Size your education!

For the first time, EFORT is offering within its general education programme a speaker coaching workshop.

A seminar designed for those who want to make the most out of every speaking opportunity.

Learning Objectives:
- An opportunity for experienced speakers who present papers at international meetings to look again at their style and the impact of their work on the audience.

Primary target audience:
- Experienced speakers who present papers at international meetings.

We offer a total of 4 such workshops during the congress.

More information available on: www.efort.org/copenhagen2011/workshop

EFORT Fellowship Session during EFORT Congress, Copenhagen

An EFORT Fellowship symposium will take place at 16:00-17:20 on 2 June 2011 at the EFORT Congress in Copenhagen. The symposium will offer participants a better insight into this unique experience that EFORT offers.

EFORT wants to promote training in "evidence based medicine", and also to offer experience of real surgical life. The symposium will give the audience an opportunity to understand the aims and rules of the different fellowships sponsored by EFORT and the EFORT FOUNDATION. These fellowships mainly concern European exchanges. Attend this extraordinary session and learn more about the benefits of our fellowship!

Previous fellows and hosting experts will present reports of their experiences. Many EFORT Executive Committee Members will be involved, reflecting EFORT's special interest in training by means of fellowships. You are warmly invited to this special event, whether you are one of our young colleagues, an established surgeon or the president of an EFORT National Member Society or Specialty Society. Do not miss this unique opportunity to share your views about future fellowship programmes.

Come and support the fellowship

EFORT Traveling Fellowships:

EFORT FOUNDATION Visiting Fellowships:
An opportunity for European orthopaedic surgeons to visit the most prestigious training centres in Europe – find more information about it on www.efort.org/foundation.

Our ExMEx session during the forthcoming congress

This session format offers a comprehensive review of specific surgical techniques.

An active discussion between the moderators, authors and the audience is a vital aspect of the following expert sessions and is key to their success.

Cases may be submitted for the following ExMEx sessions for discussion and evaluation by the authors, audience and panel:

- Complicated procedures and revisions in THA: Organiser: Prof. Dr. Macheras, Greece
- Total joint arthroplasty in foot and ankle: Dr. M. Deitl, Switzerland
- Forearm, wrist and hand - fracture treatment in children: Dr. Frans Del, Austria

A live surgery with a direct video link to the Istituto Ortopedico Rizzoli in Bologna, Italy will be featured in this ExMEx:

- New developments in the treatment of cartilage lesions in the knee: Organiser: Prof. Dr. M. Malecot, Italy

More information at www.efort.org/copenhagen2011/exmex

EBOT Exam 2011

Sections I – written part: 09 June 2011
Section II – oral examination: 01.09 – 02. October 2011, Paris (France)

Apply now on www.ebotexam.org!
FORTE – Federation of Orthopaedic Trainees in Europe

The Federation of Orthopaedic Trainees in Europe (FORTE) was founded at the trainees session of the EFORT Congress in Lisbon 2006. Our aim is to be a platform on which we can forge friendships and a network for the exchange of ideas and communication, provide training and education, establish travelling fellowships and help set standards for orthopaedic trainees across Europe.

As a voice for all orthopaedic trainees in Europe we would like to represent the views of all trainees across Europe to EFORT, EBOT and the Orthopaedic Section of the UEMS. Strong links have already been forged with EFORT and we fully support the excellent Comprehensive Review Course that is run every year at the EFORT Congress. We have gained representation on the board of the Orthopaedic Section of the UEMS, which is the parent organisation for the EBOT exam. In recent years the EBOT exam has also been available for final year trainees to sit and we believe that the exam will become a desirable marker as an end-of-training assessment for orthopaedic trainees. For a free market to work across Europe, there must be mechanisms in place to regulate and set standards for orthopaedic trainees and specialists alike in order to protect patients. FORTE has a very important role in shaping the future of orthopaedic training in Europe and we would like you to be a part of this. Due to the diversity of training across Europe, FORTE operates at two levels; at the top is a true federation, where national trainee bodies subscribe, and at the grassroots level individual trainees can sign up as members. A year’s membership is a nominal €1 per person either payable on an individual basis or by your national trainee body.

