

Gold Standards in Foot and Ankle Trauma

Dr. Kamal Dureja

President, IFAS | Max Institute of Musculoskeletal Sciences, New Delhi



Defining the gold standard in foot and ankle trauma is a series, where I shall make an effort to summarize the remarks made by senior and established foot and ankle surgeons across the globe. The viewpoint will serve as guidelines to manage these injuries in an optimum

manner

1. In evaluation of malleolar injuries or malleolar equivalent injuries i.e. injuries of ligaments of ankle, it is good practice to focus on level of fracture of fibula. The malleolar injuries with fibula fracture of Weber type B and C i.e. starting at level of tibial plafond or above the level of syndesmosis are to be carefully evaluated for presence of fracture of posterior malleolus and anterolateral Chaput fragment, the 4th malleolus. In addition to X-ray evaluation, these must be evaluated by a CT scan.
2. The open reduction of fibula fracture takes a priority. The length and rotation of fibula needs to be restored for normal function of syndesmosis and alignment of talus. A rigid fixation by using a Locking plate gives good stability that allows early ROM exercises.
3. In stage 4 Lauge Hansen injuries with Posterior malleolus fracture, Syndesmosis disruptions, surgical incisions should be chosen to give surgical exposure that permits accurate open reduction and internal fixation. The surgeon should be familiar with Posterolateral and posteromedial exposure. Whenever posterior malleolus is large enough to be fixed with an implant, a buttress plate is preferred to stabilize it. Fluoroscopic examination of reduction is appreciated better if posterior malleolus is fixed prior to plating the fibula.
4. After fixing the osseous fragments, intra-operative stress test should be performed to assess syndesmosis stability. Observing widening of syndesmosis or medial clear space suggests syndesmosis instability. In all such circumstances syndesmosis should be stabilized by Trans-syndesmosis screw or tight rope Endo button fixation device.
5. Medial clear space widening in presence of intact medial malleolus is a often a malleolar equivalent Deltoid ligament injury. A valgus and external rotation stress test are performed and noted for widening of joint space medially. If positive, Direct Deltoid ligament repair is indicated.
6. The goal is to stabilize all components of malleolar fractures. An early range of motion exercises in post operative period improves the functional outcome.
7. Co-morbid conditions like Osteoporosis and Diabetes may demand a more robust fixation and slower rehabilitation. The surgeon must discuss the increased risk of complications with patient and care givers and modify post operative course.

My Journey with the Indian Foot and Ankle Society

Mr. Kartik Hariharan

MIGHTY OAKS FROM LITTLE ACORNS GROW!
(Chaucer: Troilus and Criseyde 1374)

I had always felt the need to give something back to my home country India as I had not worked there after I graduated from Madras Medical College, having decided to leave to pursue my post graduate education in the United Kingdom in 1986.

The moment came when I presented a paper in 2002 (I think!) at the Indian Orthopaedic Association Conference and met Prof. Mandeep Dhillon, a vibrant ambitious, academic and pioneering surgeon, who I had met the year before at the British Orthopaedic Association Annual Congress. His enthusiasm and singlemindedness of thought and action was infectious, and he spurred me on to contribute, teach and learn and continues to do so to the present day! We struck up a friendship immediately and thus started a journey that has continued for nearly a quarter of a century!

Since that time, I have endeavoured to come every year for a variety of Indian meetings but specially the Indian Foot and Ankle annual conference, to share knowledge and gain from that incredibly rich and rewarding experience of both teaching and learning.

I met some of the great doyens and pioneers of foot and ankle surgery along the way, including the great and indomitable Prof. Sureshwar Pande, the gentle, kind and nurturing Prof. S.S. Jha, the great driving forces like Prof. G.S. Kulkarni and Prof K.P. Srivastava, who were so very inviting and inspiring, and encouraged the likes of me to contribute to the academic advancement of foot and ankle surgery in India.

Soon after I met Dr. Rajiv Shah with his junior

colleagues Dr. Malhar Dave and Dr. Nikesh Shah, the titanic trio, whose unwavering energy and focus in advancing foot and ankle interest in India was unsurpassed.

The opportunity to bring the countries of India and UK foot and ankle surgery presented itself, when another stalwart in IFAS, Dr. Mahendra Kudchadkar and I were co-convenors of the Indo-British Conference in Goa which was indeed a turning point in my collaboration with IFAS. Mahendra and Rajesh Simon, another stick of dynamite in the Indian and international foot and ankle diaspora became steadfast brothers in my life after this and many other collaborations since!

After the successful completion of this meeting even with poor representation from the UK, it cemented a firm commitment, determination and focus on my part to be part of the growing up and maturation process of this great society. Other greats of the society such as Balwinder Rana, Maninder Singh, Sampat Dumre Patil, Abhijit Bandyopadhyay, Inderjit Singh, Abhisek Kini, Pradeep Munoot and many others were to become my life long friends and a foot and ankle family in India over the years with many wonderful hours of teaching learning and of course partaking of the legendary hospitality and warmth that IFAS is famous for.

