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SICOTNEWS

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



Report on the 16th SICOT Trainees' Meeting in Kolobrzeg, Poland



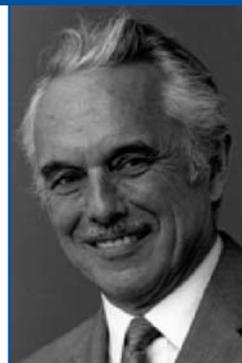
Prof Cody Bünger & Prof Andrzej Bohatyrewicz at the Opening Ceremony

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Prof Maurice E. Müller

1918-2009



Maurice Müller was one of three professionals who have impacted my life in a wonderfully positive way. No orthopaedic surgeon in the history of medicine has improved healthcare at a level comparable to that of Maurice Müller.

Prof Müller was a creative innovator and was instrumental in providing the impetus to change the surgical treatment of debilitating arthritis problems. The National Institute of Health in the United States of America has said that the joint replacement surgery developed by Maurice Müller is the most cost effective treatment extant in medicine. It changes the quantity and quality of life at a level of no other treatment of any kind whatsoever. Certainly, this accomplishment should be enough to leave a legacy. Maurice Müller, however, was not satisfied with the development of joint replacement surgery. He moved to the field of trauma, and revolutionised the treatment of trauma by a combination of innovation, orthopaedic skill, and engineering presence. His legacy, in numerous companies, provides the majority of the treatment for individuals suffering from orthopaedic trauma either major or minor.

Creating treatment that is accepted worldwide for patients with arthritis and the patients suffering traumatic injury did not satisfy the ambition of the world's premier orthopaedic surgeon. Prof Maurice Müller initiated what is perhaps his greatest gift to medicine. He has made the world conscious of "evidence based medicine". After 50 years of pushing, pulling and even yelling, Professor Müller has convinced the world that the treatment should be based on Level 1 data. The world now respects Maurice Müller as the originator and developer of change in the treatment of arthritis and trauma. He has also, in magnificent fashion, taught us that proper treatment is evidence based.

His three great gifts to medicine and to mankind are perhaps surpassed by his gentle personality, and his great ability to teach in the Socratic fashion. We shall all mourn the passing of Maurice Müller, but with pride we shall look at his gifts to orthopaedics, to all teachers, and to all humanity at large.

Article written by Prof Chadwick F. Smith, Immediate Past President of SICOT



Edouard Vander Elst, Kamal Al Hamamsy, Maurice Müller, Bunichiro Kawamuro, Robert de Marnette, Jacques Wagner at the XVI Congress, London, 30 September - 5 October 1984



John Sharrard and Maurice Müller at the XVI Congress in London

Prof Maurice Müller was President of SICOT from 1981 to 1984, and he was known for his compassion and generosity. It is thanks to Prof Müller that the Society grew in stature and reputation. The SICOT community will miss him.



Planning, Organisation, Management and Quality Assurance of Health Care Systems

The **Planning** of the “Health Care Systems” (HCS) of a country is aimed at meeting the health care needs of its society. HCS have three dimensions: (i) length, (ii) width and (iii) depth. The length or cover must be enough to ensure even access to all sectors of the population (rich, poor, urban, rural). The width is the range of specialties that are needed to address all the diseases and health problems of the society. The depth is determined by the technology advances being practised in delivering the health care. Planning is based on available resources.

The **Organisation** of the HCS is based upon three major pillars: (i) The Health Care Delivery Organisations (HCDO)/hospitals, (ii) The Health Care Providers (HCP), and (iii) The Health Care Services. The number and technical abilities of HCDO and HCP are based upon the size and the types of health care problems of the population. On the basis of the technical level of health care, the HCDO are further categorised into specialised, tertiary, secondary and primary health care delivery organisations; and are further divided into three types: (i) the **curative** HCDO, (ii) **preventive** HCDO, and (iii) **combined** curative and preventive HCDO. The HCP are comprised of medical, nursing, allied health and paramedical workforces. The HCP have three essential elements: (i) how they are trained, (ii) how their health care practice is regulated, and (iii) how they are paid. The Health Care Services are organised in accordance with the prevalence and pattern of the diseases and health care problems faced by the society.

