



Vision for the Year 2024 - 25: Defining Gold Standards of Foot and Ankle Care

Dr. Kamal Dureja, President, IFAS | Max Institute of Musculoskeletal Sciences, New Delhi

Dear members,

I congratulate Team IFAS for adding another feather to ongoing activities. As we continue to improve the Foot and ankle care, I express my gratitude for tireless efforts by executive members and many others to bring out Stride-The newsletter of IFAS. It truly is another step towards our commitment to ongoing education and research. This will provide another

platform where members can share knowledge, innovate and grow together. As we move forward, I invite your feedback and suggestions on how we can better serve our members and all orthopedic surgeons. Please reach out to me or our honorary secretary, Dr Abhijit Bandyopadhyay. Together, let us continue to elevate the standard of Foot and ankle care in India.

Pan India Diabetic Foot Crisis and Strategies for Mitigation

Dr. Abhijit Bandyopadhyay, Secretary, IFAS | Woodlands Multispeciality Hospital, Kolkata

India, one of the world's epicentres of this chronic metabolic condition, is currently dealing with the worrisome rise in diabetes mellitus among its enormous and diversified population. According to the International Diabetes Federation (IDF), India has the second-highest percentage of diabetic patients worldwide, after China, with 80% of those individuals living in low- to middle-income nations. Diabetes mellitus affects 69.1 million people in India, where the prevalence is 9.3% overall^[1].

Diabetes is more common in some regions than others, ranging from 5.3% in Jharkhand to 10.4% in Tamil Nadu and 13.6% in Chandigarh. In a community-based study from North India, the age-standardized prevalence of diabetes and prediabetes was 11.2 and 13.2%, respectively^[2].

Another 36.1 million persons are thought to be among the 52.1% of the population who have not yet received a diagnosis [3]. The World Health Organization recognized the magnitude of the illness and changed the topic of "World Health Day" to "Beat Diabetes" on April 7, 2016, to raise awareness.

The prevalence of diabetic complications, such as microvascular and lower extremity issues, is rising along with the number of patients who have the disease. Peripheral neuropathy, peripheral arterial disease (PAD), and foot ulceration are all lower extremity illnesses that afflict 30% of diabetics over the age of 40 and are twice as common in diabetic participants as nondiabetics^[4,5].

Diabetic foot is one of the most difficult problems that patients must deal with as diabetes spreads across the country at an epidemic rate. The burden of diabetic foot problems is rising as diabetes mellitus assumes a global reach. Diabetes-related foot infections (DFIs) increase mortality in addition to morbidity, amputation, and rising expenses for healthcare.

According to population-based studies, the annual incidence of diabetic foot ulcers ranges from 1.0 to 4.1%, the prevalence from 4.5 to 10%, and the lifetime incidence might reach 25%. Foot sores are the most common reason for diabetes-related hospitalization, and they not only increase morbidity but also health care costs^[6].

The foot ulcer itself is concerning, but the most terrifying outcome is limb amputation, which affects people with diabetes up to 30 times more frequently than the general population. Eight out of every ten non-traumatic amputations are known to be caused by diabetes, with DFU accounting for 85% of these cases [7]. Nontraumatic lower limb amputations in people with diabetes have an age-adjusted yearly incidence ranging from 2.1 to 13.7 per 1,000 people. As a result, it is estimated that somewhere in the globe, a lower limb is lost every 30 seconds due to diabetes. The mortality rates following a unilateral amputation are likewise quite high, ranging from 13 to 40% in 1 year to 39 to 80% in 5 years, which is worse than the majority of cancers^[8,9].

Diabetic foot does not develop on its own, and there are numerous warning indicators that can be used to identify persons who are "at risk." Dr. Elliott Joslin stated this more than 75 years ago when he said, "Diabetic gangrene is not heaven-sent but is earth-born." Since infection causes approximately 90% of amputations and around 50% of diabetic foot wounds become clinical infections over the course of the disease, it is crucial to recognize infection in DFU^[10].

Do diabetic foot infections differ in India and the west

India has a completely different socio epidemiology for diabetes foot and associated complications than the West. In India, diabetic foot infections frequently result from wounds from people wearing inadequately protected footwear (such as sandals), or no footwear at all. In addition to raising the risk of ulcer infection and enabling maggot infestation, poor hygiene may be linked to rat bite risk [11, 12].

Insufficient health-related education, a lack of close medical facilities, or a lack of monetary resources can all contribute to the delay in receiving competent medical care. The issue is made worse by a severe lack of multidisciplinary teams, diabetic foot facilities, and qualified people [13]. Contrary to the Western literature, neuropathy and vasculopathy are more common risk factors for infections and foot ulcers. Studies from India reveal that between 50 and 70 percent of people have neuropathic ulcers. This is in contrast to the West where neuro ischemia is the primary risk factor. In comparison to the West, where it has been reported that PVD is present in 46 to 60% of patients being monitored for DFIs, patients being monitored for vasculopathy have a prevalence of 10 to 30% [14, 15].

In comparison to the West, where Gram-positive infections are more prevalent, centres across India have observed a constant majority of Gram-negative bacteria in DFI. Gram-negative bacteria are more common. In studies from the Indian subcontinent, compared to the West, is related to a longer length of ulcer, past exposure to unintentionally administered antibiotics, or other specific environmental conditions, such as sanitary practices [16]. Gram-positive organisms were also recovered in the investigations, but it was discovered that the presence of Gram-negative bacilli was substantially linked with low haemoglobin, high leukocyte, and neutrophil counts upon presentation. Gram-positive infections make up one-third of all DFIs but are generally milder, and it is estimated that MRSA occurs 10% of the time [17].

Pan India problem of diabetic foot in near future and what need to do

It will take a coordinated effort from many stakeholders to solve the possible problems connected to diabetic foot complications in the near future. The burden of diabetic foot in India can be greatly reduced by a comprehensive strategy that encompasses healthcare authorities, policymakers, healthcare professionals, and the community [18].

