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# SICOTNEWS

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

## Pattaya AIC 2009



Photo by Joseph Molinari

Sanctuary of Truth, Pattaya

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# SICOT Fun Night Out

**Date:** Monday, 25 August 2008  
**Time:** 19:00  
**Venue:** Royal Hong Kong Yacht Club  
 Kellett Island, Causeway Bay, Hong Kong  
**Fee:** USD 60/person, including BBQ and drinks

The Young Surgeons Committee is organising this poolside barbecue for the young congress participants (and those young at heart) and their accompanying persons. The party will be held at the Royal Hong Kong Yacht Club on Kellett Island. It will be an informal fun night out to meet fellow young colleagues from around the world.

Places are LIMITED, so please book early!

Please confirm your reservation by e-mail to: [hatemgalal@yahoo.com](mailto:hatemgalal@yahoo.com) or [peterwpy@hkucc.hku.hk](mailto:peterwpy@hkucc.hku.hk).

## SICOT Oral Presentation Awards

Congratulations to the authors of the following ten best oral papers. All ten papers must be presented a second time at the Best Papers Session during the Hong Kong TWC 2008. The presenting authors of the three best oral presentations selected during this session will each be awarded a prize of EUR 500. The ten presenting authors are required to attend

the Closing Ceremony on Thursday, 28 August 2008 and will receive a diploma of recognition at a later date.

Authors are recommended to submit their manuscript to the International Orthopaedics journal through the following website: <http://mc.manuscriptcentral.com/io>.

15310	<b>MARGINAL IMPACTION FRACTURES OF THE ACETABULUM</b> Maher HALAWA, Fouad SADEK
15727	<b>LEARNING CURVE OF A NAVIGATION SYSTEM FOR TOTAL KNEE REPLACEMENT. A MULTICENTRIC STUDY</b> Jean-Yves JENNY, Rolf MIEHLKE, Alexander GIUREA, Yann DIESINGER
15834	<b>MID-TERM RESULTS OF TOTAL ANKLE PROSTHESES IN RHEUMATOID ARTHROPATHY</b> Huub VAN DER HEIDE, Bernard SCHUTTE, Jan Willem LOUWERENS, Frank VAN DEN HOOGEN, Maarten DE WAAL MALEFIJT
17627	<b>DOES SCAPHOID BONE BRUISING LEAD TO FRACTURE AND SHALL IT BE TREATED SAME AS FRACTURE?</b> Turab SYED, Yousaf SHAH, Martin Harry WETHERILL
17634	<b>OSTEOCHONDRAL DEFECTS OF THE KNEE: AUTOLOGOUS CHONDROCYTE IMPLANTATION ALLOWS RETURN TO PHYSICAL ACTIVITY AND SPORTS</b> Parag JAISWAL, Saket TIBREWAL, Richard CARRINGTON, John SKINNER, Tim BRIGGS, George BENTLEY
17879	<b>THE DOSE OF ANTIBIOTICS IN CEMENT HAS POSITIVE EFFECTS ON TREATING INFECTED TKA</b> Hwa-Chang LIU, Wen-Chi TSAI, Thomas Tzil-Shang LIU, Shier-Chieg HWANG, Pokai TSENG
17905	<b>FATTY ACID FUNCTIONALIZATION STRONTIUM HYDROXYAPATITE NANOROD AND APPLICATION</b> Raymond Wing Moon LAM, Chi Tak WONG, Zhao Yang LI, Wai Kin CHAN, Keith Dip-Kei LUK, William Weijia LU
18030	<b>LENGTHENING OF HAND SEGMENTS BY MINI-FIXATOR</b> Vladimir SHEVTSOV, Natalia SHIKHALEVA, Mikhail DANILKIN
18121	<b>EVALUATION OF IMMORTALIZED HUMAN MESENCHYMAL STEM CELLS AT DIFFERENT POPULATION DOUBLINGS LEVELS</b> Emilie GLAVIND, Lea BJERRE, Michael BENDTSEN, Cody BÜNGER
18157	<b>MODULAR PROSTHETIC RECONSTRUCTION AFTER TUMOUR RESECTION OF THE DISTAL HUMERUS</b> Philipp FUNOVICS, Reini SCHUH, Jochen HOFSTAETTER, Martin DOMINKUS, Rainer KOTZ



