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SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

Newsletter

Country to country: Macedonia

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No. 109
February 2008

Background

People with pes cavus frequently suffer foot pain, which can lead to significant disability. Despite anecdotal reports, rigorous scientific investigation of this condition and how best to manage it is lacking.

Objectives

To assess the effects of interventions for the prevention and treatment of pes cavus.

Search strategy

We searched the Cochrane Neuromuscular Disease Group Trials Register (April 2007), MEDLINE (January 1966 to April 2007), EMBASE (January 1980 to April 2007).

Selection criteria

We included all randomised and quasi-randomised controlled trials of interventions for the treatment of pes cavus. We also included trials aimed at preventing or correcting the cavus foot deformity.

Data collection and analysis

Two authors independently selected papers, assessed trial quality and extracted data.

Main results

Only one trial (custom-made foot orthoses) fully met the inclusion criteria. Two additional cross-over trials (off-the-shelf foot orthoses and footwear) were also included. Both studies assessed secondary biomechanical outcomes less than three months after randomisation. Data used in the three studies could not be pooled due to heterogeneity of diagnostic groups and outcome

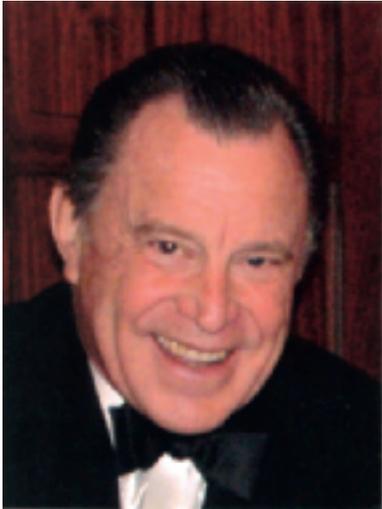
measures. The one trial that fully met the inclusion criteria investigated the treatment of cavus foot pain in 154 adults over a three month period. The trial showed a significant reduction in the level of foot pain, measured using the validated 100-point Foot Health Status Questionnaire, with custom-made foot orthoses versus sham orthoses. Furthermore, a significant improvement in foot function measured with the same questionnaire was reported with custom-made foot orthoses. There was also an increase in physical functioning of the Medical Outcomes Short Form - 36. There was no difference in reported adverse events following the allocation of custom-made (9%) or sham foot orthoses (15%).

Authors' conclusions

In one randomised controlled trial, custom-made foot orthoses were significantly more beneficial than sham orthoses for treating chronic musculoskeletal foot pain associated with pes cavus in a variety of clinical populations. There is no evidence for any other type of intervention for the treatment or prevention of foot pain in people with a cavus foot type. ■

Reference:

This record should be cited as:
Burns J, Landorf KB, Ryan MM,
Crosbie J, Ouvrier RA.
Interventions for the prevention
and treatment of pes cavus.
Cochrane Database of Systematic Reviews 2007,
Issue 4. Art. No.: CD006154



SICOT is developing world stature. I am sure that we have always had world stature, but I do believe that our presence has been more significantly felt over the last few years. I look forward to a much stronger SICOT over the next ten years.

We are developing outreach programmes in many countries especially in Africa. We also have plans for outreach programmes and combined efforts with Brazil, Columbia, and Chile. Brazil especially is anxious to work with us on our very popular educational programme on road traffic trauma. They have over several years delineated some of the major problems in road traffic accidents and focused on two-wheel vehicles, while giving strong advice to the Brazilian Government. Their advice has led to action, which has been fruitful.

Our board examination is becoming more popular and at least two countries are planning to use the board examination for their national examination. By 2009, the International Board of Orthopaedic Surgery will be formed and we hope that the SICOT Executive Committee will assist the examiners in each country in expanding this exciting area of education. In my travels around the world, I have found that government personnel are impressed with the idea of giving an exam determining the areas of weakness and providing education in these areas.

One of our greatest advances over the last two years has been international interactive video. We are doing approximately two programmes per week. This is supported by every country with which we work, as well as the World Bank, the Global Education Foundation, the World Health Organization, and the National Institute of Health. It is very exciting to be interactive on a television screen at, for example, the World Bank office in Nairobi, Kenya, with 20 faces on the screen and the moderator calling on each individual to speak and discuss a subject which is heard in 12 countries around the world. Another positive aspect of this outreach programme for less developed countries is that any individual with a computer can get connected to our presentation. It is not interactive unless it has been pre-planned, but the programme can still be heard.

