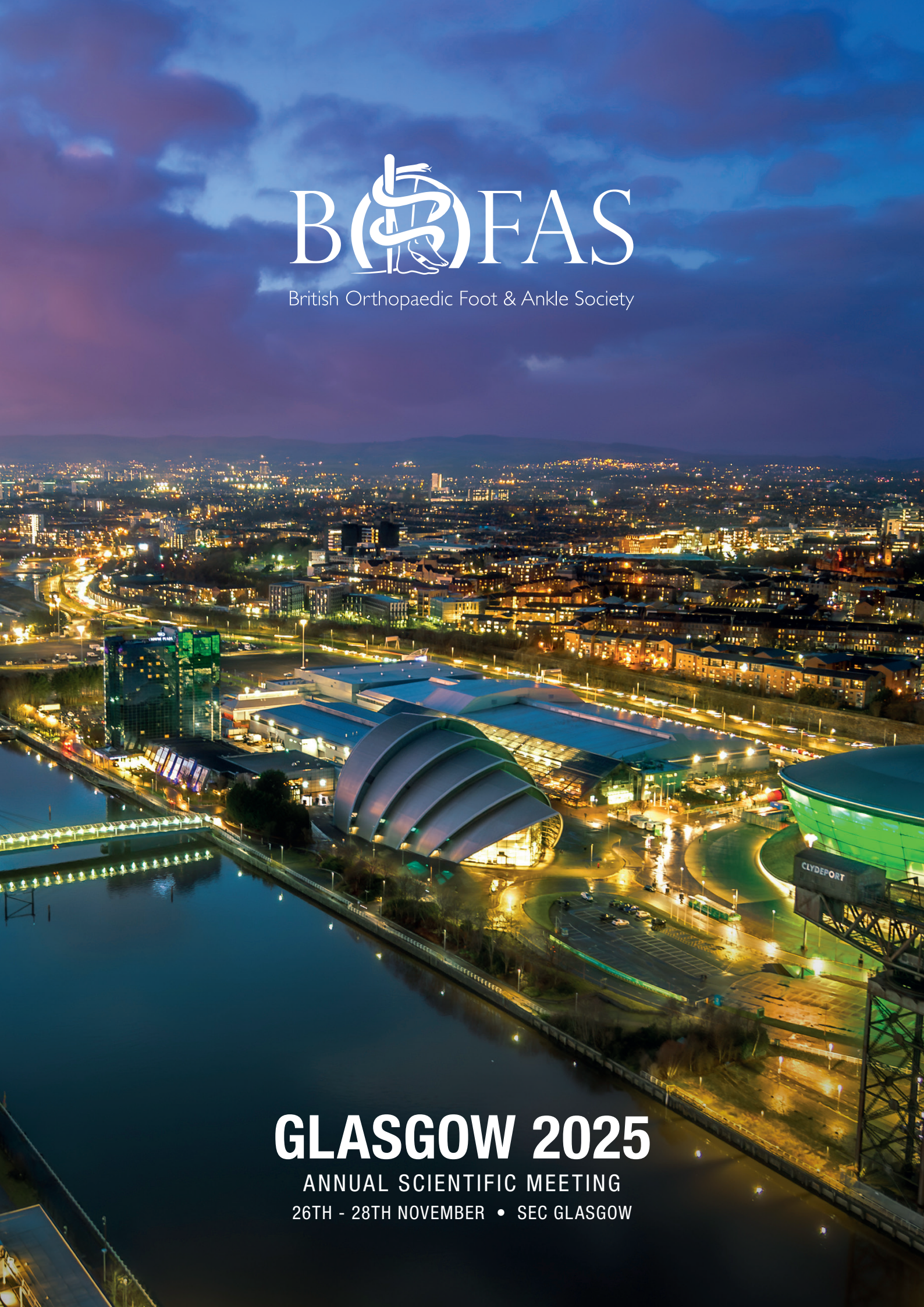

GLASGOW 2025

ANNUAL SCIENTIFIC MEETING

26TH - 28TH NOVEMBER • SEC GLASGOW

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DEAR DELEGATE

As president of the British Orthopaedic Foot and Ankle Society, it gives me huge pleasure to welcome you to Scotland for the 2nd 2025 BOFAS annual scientific meeting in Glasgow. This is the 2nd part of our 50th anniversary celebrations. As the first president of the society to be younger than the society itself, it is particularly exciting to be taking the society forward into the next 50 years.

You will be aware that this is the 2nd BOFAS meeting of 2025. Traditionally, BOFAS was held in November. In the heat of the moment in the pandemic, the meeting was moved to March, and we have tried to gradually move it back to its previous time of November. The meeting will be held in early November every year in future, and there will in future only be one BOFAS meeting per year.

I am the first Scotland-based president for more than 30 years, and I invite everyone to, make the most of what Scotland can offer, both with regards its excellence in foot and ankle surgery, and on a wider basis in the vibrant, modern yet historic city of Glasgow and beyond. As well as showcasing contemporary foot and ankle surgery in Scotland, I am delighted to welcome to the speaking roster a whole host of speakers from across the UK, many of whom are new to speaking at this meeting. I am particularly pleased to welcome a wide range of distinguished international speakers. This year we have speakers from as far afield as New Zealand, Australia, Canada, as well as Spain, Germany, and elsewhere. It is essential to the health of a meeting such as this that we hear insights into developments in foot and ankle surgery from all around the world.

For the first time, this BOFAS meeting will have a theme, which will be “keeping out of trouble”. To that end, we will have sessions on keeping out of trouble in topics such as trauma, less invasive surgery, and many other fields of interest. The whole meeting will be very practical, with all speakers asked to give technical surgical tips that you can take home and deploy. We will continue with our theme of “Get It Right Second Time”, having previously covered, “Get it Right Second Time” with forefoot surgery, and then hind foot surgery, now in trauma surgery.

A highlight of our “keeping out of trouble” theme will be the session on keeping out of legal trouble, to which end I am delighted to welcome our keynote speaker, Nadine Montgomery, who will give us her personal account that led to her landmark Supreme Court ruling and also practical tips in her from her current role as a medical negligence solicitor as to how we can keep out of trouble in obtaining informed consent. The meeting is designed to be interactive and entertaining as well as educational. We will have a “BOFAS 6 nations” session, in which speakers from the devolved nations will debate each other on topics of controversy in foot and ankle surgery, in a true “6 nations” style competition with referees from New Zealand and Australia. This session will be dedicated to the memory of Graham Dall, consultant foot and ankle surgeon from the Borders General Hospital in Scotland, who as well as being a great friend and colleague in Edinburgh, was also an international level rugby player before leaving the sport to devote his career to orthopaedics. He tragically died suddenly in May 2025. Our thoughts, sympathies, and condolences remain with his family. who themselves are colleagues and friends.

A meeting like this cannot take place without the generous support of our sponsors. I urge you all to spend time visiting their stands in the trade hall and engaging in discussion about what they can offer, as they continue to innovate and advance our offerings in orthopaedics, foot and ankle surgery.

The Annual General Meeting is an opportunity for BOFAS members to both keep up to date with developments within the society and to air any topics they wish to discuss during the “soapbox” session. Please do attend this meeting, as this is your society, and it is crucial that we hear your views, and take them forward in a way that continues to represent the interests and concerns of our membership. We do listen to all suggestions and feedback from members, and these have a strong influence on how we run future meetings as well as our activities throughout the rest of the year.

BOFAS remains a highly sociable society. With over 600 members, we have now outgrown the previous running of the meeting in one venue where everybody can stay and socialise together in the same place. Such venues simply do not exist within the United Kingdom for a meeting of this size. We continue to strive to maintain the philosophy of a friendly society in which all can chats and exchange ideas. We have a fabulous gala dinner planned, which will, of course, have a Scottish flavour to it. Once again, Toejam will perform for us, this time on Thursday evening. We hope that these events will again provide a forum for people to chat and exchange ideas.

Finally, it is essential for me to thank everyone whose hard work continues to see BOFAS go from strength to strength. The last year has seen many new developments in BOFAS. These include the development of the “BOFAS Global” as we continue to expand our overseas charitable work. We have now bringing “The Foot” journal back under the BOFAS wing so that this will become the official journal of the society. A digital subscription to this journal will be included in your membership package. Please do consider The Foot for submission for your research as we continue to work to grow its impact factor and domestic and international stature.

2026, will see the start of the new “Practice Ready Orthopaedic Foot and Ankle Surgery” webinar series. This is the successor to our highly successful “Lectures of Distinction” webinar series which we created during the pandemic. This will have educational content of interest and relevance to all our membership, but in particular, will provide a learning platform for those at the end of registrar training or at the beginning of their consultant career.

These are just a few of the many work streams currently going on within the society. None of this could happen without the hard, and voluntary, work of all the people on council and the various committees and working groups of the society. I remain extremely grateful to all of those people for the considerable effort they put in.

Finally, but most importantly, none of this could happen without the hard work, dedication, motivation, and flexibility of Jo Millard, without whose grasp of the minutiae, attention to detail and unstoppable efforts, none of this could take place.

Welcome to Glasgow 2025 and I hope you find the meeting both educational and enjoyable.

Robert Clayton

President 2025

CONTENTS

GENERAL INFORMATION

Registration & Exhibition Timings

Day	Registration Open	Lunch	Meeting Close	Additional Events
Wednesday 26th November	08:00	12:00 - 14:30	18.00	19.00-23.00 Gala Dinner, City Chambers 82 George Square, Glasgow G2 1DU
Thursday 27th November	08:00	12:20 - 13:20	18:10	22:00-00:00 ToeJam Gig @SLAY 24 Glassford St, Glasgow G1 1UL
Friday 28th November	08:30	11:35 - 12:05	14:20	

On registration you will receive a badge, a lanyard, and a pen.
If you have purchased this year's conference bag (special 50th Year version) when you registered, you can collect it on check-in at the registration desk.

A PDF Version of the programme can be found on the BOFAS website Annual Meeting page or on the APP.

Speaker Preview

Speaker preview can be found on the GROUND floor in ETIVE.

If you are a speaker, please ensure you go to the speaker preview room at least 1 hour before the session starts to check your presentation.

Gala Dinner Tables

Buses will be provided from 18:45hrs outside the Crowne Plaza Hotel for transfer to the City Chambers.
Buses will return guests to the Crowne Plaza from 23:00hrs
A drinks reception will be held from 19.00hrs with dinner seated at 20:00hrs.

Cloakroom

The cloakroom in the conference centre will be open between 08.00hrs – 18.00hrs daily and is located opposite registration.

Prayer Room

There will be a Prayer Room facility in Organisers office, Hall 2 (exhibition room)

Maternity Room

There will be a comfortable space for baby changing/feeding available on the Mezzanine level.

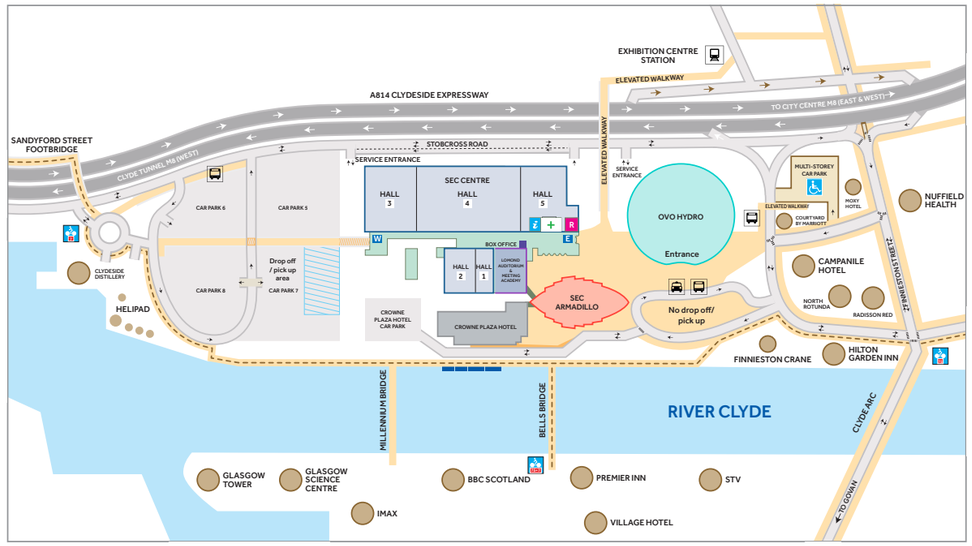
Trains

Visit: https://www.visitglasgow.org.uk/convention-bureau/meeting-planners/travel/
for further information and routes.

CITY CENTRE MAP

SEC Scottish Event Campus

Scottish Event Campus
Site Plan



Delegate Offers

https://www.visitglasgow.org.uk/convention-bureau/meeting-planners/delegate-offers/

Please note, our exclusive delegate offers are live and provided by third-party member businesses. As such, offer details and availability may differ slightly between now and your event delivery dates.

You may also find it handy to have local taxi information to hand, as follows.

Local Taxis

Glasgow Taxis
0141 429 7070
Download the app: https://www.glasgowtaxis.co.uk/passenger-services/smartphone-apps/

Saltire Private Hire
0141 319 5344 E: contact@saltireprivatehire.co.uk

GlasGo Cabs (private hire)
0141 332 5050 / 0141 774 3000
Download the app: https://glasgocabs.co.uk/app/

Ubers are also available.

Parking

Car parking is available at some hotels on site. Please see each hotel website for more details.

Details on accessibility

Hearing loop is available in the main plenary.
Main plenary has accessible entry, along with breakout rooms – lift is available for upper floors

CPD Points

Wednesday 6 points, Thursday 6 points, Friday 4 points.

A certificate of attendance is issued by email following the Annual Meeting on completion of the Feedback Survey, which can be found on the conference App.

The survey will close 1 month following the meeting.

PLEASE ENSURE YOU DOWNLOAD AND SAVE YOUR CERTIFICATE AS THE LINK WILL CLOSE.
No certificates will be available after this time.

Badge Types

Faculty	Red
BOFAS Full Member	Dark Blue
BOFAS Retired Member	Dark Blue
Allied Health Professional	Light Blue

Trainee	Light Blue
Non-Member	Light Blue
Exhibitors	Green

Refreshments

Tea and coffee will be served daily in the exhibition areas shown on the Exhibition Plan during the morning and afternoon break.

Lunch will be served on Wednesday in the workshop rooms for those attending workshops – for those not attending there will be lunch in the exhibition hall.

On Thursday and Friday (brunch) in the exhibition areas shown as black blocks on the Exhibition Plan.

POSTER LOCATIONS

Posters can be found in Hall 1 & Hall 2

P1. Adjustable external equinus boots vs fixed angle functional orthoses: Are they worth the cost? A single centre analysis of change of practice.

P2. First Metatarsal Pronation Correction After Fourth-Generation Percutaneous Transverse Osteotomy for Hallux Valgus

P3. Evaluating Implant Survivorship and Revision Rates in Salto Talaris Total Ankle Arthroplasty

P4. The results of a national survey of surgeons and physiotherapists regarding physiotherapy practice after foot and ankle arthritis surgery

P5. Wedge Tarsectomy using Patient Specific Instrumentation in a Tertiary Foot and Ankle Unit

P6. Radiographic Comparison of Forefoot and Midfoot width changes with 4th generation Minimally Invasive Bunion Surgery versus the Modified Lapidus Procedure

P7. What is the Incidence of Symptomatic Late Post-Traumatic Ankle Arthritis Requiring Intervention following ankle fracture?

P8. Open Ankle fragility fractures in elderly patients treated with subtalar joint-Sparing primary ankle fusion: An Evolving Treatment Option

P9. Functional Outcomes and Complications Following Total Talus Replacement

P11. Long-Term Outcomes by Graft Utilization in Insertional Achilles Tendinitis Surgery

P12. Donor Ankle Morbidity Following Peroneus Longus Tendon Harvest for Anterior Cruciate Ligament Reconstruction: A Prospective Evaluation Using Gait, Isokinetic Muscle Strength, and Pedobarographic Analysis

P15. Total ankle replacement vs ankle arthrodesis outcomes in obese patients with mean 11-year follow-up

P16. Circular Frame Management of Distal Tibial Fractures; 15 Years of Practice in a Tertiary Referral Unit

P17. Impact of Age Decade on Surgical and Patient-Reported Outcomes Following Total Ankle Arthroplasty

P18. The mortality rate and clinical outcomes of ankle arthroplasty in Scotland from 2000 to 2023

P19. Bone Graft Augmentation in Fourth Generation Percutaneous Hallux Valgus Surgery

P20. Identifying and Managing Atypical Ankle Fractures Beyond the Lauge-Hansen Classification System

EXHIBITION PLAN

BOFAS 2025

26 - 28 November, SEC Glasgow

Company	Stand No.
Orthohouse	P1
Arthrex	P2
Orthosolutions	G1
Exactech	G2
Paragon28	G3
Enovis	G4
Stryker	S1
Vilex	S2
Lavender Medical	S3

Company	Stand No.
Joint Operations	S4
Johnson & Johnson	S5
Incision Indemnity	S6
IGEA	S7
Medray Group	S8
Bonesupport	B1
LEDA	B2
Marquardt	B3
Addidream	B4

Company	Stand No.
PolyNovo UK Ltd	B5
Healthcare 21	B6
Biocomposites	B7
NSK UK	B8
Acumed	B9
BOA	B10
Medi	B11
Smith & Nephew	B12

PLATINUM INDUSTRY WORKSHOPS

Arthrex

Location: Boisdale 2. Stand No. P2

Workshop 1
12.00 - 13.00

Workshop 2
13.15 - 14.15

Next Generation Hindfoot Fusion Nailing:

Discover the latest development in hindfoot fusion nailing; A sustained compression nail with a Nitinol core that can provide up to 10mm of compression post operatively.

The workshop will feature a re-live demonstration, to show the simplicity of the system, highlight technical tips and pearls and showcase exactly how the nitinol inner core works to achieve compression - even after the patient leaves the operating room.

Orthohouse

Location: Boisdale 1. Stand No. P1

Workshop 1
12.00 - 13.00

Workshop 2
13.15 - 14.15

Correction of the Adult Flat Foot by Means of Calcaneal Osteotomy and VCP Plate

GOLD INDUSTRY WORKSHOPS

Orthosolutions

Location: Carron 1. Stand No. G1

Workshop 1
12.00 - 13.00

Workshop 2
13.15 - 14.15

Workshop 1
'FROM TRAUMA TO SALVATION' The new 'FRONT'IER in the management of Anterior ankle fractures.

Workshop 2
'FROM TRAUMA TO SALVATION' Additive Manufacturing.

Lessons learned and due diligence. Everything you never thought to ask!.

A discussion forum - Mark Davies.

Enovis

Location: Dochart 2. Stand No. G4

Workshop 1
12.00 - 13.00

Workshop 2
13.15 - 14.15

Workshop 1
MIS & complex cases discussion - Dr Peter Lam, Dr Robbie Ray.

Workshop 2
Overcoming challenges: Centrolock implant - Dr Martin Schramm

Advita Ortho

Location: Carron 2. Stand No. G2

Workshop 1
12.00 - 13.00

Workshop 2
13.15 - 14.15

Advita Ortho will demo the worlds first ever GPS Navigation System for Total Ankle Replacement, more specifically the Vantage TAR.

Come and have a look at how this technology will help revolutionise the procedure and world of TAR. There may even be the chance to get hands on too!

Paragon28

Location: Dochart 1. Stand No. G3

Workshop 1
12.00 - 13.00

Workshop 2
13.15 - 14.15

Ankle Fusion: Nailing & plating, elective and trauma experiences

Faculty: Mr Lucky Jeyaseelan & Mr Ian Sharpe

FACULTY BIOGRAPHIES

Anish Amin

Mr Amin graduated from the University of Edinburgh in 1999 and is a consultant Trauma and Orthopaedic surgeon at the Royal Infirmary of Edinburgh. He trained in Edinburgh and Melbourne, completing three specialist fellowships in knee surgery, foot and ankle surgery and joint replacement. His special clinical interest areas are lower limb trauma and reconstructive surgery of the Knee, Ankle and Foot, with a particular interest in lower limb osteotomy and joint preservation. Mr Amin was awarded a PhD by the University of Edinburgh in 2011 for his work on articular cartilage. He was appointed as a National Research Scotland (NRS) Clinician in 2015 and is a Chief Investigator for NIHR-funded and commercial trials. He is an educational and clinical supervisor for the South-East Scotland orthopaedic surgical training programme. He is an Honorary Senior Lecturer at the University of Edinburgh.

Alessio Bernasconi

I am a Foot and Ankle Orthopaedic surgeon and a researcher at the University Federico II of Naples, in Italy. After starting my training in Italy, I have spent 5 years working in centres of excellence in Lyon, Strasbourg, Toulouse (France) and London (United Kingdom) in order to learn how to manage appropriately the majority of foot and ankle conditions. Nowadays I dedicate almost all my activiity to foot and ankle cases. I have also a great interest in research especially in the field of imaging, joint-preserving and re-alignment procedures, arthrodesis and arthroplasty. I love international collaborations.

Andy Bing

Andrew has been a Consultant Orthopaedic Surgeon with an interest in foot & ankle and limb reconstruction surgery at the Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry since 2008. He qualified from the University of Bristol Medical School in 1995 and after completing basic surgical training in Leicester, undertook his orthopaedic training on the Oswestry / Stoke rotation. He visited the Ilizarov institute in Kurgan as part of his fellowship training. As well as undertaking all aspects of foot and ankle surgery he maintains an interest in limb reconstruction surgery including deformity correction, post-traumatic reconstruction and infective work. He has a particular interest in ankle replacement surgery. He has been Clinical Lead for the Foot & Ankle unit in Oswestry for the last 5 years. He has been involved in many of the courses run in Oswestry since his time as a senior trainee and is now an examiner for the FRCS (T&O).

Jim Carmichael

Jim Carmichael is a fellowship trained consultant orthopaedic Surgeon at North West Anglia NHS Foundation Trust (NWAFT) specialising in the care of foot and ankle conditions.

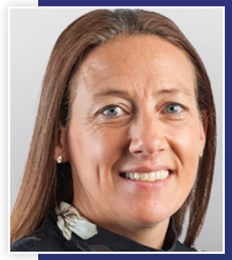
He graduated from Nottingham University Medical School in 1997 and completed the Basic Surgical Rotation in the Nottingham region. He relocated to Wessex in 2002 for his Higher surgical training completing a masters in orthopaedic engineering before undertaking fellowships in Sydney and London. He was appointed as a consultant orthopaedic surgeon in Peterborough in 2010 where his practice covers the breadth of adult foot and ankle surgery and he has led the creation of the NWAFT diabetic foot service. He is currently the Associate Divisional Director for Surgery at NWAFT.

Jim has a keen interest in medical education and research. He is the research lead for orthopaedics in NWAFT and is an active member of the International Bone Research Association teaching on numerous international courses and acting as IBRA course and fellowship director since 2018. He has participated in numerous BOFAS principles courses as well as the highly successful lectures of distinction series. He has been a member of the BOFAS education committee since 2023 and has also participated in the BOFAS Ankle Arthritis Working Group.

Bob Carter

Mr Carter has been a full time specialist Foot and Ankle Surgeon based in Glasgow since 2008. He previously worked at the Queen Elizabeth University Hospital of Glasgow and currently works at Ross Hall Hospital Glasgow. He is UK trained in Edinburgh, Cardiff and Glasgow, with European Fellowship placements in Vienna, Bordeux and Zurich.

