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ADVANCED ORTHOPEDIC SURGICAL TECHNIQUES:
COMPREHENSIVE CERTIFICATION PROGRAM

THEME: NEXT GENERATION ORTHOPEDICS: TECHNIQUES THAT DEFINE THE FUTURE

Date: September 10, 2025 | Venue: London, UK (Virtual)

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SCIENTIFIC PROGRAM

Wednesday, September 10, 2025, Day 1	
08:30-09:00	Registration Opens
09:00-09:30	Opening Ceremony
	Introduction
Keynote Forum	
09:30-10:30	Title: The Role of Artificial Intelligence in the Democratisation of Orthopaedic Surgical Care.
	Chindu Kabir | Post Op | London, UK
10:30-11:30	Title: Arthroscopic Knee Surgery
	Shez Khan | Frimley Health NHS Foundation Trust | Windsor, UK
Networking & Refreshment Break 11:30-11:45	
11:45-12:45	Title: Hip Preservation Surgery
	Tahir Khan | Royal National Orthopaedic Hospital | London, UK
Lunch Break 12:45-14:00	
Major Sessions: Sports Medicine and Advanced Arthroscopic Techniques | Advances in Joint Preservation and Reconstruction	
Session Chair: Chindu Kabir | Post Op | London, UK; Co- Chair: Tahir Khan | Royal National Orthopaedic Hospital | London, UK	
14:00-14:30	Title: Arthroscopic Hip Surgery
	Tahir Khan | Royal National Orthopaedic Hospital | London, UK
14:30-15:00	Title: Meniscal Transplants – Where We're At?
	Shez Khan | Frimley Health NHS Foundation Trust | Windsor, UK
15:00-15:30	Title: Injuries of the Posteromedial Corner of the Knee and Their Treatment
	Fernando Gomez Verdejo | Angeles del Pedregal Hospital | Mexico City
15:30-16:00	Title: From the Physiotherapist's Perspective: Osteoarthritis – Disease of Our Times. Joint Preservation by Movement Re-education Using the PNF Concept
	Katarzyna Fountoukidis | Rehabilitation centre TCR Habilitas | Poland

SCIENTIFIC PROGRAM

Panel Discussion	
Networking & Refreshment Break 16:00-16:15	
Major Sessions: Pediatric Orthopedic Surgery | Post-Operative Rehabilitation Innovations	
Session Chair: Fernando Gomez Verdejo | Angeles del Pedregal Hospital | Mexico City, Co- Chair: Shez Khan | Frimley Health NHS Foundation Trust | Windsor, UK	
16:15-16:45	Title: A Review of the Clinical Presentation, Bacteriological Profile, and Outcomes of Septic Arthritis of the Shoulder in Paediatric and Adolescent Patients
	Nyiko Mukansi | University of Pretoria | South Africa
16:45-17:15	Title: Enhanced Recovery After Surgery (ERAS)
	Chindu Kabir | Post Op | London, UK
17:15-17:45	Title: Ensuring Quality Post-Operative Care Amidst Accelerated Discharges
	Melanie Moore | Kettering General Hospital | UK
17:45-18:15	Title: Biomechanics Through the Eyes of a Physiotherapist: What Effect Does Misalignment of the Lumbo-Pelvic Complex Have on the Hip and Knee Joint? Therapeutic Suggestions
	Katarzyna Fountoukidis | Rehabilitation centre TCR Habilitas | Poland
Panel Discussion	
Certificates and Award Presentations	
Thanks Giving and Closing Ceremony	

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KEYNOTE FORUM

Chindu Kabir

Post Op, London, UK

The Role of Artificial Intelligence in the Democratisation of Orthopaedic Surgical Care.

Artificial intelligence in surgery and orthopaedics is an opportunity to bring patient outcome and experience to the forefront of surgical care. The various proxy metrics that determine patient care in the NHS have led to perverse incentives and convoluted patient journeys, often leading to duplication of effort, missed opportunities and drastic issues around patient safety.The use of AI and other technologies can improve patient care if used primarily to enhance clinical pathways and to support clinicians deliver quality, standardised peri-operative care. Patient safety around surgery is often neglected as it is not 'visible', but technology can be crucial to democratise the whole surgical pathway, in order to deliver effective access to universal and safe surgical care.AI can simplify the mapping of complex causal relationships to desirable outcomes. The ability to process large volumes of real world data to predict and prevent disease and complications is a real game changer.

