Newsletter of The
Bombay Orthopaedic
Society

Issue 5 (Vol 1)
February 8, 2022

CADENCE

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Quarterly Newsletter of the Bombay Orthopaedic Society

Those who cannot change their minds cannot change anything. ~ George Bernard Shaw

From the desk of the President

Dear Friends,

As the shadows of pandemic recede, I have the pleasant duty to invite all of you to **WIROC Global** which is scheduled as a fully physical conference from 24-27th March 2022 at Renaissance convention centre Mumbai.

This year there are many first that have been planned along with the conventional WIROC CME's and Plenary Sessions. There is a Live Surgery Platter, Meet the Master Relive Surgeries, Instructional Course Lectures and Foreign and National outreach session that are planned. One of the most unique parts of WIROC Global is true to its name. This year more than 40 orthopaedic societies from across the Globe are participating with speakers from more than 65 countries coming to share their academics at WIROC. Under the banner of **'WIROC That Does Not Sleep'** there will be continuous live participation from across the globe for all three nights. This Academic overload is balanced with an equally heavy dose of socialization and entertainment making WIROC GLOBAL the biggest & brightest bash of the year.

I sincerely look forward to meeting you all at WIROC Global.

Patterns of clinical practice range over a spectrum of options that a young orthopod should be aware of when making an informed career choice. In this issue of Cadence, we have aimed to assimilate insights from experts from individual parts of this spectrum. Hope you find it useful.

Prof. Sangeet Gawhale

Hon. President, BOS

BOS website

Register for WIROC Global

25-27th March 2021
Mumbai

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PREACHING AND PRACTICE

Dr Sangeet Gawhale

Patterns of clinical practice range over a spectrum of options that a young orthopod should be aware of when making an informed career choice. In this issue of Cadence, we have aimed to assimilate insights from experts from individual parts of this spectrum.

The four main parts of this spectrum are Institutional Practice, Corporate Practice, Group practice and individual private practice. There are pros and cons of each and I have often seen the transition from one part to another with changing priorities of surgeons.

... choice lies with the individual surgeon based on this assessment of his risk-taking ability, his academic inclination and his social and financial quotient!

Full-time Institutional practice has a regular work schedule & patients, steady flow of income and lesser legal risk. The drawbacks are lack of autonomy, employee constraints & involvement in administrative work as you get senior. Corporate practice although allows for better financial prospects, but might be too competitive for some. Again, advanced healthcare set up at corporate hospitals allows delivery of best options to the patients and optimal management of medical and other complications uplift patient outcomes. Administrative responsibilities are less and there is more flexibility in utilising ones' time for family and recreation. Group practice and individual private practice are quite close to each other in many aspects. Both are standalone setups differing only in the number of stakeholders. In a group practice, the risk is divided and there is backup support from partners. Its benefits are shorter work hours, coverage in absence, more working capital & lesser stress. However, the fine-tuning between the group members has to remain optimal for a long time. Individual private practice allows one to be a master of himself but this freedom comes at a cost of huge investment in terms of time, effort and finances.
The entire spectrum moves from low risk, low gain financially to a high-risk high gain model. Academics follows an inverted pattern along this spectrum but there are many exceptions to it.

Finally, the choice will lie with the individual surgeon based on this assessment of his risk-taking ability, his academic inclination and his social and financial quotient. I hope this issue of Cadence will help them in this decision making.

As the shadows of pandemic recede, I have the pleasant duty to invite all of you to WIROC Global which is scheduled as a fully physical conference from 24-27th March 2022 at Renaissance convention centre Mumbai. This year there are many first that have been planned along with the conventional WIROC CME's and Plenary Sessions. There is a Live Surgery Platter, Meet the Master Relive Surgeries, Instructional Course Lectures and Foreign and National outreach session that are planned. One of the most unique parts of WIROC Global is true to its name. This year more than 40 orthopaedic societies from across the Globe are participating with speakers from more than 65 countries coming to share their academics at WIROC. Under the banner of 'WIROC That Does Not Sleep' there will be continuous live participation from across the globe for all three nights. This Academic overload is balanced with an equally heavy dose of socialisation and entertainment making WIROC GLOBAL the biggest & brightest bash of the year.
I sincerely look forward to meeting you all at WIROC Global.

Prof. Sangeet Gawhale
Hon. President, BOS

PREACHING AND PRACTICE

Dr Swapnil M. Keny

Each year, scores of Orthopaedic specialists clear the various licensing exams to qualify as practicing physicians and surgeons. Though there is no uniformity, in the pattern, training, and criteria for the various Orthopaedic specialty courses and their exit exams, the apples and the oranges eventually land up in the same basket.

Deciphering the lesser understood art & science of establishing an orthopedic clinical practice!

The question which then arises is how does one set up a clinical orthopedic practice. In western countries as well as in developed South East Asian countries, practitioners who qualify, find ample employment opportunities when they are absorbed as young partners in an established clinical practice with good incentives. Similarly, hospitals and clinics in these countries are always looking to update and upgrade their existing services and hence the possibilities of employment are multifold.

Unfortunately, in our country, there is no defined path one can follow and in most instances, one is thrown at the deep end of the pool and is expected not only to swim but to start winning immediately. In addition, there is no defined art or science to charting out this uncharted ambiguous territory. It then seems rational to try and define the options available with the hope that a few would benefit and make a sartorial choice based on current trends which could be extrapolated to their future.

I believe surgeons embody various personalities, which I would like to call 'inherent factors' and these personalities mixed with certain ' environmental factors' such as the institution of qualification, basic surgical training, and skills gained during training and the presence of mentors are the defining path to future career choices of practice. Here, I would like to categorize surgeons into

A) Institutional Practitioners
B) Corporate Practitioners
C) Entrepreneurial Practitioner.

There is a 4th category, called the Practitioners who inherit their practice from their kins who I shall exclude as this category can't be generalized and they may choose to be a part of any of the three categories.

A) Institutional Practitioner

Institutional Practitioners are usually defined by an inclination towards academics, thirst for honing a niche set of skills, and their passion for training residents and fellows. They are usually a part of the legacy chain, having inherited their skills from an institution-based mentor or role model. Most, have a very clear action plan.

They often dedicate a significant period to hone their fine skills in a particular sub-specialty. The safety net of the institution gives them adequate time to pursue their skill and at the same time, balance a personal and family life.

Their growth is slow, yet stoic and they usually become an authority on their subject of interest, provided they back up their passion with purpose.

PREACHING AND PRACTICE

Dr Swapnil M. Keny

B) The Corporate Practitioner

A corporate practitioner is usually either an Institutional practitioner who has taken a leap of faith on the realization that he now needs to maintain an intricate balance between his passion and his clinical practice. A highly motivated young surgeon may also choose to work in the corporate setup, if he is exceptionally skilled and motivated to pursue, academics, research and balance it out with a successful clinical practice.

