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SICOT

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

■ Newsletter

Argentina, host country for AIC 2006



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Exercise for treating isolated anterior cruciate ligament injuries in adults

Background: The anterior cruciate ligament (ACL) is the most frequently injured ligament of the knee. Injury causes pain, effusion and inflammation leading to the inability to activate fully the thigh muscles. Regaining muscular control is essential if the individual wishes to return to pre-injury level of function and patients will invariably be referred for rehabilitation.

Objectives: To present the best evidence for effectiveness of exercise used in the rehabilitation of isolated ACL injuries in adults, on return to work and pre-injury levels of activity.

Search strategy: We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register, the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE - The Physiotherapy Evidence Database.

Selection criteria: Randomised controlled trials and quasi-randomised trials testing exercise programmes designed to rehabilitate adults with isolated ACL injuries. Trials where participants were randomised to receive any combination of the following: no care, usual care, a single-exercise intervention, and multiple-exercise interventions. The primary outcome measures of interest were returning to work and return to pre-injury level of activity post treatment, at six months and one year.

Data collection and analysis: All trials judged to have met the inclusion criteria were independently assessed for methodological quality by use of a 15 point checklist. Pairs of authors independently extracted data. For each study, relative risk and 95% confidence intervals were calculated for dichotomous outcomes and mean differences and 95% confidence intervals calculated for continuous outcomes.

Main results: Nine trials, involving 391 participants met the inclusion criteria of the review. Only two trials, involving 76 participants, reported conservative rehabilitation and seven trials, involving 315 participants, evaluated rehabilitation following ACL reconstruction. Methodological quality scores varied considerably across the trials, with the nature of participant and assessor blinding poorly reported. Trial comparisons fell into six categories. Pooling of data was rarely possible due to lack of appropriate data as well as the wide variety in outcome measures and time points reported. Insufficient evidence was found to support the efficacy of one exercise intervention over another.

Authors' conclusions: This review has demonstrated an absence of evidence to support one form of exercise intervention against another and the use of supplementary exercises in the management of isolated ACL injuries. Further research in the form of large scale well designed randomised controlled trials with suitable outcome measures and surveillance periods, using standardised reporting should be considered. ■

Citation: *Trees AH, Howe TE, Dixon J, White L. Exercise for treating isolated anterior cruciate ligament injuries in adults. The Cochrane Database of Systematic Reviews 2005, Issue 4.*



Dear Colleagues,

76 years after SICOT was founded in Paris by a group of enthusiastic surgeons in quest of scientific progress and fraternity, our Society has become a global organisation. Throughout, SICOT has remained dedicated to the challenging mission of keeping all countries in the world up to date with the latest advances in Orthopaedics and Traumatology.

Nowadays, this goal is becoming increasingly demanding due to the inevitable trend of sub-specialisation. In this current climate of change, SICOT must respond with appropriate actions to prevent the otherwise inevitable loss of scientific impact, and deterioration of its image. In his inaugural address, our new President stressed the intention of the Executive to implement promptly the required changes. In particular, I personally welcome the outreach programmes designed in cooperation with international sub-speciality societies. It is my view that the future role of SICOT will be that of an “umbrella organisation”, thus offering a wider professional network of members and a more attractive and scientifically stronger congress programme. Future congresses must address two specific needs: firstly, sessions with selected sub-speciality faculty dedicated to surgeons focusing on very specific aspects of orthopaedics or trauma, and secondly, general sessions focusing on interface topics involving different interests such as osteomyelitis, fixation devices, or biomaterials. These programmes will provide an opportunity for generalist surgeons to update their wider knowledge. For many years, congress outreach programmes have been successfully arranged with the International Hip Society, IFPOS, AO-ASIF and others. The Executive will now work to enhance and improve cooperation with additional sub-specialities. In the face of these appropriate changes, our Society objectives will remain the same, with “the older men to lead the younger in serious work” as Vittorio Putti said 76 years ago.

