



# EFORT NEWSLETTER

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## BONE AND JOINT DECADE 2000–2010: THE IMPACT OF A WORLDWIDE CAMPAIGN

By Sara Martin, BJD Communications Manager

*The Bone and Joint Decade 2000-2010 is a multidisciplinary global non-profit organisation which promotes and implements initiatives aimed at improving the health-related quality of life for people affected by musculoskeletal disorders worldwide. It acts as an umbrella organisation under which these initiatives are developed in partnership with professional and scientific organisations, patient advocacy groups, industry, researchers, healthcare providers and governments.*

The Decade originated with a group of healthcare professionals who felt that the significant impact of bone and joint disorders on society, the healthcare system and the individual urgently needed to be addressed on an international level, with particular focus on the use of resources. Inspired by the success of the Decade of the Brain (1990-2000), which served to raise awareness of the impact of mental disorders and led to significant scientific advances, an inaugural meeting was held in Sweden in 1998. This meeting culminated in a proposal for the Decade of the Bone and Joint from 2000 to 2010 as well as the formation of an International Steering Group comprising 14 experts from various geographic regions and disciplines, a consensus document, and an action plan.

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Prof. George Bentley  
EFORT President 2004-2005

## EDITORIAL

Dear Colleagues

Putting out a magazine is first and foremost an exercise in discipline: each and every issue must be a testimony to the will of the organisation it represents, as well as a furtherance of its public-relations goals. For our part, we are also crucially guided by the aim of promoting dialogue within the European orthopaedic community to which we belong. To this end, each issue will henceforth feature a central topic.

In this issue we will be introducing you among other things to European partner organisations and related professional associations. There's also a special section on "The Bone and Joint Decade 2000-2010", whose activities and accomplishments in the area of communication have much in common with our professional, ethical and social ideals. I heartily recommend a visit to their website, at [www.boneandjointdecade.org](http://www.boneandjointdecade.org).

To be honest, we are not yet fully aware of the interfaces with other professional organisations. How many European associations are capable of enhancing our work? With how many groups should we be seeking to enter into dialogue?

We really should know these things. But no publication can be better than its network of informants. And I count all of you, dear colleagues, among the extended editorial board of this newsletter. So write to us, send us your suggestions, your criticisms, your tips! The more we hear from you, the livelier and more varied the EFORT Newsletter will become. Only you mustn't be disappointed if your 20-page essay is reduced to half a column. After all, concentrating on the essentials is also among the duties of a good editor.

In this spirit I offer you my thanks for your support. I am looking forward to hearing from you.

Yours sincerely

Prof. George Bentley  
President

## TODAY BONE AND JOINT DECADE FOCUSES ON THE FOLLOWING FIVE AREAS:

- Joint diseases
- Osteoporosis
- Back pain and spinal conditions
- Childhood musculoskeletal conditions
- Musculoskeletal trauma, specifically traffic injury

To accomplish its mission, the Decade identified six general targets:

- Raise awareness of the growing burden of musculoskeletal conditions.
- Move professionals, organisations and governments along the continuum from awareness to action.
- Empower patients to participate in their own care.
- Establish best clinical practices for prevention and treatment through multidisciplinary collaboration (e.g. rheumatology, orthopaedics, traumatology, sports medicine etc.)
- Promote cost-effective prevention and treatment.
- Advance understanding through research and development as well as education.

The headquarters of the Bone and Joint Decade and its European-based charitable foundation are in Lund, Sweden, under the chairmanship of Professor Lars Lidgren, MD, PhD, Lund University Hospital.

Within its first year, the Decade gained international recognition with endorsements and support from the United Nations (UN), the World Health Organization (WHO), the World Bank and the Vatican. As of December 2004, a total of 94 nations have become involved with the BJD and have national coordinators in place, and 56 have developed chartered National Action Networks which work together on common issues to advance the mission of the BJD. In addition, more than 750 professional and patient organisations have pledged their support and involvement in the Decade. For information on a specific country's National Action Network, visit [www.boneandjointdecade.org](http://www.boneandjointdecade.org).

The Bone and Joint Decade Action Week represents a week of activities held yearly

in October, with impressive national agendas. Specific days recognised internationally include:

- World Arthritis Day (12 October)
- World Spine Day (16 October)
- World Trauma Day (17 October)
- World Osteoporosis Day (20 October)

In addition, the BJD 24-Global eLecture Series on 14 October offers a 24-hour period during which cutting-edge webcasts from opinion-leaders in the field present a series of online educational lectures available to professionals and patients alike.

## STARTING BLOCKS

Musculoskeletal conditions are the most costly of disease categories, affecting one in three adults, yet they continue to be amongst the least well understood. Furthermore, the financial burden musculoskeletal conditions exert upon healthcare systems is set to increase sharply, with the number of people over age 50 suffering from such conditions predicted to double by the year 2020. In response, the World Health Organization and the Bone and Joint Decade have joined forces to produce “The

Burden of Musculoskeletal Conditions at the Start of the New Millennium”. The technical report establishes the burden of musculoskeletal conditions around the globe and recommends how the problem can be monitored within the framework of the WHO Burden of Disease project. The full report can be downloaded via [http://wqlibdoc.who.int/trs/WHO\\_TRS\\_919.pdf](http://wqlibdoc.who.int/trs/WHO_TRS_919.pdf)

Last year, working collectively with several international organisations, the BJD succeeded in getting the prevention of road



The Tower of Belém in Lisbon is on the UNESCO World Heritage List

## 7<sup>TH</sup> EFORT CONGRESS IN LISBON

### 3800 ABSTRACTS IN ONE WEEK!

Preparations for the upcoming EFORT Congress in Portugal have gone into high gear, with organisers already noting exceptionally keen interest in this major event.