The **Management** of the HCS is carried out at: (i) government level by political leaders and civil servants, (ii) HCDO level by the autonomous corporate body comprising all stakeholders including representatives of the HCP, and (iii) department or service delivery level by the HCP alone. According to the **modern thought of public policy**, the laws, rules, regulations and policies are developed by the government with the support of the stakeholders. At the HCDO level, the institutional regulations and policies are developed by the corporate body. At department or service delivery level, the HCP are responsible for laying down and carrying out the written protocols and procedures that are also known as **health care standards**. The effectiveness of the standards is measured to determine the **quality of care**.

Quality Assurance is achieved by reviewing the health care services in three steps: (i) continuous monitoring is performed by the leader of the clinical service unit and is reported on at the end of each calendar year, (ii) the internal review of each specialty health care service is performed by two peers (professionals) of the same specialty after every two to three years, and (iii) the external review or accreditation is performed by a third party after every five to ten years.

In brief, “Health Care Systems” are **planned** in light of: (i) the size of the population, (ii) the prevalence of diseases, and (iii) available resources; which are **organised** on the basis of health care: (i) organisations, (ii) providers, and (iii) services; and are **managed** through laws, rules, regulations, policies, protocols, procedures by the (i) government, (ii) autonomous corporate managements of HCDO, and (iii) HCP. The **quality assurance** of the health care services is carried out by: (i) continuous monitoring, (ii) internal review, and (iii) accreditation.

It is hoped that our readers will find this description useful while considering “Health Care Systems” at National, Provincial, District or Institutional level.

Awais Syed
Editorial Secretary



The Philippines

Prof Dr Ellewellyn G. Pasion
SICOT National Delegate of the Philippines
Secretary General, ASEAN Orthopaedic Association (AOA)
Professor of Orthopaedics, University of the Philippines
College of Medicine - Philippine General Hospital

The Philippines is made up of 7,107 islands covering a land area of 299,764 km². The main island groups are Luzon, Visayas and Mindanao. The capital is Manila. Time zone is GMT + 8 hours.

Population

As of the latest national census in 2008, the population was 82 million. Luzon, the largest island group, accounts for more than half of the entire population.

Climate

From March to May the weather is hot and dry. From June to October it is rainy and from November to February it is cool. The average temperature is 78°F-90°F. Humidity is 77%.

Language

There are two official languages, Filipino and English. The Philippines is the 3rd largest English speaking country in the world. Although Filipino is the national language, English is also widely used and it is the medium of instruction in schools.

Religion

The Philippines is the only catholic country in Asia. 83% of Filipinos are Catholics. Only about 5% are Muslim. The rest are made up of smaller Christian denominations and Buddhists.

History

The Philippines has a rich history combining Asian, European and American influence. Prior to Spanish colonisation in 1521, the Filipinos had a rich Malay culture and were trading with the Chinese and Japanese. In 1898, after 350 years and 300 rebellions, the Filipinos, with leaders like Dr Jose Rizal (the national hero), Andres Bonifacio, Apolinario Mabini and General Emilio Aguinaldo, succeeded in winning their independence from Spain. In 1898, the Philippines became the first and only colony of the United States. After World War II, the Philippines regained its independence from the United States, and became a Republic on 4 July 1946.

THE PRACTICE OF ORTHOPAEDICS

The birth of the Philippine Orthopaedic Association

The distinct practice of Orthopaedic Surgery in the Philippines began after World War II. In 1948, a group of doctors, after training in the United States and England, thought of banding together to form a society, later to be known as the Philippine Orthopaedic Association (POA). The group included Rodolfo Gonzales, Ambrosio Tangco, Jose de los Santos, Augusto Besa, Francisco Aguilar, Luis Martinez, Deogracias Tablan and General Basilio Valdez. They were inducted as the first officers of the POA in 1949. At that time, there were only two institutions with orthopaedic training programmes, the National Orthopaedic



Banaue rice terraces

Hospital (NOH) and the Philippine General Hospital (PGH). Dr Jesus Tamesis established the first residency training programme at the NOH in August 1956. In June 1971, by virtue of a resolution of the University of the Philippines (UP) Board of Regents and introduced by the UP Regent, Dr Ambrosio Tangco (first SICOT National Delegate), the UP-PGH recognised Orthopaedics as a department distinct from the Department of Surgery. This gave birth to the second orthopaedic training programme.