The growth in corporate practice is steady and these practitioners are often considered the most successful surgeons from the financial perspective. Yet many may be in it for the opportunities to start and grow a subspecialty unit, establishing strong research credentials and also having the leeway to pursue their hobbies/ non-work related passions in addition to clinical work.

Corporate practice is a high-demand game of volumes and managerial skills, the ability to evolve with changing trends in marketing, and the ability to leverage skills for growth. It is certainly not for the faint-hearted

C) The Entrepreneurial Practitioner

Most Entrepreneurial practitioners have a very well-defined goal from the time they plunge into clinical practice. The Spirit of Entrepreneurship encompasses, setting up an independent private practice in a clinic, or setting up one's own hospital, or even taking over the practice of a senior colleague who may be on the cusp of retirement.

Entrepreneurial Practice takes a considerable amount of time to set up and may involve leases and mortgages in addition to running expenses and disbursement of salaries and incentives to employees. An Entrepreneur is responsible for the livelihood of many in addition to that of his or her own family and hence is the toughest choice to make.

Having made the choice, there is no looking back. The job involves toil, effort, and patience. Many Entrepreneurial Practitioners are multitaskers and hence are also team builders, though a few may decide to work solitarily.

Having defined the three categories in which a surgeon may fall, trainees who are on the verge of qualification may make choices, with a clear understanding of what it takes and what it would eventually lead to. Clinical practice, academics, research, and personal life are interdependent facets and one may choose to enhance them based on their priorities and prerogatives in life.

Dr. Swapnil Keny is a Pediatric Orthopaedic Surgeon at Sir HN Reliance Foundation Hospital and Apollo Hospital, Mumbai.

Follow him on twitter: @SwapnilKeny

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THE CORPORATE PRACTITIONER

My Experience as a Full-time Practice in a Corporate Hospital

Dr Vivek Shetty

As a practicing full-time consultant in a corporate hospital which I started two decades ago, it has been an interesting journey. Here are a few of my observations.

It was a good place to start to settle in my practice as patients would come to the Hospital on its reputation which gave me a steady stream of patients over a couple of years. This gave me adequate time to establish my practice and get patients on my reputation.

Advantages of full-time practice as I have experienced:

1. Your practice evolves steadily as you are available for your patients at all times thereby establishing trust.

2. Opportunities to grow academically are available as one interacts on a daily basis with colleagues from your and other specialties.

3. Academic activities like the weekly teaching program for the post-graduate (PG) students. Publishing and presenting your clinical data at the National level and getting your PG students to do the same annually has been a satisfying experience academically. This has helped in attracting the best of the students from the National level.

4. Getting help from colleagues from other specialties at a short notice in case of unexpected complications in surgery has been quite a comfort. One can take on challenging cases given the backup available

5. Better quality of life and family time available to you with colleagues covering your holiday period.

Possible Disadvantages:

A sense of insecurity may prevail for having your practice in one place (all eggs in one basket scenario). This is in case of a fallout with the Hospital administration. For some consultants, earning may not be as much as colleagues having a practice in multiple hospitals.

Full-time revenue model

1 On retainership to start with and change to fee for service.
2 On fee-for-pay service.
3 On fixed salary.

My experience has been with Fee for pay service model. However, in some specialties, a retainership to start with could be a better-suited model.

In conclusion, working as a full-time consultant has been a satisfying experience academically and financially. However, I do recognize it is an individual's personality, one's academic and financial goals that would go a long way in choosing the type of Clinical practice one would like to pursue.

Dr. Vivek Shetty
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INSTITUTIONAL PRACTITIONER

… And you Leave a Large Legacy behind

Prof. Shubhranshu S Mohanty

"If you find your footing between two cultures, sometimes you can find the best of both worlds"

- Randy Pausch

And it is told that if you want to enjoy both of the worlds, you have to be in BMC service. It was not by choice, but by chance that BMC permitted private practice to the Senior Teachers in 2004. Though hectic, it gives you the independence of thinking and decision-making in an institutional and private setup. More so, during COVID times, when the entire world was affected and business was at its lowest, being in the institution provided that financial security with a decent salary.

Rationality in decision-making for the best interest of the patient evolves when you are around an elite mass who constantly update you with recent developments in science. That is what I have realized during the course of my 26 years of institutional practice. Then you are at peace of mind about your decision regarding the management of the patients.

Research and publications should be at the forefront of any academic institute and it stands you out amongst your peers. But it involves meticulous data management and follow-up of your patients. As part of a post-graduate institute, you are compelled to have post-graduate dissertations, which gives you an added advantage of research and publications.

I have managed the worst of mine and other cases in an institution with minimal adrenaline secretion followed by a comfortable good night's sleep. You have the best of hands to assist you with the least amount of finances and ample resources. You are involved in managing a diversity of cases and even you can do the hands-on practice of all the surgical procedures, the Campbell's describes! That improves your surgical skills, self-confidence and takes out the fear of handling even the worst of the neglected or complicated cases. Your technique, speed, and results automatically improve as you are subjected to be under scrutiny from your residents and colleagues.

In every aspect of life, one needs to know a little bit about handling things what is known as administration. Public hospital practice takes you through an experience of handling people and patients. When you reach a particular level of seniority to head a Unit of 30-50 beds, then you develop a world of your own with junior colleagues, registrars, housemen, interns, UG students, occupational & physiotherapists, your ward staff, attendants, and after all your patients and their relatives. It is not only the clinical experience, it is the overall management of your world, which revolves around them, their wellbeing, their finances, their psychology. Even their personal problems become part and parcel of your life. You live in a different world and enjoy living in it!

By this rapport and love and affection, you develop or earn a respect in the society amongst all grades of people. I still love giving an opinion on my patients queued up in my public hospital OPD to have an opinion after visiting 2-3 private clinics or hospitals. Because people have "Bharosa" in KEM Hospital. Respect for a public hospital doctor is there everywhere, be it in traffic police on the road or shopkeeper in a market or a clerk in mantralay. They treat you differently as a public hospital doctor, who 'serves people'.

Last but not the least, your family is the center of your life. Anytime, they need you or you want to take them on a holiday, you can afford to take vacations leaving the responsibility to your junior colleague without any hesitation or financial loss. After all your vacations need to be free of the responsibilities of your patients and institution. That is what you earn from an institutional practice.

You leave a legacy of a large number of Orthopods behind you. You have not only trained them Orthopaedics, but you have also built up their character and made them human beings, who are licensed to take care of human sufferings.

And that legacy keeps you immortal…even after you leave this world!

