



SHOULDER

Advanced

### **ICL 1 - How to Evaluate and Manage STAM (Scapulo-Thoracic Abnormal Motion)**

Chair: Philippe Valenti, France

This ICL provides a comprehensive approach to evaluating and managing Scapulo-Thoracic Abnormal Motion (STAM). It begins with an overview of scapulo-thoracic anatomy, motion analysis, and an updated STAM classification. Faculty will then outline evidence-based non-operative strategies for functional STAM, followed by current surgical options addressing persistent functional abnormalities. The session concludes with principles for diagnosing and treating structural STAM. Together, the presentations offer a practical, step-by-step framework to improve clinical assessment, decision-making, and patient outcomes in this complex condition.

#### **Learning objectives:**

- 1-Understand the anatomy and biomechanics of the scapulo-thoracic articulation and apply the current STAM classification in clinical evaluation.
- 2-Identify and implement evidence-based non-operative strategies for managing functional STAM, including motion retraining and rehabilitation principles.
- 3-Recognize indications for surgery and describe the surgical techniques used to treat functional STAM.
- 4-Differentiate structural from functional STAM and apply appropriate management strategies for structural abnormalities.
- 5-Integrate anatomical, diagnostic, and therapeutic concepts into a systematic approach for optimizing outcomes in patients with scapulo-thoracic abnormal motion.

#### **Functional anatomy and clinical examination of the ST joint classification of STAM: Place of imaging in STAM**

Philippe Valenti, France

**Physiotherapy, P Minor release, Scapulopexie : indications , surgical technique and results**

Bassem Elhassan, United States of America

**Serratus anterior palsy and Trapezius palsy : Etiologies, Place of nerve surgery versus tendon transfer, Results**

Philippe Valenti, France

**ST Fusion : indications, surgical technique, Results**

Jean-David Werthel, France

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### **ICL 4 - Shoulder injuries in epilepsy patients**

Chair: Davide Cucchi, Germany

This ICL will address the challenges of managing epilepsy patients with shoulder injuries, covering the full spectrum from general diagnostic approaches to detailed insights into reconstructive procedures for both acute and recurrent instability.

#### **Learning objectives:**

Participants will gain a comprehensive understanding of the diagnostic pathways, timing of treatment, and surgical decision-making for shoulder injuries in epilepsy patients, including soft-tissue and arthroscopic techniques, bone-grafting strategies, and the management of complications and revision procedures.

#### **Diagnostic Workup and Timing of Treatment**

Jagwant Singh, United Kingdom

**Bankart, Remplissage and Latarjet: Pearls and Pitfalls**

Emilio Calvo, Spain

**Beyond Latarjet: Glenoid and Humeral Bone Graft Procedures**

Raffaele Garofalo, Italy

**Management of Complications and Revision Surgery**

Pascal Boileau, France

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### **ICL 5 - Static and Dynamic Scapular Influence on Shoulder Pathology and Arthroplasty: From Preoperative Assessment to Outcomes**

Chair: Stefan Bauer, Switzerland

The scapula is central to shoulder kinematics and stability, and abnormalities in alignment or control can affect rotator cuff disease, instability, and arthroplasty outcomes. Scapular mechanics are especially critical in rTSA, but posture or dyskinesia may also undermine aTSA by altering cuff function and joint loading. This ICL provides a practical framework for assessing static and dynamic scapular factors through clinical exam, imaging, functional analysis, and kinematics, and shows how to integrate these into arthroplasty planning, implant positioning, rehabilitation, and complication prevention.

#### **Learning objectives:**

By the end of this ICL, participants will be able to:

- 1) Identify key static and dynamic scapular factors affecting pathology and arthroplasty outcomes.
- 2) Perform a structured clinical, imaging, and kinematic assessment of scapular function.
- 3) Integrate scapular findings into planning for anatomic and reverse arthroplasty.
- 4) Recognise how scapular mechanics influence complications and recovery.
- 5) Apply scapula-focused rehabilitation principles.

#### **To be confirmed**

Aaron Sciascia, United States of America

**To be confirmed**

Philipp Moroder, Switzerland

**To be confirmed**

Stefan Bauer, Switzerland

**To be confirmed**

Alexander Van Tongel, Belgium

**ICL 6 - Modern Management of Bone Loss in Glenohumeral Instability: From Diagnosis to the Future**

Chair: Abdul-Ilah Hachem, Spain

This Instructional Course provides an updated and practical overview of the management of glenoid and humeral bone loss in shoulder instability. The session covers accurate 3D assessment of bone defects, selection of the most appropriate surgical technique, and key technical principles of arthroscopic bone block reconstruction and the Latarjet procedure. Special emphasis is placed on recognizing critical versus subcritical bone loss and choosing the optimal treatment for each patient's profile. The course also addresses revision strategies, including the management of failed Latarjet and failed bone block procedures, offering an evidence-based algorithm for decision-making.

**Learning objectives:**

Accurately assess glenoid and humeral bone loss using modern 3D imaging and quantitative evaluation tools.

Differentiate between critical and subcritical defects and select the most appropriate surgical strategy.

