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SICOTNEWS

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

Gothenburg AIC 2010

**Celebrate SICOT's
80th anniversary
in Pattaya!**



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What is your diagnosis?

An 18-year-old young man is presented to the orthopaedic department. Permanent pain in the left thigh is reported. He plays soccer once a week. The complaints began four weeks ago. He says that the pain is not getting better, and sometimes he has the impression of low-grade fever.

At the time of presentation, the X-ray shows a blurred, mixed lytic-sclerotic lesion, extended to the minor trochanter/proximal femoral epiphysis, with periosteal reaction (Fig. 1).



Fig. 1

Comment:

Several differential diagnoses have to be considered as a possible reason for the imaging presentation: Posttraumatic bone apposition, Osteomyelitis, eosinophilic granuloma, Ewing's Sarcoma, mesenchymal chondrosarcoma and small cell osteosarcoma.

In view of this information, what might be a good diagnostic possibility at this time?

- Physical examination
- Hemogram (including complete (CBC) and white blood count (WBC), differential WBC, platelets, polymorphonuclear leukocytes, erythrocyte sedimentation rate (ESR))
- CT-Scan
- MRI
- Scintigraphy
- Biopsy

To read more, please go to the SICOT website:

www.sicot.org/?id_page=213

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SICOT e-Newsletter

All issues of the SICOT e-Newsletter are available on the SICOT website: www.sicot.org/?id_page=150

Direct links to all Cases of the Month published in the e-Newsletter are also available at www.sicot.org/?id_page=247

If you wish to be added to the distribution list for the e-Newsletter or if your e-mail address has changed, please e-mail edsecr@sicot.org.

For more information, please visit the SICOT booth (44G) at the Exhibition, open from 30 October to 1 November 2009, during the Sixth SICOT/SIROT Annual International Conference, a combined meeting with the Royal College of Orthopaedic Surgeons of Thailand (RCOST).



Diversity or Focus: SICOT gains from Strategy Plan

The global financial crisis has forced SICOT to implement several actions in order to secure its position as the only truly global orthopaedic society. SICOT comprises 115 member countries. Our EC-approved strategy plan contains several ideas for creating more diversity in both our membership and our activities. In addition, SICOT is taking a lead in defining scientific evidence for orthopaedic treatments. This is of utmost importance in the face of worldwide limited resources for health care, especially when orthopaedic care has to compete with the demands from other medical disciplines in attracting resources. Upcoming congresses and our collaboration with other orthopaedic societies will reflect this concern.

SICOT's future viability may rely on exploration of new ventures to strengthen its image. The new SICOT goals have been received with enthusiasm when presented at the AAOS, EFORT, COA, Italian Orthopaedic Association, JOA, NOF, SOF and other meetings in the course of this year. Our e-Newsletter has been met with a very positive response. SICOT faces the problem of being both a general orthopaedic society while being part of the newest developments in sub-specialised areas of orthopaedic surgery. This challenge can only be resolved by empowering subspecialties to have a stronger and more visible role in our activities and congresses. This will further the vital collaboration with the medical industry. I envision a chairman for each subspecialty having a seat in the Board of Directors. This calls for a change in the Bylaws.

Our strategy plan includes streamlining our business structure to avoid redundancies and create more time to discuss problems vital to SICOT. This requires that SICOT's website be used interactively and consistently by our committees. A clear result of our new policy in relation to national orthopaedic societies is the inauguration of our Friendship Nation programme. We will welcome India as our first Friendship Nation at the Pattaya AIC 2009 in Thailand, and Japan, our Friendship Nation at the AIC 2010 in Gothenburg in Sweden. Thanks to our new Executive Committee, we have also been able to tighten the financial control of future congresses and our internal expenses.

Among these successes we must focus on a SICOT core activity – establishing and running education centres. This is a unique but demanding SICOT competence. This programme would benefit from combining forces with the outreach programmes of other societies. Such action has been discussed with the AAOS and Orthopaedics Overseas.

