Patello-femoral disorders are a widespread source of pain and various degrees of disability throughout adult life. Yet, until recently, the patello-femoral joint has not been very well understood. Professor Dr. Philippe Neyret, Chairman of the EFORT Instructional Course "Patello-femoral Disorders" in March 2011 in Lyon, outlines some new approaches for dealing with this type of knee ailment and the comprehensive teaching concept behind the instructional course.

Professor Neyret, why is it necessary to perform instructional courses on such common conditions as patello-femoral (PF) disorders? The disorders might be common, but as a matter of fact, the nature and mechanics of the PF joint were not well understood until about a decade ago, and the huge accomplishments since then are still not very widely known.

Yet nowadays, medical doctors are flooded with invitations to congresses and courses all around the world. So why receive a date in an already busy schedule for the instructional course (IC) in Lyon — who is the target group you expect to profit most from the upcoming course?

Well, that’s easy to answer: first, there are still very few meetings dedicated to this pathologies, and among these, we offer a uniquely comprehensive approach. We will convey the state-of-the-art in terms of theoretical background and of practical experience as well as in terms of classical techniques versus new, less invasive ones. And we will cover all the possible indications for an intervention in this most sensitive area. Specialized sessions will be held on the episodic patellar dislocation, the reconstruction of the MPFL, the bony procedure, trochleoplasty and PF arthritis. Participants will be provided the rare opportunity to listen to the experts in PF joint disorders, ask questions and share their own experiences at the highest professional level. Any chief resident, fellow and experienced surgeon interested in the PF joint will greatly benefit from this event.

EFORT Instructional Courses are known for their attempt to bridge the compartmental thinking which is a consequence of the progressive specialization in the field of medical science. Is there a need for such bridging also with regards to the PF joint?

Yes, definitively, and we are to address this in Lyon. Traditionally, PF disorders are divided into instability symptoms and pain problems, or otherwise into sports medicine versus management of degeneration. In fact, this classification is artificial. Most obviously, traumatic events can accelerate degeneration, which in turn can make joints more prone to traumatic ruptures; instability may be the cause of pain, and so forth. At the IC, we will be offering a more comprehensive, interdisciplinary approach.

In terms of practical skills, what will participants be able to take home from Lyon? A whole bouquet of updates presented in our workshops. I hope, today, only a few surgeons perform reconstructions of the medial PF ligament, and even fewer are familiar with the designs of the PF prostheses currently available and the differences between them. The IC will allow the participants to conduct patello-femoral arthroplasties on models. Different prostheses and instruments will be presented by speakers and industry representatives for trial purposes. Practicing and perfecting these techniques through virtual bone sawing under the eyes of Europe’s leading experts is a very rare opportunity that — in my opinion — should not be missed. Furthermore, we offer training workshops to identify trochlear dysplasia and to correctly analyze the PF joint on a lateral X-ray, CT scan or MRI view. This sounds like very exciting advancements — but how far have we really come in improving the patient’s condition? Is the obvious technical progress really matched by improved results?

This is a very important question, not easy to answer in a few sentences. In a way, each joint and each patient’s condition is unique and therefore has to be analyzed very carefully before any decision for or against a specific intervention is made. One underlying motto of the Lyon IC is a pledge of honesty: We will be very careful to discuss not only indications and techniques, but also the results of modern PF arthroplasty, which indeed also implies certain limits. We’re not only going to share what we already know, but will also be very frank about what still requires further investigation. We therefore hope that this course — as a beneficial side-effect — may also trigger some new research in the directions needed.

Apart from sharing and updating professional skills, conventions like this are also sought-after opportunities for socializing and networking in a relaxing environment. What does Lyon have to offer for the participants’ leisure time?

Since this is my hometown, I might be biased, but I live here for good reasons. Lyon is a world heritage city of outstanding beauty — with its two rivers converging and with its romantic restaurants on the riverside offering the famous French cuisine in a unique atmosphere. I’ll be most pleased if our esteemed colleagues will not only take home upgraded expertise, but also the memory of true “jolie de vivre.”

More information available on www.efort.org/ic/lyon2011

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The German Association for Orthopaedics and Orthopaedic Surgery (DGOOC) was 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 (DGO, DGOOT). The DGOOC has about 3,000 regular members, some 2,000 more are affiliated members in 12 subspecialty societies: foot, hand, spine, paediatric orthopaedics, sports, rheumatology, otorhinolaryngology, 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.

The Professional Association of Orthopaedic Surgeons (BVOU) promotes the medical, political and public perception of the discipline of orthopaedics and trauma surgery in Germany. The association has almost 7,000 members. Its goal is to foster and maintain in the political and economic conditions best suited to the needs of patients suffering from musculoskeletal diseases and trauma and also the prevention of musculoskeletal diseases.

DGOOC cooperates closely not only with the Professional Association (in the ‘Alliance for Orthopaedics and Orthopaedic Surgery’), but also together with the German Association for Trauma Surgery (DGU) in order to coordinate the strategies for an effective representation of musculoskeletal competence in Germany. To support this process, just 2 years ago the German Association for Orthopaedics and Trauma Surgery (DGOU) was founded as an union of DGOOC and DGU. This is the result of a more than 10 years ongoing process of rapprochement which has led to a new educational curricula: the orthopaedic and trauma surgeon as a specialist for the treatment of all musculoskeletal lesions. After 6 years of experience the new specialist seems to be a tremendous success. In 2008 the common annual congress has become the biggest meeting for musculoskeletal care in Europe with more than 8,000 active participants.

