Geriatric Orthopedic Society of India (GOSI) Journal

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Cover Page

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• **Featured Image**: A significant moment from recent GOSI events or an abstract representation of advancements in geriatric orthopedic care.

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Editorial Note :

Message from the Patron - Dr. SS Jha

From, S S Jha Patron Geriatric Orthopaedic Society of India & Journal of Geriatric Orthopaedic Association Director, Harishchandra Orthopaedic Research Institute Patna.



To, Dr Mirant B Dave Editor, Journal of Geriatric Orthopaedic Association Minimally Invasive & Robotic Spine Surgeon Stavya Spine Hospital & Research Institute Ahmedabad.

Dear Editor, Dr Mirant,

I am delighted to extend my warmest congratulations to you and your editorial team on the successful publication of May 2025 issue of our esteemed Journal. As the Patron of this pristine association and also the journal, I am proud to witness the growth and excellence of this Journal under your editorship, which has become a valuable resource for orthopaedic professionals dealing with problems of geriatric orthopaedics.

The focus on geriatric orthopaedics is crucial, given the unique challenges faced by the aging population. I encourage the editorial team to continue publishing articles that address the complex issues surrounding osteoporosis, osteoarthritis, fragility fractures, and other age-related orthopaedic conditions.

Moreover, I suggest that the Journal also explores topics that are highly relevant to the aging population, such as fall prevention, rehabilitation strategies, and palliative care. By doing so, we can foster a more comprehensive understanding of the multifaceted needs of elder adults and promote better healthcare outcomes.

Though the Journal is concerned with geriatric orthopaedics, I believe it's essential to include publications that address the broader issues affecting the aging population. This might involve interdisciplinary collaborations with experts from fields like gerontology, rehabilitation medicine, and social sciences etc.

However, I am aware of the challenges that come with bringing out a new journal, particularly in terms of securing high-quality contributions from our members. It is essential that we continue to encourage and support our members in submitting their work, fostering a culture of academic excellence and sharing knowledge within our community.

To further enhance the Journal's reputation and reach, I would advise exploring opportunities for international author involvement. Collaborating with renowned experts from around the world can bring diverse perspectives, attract a broader readership, and elevate the Journal's impact.

On a practical note, I would like to emphasize the importance of securing stable funding for the Journal. This will enable us to maintain publication quality, explore new initiatives, and ensure the Journal's long-term sustainability. I suggest that the Association explores potential funding sources, including sponsorships, grants, and partnerships with relevant organizations.

Additionally, I recommend developing a robust membership communication strategy to ensure wider publicity and dissemination of the Journal's content. This could include regular newsletters, social media updates, and email alerts to keep members informed about upcoming issues, conferences, and other relevant events.

Regarding our conferences, after the annual conference / workshops, I propose that the post-conference volume should include publications consisting of papers presented during the conference, along with a summary of the resultant discussions. This would not only provide a valuable record of the conference proceedings but also offer insights into the key takeaways and future directions in the field.

The publication of this issue reflects the dedication and hard work of the editorial board, contributors, and reviewers. I commend their efforts in maintaining the highest standards of scientific publishing and advancing the field of geriatric orthopaedics.

I look forward to continued success and growth of our Journal, and I wish the entire team all the best in their future endeavors.

Sincerely, S S Jha Patron, Journal of Geriatric Orthopaedic Association

Convenor, Osteoporosis: Surgical Care (IJO to be published)

Advisor, "Guidelines for Comprehensive Medical Management of Osteoporosis" subcommittee for Indian Orthopaedic Association

Chairman, Comprehensive Medical & Surgical Management of Osteoporosis (2021-2022)

Chairman, Indian Orthopaedic Association Subcommittee on Rheumatology (2021-2023)

Chairman, National P. G. Quiz Programme, Indian Orthopaedic Association (2003-06)

Patron in Chief & Founder President, Indian Orthopaedic Rheumatology Association Patron, Cawnpore Arthroplasty Society, Kanpur, Uttar Pradesh

Patron, Geriatric Orthopaedic Society Of India

Past President, Indian Foot and Ankle Society (2010-2012)

Vice Secretary General (2011-2019), Asia Pacific Society for Foot and Ankle Surgery Member & Faculty, Indian Association of Age Management, New Delhi

Past Editor, Journal of Indian Foot and Ankle Society

President, Innovative Education & Scientific Research Foundation, New Delhi

Message from the Editor in Chief - Dr. John Ebnezar

Dear Colleagues,

As we present the May 2025 issue of the GOSI Journal, we continue our commitment to advancing knowledge in the field of geriatric orthopedics. This issue brings together a collection of scholarly articles, case studies, and updates on GOSI initiatives, aimed at enhancing patient care and professional collaboration.



With an aging population, the demand for specialized orthopedic care has never been greater. This edition covers significant advancements in minimally invasive techniques, osteoporosis management, and fracture prevention strategies. Additionally, we highlight the latest GOSI workshops, conferences, and fellowship opportunities.

We encourage active participation from our readers — whether through contributing research, attending our events, or engaging in our community outreach programs. Together, we can continue to improve orthopedic care for the elderly.

Sincerely,

Dr John Ebnezar

Editor in Chief

Message from the Editor - Dr. Mirant Dave

Dear Colleagues,



It is with great pride and a deep sense of responsibility that I present to you the May 2025 issue of the Geriatric Orthopedic Society of India (GOSI) Journal. As the field of geriatric orthopedics continues to evolve, we at GOSI remain steadfast in our commitment to advancing care, education, and innovation for our elderly population.

This issue highlights significant strides in minimally invasive techniques, osteoporosis management, fracture prevention, and the transformative role of robotics in orthopedic surgery. We have also captured the essence of our vibrant community through detailed reports on recent workshops, CMEs, and community outreach initiatives — all reinforcing our shared vision of holistic, patient-centered care.

With an aging global population, the challenges and opportunities before us are immense. As orthopedic professionals, we hold the collective responsibility to enhance mobility, independence, and quality of life for the elderly. I urge each of you to engage actively — through research contributions, educational outreach, clinical excellence, and compassionate care.

I extend my heartfelt gratitude to all the contributors, reviewers, and editorial team members who have worked tirelessly to bring this issue to life. Your dedication and spirit continue to inspire the future of geriatric orthopedic care.

Let us continue our journey together — pushing boundaries, sharing knowledge, and building a future where every elderly individual receives the orthopedic care they deserve.

Warm regards,

Dr. Mirant Dave

Editor, Geriatric Orthopedic Society of India (GOSI) Journal

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Featured Articles

1. The Role of Robotics in Geriatric Orthopedic Surgery

Advances in robotic-assisted procedures for knee and hip replacements.
Comparison of traditional vs. robotic techniques in improving patient outcomes.

The role of robotics in geriatric orthopaedic surgery has been growing, offering significant advancements in both the precision of surgical procedures and the overall outcomes for elderly patients. Geriatric patients, typically over the age of 65, often present with more complex medical conditions, including co morbidities like cardiovascular disease, diabetes, or osteoporosis, which make orthopedic surgery more challenging. Robotics in this field is helping to address these challenges in several ways:

1. Enhanced Precision and Accuracy

- **Robotic-Assisted Surgery**: Robotic systems provide high precision in the placement of implants, which is particularly important in geriatric patients. Older adults may experience reduced bone density, making it harder to achieve the ideal alignment during traditional surgeries. Robotics allows for more accurate placement of prosthetic devices, potentially leading to better outcomes and reduced risk of complications like implant loosening or misalignment.
- **Computer-Assisted Planning**: Robotics in surgery enables surgeons to create a customized pre-operative plan using 3D imaging and computer models of the patient's bones and joints. This ensures a more tailored approach, taking into account the unique anatomical variations that are common in older adults, such as arthritis or degenerative changes.

