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SICOT

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

■ Newsletter

Istanbul TWC 2005



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Acupuncture and dry-needling for low back pain

Background: Although low-back pain is usually a self-limiting and benign disease that tends to improve spontaneously over time, a large variety of therapeutic interventions are available for its treatment.

Objectives: To assess the effects of acupuncture for the treatment of non-specific low-back pain and dry-needling for myofascial pain syndrome in the low-back region.

Search strategy: We updated the searches from 1996 to February 2003 in CENTRAL, MEDLINE, and EMBASE. We also searched the Chinese Cochrane Centre database of clinical trials and Japanese databases up to February 2003.

Selection criteria: Randomized trials of acupuncture (that involves needling) for adults with non-specific (sub)acute or chronic low-back pain, or dry-needling for myofascial pain syndrome in the low-back region.

Data collection and analysis: Two reviewers independently assessed methodological quality (using the criteria recommended by the Cochrane Back Review Group) and extracted data. The trials were combined using meta-analyses methods or levels of evidence when the data reported did not allow statistical pooling.

Main results: 35 RCTs were included; 20 were published in English, seven in Japanese, five in Chinese and one each in Norwegian, Polish and German. There were only three trials of acupuncture for acute low-back pain. They did not justify firm conclusions, because of small sample sizes and low methodological quality of the studies. For chronic low-back pain there is evidence of pain relief and functional

improvement for acupuncture, compared to no treatment or sham therapy. These effects were only observed immediately after the end of the sessions and at short-term follow-up. There is evidence that acupuncture, added to other conventional therapies, relieves pain and improves function better than the conventional therapies alone. However, effects are only small. Dry-needling appears to be a useful adjunct to other therapies for chronic low-back pain. No clear recommendations could be made about the most effective acupuncture technique.

Authors' conclusions: The data do not allow firm conclusions about the effectiveness of acupuncture for acute low-back pain. For chronic low-back pain, acupuncture is more effective for pain relief and functional improvement than no treatment or sham treatment immediately after treatment and in the short-term only. Acupuncture is not more effective than other conventional and "alternative" treatments. The data suggest that acupuncture and dry-needling may be useful adjuncts to other therapies for chronic low-back pain. Because most of the studies were of lower methodological quality, there certainly is a further need for higher quality trials in this area. ■

Citation: Furlan AD, van Tulder MW, Cherkin DC, Tsukayama H, Lao L, Koes BW, Berman BM.
Acupuncture and dry-needling for low back pain.
The Cochrane Database of Systematic Reviews 2005, Issue 1.

Coming up to the “XXIII SICOT/SIROT Triennial World Congress Istanbul 2005”



As we approach the XXIII SICOT/SIROT Triennial World Congress Istanbul 2005 I would like to recall the words of Harry Platt, who expected to find in SICOT “... a more manageable and equally effective machine for progress and fraternisation...”.

These words perfectly describe the mission of SICOT to further orthopaedic sciences and knowledge at the international level.

To achieve this, in the last few years SICOT has developed modern communication tools based on the most recent technologies: the SICOT web site, the SICOT World portal and the SICOT Telediagnostic. On the more conservative side, “International Orthopaedics” continues to offer a unique international platform for high level scientific publications to authors from all over the world, irrespective of nationality or economic background, with a record average publication time of six months. Also a number of local projects have taken shape thanks to the personal relationships and friendships SICOT members have established during their meetings.

The upcoming XXIII SICOT/SIROT Triennial World Congress Istanbul 2005 promises to be exceptional, with an outstanding scientific programme and no less than six plenary lectures and close to 100 guest speakers. The city of Istanbul offers a gorgeous site for the meeting and Prof Ridvan Ege, Congress President, has organised social events which will be long remembered. In Istanbul SICOT will celebrate its 75th anniversary during the 75th SICOT Anniversary Dinner which will take place at the Dolmabahce Palace. If you have not yet done so I strongly advise you to register now and reserve your seat at the dinner via our web page: <http://www.sicot.org/?page=istanbul> and to make sure that you are booked on the Bosphorus boat cruise (only 1,500 registrants will be accommodated) which is offered at a token price by Prof Ege's local committee.

I look forward to greeting you in Istanbul.

