



EFORT NEWSLETTER

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Florence - bridges between EFORT and Europe. Image: By courtesy of "APT FIRENZE"

FLORENCE – NEW BRIDGES TO EUROPE

You might think of this issue as our special Tuscan edition. After all, we believe Florence is more than just a congress venue. The city of bridges also has symbolic value for EFORT, which will be convening in Florence to continue building a new Europe for orthopaedic surgeons. At the coming Congress, enhanced member solidarity, closer ties to patient organisations and fresh scientific perspectives will be more than simply discussion topics: they will serve as the programme for which implementation strategies and a series of practical projects are developed. Florence will thus mark a milestone on EFORT's journey, already on course for its historic meeting place. In his editorial, Professor Wolfhart Puhl, President of EFORT, shares his vision of the road to our goal: becoming a leading global association of physicians that transcends borders and builds bridges. Welcome to Florence!

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Prof. Wolfhart Puhl
EFORT President
2006-2007

EDITORIAL

MESSAGE FROM THE PRESIDENT OF EFORT

Dear Colleagues,

Through your national delegates, you have elected me as EFORT President for 2006-2007 to work for the benefit of EFORT, the membership societies and the European Orthopaedic family.

It is an honour for me to have your confidence. I view my election as a clear mandate to think and act solely in your interests for the "European family of orthopaedists" and not in isolated national or even personal terms.

In line with our statutes, this work needs to be carried out in close collaboration, characterised in particular by transparency and democracy, with my colleagues on the Executive Committee of EFORT as well as with our Central Office and those specialists who accomplish for us the tasks we are unable to perform personally but which are indispensable for the smooth functioning of EFORT.

To this end I consider it an article of faith that the development of EFORT be viewed and planned over the long-term, and that we should not be overly influenced by fads. After all, our aim and duty is to provide care to those suffering from musculoskeletal disorders and injuries throughout Europe, at a constant level of high quality in keeping with the latest findings.

The way to accomplish this goal involves creating a good working situation for all of us in our clinics and practices, for without a satisfactory work situation it would be impossible to persuade sufficient numbers of young colleagues to devote their lives to the noble calling of Orthopaedics. For all the work that remains to be done, however, we can view our prospects throughout Europe with considerable satisfaction, secure in the knowledge that the number of people requiring assistance from Orthopaedic specialists is continuously rising. In other words, the public needs us! That said, they need us above all to provide

excellent training, performance and motivation for our young trainees which is the indispensable basis of affordable high-quality healthcare over the medium and long-term.

As we analyse the data and prepare our arguments in favour of improved training and education at Universities and in clinics, we are not fighting primarily for ourselves but rather for all our fellow Europeans who make use of orthopaedic services already or will in the near future require such services whether in the form of diagnosis, conservative and operative therapy, rehabilitation, social medicine or industrial medicine.

In order to proceed in a unified and standardised manner, we must comprehend the labour situation of all our member countries, and we must co-ordinate our efforts. In this we are aided by the **EFORT Portal** which you will be hearing about in a systematic fashion. Now under new management it is capable of delivering what we require: it can provide us with all the information we need, make available summaries of meeting and Congress planning, host discussions and connect us all in one big informational exchange network. A **Portal manager** at the Central Office will be assisting us in these aims, and will act as liaison officer.

Your Executive Committee has heeded your questions and suggestions by continuing its work on expanding EFORT European publications for use to us all. A decision has been made to create a **new EFORT textbook** and also to consider a new **EFORT Journal** in addition to the present newsletter and other publications concerning Congresses and Instructional Courses.

It is rare - if ever - that we get the chance to come together and our National Delegates meet only at their General Assembly, which scarcely allows for the exchange of useful information and considerations for the future.

In order to further solidify our network we must **familiarise ourselves much more with our various healthcare systems** in order to understand the different conditions under which we work, and thus truly develop a European Orthopaedic Network - the pre-requisite for working together in harmony.

For this reason I proposed the first **strategy meeting for national delegates**, together with the representatives of the all-important **Specialty Societies** - which now has taken place for the first time in Geneva. This was a very successful step, thought to be urgently needed by all concerned, and was the beginning of an intensive round of group discussions. Since we have come to recognise that the crucial consideration of healthcare systems and preconditions necessary for patient care has only just begun in selected parts of Europe, the **General Assembly decided to form a working group on the topic**. You will be briefed on its aims - it requires the input of all member societies.

Another crucial matter is determining which collaborations enhance and accelerate our goal-orientated work at EFORT.

After only brief but productive meetings we have initiated cooperation between EFORT and EULAR: we have already been represented at the EULAR Congress in Amsterdam by an EFORT presenter and we will be holding an EFORT/EULAR symposium at the EFORT Congress in Florence (11th - 15th May 2007), to be followed at the subsequent EULAR Congress by a comparable event.

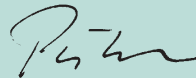
In preparation for the **Florence Congress** also is **cooperation with our major patient associations** which will bring us closer to those who place their trust in us at our own Congresses, and together we will make a public showing and thus develop the political capital needed to meet our goal of optimised patient care. I also see potential collaboration in those goals we share with Industry, especially with its research and development arm. In many ways we are partners: consider merely the relationship of price and performance as well as the realisation that a more expensive service today can be the best solution in terms of the overall costs of long-term care, both for individuals and for the economy as a whole.

But we must not restrict our efforts at collaboration to the medical technology sector only. The pharmaceutical industry, too, requires our cooperation so as to ensure that our work conforms to everyday realities. That is where the selection of topics at our Florence Congress will help.

