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SICOT

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

Newsletter

COUNTRY TO COUNTRY SERIES:
Orthopaedics in the Czech Republic

In this issue

No. 86
April 2004

Evidence based medicine

Immobilisation and functional treatment for acute lateral ankle ligament injuries in adults (Cochrane Review)

Background: Acute lateral ankle ligament injuries (ankle sprains) are common problems in acute medical care.

Objectives: The objective of this review was to assess the effectiveness of methods of immobilisation for acute lateral ankle ligament injuries and to compare immobilisation with functional treatment methods.

Search strategy: We searched the Cochrane Musculoskeletal Injuries Group specialised register (December 2001); the Cochrane Controlled Trials Register (The Cochrane Library, Issue 4, 2001), MEDLINE (1966-May 2000), EMBASE (1988-May 2000).

Selection criteria: Randomised and quasi-randomised controlled trials comparing either different types of immobilisation or immobilisation versus functional treatments for injuries to the lateral ligament complex of the ankle in adults were included.

Data collection and analysis: Data were independently extracted by two authors. Where appropriate, results of comparable studies were pooled using fixed effects models. Individual and pooled statistics were reported as relative risks with 95% confidence intervals for dichotomous outcomes and weighted (WMD) or standardised (SMD) mean differences and 95% confidence intervals for continuous outcome measures. Heterogeneity between trials was tested using a standard chi-squared test.

Main results: 21 trials involving 2,184 participants were included. The mean validity score of the included trials increased from 9.1 (SD 3.0) to 10 (SD 2.9) after retrieving further information (maximum 18 points). Statistically significant differences in favour of functional treatment when compared with immobilisation were found for seven outcome measures: more patients returned to sport in the long term (relative risk (RR) 1.86, 95% confidence interval (CI) 1.22 to 2.86); the time taken to return to sport was shorter (WMD 4.88 days, 95% CI 1.50 to 8.25); more patients had returned to work at short term follow-up (RR 5.75, 95% CI 1.01 to 32.71); the time taken to return to work was shorter (WMD 8.23 days, 95% CI 6.31 to 10.16); fewer patients suffered from persistent swelling at short term follow-up (RR 1.74, 95% CI 1.17 to 2.59); fewer patients suffered from objective instability as tested by stress X-ray (WMD 2.60, 95% CI 1.24 to 3.96); and patients treated functionally were more satisfied with their treatment (RR 1.83, 95% CI 1.09 to 3.07). A separate analysis of trials that scored 50% or more in quality assessment found a similar result for time to return to work only (WMD 12.89 days, 95% CI 7.10 to 18.67). No significant differences between varying types of immobilisation, immobilisation and physiotherapy or no treatment were found, apart from one trial where patients returned to work sooner after treatment with a soft cast. In all analyses performed, no results were significantly in favour of immobilisation.

Reviewers' conclusions: Functional treatment appears to be the favourable strategy for treating acute ankle sprains when compared with immobilisation. However, these results should be interpreted with caution, as most of the differences are not significant after exclusion of the low quality trials. Many trials were poorly reported and there was variety amongst the functional treatments evaluated. ■

Citation: *Kerkhoffs GMMJ, et al. The Cochrane Library, Issue 1, 2004. Chichester, UK: John Wiley & Sons, Ltd.*

First SICOT Education Centre

The first SICOT Education Centre was launched on 19 January 2004 in Lahore, Pakistan. Thanks to Prof Syed Awais, National Delegate of Pakistan, the organisation of the event was splendid. A one-day seminar on "Current Trends in Orthopaedic Surgery" featured Prof Dr Rainer Kotz, Dr Chad Smith and myself as lecturers. Rainer Kotz underlined the local authorities' interest in the Education Centre. The need for orthopaedically trained surgeons is felt deeply all over the country and it is very encouraging to measure the interest Syed Awais has raised at various levels, including the local government whose representatives are earnestly supportive. The inauguration of the Education Centre was also attended by Dr Meena N. Cherian (WHO) who introduced the WHO Project on improvement of surgical care through e-learning. The Lahore centre will undoubtedly set an example for future SICOT Education Centres.

On 7 April 2004 WHO will hold a World Health Day on "Road safety", i.e. trauma care prevention. To support this initiative I encourage you to celebrate the day in your country and visit the SICOT website at http://www.sicot.org where you are invited to answer the Trauma Questionnaire prepared by Prof Dr Vilmos Vecsei, Chairman of the SICOT Trauma Committee.

