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Cover Image: Mt Bourgeau, Banff National Park. Named in 1860 by James Hector in honor of French Botanist, Eugene Bourgeau (1813 – 1877). Bourgeau served as the official naturalist for the Palliser Expedition, collecting hundreds of plant specimens while exploring the Canadian Rockies.

Photo attribution: Bob Spirko, <https://bobspirko.ca/>

OUR MISSION

To advance research, prevention, treatment, and rehabilitation of musculoskeletal and sport injuries among people of all ages and abilities. We work to achieve this through the synergistic interaction of three core components: Research, Education, and Clinical care.



OUR VISION

World-class sport medicine and arthroscopy clinical care, research, and education.



Donate to support the wellbeing of those with musculoskeletal (bone and joint) and sport injuries.



MESSAGE FROM THE CHAIR

Dr. S. Mark Heard, MD, FRCSC, Dip. Sport Med.
Orthopaedic Surgeon, Banff Sport Medicine
Clinical Associate Professor, University of Calgary
Associate Member, McCaig Institute for Bone and Joint Health

Banff Sport Medicine Foundation has entered a new phase of strategic focus, guided by our Big Hairy Audacious Goal: to eliminate recurrent musculoskeletal injuries through secondary injury prevention.

This goal reflects an important shift. While our work has always advanced clinical care, research, and education, we recognize that our greatest opportunity lies in reducing the risk of another injury following an initial event. Recurrent injuries are common, often preventable, and carry significant long-term consequences for our patients' joint health, activity level, and quality of life.

Over the past year, we have begun aligning our efforts across all three pillars: clinical practice, research, and education, to support this goal. Through our integrated strategies, we aim to improve long-term outcomes and support lifelong activity for individuals with musculoskeletal injuries.

Clinically, our focus is to support all patients following an initial injury. We are working to integrate consistent injury prevention messaging throughout the care journey by developing a structured clinical education pathway. This includes creating meaningful resources that address the questions and uncertainties our patients experience during recovery.

In parallel, our research is exploring how secondary injury prevention information can be most effectively communicated in clinical practice by measuring what we are doing now and engaging patients to make the information relevant.

Our education initiatives support this work by using research evidence to create accessible tools and resources for healthcare providers, patients, and the community.

Importantly, this work extends beyond individual programs. It represents a coordinated, system-level approach to how we deliver care, communicate with patients, and translate evidence into practice.

MESSAGE FROM THE DIRECTOR OF RESEARCH

Dr. Laurie A. Hiemstra, MD, PhD, FRCSC
Orthopaedic Surgeon, Banff Sport Medicine
Clinical Professor, University of Calgary
Associate Member, McCaig Institute for Bone and Joint Health



It's been another stellar year for BSMF. After an intense strategic planning session last year, we had our first year of formal implementation of our Big Hairy Audacious Goal to eliminate recurrent bone and joint injury: *'Your Last Injury Starts Here'*. Our research program has begun to focus on the measurements and evaluation to support this goal.

In this first year, we moved forward on all five of our strategic priorities, setting the stage for the next 3 years.

A key focus this year has been establishing a baseline understanding of current clinical practice. One of our Summer Studentship participants, Maria Mohorea, returned to complete an audit of our clinic practices, evaluating how secondary injury prevention is communicated to patients, and identifying gaps in knowledge translation and care delivery. These data will provide a foundation for developing a structured secondary injury prevention pathway and will enable future evaluation of its effectiveness.

Our team continued to generate high-quality evidence to support improved patient care, with 15 peer-reviewed publications over the year. In addition, our research was presented numerous times both nationally and internationally. We are continuing to collect data, write papers and disseminate our work, with over 40 research projects ongoing. Of note, our research is expanding not only to patient outcomes after treatment but also to how health service delivery, such as our Acute Injury Clinic, improves patient care and satisfaction.

We could not do any of these projects without our amazing research team, our donors, our clinicians and most importantly, our patients. To all who participate and willingly contribute their time and share their experiences, we thank you for partnering with us to improve patients' lives and for helping us make your first injury your last injury.