2. Minimally Invasive Procedures

- Smaller Incisions: Robotic surgery often involves smaller incisions compared to traditional open surgeries. For geriatric patients, this is especially beneficial as it reduces trauma to surrounding tissues, minimizes blood loss, and leads to quicker recovery times.
- **Faster Recovery and Shorter Hospital Stays**: Minimally invasive approaches typically result in less postoperative pain and quicker recovery. Elderly patients, who may be more prone to complications from longer hospital stays, benefit from faster rehabilitation, allowing them to return to their daily activities sooner.

3. Reduced Risk of Human Error

• **Consistency and Reproducibility**: Robots can carry out specific tasks with a level of precision and consistency that can be difficult to achieve manually, especially in complex surgeries. In geriatric orthopedic surgery, where the stakes are high due to patients' age and frailty, reducing the risk of human error is crucial to achieving successful outcomes.

4. Enhanced Visualization and Control

3D Imaging and Real-Time Feedback: Robotic-assisted systems provide enhanced visualization through 3D imaging, allowing surgeons to view the operative site with greater detail. This is beneficial for geriatric patients, whose bones and tissues may be more fragile or deteriorated. Real-time feedback also helps surgeons monitor the surgery as it progresses, leading to better decision-making during the procedure.

5. Application in Specific Procedures

- Total Hip and Knee Replacements: In geriatric patients, joint replacement surgeries like total hip or knee replacements are common due to degenerative conditions like osteoarthritis. Robotic assistance in these surgeries improves implant positioning, which is essential for reducing the risk of dislocation or prosthesis failure, and ensures better long-term results.
- **Spinal Surgery**: Elderly individuals often experience degenerative changes in the spine, such as spinal stenosis or vertebral fractures. Robotic assistance in spinal surgery allows for more accurate and minimally invasive approaches, helping to stabilize the spine with less disruption to surrounding tissue.

6. Personalized Treatment

• Customization for Frailty and Comorbidities: Robotics in geriatric orthopedic surgery can be fine-tuned for the patient's specific needs, accounting for factors like bone density, joint alignment, and other comorbidities. For example, robotic systems can adjust the approach based on real-time analysis of bone structure, which is particularly important in elderly patients who often experience conditions like osteoporosis that affect bone strength.

7. Improved Long-Term Outcomes

- **Fewer Complications**: The precision offered by robotics in orthopedic surgeries reduces the likelihood of complications such as infection, implant failure, or improper healing, which are especially concerning in older adults due to their slower healing processes and greater susceptibility to complications.
- **Better Alignment and Functionality**: Robotic systems help achieve better alignment in joint replacement surgeries, leading to improved functionality of the joint. For elderly patients, this can mean less pain and greater mobility post-surgery.

8. Training and Skill Development

• **Training Surgeons**: Robotics in surgery also allows for enhanced training of surgeons, providing them with tools to practice and refine their skills. As geriatric orthopedic surgery becomes more complex due to the aging population, robotic systems help surgeons to maintain high standards of care, even as patient complexity increases.

Conclusion

Robotics in geriatric orthopedic surgery represents a significant advancement in the field. With the aging population expected to grow in the coming years, these technologies offer a promising way to improve the quality of life for elderly patients undergoing orthopedic procedures. By offering greater precision, minimally invasive options, reduced recovery times, and enhanced postoperative outcomes, robotic systems are transforming the way surgeries are performed and benefiting elderly patients in profound ways. As technology continues to evolve, it's likely that robotic surgery will become even more integrated into geriatric orthopedic care, offering even better outcomes for this vulnerable patient population.

2. Osteoporosis Management: A Multidisciplinary Approach

• Preventive strategies, including diet, exercise, and pharmacological interventions.

• The role of physiotherapy and fall prevention in reducing fracture risk.

Osteoporosis is a condition characterized by weakened bones, which increases the risk of fractures. It is a significant public health concern, especially among older adults, and requires a multidisciplinary approach to effectively manage and prevent complications. The management of osteoporosis involves a combination of lifestyle modifications, pharmacological treatments, patient education, and coordinated care from various healthcare professionals. A multidisciplinary approach ensures that all aspects of the disease are addressed, improving patient outcomes and reducing the risk of fractures.

Here's an overview of the various components of osteoporosis management from a multidisciplinary perspective:

1. Diagnosis and Assessment

The first step in managing osteoporosis is confirming the diagnosis, typically through:

- **Bone Mineral Density (BMD) Testing**: Dual-energy X-ray absorptiometry (DXA) is the standard test to measure BMD and assess the risk of fractures.
- **Clinical Assessment**: Healthcare providers should evaluate the patient's history, including risk factors for osteoporosis (e.g., age, gender, family history, smoking, alcohol use, and certain medications like corticosteroids).
- **Fracture Risk Assessment**: Tools such as the FRAX tool (Fracture Risk Assessment Tool) can help estimate the 10-year probability of a fracture, guiding decisions about treatment.

2. Pharmacological Management

Pharmacologic treatment options are essential for managing osteoporosis, especially in those with low bone density or a history of fractures. Common medications include:

- **Bisphosphonates** (e.g., alendronate, risedronate, ibandronate): These drugs help prevent bone loss and may also reduce fracture risk.
- **Denosumab**: A monoclonal antibody that inhibits osteoclast activity and bone resorption.
- Selective Estrogen Receptor Modulators (SERMs) (e.g., raloxifene): These agents mimic estrogen's effects on bone density.
- **Teriparatide** and **Abaloparatide**: Anabolic agents that stimulate bone formation in patients with severe osteoporosis.
- Hormone Replacement Therapy (HRT): For postmenopausal women, though the benefits and risks need to be carefully weighed.
- Calcium and Vitamin D supplementation: These are fundamental in supporting
- bone health, especially when dietary intake is insufficient.

The treatment plan should be individualized based on the patient's specific health condition, risk factors, and preferences.

3. Lifestyle Modifications

In addition to pharmacologic treatment, lifestyle changes are crucial in managing osteoporosis:

- **Dietary Changes**: Ensure adequate intake of calcium (1,000-1,200 mg/day) and vitamin D (800-1,000 IU/day). Foods rich in calcium include dairy products, leafy greens, fortified foods, and nuts.
- **Exercise**: Weight-bearing exercises like walking, dancing, and strength training are essential for maintaining bone strength. Balance and flexibility exercises are also crucial to prevent falls.
- **Fall Prevention**: Fall prevention strategies, including home modifications (e.g., removing tripping hazards, installing grab bars) and wearing supportive footwear, are key for preventing fractures.
- Smoking Cessation and Moderating Alcohol Consumption: Smoking and excessive alcohol intake are risk factors for osteoporosis, and cessation of these behaviors can significantly improve bone health.

4. Patient Education

Patient education plays a vital role in the management of osteoporosis. Patients must be informed about:

- The Nature of Osteoporosis: Help patients understand that osteoporosis is a silent disease and may not present symptoms until a fracture occurs.
- Adherence to Treatment: Encourage patients to follow prescribed medications and lifestyle changes. This includes proper supplementation, exercise regimens, and adherence to follow-up care.
- **Fracture Prevention**: Educating patients on strategies to reduce the risk of fractures, including safe movement, proper posture, and the importance of regular screenings and check-ups.

