

ORTHO HOLLER

COCHIN ORTHOPAEDICS SOCIETY NEWSLETTER - SEPTEMBER 2023

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President's Message

Dear friends,

It gives me immense pleasure to be associated with our prestigious association in various capacities. Now as the president of The Cochin Orthopaedic Society I am even more honoured with the opportunity to take our association to new heights ,of course with the whole hearted support of our seniors and vibrant young colleagues.

I am glad to inform all that this year our society got registered for the 80G exemption of income tax which will be of great use for our charity works. As one of the largest district associations, we have done commendable work in charity this year. We will continue to help the needy by financial support, conducting medical camps and performing free surgeries. I extend my sincere gratitude to all members who have contributed to the same.

Our academics also reached new levels with our members having some world class publications in the field of orthopaedics. We could organise some national and state level conferences and workshops which attracted good number of delegates from all over the country. We will be hosting a few national and international conferences this year also, our own CIOS, National pelvi acetabular conference and national conference of Indian foot and ankle society to name a few. Our members were elected to higher posts of various national associations. And I am glad to inform you all that our long awaited dream of having a skill lab and cadaver lab will soon be a reality.

In the field of sports also our members excelled with scintillating performances in various sports activities of KOA and IMA. We were able to reach the finals of the the annual cricket tournament of the KOA. Balancing the profession with family is a big task and COS has always been supporting its members and family by organising family get togethers and tours. This has helped our families to interact each other and have a better social life.

Finally my humble request to our esteemed members to believe in team work and the fact that together we can bring many more glittering galore to our prestigious association. Once again thank you all for your wholehearted support and wishing all a bright year ahead.

Jai KOA, JAI COS

Thank you

Dr. Dennis P Jose
President- COS



Secretary's Message

Dear fellow doctors,

Being able to address all of you as the secretary of one of the most esteemed orthopaedic societies of the country is an honour beyond words. Your constant cooperation and contribution is what fuels us.

We have many gifted teachers among our members and were kind enough to teach our post graduate students in PG training programs being conducted monthly.

Our biennial international conference CIOS is to be conducted on 30 Sep- 01 Oct at Grand Hyatt. Dr Venugopal R , Dr Sujit Jos, Dr John T John and Dr Sudheer Shareef are toiling hard to make an excellent academic feast with international participation.

We are a step closer to materialize the skill lab, for which two flats are being procured in the IMA House along with SESK.

We are working towards extending our support to members who need assistance . An amount of Rs 2.5 lakhs was raised towards the treatment expenses of Dr.Thomas George in this regard .

As a part of the National Bone and Joint day celebration, this year two we conducted a medical camp in the remote areas of Kothamangalam on 13th Aug '23, free surgeries were done for selected patients from the camp.

We are planning to conduct Basic life support training sessions for the first responders on a regular basis. As a beginning, this year on the National Bone and Joint day, around 450 students of Rajagiri higher secondary school and Chinmaya vidyalaya Kannamaly were trained. Dr.Sreeganesh, Dr.Balu C Babu and Dr. Sudheer Sherif coordinated with the Schools and ensured good participation. We are happy to announce that our efforts helped IOA to be honoured by India and Asia Book of Records for the maximum number of personnel trained on a single day. Similar BLS sessions were conducted for the metro workers and fire and security personnel with the coordination of Dr.Venugopal.

Cochin Orthopaedic Society excel in sports and cultural activities as well. We won the IMA football league under the leadership of Dr Vinay J C. Our Cricket team became the runners up of the KOA league, led by Dr Paul K Jose. We had conducted selection trials in various sports events and are all geared up for Callus, the annual KOA sports meet in Perinthalmanna.

We celebrated Onam in its spirit, with the active participation of our members. This year, the reception we got while visiting some of the senior members and the close ones of COS members was overwhelming.

We have come so far, following in the footsteps of those who came before us and it is only right that we work towards doing the same for those who come after us.

Thanking all of you.