Prof. Shubhranshu S Mohanty,

MBBS(Distn), MS(Orth), FRCS(Edin), FICS, FASIF(Swiss), FACS (USA)

Professor & Unit Head,

Seth GS Medical College & KEM Hospital, Mumbai.

ENTREPRENEURIAL PRACTITIONER

Balancing Academics and Private Practice

Dr. Rajendra Chandak

When we achieve our degree in orthopedics, the utmost question that strikes the mind is, whether to go in for private practice or join some institution. When compelled to start a private practice, academics quite often takes a back seat. Jonathan Kaplan has rightly coined the term 'Privademics' wherein both practice and academics should be groomed simultaneously. In medical practice, we all have good and bad experiences, and we always strive to increase our good experiences and cases. Once we experience and enjoy the academic fervor with private practice, our zeal to pursue both simultaneously increases. With heavy practice, it might be difficult to develop research protocols and organize patient databases, however, early academic elevators are small presentations, writing articles, publishing small books on topics of clinical experience, attending regional conferences, interacting via the medium of case presentations, and developing a system for tracking patient data. There is behind-the-scene hard work during all of these and maintaining close relationships with our mentors for their help in difficult cases or decision making is crucial.

We live in such an advanced technological era that there are innumerable opportunities to incorporate technology into our practice. We have to ADAPT AND TRY NEW THINGS. Innovation even in small techniques is a wonderful tool and is a satisfying experience. Adapting and trying new technologies allows us to provide cutting-edge technology and potentially improved surgical results. Adapting and being closely attached with academics offers us chances to work and engage with instrument manufacturers and innovate new surgical instruments.

ENJOY your clinical practice, it gives a lot of ideas and small self-research results, like my computer assistant told me after 500 odd cases of OA knee which combinations of DMAOAD, patients were greatly benefitted. We have to love what we do in order to continue doing so. Working in private practice and academics takes a lot of effort, time, and diligence but you need to love it. Put yourself in a position in which you are happy doing what you want to do. If you find yourself unhappy, introspect at the reason and work on adjusting your private and academic practice in order to find your happy MOMENTS.

William Wordsworth has rightly said, "The best portion of a man's life is his little nameless, unremembered acts of kindness." This is especially true in a small city where the pediatric patient you treated and cared for trauma and, grows up to be an army officer and invites you for a weekend in their military facility with you. Another patient becomes a professional athlete and invites you to the sidelines for a game. A waiter at a shop or office who comes out of the way in a community gathering to thank you. Even 20 years later, your associated colleague comes to visit you at a conference and narrates how he has particularly benefitted from the techniques he has learned from you.

Our privileged position in society, whatever form that takes, allows us to grow ourselves personally and financially.

Continuous and progressive academic up-gradation is the backbone of medical science and I strongly believe in it. I have been practicing orthopedics since 1989 and it definitely gets challenging to balance the private practice and the vigor for academic research especially in an individual setup. When I was nascent in my practice, I saw some senior surgeons in practice like Dr. Tanna, Dr. G. S. Kulkarni, and Dr. S. S. Babulkar as they were perfectly balancing their roaring and busy practice with the elixir of academics.

Certain key points that help us are:

1. Record maintenance of radiographs and C-arm images date wise and also tagging them anatomically; all centrally stored in a hard disk drive and cloud for future reference and usage. I find Camscanner and Google Photos to be useful.

2. Good quality C-arm (like Philips) for intra-operative radiography. I have found it useful in a variety of ways including the facility of zoom-in, zoom-out, and wireless transferability of images; also the quality of the image is higher than other brands of c-arms.

3. I use Osirix software for editing and handling of the C-arm images (requires software to read Dicom files).

4. Bright, clear, and well centered intra-operative pictures taken by an instructed staff in a good cell-phone camera (for control of patients' privacy) which are again stored in the cloud with appropriate tagging.

5. Charting of feedback using internationally standardized scoring systems/questionnaires from out-patients and operated patients on the first visit and follow-up visits by a data analyst (part of the staff).

6. We should believe in micro-managing various steps by assigning the same task to different people at a different time; so that in the absence of any one of them, the work does not suffer.

ENTREPRENEURIAL PRACTITIONER

Balancing Academics and Private Practice

Dr. Rajendra Chandak

These efforts may seem daunting and un-doable at first to a private practitioner but go a long way and can be set up with gradual tiny steps.

The long-term benefits of maintaining your patients' data have immense use not only in the academic advancement of our modern science but also in refreshing one's memory while dealing with medico-legal court calls.

I can assure you, giving a little each day will repay you incredible rewards. Work hard, be nice to people, stay balanced and give a little each day. At the end of your career, you will have no regrets.

Dr Rajendra Chandak
MBBS, MS(Orth)

Consultant Orthopaedic Surgeon
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chandakrm@yahoo.com

WIROC GLOBAL 2022

Presidential Theme - Adapt and Evolve

We have faced the pandemic bravely since last almost two years and have **'Adapted & Evolved'** to pace the Academics and Learning process in these challenging **times.** WIROC Global is a vision of amalgamation of all these adaptation and evolutions that BOS and its members have undergone in this period.

Dr Sangeet Gawhale - President, BOS & Org. Chairman

Dr. Ashok Shyam - Org. Secretary

Dr. Vishal Kundnani - Org. Secretary

Venue - Renaissance Convention Center Mumbai.

4th to 27th March 2022.

Click Here
TO REGISTER!

Highlights:

1) Live Surgery Telecast from 5 centers → streaming of more than 25 common orthopaedic procedures
2) Meet the Masters - Re-Live Surgery Session that includes Live video demonstration by Masters of their pre-recorded Surgeries
3) Sessions on Finance, Medicolegal, Technology, office orthopaedics, orthopaedic rheumatology, and injection techniques
4) Dr Ashok Johari delivering the Dr R J Katrak Oration and Dr Pankaj Pankaj will be delivering the KT Dholakia Lecture.
5) Dr AK TALWALKAR SYMPOSIUM is planned on Open fractures and BOS will collaborate with Ganga Hospital for this session.
6) Free papers in front of focussed audience and experts and best paper sessions.
7) Instructional course lecture capsules for focussed learning

Global Virtual Conference

1) 25 societies across the globe.
2) confirmed participation from international societies like SICOT International, ISAKOS, APOA specialities, AO North America, Canadian Orthopaedic Association, Johns Hopkins University, Exeter Hip Unit NHS, SICOT Spine, SICOT Shoulder Elbow, Brazilian Trauma Society, Argentinean Shoulder & Elbow, British Indian Orthopaedic Society, Latin American Shoulder Society, Brazil Trauma Society, Greek Arthroscopy Society, British Patellofemoral Society
3) Collaboration with international societies - Asia Pacific Spine Society, European Paediatric Orthopaedic Society, Asia Pacific Arthroplasty Society and British Trauma Society
4) National outreach planned on Sunday afternoon with all five zones of Indian Orthopaedic Association participating in WIROC Global.
5) WIROC Global program will run 24 hours Live on all three days of WIROC making it truly a **'WIROC that doesn't Sleep'.**