Mr Carter has a specialist interest in sports injuries of the foot and ankle. He works regularly with a number of professional and elite level sports teams and organisations. He has a keen interest in rugby and regularly treats the Glasgow Warriors and SRU (Scottish Rugby Union) players. He regularly treats Professional Football players from the majority of Scottish Premiership teams, in addition to elite sports in Scottish Gymnasts, dancers and athletes from the Scottish Sports Institute.



Carolyn Chadwick

Carolyn Chadwick is a Consultant Orthopaedic Surgeon at the Northern General Hospital, Sheffield.

She is involved in general trauma as part of a busy MTC and specialises in all conditions related to the Foot and Ankle in adults including trauma, sports injuries and diabetic feet.

She studied Medicine at Sheffield University and completed higher surgical training on the South Yorkshire rotation. She completed a one-year fellowship under the auspice of Dr Terry Saxby at the Brisbane Foot and Ankle Centre gaining experience in a wide range of foot and ankle pathology including all aspects of forefoot, hindfoot and ankle surgery, adult reconstruction, sports injury and arthroscopy. She was awarded a Young Consultant Travelling Fellowship in 2017 and spent time with Dr Lew Schon in Baltimore to gain more experience with a particular interest in the treatment of Diabetic feet.

Carolyn was appointed as a full time Trauma and Orthopaedic surgeon at Sheffield Teaching Hospitals in July 2012. She has been the Clinical Lead for the Sheffield Foot and Ankle Unit since 2021 and is actively involved in research within the team having contributed to several NIHR funded studies. She is involved in teaching for the South Yorkshire Orthopaedic Rotation and has been a regular faculty member on the Chesterfield and Sheffield FRCS Clinical course.

Graham Chuter

Graham Chuter was appointed as a Consultant Orthopaedic Surgeon in County Durham in 2012 and transferred to Sunderland in 2021. He graduated from Dundee University, trained in the Northern Deanery, and was selected for a specialist fellowship in Melbourne. One of four F&A surgeons in Sunderland and South Tyneside Trust, he is also Chairman of NOFAS. He has been heavily involved in education and training throughout his career; he is an Honorary Clinical Lecturer at Sunderland and Newcastle Universities, Course Director for AFAF, and is faculty on many national and international courses. Graham is also Secretary of the BOFAS Education Committee and an Associate Editor of FootPrint.

Calum Clark

Callum Clark has been a Consultant Orthopaedic Surgeon at Frimley Health NHS Trust since 2004, and also works in the Windsor Foot and Ankle and Fortius clinics. His clinical interests have ranged from sports injury and arthroscopic surgery, through complex forefoot deformity correction to Total Ankle arthroplasty, and for the first 10 years of his consultant career he also performed knee surgery including arthroplasty and ACL reconstruction. He has an active interest in research and education and was chairman of the Education Committee of the British Orthopaedic Foot and Ankle Society from 2022-25. He has also been a Foot and Ankle surgical fellowship trainer since he co-founded the Windsor Foot and Ankle Fellowship in 2007. Callum has held a number of other leadership positions over the years and is currently Clinical lead for Foot and Ankle surgery in Frimley Health NHS Trust and Treasurer of BOFAS. He also drums for the world famous (maybe) Toe Jam band.

Robert Clayton

Robert Clayton moved to Edinburgh in 1994 and graduated in 2000. He undertook Basic and Higher Surgical training in the South East Scotland region. He undertook fellowship training in Foot & Ankle surgery in Glasgow in 2009 before taking up post as a Consultant Orthopaedic Foot & Ankle Surgeon in Fife in 2010. He has a highly specialised elective and trauma foot and ankle practice. He is the 2025 BOFAS President. He has previously served for six years as BOFAS Media and Communications Director, prior to which he served for three years on the BOFAS Scientific Committee.

Tim Clough

Tim Clough qualified from the University of St Andrews, Scotland and Manchester, completing his orthopaedic training in Canada with an International arthroscopy and sports medicine Fellowship. NHS Consultant at Wrightington Hospital, his practice consists of ankle arthroplasty and fusions, revisions, complex hindfoot surgery, forefoot reconstruction, sports injuries and arthroscopy.

He has published articles on ankle and big toe joint replacement surgery, revisional fusion surgery, daycase forefoot surgery, PRP therapy and medical negligence in foot and ankle. He is Clinical Supervisor and trainer to the Wrightington Fellow on BOA Orthopaedic Leadership programme, is an elected member of the Outcomes Committee of the British Orthopaedic Foot and Ankle Society, is Editor-in-Chief of the journal 'The Foot', is a reviewer for the BJJ and FAI, has sat as External Examiner for the School of Medicine BMSc programme at the University of Dundee and Honorary Senior Lecturer at the University of Salford.

Dr Helen Cohen

Dr Helen Cohen is a Consultant in Rheumatology and Chronic Pain at the Royal National Orthopaedic Hospital, Stanmore, UK. Dr Cohen graduated from the University of Wales College of Medicine, completed higher training in Cardiff and her PhD at the Royal National Hospital for Rheumatic Diseases, Bath supported by an Arthritis Research UK Clinical Fellowship. She has a special interest in the management and treatment of chronic pain, and specifically in joint hypermobility and Ehlers-Danlos syndrome (EDS), and Complex Regional Pain Syndrome (CRPS). She leads the CRPS and hypermobility rehabilitation programmes at Stanmore and works closely with orthopaedic colleagues and allied health professionals.

One of Dr Cohen's main clinical and research interests is in understanding how brain mechanisms and perception contribute to severe chronic pain syndromes. Her clinical interests include general rheumatology, hypermobility, fibromyalgia and CRPS among other chronic, difficult-to-explain pain syndromes.

She has presented nationally and internationally on CRPS, hypermobility and chronic pain, and published articles in peer-reviewed journals. She is a member of the International Consortium on Ehlers-Danlos Syndromes and Related Disorders. She is a hiker/mountaineer, Caterham seven and martial arts enthusiast.

Howard Davies

Howard Davies graduated from Manchester University and completed his Orthopaedic training in Leeds and the East of England. He undertook a Foot & Ankle Fellowship in Sheffield and joined the Sheffield Foot and Ankle Unit as a Consultant and honorary clinical lecturer in 2013.

He is a regional clinical co-ordinator for the National joint registry and regularly teaches on regional and national courses.

Howard has been an elected member of the BOFAS Education committee from 2018 - 2024.

Vivek Dhukaram

Vivek Dhukaramis a Consultant Orthopaedic foot and ankle surgeon based at University Hospitals Coventry & Warwickshire NHS trust (UHCW). He was trained from South Trent training scheme. He undertook advanced fellowship training from Nottingham and RNOH Stanmore and awarded British Orthopaedic Foot and Ankle Society and European Foot and Ankle Society travelling fellowships. He has set up the specialist Foot and Ankle service at university hospitals Coventry and Warwickshire and continues to develop it. His clinical interests include foot & ankle arthroscopy, deformity correction and ankle replacement. He regularly teaches in the national and international course. He is a member of BOFAS education committee and an examiner for UK & International FRCS (Tr & Orth)

Nick Gallogly

Nick works as the Service Lead for the Royal Berkshire Foundation Trust Hospital in Reading, Berkshire. In 2021 he was recognised by the NHS as one of two consultant orthotists working in the UK. He is the chair of NOMaG which is a group of NHS clinical managers for orthotic services in England. He is a guest lecturer for both graduate and post graduate training and has been an external examiner for undergraduate training since 2020. He is a consultant to the healthcare ombudsman. He delivers the orthotics module for the Principles BOFAS course. In 2021 he wrote a chapter in a book called "Essentials of Foot and Ankle Surgery", authoring the chapter "Principles of Foot and Ankle Orthoses".

Ed Gee

Ed completed his higher surgical training in Manchester and a post-CCT fellowship in Melbourne with Tim Schneider and the Melbourne Orthopaedic Group, supported by BOFAS' Fellowship Gold Award. He has been a Foot and Ankle consultant at Salford Royal Hospital (Manchester's Major Trauma Centre) since 2019. He has a comprehensive practice including complex foot and ankle trauma, complex deformity, degenerative conditions and metabolic conditions such as MPS and diabetic foot, but his main super specialist interests lie in treating sports injuries of the foot and ankle with a busy practice in joint preservation surgery, cartilage regeneration, ligament reconstruction and tendon repair, including elite athletes. He utilises minimally invasive surgery where appropriate including MIS bunion correction. He has a strong role in education, leading orthopaedic training in his hospital, running the Deanery's Basic Science module, running several trauma courses, teaching on multiple national and international courses and winning "trainer of the year" twice.

Desmond Gibson

Mr Desmond Gibson is a consultant orthopaedic surgeon practicing at Altnagelvin NHS Hospital in Derry, Northern Ireland, and privately at Kingsbridge Private Hospital. He received his medical degree from Queen's University of Belfast in 2001 and completed higher surgical training in Northern Ireland, benefitting from the mentorship of Professor John Wong and Mr Alistair Wilson. He undertook fellowships at St James' Hospital, Dublin with Mr Johnny McKenna (Foot and Ankle), and with Professor Beverland at Musgrave Park Hospital focusing on hip and knee arthroplasty.

Mr Gibson specialises in foot and ankle disorders, hip and knee arthroplasty, and general on-call trauma. He is a former secretary of the Irish Foot and Ankle Society, with a subspecialty interest in diabetic foot salvage and reconstruction.

Committed to education, Mr Gibson actively trains future surgeons, allied healthcare professionals, and industry technicians. He has presented at national and international conferences and strongly advocates for the sharing of knowledge.

Outside of his clinical work, Mr Gibson enjoys coaching youth soccer and Gaelic football, and occasionally plays golf in Donegal where he resides, weather permitting.

Andrew Goldberg

Andy Goldberg graduated from St Mary's Hospital Medical School (Imperial College) in 1994 before completing his specialist training in trauma and orthopaedics in London with a specialist fellowship in complex foot and ankle disorders in Oxford, as well as overseas in centres of excellence across the USA and Europe. He is a Clinical Senior Lecturer at UCL where he runs several Master's courses. He runs a pioneering research program exploring regenerative treatments including cartilage repair, stem cells in achilles tendinopathy and a national trial comparing ankle replacements against ankle fusion.

Enis Guryel

Mr Enis Guryel is a Consultant Orthopaedic Surgeon at University Hospitals Sussex NHS Foundation Trust and Clinical Lead for Trauma at the Major Trauma Centre in Brighton. He specialises in complex upper and lower limb trauma, limb reconstruction, bone infection, and paediatric trauma. With over a decade of consultant experience, he is known for delivering outstanding surgical outcomes in some of the most challenging trauma cases.

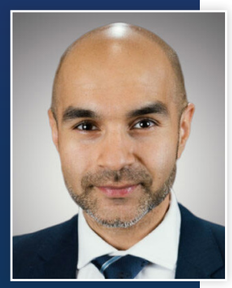
A pioneer in modern limb reconstruction, Mr Guryel performed the UK's first bone transport nail procedure in 2019 and has been a national leader in using lengthening nails for acute fractures, deformity correction and has revolutionised care for patients with critical bone defects.

Mr Guryel is also Honorary Clinical Senior Lecturer at Brighton & Sussex Medical School and is highly active in teaching and training at undergraduate and postgraduate levels. He is regularly invited to speak at national and international conferences and contributes extensively to peer-reviewed research.

Currently serving as President of the Orthopaedic Section at the Royal Society of Medicine (2024–2026), he has also held leadership roles in organisations such as FORTE and the British Orthopaedic Trainees Association. He is a member of the British Orthopaedic Association, the Orthopaedic Trauma Society, the British Limb Reconstruction Society and the Royal Society of Medicine.

Mr Guryel is committed to advancing trauma care through innovation, research, and education. His approach is defined by precision, compassion, and a relentless drive to improve patient outcomes.

In his spare time, apart from skiing, running and cycling, you will mostly find him grilling away at his bbq!



Mansur Halai

Dr. Mansur Halai is a Surgeon-Investigator at St Michael's Hospital, affiliated to the University of Toronto.

From his birthplace in Scotland, he attained his Physiology BSc at the University of London, before completing his Medical Degree in Glasgow in 2005. His residency included 4 years of Critical Care, with additional visitations to Malawi and South Africa, fueling his interest in Foot/Ankle deformity and Trauma. His Canadian affair started with a year at the University of Toronto Foot and Ankle Fellowship, followed by the Calgary Trauma Fellowship.

His research interests include post traumatic ankle reconstruction, minimally invasive surgery & database collaboration. Surgically, he covers the entire spectrum of foot and ankle deformity correction and complex trauma. He feels privileged to be actively involved in Global Surgery. In 2024, Dr Halai was voted the Undergraduate Trainer of the Year. He is also a Trauma Team Leader at his Level 1 Trauma Centre.

He serves on the elected Disaster Management Committee for the Orthopaedic Trauma Association. He is the current Research Chair for the Canadian Orthopaedic Foot & Ankle Society.

Fraser Harrold

I am a UK trained surgeon working as a joint clinical/academic Orthopaedic Consultant at the University of Otago in Dunedin. My experience encompasses both general elective orthopaedic and trauma surgery.

I undertook Basic Surgical Training in Glasgow at Glasgow Royal Infirmary & The Queen Elizabeth Hospital before completing my Higher Surgical Training on the East of Scotland Rotation. I then completed a year of specialist training in foot and ankle surgery as a Fellow at the Northern General Hospital in Sheffield, UK.

I have a special interest in Foot & Ankle Surgery, Fractures & Trauma, Sports Injuries.

Shariff Hazarika

Shariff Hazarika is an adult foot and ankle specialist based at the Royal Alexandra Hospital (NHS Greater Glasgow and Clyde) since 2012. He completed his Trauma and Orthopaedic training in the North of England, before undertaking a fellowship in foot and ankle surgery at the Glasgow Royal Infirmary in 2012 under Senthil Kumar. Mr Hazarika is an Academic Clinical Educator for the Royal College of Physicians and Surgeons of Glasgow and has also taught on several national foot and ankle courses for consultants and trainees. He was the former Clinical Director for Clyde Orthopaedic Services and led through the challenges of the COVID-19 pandemic and the trauma services redesign in 2021. Before this, he held positions of Clinical Lead for the WOS Trauma Network and was the West of Scotland Foot and Ankle Society Chair. He is a member of the West of Scotland Specialty Training Committee and is regularly involved with ARCPs. Mr Hazarika continues his interest in research and audit and has presented his work at national and international conferences.

Lucky Jeyaseelan

Mr Jeyaseelan is a Consultant Trauma & Orthopaedic Foot & Ankle Surgeon based at the internationally renowned Barts Health NHS Trust, which includes one of the busiest trauma units in Europe, The Royal London Hospital. He is the Clinical Lead of Elective Orthopaedic Care at the Barts Health Orthopaedic Centre and an Honorary Senior Clinical Lecturer at Queen Mary University London (QMUL). He specialises in all aspects of F&A care including complex trauma, deformity correction, minimally invasive surgery and sports injuries. He has a particular interest in ankle arthritis and total ankle replacement. He also specialises in dealing with the longer-term impact of trauma and post-traumatic reconstructions. He is the Chair of the Foot & Ankle Committee of SICOT and sits on the Evidence Based Medicine Committee of the American Orthopaedic Foot & Ankle Society (AOFAS) and the Elective Orthopaedic Committee of the British Orthopaedic Association (BOA). He is an examiner at The Royal College of Surgeons of England and also a Co-Opted Member of the Royal College of Physicians, working with the National Guideline Centre, offering orthopaedic expertise in developing NICE guidance. Mr Jeyaseelan is passionate about education and serves on both the Specialty Advisory Committee in Trauma & Orthopaedics and the Selection Design Group, designing recruitment into higher orthopaedic training. He is the Training Programme Director of the Royal London Orthopaedic Rotation, responsible for the training and development of trainees across London. He is Lead for Education at Barts Bone & Joint Health.

Sarah Johnson-Lynn

Sarah Johnson-Lynn is a Senior Lecturer with Hull York Medical School and an Honorary Consultant Orthopaedic Foot and Ankle Surgeon at The James Cook University Hospital, with interests in diabetic foot surgery and foot and ankle trauma. She graduated from Newcastle University and completed specialty orthopaedic training in the North East. Fellowships in foot and ankle surgery at Addenbrookes Hospital and in trauma and limb reconstruction at Leeds General Infirmary followed, as well as a British Orthopaedic Research Society travelling fellowship in Asia and Australia. She completed a PhD at Newcastle University, continues to lead clinical and qualitative research projects and teaches on the faculty of several national courses.

Rajesh Kakwani

Rajesh Kakwani is a Consultant Orthopaedic Surgeon at Northumbria Healthcare NHS Trust. He specialises exclusively in Foot and ankle disorders including sports injuries. He studied medicine and then did his post-graduation (Masters Degree) in Orthopaedics from the Mumbai University, India. He completed his MCh Orthopaedics degree from the University of Liverpool in 2006. He did his Higher Surgical Training from the Northern Deanery, gaining the FRCS (Orth) accreditation in 2012. He was fellowship trained in foot and ankle surgery at Bristol and Sheffield. He was awarded BOFAS Travelling fellowship to the Sigvard Hansen Foot and Ankle Unit, Seattle in 2014. He is and has been a Clinical and Educational Supervisor for the Orthopaedic Specialty Trainees and teaches in a variety of regional and national courses. He serves various national roles presently as well in the past such as BOFAS Education/ Scientific committee member, National Orthopaedic Selection Design group member, National orthopaedic SAC Quality Analysis lead. He is an examiner for the FRCS Trauma and Orthopaedic examinations.

Adrian Kendal

Honorary Senior Clinical Lecturer, University Of Oxford

Specialist Orthopaedic Surgeon with subspecialty interest in Foot and Ankle Reconstruction

Lecturer at Trinity College, Oxford

Adrian's research aim is to understand the pathogenesis of chronic debilitating tendon disease. Tendon disease accounts for over 20% of primary care consultations and represents a growing healthcare challenge in an active and increasingly ageing population. Recognising critical cells involved in tendinopathy is essential in developing therapeutics to meet this challenge.

Adrian has applied combined single cell transcriptomics and surface proteomics to identify novel tendon cell sub-types in diseased and healthy human tendon. For the first time, he has shown that human tendon harbours multiple distinct COL1A1/2 expressing tenocyte populations in addition to endothelial cells, T-cells, and monocytes. Adrian is interested in the temporal-spatial interaction of particular tendon cell sub-types in the pathogenesis of chronic tendinopathy, for example pro-inflammatory PTX3 cells and signalling pathways.

In addition Adrian oversees the analysis of national databases to understand better the long term implications of common foot and ankle orthopaedic operations in the UK.

Andrew W Kent OBE

MBChB, FRCSEd (Tr & Orth), FFRRHHEd

Andy has recently "retired" as a consultant trauma and orthopaedic surgeon based at Raigmore Hospital, Inverness. He moved to the Highlands in 2002 having retired from the British Army where his extensive military service included multiple tours in austere and arduous environments.

Alongside a busy NHS practice, he developed a strong interest in training surgeons to deliver trauma care in resource-poor settings. His work with AO Trauma, the Primary Trauma Care Foundation, the HALO Trust, UK-Med, WHO and the RCSEd has seen him training and working throughout Africa, the Middle East and Far East.

As vice-chair of the Faculty of Remote, Rural & Humanitarian Healthcare (FRRHH) he brings a wealth of clinical experience to the committee with his multiple direct links to partners in the humanitarian sector.

Recent geopolitical events have meant that Andy has been kept extremely busy over the past few years – deploying to Beirut, Ukraine and Gaza with UK-Med and to Libya, Angola and Ukraine with the HALO Trust.

When not deployed overseas, he remains clinically active by undertaking elective operating lists at the NTC(Highlands) and is the club doctor for Highland RFC and instructor on "scrumcaps" – the Scottish Rugby Union Medical Cardiac and Pitchside Skills course.

Senthil Kumar

I established foot and ankle surgery as a subspecialty in this large University Teaching Hospital 25 years ago. This is a tertiary referral centre and gets referrals from consultant colleagues from the whole of West of Scotland and beyond for a number of complex foot and ankle related problems. One example is the clinical network that I established for referrals for total ankle replacement surgery; at present, we get referrals from 4 health board regions of Scotland covering a population of nearly 2 million. I lead on a number of issues relating to foot and ankle surgery in Scotland, we established Foot and Ankle Scotland (FASt), a multidisciplinary group which meets annually. I am also an active member of the Education committee of the European Foot and Ankle Society (EFAS). I have arranged and run a number of educational meetings and courses in foot and ankle surgery and also served as a faculty member on a number of courses regionally, nationally and internationally. I was an examiner for the MRCS and FRCS (Tr&Orth) exams for 10 years. I have been running a successful fellowship programme in Foot and ankle surgery at Glasgow Royal Infirmary since 2008 which attracts fellows from around the UK and

abroad. We have an active research and audit programme and published a number of original articles on several aspects of foot and ankle surgery and presented in various national and international meetings.

For a full list of presentations and publications, follow this link:

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Peter Lam

Dr Peter Lam is an internationally recognized authority on minimally invasive surgery for the correction of hallux valgus, with a strong foundation in evidence-based research. He has a special interest in sports related foot and ankle surgery and the use of MIS for the treatment of forefoot, midfoot and hindfoot deformities. His research has helped contribute to changes in national guidelines and treatment around the world. He is a keen teacher and leads an Australian-Orthopaedic-Association accredited minimally invasive foot and ankle fellowship which has an international reputation for excellence.

Gordon Mackay

Professor Gordon Mackay, MD, FRCS(Orth), FFSEM(UK), Dip Sports Med (Lon), is an orthopaedic surgeon and sports medicine specialist internationally recognised for his pioneering work in ligament repair and reconstruction. He is the inventor of the Internal Brace technique. This innovation has achieved global adoption and is now considered a gold standard in many areas of sports surgery.

Professor Mackay is President and Founder of the Internal Brace International Study Group (IBISG), an international collaboration advancing clinical research, surgical education, and outcomes analysis in Internal Brace procedures across multiple joints, including the ankle, knee, and shoulder. His clinical practice, based at Ross Hall Hospital in Glasgow and Kings Park Hospital in Stirling, focuses on instability and complex reconstructive surgery in elite athletes as well as active patients of all levels.

His expertise has led to longstanding collaborations with professional sports organisations, including the Scotland rugby team, Premier League football clubs, and national Olympic athletes. He also served as official doctor for the 2014 Ryder Cup and the Glasgow 2014 Commonwealth Games.

Educated at the Universities of St Andrews and Glasgow, Professor Mackay combined early training with a professional football career before undertaking advanced sports medicine qualifications in London followed by European and Australian Sport Surgery Fellowships. His ongoing research and innovation in technology, includes applications in ankle, knee, shoulder and Achilles repair. He continues to shape modern orthopaedic and sports medicine practice worldwide.

Karan Malhotra

Karan Malhotra is a Consultant Orthopaedic Foot & Ankle Surgeon working at the Royal National Orthopaedic Hospital, Stanmore, UK. He is also an Honorary Associate Professor with University College London. He graduated from Manchester with honours before beginning his core surgical and early registrar training in Yorkshire. He completed his registrar training on the Royal National Orthopaedic Hospital Training Rotation, London. He undertook Foot & Ankle Fellowships in Singapore, Melbourne and Stanmore. He is actively involved with research, medical education and quality improvement, including a number of national projects. He currently has a complex, tertiary foot and ankle practice with a particular interest in complex deformity and neuromuscular foot conditions. He regularly teaches on national and international courses and conferences. He is the recipient of multiple national and international prizes and is widely published. He has extensive experience with IT and databases and was co-opted to the BOFAS Outcomes Committee in October 2017 and the IT Committee in November 2019, then was elected as a full member in March 2021. He was elected as the BOFAS Media & Communications Director / Committee Chair in March 2024.

