



# NEWSLETTER

**Indian Orthopaedic Rheumatology Association (IORA)**  
**2014**

**Secretariat :**  
**Apley Clinic Orthopaedic Centre,**  
**Lucknow**

**Editor : Dr Manish Khanna**  
**Co-Editor : Dr. G. Omkarnath (Hyderabad)**  
**Dr. Gyanehsvar Tonk (Meerut)**

## EDITORIAL



The biggest challenge in the developing countries like India is limited number of specialist with Rheumatology training especially in semi urban & rural areas and this is the main reason for IORA formation. The IORA aims to create awareness among Orthopaedic Surgeons for proper treatment & newer development in this Field. IORA create and develop international scientific relation with Rheumatolog.IORA favour as well as stimulate all efforts to do the Research work.

It is a heartening fact that the Indian Orthopaedic Rheumatology Association has matured over past six years into a well progressive enlarging group of orthopaedic professionals. The increasing number of conferences & workshops of this association and the never flagging spirit of the eager delegates bear testimony to this fact. This is ours first newsletter & also we are again ready for our 6th National Conference, which this time being organized at Srinagar. Dr Ghulam Rasul Mir is taking care about the conference as Organizing chairman. It gives us immense pleasure to be a part of IORA Cargo Team.

70% of Indian population lives in villages and patients have been going to Orthopaedic Surgeons for Joint pain Management, hence there has to be proper Training for the Disease (for both Medical & Surgical reasons). For taking care of joint disorders orthopedic surgeons must update themselves. In general, both rheumatologist and Orthopaedic surgeon treat problems of the musculoskeletal system but the rheumatologist does it mostly with medication and the orthopedic surgeon does it with surgery. But is always surgery required? For eg a case of Acute Knee swelling require a proper workup from all aspects. For over simplification: Orthopaedic rheumatology caters the Medical and Surgical aspect of such diseases. IORA was formed for catering the needs of Ortho surgeon.

IORA offer a unique forum for the exchange of scientific knowledge on the subject & sincere efforts of our organization will render best services to the orthopaedic fraternity. IORA represents this branch of medicosurgical knowledge at National as well as International level. I have no doubt that with such increasing awareness and interest in updating ourselves in this subject, the light at the end of the tunnel is bright indeed

Long Live IORA

Best wishes  
**Dr Manish Khanna**  
Secretary General

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## MESSAGE FROM ORGANIZING CHAIRMAN IORACON 2014

Dear Friends

It gives me immense pleasure to welcome you all to Srinagar for 6th Congress of IORA. Srinagar is host to conferences since ages. Great Buddhism conference was held here hundreds of years ago when king kanishka ruled Kashmir and most of the Valley was still under water. It will be our endeavor to make your stay comfortable.

We will take care for your sight seeing arrangements and academic enrichment.

We are thankful for the enmass participation of all esteemed delegates to this conference.

With regards

Dr Ghulam Rasul Mir

Organising Chairman, 6th IORACON

Srinagar

## PATRON'S MESSAGE



Dear Dr. Manish,

It gives me great pleasure to learn that the first newsletter of Indian Orthopaedic Rheumatology Association is to be published. It is a matter of great privilege and pleasure to convey my best wishes on this occasion.

Research, publication and news regarding various activities in the field of rheumatology and for that matter in any related speciality, is a matter which concerns the development and growth of this association.

I congratulate Dr. Manish Khanna for his continuous endeavour. It is solely because of his efforts that the newsletter is going to see the light of the day.

I take this opportunity to acknowledge Prof. Ravindra Bhalla for his continued commitment and my best wishes are with him for guiding the association forward to newer heights. I only wish that the much awaited Journal of the association will also be published in near future.

**Dr. S. S. Jha**

Patron, Indian Orthopaedic Rheumatology Association

## PRESIDENT'S MESSAGE



It is a great pleasure for me as President of Indian Orthopaedic Rheumatology Association (IORA) to share my thoughts in the inaugural newsletter of this Association. I wish it will be a regular feature to provide the members of the Association to share their views, activities and suggestions concerning the present day trends in Rheumatology practice.

There is much awareness and increase in knowledge of rheumatological disorders as regards to their clinical symptoms and more investigations. This helps in better diagnosis. In the last few years there has been tremendous advancement in the treatment of rheumatologic disorders. Surgical aspects of the management is keeping in pace with the medical treatment.

Incidence of rheumatoid arthritis in general population varies from 0.3 to 0.7%. Thus about 0.5 % of the population suffers from rheumatoid arthritis making about 36million patients. These are equally distributed amongst the rural and urban population.

In a country like ours, there are issues of availability, accessibility and affordability of treatment. This affects the easy access to newer drugs, physiotherapy, standard disease modifying anti-rheumatic drugs (DMARD) and joint replacement. There are vast difference in the socio-economic status and large country with many unapproachable areas. Working with these limitations is a great challenge for good patient care. There is a lot to achieve in good rheumatological practice.

Large number of patients with these disorders comes to orthopaedic surgeons rather than specially trained rheumatologists as their number is much less in comparison to orthopaedic surgeons and their availability especially in the rural and small townships.