5. Multidisciplinary Team Involvement

The treatment of osteoporosis often requires the involvement of several healthcare professionals working together:

- **Primary Care Physician (PCP)**: Oversees overall patient care, assesses risk factors, and coordinates referrals to specialists.
- **Endocrinologist**: Manages patients with complex metabolic bone diseases, including osteoporosis, and can prescribe medications like bisphosphonates, denosumab, and teriparatide.
- **Orthopedic Surgeon**: Provides care for patients with fractures or those at high risk of fractures, and may perform surgeries such as vertebroplasty or kyphoplasty.
- **Rheumatologist**: Manages osteoporosis in patients with autoimmune diseases like rheumatoid arthritis or lupus, who may be at higher risk.
- **Physical Therapist**: Works with patients on exercises to strengthen bones, improve balance, and reduce fall risk.

- **Dietitian**: Provides nutritional counseling to ensure the patient has a balanced diet that supports bone health.
- **Pharmacist**: Ensures that the patient is adhering to medication regimens, monitors for drug interactions, and provides education on medication use.

6. Monitoring and Follow-up Care

Osteoporosis management requires regular monitoring to assess treatment efficacy and prevent complications:

- **BMD Testing**: Repeating DXA scans at intervals (e.g., every 1-2 years) helps monitor bone density changes and adjust treatment accordingly.
- **Fracture Surveillance**: After a fracture, it is important to assess whether the osteoporosis treatment plan needs adjustment.
- **Side Effect Monitoring**: Medications for osteoporosis can have side effects (e.g., gastrointestinal issues with bisphosphonates), and patients should be monitored for these.

7. Psychological Support

Osteoporosis, especially when it leads to fractures, can have a significant psychological impact, contributing to depression, anxiety, and reduced quality of life. Addressing these concerns through mental health support or counseling is an important aspect of holistic care for patients.

Conclusion

A multidisciplinary approach to osteoporosis management involves healthcare providers from various fields, including primary care, endocrinology, rheumatology, orthopedics, physical therapy, and nutrition. Through early diagnosis, personalized treatment plans, lifestyle modifications, and continuous monitoring, osteoporosis can be effectively managed, minimizing the risk of fractures and improving patients' quality of life. Collaboration and patient education are essential components of successful osteoporosis management.

3. Postoperative Rehabilitation: Key Considerations for Elderly Patients

Best practices for rehabilitation following joint replacement surgery.

• The importance of personalized physiotherapy programs.

Postoperative rehabilitation for elderly patients undergoing spine surgery is critical for ensuring successful recovery, improving mobility, and reducing the risk of complications. The elderly are often more vulnerable to postoperative challenges due to age-related changes in their bones, muscles, and overall physical health. These challenges, combined with the higher prevalence of co morbidities in elderly patients, require a carefully tailored rehabilitation approach. Here are key considerations for postoperative rehabilitation in elderly patients following spine surgery:

1. Early Mobilization and Activity

- Gradual and Safe Mobilization: Early mobilization is crucial in reducing the risk of complications like blood clots, pneumonia, or muscle atrophy. However, for elderly patients, mobilization should be gradual and carefully supervised. Post-surgery, patients should begin with light movements and progress to sitting, standing, and eventually walking with assistance if necessary.
- Avoiding Overloading: While early activity is essential, care must be taken to avoid excessive loading on the spine, especially in patients who have undergone complex procedures like spinal fusion or decompression surgery. Overloading could impair the healing process or lead to complications.

2. Pain Management

- Effective Pain Control: Postoperative pain management is a critical aspect of spine surgery rehabilitation, as pain can limit mobility and delay recovery. Elderly patients may have a lower tolerance for pain and may experience side effects from certain medications. A balanced approach using multimodal pain management strategies (e.g., combining medications with physical therapy, heat/cold therapy, and relaxation techniques) is often most effective.
- **Opioid Use**: Due to the risk of side effects, opioid use should be minimized in elderly patients. Non-opioid pain relief methods, such as acetaminophen, NSAIDs (with caution), and local anesthetics, are generally recommended. In addition, non-pharmacological approaches like physical therapy and mindfulness techniques can help manage pain without medication.

3. Strengthening and Conditioning

- **Core Strengthening**: After spine surgery, strengthening the core muscles (including the abdominal, back, and pelvic muscles) is a key component of rehabilitation. Core strengthening helps stabilize the spine, reduce pressure on the discs and joints, and improve posture. It also helps prevent future spinal injuries.
- **Gradual Muscle Rebuilding**: Elderly patients often experience muscle atrophy (sarcopenia), especially after a period of immobility. Rehabilitation should focus on rebuilding strength, starting with low-impact exercises and progressively increasing resistance as the patient regains strength.

• **Progressive Load Management**: Strengthening exercises should be introduced gradually. Overloading the muscles and spine too early can hinder recovery. Functional training to improve daily activities, such as getting in and out of bed, standing, walking, and sitting, should be emphasized.

4. Fall Prevention

- **Balance and Stability Training**: Elderly patients are at a higher risk for falls, which could result in serious injuries, particularly after spine surgery. Balance and stability training are integral parts of rehabilitation to help improve coordination and prevent falls.
- **Gait Training**: Training patients to walk with proper posture and gait is essential, particularly for those who have undergone surgeries like lumbar decompression or spinal fusion. This may involve the use of assistive devices such as walkers or canes initially, gradually progressing to independent walking.
- Environmental Safety: At home, elderly patients recovering from spine surgery need a safe environment to reduce fall risks. Home modifications, such as removing tripping hazards, installing grab bars, and using non-slip mats, are essential for enhancing safety during rehabilitation.

5. Posture and Body Mechanics Education

- **Proper Posture**: Spine surgery often affects spinal alignment, and patients need to be educated about proper posture. This helps prevent strain on the spine and supports the healing process. Proper sitting, standing, and sleeping postures must be emphasized.
- **Body Mechanics**: Educating the patient on how to move their body in ways that minimize strain on the spine is essential. This includes instructions on lifting objects safely, maintaining neutral spine positions during daily activities, and avoiding excessive bending, twisting, or reaching.

6. Mobility and Functional Training

- Assistive Devices: Depending on the type of spine surgery, patients may need assistive devices (e.g., walkers, canes, or back braces) for support during the early stages of rehabilitation. These devices provide additional stability and reduce the load on the spine during recovery.
- **Functional Tasks**: Functional rehabilitation should focus on activities of daily living (ADLs), such as dressing, bathing, cooking, and getting in and out of bed. These tasks should be broken down into smaller steps, and patients should gradually work toward regaining independence in them.

7. Mental Health and Emotional Support

• **Psychological Well-being**: Recovery from spine surgery can be emotionally challenging for elderly patients, especially if it affects their ability to perform daily tasks or leads to prolonged pain. Depression, anxiety, and frustration are common in this group. Emotional and psychological support, either through counseling, support groups, or family involvement, can help patients maintain a positive outlook and stay motivated.

 Cognitive Function: Elderly patients may experience cognitive changes post-surgery, such as confusion or memory issues, especially after anesthesia or prolonged bed rest. Cognitive rehabilitation, such as memory exercises and orientation activities, may be useful in helping patients regain clarity and focus during recovery.