Jit Mangwani

Jit Mangwani is a Consultant Orthopaedic Foot and Ankle Surgeon at University Hospitals of Leicester. He undertook higher specialist training in orthopaedics on the Royal London Hospital rotation. He has a keen interest in medical research and education. He is chief investigator for several outcome studies on ankle fractures, Achilles tendon rupture and other foot and ankle conditions. He is principal investigator for a number of multi-centre national studies. He is currently leading BOFAS James Lind Alliance Priority Setting Partnership project. He has been conferred the title of ‘academic champion and honorary fellow’ by University of Leicester. He serves on the editorial board of several reputable orthopaedic journals. His contribution towards research in foot and ankle conditions has been recognised with several national and international prizes. He has published numerous articles in peer-reviewed journals and authored several chapters in books including AO manual of fracture management on Foot and Ankle Trauma. He is passionate about medical education and is involved in both undergraduate and postgraduate teaching and training. He is regularly invited as a faculty to national and international courses and conferences. He is actively involved in the training and teaching of General Practitioners and Allied Health Professionals.

Alexander Marshall-Lewis

Alexander Marshall-Lewis, based in London, GB, is currently a Director | Senior Claims Account Executive at Paragon Brokers. Alexander Marshall-Lewis brings experience from previous roles at Paragon International Insurance Brokers Ltd.

Lyndon Mason

Prof Mason qualified from the University of Wales College of Medicine, completing his orthopaedic training in Wales before moving to Liverpool as a consultant specialising in Major trauma and foot and ankle surgery. Before joining Liverpool University Hospital NHS Foundation Trust, Prof Mason completed British Orthopaedic Foot and Ankle Society travelling fellowships in the University of Utah, Salt Lake City, America and Carl Gustav Carus University, Dresden, Germany. In Liverpool, Prof Mason obtained the British Orthopaedic Foot and Ankle Society Gold Fellowship Award. Prof Mason’s pioneering research has become nationally and internationally recognised, winning over 30 regional, national and international prizes in the last 10 years. He has been awarded the Hunterian Professorship from the Royal college of surgeons in 2020 for his work on ankle fractures, the Robert Jones gold medal and Association prize in 2017 for his work on the evolution of the foot and the Jaques Duparc prize from EFORT for his work on discovery of a new foot ligament. Prof Mason has won the Chan Chen memorial prize, the highest award from the British Orthopaedic Foot and Ankle Society on 4 separate occasions. In 2023, Prof Mason achieved a National Clinical Impact Award Level 1 for contribution to safe and high-quality care and improvement of NHS services. Prof Mason is a Honorary Associate Professor at the University of Liverpool, where he is the undergraduate lead in Musculoskeletal disease and Orthopaedics for the School of Medicine. Furthermore, Prof Mason is a respected National educator, as an invited faculty member for courses by the British Orthopaedic Association, Royal College of Surgeons , AO, Royal Society of Medicine and British Orthopaedic Foot and Ankle Society. Prof Mason is a Senior Fellow of the Higher Education Authority and Fellow of the Faculty of Surgical Trainers in the Royal College of Surgeons Edinburgh. Prof Mason was the Clinical Practice Committee Chair until 2025, taking a seat on the council for the British Orthopaedic Foot and Ankle Society. He was previously the Outcomes Committee chair , and now takes responsibility for the National foot and ankle registry.

Johnny McKenna

Graduate of National University of Ireland, Cork

Irish National Trauma & Orthopaedic Training Scheme

Clinical Fellow – Monash Medical Centre, Melbourne

Honorary Fellow in Foot and Ankle – Royal North Shore Hospital

Irish Senior Specialist Registrar (2001-2006)

Clinical Fellow – Monash Medical Centre, Melbourne

Honorary Fellow in Foot and Ankle – Royal North Shore Hospital

John McKinley

John McKinley was appointed as a Consultant in Edinburgh in 2007 as an elective foot and ankle surgeon.

He graduated from University of Dundee and completed his orthopaedic training in Edinburgh, with a fellowship in Melbourne in 2005 with Mark Blackney. He was the first consultant to be appointed as a foot and ankle surgeon in Scotland and has been heavily involved in developing foot and ankle services.

He is regularly involved in educating surgeons and allied health professionals and helped set up a Scottish multidisciplinary foot and ankle group which has just had its 16th annual meeting. He set up the ChM in trauma and orthopaedic surgery -a surgical distance learning program resulting from the collaboration between the University of Edinburgh and the Royal College of Surgeons of Edinburgh and is the program director.

He deals with all aspects of foot and ankle pathology. He was one of the pioneers of Minimally Invasive foot surgery in Scotland and has a particular interest in sporting injuries.

Angus Maclean

Consultant Orthopaedic Surgeon with special Interest in Trauma and Limb Reconstruction

I've been a practicing consultant orthopaedic and trauma surgeon in the West of Scotland since 1999. I specialise in Trauma surgery, Limb Reconstruction and Knee surgery.

I have undertaken a medicolegal practice for nearly 20 years with an excellent reputation for providing balanced, structured logical reports for both pursuer and defender such that instructions are commonly as a direct referral from Counsel for both sides.

I am married with 4 children and enjoy cycling and skiing as well as most importantly time with family.

Alison Miller

Alison is an Extended Scope Physiotherapist that has specialised in foot and ankle for over 20 years. Currently working at University Hospitals Birmingham, she works both within the Physiotherapy department and Foot and Ankle Orthopaedic clinics. She leads the Achilles rupture clinics and runs independent ultrasound guided injection clinics. Recently she has been pursuing research of Posterior tibial tendon dysfunction and has recently completed her NIHR Pre-doctoral Clinical Academic Fellowship. She is a committee member for the Association of Foot and Ankle Physiotherapists (AFAP) and sits on the Education Committee for BOFAS.

Andy Molloy

Andy Molloy studied at University of Leeds and carried out basic and specialist training on the Mersey rotation. This culminated in a fellowship with Dr Mark Myerson in USA

He is a Consultant orthopaedic surgeon specialising in foot and ankle surgery, working at Liverpool University Hospitals NHS Foundation and Spire Liverpool Hospital since 2007. He is an Honorary Clinical Senior Lecturer at the University of Liverpool. He has run a foot and ankle fellowship since 2009.

He has a strong research interest with many peer-reviewed publications, book chapters plus international and national presentations and research prizes, including the Roger Mann award on two occasions. He is regularly invited to lecture across Europe and USA to learned societies

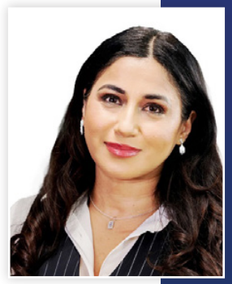
He previously served on the awards committee of AOFAS, the Scientific Committee of the British Orthopaedic Foot and Ankle Society, and as the Co-Chair of the Outcomes committee for BOFAS.

Manuel Monteagudo

Mr Monteagudo specializes in the care of foot and ankle disorders and sports injuries. After graduating Magana cum Laude from Alcalá University in Madrid (Spain), he completed his orthopaedic residency at Hospital Universitario La Princesa in Madrid. His specialized foot and ankle training included prestigious fellowships in the USA and Spain.

With special expertise in reconstructive surgery of the foot and ankle, he has focused his career on foot and ankle pathomechanics, joint-preserving procedures in patients with ankle osteoarthritis, sports injuries, and patients with sequelae of trauma and previous failed surgeries.

Mr Monteagudo is Director of the Orthopaedic Foot and Ankle Unit at Hospital Universitario Quironsalud Madrid (Spain) and Associate Professor in Orthopaedics at the Faculty of Medicine UEM Madrid (Spain). He currently serves as President of the Spanish Orthopaedic Society of Medicine and Surgery of the Foot and Ankle (SEMCPT) and on the Scientific Committee of the European Foot and Ankle Society (EFAS) as Chairman. He has also chaired the Scientific Committee of the Spanish Orthopaedic Society (SECOT) for four consecutive years. He has been director/organizer of over 70 Orthopaedic Foot and Ankle courses and congresses. In addition to patient care and teaching duties, he maintains a busy schedule of clinical research and publications, working as a reviewer for national and international journals and being frequently invited as speaker in the field of Foot and Ankle Surgery, nationally and internationally. He has published over 80 papers and chapters in the field of foot and ankle surgery. In his free time, Mr Monteagudo enjoys reading, music, and travelling.



Nadine Montgomery

Nadine is working as a solicitor within the L & M Medilaw division of Levy and McRae LLP in Glasgow, focusing primarily on medical negligence. She has been involved in a number of high-profile cases. Nadine has a particular interest in medical negligence after her own personal experience. She was the Pursuer in the 2015 landmark medical negligence case where a unanimous Supreme Court decision in London changed the UK law with respect to Informed Consent. Nadine's son, was born with cerebral palsy and left-sided Erbs Palsy, following a 12-minute delay to his birth due to shoulder dystocia. All seven Supreme Court Justices found her Obstetric consultant to be negligent after failing to provide appropriate information regarding options and risks with respect to the mode of delivery of her baby. The Supreme Court reasoned that the previously accepted model of the doctor-patient relationship no longer reflects society and patients nowadays are capable of understanding medical matters. It was held that doctors have a duty to take reasonable care to ensure that a patient of sound mind is aware of material risks inherent in treatment and of reasonable alternatives. Moreover, a doctor must engage in dialogue with a patient, to facilitate their free choice about whether to undergo a proposed course of treatment.

Birthrights, a human rights in childbirth charity, announced Nadine as their first ever patron in 2019. In this role, Nadine continues to champion women's autonomy and consent in childbirth, supporting their communications and campaigns and training for healthcare professionals. Nadine was further honoured to become an Ambassador for the unique charity Baby Lifeline in 2020 and has joined forces with their team to improve safety in maternity care.

Nadine was recently delighted to have been awarded an Honorary Fellowship of the Association of Surgeons of Great Britain and Ireland which is the highest honour the Association can confer. Although Nadine's main focus is to ensure patient safety, she was nonetheless honoured to have been recognised in this way, and to know that her continued contributions are recognised.

Daniel Norris

Daniel Norris graduated from Glasgow Caledonian University in 2007 and began his career as a Junior Physiotherapist in the South of Glasgow. This role allowed him to gain broad experience across multiple specialties, including orthopaedics, amputee rehabilitation, spinal injuries, neurosurgery, intensive care, and musculoskeletal outpatients.

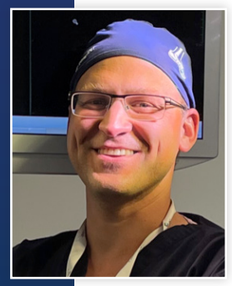
In 2014, Daniel specialised in orthopaedics, working at Gartnavel General Hospital, Glasgow Royal Infirmary, and later at the Queen Elizabeth University Hospital when it opened. He was appointed Clinical Specialist Physiotherapist in Orthopaedics in 2019. In this role, he lead the orthopaedic physiotherapy team, delivering inpatient rehabilitation across both trauma and elective wards at Glasgow Royal Infirmary and Stobhill Hospital.

His current clinical interests include rehabilitation following foot and ankle surgery, limb reconstruction surgery, elective arthroplasty, trauma rehabilitation, and plus-sized rehabilitation. He is dedicated to further developing expertise in these areas while supporting high-quality, patient-centred care.

In addition to his clinical work, Daniel contributes actively to professional education, providing teaching and training for student physiotherapists and qualified staff. He has also been invited to deliver sessions as part of Junior Doctor induction training and Specialist Registrar training days within NHS Greater Glasgow and Clyde.

Shelain Patel

Shelain Patel is an orthopaedic foot and ankle surgeon the Royal National Orthopaedic Hospital where he was appointed as a consultant in 2018. He earned his medical degree from the University College London Medical School and became a clinical research fellow at University College Hospital. He later began his orthopaedic training on the UCLH and Middlesex Hospital programme and undertook fellowships in Windsor and the Royal National Orthopaedic Hospital. He was awarded the BOSTAA fellowship to visit centres of excellence in the United States and Holland, and BOFAS sponsored him to participate in the BOA Clinical Leaders Programme. His current practice involves all adult foot and ankle pathology, with a particular interest in deformity, arthritis, sporting injuries and the neuromuscular foot and ankle.



Martin Raglan

Mr Raglan is a consultant orthopaedic surgeon specialising exclusively in disorders of the foot and ankle. His NHS Practice is based in the foot and ankle unit at Nottingham University Hospital, NHS Trust.

He qualified in Medicine (MB BS) in 2004 having graduated from St. George's Medical School, London. He completed basic surgical training in South West London gaining Membership of the Royal College of Surgeons (MRCS England) in 2007. He then completed higher surgical training in the East Midlands North rotation, based at the Queens Medical Centre, Nottingham and appointed fellow of the Royal College of Surgeons (FRCS Tr.&Orth) in 2015, entering the GMC specialist register in 2016.

Mr Raglan undertook specialist foot and ankle fellowship training under Mr Sunil Dhar, past president of the British Foot and Ankle Society. Mr Raglan completed the Oxford foot and ankle fellowship at the Oxford Nuffield Elective foot and ankle unit under Mr Bob Sharpe, Mr Paul Cooke and Mr Mark Rogers. Mr Raglan was awarded the BOA travelling fellowship in 2016, which allowed him to visit centres in North America and work with Mr Steve Haddad at the Illinois Bone and Joint Institute, Chicago and Mr Lew Schon at the Medstar Memorial, Baltimore.

Mr Raglan has several peer-reviewed publications in international journals and has presented his research at national and international society meetings. Mr Raglan is an active member of the British Orthopaedic Foot and Ankle Society (BOFAS). He is a founding member of the East Midlands Foot and Ankle Network and leads the region in Primary and Revision

Ankle Arthroplasty.

Jayasree Ramaskandhan

Jayasree Ramaskandhan is an Extended Scope Physiotherapy Practitioner who works at The Newcastle upon Tyne Hospitals NHS Foundation Trust. She has been in this role since 2016. Her area of specialism is Lower Limb – Foot and Ankle.

She qualified in 2000 from Annamalai University (gold medallist) in Bachelors of Physiotherapy Program. She continued to specialise in Orthopaedic Physiotherapy developing expertise in Physiotherapy and Rehabilitation of patients with various musculoskeletal related conditions. She further pursued MSc in Sport Injury Physiotherapy at Sheffield, specialising in Biomechanics, musculoskeletal injuries and rehabilitation.

Jayasree has wide experience of treating patients post orthopaedic surgery and patients with lower limb conditions / Foot and Ankle. Her work experience spans to 19 years in the NHS and is experienced in treating patients post hip, knee and ankle joint replacement surgeries post-operative, sport injuries, foot and ankle conditions. Jayasree is qualified to practice manual therapy, exercise rehabilitation, strength and conditioning, Acupuncture, dry needling and injection therapy. She regularly attends post graduate courses to update her skills and ensures evidence-based practice.

Jayasree is also a post-doctoral researcher with special interest in Foot and ankle Research. She completed her PhD in 2021 "Assessing the emerging role of Total Ankle Replacement and its effectiveness on clinical, radiological and patient-reported outcomes". She has worked on various clinical research trials including research into total hip, knee and ankle replacements. Her area of research interest is Biomechanics, Rehabilitation, Physical activity, function and Quality of Life/ outcomes in patients treated for various foot / ankle conditions.

Robbie Ray

Robbie Ray graduated from Glasgow University School of Medicine. His orthopaedic training was on the prestigious Edinburgh rotation, then Fellowship training in Sydney, Australia and in Toronto, Canada. He is a consultant orthopaedic surgeon at the PRUH, Farnborough, part of King's College Hospital London NHS foundation trust. He specialises in conditions and trauma of the foot and ankle, with a special interest in minimally invasive and keyhole techniques. He teaches at all grades from medical students to fellow consultants. He has given multiple national and international presentations including teaching for the European Foot and Ankle Society (EFAS) and the Minimally Invasive Foot and Ankle Society (MIFAS). He is very interested in patient outcomes following surgery and research and has won multiple BOFAS outcomes awards and is highly published in the area of minimally invasive foot surgery.

James Ritchie

James Ritchie is a Consultant Orthopaedic Foot & Ankle Surgeon based in Tunbridge Wells and was appointed in 2005. He trained in the SE Thames Region and has undertaken a Specialist Foot & Ankle Fellowship at the Royal National Orthopaedic Hospital at Stanmore. He is committed to medical education and runs the South East Thames Foot and Ankle training programme and the Guy's Hospital Foot and Ankle Course.

Tracy Sell-Peters

Tracy is an expert in healthcare litigation - claims, regulatory, advisory, criminal, inquest and inquiry work. She deals with complex and high-value clinical negligence claims spanning the medical specialities. She has done a particularly significant number of brain injury and spinal surgery cases as well as orthopaedic, plastic surgery, ophthalmology, neurology and neurosurgery claims.

In her regulatory work, Tracy defends doctors, dentists and other healthcare practitioners whose registration is called into question by the General Medical Council (GMC) and other healthcare regulatory bodies (GDC, NMC, GOC, HCPC). Practitioners also turn to Tracy for representation in independent inquiries, including serious untoward incident inquiries and complex inquests, including deaths in custody. Tracy has defended many practitioners in fitness-to-practise hearings before their regulators as well as dealing with appeals arising from those proceedings.

Tracy often represents doctors in Maintaining High Professional Standards (MHPS) NHS disciplinary proceedings and private hospital investigations. She has particular expertise in representing practitioners who face proceedings, often consecutively, in numerous different arenas (criminal, inquest, regulatory, disciplinary and claims).

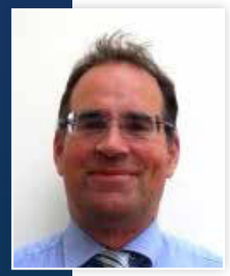
Tracy undertakes Judicial Review challenges and has advised Medical Royal Colleges, professional bodies and regulators, including defending regulators in PSA challenges. She has done many prominent, high-profile cases, including Honey Rose for the General Optical Council, Olivier Branford and Henk Giele (both GMC cases). She has particular success in stopping regulatory hearings in their initial stages and has recently had 3 cases thrown out weeks before MPTS hearings.

Hisham Shalaby

Mr Shalaby graduated in 1996 and went on to specialise in orthopaedic surgery gaining the Masters Degree in 2001, the MD Degree in 2005 and the FRCS (Tr & Orth) Degree in 2006. His surgical training was undertaken in Cairo, Edinburgh, Liverpool and Nottingham, in some of the best higher surgical training rotations in Trauma & Orthopaedics.

Along his training, he gained interest in Foot & Ankle Surgery and Limb Reconstruction Surgery. He mastered those two sub-specialties during his major research project for an MD thesis on “Correction of Complex Foot & Ankle Deformities using the Ilizarov Frame”. In his sub-specialties, he conducted extensive research. He published in international journals and attended advanced courses and meetings.

He finished an Advanced Deformity Correction Fellowship in Liverpool and a Trauma Fellowship in Nottingham.



Bob Sharp

Orthopaedic & Specialist Training in Cambridge and Oxford, completing his training with the prestigious Brisbane foot & ankle fellowship

Royal College of Surgeons of England 2000; Gold Medal for outstanding achievement in FRCS Orthopaedics and Trauma exam. Awarded the Presidents Travelling Scholarship in 2001

Medical advisor to the Jockey Association, Medical Advisory Committe to the Horse Racing Authority. Director of Foot and Ankle Research, Nuffield Orthopaedic Centre

On many international and national teaching faculties

Specialist interests - Sports foot / ankle, Arthritis, Minimally invasive surgery, Ankle arthroplasty, Rheumatological and neurological feet.

Ian Sharpe

Ian Sharpe is a Consultant Foot, Ankle and Trauma Surgeon at the Princess Elizabeth Orthopaedic Centre, Exeter. He graduated from St Mary’s Hospital Medical School in 1991, and completed his orthopaedic training on the Far South West rotation, undertaking further clinical and research fellowships in Sydney and Seattle. He was appointed as a consultant in 2003, and the Foot and Ankle Unit has grown to a team of six Foot and Ankle Consultants, supported by a multidisciplinary team.

He was Lead Clinician for Trauma 2006-2010, and Clinical Director of the Orthopaedic Centre from 2014-2018. He has an interest in primary and revision arthroplasty and the use of 3-D printed patient specific implants, with several publications on these topics.

He leads an established a Fellowship programme in Foot and Ankle surgery in Exeter – with an emphasis on arthroplasty and lower limb reconstruction.

He was a member of the BOFAS Education Committee from 2017-2021 and now sits BOFAS Advisory Committee which oversees the development of Ankle arthritis networks (BOAST/ GIRFT) and ODEP development for Ankle Arthroplasty.

George Smith

Prior to medical school Mr Smith undertook a BSc in Anatomy and an MSc in Sports Medicine. After two years of junior doctor jobs Mr Smith undertook ten years of surgical training on the Edinburgh programme. He was awarded the fellowship of the Royal College of Surgeons Edinburgh in 2011. Prior to starting work as a consultant Mr Smith completed 4 specialist fellowships. These included six months at the highly respected Exeter Knee Unit and an AO trauma fellowship in Seattle. He was later awarded a twelve month fellowship at the world renowned Vancouver Trauma Unit and six months in London specialising in Foot & Ankle Surgery.

Mr Smith has published and presented his research widely at both national and international meetings. He is an invited reviewer for the major British Orthopaedic journal, the JBJS. He has given lectures and written book chapters on various topics related to the foot & ankle, trauma and sports surgery.

Matt Solan

Mr Matthew Solan is a vastly experienced trauma and orthopaedics surgeon based in the London area. He specialises in foot and ankle problems and sports injuries. Mr Solan provides personalised treatment for a wide range of conditions and injuries, ensuring a speedy recovery when possible. Mr Solan established and runs the UK’s first ‘one-stop’ clinic for heel and ankle problems such as ankle tendonitis and plantar fasciitis. He has pioneered the use of minimally invasive muscle release and shock wave therapy for chronic heel pain.

Hiro Tanaka

Hiro Tanaka is a consultant orthopaedic surgeon in Newport, South Wales. He is passionate about improving the quality of surgical training and promoting clinical leadership in the NHS. He has contributed to the developments in BOFAS Education as well as the BOA. He was the BOFAS treasurer from 2019 to 2025 and is currently the Honorary Secretary of the BOA. He co-directs the BOA Future Leaders Programme and is an FRCS (Tr & Orth) examiner.

Heath Taylor

Mr Taylor qualified from Charing Cross & Westminster Medical School in 1994. His postgraduate surgical training was carried out in London on the North West Thames Specialist Registrar training programme. At the end of his training, he carried out sub-speciality fellowship training at the Royal National Orthopaedic Hospital, Stanmore.

He was appointed to the Royal Bournemouth Hospital and Poole Hospital in 2004 as a Consultant Orthopaedic Surgeon with a specialist interest in complex foot and ankle surgery. Mr Taylor's current practice is almost exclusively related to conditions of the foot and ankle.

He takes an active role in training the next generation of Orthopaedic Foot & Ankle Surgeons. Mr Taylor has previously been voted as the Wessex Region Trainer of the Year. He also hosts visiting surgeons wishing to learn complex Foot and Ankle surgical techniques.