Complications of rheumatoid disorders have remarkably decreased due to advancement in medication, such as anti-inflammatory drugs, DMARDS and less toxic biologics. Advancement in surgery like joint replacement has not only of major joints but also of hands and feet and corrective surgeries in these areas have improved the patients' lives. Most of the bones in rheumatic diseases can be osteoporotic and prone to fractures. Various types of fixations, modifications such as locking plates, implants impregnated with Osseo-inductive potential material and use of bone cement have added to the better management of trauma and deformities in RA. I am certain that the newsletter of Indian Orthopaedic Rheumatology Association will bring to the members the activities of the Association and the newer developments in the management of the rheumatic disorders.

I send my best wishes for inaugural newsletter of the Association.

**(R. Bhalla), President,**

Indian Orthopaedic Rheumatology Association

# FIRST CONFERENCE OF IORA AT MEERUT

First Indian Orthopaedic Rheumatology Conference was held at LLRM Medical college, Meerut on 4th & 5th July 2009. It was organised under the auspices of UPOA and Meerut Orthopaedic club. Dr. Lokesh Maratha was organising chairman and Dr. Gyaneshwar Tonk was the Organising Secretary. It was a very successful conference and indeed it was the first National Conference of IORA. It was attended by more than 250 participants including 143 registered delegates, 32 Guest Speakers and Chairpersons from different parts of India.

The conference was inaugurated by Prof. P.P. Kotwal (Head Department of Orthopaedics, AIIMS, New Delhi), Professor S.S. Jha (President IORA) and Dr. Manish Khanna (Founder Secretary General), Dr. D.K. Gupta (President elect UPOA), Dr. Dharendra (Secretary UPOA) and other executive members of IORA were amongst the main participants along with members of UPOA, MOC and residents from various medical colleges of Uttar Pradesh.

The Conference has sent a message that IORA will act as a separate body in orthopaedic fraternity to discuss and solve the problems and challenges of the Rheumatological disorders.

The conference has total six sessions, In the first session Dr. Amitabh Arya from SGPGI Lucknow read his oration on Role of Bone scan in Rheumatological Practice and Dr. Manish Khanna discussed on the Current Scenario of Rheumatological orthopaedic management in India.

In the second session Ankylosing Spondylitis, Enthesopathies and Imaging in Rheumatology were discussed. Professor Sudhir Kumar (UCMS, Delhi), Professor S.S. Jha (Patna), Dr. K.D. Tripathi (Allahabad) and Dr. R. Bhalla (Ganga Ram Hospital, Delhi) were amongst the guest speakers.

In the third session there was symposium of Rheumatoid arthritis in which various challenges in diagnosis and management of Rheumatoid arthritis were discussed. Dr. R.A. Agarwal (Gorakhpur), Dr. Manish Dhawan (Delhi) Dr. Malhar Dabe (Vadodra) Dr. THS Bedi (Delhi), Dr. Sandeep Grover (Meerut), Dr. MKA Sherwani (Aligarh) and Dr. S.S. Jha (Patna) were amongst the prominent speakers in this session.

Fourth session was on miscellaneous problems in which different topics like Fibromyalgia, Gouty Arthritis, Red Flags in Rheumatology and Medicolegal aspects in orthopedic practice were included. The guest speakers in this session were Dr. Lokesh Maratha (Meerut), Dr. S. Mahendra (Goa), Dr. Shantanu Lahkhar (Assam), Mr. Ashok Bhatia (Ahmedabad).

There was a gold medal session of papers from the delegates in which total six papers were read and the best paper was selected by a team of senior professors. Best paper award was given to the paper "Cervical spine in Rheumatoid arthritis". This paper was read by Dr. Parvez Ahmed, Ass. Professor Muzaffernagar Medical College.

A quiz program was organized in the conference the quiz was co-ordinated by Dr. Abhishek Kashyap and Dr. Gajraj Singh. The winners of the quiz were Dr. Arun Bansal (Moradabad) and Dr. Peeyush (Meerut).

The sixth session was symposium on Osteoarthritis where different speakers discussed about the aetiopathology and pitfalls in the management of Osteoarthritis. The prominent speakers of this session were Professor G.K. Singh (Lucknow), Professor A.N. Verma (Allahabad), Professor Rajeev Naik (Bangalore), Professor Shishir Rastogi (AIIMS Delhi), Professor D.K. Gupta (Jhansi).

It was a memorable conference for the delegates, faculty members and the organisers. There was a fruit full healthy discussion amongst the faculty members and the delegates. The proper coverage was given by media and awareness for the Rheumatological disorders was created amongst the general population and orthopaedic fraternity.

**Dr. Lokesh Maratha**  
Org. Chairman

**Dr. Gyaneshwar Tonk**  
Org. Secretary



## **The Current Indian Scenario of Rheumatological Orthopaedic Management**

Orthopaedic Rheumatology is a rapidly evolving medicosurgical speciality important for Orthopaedic Surgeons busy in Surgical practices. Indian Orthopaedic Rheumatology Association is a registered Organization working in this field. Challenges that are more specific in India like limited numbers of specialists with rheumatology training (especially in semi-urban and rural areas) make us to form a platform for orthopaedic surgeon to create awareness among the patients for proper treatment & newer development in this Field. There is always a huge pressure of patients with Joint problems coming to Orthopaedic OPD (upto 70%) ,so a proper management regimen must be followed. Knee arthritis is most common presentation in clinics. In day to day practice. IORA aim's to Create and develop,promote national ,international scientific relation with orthopaedic Rheumatology.