More than 3800 abstracts have been submitted! This number of submitted abstracts is even higher than at the AAOS. In addition to European contributors, we are receiving many submissions from Australia, Asia and North America, as well as a large number of abstracts from India, Israel and Canada. The 74 scientific advisors have reviewed the abstracts during October through to December and rated them with the especially established Abstract Review System (CARS). The list was published on the portal as per 1 January 2005. The organisers have contacted the submitters about their abstract acceptance.

The topics of the instructional course lectures will once again cover the entire spectrum of problems in the area of hip treat-

ment, from vertebroplasty and kyphoplasty to paediatric issues and the effects of radiation therapy on bones.

There are especially great expectations of the “Pro and Contra Symposium”, where discussion will focus on such subjects as “Infection in THA and TKA”, “Osteotomy versus unicompartmental arthroplasty for the knee”, “Arthrosis in the base of the thumb: fuse or replace?” and “Does size matter? Different approaches to pelvic fracture”. See one controversy summarised by Prof. Martin Krismer on page 9.

Is it the featured topics, the irresistible charm of the seven Lisbon hills or Portugal’s fantastic summer festivals which account for this year’s overwhelming response? Organisational successes are typically due to a range of factors; this time perhaps one of the insights shared by all who were in Helsinki can explain it: When it comes to a quality experience, EFORT keeps its promises!

For more information on the EFORT Congress visit our website, at [www.efort.org](http://www.efort.org). ■



traffic injury on the UN agenda for the first time. As a result, the UN Stakeholder Forum on Global Road Safety was established to mobilise international action for road safety, and the theme of the 2004 WHO World Health Day was "Road Safety Is No Accident". Hundreds of organisations around the world hosted events on 7 April 2004 to spotlight available strategies for preventing traffic death and disability. In addition, the WHO devised a five-year strategy for road traffic injury prevention to keep the awareness campaign rolling after World Health Day 2004. The "World report on road traffic injury prevention" is available at

[www.who.int/worldhealthday/2004/infomaterials/world\\_report/en/](http://www.who.int/worldhealthday/2004/infomaterials/world_report/en/).

In 2002-2003, working in collaboration with EFORT, the World Orthopaedic Osteoporosis Organisation (WOOO) and the International Osteoporosis Foundation (IOF), the BJD surveyed orthopaedic surgeons across Europe to determine their familiarity with osteoporosis care. The results were presented at the EFORT 2003 Annual Congress in Helsinki during a special symposium entitled "Orthopaedic Surgeons ARE Missing the Fracture Opportunity: Can We Change This?" A rapid response from the IOF and the WOO culminated in the issuing of recommendations for orthopaedic surgeons managing fracture patients in order to identify and treat those suffering from osteoporosis. The survey findings are available at [www.boneandjointdecade.org/news/efort\\_helsinki\\_200306\\_dreinhofer.ppt](http://www.boneandjointdecade.org/news/efort_helsinki_200306_dreinhofer.ppt) and the treatment recommendations at [www.boneandjointdecade.org/news/efort\\_helsinki\\_200306\\_johnell.pdf](http://www.boneandjointdecade.org/news/efort_helsinki_200306_johnell.pdf).

The European Bone and Joint Health Strategies Project, supported by the European Community and completed in 2004, is a collaboration between the BJD, EFORT, EULAR, the IOF and other experts from the fields of rheumatology, orthopaedics, public health and health promotion from all EU member countries. The project, which aims to shape EU policies regarding musculoskeletal conditions and

to develop health strategies from prevention to rehabilitation to be employed at national, regional and local levels with an eye to reducing the burden of disease, has just published its final report, "European Action Towards Better Musculoskeletal Health: Turning Evidence into Everyday Practice", available at

[www.boneandjointdecade.org/news/articles/european\\_action\\_better\\_musc\\_health.pdf](http://www.boneandjointdecade.org/news/articles/european_action_better_musc_health.pdf)

Other examples of current BJD projects include the 2004 European Arthritis Research Survey, a survey of the prevalence of arthritis and joint pain in Europe, and the EuroHIP Project, endorsed by EFORT and supported by the Bertelsmann Foundation and Centerpulse/Zimmer. EuroHIP is aimed at comparing various healthcare management approaches in a range of European countries with regard to decision-making processes, overall treatment results and cost-effectiveness of THR. To accomplish this, a European collaborative database is being established. For more information see

[www.boneandjointdecade.org/news/eurohip.html](http://www.boneandjointdecade.org/news/eurohip.html)

#### A MEAN TO COMMUNICATE

The Musculoskeletal eCooperative (MSeC) project, of which EFORT is a key member, brings together 13 musculoskeletal societies in Europe and South America under the auspices of the BJD on a shared Internet portal. The BJD MSeC portal provides society members with access to unique medical content and online communication tools, as well as putting them in contact with nearly 15,000 other orthopaedic surgeons and rheumatologists worldwide. Member societies include the British Society for Rheumatology, the British Orthopaedic Association, the Brazilian Society for Rheumatology, the Danish Orthopaedic Society, EFORT, the Finnish Orthopaedic Association, the Icelandic Orthopaedic Association, the International League Against Rheumatism, the Norwegian Orthopaedic Association, the Nordic Orthopaedic Federation, SICOT,

the Swedish Orthopaedic Federation and the Swedish Rheumatology Federation.

