

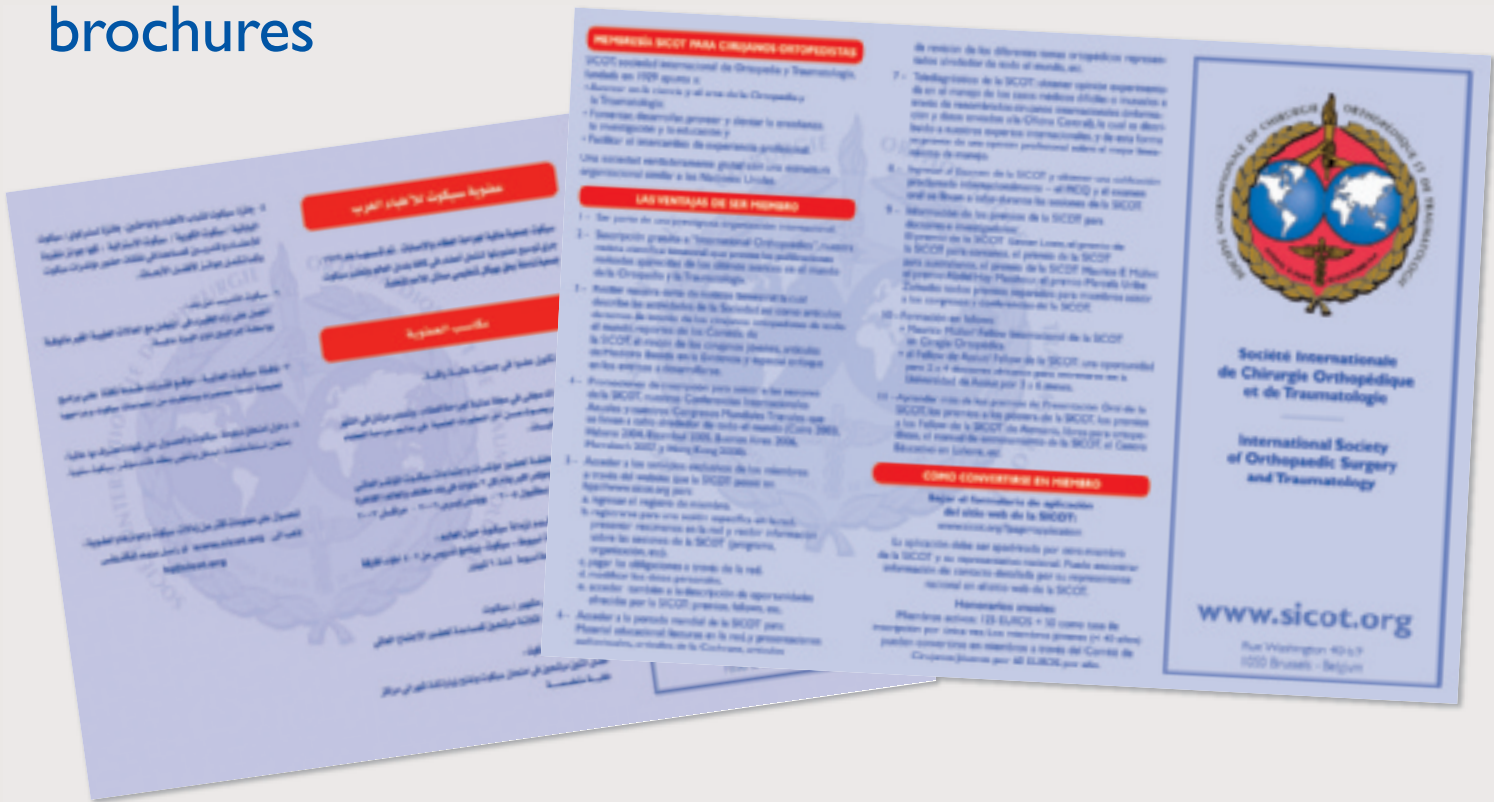


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SICOT

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

■ Newsletter Young Surgeons Committee's brochures



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No. 99
June 2006

Background: Knee arthroplasty (KA) is a common intervention that can enhance the quality of life for patients with osteoarthritis (OA) and rheumatoid arthritis (RA). Post-surgery rehabilitation protocols often include continuous passive motion (CPM). However, CPM protocols vary considerably amongst institutions.