## SICOT: international leader in orthopaedic surgery

During the last year, SICOT has been able to confirm its expertise in orthopaedic surgery through complementary collaboration at the international level. Our members offer important human resources with a high level of scientific knowledge, specific experience and technical skills.

Most of the international actors in the field of health care are able to promote a global strategy or provide general assistance locally in emergency situations, but they need specialty experts and practitioners to realise appropriate surgical interventions on the field.

Since WHO now includes primary surgical care among its priorities, not surprising if one considers the increasing incidence of trauma, it needs specialists to train local surgeons who will be in charge of trauma patients in district hospitals. At the same time, SICOT wants to promote more sophisticated techniques and to improve excellence in orthopaedic surgery at training centres.

The SICOT Education Centres ideally fulfil those combined objectives but they need to be supported to benefit from truly international exchanges and activities.

Starting with a pilot project of four SICOT Education Centres distributed across all continents, WHO is now raising funds to ensure efficiency and improve the local influence of those centres on orthopaedic training.

Another point of synergy between WHO and SICOT involves priority medical devices. The cost of orthopaedic devices is too high and, therefore, they are inaccessible to patients of some countries. Since our objective is to improve orthopaedic surgery, this situation represents a significant limitation on the quality of treatment.

During our Triennial World Congress in Hong Kong, SICOT will, for the first time, invite the main stakeholders and the industry representatives to a round-table discussion, with the presence of WHO, to analyse the situation and to propose solutions for minimising the discrepancies. Several industries answered very positively to this appeal.

Regarding disaster and emergency medical help, SICOT members represent a significant medical force for the treatment of trauma. However, SICOT does not have the logistics to operate all over the world. To solve the problem, we have strengthened collaboration with Doctors Without Borders (MSF) and recently we were able to supply our National Delegate from Iraq with equipment for the difficult area of Basra. This collaboration will be reinforced in the future to allow about 80 SICOT members and volunteers from all parts of the world to contribute to the local medical aid when needed.

For those of you who are interested in this international action of SICOT, I invite you to attend the WHO session which will be held on 27 August 2008 from 11:00 to 12:15 in Room 403 of the Hong Kong Convention and Exhibition Centre.

*Maurice Hinsenkamp, SICOT Secretary General*





# Orthopaedics in Thailand

**Prof Wichien Laohacharoensombat**  
SICOT National Representative of Thailand

Thailand is part of the Southeast Asian mainland. The Lao People's Democratic Republic lies to the North, the Kingdom of Cambodia to the East, the Union of Myanmar to the North and West and Malaysia to the South. Two seas, the Andaman and the Gulf of Thailand, bracket the country to the West and to the East respectively.

Bangkok is the capital; Ayutthaya, Sukhothai, Chiang Mai, Chiang Rai, Hat Yai, Khon Kaen, Nakhon Ratchasima, Nakhon Si Thammarat, Pattaya, Phuket, Samui, Ubon Ratchathani and Udon Thani are other major cities.

Thailand has a tropical climate, with an average low temperature of 23.5°C and high of 32.8°C. There are three sea-

sons: monsoon from July to October, cool from November until February and hot from March until June.

Thai is the national and official language, though business people usually understand English and some Chinese dialects. Thai is the mother tongue of the Thai people, the country's dominant ethnic group. It is a tonal language and belongs to the Thai-Kadai language family, one of the five main language families in Southeast Asia. It is generally agreed that the Thai alphabet was created from earlier regional scripts in 1283 by King Ramkhamhaeng the Great, of the Sukhothai Kingdom.