INTERESTING CASE

Surgical-Site Infection

Dr Aditya Menon and Dr Vikas Agashe (PD Hinduja Hospital, Mumbai)

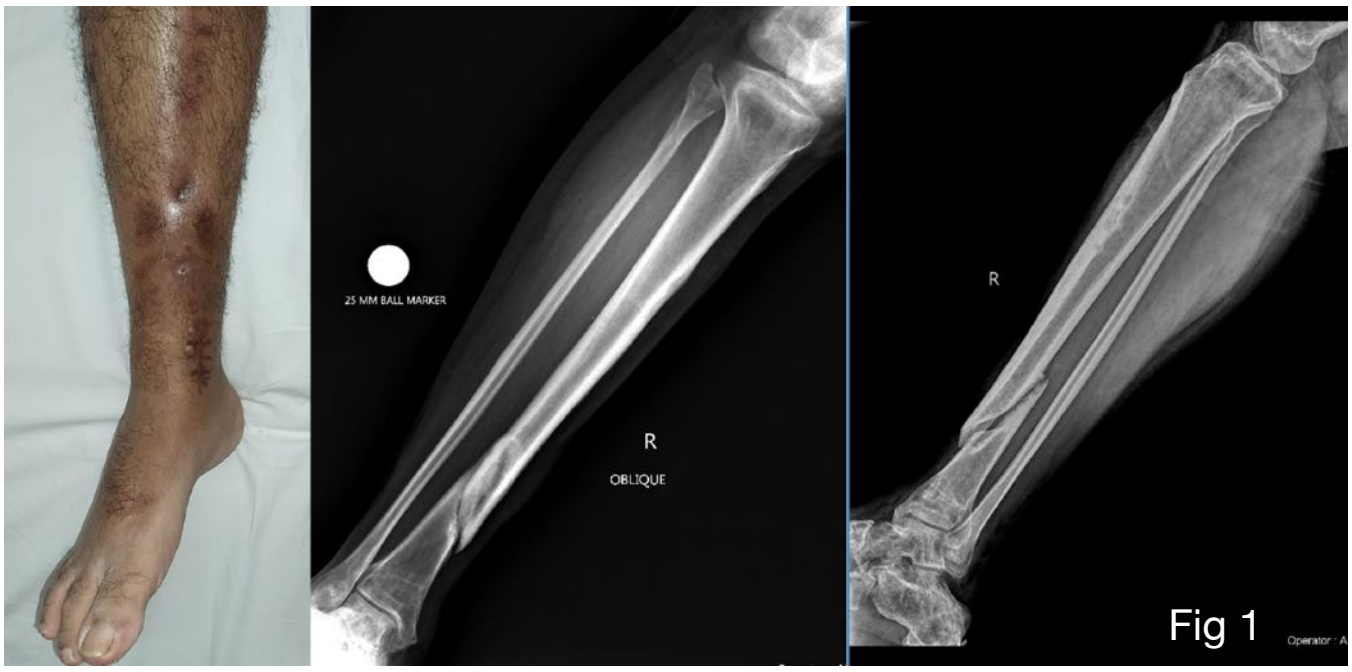


Fig 1

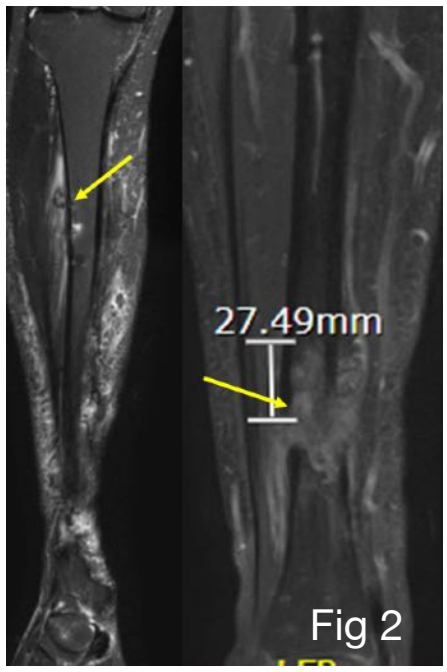


Fig 2

History: 47 year male, diabetic, presented with an infected non-union (NU) of distal meta-diaphyseal junction of the right tibia (Fig 1). Patient had an early surgical site infection at 1 month following a minimally invasive plate osteosynthesis for a closed fracture elsewhere. Plate was removed at 3 months due to persistent infection after a failed trial of empirical antibiotics for 8 weeks. Infection persisted in spite of plate removal and targeted antibiotic for pseudomonas aeruginosa. On presentation to our institute, 1 year after primary surgery, there were two active discharging sinuses, with minimal local tenderness or signs of inflammation. Previous surgical scars indicated that implant removal was done via same minimally invasive approach. MRI showed abnormal signals at non-union (not explored previously) and proximal locking screw site (Fig 2).

Plan:

1. Radical, extensile excision of previous scars and sinuses including intervening normal skin
2. Debride and scape NU, screw holes and medullary canal adjoining the NU. Excise necrotic bone ends.
3. Pre- operative reference to Infectious Disease (ID) team
4. Multiple deep tissue sampling for bacterial, fungal, tuberculous cultures, TB Gene Xpert and histopathology.
5. Negative pressure wound therapy (NPWT) for wound defect followed by reconstructive surgery
6. Local antibiotic delivery agent- PMMA/ CaSo4 Antibiotic beads (Stimulan©)
7. Internal Fixation with Distal Tibia LCP after 4 to 6 weeks