It became clear to all of us in the course of discussions held at the strategy General Assembly in Geneva just how much work lies ahead of us and what enormous costs will incur. At the same time, however, we realised the importance of our association's financial health of our main source of income - our congresses. Excellent scientific and organisational work with financial management have led to great improvements over the past years. In order to work more effectively and expeditiously on all of your goals, we have **decided to hold an annual EFORT Congress** and decided a **Core PCO** stabilising the necessary data-bank of EFORT and giving a more stable economical situation - a necessary basis for EFORT's further stable evolution, in summary the improvement of the healthcare in musculoskeletal diseases and trauma. Thus it is our goal to hold a major Congress in 2008, in order to raise more funds for the effective representation of your interests.

We have a lot of work to do together. I will keep you up to date in each Newsletter.

Cordially yours,



Prof. Wolfhart Puhl,
EFORT President

FLORENCE IN MEDICAL HISTORY: A WALKING TOUR

by Yves Schumacher

Visitors with a taste for art have countless guides to Florence at their disposal, filled with tips and background information. But what about the traces of medical history - are they also visible in this art-lover's paradise? EFORT NEWS went looking for an answer and discovered a side of the city mentioned in scarcely any of the travel books.

Florence is a contradiction in the history of medicine. For while it would be out of proportion to speak of an independent Florentine school, or to suggest that the city exerted anything like a significant influence on Europe's medical progress,



"Istituto e Museo della Scienza at the Piazza dei Giudici in Florence" (Image by courtesy of the museum).

yet Florence is a veritable goldmine for visitors interested in the history of art and medicine. And although Florence may have been a scientific wallflower compared with Padua and Bologna, the city on the Arno suffered from no deficiency of excellent physicians during the Middle Ages. Indeed, the number of doctors per capita, and thus the local population's access to medical care, was exemplary, with twelve practitioners for every 10,000 Florentines in 1339. The era was characterised by alliances between "fisici" and "chirurgici",

as well as associations linking doctors and apothecaries, a practice frowned upon elsewhere on account of the "Constitutiones" issued by Friedrich II in 1231. On the other hand, throughout the 13th century Florence was without an academy (the University of Florence was not founded until 1348, as the plague raged), and it went without a proper medical faculty for even longer. For this reason, the most gifted Florentine physicians, such as Taddeo Alderotti (c. 1223 - 1295) and Dino del Garbo (around 1280 - 1327), left their hometown and taught medicine abroad.

Its lack of professors did not prevent Florence from establishing model sanitary facilities early on. These administrative measures must be understood in light of the major epidemics of the 14th century, an era in which Tuscany was afflicted by some two dozen scourges: in addition to the plague, chronicles mention bouts of dysentery, the pox and influenza. The "otto di



The belltower of the Duomo, designed of by Giotto. By courtesy of "APT FIRENZE"

custodia", originally deployed by the Medicis as a secret police force-cum-supervisory body, constituted an early form of epidemic control, and as early as 1372 the city had established a plague hospital in the old convent of St. Claire at San Sebastiano. By the 15th century, finally, a permanent health authority had grown up, and soon a sophisticated system of plague prevention, unknown elsewhere in Europe at the time, had been put in place.

A MEDICAL MIRACLE AT THE UFFIZI

Visitors to Florence get a first glimpse into medical history as they pay their respects to the Uffizi. No one keen on the topic should miss seeing the image of the physician-saints Cosmas and Damian performing a miracle on the operating table in the gallery's room 8, the main panel of which was created in 1442 by Cosimo il Vecchio (1389 - 1464). Of interest as well is the predella painted by Francesco Pesellino (1422 - 1457), which features among other things scenes from the canonical lives of the holy healers. Although Napoleon took the image of the saints performing their medical miracle to the Louvre, the originally five-part cycle was subsequently supplemented with two outstanding modern copies. The saintly physicians are shown replacing the gangrenous leg of their sleeping beadle

with a substitute appendage removed from the dead body of a black man. The "new" leg heals immediately!

Another attraction is the circumcision of Christ, as painted by Ludovico Mazzolino (1480 - 1528) in 1526, with its interesting portrayal of the intervention itself. The fact that water and oil are to hand in the depiction suggests a contemporary understanding of the importance of treating the wound. The enigmatic "Portrait of a sick man" in room 31, ascribed to Titian (1488 - 1578), constitutes a poser for the skilled diagnostician: what could be ailing this man, with his empty, shaded gaze?

ON VIEW AT THE DUOMO: AN ASSESSMENT OF THE PHYSICIAN'S STANDING

Hardly a congress participant will miss visiting Florence's Duomo, the fourth largest house of God in all of Christendom and the home of Michelangelo's Pietà. And when those art-loving doctors study the reliefs on the Campanile, they will be amazed to notice that one of the depictions is that of a detailed medical scene: the physician shown is examining a urine sample brought to him in a straw basket by a female patient. The seated sawbones, who dominates the scene, holds the glass to the light and studies the colour of the urine. The relief was probably made in 1330/40 at the atelier of the sculptor and architect

Andrea Pisano (1290 - 1349). In her *Arzt und Patient in der Kunst* (Doctors and patients in art), the German art historian Annette Krämer has the following to say about the mediaeval relationship between physicians and their clients: "Doctors provide their services in direct personal contact, and are thus placed on the same level of human constraint as those they treat; at the same time, however, the (respectable) aid they offer allows them to begin their climb up the social ladder. And since medical treatment has been declared a form of service, doctors have a further opportunity to ascend from level to level. In this system, illness is not considered a matter of _what' or _whence' but rather as the response to the question 'why?', which is typically countered with the belief that the God-sent condition is a necessity of an existence lived under the sign of death. By these lights, physical illness is not a primarily corporeal phenomenon, for which reason doctors cannot be equals trading upon their experience of their own physical person. Rather, they represent the possibility of overcoming nature through knowledge, and through faith. They are juxtaposed with their patients, who are characterised as the bearers of disease and serve principally to embody the restrictions placed on human existence."