The icing on the cake for me personally, was

Continued in Page 2



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My Experience During IOACON 2024

Prof. Vinod K. Panchbhavi
The University of Texas Medical Branch, Galveston, Texas, USA



It was an incredible honor to deliver the prestigious Dr. K.S. Grewal Eponymous Talk at IOACON 2024! Over the years, I have been immensely fortunate to engage with some of the most visionary leaders and rising stars in India, who have played a pivotal role in the growth and advancement of foot and ankle surgery in the country. Witnessing the evolution of this specialty firsthand has been both inspiring and humbling. The dedication to elevating the

quality of care and education, despite the significant challenges and resource constraints faced by both patients and providers, is truly remarkable and speaks to the resilience and ingenuity of the medical community in India. It is a humbling experience to contribute to this vibrant community, and I look forward to continuing to learn from and collaborate with such resolute professionals.



My Journey with the Indian Foot and Ankle Society

Continued from Page 1

overseeing, creating and passing through BOFAS Council, the decision to start the much-celebrated BOFAS principles course during my tenure as President of BOFAS and being on Council as Trustee thereafter: a truly cherished feather in my cap. I am so proud to have been on the faculty for the first Principles course in Delhi in 2013. I can now see it flourishing and building the foundational training for the next generation of Indian foot and ankle surgeons and can think to myself: I was part of its creation!

Thus, with only about 40-60 enthusiastic members in the annual meetings of the Society 20 years ago, I watched as the momentum, membership as well as attendances started to grow and gather! The eagerness to learn, and the zeal and honesty with which the members engaged in the meetings was and is exciting to watch, especially as the younger members mastered and grew into the stalwarts and experts I see today in the Conferences.

The ability to challenge established dogma without fear or embarrassment, and the freedom to debate based on sound scientific evidence rather than being run by 'Eminence based evidence' (a term I heard from Mandeep Dhillon!) is a sure sign of the increasing maturity, understanding and experience of a Society, and I see that IFAS is rapidly climbing up the ladder of success in being a star in the world orthopaedic foot and ankle fraternity. Furthermore, the eagerness to learn is equally matched by the



senior members' enthusiasm to teach; another very healthy sign of greatness to come!

The journey continues to excite many of us who have moved from India but still ache for an opportunity to be part of the phenomenal IFAS story. I am sure I speak for the likes of Vinod Panchbhavi, Ashish Shah, Anish Kadakia, and Selene Parekh and others who I have been so very lucky to meet through IFAS and other meetings.

I for one, will be eternally grateful for the Society, to have given me the opportunity to partake of this incredible journey, and I will promise to travel with you all for as long as I can be of value, and can contribute meaningfully to the Society.

May I wish Dr. Kamal Dureja the present President of IFAS in whose capable hands the Society is being masterfully grown; the very best of luck and success in your presidency Sir.

Long live IFAS and to greater heights may it climb!
Jai Hind

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The Triad of Well-Being: Physical, Mental, and Spiritual Fitness

Dr. Mahendra Kudchadkar
Past President & Core Executive Committee Member, IFAS

Introduction

Fitness isn't just about physical health; it encompasses mental and spiritual dimensions as well. This triad of well-being—physical, mental, and spiritual fitness—plays a crucial role in leading a balanced and fulfilling life. Understanding and nurturing each aspect can lead to an enhanced quality of life and overall happiness.

Physical Fitness

Physical fitness refers to the ability of a body to perform various activities, reflecting strength, endurance, flexibility, and overall health.

Key components include:

- Exercise:** Regular physical activity helps maintain a healthy weight, improves cardiovascular health, and increases muscle strength. Popular forms of exercise include aerobic activities, strength training, and flexibility exercises.
- Nutrition:** A balanced diet rich in whole foods, fruits, vegetables, lean proteins, and healthy fats supports physical health, providing the necessary nutrients for energy and recovery.
- Rest and Recovery:** Adequate sleep and recovery time are vital to physical fitness. They allow the body to heal, regenerate tissue, and prepare for future physical challenges.

Mental Fitness

Mental fitness involves maintaining a healthy mind and an emotional well-being. It encompasses cognitive functioning, emotional regulation, and resilience.

To enhance mental fitness:

- Cognitive Challenges:** Engaging in puzzles, reading, and learning new skills or hobbies sharpens the mind and can improve cognitive function.
- Mindfulness and Meditation:** Practices such as mindfulness, meditation, or yoga can reduce stress and increase emotional awareness, leading to improved mental clarity and focus.
- Social Connections:** Building and maintaining strong relationships with family and friends can provide emotional support, reduce stress, and enhance overall happiness.