Maurice G. Hinsenkamp
Secretary General

Orthopaedics in Turkey

The vast majority of Turkish people are covered by three social security organisations run by the government. The first is for labourers, the second for government workers and the third covers owners of small private businesses. In addition, private health insurance systems have emerged over recent years. The first level of health services is delivered through primary health care centres, which are distributed throughout Turkey. Hospitals that employ specialists are present in all major cities and most small towns, to deliver the second level of health care. University hospitals and specialised governmental hospitals represent the third level. Additionally, there are numerous good quality private hospitals, especially in major cities.

One of the most important health problems in Turkey is related to the high number of road accident victims. Much work is being done in order to reduce the number of victims and offer better health care to these patients. This has lowered mortality over the last few years.

Orthopaedic surgeons have access to continuing education programmes, various means of obtaining information and almost all of the necessary techniques and implants. Orthopaedic manufacturers in Turkey are constantly gaining strength and have the ability to produce many ty-



The Bridge of Fatih Sultan Mehmet

pes of implants and surgical equipment for the Turkish market and for exportation.

The modern era of orthopaedic surgery in Turkey began 46 years ago. Before 1959, according to the French tradition, there were about 10 orthopaedic and paediatric surgery specialists, including Professors Aktif fiakar and Münir Ahmet Sarpyener. Although I was a general surgeon, I went to the United States in 1955 to train in orthopaedics and traumatology. Upon returning to Turkey in 1959, I established the first two orthopaedic and traumatology clinics at Gülhane Military Medical Academy and Ankara University, following the American system and paediatric surgery became a separate field.

At that time, there were three medical schools in Turkey. We turned our efforts to increasing the number of orthopaedic and traumatology departments and the number of trainees. I personally led many meetings, courses and symposia and published numerous books and articles in order to attract attention to our field. I also introduced hip arthroplasty, intra vertebral disk, scoliosis operations and plates and intramedullary nails for the first time in Turkey. Together with my colleagues, we worked in all parts of Turkey to treat patients, especially trauma, CDH, polio, congenital diseases and CP cases. In order to deal with the lack of Turkish publications related to our field, I started publishing books. Over the years, I have published 109 books.

In 1970, I led the establishment of the Turkish Society of Orthopaedics and Traumatology and the Mediterranean and Middle East Orthopaedics and Traumatology Association. I was the president of the Turkish Society of Orthopaedics and Traumatology for 29 years and during this time we organised 16 biannual national congresses and published congress proceedings books, which is a very important source of information on the scientific work in Turkey for that period. In 1999, I decided to hand over the presidency of our Society to the next generation and I am follo-

wing with pride their work and achievements.

One of my special interests is hand surgery. In 1963, I completed two years of fellowship in this area in the United States. I led the formation of the Turkish Hand Surgery Association in 1980 and held eight National Hand Surgery congresses. Since 1980, I have been a member of the International Federation of Societies for Surgery of the Hand. The IFSSH has honoured me by naming me 'Pioneer in Hand Surgery' and giving me the presidency of the 2001 IFSSH International Congress in Istanbul. Again, in 2004, I handed over the presidency of this association to the next generation.

Another association which I founded in 1970 and presided for 28 years was the Association for the Rehabilitation of the Disabled. Since 1978, I have been the president of the Turkish Foundation for Traffic Accidents which has been the founder of two modern traumatology hospitals and the Ufuk University, which also includes a medical school. I am currently on the Board of Directors of Ufuk University.

I have also been a member of the International Association for Accidents and Traffic Medicine since 1978, and presided over that organisation for eight years, during which we organised three international congresses

in Turkey, China and Sweden. I had the honour of receiving two medals from IAATM for my works.

Currently, the Turkish Society of Orthopaedics and Traumatology and the subspecialty associations are very active nationally and internationally. Their aim is to increase standards in training, distribute knowledge and have increased relations with peers in all countries. Each year, the number of scientific publications in important international journals by Turkish authors are increasing significantly.

Our relations with SICOT will be highlighted by the upcoming, XXIII SICOT/SIROT 2005 Triennial World Congress in Istanbul, on 2-9 September 2005. We expect a large

number of attendees who will have the benefit of experiencing an excellent scientific program, a state-of-the-art industrial exhibition and an extraordinary social program. The social programme will include a welcoming reception, Turkish folk dances, a tour of the world famous sites of St. Sophia, the Blue Mosque and the Topkapi Palace with an Ottoman military band (Mehter) performance. You will spend an evening on a boat cruise with dinner and entertainment on the Bosphorus and another evening for the gala dinner at the Dolmabahçe Palace also on the Bosphorus. I take pleasure in inviting you and your families to join us at the congress. ■