8. Nutritional Support

- **Proper Nutrition for Healing**: Proper nutrition is essential to support tissue healing and muscle rebuilding. Elderly patients may have specific dietary needs, including higher protein intake for muscle repair, sufficient calcium and vitamin D for bone health, and adequate hydration. Malnutrition can slow the healing process and increase the risk of complications, so monitoring and managing nutrition are essential components of rehabilitation.
- **Managing Weight**: Postoperative weight management is also important for elderly patients who may be sedentary during recovery. Obesity can place additional stress on the spine, delaying healing. A balanced, low-calorie diet may help maintain a healthy weight and reduce the strain on the spine.

9. Comorbidity Management

- **Managing Chronic Conditions**: Many elderly patients have comorbidities such as diabetes, hypertension, or osteoporosis, which can complicate the recovery process. These conditions should be carefully managed during rehabilitation to ensure that they do not interfere with healing. For example, blood sugar levels in diabetic patients should be closely monitored, and blood pressure should be controlled to prevent complications.
- **Bone Health**: Osteoporosis or osteopenia is common in the elderly and can impact spinal surgery outcomes. Patients with weakened bones need close monitoring and may benefit from medications or supplements to improve bone density during recovery.

10. Monitoring Progress and Preventing Complications

- **Regular Follow-Up Appointments**: Postoperative rehabilitation should include frequent check-ins with the surgical team to monitor healing and address any emerging issues, such as infections, implant failure, or complications from the surgery.
- Addressing Complications Early: Common complications after spine surgery, such as infection, nerve damage, or spinal instability, should be monitored closely during rehabilitation. Early intervention can prevent long-term issues and improve recovery outcomes.

Conclusion

Rehabilitation after spine surgery for elderly patients is multifaceted, involving physical, emotional, and cognitive aspects. Key considerations for successful rehabilitation include early mobilization, pain management, strengthening exercises, fall prevention, and education on proper posture and body mechanics. Tailored approaches that take into account the patient's individual needs, comorbidities, and surgery type will lead to better outcomes and a higher quality of life during recovery. A multidisciplinary team, including physical therapists, nurses, physicians, and family members, plays a crucial role in supporting elderly patients through their recovery journey.

Case Studies

- 1. Complex Hip Replacement in an Octogenarian with Multiple Co morbidities
- Detailed analysis of preoperative assessment, surgical execution, and postoperative care.
- Long-term functional outcomes and lessons learned.

Hip replacement in octogenarians presents a significant challenge, especially when multiple co morbidities are involved. The elderly population is more vulnerable to perioperative complications, and their overall health status must be carefully evaluated and managed at every stage of the surgical process. In this detailed analysis, we will explore the key phases: preoperative assessment, surgical execution, and postoperative care.

Preoperative Assessment

1. Comprehensive Medical Evaluation:

- Health History and Physical Examination: A thorough review of the patient's medical history, including co morbidities such as hypertension, diabetes, cardiovascular disease, renal dysfunction, and respiratory conditions, is essential. This helps identify any conditions that could impact surgical risks or recovery.
- Geriatric Assessment: Given the patient's age, assessing frailty is critical. Tools such as the Clinical Frailty Scale (CFS) or the Fried Frailty Index can help evaluate the risk of postoperative complications. In addition, cognitive function should be assessed, as conditions like dementia or delirium can complicate recovery.
- **Nutritional Assessment:** Malnutrition, which is common in older adults, can impede healing and increase infection risk. A dietician's assessment and possible supplementation may be necessary.

2. Cardiovascular Assessment:

- **Preoperative Cardiology Consultation:** Given the high prevalence of cardiovascular conditions in octogenarians (e.g., arrhythmias, ischemic heart disease), an ECG and echocardiogram are often recommended to assess cardiac risk. A consultation with a cardiologist may be required to optimize heart function before surgery.
- **Optimization of Medications:** Drugs such as anticoagulants need to be carefully managed. Antiplatelet agents or anticoagulants may need to be stopped before surgery to minimize bleeding risks, with a protocol for bridging therapy if necessary.

3. Respiratory Assessment:

• **Pulmonary Evaluation:** Many octogenarians have chronic respiratory issues like COPD. Preoperative pulmonary function testing (PFT) may be necessary to assess whether the patient is fit for anesthesia and surgery.

• **Smoking Cessation:** If the patient is a smoker, cessation programs should be discussed well before surgery to reduce pulmonary complications.

4. Renal and Metabolic Assessment:

- **Kidney Function:** Renal impairment can complicate drug metabolism and fluid balance during and after surgery. A preoperative renal function test, including creatinine clearance, is crucial.
- **Glycemic Control:** Diabetes management is a priority. Optimizing blood sugar levels and ensuring adequate control of diabetes reduces infection risk, wound healing issues, and postoperative complications.

5. Imaging:

• **Radiological Imaging:** Standard X-rays and potentially a CT scan or MRI may be needed to assess the severity of the hip joint degeneration and the structure of the bone. Imaging is essential for proper prosthesis sizing and planning the surgical approach.

Surgical Execution

1. Anesthesia Considerations:

- Choice of Anesthesia: General anesthesia is typically used, but regional anesthesia (spinal or epidural) can be considered in elderly patients, as it may reduce the risk of postoperative cognitive dysfunction (POCD) and have fewer systemic effects.
- Anesthesia Risk Assessment: Older patients often have diminished physiological reserves. Preoperative assessment by an anesthesiologist is critical to address potential risks, particularly with regard to cardiovascular and pulmonary issues.

2. Surgical Approach:

- **Minimally Invasive Techniques:** Given the frailty of octogenarians, minimally invasive hip replacement techniques (e.g., anterior or lateral approach) may be preferred. These approaches reduce blood loss, minimize muscle trauma, and may shorten recovery time.
- **Prosthesis Selection:** Prosthesis choice must be individualized based on the patient's bone quality, activity level, and anatomical considerations. Cemented prostheses are often favored in elderly patients with poor bone stock, while cementless options may be used in more active individuals with adequate bone density.
- **Surgical Duration and Hemostasis:** The longer the surgery, the greater the risk of complications such as blood loss, infections, and cardiac events. Minimizing surgical time, maintaining hemostasis, and careful soft tissue handling are essential.

3. Intraoperative Monitoring:

Blood Loss Management: The elderly are particularly susceptible to fluid and electrolyte imbalances. Measures to reduce blood loss, such as the use of tranexamic

acid and meticulous hemostasis, should be employed. Intraoperative blood salvage may be an option in certain cases.

• **Temperature Management:** Hypothermia during surgery is a significant concern in elderly patients, so maintaining normothermia with active warming devices is crucial.

Postoperative Care

1. Immediate Postoperative Monitoring:

- ICU or High Dependency Unit: Depending on the patient's comorbidities, they may require close monitoring in the ICU or a high-dependency unit post-surgery. Key parameters to monitor include respiratory function, cardiovascular stability, and fluid balance.
- **Pain Management:** Adequate pain control is vital for early mobilization and to prevent complications like deep vein thrombosis (DVT) or pulmonary embolism (PE). Opioids should be used sparingly in elderly patients due to the risk of confusion, constipation, and respiratory depression. Alternatives like nerve blocks or regional anesthesia may help reduce reliance on systemic opioids.