From the SICOT website, you may also register for Havana now, and you will discover that all you need to know about the SICOT/SIROT 2004 Third Annual International Conference in Havana is published there in almost real time, thus making the SICOT web site the first source of information about SICOT.

Prof Maurice Hinsenkamp

General Secretary

Orthopaedics in the Czech Republic

National Theatre of Prague

Czech orthopaedic history started in 1918 when Czechoslovakia was founded. Several famous Czech surgeons were interested in orthopaedics at the time of the Habsburg monarchy: Prof Eduard Albert and his pupil, Prof Karel Maydl. Prof Albert was an excellent surgeon, a poet and a writer, Prof Maydl was a great surgeon with valuable qualities. He was the first person in the world who described Coxa Vara Adolescentium and who performed laminectomy.

The first orthopaedic institute was founded in Prague, very early in 1841, by Dr Spott. It was closed later, partially due to Dr Spott´s political activities in the revolutionary year 1848.

The first orthopaedic clinic was founded in Czechoslovakia in 1923, in Bratislava, by Prof Chlumsky. It was his article on inert materials used in orthopaedics, published in 1905, that made him famous. The first orthopaedic clinic in the capital of Czechoslovakia, Prague, was founded by Prof Tobiasek in 1927. Prof Zahradnícek was appointed the head of the clinic in 1933.

The most important part of orthopaedics, which made Czech orthopaedics famous, was the problem of congenital hip dislocation. Hip dysplasia was such a common and frequent problem in the Czech country that CDH was called "Bohemian hips". Treatment problems and complications were solved by Czech orthopaedists in a very creative way. We are proud of Prof Frejka from Brno, the author of "Frejka´s splint" for the treatment of acetabular dysplasia. His method brought a very low frequency of avascular necrosis.

Prof Pawlik from Olomouc, the archbishop´s seat in Moravia, suggested a more precise treatment and invented the so-called "Pawlik´s harness", used up to the present time. This issue was so popular in the Czech Republic that Prof Zahradnícek asked Dr Hanausek to prepare a more accurate treatment of congenital hip dislocation. He made a design of biomechanical apparatus for the treatment of congenital hip dislocation. His original concept was used for both reposition and retention and it is currently being used mainly as a retention apparatus.

Prof Zahradnícek had a great influence on the development of Czech orthopaedics. This excellent surgeon started to lead orthopaedics from "plaster surgery" to an independent medical branch, a well developed part of surgery. He was famous for his surgical treatment of congenital hip dislocation, implying a special approach, a technique of varisation, intertrochateric osteotomy and special osteosynthesis. Prof Zahradnícek was one of the founders of SICOT in Paris, 1920. Unfortunately he was not an efficient writer, so his work is little known abroad.

Under the communist regime contact with foreign countries was rather restricted but orthopaedics has developed satisfactorily. A strict regime has one advantage, it can easily monitor various health problems in population. For example, syphilis was eradicated because all the population was under control, as well as TB and poliomyelitis which were eradicated by means of active immunisation. Prevention and early treatment of CDH were given the same treatment. Every newborn baby must undergo a three-net screening in a maternity hospital, one in the sixth week after the birth together with a clinical examination, now combined with sonography and in the third month an X-ray examination of the hips is done. We have not seen high luxation for a long time and the treatment was very effective.

Although we did not have any contact with other countries

Assoc Prof Tomas Trc, PhD | National Delegate of the Czech Republic

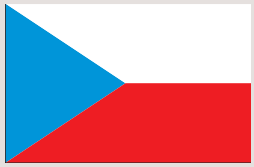
after the Second World War, in the time before the Russian invasion, we started to develop our own system of osteosynthesis based on AO and later on a hip replacement made in the Poldi steel factory. These implants have been successfully used until now thanks to the activity of Prof Oldrich Cech and his cooperation with German, Austrian and Swiss orthopaedists. The Czech Republic was the only socialist republic to have its own implants used for osteosynthesis and aloplasty of the hip and in 1999 the 30th anniversary of Czech aloplasty was celebrated.