- ▶ **Country name:** Turkey
- ▶ **Location:** Eastern Europe, linking Europe and Asia
- ▶ **Population:** 71,500,000
- ▶ **Capital:** Ankara

- ▶ **Surface area:** 786,562 km²
- ▶ **Type of government:** parliamentary republic
- ▶ **No. of doctors:** 93,200 (1/748)
- ▶ **No. of specialists:** 41200
- ▶ **No. of orthopaedic surgeons:** 2506 (1/28531)
- ▶ **No. of hospitals:** 199 hospitals with orthopaedic and traumatology departments
- ▶ **No. of medical schools:** 54
- ▶ **Ratio private/public health patients:** 2/8



German SICOT Fellowship



This new fellowship has been established by J. Eulert who is the German National Delegate. The German section of

SICOT sponsors a "German SICOT Fellowship" for the two best candidates who have passed the annual SICOT Diploma Examination. The two fellows are invited to visit well known German orthopaedic centres for a period of four weeks.

Travelling will be organised by the German Section of SICOT. Special interests of the fellows will be taken into consideration for the choice of the hosting centres.

The sponsorship includes: an economy class flight, food and accommodation, travel expenses within Germany and an allowance up to a maximum total of EUR 2500 per fellow.

The two candidates will be selected by the Board of Examiners at the end of the SICOT Diploma Examination. Besides an excellent exam, good knowledge of the English language is the main selection criterion.

With this fellowship the German SICOT members want to support one of the most fundamental objectives of SICOT which is to promote the growth of orthopaedic education at an international level. We especially want to encourage young orthopaedic surgeons from developing areas and countries hosting scientific SICOT events to participate in the SICOT Diploma Examination.

The purpose of the fellowship is to reward participants in the examination for their achievements and to give them the opportunity to meet with leading German orthopaedic surgeons. ■

<http://www.sicot.org/?page=istanbul>

This has become the page to check for the scientific programme of the XXIII SICOT/SIROT Triennial World Congress Istanbul 2005. The details of an exciting scientific programme have been placed on line since the beginning of April, featuring plenary lectures, symposia, workshops and free paper sessions. The complete list of accepted papers can also be consulted there. It might be a good idea to bookmark this page as possible changes to the programme and any other important notice relevant to the XXIII SICOT/SIROT TWC Istanbul 2005 will also be posted there as soon as they come out.

To authors and submitters of abstracts

The authors of papers which have been accepted for an oral or a poster presentation have been notified individually by e-mail by SICOT. Some of our e-mails could not be delivered because addresses were invalid or mail boxes were 'over quota'! At the time this goes to press all authors/submitters whose presentations have been either accepted or refused should have been notified. If in doubt about the outcome of your presentation please send an e-mail quoting your abstract number to hq@sicot.org.

And remember, only registered participants will be allowed to present at the XXIII SICOT/SIROT TWC Istanbul 2005. Please register now if you want to ensure that your paper is included in the abstract book and the final programme!

List of peer reviewers of abstracts for Istanbul TWC 2005

On the web

SICOT is most grateful to the members of the Scientific Board who took the time and the trouble to review the abstracts of the XXIII SICOT/SIROT TWC 2005, Istanbul, Turkey:

