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SICOTNEWS

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



**Early Conference
Registration Deadline:
17 May 2010**

Gothenburg AIC 2010: Programme at a glance now available online



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Osteolysis

In a 50-year-old patient, a cementless total hip replacement with metal bearings was performed on the right hip, with a lengthening of the leg of 2 centimetres. One year earlier, the patient had suffered a medial neck fracture, and after osteosynthesis, pseudoarthrosis could be observed.

About 9.5 years after the operation, the patient complained of increased pain in the right hip radiating into the right leg. The X-rays showed major osteolysis in the intertrochanteric area of the right femur.



Possible reasons for the osteolysis:

- A. low grade infection
- B. distal fixation with cementless fixed total hip replacement
- C. tumour formation in the intertrochanteric area
- D. wear debris-induced osteolysis

Immediately an aspiration of the right hip joint was performed, and the bacteriological analysis, even after long-term incubation and enrichment, did not show any growth of bacteria. Chemical laboratory analysis showed no pathological values.

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To read more, please go to the SICOT website
(accessible to SICOT members only and login is required):
www.sicot.org/?id_page=280



SICOT initiatives to improve the quality of orthopaedic care in developing countries

The quality of healthcare services varies widely among the countries of the world. The widest gap of care, however, is that between the developed and developing countries. In the 21st century, the quality of and access to health care is not just a regional or national problem, it is an international one. Rich and poor, urban and rural populations in every country have a right of access to uniformly high-quality health care. The national health care system of most countries is based on two pillars: the physical infrastructure of health care delivery systems, and the health care providers. Although both are equally important, the health care providers have the greater effect in shaping the future of health care services.

All professional organisations in Orthopaedic Surgery and Traumatology have an obligation to make collective efforts to improve the quality of health care. These organisations have neither the funds to create infrastructure nor the resources to train all orthopaedic surgeons, but they do have a wealth of knowledge and experience to act as teachers and advisers. SICOT, as an international professional organisation in the field of orthopaedic surgery and traumatology, is forever making use of its wealth of knowledge and experience to improve the quality of orthopaedic care in the world.

The several ways in which SICOT is working to improve education include: the publication of International Orthopaedics with its high scientific content, a bimonthly printed SICOT newsletter, monthly SICOT e-Newsletter, SICOT Education Centres in different countries, Fellowships for young surgeons and scientific Conferences and Congresses. The SICOT Manual of Education Objectives serves as a map or guide to train orthopaedic surgeons. Many countries, including Pakistan, are taking full advantage of this manual. In 2003, SICOT introduced a Diploma Examination of knowledge and competence which is becoming an increasingly popular standard in the emerging/developing countries.

The future challenges for SICOT include creating documents on 'A Framework of Minimum Standards of Education in Orthopaedic Surgery', revision of the SICOT Manual of Education Objectives, and preparation of 'Minimum Requirements for Teaching Hospitals to Sponsor Orthopaedic Education and Training'. It is hoped that these three documents will assist the health leaders and politicians of developing countries to elevate their quality of health care to the level of developed countries. To see that all these initiatives are done well and to ensure that quality is continuously improved, there is a great need to establish a SICOT International Accreditation Board.

The work to prepare universal minimum standards for education in orthopaedics has been formally started with the SICOT/WOC Seminar on Education in Orthopaedics, which was held during the combined symposium of the Nepal Orthopaedic Association and the Japanese Orthopaedic Association on 19 February 2010 in the beautiful lake city of Pokhara, Nepal. We strongly encourage you to communicate your ideas to us at the SICOT Head Office (hq@sicot.org).

Syed Muhammad Awais
Editorial Secretary



Nepal

Dr Ramesh Prasad Singh

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Nepal is a country of highly diverse and rich geography, culture, and religions. Situated in the lap of the Himalayas, Nepal, now officially the Federal Democratic Republic of Nepal, is a landlocked country in South Asia and the world's youngest republic. It is bordered to the north by the People's Republic of China, and to the south, east, and west by India, with an area of 147,181 square kilometres (56,827 square miles) and a population of approximately 30 million. Kathmandu is the nation's capital and the country's largest metropolitan city.