We welcome any suggestions for future venues for this great educational tool and solicit your continued support and help. ■

Chadwick Smith
SICOT President

Orthopaedics in Macedonia

Prof Dr George Zafiroski | SICOT National Delegate of Macedonia



The Republic of Macedonia is a small country situated in the southern part of the Balkan Peninsula and it is a natural bridge between East and West, North and South. Macedonia is bordered by Albania to the West, Bulgaria to the East, Serbia to the North, and Greece to the South.

The size of the country is 25,713 square km. The population is 2,055,915, out of which 50.2% are men and 49.8% are women. The capital city, Skopje, accommodates almost one fourth of the population. The majority of the population is Macedonian. The 2002 census showed an ethnic composition of 64.18% ethnic Macedonians, 25.17% Albanians, 3.85% Turks, 2.66% Roma, 1.78% Serbs and 0.4% Vlachs. 64% of the population are Christian Orthodox (0.5% are Catholic) and 36% are Muslim. The population has grown by 5.4% since 1991. The population density has increased from 64 to 79 inhabitants per km² in 2002. The rate of live births per 1,000 people decreased from 18.2 in 1991

Bronze figurine of Daedalus from III-II century B.C. (Plaoshnik 2007, Ohrid)



St. Caneo Church in Ohrid

to 13.3 in 2003. The infant mortality rate has continued to fall and has halved from 28.25 infant deaths per 1,000 live births in 1991 to 11.29 in 2004. The crude mortality rate has shown a steadily increasing trend from 7.72 per 1,000 people in 1991 to 8.88 in 2003.

This biblical country abounds in natural beauties and rarities. Many have named it “the pearl of the Balkans” because of its numerous mountains, forests, rivers, lakes and caves. The country treasures a large number of cultural and historical monuments: churches, monasteries, icons, archeological sites, mosques, old books and neolith artifacts. Macedonia is the

cradle of culture because the first Slavic alphabet and literature have their roots here.

The roots of modern health care in Macedonia date back to the 9th century. The first church and monastery hospital on the present-day territory was founded in Ohrid (now the city protected by UNESCO). The foundations of a modern public health system were laid after 1861. At this time, one physician in each town or larger village was appointed with the mandate to examine the sick at least twice a day, free of charge. During this period, Turkish authorities paid much more attention to military hospitals. The best equipped were the ones in Bitola, Salonika and Skopje. Over the course of the first

two decades of the 20th century, the health system experienced a shortage of medical doctors. From 1922, with the arrival of doctors educated in France, Austro-Hungary and other countries in Europe, the number of medical doctors began to increase. The foundation of a state hospital was of particular importance and it was founded in 1919 with a bed capacity of 80 and expanded its capacity to 250 beds in the late 1930s. It was moved to its current location in Vodno, the hill above Skopje, in 1928, where, apart from the five existing Departments, four new Departments and two sections were established. The two new sections were ENT (ear, nose and throat) and Orthopaedics.

The Clinic for Orthopaedic Surgery was founded in the second half of 1954 and is now the biggest health institution of this kind in the Republic of Macedonia. It is the national, regional and international centre for diagnosing and treating diseases and injuries of the bone-joint system in children and adults. There are 6,164 square metres at the disposal of 175 employees, out of which 40 are doctors, specialists and sub-specialists in different fields of orthopaedic surgery and trauma. In the 13 wards, about 2,500 patients are treated yearly, and in the 4 operational theatres about 1,800 patients are operated yearly.



Golden ritual mask,
V century B.C.

Several professors have left their mark on the Clinic. One of them was Prof Dr Lj. Serafimov, who, during his 20 years as director, improved the Clinic a lot. In the period from 1983 to 1992, two international projects were financed and realised through UNDP (United Nations Development Program). Many young orthopaedic surgeons were trained abroad. A lot of new surgical meth-

ods were developed including the pelvic osteotomy according to Salter introduced in 1965 and the first hip endoprosthesis implanted in 1968.

Since 2001, two other projects for limb salvage have been realised under my leadership, and financed by the Ministry of Education and Science.

