Striving for Excellence

EFORT Wants to Develop its Position as European Platform for Orthopaedic Surgeons

ZURICH (p) - The past two years have seen quite a few changes. EFORT has been growing and it has to meet new demands. For the future EFORT President Karl-Göran Thorngren wants to put a focus on educational activities.

Quite a few developments have been initiated in the past concerning both the strategic orientation and the organisation of EFORT. A new Core Central Office took up its work as a capable service unit for all EFORT members, a professional organisation aiming at stabilising the federation. An important strategic decision was made concerning further publication activities: In the future EFORT will cooperate with the publishing house Springer. The first projects will be the new EFORT textbook as orthopaedic European reference work and a new European orthopaedic-traumatology journal. Book series will be added. These publishing activities will increase the chances to build up a reliable network of the most experienced orthopaedic specialists all over Europe.

Networking

Networking has been an important issue in the past months and years. Quite a few ties have been established to non-European societies such as the An alliance to fight osteoporosis: The speakers of the Florence “Forum American Academy on Osteoporosis” of Orthopaedic Surgeons (AADO), the Orthopaedic Society of Argentina (Asociación Ortopédica de Argentina) and Brazil (SBOT) and the Chinese Orthopaedic Association (CDOA). Inside Europe the network stretches out to other European societies dealing with musculoskeletal conditions. The first results of the highly successful cooperation of EULAR and EFORT will be presented at the congress in Nice. The recommendations for the diagnosis and initial management of patients with an acute or recent swollen knee. More recommendations concerning other topics will be worked out in the future. Another promising partnership was established with patient organisations. Symposia with Arthritis Care during the 8th EFORT congress in Florence and during the EULAR congress in Barcelona started these activities.

Another initiative started in Florence was a global alliance to fight osteoporosis: EFORT, IOF, BJD and ISFR published together educational material with the aim to implement clinical pathways for patients with fragility fractures. Towards the end of the period 2006/2007 the Executive Committee gathered to discuss EFORT’s identity, its strengths and weaknesses, opportunities and threats. The Committee defined EFORT’s mission and development as the European platform for scientific and educational presentations for European orthopaedic surgeons.

New Motto

Education will play an important role in future activities. And the educational concepts are clearly orientated towards Excellence. The abbreviation EFORT (European Federation of National Associations of Orthopaedics and Traumatology) gained a second meaning: Excellence For Orthopaedic Regular Training. Linked to this new motto is the new format of the ExMEx – Experts Meet Experts – meetings. Five of these meetings will be the highlights of the 9th EFORT Congress in Nice: half a day devoted to a larger topic with lectures of renowned experts, hands on elements and plenty opportunity for discussion. ExMEx Fora as separate meetings will give the more experienced and specialised orthopaedic surgeons the possibility to discuss their topics on an elevated level. The first ExMEx forum will be held in Berlin on 26 to 28 March 2009.

The well established Instructional Courses will of course continue to be an important element of the EFORT educational activities. However the plan is to strengthen the cooperation with national societies and specialty societies. They can apply for approval for certain of their courses and EFORT would integrate them into a Europe-wide educational programme that will reach a large number of participants.

Annual Congress

Over the years the EFORT congresses have grown concerning both the number of attendees as well as the number of abstracts of high scientific quality. This was the reason to change the congress rhythm from biannual to annual. Every second year - like 2008 in Nice and 2010 in Madrid - there will be a meeting linked closely to the respective national association. The “odd” years as before have a focus on cooperation with the specialty societies and all the national societies. 2009 Vienna will host the 10th EFORT congress, 2011 the 12th congress will be in Copenhagen.

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EFORT – JOINT EFFORTS
Thorngrren Takes the Lead
Extraordinary General Assembly, 27 October 2007 in Berlin


The first point of the agenda were the new elections to the EFORT Executive Committee and the elections of three new members of the EFORT Finance Committee. The delegates of the General Assembly voted unanimously in successive order for the period 2008/2009:

Prof. Dr. Karl-Göran Thorngren to be President
Dr. Alex Miklis Szendro to be Vice-President
Dr. Pierre Hoffmeyer to be Member at Large

According to those votes the following persons will be members of the EFORT Executive Committee in 2008:

Prof. Dr. Karl-Göran Thorngren, Sweden
Vice-President: Prof. Dr. Miklis Szendro, Hungary
Secretary General: Dr. Manuel Cassiano Neves, Portugal
Treasurer: Prof. Dr. Martti Hämäläinen
Immediate Past President: Prof. Dr. Wolfhart Puhl

The following were elected as new members of the EFORT Finance Committee:

Dr. Ake Karlbom, Sweden
Prof. Dr. A. Mahrar Toogzosghor, Turkey
Prof. Dr. Paolo Tranquilli Leali, Italy

The chart shows the formation of the EFORT Finance Committee.

Prof. Thorngren presented the actual Organisation Chart for the EFORT Standing Committees and Task Forces and explained all Committees. He pointed out that from 2008 on Prof. Dr. Pierre Hoffmeyer, Switzerland, will resume the position as Chairman of the Scientific Committee from Prof. Dr. George Bentley, UK, who has taken on the challenge of editing the EFORT Textbook. Also from 2008 on the Events Education Committee will be divided into the Events Committee and the Education Committee. Dr. Manuel Cassiano Neves, Portugal, will then be Chairman of the Events Committee and Prof. Dr. Enrique Caceres Palou, Spain, Chairman of the Education Committee. The General Assembly agreed on the importance of increased activity for initiatives and lobbying in the future as well as the importance for EFORT to establish a real and functioning lobbying together with the patient organisations in order to proceed well in the future.

Regarding the future publication activities of EFORT, both Prof. Dr. Wolfhart Puhl, Germany, and Prof. Bentley have had a meeting in Heidelberg with Springer to finalise the cooperation between Springer and EFORT regarding the planned EFORT Journal and the EFORT Textbook.

The ExCom met in the snowy region of Allgäu.

During the last years EFORT has also established partnerships first throughout Europe and then de facto in special countries to join and work on future congresses 2008 – 2011 as follows:

10th EFORT Congress 2009 Vienna: 3 – 6 June 2009
11th EFORT Congress 2010 Madrid: 7 – 5 June 2010
12th EFORT Congress 2011 Copenhagen: 1 – 4 June 2011
13th EFORT Congress 2012 Athens: 27 May – 1 June 2012
14th EFORT Congress 2013 Rome: 5 – 8 June 2013
15th EFORT Congress 2014 Madrid: 3 – 6 June 2014
16th EFORT Congress 2015 Copenhagen: 1 – 4 June 2015
17th EFORT Congress 2016 Lisbon: 3 – 6 June 2016
18th EFORT Congress 2017 Berlin: 2 – 5 June 2017
19th EFORT Congress 2018 Paris: 3 – 6 June 2018
20th EFORT Congress 2019 Istanbul: 1 – 4 June 2019
22nd EFORT Congress 2021 Florence: 24 May – 27 May 2021
23rd EFORT Congress 2022 Berlin: 23 May – 26 May 2022
24th EFORT Congress 2023 Vienna: 22 May – 25 May 2023
25th EFORT Congress 2024 Milan: 21 May – 24 May 2024
26th EFORT Congress 2025 Athens: 5 – 8 June 2025
27th EFORT Congress 2026 Rome: 3 – 6 June 2026
28th EFORT Congress 2027 Madrid: 2 – 5 June 2027
29th EFORT Congress 2028 Copenhagen: 1 – 4 June 2028
30th EFORT Congress 2029 Berlin: 2 – 5 June 2029
31st EFORT Congress 2030 Lisboa: 4 – 7 June 2030
32nd EFORT Congress 2031 Florence: 3 – 6 June 2031
33rd EFORT Congress 2032 Berlin: 2 – 5 June 2032
34th EFORT Congress 2033 Rome: 3 – 6 June 2033
35th EFORT Congress 2034 Madrid: 2 – 5 June 2034
36th EFORT Congress 2035 Copenhagen: 1 – 4 June 2035
37th EFORT Congress 2036 Berlin: 2 – 5 June 2036
38th EFORT Congress 2037 Lisboa: 4 – 7 June 2037
39th EFORT Congress 2038 Florence: 3 – 6 June 2038
40th EFORT Congress 2039 Berlin: 2 – 5 June 2039

This issue and thus decided to have further discussions on that subject as it might be an interesting opportunity for both, EFORT and the industry partners.

