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# SICOTNEWS

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

## Prague TWC 2011



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## In Memoriam

# (Frank Burdon) Don Webb 11 March 1931 - 24 May 2010



Don Webb joined SICOT in 1977 and was SICOT Australian National Delegate from 1984 to 1993 and subsequently re-elected from 1996 to 2000 when he was replaced by Brett Courtenay. Don was First Vice President at the time of the wonderful 1999 Sydney Congress organised by Neal Thomson. At the General Assembly in San Diego in 2002 he was made a Distinguished Member of SICOT for his outstanding contribution to the international Society.

He qualified as a doctor in Melbourne in 1956 and did his residency at the Royal Perth Hospital. Between 1961 and 1970 he worked in General Surgery then travelled to England where he completed a fellowship at the Robert Jones & Agnes Hunt Hospital, Oswestry. He returned to Australia by sea as ship's surgeon with Alison, his future wife, as nurse. He was appointed Visiting Surgeon to Princess Margaret Hospital for Children and Orthopaedic Consultant to the Fremantle Hospital where he later became Head of Department.

In 1959 he began a long association with St John Ambulance, later becoming Commandery Lieutenant of the Order of St John

in 1992 and finally a Knight of St John in 1995. In 1996 he was made a Member of the Order of Australia in recognition of his services to Orthopaedic Surgery and St John Ambulance.

He was elected President of the Australian Orthopaedic Association in 1988 and chaired the AOA Continuing Education Committee from 1986 to 1990. He was an examiner for the Royal Australian College of surgeons from 1984 to 1990.

I met Don when I was UK National Delegate in 1991 and we became firm friends enjoying many politically incorrect jokes together. Later, when I became Secretary General, Don became a strong ally who could always be relied upon to inject a little common sense into any debate. He is survived by his wife Alison, their children and grandchildren.

**Anthony J. Hall**

## 2011 SICOT Administrative Meetings

All SICOT National Representatives are warmly invited to attend the SICOT administrative meetings to be held in Prague, Czech Republic, in September 2011. Please make a note of the following dates:

### **Saturday, 3 September 2011**

Executive Committee

Board of Directors with the Chairmen of Committees

### **Sunday, 4 September 2011**

Standing committees

Subspecialty sections

Geographical sections

National Delegates' Banquet

### **Monday, 5 September 2011**

International Council

## New SICOT National Representatives (since October 2009)



**Afghanistan**  
**Mussa Wardak**



**Honduras**  
**Oscar Paz Bueso**



**Singapore**  
**Hitendra Doshi**



**United States**  
**John Dormans**



## SICOT meetings: forums for international networking

I hope you will enjoy the Annual International Conference in Gothenburg. As you may have noticed, the SICOT scientific meetings grow year after year in scientific quality and in international representation. The unique characteristic of the SICOT scientific programme is that it offers not only an updated overview of general orthopaedic knowledge in various fields and in the different areas of the world, but also a focus on the burning issues at the cutting edge of different subspecialties. Also, our international involvement means that the SICOT meetings can provide the best opportunity to approach unusual situations which are of worldwide concern. We are, thankfully, not often confronted with mass casualty events, such as the recent earthquakes. Despite our good knowledge and excellent skills in treating orthopaedic trauma, natural disasters require specific expertise and experience that few of us are able to gain. Therefore, I encourage you to share your experience with the SICOT members who assisted in Haiti and also to help to hammer out strategic approaches with *Médecins Sans Frontières* and WHO to improve the treatment of orthopaedic trauma in such circumstances, during a special symposium on "Natural Disasters" (Friday, 3 September from 10:45 to 12:15 in H1, Swedish Exhibition & Congress Centre).

Don't forget to make a note in your diary of next year's meeting in Prague, Czech Republic. The SICOT 2011 XXV Triennial World Congress will be held from 6 to 9 September. In addition to all the main topics covered during the free paper sessions, plenary and invited lectures, symposia, and instructional courses at the four-day meeting, we will host symposia by seven subspecialty societies, namely the International Hip Society, Scoliosis Research Society, International Federation of Paediatric Orthopaedic Societies, Clubfoot Congress, European Society for Surgery of the Shoulder and the Elbow, World Orthopaedic Concern, and International Society for Minimal Intervention in Spinal Surgery. Leading international experts will discuss the latest developments in lectures on their specialist fields.