Everyday medical life in the 15th century is on view with particular realism in a fresco



The "Loggia del Bigallo" - a Tuscan healthcare-centre of the 15th-century. By courtesy of "APT FIRENZE"

in the Santa Maria della Scala hospital in Siena, although the modern term 'hospital' is something of a misnomer when applied to the mediaeval healthcare facility. Hospitals began, after all, as purely ecclesiastic institutions, staffed by priests, nuns and monks who provided succour in line with the church's views on mercy. Their interventions comprised mainly confession and communion as part of a liturgical service. The mediaeval hospital was a home for foundlings, the elderly and the sick as well as a sort of hostel, and thus constituted a unique social facility. The fresco in question, the work of Domenico di Bartolo (1400 - 1447) and Lorenzo di Vecchietta, depicts the collaboration of clerics, fraternal orders and physicians, as well as patient treatment around 1450, and in the process gives evidence of a significant social upheaval: the conflict between the medical profession and the church, which had been simmering for centuries, is here reconciled. The fresco makes clear the balance that reigned in hospitals between the spiritual and secular worlds. The hospital statutes governing the Santa Maria della Scala prescribed two doctors, a "fisico" and a "chirurgico", as well as an apothecary. The Loggia del Bigallo at the corner of the Piazza San Giovanni near the Duomo gives us a tantalising glimpse at the peculiar form of healthcare provided in 15th-centu-



The exterior cladding of the "Innocenti hospital"—an important work of the Early Renaissance in Florence. By courtesy of "APT FIRENZE"

ry Tuscany. It was here that lay brothers allowed abandoned children to play in their loggia, and thus advertised for foster parents for their charges. The Misericordia Brotherhood, founded in 1244 and united with the Santa Maria del Bigallo Brotherhood in 1425, had commissioned the example of the Late Gothic style in 1352. While doctors can be seen tending the victims of accidents free of charge on the ground floor of the Misericordia, the upper floor of the building boasts a small art collection of great significance to the history of medicine, among other disciplines. In the most ancient part of the complex, in the Misericordia's assembly hall, a 14th-century fresco featuring the Virgin of

the Protective Mantle offers one of the oldest views of the city of Florence. The medallions emblazoned on the Madonna's mantle are inscribed with the works of mercy, which the brothers had sworn to practice. Charity (caritas) was a cardinal virtue, and it is in this light that the central figure of Mary in the aspect of prayer must be understood, as she holds out her mantle protectively over the city of Florence. Here the traditional iconography of the Virgin of the Protective Mantle acquires a new dimension. The people depicted are not praying for themselves as individuals, but rather for the commonwealth, for their city; and thus the image represents the accession of bourgeois consciousness to a theological cosmology. The citizens as shown here are no longer alone in their subjection to God's power; instead, their fate is bound up with the general destiny. Their good fortune, too, is a function of the city's flourishing trade and prosperity. This is a system no longer comprised of separate guilds or classes, but rather of all its citizens. The evolution is further exemplified by the heterogeneous crowd (segregated by sex) assembled at the Madonna's feet.

A SPLENDID RENAISSANCE HOME FOR FOUNDINGS

Not far from the Duomo is the Innocenti hospital, one of the principal works of the



The "Innocenti hospital" at the Piazza SS Annunziata in Florence. By courtesy of "APT FIRENZE"

Early Renaissance. With its historicising portico, designed in the so-called loggia style, the building set the tone for the entire piazza ensemble for centuries to come. Aficionados will notice a Renaissance relief on its façade featuring two conspicuously swaddled children, an indication of the hospital’s reputation for taking in foundlings. It demonstrates the contemporary technique used to wrap infants in their diapers, revolutionary for a period still dominated by the general mediaeval custom of binding newborns up to their chins. In addition to the buildings, an archive and a small museum with documents and images pertaining to the history of the home for abandoned children, the loggia is also worth a visit. Its wall features an aperture allegedly used by those wishing to deposit children up to the age of eight months (and older, in the case of malnutrition) anonymously at the hospital. The institution was in operation as late as 1875, when it was finally shut down.

Any orthopaedist’s Florentine journey through time must include the almost 700-year-old hospital at the Piazza San Maria Nuova, today still in use as a university clinic. Along with the Hôtel Dieu in Paris, the Ospedale di San Spirito in Sassia near Rome and the Ospedale Maggiore in Milan, it was once one of the largest institutions of its kind in the western world. It was here that Leonardo da Vinci perfected his knowledge of human anatomy, and, in the 18th century, the building housed a school of surgery renowned far beyond the borders of Tuscany.

In a travelogue about Italian hospitals published in the early 19th century, the German clinician Wilhelm Horn notes of Santa Maria Nuova that it had capacity for more than 500 patients and that the main medical and surgical practitioners were assisted by 12 physicians and seven surgeons, “dressed astonishingly in the same brown uniform as the orderlies.” Horn stresses that, while the operating room was small, it was brightly lit, and emphasises the exemplary hygienic conditions: the air in the rooms was freshened each morning

with lime, and the general impression of cleanliness was enhanced with a pleasant odour.

