Synergy of Expertise in Favour of our Athletes:
Sports Traumatologists, Team Doctors and Physicians to enter Dialogue and Professional Exchange

The Bologna ExMEx 2010 on Sports Medicine

BOLOGNA — The forthcoming Bologna ExMEx forum on Sports Medicine (April 22 – 23, 2010) aims to bridge the otherwise widening gap between high level surgical specialists, doctors in primary care and team doctors, says its local organizer Maurilio Marcacci, head of the IX Orthopaedic Division and Biomechanics Laboratory at the Rizzoli Orthopaedic Institute and full professor in the Medical School of the University of Bologna. Apart from sharing needs and ideas, the ExMEx will offer three live surgery events in real-time and cover all body sectors possibly involved in sport injuries, from knee to shoulder.

Prof. Marcacci, why should an orthopaedist or traumatologist with his or her already busy schedule reserve April 22 – 23 2010 for the Bologna ExMEx in sports medicine?

Marcacci: The answer lies in the philosophy of the EFORT ExMEx meetings which is to bring together experts whom we feel should share their ideas and opinions but who don’t find appropriate opportunities to do so in the usual congresional settings. The Sports ExMEx, which we are proud to host here in Bologna, is of special importance not only as an update for surgeons, but even more so as a seedbed of interdisciplinary communication. Recently it has become difficult to discuss the common interests of sports traumatologists and team doctors and physicians. By that I meant communication between the trouble-shooters in cases of emergency and those who are charged with the day-by-day task of presenting the health and sporting performance of their athletes. The Bologna ExMEx will offer an initial (but not last) forum for an intensive professional exchange. But team doctors are not recent to become surgeons or vice-versa?

Marcacci: Of course not! What we are addressing is a trend towards highly specialized surgeons holding closed discussions among themselves, without considering, for example, the true interests of the athletes’ own health and performance. The ExMEx meeting is designed as a unique occasion to underline and discuss problems that, on the one hand, require difficult and differentially appropriated solutions, but on the other hand must be clearly understood by us all. Epidemiology, prevention, and surgical treatment must learn from each other in order to build a more holistic approach. Breaking up the old concept of “watertight compartmental” treatment has a high potential for synergies for us all.

What specific topics will be covered at the Bologna ExMEx?

Marcacci: As for surgery, we will cover virtually all the topics relevant in sports medicine, from knee to shoulder. The four big chapters will be degenerative knee; shoulder instability; elbow instability; and patellar tendinopathy, all focused on the specific problems of high level athletes. Within each chapter, we will present a wide range of solutions and approaches. A few examples: For knee problems we will discuss anything from the different choices of conservative treatment to allargating meniscus transplantation to osteotomy. As for the shoulder, we will differentiate the indications for arthroscopic and open surgery. In regard to the elbow, the common problems of medial instability and chondral lesions will be discussed. And in the session on patellar tendinopathy, we will draw the line from non-operative to operative treatment. In this latter session, we will also have the team doctor of Juventus Turin and Fabrizio Tencone presenting a very practical message on how to prevent this problem, which solutions are best able to preserve the athlete’s performance and which requirements must be met by rehabilitation routine in order to be optimally effective. Another focus point apart from the interdisciplinary dialogue you are emphasizing seems to be the updating of one’s surgical skills...

Marcacci: That’s true, and we are happy to announce there will also be three live surgeries. Participants will be able to discuss with the acting expert surgeons before, during and after the intervention, hereby really touching upon what top doctors are doing in sports operations. My own contribution will be the biological resurfacing of a degenerative knee, carried out together with my colleague Stefano Zaffagnini. The trick of this very promising approach is the implantation of a special artificial tissue able to direct the formation of new “true” cartilage tissue by the body’s own stem-cells, without the need of in-vitro cell cultures.

What is, concerning the Bologna ExMEx, your personal message to your colleagues?

Marcacci: Come and see innovation! You will see the European state of the art, which is, in all required modesty, the very best in the world. You will get updates in any field of sports medicine and orthopaedic surgery you’re interested in, and you will take it home to apply your improved skills immediately to your patients. Besides, in many fields our participants will be able to take home more than just one thing and to choose by themselves which of the proposed solutions best fits or convinces them.

For more information please visit the EFORT portal: www.efort.org/cms/bologna2010

EFORT/SECOT 2010: Surgical and non-surgical treatments in tumour care in Europe

- Thursday, 3 June: State of trauma care in Europe

- Friday, 4 June: Surgical and non-surgical treatments in tumour care in Europe, metastasising bone diseases

EFORT/SECOT 2010: 11th EFORT Congress on Orthopaedics and Traumatology

- Thursday, 3 June: One full day dedicated to tribology

This day’s goal is to give an overview of the problems of wear in total hip arthroplasty. It is aimed at both young orthopaedic surgeons in training and their more experienced colleagues.

Please visit www.efort.org/madrid2010/ for the detailed training programme.

Plenary sessions focus on major topics in orthopaedics and traumatology. Presented in English, with simultaneous translation into Spanish.