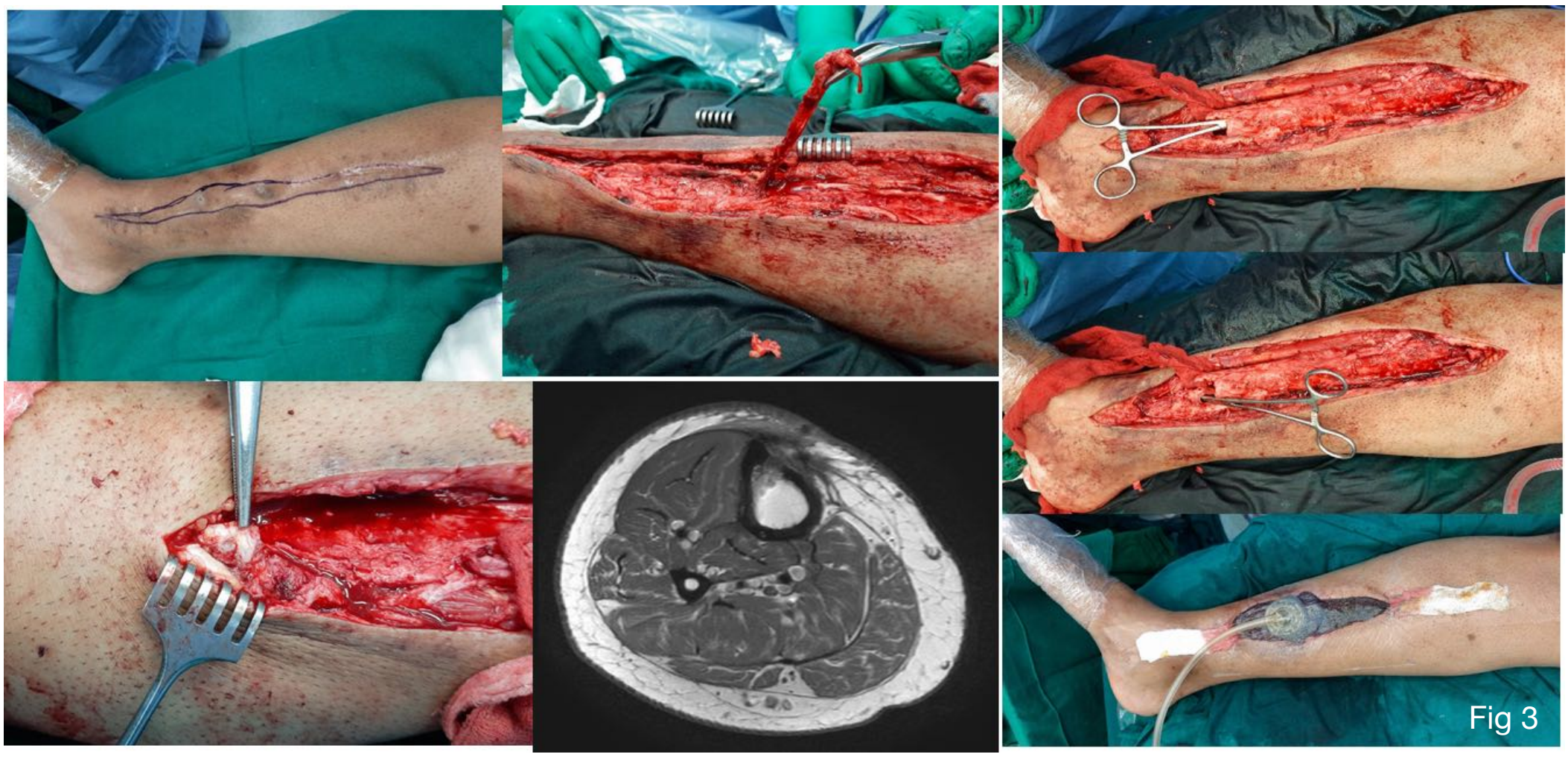
Pre- operative Insight: Minimal local symptoms, chronic indolent infection, previous surgery, no response to targeted antibiotics were all indicative of ***Non- Tuberculous Mycobacterial*** **(NTM) infection.** As per suggestions by ID team, all deep tissue cultures would be incubated for prolonged period.

Operative Details and Progress:

Radical debridement as planned. Deep tissues sent from NU, proximal screw holes and medullary canal (Fig 3). Negative pressure wound therapy applied. Patient was started on empirical therapy which included **Linezolid, Amikacin and Clarithromycin, covering for Rapidly Growing Mycobacteria,** the commonest NTM seen in osteo- articular infections. Routine tissue cultures were negative on Day 5. However, **histopathology showed Granulomas suggestive of Mycobacterial aetiology**. Wound was reexplored and Stimulan© beads with Vancomycin (for Gram positive organisms), Amikacin (for NTM) and Colistin (for Gram Negative Organisms) were inserted. Defect covered with an Anterolateral Thigh Free Flap by the plastic surgeons as it would provide good cover under which a plate could be inserted later. However, flap necrosed within 48 hours and had to be excised, leaving behind a defect bigger than the primary one (Fig 4). Subsequently, wound bed granulation was improved using Cleanse Choice VAC© (NPWT). NU site was covered with a Local Fascio-cutaneous Rotation Flap with skin graft over the proximal and distal defect (Fig 5). **6 week NTM cultures grew Slow Growing Mycobacteria**, an extremely rare opportunistic pathogen which rarely seen in immune- competent individuals.