The group works together to develop online educational content such as continuing professional development (CPD), forums on best clinical practices, evidence-based medicine resources, BJD MSeC faculty reading lists, online journals, monthly eLectures by keynote speakers and conference highlights. Several CPD tools are already available via the portal, including a case-based interactive library of orthopaedics and rheumatology cases with CME credit, an evidence-based medicine search tool providing access to a comprehensive collection of Cochrane guidelines and the Orthopaedics HyperGuide, to name just a few. To access the BJD MSeC portal, go to [www.efort.org](http://www.efort.org)

#### FROM AWARENESS TO ACTION

The initiative of the international medical and patient community aims at reducing the burden of these conditions around the world, and the sampling of the BJD's diverse projects provided here is a step in the right direction. Nevertheless much remains to be done. In the words of Prof. Lars Lidgren, BJD Chairman: "We are nearly halfway into the Decade, and recent impressive achievements have been made, but the time has now come to harvest our initial work and move into a more action-oriented agenda." EFORT is a key partner in this mission. ■

## BONE AND JOINT DECADE

### ANNUAL REPORT

The 2004 Annual Report is downloadable from

[www.boneandjointdecade.org/news/bjd\\_annual\\_report\\_2004.pdf](http://www.boneandjointdecade.org/news/bjd_annual_report_2004.pdf)



Annual World Network Conference in the capital of the People's Republic of China

## BONE AND JOINT DECADE 2004

WORLD NETWORK CONFERENCE, BEIJING, CHINA

In September 2004 over 600 doctors, academics, patients and government health officials attending the BJD Annual World Network Conference as well as the Chinese-Speaking Orthopaedic Surgeons' Conference gathered on the Great Wall at Juyongguan near Beijing to open the meeting, of which the theme was "Bone and Joint Decade On the Move". All participants walked for one hour on the Great Wall to highlight the importance of physical activity for health.

The Chinese Ministry of Health joined the event, welcoming delegates and thanking the BJD for choosing to hold its meeting in the People's Republic of China. As the Minister noted, "It has vast symbolic meaning for us to have this opening ceremony staged on the Great Wall - a representation of the historical legacy and the wisdom of our ancestors. We must work together for our common benefits - science, civilisation and human well-being."

Delegates from 45 countries participated in several strategy workshops at the Beijing meeting, the Presentations and Action Lists from which can be found at [www.boneandjointdecade.org/news/beijing2004/index.html](http://www.boneandjointdecade.org/news/beijing2004/index.html)

The 2005 BJD World Network Conference will be held in Ottawa, Canada from 27-29 October in conjunction with the Arthritis Standards of Care Conference. For more information e-mail [bjd@ort.lu.se](mailto:bjd@ort.lu.se) ■





## EFORT-INTERNA CONGRESS FLASHBACKS

### 2004 GERMAN ORTHOPAEDIC CONGRESS: SETTING AN ETHICAL COURSE

The 2004 German Orthopaedic Congress and the Annual Convention of Accident Surgeons were attended by 5926 registered participants, nearly 500 more than the year before! Visitors were treated to exhibits by 200 companies with 1253 presenters spread out over 5000 square metres.

Congress Chairman Professor Stefan Sell used his opening address to launch an appeal to the medical community: "We need to concentrate our energies so as not to leave any of the chronically ill behind", he said, referring to the hindrances experienced by German internists and orthopaedic rheumatologists in their efforts to collaborate. Picking up this problem, Prof. Volker Ewerbeck, DGOOC, warned in his speech against the dangers of a modification of health care, defined only by managers with their eye on the bottom line.

It is up to orthopaedic specialists, he said, to determine whether they prefer to be business people or physicians.

Prof. Sell noted the importance of imaging processes to the BVO and suggested that patients would experience the greatest therapeutic benefits from a direct link between clinics and the providers of such processes, as demonstrated by the use of ultrasound, particularly on the shoulder.

These topics are of crucial interest and deserve further discussion - opportunity for which should come at the latest between 19 and 22 October in Berlin, when the first joint congress of orthopaedic specialists and accident surgeons will be held under the banner of "Laying Foundations - Building Bridges". Please visit [www.orthopaedieunfallchirurgie.de](http://www.orthopaedieunfallchirurgie.de)

### FORZA ITALIA:

#### 89TH SIOT NATIONAL CONGRESS IN NAPLES

The Società Italiana di Ortopedia e Traumatologia (SIOT), the Italian professional association, held its 89th congress at

the "Mostra d'Oltremare" from 24 to 28 October 2004 in Naples under the co-chairmanship of Prof. Giuseppe Guida and Nado De Sanctis.

The first day of the Congress featured working sessions involving 22 speciality associations. In the evening participants were treated to the inauguration of the strip of coastline by Castel Sant'Elmo, a site of breathtaking natural beauty.