- Wednesday, 2 June: Arthroplasties in Europe: Quality assurance and rigourities

- Thursday, 3 June: State of trauma care in Europe

- Friday, 4 June: Surgical and non-surgical treatments in tumour care in Europe, metastasising bone diseases

For our residents and trainees, we have again put together a special programme that invites young surgeons to learn what every specialist needs to know, and to broaden their orthopaedic horizons. Please visit www.efort.org/madrid2010/residents for the detailed training programme.

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Madrid, the Hispanic Capital of Europe!

What’s new in Madrid? New and exciting formats are being launched and familiar ones improved with this congress cycle.

The forthcoming 11th EFORT Congress will merge two major orthopaedic meetings into one large event! This scientific congress will give you the opportunity to learn the latest in orthopaedic surgery and traumatology techniques. Further improving on the successful format of last year’s anniversary congress in Vienna, the Scientific Committee has put together a highly sophisticated programme for the forthcoming congress. It has been created by various expert surgeons from around Europe, with a special Spanish flavour. This year’s congress will be centered on our Spanish national member society, SECOT, which will be hosting this well-established meeting of Europe’s orthopaedic surgeons in Madrid.

A few of the scientific highlights of Madrid EFORT/SECOT 2010 are:

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Overview forthcoming Events
Advanced Training Programme 2010

22-23 April: EmMEx Bologna
Sports related injuries – a team physicians discussion

17-18 September: IC Copenhagen
Fractures in the elderly

8-9 October: IC Vienna
Shoulder prosthesis

IC Copenhagen, 17-18 September 2010
Fractures in the elderly are becoming an increasing challenge for quality care. Due to the demographic shift with an increasing number of elderly in the European population with increased life expectancy, fractures in the elderly constitute the major patient volume in the orthopaedic departments. The increasing quantity must be met by increasing quality in the treatment. For this reason the EFORT IC Copenhagen 2010 will focus on important topics, giving surgeons dealing with elderly fracture patients the forum for a profound exchange. For this meeting we expect 60-80 participants, basically from Scandinavia, supplemented by pan-European colleagues. This EFORT Instructional Course is in collaboration with the European Society for Trauma and Emergency Surgery, ESTES. A component part of this meeting will be three workshops, lasting each 3 x 1.5 hrs (4.5 hrs in total). For your benefit the workshops have been embedded in the scientific programme.

EFORT Travelling Fellowship Denmark
16 May – 22 May 2010

In May 2010, Denmark will host a group of EFORT Travelling Fellows for the third time. In 1992, when the European Nations were gathered under COCOMAC, a group of 16 younger orthopaedic surgeons travelled through Denmark and learned about orthopaedics in the Nordic country. This was repeated in 2001 and will now continue as an EFORT Travelling Fellowship group.

Last year, when EFORT asked whether the Danish Orthopaedic Society (DOS) was ready to make another Travelling Fellowship through Denmark, we immediately accepted. The Travelling Fellows will visit five university clinics in four cities in Denmark: Aarhus Hospital; Vejle Hospital; Odense Hospital; and in Copenhagen the “Righospitalet” and Herlev Hospital. The course starts Sunday afternoon with a welcome dinner where we hope the group of young European orthopaedic surgeons will gather and get to know each other. Monday, we will visit Aarhus Hospital, where the morning sessions are orthopaedic research, followed by the afternoon trauma-care session. Tuesday morning we will move south to Vejle Hospital and will have live transmission of hip and knee replacement. In the afternoon, the leader of The Danish Hip Arthroplasty Register will present important results from that 14 years-old registry. This will be followed by a presentation by Per Kjaersgaard-Andersen, MD, on the history and structure of DOS and EFORT. Wednesday, we will be in Odense, the city of Hans Christian Andersen, and will focus on hand and foot surgery in the morning. In the afternoon, the fellows will do their presentation for the group – focusing on orthopaedics in their country and their own scientific and surgical experiences. Thursday, we move to Herlev Hospital in Copenhagen and have a morning session planned on shoulder instability and an afternoon session on sports traumatology. The fellows have the night free to walk around in Copenhagen after we have shown them the city on a harbor cruise. Friday is allocated to the national hospital in Copenhagen, Righospitalet, with organized sessions on back surgery and pediatrics. Friday night, the official part of the Travelling Fellowship, the fellows will join the board of DOS at a farewell dinner at Restaurant Famo. Organised walk-around sessions are planned at all hospitals, so that the fellows really get an impression of each clinic and its facilities.

Denmark is a small country with 6 million inhabitants. DOS has close to 900 members, of which approximately 600 are specialized surgeons, certified by the National Health Board. Within DOS, the specialty is organized in the internationally recognised subspecialties, more of them having their own society with members and a general assembly.

However, as the government only refers to DOS, all subspecialties are organized under DOS. Most orthopaedic clinics in Denmark have sections with specialists doing only surgery within their subspecialty. DOS and all other medical specialties are now being reorganized by the authorities to move rare and complicated cases to fewer clinics—in some situations to only one clinic in Denmark—and to organise larger units where specialists in a subspecialty will gather in two to three clinics in each of the five regions in Denmark to do cases like revision joint replacement with severe bone loss, larger rotator cuff lesions, revision ACL reconstruction, and so on.

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