Biography

Dr Chindu Kabir, MD, MBA is the Founder and Chief Executive Officer of Post Op, a health-tech company based in London and Milan that delivers an AI-driven post operative care platform. His mission: to empower surgical patients and clinicians with digital tools that improve recovery, prevent complications, and close communication gaps.

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Shez Khan

Frimley Health NHS Foundation Trust, Windsor, UK

Arthroscopic Knee Surgery

What's New in Sports Knee Surgery? A summary and review of the current procedures and advances in sports knee injuries and knee preservation with review of the most up to date evidence. We will discuss advances and changes in management of ACL and multi ligament knee injuries, cartilage defects, early arthritis in the young patients.

Biography

Mr. Shehzaad Khan (Shez) is a Consultant Trauma and Orthopaedic Surgeon specializing in sports and reconstructive knee surgery. He is double fellowship-trained and currently serves as a ringside medical officer for the British Boxing Board of Control.

Mr. Khan has trained under leading experts at Fortius Clinic, Chelsea and Westminster Hospital, and University Hospitals Coventry and Warwickshire, working alongside world-renowned surgeons including Mr. Andy Williams and Mr. Tim Spalding. His fellowship experience includes the care of elite athletes from the Premier League football and the Premiership rugby. His expertise spans advanced procedures such as knee osteotomy, meniscal allograft transplantation, and patellar realignment surgery.

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Tahir Khan

Royal National Orthopaedic Hospital, London, UK

Hip Preservation Surgery

Highlight on evolving landscape of hip preservation techniques, focusing on early intervention strategies to delay or prevent joint replacement.
Osteotomies and arthroscopic procedures that address structural abnormalities in young adults, aiming to restore function and reduce long-term disability.

Biography

Mr. Tahir Khan is a Consultant Orthopaedic Surgeon at the Royal National Orthopaedic Hospital, Stanmore, specialising in young adult hip conditions. With prior consultant experience at Central Manchester University Hospitals, he brings extensive expertise in lower limb and paediatric orthopaedic surgery.

Trained in Sheffield, Birmingham, and Manchester, Mr. Khan also completed prestigious fellowships in the USA, Canada, and Germany. His clinical interests include hip preservation, hip and knee arthroscopy, realignment osteotomies, and total hip replacement. He is particularly focused on managing hip pain in children, adolescents, and young adults, offering advanced procedures such as arthroscopic hip surgery and peri-acetabular osteotomies.Known for his patient-centred approach, Mr. Khan is committed to clear communication and shared decision-making.

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ADVANCED ORTHOPEDIC SURGICAL TECHNIQUES:
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SCIENTIFIC TRACKS & ABSTRACTS

Session on

Major Sessions: Sports Medicine and Advanced Arthroscopic Techniques | Advances in Joint Preservation and Reconstruction

Session Chair
Chindu Kabir
Post Op, London, UK

Co-Chair
Tahir Khan
Royal National Orthopaedic Hospital, London, UK

Session Introduction

Title: **Arthroscopic Hip Surgery**

Tahir Khan | Royal National Orthopaedic Hospital | London, UK

Title: **Meniscal Transplants – Where We're At?**

Shez Khan | Frimley Health NHS Foundation Trust | Windsor, UK

Title: **Injuries of the Posteromedial Corner of the Knee and Their Treatment**

Fernando Gomez Verdejo | Angeles del Pedregal Hospital | Mexico City

Title: **From the Physiotherapist's Perspective: Osteoarthritis – Disease of Our Times. Joint Preservation by Movement Re-education Using the PNF Concept**

Katarzyna Fountoukidis | Rehabilitation centre TCR Habilitas | Poland

Arthroscopic Hip Surgery

Tahir Khan

Royal National Orthopaedic Hospital, London, UK

Indications, techniques, and outcomes of arthroscopic hip surgery.

Case-based insights into managing labral tears, femoroacetabular impingement, and hip dysplasia, emphasizing minimally invasive approaches that enhance recovery and preserve joint integrity.

