Core strength achieves goals
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2013 – Core strength achieves goals

It is an enormous privilege to serve as the President of EFORT. It obviously requires a great sense of responsibility, strong commitment and dedication, in a time of EFORT's growing involvement and importance in the orthopaedic community.

June 2013 was a landmark for EFORT, owing to the change in our statutes which amends the term of office for those serving in the “presidential line”. Following the statutes' approval at the 2012 General Assembly in Berlin, EFORT's officers each began a one-year mandate. The end result of this is that each person will remain an officer for four years – as second vice-president, first vice-president, president and immediate past president. As always, there are advantages and disadvantages to this decision.

The major benefit will be greater representation for the national associations in the presidential line. This is important in validating the Federation’s decisions in an era of increasing visibility, with steady growth in numbers of participants at our annual congresses, as well as an increasing number of abstract submissions.

Throughout our respective mandates 2 principles were always followed in order to ensure continuity: teamwork with regard to decisions taken by the group, and careful definition of priorities which will be under the responsibility of our successors.

We have chosen three major topics for the 2013-2014 presidential period:

- **Organisation**, with the aim of increasing the visibility of the national associations within the Federation;
- **Politics**, by increasing activities in Brussels towards the recognition of the orthopaedic community as the scientific leaders in our field, with the particular input of our specialty societies; and
- **Education**, by establishing a European Education Platform to create a standard programme for all our members (curricula, assessments, final exam and recertification), with the involvement of the national associations and specialty societies.

Finally, a word about the 15th annual EFORT Congress, to be held in London from 4-6 June 2014. The United Kingdom has played a major part in our past congresses. This year, EFORT is privileged to have the British Orthopaedic Association (BOA) as the host of our meeting. The involvement of both EFORT and the BOA in the organisation of this combined meeting will ensure a high scientific content for the 2014 Congress. Our guest nation is the American Academy of Orthopaedic Surgeons, which will bring us the best in our field from across the Atlantic. With the theme “patient safety” we should keep in mind that patients are always our top priority and, by choosing this theme, we want to emphasise how much we value them.
NATIONAL MEMBER SOCIETIES

Albania  AAOST  Albanian Association of Orthopaedic Surgery and Traumatology
Austria  OGO  Austrian Society of Orthopaedics and Orthopaedical Surgery
Belarus  BRSMTOS  Belarus Republic Scientific Medical Society of Trauma and Orthopedic Surgeons
Belgium  BVOT  Belgian Association of Orthopaedics and Traumatology
Belgium  SRB-COT  Belgian Royal Society of Orthopaedic Surgery and Traumatology
Bosnia and Herzegovina  OTSABH  Orthopaedic and Traumatology Surgeons Association of Bosnia and Herzegovina
Bulgaria  BOTA  Bulgarian Orthopaedics and Traumatology Association

Croatia  COTA/HUOT  Croatian Orthopaedic and Traumatology Association
Croatia  COG  Croatian Orthopaedic Society of the Croatian Medical Association
Cyprus  CAOST  Cyprus Association of Orthopaedic Surgery and Traumatology
Czech Republic  CSOT  Czech Society for Orthopaedics and Traumatology
Denmark  DOS  Danish Orthopaedic Society
Estonia  ETOS  Estonian Orthopaedic Society
Finland  SOY-FOA  Finnish Orthopaedic Association

Former Yugoslav Republic of Macedonia  MAOT  Macedonian Association of Orthopaedics and Traumatology
France  SOFCOT  French Society of Orthopaedic Surgery and Traumatology
Germany  BVÖU  Professional Association of Orthopaedic Surgeons
Germany  DGÖOC  German Association of Orthopaedics and Orthopaedic Surgery
Germany  DGÜ  German Society for Trauma Surgery
Greece  HAOST  Hellenic Association of Orthopaedic Surgery and Traumatology

Hungary  MOT/HOA  Hungarian Orthopaedic Association
Iceland  IBF  Icelandic Orthopaedic Society
Ireland  IÖA  Irish Orthopaedic Association
Italy  SIOI  Italian Society of Orthopaedics and Traumatology
Kosovo  KSOTS  Kosovo Society of Orthopaedics and Trauma Surgeons
Latvia  LTÖA  Latvian Association of Traumatology and Orthopedics
Lithuania  LSOT/LOTD  Lithuanian Society of Orthopaedics and Traumatology
Luxembourg  SLOT  Luxembourgian Society of Orthopaedics and Traumatology
Malta  AOTS/M  Association of Orthopaedic and Trauma Surgeons of Malta
Montenegro  AMOT  Association of Orthopaedics and Traumatologists of Montenegro
Netherlands  NOV  Dutch Orthopaedic Association
Norway  NOF  Norwegian Orthopaedic Association
Poland  PIDTR  Polish Orthopaedic and Traumatologic Society
Portugal  SPOT  Portuguese Society of Orthopaedics and Traumatology
Romania  SOROT  Romanian Society of Orthopaedics and Traumatology

Russian Federation  AOTRIF  Association of Orthopaedists and Traumatologists of the Russian Federation
Serbia  SOTA  Serbian Orthopaedic Trauma Association
Slovakia  SOTS  Slovak Orthopaedic and Traumatologic Society
Slovenia  SOA/ZOSSZD  Slovenian Orthopaedic Society
Spain  SECTOR  Spanish Orthopaedic and Traumatology Society
Sweden  SOF  Swedish Orthopaedic Association
Switzerland  SSOFT-SSOT  Swiss Society of Orthopaedic Surgery and Traumatology
Turkey  TSOT/TOTBID  Turkish Society of Orthopaedics and Traumatology
Ukraine  UAOST  Ukrainian Association of Orthopaedic Surgeons and Traumatologists
United Kingdom  BOA  British Orthopaedic Association