Dr Jiss Joseph Panakkal
Secretary -COS



THE COCHIN ORTHOPAEDIC SOCIETY

Dr. Dennis P Jose
Hon. President

Dr. Jiss Joseph Panakkal
Hon. Secretary

Dr. Joice Varghese
Hon. Treasurer

Dr John T John
Vice President

Dr. Balu C Babu
IT Secretary

Dr. Sudheer Shareef
Chairman Long Term Planning

Executive Committee Members
Dr. Suraj G N | Dr. Sreeganesh K

FROZEN SHOULDER



Dr K R Prathap Kumar
MBBS, FRCS (Tr & Orth), FRCS(Gen), D'Orth
President Shoulder Elbow Society India
Consultant Shoulder and Upper limb Surgeon
Sunrise Hospital, Kochi

Even in 2023 there is no consensus for the name for Frozen Shoulder, when you do a literature search on this subject majority are on Adhesive Capsulitis. In middle aged population, the main problems seen in shoulder are Frozen shoulder and Subacromial Impingement. However any painful shoulder in that age group is conveniently labelled as Frozen shoulder. So what is the diagnostic criteria to diagnose frozen shoulder clinically. Pain and stiffness are the main features, with universal reduction of all movements with severe restriction of external rotation (less than 10 degrees).

The two types of Frozen shoulder are Primary and Secondary. The predisposing factors for secondary frozen shoulder is trauma including surgical trauma, diabetes mellitus and other endocrine disorders like hypo and hyperthyroidism, hypoadrenalism, Parkinson's disease, pulmonary diseases, stroke, cardiac conditions like myocardial infarction, cardiac catheterisation and cardiac surgery, excessive smoking and alcohol intake. There are a variety of unrelated conditions which can predispose to Frozen shoulder. If you look at the cellular level all these conditions are associated with increased production of free radicals. The capsule is rich in Type 1 collagen is changed to Type 3 collagen which also has myofibroblasts contributing to the contractile nature of the capsule. This change in collagen type is catalyzed by free radicals. These free radicals can bring about similar collagen changes in ligaments as well which is the condensation of the capsule. The primary structure involved in this condition is coracohumeral ligament which is anterior to the leading edge of supraspinatus tendon. Other ligaments are also affected similarly with contraction of capsule and ligaments. Initially there will be inflammation and thickening of the surrounding capsule followed by ligament contracture.

In general population the incidence of frozen shoulder is 3 – 5% and it is upto 20% in diabetics and other endocrine conditions.

It's a self limiting condition with a longer natural history of 18 to 24 months . However there are enough literature supporting a minority of patients with frozen shoulder who suffer long term deficit of range of movements that may even last upto 10 years. Females between 4th to 7th decades are affected more than males and more so on non dominant shoulder. The condition rarely occurs simultaneously bilaterally especially in diabetics . Patients with more comorbidities have significantly poorer outcomes, social function, and emotional and mental health.

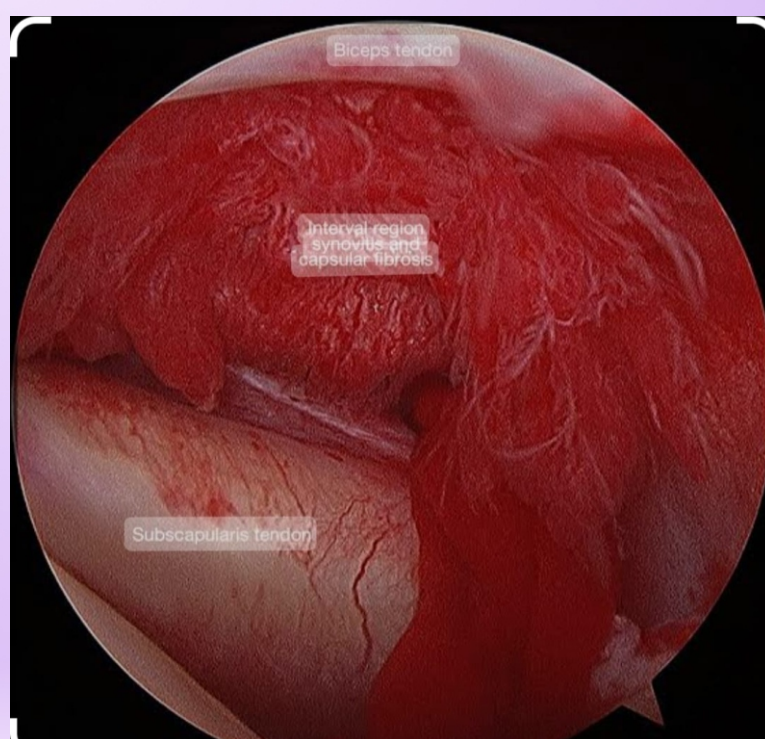
In the initial phase, there is an element of inflammatory response in glenohumeral joint. From the management point of view the two issues to be addressed are pain and stiffness. This will be followed by increasing stiffness. The pain - stiffness vicious cycle has to be broken initially and should be accompanied by physical therapy. Usage of multiple drugs may be required to address the inflammatory , emotional and neurogenic pain involved . A combination of NSAIDS, centrally acting analgesics, antidepressants and pregabalin derivatives may help in the situation. This should be accompanied by intensive physical therapy.