On a different note, in Istanbul I was fortunate enough to be re-elected Editorial Secretary. Not only is this an honour but also a unique opportunity to serve an organisation that is very special to me both personally and professionally. For this, I thank all of you.

Rocco P. Pitto
Editorial Secretary

Orthopaedic surgery in Argentina



The name of Argentina comes from the Latin term “argentum”, which means silver.

Argentina’s main characteristic is the enormous contrast between the immense eastern plains (Pampas) and the impressive Andes mountain range to the west, with a wide variety of climates: subtropical in the North, sub-Antarctic in the South and mild and humid in the Pampas plains. Argentina benefits from rich natural resources and a highly literate population. Its exports are oriented to agriculture and to a diversified industrial base.

The national mortality rate is 7.7 per 1,000 inhabitants. Accidents are the fourth most common cause of death and the leading cause of death in the age group 5-14 years old (8.6 per 100,000 inhabitants).

The health service system is composed of three main sub-sectors: the public sub-sector (government-provided financing and services), the “obras sociales” (employee-benefit plans by unions and organised by professional category) and the private sub-sector (pre-paid voluntary insurances plans based on actuarial risk).

The oldest university in Argentina and one of the oldest in the American continent was founded in the city of Córdoba by the Je-



Emergency entrance, Sanatorio Allende

suits in 1622. Linked to universities were the Colegios Mayores, in Córdoba and the Monserrat, founded in 1687.

The first chair of orthopaedics and traumatology was created at the National University of Buenos Aires in 1922 and the first professor was Dr L.A. Tamini. The practice of orthopaedics and traumatology was started by prominent surgeons with particular interest in this speciality: A. Posada (1870-1902), P. Chutro (1880-1937), E. and R. Finochietto (1881-1948 and 1888-1962), who created the “Escuela Quirúrgica para Graduados”, where many distinguished orthopaedic surgeons were trained, such as R. Ferre, L. L. Fernandez.

During 1920-1930, a group of young surgeons (Tamini, Valls, Allende, Marottoli, Ottolenghi, del Sel from Argentina, Bado from Uru-

guay, Urrutia from Chile), with special interest in the locomotor system, received their training at the Instituto Rizzoli, in Italy, under the direction of A. Codivilla and then of V. Putti. After their return, they became professors of orthopaedic and traumatologic surgery in different medical schools in Argentina, Uruguay and Chile, where a large number of orthopaedic surgeons received their orthopaedic education and training.

Orthopaedic surgeons receive their post-graduate education in traumatology and orthopedics in Argentina. In the post-training education, USA and Europe are countries strongly preferred with great influence. After our national meetings and courses, the meeting of the AAOS and the AO courses are the most attended by Argentinean doctors. Argentina has many prestigious orthopaedic surgeons.

The Argentinian Association of Orthopaedics and Traumatology (AAOT) was founded in 1935. Dr Tamini was the first President. At present the Association has 3,397 members. All scientific presentations were published in the “Boletines y Trabajos de la SAOT” (at its begins the AAOT was named “Society Argentinean of Orthopedics and Traumatology”). Since 1984 a new Journal, “Revista de la AAOT”,

has been the official scientific organ of the Association. It is published five times a year.

Since 1956, there have been 42 annual Argentinian Congresses of Orthopaedics and Traumatology and 10 Trainees' Meetings, with more than 3,000 registrations. In 2005 the AAOT Congress was organised in combination with the AAOS.

The AAOT organises post-graduate medical annual official courses, in different cities all over the country, with final evaluations that provide points to become eligible to take the national boards in orthopaedics and traumatology after four years of residency. The AAOT maintains very close relations with 14 Guest Societies whose sub-specialities are: Spine, Hand, Shoulder and Elbow, Trauma, Hip and Knee, Arthroscopy, Leg and Foot, Paediatric Orthopaedics, Bone Tumour, Biomaterials and Bone Graft, etc. Every society holds its meeting each year.

In total there are 29 local Societies of Orthopaedics and Traumatology in most of the big cities of the different provinces. The AAOT maintains close relations and cooperation with SLAOT, the Society of Latin-American Orthopaedics and Traumatology, and with most International Societies of Orthopedic and Traumatology.

