

Joint Orthopaedic Initiative
for National Trials of the
Shoulder
Jonction en Orthopédie pour
l'Initiation de Projets
Nationaux et de Travaux Sur
l'Épaule - Canada

OFF THE CUFF

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Research Group Takes in the Scenery at the Banff Conference Centre!

The largest JOINTs meeting yet was held in Banff September 22-24, 2006. Thirty-four members, including 17 surgeons, 13 research assistants, 3 PHD members and 1 guest enjoyed the beautiful surroundings and interaction of the group.



The weekend began with dinner on Friday evening followed by a meeting. Saturday began early with breakfast and the meeting which continued until 5 PM.

Many enjoyed a pre-dinner walk on the many trails around the centre or a brisk walk to the town for some shopping. Sunday again saw an early start with the meeting wrapping up at 10 AM.

The objectives of the weekend were to finalize the consensus document on shoulder evaluation, discuss the upcoming Tier1 trials and to tie up other loose ends.

The minutes have been distributed. If you did not receive a copy, please email joints canada@joints canada.com.

Thanks to all who attended. We accomplished a great deal and we look forward to having everyone at the business meeting in Halifax in June.



ABOUT THE GROUP...

JOINTS Canada is an organization of Canadian Orthopaedic surgeons dedicated to raising the standards of education assessment and care through multi-centre clinical trials, to improve the quality of life for patients with shoulder disorders.

Editor's Note:

It has been a busy year for JOINTs. We have seen a great increase in the interest and membership of the group. Our new President has been selected and I look forward to working with him in the next few years.

NEXT MEETING

June 1-3, 2007

Time and place TBA

Website Info :

joints canada.ca

Email: joints canada@joints canada.ca

Lots of info on the group and other information.



Sponsored by:



**JOINT ORTHOPAEDIC
INITIATIVE FOR NATIONAL
TRIALS OF THE SHOULDER**

*Jonction en Orthopedie pour
l'Initiation de projets Nationaux et de
Travaux Sur l'Epaule- Canada*

FULL MEMBERS 2004

- George Athwal—London, ON
- Robert Balyk—Edmonton, AB
- Frederic Barg—Sherbrooke QC
- Richard Boorman—Calgary, AB
- Darren Drosdowech—London, ON
- Ken Faber—London, ON
- Stephen Gallay—Ajax, ON
- Robert Hawkins—Vancouver, BC
- Laurie Heimstra—Banff AB
- Bob Hollinshead—Calgary, AB
- Richard Holtby—Toronto, ON
- Peter Lapner—Toronto, ON
- Marie-Eve lebel—London ON
- Jordan Leith—Vancouver, BC
- Bob Litchfield—London, ON
- Peter MacDonald—Winnipeg, MN
- Scott Mandel—Hamilton, ON
- Bob McCormack—New Westminster, BC
- Mike McKee—Toronto, ON
- Farhad Moola—New Westminster, BC
- Jaydeep Moro—Hamilton, ON
- Moreno Morelli—Cambridge, ON
- Nick Mohtadi—Calgary, AB
- David Sheps—St. Albert, AB
- Danny Whelan—Toronto, ON

PHD MEMBERS 2006

- Trevor Birmingham, - London, ON
- Dianne Bryant—Hamilton, ON
- Joy McDermid—London ON

ASSOCIATE MEMBERS 2006

- Denise Chan—Calgary AB
- Cheryl Davies—Vancouver, BC
- Beth Goudie—Toronto, ON
- Sharon Griffin—London, ON
- Heather Hannaford—Calgary, AB
- Kristie Plestch—Calgary AB
- Helen Razmajou—Toronto, ON
- Treny Sasyniuk—Banff, AB
- Fiona Styles-Tripp—Edmonton AB
- Elizabeth Wambolt—London ON
- Lisa Wild—Toronto, ON
- Mauri Zomar—New Westminster BC

AFFILIATE MEMBERS 2006

- Alexandra Books-Hill—Vancouver, BC
- Dominique Rouleau—Montreal QC
- Jeff Leiter—Winnipeg, MB
- Sheila MacRae—Winnipeg, MB

"People may not remember exactly what you did or what you said, but they will always remember how you made them feel."

