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SICOTNEWS

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

Orthopaedics in Germany



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Chronic Shoulder Pain



AP X-ray

Male patient, 22 years old, complaining of chronic shoulder pain for 2 years, worse at night.

Clinical examination showed non specific pain on movement of the shoulder, with negative instability tests.

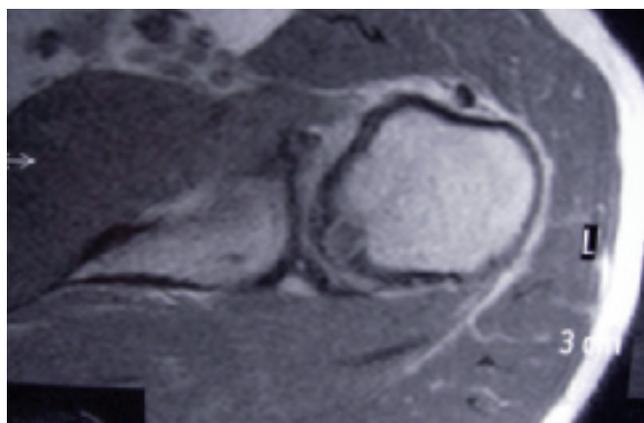
X-rays and MRI are seen below. What do you think it is, and what is your plan?



Lat X-ray



Sagittal MRI



Axial MRI



Sagittal STIR MRI

The answer can be found on page 7.

Author: Dr Hatem Said



Vision and Goals of the SICOT Newsletter

It gives me great pleasure to thank you for electing me to serve as SICOT Editorial Secretary for the next three years (2008-2011). This bimonthly SICOT Newsletter has been published since October 1985, and a monthly SICOT e-Newsletter was launched in October 2008. The SICOT Newsletters are expected to publish news for its members that refers to the past, present and future of SICOT plans, initiatives and services which relate to the academic, professional, technological and social development of orthopaedic surgery and traumatology. The contributions of the authors and editorial team of the previous SICOT Newsletters are very valuable and are acknowledged and appreciated. The present team should make all efforts to maintain the standards achieved in the past, and try to address more professional issues and involve more SICOT Members, National Delegates and Executives and make these Newsletters even better.

With this target in mind, the issues that are expected to appear more in coming Newsletters will include the Manual of Learning Objectives of the Training of Orthopaedic Surgeons, guidelines and educational material for in-training residents and practicing orthopaedic surgeons, the SICOT Diploma Examination, young surgeons' contributions and their professional development, new developments in industry and information technology in the fields of orthopaedics and health care, and the exchange of information about practice of orthopaedics in different countries.

All Executive Members, National Delegates, and SICOT Members are invited to write whatever they think is relevant to achieving the SICOT goals. They may write under specific headings and e-mail Linda Ridefjord at the SICOT Head Office at edsecr@sicot.org or directly to the Editorial Secretary (me) at drsmawais@gmail.com.

The Executive Members and National Delegates are invited to act as guest Editor and write an editorial of 300 words. They may base their editorial on any academic, professional, technological or ethical theme that is related to the field of orthopaedics and traumatology. Their presence on the Newsletter Editorial Board will be very valuable to SICOT.