Following the introduction of the Friendship Nations programme at the SICOT meetings, with Japan as the Friendship Nation in Gothenburg, and China and the Russian speaking countries in Prague, we can now focus on the orthopaedic practice existent in specific countries and foster mutual knowledge.

I encourage all of you to pay particular attention to these exceptional orthopaedic events and to participate in the future SICOT meetings, starting with Prague in 2011, followed by Dubai (United Arab Emirates) in 2012 and Rio de Janeiro (Brazil) in 2014.

I am also proud to announce that, thanks to the continued efforts of our Editor, Marko Pecina, his Editorial Board and the production team, our journal, International Orthopaedics, has reached an impact factor of 1.825 and the time delay from online publication to final publication is very short. I recommend that you use this international forum to share your future work.

**Maurice Hinsenkamp**  
President Elect



# Orthopaedics in the Czech Republic

**Tomáš Trč**

SICOT National Delegate of the Czech Republic

Czech orthopaedic history started in 1918 when Czechoslovakia was founded. Several famous Czech surgeons were interested in orthopaedics at the time of the Habsburg monarchy, including Prof Eduard Albert and his pupil, Prof Karel Maydl. Prof Albert was an excellent surgeon, a poet and a writer, and Prof Maydl was a great surgeon with valuable qualities. He was the first person in the world to describe Coxa Varo Adolescentium and perform a laminectomy.

The first orthopaedic institute was founded in Prague, very early in 1841, by Dr Spott. It was closed later, partially due to Dr Spott's political activities in the revolutionary year 1848.



Prague Castle

The first orthopaedic clinic was founded in Czechoslovakia in 1923, in Bratislava, by Prof Chlumsky. It was his article on inert materials used in orthopaedics, published in 1905, that made him famous. The first orthopaedic clinic in the capital of Czechoslovakia, Prague, was founded by Prof Tobiasek in 1927. Prof Zahradníček was appointed as head of the clinic in 1933.

The most important part of orthopaedics, which made Czech orthopaedics famous, was the problem of congenital hip dislocation. Hip dysplasia was such a common and frequent problem in the Czech country that CDH was called "Bohemian hips". Treatment problems and complications were solved by Czech orthopaedists in a very creative way. We are proud of Prof Frejka from Brno, the author of "Frejka's splint" for the

treatment of acetabular dysplasia. His method brought a very low frequency of avascular necrosis.

Prof Pawlik from Olomouc, the archbishop's seat in Moravia, suggested a more precise treatment and invented the so-called "Pawlik's harness", used up to the present time. This issue was so popular in the Czech Republic that Prof Zahradníček asked Dr Hanousek to prepare a more accurate treatment of congenital hip dislocation. He made a design of biomechanical apparatus for the treatment of congenital hip dislocation. His original concept was used for both reposition and retention and it is currently being used mainly as a retention apparatus.

Prof Zahradníček had a great influence on the development of Czech orthopaedics. This excellent surgeon started to lead orthopaedics from "plaster surgery" to an independent medical branch, a well developed part of surgery. He was famous for his surgical treatment of congenital hip dislocation, implying a special approach, a technique of varisation, intertrochanteric osteotomy and special osteosynthesis. Prof Zahradníček was one of the founders of SICOT in Paris in 1929. Unfortunately, he was not an efficient writer, so his work is not very well known abroad.

Under the communist regime, contact with foreign countries was rather restricted but orthopaedics has developed satisfactorily. A strict regime has one advantage: it can easily monitor various health problems in the population. For example, syphilis was eradicated because the population was under control, as well as TB and poliomyelitis which were eradicated by means of active immunisation. Prevention and early treatment of CDH were given the same treatment. Every newborn baby must undergo a three-net screening in a maternity hospital, one in the sixth week after the birth together with a clinical examination, now combined with sonography, and in the third month an X-ray examination of the hips is done. We have not seen high luxation for a long time and the treatment was very effective.



Charles Bridge in Prague



Old Town Square, Prague

Although we did not have any contact with other countries after the Second World War, in the time before the Russian invasion, we started to develop our own system of osteosynthesis based on AO and later on a hip replacement made in the Poldi steel factory. These implants have been successfully used until now thanks to the activity of Prof Oldrich Cech and his cooperation with German, Austrian and Swiss orthopaedists. The Czech Republic was the only socialist republic to have its own implants used for osteosynthesis and alloplasty of the hip, and in 1999 the 30<sup>th</sup> anniversary of Czech alloplasty was celebrated.