Immunology explains pathogenesis and the characteristics of rheumatological disorders, and most of the new treatment modalities are based on immunology.

Onset of the Arthritis usually occurs between 25 years and 60 years of age. Approx 50% of patients never reaches to orthopaedic surgeon due to ignorance and various reasons. It is now a well known fact that Free Radicals are an important factor in the development and aggravation of the Polyarthritis / Rheumatoid arthritis in humans. These reactive species are produced within the synoviocytes and chondrocytes. Reactive arthritis is common presentation which if do not remit spontaneously then can lead to Rheumatoid or another form of inflammatory arthritis. Rate of progression of disease is significantly more rapid in first year than in second & third year of disease so the early detection and treatment is must to prevent deformities. IORA aims in educating patients the importance of regular proper visit to consultant in order to monitor the affects of Drugs.

There has been increased interest with use of Biological Drugs(new therapy) for patients with RA. Research have shown better clinical and radiographic outcome with the combination of Biological drugs and Conventional drugs compared to giving them alone. But due to cost factor Biological are reserved to Resistant or serious form of cases.

The realistic goal of early management of Polyarthritis could be achieved only with early patient presentation, and increased awareness. Patients should immediately consult Orthopaedic surgeon in cases of Joint pains as untreated, 20 to 30 percent of patients with rheumatoid arthritis become permanently work-disabled within three years of diagnosis.

**Dr Manish Khanna, Lucknow**

## **The New European League Against Rheumatism/American College of Rheumatology Diagnostic Criteria for Rheumatoid Arthritis**

Rheumatoid Arthritis is a chronic autoimmune disease that leads to inflammation of joints and surrounding tissues. It can also effect systemic organs. Rheumatoid Arthritis usually joints on both sides of the body equally. Wrists, fingers, knees, feet and ankle are the most commonly effected joints. The disease often begins slowly usually with only minor joint pain, stiffness and fatigue. Joint symptoms may include morning stiffness which lasts for more than one hour is common. Joints may feel warm, tender and stiff when not used for an hour. There is no test that can determine for sure wether one is having Rheumatoid Arthritis. Most patients have some abnormal test results although in some patients all tests will be normal. Two lab tests that often help in the diagnosis are:

1. Rheumatoid Factor Test (positive in about 80% cases)
2. Anti-CCP antibody test.( may detect the RA years before the symptoms develop)

In combination with Rheumatoid factor, this test is the best predictor of which patients will go on to develop severe RA.

Other test that may be done include:

. CBC

. CRP

. ESR.

. Joint Ultrasound / MRI (Specially designed extremity equipment may be able to detect bony erosions in hands of RA patients where x-rays cannot in the early disease)

. Joint X-rays (x-rays generally not helpful in early disease. Joint erosions are present in late, severe cases. Evidence of damage on x-rays along with elevated rheumatoid factor is a significant predictor progressive joint destruction)

. Synovial fluid analysis

Definite Rheumatoid Arthritis requires the confirmed presence of synovitis in at least one joint, the absence of an alternative diagnosis for the observed arthritis, and a total score of at least 6 from the individual scores in four domains: number and site of involved joints (range 0–5), serological abnormalities (range 0–3), elevated acute-phase response (range 0–1), and symptom duration (two levels; range 0–1).–[35] The classification criteria are summarized in Table 1.

THE 2010 ACR/EULAR CLASSIFICATION CRITERIA FOR RHEUMATOID ARTHRITIS.		
TARGET POPULATION (WHO SHOULD BE TESTED ?) PATIENT SWHO :		
1.	Have atleast 1 joint with definite clinical synovitis (swelling)	
2.	With the synovitis not better explain by another disease.	
CLASSIFICATION CRITERIA FOR RA (SCORE BASED ALGORITHM : ADD SCORE CATEGORIES A-D		
A SCORE OF >6/10 IS NEEDED FOR CLASSIFICATION OF A PATIENT AS HAVING DEFINITE RA)		
A. JOINT INVOLVEMENT		
	1 LARGE JOINT	0
	2.10 LARGE JOINTS	1
	1-3 SMALL JOINT ( with or without involvement of large joint)	2
	4-10 SMALL JOINTS ( with or without involvement of large joint)	3
	>10 Joints (atleast 1 small joint)	5
B Serology ( atleast one test result is needed for classification)		
	NEGATIVE RF AND NEGATIVE ACPA	0
	LOW POSITIVE RF AND LOW POSITIVE ACPA	2
	HIGH POSITIVE RF AND HIGH POSITIVE ACPA	3
C Acute phase reactant (atleast one test result is needed for classification)		
	NORMAL CRP AND NORMAL ESR	0
	ABNORMAL CRP AND ABNORMAL ESR	1
D Duration of symptoms		
	< 6 week	0
	>6week	1
NT: ACPA/ AntiCCP Antibodies		

Few disorders may present with similar symptoms as RA, the table of which is given below.

