

# MEETINGS ROUNDUP<sup>360</sup>



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### 9th International Pediatric Orthopaedic Symposium

Loews Royal Pacific Resort, Orlando, Florida

28 November to 1 December 2012

■ The venue for this year's IPOS four-day meeting was the wonderful Loews Royal Pacific Resort in Orlando, Florida, USA. Many of the delegates attended with their families who spent the week at The Universal Studios theme parks, fraternising with Harry Potter and the Incredible Hulk or simply relaxing by the wonderful lagoon-like pool.

The symposium organisers, Jack Flynn and Michael Vitale, did an excellent job of bringing IPOS into the 21st century with the program and course content available online and for download. Another new facet was the e-moderator who gave those of us less willing to stand up and ask a question the opportunity to email the question in during the presentation. This allowed the chair to better moderate the discussion following each section. Sadly, the well-thought-out meeting blog was woefully underused.

The day generally started with a series of presentations by leaders in their field, followed by smaller breakout sessions on individual topics. After lunch concurrent lectures were followed by practical industry-sponsored sessions. It was a good meeting for the practising paediatric orthopaedist to audit their current practice and skill set, and for the trainee to be mentored by the experts whose work they have read in the literature.

The meeting began with one of my personal highlights from the course: 'Does this hip need an operation? Exploring indications in paediatric hip surgery'. It was moderated by Nick Clarke (UK) and started with an excellent lecture on Infant and Toddler DDH by Debbie Eastwood who has the knack of picking out the pertinent questions that all of us have in treating these children and addressing them in a commonsense way. We went on to discuss the management of the hip in adolescent dysplasia, avascular necrosis, Perthes' disease, cerebral palsy, Down's and other syndromes. Great insight was provided from some of the leaders in our profession and there was 40 minutes of interactive debate brilliantly moderated by Nick.

Throughout the course the breakout sessions covered essentials of paediatric orthopaedics, femoral deficiency, trauma and anomalies of the cervical spine, sports injuries, Ponseti treatment of club feet, paediatric foot surgery, infection, cerebral palsy, scoliosis, pelvic osteotomies, career management, muscular dystrophy, bone lesions, non-operative management of DDH, skeletal dysplasia and complex limb deformity. Concurrent sessions were on limb deformity, scoliosis, office orthopaedics and practice management, upper extremity injuries,

cerebral palsy, complex hip disorders and challenges, paediatric sports medicine and controversies in paediatric spinal care. In the industry-sponsored master techniques sessions, delegates had an opportunity to practise a number of practical procedures with guidance from the experts.

Day two began with on-call challenges. Managing osteomyelitis and septic arthritis in 2012 was followed by an excellent lecture based on research from Min Kocher detailing the increasing burden of MRSA infection and clinical predictors that might lead you to suspect this organism as the culprit. A rather mixed bag of talks followed from slipped capital femoral epiphysis to crushed foot to sterno-clavicular joint injuries. We then moved on to a number of case presentations on upper and lower extremity injuries with panel and floor debate. The overall trend appears to be towards more aggressive surgical management with internal fixation. Whether this is driven by a fee-based system or improved surgical care and outcomes remains to be seen.

Friday afternoon brought a change in the schedule with focus on 'Authors' preferred techniques'. The majority of those presenting were published in the topic of presentation. It was great to hear Min Kocher present on epiphyseal ACL reconstruction, Vince Mosca on the treatment of the flexible flat foot, and Randy Loder on how to pin a SCFE. There were no real surprises, but the opportunity to hear the master of a particular technique give their pearls of wisdom made the session invaluable. What did become apparent throughout the meeting was the ongoing theme of more aggressive, invasive management of paediatric injuries such as posterior sterno-clavicular joint dislocation, forearm fractures, proximal humeral fractures and fractures of the tibial eminence; the majority of which many paediatric orthopaedic surgeons continue to manage non-operatively in my practice with excellent results.

On Saturday IPOS joined with IOFAS in a session moderated by Vince Mosca on foot biomechanics, deformity assessment and treatment. This was followed by the adult versus paediatric 'smackdown' focusing on paediatric foot pathologies that often require further treatment in adulthood such as the club foot and tarsal coalition.

Overall it was an excellent symposium. Personally, I would have found it very useful as a trainee or fellow. There seems to be some difficulty within these forums in addressing the needs of the practising orthopaedist with some experience, who is not necessarily a world expert but nevertheless has some higher level questions to debate about patient treatment. The Europeans seem to be more adept at this sort of intellectual debate; it would be good to see more of them on faculty at these events.