

ROLAND BECKER

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SUMMARY

Professor Roland Becker's trajectory from a lifeguard in Magdeburg to the presidency of ESSKA reflects a career defined by clinical precision and interdisciplinary bridge-building. Formative years in Basel and England established a foundation in reconstructive knee surgery, later evolving into a focus on robotic-assisted arthroplasty and soft tissue management. Beyond technical expertise, Becker has prioritized the integration of physiotherapy and radiology into surgical practice. This interview explores his commitment to collaborative research and his vision for future orthopedic education.



From lifeguard to orthopedic surgeon, Roland Becker's journey is one of passion and dedication. His early experiences in Magdeburg and Basel solidified his love for medicine and sports, leading to a distinguished career marked by innovation, collaboration, and leadership within AGA and ESSKA. Becker's enthusiasm for robotic surgery, physiotherapy integration, and radiologist collaboration reflects his commitment to advancing orthopedics.

Roland, let's talk a little bit about you. Where are you from? What are your roots?

Growing up in Magdeburg, a city situated between Berlin and Hanover in East Germany, I developed an early interest in medicine despite not coming from a medical family. My first exposure to the field came through working as a lifeguard during my school years, where I received first aid training. Inspired by this experience, I began working in a hospital on weekends during my school years to gain hands-on experience and observe the daily workings of the medical profession. A kind and supportive nurse took me under her wing, allowing me to observe various procedures and even administer an injection, which filled me with a sense of pride. This, along with encouragement from my parents, solidified my decision to pursue a career in medicine.

Upon completing my medical studies in Magdeburg, I accepted my first job in Basel, Switzerland, where I discovered my true passion for orthopedic surgery. I had chosen Basel because of the highest reputation in orthopedics and I need to admit because of the mountains as well. Working alongside a remarkable team, I immersed myself in the demanding yet rewarding world of

orthopedics. The opportunity to work with renowned figures such as Werner Müller, Alwin Morscher, and Walter Dick further fueled my enthusiasm.

My time in Basel proved to be an incredible formative experience, providing me with a solid foundation in the diverse and fascinating field of orthopaedic surgery. The combination of a supportive work environment, exceptional mentors, and the opportunity to pursue my passion for both medicine and outdoors activities set the stage for a fulfilling career in this dynamic specialty. My decision was clear: to climb up the summit of orthopaedic surgery and later I also climbed the highest mountains and I also got inspired by the Alps.



Top of the Mont Blanc 1st July 2023

So you had to make some decisions. What was your first love - orthopedic surgery or sports medicine?

When I started in Basel, arthroscopy was evolving, but I was more into reconstructive surgery. The department where I was working did mainly arthroplasty, and they did a lot of unicompartmental knee arthroplasties (UKA) at that time. In my second year as a resident, I conducted my first study, because I wanted to know what the outcome was like. I followed up 60 patients who had undergone UKA. I was fascinated because, at that time, everything in UKA was done freehand. It was interesting to see how the implants were positioned. Even when the femoral and tibial components were in seemingly crazy positions, as long as the knee was well-balanced, the patients did perfectly. Listening to today's discussion, it always reminds me of this little study.

After that, you went to England, but was that before you obtained your PhD?

I thought it might be good to move abroad to get more experience. I liked the system and the training in England very much. They had a great education and a well-structured staff system in their hospitals, which I felt was better than in Germany. Thus, I gained my very first clinical

experience in England. Later I went for the second time to England, got a higher position as a clinical assistant for another year, giving me the opportunity to do a lot of outpatient clinics and surgery. After that I moved back to Basel, the place where I was before, and worked as a resident for another year.

After completing my time in Switzerland, I went back to my home town, Magdeburg because I wanted to see the full spectrum of orthopedics before qualifying as an orthopedic surgeon. Prof. Neumann, the head of the department, appreciated that I had gained experience abroad in England and Switzerland before returning. During this time, I gained exposure to sports trauma, knee, hip, shoulder and foot surgery. We were trained in a wide spectrum of Orthopaedics before taking the final exam and starting with our specialization.

I received my PhD and remained very interested in research. This interest had started during my time at the university in Magdeburg. Later I qualified as an Orthopedic Surgeon and I had the opportunity to stay at the university and became more involved in the field of sports traumatology and arthroscopy. My clinical focus was primarily on knee, gaining more experience in ACL and PCL surgery, osteotomy, meniscus repair and cartilage surgery.

You mentioned sports surgery, particularly ACL reconstruction. How has your approach to ACL surgery evolved over time?