Dr Stephen P. Abelow, USA	Prof Dr Patricia Fucs, Brazil
Prof Emre R. Acaroglu, Turkey	Dr Jochen Eulert, Deutschland
Prof S. Kemal Aktuglu, Turkey	Prof Hassan El-Zaher, Egypt
Dr A. Mutaz Alpaslan, Turkey	Dr Ahmet Ekin, Turkey
Prof Dr Rodrigo Alvarez-Cambras, Cuba	Prof Ridvan Ege, Turkey
Dr Skjeld Skou Andersen, Denmark	Dr Morris Duhaime, Canada
Prof Mehmet Arazi, Turkey	Dr Mahmut Nedim Doral, Turkey
Dr Ali Sabri Atesalp, Turkey	Mr Anthony J. Hall, UK
Prof Bülent Atilla, Turkey	Prof Peter Herberts, Sweden
Prof Dr Syed Muhammad Awais, Pakistan	Dr Simon Herman, Slovenia
Dr Thami Benzakour, Morocco	Prof Dr Srecko Herman, Slovenia
Prof Cody Bünger, Denmark	Prof Maurice Hinsenkamp, Belgium
Prof Ivan Butkovic, Yugoslavia	Prof Beat Hintermann, Switzerland
Dr Iker Cetin, Turkey	Prof Pierre Hoffmeyer, Switzerland
Dr Finn Bjarke Christensen, Denmark	Dr Kjeld Hougaard, Denmark
Prof Erdal Cila, Turkey	Dr André Kaelin, Switzerland
Prof Jean-Pierre Courpied, France	Dr Johnny Keller, Denmark
Prof Ahmet Mehmet Demirtas, Turkey	Prof Hakan H. Kinik, Turkey
Dr Jëno Kiss, Hungary	Dr Frédéric Schuind, Belgium
Prof Dr Karl Knahr, Austria	Prof Laurent Sedel, France
Dr Krønner, Denmark	Prof E. Ertugrul Sener, Turkey
Dr Unal Kuzgun, Turkey	Prof Vladimir I. Shevtsov, Russian Fed.
Prof Ian D. Learmonth, UK	Dr Chadwick F. Smith, USA
Prof John C.Y. Leong, Hong Kong	Prof Kjeld Soballe, Denmark
Mr Ian J. Leslie, UK	Prof Charles Sorbie, Canada
Dr Haisheng Li, Denmark	Prof Michael Soudry, Israël
Dr Martin Lind, Denmark	Prof Se-Il Suk, Korea
Prof Hwa-Chang Liu, Taiwan	Prof Dr Milos Atilla Szendrői, Hungary
Prof Dr Günter Lob, Deutschland	Prof Mazhar A. Tokgozoglu, Turkey
Prof Keith Dip-Kei Luk, Hong Kong	Dr Cyril Toma, Austria
Dr Anders Odgaard, Denmark	Dr Ismail Remzi Tozun, Turkey
Prof Hakan Omeroglu, Turkey	Prof. Yücel Tümer, Turkey
Prof Marko Pecina, Croatia	Prof Dr Vilmos Vecsei, Austria
Prof Rocco P. Pitto, New Zealand	Dr René Verdonk, Belgium



In September 2003 in Luxor a questionnaire was approved by the Executive Committee with the aim of assessing the quality of trauma support offered around the world in rural and urban areas in order to define minimal requirements for trauma care. The questionnaire which was placed on the SICOT home page at the beginning of 2004 received only a few responses. In September 2004 in Havana, the questionnaire was circulated among National Delegates. Responses were received from Australia, Austria, Brazil, Canada, Croatia, Cuba, Denmark, Egypt, Great Britain, France, Germany, India, Iran, Italy, Japan, Macedonia, Malaysia, Mexico, New Zealand, China, Pakistan, The Republic of Trinidad and Tobago, Saudi Arabia, Slovenia, Spain, USA, Venezuela and Yemen.

The following statistics were obtained for urban areas:

- a central registration of accidents exists only in 44% of the cases;
- first support of the injured is done primarily by orthopaedists (29%

- of the cases), then trauma surgeons (19%), surgeons (19%), anaesthetists (19%) and other specialists (14%);
- a specialisation in orthopaedics and traumatology exists in 32% of the cases;
- in 11% of the cases there is no trauma team available around the clock;
- the trauma team works with orthopaedic departments (46% of the cases), in independent trauma departments (26%), in the emergency department (18%), in the surgical department (10%);
- the head of the trauma team is: a surgeon (25%), traumatologist (22%), emergency doctor (19%), orthopaedist (17%), anaesthetist (14%);
- in 53% of hospitals, in the night, only those injuries considered life-threatening are treated;
- patients with multiple injuries

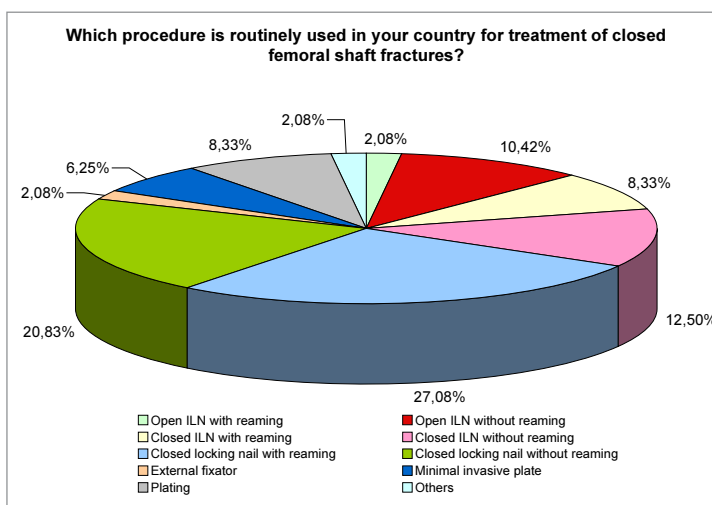
- are seen immediately after admission by an orthopaedist in 48% of the cases; patients with isolated injuries of the extremities in 66% of the cases;
- 23% of the hospitals which treat the injured have no image intensifier, 35% have no CT and 15% do not have an anaesthetist around the clock;
- the preferred method for treating closed femoral shaft fractures is operative.