In November 2019, Mr Taylor was elected as President of the British Orthopaedic Foot & Ankle Society, having been a member of council for the previous seven years.

Manfred Thomas

Manfred Thomas, Dr. med., Dr. h.c. works as a German bord certified Orthopedic and Trauma surgeon. He is specialized in Foot and Ankle surgery. His education was covering the whole range of operative and non operative treatment including children orthopedics as well as arthroplasty. Since 25 years he is focused on the development and education in all fields of Foot and Ankle Surgery. As council member of the German Foot and Ankle Society (D.A.F.) and their Vice president , as council member of the EFAS and IFFAS and meanwhile as the current president of EFAS he is involved in education and advancing surgical techniques all over Europe since many years. He received the honorary doctors laurea from Dnjepro University in Ukraine and he is honorary member of the Czech Foot and Ankle Society.

He is currently working at the DIAKO Hospital in Augsburg, Germany as head of the Foot and Ankle Department .

During his medical education he spent multiple fellowships in different countries in well known Foot and Ankle centers what strongly influenced his focus on international cooperation during the following years. During national and international meetings he presented more than 450 lectures on various topics in the field of Foot and Ankle and has published articles in national and international journals, has edited several book chapters and is coeditor of an e- book in the field of Foot and Ankle.

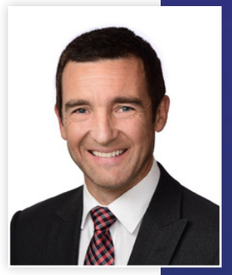
Dave Townshend

Dave Townshend was born in Edinburgh and graduated from the University of Newcastle upon Tyne in 1997. He has been a Consultant in the Northumbria NHS Healthcare Trust since 2010 where he is also the Clinical Director of Research and Development. Dave is the current Chairman of the BOFAS Scientific Committee, Visiting Professor with Northumbria University and an Honorary Senior Lecturer with University of Newcastle upon Tyne. His Research fellowship was at the University of Otago, New Zealand and Foot and Ankle Reconstruction fellowship at the University of British Columbia, Vancouver, Canada. Dave's research interests include outcomes of total ankle replacement, day case surgery and ankle arthritis networks.

Tim White

Mr Tim White is a Consultant Orthopaedic Trauma Surgeon with two decades of consultant experience in major trauma surgery at the Royal Infirmary of Edinburgh. He is Reader (Associate Professor) at the University of Edinburgh, past President of the Orthopaedic Trauma Society, and the Director of several international and national courses including the annual Edinburgh International Trauma Symposium. He is the author of more than 100 academic papers, as well as the most popular textbook in the field – McRae's Orthopaedic Trauma. He has a subspecialist interest in foot and ankle trauma, and has written the ankle fracture chapter in successive editions of Rockwood and Greens, and key papers on the posterior malleolus, the management of pilon fractures, and the use of intramedullary nails in ankle fractures.

Andrew Wines



Dr Andrew Wines specialises in reconstructive surgery of the foot and ankle in adults and children, and has a special interest in total ankle arthroplasty.

He obtained his MBBS from the University of Sydney in 1994 and was awarded his fellowship in orthopaedic surgery from the Royal Australasian College of Surgeons in 2002. He subsequently travelled to Dublin and Bristol for sub-specialty training in paediatric and adult foot and ankle surgery with Michael Stephens and Ian Winson.

He holds appointments at public and private hospitals on Sydney's North Shore, is the director of the Sydney Orthopaedic Foot and Research Institute and a partner of the North Sydney Orthopaedic and Sports Medicine Centre.

He is a Churchill Fellow and President of the Medical Benevolent Association of NSW. He the vice President and Treasurer of the Australian Orthopaedic Association, and the foundation treasurer of the International Orthopaedic Diversity Alliance. He is the member of the board of Knox Grammar School and St John Ambulance New South Wales.

His very tolerant and thoroughly lovely wife is an anaesthetist. He has 2 children, a daughter aged 21 who wishes to become a foot and ankle orthopaedic surgeon and a son aged 19 who definitely does not.

John Wong

Professor John Wong's sub-specialty was foot and ankle surgery, and with a wealth of experience and expertise, he made significant contributions to the medical community. Notably, he held the esteemed position of president at the Irish Orthopaedic Foot and Ankle Society (IOFAS).

Alastair Younger

Dr. Younger attended medical school in Aberdeen, Scotland graduating in 1985

He moved to Vancouver in 1988 and after finishing a Master's Degree at Simon Fraser University, he performed a residency in Orthopaedics at the University of British Columbia.

He received a Surgical Masters degree from the University of Aberdeen.

His fellowships were completed at the University of Washington in Seattle, the University of British Columbia and Harvard.

He began his practice at St. Paul's Hospital, Vancouver in 1998.

He is full Professor at the University of British Columbia in recognition of his contribution towards the research and teaching of foot and ankle conditions.

He is the past president of the British Columbia Orthopaedic Association and served as President for 5 years.

He was the Division head of the Distal Extremities Division at the University of British Columbia for 14 years. He is currently the director of Mentorship and Wellness at the University of British Columbia. He is Division head of Foot and Ankle in the Department of Orthopaedics at Providence health care.

His is past president of COFAS (Canadian Orthopaedic Foot and Ankle Society). He is a founding partner at Footbridge clinic, and a surgeon scientist at Providence Health Care.

He has published over 200 peer reviewed articles and over 35 book chapters.

He founded a fellowship program in Foot and Ankle at the University of British Columbia, a Foot and Ankle research office, and was instrumental in developing a Foot and Ankle program consisting of 6 Orthopaedic surgeons located at Footbridge Clinic.

He has won the Takakura award (IFFAS) and the Roger Mann award (AOFAS) three times.

BOFAS

PROGRAMMES

DAY 1: WEDNESDAY 26TH NOVEMBER 2025

Time	Event	Speaker
08:45 - 10:45	Welcome	Robert Clayton
	INSTRUCTIONAL 1 **- KEEPING OUT OF TROUBLE IN HINDFOOT TRAUMA** *Chairs: Rajesh Kakwani / James Beastall*	
09:00 - 09:10	Open ankle fractures in the elderly	George Smith
09:10 - 09:20	Tiny troublemakers: the Wagstaffe and Chaput fractures	Shariff Hazarika
09:20 - 09:30	Move over: the change from posterolateral to posteromedial approaches	Lucky Jeyaseelan
09:30 - 09:40	In trouble with Pilon fractures: when and how to fuse	Enis Guryel
09:40 - 09:50	When should I call a frame surgeon?	Gus McLean
09:50 - 10:00	Avoiding calcaneal malunion in percutaneous and sinus tarsi fracture fixation	Howard Davies
10:10 - 10:30	Trauma in a warzone	Andy Kent
10:30 - 10:45	Discussion	
10:45 - 11:15	**Coffee**	
11:15 - 12:00	**FREE PAPERS 1** *Chairs: Nijil Vasukutty / Rebecca Critchley*	
12:00 - 14:30	**Lunch / Working lunch with industry sessions - Biosdale/Carron/Dochart**	
14:30 - 15:40	**INSTRUCTIONAL 2** **- EXPERT TIPS TO AVOID AND ESCAPE TROUBLE** *Chairs: Sriskandarasa Senthilkumaran / Sam Roberts*	
14:30 - 14:40	Under correction of hallux valgus in metatarsus adductus	Peter Lam
14:40 - 14:50	MIS lesser ray surgery	Alastair Younger
14:50 - 15:00	Under correction of varus in TAR	Senthil Kumar
15:00 - 15:10	Malunited ankle fusion	Andrew Wines
15:10 - 15:20	Under correction of flatfoot	Manuel Monteagudo
15:20 - 15:30	Persistent instability after ATFL reconstruction	Andrew Goldberg
15:30 - 15:40	Discussion	
15:40 - 16:10	**Tea**	

Notes:

DAY 1: WEDNESDAY 26TH NOVEMBER 2025

Time	Event	Speaker
16:10 - 16:30	**KEYNOTE LECTURE - MAUD FORRESTER BROWN** A personal story and current practice in informed consent *Chairs: Robert Clayton*	Nadine Montgomery
16:30 - 18:00	**INSTRUCTIONAL 3 - STAYING OUT OF LEGAL TROUBLE** *Chairs: Bob Carter / Sheriff Hazarika*	
16:30 - 16:50	Are we insured? Staying out of trouble with your indemnity provider	Alexander Marshall-Lewis (Incision Indemnity)
16:50 - 17:10	I'm in trouble - what happens when I am sued or in front of the GMC?	Tracy Sell-Peters (Keystone law)
17:10 - 17:40	What will I be sued for and how do I avoid it? With case examples	Heath Taylor, Bob Sharpe
17:40 - 18:00	Q&A	
19:00 - 23:00	**Gala Dinner, City Chambers** Coach pick-up Crowne Plaza Hotel from 18:45hrs	

Notes:

DAY 1: AHP PROGRAMME
WEDNESDAY 26TH NOVEMBER 2025

Time	Event	Speaker
09:00 - 09:05	Introduction	Alison Miller/ Rajesh Kakwani

Session 1
Chair: Alison Miller / Nikki Kelsall

09:05 - 09:15	Epidemiology and Pathophysiology of Ankle arthritis:	Shelain Patel
09:15 - 09:30	Clinical examination of Ankle arthritis:	Nikki Kelsall
09:30 - 09:45	Imaging of Ankle arthritis:	Vivek Dhukaram
09:45 - 10:00	Assessment of deformities in ankle arthritis	Maneesh Bhatia
10:00 - 10:10	Physiotherapy management of ankle arthritis	J Ramaskandhan
10:10 - 10:20	Orthotic management of Ankle arthritis	Nick Gallogly
10:20 - 10:45	Discussion	
10:45 - 11:15	Coffee (in main exhibition room)	

Session 2
Chair: Philippa Dolphin / Maneesh Bhatia

11:15 - 11:25	Role of ankle injections – steroids/hyaluronic acid/non-surgical modalities	Alison Miller
11:25 - 11:35	Role of ankle Debridement / cheilectomy for arthritis	Graham Chuter
11:35 - 11:45	Correction of coronal plane deformities prior to ankle surgery	Murty Aradhyula
11:30 - 11:45	End stage ankle arthritis: I fuse all of them	Jim Carmichael
11:45 - 12:00	End stage ankle arthritis: I replace all of them	Martin Raglan
12:00 - 12:10	TARVA trial	Andy Goldberg
12:10 - 12:20	How do I decide: inject, debride, fuse or replace?	Jit Mangwani
12:20 - 12:30	Discussion	
12:30 - 13:30	Lunch (in main exhibition room)	

Session 3
Chair: Jayasree Ramaskandhan / Graham Chuter

13:30 - 13:40	Ankle fusion: arthroscopic, When and how do I do this?	Rajesh Kakwani
13:40 - 13:50	Pre-op shared decision making: Fusion Forum.	Karen Alligan
13:50 - 14:00	Pre-op planning for ankle replacement	Howard Davies
14:00 - 14:10	Ankle fusion: open, When and how do I do this?	Mark Davies
14:10 - 14:20	Does patient specific instrumentation for ankle replacement help?	David Townshend
14:20 - 14:30	Ankle replacement/fusion with cavovarus foot	Ian Sharpe
14:30 - 14:40	Ankle replacement/fusion with planovalgus foot	Andrew Bing
14:40 - 14:50	What is on the horizon for ankle arthritis surgical management	Ed Gee
14:50 - 15:00	Post-op rehab following ankle fusion surgery	Daniel Norris
15:00 - 15:10	Post-op rehab following ankle replacement surgery	Philippa Dolphin
15:10 - 15:20	Complications: When to refer back? what do surgeons want to know about?I	Chris Blundel
15:20 - 15:50	Complex Case Discussion:	Jayasree Ramaskandhan/ Nikki Kelsall
15:50	Discussion and close	

MEDICAL STUDENT SESSION
WEDNESDAY 26TH NOVEMBER 2025

ALSH 2

Time	Event	Speaker
08:30 - 09:00	Registration	
09:00 - 09:10	Introduction / Housekeeping	Matt Welck

Session 1

09:10 - 10:15	CONSULTANT TALKS	Mr Edmund Ieong Chris Marusza Rajesh Kakwani Matt Welck
09:10 - 09:20	Life as an Orthopaedic Surgeon/ why choose orthopaedics	
09:20 - 09:30	The training pathway: from medical school to orthopaedics	
09:30 - 09:40	How to build your portfolio towards a surgical career	
09:40 - 09:50	Non-Technical Skills for Surgeons	
09:50 - 10:00	Panel discussion	

Session 2

10:00 - 11:00	WORKSHOP SCARF OSTOTOMY SAWBONE WORKSHOP with competition!	Sponsored by Orthosolutions
11:15 - 12:00	Main auditorium to watch free papers	
12:00 - 12:30	5 mins Medical Student Presentations with competition.	Matt Welck
12:30	Lunch – join Industry workshops	
14:30	Main auditorium lectures	

DAY 2: THURSDAY 27TH NOVEMBER 2025

Time	Event	Speaker
08:50	BOA President address	Fergal Monsell
08.55 - 09:00	In memoriam - dedication to Graham Dall	
09:00 - 12:00	**The BOFAS 6 Nations:** topics of controversy in foot and ankle surgery Referees: James Ritchie (Lions), Fraser Harrold, (NZL), Peter Lam, Aus)	
09:00 - 09:16	Deltoid rupture in ankle fractures: acute repair or not? Ireland (Dessie Gibson) vs England (Matt Solan)	
09:16 - 09:32	MIS cheilectomy vs osteotomy for hallux rigidus Scotland (Alastair Younger) vs Italy (Alessio Bernasconi)	
09:32 - 09:48	Internal brace in ATFL reconstruction: to augment or not? Scotland (Gordon Mackay) vs Ireland (Johnny McKenna)	
09:48 - 10:04	Tibiotalocalcaneal fusion: plate vs nail? England (Carolyn Chadwick) vs Scotland (Dave Townshend)	
10:05 - 10:15	Discussion	
10:15 - 10:45	**Coffee**	
10:45 - 12:00	**6 Nations Second Half**	
10:45 - 11:01	Acute repair of ATFL: yes or no England (Andy Goldberg) vs Wales (Hiro Tanaka)	
11:01 - 11:17	AMIC vs fusion for Osteochondral lesions of the talus Ireland (John McKinley) vs Wales (Bob Carter)	
11:17 - 11:33	Fibular nail vs plate for fracture fixation Scotland (Tim White) vs Wales (Lyndon Mason)	
11:33 - 11:49	MIS vs open hallux valgus correction Scotland (Robbie Ray) vs England (Tim Clough)	
11:50 - 12:00	Discussion	
12:00 - 12:20	**Keynote** "How do intrinsic and extrinsic factors influence the results of our treatment in Foot and Ankle patients?"	Manfred Thomas
12:20 - 13:20	**Lunch**	
13:10 - 14:30	**AGM**	**Full Members only**
14:30 - 15:30	**INSTRUCTIONAL 4 - NEW CONCEPTS** *Chairs: Jane Madeley / Vivek Dhukaram*	
14:30 - 14:40	The spring ligament - a new paradigm in flatfoot?	Callum Clark
14:40 - 14:50	Muller Weiss disease: contemporary treatment	John Wong
14:50 - 15:00	Resection vs realignment for tarsal coalition	Manuel Monteagudo
15:00 - 15:10	Takedown of ankle fusion to total ankle replacement	Mansur Halai
15:10 - 15:20	Reverse DMMO for midfoot arthritis	Karan Malhotra
15:20 - 15:30	Discussion	
15:30 - 16:00	**Tea**	
16:00 - 17:15	**FREE PAPERS 2** *Chairs: Toby Jennison / Claire Spolton-Dean*	

DAY 2: THURSDAY 27TH NOVEMBER 5

Time	Event	Speaker
17:15 - 18:10	**INSTRUCTIONAL 5** **- GETTING IT RIGHT SECOND TIME - IN TROUBLE WITH TRAUMA?** *Chairs: James Beastall / Zoe Higgs*	GIRST
17:15 - 17:25	Dealing with Tibial plafond impaction	Sarah Johnson-Lynn
17:25 - 17:35	Dealing with fixation failure	Anish Amin
17:35 - 17:45	Dealing with Calcaneal malunion and Subtalar arthritis after calcaneal fractures	Andrew Wines
17:45 - 17:55	Dealing with the syndesmosis: getting it right first and second time	Tim White
17:55 - 18:10	Discussion	
21:45 - 00:30	**ToeJam @ SLAY Glasgow** – tickets available from registration desk	

FELLOWS & REGISTRARS PROGRAMME
THURSDAY 27TH NOVEMBER 2025

Time	Event	Speaker
Alternative session for Fellows / Registrars / Non-members / AHPs (includes lunch)		
12:20 - 12:40	**BOFAS Fellowship Trainers informal meet up over lunch**	
SESSION 1	**Education Committee Session** *Chairs: Matt Welck / Yaser Ghani.*	
12:40 - 12:55	BOFAS Fellowship Accreditation: Rationale & Update	Anna Chapman
12:55 - 13:00	Travelling Fellowship presentation	Andrea Nicolas
13:00 - 13:05	Travelling Fellowship presentation	Zakir Haider
13:05 - 13:10	Travelling Fellowship presentation	Abigal Durston
13:10 - 13:15	BOFAS Mentorship	Laura Beddard
SESSION 2	**Scientific Committee Session** *Chair: Sarah Johnson-Lynn*	
13:20 - 13:40	My experience in sports research	James Calder
13:40 - 14:00	Canadian registry and research with Fellows	Alastair Younger
14:00 - 14:20	A reviewer view on writing for publication	Nijil Vasukutty
14:20 - 14:30	Questions	
14:30	Return to main session	

DAY 3: FRIDAY 28TH NOVEMBER 2025

Time	Event	Speaker
09:00 - 10:15	**FREE PAPERS 3** *Chairs: Madhu Tiruveedhula / Parag Garg*	
10:15 - 10:35	**HISTORICAL TALK** - troubling episodes in the history of medicine *Chairs: Robert Clayton*	James Ritchie
10:35 - 11:30	**INSTRUCTIONAL 6** **- SMALL HOLES TO KEEP OUT OF TROUBLE** *Chairs: Richard Freeman / May Labidi*	
10:35 - 10:45	Calcaneal osteotomy	Robbie Ray
10:45 - 10:55	Zadek osteotomy	Peter Lam
10:55 - 11:05	Percutaneous hindfoot fusion	Alastair Younger
11:05 - 11:15	Percutaneous diabetic foot surgery	Mansur Halai
11:15 - 11:25	Percutaneous surgery in complex deformity correction	Hisham Shalaby
11:25 - 11:35	Discussion	
11:35 - 12:05	**Brunch**	
12:05 - 12:50	**TIPS AND TRICKS SESSION** *Chairs: Anna Chapman /* Matt Welck	
12:50 - 14:00	**INSTRUCTIONAL 7 - TROUBLING QUESTIONS FOR THE JOURNEY HOME** *Chairs: Graham Chuter / Annabel Hayward*	
12:50 - 13:00	The role of surgery in neuropathic pain	Helen Cohen
13:00 - 13:10	Do contemporary ankle fracture fixation techniques reduce the risk of osteoarthritis?	Jim Carmichael
13:10 - 13:20	Does ankle stabilisation reduce the risk of osteoarthritis?	Andy Molloy
13:20 - 13:30	Surgery without a tourniquet - could we? Should we?	Fraser Harrold
13:30 - 13:40	Does thromboprophylaxis reduce the risk of VTE?	Jit Mangwani
13:40 - 13:50	Adjacent joint arthritis after ankle fusion	Adrian Kendal
13:50 - 14:00	Discussion	
14:00 - 14:20	**Prizes, presidential handover**	
14:20	**Close**	

Notes:

BOFAS

FREE PAPERS
ABSTRACT SUMMARY

FREE PAPERS 1

Wednesday 26th November 2025 11.15 - 12.00

FP1

Vascular Considerations in Posterior Malleolus Fracture Surgery – The Prevalence of The Peroneal Artery Communicating Branch and Peroneal Artery Dominance

Chijioke Orji, Muhaned El-Gheryani, Kosha Gala, Craig Wyatt, Shahjahan Aslam, Zeeshan, Lyndon Mason
Liverpool University Hospitals Foundation Trust

FP2

Percutaneous Repair versus Non-Operative Management of Acute Achilles Tendon Rupture

Salman Sadiq, Natalie Grocott, Matthew Philpott, Ali Ashique
University Hospital North Midlands

FP3

Long-Term (14 Years) Outcomes of Operatively Treated Ankle Fractures in a Cohort of 330 Patients

Tina Ha, Kirsten Grant, Jane Madeley, Senthil Kumar
Glasgow Royal Infirmary

FP4

Influence of Surgical Approach in Trimalleolar Ankle Fractures on Fibular Fracture Reduction, Complication and Revision Rates

Neil Jones, Catherine Malik, Isabella Drummond, Amit Patel, Lucky Jeyaseelan
Royal London Hospital

FP5

Are there age and sex related differences in tibialis posterior activation during walking?

Catriona Heaver, Neil Postans, Jo Reeves, Thumri Paavana, Harry Poole, Darren Tinson, Caroline Stewart
RJAH Orthopaedic Hospital NHS Foundation Trust

FP6

Outcomes and Classification of Total Talus Replacements

Ciaran Nolan, Mark Davies, Howard Davies, Ian Sharpe, Andrew Goldberg, Adrian Kendal, Rick Brown
Sheffield Teaching Hospitals

Notes:

FREE PAPERS 2

Thursday 27th November 2025 16.00 - 17.15

FP7

Prosthetic Joint Infection in Total Ankle Replacement - The PRINTAR Study

Julia McGovern, Dave Townshend, Rebecca Martin, John Williams, Sarah Johnson-Lynn
Northumbria NHS Healthcare Trust

FP8

Predictive Model for AOS Response in Total Ankle Replacement: Doctor, Will My Symptoms Get Better After the Ankle Replacement?

Carlos Albarrán, Marianne Koolen, Tudor Trache, Sultan Alharbi, Andrea Veljkovic, Murray Penner, Alastair Younger, Kevin Wing
St. Paul's Hospital - Hospital Clínico

FP9

Proximal vs. Distal Gastrocnemius Recession: A Side-to-Side Comparison in Full-Body Cadaveric Specimens

Michael Michlin, Panagiotis Symeonidis, Leda Kovatsi, Trifon Totlis
Meir Medical Centre, Kfar Saba, Israel

FP10

Long-Term Outcomes of the HINTEGRA Total Ankle Replacement: A 10-Year Minimum Follow-Up Study

Martin Lim, Laura Clifton, Anji Kingman, Paul Rushton, Aradhyula Murty, Rajesh Kakwani, David Townshend, Jonathan Coorsh
Ashington

FP11

A comparison of prospective outcomes of INFINITY total ankle replacement versus ankle fusion

John Steyn, Alastair Younger, Hong Qion, Hubert Wong, Andrea Veljkovic, Kevin Wing, Murray Penne, Oliver Gagne

FP12

PROMS Behaviour and Survivorship of Total Ankle Replacement Revisions

Marianne Koolen, Sultan Alharbi, Tudor Trache, Andrea Veljkovic, Alastair Younger, Murray Penner, Kevin Wing
St. Paul's Hospital - Hospital Clínico Universidad de Chile

FP13

Adjacent Hindfoot Joint Preservation Versus Fusion in Patients with Ipsilateral Hindfoot and Ankle Arthritis (COFAS Type 4) Undergoing Total Ankle Replacement: A Prospective Comparison of Outcomes

Alastair Younger, Mohammad Arafah, Murray Penner, Timothy Daniels, Andrea Veljkovic, Kevin Wing, Joel Morash, Mark Glazebrook
University of British Columbia Vancouver BC

FREE PAPERS 3

Friday 28th November 2025 09.00 - 10.15

FP15

Is Elevated HBA1C Associated with Post-Operative Complications in Midfoot Charcot Reconstruction? Myth Or Reality?

