

EFORT NEWS

EUROPEAN FEDERATION OF NATIONAL ASSOCIATIONS OF ORTHOPAEDICS AND TRAUMATOLOGY

CONGRESS-EDITION



04/2008



Continuing Improvement
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Combined Approach to
the Swollen Knee:
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EDITORIAL

Nice is more than nice:



Science!
Education!
Friendship!

We all come to the EFORT Congress in Nice to experience these professional and social aspects in the nice environment of Nice with its pleasant combination of ideal congress venue, lovely climate and University City.

Manifested by the large number of abstracts submitted to our EFORT congresses the European Orthopaedic surgeons obviously feel a need for a general platform to present their work.

Thus, the General Assembly has decided that from year 2008 onwards EFORT will hold yearly congresses. This will give the national associations and the specialty societies a European platform where we can all meet at the same time with the opportunity to share experience with a larger audience. The even year congresses will have special combined focus together with a national association. Now the EFORT Executive Committee and the French local organisers are delighted to invite you to participate in the 9th EFORT Congress in Nice from 29 May to 1 June, 2008. The congress is held in close collaboration with SOFCOT (Société Française de Chirurgie Orthopédique et Traumatologique). Special thanks go to the local organising committee with Chairman Professor Thierry Bégue and the EFORT Scientific Committee with Chairman Professor Pierre Hoffmeyer for their dedicated achievements. The Nice congress is devoted to the memory of Professor Frantz Langlais who up till his sudden death intensively worked to make this congress possible.

The Scientific Programme includes symposia and instructional lectures delivered by distinguished speakers from all across Europe, free papers, posters, workshops, industry symposia and technical exhibits. Also ExMEx sessions (Expert

to be continued on page 2.....

Striving for Excellence

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

ZÜRICH (jp) – 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 (AAOS), the Orthopaedic Society of Argentina (AAOT) and Brazil (SBOT) and the Chinese Orthopaedic Association (COA).

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



Neil Betteridge, representative of Arthritis Care, at a symposium in Florence



worked out a differentiated priority list of future activities.

A Stable Basis

When EFORT Immediate Past President Prof. Dr. Wolfhart Puhl handed over the presidency to his successor Prof. Dr. Karl-Göran Thorngren, the „old“ Executive left a stable basis for the newly elected members of the Executive to build on. A main goal for the future, Prof. Thorngren explains, is the consolidation of EFORT and the further

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 oriented 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 European 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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Thorngren Takes the Lead

Extraordinary General Assembly, 27 October 2007 in Berlin

BERLIN – The death of the President-elect 2008/2009, Prof. Frantz Langlais, made it necessary to hold an extraordinary General Assembly in 2007. On the occasion of the German Congress of Orthopaedics, it took place in Berlin on 27 October 2007.

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
- Prof. Dr. Miklós Szendroi to be Vice-President
- Prof. 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:

- **President:** Prof. Dr. Karl-Göran Thorngren, Sweden
- **Vice-President:** Prof. Dr. Miklós Szendroi, Hungary
- **Secretary General:** Dr. Manuel Cassiano Neves, Portugal
- **Treasurer:** Prof. Dr. Martti Härmäläinen
- **Immediate Past President:** Prof. Dr. Wolfhart Puhl
- **Member at Large I:** Prof. Dr. Stephen R. Cannon, UK
- **Member at Large II:** Prof. Dr. Pierre Hoffmeyer, Switzerland
- **Member at Large III:** Prof. Dr. Maurizio Marcacci, Italy

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

- Dr. Ake Karlsson, Sweden
- Prof. Dr. A. Mazhar Tokgozoglou, 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



The Extraordinary General Assembly met in Berlin

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 liaison 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. Prof. Dr. Klaus-Peter Günther, Germany, as Chairman of the EFORT Portal Steering Committee presented the latest news

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 Dreinhöfer, 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.

- 11th EFORT Congress 2010 Madrid: 2 – 5 June 2010
- 12th EFORT Congress 2011 Copenhagen: 1 – 4 June 2011

Regarding EFORT's relationships to the Specialty Societies, Dr. Giacometti Ceroni, Italy, pointed out that the importance for the future of EFORT to strengthen the links to the specialty societies. It is the task of EFORT to provide a wide platform for the specialty societies.

Mr. 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:

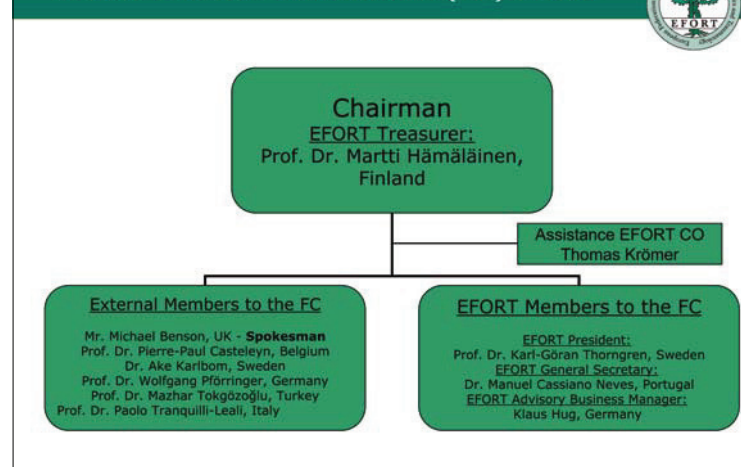
- 28 May, 14.00 – 18.00 General Assembly Strategy Meeting with General Assembly dinner in the evening
- 29 May, 8.30 – 12.00 General Assembly

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. ■

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

EFORT Finance Committee (FC) 2008



Finance Committee: Structure of the EFORT Finance Committee

and developments and new features of the EFORT Portal. He brought up the question of companies' sponsoring of educational videos and single or multiple companies participating in a video production. The General Assembly could not come to a final decision on

Then Prof. Thorngren again presented the facts for the next EFORT Congresses 2008 – 2011 as follows:

- 9th EFORT Congress 2008 Nice: 29 May – 1 June 2008
- 10th EFORT Congress 2009 Vienna: 3 – 6 June 2009

EDITORIAL

Meets Expert) are started here in Nice. We have broadened our collaboration with the specialty societies for the scientific program and to emphasise the collaboration with SOFCOT for the Nice congress, also French specialty societies attend. Along with the exhibition this congress format will cover the whole range of contemporary orthopaedics and traumatology in Europe.