The development and promotion of campaigns to inform the public about diabetes, its risk factors, and the value of maintaining excellent glycaemic control and foot care practices should be the main emphasis of healthcare authorities and legislators.

By ensuring that patients have access to affordable and efficient drugs, monitoring blood sugar levels, and scheduling routine checkups, healthcare professionals should work to optimize diabetes care [19]. To promote prompt intervention, healthcare professionals should inform people with diabetes about correct foot care, the value of wearing appropriate footwear, and the early indicators of foot problems.

The quality of care and results for people with diabetic

foot problems can be improved by making investments in dedicated diabetic foot clinics. To offer complete care, these clinics should be outfitted with qualified medical staff and cutting-edge wound care devices. Advancing wound care, regenerative therapeutics, and individualized treatment methods can be made possible by supporting research in the area of managing diabetic feet. Effective management of diabetic foot issues requires a multidisciplinary approach combining healthcare providers, podiatrists, diabetologists, nurses, and other allied health specialists. A comprehensive approach to patient care can be ensured through cooperative efforts.



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Vice President, IOA

Pragna Orthopedic Hospital, Ahmedabad

Dear Readers,

It gives me immense pleasure to pen this message for the "STRIDE" newsletter, an initiative by IFAS that continues to strengthen the bonds within the orthopaedic community. As we approach IOACON 2024, this platform serves as an excellent opportunity to reflect on our achievements, share valuable insights, and set new goals for the future.



Orthopaedics is not just a science but a commitment to improving lives. Our journey has always been about innovation, collaboration, and relentless pursuit of excellence. I am proud of the strides we've made as an association and as a community in advancing patient care, education, and research.

Stride will remind us to embrace challenges, foster camaraderie, and continuously evolve as professionals. Platforms like "STRIDE" play a pivotal role in keeping this mission alive by facilitating the exchange of knowledge and inspiring us all to strive for greatness.

I congratulate the IFAS team for their dedication to producing this remarkable publication and for creating a space where ideas can flourish. I encourage each of you to actively engage with this newsletter, contribute your thoughts, and stay connected with the larger vision of our association.

Let us continue to walk together with courage, compassion, and commitment. I Congratulate and wish a successful and enriching launch of "STRIDE" by IFAS.

IOA Secretary Desk

Dr. Rajeev Raman

Secretary, IOA

JBCH (Joint & Bone Care Hospital), Kolkata

Dear Members of the Indian Foot and Ankle Society,

Warm greetings from IOA. It brings me great joy to address this esteemed community through the pages of the IFAS Newsletter. The Indian Foot and Ankle Society (IFAS) has consistently set benchmarks in



advancing the knowledge, research, and clinical practice in our specialized field. As a proud affiliate of the Indian Orthopaedic Association (IOA), I would like to acknowledge and commend the tireless efforts of IFAS in creating a platform for innovation and collaboration among professionals dedicated to foot and ankle care.

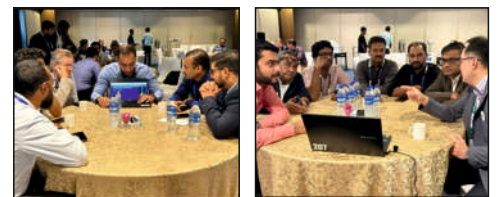
The synergy between IOA and IFAS continues to foster a multidisciplinary approach, enhancing patient outcomes and elevating the standard of care. In the spirit of our shared commitment to excellence, I encourage all members to actively participate in IFAS activities, share insights, and contribute to the growth of this vibrant community.

Let us continue to uphold our mission of education, research, and clinical service, ensuring that IFAS remains a beacon of knowledge and progress. My best wishes for the continued success of IFAS, and I look forward to witnessing the remarkable achievements of our members in the times to come.

My Experience in IFASCON 2024

Prof. V. K. Panchbhavi | University of Texas Medical Branch, Galveston, Texas

I would like to commend Dr. Abhijit Bandyopadhyay on starting a newsletter for the IFAS! It will be a fantastic outlet to be in touch and be in the know. And in this inaugural issue, I am honored to be asked and immensely pleased to share my experiences from the recent IFASCON 2024 in Kochi! It's always a challenge to improve year after year, to bring in fresh ideas and innovative formats, especially on top of everything involved in organizing an event of this scale. Yet, the IFASCON 2024 team did it! From the very theme—focused on cutting-edge minimally invasive techniques—to the hospitality inspired by unique Omani traditions, and the entertainment provided by the extended IFASCON family, everything was a true feast. Whether it was for the academic minds just starting their journey or those who've been on this path for years, it was indeed a treat. IFASCON meetings have truly become some of the best in the world. This year's highlights included the 'Video Debate,' featuring dual podium debates between stalwarts, and 'Stump the Masters,' where there was intense, close-quarter interaction between delegates and faculty. The feedback was overwhelmingly positive, and the entire group appreciated the effort. Feedback helps us improve, and we hope to continue striving for even better experiences. Our annual IFASCON meetings have become a place to reconnect with old friends, make new ones, stay up to date in our field, teach, learn, and, above all, cherish the memories we make together!



The History and Development of INDIAN FOOT SOCIETY - The Initial Decade and Beyond

President Emeritus, Prof. Sureshwar Pandey, Compiled by Past-President, Prof. S. S. Jha, Patron, IFAS | Harishchandra Orthopaedics Research Institute, Patna

In ancient India-the Bharat- the sacred land of Lords Brahma, Vishnu, Shiva and Budha, the feet have assumed a very special importance. With reverence and sincerity, humble submission to the sacred feet of Gods, Goddesses and parents bring peace, happiness and sublimity to the soul. In all dances of India, classical to folk and those meant for the temples to court-dancing halls, the role of feet has supreme importance. Bare footed walking and working, so popular in Indian sub-continent, deserve special care in all respects.