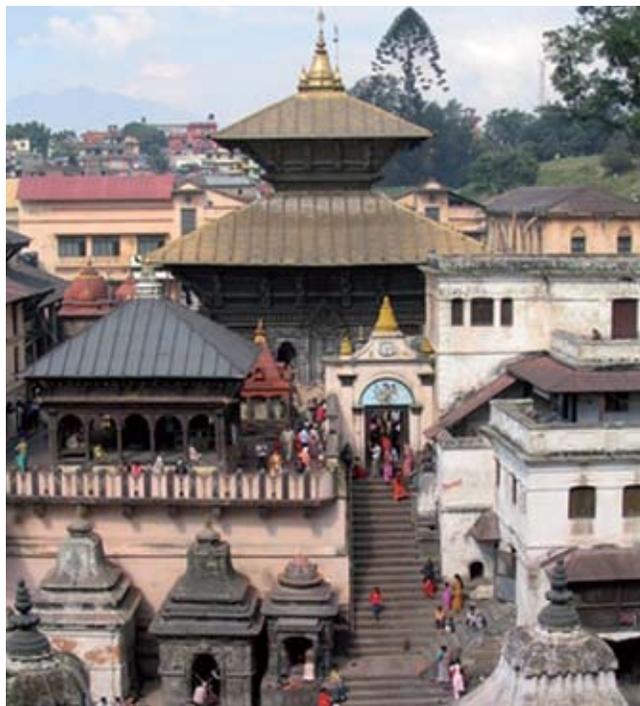
The mountainous north has eight of the world's ten highest mountains, including the highest, Sagarmatha, known in English as **Mount Everest**. The fertile and humid south is heavily urbanised. It contains over 240 peaks more than 20,000 ft (6,096 metres) above sea level.

Nepal has tremendous variation in climate. A warm temperate climate prevails from 1,200 up to 2,400 metres at which level snow occasionally falls. Bordering on this at a higher altitude is a cold zone up to the tree line at 3,600 metres, then a subarctic or alpine zone to 4,400 metres. A fully arctic climate prevails above that. Eastern Nepal gets about 2,500mm of rainfall annually; the Kathmandu area, about 1,400mm and western Nepal, about 1,000mm. The year is divided into a wet season from June to September and a dry season from October to June. Rains diminish in September and generally end by mid-October, ushering in generally cool, clear, and dry weather, the most relaxed and jovial period in Nepal. In the Himalayas an adequate snowfall is important for sufficient spring and summer melt water to irrigate the lower hills and valleys.

The majority of the population follows Hinduism. Buddhism, though a minority faith is linked historically with Nepal as the birthplace of Siddharth Gautam, the Gautam Buddha who gave birth to the Buddhist tradition. Dasain, along with the festival of light, Dipawali, and the festival of colour, Holi, is widely celebrated.

Nepal's economic development has been severely constrained by geographic, topological and socio-cultural factors including: its landlocked position, limited natural resources, rapid population growth, heavy dependence on traditional agriculture and an increasing reliance on foreign assistance.

Health in Nepal is poor by international standards, especially in rural areas, but some improvements are being made. Disease prevalence is higher than in other South Asian



Pashupatinath Temple in Kathmandu (photo by Sam Judson)

countries. Nepal also has high rates of child malnutrition (72 percent in 2001) and under-five mortality (91.2 deaths per 1,000 live births in 2001). Provision of health services is constrained by low government funding, rugged terrain, and lack of health education, which lowers the demand for health services.

History of Nepal Orthopaedic Association (NOA)

It was on 10 June 1987 that the Nepal Medical Association allowed the formation of the Nepal Orthopaedic Society under its constitution. However, it was only after almost 6 years that the Nepal Orthopaedic Association was established with more than 20 members.

An Ad Hoc Committee was formed under the chairmanship of Dr Ashok Banskota with the objective of writing the constitutions and getting the association registered. Dr Padam Bahadur Chand was instrumental in designing the logo of our association. After almost six months of hard work, NOA was duly registered in January 1995.



The greater one-horned rhinoceros, an endangered species, can be found in protected areas in Nepal

The first couple of years went by and the NOA was consolidated, meeting regularly and conducting workshops.