During the last years EFORT has also organised instructional courses in different cities around Europe. An instructional course (IC) has around 100 participants and they have been focused on new specialists and residents with a goal of continued medical education. Major themes have been arthroplasty of the hip, knee, shoulder as well as trauma. In this newsletter you will find information about the EFORT ICs 2008.

Since many years EFORT arranges Travelling Fellowships where the different national associations alternate

to host a group of young orthopaedic surgeons. Each country elects one attendant and to make the travelling groups of limited size, half of these participate in the spring programme and half in the autumn programme. There is also a possibility for individual longer study-visits called Visiting Fellowships.

Work is also ongoing to make a new version of the EFORT Textbook now edited by Professor George Bentley. The European Journal of Orthopaedics and Traumatology will be started with Professor Wolfhart Puhl as Editor in Chief. Furthermore investigational reports will be published in a book series.

To keep yourself informed and updated about all EFORT activities, please go to the EFORT website www.efort.org where you will find more detailed information.

Hoping to see you soon in Nice!
Karl-Göran Thorngren
President EFORT

Mission Mobility

Executive Committee Strategy Meeting in Allgäu, Germany, November 2007

OFFERSCHWANG – From November 15 to 18 2007 the EFORT Executive Committee (ExCom) met in the snowy region of Allgäu, Germany, Hotel "Sonnenalp" 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 Allgäu is the home of Prof. Puhl, the ExCom chose this location.

EFORT asked an independent moderator to lead through 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



The ExCom met in the snowy region of Allgäu.

identity in a key sentence: "Working on behalf of the European Orthopaedic & Traumatology community, EFORT aims to secure mobility, musculoskeletal health and quality of life." Seven strategic priorities were seen as fundamental to all future activities of EFORT:

1. involvement of national societies
2. involvement of specialty societies

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 straight strategic priorities EFORT as 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 throughout Europe and then in the international orthopaedic community beyond Europe. ■

i Author: Prof. Dr. Wolfhart Puhl, EFORT President 2006/2007, EFORT Immediate Past President

Network for Mobility

EFORT Immediate Past President Prof. Dr. Wolfhart Puhl about his Work

OBERSTDORF – The EFORT managing board strived for a trustful cooperation with all the member societies in the past years.

The last report of an EFORT President has to be a review of 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, Rennes, France, shortly after his election as EFORT President. That was a shock to us all. Still I have to thank Prof. Karl-Göran Thorngren, Lund, Sweden, that he agreed to start his EFORT Presidency earlier than expected.

We all will benefit from the power and experience of the new elected members of the EFORT Executive: the new Secretary General Dr. Manuel Cassiano Neves,

Lisbon, Portugal, the new chairman of the scientific committee, Prof. Dr. Pierre Hoffmeyer, Geneva, Switzerland, and the new chairman of the educational committee Prof. Dr. Enrique Caceres Palou, Spain. Prof. Dr. Maurizio Maracchi, Italy, and Prof. Dr. Stephen Cannon, UK, as new elected members increase the activity and power of EFORT Executive. The president will be more and more supported of course by Prof. Miklós Szendroi, Budapest, Hungary, as Vice-President.

At the beginning of 2006 it was evident that EFORT would grow rapidly. The internal structure of Executive and Central Office and the external factors as especially the changing congress places with changing congress organisers not in each aspect seemed to be sufficient to work successfully for EFORT's future.

What have been the main activities consequently in 2006 and 2007?

Publication activities

1. EFORT publication activities have been in a disastrous situation concerning the textbook. We forced a discussion and step by step came to the decision that in the future EFORT will cooperate with one main partner as publisher. After comparing different offers the publishing house Springer was chosen. EFORT will start a completely new textbook as an orthopaedic European reference work. In addition EFORT decided to establish a European orthopaedic-traumatology journal as an E-Journal, which will be free of charge for all EFORT members and thus all individual members of the national member societies. Book series to publish new and important scientific work will be added to these combined activities.

These activities will demonstrate the high quality of European Orthopaedics and Traumatology and contribute to the necessary harmonisation of our daily work in Europe. It is extremely important that the journal and the

textbook will give the chance to build up a network of the most experienced colleagues of our national member societies and the cooperating specialty societies in clinical and basic research and education.

New Partners

2. EFORT started and continued working on close relationships to non-European orthopaedic societies – the American Academy of Orthopaedic Surgeons (AAOS), the Orthopaedic Society of Argentina (AAOT) and Brazil (SBOT), but also the Chinese Orthopaedic Association (COA). The AAOT will be the special guest society at the EFORT Congress 2010 in Madrid, which will be a combined congress of EFORT and SECOT. A special guest status for our colleagues from Brazil at the 2011 Congress in Copenhagen is under discussion. Several meetings with the presidents and executives of all named societies have proven to be a good start for future cooperation.

3. Orthopaedics can't live isolated, ties had to be established with other European societies dealing with musculoskeletal conditions. So EFORT, after short and very fruitful pre-discussions, started the cooperation with EULAR and with patient organisations, both with the help of the Bone and Joint Decade. Symposia at the EFORT Congress in Florence and the EULAR Congress in Barcelona in 2007 were the first visible results of this cooperation. A further and really important step was taken in working out EULAR-EFORT recommendations. The first programme dealt with the "acute swollen knee". A very precise and effective work was achieved in the past 10 months and the result will be presented at the EFORT Congress in Nice. This high-level activity will be continued for further topics.

4. Patient Organisations as partners of EFORT will be decisive for the future activities. The member societies should also take part in political discussions in the different countries. Symposia started these combined activities in Florence and again at the EULAR Congress in Barcelona.

Central Office

5. In 2006 and 2007 the EFORT Central Office was in some aspects terribly understaffed which made the work for EFORT very difficult. The experience of the different congresses, which became bigger and bigger, showed the necessity of continuous work done by professionals over at least a few years. All data collected had to be realised as owned by EFORT. The result of extensive discussions was to decide in favour of a Core PCO of EFORT. The best offer was chosen and the contracts carefully negotiated of course with the involvement of lawyers supporting EFORT. It seemed to stabilise EFORT that the Core PCO guaranteed a regular income to EFORT. It seems that the new decided Core PCO is a clear factor of stabilisation of both the EFORT organisation and economy. It is expected

that the effectiveness will increase over the years.