First introduced by King Vajiravudh (Rama VI) in 1917, the flag succeeded an earlier design that featured a white elephant on a red background. Comprising five horizontal bands of red, white and blue, the outer bands of red symbolise the nation, enclosing equal inner bands of white, representing religion. The blue band, occupying the central one-third of the total area, symbolises the monarchy. The design expresses the complementary nature of these pillars of Thailand's society.

All major religions are represented. Buddhism is practiced by the majority of the population, followed by Islam, Sikhism, Hinduism and Christianity.

The *Sala Thai* (Thai pavilion) is the country's architectural symbol and represents the skills of Thai craftsmen. *Chang Thai* (Thai elephant or *Elephas maximus*) is a symbol historically and traditionally associated with Thailand. The national plant is the *Rachaphruek* (*Cassia fistula* Linn.), known in English as the Piper Tree or Indian Laburnum.

Temple of the Golden Buddha, Bangkok (Photo by Joseph Molinari)



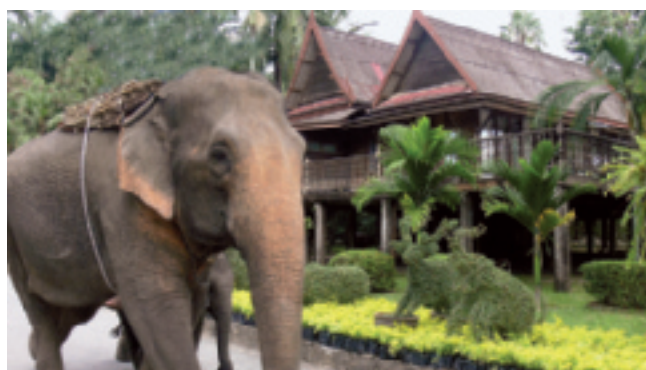
## History

Thailand is one of the oldest countries of the world. *Homo erectus*, dated between 0.5-1.6 million years ago, was discovered here. Later prehistoric periods include the emergence of agriculture some 6,000 to 7,000 years ago, the Bronze Age around 4,000 years ago, and an early form of urbanisation between 2,300 and 2,500 years ago.

Chinese records also mentioned the existence of towns and cities in many parts of Thailand. An early peak in population was reached between 600 and 1400 CE with towns and large settlements being built with walls and moats as enclosures.

The kingdoms of Sukhothai, Lan Na and other Thai states were firmly established by the 13<sup>th</sup> century when the classic

*Nong Nooch  
Gardens, Pattaya  
(Photo by Joseph  
Molinari)*



and distinctively Thai styles of art, crafts and architecture were formed.

Greater political and cultural achievements were reached with the emergence of the Kingdom of Ayutthaya (1350-1767 CE), known historically for its international diplomacy and commerce.

Following the destruction of Ayutthaya in 1767, the Thais moved south to Thon Buri to regroup and restore their kingdom.

The centre of power moved across the Chao Phraya River and Krung Thep was founded in 1782. Since that time, the Royal House of Chakri has reigned over the kingdom.

Thailand was the only country in Southeast Asia to escape Western colonialism during the 19<sup>th</sup> and 20<sup>th</sup> centuries, thanks to the wisdom and diplomacy of King Mongkut and his son King Chulalongkorn. The current monarch is the ninth King of the Royal House of Chakri. His Majesty King Bhumibol Adulyadej, the world's longest reigning monarch, is revered by his people for his total dedication to the nation.

Thailand has been a constitutional monarchy since 1932. An elected governor oversees the Bangkok Metropolitan Administration. Appointed governors administer the other 76 provinces, divided into districts (*amphoe*), sub-districts (*tambon*) and villages.