I encourage all National Delegates and members to help us sustain both our ideas and our ideals as they are listed in the strategy plan on the SICOT website. The EC welcomes input from all of you in order to adapt the strategy plan to meet the global challenges affecting the practise of orthopaedic surgery. The plan needs further debate among our members and approval by the 2009 International Council in Bangkok.

Cody Büniger
SICOT President



Orthopaedic surgery in Sweden

Prof Björn Rydevik (left)
Professor of Orthopaedic Surgery
Conference President, Gothenburg AIC 2010

Prof Olle Svensson (right)
Professor of Orthopaedic Surgery - President, SOF

The Swedish Orthopaedic Association (SOF) has over 1,300 members. Internationally, this is quite a high number (Sweden has about 9 million inhabitants) but this is explained by the fact that, for many years, Swedish orthopaedic specialists have taken care of not only elective orthopaedic surgery but also fracture surgery. About 15% of our members are women, and their percentage is gradually increasing. Hopefully this trend will increase even more, since about 60% of our medical students are women. Also, a recent trend is that many foreign doctors are choosing to work in Sweden and orthopaedic departments in Sweden usually have surgeons of varying ethnic origin, which reflects that we live and work in a global world. In the following text we summarise some achievements in orthopaedic surgery in Sweden.



National quality registers and RadioStereometric Analysis (RSA)

The fact that Sweden is a small and homogenous country and that healthcare in Sweden has been influenced by orthopaedic giants, such as Professor Göran Bauer and Professor Peter Herberts, are factors that facilitated the start of orthopaedic registers in Sweden, such as the Swedish Hip Arthroplasty Register with now more than 275,000 primary operations in the database. Information about orthopaedic registers can be found on the website of the Swedish National Competence Centre for Musculoskeletal Disorders: <http://nko.se/en/>. The registers have had an enormous influence on orthopaedic practice, for example to minimise the need for revision surgery, and have saved a tremendous amount of money. The registers also serve as a unique platform for scientific evaluation of various orthopaedic procedures.

One Swedish orthopaedic research speciality is radiostereometry (RSA), i.e. the measurement of minute changes in the position

of implants in relation to, for example, the bone tissue. RSA can detect early loosening and prosthesis wear, and thus screen for clinical failures early on. With powerful computers and digitised radiology, RSA offers considerable new potential. In the future, RSA will probably become an almost routine procedure, and it will have broad applications in almost all aspects of research related to bone and joint surgery.

Osteoporosis and fragility fractures

Quantitatively and qualitatively, fragility fractures are our biggest problem. Along with Norway, Sweden is the world champion in osteoporosis and hip fracture incidence. Pioneers like Professor Karl-Göran Thorngren have been instrumental in the modern development of hip fracture treatment. The magnitude of the problem, though, will necessitate a concerted action. Various treatment modalities for osteoporosis are currently undergoing scientific evaluation by the National Board of Health and Welfare in Sweden and representatives from SOF are serving on committees in this work.



The statue of Poseidon, by Carl Milles, in front of the Museum of Art in Gothenburg

Hip dysplasia

Congenital hip dislocation is very rare in Scandinavia nowadays, because of widespread screening for hip instability. Clinical examination alone can result in overtreatment, but ultrasound has given another perspective on this condition. In northern Europe, the focus is more on laxity/instability than in continental Europe, where calculations of angles and indices are frequently used. Modern neonatology saves many lives, but has also increased the incidence of cerebral palsy. A clear strategy in Sweden, in cooperation with physical therapists and rehabilitation services, has led to the possibility to prevent contractures and avoid major surgery in these children.