ASSOCIATE SCIENTIFIC MEMBERS

Armenia  AOTRA  Association of Orthopaedists, Traumatologists and Rehabilitationists of Armenia
Asia Pacific  APOA  Asia Pacific Orthopaedic Association
Australia  AO  Australian Orthopaedic Association
Azerbaijan  AAOT  Azerbaijan Association of Orthopaedics and Traumatology
Cameron  CSOST  Cameroonian Society of Orthopaedics and Trauma Surgery
Egypt  EOA  Egyptian Orthopaedic Association
Israel  IOA  Israeli Orthopaedic Association
Jordan  JOA  Jordanian Orthopaedic Association
Lebanon  LOA  Lebanese Orthopaedic Association
Northern Europe  NOF  Nordic Orthopaedic Federation
Saudi Arabia  SOA  Saudi Orthopaedic Association
Iran  POTA  Persian Orthopaedic Trauma Association

EUROPEAN SPECIALITY SOCIETIES AND OTHER COLLABORATING ORGANISATIONS

AD Foundation
ARTOF  Association for the Rational Treatment of Fractures
EBJS  European Bone and Joint Infection Society
EFAS  European Foot and Ankle Society
EFOST  European Federation of National Associations of Orthopaedic Sports Traumatology
EHS  European Hip Society
EDRS  European Orthopaedic Research Society
EPOS  European Paediatric Orthopaedic Society
ERASS  European Association of Joint Surgery
ESTES  European Society for Trauma and Emergency Surgery
EuroSpine  European Society for Spinal Disorders
EWAS  European Wrist Arthroscopy Society
EWMA  European Wound Management Association
FESSH  Federation of European Societies for Surgery of the Hand
FORTÉ  Federation of Orthopaedic Trainees in Europe
ISLASS  International Society of Laser and Percutaneous Procedures in Spinal Surgery
ISTF  International Surgical Thrombosis Forum
SICOT  Society of Orthopaedics and Traumatology
NEWS FROM THE NETWORK

The EFORT's membership network grew even bigger over this year: Belarus changed its status from observer to ordinary member.

Orthopaedic societies from all over the world are increasingly recognising EFORT and its work, and the General Assembly enthusiastically welcomed three new Associate Scientific Members.

- The Australian Orthopaedic Association is now a member of EFORT – a relationship of which we are very proud, as it represents global outreach to the Antipodes.

- The Nordic Orthopaedic Federation, which covers seven countries (Sweden, Finland, Estonia, the Netherlands, Iceland, Norway and Denmark), is now associated with EFORT, which is sure to boost our joint activities.

- The Cameroonian Society of Orthopaedic and Trauma Surgery (SOCCOT-CSOTS) was elected an Associate Scientific Member, which will allow us to pursue new projects with this active African partner.
2013 MEMBERS OF THE EXECUTIVE BOARD

Dr. Manuel Cassiano Neves  President  Portugal
Mr. Stephen R. Cannon  First Vice President  United Kingdom
Prof. Dr. Pierre Hoffmeyer  Immediate Past President  Switzerland
Prof. Dr. Enric Cáceres Palou  Second Vice President  Spain
Prof. Dr. Maurilio Marcacci  Treasurer  Italy
Ass. Prof. Kjaersgaard-Andersen  Secretary General  Denmark
Prof. Dr. George Macheras  Member at Large  Greece
Prof. Dr. Philippe Neyret  Member at Large  France
Prof. Dr. Klaus-Peter Günther  Member at Large  Germany

From left to right: P. Neyret, P. Kjaersgaard-Andersen, E. Cáceres Palou, P. Hoffmeyer, M. Cassiano Neves, S. R. Cannon, K.-P. Günther, M. Marcacci, G. Macheras

2013 MEMBERS OF THE EXECUTIVE COMMITTEE

Co-opted Members:
Mr. John Albert  United Kingdom
Prof. Dr. Thierry Bégué  France
Prof. Dr. George Bentley  United Kingdom
Prof. Dr. Nikolaus Böhler  Austria
Dr. Marino Delmi  Switzerland
Prof. Dr. Karsten Dreinhöfer  Germany
Prof. Dr. Pavel Dungl  Czech Republic
Prof. Dr. Enrique Gómez-Barrena  Spain
Prof. Dr. Norbert Haas  Germany
Prof. Dr. Karl Knahr  Austria
Prof. Dr. Jean Puget †  France
Prof. Dr. Wolfram Puhl  Germany
Prof. Dr. Karl-Göran Thorngren  Sweden
NEW COMMITTEE STRUCTURE: WORK INITIATED

Following the increase of our activities and subsequent volume, the structure of the EFORT committees and task-forces was adapted and clear reporting and communication lines were implemented. EFORT reviewed its range of projects and committee work during several governance meetings. It was decided to follow a similar path for each group to set up new committee guidelines, by defining their aims and objectives, member rotation and terms of office and determining future steps and appropriate funding of projects.

It was agreed that the positions should empower individuals to lead and guide specific projects and be linked to the initiator until the end of their term. In this way, continuity would be guaranteed on all major undertakings, as well as knowledge transfer.

A new standing committee was presented at the General Assembly in Istanbul – the EFORT Ethics Committee – under late Chairman Professor Jean Puget of France. EFORT also set up a new task force called the EFORT Basic Research Task Force under Chairman Professor Enrique Gómez-Barrera of Spain. In addition, after serving several years as the head of the EFORT Portal Congress Steering Group, Professor Klaus-Peter Günther of Germany has been succeeded by Professor Elke Viehweger of France.

Ethical orthopaedics for EFORT

A group of surgeons from around Europe was asked by the EFORT Executive Board to consider how orthopaedic surgeons might make ethical considerations central to their everyday practice, given that specialist societies around the world are formulating best-practice criteria for patient care.

EFORT aims to provide guidance for European orthopaedic surgeons in managing patients with fairness, honesty and integrity, and with a clear understanding of the ethical and moral principles underpinning this care.

The committee started working on a report entitled Ethical Orthopaedics for EFORT covering key topics such as the relationship of orthopaedic surgeons with their patients and colleagues, and with industry. The latter should result in guidance regarding industry-sponsored products at educational events and the form and content of advice from orthopaedic consultants to industry.