As to the fact that the General Assembly agrees to the importance of the EFORT Health Service Development Committee, Dr. Karsten Drinhofler, Germany, Chairman of this Committee, asked all National Delegates once again to participate in this committee or to nominate dedicated candidates from their countries to join and work on future development.

Ms. Benson as spokesman of the EFORT Finance Committee reported on its meeting the day before the General Assembly and informed all National Delegates that the financial report has been approved by the Finance Committee.

Prof. Thorngren closed the extraordinary General Assembly with the announcement of the next General Assembly in Nice:

28 May, 14.00 – 18.00 General Assembly Strategy Meeting with General Assembly dinner in the evening
29 May, 8.30 – 12.00 General Assembly

The Strategy Meeting is to determine aims and future activities of EFORT and future relationships to national member societies, specialty societies and other societies. In order to have a well organised and structured General Assembly Strategy Meeting next year and for a better outcome Prof. Thorngren asked all National Delegates to send their input and suggestions for topics of the General Assembly Strategy Meeting to the Central Office.

Author: Prof. Dr. Karl-Göran Thorngren, EFORT President 2006/2007, EFORT President 2008/2009

Mission Mobility
Executive Committee Strategy Meeting in Allgäu, Germany, November 2007

OFTERSCHWANG – From November 15 to 18 2007 the EFORT Executive Committee (ExCom) met in the snow region of Allgäu, Germany, Hotel "Sonnenpal" for a Strategy Meeting.

The Strategy Meeting was the last ExCom Meeting in 2007 and within the presidency of Prof. Dr. Wolfhart Puhl. As the Alpila is the home of Prof. Puhl, the ExCom chose this location.

EFORT asked an independent moderator to lead the session. The main topic was the critical discussion of the identity and positioning of EFORT.

Following a classic approach to strategic planning in a moderated full-day session the Executive Board identified the organisation’s strengths, weaknesses, opportunities and threats and then defined its new identity including its top five strategic priorities for the next three years.

As a result of the strategic dialogue and the analysis of the discussions the Committee outlined the organisation’s 3. publications
4. guidelines
5. professional representation – EU (influence)
6. unbiased partner for the industry
7. strengthening of congress activities

With the help of the newly defined mission statement and the clear and strategic priorities EFORT serves the European Federation of National Associations of Orthopaedics and Traumatology aims to be a platform for all national member societies, specialty societies and other societies. The goal is to guarantee stabilisation and continuity in order to develop good relationships first for Europe and then in the international orthopaedic community beyond Europe.

Author: Prof. Dr. Wolfhart Puhl, EFORT President 2006/2007, EFORT Immediate Past President
The last report of an EFORT President has been prepared over the past two years and a statement about the Federation’s situation at the end of 2007 as this is the basis for further work.

The work of the managing board was of course heavily affected by the sudden death of Prof. Dr. Frantz Langlais, Renens, France, shortly after his election as EFORT President. That was a shock to us all. Still I have to thank Prof. Karl-Goran Thorgren for his work, Luc Lund, Sweden, that he agreed to start his EFORT Presidency earlier than expected.

We will benefit from the power and experience of the new elected members of the EFORT Executive: the new Secretary General Dr. Manuél Cassiano Neves, Lisbon, Portugal, the new chairman of the scientific committee, Prof. Dr. Pierre Hoffner, Geneva, Switzerland, and the new chairman of the educational committee Prof. Dr. Enrique Caceres Palou, Mexico, as well as Deputy President of the EFORT Executive: the new Secretary General of the Central Office.

The internal structure of Executive and Central Office was in some aspects terribly understaffed which made the work for the EFORT Congresses a real challenge.

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Continuing Improvement for Orthopaedic Specialists
The Development of EFORT Educational Activities

BARCELONA – Prof. Dr. Enrique Caceras, the newly elected EFORT Education Chair, explains the new strategy for Europe-wide educational activities.

In accordance with the EFORT statutes, one of the main objectives of our federation is to stimulate education and research in the areas of preventive, conservative and surgical treatment of diseases and injuries of the musculo-skeletal system. To achieve this aim, we need to define levels and contents of our knowledge. Three categories, “essential knowledge,” “important knowledge,” and “specific knowledge” help to assess the competence of a specialist, and to classify him at a higher or lower level of proficiency in a particular field.

Essential Knowledge

“Essential knowledge” includes the minimum number of basic skills that a specialist should possess so as to en- sure the safety and correct treatment of his patients. This knowledge is fundamental to attain clinical proficiency. Therefore every member of the orthopaedic community must acquire and value this knowledge completely. For example in spine injuries it is mandatory to know how to evaluate the neurological physical status and to judge the need for emergency treatment. In order to achieve this level of essential knowledge we need to work out an orthopaedic curriculum that includes the minimal requirements for training in Europe and to establish a final tool for evaluation like the EBOT-Exam for each European country. Instructional basic courses with reviews of general concepts for residents, hands on courses and workshops could help to reach this level of essential orthopaedic knowledge.

Important Knowledge

The second level, “important knowledge” refers to skills needed frequently in clinical practice that, on the other hand, not every orthopaedic surgeon needs to perform continuously. All the knowledge that belongs to the core of our discipline but is not essential for the patient’s safety is part of this category. With regard to spinal injuries the “important knowledge” includes the classification of spine fractures, criteria for treatment decisions and the most common conservative and operative treatment options. Learning tools to reach this level are advanced Instructional Courses, Lectures and Clinical Case Sessions with voting systems for young surgeons.

Specific Knowledge

The highest level is the “specific knowledge”, that is not central to our discipline. Beyond the general competence of a professional as orthopaedic surgeon it helps to evaluate his or her aptitude as a specialized professional. This specific knowledge allows to estimate different surgical approaches like less invasive spinal fractures treatment and spinal osteotomy for late post-traumatic kyphosis. Specific knowledge is the subject of “Experts Meet Experts” meetings for consultants and sub-specialized surgeons as well as level courses.

Today, there is an ever-changing world of education for physicians and orthopaedic surgeons. Physician education will evolve from being teacher-driven to becoming self-directed learner-driven.

Medical Education

Five major elements influence the current medical education environment: patient safety, evidence-based CME, new education paradigms, the changing practice environment, and maintenance of certification. The most significant change in the near future is going to be the use of realistic self-assessment tools. The goal is to have educational programs that affect patient care and clinical outcomes, programs that change what we do and how we do it. We will have multiple varieties of learning formats – multimedia tools with didactic sessions, surgical skills education, small regional learning groups and the general use of the internet.

With this model we will focus on the specific needs of each individual physician. As time goes by we will expand and continue medical education (CME) for a professional development (CPD).

Professional Development

Whereas continuing medical education refers to groups of learners, continuing professional development focuses on the individual.

Continuing medical education is teacher driven, utilizes lectures and is clinically based. Continuing professional development on the other hand is learner-centered, uses all multimedia resources and considers everything that affects the individual orthopaedic surgeon.