DISEASES WITH SYMPTOMS SIMILAR TO RHEUMATOID ARTHRITIS	
Disease	Specific Subtypes
Osteoarthritis	
Infectious Arthritis	Lyme disease, septic arthritis, bacterial endocarditis, mycobacterial and fungal arthritis, viral arthritis
Postinfectious or Reactive Arthritis	Reiter syndrome (a disorder characterized by arthritis and inflammation in the eye and urinary tract), rheumatic fever, inflammatory bowel disease
Crystal Induced Arthritis	Gout and pseudogout
Other Rheumatic Autoimmune Diseases	Systemic vasculitis, systemic lupus erythematosus, scleroderma, Still's Disease (also called juvenile rheumatoid arthritis), Behcet's disease
Other Diseases	Chronic fatigue syndrome, hepatitis C, familial Mediterranean fever, cancers, AIDS, leukemia, Whipple's disease, dermatomyositis, Henoch-Schonleinpurpura, Kawasaki's disease, erythema nodosum, erythema multiforme, pyodermagangrenosum, psoriatic arthritis

## Rheumatoid arthritis – A syndrome

### Aims

Early assessment and retrograde conformation of rheumatoid arthritis, sero-negative group arthritis with DMARDs. On response of treatment, full course of combination therapy and management of the disease. Onset, etiology and assessment of sero-negative arthritis in low immunity patients. Assessment of the triggering components of the sero-negative arthritis, to evaluate, and manage. Study of combination therapy in management of arthritis

### Introduction

Rheumatoid arthritis (RA) is a chronic autoimmune disease that causes inflammation of the joints and may cause inflammation of other tissues in the body. The immune system consists of the cells and proteins in our bodies that fight infections. An autoimmune disease occurs when our immune system doesn't recognize part of our body and attacks it as if it were an invader such as a bacteria or virus. In rheumatoid arthritis, the immune system targets synovial membrane, which secretes synovial fluid into the joint to

Lubricate and nourish the joint. Other tissues can also be targeted by the immune system in rheumatoid arthritis, but the synovium, is generally the primary target, Which becomes inflamed (synovitis) and can thicken and erode. As the synovial membrane is destroyed, the synovial fluid is not secreted. The surrounding structures can also become involved leading to the joint deformities that can be seen in rheumatoid arthritis.

Sero-negative arthritis mimics the Rheumatoid arthritis .It is caused by low immunity of prolonged history by infectious diseases like-tuberculosis, pancreatitis, urinary tract infection, pelvic inflammatory disease, dental caries, meningitis etc.

### Methods

The method of selection was very clinical dependent. Pathology and radiology were done, considered and merged with the clinical evaluation. Criteria of Rheumatoid arthritis was taken, and even if a few of the criteria were found, a sublevel low and initial Rheumatoid arthritis if suspected, the management were started in short term therapy, of a very low strength of DMARDs given and repeated assessment were done.

Sero-negative arthritis was treated in a similar fashion, with removal of the triggering cause, with upbrining of the underlying cause-low immunity

Once the response was evident, full course of combination DMARDs with NSAIDs was applied and reassessment done in all the cases.

Antibiotic therapies were mandatory in both rheumatoid and sero-negative types.

The serum ph was maintained high to alkalis.

Painless physiotherapy was mandatory.

## **Observations**

102 cases are studied over 2 year. Very low to high symptomatic patients were taken into consideration, who actually responded to the initial low doses of DMARDs, were shifted to combination therapy of DMARDs and NSAIDs. Sero-negative arthritis was included in the same pattern of study.

## **Results**

Fifty of the 102 patients had 50 percent improvement at nine months and maintained at least that degree of improvement for two years without evidence of major drug toxicity. Among them were 24 of 31 patients treated with all three drugs (77 percent), 12 of 36 patients treated with methotrexate alone (33 percent) for the comparison with the three-drug group), and 14 of 35 patients treated with sulfasalazine and hydroxychloroquine (40 percent) for the comparison with the three-drug group). Seven patients in the methotrexate group and three patients in each of the other two groups discontinued treatment because of drug toxicity.

89 patients in the combination group completed the trial. After a year, remission was achieved in 24 of 89 patients with combination therapy. 72 patients achieved remission in the second year.

## **Discussion**

Early diagnosis is essential. Aim to treat with DMARDs at 3 months. Once RA damage is evident in x-rays, it is largely irreversible. This usually occurs within first 2 years of the disease. The goal is to put the disease into remission.

In patients with rheumatoid arthritis and seronegative arthritis, combination therapy with methotrexate, sulfasalazine, and hydroxychloroquine is more effective than either methotrexate alone or a combination of sulfasalazine and hydroxychloroquine

## **Conclusion**

Combination therapy was better and not more hazardous than single treatment in induction of remission in early rheumatoid arthritis. The combination strategy as an initial therapy seems to increase the efficacy of the treatment in at least a proportion of patients with early rheumatoid arthritis.

Sero-negative rheumatoid responded equally or even better with the combination therapy, but assessment of the immunity factor, and management of same is mandatory.