NOA had the opportunity to host the inaugural meeting of orthopaedic surgeons of SAARC (South Asian Association for Regional Cooperation) countries from 29 March to 1 April 1998, attended by over 500 delegates from all the SAARC countries and many internationally renowned faculties. It was a proud moment for NOA as it was instrumental in the formation of OASAC (Orthopaedic Association of SAARC Countries).

We could establish a formal agreement with the Royal College of Orthopaedic Surgeons of Thailand (RCOST). As the number of members in NOA grew and after successfully hosting the OASAC conference, it was decided to hold an NOA conference annually, which was then named ORTHOCON.

Apart from its regular activities, NOA also hosted the international conference in association with Orthopaedica Belgica (*Belgische Vereniging voor Orthopedie en Traumatologie* and *Société Royale Belge de Chirurgie Orthopédique et de Traumatologie*). In spite of the local political situation, the conference was a grand success with over 40 delegates from Belgium attending.

Dr Takumi Yonezawa, orthopaedic surgeon from Japan and a true friend of NOA, instituted the **Yonezawa Award** to be granted to young orthopaedic surgeons presenting the best paper during our Annual Conference.



Mount Everest

The Dr Ashok K. Banskota 'Research Grant' was also instituted to encourage members to conduct research in the field of Orthopaedics.

In 2006, NOA again hosted the OASAC conference successfully in Kathmandu. Our members, Dr M.P. Shrivastav, Dr Ramesh P. Singh and Dr Anil B. Shrestha, were elected President, General Secretary and Treasurer of OASAC, respectively.

With just 25 members initially, we have grown to become a strong and vibrant organisation with more than 100 members. Under the presidency of Brig. Gen. Dr Bachchu Ram K.C., the Nepal Orthopaedic Association was able to organise the 1st Nepal/Japan Combined Orthopaedic Symposium with Japanese orthopaedic surgeons, from 18 to 20 February 2010 at Pokhara in Nepal. SICOT was represented by Prof Syed M. Awais who organised a discussion on orthopaedic education with the collaboration of OASAC and WOC.

Recently, the Nepal Orthopaedic Association published its first issue of the official journal, the **Nepal Orthopaedic Association Journal** (NOAJ), with Dr Rabindra L. Pradhan as its editor in chief.

The AO Principles Course was also organised for the first time in Nepal last year under the AO Socio Economic Committee. Dr R.K. Shah is a member of the AO-SEC and was the course director.

The Orthopaedic Residency programme is now conducted at Tribhuvan University, National Academy of Medical Science, BP Koirala Institute of Health Sciences, and Kathmandu University. All have a three-year residency programme, except for Tribhuvan University where the programme is four years long. After completion of the residency, a specialist registration from the Nepal Medical Council is necessary.



Durbar Square in the ancient city of Bhaktapur

Capital: Kathmandu (Nepali: काठमाडौं)
Official language: Nepali
Type of government: Republic
Surface area: 147,181 km²
Population: 2009 estimate 29,331,000
 (2007 census 28,875,140)
Currency: Rupee (NPR)
No. of orthopaedic surgeons: 109 (members of NOA)
No. of SICOT members: 3





United Nations declares Decade of Action on Road Traffic Safety

BJD Press Release - 5 March 2010

The Bone & Joint Decade 2000-2010
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The Bone and Joint Decade, working together for the last 10 years with several international organisations, have collectively succeeded in putting Road Traffic Safety at the top of the global health priority list for the coming decade.

As a direct result of work by the BJD-initiated UN Global Road Safety Steering Committee, the United Nations Wednesday voted to declare 2011-2020 as the global Decade of Action for Road Safety:

www.who.int/mediacentre/news/notes/2010/traffic_injuries_media_20100303/en/index.html

"A Decade of Action for Road Safety is urgent", says WHO Assistant Director-General Dr Ala Alwan. "It will help us increase action to address what will otherwise become the fifth leading cause of death by 2030."

The hard facts speak for themselves: 1.3 million people around the world are killed every year by traffic accidents, that's 3,000 people every day – or one every three seconds – and 17 million more will die on the world's roads by the year 2020, with over 200 million being seriously injured and permanently disabled unless a change is made.