Syed Muhammad Awais
Editorial Secretary



Orthopaedics in Germany

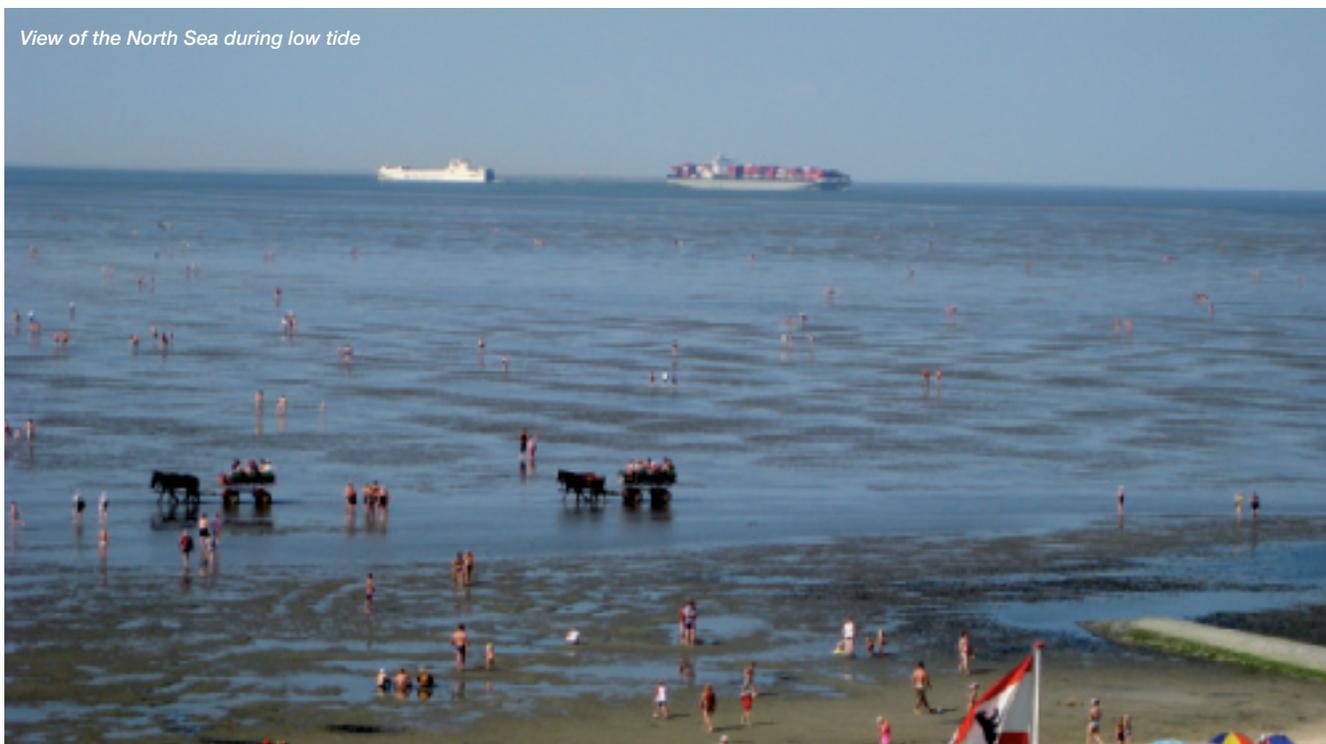
Prof Dr Jochen Eulert
SICOT Secretary General and National Delegate of Germany

Orthopaedics in Germany has two historical roots: non-medical and medical. The non-medical root is mainly influenced by prosthetists, bandagers, splint and device constructors, who were trying to treat orthopaedic diseases and deformations by external correction techniques. Hence, in 1816, the first orthopaedic hospital in the German-speaking area was founded in Würzburg by a device constructor, who was famous beyond Würzburg for his conservative treatment of orthopaedic diseases, such as scoliosis and clubfoot. The medical root originates from surgery and has developed tremendously due to the triumphal progress in orthopaedic surgery, like many other surgical disciplines.

Out of the German Association of Surgery, the German Association of Orthopaedics was founded in 1901, with the task of spreading and deepening scientific orthopaedics.

From this initiative, numerous orthopaedic departments emerged, as well as university hospitals with full professorships. In time a chair of orthopaedics was established at every university. In contrast, trauma surgery remained in close contact with general surgery as a sub-area for a long time. Since 2003, however, there has been a combined new specialty for both orthopaedics and trauma surgery. Implementation admittedly has been accompanied by considerable problems and changes to the hospital structure. This new combined specialty is very broad and is of the highest economic importance. In 2002, the direct costs for musculoskeletal diseases and injuries amounted to EUR 36 billion. This amount is the highest among costs for acute diseases and even surpasses that for cardiovascular, mental and gastro-intestinal diseases. In fact, musculoskeletal diseases are in the forefront of indirect costs for all diseases.