We should not forget to name other famous Czech orthopaedists: Prof Hnevkovsky, Prof Popelka, Prof Stryhal, Prof Pavlansky who participated immensely in the development of modern Czech orthopaedics. After the "Velvet Revolution" there were more possibilities for cooperation with foreign institutes and departments dealing with modern orthopaedics.

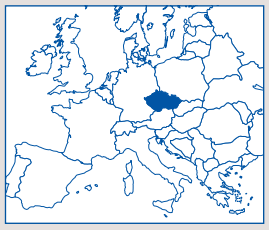
The Czech Society for Orthopaedics and Traumatology (CSOT), with more than 500 members, was founded in 1992 after the splitting of Czechoslovakia, from the Czechoslovak Orthopaedic Society established in 1925 in Bratislava. The journal "Collection of Works", issued since 1926, later renamed "Acta Chirurgiae Orthopaedicae et Traumatologiae Cechoslovaca", is now edited under the supervision of the Czech and Slovak Orthopaedic and Traumatology Societies. There are 11 orthopaedic clinics attached to Medical Schools and more than 74 orthopaedic departments in regional hospitals. Several orthopaedic departments carry out daily work in traumatology of the locomotor system.

The Czech Society organises an annual National Congress with important Czech clinics and hospitals. We are very proud that many world renowned orthopaedists have accepted honorary membership in CSOT and that foreign lecturers have already given talks at our congresses.

We are looking forward to 2006, when a Trainees' Meeting will be organised. We are planning to apply for the organisation of the SICOT/SIROT XXV World Congress in 2011. We feel that Prague is a pleasant place to stay and that "Czech hospitality" is more than an empty phrase. We hope that the history of Czech orthopaedics is also one of the reasons to come to the Czech Republic and experience the old Prague atmosphere and become acquainted with Czech culture and modern orthopaedics. I would like to welcome you to the Czech Republic and also to Prague.



- **Country name:** Czech Republic
- **Location:** Central Europe
- **Population:** ± 10,000,000
- **Capital:** Prague



- **Size of country:** 78,867 km²
- **Language:** Czech
- **Type of government:** Republic

- **No of physicians:** 36,852
- **No of medical schools:** 11
- **No of CSOT members:** 500
- **No of SICOT active members:** 10

The man behind the scene: Dr Sabri El Banna, SICOT Telediagnostic dispatcher

What part do you play in the SICOT Telediagnostic?

First of all, I should like to say that the Telediagnostic is an excellent initiative. It links the richer countries with the less developed countries so that a precise diagnosis of some difficult pathologies can be provided. The Telediagnostic has established centres in those countries wishing to take part in this communication with the central dispatching. The dispatching service receives files as written notes or X-rays. Referees then examine the files: these are university professors recognised for their specialist knowledge and chosen by their peers. As soon as a case is received, it is sent to the appropriate referee according to the type of lesion. Immediately a case is open, I am advised by an automatic e-mail. I connect to the Telediagnostic site and open the file. It indicates the date of birth of the patient, the country of origin, the name of the sender and gives a short history of the case. I summarise the case and send it to the referee and the sender, with a copy to myself. For the most part, the cases are recurrent, and the response is immediate.

How did you become involved in the Telediagnostic adventure?

I have been a member of SICOT for a long time. I am an orthopaedic surgeon, the head of the orthopaedic department of a teaching hospital affiliated to the University of Brussels. I am also "maître de stage" (clinical professor) for this university as well as for the Ministry of Health for orthopaedics. And I think I have a good CV as far as training in general orthopaedics is concerned. I suppose that being in Belgium and knowing Maurice Hinsenkamp (founder of the Telediagnostic) as well as being half-Belgian, half-Sudanese has also been in my favour.

Does the Telediagnostic take a lot of time and effort?

No. This system is so well set up that just a few clicks are sufficient to send or receive files. This is a wonderful tool which is not used enough, and it should be extended to all the countries of the world so that they know they can access a forum which is ideal for case debates.

Has the Telediagnostic become a tool one can not do without?

Let us say that this system should be extended to all orthopaedic centres in the world, it is a tool which provides support for the profession. It allows experts to engage in dialogue on specific cases and to avoid lengthy Internet searches, and it makes the orthopaedic surgeon certain that he is bringing the most appropriate solution to the patient's case. It is particularly effective in emergency cases but it must remain a specialist tool reserved for hospital centres.

What could be improved in the Telediagnostic?