Andrew Isaac, Christudoss, Bhargava Krishna Balineni, Madhu Tiruveedhula
Basildon

FP16

Clinical and functional outcomes of chronic calcaneal diabetic osteomyelitis treated with a partial calcanectomy with antibiotic-loaded calcium sulphate hydroxyapatite biocomposite application via the Silo technique

Justin Mooteeram, Nurarif Nurhashim, Anand Pillai, Ken Meng Tai, Abdul-Hadi, Kafagi
Wythenshawe

FP17

Open Versus Arthroscopic Ankle Fusion: A Long Term Prospective Comparative Multicentre Study.

Alastair Younger, Shuyuan Li, Murray Penner, Kevin Wing, Timothy Daniels, Mark Glazebrook, Oliver, Joel Morash
University of British Columbia Vancouver BC

FP18

Outcome Scores After Arthroscopic Ankle Fusion Reach a Steady State After One Year, But Revisions Occur Later - Prospective Analysis.

Alastair Younger, Marianne Koolen, Carlos Albarran, Kevin Wing, Murray Penner, Oliver Gagne, Andrea Veljkovic, Hooman Sadr
University of British Columbia Vancouver BC

FP19

The Calcaneal X/Y Ratio: True Morphology or an X-Ray Illusion? A Comparison of X-Ray and CT

Togay Koç Hesham Oshba, Imad Najm
Southampton Hospital

Notes:

FP20

20-year complication, revision, and re-operation rates following over 150,000 hallux valgus bunion operations in England

Michael Atife, Jonathan Munro, Conor Hennessy, Simon Abram, Rick Brown, Bob Sharp, Constantinos Loizou, Adrian Kendal
Nuffield Orthopaedic centre

FP21

Prospective, randomised controlled trial to evaluate the effect of weight bearing on patient outcomes following 1st MTP joint fusion.

Scott Purdie, Joel Morash, Bernard Burgesson, Mark Glazebrook
Aberdeen Royal Infirmary

FP22

A Cadaver Biomechanical Comparison of the Plate Construct for Open Lapidus Fusion versus Percutaneous Lapidus Fusion Using Subchondral Fixation

Alastair Younger, Stephen Steinlauf, Nathan Webb, Brian Thoren, Douglas Linton
University of British Columbia Vancouver BC

Notes:

BOFAS

FREE PAPERS

ABSTRACT DETAILED

FREE PAPERS SESSION 1

Wednesday 26th November 2025 11.15 - 12.00

FP1

Vascular Considerations in Posterior Malleolus Fracture Surgery – The Prevalence of The Peroneal Artery Communicating Branch and Peroneal Artery Dominance

Chijioke Orji, Muhaned El-Gheryani, Kosha Gala, Craig Wyatt, Shahjahan Aslam, Zeeshan, Lyndon Mason
Liverpool University Hospitals Foundation Trust

Introduction: The risk of vascular injury is a rare but significant concern in posterior malleolus fracture (PMF) surgery, especially with the commonly employed posterolateral approach. Anatomical variations of the peroneal artery have been blamed for serious vascular complications with the PL approach. This study aims to investigate the prevalence of peroneal artery communicating branch (PACB) and peroneal artery dominant (PAD) lower limbs, i.e. where the posterior tibial artery is either atretic or absent proximal to the origin of the PACB.

Methods: A historic cohort study was performed on 916 lower limb computed tomography angiographies (CTA). Patient data were stratified based on clinical indication for imaging, laterality, and the presence or absence of the communicating branch.

Results: A PACB was identified in 288 (31.4%) of the cases. The prevalence was significantly higher in patients with PVD (n = 226 (78.5%)) compared to those imaged for trauma (n = 18), free fibula graft assessment (n = 16), or other vascular concerns (n = 28). Notably, in cases where the PACB was present, 10% had an absent proximal posterior tibial artery, thus making the lower limb PAD through the PACB. The PACB occurs approximately 4cm proximal to the joint, posing a substantial risk of arterial compromise if the posterolateral approach is used.

Conclusion: Our findings reinforce the existing anatomical literature regarding the variability of peroneal artery branching and underscore the potential hazards of a posterolateral approach in PMF fixation. Inadvertent ligation of the communicating branch (PACB) may lead to ischaemic complications. Given the high prevalence of this variation, particularly in patients with PVD, the posterolateral approach should be approached with caution."

FP2

Percutaneous Repair versus Non-Operative Management of Acute Achilles Tendon Rupture

Salman Sadiq, Natalie Grocott, Matthew Philpott, Ali Ashique
University Hospital North Midlands

Introduction: The aim of this study was to assess any difference in patient reported outcomes between patients managed operatively with percutaneous repair versus non-operatively following an acute Achilles tendon rupture.

Method: This was a single-centre prospective cohort study over a 10-year period performed at University Hospital North Midlands. Patients were asked to fill an Achilles tendon Total Rupture Score (ATRS) at 3-month, 6-month and 12-month intervals post injury.

Patients were followed up for up to 12 months. Statistical significance was deemed if $p<0.05$.

Results: 181 patients were included who underwent percutaneous repair with an average age of 46.2 years (SD 12.8). In the non-operative group, 193 patients were included with an average age of 52.8 years (SD 14.3). At 12 months, 98 patients from the operative group (54%) and 103 patients from the non-operative group (53%) filled the ATRS questionnaire.

At 3-month and 6-month intervals, there was no statistically significant difference in ATRS scores ($p= 0.17$ and $p=0.70$ respectively). At 12 months, there was a statistically significant difference in ATRS scores ($p<0.001$) in favour of the operative group. When individual ATRS questions were analysed at 12 months, there was a statistically significant difference in favour of the operative group ($p<0.002$), especially in relation to intense physical activity. The improvement was seen in all age groups.

Four patients in the non-operative group sustained a DVT or PE and five patients had a re-rupture. In the operative group, one patient sustained a DVT, one patient was found to have a surgical site infection, and three patients had a re-rupture.

Conclusion: Patients undergoing percutaneous repair have improved ATRS scores at 12 months. Percutaneous repair is therefore a safe and valid management option, especially for highly active patients or heavy labourers. Those patients who do not require these attributes may benefit from non-operative intervention."

FP3

Long-Term (14 Years) Outcomes of Operatively Treated Ankle Fractures in a Cohort of 330 Patients

Tina Ha, Kirsten Grant, Jane Madeley, Senthil Kumar
Glasgow Royal Infirmary

Introduction: Although internal fixation surgery of displaced ankle fractures is amongst the most commonly performed operations, there is little published on long-term outcomes. The true incidence of posttraumatic osteoarthritis (PTOA) requiring further intervention is not well known. This study aims to establish the incidence of complications and long-term outcomes, specifically the development of arthritis. Furthermore, it aims to determine the effect of patient characteristics on these outcomes.

Method: All patients who underwent ankle fixation at Glasgow Royal Infirmary between January 2009 and December 2010 were retrospectively identified through our departmental database. Patient demographics, comorbidities and complications including infection, non-union, further surgery, and development of PTOA were recorded. Two proportion hypothesis testing was used to establish whether patient characteristics affected outcomes.

Results: 330 patients underwent ankle fixation surgery during the study period. There was a 1.2% and 1.5% incidence of superficial and deep infection respectively. Revision fixation surgery was necessary in 5/330 patients (1.5%), however 21.5% underwent further surgery including removal of metalwork. The latest clinical information showed 3.6% (12/330) developed PTOA and only 5 required surgeries including 3 ankle fusions. There was a statistically significant increase in the rate of delayed unions ($P=0.041$) in smokers. There was also a higher rate of deep infection, delayed union and revision surgery in diabetic patients and a higher rate of PTOA and requirement for surgical management of PTOA in overweight patients, although these did not reach statistical significance.

Conclusion: Our results show that internal fixation surgery for ankle fractures is associated with low incidences of both short-term complications and development of arthritis in the long-term. In our study, smokers had higher rates of delayed union but there was no significant correlation between patient characteristics and comorbidities on other outcomes."

FP4

Influence of Surgical Approach in Trimalleolar Ankle Fractures on Fibular Fracture Reduction, Complication and Revision Rates

Neil Jones, Catherine Malik, Isabella Drummond, Amit Patel, Lucky Jeyaseelan
Royal London Hospital

Introduction: Trimalleolar ankle fractures are complex injuries requiring surgical intervention to restore anatomical alignment and joint stability. The Mason and Molloy algorithm has advanced the use of the posterolateral approach, supplemented by a posteromedial approach in rotational and posterior pilon variants. While fixation of the posterior malleolus has received increasing attention, accurate fibular reduction remains a critical outcome determinant. This study evaluates complication and revision rates associated with different surgical approaches, with a focus on fibula reduction quality.

Methods: A retrospective review of prospectively collected data was performed across a major trauma centre and affiliated trauma unit from 2019 to 2024. Patients undergoing fixation of the posterior malleolus and fibula were included. Exclusion criteria were age >70, bilateral injuries, and open fractures. A total of 960 trimalleolar ankle fractures with minimum 6-month follow-up were analysed. Patients were divided into three groups, with 320 fractures in each, based on surgical approach and fibular fixation technique: (1) posterolateral approach with posterior fibula fixation through the same approach, (2) posterolateral approach with direct lateral fibula fixation through the same approach, and (3) posteromedial approach with lateral fibula fixation through a separate direct approach. Outcomes assessed included fibular reduction (Pettrone criteria), wound complications, revision surgery, and sural nerve injury.

Results: Lateral fibular fixation via a posterolateral approach showed a higher rate of lateral wound complications which was statistically significant. Posterior fibular fixation resulted in statistically significant higher malreduction rates. Revision rates were lowest in the posteromedial group which also had fewer sural nerve injuries.

Conclusion: The posteromedial approach with direct lateral fibular approach and fixation offers improved fibular reduction, with fewer wound complications and lower revision rates compared to posterolateral techniques."

FP5

Are there age and sex related differences in tibialis posterior activation during walking?

Catriona Heaver, Neil Postans, Jo Reeves, Thumri Paavana, Harry Poole, Darren Tinson, Caroline Stewart
RJAH Orthopaedic Hospital NHS Foundation Trust

Introduction: Tibialis posterior tendon dysfunction (TPTD) often leads to acquired flat foot deformity [1]. There is also a tendency for arch height to decrease with age [2]. However, it is unknown whether this change is linked to altered tibialis posterior (TP) activation during gait or is associated with healthy ageing.

Research question: Are there differences in TP activation during walking between healthy younger and older adults?

Method: 30 subjects equally divided between 2 age groups younger (under 35; n=15, 8F, mean age 28.7y SD 4.4) and older (over 55; n=15, 7F, mean age 58.9y SD 3.3) were recruited. Fine-wire electromyography (EMG) electrodes were inserted into TP under ultrasound guidance. Subjects performed 3 maximal voluntary contractions (MVC) of ankle inversion against resistance, with the applied force measured using a transducer. Subjects performed 6 walks at self-selected speed along a 10m walkway. The highest EMG recorded during the MVCs was used to normalise the walking EMG. Differences in EMG between cohorts grouped by age and sex were determined using statistical parametric mapping (SPM). Force data was compared using ANOVA.

Results: There were no significant differences in EMG between cohorts based on age or sex. This suggests that TPTD may not be a pathological response to a natural process of age-related changes in activation. Activation may not account for the higher incidence in women. There was some variation between subjects in normalised EMG amplitudes and further longitudinal studies would be required to link different patterns to future changes in foot posture. There were significant differences in MVC maximum force between males and females, but no difference between age cohorts.

Conclusion: TP activation during walking does not appear to deteriorate with age or vary between sexes. Further studies will include subjects with TPTD. We have not demonstrated a need for age and sex matched control cohorts in future studies.

References

[1] Ross, et al. 2017 PLOS One, 12
[2] Menz, HB 2015 Gerontology, 61, 381-388”

FP6

Outcomes and Classification of Total Talus Replacements

Ciaran Nolan, Mark Davies, Howard Davies, Ian Sharpe, Andrew Goldberg, Adrian Kendal, Rick Brown
Sheffield Teaching Hospitals

Introduction: Total talus replacement (TTR) is an innovative technology with increasing availability. The outcomes, expected function, surgical challenges and complications need to be described. Standardising the terminology describing the implants and their degree of constraint is necessary to compare outcomes in future research on the topic.

Methods: Prospectively collected PROMS including MOXFQ, VAS, EQ-5D and the Tegner activity score have been analysed from 29 TTRs from four centres in the UK. The effects of physical and psychological comorbidities, underlying disease and the component design were studied.

Results: There were 29 total talus replacement implants, of which 8 were combined with a total ankle replacement (TATTR). Of the 21 TTR, 15 were fully articulating and 6 were constrained by intended bone-metal incorporation at one or more joint surfaces. After mean follow up of 21 months (minimum 6 months), the overall MOXFQ improved from 80.8% (CI 14 75.1-86.4) to 41% (C.I 30.4-51.6, p<0.0001). The mean VAS increased from 44.7 (CI 15 33.2-56.1) to 76.2 (C.I 69.7-82.7, p<0001). The Tegner activity level score increased by 2.5, while the mean EQ5D was shown to have significantly improved (p<0001). Three patients with a fully articulating TTR (11%) have undergone a re-operation, and an additional patient has a revision procedure planned.

Conclusion: In challenging cases with destruction of the talus, a total talus replacement provides an option to relive pain, while improving both function and activity. When clinically required, constraining a joint surface with a bone-metal incorporation, produces clinical outcomes as good as those after a fully articulating total talus replacement. Standardising the terminology used to describe these novel implants will help surveillance in a national registry as well as future research to compare outcomes and the recognised complications.

Level of evidence: IV

FREE PAPERS SESSION 2

Thursday 27th November 2025 16.00 - 17.15

FP7

Prosthetic Joint Infection in Total Ankle Replacement - The PRINTAR Study

Julia McGovern, Dave Townshend, Rebecca Martin, John Williams, Sarah Johnson-Lynn
Northumbria NHS Healthcare Trust

Introduction: Prosthetic joint infection (PJI) following total ankle replacement (TAR) is a rare but complex complication. Unlike hip and knee arthroplasty, limited data exist to guide ankle PJI management, particularly regarding microbiology and surgical outcomes.

To evaluate the incidence, microbiology, surgical management, and outcomes of TAR PJI in the UK over a 10-year period.

Method: A retrospective service evaluation was conducted across 18 UK centres, capturing 58 PJIs diagnosed between January 2014 and January 2024. Data included infection timing, pathogen profiles, surgical approach, and infection resolution. Diagnostic classification followed IDSA, MSIS, and EBJIS criteria.

Results: Most infections were late (>4 weeks, n=54); only 4 were early (<4 weeks). Staphylococcus (n=13) and Enterobacter (n=8) were most common. Gram-negative organisms accounted for 15/58 cases—higher than typically seen in hip/knee PJI. Twenty-two patients underwent DAIR. Infection free survival at one year was 75% in DAIR for early infection. Outcomes appeared unaffected by organism type. Two-stage revision (n=32) achieved a 91% infection-free rate, comprising 17 revisions to fusion and 15 to arthroplasty. Only four single-stage procedures were performed but all were successful. MDT involvement increased over time and was associated with better outcomes. Overall, 54/58 patients were infection-free at final follow-up; 12 required further surgery, and one patient died.

Conclusion: This UK series highlights the distinct microbiological profile of TAR PJI, with a notable gram-negative burden. Infection clearance was encouraging across various surgical strategies. Increased MDT input over time aligns with improved outcomes and should be routine. Larger studies are needed to define optimal treatment pathways.”

FP8

Predictive Model for AOS Response in Total Ankle Replacement: Doctor, Will My Symptoms Get Better After the Ankle Replacement?

Carlos Albarrán, Marianne Koolen, Tudor Trache, Sultan Alharbi, Andrea Veljkovic, Murray Penner, Alastair Younger, Kevin Wing
St. Paul’s Hospital - Hospital Clínico

Introduction: Ankle osteoarthritis (AO) is a condition which generates a level of disability comparable to that of heart failure and chronic kidney failure. To date, no predictive model has been described to determine which patients will experience a more pronounced improvement in disability following total ankle replacement.

Method: A prospective registry (2003 – 2023) was screened for primary TARs; revisions and patients who declined participation were excluded. “Good response” was defined as ≥ 28-point improvement in the Ankle Osteoarthritis Scale (AOS) at 1–2 years. Stepwise multivariable logistic regression assessed demographics (age, smoking, diabetes, inflammatory disease, BMI), OA aetiology, implant type (Infinity, InBone, InVision, Agility, Hintegra, Mobility, Zimmer, STAR) and baseline AOS. Models were compared with Akaike’s Information Criterion; over-fitting was checked with 1000-bootstrap resampling and calibration with the Hosmer–Lemeshow test.

Results: Six-hundred-thirty-one primary TARs (mean age 64.9 ± 9.7 yr) met inclusion criteria; the most common implants were Hintegra (159), Infinity (151), Zimmer (127) and Agility (78). The final, parsimonious model retained two independent predictors: higher baseline AOS (OR 1.07 per point, 95 % CI 1.05–1.08; $p < 0.01$) and ankle instability aetiology (OR 4.69, 95 % CI 1.50–14.71; $p < 0.01$). Discrimination was acceptable (AUC 0.76); bootstrap validation showed no loss of performance, and the Hosmer–Lemeshow test confirmed good fit.

Conclusion: Greater pre-operative disability and an instability-related aetiology markedly increase the likelihood of achieving a clinically important improvement after TAR. This internally validated, two-variable model is easy to implement in clinic and can refine patient selection, set realistic expectations, and support shared decision-making. External validation in other centres is warranted.”

FP9

Proximal vs. Distal Gastrocnemius Recession: A Side-to-Side Comparison in Full-Body Cadaveric Specimens

Michael Michlin, Panagiotis Symeonidis, Leda Kovatsi, Trifon Totlis
Meir Medical Centre, Kfar Saba, Israel

Introduction: Gastrocnemius tightness contributes to various foot and ankle pathologies. While both Proximal Medial Gastrocnemius Release (PMGR) and the Strayer procedure are widely used, comparative data on their biomechanical effects are limited, particularly within the same specimen. This study aimed to compare dorsiflexion improvement between PMGR and Strayer procedures using a side-to-side cadaveric model.

Method: A total of 15 fresh-frozen full-body cadaver specimens were included after screening 17 for eligibility. Each specimen underwent a randomized side-to-side comparison: one leg received PMGR and the other the Strayer procedure. Passive ankle dorsiflexion was measured before and after intervention using a standardized 10 kg applied force and electronic goniometer. Relative change in dorsiflexion was also calculated. All procedures were performed by a single orthopaedic surgeon; measurements were performed by a blinded observer.

Results: Baseline dorsiflexion was similar between limbs (PMGR: median -18.5°; Strayer: -19.0°, p=0.776). Postoperatively, the Strayer procedure resulted in significantly greater dorsiflexion (median -3.4° vs. -9.0°, p<0.001). Absolute dorsiflexion gain was higher in the Strayer group (median 14.7° vs. 8.0°, p=0.001), as was relative improvement (14.9% vs. 7.4%, p<0.001). No correlation was found between improvement and age, sex, or BMI.

Conclusion: Distal gastrocnemius recession (Strayer) resulted in significantly greater dorsiflexion gain compared to proximal release (PMGR) within the same specimen. While more distal procedures may yield superior biomechanical correction, clinical decision-making should also consider potential risks such as sural nerve injury and soleus involvement."

FP10

Long-Term Outcomes of the HINTEGRA Total Ankle Replacement: A 10-Year Minimum Follow-Up Study

Martin Lim, Laura Clifton, Anji Kingman, Paul Rushton, Aradhyula Murty, Rajesh Kakwani, David Townshend, Jonathan Coorsh
Ashington

Introduction: The HINTEGRA is a third-generation, mobile-bearing total ankle replacement (TAR) that has been popular in the UK. We present the long-term outcomes with a minimum of follow-up period of 10-years.

Method: In this prospective single-centre cohort study, all HINTEGRA TARs performed between 2010–2014 were analysed. Demographics, complications (Glazebrook classification), reoperations and revisions (COFAS classification), and patient-reported outcome measures (PROMS) were collected. Survivorship was assessed using Kaplan-Meier analysis.

A total of 69 patients (70 ankles) were included. Mean age was 69 years (48-84 years). 21 patients died (30%) and 8 patients were lost to follow-up.

Results: Implant survivorship was 81.7% at 5 years (mean 6.4 years), and 71.7% at 10 years (mean 12.3 years, 10.1-14.3 years). Complications included low (12.9%), medium (2.8%), and high-grade events (18.6%), with aseptic loosening being the most common serious complication (12.9%).

Revision surgery was performed in 16 ankles (22.9%). Non-revision procedures were carried out in 9 patients (12.9%) with majority being cyst debridement and grafting (n=6, 8.6%).

Periprosthetic cysts were identified in 36 patients (51.4%), most were asymptomatic and located in the tibia. Average volumes measured on CT scan for tibial, talar and fibular cysts were 1.5 cm^3, 1.9 cm^3, and 1.1 cm^3 respectively. Indication of grafting of cysts were symptomatic ankles with stable implants, and/or >50% weight-bearing surface and/or expanding in size. (n=6). Graft incorporation was variable, irrespective of impaction autograft or synthetic graft. Loose implants with cysts prompted revision arthroplasty (n=7) and tibiotalar joint fusion (n=1).

Conclusion: The 10-year survivorship of the HINTEGRA TAR was 71.7%. We identified high rates of periprosthetic cysts and would recommend a low threshold for radiographic surveillance.

Disclosures: The authors declare no competing interests relating to this study. DT, RK, AM are paid consultants for Stryker and Exactech."

FP11

A comparison of prospective outcomes of INFINITY total ankle replacement versus ankle fusion

John Steyn, Alastair Younger, Hong Qion, Hubert Wong, Andrea Veljkovic, Kevin Wing, Murray Penne, Oliver Gagne

Introduction: Ankle fusion (AF) or Total ankle arthroplasty (TAA) can be used to treat end stage ankle arthritis (ESAA). TAA has become more reliable in modern generations with patient specific instrumentation, improvement in polyethylene and ingrowth surfaces. The INFINITY® Total Ankle System (Stryker Inc.) is a 2-component fixed-bearing, bone-sparing modern design introduced in 2014. The purpose of this study is to compare prospective outcomes of Infinity ankles (outcome scores and revision rates) with ankle fusion.

Method: 100 patients with prospectively collected data having an INFINITY® TAA between 2013- August 1st, 2021, were compared with 200 ankle fusion patients from 2008 -August 1st, 2021 with a minimum 1 year follow up. The primary outcome was the Ankle Osteoarthritis Scale (AOS). Secondary outcomes were the MODEMS, and SF-36 scores. The average was 5.1 years, and the follow up was 5.9 years for AF and 3.4 years for TAA.