With all above consideration, the idea of forming a society of the Foot Surgeons of India was conceived as a challenge on the serene silent streets of Eastbourne, U. K. in 1979. I was not basically a foot surgeon, nor I am essentially today. Trained and groomed in the mixed environments of surgery and Indian Orthopaedic Surgery in its adolescent stage, I was not able to appreciate why Mr. (Prof.) B Helal, the then President of the C.I.P., picked me to invite to attend the C.I.P. Congress at Eastbourne U.K. and rather entrusted me to work something to form the Society of the Foot Surgeons of India. His words were 'When lots of monumental works are being done in the fields of Foot and Ankle Surgery by the eminent Indian surgeons, why they are shy about forming a Society of the Foot Surgeons and join the World Body-the C.I.P. With the challenging words of Mr. B. Helal during the parting dinner of C.I.P. Congress at Eastbourne in 1979, I was in a fix to commit anything and took up the challenge silently. While the ideas were roving in my mind, the soft affectionate patting from behind of Dr. Valente Valenti stimulated and compelled me to nod my head in affirmative. Back home, I pondered over it again and again and ultimately dared to circulate a probing letter to the orthopaedic surgeons (360 letters) of India. But I got reply from ONLY twelve surgeons, of course they were positive. I got discouraged and took it as my failure in my venture. Rather several of my colleagues in Indian Orthopaedic Association Meetings ridiculed my idea. I took it low-lying, however the fire was alive under the ashes. In the meantime, another knocking challenge came from Mr. Helal, when he invited me to join galaxy of International Experts to contribute for an Encyclopedic book "THE FOOT" to be published by Churchill Livingstone U.K. Believe me, I was pleasantly surprised, shocked and shaken over this unbelievable offer. However, I had to whole-heartedly accept this challenge with all humility. I started digging my capabilities slowly and simultaneously I became doubly alive of my task to organize the Society of the Foot Surgeons of India. Again in 1983, I circulated another probing letter which in return reflected more enthusiasm among the Orthopaedic Surgeons of India. This time, reply was received from 23 surgeons and all were in affirmative. However, I felt that I again failed to push my way through. In the meantime, I got the opportunity of visiting Tokyo to deliver the Guest lecture before the Japanese Foot Society, where I got some clues. While I was gathering momentum in this regard, my tail was twisted at the Lausanne-Suisse C.I.P. Congress for my failure in forming the Indian Foot Society but at the same time, the stalwarts of C.I.P. further guided me in this direction.

Coming back home, a small working group was formed to initiate the activities in 1985 and in the meantime a big boost came with the sudden visit of our one of the best family friend, Dr Valente Valenti, the then Secretary-General of C.I.P., from Rome. I was lucky that Dr. Valenti chose to stay in my humble house. As the emissary of the World Body-C.I.P., he worked and operated on several foot problems with me along with his sweet wife Mrs Romana Valenti, prepared the ground work of forming the Indian Foot Society, and inspired us to take up certain research projects in his collaborations. Was it not a surprise to many of us including me, when the Secretary General of C.I.P. announced the official formation of Indian Foot Society on 01.11.1987/02.11.1987 at Calcutta Indian Orthopaedic Association Conference in the presence of Revd. Mother Teresa. He also declared that the Works body, C.I.P. had authorized him to announce the affiliation of the newly formed Indian Foot Society to the C.I.P. on its merit. And he did announce it instantaneously at IOACON 1987 at Calcutta.

Thus, the birth of the Indian Foot Society took place-a great day in the history of Indian Foot Society. At Calcutta itself, two senior orthopaedic surgeons, Prof. P. T. Rao, and was the formal First official Meeting of the Society. Dr. P. C. Jain joined the Society as its Life Member and several others promised to do so. In the corridor of Park Hotel, Calcutta, the venue of the conference, we met for few minutes to decide the ways and means of nurturing the infant-the Indian Foot Society. This This was the formal First official Meeting of the Society.

Gradually the new members were enrolled, account was opened, and smaller academic activities were started. We wanted to nurture this infant in the lap of the mother organization, the Indian Orthopaedic Association. My fast friend and guide Prof. P. T. Rao again took the lead and he very successfully organized the First Academic Meeting (2nd Official Meeting) of Indian Foot Society at Cuttack on 23.10.1988, as the pre-conference Meeting of Indian Orthopaedic Association. The response was overwhelming. Our Special Guest Lecturer was no less a person than Professor Keiro Ono, the Director & Chairman of the Department of Orthopaedic Surgery, Osaka University Medical School, Japan. The overwhelming success of the meeting also became an eye-sore for few vocal politician orthopaedic surgeons, who started opposing the holding of such meetings along with the IOACON. However, after its first grand Conference at Cuttack, it was endeavored to organize the Annual Conferences of Indian Foot Society alongwith the Indian Orthopaedic Association Conferences. Subsequently, the meetings were being successfully organized by the local Organisers of IOACON. Notable IFSCONs were at Cuttack, Madurai, Lucknow, Bhopal etc. After Bangalore



Meeting, the attendance in the annual conferences started dwindling, mainly due to too many workshops organized on the same day by the IOACON organisers. Ultimately in 1996, due to poor attendance and cold environments at Calcutta Conference, it was finally decided to organize the annual conference of Indian Foot Society separately. According to this decision, the XIth Conference of Indian Foot Society was organized at Gaya in 1997.

There was again a healthy move to organize the Sub-Speciality meetings in the midst of IOA Conferences and they have been fruitful for all concerned. In accordance to this proposal, a half-day meeting of Indian Foot Society was organized at Jabalpur on 19.12.1998.

The emblem of IFAS

The Emblem of Indian Foot Society deserves a special mention. Selection of a suitable emblem for this Society was a challenge. After a long discussion in India and abroad, an emblem was selected in which the NATRAJ (the omniscient, omnipotent, and ultimate reality-the Lord Shiva), the supreme dancer with his unique and famous dancing style - TANDAVANRITYA- in which the strength, vigour and agility of the feet are of extreme importance, has been depicted over the famous Nicolas Andry's Orthopaedic tree, the roots of which are ending in the patterns of feet. This emblem was unanimously approved by the C.I.P. in 1985 itself.