MESSAGE FROM THE DIRECTOR OF EDUCATION

Michaela Kopka, MD, FRCSC, Dip. Sport Med.
Orthopaedic Surgeon, Banff Sport Medicine
Associate Member, McCaig Institute for Bone and Joint Health

It's been a busy year for education initiatives at BSMF! We graduated another outstanding sport medicine surgeon from our orthopaedic fellowship program: Dr. Matthew Getzlaf. He has since returned to Saskatoon to become the local expert in complex knee reconstructive surgery. Despite an ever-growing case load, he remains actively engaged in medical education, passing on his knowledge and skills from BSMF to the next generation

of surgeons. Apart from our fellow, we also hosted a number of visiting residents and medical students from across Canada, as well as a handful of visiting international surgeons. In recognition of our contribution to medical education, we were honoured as a top teaching site by the University of Calgary Cumming School of Medicine.

A new initiative for us this year was hosting the Discover Clinical Research Day in collaboration with Alberta Innovates. This one-day event offered high school students hands-on experience and insight into how research informs patient care and drives innovation in sport medicine. Another highlight of the year was hosting a session at the Alberta Association of Physiotherapy Connect conference. Our team hosted over 50 regional physiotherapists and shared clinical pearls on the assessment of acute knee injuries, complemented by small-group, hands-on sessions focused on refining physical examination skills. It was such a great success, we are planning our first course to share our knowledge more widely.

As always, our clinicians continue to be actively involved in teaching and leadership around the globe. Notable teaching contributions this year included: Dr. Heard's participation in an expert consensus meeting of the world's leading experts in ACL surgery, Dr. Hiemstra serving as keynote speaker at the Colombian Society of Orthopedics, Arthroscopy and Traumatology meeting, and Dr. Kopka's involvement as faculty at the Canadian Fellows Forum. Lastly, our most valuable contributions took place close to home, with numerous presentations by our allied health team to community members on injury prevention and rehabilitation.

It is clear that Banff Sport Medicine Foundation remains committed to excellence in education, and our various initiatives continue to shape the future of sport medicine in Canada and beyond. We look forward to building on this momentum in the coming years.

STRATEGIC PRIORITIES 2025 – 2029

Our Strategic Priorities

1

Lead innovative projects to reduce recurrent bone and joint injuries.

2

Initiate or support research and education projects that can improve the health of people with musculoskeletal injuries.

3

Provide public access to data and research on reducing recurrent injury.

4

Undertake education, outreach, and communications that generate support for recurrent injury reduction.

5

Strengthen our capacity to lead recurrent injury reduction strategies nationally and internationally

This was the first year of implementing BSMF's Strategic Plan and the Big Hairy Audacious Goal to

Eliminate Recurrent Bone and Joint Injuries
#YourLastInjuryStartsHere

After an initial injury, the likelihood of experiencing another injury increases substantially. For example, people are approximately twice as likely to experience another bone and joint injury after a concussion.

Recurring injuries can prolong recovery, limit independence, and discourage return to activities that support physical and mental wellbeing.

Importantly, many repeat injuries are preventable when people understand their risks and are equipped with practical strategies to manage recovery.

This first year centred on local initiatives:

- Developing free, evidence-informed resources to educate the community on injury management and the risk of recurring injury;
- Hosting educational workshops targeting community members and healthcare professionals to improve community knowledge;
- Providing training opportunities for medical and healthcare students, residents, fellows, and healthcare professionals to enhance the quality of care available in the community;
- Conducting research to identify critical gaps in patient knowledge that will facilitate the development of patient-centred educational pathways focused on reducing recurring injury.

#Your Last Injury Starts Here

Community Education Events

600+ Participants online + in person



Community Outreach Events



Research Studies

18 Active studies focused on optimizing injury recovery outcomes



3 Presentations to Healthcare Professionals



Acute Patellar Dislocation

- Common knee injury in children and young adults
- Most common reason for an acute hemarthrosis in age <16 years



Digital Resource Development



EDUCATION | HEALTH LIBRARY | INJURY PREVENTION

Under Pressure: The Basics of Bone Stress Injuries

March 26, 2025

Bone stress injuries (BSI) can occur when an increased and/or repetitive stress causes weakening of the bone. Our bodies are constantly breaking down and building new bone, which is a normal response to exercise. If the bone does not have adequate time to rest and rebuild, or is already weakened by conditions like osteoporosis, this...

[READ MORE →](#)



EDUCATION | HEALTH LIBRARY

Return to sport and activity after MPFL reconstruction

March 12, 2025

A medial patellofemoral ligament (MPFL) reconstruction, MPFL-R, involves replacing the damaged ligament with a tissue graft, either from a person's own tissue or from a donor. The MPFL is the main ligament that stabilizes the kneecap (patella) and prevents it from dislocating to the outside (lateral) of the knee. It is often damaged when the...