View of the North Sea during low tide





Castle of Würzburg

Our patients are treated according to various hospital categories. The major ones are primary or basic medical care, maximum medical care, and university hospital care. There are many purely orthopaedic hospitals which arose from the non-pulmonary treatment of tuberculosis about 100 years ago. Moreover, there is a large outpatient sector. Many orthopaedic surgeons in private practice use mainly conservative treatment, but their younger colleagues carry out day surgery operations to an increasing degree, partly in private clinics.

In total, 11,880 surgeons perform orthopaedic and trauma surgery. 6,373 of them work in 781 departments of orthopaedic and trauma surgery, 4,942 in private practice, and 565 in other circumstances.

The German section of SICOT was established on the occasion of the SICOT Congress in 1987 in Munich and is an independent association. Annual meetings take place and one of the most essential assignments of this association is to spread the idea of SICOT, namely its international commitment to teaching and education.

For this reason, the German section of SICOT advertises several fellowships and scholarships such as:

The German SICOT Fellowship, for the best two participants with the highest marks in the annual SICOT Diploma Examination. The Fellows have the opportunity to attend selected orthopaedic centres in Germany for four weeks.

The SICOT Trainees Scholarship for German candidates who will be giving an oral presentation at SICOT Meetings. The selection is carried out by a special committee of SICOT Germany.

The Heinz Wagner International Fellowship, which supports young surgeons who would like to attend for four weeks an Orthopaedic Centre, chaired by a Member of SICOT.

Please address your applications to the German section of SICOT e. V. in Erlangen:

Prof Dr Raimund Forst
 Direktor der Orthop. Univ. Klinik
 im Waldkrankenhaus St. Marien
 Rathsberger Str. 57 - 91054 Erlangen - Germany
 Tel.: +49 (9131) 822303 - Fax: +49 (9131) 8523565

Capital: Berlin
Population: 82,249,000
Surface area: 357,021 km²
Official language: German
Major religion: Christianity
Type of government: federal multiparty republic with two legislative houses



No. of orthopaedic and trauma surgeons: 11,880
No. of doctors: 304,000
No. of SICOT active members: 31



SICOT e-Newsletter

Prof Dr Syed Awais
Editorial Secretary

The "SICOT e-Newsletter" was launched at the beginning of October 2008 and will be published on the 1st of every month. This printed Newsletter, already published bi-monthly, will continue as before.

The publication of an e-Newsletter will provide the SICOT National Delegates and SICOT members with more opportunities to publish their scientific and professional experiences and share their views more frequently and effectively.

To maintain the quality of the e-Newsletter, the editorial policy laid down for the printed Newsletter will be followed. However, the authors/contributors of the e-Newsletter will have the freedom to write what they think is true and have the responsibility to guarantee the integrity of their article. Since the editorial process does not allow time for a "peer review",

the readers of the Newsletter are requested not only to read the article but also to review its technical and ethical contents and publish their views in "Letters to the Editor".

In order to achieve the overall SICOT goals, I humbly invite all members of the SICOT Board of Directors and National Delegates to contribute by writing an editorial; country report; committee report; interesting case report; articles on young surgeons affairs, residency training programmes, issues related to professional ethics and quality assurance; news and views, as well as any other issue that will be of interest to others.

If you have not received any issues of the e-Newsletter or if your e-mail address has changed, please contact the Editorial Department at edsecr@sicot.org.

SICOT Forum

All SICOT members are invited to visit the SICOT Forum. To enter the Forum, simply click on "Forum access" at the end of the menu on the left-hand side of the Members' Area on the SICOT website.



The Forum provides a means for discussion among members. It also enables Committee members to prepare in advance the administrative meetings held during every SICOT Conference or Congress and to discuss and prepare topics of importance. Each Committee has its own forum.