A STROLL THROUGH HOSPITAL ROW

Florence has plenty to interest historians of the hospital. During the Middle Ages there were more than 30 hospitals serving the city, including the San Matteo (Via Ricasoli 60), begun in 1385 and still open to visitors to this day. Renovated in the mid-16th cen-



View to the famous “Uffizi”. By courtesy of “APT FIRENZE”

ture, it served as a healthcare facility until 1781. Its loggia is the oldest extant example in all of Florence and is of even greater interest for the “outpatients’ clinics” held in its porticoes. The collection of paintings exhibited in the hospital comes in part from the Accademia del Disegno officially inaugurated on this spot in 1784 at the behest of Archduke Pietro Leopoldo.

While there is little trace of the 13 mediaeval hospitals that once stood in the Via San Gallo, it is worth visiting the San Paolo hospital on the Piazza Santa Maria Novella while making for the site. The sick rolls for this house, which catered to small tradesmen, shopkeepers, soldiers, the lower orders of the clergy and foreigners, show a disproportionate number of infectious disease cases during the 16th century. And yet every bed at the San Paolo, a “hospitale

pauperum”, was filled with at least two patients. Indications of the professional background of these patients made in the hospital register suggest the social significance of the designation “pauper’s hospital” in the 16th century. The hospital was intended exclusively for those employed in a trade in Florence, and its 1574 statutes describe as the “sick poor” all those who were unable to afford the assistance of the city’s private practitioners, the “physici” (or “fisici”), not distinguished from surgeons in the local guild. Despite its wealth, Florence employed virtually no official surgeons or physicians, at a time when other cities in Tuscany had a functioning public medical service.

One final museum visit is in order after this stroll through the hospitals of Florence. The Museo di Storia della Scienza at Piazza dei Giudici 1 is highly recommended, housing as it does one of Italy’s most important collections, while the waxworks at the La Specola Museum are an insider’s tip. Here you will find masterpieces created by the Tuscan craftsmen who supplied Europe’s renowned universities with wax teaching models during the 18th century.

Florence thus more than manages to treat the artist trapped inside every physician to a sumptuous experience! ■

FURTHER READING

- Castiglioni Arturo: *Clio Medica. Italian Medicine*, New York 1932
- Cosmacini Glogio: *Storia della Medicina e della Sanità in Italia*, Bari 1987
- Engelhardt, Dietrich von: *Florenz und die Toscana, eine Reise in die Vergangenheit von Medizin, Kunst und Wissenschaft*, Basel 1987
- Sakula Alex: *Italy’s Medical Heritage*, in: *Sacoidosis* 1987; 4: 159-164, Ed. Bongraf Italiana, Milan 1987



Prof. George Bentley



Prof. Martii Hämäläinen

SCIENTIFIC PROGRAMME

4221 ABSTRACTS SUBMITTED TO THE UPCOMING CONGRESS IN FLORENCE

Report of the Scientific Committee by Prof. George Bentley, Chairman of the Scientific Committee, and Prof. Martii Hämäläinen, Abstract Handling Officer.

Over the last decade the EFORT Congress has gained in reputation as reflected in the number of abstracts submitted. For Helsinki in 2003 we received 2,300 abstracts, in Lisbon in 2005 that number had grown to 3,800.

From 17th to 19th November, the members of the EFORT Scientific Committee met in Rome to establish the scientific programme of the upcoming 8th EFORT Congress in Florence. Just 5 months from now the European Federation expects to welcome around 9,000 participants from all over the world.

In EFORT's constant quest to improve diagnosis, surgical treatment outcome, education and, as a result, day-to-day management of its members' orthopaedic practice, the Federation invited submission of abstracts for the Congress with a deadline of September 15th 2006. 4,221 validated abstracts from over 65 countries were received, 11% more than for Lisbon in 2005.

The highest numbers of submissions were received in the following categories:

- Hip (1,080 abstracts)
- Knee (720 abstracts)
- Trauma (530 abstracts)

Prior to the meeting nearly 100 experts anonymously peer-reviewed and rated the abstracts. Of these 933 will be presented in free paper sessions and 1,600 will be shown as posters. Prof. George Bentley, the Chairman of the Scientific Committee, noted during the meeting that the quantity of submissions enabled EFORT to focus on its strategic goal, which is to provide improved quality and also to showcase the latest developments. The overall acceptance rate for free paper sessions, therefore, was 25%.

In addition to the free paper sessions, the Scientific Programme will consist of 23 Instructional Course Lectures, 67 Symposia and 15 Cross-Fire sessions. Furthermore, Industry will present over 30 Symposia during lunch breaks. 340 renowned leaders in Orthopaedics and Traumatology will present their work during these sessions.

EFORT's survey of its last Congress in Lisbon in 2005 showed that the symposia attracted the highest attendances and ratings. The Congress Committee therefore decided to increase the number of Symposia to emphasise the new knowledge and education with the focus on such topics as MIS surgery, computer-assisted surgery, MIS traumatology surgery, med-

ical and conservative surgical treatments for arthritis and general orthopaedic education. Other innovations and new techniques in joint replacement surgery, spinal surgery, knee surgery, neo-natal screening, musculoskeletal tissue engineering, and musculoskeletal tumours were added to the Scientific Programme. The topics of osteoporosis and sports injuries have been extended.

In the Scientific Programme, EFORT also addresses the latest innovations and outcomes in fields of leadership including hip, knee, trauma, spine, shoulder and elbow, and foot and ankle. Some of the highlights on which EFORT will increase its focus during the upcoming Congress are:

KNEE: 20 speakers will present developments and innovations for ACL, PCL, cartilage transplantation and arthroscopic techniques.



The Congress center "Fortezza da Basso" in Florence built in 1534.

20 Lecturers will present in Symposia and Cross-Fires on MIS/TKA, computer-assisted TKA, unicompartment KA, patellar resurfacing, revision TKR and infected TKR.

In addition, 170 free papers on all aspects of knee surgery will report evidence-based outcomes and the latest findings.

