

## Biography of Dr. Ingo Schmidt



Dr. Ingo Schmidt was born in 1962 in Jena (Thuringia, Germany). From 1983 to 1989, he studied human medicine at the Friedrich-Schiller-University in Jena. From 1990 to 1999, Dr. Schmidt graduated his training for general surgery, traumatology, orthopaedics, and hand surgery at the University Hospital in Jena. In 1994, he defended successfully his scientific work to gain the title as medical doctor on the subject "Muscle incoordination phenomena after surgical management of proximal rupture of the biceps tendon" (published in: *Unfallchirurgie* 1995; 21(5): 227-232, PMID: 7502385). Dr. Schmidt has developed a new external minifixateur for the hand which has been patented in 1992, and it was published by him with the other colleagues in 1995 ("Indications for a new joint-bridging miniature external fixateur in primary and secondary management of complex hand injuries", *Zentralbl Chir* 1995; 120(12): 945-951, PMID: 8585344). For this work, he received the Nicolai Guleke award by the *Society for Surgery of Thuringia* in 1997. Dr. Schmidt now works as a general surgeon in SRH Poliklinik Gera GmbH (Thuringia, Germany). He has published 50 scientific articles on hand and foot surgery, coverage of soft tissue defects, peripheral nerve surgery, and on prosthetic replacements of the wrist and other joints of the hand and forefoot. Recently, Dr. Schmidt received the Best Paper Award - Winner of World Championship Rheumatology 2018 (metacarpophalangeal joints) on the subject "A 10-year follow-up of uncemented constrained metacarpophalangeal joint arthroplasties using the RM prosthesis in a patient with rheumatoid arthritis" (*J Rheumatol Arthritic Dis* 2017; 2(1): 1-5. <https://sites.google.com/site/internationalindexing/home/world-academic-championship/world-academic-championship-2018-in-rheumatology-metacarpophalangeal-joints-press-release> / <https://sites.google.com/site/usanewscorp/home/dr-ingo-schmidt-from-germany-wins-world-academic-championship-2018-in-rheumatology-metacarpophalangeal-joints>) by the *International Agency for Standards and Ratings*. Dr. Schmidt is member of the *German Society for Traumatology*, and also works as reviewer for *The Open Orthopaedics Journal* (BENTHAM OPEN, Editor-in- Chief: Prof. Philippe Hernigou, France).

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# Poster Presentations of Dr. Ingo Schmidt :

- BITS' World Congresses of Orthopaedics 2016 in Goyang-si (South Korea) / 2017 in Taiyuan (China) / 2018 in Milan (Italy)
- BIT's World Cancer Congresses 2017 in Barcelona (Spain) / 2018 in Philadelphia (USA)

### 13th Annual World Congress of Orthopaedics-2016

**Thumb CMC total exchange arthroplasty with the ARPE implant**  
Resection of proximal tendons and capsular sleeve with the ARPE implant

**I. Schmidt, M.D.**  
Professorship for Hand, Wrist and Elbow Surgery, Hospital Gera, Germany  
Chirurgie de la main 33 (2014) 295-298 (PMID 2501787)

**Introduction / Background:**  
Thumb carpometacarpal (CMC) joint is the most common site of osteoarthritis (OA) in the hand, and CMC 1 total joint arthroplasty is one treatment option. This procedure has to be published papers reporting total outcomes with the most common implant, and none could be supported by the meta-analysis (J Hand Surg Eur Vol 2013; J Hand Surg Am 2013; Liewicki. Removable total arthroplasty type I: A meta-analysis of the literature on the treatment of thumb CMC 1 joint arthroplasty. J Hand Surg Eur Vol 2012; Hwang et al. J Hand Surg Eur Vol 2012; Park et al. J Hand Surg Eur Vol 2012; Smith et al. J Hand Surg Eur Vol 2012). Unfortunately, in our follow-up studies, a failed CMC 1 total joint arthroplasty, if patients are considered after the primary, with or without additional procedures, there are other therapeutic options in the future. To avoid the disadvantages of impingement, CMC 1 total exchange arthroplasty with the Arpe® (Gera, Witten, Witten) CMC 1 implant can be one salvage option after a failed primary CMC 1 total joint arthroplasty.

**Biomechanics:**  
Due to the shortening of the thumb, patients report a diminution of pinch strength with long, radial or ulnar deviation and flexion.

**CMC 1 and joint arthroplasty:**  
This procedure aims to preserve the length of the thumb, which is important for maintaining of soft tissue balance. The goal is that it results in a satisfactory pinch and grip strength as well.

**The Arpe® implant:**  
The new cemented and modular ball-and-socket Arpe® implant with its metal-on-PEM polyethylene articulation can be described as a "small hip prosthesis". The highly spherical (HA) - coated titanium alloy stem represents the anatomical shape of the first metacarpal, the space, and the hemispherical HA - coated titanium alloy prosthesis has the shape of a hip prosthesis, for the one-to-one study has been demonstrated an effective primary stability.