One of the keys for a success in the orthopaedic education system will be the use of a correct accreditation tool in Europe. In 1999, the European Accreditation Council for CME (EACME) was established, encouraging a structure that would allow the acceptance of CME credits throughout Europe. Looking back over the past 6 years, it thus seems that EACME has successfully managed to initiate processes and to found the basis for a credible European System. In the near future we will need to link our educational activities with this accreditation tool.

Finally we will need to design a network of permanent learning centres in three or four cities all over Europe (south-west, centre and north-west) and to establish “win to win” agreements with different local university institutions in order to save resources obtaining good results.

Author: Prof. Dr. Enrique Caceras
Chairman EFORT Education Committee

Instructional Courses 2008

Milan – Prague – Ankara

ZURICH (p) – High class education on different topics in renowned European hospitals will be provided in the EFORT Instructional Courses (IC) 2008. The next highlight will be the 21st EFORT IC in Milan.

The Istituto Ortopedico Galeazzi, a university hospital for orthopedic and traumatology surgery, will offer the attendees of the 21st EFORT IC on 19 to 20 September in Milan a special highlight: in a live surgery session specialists will reveal tricks and tips in total hip arthroplasty. The prevention and treatment of complications in hip arthroplasty will be the main topic of this course. The two days give insight in prophylaxis and management of various complications such as:

- deep vein thrombosis, infections, heterotopic ossifications, leg length discrepancy, joint instability, nerve and vessel damages, soft tissues problems, errors of technique or of indication, peri-prosthetic fractures

Prof. Luigi M. Zagra organizes the Instructional Course that also includes a social event on Friday night.

As the second largest city in Italy and as the Italian centre for economy, fashion, design and media Milan offers a lot of attractions beyond orthopaedic surgery. The course members might be tempted to prolong their trip to Milan for a visit at the famous opera Scala – or to watch the football clubs A.C. Milan and F.C. Inter play at the Stadio San Siro.

21st EFORT IC

Milan, 19 to 20 September
Venue: Istituto Ortopedico Galeazzi IRCCS
Milan, Italy

Hospital Homolka

23rd EFORT IC

Ankara, 21 October to 1 November
Venue: Ankara Hacettepe University
Ankara, Turkey

Hospital Homolka

Istituto Ortopedico Galeazzi IRCCS

Main topics: Prevention and treatment of complications in hip arthroplasty

- 22nd EFORT IC

Prague, 10 to 11 October
Venue: Hospital Homolka
Prague, Czech Republic

Main topics: Spine

- 22nd EFORT IC

Prague, 10 to 11 October
Venue: Hospital Homolka
Prague, Czech Republic

Main topics: Total Hip Replacement, developmental Dysplasia of the Hip

To register and for more information, please visit our website: www.efort.org

Good Communication

EFORT and SECOt – a Model for the Future

MADRID (p) – The 11th EFORT Congress 2010 will be a joint meeting with the Spanish SECOt. A good reason for EFORT representatives to attend the 44 Congress Nacional of SECOt.

The Spanish orthopaedic specialists met from 26 to 28 September in Madrid and an EFORT representative had the opportunity to meet their Spanish colleagues. Past President Prof. Wolfhart Puhl favours the idea of a combined meeting as a “model for the future”: “We don’t need to increase the number of congresses” Against the background of a growing financial pressure, combined meetings meet the interests both of orthopaedic surgeons – in hospital and private practice – and industry.

Joint meetings furthermore help to improve the communication between EFORT and national societies. This is important, because efficient structures for good communication are essential for a federation like EFORT. The great diversity of cultures and languages in Europe always bears the danger of conflicts based on misunderstandings. Different health care systems and different working profiles in orthopaedics need the best communication between all EFORT member societies. A challenge that EFORT will have to face in the near future is to sort orthopaedics in Europe. “We need better knowledge about the different systems, we need to collect data and we need excellent meetings”, Prof. Puhl is convinced. “We ought to understand the needs of our members, and according to these needs we have to establish new structures for education using all kinds of different media: internet, journals or meetings.” To achieve this aim the EFORT and SECOt will, if possible, find the opportunity to meet the SEGOT and the Argentinean Scientific Orthopaedic Society (ASOUT). The combined EFORT/SECOt Congress in Madrid is an ideal occasion to bring Europe and South America closer together. The 11th EFORT congress will be held from 2 to 5 June 2010 in Madrid. For more information see www.efort.org

ZURICH – EFORT Forum meet a growing interest: Five sessions in 2008 in Bulgaria, Switzerland, Germany, Portugal and France.

The project called “EFORT Forum” which is an EFORT Symposium at a national congress was started in 2002 at the DGÖOC Congress in Berlin. The first idea was to choose one topic for several events like Thrombophrophylaxis and let European experts discuss it with national speakers to clarify different European criteria and build up new standards. The idea was very well accepted but the problem was to find European speakers being ready to join up to 10 different events for the same topic. On the other hand we realised that the national needs for such a symposium are quite different in different countries. For this reason we changed our format and set up every year up to 10 European Fora with 4 to 6 speakers. We plan to provide an update on different topics of the most recent progresses in our specialty. National societies are free to choose a topic and propose a session lasting two to four hours during their yearly congress. Preferably this session should be included in the programme of the day at their official opening or the day after. The EFORT Fora should not clash with the main items of the congress and at least half of the speakers should come from the national society and the other half should represent other European countries. For that reason the Forum language has to be English. In recent years the EFORT Fora showed a very high scientific level and provided an excellent exchange between national societies and EFORT. The speakers being involved in these Fora were always hosted very nicely and seen as honoured guests of the congress. The interest in such a Forum has grown markedly and we are happy to announce for the year 2008 five EFORT Fora at European national congresses:

1. EFORT Forum during the BOTA Congress Bulgaria from 5 to 7 June in Triana; “Difficult cases for hip and knee replacement”
2. EFORT Forum during the SGÖ/SÖO Congress in Switzerland from 24 to 26 September in Basel; “Surgery of the spine: An update”
3. EFORT Forum during the DGÖOC Congress in Germany from 22 to 25 October in Berlin; “The red and swollen knee”
4. EFORT Forum during the SPOT Congress in Portugal, 29 to 31 October at the Algarve; “New tools in the approach, diagnosis and prognosis of polytrauma; Proplyhaxis of fractures in elderly people; Molecular biology and growth factors in orthopaedics”
5. EFORT Forum at the SOFCOT Congress in France, 10 to 13 November in Paris; “Bone Healing”

All national member societies are invited to organise such a Forum.

Author: Prof. Dr. Nikolaus Böhler
EFORT Past President

Growing Interest for EFORT Fora

Thank You For Your Cooperation
Free Entrance Tickets for the Congress in Nice and for Instructional Courses

ZURICH (jp) – In October 2007 the EFORT News appeared with a new editorial concept. To find out what the readers think about this new concept a questionnaire was added to the last edition. The editorial staff requested “help us to improve” – and the feedback was encouraging.

How do you like the new editorial concept of the EFORT News?” was one of the questions we asked in the past EFORT Newsletter. More than 75 percent of all readers that sent back the questionnaire found the concept “good” or “very good”. Almost as many readers feel that the EFORT News inform appropriately about EFORT, its activities and mission. More than 70 percent judged that the new layout of the EFORT News is “good” or “very good”.

Of course there is always room for improvement – and the readers gave valuable recommendations for additional topics and columns. This will help to further develop the editorial concept of the EFORT News. EFORT thanks all the readers that sent back the questionnaire. The editorial staff will implement as many of the recommendations as possible.