"Clearly these figures are unacceptable – they are unacceptable because they are preventable," said Prof Lars Lidgren, Chairman of the Bone and Joint Decade. "Most of these deaths, each of which is a personal tragedy, occur singly and draw no attention from the world's media. About 90% happen in developing countries, most of them among pedestrians, bicyclists, motorcyclists and passengers of public transport." Trauma and road traffic injury prevention are part of the BJD's 5 target areas for policy change in last decade.

"Greater effort is needed from the international community to counter this growing epidemic," said Prof Bruce Browner, BJD member and one of the key players in the initiation of the UN Global Road Safety Collaboration. "The WHO's Global Burden of Disease and Injury report states that in 20 years road traffic injuries will have moved up from 9th place to 3rd place on the list of the 15 leading causes of disability worldwide," he said. The Collaboration called on UN Ambassadors to seek a more coordinated approach between the UN and their governments, arguing that road safety must become a political priority if casualty reductions are to be achieved.

Mobilising Global Support

The Bone and Joint Decade 2000-2010, made up of musculoskeletal and trauma specialists, and comprising networks in more than 70 countries around the world, has been a champion of improving road safety from the beginning. At the start of the Decade the BJD Road Safety Project recognised that immediate action could dramatically alter the course of this epidemic. Raising awareness on an international level which results in intervention on a national level can significantly reduce traffic fatalities.

BJD task force members saw the need to support their colleagues in developing countries in their efforts to advocate the priority of road safety to their governments. As witnesses to the carnage, musculoskeletal and trauma specialists can attest to the unnecessary pain and suffering endured. Their moral authority and prominence as influential members of society will allow them to be powerful advocates for change.

However, BJD task force members recognised that the ultimate success of any action hangs on the creation of a multi-disciplinary effort which unites public and private sector and which is bound by sustainable global political commitment. In response to this clear need to raise political awareness and address the issues, in 2001 members of the BJD International Steering Committee and counterparts in the campaign proposed a United Nations conference on global traffic safety.

In 2002 the BJD through its Global Road Safety Project helped to coordinate a unique committee of international stakeholders known as the Global Road Safety (GRS) Collaboration which includes the Task Force for Child Survival and Development, the WHO, the World Bank through its Business Partners for Development project, UNICEF, UNDP, UN Department for Economic and Social Affairs, and the FIA Foundation among its members.

Working closely with UN Ambassador Fuad Al-Hinai from Oman, in a historic move the Committee organised the first-ever "Technical Briefing on Global Road Traffic Safety," in 2002 at the UN in New York. The goals of the session were to introduce the problem; build political will, raise awareness, address potential solutions, and discuss a permanent role for the UN in the global road safety campaign.

“At the start of this project, we had been told that it would be a long road to put traffic safety on the UN agenda; but by convening the right players and fostering a successful collaborative effort, we have been able to accomplish this and more, within a few years,” said Dr Wahid Al-Kharusi, MD, BJD Steering Committee Member. “This is the result of the efforts of UN Ambassador Fuad Al-Hinai from Oman, and the UN Global Road Safety Collaboration”.

Today the report recommends that the Assembly, among other things, call upon United Nations agencies and key partners to strengthen their cooperation in the context of the Road Safety Collaboration; to call on States to develop action plans and strategies on road safety, noting that the programmes should be seen to be cost-effective measures, as well as profitable investments; and also to call on States to continue raising road safety awareness at the international and national levels by organizing advocacy events and scaling up existing efforts.

Based on work by the Road Safety Collaboration, the goal of the coming Decade of Action is to initiate a long-term global strategy which makes clear the magnitude of the public health burden and helps countries to develop multi-sectoral and multi-disciplinary strategies which unite public and private sectors. Public health will need to work closely with national transportation and law enforcement ministries in every country to address the tremendous health and economic burdens from the high rate of traffic injuries and fatalities. Public health also has an important contribution to make in focusing efforts on prevention as well as treatment of injuries. “We have an opportunity in working together to get ahead of the curve and prevent the predicted devastation on the roads of the world,” Dr Marcos Musafir, BJD Steering Committee Member and representative of the WHO’s Dept of Violence and Injury Prevention.

The Burden on Society and Where to Start the Change

Beyond the human suffering they cause, road traffic injuries result in considerable additional costs to societies. Globally, more than half of all victims are between the ages of 15 and 44, the age at which they would be most able to contribute to the livelihood of their families and communities. This loss of breadwinners has enormous implications for the security of families. And estimates show that road traffic injuries cost nations as much as 2 per cent of their gross national product.