[READ MORE →](#)



EDUCATION | HEALTH LIBRARY

Working together to reduce opioid use

February 24, 2025

As a research and education charity, the BSMF Foundation (BSMF) works closely with the Banff Sport Medicine Clinic (BSM) to enhance the care of clinic patients. This is done by applying the knowledge that is learnt through research into patient care. Recently, BSMF collaborated with BSM and the Banff Mineral Springs Hospital to enhance the...

[READ MORE →](#)

Our **research** studies enhance patient care and improve the quality of life for people of all ages and abilities who suffer from musculoskeletal (bone & joint) and sports injuries.



RESEARCH SPOTLIGHT

Evaluating the Acute Injury Clinic

A Self-Referral Clinic for Acute Bone & Joint Injuries

With funding support from the **Rural Health Professions Action Plan (RhPAP)** and in collaboration with the **Banff Sport Medicine Clinic (BSM)**, BSMF undertook an evaluation of BSM's Acute Injury Clinic (AIC) – a self-referral healthcare service for new traumatic bone and joint injuries.

BSM established the AIC service in 2022 to reduce barriers for patients needing access to specialist care for these types of injuries. Instead of seeing another healthcare provider to get a referral or waiting hours in the ER for a non-emergency, the AIC was designed to cut out these delays. Reduced delays in care have been shown to improve patient outcomes and reduce costs for the healthcare system.

This research initiative aimed to evaluate various aspects of AIC, including who is accessing the service, what types of injuries they have, wait times, and patient and provider satisfaction with the service. Results of this research were shared with the Canadian Orthopaedic Association and Canadian Academy of Sport and Exercise Medicine at their Annual Meetings, as well as with healthcare providers within the Bow Valley.

Read the [RhPAP article about this research project here](#).

Thank you to RhPAP for supporting this research!



"The ability to see someone through the AIC service was super helpful in understanding my injury. If I had to wait longer to get a referral...I would have had to miss more work and it could have affected the healing process. I think the AIC service is a fantastic service for the community" ~ AIC patient

Assessing the Implementation of a Self-Referral Acute Musculoskeletal Injury Clinic: Experience in a Tertiary, Rural Practice

Julie-Anne Fritz PhD¹; Andy Reed MD²; Matt McIsaac MD²; Elana Taub MD²;
Sarah Kerslake Msc, BPhyt¹; Laurie A. Hiemstra MD, PhD²

¹Banff Sport Medicine Foundation, Banff, Alberta, Canada; ²Banff Sport Medicine, Canmore, Alberta, Canada

INTRODUCTION

Pathways for patient referral to specialist musculoskeletal care are fragmented and poorly integrated with other services. These systems lead to delays in diagnosis, treatment, and access to specialist care. To address these issues, a rural tertiary sport medicine clinic initiated a team-based self-referral Acute Injury Clinic (AIC).

Scan the QR code to learn more about our Acute Injury Clinic



OBJECTIVES

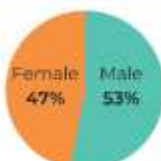
The objectives of this study were to determine utilization and access to AIC, as well as the type and incidence of injuries, and the time to tertiary or definitive care.

METHODS

The AIC model utilised a team approach by a physiotherapist and sport medicine physician to assess and diagnose acute injuries that occurred within 10 days. Access to diagnostic imaging, orthotics and bracing were also provided. Orthopaedic surgery consultations were completed on the same day or via internal referral processes.

Electronic medical records were reviewed for all AIC assessments completed between December 2022 and October 2024. Demographic data (age, sex) and confirmation of acute injury within the last 10 days were recorded to determine utilization and access. To determine type and incidence of injury and time to tertiary and definitive care, the injury site, diagnosis, activity at the time of injury, time from injury to AIC assessment, and time from AIC assessment to orthopaedic consult and surgery were recorded.