Before World War I, medicine was practiced by traditional doctors (herbal medicine). Bone and joint injuries were taken care of by bone setters. Therapeutic exercise and massage was adopted from the art practiced by ancient hermits and this has been popularised nowadays as "yoga" and Thai massage.

After World War I, around 1923, His Royal Highness Prince Mahidol of Sungkla (1892-1929), the father of modern medicine in Thailand, introduced modern western medicine to the country, with the help of the Rockefeller Foundation. He founded the first medical school of Thailand at Siriraj Hospital. Many professors from Europe and America were among the first lecturers in the medical school. Prof T.R. Noble was the first Chairman of the Department of Orthopaedic Surgery in Siriraj. Many Thai doctors graduated from both Europe and America. They gradually took the role of foreign professors.

Prof Fueng Sutayasapguan was the first Thai Orthopaedic Professor. Prof Thamrongrat Keokarn was the first American Board certified orthopaedic surgeon among the ASEAN countries.

The first Thai Orthopaedic Society was established just over 40 years ago, in 1966. "Since then, we have followed the educational model set by the American Academy," with specialised orthopaedic training and a Board Certification process. The first Journal of the Society, renamed later the Thai Orthopaedic Association, was published in 1976 and continues to be published today. In 1996, the group was reorganised as the Royal College of Orthopaedic Surgeons of Thailand (RCOST) and, with royal backing, began a number of outreach programmes to poor, rural areas.

RCOST and the AAOS held their first joint Instructional Course Lecture in Bangkok in 2000; the most recent joint programme was in 2006. The cooperative efforts are crystallised in the Guest Nation Award, which recognises "friendship, collaboration, education."

It is our privilege to hold the Sixth SICOT/SIROT Annual International Conference in Thailand at Pattaya in 2009. We look forward to developing a closer relationship with SICOT in the near future.

**Capital:** Bangkok

**Location:** Southeast Asia

**Population:** 62.8 million, with many ethnic groups

**Surface area:** 514,000 km<sup>2</sup>;  
99.6% land and 0.4% marine territory

**Language:** Thai

**Major religion:** Buddhism

**Type of government:** Constitutional monarchy

**No. of orthopaedic surgeons:** 2,000 (1,200 are members of RCOST)

**No. of doctors:** 35,000

**No. of SICOT active members:** 4 (at 17 June 2008)





# The Finance Committee Report

**Dr Thami Benzakour**  
Finance Committee Chairman

The SICOT Finance Committee is composed of five members: Maurice Hinsenkamp as SICOT Secretary General, Patricia Fucs as SICOT Treasurer, Jean-Pierre Courpied as Editor of the International Orthopaedics Journal and Cody Büniger as President Elect. There are also three National Representatives: Bartolome Allende (Argentina), Keith Dip-Kei Luk (Hong Kong) and Gershon Volpin (Israel).

As you know, the aim of SICOT is to advance the science and the art of Orthopaedics and Traumatology at an international level. As a not-for-profit organisation, SICOT invests all of its net income into programmes that support its mission.

The Finance Committee's main objective is essentially to look into the financial conditions and results of the SICOT operations.

Another continuing concern of the Finance Committee members is to highlight the main factors that could improve income and those that could cause deficits, and how to compensate for any revenue shortfall.

The Draft Financial Statements have been prepared by the SICOT Head Office and Patricia Fucs, our Treasurer. The SICOT accounts and annual statements for 2007 are currently being audited by KPMG. The report will be presented during the administrative sessions in Hong Kong in August.

The global result for 2007 is a deficit of EUR 183,895. As reported by the Treasurer, this negative result was mainly due to the decrease in congress revenues which should increase substantially in 2008, since a Triennial World Congress generates more revenues than an Annual International Conference.

## Overview of the Annual Result

SICOT's revenues during 2007 were EUR 766,526, representing a slight increase from 2006.

Compared with prior years, SICOT's 2007 expenses have been held in check. In 2007, they were EUR 950,420, which represents a reduction of EUR 75,000.

