BOSTAA WIMBLEDON ANNUAL MEETING

12th November **2026**

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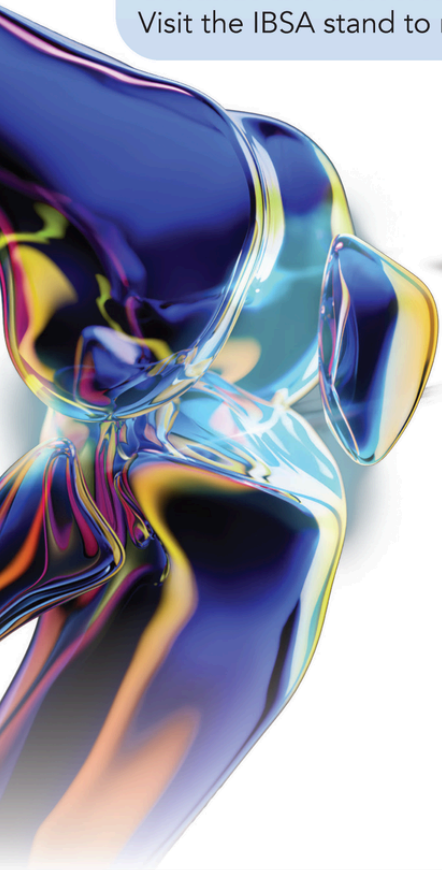
Dr Sam Botchey, will explore how the evidence, clinical phenotype and rheology can inform rational HA selection at the IBSA Gold Sponsor Industry Session:

Precision Viscosupplementation: From clinical phenotype to rational hyaluronic acid selection

Dr Sam Botchey,
Consultant in Musculoskeletal, Sport & Exercise Medicine, Windsor

12 November 2026 | 13:45–14:00 | Room: Courtside
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References: 1. Sinovial HL IFU 2. Migliore A, et al. Rheumatol Ther. 2021;8(4):1617–36. doi:10.1007/s40744-021-00363-3
*when compared to placebo 3. Sinogel IFU 4. Papalia R, et al. Rheumatol Ther. 2021;8(1):151–65. doi:10.1007/s40744-020-00255-y 5. Sconza C, et al. Rheumatol Ther. 2024;11:381–95. doi:10.1007/s40744-024-00643-8

Date of preparation: October 2026 Job bag code: UKSNP00243

IBSA

BOSTAA

2026 Annual Meeting

12th November | All England Lawn Tennis Club, Wimbledon

Room: Courtside

08:15 **REGISTRATION**

09:00 **WELCOME**



Fazal Ali
BOSTAA President

SESSION 1

Moderators:



Ravi Badge
Warrington



Nicolas Nicolau
Sheffield



Prof Peter Mortimer
Emeritus Professor of Dermatological and Lymphovascular Medicine, St George's University, London



Jo Larkin
Consultant SEM, LTA



Rob Hill
Lead Physioterapist, LTA



Jaime Candal-Couto
BESS Vice President



David Limb
Consultant Trauma and Orthopaedic Surgeon, Leeds



Alistair Hunter
Consultant Orthopaedic Hand Surgeon, UCHL

09:05	**Introduction to The All England Lawn Tennis Club.**	**Prof Peter Mortimer**
09:15	**Modern Tennis Athlete - overview of tennis biomechanics and injury patterns.**	**Jo Larkin and Rob Hill**
09:30	**Current trends in shoulder instability surgery and challenges in sports players.**	**Jaime Candal-Couto**
09:45	**Elbow pain in Tennis - beyond 'Tennis Elbow'.**	**David Limb**
10:00	**Wrist and Hand injuries in racquet sports.**	**Alistair Hunter**
10:15	**Discussion.**	

BOSTAA

2026 Annual Meeting

12th November | All England Lawn Tennis Club, Wimbledon

Room: Terrace

10:25 **COFFEE | INDUSTRY EXHIBITION | POSTERS**

Room: Courtside

SESSION 2A

Moderators:



Sanjeev Anand
Leeds



Matt Hampton
Sheffield



Jo Larkin
Consultant SEM, LTA



Jasvinder Daurka
Consultant Orthopaedic Surgeon, London



Chim Gupte
Consultant Orthopaedic Surgeon, London



Francesca Jones
British Professional Tennis Player



Rhidian Thomas
BOSTAA Immediate Past President

10:55 **Case study with player.** — **Francesca Jones, Jo Larkin, Sanjeev Anand**
11:15 **Hip/Groin pain - beyond arthritis.** — **Jasvinder Daurka**
11:30 **Patella tendinopathy.** — **Chim Gupte**
11:45 **Management of Tennis leg.** — **Rhidian Thomas**
12:00 **Discussion.**

SESSION 2B

12:10 - 12:30

Injury from both sides of the net: A Player, Organiser, Coach and Commentator's Perspective

Speaker:



Jayant Mistry
Former No. 1 British Wheelchair Tennis Player

Moderator:



Neil Jain
Wilmslow

Gold Sponsor Industry Session

Anti-inflammator and and tissue-healing effects of semiconductor-embedded fabrics: current evidence and future perspectives.

12:30 - 12:45



Prof. Giovanna Della Porta
Italy

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Room: Terrace

12:45 **LUNCH | INDUSTRY EXHIBITION | POSTERS**

Room: Courtside

Gold Sponsor Industry Session

Precision Viscosupplementation:
From clinical phenotype to rational hyaluronic acid selection.

13:45 - 14:00



Sam Botchey
Windsor

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SESSION 3

Moderators:



Shamim Umarji
London



Len Funk
Wrightington



Subhashish Basu
Consultant MSK and Sports Medicine Radiologist, Wrightington



Prof. Manoj Ramachandran
Consultant Paediatric Orthopaedic and Trauma Surgeon, London



Ben Rosenblatt
Elite athletes performance and rehabilitation coach

14:00 **Imaging insights of common tennis injuries.** — **Subhashish Basu**

14:15 **The potential of AI in the management of sports injuries.** — **Prof. Manoj Ramachandran**

14:30 **Injury prevention and return to play.** — **Ben Rosenblatt**

14:45 **Discussion.**

BOSTAA

2026 Annual Meeting

12th November | All England Lawn Tennis Club, Wimbledon

Room: Terrace

14:50 **TEA | INDUSTRY EXHIBITION | POSTERS**

Room: Courtside

SESSION 4

Moderators:



Shahbaz Malik
Worcester



Irrum Afzal
London

15:20 **JAM Papers session x 7 papers**
2 minutes presentation and 1 question. Please refer to abstracts and running order at the end of this programme.

15:40 **Free Papers session x 10 papers**
5 minutes presentation and 1 minute discussion. Please refer to abstracts and running order at the end of this programme.

SESSION 5: GUEST LECTURE



Prof. Dan Perry
Oxford

16:40 **Great Performances: What Really Works in the Operating Theatre - Lessons from the Sporting Field.**

SESSION 6

17:10 **Travelling Fellowship reports** — **Shehzaad Khan | Siddharth Shah**

17:20 **Awards and Prizes**

17:25 **Closing remarks** — **Fazal Ali**

17:30 **BOSTAA Annual General Meeting**

JAM PAPERS 15:20 - 15:40 | 2 MINS. PRESENTATION + 1 QUESTION

15:20 - 15:22
(#107)
No Difference in Career Longevity of Professional Football and Rugby players after ACL Reconstruction with Associated MCL injury Compared to Uninjured Matched Controls.
Mary Jones, Arman Motesharei, Wahid Abdul, David Haslhofer, Simon Ball, Andy Williams
Fortius Clinic, London, United Kingdom

Objectives: To determine the effect on career longevity of professional football and rugby players after primary ACL Reconstruction (ACLR) and associated MCL injury, treated with operative or non-operative management, by comparing each group with uninjured, matched, controls.