RESULTS



Demographics

947 patients attended AIC
Age range = **7 to 97** years
Mean = **37.7** years (SD=17.9)



Access and Utilization

8.0 days (IQR=8) median time from injury to AIC
29.9% self-referred; **43.3%** self-referred + saw another provider
26.8% direct referrals
85.6% injuries were acute
56.3% injuries required diagnostic imaging
76.8% of patients received a definitive diagnosis at first visit

Most common activity at time of injury



Most common site of injury



Surgical Wait Times

29.1% of knee injuries involved the ACL

58.7% of ACL injuries underwent surgery

A median of **57 days** (range=0-486) from AIC to surgical consent

A median of **64 days** (range=1-538) from surgical consent to surgery

DISCUSSION

Results indicate a successful implementation of a self-referral acute injury clinic, with 76.8% of consultations resulting in a diagnosis within a median of 8 days from injury. This is reduced compared to reported provincial medians where patients are waiting 19.2 weeks from GP referral to specialist consultation[1].

Most patients (73.2%) self-referred, even when previously assessed by another provider.

The most common activity at the time of injury was a snow sport (skiing or snowboarding), with the majority of injuries occurring to the knee. This highlights the need for targeted risk reduction strategies for this patient population.

The most common knee diagnosis involved the ACL, with 58.7% of these undergoing surgery. The median time of 63 days from surgical consent to surgery was reduced compared to the recommended median wait time of 84 days[1].

CONCLUSION

This study reports the successful implementation of a self-referral acute injury clinic for musculoskeletal injuries. Time to orthopaedic consultation and surgery was also reduced compared with provincial reporting.

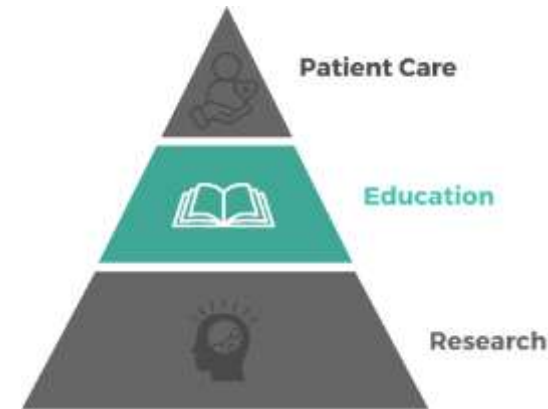
FUTURE DIRECTIONS

- Assess provider and patient satisfaction with care pathway
- Further community outreach to increase self-referral
- Targeted injury risk reduction interventions

[1] Banua, B. & Moir, M. (2014). Waiting Your Turn: Wait Times for Health Care in Canada, 2004 Report. Fraser Institute.

Thank you to the RnRAP - Rural Research and Quality Improvement Grant Program for funding.

Research evidence guides our team in developing and delivering **training** programs for students, and **educational** programming to healthcare professionals, the community, and patients.



EDUCATION IMPACTS

Summer Studentship Program

BSMF welcomed 4 students this summer – Olivia Johnson, Ellie Thompson, Sarah Bagley, and Maria Mohorea. The students worked collaboratively with our BSMF team, Victoria Greene, a past student mentor, the clinicians at BSM, and each other to produce high-quality evidence-informed educational resources for patients and the community. These resources covered topics such as the importance of prehabilitation and rehabilitation after surgery, different types of sport medicine injections, and updates to rehabilitation protocols for BSM patients.

Maria, who joined us for her third summer, also worked towards a recurrent injury prevention pathway that incorporates a multi-layered patient education approach.

"This hands-on experience not only taught me about clinical research methods and healthcare delivery, but also helped shape my career goals" ~ Maria Mohorea, Summer Student

Thank you to the Canada Summer Jobs Program, TechNation, the Clearwater Endowment Fund, Venture for Canada, the Totem Foundation, and the Rotary Club of Canmore for supporting the BSMF Summer Studentship program!



Orthopaedic Fellowship – Reflections from Dr. Matthew Getzlaf, 2024-2025 Fellow

I was drawn to the Banff Sport Medicine Fellowship with the goal of building my expertise in complex knee surgery, particularly in areas that were less readily available back home. I had a strong interest in patellar (kneecap) stabilization, multiligament knee reconstruction, and joint preservation. The opportunity to train with the team in a high-volume, specialized environment made it an easy decision.

*I am now practicing in Saskatoon, where I've been able to bring these skills directly into my practice. One of my main goals during fellowship was to **improve access to care for patients with complex knee pathology in Saskatchewan**, particularly those with patellar instability and multiligament injuries. Since returning, I've developed a growing referral base in these areas and have been able to take on cases such as multiligament reconstructions, trochleoplasties, and osteotomies early in my career.*

The fellowship had a major impact on both my clinical and academic development. The case volume and complexity were exceptional, with extensive exposure to primary and revision ACL reconstructions, meniscal transplantation, and osteotomies.