HIP: Hip surgery will be covered comprehensively with Symposia ranging from mini-invasive total hip replacement, computer-assisted surgery, cemented and uncemented total joint replacement, "conservative" hip replacement, metal-on-metal replacements, problems of infection and loosening, and revision surgery. Above all consideration will be given to the correct choice of prostheses and the role of Joint

Registries and future planning of hip surgery care. In addition to the 30+ speakers, there will be over 200 free papers on all aspects of hip surgery reporting evidence-based outcomes.

TRAUMA SURGERY: Symposia and Cross-Fire sessions will cover the contemporary methods of management of fractures of all regions, including the spine, the huge problem of fragility fractures, and hip fractures together with the latest techniques and complications. Management of spinal injuries and hand trauma will also be emphasised together with soft tissue injuries, and the ever challenging problems of multiple injuries.

SHOULDER: 16 speakers will provide insights during Symposia and Cross-Fire sessions on instability, rotator-cuff repair, and calcification problems. 33 free papers were accepted to complement these topics.

SPORTS: 25 speakers will hold lecture sessions on open and arthroscopic surgery for regular to professional sports men and women. The topics covered will include muscle injuries, ankle instability, compartment syndromes, stress fractures, injuries of female athletes and athletes' back pain.

POSTER SESSIONS

Some 1,600 posters will be shown during the Congress of which 500 will be electronic. Additionally there will be interactive poster sessions to increase the value of these presentations. A jury will select 10 of the posters for the Jacques Duparc Prize to

be awarded during the closing ceremony. At registration for the Congress, participants will receive a copy of the Instructional Course Lecture book which is a collection of all 23 papers covering a wide spectrum of Orthopaedics prepared and refereed by leading specialists. This authoritative and referenced source of practical information is illustrated as always with radiographs, MRI and CT scans, tables and line drawings, and provides an exclusive coverage of the Instructional Course Lectures. European CME credit points will be awarded for attendance at the Congress.

PUBLICATION

Thanks to the partnership with the JBJS (Br) - the Journal of Bone and Joint Surgery - there will be a supplement produced comprising the free paper and poster abstracts for JBJS readers and those who are not able to attend the Congress. Participants of course will have the opportunity to collect their own abstract and poster CDs during the meeting.

Congress participants will not only enjoy an unusually exciting Scientific Programme which will cover all contemporary orthopaedics and traumatology, but will also have the opportunity to enjoy a city in which medicine - as well as art - has always played a major part.

We look forward to welcoming you to Florence on May 11th - 15th 2007. ■

EDUCATION

COOPERATION BETWEEN THE UEMS AND EFORT FOR THE FUTURE OF ORTHOPAEDICS AND TRAUMATOLOGY IN EUROPE

By Manuel Cassiano Neves, M.D., Head Orthopaedic Department Lisbon Children's Hospital, Chairman of the EFORT "Education and Events-Committee"



Manuel Cassiano Neves, M.D.

Orthopaedic training varies from one European country to another, and the way orthopaedic care is provided in each country varies accordingly. As uniform rules are developed within the European community it is fundamental to establish training programmes to meet the individual requirements of each country as well as the general requirements to practise all across Europe. The year 2000 saw the inception of the first EBOT (European Board of Orthopaedics and Traumatology) exam in Greece, with the goal of establishing a uniform method of evaluation within Europe. The first priority, however, is the provision of residents with study material to enhance their knowledge in such a way that they will not feel threatened upon examination. As the European Federation of the National Associations of Orthopaedics and Traumatology, EFORT has the responsibility of looking into these types of problems and working on the standardisation of the various teaching programmes, while at the same time assuring the feasibility of the



Florence - where art and science meet. Image: By courtesy of "APT FIRENZE"

national programmes. It is also important to launch specialised courses in the various fields of orthopaedics directed not only at residents but also at trained surgeons. Continued medical education is now becoming an important issue in the medical field and EFORT should recognise this fact.

This is why EFORT is launching the “pyramid concept”: it consists of a series of events, starting with basic principles intended for residents and personnel from the operating room, consultants and, at the top, the expert orthopaedic surgeons.

Orthopaedic care is provided by a team of people. To develop a highly trained group it is fundamental to educate each member according to his or her needs, and EFORT should therefore increase its relationships with all of the different associations involved in the care of the orthopaedic patient (for example nurses, physiotherapists and patient care organisations) in order to meet their requirements.

The pyramid concept relies on the experience of the instructors for each level of teaching and should be oriented mostly to practical teaching. The cooperation of the orthopaedic Speciality Societies is fundamental for the success of such a teaching programme. They represent the highest scientific significance in each sub-speciality and should make the most valuable contribution to the design and production of a teaching programme.

EFORT is aiming to launch a programme in combination with the UEMS dedicated to residents all over Europe with the goal of providing the right material to help candidates prepare for the final EBOT exam. These courses should be repeated in different regions of Europe, allowing as many residents to participate as possible, with the goal of spreading the information as broadly as possible.

At the same time, European orthopaedic surgeons must be alert to the fact that we have to prepare a new generation of orthopaedic surgeons to deal in future with specific conditions. In every field it is becoming increasingly difficult to find the

right surgeon for each specific problem.

The National Societies and the Speciality Societies will be called upon to provide resources to launch the “ExMEx” programme (Experts meet Experts). These courses will be destined for a small group of participants, mostly with “hands-on” exercises and a focus on clinical aspects. With these courses we hope to have highly educated surgeons in the field of orthopaedics in the years to come. ■

UEMS:

ORTHOPAEDICS AND TRAUMATOLOGY REPRESENTED BY 19 EU COUNTRIES

By Richard Wallensten, M.D.

