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Using a variety of techniques, the European Association of Spine Centers (EASC) is developing a more comprehensive approach to spine pain in adults. The primary goal is to improve patient outcomes and decrease cost of care. This is achieved through the implementation of comprehensive care programs which include pain management, patient education, and early intervention.

The EASC is working closely with other organizations such as the American Academy of Orthopaedic Surgeons (AAOS) and the North American Spine Society (NASS) to develop guidelines and protocols for the management of spine pain in adults. These guidelines are based on evidence-based medicine and are continually updated to reflect the latest research in the field.

One of the key areas of focus for the EASC is the prevention and treatment of chronic pain. This includes the use of medications, physical therapy, and other non-pharmacological interventions. The EASC is also working to increase awareness about the long-term effects of spine pain and the importance of early intervention.

In addition to the comprehensive care programs, the EASC is also focused on improving access to care for patients with spine pain. This includes the development of provider education programs and the creation of patient support networks.

The EASC recognizes that the management of spine pain in adults is a complex and multifaceted issue. However, through collaboration with other organizations and the implementation of evidence-based practices, the EASC is working to improve the care and outcomes for patients with spine pain.


SECOT – Portrait of the Spanish Orthopaedic Association

SECOT The Sociedad Española de Cirugía Ortopédica y Traumatología (SECOT) is the only national society in Spain dedicated to general orthopaedics.

SECOT was founded on July 6, 1935 on the premises of the Official Medical College in Madrid. The meeting consisted of 29 eager and prestigious orthopaedic surgeons of various ages and from different regions of the country. The Foundational Session was coordinated by Dr. Manuel Bastos Ansart, who was born in 1887 in Zaragoza but practiced at a hospital in Madrid, and who was elected President of SECOT. During this first session, Dr. Joaquín Trias Pujol, who practiced at a hospital in Barcelona, was elected President. At the same ceremony, the society rules were set up and the official magazine was created with the agreement that it would be published every three months. Today, our magazine, called “Revista Española de Cirugía Ortopédica y Traumatología,” is a peer-reviewed journal with six issues a year. Each issue consists of update topics written by national or foreign experts, original research papers, and noteworthy case reports. We are trying to include this journal in Medline.

The aims of SECOT were detailed in its statutes and consisted of: “To unify the practice of Orthopaedic Surgeons (AAOS), which is part of EFORT (the EFORT Fora during a lab session. The Spanish Spine Society GEER together with EFORT is organizing this EFORT Max Forum. What is so special about this group? The GEER – Grupo de Estudio de Enfermedades del Papago – (Spanish Spine Society) is a very prestigious entity in our country. Most of the surgeons that dedicate their work to this subspecialty in Spain have joined here. GEER has developed a lot of activities. Register now online on: www.efort.org or GEER website: www.geeraquis.org

EUROHIP

Following its introduction to routine medical care in the 1960s, total hip joint replacement has become one of the most valuable interventions available for chronic pain and disability. It has been shown to be both effective and cost-effective, and in all developed countries of the world, demand for and provision of the procedure have risen steadily over the past three decades. But in spite of the clear success of total hip replacement, there are still many practice variations, and scientific questions about its provision remain unanswered.

Most developed countries are struggling to finance first-class health care for everyone in their community, leading to a renewed emphasis on appropriate and equitable provision of health care, and putting interventions that are both high in volume and expense under the microscope. Purchasers and managers of health care provision in Europe are now demanding answers to some of the unanswered questions about hip replacement.

The EUROHIP project has been set up to answer some of these questions. Originalised on discussions between Wulfhart Puhl and Reinhard Mohr and with the help of funding from the Bernstein Foundation and CentroPulse Orthopaedic (Elzur Medical Ltd.), it was possible to create a collaboration involving 22 orthopaedic centres from 12 different European countries. Guided by Wulfhart Puhl (an orthopaedic surgeon), Paul Dregin (a rheumatologist) and Wurffind von Eott (a public health researcher and health economist), this collaboration is undertaking several different investigations into hip replacement to address indications, practice variations, costs and outcomes. The project is coordinated by Klaus-Peter Günther and Karsten Dreischifer.

This book provides readers with an understanding of the key issues that dictate the provision of total hip replacement.

The individual chapters cover some of the main problems and unanswered questions about the provision of total hip joint replacement. A highlight of the book is its multimedia and multidisciplinary approach, presenting perspectives from public health, individual patients and doctors, economists and health care purchasers and managers. The topics covered include evidence for practice variations, aspects of the indications for total joint replacement, including patient perspectives, economic issues and outcome assessment.

Many of the authors have separately published the work that is reported here in scientific journals, but by bringing these contributions together in a single publication, we hope that we have been able to provide interested readers with a clearer overview of the subject.

The book can be purchased on the EUROHIP portal: www.efort.org

1) Organise at least one annual meeting of all its members in which topics concerning clinical, teaching and investigation of orthopaedic surgery and traumatology would be explored and discussed.

2) Organise several courses throughout the year. A basic course for junior residents is offered each year in one or two versions in different locations around the country. In the same way, a revision course is developed every year for residents in their last year. It is a comprehensive review of the specialty intended to prepare them for the final exam. (The society organises, prior to the annual congress, a voluntary final exam in collaboration with our Health authorities.) Contents vary among one to three advanced courses for continuous medical education and development organised in different cities each year.

3) Maintain relationship with similar societies from other countries or regions, as well as those of subspecialties or related specialties. SECOT is part of EFORT (the EFORT Forum) during each of its annual congresses or the next congress in Madrid 2010 are only the latest examples of an active relation and the European Union of Medical Societies (UEMS). We maintain official relations with the American Academy of Orthopaedic Surgeons (AAOS), which include the publication of a combined book and invited presentations at the AAOS annual meeting. We also maintain excellent relations with most orthopaedic societies from Spanish-speaking countries in Central and South America.

4) Help Civil Service and private administrations with those subjects related to our specialty, trying to maintain the maximum development in every aspect of teaching in and out of hospital organisation and social work.

5) Promote rewards and fellowships as a society or through its foundation. Every year the society establishes prizes for the best research papers in different modalities: non-published basic science, non-published clinical research, published paper in our journal, and published paper in PubMed. More than 30 grants are given every year for travelling fellowships for our junior members. Recently, grants are also established for the best research projects.

6) Assist in the creation of Study Groups. SECOT has a democratic presidential organisation. The General Assembly constitutes the maximum power in the society. Every year during the Annual Congress, a General Assembly is held, and every 2 years this General Assembly elects a new President who has provided more than 20 years of service to SECOT. After two years as Vice President, the elected member is automatically named President. The President governs the society for two years; to help him, he designates an Executive Committee, which is formed by the President, the Vice President, a Secretary General, a Treasurer, a representative of trainees, and several members at large devoted to specific activities (publications, research, relations with regional and subspeciality societies and international relations)

Jose Cordovas and Josè Paz, National Delegates for SECOT

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