The "Members List" in the Forum allows you to find the coordinates of those with whom you would like to discuss a particular topic. The names of all members are available on this list, along with other information such as username, e-mail address, website (if any), MSN Messenger address, position, date of registration, and number of messages posted.

A complete user's guide can be found by clicking on the "help" button at the top of the Forum page.

If you have any questions about the Forum, please do not hesitate to contact the SICOT Head Office at hq@sicot.org.



Orthopaedic Training for Young Surgeons

Dr Hatem Said
Young Surgeons Committee Chairman

In this section of the Newsletter, we want to provide useful information about Orthopaedic training in different countries. This will give a global idea about Orthopaedic training schemes, and information for doctors wanting to visit other countries, for training, fellowships or part of an exchange programme. Each section will be written by a young surgeon about his or her country.

We will keep these articles on the SICOT website, along with some contact emails of local volunteers who can answer questions and give guidance. We will add a section on local travel: Where to go? Which hospitals for which speciality? Where to stay? Best fellowships? ...

We invite you to submit an article about the training in your country and any useful information to be posted on the website. We also encourage you to join the SICOT group on Facebook, where friends can exchange advice and post information about interesting courses and orthopaedic websites they have found.

Please don't forget that, as a SICOT member, you have free access to the HYPERGUIDE, and the 45% discount to the Orthoteers website. Both are great educational tools for the orthopaedic surgeon.

Orthopaedic Training in Egypt

The first stage of training is a three-year residency, which is done at University Hospitals across the country. This starts immediately after the house officer year. During it, the trainee gets a Masters exam and a Degree in Orthopaedics. In those three years the resident is exposed to a wide variety of orthopaedic and trauma procedures, and is competent in performing a big portion of them. After completing this stage, they are allowed to practice orthopaedics as specialists.

A smaller portion of the trainees advance to the second stage of training in the University, a five-year term, at the end of which they receive the MD degree after sitting an exit exam. Those trainees become part of the University staff and are given a permanent post. They are more experienced in Orthopaedics and

Trauma, and they may go into a subspecialty in the final part of training. During the MD portion, they are involved in research projects, related to their subspecialty. They continue in their subspecialty and in turn train younger doctors. Some may progress through research to become Professors in our Universities.

The University Hospitals are thus the main source of training in Egypt, and carry the burden of treating a large number of patients. Anyone interested in visiting as part of an exchange programme should target one of the main University Hospitals: Cairo University, Ain Shams University, Alexandria University, Assiut University, AlAzhar University and others. International fellowships are not widespread in our Universities. However, some individual fellowships are available:

- The SICOT/Assiut University Fellowship offers biannually four African trainees six months to attend in any specialty.
- Assiut University also provides Microvascular and Arthroscopy Fellowships.
- Ain Shams University provides general and specialty Fellowships lasting three to six months.
- AlAzhar University provides an External Fixator Fellowship.

For more information about these fellowships, please go to the SICOT website (Education/Training > Training Opportunities).

Numerous courses and conferences are held during the year in all subspecialties. For further information visit the website of the Egyptian Orthopaedic Association (EOA): <http://www.eoa.org.eg>

Case of the Month

Answer to the question on page 2:

An osteolytic lesion is seen on the lat X-rays, and the axial MRI (medial cortex of the humerus), causing a large reaction on the STIR MRI.

A diagnosis of Osteoid Osteoma was made, and excision through a deltopectoral approach confirmed the diagnosis and got complete relief of the symptoms.



The SICOT Diploma Examination

Mr Anthony J. Hall
Chief Examiner 2002-2008

In the year 1540 Henry VIII of England united the Fellowship of Surgeons with the Company of Barbers to form the Royal College of Surgeons. In those days Surgeons were not even medically qualified and learned their craft during an apprenticeship. In the 18th century, private anatomy schools were set up and an academic basis for surgical practice developed amongst the leading European Surgeons. In 1745 the surgeons broke away from the barbers to form a separate Company of Surgeons and in 1797 they moved into a property in Lincoln's Inn Fields, the Royal College of Surgeons of England. At this time the repertoire of the surgeon was limited by lack of anaesthesia and by ignorance of the causes of infection so that only a small number of operations could be performed.