The number of referees – there are too few. We could appeal for new applications because at present only one opinion is given for each discipline. To become a referee, a doctor must have a suitable CV and write to Prof Maurice Hinsenkamp.

Interview by Nathalie Pondeville

Lectures on the SICOT World portal

Several lectures presented by SICOT members have been posted on the SICOT World portal (www.sicotworld.org). They can be accessed from the page "Opinion Leaders" where PDF files of the different presentations have been placed and/or in the part named "CME and Continuing Education" under the label "Lecture | *Title of the presentation*", where a link to the presentation is available. Please note in this part of the portal the file of the presentation may need more time to be downloaded. Here is an overview of the presentations available:

■ *International Orthopaedics: Contrasts & Challenges*

by Prof Max Aebi, SICOT member

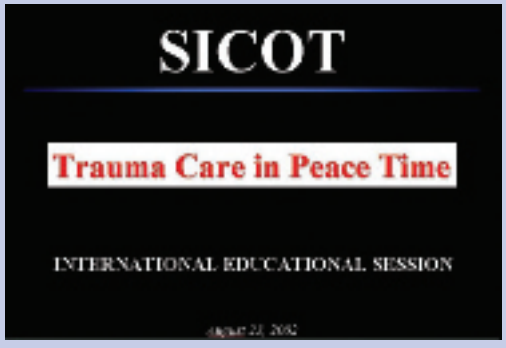
■ *Osteomyelitis and Septic Arthritis in the Developing World (A Practical Guide for Doctors and Health Workers)*

by Mr Geoffrey Walker, WOC member. Also see our section Worldwide news, page 10.

■ *Tuberculosis of the Spine and its Sequelae*

by Prof John C.Y. Leong, SICOT President

■ *Trauma Care in Peace Time*



by Prof Bartolome T. Allende, SICOT National Delegate of Argentina, Chairman of the SICOT Finance Committee and President of the SICOT/SIROT 2006 Fourth Annual International Conference in Buenos Aires

Reminder

As mentioned in our February issue an e-mail address in the SICOT World portal has been allocated to every SICOT member. Letters have been sent to inform each member personally of his/her username, password and e-mail address (username@sicot-world.org). Members who have not received this letter should please notify it to the SICOT Office by post or e-mail to hq@sicot.org.

Report of the Finance Committee

Prof Bartolome T. Allende | Chairman, Finance Committee

As laid out in the constitution and by-laws of SICOT, the role of the Finance Committee is to review the financial implications and consequences on the treasury of SICOT of the activities and projects of the Society, to review the budgets of SICOT, the SICOT Foundation and the SICOT conferences and congresses, to review the use of the funds, the investments and transactions, and to make recommendations to the Board of Directors and to the International Council. The Secretary General, the Treasurer, the Editorial Secretary, the Editor of the Journal "International Orthopaedics" and the next Congress President are statutory members of the Finance Committee; its chairman and three more members are appointed among the SICOT National Representatives. During their annual meeting in Cairo on 7 September 2003, the members of the Finance Committee reviewed the SICOT annual statements for 2002 and budget for 2004.

It was first of all recalled that major changes had taken place since 2001. In an effort to improve reporting quality and financial control, the International Council had decided during its yearly meeting in Paris in 2001 to change the start and end dates of the SICOT fiscal year from 1 July – 30 June to 1 January – 31 December; it had furthermore decided to adopt professional, internationally accepted standards, in order to comply with the stipulations of the new Belgian law on international associations which had been under discussion for several years and was finally expected to be passed in 2002; in this respect SICOT should switch from a cash basis system to accrual accounting; and it was decided to employ the services of KMPG, the international firm of auditors, to certify the SICOT annual statements. Financial procedures would be written and implemented by the SICOT Office, and the power of signature of SICOT's official signatories be restricted: the Secretary General, the Treasurer and the President may now sign separately for amounts up to EUR 100,000 but two signatures are required for amounts above this limit. Finally, at the annual meeting in San Diego in 2002, after consultation with various tax specialists who had confirmed that the activities of SICOT were VAT-liable, the International Council decided to seek the assistance of the tax department of KPMG to register SICOT for VAT in Belgium. Registration was obtained in December 2002.