To thank those who help to improve the EFORT News, 6 free-entrance tickets for the 9th EFORT congress in Nice were drawn. The winners are:

- Dr. Antonis Papoutsidakis, Greece
- Dr. Fernando Sendra Miralles, Spain
- Dr. Francesco Atzoni, Italy
- Dr. Kristian Bilgrav, Denmark
- Dr. Ralf-Achim Grünther, Germany
- Ass. Prof. Dr. Ingemar Peterssson, Sweden
- Dr. Juraj Masaryk, Slovakia
- Dr. Jaak Popelier, Norway
- Dr. Charles Docker, UK
- Dr. Christian Rühl, France
- Dr. Erika Lamprecht, Switzerland
- Dr. Jörg Singer, Germany
- Dr. J. Vaeckenstedt, Switzerland
- Dr. Charles Docker, UK
- Dr. Ralf-Achim Grünther, Germany
- Ass. Prof. Dr. Ingemar Petersson, Sweden
- Dr. Juraj Masaryk, Slovakia
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- Ass. Prof. Dr. Ingemar Petersson, Sweden
- Dr. Juraj Masaryk, Slovakia
- Dr. Jaak Popelier, Norway
- Dr. Charles Docker, UK

*excluding travel and accommodation

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We look forward to hearing from you!»
BERLIN – The German Association for Orthopaedics and Orthopaedic Surgery, one of the oldest orthopaedic societies in Europe, founded as Association for Orthopaedics and Traumatology in 1901, has been changed several times due to the development of the specialty and the health care system in Germany. For instance, the German Association for Orthopaedics and Traumatology, the name was changed to “German Association for Orthopaedics and Traumatology” and is now back to the roots: “German Association for Orthopaedics and Orthopaedic Surgery” (DGÖOC). The next change will come shortly.

The reason is the dual representation of orthopaedics and orthopaedic surgery in Germany. On one hand Germany offers the German Association for Orthopaedic specialists provide predominant conservations in hospital and the German Association for Orthopaedic surgeons are one of both. This societies are still facing a couple of problems. Europe with more than 7000 active specialist seems to be a tremendous asset in the private practice. As a consequence of the merge of both specialties would be possible to receive optimal care out of one hand.

In Germany somehow special situation exists for musculoskeletal care. The export for the operative and non-operative musculoskeletal care is in the best interests of both the orthopaedic and rheumatologist. Furthermore the intellectual part of the software of both specialties has to be brought together.

The German experience clearly shows how education can influence the structure of the specialties. So due to their former education as general surgeons, the trauma surgeons are seeing their main field of interest in the operative techniques, whereas the orthopaedic surgeons are concentrating on the patient’s problems and indications for treatment. The goal of the societies is to establish good knowledge of both specialties as the basis for good medical practice. The dual representation of orthopaedic specialists in Germany is affected by the special care. Whereas the orthopaedic surgeon is responsible for the diagnosis and treatment of musculoskeletal problems, the orthopaedist in their own practice and in private hospitals. Over the years the number of orthopaedists in private practice has increased significantly. In the 1990s, about 2500 regular members, some 2000 more are affiliated members in subspecialty societies eg. foot and ankle, pediatric orthopaedics, sports orthopaedics, spine, rheumatology, orthopaedics with internal medicine etc. The representatives of these subspecialty societies are members of a board of specialists which is an important part of the council.

Alliance for Orthopaedics

The association is governed by a council of 7 officers, which consists of the 2 presidents, the general secretary and the treasurer and represent important groups of the orthopaedic landscape, like the university chairmen, the directors of orthopaedic hospitals and the Professional Association of Orthopaedics and Orthopaedic Surgeons. DGÖOC and the Professional Association cooperate in the “Alliance for Orthopaedics and Orthopaedic Surgery” in order to coordinate the strategy for an effective representation of orthopaedics in Germany.

The official publication of the DGÖOC is the “Zeitschrift für Orthopädie und Unfallchirurgie”, which also represents the combined council of the DGÖOC and the German Trauma Association (DGU) on the way to a complete fusion of the societies.

Aiming at High Quality Care

The Professional Association of Orthopaedics and Orthopaedic Surgeons, the “Berufsverband der Fachärzte für Orthopädie und Unfallchirurgie (BVÖU)” has been formed in 1966. The BVÖU provides professional representation of orthopaedic and rheumatological practitioners in private practice. It is not only the administrative task but even more the intellectual part of the software of the BVÖU provides professional representation of orthopaedic and rheumatological practitioners in private practice. It is not only the administrative task but even more the intellectual part of the software. The BVÖU gets more awareness for patients with musculoskeletal problems.

The BVÖU provides – together with the DGÖOC – information for all members of the societies in their combined publication “Orthopädie Mitteilungen”. Additionally, there is an internet platform for information and communication for hospital doctors: www.bvoe.net, as well as a separate platform for patients and the public: www. orthinform.de. Furthermore the BVÖU provides patient information for all members which are displayed in waiting room areas.

The key goals of the BVÖU is the stabilisation of the high-quality orthopaedic care in both sectors, in- and outpatient, based on innovative and scientific development. A further important goal is the provision of high-quality continuous orthopaedic education, for which the professional association cooperates with the Scientific Society DGÖOC – has founded an Academy for Education. There still seems to be an undertreatment of and a prolonged waiting time for many patients with musculoskeletal complaints. To further analyse these problems and the overall musculoskeletal treatment realises an institute for Health Service Research in Musculoskeletal Diseases and Trauma was founded. The BVÖU organises in cooperation with the scientific society (DGÖOC) and the trauma society (DGU) the annual conference, attended by 200 to 1000 participants. Together with the two other societies the BVÖU is also strongly involved in the unification process of orthopaedic and trauma surgery.

It needs to be stressed, that politicians worldwide have neglected their responsibility for sufficient care and the costs of musculoskeletal diseases and trauma. One intention of the professional association BVÖU in the European arena is to propagate the positive experiences in Germany with a combined treatment for operative and non-operative musculoskeletal care in an in- and outpatient setting. A special intention in this context is to stimulate a specialist-centred instead of a GP-centred system for musculoskeletal care. To demonstrate the benefits of such a complementary system in Germany, provided by private practitioners and hospitals, the BVÖU recently started a campaign for a network of musculoskeletal competence. Kompetenzzentrum Orthopädie und Unfallchirurgie – www.kompetenzzentrum-orthopädieundunfallchirurgie.de

The BVÖU continues to use the Joint and Boat Decade as vehicle to get more awareness for patients with musculoskeletal problems.

“Competence in One Hand”

A Very Special Health Care System

Portraits of the German DGÖOC

Orthopaedics in Germany

The next change of the German Association for Orthopaedics and Orthopaedic Surgery will be a fusion with the German Trauma Association (DGU) because the current situation is a tremendous administrative effort and input of both societies. It is not only the administrative task but even more the intellectual part of the fusion, because the software of both specialties has to be brought together.

The German experience clearly shows how education can influence the structure of the specialties. So due to their former education as general surgeons, the trauma surgeons are seeing their main field of interest in the operative techniques, whereas the orthopaedic surgeons are concentrating on the patient’s problems and indications for treatment. The goal of the societies is to establish good knowledge of both specialties as the basis for good medical practice.

Just recently the German Association for Orthopaedics and Traumatology (DGÖOC) and the German Trauma Association (DGU) have formed a union, and many decisions are made in common sense. The union has changed the characters of the societies: Previously subjectively thinking is joined by conventional aspects of orthopaedic treatment, just for the “competence out of one hand”. With more than 1200 doctors, the German Association for Orthopaedics and trauma doctors are now the biggest surgical specialty in Germany. So the merger makes an union.