The evolution of the Orthopaedic Specialist

In 1972, the POA officers organised an independent board, the Philippine Board of Orthopaedics (PBO) to regulate the practice of Orthopaedics at the national level. It was given the mandate to accredit training institutions to assure that a high standard of orthopaedic training would be maintained. Trainees who have completed a four-year residency in orthopaedics take a written, oral, and practical examination given by the PBO. Successful candidates become Orthopaedic Diplomates. Only doctors who have finished a 9-year doctoral degree in Medicine and passed the Philippine Licensure Examination may take the four-year Orthopaedic residency. The trainee undergoes rotation in the different Orthopaedic specialties, such as Trauma, Paediatric Orthopaedics, Spine, Hand and Adult Orthopaedics. After completion of the residency, the trainee takes the Diploma Examination. At present there are 20 training centres for Orthopaedics in the Philippines which undergo accreditation on a yearly basis. There are about 40 to 45 resident graduates per year and about 30 to 35 pass the Diploma Examination. The young orthopaedist usually undergoes further training abroad for at least a year in their subspecialty of interest. This is probably where SICOT, through its member countries, can help by offering Orthopaedic Fellowships to our Orthopaedic graduates.



Maria Cristina Falls

The Asia Pacific Orthopaedic Association

The POA has always been active in the establishment of regional Orthopaedic associations in the Asia Pacific region. In 1962, Dr Basilio Valdez and Dr Catalino Jocson took an active role in the formation of the Western Pacific Orthopaedic Association (WPOA), which includes orthopaedic surgeons from Japan, Korea, Taiwan, Australia, New Zealand, Singapore, Malaysia, Thailand, Indonesia, Hong Kong, and the Philippines. The inaugural congress of the WPOA was held in Manila in 1962. The WPOA was later renamed the Asia Pacific Orthopaedic Association (APOA) with the inclusion of China, India, and Pakistan. Triennial meetings are held by APOA.

The ASEAN Orthopaedic Association

In 1981, through collaborative efforts among the orthopaedic leaders of the ASEAN countries, the ASEAN Orthopaedic Association (AOA) was born in Manila. The founding President is Dr Jose M. Pujalte (Philippines). The member countries of the AOA are Indonesia, Malaysia, Philippines, Singapore, Thailand and Vietnam. The AOA has been actively involved in the advancement of orthopaedics in the region for the past 29 years through the collaboration and cooperation of the six member countries. They meet annually for scientific conferences, and promote yearly exchange fellowships among the member countries.

Collaborative efforts with other international organisations

In 1995, the American Orthopedic Association (AOA) / ASEAN Orthopaedic Association (AOA) Travelling Fellowship was also started. The six ASEAN Travelling Fellows spend 4-5 weeks visiting leading orthopaedic centres in the United States and their fellowship ends at the Annual American (AOA) Meeting on that year. For two years, an AOA/EFORT Travelling Fellowship and an AOA/BOA Travelling Fellowship were also ongoing, until they were temporarily stopped last year due to a lack of financial support following the global economic recession.

Other sub-specialty groups

Further developments in the advancement of Orthopaedics in the Philippines continued during this past decade. Specialty societies have been formed starting in the early 1990s. To date, there are ten active subspecialty societies. There are also six regional chapters of the POA representing the different regions of the Philippines. Orthopaedic surgeons, who are practising in the provinces and belonging to a region, form a POA chapter. At present, there are 550 active Orthopaedic Fellows practising all over the Philippines. However, there is a geographic maldistribution, as the majority of them practise in Manila and other big cities. As a result, there are some provinces without any orthopaedic surgeons. This is a problem which the POA and PBO are trying to address. It is another area that SICOT and the Philippine Orthopaedic Association Foundation Inc. (POAFI), which was formed in 2005, could together explore.

SICOT was formally introduced in the Philippines by the late Dr Ambrosio Tangco, who was the first National Delegate of the country. In the late 1970s he led a small Philippine delegation to the triennial SICOT meetings. Now, with more active SICOT promotions and activities, there is growing interest among young orthopaedic surgeons to become involved. We are trying to promote SICOT and encourage our younger orthopaedic colleagues to become members. However, with the global economic recession, payment of SICOT annual dues is the most deterring factor. Financial considerations are still a major concern.

The ASEAN member countries would welcome collaborative activities with SICOT to balance the orthopaedic learning they receive from the American Orthopedic Association and the American Academy of Orthopedic Surgeons. The ASEAN member states could probably explore exchange fellowships between the AOA and SICOT countries, with SICOT and AOA monitoring them. With such a cooperative effort, orthopaedic learning will be enhanced, promoting the advance of Orthopaedics in the Philippines and the rest of the ASEAN region.