Yet most of this loss can be prevented by tackling dangerous driving, such as speeding and driving under the influence of alcohol; by promoting the use of helmets and seat belts; by ensuring that people walking and cycling are more visible; by improving the design of roads and vehicles; by enforcing road safety regulations; and by improving emergency response

services. The key to successful prevention lies in the commitment of all relevant sectors, public and private - health, transport, education, finance, police, legislators, manufacturers, foundations and the media - to make road safety happen.

Major events which have been initiated in part by the Bone and Joint Decade Road Safety Project include:

- 2002 the BJD through its Global Road Safety Project coordinates stakeholders in the Global Road Safety (GRS) Collaboration.
- 2004 WHO/World Bank ‘World Report on Road Traffic Injury Prevention’ published.
- 2004 UN General Assembly meets to promote Global Road Safety. The General Assembly endorses the World Report on Road Traffic Injury Prevention, and call for a UN Road Safety Charter.
- 2004 World Health Day on the theme ‘Road Safety is No Accident’.
- 2006 United Nations Endorses Global Road Safety Week.
- 2007 2nd Global Road Safety Stakeholders’ Forum held by the UN.
- 2007 UN Global Road Safety Week on the theme of young road users.
- 2008 UN Road Safety Collaboration and its good practice guides published.
- 2008 World Bank’s Global Road Safety Facility inaugurated.
- 2008 Global Helmet Initiative.
- 2009 Commission for Global Road Safety reports published.
- 2009 UN Ministerial Conference on Global Road Safety held in Moscow in November.

About the Bone and Joint Decade

Launched in January 2000, the Bone and Joint Decade is an NGO comprised of National Action Networks in 65 countries and with the support of more than 750 related organisations globally. Its mission is to advance understanding of musculoskeletal disorders worldwide through research and to improve the quality of life for those affected. The Bone and Joint Decade initiative works closely with the United Nations and the World Health Organization. For more information, please see: www.bjdonline.org

For further press information, contact the Bone and Joint Decade communications office:

Ms Sara Martin
BJD Communications Manager
Tel.: +32 476 274 325
E-mail: smartin@skynet.be

Femoral Neck Fractures Training

A new SICOT online course on Femoral Neck Fractures is now available at mySmartHealthcare.com for SICOT members.

If you are a SICOT member, please log in to the SICOT website with your username and password. Information about password renewal is available at www.sicot.org/?id_page=314.

Once you have logged in, you can register at www.sicot.org/?id_page=319.



SICOT booth at 11th EFORT Congress

SICOT will be present at the 11th EFORT Congress in Madrid, Spain, from 2 to 5 June 2010. We invite you to visit us at booth 31 in Pavilion 9 of the North Convention Centre (Feria de Madrid - IFEMA) to find out more about the Society and what it has to offer.



SICOT Administrative Meetings 2010

Venue: Gothia Towers – Göteborg Convention Center, Mässans gata 24, Box 5184, 402 26 Gothenburg

Sunday, 29 August 2010

The **Executive Committee meeting** is scheduled to take place from 08:00 to 16:00. The Board of Directors will meet with the Chairmen of Committees from 16:30 to 18:00.

Monday, 30 August 2010

The **standing committees, subspecialty sections, and geographical sections** will meet in five concurrent sessions from 08:00 to 12:25, and lunch will be provided from 12:30 to 13:30. The **International Council** will have its meeting from 13:30 to 18:00. The National Delegates' Banquet will be held at 19:30 at the City Hall (*Börsen*).

Wednesday, 1 September 2010

The **SICOT General Assembly** is open to all SICOT members and will take place from 17:45 to 18:45 in Room 1 of the Göteborg Convention Centre. The minutes of the 2009 General Assembly, which took place on 30 October in Pattaya, Thailand, are available in the Members' Area of the SICOT website.

Please make a note of these dates and check the SICOT website (Members' Area) regularly for any additional information or possible changes.

Peer Reviewers

Special thanks go to the following members of the Scientific Board who kindly gave their time to review the abstracts submitted for the Seventh SICOT/SIROT Annual International Conference, a combined meeting with the Swedish Orthopaedic Association (SOF).