The report will concentrate on honesty and integrity and clearly outline aspirations to improve patient health. Our aims, as always, will be to ‘cure and to care’. If we rely on technique alone, and neglect our ethics of service, we would be a trade rather than a profession. The therapeutic alliance between doctor and patient is based on understanding, confidence and cooperation, providing a solid platform for successful treatment.
Revisiting the structure of the Education Committee

In concert with EFORT’s mission of restoring and securing mobility, musculoskeletal health and quality of life on behalf of the European orthopaedic and traumatology community, the Education Committee will support the lifelong learning commitments of orthopaedic surgeons and trauma surgeons practising in Europe and beyond. This includes postgraduate education as well as Continuing Medical Education (CME) and Continuing Professional Development (CPD). The Education Committee will collaborate with national as well as specialty societies and other partners to ensure that all activities are designed and evaluated in a mutually beneficial manner to fulfil their goal of improving medical training and education in orthopaedics and traumatology.

The aim is to promote continuous improvement in patient health care by:

- Supporting the development of a European Curriculum of Orthopaedics and Traumatology, that will serve as a guideline for developing harmonised postgraduate medical education as well as further subspecialisation programs and the delivery of additional learning material.

- Providing physicians in the field of orthopaedics and traumatology, as well as associated healthcare professionals, with easily accessible, high-quality, evidence-based educational activities in different formats, to support surgical training and subsequent CME and CPD.

- Developing a European Educational Platform (EEP) together with national and specialty societies in order to coordinate institutionalised educational activities in the field of orthopaedics and traumatology throughout Europe.

- Contributing to relevant European institutional activities aimed at harmonisation and improvement of the quality of specialist medical care in Europe, including certification and revalidation (such as UEMS, EACCME and EBOT).

The Membership Task Force

During the General Assembly of Berlin in 2012 and that of Istanbul in 2013, a discussion took place on the need for different levels and types of membership within the EFORT network. Further topics, such as the development of membership benefits, the fee structure and the need for the creation of other community networking groups, were also on the agenda.

These discussions have been of great interest to the EFORT Board, but no decisions have yet been made on the next steps and future priorities.

To continue the debate and reach consensus, the EFORT Executive Board has now set up a Membership Task Force, with the main objective of reviewing criteria for the entire EFORT membership network.
The EFORT Executive Board has therefore asked the national societies to nominate candidates for the Task Force. Very encouragingly, 26 out of the 43 member nations have designated a candidate to be part of the task force. Hence fair geographical representation could be ensured.

2013 Task Force Members:

Dr. Aare Märtson  
Estonia

Dr. Åke Karlbom  
Sweden

Dr. Alexandre Sitnik  
Poland

Dr. Andreas Tanos  
Cyprus

Dr. Artid Duni  
Albania

Dr. Benn Duus  
Denmark

Prof. Dr. Christoph Josten  
Germany

Prof. Dr. Dieter Wirtz  
Germany

Prof. Dr. Domagoj Delimar  
Croatia

Mr. Donald McBride  
United Kingdom

Mr. Eduardo Mendes  
Portugal

Prof. Dr. Eleftherios Tsiridis  
United Kingdom

Prof. Dr. Igor Kaftan  
Macedonia

Dr. Jacques Ménétrey  
Switzerland

Dr. Jenel Marian Patrascu  
Slovenia

Prof. Dr. José Cordero Ampuero  
Spain

Prof. Dr. Marek Synder  
Poland

Mr. Maris Zambrans  
Latvia

Mr. Mark Portelli  
Malta

Dr. Miljenko Frani  
Croatia

Dr. Nanni Allington  
Belgium

Mr. Önder Ismet Kılıçoğlu  
Turkey

Prof. Dr. Philippe Neyret  
France

Dr. Rene Mihalic  
Slovenia

Dr. Slavko Manojlovic  
Bosnia & Herzegovina

Prof. Dr. Valius Uvarovas  
Lithuania

In preparation towards future meetings, the Task Force members decided to begin with a survey in order to assess the current situation and EFORT’s membership structure.

The survey results show that most members (over 70% of those with Ordinary membership) are familiar with the different membership categories. Fees remain a controversial issue, particularly the potential increase; however, most members (almost 52%) are in favour of higher fees if they are necessary for preserving the federating approach; 48% of members were against the suggestion.

The Associate Scientific membership category was also included in the survey. The benefits of an enhanced membership package might include access to resources, a preferential registration fee for the Annual Congress, and the opportunity for taking an active role in the educational activities of EFORT.
Are you familiar with the different categories of EFORT membership? Please tick the options you are familiar with.

- Academy membership
- Associate Scientific Membership for Extra European National or Regional Societies or for European organizations
- Ordinary Membership for European National Orthopaedic or Musculoskeletal Trauma Societies
- Individual membership

Would you or your society accept an increase in the annual fee per active member in the national society based on the above?

- NO
- YES

What benefits do you think should be offered to the Associate Scientific Members?

- Active role in educational activities of EFORT
- Eligibility to be nominated as EFORT Board and/or Committee member
- Fellowship opportunities
- Complimentary journal subscription
- Access to information (e.g. GA minutes, Newsletters, Reports)
- Preferential registration fees for congress and educational activities
PROJECTS

The European Education Platform (EEP)

The EBOT (European Board of Orthopaedics and Traumatology) Exam is even more popular, with 180 residents applying in 2013. The requirement to draw up a European curriculum that meets the criteria for specific training in the area of orthopaedics and musculoskeletal trauma is even greater.