The Macedonian Association of Orthopaedics and Traumatology (MAOT) was founded in 1993, and since 1996 it has been a member of EFORT. The members of the Association meet four times a year and so far more than 300 works have been presented. There are four editions of ACTA ORTHOPAEDICA ET TRAUMATOLOGICA MACEDONICA. ■

- ▶ **Country name:** Republic of Macedonia
- ▶ **Location:** in the middle of the Balkan Peninsula
- ▶ **Population:** 2,055,915 (July 2007)
- ▶ **Population density:** 79 inhabitants per km²
- ▶ **Surface area:** 25,713 km²
- ▶ **Capital:** : Skopje
- ▶ **Language:** Macedonian
- ▶ **Religion:** Christian Orthodox (majority of the population)
- ▶ **Type of government:** parliamentary democracy
- ▶ **No. of doctors:** 5,200
- ▶ **No. of orthopaedic surgeons and traumatologists:** 115
- ▶ **No. of hospitals:** State: 48, Private: 3
- ▶ **No. of medical schools:** 4
- ▶ **SICOT active members:** 2



WHO/SICOT Partnership

Prof Maurice Hinsenkamp | SICOT Secretary General



The World Health Organization has recognised SICOT as an affiliated NGO for many years. In 1992, when I renewed the relationship with the headquarters located in Geneva, SICOT had already reviewed and endorsed the draft manuscript of the WHO handbook on “Surgery at the District Hospital: Obstetrics, Gynaecology, Orthopaedics and Traumatology”. Since then, SICOT has supported some of WHO’s teaching programmes aimed at district hospitals during the SICOT congresses and conferences, on the SICOT website and through the Education Centre in Lahore. At the time of the inauguration of the Education Centre, the WHO Project “Improving Surgical Care through e-learning” was launched and Lahore became a WHO pilot centre.

WHO has in the past considered surgical treatments to be too sophisticated and not suitable for developing countries, but more recently it has drastically changed its approach. It wants to promote good basic surgical care in different specialities, including orthopaedic surgery and trauma, considering the increasing burden of road traffic accidents.

There are at least two programmes concerned with the improvement of surgical care. The first one is called “Global Initiative for Emergency and Essential Surgical Care (GIEESC)” and its working group has met twice: first in December 2005 in Geneva (Switzerland) and then in September 2007 in Dar es Salaam (Tanzania). I represented SICOT together with Syed Awais at the first meeting and Galal Zaki Said at the second. This programme is led by L. Noel and M. Cheerian from WHO, under the supervision of S. Groth, Director of Essential Health Technologies. After having evaluated the needs, priority

was given to improving teaching and training in the main procedures. Among other NGOs, SICOT is recognised as an ideal partner for disseminating the learning material of WHO, thanks to its internationalism, especially through the National Delegates and the SICOT Education Centres.

The second programme is on “Priority Medical Devices”. I was invited as an expert at an informal consultation in Geneva in October 2007. One of the major tasks of this group is to establish what they call “Gaps”. Gaps are defined as disparities between healthcare needs and

The WHO meeting in Dar es Salaam in September 2007





Visit to the future SICOT Education Centre, Muhimbili Orthopaedic Institute, Dar es Salaam

Education Centres. At present, SICOT has the local human resources, knowledge and expertise to establish Education Centres in many countries. In addition, we have senior faculty members ready to take part in local teaching and training missions. The partnership with WHO will enable us to activate and sponsor this programme. The first step is to identify the sites which have the human resources and facilities to create a SICOT Education Centre and, in parallel, to start shortly a pilot project with 3 to 4 centres in synergy with WHO in Asia, the Middle East, sub-Saharan Africa and in the Latin American countries. ■

reality. There is a major concern in evaluating the cross-cutting themes of prevention, diagnosis, therapy and rehabilitation with the availability, accessibility and affordability of appropriate medical devices for different diseases, with a significant burden in low-, medium and high-resource settings.

One of the main problems encountered in orthopaedics is the unavailability of devices and I raised the ethical aspects implicating companies due to the non-affordability of their products. When invited to participate in the permanent working

group on Gaps, I answered positively with the hope that a better definition of the problems and their recognition at an international level may sensitize the stockholders and encourage a pluralistic approach for solutions. The help of National Delegates will be quite relevant in establishing those Gaps. This group is led by J. Hansen and is also under the direction of S. Groth.