Methods: Professional football and rugby players who underwent ACLR with an MCL injury, which was treated either operatively or non-operatively, between 2015 and 2022 were each compared with 5 uninjured, control players matched by age, sport, playing position, league, match appearances and minutes played in the 12 months prior to injury. Kaplan-Meier survival analysis and Cox proportional hazards regression models were created.

Results: 90.4% (football 92.6%, rugby, 87.5%) of ACLR + MCL injured players RTP at 11.6 ± 4.1 months which compared favourably with the 91.5% (football 92.8%, rugby 89.5%) of uninjured control players still competing at 11 months post their matched injured player's operation date (NS).
At 2 years post-surgery 81.9% of all injured athletes were still competing compared to 81.3% in the control group. This reduced to 61.7% and 62.8% respectively at 5 years post- surgery. There was no significant difference between the ACLR + MCL operative 2 + 5 still playing rates compared to their uninjured controls (2y = 75.0% vs 75.9%, 5y=37.5% vs 41.5%) or between the ACLR + MCL non-operative group and their uninjured controls (2y =86.2% vs 84.6%, 5y = 70.5% vs70.8%).

Conclusion: Following ACLR with either operative or non-operative management of an associated MCL injury professional football and rugby players can RTP and maintain career longevity equal to an uninjured player if the severity of the MCL injury is recognised and treated appropriately.

15:23 - 15:25
(#118)
Outcomes of Acute Posterior Sternoclavicular Joint Dislocations: A 17-Year Single-Centre Experience
Ashwini Garneti[1], James Allen[2], Daniel Henderson[3]
[1]University of Leeds, Leeds, United Kingdom. [2]Huddersfield Royal Infirmary, Huddersfield, United Kingdom. [3]Leeds General Infirmary, Leeds, United Kingdom

Background: To describe the presentation, management and outcomes of acute, surgically treated posterior sternoclavicular joint dislocations at a single major trauma centre.

Methods: A retrospective review was performed of all acute posterior SCJ dislocations treated surgically at a Major Trauma Centre between 2008 and 2025. Data collected included patient demographics, mechanism of injury, imaging findings, reduction strategy, operative management, complications, reoperations and final clinical outcomes.. Final clinical and radiological outcomes were assessed.

Results: Nine patients were treated surgically for acute posterior SCJ dislocation (8 males, 1 female; mean age 21.2 years, range 13–50). Rugby was the commonest mechanism of injury, accounting for over half of cases (6/9). Diagnosis was confirmed with CT imaging in all cases.
Closed reduction was attempted in all patients. One patient was successfully treated with closed reduction alone. The remaining eight patients required open reduction; of these, two required return to theatre for persistent instability following initial failed closed reduction. Cardiothoracic support was present for all procedures. Open stabilisation was performed using surgeon-preferred soft-tissue reconstruction techniques. Mean post-operative immobilisation was 4.1 weeks. No vascular or neurological complications were observed. At final follow-up, all patients demonstrated a stable SCJ on clinical and radiological assessment with good clinical outcomes and no late re-dislocations.

Conclusions: Acute posterior SCJ dislocation is a rare but potentially life-threatening injury. Management within a specialist multidisciplinary setting provides reliable stability with a low complication rate. The high failure rate of closed reduction in this series suggests early open stabilisation should be considered when reduction cannot be achieved or maintained.

JAM PAPERS 15:20 - 15:40 | 2 MINS. PRESENTATION + 1 QUESTION

15:26 - 15:28
(#158)
A bioinductive collagen implant may improve structural healing but does not consistently improve patient-reported outcomes after arthroscopic rotator cuff repair: a systematic review of comparative studies

Dave Osinachukwu Duru[1], Navin Durai[1], **Shayan Bidad**[1], David Kwan Ryung Lee[1], Abith Ganesh Kamath[2], Andrew Kailin Zhou[3,4], Patrick Carroll[5,6], Amr Elmaraghy[5,6]
[1]University of Cambridge, Cambridge, United Kingdom. [2]Imperial College London, London, United Kingdom. [3]University of Warwick, Coventry, United Kingdom. [4]University Hospital Coventry and Warwickshire, Coventry, United Kingdom. [5]University of Toronto, Toronto, Canada. [6]Li Ka Shing Knowledge Institute, Toronto, Canada

Background: Incomplete tendon healing and retear remain important concerns after arthroscopic rotator cuff repair. Bioinductive collagen implants (BCI) are resorbable scaffolds intended to induce new tendon-like tissue, used in isolation or to augment repair. Previous reviews were dominated by non-comparative case series. This review evaluated clinical and structural outcomes of BCI compared with treatment without BCI in partial- and full-thickness tears.

Methods: Following a PROSPERO-registered protocol and PRISMA guidelines, MEDLINE, Embase, PubMed, and CENTRAL were searched to 14 July 2026 for randomised controlled trials (RCTs) and comparative cohort studies. Two reviewers independently screened studies, extracted data and assessed quality using Cochrane RoB 2 and MINORS. Owing to heterogeneity, results were synthesised narratively by tear type.

Results: Twelve studies (three RCTs, nine cohort studies; 1,214 shoulders) were included. One RCT was at low risk of bias, while non-randomised studies were of moderate quality (mean MINORS 16.2). Both groups improved substantially, with no consistent between-group advantage in ASES, Constant-Murley, SANE or VAS scores, or in MCID, SCB and PASS achievement. In partial-thickness tears, retear rates were 0-12.1% with BCI and 0-5.4% with controls, with no significant differences. In full-thickness tears, rates were 0-50.0% and 0-47.1%, respectively. One RCT found fewer retears with BCI (12.3% vs 35.1%; P = .004), whereas the other five studies found no significant difference. Two studies reported greater tendon thickness with BCI. Complications were generally infrequent, although three studies reported more stiffness, inflammation-related reoperation or overall complications with BCI.

Conclusions: BCI produces clinical improvements comparable to conventional treatment, but consistent superiority in patient-reported outcomes has not been demonstrated. It may improve structural healing in selected full-thickness tears, but this has not been consistently reproduced. Routine use across all tears is not supported by current evidence, and indication-specific RCTs with standardised imaging and longer follow-up are required.

15:29 - 15:31
(#164)
Management and Early Outcomes of First Time Patellar Dislocations

Nicola Wightman[1,2], David Hamilton[2], Oliver Bailey[1], Professor Rahul Bhattacharyya[1], Professor Graeme Hopper[1]
[1]NHS Lanarkshire University Hospitals, Glasgow, United Kingdom. [2]Research Centre for Health, Glasgow Caledonian Universtity, Glasgow, United Kingdom

INTRODUCTION: First time patellar dislocation (FTPD) is a common cause of acute knee injury, yet epidemiological data and management remains heterogeneous. This study evaluated the clinical course, recurrence and 6 month patient reported outcomes (PROMS) of patients presenting with FTPD to a regional tertiary hospital acute knee clinic.

METHOD: This was a longitudinal cohort study. From March 2024 to February 2025 all patients attending a tertiary hospital diagnosed with a FTPD in A&E and/or virtual fracture clinic were referred to a specialist acute knee clinic. All patients were assessed at initial appointment and then at planned 6 month follow up. Patient demographics, clinical assessment and PROMs were retrospectively obtained from assessment and patient records (approval ref: ref 2656).