*Just as valuable was the **close mentorship** from the BSM surgeons. Being involved in complex cases on a daily basis, with consistent one-on-one teaching, **helped build both my technical skills and decision-making**. By the end of the year, I felt comfortable with a wide range of graft options and reconstruction techniques, which has translated directly into my current practice.*

There were also excellent opportunities on the academic side. During my time there, I worked with Dr. Heard on a textbook chapter on medial opening wedge osteotomy. Since returning, I've stayed involved in teaching, including running a cadaver lab for residents focused on osteotomy techniques. I've also enjoyed being involved in resident education around patellar instability and helping develop a structured approach to managing these patients.

Some highlights of the year included the sheer volume and variety of complex cases, particularly meniscal transplantation, revision ACL surgery, and patellofemoral work.

More than anything, the fellowship gave me the confidence to start my practice managing complex knee problems right away.

The experience, mentorship, and support from the team have had a lasting impact on how I approach both surgery and education.



We enhance **patient care** through the rapid implementation of evidence-based medicine and patient education.



PATIENT IMPACTS

Enhancing patient-centred care

"Almost two years ago, I became a patient... and underwent ACL surgery. Having never experienced a serious injury before, this was a life-changing event for me. I am incredibly grateful that your team welcomed me as a patient and provided such exceptional care.

Since my surgery, I have overcome significant psychological challenges, pursued ambitious goals, and grown into a stronger, better version of myself.

I wanted to share some of my personal accomplishments and extend my deepest gratitude – because without your expertise and support, none of it would have been possible"~

Hanzala Ali, Research Participant

Photo: Mount Assiniboine, B.C. Supplied by Hanzala Ali.



THANK YOU TO OUR SUPPORTERS

We continue to develop partnerships and projects with the funding support provided by community members, organizations, and industry. The assistance and generosity of these partnerships provide our communities of Banff, Canmore, and beyond with innovative research, education, outreach programs, and evidence-based clinical care.

The Board of Directors and BSMF staff wish to thank those that have generously supported our efforts this past year, including our valued individual donors, the Clearwater Endowment Fund, and the following organizations:



BSMF PUBLICATIONS 2024 – 2025

Sonnery-Cottet, B, Bedi, A et al. **Surgical Treatment and Complications of Lateral Extra-articular Procedures in the Anterior Cruciate Ligament–Reconstructed Knee: Part II of an International Consensus Statement.** *Arthroscopy*, Volume 41, Issue 9, 3313 – 3321.

Sonnery-Cottet, B et al. **Indications for Lateral Extra-articular Procedures in the Anterior Cruciate Ligament–Reconstructed Knee: Part I of an International Consensus Statement.** *Arthroscopy*, Volume 41, Issue 9, 3303 – 3312.

Wackerle AM, Joreitz R, Sprague A, Senorski EH, Halilaj E, Rabuck SJ, et al. **Freddie Fu Panther Symposium Expert Group 2024: Rehabilitation and return to sport after anterior cruciate ligament reconstruction Part 2: concepts and emerging technology in return to sport.** *Knee Surg Sports Traumatol Arthrosc.* 2025; 1–12.

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Hiemstra LA, Maine S, Beauchamp-Chalifour P. **Thin Flap Trochleoplasty for High-Grade Trochlear Dysplasia.** *Video Journal of Sports Medicine.* 2025;5(5).

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Hiemstra LA, Rousseau-Saine A, Lafave MR, Kerslake S. **Thin Flap Trochleoplasty With Medial Patellofemoral Ligament Reconstruction for Recurrent Patellofemoral Instability With High-Grade Trochlear Dysplasia: A Series of 63 Consecutive Cases.** *The American Journal of Sports Medicine.* 2025;53(4):832-838.

Abdel Khalik H, Dagher D, Lameire DL, et al. **Management of First-Time Anterior Shoulder Dislocation—A Systematic Review and Meta-analysis: Arthroscopy Association of Canada Position Statement.** *Orthopaedic Journal of Sports Medicine.* 2025;13(2).

Giusto JD, Konstantinou E, Rabuck SJ, Lesniak BP, Hughes JD, Irrgang JJ, Musahl V; Panther ACL Treatment Group. **When is Anterolateral Complex Augmentation Indicated? Perspectives from the 2024 Freddie Fu Panther Sports Medicine Symposium.** *J ISAKOS.* 2025 Feb 3:100393.