Results: Ankle Fusion AOS scores improved from a preoperative average of 55.25±19.31, to 26.01±21.64. TAA scores improved from 52.37±19.09 to 22.33±21.41 for TAA. At the last follow up after surgery (LFU), mean AOS scores in the Infinity cohort were significantly lower after linear regression for baseline variables with a mean difference of -6.76 (-12.52, -0.99 95% CI) p-value 0.02. The difference remained significant after removing 1-year follow up, and 9-14 year follow up, at -6.58 (-12.89, -0.27 95% CI), p-value 0.041. The revision rate for ankle fusion was 3.5%, while revision rate for INFINITY® TAA was 2%.

Conclusion: Patients undergoing INFINITY® TAA had significantly lower mean AOS scores than patients undergoing ankle fusion at their last follow up after surgery, both before and after linear regression for baseline variables. This remained significant after excluding earlier (1-year) follow up, and later (9-14 year) follow up for the fusion cohort data. Modern ankle replacement designs continue to improve compared against the ankle fusion gold standard."

FP12

PROMS Behaviour and Survivorship of Total Ankle Replacement Revisions

Marianne Koolen, Sultan Alharbi, Tudor Trache, Andrea Veljkovic, Alastair Younger, Murray Penner, Kevin Wing
St. Paul's Hospital - Hospital Clínico Universidad de Chile

Introduction: Rising numbers of primary total ankle replacements (TARs) inevitably lead to more revisions, yet the evolution of patient-reported outcome measures (PROMs) and implant longevity after TAR-to-TAR exchange is poorly defined.

Method: All metallic-component revisions registered prospectively between 2003 and 2023 were reviewed; amputations and arthrodesis were excluded. Demographics and PROMs—SF-36 Physical (SF-36PC), SF-36 Mental (SF-36MC) and Ankle Osteoarthritis Scale (AOS)—were compared with unrevised TARs using non-parametric statistics. PROM trajectories were assessed at baseline, immediately before revision, and 1–2 years post-revision. Survivorship was calculated with Kaplan–Meier analysis.

Results: Among 631 primary TARs, 48 revisions (7.6 %) occurred and 43 received a TAR-to-TAR exchange. Revised patients were younger than unrevised counterparts (61.6 ± 8.2 vs 65.2 ± 9.8 years; $p < 0.01$). At baseline they showed higher SF-36PC (66.4) and SF-36MC (46.7) but worse AOS (78.5) than unrevised cases (all $p < 0.01$). Between baseline and pre-revision, SF-36 scores declined while AOS improved. Two years after revision, AOS had improved further to 35.9 but remained inferior to unrevised TARs (16.1; $p < 0.01$); SF-36PC and SF-36MC were 32.1 and 50.1, still below pre-revision values. Ten-year survivorship of revised implants was 58.9 %, and 51.1 % required a second revision by year 13.

Conclusion: TAR-to-TAR revision reliably relieves pain and improves function, yet physical and mental health scores do not return to the levels achieved by well-functioning primary implants, and durability is modest. Functional recovery remains suboptimal, and patients continue to experience limitations even after revision."

FP13

Adjacent Hindfoot Joint Preservation Versus Fusion in Patients with Ipsilateral Hindfoot and Ankle Arthritis (COFAS Type 4) Undergoing Total Ankle Replacement: A Prospective Comparison of Outcomes

Alastair Younger, Mohammad Arafah, Murray Penner, Timothy Daniels, Andrea Veljkovic, Kevin Wing, Joel Morash, Mark Glazebrook
University of British Columbia Vancouver BC

Introduction: Adjacent joint arthritis poses a dilemma in end stage ankle arthritis. The purpose of this study was to compare the outcomes of patients undergoing total ankle arthroplasty with or without surrounding joint fusion in COFAS type 4 cases.

Method: Prospectively collected data was retrospectively reviewed on 148 ankles with type 4 COFAS arthritis undergoing total ankle arthroplasty by 7 different surgeons in three centres and analysed changes of their AOS and SF36 PCS scores post operatively. Patients with surrounding joint preservation (59 ankles) were compared to those with total ankle and surrounding joint fusion (89 ankles). Multivariant analyses was performed for potential demographic differences within the patient cohorts. Outcomes were measured using SF 36 physical component, and AOS pain and difficulty scores. Preoperative scores were compared with the most recent outcome score. Revision surgery data was collected and classified.

Results: At an average of 5 years follow up both groups exhibit equivalent post operative pain and functional improvement. The average AOS in patient who had surrounding joint preservation improved from 57.47 to 24.52. Those with surrounding joint fusion improved from 55.86 to 23.67. SF36 PCS scores improved from 33.87 to 40.02 for preservation, and 38.86 to 42.27 for fusions. There was no significant difference in the preoperative score or demographics of both groups, no difference in postoperative score, and no difference in the change of score. Both groups were able to achieve their peak scores across all measurement scales at the 2-year post operative mark. Results from multivariant analyses showed no difference in patients' AOS scores between the two different surgical cohorts. Both surgical cohorts had similar rates of revisions.

Conclusion: In combined arthritis of the hindfoot (COFAS type 4) preserving the hindfoot joints with TAA yields comparative results to TAA and hindfoot fusion. The authors recommend surrounding joint preservation and fusion later on the rare occasion as needed."

FREE PAPERS SESSION 3

Friday 28th November 2025 09.00 - 10.15

FP15

Is Elevated HBA1C Associated with Post-Operative Complications in Midfoot Charcot Reconstruction? Myth Or Reality?

Andrew Isaac, Christudoss, Bhargava Krishna Balineni, Madhu Tiruveedhula
Basildon

Introduction: Guidance from the Royal College of Anaesthetists suggests that patients with poorly controlled diabetes are at increased risk of peri-operative complications, wound related issues, and prolonged hospital stays. Nevertheless, surgery remains recommended in urgent and semi-urgent cases. This study aimed to compare post-operative outcomes in patients undergoing Midfoot Charcot reconstruction, stratified by pre-operative HbA1c levels.

Method: Following local governance approval, we retrospectively reviewed patients who underwent midfoot Charcot reconstruction between January 2018 and December 2024. Patients were grouped based on pre-operative HbA1c: Group A (<69 mmol/mol) and Group B (≥69 mmol/mol). Procedures included urgent first-stage debridement, elective second-stage reconstruction or single-stage reconstruction. All patients were treated using standardised protocols involving deep tissue sampling, local antibiotic-eluting agents (Cerament G), and a short course of systemic antibiotics. Post-operative complications and outcomes were compared.

Results: A total of 105 patients were analysed: 82 in Group A and 23 in Group B. Both groups were similar in age and BMI. The median HbA1c was 50.5 mmol/mol in Group A (range: 30–69) and 79 mmol/mol in Group B (range: 70–129). Post-operative complications occurred in 11 patients (13.4%) in Group A and 3 patients (13%) in Group B. Infections occurred in five patients in Group A, with three requiring returns to theatre. In Group B, three patients developed wound infections, but none required re-operation. One patient in Group A required major amputation; none in Group B did. Fourteen patients died during follow-up (10 in Group A, 3 in Group B), all beyond 30 days post-operatively and the cause was unrelated to surgery.

Conclusion: There was no significant difference in post-operative morbidity, mortality, or complication rates between the groups. Elevated HbA1c should not be viewed as a contraindication to surgery in patients with complex diabetic foot pathology."

FP16

Clinical and functional outcomes of chronic calcaneal diabetic osteomyelitis treated with a partial calcanectomy with antibiotic-loaded calcium sulphate hydroxyapatite biocomposite application via the Silo technique

Justin Mooteeram, Nurarif Nurhashim, Anand Pillai, Ken Meng Tai, Abdul-Hadi, Kafagi
Wythenshawe

Introduction: Partial calcanectomy is an established alternative to amputation in diabetic calcaneal osteomyelitis, with recent studies utilising adjuvant local antibiotic delivery devices to improve outcomes. The Silo technique is a novel approach involving an antibiotic-loaded hydroxyapatite calcium sulphate bioceramic (Cerament G or V) implanted into pre-drilled holes in the calcaneum.

Method: This retrospective case series involved 30 patients with chronic diabetic calcaneal osteomyelitis that underwent partial calcanectomy with Cerament G or V application via the Silo technique between 2014 and 2024. Patients were also followed up on their mobility via telephone consultation. Primary outcomes were infection eradication, ulcer healing, limb salvage, patient mortality and ambulatory status.

Results: Infection eradication was achieved in 29 (97%) patients, ulcer healing in 27 (90%), ulcer recurrence in 8 (26.7%), and limb salvage in 28 (93.3%). The all-cause mortality rate was 6.7% at 1-year and 43.3% at 5-years. From baseline, 6 (20.0%) patients improved their mobility status, 20 (66.7%) maintained their mobility status, and 4 (13.3%) deteriorated in mobility status.

Conclusion: This is the second study to report on outcomes of the Silo technique and has demonstrated good clinical outcomes in infection eradication, ulcer healing, ulcer recurrence, limb salvage, 1-year mortality, and mobility. However, there was a high 5-year all-cause mortality rate. Further studies are warranted to assess the efficacy and factors affecting outcomes."

FP17

Open Versus Arthroscopic Ankle Fusion: A Long Term Prospective Comparative Multicentre Study.

Alastair Younger, Shuyuan Li, Murray Penner, Kevin Wing, Timothy Daniels, Mark Glazebrook, Oliver, Joel Morash
University of British Columbia Vancouver BC

Introduction: This multi-centre study aimed to compare complication rates, reoperation rates, and patient-reported outcome measures (PROMs) between open ankle arthrodesis (OAA) and arthroscopic ankle arthrodesis (AAA) in treating end-stage ankle arthritis.

Method: Prospectively collected data from three medical centres in the (blinded) database in a retrospective study. Patients who underwent primary ankle arthrodesis for the treatment of end-stage arthritis with a minimum of 2 years follow up and valid patient-reported outcome measures (PROMs) scores were included. Preoperative COFAS ankle arthritis type, validated PROMs including the Ankle Osteoarthritis Scale (AOS), Short Form-36 (SF-36) with 2 components (the Physical Component Summary (PCS) and Mental Component Summary (MCS)), as well as major complications including malunion, non-union, infection, amputations, and reoperations related to the arthrodesis were evaluated using CROCS (Canadian Reoperation Coding System).

Results: 447 primary ankle arthrodeses were included (178 AAA, 269 OAA) with 1-15 years of follow up (average 7.13 yrs +/- 3.8). There was no difference between the two groups with respect to demographics except there were more cases of type-1 and type-4 COFAS arthritis in the OAA group, and a higher BMI in the open group.

There was a 6.9% (31 cases) incidence of major complications including 3.79% (17) related operations around the ankle, 0.67% (3) deep infection, 1.78% (8) revisions due to non-union or malunion, and 0.67% (3) amputations.

The arthroscopic ankle arthrodesis cohort had a better outcome score at 2 years (AOS score 22.9 +/- 19.3 vs 29.3 +/- 29.3 +/- 20.7) and 4 years (23.3 +/- 19.5 vs 34.3 +/- 22.4). From 5 to 15 years there was no difference.

Conclusion: This study shows better outcomes for the arthroscopic cohort. However, differences may be less after correction for confounding factors such as surgeon, site, and COFAS grade. Revision surgery is rare in both groups."

FP18

Outcome Scores After Arthroscopic Ankle Fusion Reach a Steady State After One Year, But Revisions Occur Later - Prospective Analysis.

Alastair Younger, Marianne Koolen, Carlos Albarran, Kevin Wing, Murray Penner, Oliver Gagne, Andrea Veljkovic, Hooman Sadr
University of British Columbia Vancouver BC

Introduction: Outcome studies need to follow patients until a point at which the outcome is stable in either retrospective or prospective studies. The longer the time period of follow up the more likely patients will be lost to follow up. Revisions of the primary procedure may take months to years to occur. The purpose of this paper is to determine when scores stabilize after arthroscopic ankle fusion, and the distribution of time to revision.

Method: Patients undergoing arthroscopic ankle fusion at one institution performed by four fellowship trained Orthopaedic surgeons were recruited and prospectively followed. Annual outcome scores were obtained. This included AOS, expectation, satisfaction, and SF 36 scores. Statistical analysis was performed to determine when each outcome score achieved a steady state.

Results: 190 Arthroscopic ankle fusions were followed annually for an average of 7.2 years (range 1 to 15 years). The age at surgery was 58 +/-12 years, BMI 28.9 +/- 5.5, 66% male, 11% diabetes, and 6% smokers. There were 103 COFAS type 1, 41 type 2, 15 type 3 and 31 type 4. 5 revision fusions were performed, and 29 reoperations performed (most for hardware removal). The AOS score improved after surgery at 6 months and 1 year and was stable thereafter. The SF 36 PCS score stabilized by 6 months. The expectation score stabilized at 6 months, The satisfaction score, stiffness score and swelling score all at 1 year. Revisions on the other hand occur at an average of 2.5 years +/- 2.8 years.

Conclusion: Prospective or retrospective data for outcomes for arthroscopic ankle arthrodesis only needs to be followed until 1 year. A similar result has been obtained for ankle replacement. However, if revisions are to be followed then longer term follow up is required."

FP19

The Calcaneal X/Y Ratio: True Morphology or an X-Ray Illusion? A Comparison of X-Ray and CT

Togay Koç Hesham Oshba, Imad Najm
Southampton Hospital

Introduction: Tourne et al. described the calcaneal X/Y ratio on weightbearing radiographs to assess ""overlong"" calcanei in Haglund's syndrome, suggesting a ratio <2.5 predisposes to heel pain and supports the use of Zadek osteotomy. However, other series report good outcomes with Zadek osteotomy regardless of X/Y ratio.

Aim: To evaluate the accuracy of the XY ratio measurement on the plain radiographs reflecting the morphology of the calcaneum. This was achieved by comparing the XY ratio on X-rays and CT scans.

Method: 50 patients with Hindfoot CTs and Weightbearing X-rays, regardless of heel pain presence were selected. Two assessors (One resident & one fellow) were trained by a specialist Musculoskeletal Radiologist and Fellowship trained orthopaedic foot & ankle surgeon to measure the X/Y ratio on both plain radiographs and the sagittal cut of the CT scans. The reliability and correlation between the X/Y ratio measured on X-ray and CT as well as Inter-observer agreements between these measurements were calculated.

Results: The mean X/Y ratio measured by both assessors was lower on X-ray (2.71±0.43, 2.69±0.41) than on CT (3.14±0.44, 3.10±0.44).

X/Y ratio measured on X-ray and CT were poorly correlated for both reviewers (observer one ICC (95%CI) =.487 (-.099, .784) P< .001, observer two ICC (95%CI) =.476 (-.076, .734) P< .001)

Good Inter-observer reliability of the X/Y ratio measured on X-ray (ICC (95%CI) =.808 (.662, .891) P< .001) and excellent when measured on CT (ICC (95%CI) =.956 (.992, .975) P<.001) was found.

Conclusion: According to the findings of this study, the X/Y ratio measured on standing lateral Radiographs does not correlate to Calcaneal morphological length measured on CT. The published association between Haglund's Syndrome and an X/Y ratio < 2.5 is likely due to factors other than true calcaneal length such as calcaneal alignment."

FP20

20-year complication, revision, and re-operation rates following over 150,000 hallux valgus bunion operations in England

Michael Atife, Jonathan Munro, Conor Hennessy, Simon Abram, Rick Brown, Bob Sharp, Constantinos Loizou, Adrian Kendal
Nuffield Orthopaedic centre

Introduction: Hallux valgus surgery is common, with variable recurrence rates of 4 – 78% reported in multiple case series. Any further surgery for forefoot pathology is costly both to individuals and healthcare systems. The aim of this study was to understand the rate of revision surgery, further forefoot surgery and 90-day risks of bunion surgery in England.

Method: An England population cohort study of 152,061 operations was performed using the Hospital Episode Statistics database, linked to ONS mortality data (1998-2023). The primary outcome was Kaplan-Meier curve analysis of revision surgery free survival of bunion surgery. Secondary outcomes included the risk of 90-day complications and any further re-operation to the same 1st MTP joint or forefoot. Cox proportional hazard modelling was used to identify those at highest risk of further surgery.

Results: The overall revision-free survival was 93.1% at 20 years. Revision rates were significantly higher among females (HR 1.12, 95%CI: 1.05-1.21), white patients (HR 1.65 95%CI: 1.39 - 1.97), patients aged 40-59 years (HR 2.2, 95%CI: 1.62 - 3.01), and those from the most deprived socioeconomic group (HR 1.52, 95%CI: 1.41- 1.64). Within 20 years, 4.6% of patients underwent revision hallux valgus surgery, whereas only 2.6% proceeded to 1st MTPJ fusion. Females were more likely to get a revision surgery, whereas males were more likely to undergo revision to fusion. The 90-day mortality rate following hallux valgus surgery was 0.053%.

Conclusion: This study shows that hallux valgus correction in England is safe and has a low risk of further intervention. This is the largest retrospective cohort to date and illustrates that for the vast majority of cases, traditional hallux valgus surgery represents a monotherapy with a low revision rate and few complications."

FP21

Prospective, randomised controlled trial to evaluate the effect of weight bearing on patient outcomes following 1st MTP joint fusion.

Scott Purdie, Joel Morash, Bernard Burgesson, Mark Glazebrook
Aberdeen Royal Infirmary

Introduction: First Metatarsophalangeal (MTP) joint arthrodesis is a common procedure for the treatment of hallux rigidus and severe hallux valgus with osteoarthritis. Despite its commonality, post-operative weight bearing protocols vary widely. To date, no prospective randomised controlled trials have directly compared outcomes between immediate weight bearing as tolerated (WBAT) and non-weight bearing (NWB) following 1st MTP fusion.

Method: A prospective randomised controlled trial was conducted with 68 patients undergoing isolated 1st MTP fusion, allocated to WBAT or NWB. Standardised surgical technique and fixation methods (screws or plate) were performed by two fellowship-trained foot and ankle surgeons. Primary outcomes were pain measured by the Visual Analogue Scale (VAS) and function measured by the Foot & Ankle Ability Measure, (FAAM–ADL subscale) at 12 months. Secondary outcomes included non-union, complication, and patient satisfaction. Statistical analysis used t-tests and chi-squared or Fisher's exact tests, with significance at p<0.05.

Results: Sixty-eight patients (33 WBAT, 35 NWB) completed the study. At a minimum 12 months follow-up, both groups demonstrated significant improvements in pain and function. No statistically significant differences were found between WBAT and NWB groups in VAS pain scores (2.97+/-2.215 vs 2.54+/-2.147; p=0.423), FAAM scores (81.31+/-16.028 vs 85.02+/-18.863; p=0.387), or patient satisfaction (8.00+/-2.76 vs 8.34+/-2.52; p=0.594). Complication rates were comparable, with one case of hardware irritation in each group (p=0.739). Plate fixation was more common in the NWB group (p=0.028), this is unlikely to affect outcomes.

Conclusion: Immediate weight bearing following 1st MTP fusion is safe and results in equivalent pain relief, function, satisfaction, and complication rates, compared to traditional NWB protocols. These findings support a shift toward more permissive postoperative strategies, with potential benefits for patient mobility, independence, recovery time, and healthcare resource use."

FP22

A Cadaver Biomechanical Comparison of the Plate Construct for Open Lapidus Fusion versus Percutaneous Lapidus Fusion Using Subchondral Fixation

Alastair Younger, Stephen Steinlauf, Nathan Webb, Brian Thoren, Douglas Linton
University of British Columbia Vancouver BC

Introduction: Tarsometatarsal (TMT) fusions traditionally use bridge plates or compression screws through open incisions to correct deformity and achieve bone healing. A new percutaneous technique can remove cartilage, preserve the subchondral bone and transfix the fusion site. Intraosseus, headless, chamfered, full-thread, non-variable pitch screws are used to transfix all available bone. This study compared the biomechanical properties of the plate construct versus the percutaneous construct.

Method: TMT joints of six cadavers (12 limbs) were stabilized with a locking plate and 3.5 mm compression screw on one limb, and with a percutaneous Lapidus construct on the matched limb. An extensometer was placed on the plantar side of the TMT. The first metatarsal was point loaded cyclically from 9 to 90 N at 60 mm from the TMT joint at 3 Hz. Testing was stopped if the extensometer reached 7 mm of plantar gap, or when 250,000 cycles were reached. Specimens were then statically loaded to failure.

Results: Percutaneous screw specimens reached more cycles to failure at 226,000 ± 58,000 versus 30,000 ± 52,000 for the open plate construct ($p<.001$). Plantar gap was higher in the open plate construct at all cycle counts from 10 to 10,000 cycles (>4 mm) versus the percutaneous group (<1 mm). Maximum load was higher in the percutaneous group (343.3 ± 92.8 N versus 247.3 ± 28.3 N) ($p<.05$). Stiffness of the percutaneous group was higher (40.9 ± 13.4 N/mm versus 16.0 ± 5.3 N/mm) ($p<.01$). No differences were found in bone quality testing. A Cox proportional hazard model identified the mode of fixation as the only significant covariant ($p<.05$) in predicting cycles to failure.

Conclusion: The percutaneous subchondral fixation fusion construct with full-thread, non-variable pitch, intraosseous screws create a stiffer and stronger fixation construct than dorsal plates and cross-screws."

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BOFAS

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BOFAS 2025 - Lunch Symposium

Wednesday, November 26th | 12:00 - 14:15

- **Session 1: 12:00 – 13:10**
MIS complex cases discussions
Dr Peter Lam & Dr Robbie Ray

- **Session 2: 13:15 – 14:15**
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Dr Martin Schramm

REDEFINING EVERY STEP

BOFAS

POSTERS
ABSTRACT DETAILED

P1

Adjustable external equinus boots vs fixed angle functional orthoses: Are they worth the cost? A single centre analysis of change of practice.

James Chapman, Emma Fenlon, Edward Wood
Countess of Chester Hospital NHS Foundation Trust

Introduction: Accelerated functional rehab in weightbearing orthoses has become the mainstay of treatment for achilles tendon rupture. Fixed angle boots have been shown to achieve equinus from the midfoot, with the OPED VACOped boot demonstrating an enhanced ankle equinus. We sought to investigate whether the extra cost of the VACOped represented an improvement in PROMS, with a null hypothesis that there is no significant difference.

Method: We conducted a retrospective review of 84 patients (42 in each cohort). Achilles Tendon Repair Score (AS) and Rupture Score (ATRS) was prospectively collected to 9-12 months follow up. We set an MCID of 10; score distributions were compared using Mann-Whitney U-test and Incremental Cost-Effectiveness Ratio (ICER) was also calculated. All data was analysed using SPSS v.29.

Results: Median ATRS at 4-6 and 9-12 months in Airstep vs VACOped were significantly different; 48 vs 67.5 ($p<.001$) and 74 vs 81.5 ($p=.013$) respectively. The difference in score at 9-12 months did not meet the MCID. Median AS was significantly different at 4-6 (55 vs 65, $p<.001$) but not at 9-12 months (70 vs 80; $p=.113$); however, both cohorts met the MCID. ICER per median addition point increase per patient for the ATRS was £3.07 at 4-6 and £7.98 at 9-12 months. For the AS, ICER was £5.99 at both time points. There was no significant difference in patients who required surgery (4 vs 6; Chi-square $p=.5$). Re-rupture was more common in the Airstep group (3 vs 1; $p=.281$).