Spiritual Fitness

Spiritual fitness revolves around a sense of purpose, connection, and inner peace. It may involve religious beliefs but can also encompass broader concepts of spirituality.

To nurture spiritual fitness:

- Reflection and Purpose:** Engaging in self-reflection and seeking to understand one's beliefs and values can provide a sense of purpose and

direction in life.

- Connection with Nature:** Spending time outdoors and appreciating the beauty of nature can foster a deeper sense of connection and belonging.
- Community and Service:** Participating in community service or engaging in spiritual practices with others can enhance feelings of unity and fulfillment.

Achieving a healthy balance of physical, mental, and spiritual fitness is essential for overall well-being. By actively cultivating each of these dimensions, individuals can foster a more resilient, fulfilling, and vibrant life. Integrating practices that promote fitness in all three areas can help individuals navigate life's challenges with grace and strength, leading to personal growth and a greater sense of purpose.

When you think of exercise, you need to think of these 4 components.

- 1) Strength
- 2) Endurance
- 3) Flexibility
- 4) Balance

Important note

If you have not done weight training/vigorous exercise in the past 3 years or more then **please take help of a professional trainer** for knowing various exercises, using different machines and ensuring correct form for each exercise.

If you have not done exercise recently, start with shorter duration, say 15 minutes a day and then gradually increase duration and intensity over few weeks to months.

-----x-----
Typical weekly exercise schedule: (for a common man sans any participation in competitive sports).

2 days a week: Moderate intensity 50 min cardio (good for heart). Running/cycling/circuit training/badminton/football/hill climb/simple brisk walk

How to decide moderate intensity: You should be able to talk but with some difficulty during the exercise.

3 days a week: Strength training/ resistance training : Do not do cardio except for 10 min of warm up on these days. 50 min session+ 10 min warm up.

2 days a week: recreational activity that involves moving around.. easy type

Daily: 10 min for **stretching** and 10 min **for balance**.

Strength training/weight training /resistance training* Aim is to



improve strength and muscle mass Key is : **LIFT TO FAILURE**

Adequate warm up: about 10 minutes

You need to do 2 different exercises per muscle, 2 to 3 sets of each exercise .

How heavy the weight should be?

Choose a weight such that you can do 7 repetitions easily, 3 additional with some difficulty and 11th repetition is almost impossible

- If you are doing 10 repeats easily then the weight is too light.
- If you are able to push only 6 or 7 repetitions, then it's too heavy.

Absolute Weight doesn't matter. Pushing to failure matters. Gradually over few weeks you will be able to lift more and more weight for same number of repeats.

Remember : You are competing with yourself and not with someone else.

Maintaining correct form throughout repetition/range of motion is very important to avoid injuries. Your trainer will tell you if you are maintain correct form or no.

There are 2 phases in each repetition.

Concentric phase: muscle shortening in length and

Eccentric phase: muscle lengthening back to original length

Going slow in eccentric phase gives better results

Strength training Schedule example

Pull day (Monday)

- Upper back
- Lower back - Biceps (they get automatic work up while working on back muscles)

Push day (Wednesday)

- Shoulders
- Chest
- Triceps (they get automatically worked while working on shoulder and elbow

Legs day (Friday)

- Quads and glutes
- Hamstrings
- Calves

How do muscles grow (Importance of recovery)

Muscles get injured (microscopic tears) during exercise session. Muscles repair themselves during the rest time over next few days. It's the repair period when the muscle actually grows.

So adequate sleep and rest to every muscle group is very very important.

The time that is needed for recovery varies as per training experience and

age. As we grow older, after age of 40 years, we need longer time to recover.

Once you work up a muscle group, let it recuperate over next few days before making it work to failure again... typically 4 to 5 days. If you are recovering earlier, then probably you are not really pushing to failure during workouts.

Resistance training with body weight or free weights or machines is the best way to prevent Sarcopenia which is loss of skeletal muscle mass. Loss of muscle mass will create early fatigue, Lower testosterone levels and promote loss of bone strength which is going to make prone for fractures as ageing progresses.

Strength training is an anti ageing strategy and must be part of daily routine in addition to stretching exercises of ventral muscle groups like pectoralis, psoas and other hip flexor and abdominal muscles.

Balance can be improved by Tai chi ,dancing and Tobu ball which will protect during an accidental fall and maintain a steady gait.

Improving lung capacity is another excellent anti ageing strategy along with cardiovascular endurance by brisk runs and fast cycling sprints to raise the heart rate to 80 % of target heart rate which is 200 minus age in years and maintain it for 10 min everyday

In summary aim for:

Restorative sleep 10 pm to 6 am
Short afternoon nap not more than 30 min
Good hydration atleast 8 to 10 glasses of warm water

Regular bowel movements
Good oral hygiene by brushing after every meal

Fermented foods, Adequate protein, Healthy fats and complex carbs and a diverse combo of greens and fruits in generous portions will create balanced diet

2 meals a day
15 min of meditation before sleep
Attitude of positive and happy thoughts
Act without doubt or fear
Travel and spend time with near and dear ones

Speak less and listen more
Smile and compliment generously
Finally remember we have limited time so spend it judiciously in keeping yourself happy and content and make only money enough for yourself and not for next generation.