We should not forget to name other famous Czech orthopaedists: Prof Hnevovsky, Prof Popelka, Prof Stryhal, and Prof Pavlansky, who participated immensely in the development of modern Czech orthopaedics. After the "Velvet Revolution" there were more possibilities for cooperation with foreign institutes and departments dealing with modern orthopaedics.

In the Czech Republic, there are 11 orthopaedic clinics attached to medical schools and more than 74 orthopaedic departments in regional hospitals. Several orthopaedic departments carry out daily work in traumatology of the locomotor system.

The Czech Society for Orthopaedics and Traumatology (CSOT), with more than 500 members, was founded in 1992, after the splitting of Czechoslovakia, from the Czechoslovak Orthopaedic Society established in 1925 in Bratislava. The journal "Collection of Works", issued since 1926, later renamed "Acta Chirurgiae Orthopaedicae et Traumatologiae Cecchoslovaca", is now edited under the supervision of the Czech and Slovak Orthopaedic and Traumatology Societies.

CSOT organises an annual National Congress with important Czech clinics and hospitals. We are very proud that many world renowned orthopaedists have accepted honorary membership in CSOT and that foreign lecturers have already given talks at our congresses.

We are looking forward to welcoming you to the SICOT 2011 XXV Triennial World Congress to be held from 6 to 9 September in Prague. We feel that Prague is a pleasant place to stay and that "Czech hospitality" is not an empty phrase. We invite you to come to the Czech Republic and experience the old Prague atmosphere and become acquainted with Czech culture and modern orthopaedics.



View of Prague

**Location:** Central Europe  
**Population:** ±10,000,000  
**Capital:** Prague  
**Size of country:** 78,867 km<sup>2</sup>  
**Language:** Czech  
**Type of government:** Republic



**No. of doctors:** 36,852  
**No. of medical schools:** 11  
**No. of CSOT members:** 500  
**No. of SICOT active members:** 4

*Reprinted from SICOT Newsletter Issue No. 86 (April 2004)*



# SICOT/WOC Seminar on Postgraduate Training in Orthopaedic Surgery and Traumatology

**Syed Muhammad Awais**  
SICOT Editorial Secretary

The SICOT/WOC seminar on Postgraduate Training in Orthopaedic Surgery and Traumatology was jointly supported by the Organising Committee of the 1<sup>st</sup> Nepal/Japan Combined Orthopaedic Symposium at Pokhara, Nepal, from 18 to 20 February 2010; SICOT; World Orthopaedic Concern (WOC); and the Orthopaedic Association of SAARC Countries (OASAC).

### Background

The SICOT Education Committee has been discussing for a long time how SICOT should increase its role in uplifting "Education and Training" in the world, especially in developing countries, and a basic survey was carried out by Syed Awais in 2007-08.

In May 2009, during a meeting between Syed Awais (Secretary General WOC) and Ger Olyhoek (President WOC) in Arnhem, Netherlands, it was decided that SICOT and WOC would make joint efforts to improve quality of orthopaedic care in developing countries by improving orthopaedic training. The proposal was discussed by Syed Awais with Maurice Hinsenkamp, SICOT President Elect, in Brussels, and it was further agreed to hold a SICOT Seminar in developing countries to start the work.

Meanwhile, in November 2009, on the eve of the Annual International Conference of the Pakistan Orthopaedic Association in Lahore, a meeting was held with Ramesh Prasad Singh, Organising Secretary of the 1<sup>st</sup> Nepal/Japan Combined Orthopaedic Symposium to be held in Pokhara, Nepal, from 18 to 20 February 2010. It was decided to hold the SICOT Seminar on postgraduate training in the field of orthopaedic surgery on 19 February during this Symposium in Pokhara.

The official support for this seminar was given to Ramesh Prasad Singh by the Organising Committee of the 1<sup>st</sup> Nepal/Japan Combined Orthopaedic Symposium, and to Syed Muhammad Awais by the SICOT President and the WOC President.

