometers nonstop. I didn't regain that eight-kilogram weight loss. Not complaining.

Life 2.0. I am fine now. Everything smells and tastes the way they should. My wife and daughters are as healthy. I couldn't be more thankful.

- **ROBBIE MERIALES, MD, FPOA**  
17 July 2020  
robbie\_meriales@yahoo.com

## In Memoriam

**JULIAN B. SANSON, MD, FPOA**



71 year old  
Dec 1, 1948 - Jan 24, 2020

POA Fellow since 1981  
NM Chapter



**FIDENCIO M. PAÑARES, MD, FPOA**

70 years old  
Sep 16, 1949 - Feb 25, 2020  
POA Fellow since 1987

CEV Chapter

**TYRONE JUDE M. MERCADER, MD, FPOA**



54 yrs old  
April 30, 1964 - June 29, 2019  
POA Fellow since 1997  
CEV Chapter

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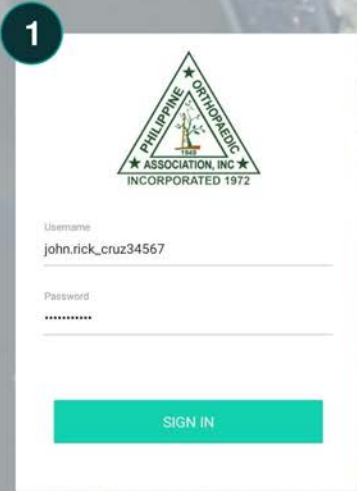
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THE INSURANCE WONT COVER IT. THEY SAID YOU BROKE THAT SAME LEG WHEN YOU WERE FIVE. SO IT'S A PRE-EXISTING CONDITION.

# POA Online Elections Using the POA App

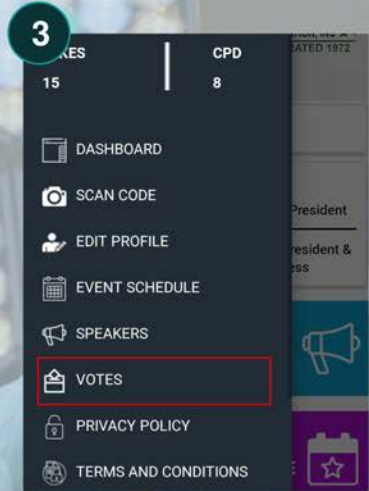
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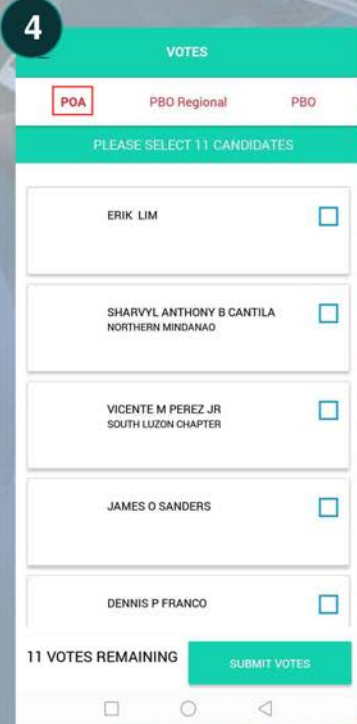
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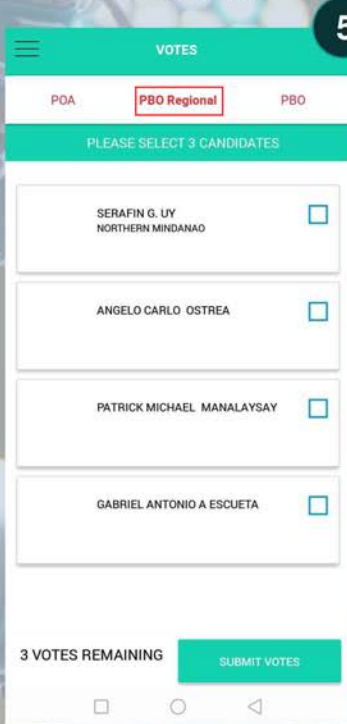
2 CLICK MENU LOCATED AT THE TOP LEFT CORNER OF THE SCREEN