Trust God and believe that he will give enough for your need not for your greed
So friends let's make this life beautiful for yourself and others who come into your life at home work and community.



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3rd Session

Focused on **MRI**

29th

November

2024

9 PM to 10 PM

— International Mentor —
📷 📺 📱



Prof Vinod K Panchbhavi

— National Mentor —



Dr Rajiv Shah



Prof Mandeep S Dhillon

— IFAS —



Dr Ganesh Duttja
President



Dr Akshat Bandyopadhyay
Hon. Secretary

Time	Topic	Speaker	
09:00 – 09:15	MRI around Ankle & Foot	Dr Malini Lawande	
Discussion – 5 minutes			
09:20 – 09:50	Clinical Interpretation of Pathological MRI around Foot & Ankle Joint - Case Based Discussion	Dr Rhys Thomas	
Discussion – 10 minutes			



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5th Session

Ask the **Master**
Clear your Doubts

28th
FEBRUARY
2025

9 PM to 10 PM IST

Case Presented by



Dr Kishor Dudhat
 Surat, Gujarat

speaker 1



Dr Mahesh Soni
 Yash Orthopaedic Hospital,
 Ankleshwar, Gujarat

speaker 2

— International Mentor —



Prof. Vinod K. Panchbhavi

— International Expert —



Dr Pablo Segura
 President of the Argentine Society of Leg and Foot and Ankle Surgeons

— National Expert —



Dr Mahendra Kuchhadkar

— IFAS —




Dr Kamal Durlija
 President



Dr Abhijit Bandyopadhyay
 Hon. Secretary





Online
FRIDAY
Academics
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2nd Session

on

25th


October

2024

9 PM to 10 PM


📺 📱 📧

____ International Mentor ____




Prof Vinod K Panchbhavi

____ National Mentor ____





Dr Rajiv Shah



Prof Manddeep S Dhillon



____ IFAS ____

Dr Kamal Dureja
President

Dr Abhijit Bandyopadhyay
Hon. Secretary

____ Presenter ____

Dr Krishna Prasad P R

Dr Soura Sekhar Saha

🔊 **Dr Krishna Prasad P R**

Outcomes After Percutaneous Zadek Osteotomy for Insertional Achilles Tendinopathy

🔊 **Dr Soura Sekhar Saha**

Minimally Invasive vs Open Approach for First Metatarsophalangeal Joint Arthrodesis Short Report of Early Results



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4th Session

Ask the **Master**
Clear your Doubts

31st

January

2025

9 PM IST

— International Mentor —
📺 📱 🗂


Prof Vinod K Paruchuri

— International Expert —


Dr Kiria Buedts

— National Expert —


Dr Rajesh Simon

— IFAS —


Dr Jagdish Sakhiya


Dr Aradhana Rathod


Dr Kamal Dureja
President


Dr Abhijit Bandyopadhyay
Hon. Secretary

Case Presented by


Dr Jagdish Sakhiya


Dr Aradhana Rathod


Dr S P Chinnmaya





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Journal Club

Online

FRIDAY

Academics

An initiative by IFAS

6th Session

Under the aegis

Organized by

Academic Partner

IOA IFAS WBOA HOC

Kolkata Foot and Ankle Cadaver

Workshop

organized by Howrah Ortho Club

28th

MARCH

2025

9 AM (IST) onwards

Screening on

IFAS Academics

Dr. Anup Agarwal

IOA, President

Dr. Rajeev Raman

IOA, Secretary

Dr. Kamal Dureja

IFAS, President

Dr. Jagannath Bhattacharya

Howrah Ortho Club, President

Dr. Subhra Chatterjee

Howrah Ortho Club, Secretary

Prof. Kiran Kumar Mukhopadhyay

Organising Chairman

Dr. Soura Sekhar Saha

Organising Secretary

International Mentor

Prof. Vinod K. Panchbhavi

USA

National Faculty

Dr. Sampat Dumbre Patil

Pune

Dr. S M Ajay

Bangalore

Dr. Rajeev Vohra

Amritsar

Dr. D Vijay Kumar

Bangalore

Dr. Rajesh Simen

Kochi

Dr. Rajeev Raman

Kolkata

Dr. Sunit Hazra

Kolkata

Dr. Kushal Nag

Kolkata

Dr. Abhijit Bandyopadhyay

Kolkata

Dr. Soura Sekhar Saha

Kolkata

Dr. Abhijit Bandyopadhyay

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Report on SIFAM 2025

Dr. J Dharmarajan

Organising Secretary, SIFAM 2025

Dr. Rahul Upadhyay

Course Chair, SIFAM 2025 & Fellowship Co-ordinator, IFAS



Event Overview

The annual foot & ankle conference, "SIFAM 2025," recently took place from 24-26 January 2025 at the prestigious Hilton Chennai, making it a remarkable gathering for healthcare professionals in the field of foot and ankle surgery. This year marked its second consecutive occurrence under the aegis of the SICOT and the Indian Foot and Ankle Society (IFAS).