Since SICOT was created, there has been one SICOT Congress in South America, in Rio de Janeiro, and one SICOT Administrative Meeting in Buenos Aires, in 1992. The number of Argentinian SICOT members is relatively low, considering the number of orthopaedic surgeons.

From 23 to 26 August 2006, Buenos Aires will host the SIROT/SICOT Fourth Annual International Conference. The Trainees' Meeting and the free paper presentations will provide the opportunity for a large number of participants to present papers, learn, listen and dis-

cuss their experiences with orthopaedic surgeons from different parts of the world. This could be the beginning of a more active and continuous participation of SICOT in the education and training of orthopaedic surgeons and also of Argentinian surgeons in SICOT. It is important for SICOT to incorporate orthopaedic surgeons from South America due to the large number and quality of medical doctors and to the potential in all aspects that South America has and will have in the world. ■



▶ **Country name:** Argentina

▶ **Location:** southern South America

▶ **Population:** 37,812,000

▶ **Capital:** Buenos Aires (population: 3 million)

▶ **Size of country:** 3,761,274 km²

▶ **Language:** Spanish

▶ **Type of government:** federal democracy

▶ **Number of doctors:** over 100,000
(ratio Drs/1,000 inhabitants: 3.4)

▶ **Number of hospitals:** 3,311 with admission

▶ **Private/public health patients:** 56% private, 44% public

▶ **Number of medical schools:** 24

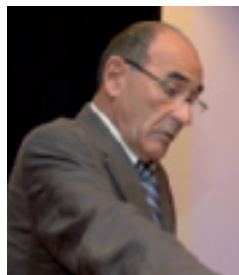
▶ **No. of SICOT active members:** 7



Change of Editor

At the last Board meeting of the Journal in Istanbul, Prof Jean-Pierre Courpied was nominated as the new Editor.

The publisher, Springer, has modified ManuscriptCentral according to the needs of the Journal. The system now allows for two Editors and Prof Courpied's user account and includes the privileges of an Editor in Chief. It has been suggested that the period of transition should start from the



submitted manuscripts will be distributed between Prof Courpied and Dr Andersen.

As a result of the change of Editor, Dr Jacques Caton, from Lyon has been appointed new

Istanbul Congress and lasts until the end of the year. Throughout this period the

Associate Editor with special responsibility for French abstracts.

You can read more about Prof Courpied's new position in his interview on page 11.

If you want to submit a manuscript online please use this link: <http://mc.manuscriptcentral.com/io>

For contact: jean-pierre.courpied@cch.ap-hop-paris.fr (please note this e-mail address is not for submitting a manuscript!).

New Telediagnostic station in Laos

Bernard Fauque | Engineer by Hellea

The Laos People's Democratic Republic numbers 5.3 million inhabitants. A GPD average of 300 USD per head makes this country one of the poorest in the world.

A third of the national budget is financed by international assistance. The membership of Laos in ASEAN (Association of the Asian Southeast Nations) should gradually improve this position.

The Laotian government is turning towards international cooperation projects to finance the health sector and make up its budgetary weakness.

Since 1998 the development of Hospital Mittaphab's orthopaedic

and traumatic unit has been financially and materially dependent on the AMFA (Association Médicale Franco-Asiatique) education support.

The initiator of the SICOT Centre for Telediagnostic in Vientiane is Prof Alain Patel.

Dr Tavanh Manivong, local correspondent of SICOT and chief of the Orthopaedics Department of the Hospital Mittaphab, had reorganised the room dedicated for receiving the SICOT Centre for Telediagnostic.

Prof Eksavang, Director of the Mittaphab Hospital, and his Assistant Director, Prof Valiem Bouara-



bong, orthopaedic surgeon himself, have brought a flawless support to the installation of the SICOT Centre.

For contact: telediag@hellea.be

The earthquake in Pakistan, told by Prof Syed Muhammad Awais...