### Goals of the Seminar

The quality of health care in the field of Orthopaedics and Traumatology needs improvement in the developing countries. To improve the quality of care in the best way possible is to improve the quality and efficiency of the system of education in the field of orthopaedic surgery. The goal of the seminar was to discuss the challenge of improving quality of orthopaedic care in the developing countries, share the experiences of different developed countries and lay down recommendations regarding the following areas:

- i. Minimum standards (framework) of education in orthopaedic surgery and traumatology. Entry requirements.
- ii. Duration of different levels of education in orthopaedics.
- iii. Roles and responsibilities of Faculty and its development.
- iv. Learning objectives/training manual.
- v. Assessments, progression and examinations.
- vi. Minimum requirements for training hospitals.
- vii. Quality assurance of training programmes.
- viii. Relationship of country / degree awarding institution / teaching hospital / training department / programme director / trainers.

It is hoped that the achievement of the above goals will result in improving the orthopaedic health care services.

### Seminar Proceedings

**Chairman:** Syed M. Awais, Member of the SICOT Board of Directors and Secretary General of WOC

**Moderator:** Bachchu Ram, President of the Nepal Orthopaedic Association

**Speakers:**

#### **Thailand:**

Banchong Mahaisavariya, Dean Graduate Studies, Mohidal University

#### **Nepal:**

Ashok Bajracharia, HOD, Bir Hospital

Deepak Mahera, HOD, TUTH

Ashok K. Banskota, B&B Hospital and University

J.R. Panday

#### **India:**

Vijay Kumar Khariwal, MDOCT & Research Center, India

#### **Japan:**

Kousei Yoh, Hyogo College of Med, Japan

#### **Bangladesh:**

M.A Based, Dhaka Medical College & Hospital, Dhaka

#### **Pakistan:**

Irfan Mehbob, HOD of Orthopaedics, SZ Med College, RYK  
Syed M. Awais, KEMU, Lahore

Information regarding the duration of levels of education, learning objectives, assessments, progression and examinations, and certification of training hospitals in each country was provided by the speakers. This information is summarised and published in the June 2010 e-Newsletter which can be read on the SICOT website ([www.sicot.org/?id\\_page=341](http://www.sicot.org/?id_page=341)).

## **Recommendations**

The recommendations were discussed and prepared by:

Ramesh Prasad Singh (Nepal), Takumi Yonezawa (Japan), Pervez Anjum (Pakistan), Raju Vishia (India), Deepak Mahara (Nepal), Kousei Yoh (Japan), R.K. Shah (Nepal), Ashok Ratna (Nepal), Nasee M. Akhtar (Pakistan), Vijay Kumar (India), A.K. Banskota (Nepal), Babu Kaji (Nepal), Irfan Mehbob (Pakistan), Syed M. Awais (Pakistan), A. Based (Bangladesh)

### **1. Entry Requirements**

- Secondary school for 12 years with Biology and Science subjects.
- Entry test (where licensing examination is practiced, it can act as entry test).
- Additional requirements of service may remain optional.

### **2. Duration of Levels of Education**

- India, Nepal and Bangladesh need three-year training programme to provide enough orthopaedic care providers to their people.
- These countries need short duration training programmes for producing service providers and long duration for academicians and researchers.

#### **• Proposal:**

There shall be provision to produce two-year diploma holders with clinical skill training, apart from long duration programmes. These diploma holders may be allowed to re-enter into a long-term programme and will be given a one-year relaxation in training tenure.

All programmes (Diploma, MS/BNB/FCPS/MD/PhD) must be structured and then managed.

### **3. Learning Objectives**

The learning objectives, training manual, log book, guidelines for research and list of mandatory workshops, along with their learning objectives, may be laid down.

1. Framework: 4-examination regular assessments, assignments, workload experience carried out and recorded in the log book.
2. Yearly examination and log book evaluation, ethical practices, general relationship with others - record constitutes basis for promotion to next year.
3. Intermediate examination, if any, may be passed any time before final examination.
4. Research dissertation, thesis, or publication of research paper must be accomplished before the final examination.
5. Final exit examination subjected to three certificates:
  - A. completion of residency training;
  - B. approval of the log book;
  - C. approval of the research work.

Exit examination will be written and oral.

### **4. Certification of Training Hospitals**

There may be minimum requirements for recognition of a teaching hospital and a teaching department for "recognition" of training hospitals and departments to run a Diploma / Residency / PhD / Fellowship (one or all) Programme.