Stephen Abelow (United States)	Mourad Hamidani (Algeria)	Horia-Bogdan Orban (Romania)
Kristina Åkesson (Sweden)	Håkan Hedlund (Sweden)	Anders Palmquist (Sweden)
David Aronsson (United States)	Rune Hedlund (Sweden)	Ellewellyn Pasion (Philippines)
Per Aspenberg (Sweden)	Peter Herberts (Sweden)	Marko Pecina (Croatia)
Syed Awais (Pakistan)	Andres Herlin (Sweden)	Lars Peterson (Sweden)
Thami Benzakour (Morocco)	Pierre Hoffmeyer (Switzerland)	Sari Ponzer (Sweden)
Peter Bergh (Sweden)	Karl-Åke Jansson (Sweden)	Kandiah Raveendran (Malaysia)
Harald Bismar (Sweden)	Per-Olof Josefsson (Sweden)	Cecilia Rogmark (Sweden)
Andrzej Bohatyrewicz (Poland)	Camilla Karlsson (Sweden)	Harald Roos (Sweden)
Helena Brisby (Sweden)	Jon Karlsson (Sweden)	Björn Rydevik (Sweden)
Mats Brittberg (Sweden)	Magnus Karlsson (Sweden)	Anders Rydholm (Sweden)
Otte Brosjö (Sweden)	Johan Kärholm (Sweden)	Galal Zaki Said (Egypt)
Bruce Browner (United States)	Jüri Kartus (Sweden)	Hatem Said (Egypt)
Lászlo Bucsi (Hungary)	Karl Knahr (Austria)	Frédéric Schuind (Belgium)
Cody Bünger (Denmark)	Shoichi Kokubun (Japan)	Laurent Sedel (France)
Franz Burny (Belgium)	Martin Krismer (Germany)	Chadwick Smith (United States)
Ivan Butkovic (Serbia)	Lennart Landin (Sweden)	Ann-Charlott Söderpalm (Sweden)
Jacques Caton (France)	Ian Leslie (United Kingdom)	Charles Sorbie (Canada)
Kenneth Cheung (Hong Kong)	Hansjoerg Leu (Switzerland)	Gary Speck (Australia)
Peter K.Y. Chiu (Hong Kong)	Frankie Leung (Hong Kong)	Anna Stefansdottir (Sweden)
Erdal Cila (Turkey)	Wilson Li (Hong Kong)	Björn Strömqvist (Sweden)
Jean-Pierre Courpied (France)	Lars Lidgren (Sweden)	Peteris Studers (Latvia)
Brett Courtenay (Australia)	Anders Lindahl (Sweden)	Olle Svensson (Sweden)
Mikael Dalen (Sweden)	Urban Lindgren (Sweden)	Miklos Attila Szendroi (Hungary)
Aina Danielsson (Sweden)	Hwa-Chang Liu (Taiwan)	George Thompson (United States)
Carl Ekholm (Sweden)	Katarina Lönn (Sweden)	Björn Tjernström (Sweden)
Wissam El-Khazzi (Belgium)	Luis Lopez Duran Stern (Spain)	Hans Törnkvist (Sweden)
Jochen Eulert (Germany)	Keith Luk (Hong Kong)	Hans Tropp (Sweden)
Magnus Forsblad (Sweden)	Arne Lundberg (Sweden)	Li Tsai (Sweden)
Peter Fritzell (Sweden)	Antero Makela (Finland)	Albert Van Kampen (Netherlands)
Patricia Fucs (Brazil)	William McKenzie (United States)	Vilmos Vécsei (Austria)
Paul Gerdhem (Sweden)	Yin Shun Miu (Hong Kong)	René Verdonk (Belgium)
Felix Gil-Orbezo (Mexico)	Rob G.H.H. Nelissen (Netherlands)	Gershon Volpin (Israel)
Hans Granhed (Sweden)	Gunnar Nilsson (Sweden)	James Waddell (Canada)
José Guimarães Consciência (Portugal)	Kjell Nilsson (Sweden)	Richard Wallensten (Sweden)
Björn Gunterberg (Sweden)	Olle Nilsson (Sweden)	Lars Weidenhielm (Sweden)
Mahmoud A. Hafez (Egypt)	Rolf Norlin (Sweden)	Torsten Wredmark (Sweden)
Gunnar Häggglund (Sweden)	Karl Obrant (Sweden)	Per Wretenberg (Sweden)
Nils Hailer (Sweden)	Chang Wug Oh (Korea)	Wai Pang Yau (Hong Kong)
Moussa Hamadouche (France)	Ingemar Önsten (Sweden)	