RESULTS: 114 patients were confirmed to have a FTPD following specialist assessment. 113 were treated conservatively and 1 required surgical intervention. Osteochondral defects were identified in 9 patients (7.8%). Demographics show female to male ratio of 51:62 with age range 9-44 years old. Mean BMI 25.11. 89 (78%) of these were high-energy injuries related to sport or trauma.
32 (28%) patients failed to attend their follow up appointment leaving 82 patients for follow up review. Of the 82 patients, 11 (13%) patients reported recurrent instability including one contralateral instability. Significant improvements were seen across all patient reported outcomes NPRS ($p<0.001$), BPII 2.0 ($p<0.001$), FJS-12 ($p<0.001$) and TAS ($p<0.001$)

CONCLUSION: Following assessment the majority of patients with FTPD were managed conservatively with surgery required in only one patient. A small proportion reported recurrent instability with PROMs demonstrating favourable improvements to pain, joint function and activity levels at six months. These findings support conservative management for most patients while emphasising the value of longer term follow up to better define recurrence.

JAM PAPERS 15:20 - 15:40 | 2 MINS. PRESENTATION + 1 QUESTION

15:32 - 15:34
(#169)
CLINICAL OUTCOMES FOLLOWING INTERNAL BRACE AUGMENTATION OF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION PLUS ANTEROLATERAL LIGAMENT INTERNAL BRACING
William Wilson[1], Andrew D'Alessandro[1], Rachel McIntyre[2], **Graeme Hopper**[2], Gordon MacKay[3]
[1]NHS Ayrshire & Arran, Glasgow, United Kingdom. [2]NHS Lanarkshire, Glasgow, United Kingdom. [3]MacKay Clinic, Glasgow, United Kingdom

Background: Graft failure rates following anterior cruciate ligament (ACL) reconstruction remain problematic, particularly in young athletes returning to sport. Internal Bracing of the ACL graft with independently tensioned suture tape has been shown to increase the strength of the construct and anterolateral ligament (ALL) reconstruction has been associated with reduced re-rupture rates.
This study primarily aimed to evaluate graft failure rates in patients undergoing ACL reconstruction with patellar tendon autograft reinforced with independently tensioned suture tape, plus ALL augmentation also with suture tape.

Methods: This prospective observational study included all patients who underwent primary ACL reconstruction with patellar tendon autograft, augmented with suture tape for both the ACL graft and ALL between 2018 and 2023 in a single surgeon's practice. Patients were followed up remotely at the time of the study to assess the incidence of graft failure, secondary surgery, and PROMs using KOOS, SANE score and Marx activity rating. Preoperative and 2-year PROMs were compared.

Results: In total, 187 patients met the inclusion criteria, with 83% follow-up at mean 3.9 years (minimum 2 years). The mean age was 28 years and 127 were male. The mean pre-injury Tegner score was 7 (±2). The overall graft failure rate was 1.1% (2 patients). Significant improvements were observed in all PROMs from preoperative to 2 years postoperative ($p<0.001$). The rate of subsequent operations was 17%, primarily for meniscal or cartilage-related procedures (8%), stiffness (4%), hardware irritation (2%), Cyclops lesion (2%).

Conclusions: ACL reconstruction using patellar tendon autograft reinforced with internal bracing and ALL augmentation demonstrates a low failure rate of 1.1% at a mean of 3.9 years postoperatively. The technique is safe and well-tolerated, suggesting potential for routine clinical use to reduce graft failure rates in high-risk patients.

15:35 - 15:37
(#189)
Surgical Treatment of the Discoid Meniscus
Tze Yi Gan[1], **Matt Bowman**[2], Nicolas Nicolaou[2]
[1]The Rotherham NHS Foundation Trust, Rotherham, United Kingdom. [2]Sheffield Children's NHS Foundation Trust, Sheffield, United Kingdom

Background: Discoid meniscus, a congenital variant affecting up to 15% of children, frequently results in meniscal tears due to abnormal morphology, poor tissue quality and instability. Surgical techniques are evolving, yet the optimal surgical technique remains to be established. This study evaluated outcomes and revision rates in paediatric patients treated arthroscopically for symptomatic lateral discoid menisci.

Methods: This was a retrospective review of paediatric patients with symptomatic discoid menisci treated surgically between 2015 and 2026 at a single institution. Patients were excluded if they had undergone previous discoid surgery at another institution or if follow up was less than six months. Demographics, patient outcomes, complications and revision rates were assessed.

Results: Sixty patients (79 knees) were analysed with a mean follow-up of 38 months. All patients were aged 18 years or younger, with a mean age 10.2 years (4-18). Sixty-six percent of patients were female. Meniscal tears were identified during arthroscopy in 60 knees (76%), while 17 knees (22%) had instability without tears. At final follow up, 67 knees (85%) were symptom free, three knees (4%) had ongoing pain without evidence of a re-tear and one patient (1%) had ongoing painless clicking. Revision surgery was required in 15 knees (19%). Complications occurred in 28% of patients including re-tear (19%), suture irritation (4%), osteochondral defects (3%), suture granuloma (1%), transient superficial peroneal nerve palsy (1%) and scar sensitivity (1%).

Conclusions: Arthroscopic treatment provides functional gains at mid-term follow-up but carries a 19% revision rate, mainly driven by recurrent tears. Patients and families should be counselled regarding the non-negligible risk of re-tear and subsequent reoperation over mid- to long-term follow-up.

JAM PAPERS 15:20 - 15:40 | 2 MINS. PRESENTATION + 1 QUESTION

15:38 - 15:40
(#193)
Wearable Technologies in Return-to-Sport Assessment Following Lower-Limb Sports Injury: A Systematic Review
Irrum Afzal, Sarkhell Radha
Croydon University Hospital, London, United Kingdom

Wearable technologies enable the objective quantification of movement, biomechanical function, and training exposure during rehabilitation and return to sport. However, their role in return-to-sport (RTS) decision-making following lower-limb sports injury remains unclear. This systematic review aimed to identify and evaluate the current applications of wearable-derived measures in RTS assessment following lower-limb sports injury and to determine their potential for supporting RTS decision-making.

A systematic literature search was conducted in MEDLINE, PubMed, Embase, SPORTDiscus, Scopus, and Web of Science from database inception to 23 August 2026, in accordance with the PRISMA 2020 guidelines. Search terms relating to wearable sensors, inertial measurement units, accelerometers, smart insoles, and global positioning systems were combined with terms relating to athletes or sport, injury or rehabilitation, and the lower limb.

Fifteen studies were identified: five involving anterior cruciate ligament (ACL) injury or reconstruction, four involving chronic ankle instability, three involving Achilles tendinopathy, and three involving hamstring injury. Inertial sensors were primarily used to assess joint kinematics and balance, smart insoles to quantify dynamic stability, and positioning devices to monitor running and training exposure. One ACL study demonstrated fair-to-excellent concurrent validity against optical motion capture during complex movement tasks. In 17 runners with Achilles tendinopathy, wearable-derived ground-contact-time asymmetry was associated with pain during consecutive days of running. A 30-participant Achilles rehabilitation cohort demonstrated >93% sensor-wear compliance; however, physical activity and biomechanical measures did not change over 12 weeks. Hamstring studies identified variation in high-speed running exposure following return to competition. No studies demonstrated that wearable-guided RTS clearance reduced re-injury rates.

Wearable technologies provide objective measures outside conventional gait laboratory and outpatient settings and may therefore complement clinical assessments. However, randomised controlled trials are required to determine whether incorporating wearable-derived measures into RTS decision-making improves clinical outcomes.