The journal of foot surgery

The true mirror of any academic society is its academic documentation and publications. With this fact in mind, an idea was mooted at the inception of the Society itself to bring out a journal on foot and ankle problems and related research as its official publication. Dr S Pandey was assigned to be the founder editor and was also tasked with the production and publication of the journal. The maiden issue of the Journal of Foot Surgery was released at the inaugural conference at Cuttack, by the past president of SICOT, Dr K. T. Dholakia on 20th October 1988.

This evolved further under editorial guidance of Dr M. S. Dhillon, Dr S S Jha and Dr R. A. Agrawal and then back to the former evolving from a single annual issue, to biannual issue and ultimately an online portal, evolving into Indian Journal of Foot and Ankle Surgery. Since then the journal is being published almost regularly as an yearly issue. INSDOC, New Delhi, allotted 0970-5708 to the journal. The journal has been always published on the format of International standard. Though, there is only one issue a year, by virtue of its quality and standard it was approved for indexing in IndMED (vide NIC/MEDLARS/98-2365; August 1998). Through the IndMED it can be indexed at TRC, KMIO, NIMHANS, NIC etc. IndMED can be accessed at <http://indmed.delhi.nic.in> There was a suggestion of collaborating the Journal of Foot Surgery with the Journal of "FOOT & ANKLE" International of American Foot and Ankle Society. For some reasons, this could not materialize inspite of best intensions on both sides. The relationship of Indian Foot Society with the C.I.P., European Foot Societies, Foot Societies of U.K., Japan, Taiwan, South America, and American College of Ankle and Foot Surgeons have been quite cordial all through. The Indian Foot Society is given dignified place and recognition all over the world where FOOT is recognized as the special specialty.

Several International Experts have visited and honoured the Indian Foot Society at Annual Conferences and other occasions to name a few: Prof. K. Ono, Prof. L. Klenerman, Prof. G. Pisani, Prof. R. Suzuki, Prof. A. De Wulf, Prof. T. Koshino, Prof. M. Martorell, Prof. D. W. Wilson and others. The American College of Ankle and Foot Surgeons did show interest in the mutual training programmes between two countries' foot surgeons. The programme was virtually started when two American trained Foot surgeons Nicholas Constantine Canoutas and Richart Eugene Loninger came to us for training for four weeks in May-June 1998.

The slow but steady progress of Indian Foot Society did culminate in the fact that the stalwarts of ASIA-CIP chose unanimously India as the host for the Third ASIA-CIP International Congress. Though financially very weak, this Society dared to take up the responsibility very humbly to offer to the talented International Experts in the field of Ankle and Foot Surgery, nothing but the humble Indian Hospitality and religious fervent. The congress was organized under the able leadership of the organising secretary Dr S S Jha at Patna in 1998. A large contingent from Japan led by the then IFFAS President Prof. Takakura attended the congress and the scientific presentations from India and Japan were witnessed with keen interest by distinguished delegates coming from all corners of India, including Dr Rajsekaran from Coimbatore, Dr Babhulkar from Nagpur, Prof. Kulkarni from Miraz.

Dr S S Jha took lead role after the Gorakhpur conference and became Editor of the journal and took over the responsibility of Secretary from 2006 to 2009 for continuous four years and subsequently rose to become President from 2010 to 2011.

Very humbly, the Indian Foot Society felt that the lower third leg should be overtly induced in the arena of 'Foot and Ankle' sub-speciality, occultly and practically it is almost always affected in the ankle and foot affections, and vice-versa. This will allow frank and fair considerations of this zone in its all morbid anatomical aspects, physio-mechanics, and patho-dynamics. For this reason, the nomenclature of third Asia-CIP Congress, organized at Patna, was kept as "Lower Leg, Ankle and Foot Congress"

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IFAS Presidents & Secretaries

1980 - 1988	President	Prof. Sureshwar Pandey
1988 - 1991	President	Prof. B. Mukhopadhaya
1991 - 1993	President	Dr. A. K. Das
1993 - 1995	President	Dr. H. S. Sandhu
1995 - 1997	President	Dr. P. T. Rao
1997 - 2000	President	Dr. P. Rangachari
2000 - 2002	President	Prof. R. L. Mittal
2002 - 2005	President	Dr. W. G. Rama Rao
	Secretary	Dr. S. S. Jha
2005 - 2007	President	Prof. K. P. Srivastava
	Secretary	Dr S. S. Jha
2007 - 2009	President	Prof. R. Bhalla
	Secretary	Dr S. S. Jha
2009 - 2011	President	Dr. S. S. Jha
	Secretary	Dr. Manish Khanna
2011 - 2013	President	Dr. A. N. Varma
	Secretary	Dr. R. A. Agrawal
2013 - 2014	President	Dr. Mandeep Dhillon
	Secretary	Dr. R. A. Agrawal
2014 - 2015	President	Dr. Rajiv Shah
	Secretary	Dr. Sampat D Patil
2015 - 2016	President	Dr. Balvinder Rana
	Secretary	Dr. Sampat D. Patil
2016 - 2017	President	Dr. S. R. Sundararajan
	Secretary	Dr. Rajesh Simon
2017 - 2018	President	Dr. Sampat D. Patil
	Secretary	Dr. Rajesh Simon
2018 - 2019	President	Dr. Nikesh Shah
	Secretary	Dr. Ajoy S. M.
2019 - 2020	President	Dr. Rajeev Vohra
	Secretary	Dr. Ajoy S. M.
2020 - 2021	President	Dr. Mahendra Kudchadkar
	Secretary	Dr. Kumar Shantanu
2021 - 2022	President	Dr. Malhar Dave
	Secretary	Dr. Kumar Shantanu
2022 - 2023	President	Dr. Rajesh Simon
	Secretary	Dr. Inderjit Singh
2023 - 2024	President	Dr. T. V. Raja
	Secretary	Dr. Inderjit Singh
2024 - 2025	President	Dr. Kamal Dureja
	Secretary	Dr. Abhijit Bandhopadhyay