**Dr Pankaj Mall**  
**Gorakhpur**



# FIFTH CONFERENCE OF IORA (IORACON 2013) AT SECUNDERABAD

**Fifth Indian Orthopaedic Rheumatology Conference** was held at Alumni Auditorium, *Gandhi Medical college, Secunderabad on 2nd & 3rd February 2013*. It was organised under the auspices of *Orthopaedic Trust, Gandhi Hospital, Secunderabad and Twin Cities Orthopaedic Society (TCOS)*, Hyderabad. Prof. A. Srinivasa Rao, Emeritus Professor Gandhi Medical College, was Organising Chairman, Prof. B. Ravi Babu, HOD of Orthopedics Gandhi Medical College, was the Organising Secretary and Dr. G. Omkarnath was the Treasure. It was a very successful conference and indeed it was the fifth National Conference of IORA. It was attended by more than 250 participants including 180 registered delegates, 32 Guest Speakers and Chairpersons from the nook and corner of India.

**The conference was inaugurated** by Chief Guest, Prof. P. Rangachari (Emeritus Prof. of Orthopaedics, Osmania Medical College, Hyderabad), Guest of Honour Prof. G. Vijaya Raghavan, Chief Patron Prof. S. Vijaya Rama Rao, Professor S.S. Jha (President IORA) Prof. R. Bhalla (President Elect of IORA) and Dr. Manish Khanna (Founder Secretary General), Patrons Prof. K. Venkatesh, Principal, GMC, Secunderabad, Prof. S. Mahaboob, Superintendent, Gandhi Hospital, Secunderabad, Prof K. Anjaneyulu & Prof.M.Satyagoud (President & Secretary OSSAP), Dr.Ravindranath & Dr.K.Subramanyam, President & Secretary of Twin Cities Orthopedic Society and other executive members of IORA were amongst the main participants along with members of OSSAP, MOC and Postgraduates from various medical colleges of Andhra Pradesh. On this occasion an *informative and useful Souvenir of IORACON 2013* with Articles, Guest Lectures and Abstracts were printed beautifully Edited by Dr. G. Omkarnath was released by the Guest of Honour.

**The Conference has sent a message** that IORA will act as a separate body in orthopaedic fraternity to discuss and solve the problems and challenges of the Rheumatological disorders.

The conference has total seven sessions, With CME on Rheumatoid Arthritis, Paper Presentations, Symposium on Periarthritis of Shoulder, General Topics, Symposium on Primary Osteoarthritis, Update on Ankylosing Spondylitis & Seronegative Arthritis, Symposium on Osteoporosis. All the speakers were Orthopedic surgeons except five, three Rheumatologists, one Radiologist and one Gastroenterologist.

**The first session, CME on Rheumatoid Arthritis,** was Chaired by Dr. G.V.S. Murthy Dr.C. Raghuram. Recent Advances in Etiopathology and Diagnosis of RA – Dr. Liza; Juvenile Chronic Arthritis – Dr. Rejendra Varaprasad; Disease Modifying Rheumatoid Drugs (DMRDs) – Dr. Madhu Chandra; Immunomodulation (Biological) in RA – Dr. Suresh; Rheumatoid Arthritis in cervical spine – Dr. Bhalla. R; Difficulties in Joint Replacement in RA – Dr. A. V. Gurava Reddy; Deformities of Hand in RA – Dr. M. V. Reddy; Forefoot Deformities in RA – Dr. K. Krishnaiah and Case Discussion – Dr. Manish Khanna were discussed.

**The second session consisted of five papers for Gold medal and three free papers** from the delegates. The session was chaired by Dr.Shantanu Lahkar. The best paper was selected by a team of senior professors. Best paper award was given to the paper "Role of Zoledronic Acid in different Musculo Skeletal problem ". This paper was read by Dr.Sai Phani, Kamineni Institute of Medical Sciences, Hyderabad

**The 3rd Session was a Symposium on Periarthritis of Shoulder** conducted by Chair Persons: Dr. S. Krishna Reddy; Dr. Nanjunda Rao and discussed Understanding Periarthritis of Shoulder – Dr. Udaya Kumar; Conservative management (including Manipulation) – Dr. M. S. Goud; and "When to intervene surgically and How ?" – Dr. G. Ramesh.

**In Session-4 : General Topics** were discussed under the Chair Personship of Dr. R.Bhalla and Dr. D.V.Prasad and the presentations included Red Flags in Connective disorders

– Dr. Mahendra; Infection and SLE – Dr. S. S. Jha; Chronic Regional Pain Syndrome; – Dr. Srikanth Gollamudi; Gout – An Enigma – Dr. Mahendra; Analgesics / NSAIDS Good –Bad – Ugly – Dr. Sethu Babu and finally Benefits of Yoga in Rheumatology – Dr. G. Omkarnath. The last talk attracted every one.

Thereafter General body meeting was conducted by the Office Bearers of IORA. On the Evening of

*First Day Banquet and cultural programme* were arranged by the Organising Committee enjoyed by all the Delegates and family members. The main attraction was a classical dance by a second year medical student who performed internationally.