2. Mobilization and Rehabilitation:

- **Early Mobilization:** Once the patient is stable, early mobilization is encouraged. Physiotherapy should start as soon as possible, typically within 24 hours postoperatively, to prevent complications such as muscle atrophy, thromboembolic events, and pneumonia.
- **Rehabilitation Goals:** Functional rehabilitation goals should be set based on the patient's preoperative activity level. These include walking independently, increasing range of motion, and enhancing overall strength and mobility.

3. Complication Prevention and Management:

- **Infection Control:** Infections, particularly deep joint infections, are a significant risk in elderly patients. Strict sterile techniques should be used, and postoperative antibiotics are often administered prophylactically. Any signs of infection, such as fever, redness, or drainage, should be addressed promptly.
- **Thromboembolism Prevention:** Octogenarians are at increased risk of thromboembolic events. Prophylactic anticoagulation with low-molecular-weight heparin (LMWH) or direct oral anticoagulants (DOACs) should be used, along with physical measures like compression stockings or intermittent pneumatic compression devices.
- **Delayed Wound Healing:** Elderly patients may experience delayed wound healing due to poor nutritional status or compromised circulation. Regular wound assessments and care are necessary, and nutritional support should be continued.

4. Long-term Follow-up:

- **Regular Monitoring:** Long-term follow-up appointments are necessary to monitor prosthetic function, detect complications such as dislocation or loosening, and assess the overall improvement in quality of life.
- **Patient Education:** Patients should be educated about post-operative care, signs of complications, and the importance of regular physical activity to maintain hip function.

Conclusion

A complex hip replacement in an octogenarian with multiple comorbidities requires careful planning and multidisciplinary collaboration. Preoperative assessment is critical in optimizing the patient's health and minimizing risks, while the surgical approach must prioritize minimizing trauma and ensuring stable outcomes. Postoperative care is equally important, focusing on early mobilization, complication prevention, and patient education to ensure the best recovery and long-term results. The goal is to restore function and quality of life while minimizing the risks associated with surgery in an aging population.

2. Minimally Invasive Spine Surgery in an 82-Year-Old Patient with Spinal Stenosis

• Challenges and solutions in managing degenerative spine conditions in elderly patients.

Minimally invasive spine surgery (MISS) can offer significant benefits for elderly patients with degenerative spine conditions like spinal stenosis. However, managing these conditions in older adults requires special consideration of various factors, such as comorbidities, frailty, bone quality, and recovery capacity. Here's a breakdown of the challenges and solutions for managing degenerative spine conditions in an 82-year-old patient:

Challenges

1. Comorbidities:

- Older adults often have multiple health conditions, such as cardiovascular disease, diabetes, and hypertension, which may complicate surgery.
- Solution: Comprehensive preoperative evaluation is critical. The surgical team should collaborate with other specialists (e.g., cardiologists, endocrinologists) to optimize medical management before surgery.

2. Frailty and Decreased Recovery Capacity:

- Elderly patients tend to have reduced muscle strength, endurance, and overall physical resilience, which can affect recovery post-surgery.
- **Solution:** Rehabilitation programs that focus on strengthening, flexibility, and cardiovascular health can help improve outcomes. Postoperative rehabilitation is also essential to facilitate recovery.

3. Bone Quality:

- Osteoporosis and diminished bone density are more prevalent in older adults, which may make bone healing more challenging and increase the risk of complications like fractures.
- Solution: Use of techniques that minimize bone disruption, such as percutaneous screw fixation, can reduce the risk of fractures. Preoperative management with medications like bisphosphonates may also improve bone density.

4. Increased Surgical Risk:

- Older adults are at higher risk of complications such as infection, blood loss, and anaesthesia-related issues.
- Solution: Minimally invasive surgery is advantageous because it generally involves smaller incisions, less blood loss, reduced infection risk, and a shorter hospital stay. Using regional anaesthesia or lighter sedation can also minimize the risks of general anaesthesia.

5. Cognitive Function:

- Older adults may have cognitive decline or dementia, which can complicate postoperative care, adherence to rehabilitation, and overall surgical outcomes.
- Solution: Involving family members or caregivers in pre- and postoperative care planning can help ensure appropriate support. Cognitive screening and addressing mental health concerns before surgery can help optimize patient outcomes.

6. Spinal Deformity and Advanced Degeneration:

- In elderly patients, the spine often exhibits advanced degenerative changes, such as scoliosis or kyphosis, making the surgery more technically challenging.
- Solution: Preoperative imaging, such as MRI or CT scans, should be performed to assess the extent of degeneration. Surgeons may also employ advanced techniques like 3D imaging or computer-assisted navigation to improve surgical precision.

Solutions for Success in Management

1. Preoperative Optimization:

• Perform a thorough medical evaluation to manage any existing health conditions and optimize the patient's physical and mental health. Nutritional assessments, physical therapy, and psychological counseling can all play roles in preparing the patient for surgery.

2. Minimally Invasive Techniques:

- Techniques such as endoscopic discectomy, laminectomy, or percutaneous fusion can offer effective solutions while minimizing the trauma to surrounding tissues, reducing blood loss, and shortening recovery time.
- For patients with spinal stenosis, decompression surgeries like a laminotomy can alleviate symptoms without the need for major muscle dissection.

3. Postoperative Care and Rehabilitation:

- Implement a comprehensive postoperative rehabilitation program focusing on strengthening and mobility exercises. Early mobilization should be encouraged to prevent complications like deep vein thrombosis (DVT) or pneumonia.
- Follow-up care should be structured to monitor for complications, and caregivers should be involved in assisting with daily activities to ensure a smooth recovery.

4. Patient-Centered Approach:

- Decision-making should involve a detailed discussion with the patient and their family about the risks, benefits, and expectations of the surgery. Since elderly patients may have different functional goals (e.g., improving walking ability versus achieving full mobility), surgery should be aligned with their priorities.
- Palliative treatments, such as physical therapy or epidural steroid injections, can also be considered for patients who may not be candidates for surgery.

Conclusion

Minimally invasive spine surgery offers promising solutions for elderly patients with spinal stenosis and degenerative spine conditions. However, careful management of medical, physical, and cognitive factors is crucial to achieving the best outcomes. With proper preoperative optimization, careful selection of surgical techniques, and appropriate postoperative care, elderly patients can experience significant relief from their symptoms while minimizing the risks typically associated with surgery in older adults.

GOSI Activities

Continuing Medical Education (CME) & Workshops • GOSI CME at Dr. CDSIMER, Bangalore – A report on the comprehensive CME held on June 16, 2023, covering emerging trends in geriatric orthopaedic care.

Report on the GOSI CME at Dr. CDSIMER, Bangalore – Emerging Trends in Geriatric Orthopaedic Care

Date of Event: June 16, 2023 Venue: Dr. CDSIMER, Bangalore Organized by: Geriatric Orthopaedic Society of India (GOSI)

On June 16, 2023, Dr. CDSIMER (Centre for the Study of Integrated Medicine and Research) in Bangalore hosted a highly informative Continuing Medical Education (CME) session focused on **Emerging Trends in Geriatric Orthopedic Care**. The CME, organized by the **Geriatric Orthopedic Society of India (GOSI)**, brought together leading orthopedic surgeons, geriatricians, physiotherapists, and medical practitioners with a shared focus on the unique challenges and advancements in the care of elderly patients with orthopedic conditions.