Wolfgang Nebelung, a knee and shoulder specialist, worked with us in Magdeburg. For ACL surgery, we initially used transtibial drilling, the most popular technique at that time. Of course, we started modifying the technique, moving from the transtibial approach to the medial portal as the technique developed. Nowadays, we pay more attention to the periphery of the knee, which, to be honest, we didn't really take care of so much before. A good example is to look also at the posteromedial or posterolateral corner and to address the anterolateral ligament (ALL) where needed.

As you became increasingly involved with the university, how did your activity in the society evolve?

I stayed at the University of Magdeburg and became a consultant. I had a good opportunity to develop my career and got involved with AGA, the German-speaking Society of Arthroscopy and Joint Surgery. I took on various positions within the organization, including being in charge of the research day, which I actually introduced in AGA in 2005.

The research day was held the day before the AGA congress started. The idea came from the fact that there were so many German fellows in Pittsburgh. I called Lisa, the secretary of Prof. Fu because she was the only one who kept record of all fellows. The first research day took place in 2005 in Frankfurt, and I invited Prof. Fu and all former AGA fellows, which was a large group of people. The AGA fellowship in Pittsburgh had a long history and started in the mid-1980s. There has always been a strong collaboration between Pittsburgh and AGA at that time. Freddie left us too early. God bless him.

Freddie Fu was invited to the first research day, but unfortunately, he couldn't attend in person due to a ruptured eardrum that prevented him from flying. However, being the dedicated person he was, he insisted on participating virtually. It was a huge organizational challenge back in 2005, but he joined us online at 4 o'clock in the morning, Pittsburgh time. He was as enthusiastic as ever, giving his talk and expressing his excitement about ACL surgery. Freddie always liked to stay connected with people all over the world and valued his contact with the AGA community.

After Magdeburg I moved to Brandenburg in 2005 to merge Orthopaedics and Traumatology into one department, as it was already common practice in many other countries. In Germany, orthopedics and trauma merged in 2000, and I found it exciting and challenging to build a unit that truly integrated both disciplines, which we continue to do today.

I remained in Brandenburg and a new medical faculty was opened in 2013. Today we are the University of Brandenburg, matriculating 150 new students each year. The university is growing, doing extremely well because the great vision of all the professors and staff to develop such a young university is something unique.

You mentioned robotic surgery earlier. What is your view on the current systems available? What benefits do they offer, and what do you think the next generation of surgical robots will bring?

I am very excited about the robotic systems in orthopedic surgery, and I'm a strong believer in their potential. We have studied alignment and component placement extensively, and while there are already numerous studies out there, the precision achieved with robotics is extremely impressive. For the first time, surgeons are able to control every single step of the arthroplasty surgery with a very high precision.

In your opinion, does having a background in sports medicine and sports surgery make one a better arthroplasty surgeon?

I believe that having a background in sports medicine and surgery helps to understand arthroplasty surgery. Even when performing total knee replacements, and often it is called "heavy metal", I still believe it is rather a soft tissue surgery.

When discussing cases with colleagues who only perform arthroplasty, I might consider an osteotomy for certain patients, whereas they may not. I think it's a significant advantage to be focused on one joint but also have knowledge of the entire portfolio and feel confident in offering patients a full range of treatment options. This allows us to decide what is best for everyone, rather than basing our indications on our specific specialty, such as being a sports trauma specialist, an osteotomy expert, or solely a total knee arthroplasty surgeon.

When did you first start attending ESSKA congresses?

I started attending ESSKA congresses in 1998, with my first one being in Nice. I was very proud to give my first presentation, and I felt like a hero.

The main competence of ESSKA is sports injuries of the knee and the founded members of the society were mainly knee surgeons. Nowadays, we also have sections for the shoulder, ankle, degenerative knee, hip and even sports medicine.

Last year, we launched a Physiotherapy Committee because I believe it's crucial to involve physiotherapists. We know that, especially in soft tissue surgery, so much depends on the physiotherapist's work after surgery. There must be a very close collaboration between physiotherapists and orthopaedic surgeons, I find them to be very important.

What was your motivation to become more active in ESSKA?

I was deeply involved in AGA, a purely sports trauma society at the time, and I also performed shoulder arthroscopy, so I was really a dedicated sports trauma specialist. In 2009, Roman Seil

approached me about building a degenerative section within ESSKA, and I was very happy to join the group, as I had started doing more total joint replacements in 2005.

At the first meeting, I encountered many well-known arthroplasty surgeons, such as Jan Victor, Johan Bellemans, Jean Noel Argenson, Emmanuel Thienpont or Siegfried Hofmann and José Filipe Salreta who was our host in Lisbon but I didn't know anyone personally. Despite feeling a bit out of place initially, I was struck by the amazing spirit within the group. There was a strong sense of camaraderie among all these people, and it was fantastic. We were building something completely new. The European Knee Association was founded. I remember the first congress organized by Andrea Baldini in Florence.