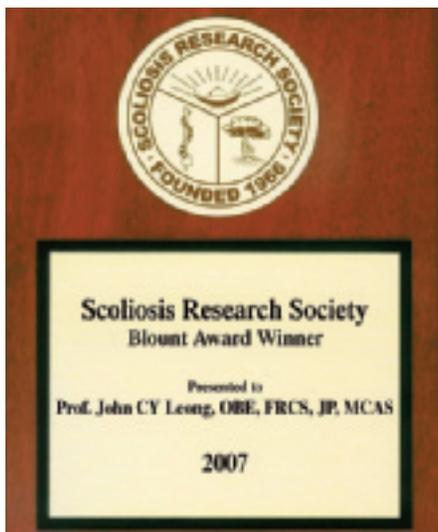
For these two programmes, a close collaboration from both sides between WHO and SICOT is expected. It is also an opportunity to expand the network of SICOT



Prof John C.Y. Leong wins the Walter P. Blount Service Award

Scoliosis Research Society

In September 2007, Prof John C.Y. Leong, Immediate Past President of SICOT, received the Walter P. Blount Service Award from the Scoliosis Research Society (USA) at a combined meeting of the Scoliosis Research Society and British Scoliosis Society in Edinburgh, Scotland.



The Award honours those who act generously out of their sense of service to larger social and professional goals. The SRS membership was asked to nominate those who volunteer their time to related organisations; who offer charity care or reduced fees for poorer patients; who put in time on committee work out of the sense of duty to their institution or professional society.

SRS recognised Prof Leong's efforts to spearhead the development of spinal and scoliosis surgery in Mainland China, starting in the early 1980s, and



Ward round with Prof Lu Shih Bei at the 301 People's Liberation Army (Main) Hospital (mid 1980s)

continuing with visits to demonstrate surgical procedures and give lectures for the following 20 years or so.

Prof Leong has for a long time been concerned with the progress and development of spinal surgery in China, especially in spinal deformity surgery. In the 1980s he gave a number of lectures, organised the Guangdong Provincial People's Hospital and demonstrated operation procedures. He introduced the use of Harrington rods and Dwyer instrumentation for scol-



Guest speakers at West China University of Medical Sciences (now Sichuan University) with Dr John Lonstein, former President of SRS (April 1986)

iosis correction. This led Chinese surgeons to enter a new era of surgical treatment of scoliosis.

Prof Jiakai Zhu from Guangzhou summarises the thoughts of many Chinese spine surgeons: "I feel that without his pioneering spirit and introduction to China of modern scoliosis techniques in the early 1980's, spine surgeons would not be so interested in scoliosis treatment and scoliosis surgery in China would not be where it is today." ■



Demonstrating surgery at the Guangdong Provincial People's Hospital with Dr Chan Zhi Bai (early 1980s)

In Memoriam Prof Robert de Marneffe (1919-2007)



SICOT and the orthopaedic community have lost a great surgeon and administrator in the death of Prof Robert de Marneffe on 28 August 2007. He was born on 1 September 1919. His father was the Medical Director of the Anglo-Belgian Military Hospital in Rouen, France, and met there his mother, a physical therapist from England, in 1916. Later, they founded the Physical Therapy Institute Armand de Marneffe in Brussels.

Robert de Marneffe graduated from the Faculty of Medicine of Brussels University in 1945. He started his speciality training in general surgery with a special interest in orthopaedic surgery. During the same period, he worked on a thesis entitled "Morphologic and experimental study on bone vascularisation". He gained his PhD in 1951, and began his training at the Saint Pierre University Hospital in Brussels, which was attended by Robert Danis at this time. In 1965 he took charge of the Department of Orthopaedic Surgery, part of the Department of Surgery at the Brugmann University Hospital and continued in that role until 1984 when he retired.

He was very active in many different fields. His clinical practise was one of the first in Belgium to use total hip arthroplasty. In his Department, he was surrounded by a valu-

able team of assistants, Jacques Wagner who succeeded him as Secretary General of SICOT and Franz Burny who later became Head of the first independent Department of Orthopaedic Surgery at Brussels University in the "Cliniques Universitaires de Bruxelles, Hôpital Erasme".

Involved since the beginning of 1962 in the Speciality Board of Orthopaedic Surgery at Brussels University, he worked to improve and develop the 'plural' approach to training, involving the heads of all the orthopaedic departments of the main hospitals connected to Brussels University.