The financial statements for the year ended 31 December 2002 included the balance-sheet (with a total of EUR 1,938,478), the income statement (with a deficit of EUR 435,066) and the audit certificate. KPMG issued an audit certificate with a reservation with respect to the transparency of the San Diego 2002 accounts. Pending provision of sufficient financial information by Sicot2002, the profit of the San Diego congress (+/- USD1,200,000 as per the unaudited accounts of Sicot2002 at end 2002) could not be integrated into the SICOT accounts. The expenses incurred for the Cairo, Havana and Istanbul meetings were carried out as accrued charges in the balance-sheet and did not impact the 2002 income statement. The 2004 operating budget aims at restoring financial balance and containing costs. More detailed information can be found in the Treasurer's and Secretary General's reports.

Junior Orthopaedic Training in Tauranga, New Zealand

Dr Andrew Graydon
Orthopaedic Registrar and Associate Lecturer
Middlemore Hospital,
University of Auckland.

All over the world orthopaedic training reflects the nature and demands of the country concerned. In some places this may be training solely in large city centres with multiple sub-specialisation. In a country such as New Zealand, this is not possible and a large part of training takes part in regions outside the large population centres of Auckland, Hamilton, Wellington, Christchurch and Dunedin. In addition, the relatively small number of advanced orthopaedic trainees spreads around these hospitals and requires the presence of non-training orthopaedic registrars to be able to staff these regions. Such a situation is seen at Tauranga Hospital in the Bay of Plenty on the East Coast of the North Island.

The orthopaedic department at Tauranga Hospital is staffed by six orthopaedic surgeons, two trainee registrars and two non-trainee registrars and serves roughly 150,000 people. It has one CT scanner and one MRI machine. Rotations are for one year, and are very popular amongst the junior orthopaedic community because of the wonderful climate and lifestyle offered by Tauranga and its Bay. Working in a smaller centre means that close co-operation is required to ensure support and standards are maintained. Whilst the varied nature of work at Tauranga underlines the importance of the general skills of the orthopaedic surgeon, all of the surgeons have special interests in which the majority of their patient bases lies. For example Paediatric, Spinal, Knee, Upper limb, Pelvic and Revision Arthroplasty Surgery are all covered by the interests of individual surgeons. This works extremely well for both the surgeons and patients. The surgeons are able to practise a subspeciality to a very high standard and with the association of the various subspeciality societies of the NZOA, and the patient receives a level of care that a general orthopaedic surgeon may not be able to provide.

For both trainee and non-trainee registrars this also has the benefit of exposure to a wide range of orthopaedic conditions and treatment, as well as continuing education in the aspects of some orthopaedic subspecialities by experienced subspeciality practitioners.

Education is a large part of the Tauranga department, with formal weekly clinical, radiology, pathology, trauma and paediatric meetings, as well as monthly audit meetings. The involvement of other specialities such as Radiology and Pathology is particularly valuable both as ongoing education and for the trainees as part of the NZOA curriculum.

For a non-trainee registrar, the experiences offered by a situation such as in Tauranga are numerous and exciting. It provides an excellent way to acquire the basic skills of orthopaedic assessment, conditions and treatments in a friendly atmosphere. Whilst Tauranga is growing rapidly, it is still a quiet place to learn your trade, and the friendly nature of the hospital and staff also makes this a pleasurable learning experience. And as for outside the hospital, wonderful beaches, sunny weather and fantastic outdoor activities such as mountain biking, tramping and vineyards all compete to occupy your time away from work.

World Orthopaedic Concern

Kenneth Tuson | WOC President

World Orthopaedic Concern is an international society for orthopaedic education and care in developing countries. It was founded in 1973 and is affiliated to SICOT. WOC and SICOT share the same educational aims. Whereas SICOT tends to do this with the organisation of congresses and meetings, WOC has members in the so called "developed" as well as the "developing" world, both on the teaching and learning sides. We send experienced orthopaedic surgeons to sites around the world where their expertise is needed. We also organise teaching for orthopaedic surgeons from developing countries to receive short term specialised training.

WOC organises its resources through a regional approach and has active groups in the United Kingdom, United States of America (Orthopaedic Overseas), Australia, Singapore, Canada, India, France, Germany, Spain, The Netherlands, Japan, Hungary, Korea, Italy, Pakistan, Bangladesh, Kenya, Nigeria, Indonesia and South America. Membership is through the Regional Secretary and each region is responsible for its own subscriptions and financial affairs. A list of our current regions is available on the website below.