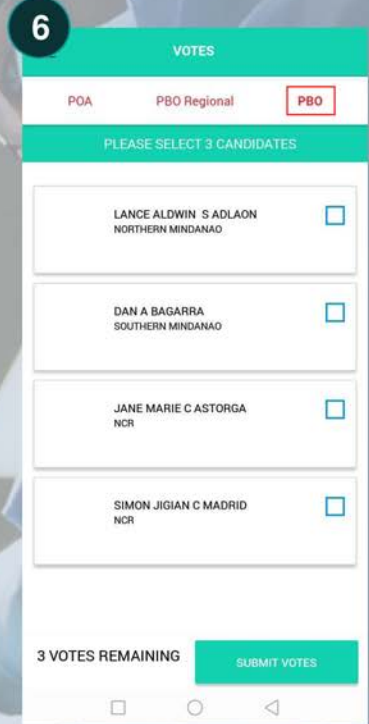
3 CLICK VOTES IN MENU



4 CLICK POA IN TAB LOCATED AT THE TOP OF THE SCREEN. THEN CHOOSE YOUR CANDIDATES. IF YOU'RE DONE CHOOSING YOUR CANDIDATES THEN SUBMIT VOTES.



5 CLICK PBO REGIONAL IN TAB THEN CHOOSE YOUR CANDIDATES. IF YOU'RE DONE CHOOSING YOUR CANDIDATES THEN SUBMIT VOTES.



6 CLICK PBO IN TAB THEN CHOOSE YOUR CANDIDATES. IF YOU'RE DONE CHOOSING YOUR CANDIDATES THEN SUBMIT VOTES.

For the past year, the POA Board had commended the POA App team for using the POA Online Elections incorporated in the POA App. The highest turnout rate of voters, based on the previous elections, was noted prompting us to continue to use and improve this online elections. The figure above shows you the steps on how to go about the online voting. All Fellows will be receiving an Email and SMS message and will be guided accordingly once the latest POA App is up and working.



PHILIPPINE ORTHOPAEDIC ASSOCIATION  
PHILIPPINE SHOULDER SOCIETY

# SHOULDER SERIES WEBINAR

05 – 19 AUGUST 2020

**05 Aug 2020 - Wed - 7PM**

**TENDINOPATHY:  
WHAT'S NEW, WHAT WORKS?**

**Neal L Millar, PhD, FRCSEd(Tr&Ortho)**  
*Glasgow, Scotland*



**14 Aug 2020 - Fri - 7PM**

**INSTABILITY WITH BONE LOSS**

**Hiroyuki Sugaya, MD**  
*Funabashi, Japan*



**TREATMENT CONTROVERSIES  
OF THE PROXIMAL BICEPS**

**Andrew Neviasser, MD**  
*Ohio, USA*



**07 Aug 2020 - Fri - 7PM**

**ROTATOR CUFF HEALING:  
HOW TO GET IT TO HEAL**  
**ADHESIVE CAPSULITIS:  
OUTCOMES OF SURGERY**

**Prof George A C Murrell, MD, PhD**  
*Sydney, Australia*



**19 Aug 2020 - Wed - 7PM**

**HOW TO SELECT PATIENTS FOR  
ARTHROSCOPIC BANKART REPAIR**  
**ARTHROSCOPIC TRANSOSSEOUS  
ROTATOR CUFF REPAIR:  
A COST-EFFECTIVE PROCEDURE?**

**Prof Alessandro Castagna, MD**  
*Milan, Italy*



**12 Aug 2020 - Wed - 7PM**

**THE EVOLUTION OF TREATMENT AND  
INDICATIONS FOR MIDDLE 3RD  
CLAVICLE FRACTURES**

**Angeli Apalisoc, MD, FPOA**



**PROXIMAL HUMERUS FRACTURES:  
TIPS & TECHNIQUES IN MINIMALLY  
INVASIVE FRACTURE SURGERY**

**Jerome Anthony Asuncion, MD, FPOA**



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