We confirm that as a result of SICOT's fiscal policies, it has improved from a EUR 300,966 loss in 2006 to a EUR 183,895 loss in 2007.

The negative results primarily reflect weak Annual International Conference revenues, if compared to the Triennial World Congress revenues.

However, rated against the previous year, we decreased the following expenses: IT consulting fees, travel and hotel expenses, and exchange rate loss. On the other hand, we had an increase in pre-congress and salary expenses.

The 2008 Budget should have a surplus of EUR 1,102,300 coming mainly from registrations, exhibitors and sponsors for the Hong Kong Congress.

## Conclusion

In agreement with the figures shown in the last treasury report, it seems obvious that:

*"Continued strong financial performance is essential in the coming years to allow for continued investment in strategic priorities, restore SICOT's financial resources, meet payment obligations, and prepare for other financial challenges that lie ahead".*

## Finance Committee members' recommendations:

1. Reduce operational expenses:
  - a) at Head Office;
  - b) by reviewing travel subsidies;
  - c) by reviewing presidential dinner subsidies.
2. Increase income by:
  - a) reducing risk and increasing return through considering other banks for our investments;
  - b) increasing the membership;
  - c) ensuring the positive balance for all scientific meetings through strict budgetary control;
  - d) increasing the number of Exhibitors and Sponsors.



# APPLICATION FOR MEMBERSHIP

Please complete this page and forward it, together with your curriculum vitae, a photograph and the list of your main publications, to the Secretary General, SICOT a.i.s.b.l., at the address below. Please print the requested data. Do not send payment now! For additional information, please see overleaf or visit <http://www.sicot.org>.

## Name and address

Family name:.....  
First name:..... Initials:.....  
Address:.....  
.....  
.....  
City:..... Zip code:.....  
Country:.....  
Phone:..... Fax:.....  
Mobile:..... E-mail:.....  
Birth date:..... Nationality:.....

## General medical education

Institution:..... Years:.....  
.....  
Institution:..... Years:.....  
.....  
Last degree obtained:..... Year:.....

## Scholarships, awards and fellowships

.....  
.....

## National orthopaedic society

Are you a member of a national orthopaedic society?  Yes  No  
If yes, please specify:.....

## Hospital(s) to which you are presently attached

.....  
.....

## Teaching positions, past and present

Position:..... Years:.....  
.....  
Position:..... Years:.....  
.....

**Applying to become an**  Active Member  Associate Member (under 40 years old)

If you are applying for Associate Membership you may stay in this category until the end of your training and for no more than six years. Beginning of training: .....(year).

Date:..... Signature:.....

## Sponsored by (a SICOT Member)

Name:.....  
Country:..... Signature:.....

## If you are applying for Active Membership

National Representative's \*  
Name:..... Signature:.....

\* If your country does not have a National Representative, please apply directly to the Secretary General.

**Société Internationale de Chirurgie Orthopédique et de Traumatologie a.i.s.b.l.**

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**MEMBERSHIP INFORMATION**  
(excerpts from the SICOT Constitution and Bylaws)

**Eligibility:**

Membership of SICOT is open to individuals who are qualified orthopaedic surgeons, traumatologists or specialists in related fields in any country. Candidates must be sponsored by one SICOT Member and the National Representative of the country in which they reside. If there is no National Representative, candidates may apply directly to the Secretary General. Applications for membership must be submitted to the Secretary General.

**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". To qualify, they must be enrolled in an appropriate orthopaedic training programme. 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. Members from least developed countries are entitled to reduced dues (EUR 50 per year). The list of countries is available on the SICOT website ('Membership Application' page). 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	50	60	-
Additional national dues – U.S.A.	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





## SICOT – The new look!

**Dr Hatem Said**  
Young Surgeons Committee Chairman

SICOT members have always been proud of being associated with a truly international prestigious society.