The main communication of WOC is the Newsletter run from Singapore. The head office of the international organisation is in London at the British Orthopaedic Association, 35-43 Lincoln's Inn Fields, London WC2A 3PN. The website address is www.worldorthopaedicconcern.org/main.html and the present President is Kenneth Tuson whose e-mail address is K.Tuson@nuffield-woc.freeserve.co.uk.

In my next article I will describe the opportunities for service which WOC UK and WOC Holland provide to interested surgeons.

Osteomyelitis and Septic Arthritis in the Developing World

(A Practical Guide for Doctors and Health Workers)

Geoffrey Walker | WOC

Following extended discussions in the SICOT Education Committee, Geoffrey Walker and Chris Lavy, both long term members of WOC, have produced an illustrated article on this important subject.

This presentation is now on the Web! Please visit the "CME & Continuing Education" page of the SICOT World portal (www.sicotworld.org) to view it or enter the "Opinion Leaders" part to access the PDF of the presentation.

Please note that pictures and sounds may take some time to download. If you have a slow Internet connection you may encounter difficulties in downloading some pages correctly. We advise you to click the sound icon of a section only after you have downloaded all illustrations and seen them on screen.

The Authors, the Education Committee and SICOT will be very interested to receive "feedback". All comments should be sent through the Discussion Boards on the homepage of the portal or by e-mail to hq@sicot.org.

Controversy on the title of "Bone and Joint Decade" in Japan

Prof Takao Yamamuro | Former SICOT President

The Bone and Joint Decade is, as is widely known, an initiative launched at the very beginning of the 21st century and its activities are now covering approximately 90 countries across the world. In Japan the aims of this initiative have widely been accepted, with more than 50 participating organisations including academic societies, sports associations, and mass media companies. To date in Japan, such forums have frequently been held in various cities as open seminars on sports medicine and fall prevention classes, as part of the activities of the initiative.

In the year 2000 when the preparations for the Decade commenced, its title provoked a controversy in Japan, but not its aims or content. The Japanese Steering Committee held the view that with the recent specialisation and subdivision in medical fields and technological advances in diagnostic imaging, the title "Bone and Joint Decade" could be too narrowly focused only on bones and joints, while the purpose of the initiative was mitigation of the sociological impact of locomotor disorders and, accordingly, the title should refer to the entire locomotor system. For this reason, the Japanese Steering Committee adopted the Japanese title of "Undoki no Junen" or "Locomotor Decade". The locomotor system, including the nervous system, muscles, bones, joints and ligaments, coordinates their functions so that each person can be physically independent. Therefore locomotor disorders caused by sport and traffic accidents, natural disasters and aging have an extremely significant sociological and economic impact.

Since the "Bone and Joint Decade" and the "Locomotor Decade" have the same objectives, I do not intend to discuss the title further. I just wish to let the people know why the initiative has been carried out under the title "Locomotor Decade" in Japan. The Decade also has an educational role in providing physicians with an insight into society through locomotor disorders, in contrast with the recent trend for physicians to rely solely on diagnostic imaging technology, making no effort to understand the entire disorder or the social factors facing their patients. The initiative aims to raise international awareness of how medical care and society could be changed to promote the prevention of locomotor disorders and to improve social support for people affected by these disorders. It is sincerely hoped that this initiative will help find solutions to these problems, which can then be implemented as widely as possible all over the world.

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http://www.boneandjointdecade.org

Chairman of the International Steering Committee:
Prof Lars Lidgren, MD, PhD

Third SICOT/SIROT Annual International Conference

26-29 September 2004

Havana, Cuba

Conference secretariat:
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http://www.sicot.org

Abstract submission and online registration: http://www.sicot.org

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- Towards the Western

Registration fees

(in EUR, exempt from Belgian VAT)

- before 15.05.2004
  Early (1)
- before 20.08.2004
  Normal (2)
- after 20.08.2004
  Late/On site (3)

	(1)	(2)	(3)
SICOT/SIROT members	350	400	450
Non members	475	525	575
Trainees	125	125	125
Accompanying persons	150	150	150
President's Dinner	50	70	90

Erratum

Page 5, issue no 85,
February 2004:
the population
of Cuba is 11,000,000
and Havana 3,000,000.

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