Biography

Mr. Tahir Khan is a Consultant Orthopaedic Surgeon at the Royal National Orthopaedic Hospital, Stanmore, specialising in young adult hip conditions. With prior consultant experience at Central Manchester University Hospitals, he brings extensive expertise in lower limb and paediatric orthopaedic surgery.

Trained in Sheffield, Birmingham, and Manchester, Mr. Khan also completed prestigious fellowships in the USA, Canada, and Germany. His clinical interests include hip preservation, hip and knee arthroscopy, realignment osteotomies, and total hip replacement. He is particularly focused on managing hip pain in children, adolescents, and young adults, offering advanced procedures such as arthroscopic hip surgery and peri-acetabular osteotomies.Known for his patient-centred approach, Mr. Khan is committed to clear communication and shared decision-making.

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Meniscal Transplants – Where We're At?

Shez Khan

Frimley Health NHS Foundation Trust, Windsor, UK

Meniscus allograft transplantation - where are we? A scoping review looking at the indications and literature of meniscus allograft transplantation. A UK experience looking at the different surgical techniques and outcomes.

Biography

Mr. Shehzaad Khan (Shez) is a Consultant Trauma and Orthopaedic Surgeon specializing in sports and reconstructive knee surgery. He is double fellowship-trained and currently serves as a ringside medical officer for the British Boxing Board of Control.

Mr. Khan has trained under leading experts at Fortius Clinic, Chelsea and Westminster Hospital, and University Hospitals Coventry and Warwickshire, working alongside world-renowned surgeons including Mr. Andy Williams and Mr. Tim Spalding. His fellowship experience includes the care of elite athletes from the Premier League football and the Premiership rugby. His expertise spans advanced procedures such as knee osteotomy, meniscal allograft transplantation, and patellar realignment surgery.

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Injuries of the Posteromedial Corner of the Knee and Their Treatment

Fernando Gomez Verdejo

Angeles del Pedregal Hospital, Mexico City

The posteromedial corner (PMC) of the knee plays a vital role in providing valgus and rotational stability to the joint throughout its full range of motion. This region comprises several key structures that work together to maintain knee stability, particularly during movements that stress the medial side of the joint. The three primary stabilizers of the PMC are the superficial medial collateral ligament (sMCL), the posterior oblique ligament (POL), and the deep medial collateral ligament (dMCL). The deep MCL is further subdivided into the meniscofemoral and meniscotibial portions, which anchor the meniscus to the femur and tibia, respectively.

Each structure contributes uniquely to joint stability. The superficial MCL is considered the primary valgus stabilizer when the knee is in a mid-flexed position. In contrast, the posterior oblique ligament provides the main restraint to valgus forces when the knee is in full extension. Although smaller in size, the deep MCL serves as a secondary stabilizer that functions across the knee's full range of motion.

Diagnosing injuries to the posteromedial structures involves a combination of clinical examination and imaging techniques. Physical examination often includes valgus stress testing at various degrees of knee flexion—particularly at 30° and 0°—while imaging, such as magnetic resonance imaging (MRI), helps assess the extent and specific location of soft tissue damage. MRI also assists in identifying associated injuries to other structures of the knee, such as ligaments, menisci, and cartilage. Comparative bilateral stress X-rays performed at 30° of knee flexion under valgus stress are a validated and helpful imaging modality, providing objective information regarding the extent of injury and aiding in diagnosis and treatment planning.

Once diagnosed, treatment depends on the severity of the injury and the structures involved. Management options range from conservative approaches—such as bracing and physical therapy—to surgical interventions, including repair, augmentation, or full reconstruction of the PMC. Prompt diagnosis and appropriate treatment are critical for restoring knee stability and function, particularly in athletes and active individuals.

Biography

Dr. Fernando Gómez Verdejo is an orthopaedic surgeon from Mexico City, specializing in joint replacement and orthopaedic sports medicine, with a focus on hip and knee conditions. He graduated with honors from the Facultad de Medicina, Universidad Nacional Autónoma de México (UNAM).