Though intra-articular steroid injections are recommended in the literature, it's not as widely used as in case of subacromial impingement for fear of chondrolysis and other side effects. Manipulation under anaesthesia (MUA) of affected shoulder is widely practiced, however complications like spiral fracture of neck of humerus and tear of rotator cuff, has limited these

procedures only for young post traumatic frozen Shoulder.

More invasive modalities are hydrodilatation which is not widely accepted or practiced.

In recalcitrant type of frozen shoulder, arthroscopic capsular release will give acceptable outcome. Pain and stiffness can be reduced and patient can go back to their work early. There is a shift in timing of surgery, traditionally we waited for the initial stages to settle and perform arthroscopic capsular release by twelve to fifteen months. However we can achieve same results by early surgical intervention in as early as four to five months, which will substantially reduce the long standing pain and stiffness as well as reduce the time off work. It's done under general anaesthesia or Scalene block or a combination of both. Since the volume of glenohumeral joint is substantially reduced, entry of arthroscope into the joint can be difficult. Rather than manipulation of joint prior to surgery, I prefer to do subacromial release and decompression which will increase the relative space of glenohumeral joint. In diagnostic arthroscopy, any concomitant rotator cuff tears are to be ruled out. In advanced cases the axillary nerve can be pulled proximally by the contracted tissue. So use of a radio-frequency device is recommended to release the capsule and other contracted soft tissue structures. Coracohumeral ligament is the thickening of capsule just above the long head of biceps and running parallel to the leading edge of supraspinatus and is released without damaging the anchoring of Supraspinatus tendon. In recalcitrant cases, MGHL and anterior IGHL can also be released without affecting the stability. The release can be checked by testing all range of movements especially external rotation. If there is any limitation of internal rotation, the posterior capsule should also be released. Proper postoperative analgesia and early mobilization and rehabilitation is needed for optimal outcome. The literature search reveals that though there is a definite short term benefit for arthroscopic capsular release, long term results are same for surgical and non-surgical management.



Arthroscopic view of Frozen shoulder

"Connecting with the Community: The COS Outreach Initiative"

Bone and Joint Week 2022 - BLS training Session for KMRL employees



COS @ Soukhyam Super Specialty Medical Camp



IMA Cochin General Body Meeting & CME on Shoulder

The Pedestrian Facilitation Council Walkathon - October 2



COS Medical Camp at Athirappilly



**PreHospital Management of Accident Victims Training Course
Fire & Rescue station, Tripunithura**

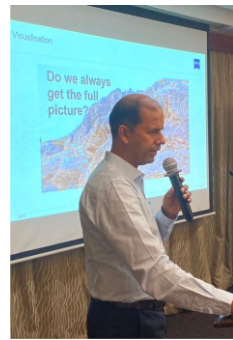


Academic Events in Focus - Navigating Knowledge Frontiers

SESION 2022
Leicester Shoulder Trauma Course at
Bolgatty Palace & Grand Hyatt



Kochi Spine Course 2022



OLAA Knee Revisited Conference 2023



Hip 360° Course 2022



IFAS Basic Course 2022



Spotlight - Foot and Ankle Course -2022



COS Offline and Online PG Teaching Program



Amrita Fracture Course 2023



The Cochin Orthopaedic Society



Dr Dennis P Jose
Hon. President



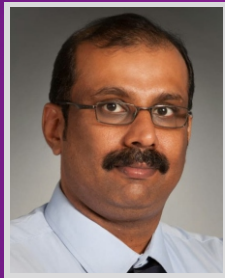
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Immediate Past President