**On the Second Day (03-02-2013, Sunday) there was an Oration:** on "The Forgotten Hip in South London" by Dr. Venu Kavarthapu from UK and Chair Persons were Dr. S.S.Jha; Dr. Manish Khanna



**The Session – 5 was a Symposium on Primary Osteoarthritis:** The Chair Persons were Dr. K. Anjaneyulu and Dr. Parash Kumar Patnaik; the topics discussed were Recent Advances in Pathogenesis of Primary OA – Dr. A. S. Rao; IS surgery necessary always in Primary OA – Dr. K. Subramanyam; Primary osteoarthritis in young Adults – Dr. A. S. Rao; High Tibial Osteotomy in OA – Dr. Ved Prakash; Management of Cartilaginous defects – Dr. K. Raghuvver Reddy; Viscosupplementation in OA – Dr. C. Hamumantha Rao; Cemented vs uncemented THR for OA Hip – Dr. I. V. Reddy; Unicondylar vs Total condylar TKR for OA Knee – Dr. G. Srikanth and Management of Shoulder OA – Dr. A. Dheepthi Nandan.

**The sixth session was UPDATE ON ANKYLOSING SPONDYLITIS & SERONEGATIVE ARTHRITIS** Chaired by Dr. P.N.Prasad; Dr. J. Alwal Reddy. The talks were on Etiopathogenesis and Prevention of Progression – Dr. Srinivas Kasha; Management of Spinal Deformities in Ank. Spondylitis – Dr. V. S. P. Rao; Joint Replacement in Bony Ankylosed Hips – Dr. E. Krishna Kiran and Reactive Arthritis – Dr. R. Madhu Chandra

**The Last Session was a Symposium on Osteoporosis** chaired by Dr. B.P. Narsimhulu and Dr. B. Ramakrishna. The topics discussed were Do we really know Osteoporosis in Asia (Dr. R. Bhalla); Why Orthopedic surgeons must treat Osteoporosis (Dr. Manish Khanna); How can we investigate Osteoporosis (Dr. V.S.V. Rammohan); Ultrasonography in Osteoporosis (Dr. A.P. Singh); Bone turnover markers (Dr. N. Srinivasan); Armamentarium we have – antiresorptives (Dr. Shantanu Lahkar); Teriparatide in refractory cases and glucocorticoid induced Osteoporosis (Dr. Manish Khanna); Difficulties in the management of Osteoporotic fractures (Dr. Hari Sarma) and Surgical strategies in Osteoporotic vertebral fractures (Dr. Raghava Dutt).

There were fruitful discussions at the end of every session.

**It is happy to note that all the participants who attended the IORACON 2013 were awarded 12 Credit Points of The Andhra Pradesh State Medical Council accreditation.**

It was a memorable conference for the delegates, faculty members and the organisers. Proper coverage was given by media and awareness for the Rheumatological disorders was created amongst the general population and orthopaedic fraternity.

**Dr Manish Khanna**  
Founder Sec Gen

**Dr B Ravi Babu**  
Org Sec



# FIRST MID TERM SYM

THE GURGAON ORTHOPAEDIC SOCIETY & IORA  
Gurgaon Orthopaedic Society's 1st Rheumatoid Arthritis Symposium  
on 19th Feb'11

"IORA Mid-Term Symposium"

DETAILS of the Sessions

Venue: IBIS Hotel, Golf Course Road, Gurgaon

## Session 1: Diagnosis & Diagnostics

- A. Rheumatoid Arthritis: From the General Practitioner's Perspective to the Basic Rheumatologist's Perspective: Dr AP Singh
- B. Significance of the Aetio-Patho-Physiology of Rheumatoid A. vis-à-vis Early Management: Dr Dipali Das, MD (Path)
- C. Understated value of Ultrasonology (vs X-ray/MRI) in Early Management of RA: Dr THS Bedi, DMRD, DNB (Radiology)

## Session 2: Early Medical Management: Orthopaedic Surgeon

- A. Conventional DMRDs: Dr SS Jha;
- B. Pitfalls in rheumatology - Orthopaedic surgeon's perspective: Dr J Maheshwari C). Is there a place of Biologics in Orthopaedic Surgeon's Armamentarium for early RA Mx: Dr Manish Khanna;

## Session 3: Early Medical Management: Multi-Disciplinary

- A. Early Management -Update for Orthopaedicians by Rheumatologist; Dr. SR Garg
- B. Rheumatoid Arthritis Management: Fresh Outlook of RA: Dr. Atul Kakar;
- C. Role of Physiotherapy/Occupational Therapy/other Non-Drug Mx: Dr Vinod Gupta

## Session 4: Early Management: Surgery

- A. Surgical Correction of Early Hand deformities: Dr. Vikas Gupta;
- B. Foot Problems in RA: Dr. Naini Kumar;
- C. Role of Arthroscopy in Rheumatoid Disease: Dr. VB Bhasin

## Session 5: Corrective Bony Procedures in Deformity:

- A. "TKR for rheumatoid arthritis, how different it is?" Dr Ashok Rajgopal
- B. Other Bony Surgeries/Osteotomies: Dr T Sringari

## Session 6: Rheumatoid Variant & Special problems:

- A. Sero-negative Spondyloarthropathy: Dr Ravi Sauhta
- B. Management of JRA from Orthopaedic Surgeon's perspective: Dr Bhaskar Borgohain
- C. Rheumatoid Shoulder: Dr Raman Kant Agarwal
- D. Special Problems of the Rheumatoid Cervical Spine: Dr Vineesh Mathur