The Congress was dominated by two main themes, "Bone transplantation and replacement and factors influencing bone growth", and "Angular and rotational deformities of the extremities", both of which were discussed at the plenary sessions. Fifteen reports were also presented. Afternoon sessions included 46 operations.

Communications sessions were also held, on subjects chosen by SIOT and assigned to participants for oral presentation in eight different auditoria.

The six instructional courses, led by the presidents of the speciality associations, were also well attended. The undisputed



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high point came on 26 October 2004 at the EFORT symposium chaired by Prof. Nikolaus Böhler on "MIS and artificial hip joints", alongside a host of other symposia on medical technology.

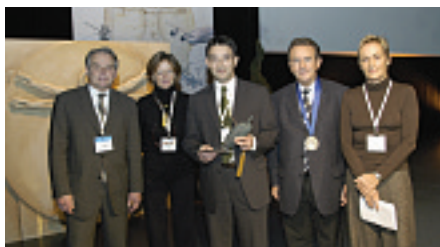
Participation totalled 3600, not counting a healthy number of companions, and the fair portion of the event boasted 200 exhibitors. The social programme was as diverse as the Congress itself, and featured two prestigious events: the Presidents' Dinner at the Royal Palace of Capodimonte and the "Cena Sociale" at the Sala della Meridiana. The Congress's scientific quality and gala social occasions combined with the hospitality of the city of Naples to make the 89th National Congress of the Italian Association of Orthopaedic Specialists and Traumatologists an unforgettable event for all participants.

#### 79TH SOFCOT CONGRESS IN PARIS

The 79th national SOFCOT Congress was held from 8 to 12 November 2004 at the Palais des Congrès in Paris. The organisers' declared goal was to raise attendance fig-



ARAO Trophy, Mme. Mouilleseaux Directrice Générale, Dr. S. Levante, Prof. M. Mansat, Dr. J. Dubousset



General Health Award, Dr. H. Judet, Dr. O. Guyen, 2 representatives from "Générale de Santé" and Prof. M. Mansat



Best Paper Award, Dr. J.M. Cognet, Prof. M. Mansat

ures while at the same time offering room for a speciality day.

The first symposium, led by Prof. B. Augereau and Prof. P. Mansat, was dedicated to "Total Elbow Prostheses". It was followed by a symposium on "Fractures of the Forearm in Adults and Children", with Prof. T. Judet and Prof. P. Lascombes chairing. The mix of topics at this traumatology meeting encouraged the development of new connections between the traditionally linked areas of orthopaedic surgery and traumatology in both adult and paediatric medicine.

The roundtable discussions also provided a unique opportunity, with the first event for instance featuring a top-level consideration of the future of our profession and its ethical ramifications. ■

## GERMAN BLUE BOOK ON OSTEOPOROSIS

*A German Blue Book (called Weissbuch) on osteoporotic fractures was released at the Annual Conference of the German Orthopaedic and Trauma Surgeons (DGOOC / BVO / DGU) held from 20 to 23 October 2004 in Berlin.*

The book covers all aspects of diagnosing and treating patients with osteoporotic fractures in order to prevent further fragility fractures. It was inspired by the results of a survey carried out by the IOF (International Osteoporosis Foundation) and BJD (Bone and Joint Decade) which identified serious awareness deficits on the part of physicians, as well as insufficient treatment of patients.

Fragility fractures are often caused by unrecognised or untreated osteoporosis. The problem afflicts one half of all women and, astonishingly, around one third of all men above the age of 50. The medical and psychosocial sequelae of such fractures are severe. While osteoporosis is not a direct cause of death, a lack of appropriate treatment can lead to diminished capacity and even invalidity, and thus to a substantial decrease in quality of life. The results for the society at large are no less severe. The Blue Book looks at Germany to exemplify the social ramifica-

tions of the disease. In a rapidly aging population, osteoporotic fractures have become a socio-economic burden with an estimated cost of up to ten billion euro.

The stratified nature of the affliction is of central significance, since sufferers from osteoporosis who have already experienced a fracture are at considerably greater risk for further incidents of the kind. Ideally, the treatment of osteoporosis patients should go beyond attention to acute fractures to include therapy for the underlying situation so as to prevent these follow-on fractures occurring. Often enough, however, such complementary factors are not a part of the treatment concepts for patients with fragility fractures, which results in the risk of a considerable under-treatment of such patients. Studies show that up to 95% of all recipients of ambulant or stationary care who have suffered a fracture have not been examined for osteoporosis. The 2003 guidelines of the German osteology umbrella association (DVO), along with a series of other guidelines issued by various professional osteoporosis organisations, afford a look at the subject that goes beyond the Blue Book.