Conclusion: VACOped represents significantly improved PROMS at an earlier time point and may allow earlier return to function when compared to a fixed angle system. The cost of this appears acceptable when considering the impact of poor function on quality of life and ultimately return to work"

P2

First Metatarsal Pronation Correction After Fourth-Generation Percutaneous Transverse Osteotomy for Hallux Valgus

Tom Lewis, Lily Fletcher, Clare Watt, Robbie Ray, Cesar de Cesar Netto, Miquel Dalmau-Pastor, Peter Lam King's College Hospital NHS Foundation Trust

Introduction: There is increasing interest in the role of pronation as part of the deformity correction in hallux valgus (HV) especially with the advent of WBCT and percutaneous surgical techniques. This study aimed to assess the coronal rotation of the first metatarsal before and after percutaneous distal transverse osteotomy (META) using weight-bearing computed tomography (WBCT) and to correlate these findings with clinical outcome scores.

Method: A retrospective analysis of prospectively collected data from a single centre of patients who underwent WBCT both before and after percutaneous distal transverse osteotomy for hallux valgus correction. The primary outcome was change in pronation on radiographic parameters; Hallux valgus angle, intermetatarsal angle, Metatarsal pronation angle, alpha angle, sesamoid rotation angle, arthritis and sesamoid position were assessed using coronal WBCT images. Secondary outcomes included pre- and post-operative clinical outcomes, including the Manchester Oxford Foot Questionnaire (MOXFQ), EQ-5D-5L, Visual Analogue Scores (VAS) and complication rates.

Results: 51 feet from 34 patients (32 Female, 2 Male, mean age 60.3±10.2 years) underwent META. Radiographic data was available for 94.4% of feet with mean follow up of 12.1±3.2 months. There was a significant improvement across all radiographic parameters including pronation correction ($p<0.05$). There was also a significant improvement in clinical foot function for all MOXFQ domains, EQ-5D-5L and VAS Pain outcomes ($p<0.05$). The complication rate was 1.9%. There was no significant correlation of post-operative outcomes with radiographic pronation parameters. Regression analysis did not identify any radiographic or clinical variables that predicted change in MOXFQ Index domain score.

Conclusion: Percutaneous distal transverse osteotomy for hallux valgus deformity can significantly correct coronal plane pronation and improve patient-reported outcomes, although correction of pronation was not significantly correlated with clinical improvement."

P3

Evaluating Implant Survivorship and Revision Rates in Salto Talaris Total Ankle Arthroplasty

Nana Amponsah, Joydeep Baidya, Adam Lencer, Kush Mody, Joseph Daniel, Brian Winters, Selene Parekh, David Pedowitz
Rothman Orthopaedic Institute

Introduction: Total ankle arthroplasty (TAA) is associated with significant complication and failure rates. This study evaluates the Salto Talaris, a fixed-bearing prosthesis modelled after the mobile-bearing Salto implant. We analyse revision rates, survivorship, early complications, postoperative care, and functional outcomes.

Method: We performed a retrospective review of patients who underwent Salto Talaris TAA between 2010 and 2024. Complications and reoperations were recorded using the American Orthopaedic Foot & Ankle Society (AOFAS) TAA reoperation coding system. Patient-reported outcomes were assessed using the Foot and Ankle Ability Measure (FAAM) and Physical Component Summary (PCS) scores. Statistical analysis included T-tests or Mann-Whitney U tests for continuous variables and Chi-Square or Fisher's Exact tests for categorical data.

Results: A total of 530 patients were included, with an average follow-up of 6.8 years, mean age 69.3 years, and BMI 29.7 kg/m^2. Seventeen cases (3.2%) were revised at an average of 478 days; 6 of these (35.3%) required a second revision. No significant differences were found in physical therapy, bracing, or postoperative care. Preoperative FAAM and PCS scores were similar between groups, with no significant differences in one-year postoperative scores. However, debridement was significantly associated with increased revision risk. A subanalysis of 72 patients with ≥10 years follow-up revealed only one required revision.

Conclusion: The Salto Talaris implant shows excellent mid-to-long-term survivorship with a low revision rate of 3.2%. While functional outcomes did not significantly improve postoperatively, the implant demonstrated long-term durability. The link between debridement and revision offers valuable insight for surgical planning and may guide future patient selection and intraoperative decision-making."

P4

The results of a national survey of surgeons and physiotherapists regarding physiotherapy practice after foot and ankle arthritis surgery

Philippa Dolphin, Sarah Johnson-Lynn
The James Cook University Hospital, Middlesbrough

Introduction: The lifetime prevalence of symptomatic ankle arthritis is 3.4% (Murray, 2018) and symptomatic mid- and hindfoot arthritis affects 1 in 6 older adults (Thomas, 2015). The majority of this disease burden falls on women, manual workers and those with higher markers of socioeconomic deprivation (Roddy, 2015).

There is no agreed pathway in the UK for physiotherapy after foot and ankle arthritis surgery and there is little evidence to guide treatment. This has led to the role of physiotherapy in foot and ankle conditions being made a JLA top 10 priority.

Method: A survey of current physiotherapy practice following foot and ankle arthritis surgery was conducted in the UK via the BOFAS AHP network and a paired questionnaire was disseminated to the BOFAS surgical membership. There were 106 surgeon questionnaire responses, 95% from consultant members. There were 26 responses to the AHP questionnaire, 92% of responses being from band 7 and 8a specialist foot and ankle or lower limb physiotherapists.

Results: Most surgeons felt that the most important purpose of post-operative physiotherapy was to normalise gait (60% after ankle fusion, 64% after foot fusions), however physiotherapists were equally likely to believe that managing patient expectations was most important (29%; 29%).

Only 35% of units employed a specialist foot and ankle physiotherapist and 32% of surgeons felt that their patients had inadequate access to foot and ankle physiotherapy. 18% of units have rehabilitation protocols for patients after foot and ankle fusion surgery. Most patients receive 5 or fewer sessions of physiotherapy post-operatively (73% of ankle fusion and 78% of foot fusion patients).

Conclusion: Most UK patients will receive physiotherapy after foot and ankle fusion surgery, but access is variable and most centres do not use a protocol.

Disclosure: Senior author is a member of the BOFAS Scientific Committee."

P5

Wedge Tarsectomy using Patient Specific Instrumentation in a Tertiary Foot and Ankle Unit

Yahya Ibrahim, Panos Poulious, Shelain Patel, Nicholas Cullen, Matthew Welck, Karan Malhotra
Royal National Orthopaedic Hospital Stanmore

Introduction: Bony correction in complex cavovarus deformities is challenging. To correct deformity at the CORA a multiplanar wedge tarsectomy (WT) may be required. We examine our results of WT using patient-specific instrumentation (PSI).

Method: This single-centre, prospective cohort study evaluated non-correctable cavovarus feet undergoing PSI-guided WT. Accuracy of PSI guides/plans, surgical duration and adjunctive procedures were recorded. Pre- and postoperative weight-bearing CT (WBCT) measurements and PROMs (at 1 year) were compared. Data was normally distributed and analysed with paired t-tests and Pearson correlation.

Results: 11 patients had tri-planar deformities with a CORA at the Chopart or navicular-cuneiform joint. Mean surgical time was 135 minutes. Planned correction was achieved in all cases. Two cases required minor adjustments to initial osteotomy. Nine patients required adjunctive procedures. Postoperative radiological measurements significantly improved including sagittal and axial Meary's angle ($p=0.039$, $p=0.010$), talonavicular coverage ($p<0.001$) and coronal forefoot arch angle ($p=0.001$). All patients fused by 3 months. MOxFQ-Walking scores improved post-operatively, with a greater improvement with increasing correction of adduction ($p=0.047$, $r=0.67$). Improvements were noted in other PROMs but were not statistically significant. One patient had residual hindfoot varus and underwent subsequent calcaneal osteotomy. Two patients had delayed wound healing. One patient had transient neuropathic pain and one developed CRPS.

Conclusion: PSI-guided wedge tarsectomy is safe and achieves predictable multiplanar correction. Our unit's experience has been excellent, with significant improvement in patients' walking, particularly with larger deformity corrections.

P6

Radiographic Comparison of Forefoot and Midfoot width changes with 4th generation Minimally Invasive Bunion Surgery versus the Modified Lapidus Procedure

Togay Koç Imad Najm, Matthew Towner
Southampton Hospital

Introduction: Minimally Invasive Bunion Surgery (MIBS) and the Modified Lapidus Procedure (MLP) have both been shown to treat bunions and narrow forefoot bony and soft tissue width. Both procedures stabilise the 1st Tarsometatarsal Joint (TMTJ). El Masry et al report an increase in proximal midfoot bony and soft tissue width associated with MIBS.

Aim: To compare forefoot and midfoot bony and soft-tissue width between MIBS and MLP.

Method: A retrospective review of 21 consecutive MIBS using 4th generation technique on 16 feet between March 2022 and August 2024 and 24 consecutive MLPs on 20 feet between July 2021 and June 2024 were performed. Radiographic data collection included pre- and post-operative HVA, IMA +/- proximal IMA, DMAA, Dist 1-2 (distance between 1st & 2nd metatarsal), forefoot bony (FFBW) & soft-tissue width (FFSTW), proximal/midfoot bony (MFBW) & soft-tissue width (MFSTW) and 1st:2nd Metatarsal ratio.

Results: For the MLP: IMA, HVA & DMAA decreased from 17.97, 40.97 and 27.63 respectively to 7.48, 14.44 and 8.55 respectively. The mean dist 1-2 decreased from 18.37mm to 13.99mm. The mean FFBW & FFSTW decreased from 96.87mm & 107.69mm to 86.27mm & 98.79mm respectively. The mean MFBW & MFSTW decreased from 79.00mm & 95.17mm to 73.17mm & 90.97mm< br /> For MIBS: IMA, HVA & DMAA decreased from 15.79, 31.98 and 16.01 respectively to 4.75, 8.19 and 4.20 respectively. Mean proximal IMA increased to 24.01. The mean dist 1-2 increased from 17.62mm to 21.71mm. The mean FFBW & FFSTW decreased from 94.88mm & 105.47mm to 87.99mm & 102.19mm respectively. The mean MFBW & MFSTW however increased from 78.47mm & 95.00mm to 82.23mm & 96.18mm.

Conclusion: Both MIBS and the MLP reduce measures of forefoot bony & soft-tissue width. However, MIBS was found to increase measures of proximal/midfoot bony & soft-tissue width while the MLP reliably reduced these variables."

P7

What is the Incidence of Symptomatic Late Post-Traumatic Ankle Arthritis Requiring Intervention following ankle fracture?

Samer Bitar, Milindu Makandura, Mona Theodoraki, James Davenport, Michael, Joseph Ring, Robert Smith, Timothy Clough
Wrightington

Introduction: To assess the 10-year outcomes of ankle fractures managed at our centre in 2014, specifically reviewing the incidence of symptomatic post-traumatic ankle arthritis requiring further intervention, including injections, fusion, or total ankle replacement (TAR).

Method: This retrospective cohort study included all 146 ankle fractures presenting between January and December 2014; pilon and talar fractures were excluded. Data was collated from electronic records and imaging, including fracture classification (Weber A/B/C), medial, posterior malleolar involvement, and syndesmotic fixation. Patient demographics, co-morbidities, initial management, and outcomes were recorded. Outcomes were assessed over 10 years, focusing on the need for further treatment of ankle arthritis.

Results: The cohort had a mean age of 48.8 years (range 6–89), with 50 male and 96 female patients. Smoking, diabetes, rheumatoid arthritis, and osteoporosis were present in 10.3%, 9.6%, 4.8%, and 8.2%, respectively. 21 patients died during follow-up; none required ankle intervention.

Of the 146 fractures, 10 were Weber A, 76 Weber B, 49 Weber C, and 11 isolated medial malleolar. Surgical fixation was performed in 99 cases (67.8%). Medial malleolar fractures occurred in 82 cases (56.2%). Syndesmotic fixation was used in 23 cases (15.7%; 6 Tightrope, 17 screws). Posterior malleolar fractures were present in 37 cases (25.3%); 7 involving >1/3 of the articular surface treated with screw fixation and 30 <1/3rd articular surface – no posterior malleolar fixation. None received posterior plating.

Over 10 years, one patient (Weber C) underwent ankle fusion at 2.4 years, and four patients (3 Weber B, 1 Weber C) received steroid injections at a mean of 3.9 years (2.5-6.3 years). No patients required TAR.

Conclusion: Very few ankle fractures (3.4%) progressed to clinically significant symptomatic arthritis requiring intervention over the next 10 years, with just 0.7% requiring surgery."

P8

Open Ankle fragility fractures in elderly patients treated with subtalar joint-Sparing primary ankle fusion: An Evolving Treatment Option

Siddharth Khadilkar, Yousufuddin Shaik
Queen Elizabeth Hospital Birmingham

Introduction: Open ankle fractures in elderly patients are associated with significant morbidity due to complex fracture patterns, compromised soft tissue, and multimorbidity. Traditional staged fixation may lead to delayed mobility and higher complication rates. Primary ankle fusion offers an alternative, but conventional tibiotalocalcaneal (TTC) fusion compromises subtalar motion, impacting functional outcomes.

To evaluate the outcomes of subtalar joint-sparing primary ankle fusion using either an anterograde tibial nail or cannulated screws in elderly patients with open ankle fractures.

Method: This retrospective study included 14 patients aged ≥60 years with open ankle fractures treated at two UK centres. Patients underwent primary ankle fusion using either an anterograde tibial nail or cannulated screws, preserving the subtalar joint. All surgeries were performed within 12–24 hours of injury, adhering to BOAST with plastic surgery input for soft tissue management. Patients followed a standardized rehabilitation protocol allowing early full weight-bearing. Radiological union was assessed at a minimum follow-up of 1 year and at 18 months.

Results: Radiological union was achieved in the majority of patients by final follow-up. Early full weight-bearing was well tolerated, with most patients returning to their baseline level of mobility. No deep infections, implant failures, or revision surgeries were recorded. Subtalar joint motion was preserved in all cases.

Conclusion: Subtalar joint-sparing primary ankle fusion is a safe and effective treatment for open ankle fractures in elderly patients. It enables early mobilization, preserves hindfoot function, and ensures reliable bone union with low complication rates. Given these outcomes, this technique should be considered a preferred alternative to traditional TTC fusion, offering clear functional benefits for this vulnerable population."

P9

Functional Outcomes and Complications Following Total Talus Replacement

Nana Amponsah, Adam Kohring, Adam Lencer, Joseph McCahon, Joydeep Baidya, David Pedowitz, Joseph Daniel, Selene Parekh
Rothman Orthopaedic Institute

Introduction: Total talus replacement (TTR) is an emerging alternative for patients with talar avascular necrosis, non-union, and trauma, preserving ankle motion compared to tibiotalar and subtalar fusion. However, data on failure rates, functional outcomes, and predictors of poor results remain limited. The purpose of this study is to evaluate functional outcomes, reoperation rates, and risk factors for complications following TTR.

Method: A retrospective review identified patients who underwent isolated elective total talus replacement between 2017 and 2023. Patients with total ankle arthroplasty or tibiotalar fusion were excluded. Demographic variables, including age, sex, BMI, and comorbidities, were recorded. Functional outcomes were assessed using Foot and Ankle Outcome Scores (FAOS), evaluating pain, symptoms, activities of daily living (ADL), sports/recreation, and quality of life (QOL). Complications, revision rates, and additional surgeries were analysed.

Results: Thirty-one patients underwent TTR, with a mean age of 41.6 ± 15.4 years and a mean follow-up of 1.7 ± 0.9 years. The majority were female (71.2%), and the mean BMI was 29.7 ± 7.0. Diabetes was present in 12.9% of patients. Functional outcomes significantly improved across all FAOS domains (< 0.001). The FAOS Pain score increased from 42 ± 17.3 preoperatively to 75.3 ± 18.6 at their final follow-up. Similar improvements were seen in FAOS Symptoms (42 ± 19.1 to 66.4 ± 22.9), ADL (54.5 ± 23.5 to 84.3 ± 18.6), Sports/Recreation (26.8 ± 31.4 to 36.5 ± 28.4), and QOL (10.4 ± 14.5 to 42.8 ± 21.2). Revision surgery was required in 2 patients (6.4%), and 4 patients (12.9%) underwent additional procedures.

Conclusion: Patients undergoing TTR demonstrated significant improvements in pain, symptoms, and functional outcomes, with high early implant survivorship. Total talar replacement can restore function and mobility in appropriately selected patients, offering a promising solution for those seeking to avoid fusion procedures."

P11

Long-Term Outcomes by Graft Utilization in Insertional Achilles Tendinitis Surgery

Joydeep Baidya, Nana Amponsah, Kush Mody, Amy Nghe, David Pedowitz, Joseph Daniel, Selene Parekh
Rothman Orthopaedic Institute

Introduction: Insertional Achilles tendinitis (IAT) is commonly treated with tendon grafting or occasionally biologics to further reinforce the repair and prevent re-rupture. Common grafts are the plantaris and flexor hallucis tendon transfer. With the increase of recreational sports and activities, more patients are eager to get back into their physical activities after surgery and want to weigh the options that get them recovering faster and stronger. Considering a graft is costly and the long-term results still need to be studied. This study aims to evaluate the long-term outcomes associated with grafting versus no grafting in patients undergoing treatment for IAT.

Method: A retrospective analysis was conducted on a cohort of 753 patients, divided into two groups: those who received a graft (n=196) and those who did not (n=557). Ipsilateral retear rates, revision surgery rates, readmission rates, and functional recovery as measured by the Foot and Ankle Ability Measure Visual Analog Scale (FAAM-VAS) scores were analysed. Data was analysed for statistical significance.

Results: The analysis revealed a significantly higher rate of ipsilateral retears in the graft group (2.06%) compared to the no graft group (0.18%) (p=0.018), indicating a notable risk associated with grafting. The rate of revision surgeries was slightly higher in the graft group (3.61%) compared to the no graft group (2.01%), although this difference was not statistically significant (p=0.274). Readmission rates were similar between the two groups (7.22% for graft vs. 6.02% for no graft). Functional recovery, assessed via Delta FAAM VAS scores, demonstrated a statistically significantly better improvement in the no graft group (-18.30) compared to the graft group (-1.39) (p=0.033).

Conclusion: Our study indicates that long-term results for IAT repair with graft are shown to have a higher rate of retears and revisions and may not be worth the extra cost and risk."

P12

Donor Ankle Morbidity Following Peroneus Longus Tendon Harvest for Anterior Cruciate Ligament Reconstruction: A Prospective Evaluation Using Gait, Isokinetic Muscle Strength, and Pedobarographic Analysis

Ronak Kotian, Ajoy S M
Golden Jubilee National Hospital

Introduction: The peroneus longus tendon (PLT) has gained attention as a suitable autograft option for anterior cruciate ligament reconstruction (ACLR), offering benefits such as superior tensile strength, shorter harvest duration, increased graft diameter and length. However, existing literature lacks a comprehensive objective evaluation of ankle morbidity following its harvest.

Method: In this prospective study, 52 patients who underwent ACLR using PLT autografts were assessed pre-operatively, and then at 6 months and 1 year post-operatively. Objective parameters included gait analysis via the GAITRite system, isokinetic strength testing of evertors and invertors using the HUMAC NORM dynamometer, and foot pressure analysis with the EMed pedography system. Subjective assessments included the Foot and Ankle Ability Measure (FAAM) score and the Foot and Ankle Outcome Score (FAOS).

Results: The mean age was 32.61 ± 10.60 years, with a mean follow-up of 18.34 months. The PLT graft had an average length of 29.32 ± 2.26 cm and a diameter of 9.32 ± 0.92 mm. At 6 months, a significant reduction in peak torque at 60°/second velocity of both evertor and invertor muscles was observed ($p<0.05$). The decrease in peak torque at both 60°/second velocity and 120°/second velocity was not statistically significant at 1-year ($p>0.05$). Functional Ambulation Profile (FAP) score, cadence, single-leg support time, step time and walking velocity showed significant improvement over different time intervals ($p<0.001$). No significant changes were observed in stride length, double support time, stance and swing phases, maximum force, peak pressure, FAAM, or FAOS scores ($p>0.05$).

Conclusion: Harvesting the PLT for ACLR may initially weaken the evertor and invertor muscles; however, targeted ankle rehabilitation can aid in strength recovery. Although gait and pedobarographic functions remained largely unaffected, further robust evidence is necessary before endorsing PLT as a first-line graft option. It may be suitable for select cases, such as multi-ligament injuries or revisions."

P15

Total ankle replacement vs ankle arthrodesis outcomes in obese patients with mean 11-year follow-up

Zakir Haider, Ellie Pinsker, Ryan Khan, Timothy Daniels, Mansur Halai
St Michaels Hospital, Toronto

Introduction: Obesity is rising in North America and Europe with renewed interest in total ankle replacements (TARs) in this cohort of patients. Previous studies have reported TAR vs Ankle Arthrodesis (AA) outcomes in non-obese patients. This study aims to report TAR vs AA outcomes specifically in obese patients with long term follow up.

Method: This was a retrospective study of TARs and AA performed in patients with a Body Mass Index (BMI) ≥30 kg/m2. Ankle Osteoarthritis Scale (AOS) and Short Form-36 mental and physical component scores were collected. Secondary operations were recorded. Independent T test was used to compare PROM score changes with Holm-Bonferroni adjustment for multiple hypothesis testing. Significance was set p-value <0.05.

Results: 160 patients were included with 105 patients in the TAR group and 55 in the AA group with a mean BMI of 35.2 kg/m2 (SD ± 4.7kg/m2). At mean follow of 11.2 years (SD ± 2.9 years) change in pre-operative and post operative PROM scores was not significant between the two groups except for AOS Disability change ($p = 0.002$) favouring TAR. The number of re-operations were higher in the TAR group ($p=0.03$) with 12% requiring a polyethylene liner exchange. 4 patients required surgical debridement/revision for infection in the TAR group with 0 in the AA group. Revision for malposition or non-union was similar in both groups (5 patients TAR group vs 3 in the AA group). 2 patients in the AA group required BKA.

Conclusion: Obese patients with TAR or AA experience similar improvements in ankle pain, and overall physical health scores at long term follow up. TAR PROMs are not inferior to AA in obese patients and may lead to greater functional improvement (in terms of disability) than fusion. Secondary procedures are higher in the TAR group and individualized decision making is necessary with patients."

P16

Circular Frame Management of Distal Tibial Fractures; 15 Years of Practice in a Tertiary Referral Unit

Patrick Hickland, Denise Wilson, Conor Mullan, Michael McMullan, Gerard Kelly
Belfast Health and Social Care Trust

Introduction: Distal tibial fractures, although relatively uncommon, are a concern to orthopaedic surgeons owing to their high energy nature and the associated soft tissue damage, metaphyseal comminution and articular involvement. Presently, there is no robust evidence to guide operative management, although circular frame fixation is one technique that can address and obviate some of these problems.

Method: A retrospective review was undertaken to identify patients who had undergone circular frame fixation (CFF) of a distal tibia fracture in a UK major trauma centre from Jan 2010 – Dec 2023 inclusive. Outcomes of interest were postoperative complications, particularly those evidenced by an unplanned return to theatre. Regional electronic record and imaging systems were reviewed to identify these events.

Results: 232 fractures were identified in 230 patients from 2010-2023 inclusive, with a mean age of 48.7 years and of whom 62.5% were male. 18.1% of fractures were open and 65.5% AO class 43C. The mean time from injury to CFF was 6.6 days, with frames being retained for an average of 5.1 months. At a mean of 8.4 years (range 0.6-15) post-operatively, the unplanned reoperation rate was 14.2%, as indicated for; deep surgical site infection (SSI) 6.9%, septic non-union 2.6%, and aseptic non-union 2.2%. The rate of clinically significant post-traumatic ankle arthritis was 6.9%, but overall arthrodesis rate only 2.2%. The amputation rate was 1.3%. Cases of open fractures or with diabetes were more likely to develop a deep SSI ($p<0.05$).