**'Proceedings of the Gurgaon Orthopaedic Society's First Rheumatoid Arthritis Symposium-Workshop - "The IORA Mid-Term Symposium" held on Sat, 19th Feb'11, at IBIS Hotel, Gurgaon, HR, from 2pm-9pm'.**

"The programme was conducted by Dr AP Singh, Organising Chairman, GOS's 1st RA Symposium-Workshop "IORA Mid-Term Symposium", and Dr T Sringari, President, GOS, in association with the Indian Orthopaedic Rheumatology Association, whose President Prof SS Jha, came from Patna, and the Founder Secretary-General, Dr Manish Khanna, was visiting from Lucknow. The Symposium-Workshop was inaugurated by Medanta Medicity Bone & Joint Institute Chairman, Dr Ashok Rajgopal. The participants included Orthopaedic Surgeons from the Gurgaon Orthopaedic Society, other parts of the NCR, and other cities, Physicians, Rheumatologists and a Rehabilitation Specialist, and actively supported by a Pathologist, Dr Dipali Das, and Workshop Director, Musculo-skeletal Ultrasonologist, Dr THS Bedi.

Dr AP Singh spoke on the need to update the orthopaedic surgeon with new developments in the early diagnosis of Rheumatoid Arthritis when the small 'Window of Opportunity' presents and 'Remission' is most likely with DMARD therapy. A delay in diagnosis beyond the initial three months in patients with unfavorable prognostic factors is likely to lead to bony erosions and functional deterioration.

The availability of new tools, the NEW ACR-Eular criteria 2010 where diagnosis on suspicion is possible rather than using the stringent confirmatory 1987 ACR criteria was emphasized by Dr Atul Kakar, Rheumatologist, Sir Ganga Ram hospital, N Delhi.

The availability of new accurate pathology testing, the Anti-CCP with 98% specificity for RA against the earlier only Rheumatoid Factor with <80% specificity was discussed by Pathologist, Dr Dipali Das; she also elaborated on our better understanding of the immune-mediated inflammatory processes, and the part played in clinical manifestation and choice of therapy.

Dr THS Bedi, Ultrasonologist, demonstrated fluid in early rheumatoid disease afflicted joints in the live workshop, and explained how better diagnosis and monitoring through high resolution ultrasound and a linear probe is possible, much before x-ray evident small joint erosions occur.

Dr SS Jha, Orthopaedic surgeon spoke on his extensive experience in the use of the different DMARDs used conventionally including Methotrexate, Leflunomide, Hydroxyquinoline, Sulphasalazine, Minocycline and some others, and their limitations in children and pregnant women. Dr Sudhir Sahai, Medical Specialist, emphasized how as more agents become available for treating RA – newer NSAIDS, Biologics and synthetic DMARDS, some key points about their usage, adverse effects and interactions should be always kept in mind before prescribing.

Dr Manish Khanna, Orthopaedic Surgeon introduced the role of Biologics in pharmacotherapy, including superior results from using the Aggressive Approach involving increase to maximum tolerated recommended dosages, switching to newer biologicals if response is inadequate, and using appropriate combinations e.g., Methotrexate with TNF alpha inhibitors or combinations with other DMARDs, while keeping a Tight Control.

That RA can mimic a number of diverse conditions like SLE, fibromyalgia, Polymyalgia Rheumatica, Gout and Infections, and how these can be differentiated was explained with ample clarity by Dr Anish Agarwal, Rheumatologist.

Dr J Maheshwari, Shoulder and Knee Specialist, Sita Ram Bhartia Institute, N Delhi, too delved articulately into various Myths and Pearls in Joint Diseases, while Dr VK Gupta, Rehabilitation Specialist and HOD, Lady Hardinge Medical College and Kalawati Saran Hospital, N Delhi, spoke on the immense role of various rehabilitation techniques including exercise, stretching, passive mobilisation, heat and



ultrasound modalities, orthotics & prosthetics useful and the Do's & Don'ts applicable in the different stages of the disease.

The latter half of the programme dealt with a mix of update of surgical techniques in Rheumatoid deformities, and on the pathology and management of special problems eg hand, knee, shoulder, foot and cervical spine, besides Rheumatoid Variants.

Dr Vikas Gupta, Hand Specialist, Medanta, spoke on the different procedures useful in finger and hand deformities.

Dr Raman Kant Agarwal, Shoulder Joint Specialist and Dr Vineesh Mathur, Spine Surgeon, spoke on the relatively high incidence of Rheumatoid involvement, the need for high suspicion early on, and the surgical techniques including surface replacement in moderate and severely arthritic shoulders and cervical spine fusion and the need for a cautious approach due to the severe morbidity and possibly fatal prognosis when sub-optimally managed.

There was much discussion around problems of the knee by Orthopaedic Surgeons Dr T Sringari presenting an interesting case on the pathological observations in Rheumatoid Knee and Dr Ashok Rajgopal on the special care and problems linked to TKR; Dr VB Bhasin, Arthroscopist, Sir Ganga Ram Hospital, N Delhi, presented an interesting discourse with relevant videos on his approach to synovectomy of the knee and briefly on other joints.