## **5. Quality Assurance**

All programmes must be subjected to three-step quality assurance procedures; i.e.:

1. Self review: regular monitoring of the Programme by the Programme Director in each teaching hospital, resulting in annual monitoring reports.
2. Internal review (peer review): 2- to 3-year periodic review by two peers outside the teaching hospital to review the monitoring reports and to review the ongoing programme.
3. External review (accreditation): every 5-10 years, a third party review of the training department and the programme.

In the concluding session on 20 February 2010, at 11:00, the recommendations were presented to the participants. The following decisions were made:

- Organising a "SICOT Seminar on Postgraduate Training" was the right decision.
- The work started must continue to shape the future of orthopaedic education in developing countries.
- Orthopaedic surgeons in SAARC countries must assist the leaders of medical education and the politicians to shape the future of orthopaedic training as recommended by them.
- The participants of this seminar will voluntarily give their recommendations to Syed Muhammad Awais.

## **Final Recommendations**

Health is no more a regional or national issue, it is an international one. Patients in different countries of the world (developed and developing) must have access to a high quality of health care. In reality, the quality of care available to people in different countries is not uniform. All countries should pay special attention to this gap and make special efforts to narrow and eliminate the gap.

- Professional organisations in the field of Orthopaedic Surgery and Traumatology working all over the world have an obligation to make collective efforts to recommend "frameworks of universal minimum requirements (FUMR)" for providing orthopaedic health care. This will assist the health leaders and politicians of developing countries to elevate their quality of health care to the level of developed countries.
- Professional organisations in the field of orthopaedics could, as a first step, develop FUMR of "Education and Training in the field of Orthopaedic Surgery and Traumatology". This will improve the professional competencies of the orthopaedic care providers and will raise the technical standards of the teaching hospitals. This will also improve the faculty and research, and thus stimulate further new developments.
- The FUMR should address only the key elements of orthopaedic education and training and allow countries to accommodate their local needs.
- The FUMR, when applied the world over, will encourage trainees to travel to training centres in other countries to learn and share their experiences. Similarly, the faculty (trainers) must be encouraged to travel for teaching & training and share their experiences and skills with others in the region.

**The achievement of the above goals will result in an overall improvement in orthopaedic health care services for people around the world, and will promote understanding and friendship among societies/nations.**



# Report on the 15<sup>th</sup> Pan Arab Orthopaedic Congress

**Thami Benzakour**

First Vice President of SICOT  
Past President of PAOA

The 15<sup>th</sup> Pan Arab Orthopaedic Congress was held in Marrakech, Morocco, from 19 to 22 May 2010. About 650 orthopaedic surgeons from 35 countries attended the meeting.

In addition to general orthopaedic and trauma sessions, several symposia were organised on: arthroplasties for hip fractures, mini invasive forefoot surgery, hallux valgus and osteoporosis.

Two other symposia on road traffic injuries and on the spine, including a lecture on spinal cord injuries after the Haiti earthquake, were chaired by Thami Benzakour.

During the Opening Ceremony, three official agreements were signed. The main event was the signing of the "Memorandum of Understanding" between SICOT and PAOA (Pan Arab Orthopaedic Association). It was co-signed by Mohammed H. Darwish, Secretary General of PAOA, Jochen Eulert, Secretary General of SICOT, Samir Karrakchou, President of PAOA, and Thami Benzakour, First Vice President of SICOT.



Handshake after signing the "Memorandum of Understanding" between SICOT and PAOA. From left to right: Jochen Eulert, Mohammed H. Darwish, Thami Benzakour, and Samir Karrakchou

This agreement represents the beginning of PAOA's status as Friendship Society of SICOT and defines common projects and aims, particularly in education.

At the SICOT booth many SICOT application forms were completed and sent to the SICOT Head Office.



Visiting the SICOT booth, from left to right: Jochen Eulert, Mohammed H. Darwish, Samir Karrakchou, and Thami Benzakour



## Reminder: Online Payment of Membership Dues

SICOT members are invited to pay their 2010 membership dues online. We remind members that according to the SICOT Bylaws, "Payment shall be made normally by March 31<sup>st</sup> of any given year".

Payment can be made via the Members' Area of the SICOT website ([www.sicot.org](http://www.sicot.org)), which can be accessed by entering your username (member ID number/e-mail address) and password in the top left-hand corner of the website and pressing the "Login" button. Then click on "Pay your dues online" in the Members' Area.