Taal Volcano

Population: 82,000,000

Location: Southeast Asia

Surface area: 299,764 km²

Official languages: Filipino & English

Major religion: Catholic

Type of government: Democratic Republic

No. of orthopaedic surgeons: 550 (Fellows of the Philippine Orthopedic Association)

No. of SICOT members: 8



SICOT Forum

The SICOT Forum provides a means for discussion among members. All SICOT members have access to the Forum via the Members' Area on the SICOT website. Once logged in, the "Forum access" link will appear at the bottom of the menu on the left-hand side of the screen.

The Forum also enables Committee members to prepare the administrative meetings held before every SICOT Conference or Congress each year and to discuss topics of importance. Each Committee has its own Forum and Committee members are strongly encouraged to use this online discussion site.

Compared to e-mail, the Forum offers a faster and more private way of corresponding directly with members. Personal messaging on the boards allows for instantaneous delivery to the recipient's private e-mail account. The e-mail message is sent and received entirely through the Forum, so neither the sender nor the recipient needs to open another programme or leave the Forum. Personal messaging also provides both the sender and the recipient with more privacy since nobody's real e-mail address is displayed. Personal messages show only the name of each person.

The "Members List" at the bottom of the page allows users to find the names of other SICOT members with whom they

would like to discuss a particular topic. A searchable list of all members is available, along with possibly other information such as username, e-mail address, website, MSN Messenger address, position, date of registration, and number of messages posted.

To start a new topic in the Forum, browse to the board where you wish to post a message and click on the "new topic" button. This will take you to the "Start new topic" screen, which presents a number of options, the two most important being the "Subject" and "Message" fields. Enter your subject and type (or paste) your message into the main text area. Please note that a message lacking either a subject or a body will not be accepted for posting until it has both. If you are satisfied with your plain text message, you can then post it by clicking on the "Post" button and/or preview it first by clicking on "Preview". However, there are many other options available to make things more interesting.

A complete user's guide is available by clicking on the "help" button at the top of the Forum page.

If you are a member and you wish to find out more or to receive your username (member ID)/password, please contact the SICOT Head Office at hq@sicot.org.



New SICOT National Representatives

since October 2008

Croatia



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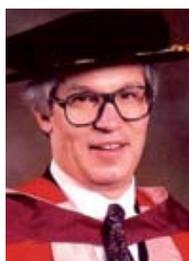


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All National Representatives are kindly requested to visit the Members' Area of the SICOT website regularly to check for updates regarding the SICOT Administrative Meetings.

SICOT Strategy Plan



The SICOT Strategy Plan developed by the SICOT President, Prof Cody Büniger, can be downloaded via the Members' Area of the SICOT website. Prof Büniger would appreciate SICOT members' feedback on the Plan and is looking forward to receiving any comments and ideas at hq@sicot.org.

The username (member ID) and password needed to access the Members' Area can be requested from the SICOT Head Office at hq@sicot.org.



Report on the 16th SICOT Trainees' Meeting in Kołobrzeg, Poland

Prof Andrzej Bohatyrewicz
Chairman of the Organising Committee



The 16th SICOT Trainees' Meeting was held in Kołobrzeg, Poland, on 7-9 May 2009. The Meeting was hosted by Prof Andrzej Bohatyrewicz, Director of the Orthopaedics and Traumatology Department of the Pomeranian Medical University in Szczecin, with the assistance of Dr Andrzej Loranc, Dr Łukasz Kołodziej (Secretary), Dr Maciej Karaczun (Treasurer), and Dr Daniel Kotrych (Director of the Commercial Exhibition). The Meeting was held under the Patronage of the Polish Orthopaedic and Traumatology Society and the Pomeranian Medical University.

The organisers were greatly supported by the SICOT Board of Directors, especially Prof Cody Bünger, SICOT President, Prof Tomas Trc, Vice-President of Europe, and Ass Prof Hatem Said, Young Surgeons Committee Chairman, who personally came to Kołobrzeg and greatly contributed to the high level of scientific presentations and social events at the Meeting. Very active and useful help came from the SICOT Head Office, especially Mrs Béatrice Chaidron. Prof Cody Bünger opened the meeting by greeting the attendees at the venue, Arka Medical Spa. Ass Prof Hatem Said gave the opening lecture about SICOT perspectives for young orthopaedic surgeons.