The canal from the Göta River in Gothenburg

Osseointegration

In the 1950s Professor Per-Ingvar Brånemark, a skilful basic scientist and physician in Sweden, studied microcirculation in bone tissue by means of optic systems in titanium chambers installed in the bone marrow of animals. Brånemark noted en passant that titanium formed a direct connection to bone tissue and due to this he could not remove the titanium from the bone; he named this phenomenon osseointegration. Serendipitously, he realised its dental and surgical potentials. Not being a dentist, he had a long and uphill struggle against the dental community for many years. Now, millions of people benefit from an improved quality of life with their new teeth, facial reconstructions, as well as joint and limb prostheses. The concept of osseointegration is now gradually developed in orthopaedic surgery, especially for transcutaneous direct skeletal anchorage of amputation prostheses and this treatment modality has led to major improvements in function and quality of life for, for example, above knee amputees.

Acta Orthopaedica

The importance of the journal Acta Orthopaedica for Scandinavian orthopaedics cannot be overestimated. However, the slightly provincial suffix "Scandinavica" was dropped when the Netherlands joined the Nordic Orthopaedic Federation which owns the Acta Orthopaedica. Ownership gives a certain artistic licence, and the Acta is free on the internet, searchable in PubMed, and will soon be in PubMed Central with pre-publishing. All articles since our foundation in 1930 are also "googleable" and free on the internet at: www.actaorthop.org/

Bone and Joint Decade (BJD) 2000-2010 and future challenges

The BJD 2000-2010, www.boneandjointdecade.org, is a worldwide campaign that was initiated in Sweden by Professor Lars Lidgren, Department of Orthopaedics, Lund University. The BJD has had a major political impact and was a long-needed initiative since the resources devoted to the disorders of the musculoskeletal system do not reflect their social importance. Cardiology, neuroscience and oncology, for instance, have been much more successful in PR and lobbying. Since all forecasts indicate that the burden of musculoskeletal disorders will increase exponentially over coming generations, it is vital to intensify and prolong the campaign beyond the bone and joint decade.

Northern Europe is facing an unprecedented challenge because of the fact that we are facing an "age quake": the number of people over the age of 65 will at least double within the coming 20-30 years. The musculoskeletal system has become one of the weakest links in old people. Patients with, for example, fragility fractures, joint disorders and spinal pain conditions are our patients, and the shortcomings in today's care mean that many more resources must be devoted to musculoskeletal research. At the same time, we are facing healthcare shortcuts, and hospital managers often find it convenient to squeeze research and education budgets. This is not a wise way to go! Only by combined basic and clinical research efforts will it be possible to develop orthopaedic care in a scientifically based manner for the benefit of our patients. Professional orthopaedic organisations, both national, such as SOF, and international, such as SICOT, will continue to play important roles in this regard. In the near future, i.e. next year, we are looking forward to welcoming the SICOT/SIROT Annual International Conference to Gothenburg, Sweden, from 31 August to 3 September 2010 and this conference will be a combined meeting with the Swedish Orthopaedic Association. We hope to see many of you at this conference!

Population: 9,200,000

Location: Northern Europe

Surface area: 449,964 km²

Capital: Stockholm

Official language: Swedish

Major religion: Christianity

Type of government: Constitutional Monarchy

No. of orthopaedic surgeons: 1,300 (members of SOF)

No. of SICOT members: 3





2009 German SICOT Fellowship Report

Dr Arungeethayan Rajniashokan (left)
SICOT member, Scotland, United Kingdom

Dr Emal Wardak (right)
SICOT member, Kabul, Afghanistan

There was exciting news for us inside an envelope after completing the SICOT Diploma Examination in Hong Kong in August 2008. Nothing could be more exciting than being granted a German SICOT Fellowship after securing the first two places in the Diploma Examination. The Fellowship is for four weeks to be spent at four centres of excellence in Berlin, Erlangen, Rummelsberg and Würzburg.

Anticipation grew in us as the days rolled by and it was time to fly to Berlin, our first stop. Many questions arose before the trip: Do we have to learn German? How will we be received at the Centres? Will we be able to participate actively in patient management? Will the people we meet be friendly? We found the answers to these questions when the fellowship started.