Following an invitation to be part of The European Education Platform, sent in December 2012 to all national associations, 16 volunteered to get involved. The group is now made up of Stefan Nehrer from Austria, Marko Bergovec from Croatia, Nikolaos P. Maroudias from Cyprus, Bjarne Møller-Madsen from Denmark, Dominique Chauveaux from France, Dionysios Alex Verettas from Greece, Jason Zammit from Malta, Leszek Romanowski from Poland, Aleksandar Lešić from Serbia, Simon Kovac from Slovenia, Hakan Ömeroğlu from Turkey and David Limb from the United Kingdom. EFORT is represented by Klaus-Peter Günther from Germany, Manuel Cassiano Neves from Portugal, and Stephen R. Cannon from the United Kingdom. The UEMS is represented by Ernesto Ippolito from Italy, Jose Cordero from Spain, John Albert from the United Kingdom and Jorge Mineiro from Portugal, as the Chairman of the EBOT Exam.

The group began by conducting a survey to gain an overview of the different aspects of training and assessment around Europe, and it will meet again to establish a framework for developing the European curriculum. It emerged from the survey that traumatology is included in the orthopaedic specialty programme for most countries (over 90%). Training programmes are mainly based on national curriculum that assess in priority the list and number of operations as well as the training content. General, vascular and plastic surgery are the three most taught “other specialities” within the orthopaedics and traumatology training programme (by over 75%); among the orthopaedic specialties, paediatric is common to all, followed by equally arthroplasty and trauma, then hand and arthroscopy.

The EEP continues to develop, and work has been divided into three groups: organisational aspects (led by Stefan Nehrer of Austria), syllabus (led by David Limb of the United Kingdom) and assessment (led by Jorge Mineiro of Portugal). A total of 23 members are now involved in these three groups.
Is Trauma included in the Orthopaedic Speciality Programme?

- **YES**: 92%
- **NO**: 8%

Does the Orthopaedic and Trauma programme include training in other Specialities? If YES, which ones?

- **General Surgery**: 76%
- **Vascular Surgery**: 76%
- **Neuro Surgery**: 59%
- **Plastic Surgery**: 76%
- **Thoracic Surgery**: 24%
- **Reumatology**: 24%
- **Radiology**: 6%
- **Anesthesia / ICU**: 29%
- **Emergency Department**: 35%
- **Other Medical Specialties**: 41%

Content of training:

- **Lists of operations**: 70%
- **Numbers of operations**: 60%
- **Individual work plan**: 50%
- **Technical skills**: 40%
- **Other**: 30%

Which Orthopaedic Specialities are compulsory during training?

- **Arthroplasty**: 84%
- **Spine**: 63%
- **Hand**: 68%
- **Pediatrics**: 100%
- **Trauma**: 84%
- **Oncology**: 37%
- **Arthroscopy**: 68%
- **Other**: 26%

Do your curricula assess:

- **Lists of operations**: 92%
- **Numbers of operations**: 8%
- **Individual work plan**: 100%
- **Technical skills**: 70%
The EFORT Textbook

The impressive seven-volume reference publication is edited by Professor George Bentley (London) and demonstrates his extensive familiarity and experience with the subject matter, as well as his long-term commitment. The books cover an extensive range of musculoskeletal conditions and injuries, describing their comprehensive management by a large selection of European and associated experts.

“The overall concept of this publication is to create an up-to-date, comprehensive encyclopaedia of basic knowledge and current research in the field of Orthopaedic and Trauma surgery,” Professor Bentley explains. “This is in line with EFORT’s increasingly important role in education as an important investment into the future. Our new reference book will reflect the state of the art and the best current practice in orthopaedic and traumatology surgery across Europe and thereby also enhance the process of harmonisation of education in our field.”

The book is arranged in 10 sections, including general topics on the management of infections in orthopaedics, organisation and advances in trauma surgery, musculoskeletal imaging, and the major conditions involving all regions of the musculoskeletal system as well as special topics such as musculoskeletal tumours and paediatric orthopaedics.

Filling a gap

This new EFORT Textbook differs considerably from the current literature on orthopaedic and trauma surgery, filling a gap with its breadth of information. Like the best textbooks available on specific surgical techniques or special areas, it attempts to encompass the full range of relevant diseases, disorders and injuries, in the context of a comprehensive approach to patient management. It also has a European focus, with more than 300 authors from across Europe and beyond, who are recognised authorities in their fields, ranging from orthopaedic, general and plastic surgery to radiology, bio-engineering and basic science.

Valuable information for trainees and practitioners

Professor Bentley believes this book is a highly valuable reference and information source for trainees in the preparation for their examinations and assessments. It also provides, in part, a syllabus for those taking the EBOT examinations.

The textbook is available in both print and digital formats.
The dust has settled on Taksim Square and the tents have been folded away. During the EFORT meeting from 5-8 June 2013, the disturbances were minimal in Istanbul, and the Annual Congress proceeded as planned.

Istanbul was a strong magnet for delegates and, despite media reports, 93% of the 7,300 registered participants (more than 6,800) made the trip for the EFORT meeting. Of the 200 planned sessions, only seven were cancelled – a mere 3.5% of all sessions. This remarkable achievement was due to the hard work, enthusiasm, solidarity and flexibility of the participating speakers and presenters. Our Turkish colleagues were ready to step in whenever needed, and the EFORT Head Office remained vigilant throughout.

From more than 4000 submitted abstracts, 1884 were selected (a 47% acceptance rate) and presented either as posters or in the free paper sessions.

The Congress provided many highlights. Jean Dubousset, giving the Erwin Morscher lecturer, emphasised the importance of equilibrium and stability in orthopaedic practice. Katsuro Tomita, the Michael Freeman lecturer, presented an amazing technique for vertebral body removal using a posterior approach. The excellent sessions touched on many important topics, such as the benefits of navigation for total knee arthroplasty (TKA), the positive results obtained by manipulation under anaesthesia for frozen shoulder and the longevity of vitamin E-containing polyethylene cups, as well as new ideas for handling peri-prosthetic fractures. It would be impossible to list here all the innovations, outcomes, results and novel techniques that were presented.
TRAINING COURSES

- **2nd EPOS-EFORT BAT Instructional Course — Curriculum in Children’s Orthopaedics**
  - Vienna, Austria
  - 12–14 September 2012 | Basic Course I/II
  - 13–15 March 2013 | Traumatology course I/II
  - 09–11 October 2013 | Basic Course III

After the success of the first course, the second EPOS-EFORT Instructional Course was an integral part of the EPOS-EFORT BAT Educational Programme. It comprises two basic courses in combination with one traumatology course and covers the core curriculum in Children’s Orthopaedics. Paediatrics: Basic Course I was launched in September 2012.