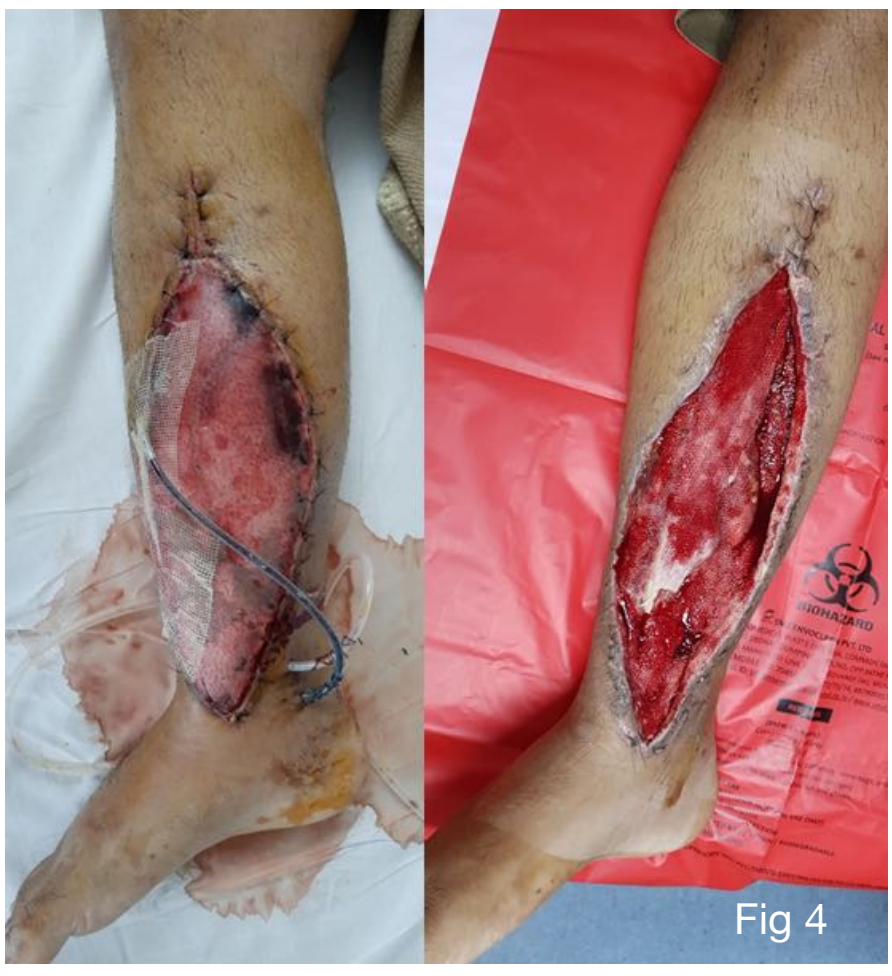
Infection Orthopaedics

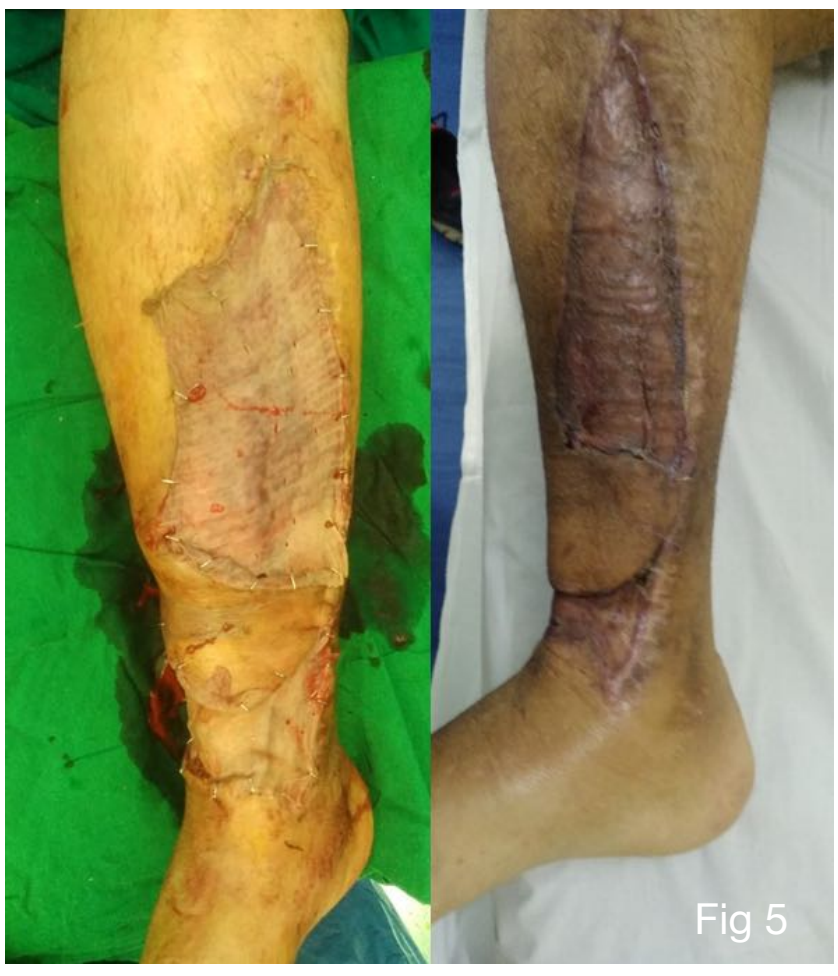
Dr Aditya Menon and Dr Vikas Agashe (PD Hinduja Hospital, Mumbai)



Modified Plan:

1. Antibiotic therapy was modified accordingly to Rifampicin, Ethambutol and Clarithromycin, to be given for a minimum of 6 months.
2. Internal fixation of any kind would have to be delayed in view of the slow growing nature of pathogen and chance of recurrence in presence of an implant
3. Stabilise NU in a PTB cast and observe.





For queries about this case contact
Dr Aditya Menon at **docmenon83@gmail.com**

Infection Orthopaedics

Dr Aditya Menon and Dr Vikas Agashe (PD Hinduja Hospital, Mumbai)