PODIUM FREE PAPERS 15:40 - 16:40 | 5 MINS. PRESENTATION + 1 MIN. QUESTIONS

15:40 - 15:45
(#103)
Lateral Extra-Articular Tenodesis versus Anterolateral Ligament Reconstruction in Revision ACL Reconstruction: A Quantitative Pooled Analysis
Yuxin Ying[1], **Margaret O'Riordan-Stamato**[1], Ernest Chew[1], Joachim Ho[2], Khalid Al Hourani[3,4], Ciaran McGarvey[3], Shehzaad Khan[3,4]
[1]Frimley Health NHS Foundation Trust, Frimely, United Kingdom. [2]University of Edinburgh, Edinburgh, United Kingdom. [3]Wexham and Heatherwood Knee Unit, Wexham, United Kingdom. [4]Falcon Sports Clinic, Windsor, United Kingdom

Background: Revision anterior cruciate ligament reconstruction (rACLR) is associated with higher graft failure, worse functional outcomes, and lower return-to-sport rates compared with primary ACL reconstruction. Graft re-rupture after rACLR poses a significant clinical challenge, prompting increased use of lateral extra-articular augmentation to improve stability and protect the graft. Both lateral extra-articular tenodesis (LET) and anterolateral ligament (ALL) reconstruction show benefit in primary ACL reconstruction, but evidence of superiority in the revision setting is lacking.

Methods: A systematic search of PubMed, Embase, and the Cochrane Library identified studies evaluating revision anterior cruciate ligament reconstruction (rACLR) with lateral extra-articular tenodesis (LET) or anterolateral ligament reconstruction (ALL). Twenty-nine studies were included, only two directly comparing LET and ALL. Due to limited head-to-head trials, a quantitative descriptive pooled analysis was performed across non-comparative cohorts. Continuous outcomes were summarised with weighted means and standardised mean differences (SMDs) to describe effect magnitude. Dichotomous outcomes were summarised with pooled odds ratios (ORs) and 95% confidence intervals.

Results: Postoperative Lysholm scores were lower following LET (62.1) versus ALL (69.0), corresponding to a moderate effect size (SMD -0.43). Postoperative Tegner and IKDC scores were slightly higher following LET (SMD 0.23 and 0.22), indicating small differences in activity-level and function. Pooled dichotomous outcomes showed higher odds of graft failure following LET (OR 2.87, 95% CI 1.39–5.95), while return-to-sport rates were similar.

Conclusions: Across pooled cohorts, ALL in rACLR is associated with higher knee-specific symptom scores and lower graft failure risk than LET, whereas activity-level and functional outcomes are broadly similar. These findings highlight procedural differences and underscore the need for adequately powered direct comparative studies to determine the optimal extra-articular augmentation strategy.

15:46 - 15:51
(#106)
A comparison of Return to Play, Career Longevity, and Re-Rupture in Professional Soccer and Rugby players After Primary ACL Reconstruction with Lateral Extra-Articular Tenodesis using either Hamstring or Patellar Tendon Autografts.
Sam Lynskey, Andrea Ambrosanio, Arman Motesharei, Mary Jones, Simon Ball, Sam Church, **Andy Williams**
Fortius Clinic, London, United Kingdom

Aim: To compare return-to-play (RTP) rates, re-rupture, and career longevity in professional rugby and football players undergoing ACL reconstruction (ACLR) with lateral extra-articular tenodesis (LET) using patellar tendon (PT) versus hamstring (HS) autografts.

Methods: A retrospective review of a consecutive series of ACLR performed by three surgeons between 2012 and 2022 was conducted. Elite rugby and football players with isolated ACL rupture underwent primary ACLR with LET using either a PT or HS autograft. Athletes were followed for a mean of 5.6 years (range 2.0 – 12.7 years).

Results: 223 athletes were included (PT, n=126; HS, n=97). RTP rates were high and comparable (PT: 94.4%, HS: 95.9%; p=0.85). Mean RTP time was slightly shorter for PT (12.0±3.5 months) than HS (13.0±5.9 months), but not statistically significant (p=0.17).
Graft re-rupture rates were low (PT: 2.4%, HS: 5.2%; p=0.46). Football players had a higher re-rupture rate than rugby players (4.0% vs 2.7%: p= 0.93).
Continued participation in professional sport was high for both grafts; however, the proportion still playing at 5 years was significantly higher for PT grafts (83.6% vs 66.7% in HS; p=0.04). This varied between sports with 80% of football (77.3% HS vs 81.0% PT) and 56.1% of rugby players (55.9% HS vs 57.1% PT) still competing at 5 years. Playing rugby rather than football was the only significant predictor of shorter career duration (HR 1.75; 95% CI, 1.08–2.84; p=0.02).
Median post-injury career length to date was 4.0 years for both grafts with 48.9% of athletes still playing at the time of the study.

Conclusion: In elite rugby and football players, both PT and HS autografts combined with LET provide excellent return-to-play rates, low re-rupture risk, and sustained professional careers.

PODIUM FREE PAPERS 15:40 - 16:40 | 5 MINS. PRESENTATION + 1 MIN. QUESTIONS

15:52 - 15:57
(#121)
Developing a Core Outcome Set for Paediatric Anterior Cruciate Ligament Injuries in Low- and Middle-Income Countries: The Core Kids Knee Global Study
Adeel Ikram[1,2,3], Amanda Chow[4,5], Adnan Papovic[6,7], Edward Jenner[8,9], Stephen McDonnell[10,11], Ben Marson[1,2,3]
[1]The University of Nottingham, Nottingham, United Kingdom. [2]Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom. [3]Nottingham Biomedical Research Centre, Nottingham, United Kingdom. [4]The University of West Indies, Kingston, Jamaica. [5]Kingston Public Hospital, Kingston, Jamaica. [6]The University of Sarajevo, Sarajevo, Bosnia and Herzegovina. [7]Clinical Center of Sarajevo University, Sarajevo, Bosnia and Herzegovina. [8]Aga Khan University, Nairobi, Kenya. [9]Aga Khan University Hospital, Nairobi, Kenya. [10]University of Cambridge, Cambridge, United Kingdom. [11]Addenbrooks Hospital, Cambridge, United Kingdom

Background: Paediatric anterior cruciate ligament (ACL) injuries are increasing worldwide. Despite growing research, substantial heterogeneity exists in outcome reporting, limiting comparison between studies, reducing the quality of evidence synthesis and hindering the development of evidence-based guidelines. This challenge is particularly important in low- and middle-income countries (LMICs), where healthcare priorities and available resources differ from those in high-income settings. A Core Outcome Set (COS) provides a minimum standardised set of outcomes that should be measured and reported in all future studies, reducing research waste and improving trial comparability.

Aim: To develop the first LMIC-specific Core Outcome Set for paediatric ACL injuries that reflects the priorities of children, parents and healthcare professionals.

Methods: The Core Kids Knee Global Study is a multinational mixed-methods consensus study involving collaborating LMIC centres, Bosnia and Herzegovina (University of Sarajevo), Kenya (Aga Khan University) and Jamaica (The University of West Indies). Following COMET guidance, the study comprises four sequential phases: (1) an international clinician survey; (2) Technology of Participation focus groups with children (5–15 years) and parents in each of the three collaborative sites; (3) a modified Delphi survey involving children, parents and clinicians; and (4) an international consensus meeting to agree the final Core Outcome Set. Candidate outcomes will be mapped to the World Health Organisation International Classification of Functioning, Disability and Health framework before consensus evaluation. Full funding has been secured through the Academy of Medical Sciences.

Expected Impact: This study will establish the first LMIC-specific COS for paediatric ACL injuries, providing an internationally relevant framework for future research. By incorporating perspectives from children, families and clinicians across Eastern Europe, Africa and the Caribbean, Core Kids Knee aims to improve the consistency and relevance of outcome reporting, facilitate higher-quality systematic reviews and clinical trials, and accelerate the translation of research into clinical practice.