Annual Congresses

6. The amount of abstract submissions to the EFORT congresses has been increasing over the years. Due to lack of capacity many abstracts had to be rejected despite of good scientific quality. At the same time an increasing number of visitors from outside Europe came to the EFORT Congresses. Therefore discussions started if the biannual congress should be changed to an annual rhythm. This discussion was especially influenced by Prof. Dr. Frantz Langlais and SOFCOT. The end point of discussions inside EFORT, but also with member and specialty societies and industry, was that like a pilot study the annual congress should start in 2008 in Nice, France. So, this congress is an enthusiastic combined activity of EFORT and SOFCOT.

7. In 2007 many discussions came up concerning EFORT activities like Instructional Courses, Experts meet Experts sessions (ExMEx) and congresses. Linked to this was the discussion about how to build up the best structure of the Central Office. More employees provide more EFORT activities and more services to the member societies and all partners of EFORT. Of course a bigger Central Office means increasing costs, a topic which is to be pre-analysed and carefully checked by the Advisory Business Manager and all in the Central Office in their special segments of activities helpfully controlled by the accountant.

8. At the end of the two years period 2006/2007 we felt that in the service for EFORT, which means the service of all members, The EFORT Executive should come together to a conference moderated by an external experienced independent moderator to discuss the identity of EFORT, to speak about EFORT's strengths, weaknesses, opportunities and threats. A differentiated priority list of future activities was worked out and will be communicated in the General Assembly in Nice. EFORT's mission is: "Working on behalf of the European Orthopaedic & Traumatology community, EFORT aims to secure mobility, musculoskeletal health and quality of life." It is fundamental to involve the national member societies and the EFORT related specialty societies in all activities and decisions of EFORT.

It was realised and pointed out as priority that there will be no further evolution and growth of EFORT without real European activities. With the help of professionals EFORT has to build up a clear presence in Brussels to be informed about and involved in European research policy, policy dealing with the evolution of the health systems and the differentiated evolution of harmonisation by education in musculoskeletal conditions. EFORT has to become more visible as the European orthopaedic representative.

Some things have been realised in the past two years, some have been decided and guided to next necessary steps and others of course are open to be worked out in 2008/2009.

1 Author: Prof. Dr. Wolfhart Puhl, EFORT Immediate Past President

A European Platform

EFORT: Excellence for Orthopaedic Regular Training

LUND (jp) – EFORT President Karl-Göran Thorngren in an interview explains the main challenges of the near future and the new motto for EFORT's educational activities.

What are your goals as EFORT president? What are the challenges of the future?

Thorngren: The main goals are to consolidate and to further develop the position of EFORT as the European platform for scientific and educational presentations and work for European orthopaedic surgeons. We are both providing congresses and Instructional Courses. We aim at ensuring a high level and we also want to further support the networks we have put up for junior orthopaedic surgeons with our travelling fellowships and visiting fellowships.

The importance of educational activities is growing and so is the number of meetings. How does the organisation manage the growing work load?

Thorngren: Well, it is a challenge of course. Because even if we have a very large membership, there are not so many members involved in the preparation of our activities. So one goal will be to broaden the participation in our activities and engage more colleagues in our different committees to improve and expand our activities. Another aspect is that many national societies and specialty societies have educational events like Instructional Courses which are of a high quality. We have given out an invitation that they can apply for approval for certain of these courses by EFORT. So we label them and put them together to an educational programme that will reach a large number of members.

So networking is an important aspect of EFORT's work?

Thorngren: That's right. We strengthen the relationship with the national societies and the specialty societies. This is an overall goal of the next period. We have tried to find a new motto for our event activities: EFORT means "European Federation of National Associations of Orthopaedics and Traumatology", but now the abbreviation also means: "Excellence For Orthopaedic Regular Training". We want to show that our main educational activities are aiming for excellence. That is also the reason why we have started the new ExMEx – Experts Meet Experts – format.

The 9th congress in Nice will set a focus on the ExMEx Meetings. What is special about them?

Thorngren: In Nice we will have ExMEx sessions. These specific sessions last half a day devoted to a larger topic. We also intend to organise ExMEx fora as some kind of a separate meeting with a programme on a level aimed on the more experienced and specialised orthopaedic surgeon, the so called experts. The first ExMEx forum will be in Berlin from 26 to 28 March 2009. In the future we will probably focus on arran-

ging ExMEx meetings as genuine EFORT meetings. And we will use the possibility in cooperation with the national and specialty societies to label Instructional Courses, particularly those on a more basic educational level.

Looking a bit further ahead: What will be the main topic of the 10th EFORT congress 2009 in Vienna?

Thorngren: For the Vienna congress we will continue the concept started in Nice: To have some ExMEx sessions and of course symposia and instructional lectures. The subjects of the congress – as it will be a general orthopaedic congress – will cover all the specific topics from

trauma and treatment of fractures to joint diseases, from arthroplasty and navigation to basic science like growth factors or osteoporosis, biomaterials and pain control. The idea is that as we



EFORT President Prof. Karl-Göran Thorngren



Vienna will host the EFORT Congress 2009

have started the annual meetings the even year meetings like Nice 2008 and Madrid 2010 are more closely linked to the national associations – the French SOFCOT this year and the Spanish SECOT in 2010. In Madrid the SECOT meeting will even be held at the same time as the EFORT congress. The odd years as before have a focus on cooperation with the specialty societies and of course as always the national societies.

The sudden death of Professor Langlais was a shock for the orthopaedic community. How did it affect the work of the EFORT management?

Thorngren: It was a great shock to us, indeed. After a couple of weeks we had to continue the work started. Frantz Langlais was the initiator of the Nice congress and the guarantor for good cooperation with the French SOFCOT. Now we have had great help from the French local chairman of the organising committee Professor Thierry Bégué. As I had been elected Vice President at the same time as Frantz Langlais was elected President it was a natural succession that I went in two years earlier which was of course an extra work load. That's how we tried to manage it.

Thank you very much for the interview.

Continuing Improvement for Orthopaedic Specialists

The Development of EFORT Educational Activities

BARCELONA – Prof. Dr. Enrique Cáceres, 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 ensure 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 ortho-curriculum that includes the minimal



Prof. Enrique Cáceres Palou

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 spine osteotomy for late post-traumatic kyphosis. This 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 changes we need continuing medical education (CME) for a continuing 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 (EACCME) 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 EACCME has successfully managed to initiate processes and to found the basis for a credible European System. In the near future we need to link our educational activities with this accreditation tool.

Finally we 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.