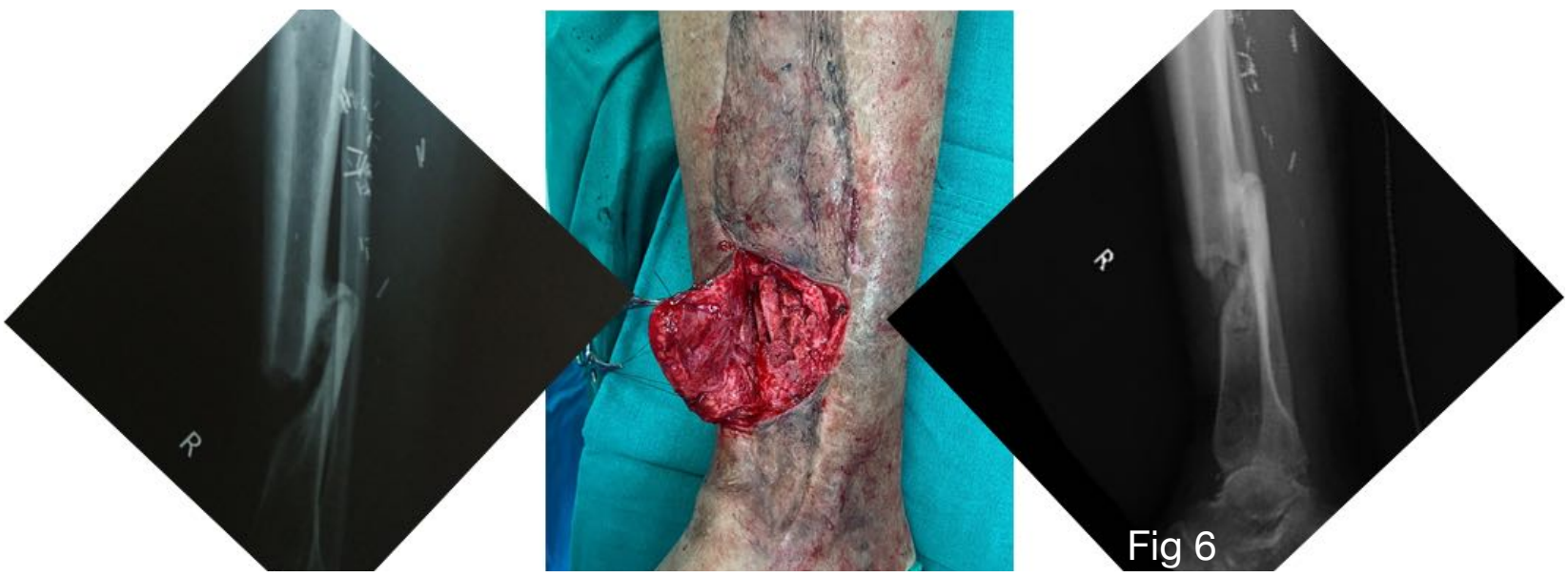


Fig 6

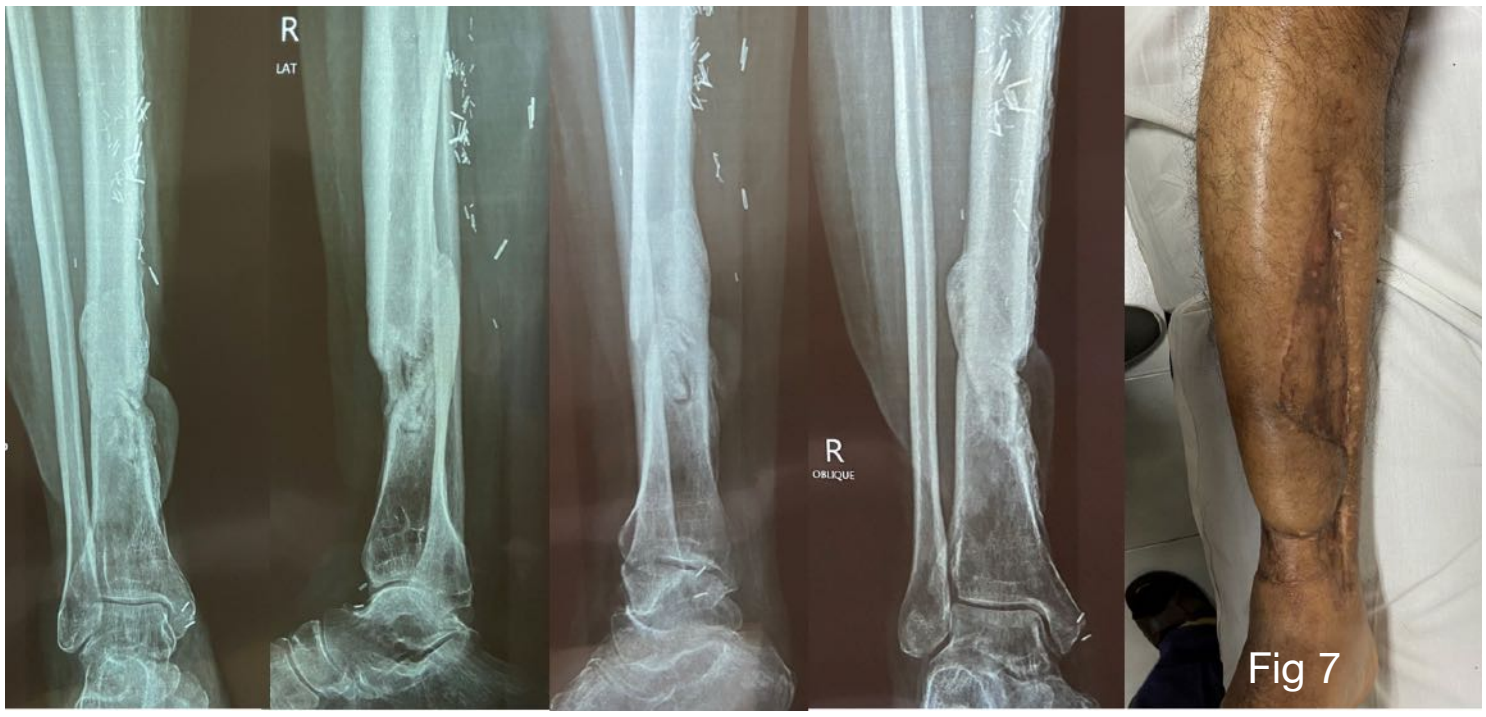


Fig 7

Progress:

Posterior tibial cortex started healing with good bridging callus seen on sequential radiographs (Fig 6). There were no clinical, radiological and haematological signs of infection. 3 months later, flap was elevated and iliac crest autograft was impacted into the defect across the medullary canal and anterior cortex (Fig 6). Leg was kept in a below knee slab with no fixation. NU healed with excellent callus and infection remission at 1 year follow up from bone grafting (Fig 7)

Take Home Message:

1. Minimal invasive approach must be avoided for debridement for a surgical site infection.
2. Appropriate tissue sampling and testing including histopathology is a must in every case
3. Inputs from ID specialists help ascertain causative pathogen and give targeted therapy
4. Good wound cover provides excellent blood supply and enhances bony healing
5. Fixation is not mandatory, and must be decided based on the clinicoradiological picture.

Dr. Aditya Menon Dr Vikas Agashe

Consultant Orthopaedic Surgeons, PD Hinduja Hospital, Mumbai.

ADAPT AND EVOLVE

WATCH IT ON YouTube

Click on the link (pictures) to watch the recordings!

Subscribe to the BOS Youtube Channel and get notifications.