Key Highlights of the CME:

- 1. **Introduction to Geriatric Orthopedics:** The event began with an opening address that underscored the importance of addressing the orthopedic needs of the aging population. Given the global rise in life expectancy, the need for specialized care in geriatric orthopaedics has never been more urgent. This session set the tone for the day's discussions, highlighting how aging affects bone health, mobility, and quality of life.
- 2. **Innovative Surgical Techniques:** One of the focal points of the CME was the exploration of **new surgical techniques** and their application in geriatric orthopedics. Experts discussed the use of minimally invasive procedures, which have shown promising outcomes in reducing recovery time, minimizing surgical risk, and improving the overall post-surgery quality of life in elderly patients.
 - **Robotic-Assisted Surgery:** Surgeons presented the role of robotic technology in hip and knee replacements, emphasizing the precision it offers in managing degenerative conditions such as osteoarthritis.
 - **Custom Implants for Elderly Patients:** The use of patient-specific implants was also discussed as a way to provide better fit and alignment, leading to more successful long-term outcomes.

- 3. **Non-Surgical Interventions:** The role of **conservative management** in geriatric orthopedic care was also a key topic. Emphasis was placed on physical therapy, pharmacological management, and lifestyle modifications to alleviate pain and enhance mobility in elderly patients.
 - Exercise and Physiotherapy: Physiotherapists presented strategies for improving mobility and strength in elderly patients, which can help prevent falls and fractures.
 - Medications for Bone Health: Experts discussed the latest advancements in pharmacological treatments, such as bisphosphonates and biologics, in managing osteoporosis and fractures.
- 4. **Fracture Management in Elderly:** A major portion of the CME focused on the management of fractures in elderly patients, a particularly challenging aspect of geriatric orthopedics due to the increased risk of complications and slower healing processes.
 - Fracture Healing and Complications: Doctors shared insights on how to manage fractures while reducing the risk of complications like infections, delayed healing, or non-union.
 - **Post-Fracture Care:** Emphasis was placed on improving the rehabilitation process post-fracture, with techniques to restore function and prevent future injuries.
- 5. **Geriatric Fall Prevention:** One of the most significant issues in elderly orthopedic care is the high incidence of falls and fractures. Specialists discussed fall prevention strategies, focusing on:
 - Home safety modifications
 - The importance of balance training
 - Vision checks and medication reviews to reduce fall risks.
- 6. **Psychosocial Aspects of Geriatric Orthopedic Care:** Beyond physical treatment, the CME also explored the **psychosocial impact** of orthopedic conditions on the elderly. The stress of living with chronic pain, mobility issues, and the fear of future falls often leads to depression and social isolation in elderly patients. Mental health professionals shared strategies to address these concerns and integrate a holistic approach to care.
- 7. Panel Discussion Future Directions in Geriatric Orthopedics: The event concluded with a dynamic panel discussion where experts shared their visions for the future of geriatric orthopedic care. Topics included the integration of artificial intelligence and machine learning in diagnostics and personalized treatment plans, as well as the role of telemedicine in improving access to care for elderly patients, especially in rural areas.

Key Takeaways:

- The need for **early intervention** and **prevention** in geriatric orthopedic care is critical for improving the quality of life of elderly patients.
- Technological advancements such as **robotic surgery** and **custom implants** are shaping the future of surgical interventions in elderly patients.
- **Multidisciplinary care**, involving orthopedic surgeons, geriatricians, physiotherapists, and psychologists, is key to successful outcomes.
- Fall prevention strategies and **post-fracture rehabilitation** are crucial areas of focus to prevent further complications in elderly patients.

Conclusion:

The **GOSI CME at Dr. CDSIMER, Bangalore** on June 16, 2023, proved to be an essential platform for discussing the rapidly evolving field of **geriatric orthopedic care**. The event successfully brought together various specialists who shared their expertise on innovative approaches to improving the health and well-being of elderly patients. With aging populations worldwide, the insights shared at this CME are invaluable in ensuring better care for the elderly and meeting the growing demand for geriatric orthopedic services.

This CME also highlighted the importance of continuous learning and collaboration in improving outcomes for elderly patients, ensuring they live healthier, more active lives.

Hands-on Workshop on Minimally Invasive Techniques – Highlights from a practical session at GOSICON-2023, emphasizing state-of-the-art surgical techniques.

The **Hands-on Workshop on Minimally Invasive Techniques** at **GOSICON-2023** was a pivotal session that showcased cutting-edge surgical techniques designed to improve patient outcomes, reduce recovery times, and minimize complications. Below are some of the highlights from this practical session:

1. Introduction to Minimally Invasive Surgery (MIS)

The workshop began with an overview of the principles of minimally invasive surgery, emphasizing its advantages over traditional open procedures, including:

- Smaller incisions
- Reduced risk of infection
- Faster recovery times
- Enhanced precision in complex surgeries

2. Interactive Live Demonstrations

One of the standout features of the session was the live demonstrations by leading surgeons who showcased advanced MIS procedures across various specialties:

- Laparoscopy: Surgeons demonstrated techniques for performing laparoscopic surgeries for gallbladder removal, hernia repairs, and other abdominal procedures. The use of high-definition cameras and robotic arms in laparoscopy was highlighted as a key factor in improving visualization and precision.
- **Endoscopy:** The workshop also included practical training on endoscopic techniques, which allow surgeons to visualize and treat conditions within the body without making large incisions.

3. Robotic-Assisted Surgery

Another significant focus was the use of robotic systems in minimally invasive procedures. Surgeons introduced attendees to robotic-assisted platforms like **da Vinci Surgical System**, explaining their benefits in terms of:

- Enhanced precision: Robotic arms with superior dexterity allow surgeons to perform more delicate and complex surgeries with greater accuracy.
- **3D visualization**: Surgeons can work with a 3D, high-definition view, improving depth perception during procedures.
- **Precision with reduced fatigue**: The robotic system helps minimize physical strain for the surgeon, allowing for longer, more complex procedures with greater ease.

4. Hands-On Simulators

Participants were able to engage with **surgical simulators**, which provided a safe, controlled environment to practice minimally invasive techniques. These simulators used virtual reality (VR) and augmented reality (AR) technology to recreate realistic surgical scenarios, including:

- **Tissue manipulation**: Practicing cutting, suturing, and other tasks typically performed during MIS.
- **Navigation and instrument handling**: Learning how to operate laparoscopic and robotic instruments effectively.

5. Multidisciplinary Approaches

A key aspect of the workshop was the emphasis on multidisciplinary collaboration. Surgeons from different specialties, including **urology**, **gastroenterology**, and **orthopedics**, shared their experiences and challenges related to implementing MIS in various types of procedures, highlighting:

- How MIS is transforming treatment across different medical fields.
- The learning curve associated with these advanced technologies.
- How the techniques vary based on patient factors, anatomy, and the complexity of the surgery.

6. Patient-Centered Focus

The workshop also emphasized the patient-centered approach in minimally invasive surgery:

- **Reduced pain and trauma**: Smaller incisions lead to less pain post-surgery and faster healing times.
- **Cost efficiency**: Minimally invasive procedures, by reducing complications and recovery time, often lead to reduced overall healthcare costs.

7. Future of Minimally Invasive Surgery

The workshop concluded with a look toward the future of MIS, including:

- The ongoing development of **AI-assisted tools** that could further enhance the precision of minimally invasive procedures.
- Exploration of **telesurgery**, where surgeons can perform operations remotely, aided by robotic systems.
- The potential integration of **bioprinting** and **advanced imaging technologies** into MIS, allowing for even more personalized surgical approaches.