The event was orchestrated by Dr. Dharmarajan, the organizing secretary, with steadfast support from Parvathy Hospital, while Dr. Rajiv Shah served as the scientific chair and course convener. Dr. Rahul Upadhyay took up the mantle of course chair for SIFAM, ensuring a comprehensive and innovative program that met the evolving needs of the participants.

Attendance and Structure

SIFAM 2025 witnessed significant participation from Orthopaedic surgeons all drawn together by a common interest in advancing foot and ankle care. Over two days of continuing medical education (CME), attendees engaged deeply with the latest advancements, techniques, and practices in the field, culminating in a hands-on cadaver course held at the renowned Madras Medical College. The event featured a rich array of presentations, discussions, and workshops led by distinguished experts from both national and international backgrounds.

Scientific Content and Highlights

The scientific content of SIFAM 2025 was nothing short of exceptional. The conference featured lectures that combined cutting-edge research with practical insights, reflecting the latest developments in foot and ankle surgery. The program included various topics such as innovative surgical techniques, advancements in rehabilitation, and the role of technology in enhancing surgical outcomes.

Notable lectures encompassed discussions on the biomechanics of the foot and ankle, management of common pathologies, and strategies for recovery. Internationally renowned faculties led sessions that provided fresh perspectives and addressed key challenges faced in the field. Participants were particularly engaged by interactive case discussions, which fostered an environment of collaboration and knowledge-sharing.

Hands-On Cadaver Course

A highlight of the event was the hands-on cadaver

course that took place at Madras Medical College. This course provided participants with the opportunity to practice advanced surgical techniques in a controlled and educational setting. Experienced trainers guided attendees through different surgical procedures, amplifying their understanding and skills. The interactive nature of the course allowed for real-time feedback, enhancing the learning experience and enabling participants to refine their techniques under expert supervision.

Networking and Collaboration

SIFAM 2025 facilitated an excellent platform for networking among attendees, allowing for the exchange of knowledge, experiences, and professional connections. The event attracted a diverse audience, creating opportunities for collaboration among surgeons, healthcare practitioners, and academicians. Such interactions will undoubtedly lead to future partnerships and joint ventures aimed at enhancing the standards of foot and ankle care.

Feedback and Conclusion

Feedback from attendees was overwhelmingly positive, highlighting the high-quality organisation of the event, the relevance of topics discussed, and the opportunity to learn from seasoned professionals. Many expressed appreciation for the hands-on practical training, which they found invaluable in enhancing their surgical competencies.

In conclusion, SIFAM 2025 was a resounding success, showcasing remarkable achievements in the field of foot and ankle surgery and establishing a strong foundation for future advancements. As the field continues to evolve, events like SIFAM serve as critical platforms for education, collaboration, and innovation. The efforts of the organising team, especially Dr. Dharmarajan, Dr. Rajiv Shah, and Dr. Rahul Upadhyay, enriched the learning experience for all who participated, and their dedication paved the way for ongoing advancements in foot and ankle care. The commitment of everyone involved in organising SIFAM 2025 reflects a collective vision for promoting excellence in Foot and Ankle Surgery practice, further underscoring the essential role of conferences in shaping the future of healthcare. The anticipation is high for future editions of this dynamic conference, with hopes for continued growth and the exploration of new horizons in foot and ankle surgery.



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AAFC 14th – 15th December 2024

Dr. D Vijay Kumar
Organising Secretary, AAFC December, 2024

Cadaveric AIIMS Ankle Foot Course and Conference on Future Trends on Ankle Foot Surgery was organized at JPNATC, AIIMS, New Delhi and Scope Complex respectively from 14th -15th December 2024. 14th December was a Cadaveric Hands-On Workshop which included Cadaveric Demonstration by the Experts. Cadaveric Hands-on was also included in the Workshop for the delegates to practice the demonstrated techniques which helped them to get better insight and experience. 15th December was a Conference on “Future Trends in Ankle Foot Surgery” where the crucial topics were included for Lectures by the very Esteemed National and International Faculty and with discussions on Special Cases by the Case Experts.

A total of 4 Fresh Cadavers were utilized during the Course which gave opportunity to every delegate to try hands-on practice without any fuss or hustle.

The Course was conducted in two days where first day – 14th Dec 2024 was dedicated to Cadaveric Demonstrations by the Experts and Hands-on by the Delegates whereas the second day – 15th Dec 2024 was profoundly devoted to Lectures by the Experts through Presentations & Audio-Visuals with key notes and takeaway home messages.