On the web



On 8 October 2005 the earthquake hit the northern areas of Pakistan. Immediately we understood that there might be about 100,000 deaths, 100,000 injured victims and 2,000,000 displacements. On the following day, it was decided that the greatest need would be: evacuation, food, clothes, tents, treatment of injured patients and electricity. As Chairman of the Earthquake Committee, President of the Pakistan Orthopaedic Association and a member of SICOT I reported to my associations that we would establish good operating facilities in Mansehra and Muzaffarabad. Fortunately in both their public hospitals there were newly constructed small buildings that escaped the earthquake effect. The local administration promised that the buildings could be used if we could furnish equipment and resources. Local friends in Pakistan promised to support us financially. We bought equipment, including a big electricity generator, large autoclaves, two operating tables, two operating lights, anaesthesia machines and all essential instruments for orthopaedic surgery. We were able to transfer all this material to



Gynaecology operating theatre labour room (not used) converted into new orthopaedic operating theatre in Mansehra

Mansehra and establish our operating theatre the same night.

Muzaffarabad was not accessible by road because of dislodged mountain rocks slides. But after two days trucks were able to enter the city and another operating theatre was established. There was a positive response from the Governments of Kashmir, Frontier Province and Federal Government of Pakistan, from volunteer workers, orthopaedic surgeons, anaesthetists, para-medical staff and nurses. Although the catastrophe was huge all operating theatres were working 24 hours a day. There were also organisations such as WHO, UNICEF, Doctors Without Borders. The AO Foundation delivered material to both centres. In addition SICOT-SIROT raised funds. But the objective in the stricken area is to have permanent people support, as we will need continuing help. As a consequence

of the earthquake, problems such as fracture non-unions, infections, amputations, paraplegia and other disabilities will have to be treated. We will have to continue working for at least a year to provide the necessary treatment but there is no local budget available for the staff and suppliers. We have started to develop a medium-size “Limb Fitting and Physiotherapy Centre”. We have started construction of the building, make all equipment, purchase all required items and recruit 35 staff members.

In both Mansehra and Muzaffarabad centres we will establish SICOT Education Centres. We believe that with these facilities the organisational capability of orthopaedic surgery will be continuously developed. ■



Operating table: there are two tables in each theatre in both Mansehra and Muzaffarabad

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Dr Lyndon Bradley

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Five registrars from the University of Auckland based at Middlemore Hospital presented research at the SICOT/SIROT 2005 XXIII Triennial World Congress in Istanbul, Turkey. The presentations of the New Zealand contingent were very well received. Drs L. Bradley and S. Pandit presented research on osteodensitometry following hip arthroplasty. These sessions were attended by Dr T. Gruen from the USA ensuring that there was in depth discussion. Dr G. Choy presented to SIROT recent findings on Pagets Disease Gene Expression. Dr H. Deveral presented the advantages of Pre-Heating Femoral Stems, and Dr S. Young DVT Prophylaxis Using Foot Pumps. Prof Pitto, Editorial Secretary of SICOT, spoke on Osteodensitometry in the Proximal Tibia following Total Knee Arthroplasty. Mr Treggoning, New Zealand's SICOT delegate, presided over the presentation sessions.

Organised activities ensured plenty of entertainment and sight-seeing for attendees. Istanbul is a fascinating city steeped in history. Over 20 million reside in the city which has been the capital of the Eastern Roman Empire, home of the Byzantine Empire, the seat of 500 years of sultans and is now a bustling metropolis. The Aya Sophia – once a church in the time of Constantinople but later converted to a Mosque – is now a museum which has gold leafed portraits of Christ and Mary standing beside ancient Islamic symbols. The walls of Constantinople which stood against invaders for around a thousand years can still be seen from the Bosphorus ferries. Market squares host Egyptian obelisks while Roman aqueducts are traffic islands. When

wandering among these sights one is constantly reminded of the local culture as Islamic prayers and chants are broadcast around the city six times a day.