Hiemstra LA, Lafave MR, Bentrinn A, Kerslake S. **The Influence of Kinesiophobia and Pain Catastrophizing on Disease-Specific Quality of Life in Patients With Recurrent Patellofemoral Instability.** *The American Journal of Sports Medicine.* 2024;0(0)

Thin Flap Trochleoplasty With Medial Patellofemoral Ligament Reconstruction for Recurrent Trochleofemoral Instability With High-Grade Trochlear Dysplasia

A Series of 63 Consecutive Cases

Laurie A. Hebert,^{1,2,3} MD, PhD, , Alexis Rousseau-Saïne,⁴ MD, Mark R. LaRoche,^{1,2,3} PhD, , and Sarah Kozsok,^{1,2,3} MD, PhD 

¹Investigation performed at Banff Sport Medicine Foundation, Banff, Alberta, Canada

Background: Trochlear dysplasia is present in 40% to 60% of adults with recurrent lateral patellofemoral instability (LPI) compared with 1% to 6% of healthy controls. Trochlear dysplasia has been associated with medial patellofemoral ligament (MPFL) tear before and after a series of the GPO technique repairs. The proportion of trochlear dysplasia with a trochleoplasty is reduced in patients with recurrent LPI and high-grade trochlear dysplasia with a trochlear bump but is significant if sign.

Purpose: To assess the clinical and patient-reported outcomes after patellofemoral surgery, including thin flap trochleoplasty, and to explore the influence of patellofemoral variables on postoperative GPO scores in patients who have undergone patellar stabilization, including trochleoplasty.

Study Design: Case Series; Level of evidence, 4.

Methods: A total of 63 consecutive cases in 48 patients with recurrent LPI and high-grade trochlear dysplasia who underwent MPFL reconstruction with thin flap trochleoplasty were followed for 12 months postoperatively. Clinical outcomes and Banff Patellofemoral Instability (BPI) scores were collected prospectively. The first goal was to determine if there was a change in GPO, Multiple Line Regression was conducted to determine significant patellofemoral variables that affected outcomes after MPFL reconstruction.

Results: Overall, 53 cases with a mean follow-up of 30.9 $\pm$ 17.0 months (range, 12 to 63 months) were included. All patients had preoperative high-grade trochlear dysplasia (Cater type II: 40%; Cater type III: 60%), with a mean trochlear bump height of 8.1 $\pm$ 1.4 mm (range, 3.3 to 10.6 mm). The BPI 2 score increased significantly from preoperative (0.8 $\pm$ 0.4) to postoperative (71.8 $\pm$ 17.4) (P < .001), with a large effect size ($Cohen's\ d = 5.47$). There was 1 dislocation (1.9%), 1 reoperation (1.6%), 1 transient apprehension and 1 free L-jump were present in 0.8% and 15.6% of the cases, respectively. Multiple linear regression demonstrated significant predictors of postoperative trochlear dysplasia were the 24-month postoperative BPI 2 score and the preoperative BPI 2 scores. Multivariable relation, the Bayesian score, or trochlear bump height (IP = 0.41; $P = 0.32$; $F = 0.29$; $P = .78$).

Conclusion: Thin flap trochleoplasty combined with MPFL reconstruction in patients with recurrent LPI and high-grade trochlear dysplasia resulted in low redislocation and reoperation rates at a mean of 30 months. Disease-specific GPO scores were statistically significantly improved from preoperatively to postoperatively.

Keywords: trochleoplasty; trochlear dysplasia; lateral patellar instability; patellofemoral instability; L-jump; apprehension; trochlear bump; quality of life; BPI 2 score

Introduction: Trochleofemoral dysplasia is a significant knee surgery. Recurrent lateral patellofemoral instability (LPI) is treated with medial patellofemoral ligament (MPFL)

reconstruction, and in the presence of patellofemoral risk factors, reconstructive procedures can be performed to improve the patellar and femoral surfaces of the patellofemoral joint. Trochlear dysplasia is present in 40% to 60% of patients with recurrent patellar subluxation compared with 1% to 6% of healthy controls.^{1,2} Trochlear dysplasia can impact trochleofemoral stability, trochlear dysplasia was the most important factor contributing to recurrent lateral

The American Journal of Sports Medicine
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GRANTS