The Cadavers and Delegates were colour coded to help delegates in recognizing their allotted cadaveric table which enhanced the workshop by streamlining the allotment process which further prevented over-crowding of delegates at Demonstration Cadaveric set-up. It overall made the

Course well planned & organized.

Faculties -

Highly Experienced and Best Ankle Foot Surgeon were invited to deliver lectures and for case discussions.

- International Faculty – 2
- National Faculty – 15
- Case Experts – 8

Delegates -

Registration process was conducted through Google Forms and a very good response was received for Cadaveric Course. Although due to the low availability of seats, only 18 Registrations were accepted for the Cadaveric Course on 14th December 2024. For, 15th December 2024 we had 100 Seats available but due to everyone's keen interest in Cadaveric Course not much Delegates were interested to attend Conference only, we had a thought about the situation and included the option of Live streaming of Cadaveric Demonstration on 14th December. We specifically booked a seminar Hall and Live Streamed the demonstration on Big Screen which helped the delegates to learn the techniques even if they are not present in the cadaveric Lab.

- Delegates on 14th Dec – 18
- Delegates on 14th Dec (Live Streaming) – 10
- Delegates on 15th Dec – 56



IFAS-POSICON 2025

Dr. Nikesh Shah
Past President, IFAS

POSICON 2025 was organised at Ahmedabad which is annual conference of paediatric orthopaedic society of India. Dr Ashok Johari was patron, Dr Dhiren Ganjwala and Dr Premal Naik were organising charman and Dr Maulin shah was organising secretary of POSICON 2025 Since last year, Indian Foot and Ankle Society has collaborated with paediatric orthopaedic society of India and a combined session was planned keeping in the mind From Indian food and ankle society (IFAS) Dr Girish, Dr Vishnu Senthil and Dr Nikesh were faculties and from paediatric orthopaedic society, Dr Ashok Johari was moderator and chief speaker of the session. Dr Ashok Johari co-ordinated with all the faculties and ensured that all the topics were in line with the theme of the programme. Dr Girish spoke on Talar OCD, Dr Vishnu Senthil discussed Tarsal coalition in paediatric

population and Dr Nikesh discussed fracture of talus and fracture of calcaneum in paediatric population. Dr Ashok Johari covered management of adolescent flatfoot and principles of EOTTS. The session and discussion were very fruitful and set a precedence for the future collaborations with two subspecialty of orthopaedics - Indian food ankle society and Paediatric orthopaedic society. Dr Ashok Johari emphasized on continuing such collaboration and exchange of knowledge between two subspeciality in a cohesive manner.



“Problems & Challenges in Podiatry in Northeastern Part of India”

Prof. Sharat Agarwal
Co-Opted Member, IFAS | NEIGRIHMS (Govt. of India), Shillong

Foot & ankle orthopedics is still in its infancy in developing nations like India. Foot and ankle surgery is amongst the least popular of the orthopaedic subspecialties and considerable deficiencies exist in its education. Even the medical professionals also acknowledge that foot surgery is the ‘least popular of the orthopaedic subspecialties...with which medical students and doctors have the most difficulty’

While the foot is the principal weight bearing organ of the body, the attention which the foot receives from the average orthopedic surgeon is often negligible. The issue gets accentuated in trauma situations, when a surgeon has to deal with polytrauma or life/limb-threatening situations, and foot injuries are often accorded a low priority. There is no actual data available about the prevalence of foot & ankle injuries in polytrauma patients. In modern times with better medical care, the mortality after trauma has got significantly reduced, many such patients recover and go back into the mainstream of life with the result that inadequately treated foot injuries significantly affecting the overall outcomes in these patients. This is well documented in international studies, as foot fractures are recorded to be the most commonly missed extremity fractures in polytrauma patients, which may even have important clinical and medicolegal implications.

Foot and ankle problems may result not only from injuries but also from certain chronic infective diseases such as tuberculosis, and from congenital and acquired deformities. The poor understanding of the problem of foot and ankle, unfortunately, is not only limited to the lay public but many a time, the medical practitioner (who is the first contact of the patient) may also not be well versed with the know-how of tackling these problems. The scenario is no different in the eight northeastern states of our country.

In India, a huge population of 1.5 billion people is catered by around 20,000 orthopedic surgeons with very few dedicated foot & ankle surgeons amongst them. This area of orthopedics has not yet established

its place as a specialty of medicine and newer treatment concepts & methodologies are yet to establish its place in India in spite of huge suffering population. Additional challenges are late presentations, delayed diagnosis, neglected injury cases, malunions, complex deformities & diabetic foot issues.