I Author:

Prof. Dr. Enrique Cáceres
Chairman EFORT Education Committee

Instructional Courses 2008

Milan – Prague – Ankara

ZURICH (jp) – 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 orthopaedic 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:

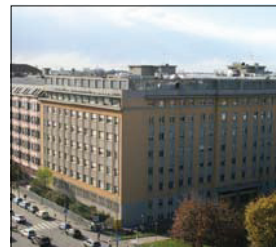
- deep vein thrombosis,
- infection,
- heterotopic ossifications,
- leg length discrepancy,
- joint instability,
- nerve and vessel damages
- soft tissues problems
- errors of technique or of indication
- periprosthetic fractures

Prof. Luigi M. Zagra organises 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



Istituto Ortopedico Galeazzi IRCCS

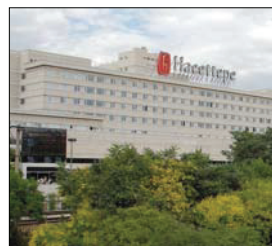
Main topics:
Prevention and treatment of complications in hip arthroplasty

➤ 22nd EFORT IC
Prague, 10 to 11 October
Venue: Hospital Homolka
Prague, Czech Republic
Main topics:
Spine



Hospital Homolka

➤ 23rd EFORT IC
Ankara, 31 October to 1 November
Venue: Ankara Hacettepe University
Ankara, Turkey



Hacettepe University

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

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

Good Communication

EFORT and SECOT – a Model for the Future

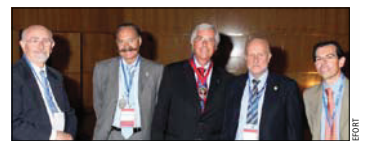
MADRID (jp) – The 11th EFORT Congress 2010 will be a joint meeting with the Spanish SECOT. A good reason for EFORT representatives to attend the 44 Congreso Nacional de SECOT.

The Spanish orthopaedic specialists met from 26 to 28 September in Madrid and an EFORT delegation took 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 practise – 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 connect 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 management found an experienced like-minded person in the SECOT Vice President:



On the road to good communication (from left): Luis Munuera, Fernando Gómez Castresana, Wolfhart Puhl, Luis Ferrández Portal, Antonio Pérez Caballer.

Prof. Enric Cáceres, who worked very successfully for SECOT in the past, has recently been appointed EFORT's Education Chair and will give new impetus to the education activities.

Supported by SECOT the EFORT President was enabled to discuss future relationships between EFORT and the Argentinean Scientific Orthopaedic Society (AAOT). 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

Growing Interest for EFORT Fora

ZÜRICH – EFORT Fora 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 DGOOC Congress in Berlin. The first idea was to choose one topic for several events like Thromboprophylaxis 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 speciality. 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 of 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 Tirana; "Difficult cases for hip and knee replacement"
2. EFORT Forum during the SGO/SSO Congress in Switzerland from 24 to 26 September in Basel; "Surgery of the spine: An update"
3. EFORT Forum during the DGOOC 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; Prophylaxis 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

Thank You For Your Cooperation

Free Entrance Tickets for the Congress in Nice and for Instructional Courses

ZÜRICH (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 question-

naire. The editorial staff will implement as many of the recommendations as possible.

To thank those who help to improve the EFORT News, 5 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 Atzori, Italy
- Dr. Kristian Bilgrav, Denmark
- Dr. Ralf-Achim Grünther, Germany

In addition 10 free-entrance tickets for an EFORT Instructional Course in

2008 or 2009* will be given to the following readers:

- Dr. Charles Docker, UK
- Dr. Fabrice Duparc, France
- Dr. Eric Garling, The Netherlands
- Dr. J. Vaeckenstedt, Switzerland
- Dr. Jörg Singer, Germany
- Dr. Erika Lamprecht, Switzerland
- Ass. Prof. Dr. Ingemar Petersson, Sweden
- NG Aaron, UK
- Dr. Jaak Popelier, Norway
- Dr. Juraj Masaryk, Slovakia

*excluding travel and accommodation

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„Competence in One Hand“ A Very Special Health Care System

Portrait of the German DGOOC

BERLIN – The German Association for Orthopaedics and Orthopaedic Surgery is one of the eldest orthopaedic societies in Europe.

Founded as Association for Orthopaedic Surgery in 1901, the name has been changed several times due to the development of the specialty and the health care system in Germany. From "German Orthopaedic Association" 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" (DGOOC). The next change will come shortly.

The reason is the dual representation of orthopaedics and orthopaedic surgery in Germany. On one hand Germany offers a system of orthopaedic specialists in hospital as well as in private practice: more than 5000 orthopaedic specialists provide predominant conservative health care in their own private practice, and about 3000 specialists are working in hospitals as orthopaedic surgeons.



Prof. Fritz Uwe Niethard

paedic Surgery will be a fusion with the German Trauma Association (DGU) because the challenges need an intensive 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 a specialty. 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 sides as the basis for good medical practice.

Just recently the German Association for Orthopaedics and Traumatology (DGOOC) 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: Predominantly surgically thinking is joined by conservative aspects of orthopaedic treatment, just for the "competence out of one hand". With more than 12000 doctors, the union of orthopaedic and trauma care doctors is now the biggest surgical specialty in Germany. So the merge is about to come.

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, osteology, orthopaedic pain therapy 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. DGOOC and the Professional Association cooperate in the "Alliance for Orthopaedics and Orthopaedic Surgery" in order to coordinate the strategy for an effective representation of orthopaedic surgery in Germany.

The official publication of the DGOOC is the "Zeitschrift für Orthopädie und Unfallchirurgie", which also represents the close cooperation between DGOOC and the German Trauma Association (DGU) on the way to a complete fusion of the societies. ■

i Author: Prof. Dr. F.U. Niethard, General Secretary of the DGOOC, University Hospital and Clinics, Aachen, Germany

Orthopaedics in Germany

BERLIN – Musculoskeletal care in Germany is affected by the special conditions in the German health care system.

German orthopaedic surgeons have been quite active within EFORT. Prof. Wolfhart Puhl was one of the founding fathers of the society and is member of the Executive Committee since the early days. He has been treasurer for a long time and was until recently President of EFORT. The national delegates, Prof. Wolfgang Pförringer and Prof. Volker Ewerbeck, represented the interests of the society in the General Assembly for many years. Recently Prof. Klaus-Peter Günther and Dr. Karsten Dreinhöfer have taken responsibilities in chairing the Scientific Portal Committee and the Health Service Development Committee.