The Blue Book can be downloaded at [www.efort.org](http://www.efort.org). ■



## CONTROVERSIES AT THE 7<sup>TH</sup> EFORT CONGRESS

### INFECTION IN TOTAL HIP AND TOTAL KNEE ARTHROPLASTY

By Prof. Karl Knahr

#### ONE-STAGE OR TWO-STAGE EXCHANGE ARTHROPLASTY?

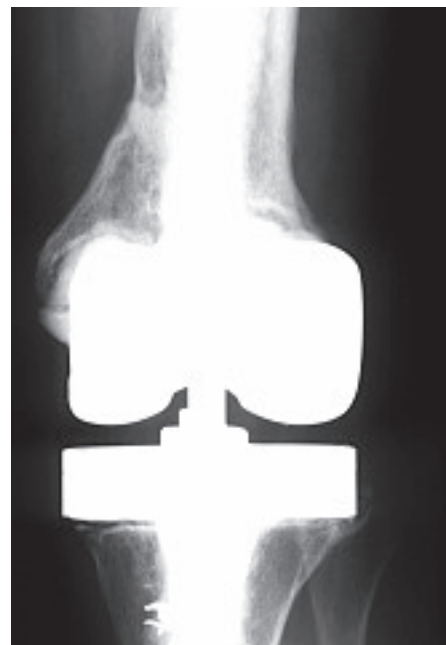
Periprosthetic infection is a severe complication after total hip and knee replacement. Since the 1960s the rate of infection has decreased from more than 9% to between 0.5 and 2%. Despite this tremendous improvement, mainly due to sufficient antibiotic prophylaxis, the optimum treatment of infected joint arthroplasty is still controversial.

Concerning the challenge of diagnosis, symposium participants are asked to make statements about the importance of laboratory parameters, bone scans, joint aspiration, culture and histological evaluation.

The hot topic of discussion will be one-stage versus two-stage revision. We will also consider an alternative approach to infected hips and knees and ask whether there are different regimens for cemented and cement-free implants.

One-stage revision includes removal of all foreign materials, debridement and re-implantation of a new prosthesis during one single procedure. The advantages of one-stage exchange are lower patient morbidity as well as lower costs due to the absence of a second hospitalisation and surgery. The micro-organism's antibiotic sensitivity should be established prior to surgery. Therefore one main question will arise: Is there an indication for one-stage revision if the bacteria responsible have not been identified?

As for two-stage revision, two-stage exchange arthroplasty seems to be more effective than the one-stage procedure. Nevertheless, the time between the two surgeries may compromise patient mobility. A special issue is constituted by antibiotic-loaded spacers: are they a preferable alternative to improved local treatment, and do they allow early patient mobilisation? Is



57-year-old female patient, one year after surgery, severe osteolysis of the cementless implanted distal femur. Two-stage exchange using a cemented spacer.

Due to severe ligamentous instability implantation of a constrained knee joint after 8 weeks of antibiotic treatment.

there still any indication for antibiotic beats?

In addition to all these surgical interventions, a sufficient antibiotic treatment is mandatory. Special problems will arise if it is not possible to identify the bacteria by culture. Members of the panel will be asked how they would proceed in this situation. Periprosthetic infection is an infrequent but serious complication of joint arthroplasty. Although surgical techniques and treat-

ment methods have improved during the past four decades, the correct diagnosis of such an infection and the use of established treatment principles (using algorithms) should help to further increase the success rate. ■

# OSTEOPOROSIS

## BONE AND JOINT DECADE

*Our specialisation has seen a lot of development since the merger of orthopaedics and accident surgery. We have decided to focus below on a few aspects of osteoporosis therapy, a topic that concerns us all.*

## OSTEOPOROSIS – THE TICKING TIME BOMB

“Health Politics” is the title of an exemplary Bone and Joint Decade patient information site which does not mince its words in a message to the general public. “Clearly, osteoporosis is manageable, and fractures are avoidable - but we should be much more proactive in addressing the problem. First we must realise that sound bones are established early in life. By age 20, 98% of a woman’s skeletal mass is established. Therefore it’s crucial to have proper early nutrition, a high intake of calcium and vitamin D, and plenty of weight-bearing exer-

cise. Second, healthy adult lifestyles including exercise, excluding smoking, and practicing modest alcohol use are preventive. Third, if you’re 50 and a woman with risk factors, you need a bone density scan. Fourth, if you suffer a hip, wrist, or back fracture, you require a complete evaluation for osteoporosis, and you will likely benefit from strategies to increase bone formation and decrease bone resorption. Finally, more research and education are essential.” Good points, Dr. Mike Magee. We all agree, and we will pass them on to our patients.

## RISK FACTOR: LDL CHOLESTEROL

An Italian study (Obstet Gynecol 2003; 102:922-926) provides new evidence of a connection between cholesterol levels and bone density. The study involved measuring the bone density and cholesterol levels of 1203 post-menopausal women, with an average age of 54, following a 12-hour fast. Risk factors for osteopenia also included

subject age, time since inception of menopause and body-mass index (BMI). Measurements of bone density at the lumbar vertebrae showed osteopenia in 217 women (or 16.6%), in 15 of whom it had already advanced to osteoporosis. LDL cholesterol levels proved to be a statistically significant risk factor for osteopenia. Women with a plasma LDL value of at least 160 mg/dl were more than twice as likely to present reduced bone density than subjects with LDL values below 130 mg/dl.

## DEVELOPMENT OF NEW BONE TISSUE

The 2004 Compendium of Orthopaedics and Accident Surgery, produced in Stuttgart, gives fresh hope to women suffering from severe osteoporosis. Since 2003 it has been possible not only to halt bone deterioration, but to reverse it. Applied subcutaneously in small doses on an intermittent (once daily) basis, teriparatid (Forsteo<sup>®</sup>, Lilly Germany), based on human

**Lectures - Cadaver lab - Affinis - Anatomical - Copeland Cup - Delta - Durom Cup - Epoca - Univers**



It is now the 4<sup>th</sup> time we have organized this workshop in Vienna. From the beginning it was our intention to establish a course with theoretical information and spending at least 50% of the course time in the cadaver lab. A special feature of this course is to provide realistic medical training by the excellent facilities at the Anatomic Institute of the Med school here in Vienna. By having fresh frozen specimens available we have the opportunity to provide realistic surgical training. This course provides the possibility to implant different types of prostheses.