The German Association for Orthopaedics and Orthopaedic Surgery has about 2500 regular members, some 2000 more are affiliated members in subspecialty societies eg. foot and ankle, pediatric orthopaedics, sports orthopaedics, spine, rheumatology, orthopaedics with internal medicine etc. The representatives of these subspecialty societies are members of a board of specialists which is an important part of the council.

Alliance for Orthopaedics

The association is governed by a council of 7 officers, which consists of the 2 presidents, the general secretary and the treasurer and represent important groups of the orthopaedic landscape, like the university chairmen, the directors of orthopaedic hospitals and the Professional Association of Orthopaedics and Orthopaedic Surgeons. DGÖOC and the Professional Association cooperate in the “Alliance for Orthopaedics and Orthopaedic Surgery” in order to coordinate the strategy for an effective representation of orthopaedics in Germany.

The official publication of the DGÖOC is the “Zeitschrift für Orthopädie und Unfallchirurgie”, which also represents the combined council of the DGÖOC and the German Trauma Association (DGU) on the way to a complete fusion of the societies.

The Professional Association of Orthopaedics and Orthopaedic Surgeons, the “Berufsverband der Fachärzte für Orthopädie und Unfallchirurgie (BVÖU)” has been formed in 1966. The BVÖU provides professional representation of orthopaedic and rheumatological practitioners in private practice. It is not only the administrative task but even more the intellectual part of the software. The BVÖU gets more awareness for patients with musculoskeletal problems.

The BVÖU provides – together with the DGÖOC – information for all members of the societies in their combined publication “Orthopädie Mitteilungen”. Additionally, there is an internet platform for information and communication for hospital doctors: www.bvoe.net, as well as a separate platform for patients and the public: www. orthinform.de. Furthermore the BVÖU provides patient information for all members which are displayed in waiting room areas.

One of the key goals of the BVÖU is the stabilisation of the independent high-quality orthopaedic care in both sectors, in- and outpatient, based on innovative and scientific development. A further important goal is the provision of high-quality continuous orthopaedic education, for which the professional association cooperates with the Scientific Society DGÖOC – has founded an Academy for Education. There still seems to be an undertreatment of and a prolonged waiting time for many patients with musculoskeletal complaints. To further analyse these problems and the overall musculoskeletal treatment realises an institute for Health Service Research in Musculoskeletal Diseases and Trauma was founded. The BVÖU organises in cooperation with the scientific society (DGÖOC) and the trauma society (DGU) the annual conference, attended by 200 to 1000 participants. Together with the two other societies the BVÖU is also strongly involved in the unification process of orthopaedic and trauma surgery.

It needs to be stressed, that politicians worldwide have neglected their responsibility for sufficient care and the costs of musculoskeletal diseases and trauma. One intention of the professional association BVÖU in the European arena is to propagate the positive experiences in Germany with a combined treatment for operative and non-operative musculoskeletal care in an in- and outpatient setting. A special intention in this context is to stimulate a specialist-centred instead of a GP-centred system for musculoskeletal care. To demonstrate the benefits of such a complementary system in Germany, provided by private practitioners and hospitals, the BVÖU recently started a campaign for a network of musculoskeletal competence. Kompetenzzentrum Orthopädie und Unfallchirurgie – www.kompetenzzentrum-orthopädieundunfallchirurgie.de

The BVÖU continues to use the Joint and Boat Decade as vehicle to get more awareness for patients with musculoskeletal problems.
Orthopaedic Surgeons in Europe: Don’t Miss the Fracture Opportunity!

Prevention of New Fragility Fractures are your Responsibility

ULM – Over the last Decade, concern from osteoporosis groups has been rising about the growing menace of fragility fractures, which affects a staggering 1 in 3 women and 1 in 5 men over the age of 50.

Despite countless letters quoting undeniable statistics of fracture risk, its associated morbidity, mortality and costs in our aging population, little seems to have changed in the way fracture patients are treated. Still shamefully few receive any evaluation or treatment for osteoporosis – the underlying cause of most of these fractures.

The Growing Magnitude

There is no lack of data to tell us that the prevalence of osteoporosis fractures is vast and increases exponentially with age. Every third woman and every fifth man over the age of 50 will eventually suffer from an osteoporosis-related fracture.

The lifetime risk for an osteoporosis fracture of the hip, spine or wrist is 40% for Caucasian women in Europe.

The risk for a hip fracture is between 11% and 18% in women, which is equal to the combined risk for breast, uterine and ovarian cancer.

Vertebral fractures are between 2 and 3 times more prevalent than those in the hip but only a third are ever diagnosed.

But this is only the beginning. The number of people older than 65 years is expected to almost double by the year 2050. As the population ages the number of hip fractures is predicted to rise exponentially. Cooper et al project that by 2050 the total number of hip fractures worldwide will rise to 6.26 million (1).

Furthermore, the economic costs associated with osteoporosis and fragility fractures are overwhelming. In Europe the total direct costs of osteoporotic fractures are over 31 billion Euro and are expected to increase to more than 76 billion Euro in 2050 (2,3).

But it is not just about the economics. The negative impact on quality of life after a hip or vertebral fracture is a foremost concern. According to Cooper et al, 20% of patients who sustain fracture of the hip will die as a result within the first year, 30% will suffer permanent disability, 40% will no longer be able to walk independently, 80% will be unable to carry out at least one independent daily living activity, and up to 25% will have to go into long-term residential care (4).

A Vicious Circle

A fragility fracture is the strongest risk factor of a future fracture. It’s a known fact in orthopaedic circles: patients who have had a fracture at any site have more than twice the risk of sustaining a future fracture compared with individuals who have never experienced such an injury as an adult (5). Up to 50% of patients with a vertebral fracture will experience additional vertebral fractures within three years, many within the first year.

Under-Diagnosis

Yet, still fragility fractures are under-diagnosed and under-treated. Despite availability of therapies proven to reduce fracture risk, even in patients who have already suffered a fracture, diagnosis and treatment of osteoporosis among fragility fracture patients remains low. In an example from Freedman et al: researchers looked at 1162 women over the age of 50 years with low-energy distal radius fractures, at 6 months post-fracture, found 282 (23%) had been prescribed osteoporosis medication, 33 (2.9%) had received a bone density scan, and only 20 (1.7%) had received a bone density scan plus osteoporosis medication. So a handful of women received correct care, but 883 (76%) received neither bone density test nor medical treatment for their obvious osteoporosis (6). In 2000, Gehlbach et al. found that of 132 women over the age of 60 years who sustained osteoporotic vertebral compression fractures, which were identified during radiological examinations, only 20% actually received any treatment for either the fracture or the osteoporosis (7).

It’s Time for a Change

A recent BJJD-OFORT survey (8, 9) clearly indicates that many orthopaedic surgeons still neglect to identify, assess and treat fragility fractures patients for osteoporosis, but not by lack of will, rather by lack of essential knowledge. This has to change. Clearly there is a need for further education and improved training. More educational opportunities should be offered to orthopaedic surgeons through articles, web-based learning and educational seminars, and education about the disease should be integrated into the medical curriculum and postgraduate training.

To this end, in a combined effort of the BJD, the IOF, and the IFR an educational slide kit aimed at upgrading orthopaedic surgeons’ ability to manage the underlying pathology of patients presenting with fragility fractures. The new educational training package was released at the last EFORT congress, and is available for orthopaedic surgeons worldwide (to be downloaded from http://www.bjdonline.org/default.aspx?content=1840). It includes four keynotes lectures on osteoporosis, geared specifically for orthopaedic surgeons, its appropriate fracture management, including initiating or referring for bone density evaluation, pharmacological and non-pharmacological treatment, fall prevention, patient education and follow-up, plus a summary lecture to wrap-up all of the information presented.