Dr Bhaskar Borgohain, Orthopaedic Surgeon from Shillong, spoke illustratively on the nuances of JRA, its incidence and presentations, its future course, and effective medical and surgical managements. In another topic of great importance, Seronegative Spondylarthropathies, Dr Ravi Sauhta, Orthopaedic Surgeon, spoke at considerable detail, on its presentations, diagnosis, prognostic features, and effective managements.

The Symposium, its hectic schedule notwithstanding, was successful in cutting across to the audience which was glued to its seats largely due to an interactive Key-pad interaction-cum-quiz, ensuring optimal sinking-in of the TAKE-HOME messages from the speakers."



Dr A P Singh  
Org Sec

# LIFE MEMBERS

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Reg. No. 2477-2008-2009

## INDIAN ORTHOPAEDIC RHEUMATOLOGY ASSOCIATION (IORA)

To,

**Dr. Manish Khanna**

*Founder Secretary General*

Hon. Consultant, SGPGI, Lucknow

Apley Clinic Orthopaedic Centre

1/9, Vastu Khand, Gomti Nagar, Lucknow 226010

Cell No.-9415167349

E-mail: manishvenus@rediffmail.com

drmanishkhann@hotmail.com

Dear Sir,

I wish to apply for Membership to the Indian Orthopaedic Rheumatology Association (IORA) as LIFE MEMBER (Rs. 2000/-) I am enclosing herewith a Bank draft drawn in favour of "Indian Orthopaedic Rheumatology Association".

(Please print / Write in Bold Letters)

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DATE OF BIRTH .....

ADDRESS .....

Telephone: Code.....(C).....(R).....Mobile: .....

E-mail: .....IOA REG NO .....

PROFESSIONAL QUALIFICATIONS .....

REGISTRATION NUMBER ..... INSTITUTION .....

Designation .....

**PUBLICATIONS** (if any-Attach separate sheet if required, for this or other informations) :

**Applicant's Signature**

*(In case of change of address please notify to the Secretariate)*

ANY OTHER INFORMATION, SUGGESTION, OPINION REGARDING IORA

.....

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2. CATEGORY OF MEMBERSHIP-LM

3. MEMBERSHIP NO. & DATE

Date:

Association

Cheque No./Draft No.

Secretary General  
Indian Orthopaedic Rheumatology



## UPCOMING CONFERENCES 2014-2015

E ==LAF ?	LOCATION	DATE
<b>Scoliosis Research Society (SRS) International Meeting on Advanced Spine Techniques</b>	Valencia	July 16, 2014 - July 19, 2014
<b>North American Spine Society Summer Spine Meeting</b>	Amelia Island, FL	July 23, 2014 - July 26, 2014
<b>Review Course for Subspecialty Certification in Orthopedic Sports Medicine</b>	Chicago	August 8, 2014 - August 10, 2014
<b>EFORT Advanced Instructional Course: Hip Pathology in Young Adults</b>	Bern	August 28, 2014 - August 29, 2014
<b>Fragility Fracture Network Global Congress</b>	Madrid	September 4, 2014 - September 6, 2014
<b>American Association for the Surgery of Trauma Annual Meeting</b>	Philadelphia, PA	September 10, 2014 - September 13, 2014
<b>American College of Osteopathic Surgeons Annual Clinical Assembly</b>	Boston, MA	September 10, 2014 - September 14, 2014
<b>Scoliosis Research Society (SRS) Annual Meeting and Course</b>	Anchorage, AL	September 10, 2014 - September 14, 2014
<b>European Bone and Joint Infection Society Annual Meeting</b>	Utrecht	September 11, 2014 - September 14, 2014
<b>American Society for Bone and Mineral Research Annual Meeting</b>	Houston, TX	September 12, 2014 - September 16, 2014
<b>British Orthopedic Association Congress</b>	Brighton	September 12, 2014 - September 13, 2014
<b>Society for Arthroscopy and Joint Surgery Annual Congress</b>	Innsbruck	September 18, 2014 - September 20, 2014

MEETING	LOCATION	DATE
<b>American Society for Surgery of the Hand Annual Meeting</b>	Boston, MA	September 18, 2014 - September 20, 2014
<b>American Orthopedic Foot and Ankle Society Annual Meeting</b>	Chicago, IL	September 21, 2014 - September 23, 2014
<b>Turkey Sports Traumatology, Arthroscopy and Knee Surgery Society Congress</b>	Izmir	September 23, 2014 - September 27, 2014
<b>International Conference on Repair, Regeneration and Reconstruction</b>	London	September 25, 2014 - September 27, 2014
<b>Euro Spine 2014</b>	Lyon	October 1, 2014 - October 3, 2014
<b>Naples International Shoulder Conference</b>	Naples	October 2, 2014 - October 3, 2014
<b>European Hip Society Congress</b>	Stockholm	October 9, 2014 - October 11, 2014
<b>Spanish Society of Orthopedic Surgery and Traumatology Congress</b>	Madrid	October 9, 2014 - October 11, 2014
<b>International Society for Hip Arthroscopy Annual Scientific Meeting</b>	Rio de Janeiro	October 9, 2014 - October 11, 2014
<b>Australian Orthopedic Association Annual Meeting</b>	Melbourne	October 12, 2014 - October 16, 2014

# GLIMPSES OF FIRST CONGREGES, IORACON 2012 & 2013