For the fusion of DGOOC with the DGU the administrative task and 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 union has changed the characters of the societies: predominately surgically thinking is joined by conservative aspects of orthopaedic treatment, just for the “competence out of one hand.” With more than 12,000 doctors, the union of orthopaedic and trauma care doctors is now the biggest surgical specialty in Germany.

In collaboration with EFORT, the National Societies DGOOC and BVOU now organize the upcoming EFORT Traveling Fellowship 2011 in Germany. The fellows will have the possibility to visit different centres in Dresden, Berlin, Erlangen and Bonn from 15 – 21 May 2011. A comprehensive programme will be offered which includes specific:

- To be continued on the next page

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EFORT Instructional Course Lyon, France / 11 – 12 March 2011

Focus on the patello-femoral joint: Updating options for a widespread disorder

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National Member Societies DGOOC & BVOU

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EFORT Traveling Fellowship Germany 2011

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Full-day comprehensive review course (CRC) at the EFORT Congress in Copenhagen 2011

This CRC format was first presented during the 10th EFORT Congress in Vienna 2009, and, judging by attendance and comments from participants, this course was a resounding success! It aims to teach the knowledge that is needed for every specialist and broadens the participant’s orthopaedic horizons. This course provides up-to-date presentations in:
- Pediatrics
- Spine
- Reconstruction
- Trauma

Attending this comprehensive full-day review course will provide the necessary knowledge base to prepare for the European Board Examination (EBOT).

Primary target attendees: Young orthopaedic surgeons, residents in training

Venue: Bella Centre, Copenhagen
Date: Friday, 3 June 2011
Time: 08.00 – 18.00
Fee / participant: EUR 120.00 (incl. documentation and lunch box)
Max. capacity: 150 participants on a first come first serve basis

CME: The full attendance of the CRC Course entitles to 6 European CME credits (ECMECs)

Register online: www.efort.org/copenhagen2011

The first decade of the Fellowship Examination of the European Board of Orthopaedics and Traumatology (EBOT Exam): A prestigious orthopaedic-traumatology qualification in Europe

The Fellowship Examination of the European Board of Orthopaedics and Traumatology (EBOT) is now entering a new era after 10 years of experience in which it has gained recognition as a high-standard of qualification among the European orthopaedic community.

At the end of its first decade, the exam has improved its format to allow candidates to take the written part (section I) of the exam in numerous examining centres throughout Europe. Section I takes place annually in the beginning of June, on the same day and at the same time. The oral examination (section II) is allotted at one European medical centre, during the first weekend of October. The structure of the oral examination consists of five stations – Upper limb, Lower limb, Spine, Pediatric Orthopaedic and Basic Sciences.

As far as the application rules are concerned, the regulations have also changed. Last year trainees were able to sit for the written part (section I) before finishing their orthopaedic residence and this year, we have opened the examination worldwide for qualified orthopaedic surgeons.

From the administrative point of view, after 10 years of very successful organization by Mrs. Theresa Neves from Lisbon, a decision has been made to move the administration duties of the EBOT Exam to Zurich and will now be centralised in the EFORT central office in Switzerland. We would like to thank Mrs. Neves for all her dedication over the past decade and welcome Ms. Nina Nürnberger who has been appointed as the new EBOT administrator.

Since the very beginning all European Orthopaedic Societies have supported the EBOT Exam by selecting and appointing examiners for the five different areas, and this is certainly one of the main reasons why we have achieved such a great reputation among our peers in Europe. Before the examination, all appointed examiners have gone through an examiner’s course to ensure that all perform according to the standards set for this particular type of examination. However after 10 years of examinations, we are always willing to have additional nominations by the national societies to increase the number of examiners. We stress that there are areas where orthopaedic surgeons are less confident and therefore examiners are scarce! The next examiner’s course will occur during the EFORT Congress in Copenhagen, to become part of this very prestigious faculty, one must be fluent in English and have practiced for more than 5 years.

We also gained the support of the eight European speciality societies appointing members of their societies to become members of the EBOT writing committee. This committee meets twice a year in Lisbon to prepare and discuss the MCQs for the written examination for the next year and soon for the interim examination.

We are working hard for the future of the EBOT Exam in order to have the different parts of the exam in several languages and I am sure it will happen, but it is a great responsibility to move into a multilingual exam while preserving the quality of what we have achieved so far. It is a difficult and challenging task, but I am confident we will get there!

This has been a short update of the latest news about the Fellowship Examination of the European Board of Orthopaedic and Traumatology. As you can see, the exam has now been upgraded to the 21st century and the quality of this prestigious diploma has been achieved by a very broad base of support and cooperation not only from all National European Orthopaedic Societies, but also from all the European Speciality Societies. As Chairman of the EBOT Exam Committee I would like to thank all National and all Speciality Societies for their exceptional, professional and expert input into this European Orthopaedic qualification.

Author: Prof. Dr. Jorge Mineiro, Chairman EBOT Exam