Clinical Pathway

Development of a simple clinical pathway from evidence-based guidelines is an important step to ensure that optimal care is provided for patients with fragility fractures. Finding the time and indeed the resources to initiate further investigation in a busy orthopaedic clinic is indeed challenging – so much so that it is easy to dismiss the underlying cause and simply “treat the fracture”.

But in such a setting, the concept of a fracture liaison nurse has been put to the test in several countries and came through with resounding success. By playing a major coordinating role the nurse is able to ensure that the fragility fracture patient receives appropriate non-surgical treatment and follow-up after the initial fracture management. This service will be different in different countries; it is, therefore, important to create a pathway locally. This pathway must make it easy and not time-consuming for the orthopaedic surgeon, in order to for the system to ‘click’ and ultimately succeed in preventing the next fracture.

EFORT is committed to make fragility fractures a responsibility for the orthopaedic community and is organizing at the Nice congress in June a whole day dedicated to fracture care pathways and the latest surgical treatment.

REFERENCES


EFORT 2009 – Vienna, Austria 3–6 June 2009

Instructional Lectures, Case Discussions, Symposia, Free Papers and specialised expertise at the “Experts meet Experts Sessions”

Congress Highlights

- Hip: New devices – fashion or advance?
- Knee: What’s going on?
- Foot/Ankle: Mobility and function
- Spine: Modern trends successful?
- Shoulder/Elbow: Quality first
- Hand/Wrist: Today’s solutions
- Trauma: Fracture healing and function
- Sports: The main problems
- Paediatrics: New approaches
- Cartilage: Repairs: Repairing the disaster
- Infection and Inflammation: Drugs alone?
- Bone Tumors: Solution options
- Technical Equipment: Where with navigation?
- Osteoporosis: Growing burden
- Basic Science: What’s in the pipeline?
- Pain Control: Empowering the patient
- Biomaterials: What’s new?

Science, Education, Culture

In 2009 the European Orthopaedic Community meets in Vienna
Combined Approach to the Swollen Knee

EULAR and EFORT Harvest the Fruit of their Corporate Labour

NICE/PARIS – EULAR and EFORT present the recommendations for diagnosis and initial management of patients with acute or recent swelling of the knee.

The optimal management of joint diseases often requires a combined approach that includes both pharmacological and nonpharmacological therapy. In recent years the interdisciplinary “combined units” that had been established 4 to 5 decades ago in several rheumatology units have become less common. But a close cooperation of experts concerning as well the diagnosis as operative and nonoperative treatment options bear many benefits for the patients. A thorough considerations of treatment options help to ensure the patient gets a therapy that is as effective and minimal invasive as possible. Surgical procedures have to be planned in accordance with the pharmacological treatment, especially the matching treatment with immunosuppressive therapies and NSAIDs should be kept in mind. Not only the quality of patient care will improve if orthopaedic surgeons and rheumatologists work together in the same outpatient clinic. Research will also profit by this cooperation.

Strengthen Cooperation

The European Federation of National Associations of Orthopaedics and Traumatology (EFORT) and the European League Against Rheumatism (EULAR) therefore have started initiatives to strengthen the collaboration between orthopaedic surgeons and rheumatologists. The process was initiated by the president of the Bone and Joint Decade, Professor Lars Lidgren, and we, as presidents of EORT and EULAR saw the opportunities of a stronger collaboration between our organisations. The EULAR-EFORT symposium at the 8th EFORT congress in Florence, Italy, discussed how to manage the acute swollen knee from both perspectives. Surgical therapies were highlighted and discussed at a combined symposium at the 2007 EULAR-Barcelona congress – and then we thought it was time to collaborate with the objective of achieving a document that could foster collaboration and patient care.

Together the two organisations decided to develop EULAR-EFORT evidence-based recommendations for diagnosis and initial management of patients with acute or recent swelling of the knee. The “acute” condition also suggests the concept of emergency and danger, requiring to overcome waiting lists to evaluate the patient. To capture all these concepts the task force decided to change the term “acute” into “acute or recent onset”. It is opposed to the concept of intermittent or chronic, the latter being defined as lasting for more than 3 months. The term “knee” includes every anatomical structure of the knee, intrarticularly and periarticularly.

The recommendations will refer to several steps of disease management: recognition of condition, referral, classification of condition and first general therapeutic interventions. After a final diagnosis has been made the further treatment should follow respective recommendations – for example management of gout, early arthritis etc. The causes of an acute swollen knee may be various general conditions as described in table 1. The recommendations will cover a number of subjects:

- severity of pain
- timing of pain (nocturnal?)
- type of pain (increasing?)
- early morning stiffness
- fever
- speed of onset
- prior intervention or surgery
- acute or prior traumas
- involvement of other joints
- body temperature
- locking and instability
- signs related to reactive arthritis (additional low back pain, skin reaction etc)
- drug history
- associated disorders (comorbidity)
- family history
- similar previous episodes
- symptoms suggestive of connective tissue disease
- alcohol use
- travel history

Table 1: Summary of general conditions that may cause an acute swollen knee

- degenerative
- inflammatory (crystals, autoimmune)
- traumatic
- infections
- neoplasms and malformation
- haematological (haemophilia, anticoagulants)
- synovial fluid analysis (microscopy, cell count and culture)
- imaging (conventional X-Rays, MRI, sonography, scintigraphy, CT, PET)
- blood tests (complete blood count, CRP, ESR, uric acid, RF, ANA, ANCA, anti-CCP, HLA B27, hepatitis)
- appropriate samples (blood, urine, joint fluid) for arthritogenic agents (chlamydia, mycobacterium, yersinia etc)
- biopsy of target tissue (synovial, bone etc)
- arthroscopy
- physical examination: signs suggestive of connective tissue disease, skin, eyes, other joints, temperature, signs of bleeding diathesis
- specific knee examination: detection of swelling (patellar tap, bulge sign)
- menisco tests (Mc Murray, Apley, Grindling test)
- instability tests (Lachmann, anterior and posterior drawer signs, Jerk test = pivot shift)
- weakness and warmth of the knee
- tenderness
- range of motion
- crepitus
- elements of anamnesis and examination: Where are questions should a physician ask a patient presenting with acute swollen knee? (see table 2) Further elements of examination (table 3) and tests (table 4).

A second meeting of the task force took place in Zurich in April, and based on evidence provided by literature research and analyses of cohort of patients, recommendations for management will be elaborated.

Symposium in Nice

The swollen knee will be subject of a joint EULAR-EFORT session at the annual European Congress of Rheumatology on 13 June, 15.30 – 17.00 h, in Paris. Renowned specialists will discuss the conditions that are associated with acute swollen knee. They will report on the recommendations and on the joint initiative of EFORT and EULAR. A similar report will be given at the preceding EFORT meeting in Nice on Friday, May 30. Our hope is that this collaboration will be strengthened and that other collaborative task forces will be carried forward. It is for example obvious that osteoarthritis is a field with a major overlap between orthopaedic surgeons and rheumatologists.

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Where the Experts Meet
An Update on Orthopaedics and Traumatology

Share Experience on a European Level
Interview with Prof. Dr. Thierry Bégué, Head of the Local Organising Committee

NICÉ (jp) – The 9th EFORT Congress in Nice from 29 May to 1 June is striving for scientific excellence. A new component are 5 “ExMEx” sessions.