He became a member of SICOT in 1957 and succeeded Antoine Bailleux as Secretary General in 1966. He strongly supported the internationalism of SICOT. He remained Secretary General until 1984, when he was elected President at the London Congress. As President, he worked with Sir Dennis Paterson and John Sharrard to renew the SICOT Statutes, making the Society more accessible to orthopaedic surgeons around the world. In 1989, he completed a compilation of the founding documents of SICOT for the celebration of its 60th anniversary. As SICOT was part of his life, he was always eager to give advice on revision of the Statutes and to contribute with

historical work on the Society. He attended the San Diego Congress in 2002.

Prof de Marneffe was active in several related disciplines particularly physical therapy, of which he was a Professor at the Higher Institute of Physical Therapy at Brussels University. He was a member of the Royal Academy of Medicine, President of the Belgian Royal Society of Orthopaedic Surgery and Traumatology, Corresponding Editor of the JBJs and a Foreign Member of the Scientific Council of the "Revue de Chirurgie Orthopédique".

Those who had the opportunity to meet him will remember his direct and frank approach. There was no ambiguity in his words and you could understand instantly if he agreed or disagreed with your ideas. He was very pragmatic and when he adopted a project he was able to overcome any obstacles to its completion. Totally devoted to SICOT, he was a strong supporter of the international fraternity that our society can establish between orthopaedic surgeons, which guarantees that the most advanced research and techniques are developed and applied and that the level of orthopaedic care is increased everywhere in the world. These remain the two fronts of SICOT which he so ardently promoted. ■

Hong Kong TWC 2008

Local Tours

> Morning Tai Chi Class

Date: 25 August 2008 (Monday)

Time: 07:30 - 08:30

Price: HKD 180 per person

Tai Chi, or “shadow boxing”, is a graceful exercise that combines thought and action and is developed from an ancient Chinese martial art. A master will teach the anciently derived art, allowing you to capture the spirit of this art form.

> Hong Kong Island Tour

Date: 25 August 2008 (Monday)

Time: 09:00 - 12:30

Price: HKD 280 per person



The Peak offers a breathtaking panorama of the Victoria Harbour and the Kowloon Peninsula. En route to the southern side of the Island, you will be able to see the Repulse Bay, a popular summer escape for swimmers. Just around the corner is Stanley, which is famous for its relaxed ambience and street market. Shopping at Stanley Market is always fun and there are many bargains to be found.

> Kowloon Experience Tour

Date: 26 August 2008 (Tuesday)

Time: 09:00 - 13:00

Price: HKD 280 per person

The tour will take you to the famous “Jade Market”, an open-air market where tradesmen buy and sell rare stones and finished ornaments. Continue the visit to Wong Tai Sin Temple, where you can pay homage to the blessed “God of Immigrants” and have your fortune told by the wise ones. Finally, step back in time with a visit



to the Hong Kong Museum of History. Its “Hong Kong Story” Permanent Exhibition outlines the folk culture and historical development of Hong Kong.

> Chinese Tea Appreciation Class

Date: 26 August 2008 (Tuesday)

Time: 09:00 - 12:30

Price: HKD 450 per person

Visit to Flagstaff House Museum of Tea Ware located inside Hong Kong Park, this charming colonial house was once the office and residence of Commander of the British Forces. It has been renovated to house a collection of earthenware, gold and porcelain teapots, bowls and trays originating from the Tang dynasty to the present. Tea appreciation encompasses not only an understanding of the important qualities of this revered leaf, but also the contemplative thoughts that tea drinking has inspired throughout Chinese history.

> Lantau Monastery Tour with Vegetarian Lunch

Date: 27 August 2008 (Wednesday)

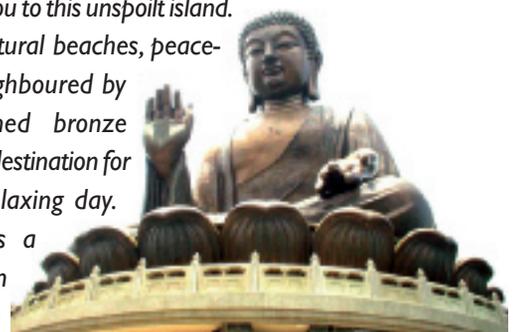
Time: 09:00 - 16:00

Price: HKD 600 per person

A fast and scenic drive along the expressway and the Tsing Ma Bridge soon takes you to this unspoilt island.

Lantau, with its natural beaches, peaceful monastery neighboured by the world-renowned bronze Buddha, is an ideal destination for a peaceful and relaxing day.