Mother Theresa of Calcutta

Photo Gallery

Scenes from the Banff Meeting



Around the Conference Centre



Treny, Sharon, Katie and Laurie



Main Street, Banff
Where shopping happened!

Our Outgoing President : Nick Mohtadi-



Nick quickly stepped up after the tragedy of 2002 and for the past 4 years has expertly steered our group and the meetings. We thank him for his leadership and look forward to many more years of his humour and participation.

Questions, comments, compliments and correspondence regarding this publication should be addressed to: Sharon Griffin at Jointscanada@jointscanada.com

Did you Know?

If you have trouble sleeping, try listening to relaxing music at bedtime. In a study of 60 older adults with sleeping problems in Taiwan, those who listened to 45 minutes of soft music every night for three weeks reported increasingly better sleep. They fell asleep faster, slept longer, and had less daytime sleepiness.

Richard Holtby- Incoming President



Richard was born in England and spent his early childhood in Saskatchewan. He was educated in New York State including military high school (Manlius Military Academy) in Syracuse, NY and undergrad at Rensselaer Polytechnic Institute, Troy, NY. He attended St. Bartholomews Hospital, University of London, UK for medical school. He has received fellowships with Robert Jackson in knee arthroscopy and John Older in the UK for hip revision surgery. Currently on staff at Women's College, Sunnybrook and the Orthopedic and Arthritic Hospitals in their various iterations since 1985. His major interest is arthroscopy initially of the knee and now almost totally the shoulder.

Richard is married to Helen who is head of cardiac anaesthesia at the Hospital for Sick Children in Toronto. He has 2 children: Jonathan and Caroline. He has been a very active member of JOINTS since June of 2000. Outside of academics, his interests are golf, sailing, fine wine, good food, and the opera.

A quote: I love this organization. It captures the unique opportunity that we have in Canada for specialists in one area to work collegially to advance knowledge with multi-center trials. It is the legacy of one of our best and brightest Canadians and, perhaps best of all, it includes a great bunch of people to spend time with. My goals as president are to make sure we carry on and become an even stronger organization. I want to continue to formalize our organizational structure and procedures and specifically I want to develop our second project for CIHR grant submission. I look forward to continuing our work together.

And Now, a Word from the President

It is an honor to have been elected to serve as JOINTS president. I would like to take this opportunity to thank Nick Mohtadi for taking the reigns and holding us together after we lost Sandy. It is almost certain we wouldn't be where we are today without his willingness to volunteer. I have been with JOINTS almost from the start and have enjoyed seeing the organization grow. You are a great bunch of people not only to work with but to share time with. That's probably why we have been successful. I believe we are now at a crossroads. We have reached our goal of a funded CIHR project. We now have to decide where we go from here. What sort of research do we want to do in the future? Can we find the time and commitment to move forward to bigger and more complicated projects? I personally believe that we must start working on our next CIHR submission and that we need to have the right mix of tier one CIHR projects and enough appropriate tier two and three projects to keep us all involved. I need you all to come up with ideas for these projects and bring them to our meeting for discussion. Over the course of my tenure, I am looking forward to confirming our position as the principal shoulder study group in the country if not the world.

The Mini vs. Arthroscopic Trial Tier 1 JOINTS

The scope vs. mini-open repair trial is the first project, developed by JOINTS, to receive full CIHR funding. This is a major milestone in the development of our organization. Our goal is to always have a tier 1 (CIHR suitable) project being developed, so that as one funded project finishes another is ready to start. National level funding of this type will result in recognition of JOINTS as a major player in the field of shoulder research. It is vital that we all participate in this trial in whatever way we can to ensure it is completed in a timely fashion. It is also important that we all start thinking about our next tier 1 project. Be prepared to bring your ideas with as much background work as you can to upcoming meetings. Here is a brief description of the trial for those not yet familiar with it. If there are questions, or if you need help getting started with recruitment, contact Joy McDermid, Richard Holtby, Helen Razmjou, or Dianne Bryant.