The course is aimed at general orthopaedic surgeons (especially young ones) who want to improve their knowledge of children’s orthopaedics, and contributes to knowledge-sharing and furthering understanding of children’s orthopaedics. The programme includes concepts on growth, biology, milestones and clinical examination, as well as foot and hip disorders in childhood. Topics includes leg length discrepancy, torsional deformities, management of genu varum and genu valgum, and callus distraction.

The three courses have attracted a total of 300 participants, with representation from at least 20 countries worldwide at each course.
EFORT ExMEx — Osteoporotic fractures
Budapest, Hungary 19-20 April 2013

“As total hip and knee replacement surgeries have become routine interventions in the past decades, that has
naturally led to an increase in the number of periprosthetic fractures in osteoporotic patients as well”, says
Professor Hangody, chairman of EFORT ExMEx Forum. Thus the Budapest meeting dedicated considerable time
to the latest techniques in revision total hip arthroplasty, assessing bone stock quality and areas such as plating of
periprosthetic fractures. Two demonstration surgeries were presented in Budapest, one on osteosynthesis or
implant revision following periprosthetic fracture, the other dealing with osteosynthesis following hip or
proximal humeral fracture in an osteoporotic patient.

The issue of conservative versus surgical solutions in a range of fractures, including osteoporotic vertebral
fractures, was also given a thorough airing at this ExMEx Forum in Budapest. The stress of surgery is clearly
a special issue in the treatment of osteoporotic fractures since such a high proportion of patients in this field
are elderly.

For the first time also EFORT was associated to the organisation of the European Course of Anatomical Dissec-
tions which took place from 18 to 20 February 2013 at the Ecole de chirurgie de Paris.
Under the lead of Professors Bégué, Masquelet, Romana and Fitoussi the course focused on Selected flaps for
reconstruction of the limbs.

EFORT Instructional Courses — Complex primary hip and knee arthroplasty
Paris, France 24-25 January 2013
Numerous clinical cases were presented during this course by experienced surgeons. The focus was on techni-
cal difficulties encountered when performing a total knee or hip arthroplasty, and the key topics were severe
deformities, severe hip or knee stiffness and post-traumatic osteoarthritis.

EFORT Instructional Courses — Osteoarthritis: Joint preserving surgery (JPS) of the lower extremity (hip,
knee, foot and ankle)
Basel, Switzerland 11-16 November 2013
The relevance of osteoarthritis as a condition continues to increase, and treatment is still focused on alleviating
symptoms, with significant costs to the healthcare sector. During the 20th century, the options for dealing with
osteoarthritis evolved to include total joint arthroplasty.

The value of joint-preserving surgery (JPS) was highlighted in the past and deserves attention again with
respect to keeping autologous joint structures in order. This course offers a comprehensive approach to this
surgery in the lower extremities. The interactive programme includes a live transmission of multilevel joint-
preserving surgery, with combined femoral and tibial osteotomy and additional calcaneal osteotomy, as well as
a post-traumatic valgus deformity of the right leg with combined knee and ankle malalignment and “hands-
on” workshops.
EFORT Travelling Fellowships (TF)

Travelling Fellowships have been organised by EFORT and one of the national associations each spring and autumn (twice a year) since 1995. The Fellowships are one week long. All EFORT members (national associations) are invited to nominate one trainee to participate in one of the two Fellowships each year, with a limit of 14 Fellows per course.

Candidates must be trainees in orthopaedics and traumatology and in their first years of training.

In the spring of 2012, SOFCOT welcomed the EFORT TF to France. In the autumn of 2012, the EFORT TF was hosted by Spain.

During the spring of 2013, the EFORT TF visited Belgium (SORBCOT+ BVOT), specifically Ghent, Leuven, Brussels and Spa. Greece (HAOST) hosted the autumn TF from 25 September to 2 October.

The combined Bone & Joint Journal and EFORT Travelling Fellowship (BJJ-EFORT TF) is a new venture, initiated and funded by the British Editorial Society of Bone and Joint Surgery (BESBJS) and supported by EFORT and the British Orthopaedic Association (BOA). The fellowship is alternately based in the UK and European mainland, and ends at either the BOA or EFORT Annual Congress.

The BJJ-EFORT TF Committee selects orthopaedic centres for the Fellowships and the Fellows, devises the itinerary and ensures the smooth running of the tour. This Fellowship runs once a year for two weeks, and visits four centres.

The first BJJ-EFORT TF was very successful. It ran in four Scandinavian cities: Odense, Denmark (27–28 May), Hvidovre, Denmark (29 May 29), Lund, Sweden (30–31 May) and Orton, Finland (3 June).

The three fellows from the UK (Owen Diamond, Amit Atrey and Abbas Rachid) then flew to Istanbul to attend the EFORT Congress. A special welcome reception was organised on Thursday 6 June at the venue in the presence of the EFORT President Manuel Cassiano Neves, Mark Paterson from the BJJ and Per Kjaersgaard-Andersen and Philippe Neyret from EFORT.
THE EBOT EXAM

With the free movement of workers within the EU, the need for standardised training in specialised medical fields has grown in importance. The EBOT exam enables orthopaedic surgeons throughout Europe to prove their qualifications with a certificate that is accepted and respected across Europe.