The tour includes a Chinese vegetarian lunch at the Po Lin



Monastery. The tour will also take you to Tai-O, a quaint fishing village distinguished by the stilt houses which is inhabited mainly by the Tanka people, descendants of Hong Kong's first settlers.

> New Territories Heritage Tour

Date: 27 August 2008 (Wednesday)

Time: 09:00 - 13:00

Price: HKD 350 per person



A tour around the New Territories shows you the rural aspect of Hong Kong. Step back into the mid-1800s as you enter Tai Fu Tai Mansion, the opulent stately home built in 1865,

and Fan Tin Village. The nearby Lo Wai walled village and Tang Chung Ling Ancestral Hall offer fascinating sights of village life in the New Territories. Another beautiful tradition stems from the enchanting Lam Tsuen Wishing Trees. Local villagers burn joss sticks and incense papers hoping their wishes will come true.

> Macau Excursion

Date: 28 August 2008 (Thursday)

Time: 08:00 - 18:00

Price: HKD 780 per person

An hour's hydrofoil ferry ride brings you to the previous Portuguese enclave - Macau, which was reverted to Chinese sovereignty in December 1999. Inscribed "The Historic Centre of Macau" on UNESCO's World Heritage List, Macau is rich in culture and heritage. You will enjoy visiting the 16th-century Kun Iam Temple and travelling up Penha Hill and Chapel for a magnificent view of the city. The tour will also lead you to the Ruins of St. Paul's Cathedral, Monte Fort, Senado Square and Avenida da Praia Residences.

> Shenzhen Shopping Tour

Date: 28 August 2008 (Thursday)

Time: 08:00 - 19:30

Price: HKD 800 per person

The Shenzhen Special Economic Zone lies across the Hong Kong border on the other side of the Shenzhen River, the natural boundary between the Hong Kong Special Administrative Region and Mainland China. The morning tour includes through train to the boundary, where a road bridge leads into Shenzhen city. Stops in the city include a visit to a kindergarten (school days only) and a local market. Also visit the famous theme parks: Splendid China (which boasts more than 70 famous scenic wonders of China in miniature) and China Folk Culture Village (featuring the folk art, customs and dwellings of ethnic groups). At the Lo Wu Shopping Mall you will see the stylish boutiques or bargain hunting for Chinese arts and crafts souvenirs.



Please contact International Conference Consultants Ltd, for tour booking:

**SICOT/SIROT 2008
XXIV Triennial World Congress**

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More detailed information at <http://www.sicot.org>

SIROT Awards granted at the SICOT/SIROT 2008 XXIV Triennial World Congress

24 - 28 August 2008

Hong Kong



SIROT Prize

- Amount of prize:** USD 3,000
- Application conditions:** Author (or co-authors) of an original work of unpublished research in orthopaedics.
- Documents to submit:**
- Curriculum Vitae
 - Four copies of the scientific work (text and illustrations) or via e-mail in English.
- Deadline:** 1 March 2008
- Conditions for candidacy:**
- The prize winner must register and attend the SIROT meeting in Hong Kong to present a summary of his/her work during the Closing Ceremony.
 - The prize winner agrees to submit his scientific paper for publication to the Editorial Board of International Orthopaedics before June 2008.

SORFI Prize

- Amount of prize:** USD 3,000
- Award objective:** To allow young orthopaedic researchers to acquire and develop new research skills, enabling them to design appropriate research protocols, generally in the basic science fields.
- Application conditions:**
- Current membership in SIROT
 - Not older than 40 years of age
- Documents to submit:**
- Curriculum Vitae
 - Specific fellowship objective
 - A more global objective for future research
 - Letter of reference from:
 - I. The research supervisor at the objective research facility.
 - II. The applicant's current programme chairman, guaranteeing leave of absence for the duration of the fellowship.
- Deadline:** 1 March 2008

All applications and documents for the two awards above must be forwarded to:

Prof Hamish Simpson

SIROT Secretary

Dept. of Orthopaedics - Edinburgh University
The Royal Infirmary of Edinburgh at Little France
Old Dalkeith Road
Edinburgh EH16 4SU
United Kingdom

SIROT Poster Prize

- Amount of prize:** USD 2,000
- 1 prize of USD 1,000
 - 1 prize of USD 600
 - 1 prize of USD 400

The winners will be selected by the SIROT Programme Committee.

Information about the SICOT awards and the Hong Kong TWC 2008 can be found on <http://www.sicot.org>

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