In Germany a somehow special situation exists for musculoskeletal care. The expert for the operative and non-operative care of musculoskeletal conditions and injuries in Germany is the orthopaedist or the orthopaedic and trauma surgeon, while in most other European countries the surgical care is represented by orthopaedic surgeons and non-operative treatment by other specialties. Also in Germany there are

Rheumatologists and Specialists for Physical and Rehabilitative Medicine. However, in relation to the number of orthopaedists and orthopaedic surgeons their number is quite small and their primary treatment focus is only a small part of musculoskeletal care. The rheumatologists in Germany are primarily interested in inflammatory diseases. This specialisation can be achieved from two sides, based on an orthopaedic or internal medicine training. The number of rheumatologic specialists with these two different backgrounds is quite similar. On the other hand, musculoskeletal care is only one of the areas of specialisation for physical and rehabilitative medicine which also includes internal and neurological diseases. Obviously the patient with musculoskeletal problems in Germany has the chance to receive optimal care out of one hand. The orthopaedic specialist should be THE expert for the appropriate treatment in all phases of the disease.

Healthcare is provided for in- and outpatient on a specialist level. In addition to general practitioners there is a large number of specialists in private practices outside of the hospital responsible for the outpatient care close to the home of a patient. The spectrum of care differs from practice to hospital.

Hospitals usually take care of surgery and complex severe cases, while orthopaedists in private practise focus on non-operative treatment of musculoskeletal problems. However, there is also a large amount of outpatient-surgery as part of the specialists practice, and some of the colleagues from private practice work in hospitals as consultants. The musculoskeletal care in Germany is primarily ensured by 4300 private practices and 500 hospitals or orthopaedic departments.

90% of German patients are insured in one of the over 200 public health insurances, approximately 10% in private insurance companies. More than 90% of the specialist in private practices and the GP's are organized in special corporate bodies, so called 'Kassenärztliche Vereinigungen', who negotiate all contracts for outpatient care with the healthcare insurances. The reimbursement system for the in-patients are based on Diagnosis-Related Groups (DRG) and contracts about the volume of cases are directly negotiated between the hospitals and the insurance companies.

Two societies represent the interests of orthopaedics in Germany, the scientific society DGOOC and the professional association BVOU. ■

Aiming at High Quality Care

Portrait of the German Professional Association BVOU

BERLIN – Activities and political targets of the BVOU, the Professional Association of Orthopaedics and Orthopaedic surgeons in Germany.

The Professional Association of Orthopaedics and Orthopaedic Surgeons, the "Berufsverband der Fachärzte für Orthopädie und Unfallchirurgie (BVOU)" has been formed

in 1951 and originally took care of the interests of orthopaedics in private practice after the second world war. At that time more and more competent care for musculoskeletal problems was asked for beside the treatment in hospitals. Over the years the BVOU changed into the professional representation of all Orthopaedics and Orthopaedic Surgeons in Germany. The professional association has grown constantly and now comprises about 6900 members, 4400 orthopaedists in their own practice and 1500 working in hospitals.

The aims of the organisation are to take care of the status and practise of orthopaedists and also their economic interests, to promote the training and continuous education as well as quality-assurance. In addition, the BVOU represents its members in medical corporate bodies, and to governmental organisations, scientific associations, media and the public.

The BVOU provides – together with the DGOOC – information for all members of the societies in their combined publication "Orthopädie Mitteilungen". Additionally, there is an internet platform for information and communication for all BVOU members:

www.bvou.net, as well as a separate platform for patients and the public: www.orthinform.de. Furthermore the BVOU provides patient-information journals for all members which are displayed in waiting room areas.

One of the key goals of the BVOU is the stabilisation of the independent high-quality orthopaedic care in both sectors, in- and outpatient, based on innovation and scientific development. A further important goal is the provision of high-quality continuous orthopaedic education, for which the professional association – together with the Scientific Society DGOOC – has founded an Academy for Education. There still seems to be an undertreatment of and a prolonged referral time for many patients with musculoskeletal complaints. To further analyse these problems and the overall musculoskeletal treatment realities an Institute for Health Service Research in Musculoskeletal Diseases and Trauma was founded. The BVOU organises in cooperation with the sci-

entific society (DGOOC) and the trauma society (DGU) the annual conference, attended in 2007 by 10.500 participants. Together with the two other societies the BVOU 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 BVOU 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 practices and hospitals, the BVOU recently started a campaign for a network of musculoskeletal competence: Kompetenznetz Orthopädie und Unfallchirurgie – www.Kompetenznetz-OrthopädieUnfallchirurgie.de

The BVOU suggests to continue using the Bone and Joint Decade as vehicle to get more awareness for patients with musculoskeletal problems. ■

i Author: Dr. Siegfried Götte, President of the Professional Association of Orthopaedics and Orthopaedic Surgeons, www.bvou.net



Dr. Siegfried Götte



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 lectures quoting undeniable statistics of fracture risk, its associated mortality, morbidity 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 and incidence of osteoporotic 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 osteoporotic 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 2040. 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, and found 266 (23%) had been prescribed osteoporosis medication, 33 (2.8%) 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 BJD-IOF-EFORT 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 ISFR 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 freely to orthopaedic surgeons worldwide (to be downloaded from <http://www.bjdonline.org/default.aspx?contId=1840>). It includes four keynote 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 'stick' 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.

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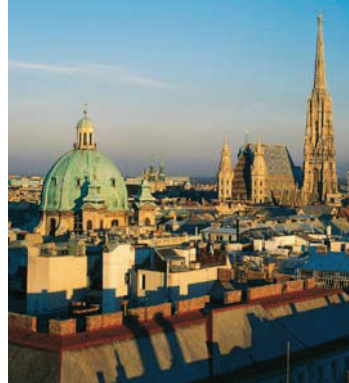
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Science, Education, Culture

In 2009 the European Orthopaedic Community meets in Vienna

EFORT – JOINT EFFORTS

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 ongoing treatment with immunosuppressive therapies and NSAIDs should be kept in mind. Not only the quality of patient care will improve if orthopaedic surgeons and rheumatologist 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 Deca-

of the knee. The target audience of these recommendations are all health care workers in the field of musculoskeletal diseases: Allied health professional, general practitioners, rheumatologists, orthopaedic surgeons, emergency department physicians, other medical specialists and students in related fields.