For many years the Royal Colleges of Surgeons conducted examinations in surgery leading to the qualification of FRCS, Fellow of the Royal College of Surgeons. In the British Isles there were colleges in England, Scotland and Ireland. At first the examinations in all the colleges were similar, trainee surgeons could take the first part of the FRCS (anatomy, physiology and pathology) to obtain part 1 of the FRCS after a period of hospital based training and after further training the final FRCS could be attempted. Once the FRCS was obtained, no further qualifications were needed to practice any branch of surgery. Later, eye surgeons and ear, nose and throat surgeons developed their own FRCS examinations. In the 1970s the Edinburgh Royal College set up an orthopaedic FRCS examination which, after much discussion, was replaced by the Intercollegiate Orthopaedic examination held successively in the colleges of London, Edinburgh, Glasgow and Dublin leading to the qualification FRCS (Orth). This examination consisted of a multiple choice paper, a clinical with one long surgical case and several short cases and finally an oral examination lasting two hours and covering all aspects of Orthopaedic Surgery. Canada, Australia and New Zealand had equivalent examinations and in the United States the Board examinations were similar.

Over the years SICOT has devoted much effort to the promotion of educational projects around the world and in 2002, at

the end of his Presidency, Rainer Kotz asked me to organise an examination for SICOT so that candidates could assess their level of knowledge. The first examination was held during the Annual SICOT meeting in Cairo in 2003. As it was the first examination, it was decided not to charge the candidates. This was a mistake since quite a large proportion of the candidates failed to attend. Nevertheless, sufficient candidates did take part and it was possible to show that we had a reasonably reliable system of assessment of trainees' knowledge. It was decided from the outset that it would not be possible to organise for patients to be present at an international scientific meeting and therefore the examination was restricted to a multiple choice paper containing 100 questions chosen from the STRYKER™ Hyperguide website. The prospective candidates were encouraged to visit this website and study the extensive presentations including multiple choice questions on the site.



The oral part of the SICOT Examination was based entirely on the UK intercollegiate exam. Each candidate was examined for 30 minutes by two examiners on adult orthopaedics and pathology, a further 30 minutes on trauma by two different examiners, children and hands for 30 minutes by the next two examiners and finally on basic science by two more examiners. The results were assessed by a close marking system with a pass mark of 12 for the paper and 6 for each of the orals so that a total of 36 marks were required for a pass. Extra marks in one part of the exam could raise the overall mark if the candidate achieved less than a pass in one section of the exam.

On the whole I am happy with the performance of the examination over the past six years. There are issues to address for the future. In all my years as an examiner in the UK I was never paid but all my travel, accommodation and living expenses were covered. I am concerned that we rely heavily on the goodwill of examiners and are only able to partially reimburse their expenses. Fortunately we now have a reasonably large group of dedicated and hard working colleagues who donate their time to the examination each year. SICOT owes them a great debt of gratitude and I am personally keenly aware of their worth to the organisation. The candidates' difficulty, as ever with an International Society such as SICOT, is the problem of exchange rates. Doctors as a whole enjoy a reasonable standard of living in their own country but may have considerable difficulty in raising funds to pay for the examination to say nothing of the travel costs. The solution probably lies in having differential rates depending on the country of the applicant.

The brief historical introduction to this article shows surgical training and assessment changed very slowly over the first 200 years and that during the next two centuries the process gradually became more structured. During the last fifty years the pace of change has increased up to the point that we have dedicated assessment of the orthopaedic specialist available in a number of countries and now worldwide courtesy of SICOT. I have little doubt that, in a short time, subspecialty examinations will be developed within orthopaedics. SICOT will have to face that challenge when it arises. In my view these probable developments serve to emphasise the importance of SICOT as a global promulgator of all aspects of orthopaedics and traumatology to ensure that the specialist is aware of progress in other branches of his art.