SICOT offers a wide variety of advantages to its members:

- 1) They receive the journal '**International Orthopaedics**' every month at no cost, which provides up-to-date articles from all over the world, peer-reviewed by leading surgeons in their fields. Online access to all previous issues is also available.
- 2) **Fellowships and Awards:** Numerous fellowships and awards offering financial aid to attend the SICOT Annual International Conference or Triennial World Congress, wherever they are held. In addition, there is also:
  - a. The German SICOT Fellowship: a four-week visit to a German centre, fully sponsored, for the top two candidates of the SICOT Diploma Examination.
  - b. The Assiut SICOT Fellowship: a six-month fellowship at Assiut University for African candidates to gain new experience.
- 3) Free online access to the **Orthopedic HYPERGUIDE:** a valuable educational website with lectures, video presentations, and MCQs.
- 4) **SICOT Diploma:** an internationally respected Diploma received after passing the examination.
- 5) Discounts to attend **SICOT meetings.**
- 6) **SICOT Telediagnostic:** international surgeons around the world provide advice and information on any difficult case you may have submitted via the internet.

There are many other advantages, which you can find on the SICOT website: <http://www.sicot.org>

### The new look!

SICOT is looking to the future, adding new ideas and changes to its facilities and meetings. SICOT is actively seeking new members for the Society. We are looking for new ways to add to the membership and to the conference atten-

dance. The Young Surgeons Committee is tasked with introducing new young members, and bringing their voice and thoughts to SICOT.

There has been a dramatic change in our SICOT conference structure. The new trend is to add more '**Educational and Instructional sessions**', so members can have the benefit of presenting a paper while also getting new and up-to-date information from the experts in their fields. Starting with the next meeting in Hong Kong, we will add '**Current Trend Lectures**' every morning in all specialties. There are **combined sessions with specialist societies** such as the International Hip Society, International Federation of Paediatric Orthopaedic Societies, AO Foundation, the Scoliosis Research Society, World Federation of Hemophilia, and the International Club Foot Congress. In addition, there are also daily **symposia and workshops**. This promises to be a fully educational experience in all specialties, and with a discounted price for SICOT members!

We are also working on providing new fellowships for members to visit international centres, discounted access to other online specialty journals, Society courses and meetings.

We welcome your feedback on SICOT's new directions and any new ideas you would like to share with us. Please contact us at [hq@sicot.org](mailto:hq@sicot.org).

If you are a SICOT member under 40 years of age and wish to join the Young Surgeons Committee, or would like to make suggestions, please e-mail me at: [hatemgalal@yahoo.com](mailto:hatemgalal@yahoo.com)

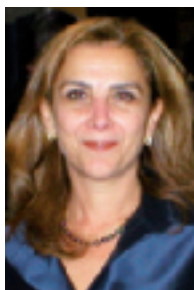
Finally, I would like to invite you to join the SICOT group on **Facebook** (<http://www.facebook.com>)! Here we can all meet and create the largest international orthopaedic social group!

Disclaimer: SICOT has no legal connections or responsibility for your personal data on Facebook.



# What is SBOT doing in Brazil?

Brazil is a large country with more than 180 million people living in 5,700 cities.



*Prof Patricia Fucs*  
SICOT Treasurer

All citizens have the right to use the public health system called SUS, which is totally free. Around 30% of the population has private insurance, under a fee-for-service structure. 6% of the hospital beds in the country are occupied by trauma or orthopaedic patients.

Brazil has around 13,000 orthopaedic surgeons and 1,500 residents. 10,000 are SBOT members.

SBOT, Sociedade Brasileira de Ortopedia e Traumatologia, is very active and plays a leadership role in the surgical area, at political and economic scenarios.