Task Force Meeting in Zurich

This task force is convened by Prof. Dr. Klaus-Peter Günther, Germany, and Prof. Dr. Desiree van der Heijde, the Netherlands, and follows



Prof. Dr. Klaus-Peter Günther, Prof. Dr. Desiree van der Heijde

the recommendations that have been published by professor Maxime Dougados and coworkers (Ann Rheum Dis 2004;63:1172-6). The first meeting between experts was held in Zürich, Switzerland, in October 2007, and the issues were defined as follows:

► "Acute" means a timeframe after a defined sudden onset – from several hours or a few days to less than 4 to 6 weeks. The timing is based on the recognition by the patient: either a sudden event or a definite change in condition like a recent swollen knee in a patient with longstanding rheumat-

cided 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 ana-

of the knee, intraarticularly and periarticularly.

The recommendations will refer to several steps of disease management: recognition of condition, referral, classification of condition and first

knee: Patient report, Physician examination, Additional tests

► In which circumstances is a delay in referral acceptable? When should a patient be immediately referred and to whom?



The delegates of the EFORT-EULAR task force meeting in Zurich

tomical structure of the knee, both intraarticularly and periarticularly.

► "Swelling" was defined as an increase of volume of the region of interest.

Patient Population

The patient population to be included in the recommendation was summarized as follows: Newly presenting

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 2: Important features in medical history

- degenerative
- inflammatory (crystals, autoimmune)
- traumatic
- infections
- neoplasm and malformation
- haematologic (haemophilia, anticoagulants)

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

de, Professor Lars Lidgren, and we, as presidents of EFORT 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

- full 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)
 - meniscus tests (Mc Murray, Apley, Grinding test)
 - instability tests (Lachmann, anterior and posterior drawer signs, Jerk test = pivot shift)
 - redness and warmth of the knee
 - tenderness
 - range of motion
 - crepitus

Table 3: Physical examination

id arthritis. 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 de-

to physician with history or examination finding suggesting onset of swelling (defined as an increase in volume) within a recent time (less than 4 to 6 weeks) in every anatomical structure

- 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, campylobacter, yersinia etc)
- biopsy of target tissue (synovial, bone etc)
- arthroscopy

Table 4: Additional tests

- Incidence and prevalence of the acute swollen knee caused by the respective conditions in a general population – how important is the issue?
- Distribution of conditions from the above list among patients presenting with acute swollen knee.
- Means of recognising the swollen

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9th EFORT Congress

Nice, France

29 May - 1 June 2008

Where the Experts Meet

An Update on Orthopaedics and Traumatology

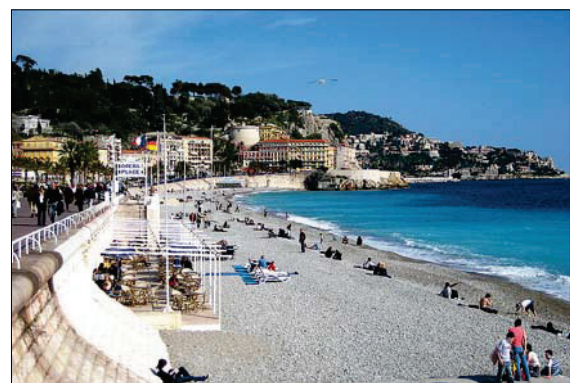
NICE (jp) – The 9th EFORT Congress in Nice from 29 May to 1 June is striving for scientific excellence. A new component are 5 "ExMEx" sessions.

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", "fragility fractures", "the new hip arthroplasties", "mid and hind foot arthrosis" and "fractures in children: tricks and hints".

perience 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 attendees and their accompanying persons a chance to take a 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-



The Cote d'Azur is waiting for the orthopaedic specialists

Of course the 9th EFORT Congress does not abandon successful elements such as Symposia and Instructional Course 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-Göran Thonngren and Prof. Dr. Thierry Bégue, Chairman of the Local Organising Committee are looking forward to the meeting and the possibility together with their colleagues "to exchange scientific facts, share ex-

Team have been appointed as the official airline network for the 9th EFORT Congress. To benefit from special offers, visit globalmeetings.skyteam.com and quote the event Identifier Code: 06175 in the Attendee section at the page bottom. The SNCF provides many connections by train, including the high-speed train TGV, that links Paris to Nice in 6,5 hours. The A8 "La Provençale" connects Nice to the European motorway network. So many ways lead to Nice, the meeting point of European Orthopaedics and Traumatology in 2008.

Detailed information and the scientific programme are available on the internet: www.efort.org.

Share Experience on a European Level

Interview with Prof. Dr. Thierry Bégue, Head of the Local Organising Committee

NICE – (jp) Professor Thierry Bégue as the head of the Local Organising Committee (LOC) of the 9th EFORT Congress had a busy time 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?

Bégue: In the past we had the EFORT meetings biannual. 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 attendees will come to Nice?

Bégue: About 3500 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 were 12 rooms available. So it's a smaller meeting.

This suits the motto of "Experts meet Experts" – a meeting of experts naturally has to be a smaller congress. With the five ExMEx sessions the congress introduces a new format. From your point of view, what is special about this format?

Bégue: These sessions will be a highlight 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. Also 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 not mentioned.

Besides the scientific programme the social events always play a significant role in EFORT congresses. What can you say

Bégue: Yes probably it will be around 20°. We should have a warm evening for the party – the rainy days 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?

Bégue: 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.



Prof. Thierry Bégue



Nice is waiting

about this years opening session and about the Nice night?

Bégue: For the opening session we have two major cultural highlights to welcome the delegates. We will hear a "polyphonie" 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 such an evening?

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Current Choices

NICE – Prof. Dr. Nikolaus Böhler and Prof. Dr. Jean-Noel Argenson together will head the ExMex Meeting about Knee Arthroplasty.

The ExMex Meeting at the EFORT Congress about "Knee Arthroplasty – current choices" will give an overview about the modern trends how to treat typical knee destructions with special consideration to localized destructions. Beside the standard operation with a total knee replacement the possibilities of partial implant solution will be demonstrated. Special considerations are added about mobile and fixed bearing knees about the unicompartmental knee, the isolated femoropatellar implant and the Hemi-cup for very localized defects.



Prof. Nikolaus Böhler

Following the introductory lectures held by experienced speakers a general discussion with the auditorium is planned. Furthermore a "What would you do-Session" should

provoke a discussion on differentiated indications. In that way the auditorium should get a good impression about the different views on modern implant solutions and their indication.