The 16th SICOT Trainees' Meeting was attended by 510 participants from 19 countries. The main topics were: reconstruction of bone in osteoporosis and metastatic disease, management of posttraumatic arthritis, motion versus arthrodesis and management of polytrauma. The scientific level was ensured by the invited very distinguished, international speakers:

- Prof Winfried Winkelmann from Germany delivered a lecture about reconstruction for bone metastases,
- Dr Martin Huber from Switzerland gave a lecture on total ankle arthroplasty,
- Prof Horia Orban from Romania gave a lecture on limb salvage surgery,
- Prof Cody Bünger from Denmark, President of SICOT, gave a lecture on preservation of motion rather than arthrodesis, in spine surgery,
- Prof Gerhard Schmidmaier from Germany reported on the use of growth factors in the treatment of bone non-union,
- Prof Gershon Volpin from Israel gave two lectures, the first on the treatment of polytrauma patients and the second on ankle arthrodesis with the Ilizarov external fixator.

The contributions from Poland included:

- Prof Mirosław Jabłoński who delivered a lecture on reconstruction of bone in osteoporosis,
- Prof Wojciech Marczyński reported on current trends in thromboprophylaxis,
- Prof Leszek Romanowski presented a lecture on elbow arthroplasty,
- Prof Andrzej Nowakowski delivered five lectures on spine surgery and orthopaedic oncology.

Altogether, 70 lectures were presented. Four workshops on different subjects offered other education opportunities.

The participation of 33 commercial exhibitors and the very relevant sponsorship of seven industrial companies were the determining factors in organising the Trainees' Meeting at Arka Medical Spa. It is a very attractive and comfortable location, optimally equipped for scientific meetings. Good weather encouraged our guests to go for walks along the seashore and to visit beautiful Kołobrzeg. All participants had an optimal chance to get together, meet old and make new friends during the open-air event and banquet.

We all hope that the 16th SICOT Trainees' Meeting in Kołobrzeg will remain a happy memory for all participants for a very long time. Photos from the Meeting are available in the SICOT Photo Gallery on the SICOT website: http://www.sicot.org/?id_page=26



Prof Wojciech Marczyński, President of the Polish Orthopaedic and Traumatology Society, and Prof Andrzej Bohatyrewicz at the Opening Ceremony

What is your diagnosis?

Six-year-old girl presented with bilateral hip swellings. The swellings have been gradually increasing in size over 1 year, but the constitutional symptoms of fever, warmth and tenderness over the swellings have been present for 1.5 months with increasing pain. ESR was 95/140. X-rays show the following (Figs. 1a & 1b):



Fig. 1a



Fig. 1b

What is your diagnosis?

- Soft Tissue Tumour
- Infection with calcific deposits
- Tumoral Calcinosis
- Milk-Alkali Syndrome
- HyperVitaminosis D
- Calcinosis Universalis
- Metastatic Calcification
- Heterotopic Ossification

To read more, please go to the SICOT website:

http://www.sicot.org/?id_page=231

Author:

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Plenary Speakers

We are pleased to announce that the following internationally renowned doctors will be delivering plenary lectures during the Sixth SICOT/SIROT Annual International Conference, a combined meeting with the Royal College of Orthopaedic Surgeons of Thailand (RCOST), which will be held in Pattaya, Thailand, from 29 October to 1 November 2009.



Prof Suthorn Bavonratanavech
“EVOLUTION OF TRAUMA SURGERY”

Friday, 30 October 2009
09:30-10:00
Hall A1-A3

Prof Suthorn Bavonratanavech was born on 19 November 1952. He graduated from the Faculty of Medicine, Chiangmai University in Chiangmai, Thailand, in 1974, having gained a BSc (Honours) degree in Medicine. In 1978, he received the Diploma of the Thai Board of Orthopaedic Surgery (Thai Medical Council).

From 1979 to 1993, Prof Suthorn was an Instructor in Orthopaedic Surgery at the Pramongkutklao Medical College (Army Medical College), Pramongkutklao Hospital in Bangkok. At this Hospital, he was also a member of the clinical staff of the Orthopaedics Department.

Prof Suthorn was formerly the Medical Director of Mongkutwattana General Hospital, a position he filled from August 1993 to 1996. He was also Chief of the Orthopaedic Department of Bangkok General Hospital from 1996 to 2000, and since 2000 he has been working as Orthopaedic Surgeon at Bumrungrad Hospital.