In 1957 six European countries, Belgium, France, Germany, Italy, Luxembourg and the Netherlands, founded the European Economic Community (EEC) by signing the Treaty of Rome. The UEMS, Union Européenne des Médecins Spécialistes, was founded in 1958 by the professional organisations of medical specialists from the six EEC countries. In the early years specialist sections were established. The focus of the work was on European legislation and work directed towards mutual recognition of diplomas coupled with basic quality requirements. Exchange diplomas were effected in 1975.

The UEMS has grown with the development of the Europe Union and now comprises as full members all 25 member



Richard Wallensten, M.D.

nations as well as Iceland, Norway and Switzerland. In addition there are five associate members, Azerbaijan, Bulgaria, Croatia, Romania and Turkey, and one observer, Israel.

The objectives of the UEMS include the study and promotion of good medical training of medical specialists, high-quality healthcare, free movement of specialist doctors within the EU and the harmonisation and improvement of quality of specialist training and practice in Europe. Each section has the same objectives for its particular speciality.

The UEMS today represents 39 different medical specialities, each in turn represented by a section. The section for orthopaedics and traumatology comprises two delegates from each of the 19 EU countries, Switzerland and Norway, and one observer from each of Croatia, Macedonia, Romania and Turkey. It is funded on a contingency basis by each member country. The current president is Richard Wallensten and the secretary is Hanne Hedin, both of Sweden, while the treasurer Henri Schlemmes is from Luxembourg. The section is primarily a forum for discussion. Any decisions taken have to be approved by all the national associations and do not have any legal impact on the European level. The section meets twice yearly in various cities around Europe. It cooperates closely with EFORT and the president of the section is a co-opted member of the EFORT Executive Committee.

Present activities of the section are harmonising specialist training, organising the annual European Board Exam of Orthopaedics and Traumatology (EBOT), compiling manpower data concerning orthopaedics in Europe, investigating various medico-legal systems in member countries and supporting the UEMS and the national associations in matters such as the European working hours directive, trainees in the various countries, and the emergence of independent personnel without clinical training. The section also has contacts with the organisations for trainees, such as PWG and for TE. ■

FLASHBACK

EFORT GENERAL ASSEMBLY MEETING AT WHO HEADQUARTERS IN GENEVA

By Karl-Göran Thorngren, Professor, EFORT General Secretary



Prof. Karl-Göran Thorngren

On Thursday, 22 June 2006 the EFORT General Assembly met in the main assembly hall of the WHO in Geneva. The General

Assembly was scheduled to be held in Geneva in connection with the 12th EFORT Instructional Course held there from 23 to 24 June.

All the delegates arrived at the same time by bus and were admitted following identification in accordance with the pre-invitation list. The visit to the WHO building began with a guided tour, from the magnificent rooftop view over the embassy area of Geneva, down to the lobby area with the entrance, to the main assembly hall. Dr Hooman Momen and Dr David Bramely greeted the EFORT participants and informed them about the WHO. Dr Hooman Momen is the co-ordinator of WHO Press as well as editor of the Bulletin of the World Health Organisation, the organisation's monthly international journal of public health, which has impact factor 4. Mr David Bramely is responsible for intellectual property rights in the WHO Department of Knowledge Management and Sharing. Mrs D'Arcis, previously production editor of the Bulletin of the World Health

Organisation, kindly helped EFORT to arrange the General Assembly meeting in the WHO building.

The United Nations was founded in May 1945 in San Francisco and the WHO was founded in July 1946 in New York. On 7 April 1948 the constitution was ratified by a majority of UN members and the WHO was officially born. The WHO consists now of 192 member states. It has six regional and 147 country officers (liaison offices with governments). There are 192 members of the world health assembly and 32 members of the executive board. Anders Nordström of Sweden has been acting Director General for the past year, after the sudden death of the previous Director General. A new Director General is under election.

The WHO building in Geneva was erected in 1966. The WHO's major achievements include the following: in 1962 "electronic data processing" was performed for the first time for data on age and sex; in 1977 the last case of natural smallpox was recorded; in 1978 a network conference

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WHO in Geneva – the United Nations specialized agency for health

(Alma Ata) was held on basic health services availability and accessibility to everyone; from 1998 to 2005 the emphasis was on social and environmental factors, such as diet and nutrition, clean water, tobacco, violent road traffic injuries, increased public access to WHO information and ethics; and in 2005 a report was published on health systems. The agenda for 2005 to 2010 will cover eradication of polio, the fulfilment of millennium development goals, alcohol, transplantation, intellectual property rights and social determinants for health.

COMBINED ACTIONS OF EFORT, EULAR AND THE BONE AND JOINT DECADE

The dignity of the WHO organisation and the magnificence of the great hall gave a special atmosphere to the EFORT General Assembly meeting. The room has a high dome-shaped ceiling and the delegates were seated around a long circular table in the middle of the room with a large empty space in the middle. Behind the central seats are additional places for participants at WHO assembly meetings. The EFORT delegates filled the circular table seats and some additional back seats were also needed. Our EFORT President, Professor Wolfhart Puhl, greeted all delegates. Among the topics dealt with during the EFORT General Assembly meeting was a report by the General Secretary concerning the recent move of EFORT Central Office from Küssnacht to Technopark in Zürich. Technopark is a big complex where university meets industry and where a lot of new