Prof. Jean-Noel Argenson

views on modern implant solutions and their indication.

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EFORT Past President
e-mail: nikolaus.boehler@efort.org
Thursday, 29 May,
Auditorium Gallieni 3

ExMex Sessions

NICE (jp) – Hands-on experience will be the main focus of the 5 ExMex Sessions.

- Thursday, 29 May:
13.30 – 18.00
Knee arthroplasty: The choices
- Friday, 30 May:
14.00 – 18.30
Fragility fractures
- Saturday, 31 May:
7.30 – 12.00
The new hip arthroplasties
- Saturday, 31 May:
14.00 – 18.30
Mid and hind foot arthrosis
- Sunday, 1 June:
9.00 – 13.30
Fractures in children: Tricks and hints

A Common Cause of Elbow Pain

Symposium „Epicondylitis, medial and lateral“

NICE – Lateral and medial epicondylitis are a common cause of elbow pain in the general population and can be very invalidating, leading to long periods of sick leave and sometimes inappropriate aggressive treatment.

Epicondylitis not only affects manual workers but also sportsmen and sportswomen and all people performing or undergoing repetitive strenuous activities of the elbow, resulting in a painful origo of the extensors and flexors of the forearm.

Although we can assume that this pathology probably affects human mankind ever since his existence, lateral epicondylitis was described for the first time by Runge (1873) and Major (1883) only about a century ago. More recently, Nirschl (1973, 1979) established the pathophysiology and was the first to perform histological studies on patients with lateral epicondylitis.

Although medial epicondylitis has a lower prevalence as lateral epicondylitis it can be as invalidating especially when the ulnar nerve is involved.

Ever since new aspects have been the subject of debate regarding etiology, pathology, biomechanics, conservative and operative treatment.

The aim of this symposium is to give an update on these important issues by sharing the view of some experts in the field.



Prof. Francis van Glabbeek

Prof. Pierre Mansat, Toulouse, France, will give us an update regarding biomechanics, pathophysiology and pathology of lateral epicondylitis but also highlight new insights concerning immunohistochemical mechanisms which can be responsible for this entity and may explain some new treatment modalities.

Conservative treatment of medial and lateral epicondylitis, which is considered as very important and the golden standard, will be the subject of Prof. David Stanley's talk from Sheffield, UK.

If this fails and one is ready to go for a more aggressive treatment, op-

erative treatment is an option. Prof. Denise Eygendaal, Teteringen, the Netherlands, will discuss the operative treatment modalities and highlight the pro's and con's of endoscopic versus open procedure.

Ultimately Dr. Roger P. van Riet, Antwerp, Belgium, will demonstrate what can go wrong in treating medial and lateral epicondylitis, how to treat those cases and which associated pathologies can be responsible to explain so called failures. Inappropriate debridement of the pathological extensor origo and postero lateral rotatory instability will be discussed in detail.

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Thursday, 29 May,
Auditorium Calliope

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 Dr. Hakan Omeroglu from Turkey.

The aim of this symposium will be to discuss in detail the common orthopaedic problems of the hip joint 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

limping due to hip problems" presented by Dr. Muharrem Yazici 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 hips screening programmes" 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 programme has been well described. The advantages and disadvantages of ultrasonographic hip screening programmes will be discussed in detail in this lecture.

The "Current concepts in the treatment of Legg-Calve-Perthes (LCP) disease" as third subject of the symposium will be presented by Dr. Marek Synder from Lodz, Poland. LCP disease is an important disorder especially between the age from 4 to 9 years in boys and its management principles are still controversial. The current trends in handling the children with LCP disease will be discussed in this lecture.

Dr. Reinald Brunner from Basel, Switzerland finally will discuss the "management of hip problems in cerebral palsy". Hip subluxation and dislocation are common disorders in cerebral palsy patients with walking disabilities. They can lead to significant problems if undiagnosed or undertreated. The question "how to prevent and when to treat such problems" will be answered in this last lecture of the symposium.

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e-mail: homeroglu@superonline.com

Thursday, 29 May,
Auditorium: Erato

Nucleus of a Young Network

FORTE: Federation of Orthopaedic Trainees in Europe

NICE – Orthopaedic trainees share information and provide individual training opportunities throughout Europe.

The idea for the Federation of Orthopaedic Trainees in Europe (FORTE) came up a number of years ago. The essence of the idea was conceived during the first part of the upheaval of the British training system in response to the European working time directive. The British trainees under the umbrella of the British Orthopaedic Trainees Association (BOTA) were keen to investigate the format of the training of fellow European countries. In EFORT 2005 in Lisbon the first meeting was held. Here the embryonic idea of a paneuropean organisation to share information was born.

Since those days the organisation has been growing. Its primary goals are to provide a mechanism for trainees belonging to their national training bodies to meet and interact. Within this structure it hopes to generate a forum

for the sharing of information and provide individual training opportunities throughout Europe.

The initial structure of FORTE was comprised of the BOTA, Epiphises (Sweden), IOTA (Ireland) and VOCA (Holland). The initial organisation was based upon the European countries that had national training organisations. Other countries, if they managed to organise a national training body, would be most welcome to join.

The initial funds were provided by a combination of funds from each individual training organisation, at a donation of 1 Euro per member, and then subsequently very generously funded by industry. All members of training organisations affiliated with FORTE are automatically members of FORTE. Those European countries that do not have national organisations can become members of FORTE by a small nominal contribution.

So what are the benefits of the membership in FORTE? At present we

have been exceptionally fortunate in gaining the support of a number of key players in the Orthopaedic world. We are grateful for the support of the Journal of Bone and Joint surgery that runs and manages our membership database for us. Also, they have given a very generous 50% discount to the JBJS subscription.

Now we can announce that the FORTE website is up and running and looks good. More information can be found at www.forte-orthopaedics.com. Our website is our outreach to every trainee in Europe. This site gives any information needed about FORTE, it provides contact to the members of the board and the possibility to become a member.

This year we are very excited to be playing a part once again in the EFORT congress, this time hosted in Nice. There are plans for a session to be held on Thursday, May 29th, from 15.00 to 18.00 h in room "Athena" with talks from all the initial repre-

sentative countries on the structure of their training programmes. We hope that many FORTE members will come to support this session and that trainees from those countries that do not have a formal training organisation will feel welcome to come along and find out more. In addition FORTE will have a stand where young congress attendees can gain information about the membership.

At present FORTE is embryonic. But these contacts established during training may last throughout consultant practice fostering continued professional development and life long learning.