Prof Suthorn is a life member of the Thai Medical Association, Royal College of Surgeons of Thailand, and Thai Orthopaedic Association. He is also a member of the ASEAN Orthopaedic Association, where he was President from 2004 to 2005. He is currently a member of the AOVA (Board of Directors of the AO Foundation) (2006-2009). He was a member of the AO Board of Trustees (1988-1992, 1999-2004 and 2004-2008) and Academic Council (1992-1999) of the AO Foundation, a trustee of the AO/ASIF Foundation (2000-2004 and 2004-2007), President (1995-1997 and 1997-1999) and Secretary General (2000-2008) of AO East Asia, and Chairman of the AO Alumni Thailand Chapter from 2002 to 2005. Prof Suthorn was also President of the Royal College of Orthopaedic Surgeons of Thailand (2004-2006), Founder Member of the Thai Osteoporosis Foundation, and Corresponding Member of the German Trauma Society in 2006.

His published works include *Colles Fracture* in the Royal Thai Army Medical Journal (Volume 31, No. 3, May-June 1978), *The Role of Early Internal Fixation in the Management of Open Fracture* in the Journal of the Thai Orthopaedic Association (Volume 5, No. 1, March 1980), and *Arthroplasty of the Hip* in the Journal of the Thai Orthopaedic Association (Volume 10, No. 1, March 1985). He served as Editor of *Minimally Invasive Plate Osteosynthesis* published in 2006.

Since 1989, Prof Suthorn has been an invited speaker for trauma-related topics as well as AO courses, both regional and international.



Prof Shoichi Kokubun
“SPINE SURGERIES IN THE AGING SOCIETY”

Saturday, 31 October 2009
09:30-10:00
Hall A1-A3

Prof Shoichi Kokubun is Director of the Research Center for Spine & Spinal Cord Disorders at NHO Nishitaga Hospital in Sendai, Japan. He was Professor and Chairman of the Department of Orthopaedic Surgery, Tohoku University School of Medicine in Sendai from 1995 to 2006. He stayed at the University of Hong Kong in 1974 and at the University of Oxford in 1992.

His major research and clinical activities are spine and spinal cord diseases such as spinal deformities and injuries and radiculopathy and myelopathy due to degenerative pathologies. At home, as Congress President, he held the JOA Annual Congress in 2004. Internationally, he was National Delegate of SICOT (1999-2005), Chief National Delegate of the Asia-Pacific Orthopaedic Association (APOA) (2001-2006), and Chairman of the Spine Section, APOA (2005-2008). The 2nd Triennial Congress of the International Federation of Paediatric Orthopaedic Societies (IFPOS) was a great success under his presidency in Sendai in 2001. He is actively participating in the Bone and Joint Decade as a member of its International Steering Committee since 2003.

He has been making every effort to improve orthopaedic surgery, especially spinal surgery, in many Asian countries by

visiting them or by accepting fellows to his university department and research centre for their training. Due to his achievements, he has been granted an honorary professorship from Jilin University in Changchun, China, the Ho-Chi-Minh City Medal from Ho-Chi-Minh City, Vietnam, and an honorary membership from the Royal College of Orthopaedic Surgeons of Thailand (RCOST).



Prof Dr Martin Krismer

“A DIRECT ANTERIOR APPROACH FOR HIP ARTHROPLASTY - TECHNIQUE, POTENTIAL, AND CRITICAL VALUATION”

Sunday, 1 November 2009
09:30-10:00
Hall A1-A3

Prof Martin Krismer was born in Innsbruck, Austria, in April 1955. There, he finished his medical studies in 1979. After training in several Austrian hospitals he qualified as a university lecturer at Innsbruck Medical University in 1996. He was appointed full professor of Orthopaedics and Head of the Department of Orthopaedics in 2001 and Head of the Centre of Operative Medicine at Innsbruck Medical University in 2008.

Prof Krismer has been President of the Austrian Orthopaedic Society and the European Hip Society, and in this function organised the corresponding congresses in 2004 and 2005. He organised also the EuroSpine Congress in 1998. In 1993 he received the Jacques Wagner Award at the 19th SICOT Congress in Seoul, Korea, and the VOLVO Award for Low Back Pain Research at the ISSLS-Congress in Burlington, Vermont, in the United States.