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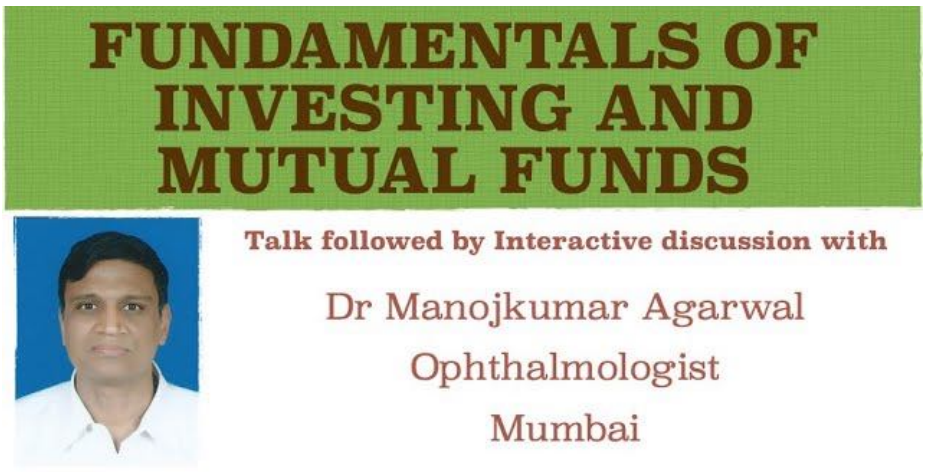
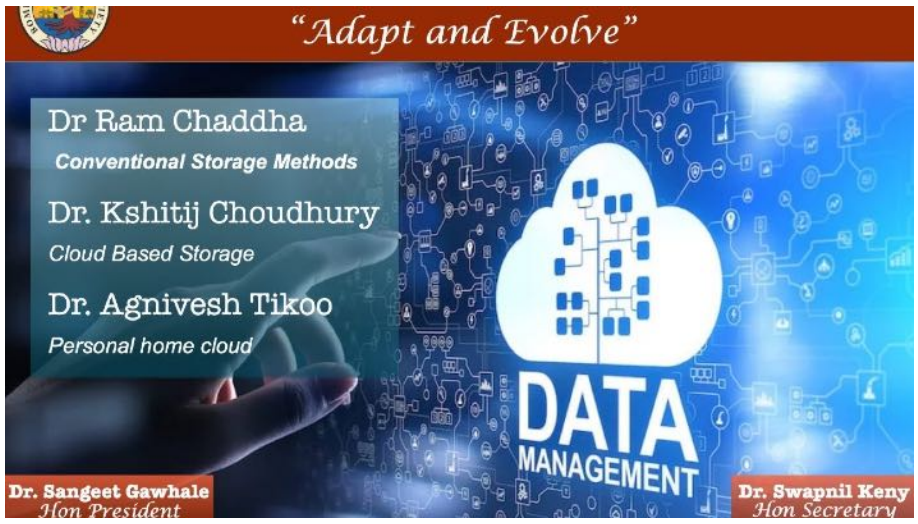
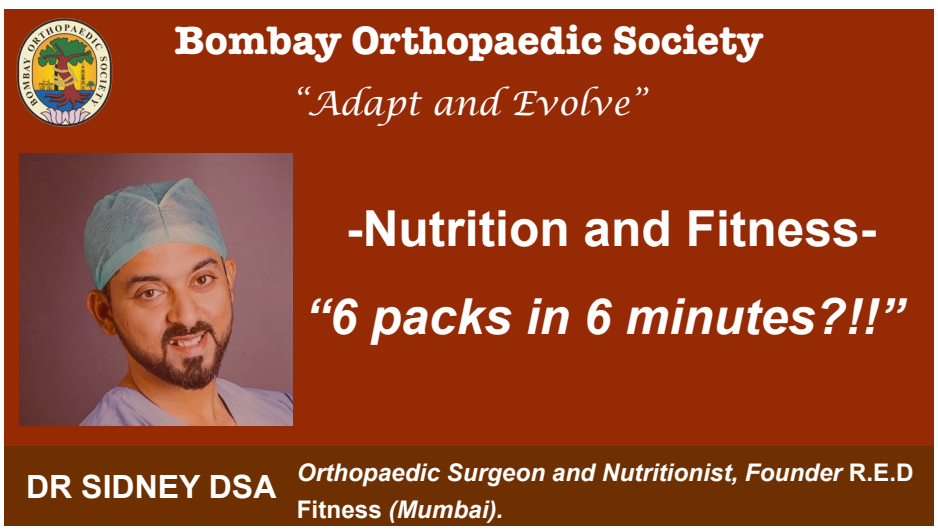
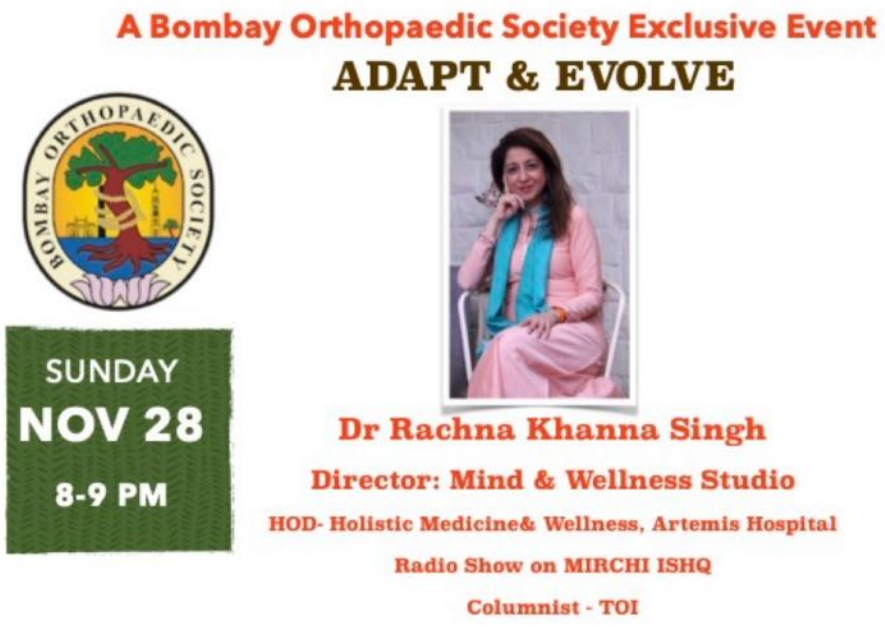
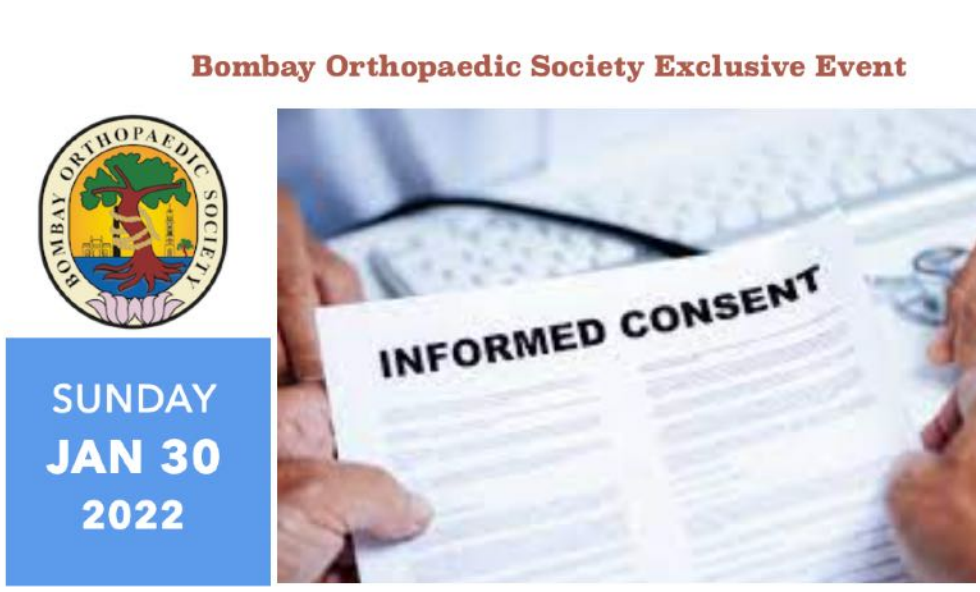
ADAPT AND EVOLVE 2021-22











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