innovation enterprises can rent locations to drive the development of ideas into practical solutions and economic realities. EFORT rents some rooms in this complex, which combines good facilities with a special creative atmosphere. Preparations for the 8th EFORT Congress in Florence, from 11 to 15 May 2007, were presented by Professor Wolfhart Puhl in the absence of the local Chairman, Professor Franco Postacchini. Puhl also reported on EFORT's initial collaboration with EULAR on a joint symposium at the Florence meeting. EULAR President Tore Kvien from Norway is very positive about future collaborative work, which will also involve further collaboration with the Bone and Joint Decade. All three organisations, EFORT, EULAR and the Bone and Joint Decade, are working within the fields of arthrosis and osteoporosis and combined actions would be of benefit both for the patients and the profession. An application to hold an instructional course in Brugge in 2007, which can host a maximum of 200 persons, was presented by the Belgian association for orthopaedics and traumatology. EFORT has plans to hold a major congress in 2008 between the biannual congresses, and an application has been received from SOFCOT to arrange it in May 2008 in Monaco. The planned volume (around 5,000 participants or more) of this congress might pose a problem for this location, and other options with greater capacity for meeting rooms, hotels and direct air flight access are investigated. The intention is to hold yearly congresses in the future. The local President for the 2009 EFORT congress in Vienna, Professor Karl Knahr, presented the major plans for this event. The financial situation for EFORT was reported by the Treasurer, Professor Martti Hämäläinen. EFORT is a growing organisation in terms of both activities and income and expenses. The finances as well as the activities report made by the President, Professor Wolfhart Puhl, were unanimously approved by the General Assembly.

Professor Michel Dutoit and Professor Pierre Hoffmeier from Switzerland present-

ed the ongoing instructional course in Geneva. It had been approved for CME accreditation with 12 European credit points and 60 Swiss credit points. The course was attended by 119 surgeons, who all reported high satisfaction. Growing collaborative work with the Speciality Societies was reported by Professor Giacometti-Ceroni, who has special responsibility for this field within the EFORT Executive Committee. The Chairman of the Travelling Fellowships Committee, Professor Miklos Szendroi, could report that the EFORT travelling fellowship in Ireland was highly appreciated by the attendants. A travelling fellowship in Turkey in May 2006 was also greatly appreciated, but attracted fewer attendees. There is a great wish for both the advertisement of programmes as well as the selection of candidates to be carried out earlier. Portugal will host the next travelling fellowship.

EXPERTS MEET EXPERTS ON SPECIALISED MEETINGS

The Chairman of the Educational and Events Committee, Dr Manuel Cassiano Neves, presented the EFORT events pyramid, which on top consists of the most specialised meetings, to be called ExMEX (Experts Meet Experts). Then comes the large congresses, which in the future will be held on a yearly basis. Furthermore, several instructional courses are planned for around 100 participants, preferably divided into basic and advanced groups. Several such instructional courses will be organised yearly throughout Europe and hosted by the various national associations or speciality organisations. The aim is for the national associations to appoint courses suitable for EFORT collaboration and held in the English language. Such a course was held in Sommerfeld, close to Berlin, in Germany in May 2006. It enjoyed very favourable evaluation results from the participants. Manuel Cassiano Neves could also report that the 7th EFORT Congress in Lisbon 2005, where he was the Congress President, had been a great success. More

than 3,500 abstracts were received and more than 8,000 people attended the meeting. The Congress had been evaluated by an independent company and the report shows great appreciation by the EFORT attendees. The symposia, ICLs and cross-fires were evaluated by the attending doctors and rated excellent or very good in 81 percent of the cases. Symposia and ICLs were recommended for repetition by 85 percent. The summary of the events presentation was that there is a need for an annual congress as well as for smaller teaching meetings at different levels.

NEW ABSTRACT HANDLING

Work on the Portal and its future development was presented by the Chairman of the Portal Steering Committee, Professor Klaus-Peter Günther. The technical handling has been moved from a company in Switzerland to one in Portugal. Their modern abstract handling system will be used for the Florence Congress, where a large volume of abstracts is expected. To facilitate the use of the Portal and its future development, the employment of a Portal manager to handle the contents was approved by the General Assembly.

The President for the UEMS, Orthopaedic Section, Dr Richard Wallensten, had given an extensive report on UEMS activities and the EBOT exam 2006 during the General Assembly Strategy Meeting on the day before the General Assembly Meeting. This was again more briefly reported. Further information about the UEMS and EBOT examinations can be found at www.UEMS-ORTHO.org.

At this strategy meeting certain topics could be discussed in greater length, such as the EFORT Portal and the EFORT Newsletter. For the latter a combination of printed issues and electronically distributed issues was favoured. Some Speciality Societies stressed their wish to have scientific programmes intermingled with the ordinary EFORT programme instead of a specific speciality day.

Dr Karsten Dreinhöfer presented comparative health service research in Europe

based on enquiries made by a research team in Ulm, Germany. He is also highly engaged in the Bone and Joint Decade activities, particularly data collection and report production. He was recommended by the General Assembly Strategy Meeting participants for appointment by the EFORT executive as Chairman of an ad hoc committee on "EFORT Health Service Development".

The next General Assembly Meeting will be held on Thursday, 10 May 2007 in Florence in connection with the EFORT Congress there. ■



Prof. Pierre Hoffmeyer

THE VOICE OF THE FRENCH-SPEAKING PART OF SWITZERLAND

Switzerland is Switzerland. And yet there are striking differences between its individual regions, as became evident at the 16th "Journées Romandes". EFORT News talked to Prof. Pierre Hoffmeyer, of the Department of Orthopaedics at the Hôpitaux Universitaires de Genève, about this event with a distinct Francophone flair and a reputation well beyond the borders of Switzerland.

EFORT NEWS: "How did the Journées Romandes get started? And what was the original aim of this now well-established event?"

PROF. P. HOFFMEYER: "The Journées Romandes dates from 1991, when Prof.