One of his main fields of interest is minimal invasive hip surgery, where he and his colleagues tried to develop the direct anterior Smith Peterson approach to a highly standardised approach for hip arthroplasty. Migration of hip arthroplasties is a further topic, where he has given some input to develop the EBRA software for migration measurement of hip arthroplasties. In biomechanics of the spine he could show that axial rotation creates loads only on half of the annulus fibres and that degeneration of these fibres causes more axial rotation and stress on facet joints.



Dr José Morcuende

“NONOPERATIVE TREATMENT OF CLUBFEET: WHAT’S THE EVIDENCE?”

Saturday, 31 October 2009
15:00-15:15
Hall A1-A3

Dr Morcuende is originally from Madrid, Spain. He studied Medicine at the Universidad Autonoma de Madrid, Spain, where he also did his PhD. He moved to the United States in 1991. He is Associate Professor at the Department of Orthopaedic Surgery and Rehabilitation. His clinical practice is in Paediatric

Orthopaedics and Musculoskeletal Oncology. He is also the Director of the Molecular Genetics Orthopaedic Laboratory, concentrating on the genetics of clubfoot, scoliosis and other children disorders. He has more than 70 publications and has spoken in many national and international meetings. He has been the Chairman of the POSNA Bone and Joint Decade Committee, and member of the AAOS Bone and Joint Decade Committee. He is Director of the USBJD-Clubfoot Project and Past President of the Ponseti International Association.



Dr George Thompson

“PEDIATRIC PELVIC OSTEOTOMIES: INDICATIONS, CONTRAINDICATIONS AND TECHNIQUES”

Saturday, 31 October 2009
15:15-15:30
Hall A1-A3

Dr George H. Thompson is Professor of Orthopaedic Surgery and Paediatrics at Case Western Reserve University in Cleveland, Ohio. He is Director of Paediatric Orthopaedics at Rainbow Babies and Children’s Hospital.

Dr Thompson graduated from the University of Oklahoma School of Medicine in 1970 and completed his residency in orthopaedic surgery at the University of California, Los Angeles, in 1977. In 1978, he had a fellowship in paediatric orthopaedics at the Hospital for Sick Children in Toronto, Ontario. He joined the faculty at Case Western Reserve University in January 1979. Currently he is the co-chairman of the Salter Society, the alumni society at the Hospital for Sick Children in Toronto, Ontario; co-editor of the *Journal of Pediatric Orthopaedics*; and the Scoliosis Research Society representative to the Board of Specialty Societies (BOS) of the American Academy of Orthopaedic Surgeons (AAOS). He serves on the Medical Advisory Board of the Shriners’s Hospital for Children. He is the Past-President of the Scoliosis Research Society (2006-2007, 2007-2008), Past-President of the Pediatric Orthopaedic Society of North America (2002-2003), Past-President of the Ohio Orthopaedic Society (1997-1999), immediate past Deputy Editor of Paediatric Orthopaedics for the *Journal of Bone and Joint Surgery [AM]*, and the past Ohio representative to the Board of Councilors of the AAOS (1999-2005). He is involved in numerous clinical research projects. His major interests have been in the area of trauma, spinal deformities, hip abnormalities, and foot deformities. He has published more than 100 peer-reviewed articles and 80 chapters in textbooks.

To read the abstracts of the plenary lectures, please go to: http://www.sicot.org/?id_page=211

Sixth SICOT/SIROT Annual International Conference

combined meeting with the Royal College of Orthopaedic Surgeons of Thailand (RCOST)

29 October - 1 November 2009
Pattaya, Thailand



Photo by Joseph Malinari



- Date** Saturday, 31 October 2009
Time 06:00 (a morning run is the best way to start the day!)
Fee EUR 15 / USD 20
Registration On-site only. Further details will be published on the SICOT website at a later date.

Keep fit and have some fun while running for a good cause! Take part in the 3-km charity run and help a young surgeon attend the next SICOT meeting in Gothenburg, Sweden!

SICOT warmly thanks
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for supporting this event.



Seventh SICOT/SIROT Annual International Conference

combined meeting with the

Swedish Orthopaedic Association (SOF)

31 August - 3 September 2010
Gothenburg, Sweden

Call for abstracts

Abstract submission will be open from **1 September 2009** to **15 January 2010**.
Please submit your abstracts in English via the SICOT website: <http://www.sicot.org>

More information about Pattaya AIC 2009 is available on the SICOT website: <http://www.sicot.org>

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