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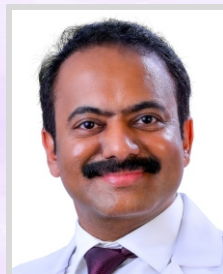
CIOS 2023 ORGANISING COMMITTEE



Dr A A John
CIOS Founder President



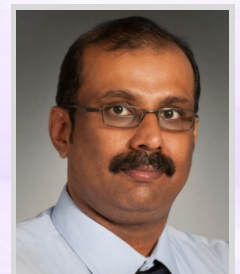
Dr Venugopal R
Organising Chairman



Dr Sujit Jos
Organising Secretary



Dr Jiss Joseph Panakkal
Organising Treasurer



Dr John T John
Scientific Committee Chairman

Strengthening bonds: COS Sports & Family Festivities

COS Badminton Tournament 2023 Winners



Winners Football Tournament, IMA Sports Team COS



KOA Cricket Premier league Runners up



COS Christmas Carol



Onam Celebration



COS Family Trips - Cordelia Luxury Cruise



Abad Turtle Beach Resort, Mararikulam, Alleppey



Recognitions & Laurels

SESSICON ²⁰²³ Awards

Best Paper Presentation



Dr Renjit Mathew John

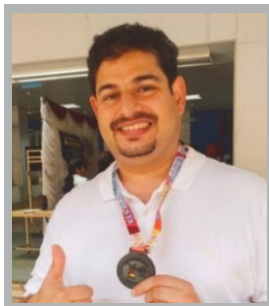
Best Video Presentation



Dr Ayyappan V Nair

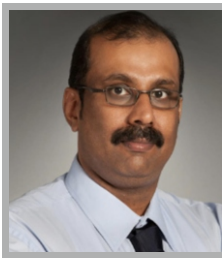


Dr Melvin J George
National Racket Sports
Tournament Champion '22



Dr Antony J
Bronze Medal in
Air Pistol Shooting

Our COS members awarded as Top Doctors in South for 2022 in INDIA TODAY



Dr John T John



Dr Lazar Chandy



Dr Subin Sugath

COS Members in Leadership Roles



Dr Jose T Pappanacherry
President
Association of Pelvi-Acetabular Surgeons



Dr Rajesh Simon
President
Indian Foot & Ankle Society



Dr Dennis P Jose
Treasurer
Indian Foot & Ankle Society

KOACON 2023 Awards

Dr PKS Best Paper



Dr Nikhil J Martin

Dr Venugopalan Nair Best Paper



Dr Bipin Theruvil

Dr Paulose Chacko Memorial

KOACON 2023 Quiz

Runners up



Dr Mahesh S



Dr Akhil S R



IOA Honorary Fellowship
Dr Lazar J Chandy



Honorary Fellowship award of KOA
Dr Rajaram K



Pelvi-Acetabular Surgeons Kerala

Dr Saji PO Thomas - Hon. Secretary

Dr Babu Joseph - Hon. Treasurer



Association of Arthroscopic Surgeons Kerala

Dr Sujit Jos, Hon. Secretary

Dr. Unnikrishnan J, Hon. Treasurer

Farewell to Two Beloved Souls

- Lost from our sight but never from our hearts !



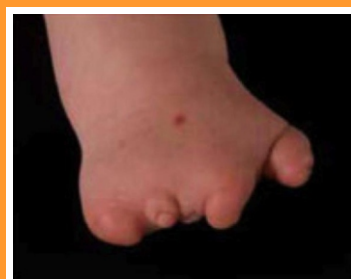
Prof Dr T S Gopakumar
Our leading Faculty in COS Online
PG Program



Dr Varghese M Thariath
Senior life member of
COS & KOA



Cash prize of
₹ 2000
to the winner



This malformation is most
commonly associated with
which congenital syndrome ?

Please send your answer to orthoholler@gmail.com

PUBLICATIONS BY COS MEMBERS

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