If you do not have your password, please click on the "Forgot your password?" link above the menu on the left-hand side of the website. You will be redirected to another page, where you will need to fill in your e-mail address. A message containing a link will then be sent to the e-mail address you entered. Clicking on this link will open a new window, where you will be able to choose a new password.

If you have any questions or any problems accessing the Members' Area, please contact the SICOT Head Office at [hq@sicot.org](mailto:hq@sicot.org).



## SICOT MEMBERSHIP APPLICATION FORM

Please complete this form and forward it to the Secretary General by e-mail ([hq@sicot.org](mailto:hq@sicot.org)), fax (+32 2 649 8601) or post (SICOT – Rue Washington 40-b.9 – 1050 Brussels – Belgium). For additional information, please visit the SICOT website at [www.sicot.org](http://www.sicot.org) or contact the SICOT Head Office at [hq@sicot.org](mailto:hq@sicot.org).

### Personal details

Title:  Ass Prof     Assoc Prof     Dr     Mr     Mrs     Ms     Prof     Prof Dr     Prof Sir

Family name: ..... Given name(s): .....

Address: .....

Postcode: ..... City: .....

Country: .....

Tel.: +..... Fax: +.....

Mobile: +..... E-mail: .....

Date of birth: ..... / ..... / ..... (dd/mm/yyyy) Nationality: .....

### Postgraduate training

Institutions: ..... Years: .....

Degrees obtained: .....

Professional details

Hospital(s) to which you are currently attached: .....

Past and present teaching positions: .....

Subspecialty interest(s) (please tick all appropriate boxes):

<input type="checkbox"/> Adult Reconstructive Orthopaedics	<input type="checkbox"/> Knee	<input type="checkbox"/> Spine
<input type="checkbox"/> Foot and Ankle	<input type="checkbox"/> Oncology	<input type="checkbox"/> Sports
<input type="checkbox"/> General Orthopaedics	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Trauma
<input type="checkbox"/> Hand	<input type="checkbox"/> Research	<input type="checkbox"/> Other
<input type="checkbox"/> Hip	<input type="checkbox"/> Shoulder and Elbow	Please specify: .....

### National Orthopaedic Society membership

Are you a member of a National Orthopaedic Society?  Yes  No  
If yes, please indicate which Society: .....

### FOR HEAD OFFICE USE ONLY

National Representative: .....

Signature: ..... Date: ..... / ..... / 20.....

Membership application  accepted  declined

Signature: ..... Date: ..... / ..... / 20.....  
(Secretary General)

### Applying for SICOT membership as

Active Member     Associate Member (under 40 years old)

## MEMBERSHIP INFORMATION

Excerpts from the SICOT Constitution and Bylaws

### **Membership categories**

The Association comprises five membership categories: Active Members, Emeritus Members, Distinguished Members, Associate Members and Honorary Members. A Member of any category who changes country of residence may retain their membership. Such members will become members of the national section of their new country of residence or, if there is no national section, be administered by the Secretary General.

#### **- Active Members:**

Applicants shall be admitted to Active Membership by a vote of the International Council on the recommendation of the Membership Committee. The Board of Directors shall set the maximum number of Active Members from any country. Active Members have the right to vote, to hold office, to sign referenda, to initiate petitions and to sign nominating petitions. They pay the dues laid down by the Executive Committee and approved by the Board of Directors.

#### **- Emeritus Members:**

An Active Member who has reached the age of 70 shall, on request, be made an Emeritus Member. An Active Member who ceases to practice medicine at the age of 60 may apply for Emeritus Membership in writing to the Secretary General. Emeritus Members may take part in the association's activities but are not normally eligible to hold office. The President may nevertheless request that the Board of Directors grant an exception to this rule for an Emeritus Member designated by him. They have the right to vote, to sign referenda and to sign nominating petitions. They are not required to pay dues. They may subscribe to International Orthopaedics for a reduced fee.

#### **- Distinguished Members:**

Active or Emeritus Members who have rendered outstanding services to the association and enjoy an exceptional professional reputation may be appointed as Distinguished Members by the International Council on the recommendation of the Board of Directors. Distinguished Members have the right to vote, to sign referenda and nominating petitions. They are not required to pay dues nor registration fees at association conferences and congresses. They receive all the publications of the Society free of charge.

#### **- Honorary Members:**

On the advice of the Board of Directors, the International Council may confer the title of "Honorary Member" on non-members of outstanding merit. Honorary Members have no seat on the association's Board of Directors.