Annual Conferences of IFAS

2004	Gorakhpur, Uttar Pradesh
2005	Agra, Uttar Pradesh
2006	Hyderabad, Andhra Pradesh
2007	Panaji, Goa
2008	Allahabad, Uttar Pradesh
2009	Delhi, Uttar Pradesh
2010	Chennai, Tamil Nadu
2011	Agra, Uttar Pradesh
2012	Gurgaon, Haryana
2013	Gurgaon, Haryana
2014	Pune, Maharashtra
2015	Ludhiana, Punjab
2016	Ranchi, Jharkhand
2017	Coimbatore, Tamil Nadu
2018	Vadodara, Gujarat
2019	New Delhi
2021	Kolkata (Virtual), West Bengal
2022	Cavelossim, Goa
2023	Nagpur, Maharashtra
2024	Kochi, Kerala

The History and Development of INDIAN FOOT SOCIETY - The Initial Decade and Beyond

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The first Asia-Pacific Society For Foot And Ankle Surgery (APSFAS) was proposed and organized by Dr Kang-lai Tang in October 2011 in Chongqing, China. He contacted the then president Dr S S Jha who contacted senior colleagues in India and a large contingent of experts in the field attended this conference and contributed various scientific lectures which were appreciated. Prof. S Pandey, Prof. R Bhalla, Prof. A N Varma, Prof. Mandip S Dhillon, Dr Rajiv Shah, Dr. Balvinder Rana has participated in this first APSFAS congress. It was during this conference that Dr Jha invited the second Asia-Pacific Society For Foot And Ankle Surgery congress along with the prescheduled annual conference of Indian Foot and Ankle Society at Agra in 2012. Under the organizing chairmanship of past president, Prof. K. P. Srivastava, Dr Jha was given the responsibility to be the international convener for this Asia-Pacific congress and Dr Jha managed all the additional financial liabilities of the congress due to

international associations. It was here that Dr S S Jha was given the onerous responsibility of delivering the then prestigious Dr B B Joshi oration at Agra. Prof. S Pandey was specially felicitated as the International President Emeritus. In 2015, Foot and Ankle Society, Singapore had a joint conference with third Asia-Pacific Society For Foot and Ankle Surgery congress, Dr Jha was the official representative of APSFAS where Past President, Indian Foot and Ankle Society, Prof. Hardas Singh Sandhu, Amritsar had also attended. During subsequent years till 2018, Presidents of Indian Foot and Ankle Society, were invited in China during their various congress and many orthopaedic surgeons used to participate. Senior Indian surgeons like Dr S S Jha and Dr S Pandey then discussed with Dr Tang and colleagues that a Pan-Asian Journal may be need of hour to address the problems of the region, and act as a vehicle to present their academic research. Thus was born the journal of Foot and Ankle Surgery (Asia-Pacific).

The journal focuses on areas of interest specific to Asian and other developing countries wound care, bone healing, pain management, paralytic foot, orthotics and epidemiology of conditions specific to Asia, diabetes and even sports medicine. Some medical problems are unique to this region. The Asian Tribune reported in India about 45000 lower limb amputations take place every year. An Indian study showed that 50% of people, who underwent diabetes-related lower limb amputation died within three years. The epidemiology of Asian Foot And Ankle problems has also been documented to be different from the rest of the world. The inaugural issue of JFAS (AP) was published as January-June 2014 volume 1 No. 1 ISSN 2348-280X.

Though it may be a little far, the Indian Foot Society is very much looking forward to host the C.I.P. Congress someday, if given opportunity. Long live our Indian Foot Society.

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IFASCON 2024 Kochi

Dr. Rajesh Simon, Core Executive Committee, IFAS
VPS Lakeshore Hospital, Kochi



The 36th annual conference of the Indian Foot and Ankle Society (IFASCON 2024) was successfully conducted in Kochi, Kerala from 21st to 24th August 2024. The theme of the conference being Learn to save the feet.

This year we started on registration via QR code for easy check in. The usage of IFAS App was made to help the delegates about the running program.

The 1st day of relive surgery was held in VPS Lakeshore hospital. The surgery included: Total Ankle replacement, Arthrobrostom, MIS Arthroscopic Lapidus, Scopic Ankle fusion, Charcot Hind foot. All these surgeries had good interaction and learning points.

On 22nd August the venue was Hotel Le Meridian. It was an innovation of having a first of its kind a Grand Jury video debate CME. The whole day saw some heavy debates and discussion amongst the stalwarts with participation of all the delegates as a jury. There was tremendous debates and discussion and the keeping the participation inside the hall was full till the end.

The conference was officially inaugurated by Honourable High court Judge Justice B K Thomas. Justice Thomas talked about the advancement of the medical fields especially development of foot and ankle subspecialty. It was followed by the Presidential address given by IFAS president Dr TV Raja. Hon secretary Dr Inderjit Singh apprised about the growth of IFAS as well as the achievements of the society. Vice President Dr Kamal Dureja, KOA President Prof Aneen Kutty and COS President Dr JT John spoke on the occasion. Organizing secretary Dr Rajesh Simon gave the Vote of thanks. Inaugural ceremony was followed by a lively musical performance by

the Kerala Orthopaedic association band along with the dinner and fellowship.

The conference started at 7 am with stump the master session led by Dr Vinod Panchbhavi. Excellent case-based discussion was held. Morning also saw ASAMI workshop on ring fixation. The main program was started by the young rising stars. 2 halls were running parallel with mix of trauma and cold foot and ankle topics. Each session was a mix of faculty talks and case-based discussion giving a good discussion timing for each session. The prestigious RJSP Oration was given by Prof Jin Woo Lee from Korea. He talked about Journey on the innovation and research. This was followed by Dr Rajesh Simon giving his Past President Oration on Evolution of Charcot management while Prof Alastair Younger gave the Presidential themed oration on MIS in Foot and Ankle. We had 12 international faculty and about 90 National faculty showcasing the strong foot and ankle discussion. This year we had one session each with ASAMI and POSI organization and good discussion was seen in both the session. The Master talks session given by all the past presidents and foreign faculty.