A diagram showing the methods used for treating fractures of the long bones is given below.

I am convinced that an atlas of the equipment and support available would enable us to define quality standards.

In Havana it was decided to turn the Trauma Committee into a standing committee that will advise future SICOT meetings on trauma topics.

The Trauma Committee would become more efficient if trauma were a more focal point for members and if it had a budget of its own. We are working to improve trauma care all over the world. ■





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Medicine has been practiced in Greece since Hippocrates' time. Nowadays, the vast majority of doctors are trained locally as there is an extensive and generally well organised undergraduate and postgraduate medical training scheme.

The Greek medical schools are situated in Athens, Thessalonica, Patra, Crete, Alexandroupoli, Larissa and Ioannina. Entrance to the undergraduate medical training and admission to one of the medical schools is through Pan-Hellenic examinations at the end of secondary school. These examinations are very competitive with a less than 10% chance of success.

The duration of the undergraduate medical training is six years, with three examination periods each year. During that time, it is possible to defer examinations or resit examinations in certain subjects. Clinical teaching commences in the second semester of the third year, but only for the students who have passed examinations in certain compulsory sub-

jects such as anatomy, physiology and biochemistry.

The clinical blocks span from the sixth semester up to and including the fifth year, and students are required to pass all the clinical examinations before progressing to the sixth year. During this period there are also academic lectures and relevant examinations on basic and applied sciences.

In contrast, the sixth year is exclusively clinical and is similar in some ways to the House Officer year in the UK. Students spend time in General Medicine, Surgery, Obstetrics and Gynaecology, Paediatric Medicine and Neurology posts and, after succeeding in their oral and written examinations are awarded their medical degree.

During the year after graduation, a new doctor has to work on, what is called, the 'agrotiko' post - rural post being the literal translation of the words. The Ministry of Health assigns posts after taking into consideration the grade obtained by candidates for their degree, their preferences and places of origin. In general, a junior

doctor will spend 12 months practicing medicine in health centres and small hospitals in rural areas – nine months in General Practice and three months in Emergency Department medicine.

The medical degree and the certificate of completion of one year in 'agrotiko' posts enables a doctor to apply for a position in specialist training. Waiting time varies depending on how competitive the post is, and some people wait up to a few years before starting on a rotation. The length of each rotation varies as well – for example, six years for Orthopaedic Surgery with one year spent doing General Surgery. Near the end the trainees are required to pass oral and written examinations before being awarded the title of specialist and are then free to pursue a career in private, academic or hospital medicine.

A considerable number of Greek doctors choose to spend time abroad during their training – some for a few months as a Senior House Officer in a basic medical or surgical training post, others for a year or more of fellowship during their specialist training. ■

■ WOC-India, SICOT Regional Training Programme

Prof T. K. Shanmugasundaram | WOC Past President
Dr S. Rajasekaran | WOC President Elect



Prof T. K. Shanmugasundaram



Dr S. Rajasekaran

WOC-India has been in the vanguard of WOC activities since 1977. Over the years, young surgeons were motivated to become life members. This number has now risen to about 500. In the 1980s several senior teachers were seconded to Ujang Pandang, Eastern Indonesia, for teaching and training in orthopaedics, traumatology and rehabilitation in co-ordination with WOC-Singapore and under the dynamic leadership of Dr V. Kanda Pillay.

We started WOC In-Country Training Programme in 1990 based on a pragmatic belief that training young surgeons in our own country would not only be cost effective but the trainees would be exposed

to the diseases and injuries commonly prevalent in the country with the added bonus of “hands-on” training. Scores of young surgeons were trained in specialities of their choice and in hand surgery during the last decade of the 20th century.