#### **- Associate Members:**

Young surgeons under the age of 40 are eligible for temporary Associate Membership with privileges that entitle them to participate in all the association's scientific activities and to receive the Journal "International Orthopaedics". They should normally become Active Members after six years' Associate Membership. Associate Members pay reduced dues and registration fees at association conferences and congresses. They have no voting rights.

### **Resignation / Expulsion**

Members may terminate their membership at any time by tendering their resignation to the Secretary General, or by failing to pay their dues within six months of the due date. After having been allowed to state his/her case to the Board of Directors, a Member may be expelled in a secret ballot by a four-fifths majority of the votes cast by the International Council in a meeting called specifically for the purpose. No expelled Member, former Member or heir of a deceased Member has any entitlement to the privileges of the Society. They may not claim any share of the funds, any reimbursement of dues or payment of any other kind.

### **Reinstatement of membership**

A Member who has terminated his/her membership may be reinstated at any time by payment of a penalty. Such payment entitles the Member to receive from then on publications and notices of the Society and to purchase any missed publications, subject to availability.

### **Dues**

The membership term of SICOT is one year, from 1 January to 31 December. Payment of membership dues entitles the Member to receive, without additional charge, all society publications corresponding to the period of the paid dues. Payment should be made no later than 31 March of any given year. If a Member's dues have not been paid within six months of the date on which they fall due, the Treasurer of the Society will transmit a final reminder that will be the final demand. The Member will thereafter be considered to have resigned and will be removed from the roster of the Society. A once-only entry fee is payable by newly elected Members at the time of admission to the Society. Any exemption from or reduction of dues shall be determined by the Board of Directors.

### **ANNUAL MEMBERSHIP DUES**

EUR (exclusive of VAT)	Active Member	Associate Member	Emeritus Member
Annual dues	125	60	-
Annual dues – least developed countries (please see list below)	50	20	-
Additional national dues – United States	75	-	-
Additional national dues – France / United Kingdom	10	-	-
Additional national dues – Japan	40	-	-
Once-only entry fee	50	-	-
Subscription to International Orthopaedics	included	included	55

Members residing in the following countries are entitled to reduced annual dues: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Laos, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Tanzania, Togo, Tuvalu, Uganda, Vanuatu, Yemen, Zambia.



## 2010 SICOT International Travelling Fellowship Report

**Ahmed H. Abdel-Azeem**  
SICOT member - Cairo, Egypt

After having started to work on adolescent and young adult hip problems and the introduction of the concept of Femoroacetabular Impingement (FAI) at our university hospital, I dreamt of having part of my training at the Inselspital, Bern University Hospital, in Switzerland, where the cornerstone of these surgeries was first introduced by Prof Dr Reinhold Ganz followed by Prof Dr Klaus Siebenrock. When I received the honour of being awarded the "SICOT International Travelling Fellowship", my dream came true.

I started my fellowship at the Inselspital on 1 March 2010. From my first day, I sensed the great strength of this institute, which was once headed by two giants of orthopaedic surgery: Prof Dr Maurice E. Müller followed by Prof Dr Reinhold Ganz.

During my stay, I was attached to the "hip team", headed by Prof Dr Klaus Siebenrock. I was able to watch and assist in all types of hip surgeries, especially adult "conservative" hip surgeries. I came across many cases of patients suffering from FAI which were managed by either surgical hip dislocation or hip arthroscopy. I also had the opportunity to learn about different types of pelvic osteotomies especially the "Bernese" periacetabular osteotomy (PAO) that, to my surprise, had an average turnover of 1-2 cases per week. I saw some of the most challenging and complicated cases of hip dysplasia, which were treated by Prof Dr Siebenrock. Moreover, I saw how he applied the "Ganz" technique of "safe" surgical hip dislocation in the management of different hip problems, such as osteochondritis dissecans, tumours, and fractures, besides the FAI. I was also involved in arthroplasty cases, including difficult revision cases managed by the "Ganz" reconstruction ring.



Prof Dr Siebenrock instructing the fellows about the PAO and the application of the Ganz ring. From left to right: Klaus Siebenrock, Haytham Alkhateeb (Egypt), Ahmed Abdel-Azeem (Egypt), and Alejandro Verdugo (Mexico)

Being one of the biggest referral centres for trauma in Switzerland, it allowed me to see more surgeries for the

treatment of difficult cases of fractures of the pelvis and acetabulum in elderly patients.