The two Fellows with Prof Keinapfel and his team

With some apprehension we landed in Berlin over a weekend to start the Fellowship on Monday, 3 May 2009. It was good to know that language would not be a problem after the person at the information desk in Berlin airport guided us with directions in English to the place where we were going to stay and also to Augusta Victoria Clinic. Berlin was very cosmopolitan and we settled into our apartment hotel in the heart of the city. We could not have asked for a more comfortable place to stay. It was the first day of the Fellowship and we met Prof Hino Keinapfel in his rooms. We got a very warm and friendly welcome, more than we ever imagined. We were made to feel at home. After a brief account of their work, we were escorted to the operating room. It was impressive to see people operating on elective patients as early as 8 a.m. The health system in Germany is different to that in the United Kingdom and waiting times seem to be less than what we had learned

from our German colleagues. After three busy days in the operating theatre we were taken out by the Professor for dinner at an Italian restaurant. That was very generous and made us feel that the Fellowship was not just about seeing surgeries. It was giving us an opportunity to socialise and learn interesting facts about surgeons around the world. The next weekend was spent sightseeing in Berlin which has a huge history. The historical Brandenburg Gate, the Jewish memorial, the Reichstag, a cruise on the river Spree, the concentration camp in Oranienburg and the neglected bunker site of Adolf Hitler are some of the many sites worth mentioning.



In Erlangen with Prof Forst

Our next destination was Erlangen, a small town in Bavaria. After a four-hour train journey from Berlin we reached Erlangen, the birthplace of Siemens. A stark change from Berlin's cosmopolitan look made us wonder what sort of hospital we would be visiting the next day. Is this place worth visiting? Are we going to get bored? But not at all. The Waldkrankenhaus was in an idyllic setting among woods and looked more like a resort. Perhaps the quiet and pollution free atmosphere contributes to the quick recovery of patients and to the strength and vigour of their surgeons who work tirelessly. Little did we realise initially that we were in a centre of excellence for neuromuscular disorders until we visited the clinics and saw patients coming from as far away as Hamburg and Italy. The team effort from the neuropaediatrician, orthopaedician, orthotist and physiotherapist in treating children is much to be applauded. The walking aids and orthotic appliances for children, despite looking simple, made a huge difference to their lives. Prof Raymond Forst, who has contributed much to the treatment of neuromuscular disorders, especially Duchenne's, was friendly, respectable and dedicated.

It was a great privilege to work with him. It was generous of him to offer us his book on Duchenne's dystrophy. Scoliosis correction in a muscular dystrophy child was a privilege to watch. A trip to Bamberg, a small hillside town with gorgeous churches and a palace, completed our week.



In Rummelsberg with Dr Baur

We made our way to Rummelsberg, a small village on the outskirts of Nurnberg. The size of the towns diminished as we moved along, but not the amount or the quality of work done in these centres. It was Dr Wilhelm Baur, a down-to-earth person and a great academician, who gave us a lecture on high tibial osteotomy and short stems in hip replacements. We worked with him for a week. The hospital surroundings were even more serene than Erlangen. The operating room arrangement was impressive and mimicked a battlefield operating suite. We would not be mistaken in referring to the arthroplasty box as a "joint factory". Such was the amount of work going on, at a rapid pace and turnover. It was good to see the excellent results of high tibial osteotomy and short stem hip replacements. Visits to Nurnberg fulfilled the extracurricular aspects of this leg of the trip.



The "joint factory" - theatre suite in Rummelsberg

The final stopover was at Würzburg with Prof Maximilian Rudert, SICOT National Delegate of Germany. A Franconian city, built from the ruins of World War II, amongst the vineyards, with the river Main flowing through the centre and a castle atop a hill overlooking the city, are the highlights of this historical wine producing town. The hospital, an exclusive orthopaedic centre, situated among the suburbs, reminded me of British hospitals in many ways. A total femoral replacement in an elderly person amongst others was a visual delight. An evening at the African festival venue was a nice way to complete the trip. Dinner with Prof Jochen Eulert and company in one of the finest hill-top restaurants of the city was very enjoyable.



