

## Comprehensive Surgical Management of Challenging Cases Agenda February 8, 2022

<u>Saturday</u> 9:30 – 10:00 am	Check-in		
10:00 – 10:15 am	Welcome, Course Review, Faculty Introductions, Lab Rules		
<u>Lecture Hall</u> 10:15 – 10:25 am	[Cadaver #1: Full leg, knee disarticulated specimen] Case Presentation #1: Features of Case: 18-year-old female presenting with transverse and sagittal plane collapse of the midtarsal joint with maximally pronated subtalar joint. Patient is experiencing both medial and plantar medial arch pain along with pain in the sinus tarsi. No coalition or degenerative changes seen.		
Lecture/Demo			
10:25 – 10:35 am	Evans Calcaneal Osteotomy with Allogenic Bone Graft <b>or</b> Porous Titanium Wedge	RAY	
<u>Lab</u> 10:35 – 11:10 am	Perform Evans Calcaneal Osteotomy with Allogenic Bone Graft <b>or</b> Porous Titanium Wedge		
<u>Lecture/Demo</u> 11:10 – 11:20 am	Navicular Cuneiform Fusion without <b>and</b> with bone graft <b>(revision procedure)</b>	RAY	
<u>Lab</u> 11:20 – 12:05 pm	Perform Navicular Cuneiform Fusion without <b>and</b> with bone graft <b>(revis</b>	ion procedure)	
<u>Lecture/Demo</u> 12:20 – 12:30 pm	Cotton Osteotomy with Allogenic Bone Graft <b>or</b> Porous Titanium Wedge	DUJELA	
<u>Lab</u> 12:30 – 1:00 pm	Perform Cotton Osteotomy with Allogenic Bone Graft <b>or</b> Porous Titaniu	m Wedge	
Lecture/Demo			
1:00 – 1:10 pm	Gastrocnemius Recession: Run-out (Strayer) <b>and</b> Intra-muscular Approaches	GENTILE	
<u>Lab</u> 1:10 - 1:40 pm	Perform Gastrocnemius Recession: Run-out (Strayer) and Intra-muscul	ar Approaches	

Lecture/Discussion			
1:40 – 1:50 pm	Debrief of Case #1 (All Faculty)		
<u>Lecture</u> 1:50 – 3:00 pm	[Cadaver #1: Full leg, knee disarticulated specimen] Case Presentation #2 Features of Case: Patient presents with chronic pain at the anteromedial aspect of the ankle. Patient points to the anterior aspect of the medial gutter and senses pain within the medial aspect of the ankle joint. Clinically the medial joint line of the ankle is tender. Radiographs demonstrate potential lucency within the medial shoulder of the talus. MRI demonstrates increase signal within the medial shoulder (central 1/3 medially) of the talus on inversion recovery sequences and reduced signal intensity in the same region on T1 images. Questionable integrity of the subchondral plate on MRI. CT images reveal absence of the subchondral plate at the site of the lesion with minor cystic changes of the underlying bone.		
<u>Lecture/Demo</u> 3:00 – 3:12 pm <u>Lab</u> 3:12 - 3:45 pm	Articular Cartilage Transplantation – Medial Arthrotomy Approach Perform Articular Cartilage Transplantation – Medial Arthro	THEODOULOU otomy Approach	
<u>Lecture/Demo</u> 4:00 – 4:15 pm Lab	OATs with Medial Malleolar Osteotomy	MCALISTER	
4:15 – 5:00 pm	Perform OATs with Medial Malleolar Osteotomy		
<u>Lecture/Demo</u> 5:00 – 5:12 pm <u>Lab</u> 5:12 – 6:00 pm	Osteochondral Allograft Transplantation of Medial Talar Dome Perform Osteochondral Allograft Transplantation of Medial	<b>GENTILE</b> Talar Dome	
Lecture/Discussion 6:00 – 6:30 pm	Debrief of Case #2 (All Faculty)		