**Case reports (© 2014 Elsevier Masson SAS. All Rights Reserved):**

64-year-old female, anatomic migration of a Major ceramic implant two years after primary, exchange of prosthesis with the Arpe® implant, satisfactory course at a 3-year follow-up.

46-year-old female, anatomic dislocation of an Elcton cap one year after insertion due to malposition, exchange of prosthesis with the Arpe® implant, satisfactory course at a 3-year follow-up.

**Discussion:**  
To perform a total joint arthroplasty, the total length of the thumb must be preserved. In this study, the length of the thumb was preserved by the use of the Arpe® implant. The results of this study show that the Arpe® implant is a good option for the treatment of thumb CMC 1 joint arthroplasty. The Arpe® implant is a good option for the treatment of thumb CMC 1 joint arthroplasty. The Arpe® implant is a good option for the treatment of thumb CMC 1 joint arthroplasty.

### A Complicated Course of a Coronal Shear Fracture Type IV of the Distal Part of Humerus Resulting in Resurfacing Radiocarpal Joint Replacement.

**Ingo Schmidt (SRH Poliklinik Gera GmbH, Germany)**  
The author explains that he cannot take part personally at this congress.

**Introduction / Background:**  
The development of CRCOA as a post-traumatic condition such as coronal shear fracture resulting in the development of CRCOA is well known (J Bone Joint Surg Br 1992; J Bone Joint Surg Am 1992; J Bone Joint Surg Am 1992). However, the management of CRCOA is still controversial. In our study, we report a case of CRCOA with a coronal shear fracture of the distal part of the humerus. The patient underwent a total joint replacement with the CRCOA system, and we discuss the results of this procedure.

**Technical Note: CRCOA system:**  
The CRCOA system is a new concept in total joint replacement. It consists of a metal-on-metal articulation, which is designed to provide a long-term, stable, and durable joint replacement. The CRCOA system is a good option for the treatment of CRCOA.

**Case Presentation (62-year-old female, left):**  
The patient presented with a long-standing history of pain and swelling in the left shoulder. The patient underwent a total joint replacement with the CRCOA system, and we discuss the results of this procedure.

**Discussion:**  
The CRCOA system is a good option for the treatment of CRCOA. The CRCOA system is a good option for the treatment of CRCOA. The CRCOA system is a good option for the treatment of CRCOA.

**Conclusion:**  
The CRCOA system is a good option for the treatment of CRCOA. The CRCOA system is a good option for the treatment of CRCOA. The CRCOA system is a good option for the treatment of CRCOA.

### An Unusual and Complicated Course of a Giant Cell Tumor of the Capitulum Bone.

**Ingo Schmidt (SRH Poliklinik Gera GmbH, Germany)**  
The author explains that he cannot take part personally at this congress.

**Introduction / Background:**  
GCT of the bone is a rare, benign, and locally aggressive tumor, constituting 4-5% of all bone tumors and 18-20% of all benign bone tumors. Two malignant variants are known: first, the primary malignant GCT that may be fatal in 10% of cases, and second, the most aggressive histological variant known as the aneurysmal bone cyst (ABC). The ABC is a non-neoplastic lesion that is characterized by a trabecular bone structure and a highly vascularized stroma.

**Technical Note: ABC:**  
The ABC is a non-neoplastic lesion that is characterized by a trabecular bone structure and a highly vascularized stroma. The ABC is a non-neoplastic lesion that is characterized by a trabecular bone structure and a highly vascularized stroma.

**Case Presentation (53-year-old female, right):**  
The patient presented with a long-standing history of pain and swelling in the right elbow. The patient underwent a total joint replacement with the ABC system, and we discuss the results of this procedure.

**Discussion:**  
The ABC system is a good option for the treatment of ABC. The ABC system is a good option for the treatment of ABC. The ABC system is a good option for the treatment of ABC.

**Conclusion:**  
The ABC system is a good option for the treatment of ABC. The ABC system is a good option for the treatment of ABC. The ABC system is a good option for the treatment of ABC.

### Irreparable Radial Nerve Palsy Due to Delayed Diagnostic Management of a Giant Lipoma at the Proximal Forearm Resulting in a Triple Lendon Transfer Procedure.

**Ingo Schmidt (SRH Poliklinik Gera GmbH, Germany)**  
The author explains that he cannot take part personally at this congress.

**Background / Introduction:**  
One important cause for non-traumatic peripheral nerve palsy is entrapment by lipid primarily benign tumors arising from fat cells, nerves, and soft tissue with an incidence of 1-2%.

**Case Presentation:**  
A 45-year-old female presented with a left RNP (Fig. 5 A) that was initially misdiagnosed as a benign lipoma. She underwent a triple lendon transfer procedure, and we discuss the results of this procedure.

**Key Points:**  
The key points of this procedure are: 1) The importance of early diagnosis and treatment of RNP. 2) The use of a triple lendon transfer procedure for the treatment of RNP. 3) The importance of post-operative rehabilitation and follow-up.