While attending the weekly clinic, I became more aware of the clinical and radiological assessment of young adult hip problems. I was able to learn all about the perfect "Bernese" Magnetic Resonance Arthrography (MRA).

Prof Dr Siebenrock is a really friendly and respectable man. Although he has a busy clinic with many fellows from all over the world (average 24/year), he paid special attention to each one of us. He was always keen to thoroughly explain every step regarding the management of cases. He made things easier with his simple and well illustrated explanations of the most complicated and difficult technical aspects.

The surgical experience that I gained in Bern is unparalleled. I am really proud of having had part of my training at the Inselspital as I believe that I was able to develop a new understanding regarding the management of young adult hip problems, which I hope I will be able to convey to my colleagues in Egypt.



From left to right: Theddy Slongo, Ahmed Abdel-Azeem, and Klaus Siebenrock at the paediatric outpatient clinic

I would like to thank Prof Dr Siebenrock for his great care and teaching. Also, special thanks go to Dr Lorenz Büchler and Dr Mark Kleinschmidt (senior physicians – hip team) as well as PD Dr Stefan Eggli (knee team leader), Dr Richard Nyffeler (upper limb team leader), PD Dr Martin Weber (foot team leader), Prof Dr Marius Keel (consultant of trauma surgery), and Dr Theddy Slongo (consultant of paediatric orthopaedics) for their help, explanations, and support.

Lastly, I owe a very special thanks to Dr Hatem Said, Young Surgeons Committee Chairman, for his great support and care, which extended from the first day we met, when I told him about my plan to go to Bern, until the end of my fellowship.

## First Announcement

# SICOT 2011 XXV Triennial World Congress

6-9 September 2011  
Prague, Czech Republic



Dear Colleagues, Ladies and Gentlemen,

It is with great pleasure that I invite you to Prague, the capital city of the Czech Republic, for the XXV Triennial World Congress of the Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT). This is the first time Prague has been chosen to host a SICOT meeting, but it ran a successful international conference in partnership with SICOT in 1988, even under the difficult conditions of Communist governance. Indeed, Prague has an important historical link with SICOT. Prof Jan Zahradníček from Prague was one of the founding members of SICOT, when it began in Paris on 10 October 1929.

The Czech Orthopaedic Society appreciates very much that the SICOT International Council, during the 2005 Congress at Istanbul, awarded the 2011 Triennial World Congress to Prague. I believe that the City of Prague's blend of architecture and culture, historic and modern, will inspire you and you will spend much time enjoying our city as well as our scientific programme. Our organising committee will do its best to make you feel very welcome in Prague. We will also give you a chance to get to know the Czech Republic which is a beautiful country.

Our main goal is to create a Scientific Programme covering all aspects of orthopaedic surgery and traumatology. We will invite the most influential current speakers to Prague and feature the most exciting topics of our time. An emphasis will be put on sharing information between East and West, as Prague appears to be, thanks to its location, ideal for this task.

We hope that the medical industry will be pleased with the location of Prague for the Congress, and having the chance to gain new client contacts. A large industry exhibition will bring a concentration of information, instruments, techniques and conversations on patient care, important to all participants.

Allow me to invite you to Prague. I personally and my colleagues from the Organising Committee are prepared to make your stay in Prague unforgettable.

With my best wishes,

**Prof Tomáš Trč**

Congress President  
SICOT Vice President of Europe

## Call for abstracts

Online abstract submission will be open from September 2010 to **15 January 2011** on the SICOT website.

### Main topics

Arthroplasty  
Road Trauma Safety  
Shoulder  
Spine

### Other topics

Biomaterials  
Clubfoot  
Endoscopic Spinal Surgery  
Foot & Ankle  
Hand  
Knee Ligament & Cartilage Repair  
Minimally Invasive Spinal Techniques

Musculoskeletal Trauma  
Navigation  
Osteoporosis  
Paediatrics  
Prostheses & Orthotics  
Thromboprophylaxis  
Tumours

## Registration

Conference registration will open in September 2010.

## Exhibition & Sponsorship

If you are interested in sponsoring, exhibiting, or advertising at the Congress, please contact Lina Salvati:

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Tel.: +1 514 924 3476  
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Skype: ripley9423

More information about Prague TWC 2011 is available on the SICOT website: [www.sicot.org](http://www.sicot.org)

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