## Faculty

S. Copeland, A. Gerber, A. Hedtmann, W. Huber, F. Landsiedl, N. Matis, L. Seebauer, C. Wurnig, P. Zenz

## Date

February 25<sup>th</sup> - 26<sup>th</sup> 2005

## Course language

English

## Approbation by DFP

## Program in short (inclusive 8h Cadaver workshop)

Surface replacement Arthroplasty of the Shoulder, Surgical approaches, Implantation of the following prostheses: AFFINIS, ANATOMICAL, COPELAND CUP, DELTA, DUROM CUP, EPOCA, UNIVERS, Glenoid-replacement, Anatomy and biomechanics of the shoulder joint and shoulder prostheses, Fracture prosthesis, Preoperative planning, Management of complications, Aftertreatment, Hands on Cadaver workshop

## Location

Anatomic Institute, Medical School Vienna  
Währingerstraße 13, A-1090 Vienna

## Sponsors

Arthrex, Biomet, Johnson & Johnson, Mathys, Zimmer

## Course fee

inclusive Cadaver lab 750 €, lectures only 200 €

## Further information

<http://www.shoulder-course.info>

Fax Form (to ++43 1 801 82 299, Mrs. Mag. Susanne Kubak, office@arthroskopie.at)

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parathormone, activates osteoplasty and inhibits osteoblastic apoptosis. The production of new bone matter, the reconnection of trabeculations and the increase in cortical density lead to the development of new weight-bearing bone tissue.

*Jiang et al., J Bone Mineral Res, 2003, 18 (11): 1932-1941*

#### **CORTICOID-INDUCED OSTEOPOROSIS: HIGH COMPLIANCE WITH IBANDRONATE THERAPY**

*Intravenous ibandronate therapy offers an acceptable alternative to oral bisphosphonate treatment, conclude the authors (Johann D. Ringe et al.) of a study carried out at the Klinikum Leverkusen at Cologne University.*

The study involved 104 patients who had been receiving a daily cortico-steroid dose of upwards of 7.5 mg for at least two years. Almost all subjects had suffered at least one vertebral fracture. Bone density and degree of back pain were measured using a four-level scale.

The group receiving ibandronate treatment saw a significantly higher increase in bone density after 24 months than did the control group. By the study's end, their lumbar vertebral bodies showed a roughly sixfold higher bone density than those subject to alfacalcidol. The femur neck exhibited a roughly fourfold higher bone density, while bone density in the calcaneus was double. Both groups experienced a reduction in back pain over the period as a whole.

At the study's end 85 percent of those subject to ibandronate treatment presented significant decrease in pain, while in the oral therapy group this rate was only 50 percent. During the course of the study, the group subject to ibandronate treatment presented only half as many new vertebral fractures. However, there was no difference in the non-vertebral fractures suffered by the two groups. Significantly more patients lost body mass with alfacalcidol treatment. Hypercalcemia, closely correlated with bone loss and fracture risk, occurred almost four times as often with alfacalcidol therapy. The number of side effects overall was

not significantly different, with 19 percent of those receiving ibandronate and 17 percent of those receiving alfacalcidol terminating their participation prematurely.

#### **BONE AND JOINT DECADE 2004 ANNUAL REPORT: A GLOBAL PERSPECTIVE**

The 2004 Annual Report communicates core Bone and Joint Decade messages and goals and current areas of development, and highlights recent international and

regional accomplishments. "For Every Challenge There is a Global Perspective: Annual Report 2004" demonstrates the will of Bone and Joint Decade to illustrate the broad spectrum of activities that make up this worldwide initiative to advance understanding of musculoskeletal conditions and to improve quality of life for those affected by such disorders. Downloadable as PDF. [www.boneandjointdecade.org/news/bjd\\_annual\\_report\\_2004.pdf](http://www.boneandjointdecade.org/news/bjd_annual_report_2004.pdf) ■

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Prof. Nikolaus Böhler  
EFORT past president

## LEGAL AFFAIRS

### A BREAKTHROUGH

*The European Arthroplasty Register (EAR) is still a baby. But it is very strong and growing fast, and has already found its place on most European markets.*

It all began in 1975 in Sweden, at a meeting of the Swedish Orthopaedic Society, where a nationwide multi-centre study was started. The aim was to prospectively monitor endoprothetic knee surgery, and the initiative was to become the Swedish Knee Arthroplasty Register. In 1979 a Hip Register was set up in Göteborg's Sahlgrenska University. The other Nordic countries followed, Finland in 1980 and Norway in 1987. The Scandinavian Registers became a major source of data for the assessment of implant quality.

### STANDARDISATION ON THE HIGHEST LEVEL

EFORT started the European Arthroplasty Register, chaired by EFORT's past president Prof. Nikolaus Böhler, in 2001. From 1998 on, Romania, Moldavia, Slovakia, Turkey, Austria and Germany set up the Registers in close cooperation with EFORT/EAR. The French Register is in the process of organisation.