The goals of the Brazilian Orthopaedic Association are the following:

- a) to provide Continued Medical Education with near and distance courses, some are available on the Internet through the SBOT Portal (<http://www.sbot.org.br>);
- b) to provide orthopaedic assurance to the population by controlling the quality of training, publishing and research in the 120 centres where residents are trained;
- c) to promote studies, guidelines and meetings related to musculoskeletal disorders;



*Dr José Sérgio Franco*  
SICOT National Representative of Brazil

- d) to offer a free 24-hour virtual library;
- e) to publish the SciELO indexed Journal;
- f) to create public awareness campaigns to reduce the risks of trauma arising from traffic accidents, sports injuries and falls in the elderly.
- g) to control practice in partnership with government agencies;
- h) to restore function and the mobility of patients, under the Bone and Joint Decade.

In 2007, SBOT won many prizes for its activities in Brazil, for example, the Best Scientific Congress of the Year Award. That congress was attended by 6,800 surgeons.

SBOT is the most active medical association among 56 specialties in the country and, with the Ministry of Health, it promoted simultaneously 100 Practical Trauma Courses for 3,600 surgeons on duty in different cities.

SBOT represents professionalism at its best. Its strategic plan provided the Society's almost 40 employees with conditions that offer the best to its members and partners.

Guided by the "safety first for the patient" concept, as well as ethical and legal activities, SBOT is, like SICOT, one of the many associations that would like to establish with WHO, through the BJD, orthopaedic and trauma care as a worldwide medical priority, focusing on benefits for the population.

Recently, Rio de Janeiro was elected the incomparable city for meetings and number 1 in South America.



*Prof Marcos Musafir*  
SBOT President 2007

## On the Web

### Education Opportunities

The SICOT website has an exciting new feature which enables you to exchange and search for educational opportunities around the world. The "Education Opportunities" page ([http://www.sicot.org/?id\\_page=28](http://www.sicot.org/?id_page=28)) can be found under "Education" in the main menu on the left-hand side of the

SICOT website. Simply fill in the search criteria and press the 'Search' button to find out what is currently being offered or requested. If you wish to announce a new offer or request, please click on the relevant link on the web page. If you have any questions or suggestions, please e-mail [hq@sicot.org](mailto:hq@sicot.org).

# Professor Erwin Walter Morscher

## 1929-2008

Prof Erwin Morscher, our dear friend and great teacher passed away on 28 April 2008, from tumour-related complications, at the age of 78, in his native city of Basel.

Born on 25 December 1929, Erwin Morscher was the quintessential “Basler”. From childhood he was educated in this multicultural and multilingual city nestled on the shores of the Rhine and it was from the University of Basel that he obtained his MD degree in 1955. He began his specialist training in 1954 at the Paediatric Surgery Clinic of Basel University Hospital. Between 1957 and 1958 he worked in the Karolinska Sjukhuset in Stockholm with Prof Friberg. From 1958 to 1961, he trained with Prof Francillon at the Balgrist, the well-known Orthopaedic Clinic of the University of Zürich. In 1962, he was appointed to the University in Basel, working first as a senior surgeon with Prof Willy Taillard and later with Prof Chapchal. He obtained the title of *Privat Dozent* at the University in 1966 and in 1967 he became the Surgeon-in-Chief of the Orthopaedic and Traumatology Division having been appointed by Prof Martin Allgöwer, who was at that time Chief of the Department of Surgery.

In 1971 he became Professor and Chair of the University of Basel’s Orthopaedic Clinic and continued to hold that position until moving to emeritus status in 1995. He was also Dean of the Faculty of Medicine of the University of Basel in the years 1976-77. He was active for many years as a delegate of the Board of Directors of the Hardy and Otto Frey-Zünd Foundation. In that capacity he was responsible for the founding and operation of the University of Basel’s Laboratory for Orthopaedic Biomechanics (LOB), heading the LOB himself from 1997 to 2002.