The quiz this year was different. All the delegates were the participants and with the technology, we had a winner in Dr Arun clinching the victory.

Evening witnessed gala night which showcased Kerala ethnic cultural arts and dance followed by an opulence performance of the ladies of Cochin Orthopaedic society showcasing the arts of Kerala. This was followed by the lively musical band along with the fellowships.

Day 2 of the conference started with gold medal sessions in both the halls. Poster presentations and fellowship recruitment were held alongside.

Overall, IFASCON 2024 made significant innovative strides to enhance knowledge and skills, ultimately benefiting patient care. The conference ended with a valedictory function where there was change of guard and the new team led by Dr Kamal Dureja as IFAS President and Dr Abhijit Bandyopadhyay as IFAS Secretary took over. Team Patna of IFASCON 2025 welcomed all the delegates to the next year annual conference.



Steps2walk 2024

Dr. Jeyapaul Parthiban, Co-Opted Member, IFAS
Sri Hospitals, Tondiarpet, Chennai



Steps2walk 2024 – was an international meeting on Foot & Ankle deformity correction, was held at Shri Satya Sai Medical College & Research Institute, Sri Balaji Vidyapeeth [Chennai Campus] Tiruporur, Chennai. The workshop was jointly organized by Steps2walk, USA and the Indian Foot & Ankle Society.



The International workshop was aimed at training young orthopedic surgeons in the sub specialty of foot and ankle diseases and eradicating the incidences of foot and ankle diseases. The event key features included series of lectures, case discussions, live surgical workshops and hands on cadaver training.

Delegates across the globe and India participated in the steps2walk 2024 event.

The event was inaugurated by Mr.M.K.Rajagopalan, Chancellor, Sri Balaji Vidyapeeth, in the presence of Prof.Nihar Ranjan Biswas, Vice Chancellor, Sri Balaji Vidyapeeth, Dr.Mark Myerson, President & Founder, Steps2walk, USA and Dr.Rajiv Shah, National Chair, Steps2walk, India.



Dr.Arjun K Srinath, Consultant orthopedic surgeon, University of Miami, Dr.Sudheer Reddy, Consultant Orthopedician, Shady Groove Adventist Medical Centre, Rockville and Dr. DeDywane Neptune, Consultant orthopedic surgeon, Australia had participated as resource persons for the steps2walk 2024.



The event was organized by Dr.Nirmal Coumare.V, Organizing chairman Dr.J.Parthiban, Organizing secretary, and the Heads of the departments of Orthopedics, Shri Satya Sai Medical College & Research Institute, Tiruporur Chennai and Mahatma Gandhi Medical College & Research Institute, Sri Balaji Vidyapeeth, Pondicherry.



My Experience in Nara University, Japan

Dr. Sharat Agarwal, Co-Opted Member, IFAS
North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong



It was a privilege to get a clinical training in foot and ankle from Prof. Y. Tanaka, Chairman & Director, Orthopedic Surgery, Nara Medical University, Kashihara, Nara, Japan in the month of August'24.

Some key learning things which would be relevant and might be useful for us if implemented are



Prof. Sharat Agarwal, NEIGRIHMS, Shillong (Meghalaya)

placed here.

- Develop our facilities for ultrasound guided Scia c & Saphenous nerve blocks for undertaking foot & ankle surgeries, which I saw there being regularly done. It serves to provide post opera ve analgesia as well for 24 hours.
- Ultrasound based wound debridements using ultrasound curette as an OPD procedure.
- Ultrasound usage for diagnostic purposes in the OPD setting and for Ultrasound guided ligament reconstruc ons at ankle especially ATFL & deltoid ligaments.
- Mini C-arm which greatly facilitates foot & ankle surgeries should be available at all such centers

managing foot & ankle problems.

- Use of synthetic ligament graft for ankle ligaments reconstruction, although it presently seems to be a costly affair especially for government set ups where there are many constraints.
- Encouraging use of Ceramic on ceramic Total ankle replacements (TAA) & Combined TAA (TAA with customized talar replacement), which has got a good 5 year survival rate. However, cost is an issue.
- Horizontal 1st metatarsal osteotomy (Nara modifica on of scarf osteotomy) for Hallux valgus, which is scien fically more be er than scarf ostetomy for Hallux valgus.

AAFC 2024

Dr. Vijay D., Organising Secretary, AAFC 2024 | All India Institute of Medical Sciences, Delhi

AIIMS Ankle Foot Course (AAFC) 2024 was organized at JPNATC, AIIMS, New Delhi from 28th – 29th August 2024 in association with Indian Foot & Ankle Society (IFAS). It was a Cadaveric Hands-On Workshop which included Lectures on several topics and 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.

A total of 5 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 was dedicated to lectures by the Experts through Presentations & Audio-Visuals whereas the second day was profoundly devoted to Cadaveric Demonstrations by the Experts and Hands-on by the Delegates.

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 and organized.

Faculty -

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

National Faculty – 10

International Faculty - 2

Delegates -

Registration process was conducted through Google Forms and a very good response was received. Although due to the low availability of seats, only accepted 21 Registrations were accepted.