Distinguished speakers will hand on specific knowledge and practical skills in the new session format “Experts Meet Experts”. These sessions will provide each participant with a comprehensive view of a specific technique. A technical workshop is included and thus the participation is limited to 100 attendees, so pre-registration is highly recommended. The subjects of the “ExMEx” sessions will be “knee arthroplasty: the choices”, “fracture fractures”, “the new hip arthroplasties”, “mid and hind foot arthrodesis” and “fractures in children: tricks and hints”.

The main focus will lie on the advancement of new developments and ideas. We have to share our knowledge and practical experience with our colleagues “to exchange scientific facts, share experience and build up awareness of future trends.”

A high-class social programme in the past years has always been a part of the EFORT congresses – and Nice will not be an exception to this rule. The official opening and welcome reception will take place on Thursday, 29 May, at 18 p.m. in the Acropolis Convention Centre. On Friday, 30 May a Nice Night will be a further highlight. Guided tours will give the congress attenders and their accompanying persons a chance to look at the famous and beautiful places around Nice: Monaco, Saint Tropez, Antibes, Cannes and Grasse.

The glamorous city in the south of France attracts tourists since the 18th century and is well connected to all transport networks. The airlines of Sky

Of course the 9th EFORT Congress does not abandon successful elements such as Symposia and Instructional Lectures, Free Papers, Posters Workshops, Industry Symposia and technical exhibits. It will cover the whole range of contemporary orthopaedics and traumatology in Europe.

Future Trends

EFORT President Prof. Dr. Karl-Georg Thonigren and Prof. Dr. Thierry Bégué, Chairman of the Local Organising Committee are looking forward to the meeting and the possibility together with their colleagues “to exchange scientific facts, share experience and build up awareness of future trends.”

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NICE – (jp) Professor Thierry Bégué as the head of the Local Organising Committee (LOC) of the 9th EFORT Congress of the 9th EFORT Congress and in a very small number in the past months with the preparations of the scientific and social programme. In an interview he comments on his expectations and the highlights of the programme.

What are your expectations for the congress?
Bégué: In the past we had the EFORT meetings biannually. Now it’s the first time that we have an annual meeting. The main focus will lie on the advanced courses discussing difficult cases and challenging situations. The target audience of this meeting are the well-trained orthopaedic surgeons.

So how many attenders will come to Nice?
Bégué: About 3000 delegates. This is more or less half the number of people that visited the last EFORT congress in Florence. But we have only 8 rooms available at the same time for parallel sessions whereas at the EFORT Florence meeting there where 12 rooms available. So it’s a smaller meeting.

What can you say about this year’s opening session and about the Nice night?
Bégué: For the opening session we have two major cultural highlights to welcome the delegates. We will hear a “polyphone” from Corsica. This is a very typical music without any instruments, only the voices of the singers will present the melody. Then we will hear a very famous perfume maker. Mrs. Marin will explain about how to be a nose and what is the duty of the nose.

The Nice night will be on the beach in a wonderful place with a view of the Baie des Anges with its beautiful landscape. We will have a great time to spend outside of the city along the sea close to the famous “Promenade des Anglais”.

And at the end of May/beginning of June the weather will be right for outdoor concerts, only the voices of the singers will present the melody. Then we will hear a very famous perfume maker. Mrs. Marin will explain about how to be a nose and what is the duty of the nose.

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This suits the motto of “Experts Meet Experts”. These sessions will be a high-light of the congress. The moderators have chosen subjects and invited well-known surgeons from all over Europe to give lectures. After that presentations of new developments and ideas of different surgeons will follow. All the delegates will get the chance to present their cases at the meeting to be discussed. Some sessions will include “hands on” elements as well. We will dedicate half a day to these sessions. Besides that we have – as always – Instructional Lectures, Symposia and Controversial Case Discussions.

But unlike former EFORT meetings this year the subjects of the Instructional Lectures and Symposia will focus on difficult cases that are usually gone by end of April. We are quite confident with the weather. So people should really come and feel the charm of the French Riviera at the end of spring. Not only the city of Nice will welcome the people to come and spend some days. There are all the cities around like Cannes, Grasse, Saint Tropez and many more that are worth a visit.

What will be your personal highlight of the congress?
Bégué: I will focus on the ExMEx sessions. It’s a new way for the academic orthopaedic surgeon to share the experience about difficult situations with their colleagues. EFORT faces a huge challenge to be able to deal with the subject of difficult cases.

In each country we have only few cases in each series. We need to collect data from each surgeon all over Europe if we want to establish some practice guidelines or schemes for treatment. We have to share our experience on a European level.

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And at the end of May/beginning of June the weather will be right for such an evening!
A Common Cause of Elbow Pain
Symposium “Epicondylitis, medial and lateral”

NICE – Lateral and medial epicondylitides are a common cause of elbow pain in the general population and can be very i

Dr. Hakan Omeroglu from Turkey. Limping is a very important finding during the period of childhood and its differential diagnosis includes several significant disorders. The importance of newborn hip screening programs will be presented by Dr. Franz Grill from Vienna, Austria. Developmental hip dysplasia is still an important health problem in many countries and its prevention by a screening program has been well described. The advantages and disadvantages of ultrasonographic hip screening programs will be discussed in detail in this lecture. The current concepts in the treatment of Legg-Calvè-Perthes (LCP) disease and its differential diagnosis include between the age from 4 to 9 years old. There are plans for a session to discuss this topic in the Golden Team Lecture in Nice. There are plans for a session to discuss this topic in the Golden Team Lecture in Nice.

The Problems of the Developing Hip
Common Orthopaedic Challenges in Children

NICE – The symposium “The problems of the developing hip” will be held on May 29th and be moderated by Prof. Hakan Omeroglu from Turkey.

The aim of this symposium will be to discuss in detail the common orthopaedic problems of the hip seen in the paediatric age group. This symposium will include four main subjects which will be presented by four experts from Turkey, Austria, Poland and Switzerland. The first subject will be “differential diagnosis of hip limping due to hip problems” presented by Dr. Muhammet Yázici from Ankara, Turkey. Limping is a very important finding during the period of childhood and its differential diagnosis includes several significant disorders. The importance of newborn hip screening programs will be presented by Dr. Franz Grill from Vienna, Austria. Developmental hip dysplasia is still an important health problem in many countries and its prevention by a screening program has been well described. The advantages and disadvantages of ultrasonographic hip screening programs will be discussed in detail in this lecture. The current concepts in the treatment of Legg-Calve-Perthes (LCP) disease and its differential diagnosis include between the age from 4 to 9 years old. There are plans for a session to discuss this topic in the Golden Team Lecture in Nice. There are plans for a session to discuss this topic in the Golden Team Lecture in Nice.

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The foot is characterized by its structural complexity, the loads that are exerted are considerable and vary a lot according to individuals. The constraints are also quite variable according to the bones, the age, or the activity of the person; for example, they can reach 275% of the body weight in jogging (1000 cycles approximately per kilometer) More over, the foot, whose 28 muscles at least are necessary to its functioning, does not consist of less than 20 bones including the sesamoid bones imbedded in the plantar muscu- lo tendo aponeurotic system. It thus adds up 33 levels of mobility with 66 articular surfaces.

The hind-foot and the mid-foot work in a forced way in a closed kinematics chain mode, this means that the total movement is the sum of small movements in the multiple articulations load and forced between the ankle (which transmits the body weight moving) and the distal zone in support, that allows adaptability, stability and great power transmission. Conversely, the fore-foot is a is not a forced structure but a free kinematics chain with greater mobility which allows the catch of the support. Articular instability leading to osteoarthritides will have progressive deformity as a corollary.