15:58 - 16:03
(#126)
From Programme to Practice: Delivering the First Arthroscopic Knee Course to the Developing World
Aashish Ahluwalia[1], Lisa Hadfield-Law[2], James Tomlinson[3], Fazal Ali[4]
[1]Nuffield Orthopaedic Centre, Oxford, United Kingdom. [2]BOA, London, United Kingdom. [3]Sheffield Teaching Hospital NHS Foundation Trust, Sheffield, United Kingdom. [4]Chesterfield Royal Hospital, Chesterfield, United Kingdom

Background: The BOA Future Leaders Programme (FLP) provides trainees and consultants nominated by their subspecialty society with structured exposure to leadership development beyond clinical training. As the BOSTAA nominee, I undertook the FLP alongside delivering, in June 2026, the first live arthroscopic knee course to Georgetown Public Hospital Corporation (GPHC), Guyana, in partnership with World Orthopaedic Concern. This work provided a live setting in which to apply and test the leadership principles taught on the programme.

Methods: An all surgeon faculty delivered a three-day course comprising outpatient patient selection, didactic teaching, and 16 supervised arthroscopic procedures performed jointly with local Guyanese surgeons. FLP learning was applied throughout, spanning education (teaching technique rather than performing it), resource management (adapting to fixed and limited local equipment and staffing), accountability (upholding home-standard governance in an unfamiliar system), and inspiring confidence in the local team.

Results: The mission delivered the first arthroscopic knee procedures at GPHC, transferred hands-on technical skill to local surgeons, and established a working equipment and referral pathway. Reflection on the trip, framed through FLP concepts, identified six transferable leadership principles: leading by teaching, adapting rather than importing solutions, presence as accountability, contagious confidence, capability implying duty, and the sustaining value of purpose-driven leadership.

Conclusion: The FLP gave a practical framework for leadership that translated directly into a demanding overseas surgical setting, strengthening both the course's impact and my own development as a future consultant. I would strongly recommend trainees pursue the BOA Future Leaders Programme, and their society's nomination for it: the leadership skills gained are not abstract but immediately applicable, and the network and mentorship it offers add lasting value beyond the programme itself.

PODIUM FREE PAPERS 15:40 - 16:40 | 5 MINS. PRESENTATION + 1 MIN. QUESTIONS

16:04 - 16:09
(#131)
Graft Resorption Following Bone Block Stabilisation For Anterior Shoulder Instability: A Systematic Review And Meta-Analysis
Dalaa Alsalem[1], Omar Mostafa[2], Loiy Alkhatib[3], Adam Kwapisz[4], Peter D'Alessandro[5], Shahbaz Malik[6]
[1]University of Buckingham, Buckinghamshire, United Kingdom. [2]Birmingham Orthopaedic Training Programme, Birmingham, United Kingdom. [3]Sulaiman Alhabib Hospital, Dubai, UAE. [4]University of Lodz, Lodz, Poland. [5]University of Western Australia, Perth, Australia. [6]Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom

Background: Bone block augmentation helps restore anterior glenoid bone stock in recurrent anterior shoulder instability, with or without bone loss. This meta-analysis evaluates the effects of graft type and surgical technique on graft resorption and graft union.

Methods: A systematic review was performed in accordance with PRISMA. Four databases were searched up to April 2026 for all studies reporting graft resorption following anterior glenoid bone block stabilisation in adult patients with anterior shoulder dislocation. Primary outcome was number of cases with radiographic graft resorption. The secondary outcome was the union rate. Interventions were categorised either by graft type or bone-block technique. Dichotomous outcomes were pooled as risk differences (RD) with 95% confidence intervals. Risk of bias was assessed using MINORS.

Results: Seven studies were eligible for inclusion, comprising 441 patients. CT was used to assess graft status, performed between 3 months and 24 months post-operatively. Bristow-Latarjet was reported most frequently (n=278, mean age 22.7 years), followed by free bone block transfer (allograft = 111 and autograft =22, mean age 29.6 years) and xenograft (n=30, mean age = 29.9 years). Graft resorption was reported in 40.4% of free bone blocks (65/161), and 38.8% in Bristow-Latarjet (108/278). The mean extent of graft resorption was reported in two studies (n=60) and was 48.3% for free-bone-block (n=40, allograft 77.8%, autograft 22.2%) compared with 10.1% in the Bristow-Latarjet group (n=20). Meta-analysis of studies comparing graft technique alone showed no significant difference in graft resorption (P=0.31) or union (P=0.81) between the free bone block or Bristow-Latarjet. Union rates by graft type were 89.6% for Bristow-Latarjet, 80.1% for free bone block (59.1% for autograft and 82.6% for allograft), and 86.7% for xenograft.

Conclusion: Bristow-Latarjet and free bone block techniques demonstrated comparable rates of graft resorption and union, with high union rates observed across both procedures.

16:10 - 16:15
(#144)
Correlation between the AMADEUS MRI score and clinical patient-reported outcome mea surements (PROMs) in patients undergoing Cartilage Cell Regeneration (CCR) treatment for osteochondral lesions of the Talus
Salam Ismael[1], **Gareth Davies**[1], Musaab Al-Musaby[1], Tian Lan[1,2], Jan Herman Kuiper[1,2], Bernard Tins[1], Mike Williams[1], Karina Wright[1,2], Helen McCarthy[1,2], Charlotte Hulme[1,2], Nilesh Makwana[1]
[1]Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, United Kingdom. [2]School of Life Sciences, Keele University, Keele, United Kingdom

Background: The AMADEUS score provides structured MRI assessment of osteochondral defects prior to repair.Its relationship with clinical data by PROMs is uncertain. This study assessed AMADEUS reliability and explored its correlation with patient-reported outcome after cartilage repair in the ankle.

Methods: 115 Patients (118 ankles) undergoing cartilage repair for talar osteochondral lesions were included. Preop MRI was scored using AMADEUS, The inter- and intra-rater reliability was assessed using ICC. Associa tions between AMADEUS and MOxFQ scores at baseline and 1 year were explored using multivariable regression. Re-operation for any reason was the survivorship endpoint.

Results: Mean age was 37.3 ± 14.4 years. AMADEUS showed substantial inter-rater reliability (ICC 0.71, 95% CI 0.50 to 0.85) and excellent intra-rater reliability (ICC 0.87, 95% CI 0.65 to 0.98). There was a significant improve ment of PROMs. There was a significant correlation between post-op MOXFQ and the AMADEUS score. Although the effect size was small (coefficient 0.12, 95% CI −0.00 to 0.23, p=0.050). AMADEUS was not associated with re-operation risk. AMADEUS subscores showed no correlation with baseline MOxFQ. At 1 year, weak correlations were observed for defect depth (ρ = 0.24, p = 0.011) and BME (ρ = 0.21, p = 0.033) only, with all other parameters remaining non-significant.

Conclusion: The AMADEUS score is a reliable scoring tool for assessing osteochondral defects prior to cartilage repair. The study shows a significant but weak correlation with 1-year PROMs, particularly for defect depth and BME.

PODIUM FREE PAPERS 15:40 - 16:40 | 5 MINS. PRESENTATION + 1 MIN. QUESTIONS

16:16 - 16:21
(#145)
Impact of socioeconomic area deprivation on patients' reported outcomes following Menis cal Allograft Transplantation (MAT)
Salam Ismael[1], Jan Herman Kuiper[1,2], Nicola Mackay[3], Pete Thompson[3], Tim Spalding[3], Nicholas Smith[3]
[1]Robert Jones and Agnes Hunt Orthopaedic Hospital, CHESTER, United Kingdom. [2]Centre for Science, Technology and Medicine, School of Life Sciences, Keele University, Keele, United Kingdom. [3]University Hospitals Coventry and Warwickshire,, Coventry, United Kingdom

Background: Socioeconomic deprivation is associated with poorer access to healthcare, rehabilitation and surgical recovery, but its effect on outcomes following meniscal allograft transplantation (MAT) remains under studied. The aim of this study was to evaluate whether area-level deprivation influenced patient-reported outcomes and MAT survival.