Important note to authors of accepted abstracts

If the **presenting author** of an accepted abstract has not registered and paid the conference registration fee by 26 July 2010, the abstract will be withdrawn. The Conference Secretariat will not check if co-authors have registered. Therefore, please notify the Conference Secretariat at congress@sicot.org of any changes to the presenting author as soon as possible to avoid disappointment.

Please note that if the presenting author registers and pays by 17 May 2010 he/she can benefit from the discounted registration fee. After this date the rate will have gone up! We remind you that any payment received after 26 July 2010 will result in the abstract being excluded from the Final Programme.

Authors residing outside Sweden are kindly requested to register at www.sicot.org/?id_page=273
Svenska deltagare anmodas vänligen att registrera sig på www.ortopediveckan.se

Gothenburg AIC 2010 Programme at a glance *(at 16 March 2010)*

	Room 1	Room 2	Room 3	Room 4	Room 5	Room 6	
Tuesday, 31 August	09:00-12:00 Instructional Courses: www.sicot.org/?id_page=312						
	12:00-13:00 Lunch						
	13:00-13:30 Plenary Lecture Mobit Bhandari						
	13:30-15:00	Free Papers Cartilage Repair	Free Papers Shoulder/Elbow	Symposium JOA¹: Joint Preserving Operations & Osteotomies for Adult Hip	Free Papers Trauma Multitrauma	Symposium SOTS²	
	15:00-15:30 Coffee break						
	15:30-17:00	Symposium Rickets	Free Papers Arthroplasty Hip – Acetabular Components	Symposium IT (until 16:30)	Symposium Cartilage	Free Papers Arthroplasty Shoulder/Elbow	
17:30			Opening Ceremony				
Wednesday, 1 September	08:00-09:30	Free Papers Arthroplasty Knee	Free Papers Trauma Shoulder/Elbow	Symposium Trauma – Upper Femur	Symposium Biomaterials	Free Papers Trauma Forearm/Wrist	Free Papers Tumours Giant Cells
	09:30-10:15 Coffee break						
	10:15-10:45 Plenary Lecture Shinichi Kikuchi						
	10:45-12:15	Free Papers Trauma Humerus	Symposium Pros & Cons in Total Knee Arthroplasty: recommendations based on National Register Data	Free Papers Arthroplasty Hip	Free Papers Biomaterials	Symposium Osteoporosis & Spine Surgery	Free Papers Trauma Knee
	12:15-13:30 Lunch						
	13:30-15:00	Free Papers Trauma Upper Femur	Free Papers Trauma Elbow	Symposium Lessons from the Swedish Hip, Knee & Spine National Quality Registers	Free Papers Tumours Soft Tissue/Sarcomas	Free Papers Sports Medicine Ankle/Foot	Free Papers General Orthopaedics Evidence Based Orthopaedics
	15:00-15:30 Coffee break						
	15:30-16:00			Presidential Lecture Cody Bünger			
	16:00-17:45	Free Papers Trauma Tibia/Fibula	Symposium Outcomes in Total Hip Free Papers Arthroplasty Hip	Symposium Traffic Trauma Prevention	Symposium The Stiff Elbow & Shoulder	Free Papers Spine Surgery/Fusion	Symposium SOF/IFOS³: Infections in Paediatric Orthopaedics
	17:45-18:45	SICOT General Assembly	SOF Annual Meeting				