It was the beginning of the sections in ESSKA. Meanwhile we have five of them, giving ESSKA a wide competence in both orthopaedics and sports medicine.

Earlier, you mentioned the importance of scientific publications and the responsibility of authors. ESSKA has two strong journals, one of which, KSSTA, has significantly improved over time. In your opinion, what is the “secret recipe” behind this success?

Yes, it is a success story. First and foremost, it's thanks to Jon Karlsson, who has done an amazing job over the past 17 years. I joined the board in 2009 and later became the deputy editor, working closely with Jon. It's his personality that has made the difference. He's a person who always wants to include and integrate people, and he's always willing to help. His priority has always been not to reject papers outright, but to help authors improve their work to a scientific level that can be published. He has invested a lot of time in this process, which many people cannot imagine.

When does your term as ESSKA president end?

I finished my presidency in Milan and handed over to Joan C. Monllau. Thank you to the entire presidential line, which also includes Jacques Menetrey, and Michael Hantes.

Outside of your work in orthopedic surgery and sports medicine, what are your other passions or interests?

I do sports, including running. Last year, I ran a marathon, and I'm actually planning to do the Berlin Marathon this September. Besides hiking, Gabi and I also enjoy cycling; we have both a racing bike and a mountain bike and a beautiful countryside around Brandenburg. Two years ago, I started rowing. Rowing is a sport that really works everything – your shoulders, abdominal muscles, back muscles, and legs. I feel very confident now because I can manage these racing boats, which are very unstable.

Five years ago, I stopped playing the violin because I became too busy. I used to play in a very nice Baroque orchestra. However, I'm sure that when I find more time, I will open the case again and start playing the violin once more.

Earlier, you mentioned your enjoyment of skiing. Is this something you still actively pursue?

Yeah, I love skiing. Actually, we run a sports trauma and MRI course in Wolkenstein – Dolomites every February. We've been doing this course for 21 years. It's a very nice course because radiologists who are focused on musculoskeletal imaging also join us. The discussions are always great, and we have combined sessions together every evening. It improves significantly the understanding between both Orthopaedic Surgeons and Radiologists.

Sometimes, we tell the radiologists, “Listen, you can tell us this, it sounds interesting, but it’s not clinically important or relevant for us.” They respond with, “Okay, I didn’t know that,” but something else might be very important for the surgeon in regard to decision-making and treatment. Therefore, it’s always a very stimulating meeting, and I learn something new every time. It’s really exciting to have this kind of interactive meeting between radiologists and sports trauma surgeons.



Annual Arthroscopy and MRI course in Wolkenstein Dolomits

Do you think you could translate this collaboration with the imaging specialists in ESSKA?

We have done it, because I was very interested in getting access to the ESSR, the European Society of Skeletal Radiology, as a partner society of ESSKA. This was essentially the reason, having had this great experience from Wolkenstein. My ambition has always been to connect people and to build bridges between societies. It is one of the important role of societies in my eyes.

What happened at this year’s ESSKA congress?

Milan is an amazing city, and the venue was fantastic – perfect for the size of our congress. It was a big success. I was very, very happy to have Martin Lind as the scientific chair, and with Thomas Tischer and Maristella Saccomani, a great scientific team. I think they had prepared an amazing scientific program. High scientific quality, that’s what ESSKA stands for. A big thank you for their great work.

What are international societies you're interested in, or you're happy that ESSKA has close collaboration with?

We have a long history of very close collaboration with ISAKOS (International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine). I always attend ISAKOS meetings and have many friends. Also, we have a strong collaboration with AOSSM (American Orthopaedic Society for Sports Medicine). We hosted the AOSSM fellows in Brandenburg last week. SLARD (Latin American Society of Knee Arthroscopy and Sports Medicine) and APKAS (Asia-Pacific Knee, Arthroscopy and Sports Medicine Society) are also important international societies for ESSKA. Collaboration is the magic word in my opinion, including all affiliated European National Societies and also all the global Partner Societies which are almost 50 societies today.



SLARD AAA meeting in Buenos Aires in April 2024

ESSKA stands for extremely positive spirit, and you could sense it during the Congress. I believe this is because of the people who attend and contribute to our society. People spend a lot of time volunteering and doing work for the society, and of course, you do this for every society you work with. But it's great because of the networking opportunities it provides, and it makes things so easy. Otherwise, if you're not part of a society, networking becomes very difficult.

Finally allow me to say thank you to the entire Board including everybody in the Office as well, who are doing a tremendous work to continue the success story of ESSKA. Finally, thank you to every member who contributes to all our ESSKA activities.