Dr. Gómez Verdejo completed his orthopaedic residency at the Instituto Nacional de Rehabilitación (INR), Mexico's leading orthopaedic reference center, and subsequently pursued a fellowship in articular surgery at the same institution, where he currently serves as an attending orthopaedic surgeon. In addition to his role at INR, Dr. Gómez Verdejo maintains a private practice at Hospital Ángeles del Pedregal in Mexico City, where he specializes in joint replacement and sports medicine. Throughout his training, Dr. Gómez Verdejo completed an observership at Epworth Richmond Hospital in Melbourne, Australia, and an International Fellowship at Midwest Orthopaedics at Rush University in Chicago, USA.

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From the Physiotherapist's Perspective: Osteoarthritis – Disease of Our Times. Joint Preservation by Movement Re-education Using the PNF Concept

Katarzyna Fountoukidis

Rehabilitation centre TCR Habilitas, Poland

Purpose:
The main aim of the talk is to present the current international guidelines on osteoarthritis in relation to physiotherapy with particular emphasis on clinical examples of patients guided by the PNF concept.

Problem/Gap in Research:
A broad range of treatments are recommended by international clinical guidelines for osteoarthritis (OA) management that can be utilized to address different modifiable risk factors. (Overton C, Nelson AE , Neogi T. Osteoarthritis Treatment Guidelines from Six Professional Societies: Similarities and Differences. Rheum Dis Clin North 2022 Aug;48(3):637-657). Education and self- management, therapeutic exercise and physical activity, and maintaining a healthy weight are core treatments for OA. Additional adjunctive treatments can be prescribed depending on the needs of the individual, including the ones shown. Core and adjunctive treatments for OA should be tailored to the individual for optimal personalized care (Bowden JL, Hunter DJ, Deveza LA, Duong V, Dziedzic KS, Allen KD, Chan PK, Eyles JP. Core and adjunctive interventions for osteoarthritis: efficacy and models for implementation. Nat Rev Rheumatol. 2020 Aug;16(8):434-447.)
Despite known guidelines for the physiotherapeutic management of OA, it is difficult to find specific, effective exercises for people with OA in the literature. The PNF concept (Proprioceptive Neuromuscular Facilitation) -focusing on issues such as proprioceptive stimulation, closed chain work, Motor Learning, Postural Control or re-education of movement patterns-provides a wide range of clinical applications. This makes it possible to work at both the "Hands-on" and the "Hands-off" stages (Motor Learning). The PNF concept is one of the physiotherapeutic methods with the most scientifically proven clinical effectiveness.
Through a holistic functional examination, an in-depth analysis of the patient's problem, it is possible to individually select exercises for people with OA.

Methodology/ Therapeutic Approach Using PNF:
Exploring the story of patients with OA of the knee joint and hip joint we will go through the process of Clinical Reasoning together, examining the patient and setting therapeutic goals at all levels of ICF.
Nowadays, many physiotherapists focus on passive techniques (Body Structure and Function Level/ ICF), omitting the important aspect–working on the Activity Level. The presentation demonstrates the effectiveness of the original, specific combination of working on soft tissue structures while the patient is performing movement (PNF patterns). This approach proved to be significantly effective and pain-reducing way to achieve notable clinical outcomes. Special attention will be paid to the combination of muscle activity in the trunk (core stability) and work with the whole body. The patient's involvement will be strongly emphasized by focusing on his personal goals related to psychological comfort and returning to his favorite sport or hobby.

Clinical Implications:
We will be able to see that the presented therapeutic approach brings quick and visible effects, starting from changing the joint mobility, eliminating/ decreasing pain and stimulate balance, up to significant aesthetic changes (body symmetry) or improving posture. During the presentation, therapeutic proposals will be presented in the form of photos and short films.

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Biography

Katarzyna Fountoukidis- Master of Physiotherapy, International IPNFA® Instructor (2011), International Advanced IPNFA® Instructor (2024), Vice President of IPNFA Poland since 2013, IPNFA ® Secretary since 2021. Physiotherapist with over 24 years of clinical experience. Graduate of numerous training courses in orthopaedics, neurology and scoliosis therapy. Certified therapist of Orthopaedic Medicine according to J. Cyrax and Mulligan Concept. Worked for 7 years at the John Paul II Hospital in Krakow (Rehabilitation Department), currently owner of the rehabilitation centre TCR Habilitas in Krakow. Conducts training in physiotherapy - including scoliosis therapy, breathing, gait therapy, therapy for children and adolescents, orthopaedic and neurological patients.