National Delegates – 19

International Delegates – 2

Topics covered –

1. ATFL Brostrom Repair with IB – Lecture by Dr. Ali F. Abu-lobbad Cadaveric Demo by Dr. Sandeep Patel
2. TP Transfer for Foot Drop – Lecture by Dr. Siddharth Sharma Cadaveric Demo by Dr. Siddharth Sharma
3. Deltoid Ligament Repair – Lecture by Dr. Abhishek Jain Cadaveric Demo by Dr. Abhishek Jain

4. FHL Transfer for TA Repair –

Lecture by Dr. Ankit Khurana
Cadaveric Demo by Dr. Rahul Upadhyay

5. Speed Bridge Technique of TA Repair –

Lecture by Dr. Hitin Mathur
Cadaveric Demo by Dr. Kamal Dureja

6. Spring Ligament Reconstruction –

Lecture by Dr. Kamal Dureja
Cadaveric Demo by Dr. Ali F. Abu-lobbad

7. Peroneal Groove Deepening for Peroneal Tendon Subluxation -

Lecture by Dr. Vijay Kumar D.
Cadaveric Demo by Dr. Hitin Mathur

8. Saw Bone Workshop - Syndesmosis Joint Instability Fixation

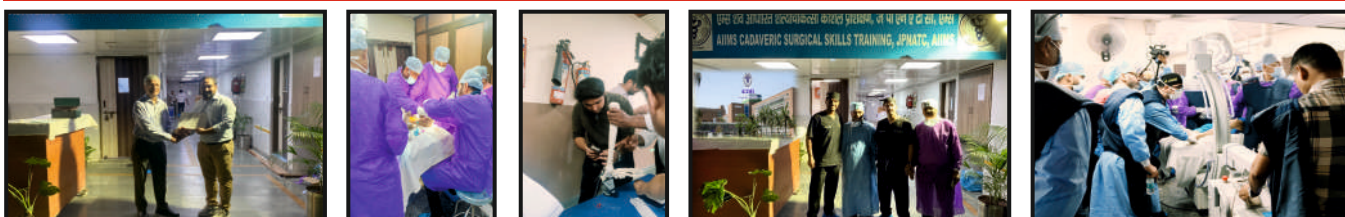
Lecture by Dr. Samarth Mittal

Organizing Team –

1. Prof. Ravi Mittal
Course Chairman
2. Prof. Kamran Farooque
Course Director
3. Prof. Vijay Sharma
Course Director
4. Dr. Vijay Kumar D.
Organizing Secretary



Course at a Glance



Indian Foot & Ankle Scenario: Past and Future

Dr. Rajiv Shah

Patron, IFAS | Sunshine Global Hospitals, Vadodara & Surat

The Past: Reflecting on the past, it's important to acknowledge the challenges faced by the field of foot and ankle orthopaedics in India. Lack of awareness, negligence, and missed opportunities were significant hurdles that profoundly impacted the field. However, the resilience and dedication of those involved in the field allowed us to overcome these challenges, inspiring hope for the future of foot and ankle orthopaedics in India.

Professor Sureshwar Pandey, a pivotal figure in the field, was instrumental in establishing the Indian Foot and Ankle Society (IFAS) and leading it for many years. With a membership of about 200, the majority of whom were general orthopaedic surgeons, the society's focus used to be paediatric foot and ankle disorders, mainly CTEV. Dr Pandey was supported by other luminaries such as Dr S S Jha, Dr A N Varma, Dr Mandeep Dhillon, Dr R A Agarwal, and others who have significantly contributed to the field. Their dedication and contributions, often above and beyond, deserve our utmost respect and appreciation. Their work is a beacon of inspiration for the future of foot and ankle orthopaedics in India.

On society's platform, patients used to be relatively negligent about their foot and ankle ailments, the available management options, and the significance of scientific management of disorders. Doctors' opinions about the non-availability of treatment for common foot and ankle problems like flat foot, hallux valgus, foot and ankle deformities, and diabetic foot led to a colossal suffering population. The offered treatments were primitive and non-advanced, which also added to continued suffering. The lack of availability of the latest implants and equipment worsened the situation.

India's foot and ankle scenario changed rapidly, with qualified genuine foot and ankle surgeons joining IFAS. Dr Rajiv Shah, Dr Malhar Dave, Dr Nikesh Shah, and Dr T V Raja were the first foot and ankle surgeons trained at advanced centres in the west. This rapid transformation of IFAS into an academically advanced foot and ankle society was a cause for excitement. The knowledge of foot and ankle surgery, its indications, techniques, and results were translated across India, with the addition of many more foot and ankle surgeons who also contributed to IFAS's efforts to spread the flame of foot and ankle surgery across India and adjoining SAARC countries. Dr Rajeev Vohra, Dr Balvinder Rana, Dr Sampat Dumbre Patil, Dr Mahendra Kudchatkar, Dr S M Ajoy, Dr Kamal Dureja, Dr Rajesh Simon and many others were forerunners for this mission. The mission of educating Indian foot and ankle orthopods was hugely supported by Indian-

origin foot and ankle surgeons from the West who strongly desired to give back to their home country. Dr Selene Parekh, Dr Kartik Hariharan, Dr Vinod Panchbhavi, and Dr Ashish Shah have mentored most Indian foot and ankle surgeons. Their enormous contribution to India's foot and ankle orthopaedics development can't be described in words.

The Future: The future of foot and ankle orthopaedics in India is bright and promising. The present scenario of awareness amongst the medical fraternity and society about the availability of advanced management options for foot and ankle ailments sets the stage for an excellent future for this speciality in India. More and more Western implant and orthotic manufacturing companies will enter the vast Indian foot and ankle market, bringing advanced technologies. Diagnostic modalities shall also find their place in the Indian diaspora. Technology integration in medical care is set to revolutionise foot and ankle treatment. 3D printing, robotics, and artificial intelligence will improve surgical precision and patient management. Advances in regenerative medicine, including stem cell therapy and tissue engineering, hold the potential to repair and regenerate damaged tissues. These therapies shall offer new hope for patients with chronic foot and ankle conditions that are currently difficult to treat.