Rotator cuff repair is one of the most commonly performed shoulder operations. There is therefore, significant potential socio-economic impact associated with changes in the way this procedure is performed. This impact will increase as the population ages. There is a good argument for the use of arthroscopy as part of the procedure to identify intra-articular pathology and to define the extent of the tear. It is generally accepted that arthroscopic rotator cuff decompression is equivalent to open probably with less morbidity. However, arthroscopic cuff repair may be more costly in terms of operative time and equipment costs. There is also a widely held view that arthroscopic techniques may not yield as secure and functional repairs as open procedures. In order to justify the significant practice shift from open to arthroscopic repairs, it is important that superiority of the new technique is confirmed. The target population is 142 consecutive patients referred to multiple centres with subspecialty practices in shoulder reconstruction. These patients will be referred by their family physicians or other orthopaedic surgeons for assessment of rotator cuff pathology that has failed conservative management. This should include modification of activities, use of analgesic or anti-inflammatory medication and an appropriate course of Physiotherapy with the goal of recovery of full range of motion, normal scapulohumeral rhythm and strength of the rotator cuff muscles. A passive physiotherapy program would not be considered adequate treatment for this study.

The inclusion criteria consists of patients >18 years with persistent pain and functional disability for more than 6 months, not responsive to adequate conservative treatment (as noted above) and with clinical signs of a rotator cuff tear. They must have a confirmed full-thickness tear (less than three cm. and without subscapularis involvement) by ultrasound, magnetic resonance imaging or arthrogram. The final establishment of eligibility will be after diagnostic arthroscopy has taken place. Patients will be excluded with evidence of major joint trauma, infection, avascular necrosis, chronic dislocation, inflammatory or degenerative glenohumeral arthropathy, frozen shoulder or previous surgery of the affected shoulder, evidence of significant cuff arthropathy with superior humeral translation and acromial erosion diagnosed by x-ray or other investigations, Workers Compensation Board or third party liability claims related to Motor Vehicle Accidents will not be included. As well, there are the usual exclusions of major medical illness (life expectancy less than 2 yrs or unacceptably high operative risk), unable to speak or read English, psychiatric illness that precludes informed consent, and those unwilling to be followed for 2 years. The primary outcome is The Western Ontario Rotator Cuff (WORC) Index. Secondary Outcomes include The American Shoulder and Elbow Surgeons Form (ASES) the Constant- Murley Score, and overall functional measures: assessment of overall functional status of the affected shoulders will be measured by measuring passive range of motion, use of analgesics, non-steroidal anti-inflammatories, return to work, and return to sports. All secondary outcomes will be used for descriptive purposes only in order to conserve power for the primary outcome. Patients will be assessed at 6, 12, 18, and 24 months post-operatively.

New Full Members:

Farhad Moola—New Westminster BC—Practice: upper extremity and trauma. Research: trauma, distal radius #, rotator cuff tears

David Sheps— St. Albert, AB

Frederic Balg—Sherbrooke QC— Practice: arthroplasty, arthroscopy, rotator cuff, instability, sports traumatology, ACL, knee-ankle-elbow-wrist arthroscopy. Research: instability, scoring system, xray cadaver on glenoid bone lesions

Marie-Eve Lebel— London, ON—Practice Shoulder and Knee, arthroscopy, rotator cuff, instability, shoulder arthroplasty. Research—sports, shoulder and knee

Welcome Back : Treny Sasyniuk, Banff AB

New Affiliate members:

Sheila McRae—Winnipeg MB

Alexandra Brooks –Hill—Vancouver ,BC

Jeff Leiter—Winnipeg MB

Dominique Rouleau—Montreal, QC

Recent Relevant Publications By Members of The Group

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Next Issue: Spring 2007!!!

Send me your facts, funny stories, interesting tidbits, photos and news for the next issue!