2003 was a benchmark in the history of the initiative, with Romania and Slovakia presenting their first annual reports and Germany and Austria starting a regional test phase.

The goal of this cooperation is - as part of a Europe-wide knowledge transfer - to standardise documentation on the highest possible level. EAR offers a central service providing, for example, product data lists and evaluations of common datasets. Adding a supranational level of evaluations (comparisons between European countries and establishing survival curves based on the datasets in their entirety), EAR will definitively lead to new scientific conclusions. And then of course there is also the development of an early warning system for implant failures.

The impact of the registers has already been considerable. EAR confirms the national average of a 93.5% survival rate after seven years, and, aiming to achieve a reduction in revision rate, EAR deploys a range of instruments. Besides the publication of results in reports, it offers a huge platform for wide-range discussions at congresses, symposia and meetings. The revision rate will also be reduced, with surgeons focussing on the best implants: in 1979 the Swedish market counted 60 different implants, while in 2001 only five different implants accounted for a market share of 70%.

### EXCELLENT COMPLIANCE BY SURGEONS

The implementation of a successful European Register calls for the support of the Orthopaedic and Trauma Societies as well as of the various national health systems.

A further, decisive success factor is of course compliance on the part of surgeons. Cooperation to date has been gratifying and can largely be chalked up to the fact that the European Arthroplasty Register increasingly frees orthopaedic and trauma specialists of a great administrative burden.

For an in-depth look at the National Arthroplasty Register visit the EFORT website at [www.efort.org](http://www.efort.org) >Public>Research and see under Sciences=>Arthroplasty Registers.

Participants in the 7th EFORT Congress in Lisbon will have the opportunity to attend the EAR session headed by Prof. Nikolaus Böhler and Dr. Gerold Labek. ■

### BELGIUM – EUROPEAN UNION: UPGRADING THE RISK CLASSIFICATION OF IMPLANTS

*By Dr. Juha Nevalainen*

Upgrading the risk classification of hip, knee and shoulder implants has become an important issue not only for EFORT. Because of a political decision to upgrade the risk class of breast implants from class II b to class III, the urge to upgrade risk

classes of other product groups has also arisen. The need for these requirements stems from mishaps with certain products in the past.

The EU government appears to favour upgrading, while industry is clearly against it. There are some simple questions to be answered. What about small or minimal product changes? When is a product considered new? When does it require clinical trials? What about premedical require-

ments? Is the question of tribology and its role likely to arise in the near future?

The actual trend will increase the requirements for clinical trials - especially with hip, knee and shoulder implants. New guidelines for clinical trials will be released by the Commissions. The process has started. The question remains, however: Is the voice of the Orthopaedic Community strong enough to be heard in this debate? ■

## INDUSTRIAL NEWS

### SWISS PRECISION:

#### MATHYS AG IN BETTLACH

Mathys employs over 320 people worldwide and this figure is growing - in the last 12 months alone their headcount has risen by over 45%. The company has nine international subsidiaries and distributors and agents in 30 countries.

Since the international internal fixation division of the company was transferred some time ago to its long-standing market partner Synthes, the family-owned company Mathys AG Bettlach has been concentrating completely on the development and manufacture of implants and instruments for joint replacement in the hip, knee and shoulder.

Following its traditional conviction, Mathys AG has placed partnership with European doctors at the centre of its activities. "Your European partner in orthopaedics" is therefore not just a slogan that the company today applies to its comprehensive range of products for orthopaedic surgery. Today, along with modern production sites in Switzerland, Mathys also has its own bioceramics production facility in Germany.

The Articula® shoulder system, the balanSys™ Uni knee system, the CBC hip stem and the expanSys® expanding cup are a few examples - Mathys offers a broad portfolio of the most modern joint prostheses made of steel, polyethylene, cobalt-chromium or titanium alloy and aluminium ceramic. All designs are developed in close collaboration with users and are based on the medical state of the art. Further information is available at:

[www.mathysmedical.com](http://www.mathysmedical.com) ■

### HAPPY BIRTHDAY, EUROMED

EUROMED celebrated its 25th anniversary on 30 November 2004 in Amsterdam. After the merger with IAPM (International Association of Prosthesis Manufacturers) in 1999, the "new" EUROMED represents over 4500 business entities, some 52 multinational medical technology manufacturers and 25 pan-European associations. The scope of the Association not only comprises

economic issues, but also legal and regulatory affairs, standardisation, environmental matters and supply-chain management, in the medical technology industry. They boast a wide range of products, from syringes and bandages to wheelchairs, hearing aids, cardiac implants and dialysis machines. ■



## NETWORKING

### HEALTH FIRST EUROPE DEBATES ON PATIENT MOBILITY

Health First Europe (HFE) is an alliance of patients, experts, healthcare workers, academics and industry representatives. Its aim is to ensure equitable access to modern, innovative and reliable medical technology and healthcare. This should be regarded as a vital investment in Europe's future.

HFE perceives pan-European patient mobility to be a generally positive development. The organisation calls on the European Commission and the High Level Group of Patient Mobility to devise strategies so as to take advantage of this phenomenon to the benefit of all stakeholders. HFE supports and encourages efforts to ascertain the reasons for the growing trend towards patient mobility access in the EU. They also call for research into the possible effects of patient mobility on national healthcare systems and their patients in general. Health First Europe identified a number of obstacles to patient mobility and believes there is a need for further examination by the European Commission and High Level Group on patient mobility.