Speaker and author of many presentations and workshops at conferences in Poland and abroad. During research for her doctoral thesis on the topic of physiotherapy for idiopathic scoliosis. Develops original EBM-based physiotherapy programmes, especially for orthopaedic and neurological patients - with posture defects/scoliosis, patients with MS, SMA, patients after different injuries,, pain patients, before/ after orthopaedic surgeries, sport physiotherapy, pregnant women, etc.

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Session on

Major Sessions: Pediatric Orthopedic Surgery | Post-Operative Rehabilitation Innovations

Session Chair

Fernando Gomez Verdejo

Angeles del Pedregal Hospital, Mexico City

Co-Chair

Shez Khan

Frimley Health NHS Foundation Trust, Windsor, UK

Session Introduction

Title: **A Review of the Clinical Presentation, Bacteriological Profile, and Outcomes of Septic Arthritis of the Shoulder in Paediatric and Adolescent Patients**

Nyiko Mukansi | University of Pretoria | South Africa

Title: **Enhanced Recovery After Surgery (ERAS)**

Chindu Kabir | Post Op | London, UK

Title: **Ensuring Quality Post-Operative Care Amidst Accelerated Discharges**

Melanie Moore | Kettering General Hospital | UK

Title: **Biomechanics Through the Eyes of a Physiotherapist: What Effect Does Misalignment of the Lumbo-Pelvic Complex Have on the Hip and Knee Joint? Therapeutic Suggestions**

Katarzyna Fountoukidis | Rehabilitation centre TCR Habilitas | Poland

A Review of the Clinical Presentation, Bacteriological Profile, and Outcomes of Septic Arthritis of the Shoulder in Paediatric and Adolescent Patients

Nyiko Mukansi

University of Pretoria, South Africa

Shoulder septic arthritis is uncommon and frequently misdiagnosed, resulting in severe consequences. This study evaluated the demographics, bacteriological profile, antibiotic susceptibility, treatment regimens and clinical outcomes.
This is a 10 year retrospective observational analysis of 30 patients (20 males and 10 females) who were treated for septic arthritis of the shoulder. The data collecting process utilised clinical records, laboratory archives and x-ray archives. We gathered demographic information, pre- and post-intervention clinical data, serum biochemical markers and the results of imaging examinations. All patients had a surgical arthrotomy and joint debridement in the operating room and specimens were taken for culture and sensitivity testing. The specimens were cultivated for at least seventytwo hours. Shoulder joint ranges of motion, comorbidities and the presence of osteomyelitis were assessed clinically to determine the outcome. All statistical analyses were conducted using the STATA 17 statistical software. Analysis of correlation between categorical variables was performed using the chi- squared test.

The majority of the study patients were black Africans (97%). The age range of the group was from 8 days to 17 years. At presentation, 33% of patients had a low-grade fever, whereas the majority (60%) had normal body temperature. The average length of symptoms was 3.9 days (ranged from 1 day to 15 days) and the majority of patients had an increased white cell count (83%) and C-reactive protein (98%). There was accumulation of fluid in the joint of all individuals who received shoulder ultrasound imaging. We noted a significant incidence of gram- positive cocci, which were mostly susceptible to first- line antibiotics. Shoulder stiffness affected 63% of patients and chronic osteomyelitis affected 50% of individuals. Neither the severity nor the duration of the symptoms was related to an increased risk of osteomyelitis. The results of this study revealed that the clinical characteristics and bacterial profile of septic arthritis of the shoulder conform to typical patterns. The likelihood of osteomyelitis and an unfavourable prognosis is considerable.

Biography

Dr Nyiko Ntsako Mukansi- Makwela is a Specialist Orthopaedic Surgeon who is passionate about touching lives and inspiring souls. She was raised in a small town called Tzaneen, in Limpopo. She passed her matric at Hoerskool Ben Vorster in 2007 and made history as she became the first black student to ever obtain 7 distinctions. She completed MBChB at the University of Pretoria in 2013. She then completed her FC Orth (SA) and MMed in Orthopaedic Surgery at the University of Pretoria and qualified in 2023.