Methods: Patients undergoing MAT were identified from a prospectively maintained database between 03/2002 and 03/2025. Residential postcodes were mapped to Index of Multiple Deprivation (IMD) quintiles. Demographic, operative and clinical variables were compared across deprivation groups. Outcomes included Lysholm, Tegner, KOOS and IKDC scores. Longitudinal outcome trajectories were assessed using linear mixed-effects models comparing the most and least deprived IMD quintiles. Survival was analysed using Kaplan-Meier analysis.

Results: In total, 472 patients were included. Mean age was 29.8 ± 9.3 years and mean BMI was 26.8 ± 4.5 kg/m². The cohort included 308 males and 159 females. MAT was predominantly lateral, with 332 lateral grafts (70.3%). Baseline scores demonstrated substantial impairment: Lysholm 55.3, KOOS 49.4 and IKDC 41.7. Smoking status differed significantly across IMD quintiles (p=0.029), but age, sex, BMI, graft side, graft location, previous surgery and chondral treatment did not. All patient-reported outcomes improved significantly over time (p<0.001). There was no significant overall difference between the most and least deprived quintiles and no significant time-by IMD interaction for any outcome. Ten-year survival across the IMD-quintiles was 79.8%, 74.8%, 80.5%, 83.6% and 72.1%, with no evidence for a difference (p=0.9).

Conclusion: Patients improved significantly after MAT and socioeconomic deprivation did not negatively affect functional outcomes nor survivorship.

16:22 - 16:27
(#154)
Reliability and Validity of Measurement of Posterior Tibial Slope in Paediatric Patients: Clinical Implications and Systematic Review
Savvas Soteriou[1], Joseph Babu[2], Sheba Basheer[2], Ignatius Liew[3]
[1]Northwick Park Hospital, London, United Kingdom. [2]Birmingham Children's Hospital, Birmingham, United Kingdom. [3]Cambridge University Hospital, Cambridge, United Kingdom

Background: Posterior tibial slope (PTS) influences knee biomechanics and stability and is recognised as a risk factor for paediatric knee injury. However, skeletal immaturity, physeal development and variation in imaging techniques may affect measurements. This review evaluated methods of measuring PTS in patients aged <18 years, focusing on reliability, validity and medial–lateral differences.

Methods: Following PRISMA guidance, Ovid MEDLINE, Embase, CENTRAL, ClinicalTrials.gov and WHO ICTRP were searched for studies reporting radiological PTS assessment in paediatric populations. Radiographic, CT and MRI measurement techniques, medial and lateral PTS values, reliability and injury associations were extracted and synthesised narratively.

Results: Thirty-eight studies were included. PTS values varied substantially according to imaging modality, anatomical reference and compartment. Radiographic PTS measurements demonstrated good-to-excellent reliability, although estimates varied between techniques (intra-rater ICC 0.53–0.91; inter-rater ICC 0.47–0.97). CT and MRI methods demonstrated high reproducibility (ICC 0.85–0.92). In direct radiographic comparison, mean PTS differed by up to 4.9° according to the tibial reference axis used (7.6°–12.5°; P<0.0001), despite good-to-excellent reliability. In a paired radiograph–MRI comparison (108 knees), radiographic medial PTS was 1.8° greater on average than MRI (10.2° vs 8.4°), with moderate inter-modality concordance (ICC 0.51) and individual differences of approximately ±5. Lateral PTS also showed a more consistent association with ACL injury than medial PTS. Most studies reported greater PTS in ACL-injured knees, although the magnitude varied. Increased PTS was also associated with tibial tubercle fractures and Osgood-Schlatter disease but were inconclusive in tibial spine fractures.

Conclusions: Paediatric PTS can be measured reproducibly, but values depend strongly on modality, reference axis and tibial compartment. Standardised modality and compartment-specific measurement protocols are required. Distinguishing medial from lateral PTS may be particularly important for ACL risk assessment. Reliable measurement is essential for meaningful comparison between studies, injury-risk stratification and planning growth-modulation/reconstructive procedures.

PODIUM FREE PAPERS 15:40 - 16:40 | 5 MINS. PRESENTATION + 1 MIN. QUESTIONS

16:28 - 16:33
(#165)
Strand Length Disparity Reduces The Strength Of Multistrand Tendon Grafts
Robert Fawdry[1], Graeme Hancock[1], James Stoddard[1], Paul Sutton[2], Matthew Hampton[1]
[1]Sheffield Teaching Hospitals, Sheffield, United Kingdom. [2]Sheffield Orthopaedics Limited, Sheffield, United Kingdom

Background: Multistrand hamstring autografts are commonly used for anterior cruciate ligament (ACL) reconstruction, with graft strength dependent on the mechanical behaviour and load sharing of individual strands. Although graft tension at fixation has been investigated, the effect of strand length disparity within a multistrand construct remains unclear. This study aimed to determine whether strand length mismatch affects the ultimate load to failure (ULF) of a multistrand tendon graft construct.

Methods: Three-strand graft constructs were created from fresh-frozen porcine extensor digitorum longus tendons. Twelve specimens were divided into five groups according to strand length: equal length (n=2), one strand (n=3) and two strands (n=3) 2 mm longer (n=3) and one strand (n=2) and two strands (n=2) 4 mm longer. Constructs were secured using custom clamps and subjected to tensile loading at 5 mm/min. ULF was defined as the peak load recorded before failure.

Results: Mean ULF was 892 ± 142 N in the equal strand length group, compared with 443 ± 193 N for one strand 2 mm longer, 525 ± 64 N for two strands 2 mm longer, 387 ± 181 N for one strand 4 mm longer, and 394 ± 99 N for two strands 4 mm longer. Equal strand length constructs demonstrated significantly greater ULF than all other groups ($p=0.005$). There was no significant difference between one- and two-strand disparities within either the 2 mm ($p=0.63$) or 4 mm ($p=0.97$) groups.

Conclusions: Equal strand length during preparation of multistrand tendon grafts resulted in significantly greater ULF than constructs with either 2 mm or 4 mm strand length disparities. These findings suggest that even small differences in strand length may adversely affect load sharing within multistrand graft constructs. Meticulous equalisation of strand length during graft preparation may therefore optimise initial graft strength and promote more uniform recruitment of individual strands during loading.

16:34 - 16:39
(#190)
Route-dependent access to acute knee assessment: identifying a modifiable systems-level delay
Annie James, Ahmed Eldesoki, Luke Duggleby, James Hadfield, Ramakrishnan Venkatesh, Milad Ahmadi, Owen Wall, Sanjeev Anand
Leeds Teaching Hospital, Leeds, United Kingdom

Background: Acute knee clinics (AKC) provide specialist assessment following traumatic knee injury, facilitating diagnosis, imaging and referral. Previous work demonstrates these clinics reduce diagnostic delay, but less is known about whether access varies by the route patients enter the healthcare system. Such variation may represent a systems-level vulnerability at the primary-secondary care interface rather than individual clinician failure. Contemporary NHS policy promotes Advice and Guidance (A&G) and Single Points of Access (SPoA) to provide earlier specialist input and reduce unwarranted variation in access.

Methods: A retrospective service evaluation of 170 ACL-injured knees assessed in specialist physiotherapy-led AKC was undertaken. Pathway intervals from injury, first healthcare presentation, AKC assessment and surgical review were analysed. Median and interquartile range (IQR) were reported due to positively skewed delay data. Differences according to referral route, age and sex were explored. Clinical diagnostic concordance with subsequent MRI was assessed across 1,586 AKC consultations.