For over a decade now, the "International Day of Disabled Persons" on 3 December has served as a reminder of the challenges on the road to full integration of persons with disabilities, politically as well as socially and economically. Further information is available at [www.healthfirsteurope.org](http://www.healthfirsteurope.org) ■

## LAST NEWS

### 6TH ANNUAL EULAR CONGRESS OF RHEUMATOLOGY IN VIENNA

EULAR will host (from 8 - 11 June 2005) its Annual Congress in Vienna at a time when the meeting has become the premier scientific event in rheumatology for a large part of the world. As in previous years, presentations of the state of the art in our field as well as new insights into basic science, clinical research and therapeutic interventions will be the focus of the programme. The pace at which rheumatology research is advancing guarantees that the Scientific Committee will be able to select novel achievements, create a list of new topics to complement the information obtained in previous Congresses and present lectures by world leaders in our specialisation. There will also be plenty of room for poster presentations and discussions to ensure the highest level of interaction among rheumatologists. Further information is available at [www.eular.org/eular2005/index.cfm](http://www.eular.org/eular2005/index.cfm) ■

# THE 72<sup>ND</sup> ANNUAL MEETING OF AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

WASHINGTON, DC, 23 TO 27 FEBRUARY 2005

*As part of the new Guest National Program, Spain will be the featured Guest Nation this year. There are other good reasons to attend this one-of-a-kind meeting:*

## EDUCATIONAL OPPORTUNITIES.

There will be more than 1100 educational opportunities at the Annual Meeting, ranging from basic and cutting-edge research to the delivery of 435 original scientific papers and the staging of 479 poster presentations, 34 symposia, 180 instructional courses and 78 scientific exhibits.

## SPECIALITY DAY.

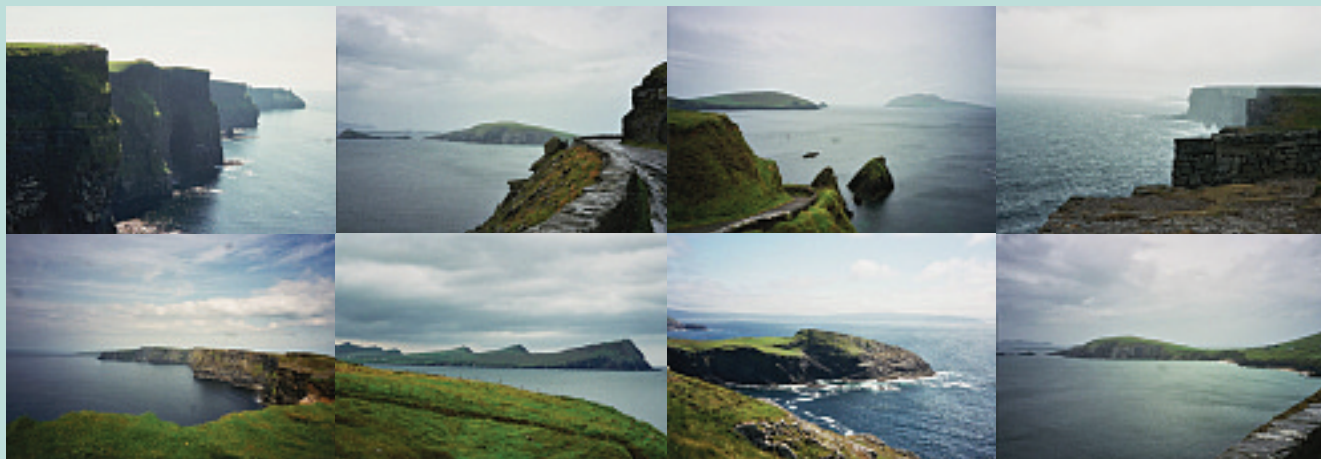
On Saturday, 26 February 2005, a scientific programme will be presented by organisation-members of the Council of Musculoskeletal Specialty Societies (including Hip and Knee, Sports Medicine, Shoulder and Elbow, Hand, Spine, Tumours, Rehabilitation, Trauma, Paediatrics and Arthroscopy). Each society has its own educational programme.

## INTERNATIONAL PRESENCE.

The number of targeted international offerings has grown. An international orthopaedics symposium with international speakers and global, cutting-edge topics and issues will enjoy excellent attendance.

## VISIT EFORT IN HALL B, CONCOURSE B2

Like last year, you can visit us at the EFORT booth in the complimentary section of the congress centre. And you can also visit the AAOS booth during our upcoming 7th congress in Lisbon. We're looking forward to meeting you there! ■



## EFORT TRAVELLING FELLOWSHIPS

Good news for connoisseurs of salmon and single-malt whisky: after a total of 16 young orthopaedic surgeons took part in 2004 in Prof. Rob GHJ Nelissen's exciting programme at Leiden University in the Netherlands, the next group in spring 2005 will move to the Republic of Ireland from 12 to 19 June. Please ask your national society for further information! ■



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## Partnerships



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<sup>1</sup> Hofmann A et al. 10- to 14-Year Clinical Followup of the Cementless Natural-Knee System. Clin Orthop, 388:85-94, 2001; <sup>2</sup> Hospital for Special Surgery; <sup>3</sup> Range of Motion.