Correctly indicate the optimal technique for managing glenoid bone loss, considering defect size, patient characteristics, and functional demands.

Understand key technical steps and fixation methods in arthroscopic anterior bone block reconstruction, including complication prevention.

Describe indications, variations, and risks of the Latarjet procedure, both open and arthroscopic.

Identify and manage failures of previous stabilization procedures, including failed Latarjet and failed bone block techniques.

Develop an evidence-based algorithm to choose between Latarjet, free bone block reconstruction, or cross-revision strategies.

**Preoperative Evaluation and Quantification of Glenoid Bone Loss**

Gregory Cunningham, Switzerland

**Arthroscopic Bone Block Reconstruction: Technique and Clinical Pearls**

Pablo Cañete, Spain

**The Latarjet Procedure: Indications, Technique, and Outcomes**

Ruth Delaney, Ireland

**Cross-Revision Strategies in Failed Bone Block Procedures: Latarjet After Bone Block and Vice Versa**

Barbara Campos, Portugal

**ICL 9 - Subscap sparing is the way to go!**

Chair: Patric Raiss, Germany

Talks about subscap sparing RSA, aTSA, free bone-procedures and Latarjet (flipped Latarjet) for shoulder instability.

Insights on how to approach shoulder instability and arthroplasty in minimal invasive ways.

**To be confirmed**

Michael Amini, United States of America

**To be confirmed**

Adrien Jacquot, France

**To be confirmed**

Raul Barco, Spain

**To be confirmed**

Patric Raiss, Germany

**ICL 10 - What to do when reverse goes wrong? Complications after reverse**

Chair: Joaquin Sanchez-Sotelo, United States of America

This ICL will review the evaluation and management of four complications after reverse arthroplasty: dislocation, fractures and nonunions of the spine of the scapula, glenoid loosening, and humeral loosening with or without periprosthetic fracture

**Learning Objectives:**

(1) Understand mechanisms leading to dislocation after reverse arthroplasty and how to correct them

(2) Identify risk factors for fractures of the acromion and the spine of the scapula after reverse arthroplasty and review contemporary indications and techniques for internal fixation

(3) Review strategies for management of humeral and glenoid bone loss after component loosening

**Dislocation after reverse shoulder arthroplasty**

George Athwal, Canada

**Fractures and nonunions of the scapular spine and acromion**

Markus Scheibel, Switzerland

**Humeral loosening & periprosthetic fractures: humeral bone loss management strategies**

Joaquin Sanchez-Sotelo, United States of America

**Glenoid loosening and glenoid bone loss management**

Bernhard Jost, Switzerland

## ICL 7 - Shoulder Proprioception after surgery

Chair: Giuseppe Porcellini, Italy

Proprioception plays a fundamental role in maintaining shoulder stability, coordinating movement, and ensuring effective neuromuscular control. As shoulder surgeons, we traditionally focus on restoring anatomy and range of motion; however, growing evidence highlights that proprioceptive recovery is just as critical in achieving optimal outcomes. Despite its importance, proprioception remains poorly explored in surgical planning and rehabilitation pathways, often leaving a gap between mechanical repair and functional restoration. So the main question is: Different surgeries lead to different Proprioception?

This ICL aims to address changes in proprioception after surgical procedures, to improve surgeons knowledge on these topic will maybe consolidate our treatment algorithm and clarify which surgical gesture are or are not useful to improve proprioception

### Learning objectives:

- 1) To understand how instability treatment surgery affect proprioception
- 2) Debate on proprioception importance in shoulder instability

### Introduction

Giuseppe Porcellini, Italy

### Proprioception after Arthroscopic stabilization

Przemyslaw Lubiatowski, Poland

### Proprioception after Latarjet

Lionel Neyton, France

### Proprioception after TSA

Alexandre Laedermann, Switzerland

## ICL 2 - Periprosthetic Joint Infection Updates in Shoulder Arthroplasty

Chair: Kerem Bilsel, Türkiye

Periprosthetic Joint Infection (PJI) is a low-incidence yet catastrophic complication following shoulder arthroplasty, often resulting in complex, multi-stage procedures and compromised patient outcomes. Given the increasing volume of shoulder arthroplasties and the persistent challenge of evolving microbial resistance, a comprehensive and updated strategy for PJI management is essential for all surgeons practicing in the shoulder field.

### Learning objectives:

This Instructional Course Lecture (ICL) will provide a critical, evidence-based review of the most current concepts in the diagnosis, prevention, and surgical management of shoulder PJI. We will move beyond basic principles to offer practical, state-of-the-art updates that attendees can immediately integrate into their clinical practice.

### Diagnosis, Criterias and Consensus update

Robert Hudek, Germany

### Prevention

Ata Can Atalar, Türkiye

### One Stage revision

Mark Falworth, United Kingdom

### Two stage revision

Anne Karelse, Belgium

## ICL 11 - Clinical examination and desicion making: hot topics

Chair: Mario Borroni, Italy

Pain in the shoulder does not arise solely from pathologies originating within the shoulder itself. Numerous neurological, immunological, vascular, and functional disorders can also give rise to pain in the shoulder or shoulder girdle. The ICL is intended to alert clinicians to characteristic clinical findings and to outline diagnostic and therapeutic decision pathways. The focus is placed on conditions that occur relatively infrequently and are therefore not always readily recognized.