A night out in Würzburg with Dr Luedemann, Prof Rudert, Prof Eulert, and Dr Noeth

Prof Eulert has a great vision for SICOT and has given us the idea of creating a forum for SICOT Fellows which could be a platform for sharing experiences and providing information to new Fellows.

Overall, the Fellowship was enjoyable, informative and a very pleasant experience. The surgeons were all friendly and down-to-earth and we were looked after, as if we were their own kith and kin, whether in the hospital or outside. This report would not be complete if we failed to appreciate the work of the secretaries in all the above places, without whose help it would have been difficult to schedule our journey and the Fellowship as a whole. We will always cherish the memories of those four weeks in Germany. It would be incomplete if we did not appreciate the country as a whole which is filled with hardworking people in every field of endeavour.



Welcome to the SICOT Friendship Nations

Prof Dr Jochen Eulert
Secretary General

Although SICOT is a global Society with an individual membership, we see an absolute need for a closer relationship with National Orthopaedic Societies on the one hand and International Subspecialty Societies on the other. For the latter, we want to establish cooperation as easily as possible to encourage common projects and to support joint meetings.

Combined meetings seem to be the key to fruitful partnerships between us and other scientific societies. To this end, we are planning and organising our next annual meetings together with the Royal College of Orthopaedic Surgeons of Thailand (RCOST) in 2009, the Swedish Orthopaedic Society (SOF) in 2010, and the Brazilian Orthopaedic Society (SBOT) in 2014.

The SICOT Officers try to attend the annual meetings of selected national societies and invite Presidents of national and subspecialty societies to SICOT meetings. These personal contacts seem to us an important step towards a lively and successful communication to begin the planning of common projects.

This year, we are starting a new partnership campaign called "Friendship Nations", whereby specific nations will be honoured at our annual meetings. The Officers of the National Society will have a place of honour during the meetings. A number of privileges will be arranged for them and for the participants of the selected Nation. From 2010 onwards, additional events are planned to take place before the meeting.

The 2009 Friendship Nation in Pattaya, Thailand, will be India; the following Nation to be honoured at the Gothenburg Conference in 2010 will be Japan; and for the meeting in 2011 in Prague, we are pleased to announce that China has accepted to become a Friendship Nation of SICOT.

We hope that this continuous close communication will help all of us reach some of our common goals, for example, providing the best possible care to our patients, assuring a sound, continuing education during the entire professional life of a surgeon and increasing global awareness of and support for research programmes in the musculoskeletal field.

SICOT Travelling Fellowships 2010

Every year, SICOT offers three young surgeons three-month fellowships to visit an international medical centre. The aim is to attend and learn at a renowned education centre to improve knowledge and surgical skills. The value of each fellowship is EUR 4,000, which includes travel and accommodation.

The fellowships are:

- **Danish Travelling Fellowship:** at Århus University Hospital specialised in Spine Surgery.
- **German Travelling Fellowship:** at the Orthopaedic Hospital of the University of Würzburg, specialised in Arthroplasty of the Hip, Knee, Shoulder and Elbow; Surgery of the Shoulder, Elbow, and Foot; Sports Injuries; Paediatric Orthopaedics.
- **International Travelling Fellowship:** at a centre of your choice. This centre should have a SICOT member, or the corresponding surgeon is known to, or in contact with, SICOT.

Prerequisites: The applicant must be a member of SICOT, under 40 years of age, and must have previously attended a SICOT international meeting.

Applicants should send the following to awards@sicot.org:

1. CV.
2. Two references with e-mail contacts.
3. Application letter containing:
 - a. aim of travel (travel should take place in 2010), specialty of interest and Fellowship being applied for (1 choice);
 - b. how this Fellowship will benefit your home country or hospital;
 - c. for the International Travelling Fellowship: proposed hospital for travel and contact person, and his/her SICOT contact. Please ask your contact person to e-mail SICOT.