I encourage you to look at our website www.forto-orthopaedics.com for further information and see our most recent newsletter. Please feel free to contact us (secretary@forto-orthopaedics.com) with details of the orthopaedic trainee in your country or let us know your personal details to become an individual member.

Forthcoming EFORT Congress Copenhagen, 1-4 June 2011

Programme visit online www.efort.org/copenhagen2011/programme

EFORT Instructional Course on ‘Hip Replacement in the Young Patient’: Berlin/Sommerfeld, Germany, 1-2 April 2011

Problem case in hip surgery

Dr. Andreas Halden

Not too long ago, endoprosthetic replacement of the hip joint was an intervention that promised pain relief primarily for the elderly. Today, total hip replacement is producing excellent functional results, and is thus becoming an option for an increasing number of younger patients as well. PD Dr. Andreas Halden, head of the EFORT Instructional Course “Hip Replacement in the Young Patient,” which will take place in Berlin/Sommerfeld this April, outlines some methods and indications. Dr. Halden is chief physician in the endoprosthetic clinic of the SANA Kliniken Sommerfeld.

Dr. Halden - why are more and more younger patients undergoing hip replacement surgery today?

The demand for mobility and freedom from pain is on the increase. On one hand, this is partly due to increased demands at work. On the other hand, people are making increased demands upon themselves – such as in sports. These factors lead to an increasing number of hip replacements in young patients. Excellent long-term results play an important role in the decision process because patients can now rely on their artificial hip replacement to function well for a long time. Therefore, the decision for a hip prosthesis is now made more quickly, whereas patients previously agonised over such a decision a lot longer.

What are the indications for hip replacement in younger patients?

Hip dysplasia, for one, is still significant, though the number of cases is decreasing due to successful preventive measures. At least as consistent, if not slightly on the increase, is the incidence of femoral head necrosis. This can be idiopathic, but if it can also be brought about through drug-induced damage to the femoral head by or chronic alcohol abuse. And then, of course, there is post-traumatic osteonecrosis stemming from traffic and sports accidents. Finally, femoro-acetabular impingement was recently pinpointed as a frequent cause of hip arthritis in the young patient.

You mentioned dysplasia. What therapeutic possibilities does one have in this case? Depending on the condition of the cartilage, we can preserve the joint of the femur or acetabulum by means of osteotomy in certain cases. If the joint is completely worn, demanding hip replacement solutions are indicated. During our workshops, we will discuss the broad range of options to develop a therapeutic algorithm for interventions.

What is there to say about femoro-acetabular impingement and its treatment? Again, once hip arthritis is present, only a prosthesis helps. In the early phase, femoro-acetabular impingement syndrome can be very well treated by arthroscopy. However, in our course, we want to carefully differentiate how we address indications for an arthroscopic approach versus open surgery.

What messages can course participants take home with them, what techniques will they learn?

The course is divided into two parts. The first part deals with the presentation of the clinical pattern with appropriate diagnosis as well as joint-preserving therapy, such as osteotomy and arthroscopy. In the second part, the subject of joint replacement is on the programme. Possibilities as well as advantages and disadvantages of the minimally invasive approach will be covered there and demonstrated through live surgery. Moreover, the new short shaft systems will be introduced – usually, by the designing surgeons themselves.

Orthopaedic surgeons today usually have a very busy schedule and lots of training opportunities. Why should someone register for this course in particular?

Because we will focus on the burning issue of “hip replacement in young patients” – which is a real challenge in hip prosthesis! We cover the most important medical conditions in this domain and have very competent instructors, a “who’s who” of hip experts, so to speak.

More information available on www.efort.org/johannfemeller2011