Moreover the prosthesis will have to reduce the deformation and to maintain the correction. But it is impossible for it to start from a certain degree of deformation or in front of abnormal morphotypes. Thus the need for doing osteotomies of correction that compli- cate the technique.

Each joint of the foot is characteri- zed by the concept of autonomy as an isolated entity transmitting constraints and ensuring mobility and stability, and by the concept of interdependence with the other joints making it possible for the foot to provide its harmonious and automatic function.

Artroplasties of the foot, even if the attempts were numerous, were not much studied and little developed. Any prosthetic system on the level of the foot must satisfy the following conditions within the framework of its normal function (walking) and super normal (running, jumping,...):

- Solidity (fatigue strength)
- Durability thus everlasting (for the harmonization of the constraints and to avoid wear and/or osseous reaction)
- Modulus of elasticity equal or close to the cortical bone.
- Deformability identical to the cortical bone (coefficient of Poisson)
- Biocompatibility
- Porous Surface quality between 100 and 150 microns for the osseointegra- tion.
- Very low friction coefficient.

Thus, the articulations of the foot are characterized by their small size and the enormous forces which are exerted there. That excluded from the start the cementing of the metal implants in particular, and the fixing of the polyethylene directly either by the intermediary of a metal or different ba- se plate. All the attempts using these methods have failed so far.

The prosthesis must correct the deformation, bring indolence, restore the function and the force of support (stability) and last. A failure is always possible, the arthroplasty must be able to be revised by another prosthesis, a palliative arthroplasty, or by an arthro- desis.

There is for the moment no valid solution to replace the hind foot and the mid-foot joints, so the arthrodies- is remains the only primary solution to give a painless and stable joint the possibility to integrate the kinematics chain function but giving an overload to adjacent joints. Positioning and os- teosynthesis are the main problems.

For the ankle joint and the first metatarsus-phalangeo-sesamoid joint, which are respectively the second and third points of the gait, the prosthesis replacement today is a challenging task.

For approximately 30 years, orthopa-edic surgeons have been imagining and using a variety of techniques and de- vices to replace the first MP joint with a multitude of implant designs and mo- difications, most attempting to replace the natural joint surfaces anatomically and functionally. We must distinguish, like for TAR, the two components and three components with mobile bearing prosthesis (more recent), the advantages and disadvantages of these different im- plants have long been debated in scien- tific meetings and publications. Surgical technique, implant design, materials, and patient selection remain a concern and the ongoing research.

For the ankle, the arthrodesis is a reliable alterna- tive solution for primary or revision sur- gery. Before replacement arthropasty or arthrodesis, there were conservative techniques associating chondroplasty, arthrodesis and osteotomies in halluc rigidus.

In the absence of contaminant on the implant, this one will be surrounded by a fibrous membrane of interposition with the osseous bed what will protect the implant against excessive stresses. The implant must be used in total ar- throplasty with a double stem for osseous stabilisation. One cannot stricto-sensus speak of articular prosthesis be- cause it does not have mobile ar- ticular surfaces and behaves rather like an articular interposition (SPACER), it has also a stabilising joint effect. Exceptio- nally a rupture at the level of its hinge can occur. It is capital to obtain a correct force of support of the big toe to protect the lesser rays.

In conclusion we have today many possibilities to treat foot and an-kle arthritis, we must choose the most appropriate solution according to pa- thology, age, functional expectations, condition of adjacent joints, possibili- ties of revisions if necessary. Due to the complexity of the foot and ankle a wide field of works and research for in- dustry and surgeons still remains open in order to find the possibility of reliable replacements of all the joints of this astonishing organ.

“We can say that the foot is one of the most complex and highly coordinated mechanisms in existence” J.H. Hicks 1955

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Saturday, May 31, Auditorium Gallieni 3
More than Nice

**NICE (gd)** – The social programme of the 9th EFORT congress invites everybody to discover the picturesque and famous places along the Cote d’Azur.

A guided bus tour will lead alongside the sea coast to Monaco. Passing through the small towns of Villefranche sur mer, Beaulieu sur mer and Cap d’Ail the visitors will learn a lot about the history of these places on their way to Monaco where they catch sight of the Botanic Gardens. In Monte Carlo the famous Casino, the “Hôtel de Paris”, the world wide known “Rocher” with its magnificent gardens, and the characteristic features of the region: beauty and fragrance. The bus will be waiting at the Acropolis Centre. Along the famous „Promenade des Anglais”, the sea front of Nice, the tour gets on its way. To reach Antibes the bus will pass on the outskirts of the small town of St. Laurent du Var and then drive along the town of Cagnes sur Mer. The most famous castle where the 19th century painter Renoir would stay is just one of the landmarks along the road. Antibes and it’s fortress as well as the very attractive port are the first goal of the tour. In Cannes the group will be invited to see the worldwide known „Palais des Festivals” where each year since 1946 the “Festival de Cannes” is held. After lunch in Cannes the journey continues in the direction for Grasse to visit the perfume factories. The beauty of the town and all the different fragrances of the perfumes will surely last as enjoyable memories. In addition a small gift will be given to each one to take back home as a souvenir (small perfume bottle or perfumed soap).

**Guided Tour of Monaco & Eze (bus tour)**
Price per person: 50 Euro (incl. VAT)

**Guided Tour of Antibes, Cannes and Grasse (bus tour)**
Price per person: 90 Euro (incl. VAT)

**Guided Tour of Antibes & Eze (bus tour)**
Price per person: 65 Euro (incl. VAT)

**Guided Tour of Monaco & Eze (bus tour)**
Price per person: 150 Euro (Incl. VAT)

**Guided Tour of Antibes, Cannes and Grasse (bus tour)**
Price per person: EUR 115 (Incl. VAT)

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**By Boat to Saint Tropez**

Warm sunny weather is the usual forecast for the end of May in Nice. And what could be more pleasant than a boat trip when the sun is shining on the beautiful southern coast of France? After following the Bay of Canoubiers and its famous villas, the boat stops in Saint Tropez, then it will travel on to Port Grimaud, the magnificent lakeside town, before getting back to Sainte Maxime. The tour includes lunch in the famous “Place des Lices” and free time for shopping in the city and the port of Saint Tropez.

**Guided Tour of Saint Tropez (boat tour)**
Price per person: 150 Euro (incl. VAT)

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**Beauty and Fragrance**

The bus tour to Antibes, Canne and Grasse will combine some of the very characteristic features of the region: Beauty and fragrance. The bus will be waiting at the Acropolis Centre. Along the famous „Promenade des Anglais”, the sea front of Nice, the tour gets on its way. To reach Antibes the bus will pass on the outskirts of the small town of St. Laurent du Var and then drive along the town of Cagnes sur Mer. The most famous castle where the 19th century painter Renoir would stay is just one of the landmarks along the road. Antibes and it’s fortress as well as the very attractive port are the first goal of the tour. In Cannes the group will be invited to see the worldwide known „Palais des Festivals” where each year since 1946 the “Festival de Cannes” is held. After lunch in Cannes the journey continues in the direction for Grasse to visit the perfume factories. The beauty of the town and all the different fragrances of the perfumes will surely last as enjoyable memories. In addition a small gift will be given to each one to take back home as a souvenir (small perfume bottle or perfumed soap).

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**Congress Highlights**

- Hip problems: Current solutions
- Knee: Always progression
- Trauma: Leaping forward
- Shoulder/Elbow: Novel approaches
- Foot/Ankle: Today’s solutions
- Paediatrics: A fresh look
- Sports: The evolving athlete
- Hand and wrist: Original answers
- Bone Tumours: Functional solutions
- Osteoporosis: The silent epidemic
- Basic Science: The future
- Infection and inflammation
- Disease burden and health care policy
- Pain control

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