She is the founder and CEO of Dr NN Mukansi Inc.- an Orthopedic hub that provides excellent clinical and medicolegal services in private practice. She is married to her soulmate, best friend and mentor Dr JT Makwela who is also a Specialist Orthopaedic Surgeon. She loves helping people and her dream is to become a world-renowned Spine Surgeon and to pursue her PhD. She is blessed with a beautiful family and everything that she has achieved is because of their support and the grace of God.

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Enhanced Recovery After Surgery (ERAS)

Chindu Kabir

Post Op, London, UK

Enhanced recovery following surgery recognizes the need to bring safety, transparency and consistency to patients undergoing surgery. Similar to the airline industry, surgery is a deeply complex journey with processes and multiple stakeholders. To improve safety and the experience of the patient, the surgical journey needs to be mapped, and processes applied universally.

Nearly 37 million flights carrying 4.5 billion passengers every year returns a fatality rate of 0.065 per million, whilst in surgery for 313 million procedures every year, 4.2 million die in the first 30 days after surgery, with a 13,400 per million operations fatality rate. (Lancet Study- NIHR Global Health Research Unit) of which 38% are due to post surgical infection.

Patient satisfaction and experience are at the core of good surgical processes. Patients who engage with digital tools that monitor their perioperative journey have been shown to have more successful outcomes. Reassuring patients who are discharged from hospital using a digital messaging platfrom is an important strategy to reduce unplanned attendances to already overwhelmed healthcare systems.

Remote therapeutic monitoring allows an early opportunity to detect complications and infections before they can cause clinical deterioration requiring complex surgery and prolonged bed stays.

Using standardized enhanced recovery (ERAS) pathways universally allows for familiarity of the journey, outcome measurement and opportunities to intervene before catastrophic complications occur.

Biography

Dr Chindu Kabir, MD, MBA is the Founder and Chief Executive Officer of Post Op, a health-tech company based in London and Milan that delivers an AI-driven post operative care platform. His mission: to empower surgical patients and clinicians with digital tools that improve recovery, prevent complications, and close communication gaps.

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Ensuring Quality Post-Operative Care Amidst Accelerated Discharges

Melanie Moore

Kettering General Hospital, UK

In recent years, patient discharges following surgery have become significantly faster. With an increasing demand for hospital beds and the pressure on healthcare trusts to operate more efficiently, traditional prolonged rehabilitation on wards has largely been replaced by swift turnover. While this shift allows for greater patient throughput, it raises a critical question: how do we, as medical professionals, maintain robust safety netting and ensure continuity of care for patients transitioning from hospital to home?
At Kettering General NHS Foundation Trust, particularly within the surgical departments, we have successfully addressed this challenge by implementing innovative post-operative follow-up strategies. Leveraging the Post Op App alongside ad hoc clinic appointments, we have created a reliable support system that reassures patients during their recovery at home. This approach not only improves patient confidence and satisfaction but also reduces unnecessary emergency department visits and readmissions, ultimately generating significant cost savings for the Trust. The Post Op App commenced its journey within trauma and orthopedics but is showcasing its necessity within other services.

This presentation outlines the processes used to facilitate safe and satisfactory discharges for recovering surgical patients. It also highlights the positive impact these strategies have on patients' experiences after leaving the hospital, ensuring that the recovery journey remains a priority beyond the traditional clinical setting, no matter what department, surgery or procedure performed.

Biography

Melanie Moore is an Advanced Clinical Nurse Practitioner with colorectal and general surgery. An experienced nurse of 23 years plus she has worked on the wards as a health care assistant, staff nurse and surgical nurse practitioner, she is now the practitioner on a very busy surgical ward covering urology, breast, surgery, plastics and colorectal patients. With this wealth of experience, she helped develop the Enhanced Recovery Programme for colorectal/rectal surgery and bring down admission times with the team to become one of the top hospitals in the Midlands for their discharge times and safety. She has always been keen to involve herself in innovative ideas and the post op app was the icing on the cake to the very successful service they offer.