**Discussion:**  
The triple lendon transfer procedure is a good option for the treatment of RNP. The triple lendon transfer procedure is a good option for the treatment of RNP. The triple lendon transfer procedure is a good option for the treatment of RNP.

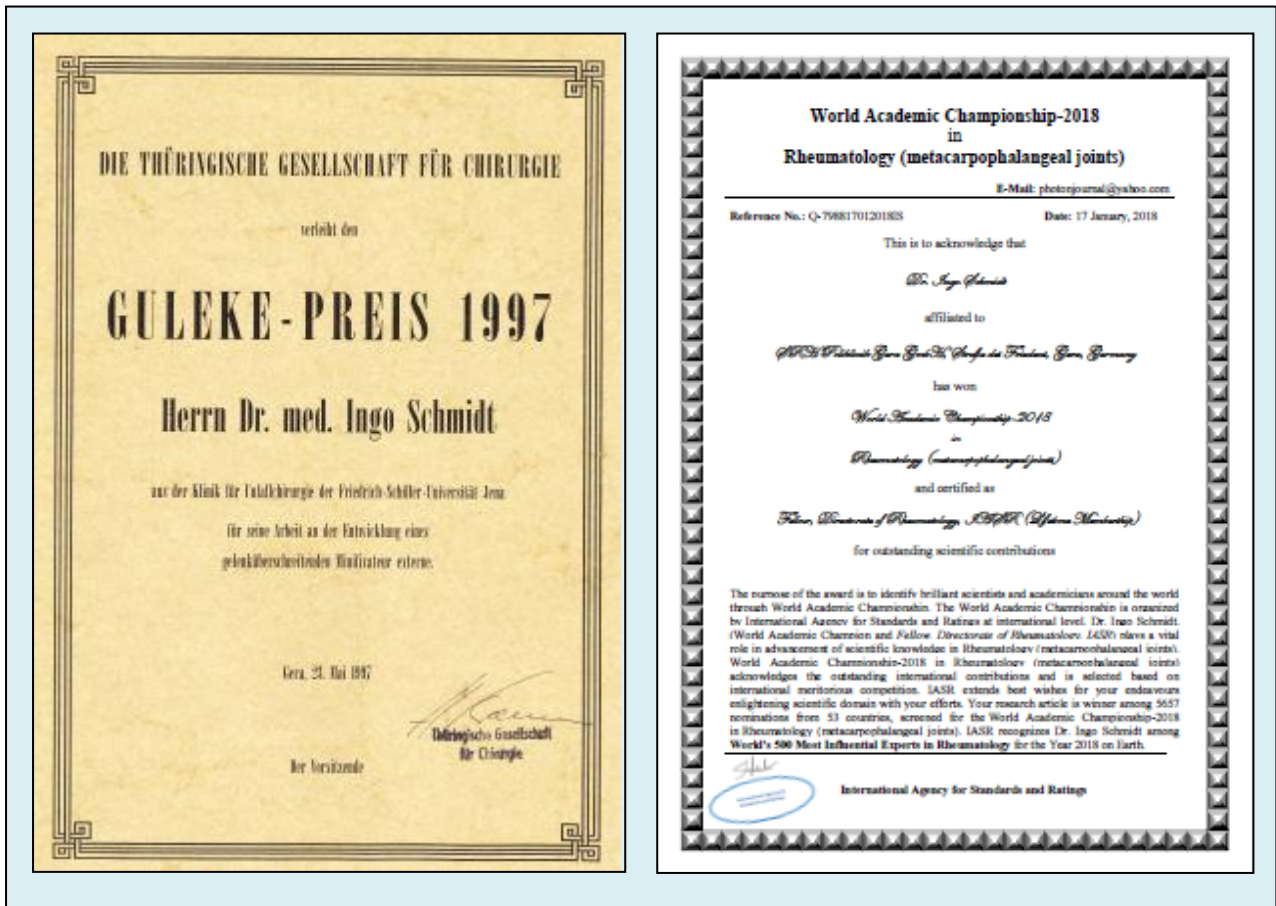
**Conclusion:**  
The triple lendon transfer procedure is a good option for the treatment of RNP. The triple lendon transfer procedure is a good option for the treatment of RNP. The triple lendon transfer procedure is a good option for the treatment of RNP.

**Awards for Dr. Ingo Schmidt :**

- Nicolai Guleke Award 1997 by the *Society for Surgery of Thuringia (Germany)* in 1997
- Best Paper Award - Winner of World Championship Rheumatology in 2018 (metacarpophalangeal joints) by the *International Agency for Standards and Ratings*

<https://sites.google.com/site/internationalindexing/home/world-academic-championship/world-academic-championship-2018-in-rheumatology-metacarpophalangeal-joints-press-release>

<https://sites.google.com/site/usanewscorp/home/dr-ingo-schmidt-from-germany-wins-world-academic-championship-2018-in-rheumatology-metacarpophalangeal-joints>





**Certifications for Dr. Ingo Schmidt (Hand-, Foot-, Emergency-, and Microsurgery) :**