Results: Median time from first healthcare presentation to AKC assessment was 12 days (IQR 6.3–21). Referral route significantly influenced delay ($p<0.001$): median presentation-to-clinic time was 10 days following ED attendance, 12 days following Urgent Treatment Centre attendance and 28 days following GP referral. Median injury-to-specialist review was longer following GP referral (144 days) than ED (66 days) or UTC (100 days) ($p<0.001$). No significant difference was identified by sex. Across 1,586 consultations, clinical diagnosis was concordant with MRI in 81.3%.

Conclusion: Access to acute knee assessment was strongly route-dependent, with the principal delay occurring at the primary-secondary care interface. This represents a modifiable source of pathway friction and access inequity. High clinical-MRI concordance supports earlier specialist triage, while A&G or SPoA models may provide a mechanism to reduce delay and improve equity of access. NHS England specifically intends these models to support timely specialist input and appropriate pathway allocation.

PHYSICAL POSTERS DISPLAY

POSTER 1
Flexion MRI for anterior cruciate ligament assessment: a systematic review of visualisation quality and diagnostic accuracy
Benjamin Cook[1], Lucy Coull[2], Stephen McDonnell[1]
[1]University of Cambridge, Cambridge, United Kingdom. [2]University College London Hospital, London, United Kingdom

POSTER 2
No difference in career longevity of male professional football and rugby players after ACL reconstruction using hamstring or bone-patellar tendon-bone autografts with lateral extra-articular tenodesis when compared with uninjured, matched controls.
Mary Jones, Sam Lynskey, Arman Motesharei, Simon Ball, Sam Church, Andy Williams
Fortius Clinic, London, United Kingdom

POSTER 3
Proximal Fibular Osteotomy for Medial Compartment Knee Osteoarthritis: Clinical Effectiveness, Biomechanical Rationale and Readiness for Translation into Western Practice: A Systematic Review
Chloe Edmonds, Dave Duru, Victorious-Benedicta Olamona, Dhruval Soni, Stephen McDonnell, Niranj Radhamony
University of Cambridge, Cambridge, United Kingdom

POSTER 4
Allograft Anterior Cruciate Ligament (ACL) Knee Reconstruction – Should it be Offered as an Option to all Patients Undergoing ACL Surgery?
Daniella Soussi[1], Cian O'Hara[2], Khalid Al-Hourani[2,3,4], Shehzaad Khan[2,3,4]
[1]Royal National Orthopaedic Hospital, London, United Kingdom. [2]Frimley Health NHS Foundation Trust, Surrey, United Kingdom. [3]Wexham and Heatherwood Knee Unit, Ascot, United Kingdom. [4]Falcon Sports Clinic, Windsor, United Kingdom

POSTER 5
Short-term outcomes of single-stage, minced cartilage implantation (MCI) procedures in the knee: a systematic review and meta-analysis
Rohan Prakash[1], Mohammed Choudri[2], Manpreet Sidhu[3], Tanweer Ashraf[3], Faisal Hussain[3], Kashif Akhtar[4], Darren De SA[5], Peter D'Alessandro[6], Omer Alanie[3], Shahbaz Malik[2]
[1]Birmingham Orthopaedic Training Programme, Knowledge Hub, Royal Orthopaedic Hospital, Birmingham, United Kingdom. [2]Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom. [3]Royal Orthopaedic Hospital, Birmingham, United Kingdom. [4]Cleveland Clinic, London, London, United Kingdom. [5]McMaster University, Division of Orthopaedic Surgery, Hamilton, Canada. [6]Orthopaedic Research Foundation of Western Australia, Perth, Australia

POSTER 6
Performance-Enhancing Routines to Improve Surgical Stress and Performance
Harry Keiller[1], James Murray[2], Emma Howie[3,4], Calum Arthur[3], Helen Church[5], Nikki Totton[6], James Tomlinson[2]
[1]University of Sheffield, Sheffield, United Kingdom. [2]Sheffield Teaching Hospitals NHS Foundation Trust, University of Sheffield, Sheffield, United Kingdom. [3]Clinical Surgery, Usher Institute, University of Edinburgh, Edinburgh, United Kingdom. [4]Surgical Sabermetrics Laboratory, Usher Institute, University of Edinburgh, Edinburgh, United Kingdom. [5]Education Centre, School of Medicine, Faculty of Medicine and Health Sciences, University of Nottingham, Nottingham, United Kingdom. [6]Sheffield Centre for Health and Related Research (SCHARR), School of Medicine and Population Health, University of Sheffield, Sheffield, United Kingdom

POSTER 7
Radiocapitellar Synovial Fold–Chondral Pathology in Recalcitrant Lateral Epicondylitis: Outcomes After Capsule-Preserving Arthroscopic Decompression Without ECRB Debridement
Ilker Ganal[1], Seckin Ozcan[2], Rıdvan Oner[3], Z.Ersin Celen[4]
[1]Aktif International Hospital Yalova, Yalova, Turkey. [2]Yalova State Hospital, Yalova, Turkey. [3]Aktif International Hospital Kocaeli, Kocaeli, Turkey. [4]Ankara City Hospital, Ankara, Turkey

POSTER 8
Timing of Platelet-Rich Plasma Administration in Arthroscopic Rotator Cuff Repair: A Systematic Review and Meta-analysis of Randomised Controlled Trials
Hamza Tareen[1], **Omar Mostafa**[2], Adam Kwapisz[3], Johannes Barth[4], Jarrett Woodmass[5], Peter D'Alessandro[6], Shahbaz Malik[7]
[1]King's College London, London, United Kingdom. [2]Birmingham Orthopaedic Training Program, Birmingham, United Kingdom. [3]Medical University of Łódź, Poland, Lodz, Poland. [4]Centre Osteoarticulaire des Cèdres, Grenoble, France. [5]Pan Am Clinic, Winnipeg, Canada. [6]University of Western Australia Medical School, Perth, Australia. [7]Worcestershire Acute Hospitals NHS Trust, Worcestershire, United Kingdom

PHYSICAL POSTERS DISPLAY

POSTER 9
Distal TT–TG as a reference for proximal trochlear groove position: establishing a preliminary MRI reference corridor
Siyoung Lee[1], Salam Ismael[2], Michelle Robinson-Miller[1], Rahul Anaspure[1], Vipul Mandalia[1]
[1]Royal Devon and Exeter Hospital, Exeter, United Kingdom. [2]Robert Jones and Agnes Hunt Orthopaedic Hospital, CHESTER, United Kingdom

POSTER 10
Ankle morphology predicts patients' functional outcomes and survivorship following CCR Treatment for Osteochondral Lesions of the Talus (OLT)
Salam Ismael[1], Gareth Davies[1], Musaab Al-Musaby[1], Tian Lan[1,2], Jan Herman Kuiper[1,2], Nilesh Makwana[1], Bernard Tins[1], Mike Williams[1], Karina Wright[1,2], Helen McCarthy[1,2], Charlotte Hulme[1,2]
[1]Robert Jones and Agnes Hunt Orthopaedic Hospital, CHESTER, United Kingdom. [2]School of Life Sciences, Keele University, Keele, Keele, United Kingdom

POSTER 11
The need for specialist review of first-time patellar dislocation
Nicola Wightman[1,2], David Hamilton[2], Oliver Bailey[1], Professor Rahul Bhattacharya[1], Professor Graeme Hopper[1]
[1]NHS Lanarkshire University Hospitals, Glasgow, United Kingdom. [2]Research centre for Health, Glasgow Caledonian University, Glasgow, United Kingdom