### Learning objectives:

- Learn about rare shoulder conditions
- Get to know typical clinical findings of these diseases
- Profit from clinical decision pathways

### Compression syndroms, TOS: examination and treatment algorithm

Olgar Birsel, Türkiye

### Winging scapula: who is responsible? How to treat evidence-based exercise program

Philip Kasten, Germany

### Not Repairable — Still Treatable: Clinical Predictors Guiding Tendon Transfer in Irreparable Rotator Cuffs

Stefan Greiner, Germany

### Rule out neurologic problems (neuralgic shoulder amyotrophy)

Gabor Skaliczki, Hungary

**ICL 12 - Chronic Lateral Elbow Pain: Lateral Elbow Instability and Tendinopathy**

Chair: Roger van Riet, Belgium

Chronic lateral elbow pain often reflects a combination of tendinopathy and instability. This ICL provides an integrated overview of both conditions and their frequent overlap. The RAD test—a novel, sensitive clinical tool—helps identify subtle instability that may coexist with lateral epicondylitis and explains recurrent or therapy-resistant cases. Participants will learn structured approaches to clinical and imaging evaluation, including recognition of subtle instability patterns described in the literature. Evidence-based conservative strategies are discussed, along with arthroscopic and open treatment of both tennis elbow and instability. By integrating modern diagnostic tools such as the RAD test and a comprehensive biomechanical understanding, this session offers a clear and practical framework for evaluating and managing chronic lateral elbow pain.

**Learning Objectives:**

- Understand the pathophysiological mechanisms and biomechanical relationship between lateral epicondylitis, lateral elbow instability, and their coexistence.
- Recognize how these entities may coexist and influence each other's clinical presentation and treatment outcomes.
- Perform a focused clinical and imaging evaluation to distinguish isolated epicondylitis, isolated instability, and combined pathology.
- Apply evidence-based conservative and surgical treatment strategies for both conditions, individually and when combined.

**Lateral epicondylosis and Instability: Epidemiology, Clinical Evaluation and Conservative Treatment**

Roger van Riet, Belgium

**Arthroscopic and Open Treatment of lateral epicondylosis**

Michal Harasymczuk, Poland

**Arthroscopic and Open Treatment of Lateral Elbow Instability**

Adam Watts, United Kingdom

**ICL 3 - Elbow Cartilage Lesions and Early Osteoarthritis — Joint-Preserving Strategies in 2026**

Chair: Maria Joao Leite, Portugal

This ICL reviews current evidence and practical strategies for managing elbow cartilage lesions and early osteoarthritis with a joint-preserving approach. Faculty will discuss diagnosis, imaging, biologic treatments, arthroscopic management, and surgical options such as microfracture, osteophyte removal, and capsular release. Case-based teaching will highlight treatment algorithms, patient selection, and outcome expectations. The session aims to provide shoulder and elbow surgeons with clear, unbiased guidance to optimize motion, reduce symptoms, and delay arthroplasty in patients with early degenerative elbow disease.

**Learning objectives:**

- Understand the clinical presentation, imaging modalities, and classification of elbow cartilage lesions and early osteoarthritis.
- Evaluate the evidence for non-operative treatments, including biologics, physical therapy, and activity modification.
- Learn indications, techniques, and expected outcomes for arthroscopic management of focal cartilage defects and early degenerative changes.
- Assess joint-preserving surgical options such as microfracture, cartilage scaffolds, osteophyte resection, capsular release, and corrective osteotomies.
- Apply practical, evidence-based treatment algorithms to optimize patient selection and delay the need for elbow arthroplasty.

**Diagnosing Early Elbow Cartilage Disease: Clinical Clues and Imaging Pitfalls**

Sebastian Siebenlist, Germany

**Biologic and Conservative Strategies: What Truly Works in 2026?**

Giuseppe Porcellini, Italy

**Arthroscopic Management of Cartilage Lesions and Early Degeneration**

Antonio Foruria, Spain

**Joint-Preserving Surgery: Techniques, Indications, and Long-Term Outcomes**

Tiago Martinho, Switzerland

**ICL 8 : Tips and Tricks to Make Elbow Arthroscopy Faster and Safer**

Chair: Paolo Arrigoni, Italy

A practical, case-based ICL focused on key technical tips that can help surgeons perform elbow arthroscopy more efficiently and safely, covering portal placement, joint access, orientation, management of common pitfalls, and strategies to avoid complications.

**Learning objectives:**

- Improve elbow arthroscopy proficiency by learning tips to make the procedure safer, simpler and more reproducible.

**My 3 Strategic Tricks for Safe and Efficient Elbow Arthroscopy**

Pierre Laumonerie, France

**My 3 Practical Tips to Improve Your Daily Elbow Arthroscopy**

Sara Morais, Spain

**My 3 Most Valuable Pearls for Advanced Elbow Arthroscopy**

Joideep Phadnis, United Kingdom

**My 3 Best Tips to Simplify Elbow Arthroscopy**

Paolo Arrigoni, Italy