All European associations of medical specialists within the scope of EFORT helped to create this exam, with the intention of establishing a Europe-wide standard. The right to take the exam is granted to specialists who are citizens of any EU country, Norway, Switzerland, Turkey, Croatia and Israel and who possess a certificate of full qualification as an orthopaedic surgeon from a national authority. Citizens from countries other than the above can take the exam if they practise or are on a resident or fellowship training post in orthopaedic surgery and traumatology in an EU country.

The exam is in two sections, each with separate preparatory courses. Section 1 is a written multiple choice test with 100 items; the test is taken in examining centres throughout Europe at the same time by all candidates on the same day. Passing Section 1 is a prerequisite for admission to Section 2, which is an oral test (in English). Candidates gather on the first weekend of October in a European capital city for this purpose.

In future, a third section may be introduced to test practical skills and attitudes of medical specialists. One advantage of this would be the increased involvement of the national organisations in the exam. This clinical section would be taken by the candidates of each country in their own language, by a national board in liaison with the Europe-wide EBOT Examining Committee.
EFORT IN BRUSSELS

Europe and "EFORT in Brussels" is a major topic for EFORT, as we are in a privileged position of creating a platform to represent the national associations and specialty societies before the European Commission. In difficult times, in which political decisions are based on financial factors, we are responsible for promoting the best-quality care for our patients according to the latest clinical evidence.

INTEREL has been working with EFORT in recent years, helping the Federation to increase its visibility in Brussels. After a meeting last July, decisions were made on three main themes for the coming year:

- **Establishing an EU Task Force**, with a special emphasis on monitoring EU developments, finding opportunities, and strengthening involvement in the EU. Seeking partnerships and policy work is another aspect (e.g. Horizon 2020, Active and Healthy Ageing, Metal-on-Metal Hip Replacement);

- **Activities surrounding patient safety and the EFORT Congress**, in order to develop strategic proposals for the development, endorsement, production, and distribution of guidelines;

- **Activities towards the harmonisation of training in orthopaedics and traumatology**, in order to review all opportunities to promote EBOT and EEP to develop factsheets for policy-makers on both of them, and to organise contact with the UEMS, European Commission and other stakeholders to gain recognition of our training programmes.

HORIZON 2020

Horizon 2020 aims to stimulate growth and jobs across Europe from 2014 to 2020. In comparison to its predecessor, the so-called Framework Program 7 (FP-7), Horizon 2020 will make it easier to participate in EU-funded research and innovation projects through a simplified procedure, thus slashing red tape for researchers who want access to EU financing. Horizon 2020 will also facilitate access to funding for Small and Medium-sized Enterprises (SMEs) through the introduction of a comprehensive programme adapted to their needs. One of the main innovations of Horizon 2020 as highlighted by the European Commission is research and innovation. Horizon 2020 is structured around three main pillars:

- **Excellence in the science base** (targets frontier or basic research);

- **Creating industrial leadership and competitive frameworks** (supports business research and innovation),

- **Tackling societal challenges** (focuses on the major challenges of our society such as ageing, well-being, health and climate change).

EFORT welcomes the Commission's proposal on Horizon 2020 and believes mobility must be addressed in terms of demographic change in Europe. Keeping the elderly mobile and maintaining a healthy workforce will contribute to economic growth and sustainable healthcare systems. This is where orthopaedics and traumatologists have a
unique opportunity to make a significant difference. High-quality research studies are necessary to develop strong evidence-based practice recommendations to support health policies and ultimately improve patient care. Support of EU funding is therefore necessary to advance the science of musculoskeletal health and reduce the economic and societal loss of function and mobility.

REVALIDATION AND RECERTIFICATION

The topic of revalidation and recertification was discussed during the EFORT Presidential Breakfast in Istanbul on 6 June 2013. All attendees agreed that a certification process was mandatory for becoming an orthopaedic or musculoskeletal surgery specialist. Most nations have developed clear programs leading to certification, but Europe is very diverse and the language differences are significant when establishing clear communication between countries. All participants considered that harmonisation of training programs was necessary and would make efforts in this direction. Jorge Mineiro, responsible for the EBOT, commented that the examination was becoming more and more successful over the years. The theoretical first part of the EBOT exam is now web-based and successful candidates can apply for the second part – the oral test.

All European countries favour and use the point system elaborated by the UEMS whereby the specialist attends educational courses, lectures, seminars or congresses and receives a specific number of points for each event. The advantage of this method is that it encourages participants to attend multiple educational sessions. The difficulty is that the participants are passive auditors who are not required to demonstrate any knowledge, and this theoretical approach does not guarantee that the necessary surgical skills are present.

Some countries are introducing theoretical knowledge controls that require specialists to present themselves to a theoretical examination. In Switzerland, members of the Swiss Orthopaedic Society are invited to the same general knowledge MCQ examination used to certify young surgeons at the end of their training.

In the UK, which is the most advanced European nation in this respect, a revalidation process undertaken every five years has been put in place and is government-supervised. The process is based on three principles: an appraisal of practice by peers, patients and external assessors; collecting points to prove attendance and participation in courses with relevant medical content; and finally reporting of outcomes.

In the USA, the system is very elaborate. Surgeons may choose between different recertification systems. The American Board of Orthopaedic Surgery is responsible for certification. According to the ABOS website (www.abos.org), surgeons must complete 120 hours of relevant CME, undergo a stringent peer-review process that ensures they are respected by their peers and perform ethical surgery, and pass a written or oral examination. This process must be repeated every 7 to 10 years, and also applies to subspecialties.

Clearly there is a trend towards proactive revalidation or recertification. EFORT will be involved in this process and make recommendations in order to harmonise practice throughout Europe. Even though there is freedom of mobility for all certified physicians in the EU member states, reimbursement depends on the recertification requirements of each country.
GUEST NATION AND GUEST REGION 2013

This year, the invited region was the Societies of Latin American Orthopaedics and Traumatology Federation (SLA-OT), which groups together 20 countries, 21 societies and 43,000 orthopaedic surgeons under the leadership of Professor José Sergio Franco. The invited nation was Brazil, represented by Professor Arnaldo José Hernandez, President of the Brazilian Orthopaedic Society (SBOT). EFORT sincerely thanks our Latin-American colleagues from the many countries of their vast region for their contribution to the success of the EFORT Annual Congress in Istanbul.