After six years as Chief Examiner it is time for me to step down. Happily, Charles Sorbie is willing and able to take over and it only remains for me to thank not only my splendid examiner colleagues but also Beatrice Chaidron and her lovely team for all their assistance over the last six years.

SICOT Diploma Examination 2009

The seventh SICOT Diploma Examination will take place on 29 October 2009 in Pattaya, Thailand, during the Sixth SICOT/SIROT Annual International Conference and will consist of a written part and an oral part.

The written part will be comprised of 100 multiple choice questions based on the Hyperguide and will last two hours. The oral part, also lasting two hours, will be held on the afternoon of the same day in two slots. Each candidate will be examined by two examiners in each of the four major subjects:

- Adult Orthopaedics and Pathology (30 minutes)
- Trauma (30 minutes)
- Children and Hands (30 minutes)
- The Basic Sciences (30 minutes)

Please note that:

- the number of places available is **limited to 24** and registered candidates will be admitted to the examination on a first come, first served basis;
- registration only becomes effective once the **registration form and payment** have been received by the SICOT Head Office;
- candidates must be **members of SICOT** or in the process of applying for membership at the time of registration. For information about membership application, please go to 'About SICOT > Membership Application' on the SICOT website.

Successful candidates will be presented with a diploma and will be entitled to include the words "Dip. SICOT" after their name.

To register for the SICOT Diploma Examination, please fill in the form on the SICOT website (Pattaya AIC 2009 > Diploma Examination). The registration deadline is **15 March 2009**.

For more information, please contact the SICOT Head Office at hq@sicot.org.



Prof Chadwick F. Smith SICOT President 2005-2008

How would you define your experience as SICOT President?

The SICOT presidency is the apex of my medical career and has stimulated me to continue to work with SICOT's research, education and "outreach". My presidencies of subspecialty societies (and other groups) pale in comparison with the experience and honour of being President of SICOT.

Looking back over the last three years, what achievements stand out?

Achievements:

1. Stimulated small countries to participate in SICOT.
2. Expanded the SICOT Education Centres and added the WORLD BANK and 22 Ministers of Health to work with SICOT.
3. SICOT is the first world organisation of any kind to use worldwide interactive audiovisual education effectively.
4. Addition of 22 subspecialty and international organisations to work with SICOT on outreach, education, and problems common to all these organisations.
5. Stimulated the United States section of SICOT to eliminate onerous and restrictive bylaws that allow the United States to have only 200 members.
6. Formed a cooperative learning group with 20 Middle Eastern countries (this will soon expand into many other countries and locations and expand beyond Orthopaedic Education).
7. Developed a format for Education Centres that will increase the number of members in China and less developed countries.
8. Transferred the entire medical library from Columbia Presbyterian Hospital in New York City to Tanzania.
9. Stimulated many new resident and fellow Associate members by way of the development of a strong SICOT Foundation with great support from the Müller Foundation. We also award more than 20 fellowships per year. We believe these will double every four years.

Is there anything you wish you had done differently?

1. Obtained more new members.
2. Stimulated 5,000 new members from China.

3. Had an increased number of participants attending the Triennial World Congress in Hong Kong.
4. Developed stronger relationships with industry.

You have been a member of SICOT since 1975. What changes have you seen in SICOT? How has the Society evolved?

In 1975 the Society was moribund, and three sections had plans to resign. We now have a dynamic international organisation, which is the oldest true surgical association, and the largest and best of the international organisations.

How do you see the future of SICOT?

The future of SICOT rests with its leaders. We must expand our membership, work with more "sister societies", increase our outreach programmes, work with the governments of all 103 of our member countries, and strongly enhance our cooperation with the commercial industry.

In your opinion, how has the science and art of orthopaedics changed in the last few years?