Conclusions: This study describes the mid-to-long term outcomes of patients who underwent CFF of a distal tibia fracture, representing the largest available series, and demonstrating favourable rates of major complications compared to those available in the existing literature. Our results support this practice, in an appropriately resourced multi-disciplinary service, and furthermore provide invaluable information that can be used when counselling relevant patients."

P17

Impact of Age Decade on Surgical and Patient-Reported Outcomes Following Total Ankle Arthroplasty

Joydeep Baidya, Nana Amponsah, Kush Mody, David Pedowitz, Joseph Daniel, Selene Parekh Rothman Orthopaedic Institute

Introduction: Degenerative joint disease or post-traumatic arthritis of the ankle is often addressed using total ankle arthroplasty (TAA). Previous literature has examined outcomes at the extremes of the age continuum, but there are no studies tracking outcomes over time based on age. Thus, the purpose of this study was to compare surgical and patient-reported outcomes (PROM) between patients in different decades of life undergoing TAA.

Method: Adult patients who underwent elective TAA at a tertiary care centre (2010-2024) were retrospectively identified and stratified into decades of life ranging from less than 50 to 80+ years old. Demographics/surgical characteristics were collected. Outcomes of interest were readmissions; revisions; time to weightbearing; time to return to daily activities; and PROMs of FAAM VAS and SF-12 PCS scores preoperatively and at 1 year postoperatively.

Results: 787 patients who met inclusion criteria were identified (age < 50: 41; 50-59: 99; 60-69: 260; 70-79: 275; 80+: 112). The 80+ cohort had the lowest BMI (28.8 kg/m2; $p = 0.002$) and proportion of non-smokers (65.2%; $p = 0.026$), and highest Charlson Comorbidity Index (4.46; $p < 0.001$) and proportion of Medicare (59.8%; $p < 0.001$). Length of stay increased with each decade of life from 1.16 to 2.06 days ($p < 0.001$). Readmissions, revisions, and time to return to daily activities were comparable between age groups. Time to weightbearing was longest in the 80+ group (40.7 days; $p = 0.037$). Postoperative FAAM VAS and PCS scores were also best in the 80+ group ($p < 0.001$ and $p = 0.043$, respectively).

Conclusion: This study identified that while length of stay increased with greater age, it was not associated with differences in readmissions, revisions, or recovery to baseline functionality. The favourable PROMs also indicate that older adults are satisfied with the outcomes of their surgery. Surgeons should be cognizant of the potential for adverse outcomes, but the otherwise comparable risk profile and PROMs suggest that TAA is safe and effective to perform in all age groups."

P18

The mortality rate and clinical outcomes of ankle arthroplasty in Scotland from 2000 to 2023

Patrick Porter, Matthew Kennedy, Andrew Brunt, Jon V Clarke, Phil Walmsley
Tayside

Introduction: An ankle arthroplasty is a definitive treatment for end-stage arthritis. This is a commonly performed operation, however, there is limited evidence on arthroplasty survival, clinical outcome and comparison of various implants used in Scotland.

The primary aim of this study is to determine the survivorship of arthroplasty, the length of patient hospital stay and mortality rate.

Method: This retrospective cohort study was comprised of multi-centre data from the Scottish Arthroplasty Project (SAP) between 2000 to 2023. Demographic and clinical data was collected prospectively. The primary outcome of arthroplasty failure was defined: as the removal or exchange of any components of the implanted device including removal of the polyethene, one stage or two stage revision or conversion to ankle fusion.

Results: A total of 1517 ankle arthroplasties were included in this study in 2000. A total of 1196 patients were alive by the end of the study in 2023. This gives mortality rate of 21.16%. A total of 127 ankle arthroplasties failed (9.14%), meaning revision surgery was required. The arthroplasty survival at 23 years, using revision surgery as an end point, was 73.96%. The median length of hospital stay was two days. The mean infection rate of an ankle arthroplasty was 1.25%.

Conclusions: The ankle arthroplasty survival rate in Scotland is in keeping with the rate of the UK."

P19

Bone Graft Augmentation in Fourth Generation Percutaneous Hallux Valgus Surgery

Tom Lewis, Lily Fletcher, Clare Watt, Evelyn Murphy, Min Jia Chua, Andreas Toepfer, Peter Lam
King's College Hospital NHS Foundation Trust

Introduction: Minimally invasive or percutaneous surgery (MIS) for hallux valgus correction has demonstrated excellent clinical and radiographic outcomes. However, there are rare occasions where there is limited bone formation and remodelling despite successful union. This study investigated whether prophylactic bone graft augmentation could improve bone formation compared to standard percutaneous technique.

Method: A retrospective comparative study of patients undergoing fourth-generation percutaneous hallux valgus correction with Bone Graft Augmentation (BGA group) or without (NBG group) demineralized bone fibre augmentation. Primary outcome was radiographic healing assessed at 6 weeks, 3 months, and 6 months using a validated classification system. Secondary outcomes included patient reported outcome measures (MOXFQ, EQ-5D-5L, VAS Pain), and radiographic parameters (intermetatarsal angle, hallux valgus angle).

Results: Between September 2022 and July 2024, 215 patients (191 female; 24 males; 316 feet) underwent fourth generation percutaneous metatarsal extra-capsular transverse osteotomy for hallux valgus correction. Patients were divided into bone graft augmentation (BGA; 222 feet) and non-bone graft (NBG; 94 feet) groups. Radiographic follow-up was available for 75.2% (167 feet) of BGA and 79.8% (75 feet) of NBG cases. The BGA group showed significantly improved radiographic union scores at 3 and 6 months ($p=0.005$-0.027) but not 6 weeks ($p=0.06$), with both groups achieving 100% union by 6 months. There were no significant differences between groups in terms of patient reported outcome measures or radiographic deformity correction ($p>0.05$). The additional cost of bone graft augmentation was USD$1990 per procedure

Conclusions: The addition of demineralized bone matrix to the lateral healing zone, led to significantly improved radiographic healing rates at three and six months following percutaneous hallux valgus surgery."

P20

Identifying and Managing Atypical Ankle Fractures Beyond the Lauge-Hansen Classification System

Ahmad Joumah, Peyman Bakhshayesh
Nottingham

Introduction: The Lauge-Hansen (LH) classification system remains a cornerstone for evaluating ankle fractures, effectively categorising most injuries based on predictable mechanisms. However, a notable subset of fractures defies LH classification. This study aims to identify and characterise these atypical patterns, evaluating their prevalence, imaging features, surgical management, and need for syndesmotic fixation.

Method: We retrospectively reviewed all ankle fractures treated at a single major trauma centre over 12 months (2022–2023). Atypical fractures were defined as those exhibiting anterior or posterior talar subluxation/dislocation on lateral radiographs and not classifiable under LH. These were instead characterised by alternative mechanisms: hyper-flexion pronation, hyper-flexion supination, hyper-extension supination, or hyper-extension pronation. Comparisons were made with LH-classifiable fractures regarding frequency, CT utilisation, surgical approach, and syndesmotic fixation.

Results: Of all fractures reviewed, 20% (n=70) were unclassifiable under LH criteria. These atypical injuries showed distinct management requirements: syndesmotic fixation in 100% versus 20% in LH-classifiable cases; preoperative CT in 60% versus 20%; and combined surgical approaches in 40% versus 20%. Posterior-lateral, posterior-medial, and modified posterior-medial approaches were common. Combinations such as posterior-lateral plus direct lateral approaches were uniquely observed in this cohort.

Conclusion: A significant proportion (20%) of ankle fractures cannot be categorised by the LH system and appears to arise from mechanisms where the foot is not fixed at the time of injury—suggesting a different biomechanical origin. These injuries are associated with higher rates of syndesmotic fixation, greater reliance on advanced imaging, and more complex surgical approaches. Findings support the development of a modified classification system to guide diagnosis and treatment of these distinct injury patterns”

BOFAS

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Acumed is recognized by surgeons for its commitment to quality. Through continuous improvement and data-driven insights, we enhance product design, education, and customer experience-ensuring reliable performance and optimal outcomes for patients, healthcare providers, and the surgical community. Acumed products are backed by over 400 published studies. We continually collect and analyze clinical and biomechanical data to meet global regulatory standards and support evidence-based promotion and decision-making. For over 30 years, Acumed has driven innovation-introducing industry-first solutions, new materials, and techniques that simplify procedures, address unmet clinical needs, and strengthen the trusted goodwill brand.

ADDIDREAM

ADDIDREAM is a French company specializing in the design and manufacturing of anatomical training models for orthopaedic and trauma surgery. Our mission is to provide surgeons, medical device companies, and training organizations with realistic, customizable, and cost-effective models that enhance surgical education and simulation. Founded by Clément Muhle, ADDIDREAM has rapidly positioned itself as a European alternative to Sawbones and Synbone, offering a flexible, responsive, and innovation-driven approach. Our models are used by leading orthopaedic implant manufacturers, hospitals, and surgical training centres worldwide.

ADVITA ORTHO

Advita Ortho is a global medical device company committed to advancing patient lives through innovative orthopedic solutions. We specialize in high-quality implants and surgical technologies powered by data, artificial intelligence and machine learning. Through the collaboration and innovation of engineering and surgeon thought leader expertise, Advita Ortho offers the Vantage Total Ankle Replacement which achieves a new perspective in total ankle arthroplasty by addressing clinical challenges and patient outcomes

ARTHREX

Arthrex is a global medical device company and leader in new product development and medical education in orthopaedics. With our mission of Helping Surgeons Treat Their Patients Better™, Arthrex has pioneered the field of arthroscopy and develops more than 1,000 innovative products and procedures each year. Arthrex continues to experience unprecedented growth and demand for our products throughout the world; however, we remain a privately held company with a family business culture committed to delivering uncompromising quality to the health care professionals who use our products, and ultimately, the millions of patients whose lives we impact.

BIOCOMPOSITES

Biocomposites is an international medical device company that engineers, manufactures and markets world leading products for use in infection management in bone and soft tissue. Based in Keele, UK, it has global operations across Europe, USA, Canada, China and India. Biocomposites is a world leader in the development of innovative calcium compounds for surgical use. Its products target a broad spectrum of infection risks across a variety of specialities, including musculoskeletal infection, orthopaedics, trauma, spine, foot and ankle and podiatry. Biocomposites products are now used in over 100,000 procedures per annum and sold in more than 40 countries around the world.

BONESUPPORT

BONESUPPORT AB is a Scandinavian orthobiologics company that develops and markets CERAMENT®, an innovative range of radiopaque injectable osteoconductive and drug-eluting bioceramic products that have a proven ability to heal defects by remodeling to host bone in six to twelve months. Our products are effective in treating patients with fractures and bone voids caused by trauma, infection, disease or related surgery.

BOA

The British Orthopaedic Association (BOA) is the Surgical Specialty Association for Trauma and Orthopaedics in the UK. As a charity and membership organisation we care for patients, and support surgeons at all levels of their career. We work tirelessly at a national level on a wide range of issues to support our members and care for patients. As a charity we support patient care by raising funds for research into musculoskeletal disorders and orthopaedic treatments across all subspecialties.

ENOVIS FOOT AND ANKLE – NOVOSTEP

Novastep® is a global medical device company focused on designing, developing and marketing products to treat conditions that affect the bones, joints and soft tissues of the foot and ankle. Our company is passionately committed to delivering innovative technologies and quality medical education programs to our surgeon customers for the benefit of their patients. We are now part of Enovis™, a medical technology company focused on developing clinically differentiated solutions that generate measurably better patient outcomes and transform workflows

IGEA MEDICAL UK

IGEA is a leading company in the development of medical devices performing biophysical stimulation to promote bone growth, pain relief in joints, and a faster post surgical functional recovery time. FAST® is a home based low-intensity pulsed ultrasound accelerating bone healing in stress fractures, fresh fractures, osteotomies, non-unions, delayed unions.

INCISION INDEMNITY

Incision Indemnity provides contractual medical indemnity insurance for surgeons, medical professionals and private clinics, combining cover with 24/7 in-house medico-legal support and extensive risk-management resources. As an authorised Coverholder with delegated authority, Incision can quote, confirm cover and settle claims efficiently. Policies are underwritten by Lloyd's syndicates/medical malpractice insurers and meet or exceed private hospital requirements. Membership benefits span Medical & Professional Liability, Public Liability, Cyber Liability and more—built by specialists for specialists.

JOHNSON & JOHNSON MEDTECH

Johnson & Johnson MedTech specialises in innovative foot and ankle solutions, dedicated to advancing patient care. With cutting-edge technologies and a focus on surgeon collaboration, we aim to improve outcomes and restore mobility. Partner with us for trusted, high-quality medical devices designed to transform foot and ankle treatment.

JOINT OPERATIONS

At Joint Operations we are redefining care through innovative solutions, so that empowered healthcare professionals can restore lives. Our Extremities team proudly specialise in Joint Preservation in the foot and ankle, as well as providing expertise in nerve repair, across the UK & Ireland. We work with a range of suppliers, such as Geistlich, Episurf and Rejoin, to offer healthcare professionals choices from the latest advancements, alongside our product advice and procedural knowledge.

LAVENDER MEDICAL

Lavender Medical specialises in providing innovative extremity solutions to the orthopaedic community, with a particular focus on the foot and ankle sector. We represent a number of leading, research-driven manufacturers to ensure that the latest technologies are made available to the UK market. In 2025, we are proud to expand our portfolio with the introduction of advanced soft tissue repair solutions. Our commitment is to deliver the highest standards of service to the hospitals and healthcare professionals with whom we work in close partnership. With a longstanding association with the UK foot and ankle community, we are honoured once again to support the British Orthopaedic Foot and Ankle Society as a sponsor.

LEDA

LEDA developed the Ortholove® brand of lower limb elevators and patient positioners, helping surgeons and patients with stable positioning and appropriate elevation of the leg, foot and ankle following injury, intraoperatively or post-op. Ortholove® HomeFoam products are loved by patients all over the UK and the Ortholove® Professional Series are used in many foot & ankle theatres around the country. More recently, as an exclusive distributor for trauma & extremities, LEDA have partnered with Kuros Biosciences, to launch MagnetOs putty for foot & ankle surgery.

MARQUARDT UK

Marquardt UK Marquardt UK has one clear goal: to supply the UK healthcare market exclusively and directly with high-quality solutions developed by Marquardt Medizintechnik. As a specialist in osteosynthesis, Marquardt is committed to delivering advanced medical implant systems that meet the highest standards of innovation, quality, and clinical service. All products are 100% Made in Germany at our headquarters in Spaichingen, reflecting the precision engineering and trusted craftsmanship for which German manufacturing is renowned.

MEDI®

medi® is a leading supplier of orthopaedic supports and braces to healthcare organisations throughout the UK. From ankle supports and Achilles orthoses to compression therapy and post-operative solutions, we pride ourselves on manufacturing products to the highest standards without compromising on quality, so that patients can recover safely and effectively.

MEDRAY GROUP

Medray was established in 1979 and in the early years focused on sales and service of traditional X-ray products to the healthcare sector in Ireland. Medray UK was incorporated in 2020 following the acquisition of the Carestream UK service business. Medray Switzerland AG was incorporated in 2025. Over the past decade, Medray has successfully grown into a leading provider of medical equipment, consumables and servicing supported by a team of technical support specialists and customer service experts.

NSK UK

NSK is a Japanese drill company with a base in Stevenage, specialising in surgical drill systems. We provide a wide range of attachments, making our drills highly versatile and multidisciplinary across departments including orthopaedics, ENT, and Neurosurgery. Our systems support surgeons in achieving precision and efficiency in complex procedures. The Surgic Pro is primarily designed for oral and maxillofacial, implantology, and minimally invasive procedures. While the Primado 2 delivers exceptional performance across a variety of surgical disciplines. With a commitment to quality and innovation, NSK continues to support healthcare professionals worldwide.

ORTHOHOUSE

OrthoHouse for Medical Services and Supplies is a leading regional distributor of innovative orthopedic and surgical solutions. Established in 2009, the company has grown into a trusted partner for top-tier global manufacturers, delivering advanced medical technologies across Egypt, the GCC, and selected international markets. OrthoHouse is committed to enhancing patient outcomes and supporting healthcare professionals with high-quality products, technical expertise, and educational support. OrthoHouse is the exclusive agent for several globally renowned brands and continues to expand its international footprint.

ORTHOSOLUTIONS

For over 20 years, OrthoSolutions has been successfully serving and supporting the foot and ankle speciality clinician cohort. OrthoSolutions has always had a clear focus on the needs of foot and ankle speciality clinicians, and to the patients they treat. From Trauma to Salvation, OrthoSolutions have specific solutions which have been collaboratively designed and manufactured. Our aim at OrthoSolutions is to ensure that, 'clinical need' is the primary rationale for innovation and development – Evidence based foot and ankle solutions.

PARAGON28 – A ZIMMER BIOMET COMPANY

Paragon 28, a Zimmer Biomet Company, was established in 2010 as an orthopedic foot and ankle company. The name "Paragon 28" was chosen to show that we are exclusively a foot and ankle company, with the "28" representing the number of bones in the foot. Relentlessly working to advance the science behind foot and ankle surgery, Paragon 28 is passionate about and committed to - Creation and Innovation - A Focus on Service - Efficient Practices - Practical and Comprehensive Solutions - Research Motivated - We are ready to embrace research data regardless of marketing impact.

POLYNOVO

PolyNovo develops innovative medical devices utilising the patented bioabsorbable polymer technology NovoSorb®. NovoSorb is a family of proprietary medical grade polymers that can be expressed in a variety of physical formats. NovoSorb polymers have advantageous properties such as biocompatibility and design flexibility. These properties underpin novel medical devices designed to support tissue repair, before they biodegrade in situ into biocompatible by-products via established pathways. NovoSorb BTM (Biodegradable Temporising Matrix) is the first product commercialised by PolyNovo.

SMITH & NEPHEW

Smith+Nephew is a portfolio medical technology products focused on the repair, regeneration and replacement of soft and hard tissue. We exist to restore people's bodies and their self-belief by using our technology to take the limits of living. Smith+Nephew's Advanced Wound Management portfolio provides comprehensive solutions to meet broad and complex clinical needs and to help healthcare professionals reduce the human and economic consequences of wounds. These include products for the treatment of acute and chronic wounds such as leg, diabetic and pressure ulcers, burns, and post-operative wound.

STRYKER

Stryker Foot & Ankle, dedicated to the foot and ankle surgeon. As one of the world's leading companies in medical technology, Stryker is dedicated to helping foot and ankle surgeons treat their patients more efficiently while enhancing patient care and the overall healthcare experience. Constantly driven to innovate, we offer a diverse array of advanced medical technologies and a comprehensive portfolio of products.

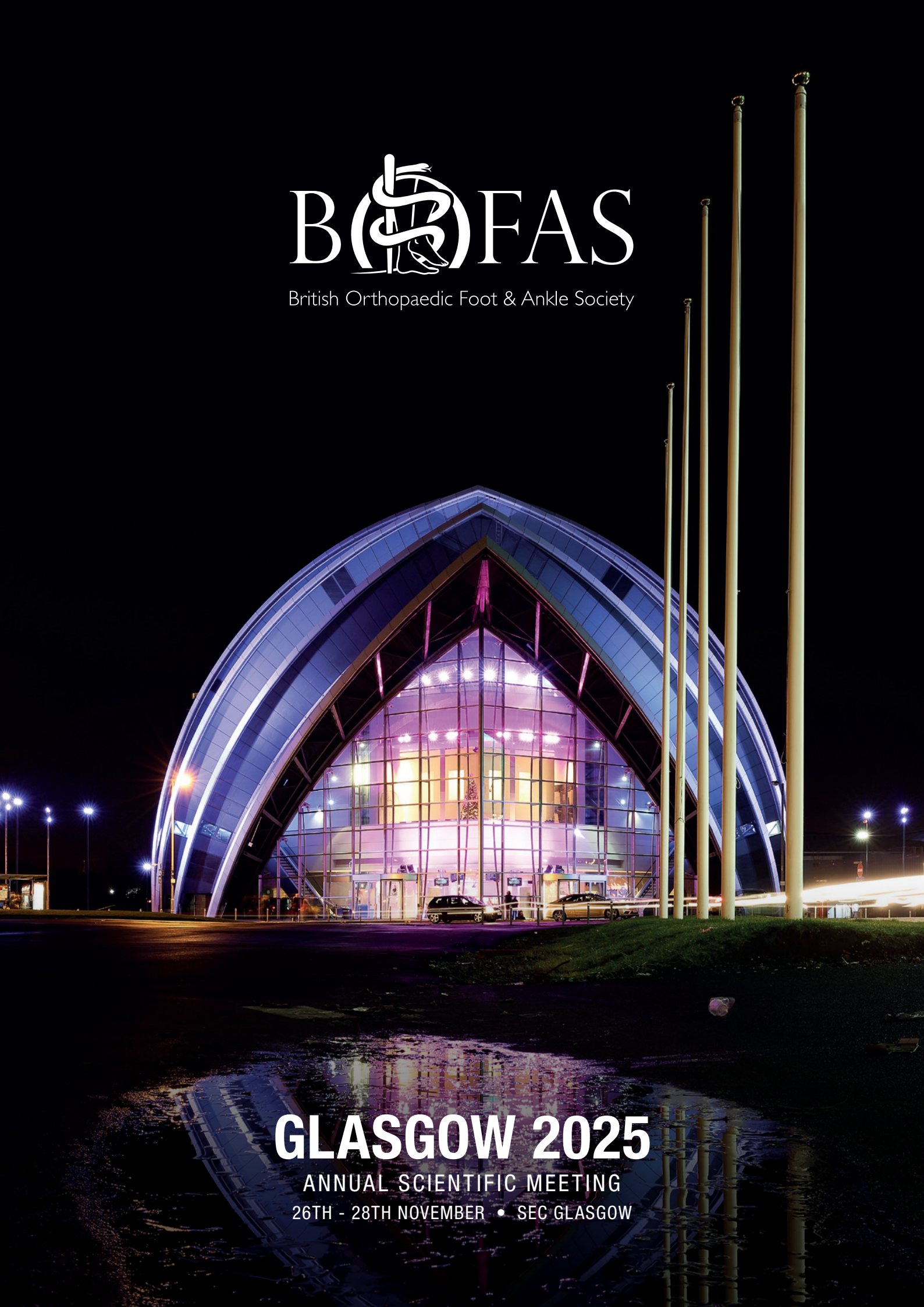
VILEX UK

As a dedicated lower extremity company, Vilex truly understands the unique needs that foot and ankle surgeons have while treating patients. We focus on innovation that is driven by surgeon feedback - delivering a powerful portfolio of products created by surgeons, for surgeons. At Vilex, we break the mold of a traditional, large device company.

XOGRAPH

Xograph Healthcare is a leading medical imaging equipment supplier serving hospitals, healthcare institutions, sports injury, crowd events and wider industry, primarily in the United Kingdom and Ireland. Our project management solutions allow our clients to partner with Xograph to design bespoke static X-ray rooms, self-contained vehicular imaging suites, field hospitals & seafaring X-ray facilities. All projects are turn-key managed to fulfil the precise need of the client within the published timelines.

Notes: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