Thursday, 2 September	08:00-09:30	Free Papers Sports Medicine Knee/Hip	Free Papers Spine Spondylolisthesis/ Basic Science	Symposium EFORT⁴: Polytrauma	Free Papers Wrist/Nerve Injury	Free Papers Infection	Free Papers Management in Orthopaedics
	09:30-10:15	Coffee break					
	10:15-10:45	Plenary Lecture Steven Garfin					
	10:45-12:15	Free Papers Arthroplasty Hip – Revision/ Infections	Symposium Achilles Tendon Injuries	Symposium JOA¹: Spine	Free Papers Trauma Subtrochanteric Fractures & Other	Free Papers SICOT/SOF/ IFPOS ³ : Paediatrics	Symposium Female Orthopaedic Surgeons: Why do colleagues leave orthopaedics?
	12:15-13:30	Lunch					
	13:30-15:00	Free Papers Arthroplasty Hip – Position/ Approach/ Complications	Free Papers Spine Deformity	Free Papers Trauma Petrochanteric Fractures	Free Papers Infection	Free Papers SICOT/SOF/ IFPOS ³ : Paediatrics	Symposium OSOS⁵: Osseointegration & Amputation Prostheses
	15:00-15:30	Coffee break					
	15:30-16:00	Plenary Lecture Ian Learmonth					
	16:00-17:45	Free Papers Arthroplasty Hip – Osteotomy/ Avascular Necrosis	Symposium Hot topic: "The Epiphysis"		Free Papers Arthroplasty Knee	Free Papers SICOT/SOF/ IFPOS ³ : Paediatrics	Symposium OSOS⁵
	Friday, 3 September	08:00-09:30	Free Papers Spine Cervical/Lumbar Spinal Stenosis	Symposium Fragility Fractures in Orthopaedics	Best Papers Session	Free Papers Trauma Pelvic Fractures	Free Papers Arthroplasty Knee
09:30-10:15		Coffee break					
10:15-10:45		Plenary Lecture Tommy Hansson					
10:45-12:15		Free Papers Arthroplasty Knee	Symposium Natural Disasters & Orthopaedic Surgery	Symposium Smoking & Orthopaedic Surgery	Free Papers Biomaterials/ Cartilage Repair	Free Papers Trauma Foot/Ankle	Free Papers OSOS⁵
12:15-13:15		Closing Ceremony					

1 Japanese Orthopaedic Association

2 Svenska Ortoped-Traumatologiska Sällskapet

3 International Federation of Paediatric Orthopaedic Societies

4 European Federation of National Associations of Orthopaedics and Traumatology

5 Orthopaedic Surgical Osseointegration Society

Social Programme

The following events are not included in the conference registration fee.

Participants residing outside Sweden are kindly requested to register for these events at www.sicot.org/?id_page=273.

Svenska deltagare anmodas vänligen att registrera sig för kvällsarrangemang på www.ortopediveckan.se.

Opening Ceremony & Welcome Reception

The Opening Ceremony and Welcome Reception on Tuesday, 31 August, from 17:30 onwards, will be held at the Göteborg Convention Centre.

Fun Night

Join us on Wednesday, 1 September at 19:00 at Restaurang Trädgår'n for a fun-filled night organised especially for young conference participants and those young at heart!

Presidents' Dinner

The Presidents' Dinner will be held on Thursday, 2 September, starting at 19:00, and promises to be an entertaining and unforgettable evening for everyone. It will include top-class entertainment followed by dancing. Don't miss it!

Seventh SICOT/SIROT Annual International Conference

combined meeting with the Swedish Orthopaedic
Association (SOF)

31 August - 3 September 2010 - Gothenburg, Sweden



If you wish to attend a sporting event, please submit all registration requests via email to congress@sicot.org and you will then receive the payment details. The number of places available for each event is limited and registered participants will be accepted on a 'first come, first served' basis.

Golf

Date	Monday, 30 August 2010
Time	09:00
Venue	Kungsbacka Golf Club
Fee	EUR 60, excluding 25% VAT (green fee and practice balls included)

Maximum number of participants: 24

Transport by bus will be provided from the Göteborg Convention Centre at 07:30.

Tennis (Doubles Tournament)

Date	Tuesday, 31 August 2010
Time	10:00-12:00
Venue	Göteborgs Lawn Tennis Club (GLTK)
Fee	EUR 10, excluding 25% VAT

Maximum number of participants: 16

Charity Run (8 km)

Date	Wednesday, 1 September 2010
Time	16:00
Venue	Skatås
Fee	EUR 10, excluding 25% VAT

The meeting place is by the entrance of the Göteborg Convention Centre at 15:00 for transport by bus to Skatås. Participants may change clothes after the event at the Skatås health club.

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

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