The science and art of orthopaedics has changed in the last ten years in the following ways:

1. More dependence on laboratory tests (MRI's, etc.) than on a strong history and physical examination.
2. Ethics have changed from having no relationships with industry to a requirement for partnership.
3. Increased participation by women in medicine (60% of medical students in North America are females). This fact lends a more "caring edge" to our organisation.

What are your plans for the future?

My plans for the future are to work with SICOT and to continue the projects I have initiated, one of which is to develop an International Board of Orthopaedic Surgery. SICOT has been a great stimulus for my wife and me to add even more activities to our already busy lives.

16th SICOT Trainees' Meeting

7-9 May 2009 – Kołobrzeg, Poland

Venue

Arka Medical Spa, Sułkowskiego 11, 78-100 Kołobrzeg, Poland (<http://www.arka-mega.pl>)

Call for abstracts

Topics:

- Motion preservation versus arthrodesis (spine, elbow, ankle)
- Management of posttraumatic deformities (elbow, ankle)
- Reconstruction of bone in osteoporosis and metastasis
- Multitrauma management
- Free subjects

Online abstract submission is open via the SICOT website.

The deadline for submission is **31 January 2009**.

Abstracts should be prepared according to SICOT criteria:

- only electronically submitted abstracts will be accepted;
- abstracts must be written in English, with no more than 250 words;
- no graphs, tables, photographs, or slide presentations can be accepted;
- material submitted must not have been published or presented at any national or international meeting before this one.

SICOT reserves the right to change the topic of the abstract or to reject it.

Confirmation of abstract acceptance: 28 February 2009.

Registration fees

Registration category <i>(fees include accommodation and all social events)</i>	Room type	until 31 March 2009	after 31 March 2009
SICOT members	Single room	EUR 150	EUR 150
	Double room	EUR 100 / person	EUR 100 / person
Non-members	Single room	EUR 400	EUR 450
	Double room	EUR 300 / person	EUR 350 / person
Accompanying persons	Double room	EUR 250	EUR 300

Transport

Regular shuttle buses from the airport to Kołobrzeg and back again will be arranged for those participants arriving by plane to Goleniów/Szczecin.

Meeting Secretariat

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More information at <http://www.sicot.orthopedics.pl> after 20 November 2008.

Sixth SICOT/SIROT Annual International Conference

29 October – 1 November 2009

Pattaya, Thailand

Venue: Pattaya Exhibition and Convention Hall (PEACH)



Photo by Joseph Molinari

Australian SICOT Award

Funded by the SICOT Australian section

Awarded since 2004 at each annual international conference and triennial world congress to young surgeons. The three prizes of AUD 3,000 each are to help cover travel and accommodation expenses of young deserving surgeons who otherwise would not be able to attend the SICOT meeting. The award is administered by the Young Surgeons Committee. Candidates must be under 40 years of age and members of SICOT.

Documents to submit: application letter, CV, copy of birth certificate or passport, abstract(s) for the conference (abstract submission deadline: 15 March 2009), and SICOT membership application form (unless already a SICOT member).

Deadline for application: **28 February 2009**

Lester Lowe SICOT Award

Funded by the SICOT Foundation

Two prizes of up to USD 1,000 each and a diploma will be awarded at the Closing Ceremony of the Conference to trainees under 35. The purpose is to allow them to attend a SICOT Annual International Conference.

Documents to submit: application letter stating the cost of an economy return airfare to the conference location, CV, and copy of birth certificate or passport.

Deadline for application: **1 April 2009**

Address for applications:

SICOT aisbl
Rue Washington 40 – b. 9, B-1050 Brussels, Belgium
Fax: +32 2 649 8601
E-mail: awards@sicot.org

Important notice: Candidates may not apply for more than one award for the Conference. Award winners are entitled to free conference registration and must attend the Closing Ceremony on 1 November 2009 to receive their prize.

**Apply for SICOT membership before 15 May 2009 and
save money on your conference registration fee!**

More information about Pattaya AIC 2009 is available on the SICOT website

Editorial Department

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Special thanks to Prof Charles Sorbie

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