NATIONAL AND INTERNATIONAL MEETINGS

During the last few months, the EFORT leadership has been privileged to attend several national meetings and discuss various aspects of our specialty with the presidents of some of the national associations. "By discussing the issues facing each country and their everyday practice, I broadened my horizons and obtained a clearer picture of many problems relating to orthopaedics", says Manuel Cassiano-Neves (EFORT President 2013/14). He adds: "Despite disparities in education across Europe and the differences in our healthcare systems and daily practices, all our members share similar hurdles".

- **AAOS (American Academy of Orthopaedic surgeons)**
  Chicago, USA, 19-23 March 2013
  The annual meeting of the AAOS took place in Chicago, providing an opportunity for discussions with between leaders of the respective societies and to meet with industry representatives. Projects for future cooperation were mentioned, such as common training activities and shared fellowship ventures. EFORT made a particular point of thanking the AAOS Board members for the excellent location of the EFORT booth, right at the entrance of the industrial exhibition area. This strategic position made the EFORT’s activities and events highly visible to the delegates.

- **ISOLS (International Society of Limb Salvage)**
  Bologna, Italy, 11-12 September 2013
  The welcome address was given by EFORT President Manuel Cassiano Neves and EFORT was represented by Stephen Cannon (First Vice-President) and Miklós Szendroi (Past-President).

- **ÖGO (Austrian Society of Orthopaedics and Orthopaedical Surgery)**
  Krems, Austria, 12-14 September 2013
  During its meeting in Krems on 12-14 September 2013, the ÖGO joined forces with EFORT to organise a forum in honour of Karl Knahr (Co-opted Member), who was awarded honorary membership of the society during the meeting. EFORT was represented by Pierre Hoffmeyer (Immediate Past-President) who gave a lecture on the reverse shoulder prosthesis, and Per Kjaersgaard-Andersen (Secretary General) who talked about rapid recovery programmes after total joint replacement in the lower limb.
SECOT (Sociedad Española de Cirugía ortopédica y Traumatología – Spanish Orthopaedic and Traumatology Society)
Barcelona, 2-4 October 2013
The 50th SECOT Congress was held on 2-4 October 2013 under the outstanding guidance of Professor Francisco Forriol and Doctor Federico Portabella Blavia. During this landmark Congress, EFORT was represented at a number of meetings by Manuel Cassiano Neves, Stephen Cannon and Enric Cáceres Palou (Second Vice President). EFORT representatives were also able to hold discussions with the President of SECOT about its involvement in training programmes, and participation in EFORT activities.

BOTA (Bulgarian Orthopaedics and Trauma Association)
Varna, 9-12 October 2013
Under the leadership of Professor Asparouh Asparouhov, BOTA held its 12th National Congress in Varna at the Black Sea on 9-12 October. A total of 35 international guests contributed to the scientific programme. Klaus-Peter Günther (Member at Large), Karl Krahr, Gerold Labek (EFORT-EAR Coordinator), Miklós Szendroi, George Macheras (Member at Large) and Per Kjaersgaard-Andersen from EFORT all gave lectures. BOTA enjoyed high attendance – of more than 500 surgeons – and each session ended with inspiring and lively debate.

EORS (8th Meeting of the Combined Orthopaedic Research Societies)
Venice, Italy, 13-16 October 2013
EFORT was represented by Per Kjaersgaard-Andersen (Secretary General) and Maurilio Marcacci (Treasurer).

SICOT (Société Internationale de Chirurgie Orthopédique et Traumatologie)
Hyderabad, India: 16-19 October 2013
EFORT was represented by Manuel Cassiano Neves.

COA (Chinese Orthopaedic Association)
Beijing, China, 6-10 November 2013
Several lectures were given by Manuel Cassiano Neves and Pierre Hoffmeyer and a symposium on tribology was run under the auspices of EFORT, coordinated by Karl Krahr.

MAOT (Macedonian Association of Orthopaedics and Traumatology)
Skopje, Republic of Macedonia, 15-16 November 2013
On 15-16 November, the MAOT celebrated its 20th Foundation Anniversary with a symposium comprising 23 international participants who contributed to the professional level of the symposium with their lectures and discussions. Per Kjaersgaard-Andersen presented the current activities in EFORT and gave a lecture on treatment of the diseased hip in the young adults.

IOA (Indian Orthopaedic Association)
Hyderabad, 3-6 December 2013
A course on paediatric orthopaedics was organised jointly by the IOA, EFORT and the European Paediatric Orthopaedic Society (EPOS). Manuel Cassiano Neves attended to represent EFORT.
Outreach

Booth presence

The booth presence of EFORT activities focused on the promotion of the London Congress 2014 during the national meetings of the Spanish, French and German societies.

EFORTnet

New this year has been the launch of EFORTnet, the orthopaedic and traumatology platform that fosters knowledge-sharing and capacity-building. Training and science are increasingly delivered through the internet, hence the decision to create one major channel to access knowledge. While congresses and courses remain the primary modes of teaching and learning, web-based approaches will shape the harmonisation of training throughout Europe by reaching out beyond geographical boundaries.

Through EFORTnet, each member of the orthopaedic and traumatology community is able to share knowledge and build a network of excellence. EFORTnet offers a unique and innovative search function purely for professional, dedicated sources of information. The platform also offers a series of innovative interactive and knowledge-sharing features, as well as individual communication and networking tools such as personal walls, contact searches and direct messaging between members. In this way, EFORTnet hopes to become a single point of reference and the preferred community platform for orthopaedics. Phase one of EFORTnet was launched officially at the 14th EFORT Congress in Istanbul. Further phases are under development and will be introduced over the next two years.