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Biomechanics Through the Eyes of a Physiotherapist: What Effect Does Misalignment of the Lumbo-Pelvic Complex Have on the Hip and Knee Joint? Therapeutic Suggestions

Katarzyna Fountoukidis

Rehabilitation centre TCR Habilitas, Poland

Purpose:
The main aim of the presentation is to show the functional connections between the lumbar-pelvic complex and the lower limb. Examples of practical work with patients will be preceded by a presentation of theoretical issues.

Problem:
Our body functions as a chain, where each joint, from your feet all the way up to the neck, is connected and affects the others. When one part of this chain is misaligned, it can lead to problems further along the chain. Poor posture doesn't just affect our spine- it can also create an imbalance that puts excess strain on our hip or/and knee joint (Claus A, Hides JA, Moseley GL, Hodges PW. Different ways to balance the spine: subtle changes in sagittal spinal curves affect regional muscle activity. Spine. 2009;34(6):208–14.).
When we stand or walk with improper posture—such as leaning forward, having a rounded back, or standing with uneven weight distribution—it shifts the natural alignment of your body. This misalignment can cause abnormal stress on your knees, leading to pain, inflammation, and discomfort. Over time, this added pressure can wear down the hip or/and knee joint and contribute to conditions like patellofemoral pain syndrome, osteoarthritis, or tendonitis.
Very often, patients come to the practice with the above-mentioned problems and a treatment focusing on the knee or hip joint is applied. However, if these are only secondary disorders and the cause lies in lumbar and/or pelvic misalignment - the patient will return with similar problems in the future. In order to act effectively and to avoid the return of a clinical problem, it is necessary to assess, examine and act holistically, not just focusing on one area of our body.

Methodology/ Therapeutic Approach:
The starting point of the presentation will be an introduction to the mechanisms of Postural Control, optimal posture and its basic disturbances, especially in the sagittal plane and the biomechanics of the lumbar-pelvic complex in relation to the lower limb. The most common types of non-structural misalignments of body posture in the sagittal plane are as follows: lordotic, kyphotic, flat-back and sway-back posture (Czaprowski D, Stoliński Ł, Tyrakowski M, kozinoga M, Kotwicki T. Non- structural misalignments of the body posture in the sagittal plane. Scoliosis Spinal Disord. 2018 Mar 5:13:6).
In the second part of the presentation, the Clinical Reasoning process will be discussed using the example of patient(s) with disorders in this area. Further specific therapeutic suggestions will be shown during the speech. Special attention will be given to working at the activity level (ICF) and a holistic view of the human body.
During the presentation, therapeutic proposals will be presented in the form of photos and short films.

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Biography

Katarzyna Fountoukidis- Master of Physiotherapy, International IPNFA® Instructor (2011), International Advanced IPNFA® Instructor (2024), Vice President of IPNFA Poland since 2013, IPNFA ® Secretary since 2021. Physiotherapist with over 24 years of clinical experience. Graduate of numerous training courses in orthopaedics, neurology and scoliosis therapy. Certified therapist of Orthopaedic Medicine according to J. Cyrax and Mulligan Concept. Worked for 7 years at the John Paul II Hospital in Krakow (Rehabilitation Department), currently owner of the rehabilitation centre TCR Habilitas in Krakow. Conducts training in physiotherapy - including scoliosis therapy, breathing, gait therapy, therapy for children and adolescents, orthopaedic and neurological patients.

Speaker and author of many presentations and workshops at conferences in Poland and abroad. During research for her doctoral thesis on the topic of physiotherapy for idiopathic scoliosis. Develops original EBM-based physiotherapy programmes, especially for orthopaedic and neurological patients - with posture defects/scoliosis, patients with MS, SMA, patients after different injuries,, pain patients, before/ after orthopaedic surgeries, sport physiotherapy, pregnant women, etc.

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Date: September 10, 2025 | Venue: London, UK (Virtual)

ACCEPTED ABSTRACTS

Knee Osteotomy-the cornerstone of Joint Preservation

Mr Aadil Mumith

Consultant Knee Surgeon, Total Joint Care, UK

Knee osteotomy remains thea cornerstone in the armamentarium of joint-preserving surgery, particularly in active patients with unicompartmental osteoarthritis, patellofemoral mal-tracking, sports reconstruction and cartilage restoration. This lecture will explore the evolving role of osteotomy in all these areas restoring joint alignment, reducing biomechanical overload, and delaying the need for arthroplasty. High tibial and distal femoral osteotomies, offer significant functional benefits that extend beyond pain relief to include enhanced sports participation and improved long-term joint health. Slope changing, torsional corrections and bespoke post-traumatic deformity corrections will also be discussed.