Thanks to the tremendous support of SICOT, from 1999 SICOT Foundation came forward to offer grants for short-term training of young surgeons not only from India but also from South Asia and South East Asia. Under this programme 54 trainees received training in almost all sub-specialities. The logbooks and reports of the trainees are uniformly enthusiastic about the training received. The only drawback of the present programme is the short duration of training lasting six to eight weeks. With enhancement of grants from SICOT Foundation, the trainees can surely have “hands-on” training for a minimum of three months in the future. ■

■ The Assiut University/ SICOT Training Fellowship

The Assiut University is offering four to eight permanent fellowships per year to young orthopaedic surgeons from an African country. The programme lasts three to six months. This is a unique opportunity to receive training and experience. The selection criteria includes a good command of the English language and candidates should not be older than 40 years old at the beginning of the fellowship.

The fellowship includes: a free full-board accommodation at the hospital, 500 Egyptian Pounds per month for expenses and a roundtrip economy class air ticket (sponsored by SICOT).

Permanent training programmes start in March and September. Applications are welcome throughout the year.

Contact: Assiut University, Professor Galal Zaki Said, P.O. Box 110, 71111 Assiut, EGYPT. Tel: +20 (88) 400-435 / 322-564, fax: +20 (88) 33 95 66, e-mail: gzsaid@menanet.net or gzsaid@sicotworld.org.

Burial announcement of Dr B. O. Onabowale

We would like to pay our respects to Dr Babatunde O. Onabowale's family and friends. We were sad to hear that Dr Babatunde O. Onabowale died in the early hours of Tuesday, 1 March 2005. He was born on 5 December 1942, was a doctor at the Heritage Hospital in Lagos, Nigeria, a member of SICOT since 1978 and he has been the National Delegate of SICOT in Nigeria since 2002.

■ An interview with Prof Charles Sorbie: My life at SICOT



You were president of SICOT from 1996 to 1999. What do you consider as one of your most spectacular achievement?

I advanced the notion of having education centres in SICOT and an international examination, the equivalent of the American Board (the Commonwealth type Fellowships), an exam for candidates who had finished orthopaedic training but not been assessed by any national exam. SICOT has been holding annual examinations since September 2003 and the first SICOT Education Centre opened in January 2004.

Did you achieve the goals you had set yourself?

As far as SICOT is concerned, goals are something we must set constantly. We must have a broad enough appeal to attract people who have already specialised and attend their own highly specialised meetings, keep in their minds an interest in the whole subject of orthopaedic surgery and appeal to people interested in knowing what is going on in other countries. We are the only truly international organisation.

How do you think it is possible to increase membership and what attracts members to SICOT?

It is essential to keep the scientific content of our meetings at the very highest level. Young surgeons in the developing countries are very keen to learn the latest in their field. Many want to break away from traditional forms of treatment to save time in hospitals, get people back into the workforce as soon as possible.

But the fundamental role of SICOT is to educate individuals and give them the opportunity and places to learn.

What if any are the lessons of your Presidency?

Perhaps one of the most important lessons is to have a superb team working at the headquarters in Brussels, essential to the future of our organisation. Everybody must be very skilled and get on with each other. Teamwork is one of the essential parts of the success of SICOT and we must pull very hard in the same direction.

You are now Chairman of the Education Committee. How do you see the purpose of this Committee?

One of the most important advances was to bring the Hyperguide to the SICOT members. The Hyperguide is the basis for the written part of the SICOT Diploma Examination. It is an extensive programme of learning, of orthopaedic lectures, tutorials, seminars and questions. Through SICOT, members can get access to passwords for the Hyperguide. As mentioned previously, an education centre was opened in Lahore, Pakistan, in January 2004, thanks to the tremendous efforts of Professor Syed M. Awais. Other centres of this sort could be opened. We must focus on learning: teleradiology centres, computers, books, journals, access to the internet for other surgeons and residents, a place to meet, discuss cases, get help and have regular meetings. I hope to promote these education centres through the Education Committee and SICOT. ■

SICOT / SIROT 2005

XXIII World Congress

2-9 September 2005 - Istanbul, Turkey



CLUB FOOT SOCIETY

Monday 5 September 2005 and
Tuesday 6 September 2005

Access to the sessions of the Club Foot Society is free of charge for SICOT and SICOT/SIROT delegates

Tickets for the meeting of the Club Foot Society, exclusive of any other part of the Congress, can be bought on line at USD 100

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Until 31 May: EUR 95
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Evening dress and black tie

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SIROT President's Banquet

Saturday 3 September 2005

at 8 pm at the Hilton Hotel

Tickets are available at USD 55

For reservation go to the programme page:

<http://www.sicot.org/?page=istanbul>

How to join SICOT? Complete the application form:
<http://www.sicot.org/?page=application>

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