

11:00 - 13:30 S5 - Plenary Session

Hall A & B

Moderators: **D. Atar**, Israel
G. Volpin, Israel

- 11:00 **Geriatric Hip Fractures: The NYU Hospital for Joint Diseases Experience**
Joseph D Zuckerman
NYU Hospital for Joint Diseases, New York, NY
- 11:30 **Management of Extremity Lumps: how to Stay out of Trouble**
Jay S Wunder
Mount Sinai Hospital, Toronto
- 12:00 **The Surgical Management of Cervical Myelopathy**
Paul Arnold
University of Kansas, Kansas City, Kansas
- 12:30 **Improvements in Clinical Outcome Following Autologous Chondrocyte Implantation - 10 Year Results**
Tim Briggs, MTR Parratt
The Royal National Orthopaedic Hospital, Stanmore
- 13:00 **General Assembly Meeting of the Israel Orthopedic Association and Election**

**Geriatric Hip Fractures:
The NYU Hospital for Joint Diseases Experience**

J.D. Zuckerman

NYU Hospital for Joint Diseases, New York, NY

Since 1985 NYU Hospital for Joint Diseases has focused on the care of geriatric hip fracture patients. During this time, we have developed a database of over 1200 hip fracture patients and have completed a large number of studies that focus on those factors that predict outcomes. This includes pre-fracture factors, treatment factors and post-operative factors. The most important goal of the care of the geriatric hip fracture patient is restoration of pre-fracture function. There are many factors that predict post-fracture function that are independent of the fracture or the treatment provided. Therefore, those factors that can be impacted by treatment become essential in order to optimize outcomes. At NYUHJD we developed a functional recovery score specifically designed for geriatric hip fracture patients. This is a patient oriented outcome measure and provides an opportunity to understand the impact of the hip fracture on geriatric patients and provides an indication of the progression of functional recovery during the first two years following the fracture.

Improvements in Clinical Outcome Following Autologous Chondrocyte Implantation - 10 Year Results

T. Briggs, M. Parratt

The Royal National Orthopaedic Hospital, Stanmore

Chondral injuries to the young knee are common. Previous and current techniques have focused on filling the defect – most commonly with fibrocartilage. Autologous Chondrocyte Implantation (ACI) is a technique aimed at producing hyaline cartilage.

Since its inception by Brittberg in 1994, it has involved into ACI and MACI (Matrix Induced Autologous Chondrocyte Implantation) operations. We present the clinical outcome of the senior author's experience using the ACI technique up to ten years, including the Bentley Functional Rating Score, the Cincinnati Rating and Visual Analogue Score. All demonstrated significant improvement maintained across the study period. Histologically, the majority showed hyaline or mixed hyaline/fibrocartilage in-filling.

This talk confirms ongoing clinical findings further supporting the continuing use of chondrocyte transplantation techniques in isolated knee defects. We also outline future trials at our institution and possible advances.

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