Application deadline: 31 December 2009

Successful applicants are required to submit a report to SICOT upon completion of their fellowship.



SICOT MEMBERSHIP APPLICATION FORM

Please complete this form and forward it to the Secretary General by e-mail (hq@sicot.org), fax (+32 2 649 8601) or post (SICOT – Rue Washington 40-b.9 – 1050 Brussels – Belgium). For additional information, please visit the SICOT website at www.sicot.org or contact the SICOT Head Office at hq@sicot.org.

Personal details

Title: Ass Prof Assoc Prof Dr Mr Mrs Ms Prof Prof Dr Prof Sir

Family name: Given name(s):

Address:

Postcode: City:

Country:

Tel.: +..... Fax: +.....

Mobile: +..... E-mail:

Date of birth:/...../..... (dd/mm/yyyy) Nationality:

Personal details

Institutions: Years:

Degrees obtained:

Professional details

Hospital(s) to which you are currently attached:

Past and present teaching positions:

Subspecialty interest(s) (please tick all appropriate boxes):

<input type="checkbox"/> Adult Reconstructive Orthopaedics	<input type="checkbox"/> Knee	<input type="checkbox"/> Spine
<input type="checkbox"/> Foot and Ankle	<input type="checkbox"/> Oncology	<input type="checkbox"/> Sports
<input type="checkbox"/> General Orthopaedics	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Trauma
<input type="checkbox"/> Hand	<input type="checkbox"/> Research	<input type="checkbox"/> Other
<input type="checkbox"/> Hip	<input type="checkbox"/> Shoulder and Elbow	Please specify:

National Orthopaedic Society membership

Are you a member of a National Orthopaedic Society? Yes No
If yes, please indicate which Society:

.....
.....

Applying for SICOT membership as

Active Member Associate Member (under 40 years old)

FOR HEAD OFFICE USE ONLY

National Representative:

Signature: Date: / / 20.....

Membership application accepted declined

Signature: Date: / / 20.....
(Secretary General)

MEMBERSHIP INFORMATION

Excerpts from the SICOT Constitution and Bylaws

Membership categories

The Association comprises five membership categories: Active Members, Emeritus Members, Distinguished Members, Associate Members and Honorary Members. A Member of any category who changes country of residence may retain their membership. Such members will become members of the national section of their new country of residence or, if there is no national section, be administered by the Secretary General.

- Active Members:

Applicants shall be admitted to Active Membership by a vote of the International Council on the recommendation of the Membership Committee. The Board of Directors shall set the maximum number of Active Members from any country. Active Members have the right to vote, to hold office, to sign referenda, to initiate petitions and to sign nominating petitions. They pay the dues laid down by the Executive Committee and approved by the Board of Directors.

- Emeritus Members:

An Active Member who has reached the age of 70 shall, on request, be made an Emeritus Member. An Active Member who ceases to practice medicine at the age of 60 may apply for Emeritus Membership in writing to the Secretary General. Emeritus Members may take part in the association's activities but are not normally eligible to hold office. The President may nevertheless request that the Board of Directors grant an exception to this rule for an Emeritus Member designated by him. They have the right to vote, to sign referenda and to sign nominating petitions. They are not required to pay dues. They may subscribe to International Orthopaedics for a reduced fee.

- Distinguished Members:

Active or Emeritus Members who have rendered outstanding services to the association and enjoy an exceptional professional reputation may be appointed as Distinguished Members by the International Council on the recommendation of the Board of Directors. Distinguished Members have the right to vote, to sign referenda and nominating petitions. They are not required to pay dues nor registration fees at association conferences and congresses. They receive all the publications of the Society free of charge.

- Honorary Members:

On the advice of the Board of Directors, the International Council may confer the title of "Honorary Member" on non-members of outstanding merit. Honorary Members have no seat on the association's Board of Directors.