During his tenure in Basel, Erwin Morscher was very active not only clinically but also scientifically. He published over 200 peer reviewed journal articles. Erwin touched on practically all

aspects of orthopaedics, but throughout his life his main professional interests were paediatric surgery, the spine and, of course, hip surgery, for which he had an eminent worldwide reputation, among all orthopaedic surgeons.

As a result of his dedication to - and excellence in - clinical and experimental research, Erwin Morscher received eight awards for scientific excellence and eight visiting professorships. Within Switzerland and abroad, he was a member of 36 professional associations, including 16 honorary memberships. His contribution to the leadership of these associations was enormous. Among them: President of the German Society of Orthopaedics in 1977-1978, (a rare occurrence indeed for a non-German); President of the Swiss Society of Orthopaedics in 1982-1984; Chairman of the Orthopaedic Section in the Leopoldina Academy of Natural Scientists in 1992-2002; President of EFORT in 1996-1997. He was a long-time Trustee of the AO Foundation.



From 1982 to 1990, Prof Morscher was the National Representative of Switzerland to SICOT and in 1999, at the Sydney meeting, he was bestowed a Distinguished Membership of the Society for his many contributions.

In addition to his clinical and academic duties, he served as co-editor, from 1972 to 1997, of the Journal “Der Orthopäde”, and until 2002 as an editor of “Archives of Orthopaedic and Trauma Surgery”. He also sat on the advisory boards of eight additional journals, including International Orthopaedics.

Erwin Morscher accomplished an enormous amount in his lifetime. He was a wonderful physician and surgeon for his patients, an esteemed colleague, an outstanding teacher, an original researcher and a great example to his co-workers. The SICOT community is saddened by his passing and offers its condolences to his wife Ruth and to his family.

# Sixth SICOT/SIROT Annual International Conference

26-29 August 2009  
Pattaya, Thailand



## Message from the Conference President



Welcome to Pattaya, Thailand, the site of the Sixth SICOT/SIROT Annual International Conference. We are planning an exciting meeting which will highlight the latest and best in orthopaedic care. It is close to one of the finest beaches in the whole of Asia. Fabulous gourmet food and luxurious spas await you in the colourful city of Pattaya.

A major topic, among many others at the Conference, will be the treatment of degenerative conditions affecting the musculoskeletal system. The longer human life span has made this subject an imperative for the orthopaedic surgeon. Our programme will include innovative techniques for analysis, prevention and reconstruction in the management of the degenerative diseases.

Thailand, one of the most colourful and verdant countries is a favoured destination for those wishing to visit ancient Asian temples and palaces, and for continuing on to our neighbour,

Cambodia. A short journey will take you to Angkor Wat, Cambodia's World Heritage Site. We have planned guided tours of Bangkok, our capital, and many other places of great interest.

On behalf of the Royal College of Orthopaedic Surgeons of Thailand (RCOST), it is our pleasure to invite you to the Sixth SICOT/SIROT Annual International Conference to be held in the Kingdom of Thailand at Pattaya. I would like to express my gratitude to all those who have contributed their time and energy to make this meeting a great success.

I look forward to seeing you in Pattaya and hope you will enjoy the educational opportunities and activities at our Sixth SICOT/SIROT Annual International Conference.

Sincerely yours,

**Prof Wichien Laohacharoensombat**

Conference President - Pattaya AIC 2009

President of the Royal College of Orthopaedic Surgeons of Thailand (RCOST)

### Programme

26 August 2009	Opening Ceremony
27 August 2009	SIROT SICOT/SIROT SICOT
28 August 2009	SICOT Trainees' Meeting Presidents' Dinner
29 August 2009	SICOT Closing Ceremony

### Venue

Pattaya Exhibition and Convention Hall (PEACH)

### Call for abstracts

Online abstract submission will be open from the beginning of September 2008 to **31 January 2009**.

### Topics

Hand / Spine / Arthroplasty / Degenerative diseases

### Registration

Conference registration will be open from mid-September 2008.

Please visit the SICOT website regularly for updates on the Conference

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