Istanbul, a city known as “The city of the world’s desire”, is said to have some of Europe’s most exciting night life. Keen to discover the truth behind such claims, the New Zealand contingent sampled the culture with great satisfaction.



New Zealand boys at ANZAC

The day trip to Gallipoli was a highlight for all. The five hour tour kept the group enthralled as we retraced the steps of the ANZACs (Australian New Zealand Army Corp) from the beach at Anzac Cove to the heights of Chunuk Bair, walking through the trenches dug by the ANZACs and Turks over ninety years ago, and visiting the sights famous for battles, heroes and the disasters they witnessed.

Although the local organisation seemed to have some minor understandable difficulties at times, it was generally agreed that the Congress was a success. An enjoyable and valuable time was had by those who attended from New Zealand. ■

■ What is ARTOF?

James P.Waddell, MD, FRCSC | ARTOF President



The Association for the Rational Treatment of Fractures (ARTOF) is a small organisation that does not solicit general membership, has no annual meetings and has no dues. So, our Board is dedicated to improving the dialogue among orthopaedic surgeons with regard to fracture care.

We have formed associations with a number of organisations including the Central European Orthopaedic Congress, EFORT, SICOT, and the Orthopaedic Trauma Association to participate in their meetings as facilitators of dialogue in fracture care.

Typically we will arrange a half-day instructional course on specific fracture topics such as fractures of the distal radius, fractures of the proximal humerus,

femoral fractures or other fractures in which some controversy exists with regard to management.

We recruit specific individuals from the organisation whose meeting we are attending to present their point of view regarding fracture management and try to engage the audience in a dialogue.

We also are active participants in postgraduate training, being invited on an annual basis to the OTA (Orthopaedic Trauma Association) Residents' Course in Fracture Care and participating fully in the SICOT sponsored Trainees' Programme.

Individuals who are interested in learning more about our organisation should write to waddellj@smh.toronto.on.ca.

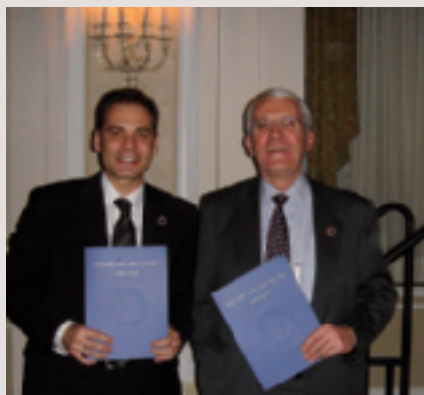


■ SICOT Members Honoured as Bone and Joint Decade Ambassadors

Sara Martin | BJD Communications Manager

At its recent World Network Conference and Patient Advocacy Meeting held in Ottawa, Canada from 25 to 29 October 2005 BJD honoured five outstanding participants with the title BJD Ambassador – three of whom are SICOT members – for their significant impact in the field of musculoskeletal healthcare over the last year.

The BJD Ambassador programme tributes outstanding service and achievement by leaders in the musculoskeletal community for their work to advance the goals of the Decade internationally and within their countries. The new Ambassadors announced for 2005, Prof Marko Pecina, Professor of Orthopaedics, Zagreb School of Medicine,



Dr Cyril Toma and Prof James Waddell

Croatia, Dr Cyril Toma, Deputy Head, Musculoskeletal Oncology, Medical University of Vienna, Austria, Chief Medical Officer, Prince Court Medical Centre, Kuala Lumpur, Malaysia, and SICOT Young Surgeons Committee's Chairman, and Prof James Waddell, Chairman of the Division of Orthopaedic Surgery, University of Toronto Faculty of Medicine, Canada, join 40 others

bestowed with this title, of them nearly half are SICOT members. They were: Dr Browner, Prof Brunelli, Dr Frankel, Prof Dr Grob, Prof Dr Gschwend, Prof Kokubun, Prof Dr Kotz, Dr Müller, Dr Muscolo, Dr Nachemson, Dr Shanmugashundaram, Prof Slätis, Dr Weinstein and Prof Yamamoto. ■

■ An Interview with Prof Jean-Pierre Courpied, new Editor of “International Orthopaedics”



How long have you been working for “International Orthopaedics”? And what do you enjoy about this Journal?