Traumatic injury to the foot and ankle can result in long-term disability, which may have substantial negative implications on a patient's functional outcomes and quality of life. Many times the diagnosis and appropriate management of some of these challenging injuries are not always agreed on or straightforward like diagnosis and management of distal tibiofibular syndesmotic injuries as well as the surgical approach and role of primary subtalar arthrodesis for intra-articular calcaneal fractures etc. Moreover, it has been estimated, that between 10 and 15% of all foot and ankle fractures fulfill the criteria of complex foot and ankle trauma, which in itself is a predictor of unfavorable outcome in polytraumatized patients. It has also been found that the level of awareness about the ankle and the foot injuries is usually inadequate among the general medical practitioners who unfortunately are the first point of medical contact for the general population. Foot and ankle surgeons at our centres are not immune to investigative failures. Most of the surgeons attach trivial importance to the foot and ankle, and quite often the fracture management is left to the junior-most person of the team. Surgeries on the foot and ankle when performed without a clear understanding of the anatomy and the biomechanics may be disastrous. Placement of hardware without adequate reduction of the fracture produces malunited fractures that bring the problems of altered biomechanics and tend to produce early osteoarthritic changes. Training and education of more and more clinicians in the field of foot and ankle orthopaedics in developing countries seems to be the way forward to address this concerning issue, which is true for this region as well. Patients do also neglect injuries as seen commonly seen in northeastern region and do prefer initial unscientific treatment by kobiraj and quacks modalities over scientific treatment modalities unless forced by failure in so

called management.

The data reveals plethora of foot & ankle injuries which are frequently missed & it includes fibula fracture, syndesmotic sprain, syndesmotic injury with fracture, deltoid ligament injury, calcaneus body fracture, anterior process calcaneus fracture, lateral talar process fracture, posterior process talus fracture, osteochondral fracture of talus, fracture neck of talus, navicular, accessory navicular, cuboid, cuneiform, Lisfranc injury, base of 5th metatarsal, sesamoid injury, tendoachilles rupture, peroneal tendon injuries, rupture of tibialis anterior tendon & chopart fracture etc. Thus, a "fresh foot and ankle" trauma, can be easily thus converted into a neglected foot and ankle injury, adversely affecting the final outcomes with significantly complicated & modified treatment protocols. For prevention of delayed presentations of foot and ankle injuries in developing countries like India, education of family physicians shall play a bigger role over education of patients.

India is becoming the diabetic capital of the world with an estimated 70 million type 2 diabetes mellitus (T2DM) patients which often results into a common complication known as diabetic foot disease (DFD). DFD is a neglected aspect of diabetes care in India because of various reasons including absence of awareness, training, guidance or peer-reviewed protocols for management of DFD at the primary care level. Most diabetic foot amputations are preventable with an early diagnosis and a multidisciplinary approach.

It is worthwhile to mention here about "neglected diabetic charcot foot" in India which is a neuroarthropathy, where the bones and joints in the foot get significantly damaged, often going unnoticed and untreated due to factors like its painless nature, poor awareness, lack of access to healthcare, and inadequate foot care & foot wear practices, poverty, improper control of blood sugar, mis or missed diagnosis etc prevalent in the country, leading to severe foot deformities and potential limb loss. Early stages of Charcot foot can be mistaken for simple inflammation, leading to delayed intervention and consequences of a neglected Charcot foot like ulcers, infections and deformities often culminating in amputation. There is an urgent need for consultant podiatric surgeons to be trained in early detection and intervention, where they can promptly identify and treat early signs of Charcot foot with appropriate offloading devices, medications & interventions.

Not only injuries but also congenital deformities of the foot, like congenital talipes equinovarus (CTEV), congenital vertical talus, flat feet, etc., are often neglected by the parents, and it is not unusual to see a patient of neglected CTEV walking into the hospital on outer border of the feet in his/her teens.

Other nontraumatic foot and ankle problems, like calcaneal spurs, retrocalcaneal spurs, plantar fasciitis, atrophy of the heel pad, foot deformities like hallux valgus, neglected foot problems like flat foot, CTEVs, etc., can pose diagnostic and therapeutic challenges. Problems like nonhealing ulcers due to diabetes, thromboangiitis obliterans, varicose veins, leprosy, and repetitive minor injuries due to improper footwear leading to foot ulcers can all be very difficult to tackle. Now arthritis of the ankle and foot joints and even malignancies are on the rise. Dealing with foot and ankle problems in geriatric age groups



2025 Conference List

April 2025			
Sl No.	Name of the Conference	Venue	Date
1	Ganga Foot & Ankle Instructional Course 2025	Ganga Hospital, Coimbatore	19th - 20th
2	The Annual Ohio Foot & Ankle Scientific Seminar	Virtual	26th
May 2025			
Sl No.	Name of the Conference	Venue	Date
1	Wisconsin Foot & Ankle Conference 2025	Brookfield Conference Center, Wisconsin	1st - 3 rd
2	27th Annual Georgia Foot & Ankle Summit	InterContinental Buckhead Atlanta	15th - 17th
3	The Annual Ohio Foot & Ankle Scientific Seminar	Columbus Hilton at Easton	15th - 16th
June 2025			
Sl No.	Name of the Conference	Venue	Date
1	IOA-IFAS Pan India CME		22nd
August 2025			
Sl No.	Name of the Conference	Venue	Date
1	IFASCON 2025	Samrat Ashok Convention Centre, Patna	29th - 31st