Looking ahead, foot and ankle orthopaedics is poised to become the only rapidly growing subspecialty of orthopaedics. This growth will be driven by the increasing interest of young medical professionals looking to diversify into this speciality as their primary choice. Advanced techniques like arthroplasty, arthroscopy and endoscopy, and percutaneous surgeries, which are gaining momentum, will become the patient's first choice, further fuelling the field's growth. Like elsewhere, dedicated foot and ankle surgeons will only negotiate foot and ankle problems in India under the umbrella of regional centres of excellence in foot and ankle care. With Telemedicine-driven virtual consultations, such centres shall bridge the gap between rural and urban populations. The role of IFAS will be pivotal in driving these futuristic changes. With a member strength of more than 1100, IFAS will intensify the spread of knowledge in India and adjoining SAARC countries to lift the standard of care. The dynamic young brigade of IFAS led by Dr Kumar Shantanu Anand, Dr Rahul Upadhyay, Dr Abhijit Bandopadhyay, Dr Inderjeet, Dr Girish Motwani, Dr Siddharth Sharma and many others have already shown their commitment in this direction.

Finally, India will drive academic excellence and research in the field as innovations are the habit of Indian orthopods. The world will have to follow such cost-effective, evidence-based, innovative solutions given by Indian foot and ankle doctors! I am sure tomorrow belongs to foot and ankle orthopaedics led by IFAS!



Upcoming Foot & Ankle Conferences 2025

JANUARY 2025

AOFAS Winter Meeting 2025

Date : January 16 - 19, 2025
Venue : Fairmont Chateau Lake Louise, Alberta, Canada

BOFAS 2025

Date : January 29 - 31, 2025
Venue : Doubletree Hilton Metropole, Brighton, Sussex, England

MARCH 2025

Combined IFAF & Podiatry Institute Seminar

Date : March 6 - 8, 2025
Venue : The Whitley, A Luxury Collection Hotel, Atlanta Buckhead, Atlanta, Georgia

Seattle Lower Extremity Surgery Symposium (SLESS)

Date : March 19 - 22, 2025
Venue : Cedarbrook Lodge, St Anne's Hospital, Fall River, Massachusetts

ACFAS 2025

Date : March 27 - 30, 2025
Venue : Phoenix Convention Centre, Phoenix, Arizona

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A Comparative Study of Functional Outcomes Following First Metatarsophalangeal Joint Arthrodesis

Dr. Praveen Salutagi, Winner of K P Srivastava Gold Medal, IFASCON 2024 | M. S. Ramaiah Medical College, Bengaluru

Background and Objectives

First metatarsophalangeal (MTP) joint arthrodesis is a common surgical intervention for treating severe forefoot pathologies, including hallux valgus, hallux rigidus, and deformities due to rheumatoid arthritis. The procedure aims to provide pain relief, correct deformities, and restore functional stability. This study was conducted to evaluate the functional outcomes of first MTP joint arthrodesis using low-profile dorsal plates and compression screws, focusing on patient satisfaction, gait parameters, plantar pressure distribution, and radiological outcomes.

Methods

This cross-sectional study included 22 patients (22 feet) who underwent first MTP joint arthrodesis, with a minimum follow-up period of two years. Functional outcomes were

assessed using the Manchester-Oxford Foot Questionnaire (MOXFQ). Gait analysis was performed using the GAITrite system, and plantar pressure distribution was measured using the EMED-SF system. Radiological assessments were conducted to confirm joint fusion and to evaluate the presence of secondary arthritis. The results were compared with those of a control group consisting of 22 age and gender-matched healthy individuals.

Results

The study found that the MOXFQ scores of the arthrodesis group were comparable to those of the control group, indicating high patient satisfaction and near-normal function. Gait analysis showed no significant differences between the cases and controls, suggesting that gait mechanics were preserved post-surgery. Plantar pressure distribution also showed no significant differences

between the groups, indicating normal weight distribution in the arthrodesis group. Radiologically, a 100% fusion rate was achieved at the first MTP joint, with no evidence of secondary arthritis in adjacent joints.

Interpretation

The findings suggest that first MTP joint arthrodesis using low-profile dorsal plates and compression screws is an effective surgical technique that restores foot function with high patient satisfaction, maintains normal gait mechanics, and ensures successful joint fusion without leading to secondary joint degeneration.



Safety and Efficacy of One Incision vs Two Incision Brostrom Gould Procedure with Calcaneal Osteotomy

Dr. Rutvik Dave, Winner of RJSP Gold Medal, IFASCON 2024 | Dr. M. K. Shah Medical College, Ahmedabad

Patients with chronic lateral ankle instability often require surgical intervention. The Brostrom-Gould procedure is considered the gold standard for correcting chronic ankle instability. A sliding lateralizing-calcaneal osteotomy is also indicated in patients with cavovarus feet to correct the deformity. Traditionally, a two-incision approach is used to perform both procedures in the same foot. This study compares the safety and efficacy of a one- vs two-incision approach to the Brostrom-Gould

procedure with concomitant calcaneal osteotomy and adjuvant procedures.

This retrospective cohort study analyzed patients who underwent the procedure of interest between 2011 and 2022. Patients were divided into two groups: one-incision (n=60) and two-incision (n=50). All patients in both groups received a calcaneal osteotomy. Demographics, comorbidities,



complications, and patient-reported outcome scores were collected.

Patients in the one-incision group experienced fewer skin bridge breakdowns while there were no significant differences in superficial wound dehiscence or infection between the two groups. Comorbidities did not significantly predict complications and

there was no significant difference in patient reported outcome scores between the two groups.

Our study shows that the one-incision approach to the Brostrom-Gould procedure with concomitant lateralizing calcaneal osteotomy is non-inferior to the two-incision approach. The decreased incidence of skin bridge breakdown sheds light on the potential for this novel approach to mitigate wound-related complications.



IFASCON 2025

37th ANNUAL NATIONAL CONFERENCE OF INDIAN FOOT AND ANKLE SOCIETY

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www.ifascon2025.com

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Category	Early Bird Registration	Regular Registration
	25 th August 2024 To 31 st March 2025	01 st April 2025 To 10 th August 2025
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NON-IFAS MEMBER	₹ 16,000	₹ 18,000
PG STUDENT	₹ 12,000	₹ 13,000
ACCOMPANYING PERSON	₹ 13,000	₹ 15,000

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