I have been working for “International Orthopaedics” since 1990, in the first instance as an Assistant Editor then as an Associate Editor. I like this Journal very much as it tries to reconcile the good scientific level of its texts with opening up to developing countries.

What do you think Dr Kjeld Skou Andersen’s main achievements have been so far?

I would like to thank Dr Andersen who helped improve considerably the scientific level of abstracts with an impact factor which has risen to 0,586. He also set up a system for the submission of manuscripts, reviewing and copy editing. He has continued to work until the end of the year 2005 to help me perform these various tasks.

How does the system work?

The system now works entirely through the Internet under the responsibility of Springer. Recently it was relocated to a system in the Philippines called SPI. The re-

sult of the changes made recently to the new system has proven very satisfactory.

Who are the members of the Editorial Board?

The Editorial Board is comprised of 15 members, including newcomers, the two Associate Editors: Mr Tony Hall, the last Secretary General who does the copy editing for English, and a newcomer, Dr Jacques Caton, who will work on editing the abstracts in French.

What will be your role as Editor of “International Orthopaedics”?

I shall continue with the development of serious appreciation of manuscripts by reviewers, requesting review articles on basic subjects or on the latest techniques. Furthermore, accepting articles,

copy editing and printing on-line and on paper should be done keeping the same functioning speed. Another one of my tasks will be to develop the tools used for basic science. Lastly, the case reports do not really belong in the Journal and we shall most probably transfer them onto the SICOT website.

A few last words...?

Let us not forget that this is team work and I would like to thank the members of the Editorial Board and the reviewers for their commitment. Together we shall carry on working on the development of “International Orthopaedics”, which is one of SICOT’s many educational facets, essential to promote the quality of orthopaedic surgery and traumatology worldwide. ■

Obituary



Dr Adam Fadlalla

We were sorry to learn of the death of Dr Adam Fadlalla, Doctor in the Faculty of Medicine, Department of Orthopaedics of the University of Khartoum, Sudan, on 29 November 2005.

Dr Fadlalla, who was a SICOT member since 1998, was also National Secretary of his country.

SICOT would like to convey to his family its deepest sadness and most sincere sympathy.

Deadline for submission of abstracts for the **Trainees' Meeting** of SICOT/SIROT 2006 Fourth Annual International Conference: 31 May.

Fourth SICOT Diploma Examination and German SICOT Fellowship Award

This year the fourth version of the **SICOT Diploma Examination** will be held during the SICOT/SIROT 2006 Fourth Annual International Conference. The written part will take place on 22 August and the oral one on 24 August. The written part is comprised of 200 MCQ based on the Hyperguide and lasts two hours. The oral

part, also lasting two hours, will give each candidate the possibility to be examined by two examiners in major subjects.

Candidates, who should be members of SICOT, should have registered before 1 May 2006, by filling in the on-line registration form and paying the registration fee of EUR 300. Candidates may transfer this amount to the SICOT bank account IBAN BE30 2100 2424 5911 (BIC or SWIFT code: GEBABEBB) making sure their name is clearly indicated on the bank transfer. A confirmation of registration will be sent from the SICOT Office as soon as registration is complete.

Successful candidates will be presented with a diploma and will be entitled to include the words "Dip. SICOT" after their name. Furthermore, the **German SICOT Fellowship Award** will be given to the two successful candidates with the highest marks following the Examination. This Fellowship, established by Prof Jochen Eulert, German National Delegate of SICOT, allows two fellows, selected by the Board of Examiners, to visit well known German orthopaedic centres for a period of four weeks. Travelling will be organised by the German Section of SICOT. The sponsorship includes: an economy class air ticket, food and accommodation, travel expenses within Germany and an allowance up to a maximum total of EUR 2,500 per fellow.



Venue: *Hotel Hilton,*
Buenos Aires

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

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