Pierre-François Leyvraz of the CHUV, Hôpital Orthopédique de la Suisse Romande in Lausanne, had the bright idea of using his connection with English orthopaedists to invite Prof. A. Graham Apley and Prof. John W. Goodfellow of Nuffield Orthopaedic Centre in Oxford to visit western Switzerland. The encounter between these British specialists and their Swiss colleagues showed that there was a real demand for international exchanges with French-speaking Switzerland. In subsequent years, the Journées Romandes has been held in various cities, such as Geneva, Lausanne and La-Chaux-de-Fonds."

EFORT NEWS: "What was the highlight of this year's event?"

PROF. P. HOFFMEYER: "One topic that received plenty of attention and made for animated discussion was "Joint reconstruction in the young". As fate would have it, while the sessions were underway millions were being held spellbound by a spectacle with great relevance to young people, the Korea-Switzerland World Cup football match. The game was shown on a large-screen television in the hospital auditorium, and the sporting event made a wonderful segue into science while also brightening the mood of the EFORT instructional courses.

Another highlight for many foreign participants was the EFORT general assembly, held in the great hall of the WHO's impressive Geneva headquarters. The symbol-laden venue is not normally available to external organisations, but our close local connections and a healthy dose of luck opened the doors for us.

Sports medicine was also on the menu, by the way. At the Friday evening dinner, the chef prepared a series of culinary allusions to sports medicine, much to the amusement and delight of all participants."

EFORT NEWS: "Is the Journées Romandes representative of all of Switzerland, or is it more of a local, Francophone event?"

PROF. P. HOFFMEYER: "You are referring to something typically Swiss. Scientifically

speaking there is no difference between those of us from French-speaking Switzerland and our colleagues in the rest of Switzerland's linguistic regions. The Swiss Society for Orthopaedics makes sure that we all pull together. At the same time, however, we Romands have our own culture and traditions, and the influence of the Latin lifestyle is obvious. This is most evident in the way we interact with our Francophone patients, who have sensibilities that are distinct from those of the German-speaking Swiss. And just as our German-speaking colleagues look more and more towards Germany, for linguistic reasons, we tend for our part to be oriented to Paris. SOFCOT has always been a key reference point for orthopaedists in French-speaking Switzerland, and will remain one."

EFORT NEWS: "In other words, you might say that Geneva is in competition with Zurich..."

PROF. P. HOFFMEYER: "You can't really talk about competition - I would call it more of a cultural exchange, with synergies arising to produce something that is valued at home and abroad as "Swiss quality"."

EFORT NEWS: "All the same, many foreign colleagues evidently consider Geneva the centre of Switzerland."

PROF. P. HOFFMEYER: "That is true. Geneva is a first-rate "brand name" with a reputation owed principally to the international organisations that have their seats here. It is this multinational presence which has allowed the city to develop an infrastruc-



"The HUG-Hospital (Hôpitaux Universitaires de Genève) in the center of Geneva"

ture that makes it among other things the natural choice for scientific congresses. This is not to say that other western Swiss cities do not have their own advantages and favours. Lausanne's charm, for example, is unique! For that reason we will not remain fixed in Geneva in the future."

EFORT NEWS: "Were there more foreign visitors than usual at the Journées Romandes this year?"

PROF. P. HOFFMEYER: "The roughly 135 surgeons in attendance kept the exchanges at a remarkably high level. And we had valuable input from around 60 foreign guests and speakers. All in all, 26 countries were represented, with the bulk of guests from France, England and Germany. And although the presentations were as usual made in English, most of the foreign colleagues in attendance came from Francophone countries. After all, just as in any professional association anywhere in the world, people with the same mother tongue have an easier time getting into conversation..."

EFORT NEWS: "Could you imagine combining the Journées Romandes with an EFORT event in future?"

PROF. P. HOFFMEYER: "Why not? Collaborating with EFORT brings us some real advantages. I am thinking mainly of the international access, with more and more qualified speakers and participants coming from abroad. Economically speaking, too, such a cooperation means new perspectives - just think of the increased attractiveness of the event to sponsors."

EFORT NEWS: "When and where is the next Journées Romandes planned for?"

PROF. P. HOFFMEYER: "The next Journée Romande will take place in April 2007 in Lausanne and the subject is The Hindfoot."

EFORT NEWS: "What are your personal desires and expectations, as a western Swiss orthopaedist?"

PROF. P. HOFFMEYER: "The main thing is the need for all of us to do our utmost to harmonise our orthopaedic expertise at the European level. This scientific standardisation, nevertheless, must be carried out with respect for the various national and regional attitudes and traditions. And it is equally important for those of us in western Switzerland to motivate more of our young colleagues, both at home and abroad, to sit the internationally recognised exam of the European Board of Orthopaedics and Traumatology (EBOT)."

EFORT NEWS: "Thank you, Professor Hoffmeyer, for this interview!" ■

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- Pisa's Galileo Galilei Airport (90 km from Florence) connected to downtown Florence by a shuttle train service.

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Belgium	Bruxelles	Brussels Airlines	X			from 61.-
France	Paris	Air France	X			from 143.-
Germany	Berlin	Lufthansa		X	Munich/Frankfurt	from 81.-
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Eurostar trains connect Florence with Milan (travel time approx. 2 hours and 45 minutes) and Rome (travel time approx. 1 hour and 45 minutes). Florence's main railway station, Santa Maria Novella, is located very near the Congress venue.

By Car

Florence is centrally situated along the major north-south motorway.

- A1** Autostrada del Sole motorway:
 Exits: Firenze Nord for participants coming from Bologna or Milan.
 Exits: Firenze Sud for participants coming from Rome or Naples
- A11** Autostrada del Mare motorway:
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