Sport Medicine / Arthroscopy of the Knee and Shoulder Fellowship

Smith & Nephew Educational Grant

Research Fellowship in Orthopaedic Sport Medicine

Zimmer Biomet

Studentships

Canada Summer Jobs Student Subsidy

Rotary Club of Canmore Community Grant

TOTEM Charitable Foundation

Clearwater Endowment Fund

TechNation Career Ready Program

Venture for Canada Internship Program



Research

University of Calgary Pathways to Success

University of Calgary Transdisciplinary Connector Grant

Photos

Top: Summer student Maria observes Dr. Matt Getzlaf, Orthopaedic Fellow during a clinic. Assisted by Hannah Binstead.

Middle: Summer students Olivia and Sarah.

Bottom: Summer student Ellie documenting recommended exercises for a post-surgical rehabilitation protocol. Assisted by Hannah Binstead.



FINANCIAL OVERVIEW

How BSMF Resources Support Research, Education, and Patients

Fiscal Year Ending September 2025

Revenue Sources

2024 - 2025



- Contracts - \$136,717
- Partnerships - \$65,773
- Government Grants - \$4,500
- Non-government Grants - \$201,604
- Donations - \$42,089

Expenses

2024 - 2025



- Clinical Research Program (restricted) - \$106,752
- Clinical Research Program (unrestricted) - \$118,198
- Student Education & Training - \$61,434
- Community Outreach & Education - \$40,956
- Operational Support - \$51,493

Funding for Impact

BSMF resources support research, education, trainee mentorship, community outreach, and knowledge translation that improve bone and joint care.

This work is made possible through collaboration with clinicians, researchers, trainees, students, healthcare professionals, universities, and community partners.



Collaborating today to improve bone and joint health tomorrow

HOW THESE RESOURCES ARE PUT TO WORK



Clinical Research Programs
Advancing evidence through patient-centred research



Student Education & Training
Supporting the next generation of healthcare professionals



Community Outreach & Education
Promoting injury prevention and management for all ages



Operational Support
Supporting program delivery

Every dollar devoted enables BSMF to advance research, educate future healthcare professionals, and improve bone and joint health for the community and beyond.

LOOKING FORWARD



Photos

Top: Orthopaedic Fellow, Dr. Jarrett Moore, demonstrates a knee arthroscopy using the Tactile Knee Model to a group of students as part of the Discover Clinical Research Day event.

Bottom: Our team hosted over 50 physiotherapists during a session on the management of acute knee injuries as part of the Alberta Association of Physiotherapy Connect conference.

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Sarah Kerslake BPhy MSc
Sarah@banffsportmed.ca



Research & Programs Coordinator
Julie-Anne Fritz PhD
BSMresearch@banffsportmed.ca



Research Coordinator
Irene Sze PhD
research@banffsportmed.ca



Research Assistant
Hannah Binstead
research@banffsportmed.ca

SUPPORT BSMF

As a registered charity, contributions from the community play a crucial role in our work.

Your financial support to carry out leading-edge research and to develop and deliver education and community outreach initiatives assists in advancing the treatment of bone and joint conditions and injury, helping people get back in motion.

Charitable Registration #793737685RR0001



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Sign up for our quarterly newsletter (www.bsmfoundation.ca) to receive expert injury prevention and musculoskeletal health tips, a sneak preview of our latest research, and inspiring patient stories direct to your inbox.





Sep 7th

DISCOVER
CLINICAL RESEARCH DAY
Clinical Research > Technology > Patient Care

MEET

- > orthopaedic surgeons
- > sport medicine physicians
- > physiotherapists
- > kinesiologists
- > strength & conditioning coaches
- > researchers

11:30 am - 2:00 pm
Coast Hotel
> Health Tech Mini Expo

2:00 pm - 5 pm
BSM Clinic
> Hands-On activities
> Fun competitions
> Prizes
> Meet the team

12:30 pm - 1:30 pm
Coast Hotel
> Career Panel
> Lunch provided

REGISTER HERE



www.bsmfoundation.ca/events/

Clinical Trials Alberta
ALBERTA INNOVATES

Banff Sport Medicine

Banff Sport Medicine FOUNDATION



Highlights from our Discover Clinical Research Day Event!
Thank you to Clinical Trials Alberta, Alberta Innovates,
Innovate Canmore, Smith & Nephew, and all the students who
came to support this event!



Banff Sport Medicine
FOUNDATION