POSTER 12
Return to sport and patient-reported outcomes at 5 year follow-up in patients undergoing Autologous Chondrocyte Implantation for isolated osteochondral defects of the knee: A systematic review
Christopher Waugh[1], Benjamin Fitzjohn[2], gwenllian tawy[3], Leela Biant[3], Neil Jain[4]
[1]Manchester Foundation Trust, Manchester, United Kingdom. [2]Northern Care Alliance, Manchester, United Kingdom. [3]University of Manchester, Manchester, United Kingdom. [4]Manchester Institute of Health & Performance, Manchester, United Kingdom

POSTER 13
Are Medical Students Prepared to Assess Common Sports Injuries? A Cross-SectionalStudy of Knowledge and Confidence Among Medical Students in Wales
Hussain Armughan, Adam Vaseem
NWMS, Bangor, United Kingdom

E-POSTERS SCREENS

EP01
Compression Screw and buttress plate versus compression screws only in patients of Hoffa fracture: a comparative randomized study.
Anushrey Singhal, Mahammad Suhail, Ramesh Chand Meena
Sawai Man Singh medical college, Jaipur, India

EP02
Scope, skill, sustainability:Delivering the first knee arthroscopycourse in the developing world - The Georgetown Experience
Aashish Ahluwalia[1], Neel Dalal[2], Samantha Tross[3], Deepa Bose[4]
[1]Nuffield Orthopaedic Centre, Oxford, United Kingdom. [2]University Hospitals of North Midlands, Stoke, United Kingdom. [3]London North West University Healthcare NHS Trust, London, United Kingdom. [4]Queen Elizabeth Hospital, Birmingham, United Kingdom

EP03
The Triple Lock Rip-stop (TriLoR) Technique for Quadriceps Tendon Graft Preparation with an Adjustable Suspensory Loop Construct for Anterior Cruciate Ligament Reconstruction (ACLR): A Surgical Technique
Omar Mostafa[1], Peter D'Alessandro[2], Shahbaz Malik[3]
[1]Birmingham Orthopaedic Training Programme, Birmingham, United Kingdom. [2]University of Western Australia, Perth, Australia. [3]Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom

EP04
Genomics contributions in patellofemoral dislocation: A systematic review and gene enrichment analysis
Syed Zain Jafri[1], Jessica Treves[2], Dave Duru[2], Wen Xian Low[3], Ignatius Liew[4]
[1]Norwich Medical School, Norwich, United Kingdom. [2]University Of Cambridge, Cambridge, United Kingdom. [3]East Suffolk and North Essex NHS Foundation Trust, Suffolk, United Kingdom. [4]Cambridge University Hospitals NHS Trust, Cambridge, United Kingdom

EP05
Cartilage lesions in the knee, a systematic review and meta-analysis of single-stage treatment options: Osteochondral autograft transfer surgery (OATS) Vs minced cartilage repair (MCR)
Jason Jia Shyan Ong[1], **Christopher Busby**[1,2], Francisco Barbosa[3], Thomas Kurien[1,4], Jimmy Wui Guan Ng[1]
[1]Trauma & Orthopaedics Department, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom. [2]NIHR Nottingham Biomedical Research Centre & School of Medicine, University of Nottingham, Nottingham, United Kingdom. [3]Trauma & Orthopaedics Department, Queen's Medical Centre, Nottingham University Hospitals NHS Trusts,, Nottingham, United Kingdom. [4]Academic Orthopaedics, Trauma and Sports Medicine, University of Nottingham, Nottingham, United Kingdom

EP06
Beyond "Knee Sprain": What Are We Missing? Diagnostic Outcomes After an Emergency Department Knee Sprain Label: An 11-Year Cohort Study
Chloe Edmonds, Stephen McDonnell
University of Cambridge, CAMBRIDGE, United Kingdom

EP07
Physeal-Sparing Pediatric MPFL Reconstruction Using XIROS Infinity Loop Synthetic Tape: Surgical Technique and Considerations
Nayef Aslam-Pervez[1], **Caroline Francis**[1], Amit Chawla[2], Izzat Alsebai[1], Darya Goudarzi Taemeh[1], Osamah Al-zubaidi[1], Alex Papadopoulos[1]
[1]Hull University Teaching Hospitals, Hull, United Kingdom. [2]York and Scarborough Teaching Hospitals, Hull, United Kingdom

EP08
By LEAPs and Bounds: A National Survey of Current Practice in Lateral Extra-Articular Procedures for ACL Reconstruction
Dev Thakker[1], Jamie Young[2]
[1]Ashford & St Peter's NHS Foundation Trust, Surrey, United Kingdom. [2]Maidstone & Tunbridge Wells NHS Trust, Kent, United Kingdom

EP09
Going the Extra-Articular Mile: Outcomes of Lateral Extra-Articular Tenodesis Following Previous Anterior Cruciate Ligament Reconstruction
Dev Thaker[1], Prithish Narayan[1], Balu Ravi[2], Jimmy Ng[2], Randeep Aujla[1]
[1]University Hospitals of Leicester NHS Trust, Leicester, United Kingdom. [2]Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

E-POSTERS SCREENS

EP10
Spin is present in over four of every five abstracts of systematic reviews and meta-analyses evaluating reverse shoulder arthroplasty for massive irreparable rotator cuff tears: a cross-sectional meta-research study
Shayan Bidad[1], Shahram Rasoll[1], Navin Durai[1], Dave Osinachukwu Duru[1], Ryan Lohre[2]
[1]University of Cambridge, Cambridge, United Kingdom. [2]Harvard Medical School, Cambridge, Massachusetts, USA

EP11
Optimising Autologous Chondrocyte Implantation After Sports-Related Cartilage Injury: A Cellular Framework for Return to Sport and Early Osteoarthritis Intervention
Arwel Tomos Poacher[1], Amy Smith[2], Felix Morriss[3], Matthew Larsen[4], Jonathan R. Manara[5]
[1]University of Bristol / Bristol Royal Infirmary, Bristol, United Kingdom. [2]University Hospital of Wales, Cardiff and Vale University Health Board, Cardiff, United Kingdom. [3]University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, United Kingdom. [4]Aneurin Bevan University Health Board, Newport, United Kingdom. [5]Grange University Hospital, Aneurin Bevan University Health Board, Newport, United Kingdom

EP12
Variability in Rehabilitation After Posterolateral Corner Reconstruction of the Knee: A Systematic Review of Weightbearing, Bracing, Range of Motion and Return-to-Sport Criteria
Bryan Soe[1], William Reynolds[1], Kunal Namjoshi[1], Francis Irem-Oko[1], Hashim Al-Hano[2]
[1]Leeds Teaching Hospitals Trust, Leeds, United Kingdom. [2]University Hospital Southampton NHS Foundation, Southampton, United Kingdom

EP13
Tibiofemoral rotation in patellofemoral pathology: a systematic review of imaging modalities, measurement techniques and clinical relevance
Gerald Tan[1], Ria Desai[2], Amogh Patil[1], Vipul Mandalia[3]
[1]Liverpool University Hospitals NHS Foundation Trust, Liverpool, United Kingdom. [2]Northwestern University Feinberg School of Medicine, Chicago, USA. [3]Exeter Knee Reconstruction Unit, Royal Devon University Healthcare NHS Foundation Trust, Exeter, United Kingdom

EP14
Impact of graft selection and return to sport timing on reinjury rates following paediatric anterior cruciate ligament reconstruction:A systematic review
Arun Olivelle[1], Borna Guevel[2], Khaled Sarraf[3]
[1]Mid Yorkshire Teaching NHS Trust, Wakefield, United Kingdom. [2]Chelsea and Westminster Hospital NHS Foundation Trust, London, United Kingdom. [3]Imperial College Healthcare NHS Trust, London, United Kingdom

EP15
Differences in Critical Shoulder Angle Between Glenohumeral Osteoarthritis and Rotator Cuff Tears: A Retrospective Radiographic Cohort Study
Sedeek Mosaid, Paul Lee
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