- Associate Members:

Young surgeons under the age of 40 are eligible for temporary Associate Membership with privileges that entitle them to participate in all the association's scientific activities and to receive the Journal "International Orthopaedics". They should normally become Active Members after six years' Associate Membership. Associate Members pay reduced dues and registration fees at association conferences and congresses. They have no voting rights.

Resignation / Expulsion

Members may terminate their membership at any time by tendering their resignation to the Secretary General, or by failing to pay their dues within six months of the due date. After having been allowed to state his/her case to the Board of Directors, a Member may be expelled in a secret ballot by a four-fifths majority of the votes cast by the International Council in a meeting called specifically for the purpose. No expelled Member, former Member or heir of a deceased Member has any entitlement to the privileges of the Society. They may not claim any share of the funds, any reimbursement of dues or payment of any other kind.

Reinstatement of membership

A Member who has terminated his/her membership may be reinstated at any time by payment of a penalty. Such payment entitles the Member to receive from then on publications and notices of the Society and to purchase any missed publications, subject to availability.

Dues

The membership term of SICOT is one year, from 1 January to 31 December. Payment of membership dues entitles the Member to receive, without additional charge, all society publications corresponding to the period of the paid dues. Payment should be made no later than 31 March of any given year. If a Member's dues have not been paid within six months of the date on which they fall due, the Treasurer of the Society will transmit a final reminder that will be the final demand. The Member will thereafter be considered to have resigned and will be removed from the roster of the Society. A once-only entry fee is payable by newly elected Members at the time of admission to the Society. Any exemption from or reduction of dues shall be determined by the Board of Directors.

ANNUAL MEMBERSHIP DUES

EUR (exclusive of VAT)	Active Member	Associate Member	Emeritus Member
Annual dues	125	60	-
Annual dues – least developed countries (please see list below)	50	20	-
Additional national dues – United States	75	-	-
Additional national dues – France / United Kingdom	10	-	-
Additional national dues – Japan	40	-	-
Once-only entry fee	50	-	-
Subscription to International Orthopaedics	included	included	55

Members residing in the following countries are entitled to reduced annual dues: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Laos, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Tanzania, Togo, Tuvalu, Uganda, Vanuatu, Yemen, Zambia.



Come and celebrate SICOT's 80th anniversary in Pattaya!

SICOT was founded on 10 October 1929 in Paris, France. To commemorate its 80th anniversary, Prof Charles Sorbie, President of SICOT from 1996 to 1999, will be highlighting the historical events and successes of the Society during the Presidents' Dinner on Saturday, 31 October at the world-class Pattaya Exhibition and Convention Hall (Hall A1-A3). The celebratory event promises to be an entertaining, memorable and unforgettable evening for everyone. Don't miss it! More information about the Dinner can be found on the SICOT website: www.sicot.org/?id_page=206

The occasion will also be marked with a special editorial written by Prof Charles Sorbie and published in the October 2009 issue of the official journal of SICOT, "International Orthopaedics" (Volume 33, Number 5). The journal is available to all SICOT members and publishes the scientific work of researchers from

more than 40 countries. To discover what else SICOT has to offer, please visit the **SICOT booth (44G)** in the Exhibition hall of the Pattaya Exhibition and Convention Hall (Level 3).



The founders of SICOT on 10 October 1929 - Hôtel Crillon, Paris, France

Opening Ceremony

Date	Thursday, 29 October 2009
Time	17:30-19:00
Venue	Hall A1-A2, Pattaya Exhibition and Convention Hall (PEACH)
Keynote lecturer	Mr Mechai Viravaidya



Mr Mechai Viravaidya, Founder of the Population and Community Development Association (PDA), will be delivering the keynote lecture at the Opening Ceremony. He has played a very important role in family planning and HIV prevention strategies throughout Thailand over the last three decades. To encourage people to become familiar with condoms, he practiced original approaches to reduce taboos and make people comfortable around topics related to sexual and reproductive health. He blew up condoms and played with them. His presentations, even now, are full of fun. As the first pioneer in speaking openly about condom use in Thailand, he has championed many of Thailand's social mobilisation and community development efforts which are now taken for granted. Thai people, including adults, became serious about his mission and people all over Thailand recognise him as the "condom man".