The Knee Unit in Basingstoke is a European Centre of Excellence and has played a pivotal role in advancing osteotomy techniques and outcomes in the UK. It is the largest volume osteotomy unit in the UK and continues to publish in knee surgery in general. The unit's contributions to knee reconstruction surgery has paved the way for many of the modern techniques that are now in the mainstream. The annual Basingstoke Knee Osteotomy Masterclass is the biggest Osteotomy Meeting in the UK with international delegate and faculty attendance. This lecture will also address the integration of osteotomy in complex reconstructions and revision procedures, emphasising patient selection, preoperative planning, and long-term follow-up results. Importantly it will discuss its role in optimising the management of ligament, meniscal and cartilage procedures.

Biography

Mr Mumith is a dual fellowship trained specialist orthopaedic surgeon in all aspects of knee surgery. He aims to save the patient's natural joint and offers a range of leading-edge surgical procedures to achieve this. This includes surgery for damaged knee cartilage, meniscus and ligaments, as well as issues with kneecap instability. When treating complex lower limb issues or young adults with arthritis, realignment (osteotomy) surgery is routinely offered to correct deformities or postpone the need for joint replacement. For patients with established arthritis, Mr Mumith is an expert in the full complement of joint replacement surgery. His NHS practice is based in a European centre of excellence for knee and osteotomy surgery.

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The use of Medical Grade Hypochlorous Acid in the Prophylaxis and Management of Periprosthetic Joint Infection

Hendrik Roos

Thoclor Labs, Stellenbosch, South Africa

Periprosthetic joint infection (PJI) remains a significant challenge in total knee and hip arthroplasty, with reported incidence rates of 1.7 - 2.8%. PJI accounts for approximately 15 –20% of revisions arthroplasty while associated morbidity and cost of treatment is substantial. Projections estimate a near 5-fold increase in PJI incidence by 2035 due to rising surgical volumes and latent infections, with annual treatment costs potentially reaching $1.85 billion by 2030. Biofilm, a complex bacterial and polysaccharide matrix, drives antimicrobial resistance and impairs host immune responses, complicating PJI management.

To address the infection risk, antibiotic-laden bone cement has been used for decades, but concerns over antibiotic stewardship necessitate alternative approaches. Medical grade stabilized hypochlorous acid (0.038%) offers a promising solution, demonstrating rapid pathogen elimination, including multidrug-resistant (MDR) strains, and effective biofilm elimination without cytotoxicity. It also reduces inflammation and promotes wound healing. We report outcomes from more than 1000 cases using hypochlorous acid (available as Trifectiv Surgical Wound Irrigation) for PJI prophylaxis and infection management. Additionally, we report on an in vitro University study that compared its anti-biofilm efficacy against an industry-standard biguanide antiseptic product, demonstrating superior performance. Hypochlorous acid represents a valuable, non-antibiotic antiseptic with anti-inflammatory benefits, enhancing the management of PJI in orthopaedic surgery.

Biography

Hendrik Roos is a plastic surgeon and pioneering researcher in the field of hypochlorous acid. He holds a Master of Medicine post graduate qualification and is a Fellow of the College of Surgeons of South Africa and Fellow of the Cranio-Facial Centre in Paris (France), where he studied under Prof. Daniel Marchac. Since 2011, Dr Roos has shifted his focus to hypochlorous acid research, earning accolades for his contributions, including an International Top Ten Infection Control Innovator and African Health Excellence Awards. He has authored several peer-reviewed articles highlighting its treatment potential in various medical applications. As the co-founder and Director at Thoclor labs, his research leads to the applications of hypochlorous acid in aesthetics, infection control, and wound healing. Under his leadership, the development of pharmaceutical grade hypochlorous acid has made significant breakthroughs in the prophylaxis and management of biofilm and MDR infections.

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