SOCIAL MEDIA

Nowadays, not participating in social media is no longer an option! Social Media networks are an integral part of today’s new era of communication and are the most interactive and quickest way to stay informed and disseminate messages. In regards to this widely-used digital mean of communication, EFORT decided to secure its online presence and increase its visibility through the use of social media channels, the selected ones being LinkedIn, Twitter, Facebook and YouTube. Though EFORT’s audience still “behaves” like a niche market, we believe that education for this group is key and can be achieved through increased exposure.

The plan for 2013 was to create a virtuous cycle by ensuring regular presence. We made one post a day on different topics balancing out promotional messages about the range of products and educational events of EFORT with either evidence-based or debatable scientific statements. The source of our inspiration for the diverse topics comes from Orthopaedics Today Europe, EFORT’s official newsletter and webcast presentations packaged under the denomination e-Science.

It is good for EFORT to be “out there”! We will follow the approach of building on gathered experience in order to professionalise our visibility and the appropriate use of the various features offered within these media when addressing to the Orthopaedic and Traumatology community.

- LinkedIn (account created in 2011): www.efort.org/linkedin
  408 followers | +97% progression in 5 months
- Twitter (account created in January 2013): www.efort.org/twitter
  155 followers | 233 tweets
  +187% progression in 5 months
- Facebook (account created in 2011): www.efort.org/facebook
  410 members | 52000 visits per year
  920 visits per day | +102% progression in 1 year
- YouTube (account created in 2011): www.efort.org/youtube
  12 videos available | 78 members
  26353 videos views | 3737 videos views
  +42% progression in 5 months
AUDITOR'S REPORT

Report of the statutory auditor

to the General Assembly of
EFORT

Rolle

Report of the statutory auditor on the financial statements

As statutory auditor, we have audited the accompanying financial statements of EFORT, which comprise the balance sheet, statement of operations, cash flow statement, statement of changes in capital and notes, for the year ended 31 December 2013. As permitted by Swiss GAAP FER 21 the information in the performance report is not required to be subject to audit.

Executive Board's responsibility

The Executive Board is responsible for the preparation of the financial statements in accordance with the Swiss GAAP FER 21, the requirements of Swiss law and the association’s articles of incorporation. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Executive Board is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity’s preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements for the year ended 31 December 2013 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER 21, comply with Swiss law and the association’s articles of incorporation.

Other Matter

The financial statements of EFORT for the year ended 31 December 2012 were examined by another auditor whom report, dated 25 February 2014, expressed an unmodified opinion on those statements.
AUDITOR'S REPORT

Report on other legal requirements

We confirm that we meet the legal requirements on licensing according to the Auditor Oversight Act (AOA) and independence (article 69b paragraph 3 CC in connection with article 728 CO) and that there are no circumstances incompatible with our independence.

In accordance with article 69b paragraph 3 CC in connection with article 728a paragraph 1 item 3 CO and Swiss Auditing Standard 890, we confirm that an internal control system exists which has been designed for the preparation of financial statements according to the instructions of the Association Board.

We recommend that the financial statements submitted to you be approved.

PricewaterhouseCoopers SA

Marc Secretan
Audit expert
Auditor in charge

Marcello Stimato
Audit expert

Geneva, 23 December 2014

Enclosure:
- Financial statements (balance sheet, statement of operations, cash flow statement, statement of changes in capital and notes)
## INCOME STATEMENT

<table>
<thead>
<tr>
<th>Category</th>
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### Operating (loss)/income

- Interest income: 1'151
- Foreign exchange (loss) gain: (7'850)
- Financial expenses: (6'699)

**Financial (loss)/income**: (66'912)

**Extraordinary (loss) (Italian tax)**: -

**Extraordinary income**: 9'259

**Net (loss)/income**: (57'654)

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## BALANCE STATEMENT

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<tbody>
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<td>CHF</td>
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<td><strong>Total liabilities and capital</strong></td>
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**Signatures**

Stephen Cannon,  
President 2013-2014

Per Kjaersgaard-Andersen,  
Secretary General

Maurilio Marcacci,  
Treasurer

10 November 2014
### CASH FLOW STATEMENT

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<td>Net loss Year</td>
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<td>Depreciation</td>
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### CHANGES IN CAPITAL STATEMENT

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<th>Closing balance</th>
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<td>31.12.13</td>
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<td>2013</td>
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<td>Total Reserve Funds</td>
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</table>

### NOTES *

#### 2.3 Other receivables

The Professional Congress Organiser handling the congresses on behalf of EFORT from 2006 to 2011 deducted a withholding tax (WHT) of 27.5% for the 2006 and 5% for the following years.

As a requirement for the audit 2013, the newly appointed auditors identified the Italian WHT as being a likely issue to lead in its current state to an adverse opinion.

Following these requirements but also because of the inertia within the previously conducted analyses, coupled with the lack of competence of the mandated providers at the time to deal with the Italian authorities, an opinion about the recoverability has been issued. This assessment lead to the following conclusions*:

- WHT on payments made during FY 2006 with a rate of 22.5%: EFORT may file the Supreme Court with defensive memorials (that could be taken into account by the Court) and has to attend the hearing. (CHF. 297'593)
- WHT on payments made from December 2010 to December 2011 with a rate of 5%: can be recovered by filing the Tax Authorities with a specific form ex article 37 of D.P.R. no. 602/1973. (CHF. 60'000)

*Withholding tax credit recoverability, PricewaterhouseCoopers (PwC) Italy

Due to the low chances to recover the withholding tax of 5% and given that the legal delay for the claim is elapsed, EFORT decided to write off the uncollectable receivable, as shown under "Surplus (Minus) of the Year, Profit & Loss statement). We bring to attention that the amount written-off has no treasury impact for the association and, as a consequence does not imply a cash burn.

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Maurilio Marcacci, Treasurer

Per Kjaersgaard-Andersen, Secretary General

Stephen Cannon, President 2013-2014

10 November 2014
European Surgical Orthopaedics and Traumatology

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