Hope to see you in Nice,

i Authors: Dirk-Jan Hofstee, President,
The Netherlands; Iain McNamara, Secretary, UK; Paul Ackerman, Treasurer, Sweden; Olivier Temmerman, Vice-president, The Netherlands
Thursday, 29 May,
Auditorium: Athena

One of the Most Complex and Highly Coordinated Mechanisms

ExMEx Session „Foot and Ankle Arthrosis Solutions“

NICE – Due to the complexity of the foot it is still a challenge to find reliable prostheses for all the joints of the foot.

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). Moreover, the foot, whose 28 muscles at least are necessary to its functioning, does not consist of less than 28 bones including the sesamoid bones imbedded in the plantar musculotendinous 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 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 not a forced structure but a free kinematics chain with greater mobility which allows the catch of the support. Articular instability leading to osteoarthritis 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 complicates the technique.

Each joint of the foot is characterized 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.

Arthroplasties 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 osteointegration.
- Very low friction coefficient.

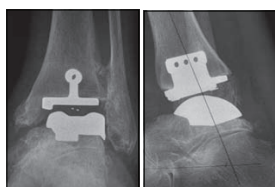
Thus, the articulations of the foot are characterized by their small size and the enormous forces which are exerted there. That excluded from the start the cementing of the metal implants in particular, and the fixing of

the polyethylene directly either by the intermediary of a metal or different base 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 arthrodesis.

There is for the moment no valid solution to replace the hind foot and the mid-foot joints, so the arthrodesis 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 osteosynthesis are the main problems.

For the ankle joint and the first metatarsophalangeal joint, which are respectively the second and third pivots of the gait, the prosthesis replacement today is a challenging



Salto TAA

concern thanks to new technological possibilities.

The implantation of total ankle prosthesis to restore a functional ankle is increasing because it is in line with the history of orthopaedic surgery and because the recent development of arthroplasty systems which are more compatible with the kinematics of the ankle has demonstrated satisfactory results in the literature.

To provide an update on the current data, we present a critical analysis of the literature. We carried out a literature research on the studies published within the last 12 years and we reviewed 130 papers.

After a reminder of the history of prosthetic ankles including the latest anatomical design and more particularly improved instrumentation for a more reliable technical execution, we present firstly a horizontal reading taking into account interesting items such as indications, complications, survivorship analysis, radiological evolution, functional scores... And secondly, in a vertical reading, interesting reports about preferential issues such as associated procedures, correlation of results with etiologies or with surgical experience, polyethylene wear, sports before and after TAR.

At the end of this review it appears that the ankle arthrodesis is no longer regarded as the gold standard in the treatment of osteoarthritis of the ankle, but that in many cases the ankle prosthesis is a reliable alternative.

For the first metatarsophalangeal joint (MTP), one should neither consider Hémi-arthroplasties nor the interposition or the silicone implants.

For approximately 30 years, orthopaedic surgeons have been imagining and using a variety of techniques and devices to replace the first MTP joint with a multitude of implant designs and modifications, 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 implants have long been debated in scientific meetings and publications. Surgical technique, implant design, materials, and patient selection remain a concern and the ongoing research.



Prosthesis Metafit

The arthrodesis is a reliable alternative solution for primary or revision surgery. Before replacement arthroplasty or arthrodesis, there were conservative

techniques associating chondroplasty, cheilectomy and osteotomies in hallux rigidus.



Prosthesis interflex

Only the lesser metatarsophalangeal joints are today replaced by the silicone implants with some reliability.

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 arthroplasty with a double stem for osseous stabilisation. One cannot strictly-sensu speak of articular prosthesis because it does not have mobile articular surfaces and behaves rather like an articular interposition (SPACER), it has

also a stabilising joint effect. Exceptionally 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 ankle arthritis, we must choose the most appropriate solution according to pathology, age, functional expectations, condition of adjacent joints, possibilities of revisions if necessary. Due to the complexity of the foot and ankle a wide field of works and research for industry and surgeons still remains open in order to find the possibility of reliable replacements of all the joints of this astonishing organ.

„The structure of the foot is such that it does not have any counterpart in the technique.“ R. Ficks 1911

„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

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More than Nice

Monaco – Saint Tropez – Antibes – Cannes – Grasse

NICE (jp) – 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 Ca-

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 its 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 Antibes, Cannes and Grasse (bus tour)

Price per person: 90 Euro (Incl. VAT)

C1 – Friday, 30 May, 9.00 – 17.00

C2 – Saturday, 31 May, 9.00 – 17.00

Included in the accompanying persons registration fee

A Day into Tradition

Start the day by a ride in the picturesque "Train des Pignes" and explore the Mediterranean inland amongst the narrow-valleys between Nice and the small medieval town of Entrevaux. Attractive villages wait to be discovered, such as St Martin du Var, Touët sur Var and Puget Théniers a spectacular valley rich with olive, apple and peach trees as well as lavender fields. From the palm trees of the French Riviera to the aromatic thyme perfumes of the mountains, from the olive groves

near the coast to the often snow-capped peaks, this trip to the heart of Upper Provence is a day into tradition. The medieval town of Entrevaux built by the General Vauban is rich in history. Small museums can be visited, with time for a little "provençal" shopping.

Train des Pignes guided Tour (train tour)

Departure at 3pm and arrival in Nice station at 16pm for a return to Acropolis at 16.30pm

Price per person: EUR 115 (Incl. VAT)

D1 – Saturday, 31 May, 9.00 – 16.30



The Monte Carlo Casino

thedral (which was filmed throughout the world for the Prince Rainier and Grace Kelly wedding) are some of the highlights. After some shopping or a visit at the Oceanographic Museum the group will return to Nice through the "corniche". The medieval village of Eze invites to a short excursion into the tradition of perfumes.

Guided Tour of Monaco & Eze (bus tour)

Departure by bus from the Acropolis Centre.

Price per person: 65 Euro (Incl. VAT)

A1 – Thursday, 29 May, 14.00 – 18.00

A2 – Friday, 30 May, 14.00 – 18.00

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 Canoubers 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)

Departure by bus from the Acropolis Centre to the port.

Price per person: 150 Euro (Incl. VAT)

B1 – Friday, 30 May, 9.00 – 17.00

Beauty and Fragrance

The bus tour to Antibes, Cannes 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



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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

Science, Education, Culture

In 2008 the European Orthopaedic Community meets in Nice