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IOA-IFAS-WBOA-HOC Kolkata Foot & Ankle Cadaver Workshop

IFAS and WBOA organized cadaveric skill courses on 28th of March ,2025 at NRSMCH, Kolkata. It was combined 36th cadaveric skill course under the banner of WBOA along with IFAS. Eleven national faculties with 26 delegates

participated during this course. Under the able leadership of Dr. S. S. Saha who is also an Excecutive member of IFAS this course was took place. We demonstrated 11 surgical procedures during this courses.



“Problems & Challenges in Podiatry in Northeastern Part of India”

Continued from Page 7

needs a different approach as these patients have physiologic and age-related changes and problems, have associated multiple comorbidities and co-musculoskeletal problems that need the involvement of doctors from multiple specialties. An orthopedic surgeon has to work with a team of geriatricians, physicians, anesthetists, etc. to give satisfactory results to their problems.

Foot and ankle surgery has developed into a well-recognized subspecialty of orthopedics worldwide; in developed nations such as USA and European countries, foot and ankle surgery has well-established specialists and departments in medical schools. In India, and it is only now, that it has begun to come of age, emerging slowly but steadily from the neglect it suffered in the past. The last decade witnessed some painstaking yet sustained efforts by many surgeons in India, who had a special interest or special training in this field.

There is an increased need of establishing "Foot & Ankle clinics" in atleast all secondary district and tertiary level hospitals in the northeastern states of the country with the spread of awareness amongst the primary care physicians to refer every seemingly trivial appearing case of foot and ankle problem attended by them to such clinics. A regular update of knowledge and training of the orthopedic specialists handling these clinics should be taken up with certification in foot & ankle issues from Indian Foot & Ankle Society from time to time.

There ia great potential for the field of podiatry to come up in a big way in this country & make a positive impact by reducing the suffering and overall health of our fellow citizens in the northern society in particular and nation as a whole. It is said that - "While the journey seems long and hard at the beginning with perseverance and dedication the rewards at the end last a lifetime."— William R. Francis, Baylor College of Mediciness forced by failure in so called management.



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Preparation for IFASCON 2025

Dr. Rajeev Anand
Organising Secretary, IFASCON 2025

Preparations for IFASCON 2025 are in full swing, promising an engaging and enriching experience for attendees. Scheduled from August 29–31, 2025, with a Pre-Conference Workshop on August 28, the event will be held at Gyan Bhawan, Samrat Ashok International Convention Centre, Patna.

Key Updates:

- ✔ **Conference & Venue:** Three floors have been booked at Gyan Bhawan for all three days.
- ✔ **Cadaveric Workshop:** The workshop will be conducted at Indira Gandhi Institute of Medical Sciences, featuring four cadavers (eight foot & ankle) and two IITVs across three lecture halls.




IFASCON 2025
37th ANNUAL NATIONAL CONFERENCE OF
INDIAN FOOT & ANKLE SOCIETY
The Premier Foot & Ankle Conference
Date: August 29-31, 2025
Venue: Gyan Bhawan, Patna
Workshop: IGIMS - Cadaver Workshop
A Landmark Event for Orthopaedic and Foot & Ankle Specialists
IFASCON 2025 will bring together leading orthopaedic surgeons, researchers, and healthcare professionals to share knowledge, latest advancements, and groundbreaking techniques in foot and ankle management.
CONFERENCE HIGHLIGHTS

- Comprehensive Scientific Sessions - Latest trends in foot & ankle surgery
- Expert Panel Discussions - Insights from national & international faculty
- Hands-on Cadaver Workshop at IGIMS - Training with advanced surgical instruments
- Case Presentations & Research Abstracts - Platform for young researchers
- Exhibitor Showcases - Latest technological innovations in the medical field

WHY ATTEND ?

- Stay ahead with the latest developments in foot & ankle surgery
- Enhance your practical skills through interactive workshops
- Connect with leading experts and pioneers in the field
- Get inspired by breakthrough research and case studies


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MALLAHIA UNIVERSITY - UNESCO World Heritage ancient learning center
BAGH - A serene lake with Buddha's Lake heritage
BODHI GAYA - The sacred land where Lord Buddha attained enlightenment
JOIN US AT IFASCON 2025!
More than just a conference - IFASCON 2025 is a platform shaping the future of Foot & Ankle surgery. Save the dates and be part of this transformative experience.
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