Conclusion

The Hands-on Workshop at **GOSICON-2023** highlighted the groundbreaking innovations in minimally invasive surgery and gave attendees a unique opportunity to interact with these technologies firsthand. It was a forward-looking session that not only demonstrated the current capabilities but also ignited discussions about the future potential of surgical practices. Surgeons left the session equipped with the latest techniques, knowledge, and hands-on experience to integrate minimally invasive methods into their own clinical practices.

Community Outreach Programs

• Orthopedic Screening & Awareness Camp in Rural Rajasthan – A detailed report on the recent initiative providing free orthopedic consultations, screenings, and education sessions.

1. Introduction: A recent orthopedic screening and awareness camp was organized in rural Rajasthan, providing free consultations, medical screenings, and educational sessions for the local population. The camp's primary goal was to address the growing need for orthopedic care in remote rural areas, where access to specialized healthcare is often limited. The initiative was aimed at increasing awareness of orthopedic health, preventing common musculoskeletal issues, and offering immediate medical attention to individuals suffering from pain or injury.

2. <u>Camp Objectives:</u> The main objectives of the camp were as follows:

- **Free orthopedic consultations**: To provide expert advice to individuals facing musculoskeletal problems.
- Screenings for common orthopedic conditions: To detect early signs of joint issues, fractures, arthritis, and other common orthopedic conditions.
- **Educational awareness**: To educate the community about preventive measures, healthy lifestyles, and ergonomic practices to reduce the risk of injury and chronic pain.
- Access to healthcare: To bridge the gap in healthcare access, especially for people who live in underserved regions.

3. <u>Location and Target Audience</u>: The camp was set up in rural Rajasthan, focusing on villages where healthcare facilities are sparse. The target audience included:

- Elderly individuals suffering from arthritis, joint pain, or age-related musculoskeletal conditions.
- Farmers and laborers prone to injuries and strain from physical labor.
- Children and young adults to screen for early signs of musculoskeletal issues or deformities.
- General community members seeking guidance on maintaining bone and joint health.

4. Camp Activities and Services:

• Free Orthopedic Consultations: Experienced orthopedic specialists from reputed hospitals and medical institutions were invited to provide one-on-one consultations. They addressed a wide range of issues, including joint pain, back pain, fractures, sprains, arthritis, and sports injuries. The consultations were free of charge, making it accessible to those who would typically not be able to afford them.

- **Medical Screenings:** Attendees underwent free screenings, which included physical examinations, joint mobility assessments, posture analysis, and early-stage diagnostic tests (such as X-rays or ultrasound) when needed. This helped identify conditions like early-stage arthritis, joint deformities, and postural issues.
- Educational Sessions: The camp offered a series of interactive sessions focusing on:
 - The importance of proper posture and body mechanics to avoid strain or injury.
 - Preventive exercises and stretches to strengthen muscles and improve flexibility.
 - How to maintain joint health, including the benefits of calcium, vitamin D, and physical activity.
 - Tips for farmers, laborers, and others engaged in manual work to reduce the risk of musculoskeletal injuries.
 - Early warning signs of common orthopedic problems and when to seek medical intervention.
- **Distribution of Free Medications and Aids:** In some cases, patients received free medications such as pain relievers, anti-inflammatory drugs, and joint supplements. In more severe cases, referrals were made to nearby healthcare facilities for further treatment, including physical therapy or surgeries.
- 5. **Challenges Faced:** While the camp proved to be highly successful, there were several challenges faced:
- Limited Awareness: Many individuals were unaware of the camp, so outreach efforts had to be intensified, particularly through local leaders and word-of-mouth.
- **Geographical Barriers**: Some villages were located far from the camp location, making it difficult for people to travel and access services.
- Limited Medical Resources: Despite providing the best possible service, there were limitations in the number of medical professionals and resources available for complex cases, which required referrals to other hospitals.
- **Cultural Barriers**: In some cases, cultural factors and traditional beliefs about healthcare posed challenges in convincing people to seek medical consultations.

6. Community Impact:

- Increased Awareness: The camp succeeded in raising awareness about orthopedic health. Many individuals learned the importance of early detection and preventive measures for musculoskeletal problems.
- **Improved Health Outcomes**: For individuals who received consultations and screenings, immediate interventions, including pain management, exercise recommendations, and proper posture correction, led to significant improvements in their health and quality of life.

- Long-Term Benefits: The educational sessions helped equip the community with the knowledge to maintain healthier bones and joints in the long run. Many individuals committed to making lifestyle changes, such as incorporating regular physical activity and adopting proper lifting techniques in their daily routine
- 7. <u>Future Plans:</u> Based on the success of the camp, the initiative aims to:
 - **Expand Reach**: Organize more camps in remote areas to serve a larger population.
 - **Regular Follow-Up**: Set up a system for follow-up consultations and continued care for individuals with ongoing orthopedic conditions.
 - **Collaboration with Local Healthcare Providers**: Work with local healthcare centers to ensure continuity of care for individuals requiring further treatment.
 - **Specialized Workshops**: Conduct specialized workshops for women, elderly individuals, and children to address the unique orthopedic needs of these groups.

Conclusion:

The Orthopedic Screening & Awareness Camp in rural Rajasthan was a significant step towards addressing the unmet orthopedic healthcare needs of underserved populations. By providing free consultations, screenings, and educational sessions, the initiative not only helped treat existing conditions but also empowered the community to take preventive measures and live healthier lives. Moving forward, this model can be replicated in other rural areas, bridging the gap in healthcare access and ensuring that everyone, regardless of their geographical location, has access to essential orthopedic care.

Report on GOSICON – 2024 that was held in Kashmir - GOSICON 2024

The 11th International Conference of the **Geriatric Orthopaedic Society of India (GOSI)**, was held from October 3 to 5, 2024, at the Government Medical College in Srinagar, Kashmir. This event marked a significant milestone in advancing geriatric orthopaedic care in the region.

The conference was a collaborative effort among GOSI, the Department of Orthopaedics at GMC Srinagar, and the Moul Mouj Foundation (MMF). It provided a platform for healthcare professionals to discuss and share knowledge on improving healthcare for the elderly. Notable figures such as Padma Shri Dr. John Ebnezar, founder and national president of GOSI, and Dr. Parimala Devi contributed significantly to the event.

- The 11th International Conference of the Geriatric Orthopaedic Society of India, Gosicon-2024, ended on a very high note. It was a very successful Conference. Everyone was happy and we created history with:
- 328 delegates
- 108 faculties
- 2 Workshops on Orthobiologics and Arthroplasty-both Knee and Hip
- 32 Poster Presentation
- 15 Papers
- Plenty of National, International and Local participation
- Great Interdisciplinary participation Rheumatologists, Anaestheologists, Physicians, Pathologists, Microbiologist etC.
- Great hospitality and great fellowship.
- Happy faculties, satisfied delegates. Overall a dream Conference.

We are happy that we created history in Kashmir!!Thanks to everyone who made it



The success of GOSICON 2024 has not only elevated the conversation around geriatric healthcare in Kashmir but also strengthened the resolve of all stakeholders involved to continue improving the quality of life for seniors in the region. That Gosicon-2024 was an astounding success far away from home in Kashmir, is reflected by the wide media coverage that we received for the event. There was widespread praise, appreciations, support and love we received from the people of Kashmir for our efforts. It was one of the finest and most endearing academic and social achievements so far in my life.