Benefitting from Khun Mechai's hard work in spearheading an aggressive national campaign to promote condom use, Thailand became the first country to see a drop in the rate of

HIV infection in the 1990s. Khun Mechai was truly successful in changing the way Thais think about their health. Even today, in Thai slang, "Mechai" means "condom".

For his efforts in various development endeavours, Mechai Viravaidya has been acclaimed with numerous awards and recognition, including: the United Nations Gold Peace Medal (1981), the Ramon Magsaysay Award for Public Service (1994), one of Asiaweek's "20 Great Asians" (1995), the United Nations Population Award (1997), and one of TIME Magazine's "Asian Heroes" (2006). More recently, Mechai Viravaidya was awarded the Nikkei Asia Prize for Regional Growth (2007). PDA has recently been the recipient of the Gates Award for Global Health in 2007, and was recognised as one of the Skoll Awardees for Social Entrepreneurship in 2008.

Please note that only those participants and accompanying persons with a name badge will be allowed entry into the Hall for the Opening Ceremony and Welcome Reception. Badges will be issued at the registration desk on site upon arrival.

First Announcement

Seventh SICOT/SIROT Annual International Conference

combined meeting with the Swedish Orthopaedic
Association (SOF)

31 August - 3 September 2010 - Gothenburg, Sweden



Welcome to Gothenburg, Sweden, in 2010!

It is a pleasure and an honour to invite you to the Seventh SICOT/SIROT Annual International Conference on 31 August - 3 September 2010 in Gothenburg, Sweden (Göteborg in Swedish). Gothenburg is located in the heart of Scandinavia on the west coast of Sweden, it is a leading European event venue and English is widely spoken in the city. The conference will be held at the Göteborg Convention Centre, which is centrally located close to hotels, restaurants and shops. The convention centre has an in-house hotel with more than 700 rooms and there are more than 6,000 hotel rooms within walking distance of the convention centre, ranging from budget category to first-class hotels. Gothenburg can also offer a wide variety of activities for conference delegates and accompanying persons, including tours of the beautiful archipelago, golf and cultural events.

The Seventh SICOT/SIROT Annual International Conference will be organised as a combined meeting with the Swedish Orthopaedic Association (SOF) and a wide range of topics will be covered in the scientific sessions and by plenary speakers, so there will be something of interest for everyone. The commercial exhibition will be comprehensive. We are working hard to make the conference a high-quality scientific and educational event, as well as a memorable gathering in the city of Gothenburg.

On behalf of the Local Organising Committee and the Swedish Orthopaedic Association, I would like to extend a warm welcome to you and hope that you will come to Gothenburg and the Seventh SICOT/SIROT Annual International Conference on 31 August - 3 September 2010. We look forward to seeing you at the conference.

Kind regards,

Prof Björn Rydevik

Conference President - Gothenburg AIC 2010

Call for abstracts

Abstract submission is open from 1 October 2009 to **15 January 2010**.
Please submit your abstracts in English via the SICOT website: www.sicot.org

Main topics:

Arthroplasty	Minimally Invasive Surgery	Spine
Biomaterials	Navigation	Sports Medicine
Cartilage Repair	Osteoporosis	Subspecialty Societies
Evidence Based Orthopaedics	Paediatrics	Trauma
Infection	Smoking & Orthopaedics	Tumours

Registration

Online conference registration is now open!
All participants residing outside Sweden are kindly requested to register at: www.sicot.org
Svenska deltagare anmodas vänligen att registrera sig på: www.ortopediveckan.se

More information about Gothenburg AIC 2010 is available on the SICOT website: www.sicot.org

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