Dr John Ebnezar Founder President Geriatric Orthopedic Society of India

SRINAGAR . OCTOBER 7, 2024, MONDAY

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Srinagar hosts 11th International Conference on Senior Citizens' Health



346 faculty members, delegates participate in GOSICON-2024

GK News Service Srinagar, Oct 6

Sinagar, Oct 6 Srinagar, successfully hosted the 11th International Con-ference on Senior Clitzens' Health, GOSICON-2024, from October 2rd to 5th. The event took pic, and use Gevernment Medical Col-ton State of the Color State of the Geriaritic Orthopedic Society of India (GOSI) in collaboration with the Operations of Orthopedics, GOK Srinagar, and the Moul Mouj Poundation (MMP). The conference, tilled 'Reconciling Mobility and Punc-tions in the Elderly.' brought together a diverse group of strategies for senior carv, with a focus on vestoria mobility strategies for senior carv, with a focus on vestoria mobility in emphasized the importance of addressing the unique healthcare needs of the aging population. Participants tolded specialists from orthopedics, geniatrice, theuma-tology, endocrinology, surgery, anaesthesia and other fields caracting remotival and legal concerns to holisits medical caracting remoters and the administrated the devices and the fields and the devices and endoced and escale the discustories and the fields and the senior seniors. The conference provided an academic feast, featuring

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mark conference and thanked the dectors at the Bone and Joint Hospital for managing an enormous influx of patients. He prised Dr. Syed Abid for his visionary approach to leathbace in Jammu and Kashmir and lauded Prof. Iffat Hassan Shah, Principal of GMC Srinagar and Patron of the conference, for her leadership in organising the vertex. A Kawoos, the Organising Chairman, and Dr. Asif Narir Baha, Organising Secretary, for their unwavering commitment to advancing academic research and healthcare for seniors. A special mention was made of Dr. Zabair Saleuen, Senior Geriatric Consultant, who was described as a pillar of sup-orf for the conference's success. He also prised the efforts of the Moul Mouj Foundation and its Secretary General, Dr. Stakeeu tre themas. Bor their work in groomoting the dignited and heavity aging of the MME to enhance and WOB's interv-port for the consuming, but the only a second the organistic and heavity aging of the MME to enhance and works in medical students informed about recent advances in medi-al sciences, ensuing that future generations of healthcare providers are well-equipped to address evolving challenges in senior healticare. Front fift also extended her gratitude to all the disegates, faculty, and organizing members for their . The scientific sessions were enriched by the partitude to all the disegates, faculty, and organizing the scientific and and the disegates faculty, and organizing members for their . The scientific sessions were enriched by the partitiopation of both national and international experts. The national Ramzan Mir, Dr. Muhammad Hayat, Dr Manzoor Halwai, Dr. Shabir Dhar, Dr Rajesh Gupta and Dr. Suhall Afzal from

Jammu and Kashmir, as well as Dr. Dipak Dave, Dr. S.S. Jha, Dr. Sameer Mehta, Dr. P. Stgedar, Dr. L. Prakash, and Dr. N.K. Karne from other parts of India. International faculty Dr. Sergio Rowinski from Brazil, and Dr. Rohti Rambani from the United Kingdom contributed through no linle pre-sentations, adding a global perspective to the discussions. During the conference, GOSL as a part of its unique tradi-tion fielicitated Ghulam Jeelani Nehvi and Massoda Jala Haghuri for their contributions to society and their embodi-ment of healthy and dignified aging. This act of recognition and reinforcing the message that sonior citizens deserve respect, care, and dignity. The conference also provided a platform for emerging doctors and researchers to showcase their work. Thirty budding doctors and specialistis that the opportunity to pres-ent their posters, while many others presented free papers, contributing to the academic richness of the event. The con-tenderscine of the standard control of the spectra tuderscoring its candemic rigor and reilevance.

Report on GOSI CME held at Tumkuru in Feb. 2025











Forthcoming Events

GOSICON-2025: The 11th International Conference of GOSI

• Dates: October 27-28, 2025

• Location: Jaipur, Rajasthan

• **Key Topics:** Advances in geriatric fracture management, robotic surgery, osteoporosis care, and more.

• Guest Speakers: Renowned national and international orthopedic specialists.

GOSICON-2025: The 12th International Conference of GOSI

- Dates: November 14,15,16, 2025
- Location: Ambassador Pallava, Chennai, Tamil Nadu
- Key Topics: Future of Geriatric Orthopaedics
- Guest Speakers: Renowned national and international orthopedic specialists.



Dear Friends & Colleagues, We are delighted to invite you to the 12th International Conference, GOSICON 2025, in Chennai from November 14th to 16th,

2025.

This year's theme is "ETHICAL FUTURE OF GERIATRIC ORTHOPEADICS ." GOSICON 2025 aims to foster learning and collaboration, showcasing the most ethical patient friendly, hon commercial, and out of the box technologies and practices

revolutionizing Geriatric orrthopeadics

Apart from exceptional lectures by stalwarts, this international meeting provides an excellent opportunity for young surgeons to present their academic work



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Dr Madhan Jeyaraman Joint organising secretary

GOSI Life Members before 30.06.2025	Rs 9,000
GOSI Life Members after 01.07.2025	<u>R</u> s 10,000
Non Members before 30.062025	- Rs 10,000 -
Non Members after 01.07.2025	Rs 12,000
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GOSI Fellowship Program :

GOSI is proud to announce the launch of its prestigious Fellowship Program, with the inaugural Dr. Gururaj's Spine Fellowship.



Geriatric Orthopedic Society Of India Invites

Applications For **Spine & Spinal Cord Injury Fellowship** At Indian Spinal Injuries Centre Under The Mentorship of **Dr Gururaj Sangondimath.**

Fellowship Duration Is For 1 Month. Candidate will be given Rs. 40,000 As remuneration by GOSI after completing the fellowship at the annual conference of **Geriatric Orthopedic Society Of India**.

Eligibility Criteria :

- Candidate has to be member of Geriatric Orthopedic Society
 Of India.
- Candidate has to submit a report and present his experience during the annual conference of Geriatric Orthopedic Society Of India.

Interested candidates can apply at drgururajortho@gmail.com



Dr. John Ebnezar Padma Shree & BC Roy Awardee National President Of Geriatric Orthopedic Society Of India



Dr. Gururaj Sangondimath





Dr Deepak Dave Chairman, Fellowship Committee.

Eligibility and Application

Interested candidates are invited to apply for this exceptional opportunity. Please submit your application, including your resume, cover letter, and any relevant supporting documents.

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Benefits

- Advanced training in spine surgery
- Opportunity to work with a renowned spine surgeon
- Hands-on experience with latest techniques and technologies
- Enhanced career prospects

For more information and to submit your application please refer to the flyer.

Don't miss this exceptional opportunity to advance your career in spine surgery! Apply now!

Dr John Ebnezar

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Conclusion

This issue of the GOSI Journal aims to provide valuable insights, updates, and opportunities for orthopedic professionals dedicated to elderly care. We encourage members to contribute to future issues by submitting research papers, case studies, and expert opinions.

For article submissions, fellowship inquiries, or event participation, please visit **www.gosiindia.com**.

Editorial Team, GOSI Journal Geriatric Orthopedic Society of India