Objectives: The purpose of the current meta-analysis is to evaluate the effectiveness of continuous passive motion following total knee arthroplasty.

Search strategy: An electronic search of MEDLINE (1966 to 2002), EMBASE (1988 to 2002), CINAHL (1982 to 2002), HEALTH STAR (1991 to 1994) and CURRENT CONTENTS (1997 to 2002) was conducted to identify randomised controlled trials.

Selection criteria: Following an a priori protocol, only randomised controlled trials of CPM for the treatment of participants post KA were eligible. Subjects were 18 years of age or older and had a pre-surgery diagnosis of degenerative joint disease. Both the experimental and control groups received physiotherapy. In addition to the physiotherapy intervention, the experimental group received CPM.

Data collection and analysis: Two reviewers independently selected trials for inclusion. Data were then extracted and the quality of the trial assessed using predetermined forms. Outcome measures of interest were: active and passive knee range of motion (ROM), length of hospital stay, pain, swelling and quadriceps strength. A fixed effects model was used throughout for continuous variables, except where heterogeneity existed; in which case, a random effects model was used. Results were analysed as weighted mean differences (WMD) with 95% confidence

intervals (CI). Standardised mean differences (SMD) were used when different scales were used to measure the same concept (e.g. pain). Dichotomous outcomes were presented as a relative risk.

Main results: Fourteen trials were retained for analysis. Results favouring CPM were found for the main comparison of CPM combined with physiotherapy (PT) versus PT alone at end of treatment. For the primary outcomes of interest, CPM combined with PT was found to statistically significantly increase active knee flexion (WMD 4.30 degrees, 95% CI: 1.96, 6.63) and decrease length of stay (WMD -0.69 days, 95% CI: -1.35, -0.03). CPM was also found to decrease the need for post-operative manipulation (RR 0.12, 95% CI: 0.03, 0.53). CPM did not significantly improve passive knee flexion and passive or active knee extension.

Authors' conclusions: CPM combined with PT may offer beneficial results compared to PT alone in the short term rehabilitation following total knee arthroplasty. ■

Citation: Brosseau L, Davis J, Drouin H, Milne S, Noel M, Robinson VA, Tugwell P, Wells G.

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Date of Most Recent Substantive Amendment: 24 February 2003.



The SICOT/SIROT 2005 XXIII Triennial World Congress in Istanbul was, undoubtedly, one of the most remarkable meetings in the history of SICOT. The new Executive Committee of SIROT was formed during the same event. SIROT, which has swung out from SICOT with its new committee, found new opportunities for its development.

SIROT always has the aspiration of promoting research in the orthopaedic field, which has become more and more complex. SIROT, as an international body, could be more focused on practical issues which should particularly interest the developing regions. SIROT could further build on its existing activities, while at the same time start exploring opportunities for outreaching to the developing regions.

The SICOT/SIROT Research Commission, which commands strong support from both SICOT and SIROT on the promotion of research topics of common interest, could be further strengthened. Prof Wayne Akeson from San Diego, USA, has taken up the challenge of the Chairmanship of this Commission to make it the real gem of every SICOT/SIROT meeting. The Argentina SICOT/SIROT Research Commission is going to be one dedicated to Fracture Non Union. The Commission programme will be delivered by invited international speakers together with Latin American experts. Participants would benefit from the information on the current cutting edge of fracture research and be informed to create their own ideas about practical ways of dealing with non-unions.

While SIROT aims at reaching out and supporting developing regions in orthopaedic research, one new project could be the organisation of tuition workshops on research methodologies specific to the region concerned. The workshop should have the form of practical tuition, instead of being a venue for the discussion of research results like many other conferences of today. Two regions with whom we already have had discussion and made solid plans are China and Indonesia. We would expect the first tuition workshop to take place in 2006.

SIROT is grateful for your support and looking forward to more support from you.

Yours very sincerely,

Ping-Chung LEUNG
SIROT President

Health care system of Pakistan



In Pakistan health care delivery is dependent on both government and private sectors.

The government sector is responsible for the majority of health care delivery, where access is free for all citizens. Health care workers are not well paid. They simultaneously perform additional jobs or are in private practice. National health care standards for registration of premises, staffing, infrastructure and fees are not available in Pakistan. Neither government nor private hospitals are subject to licensing, certification or accreditation. In the government sector more money is spent on beds and equipment and less on the systems. Beds and equipment are underused. There is no separate government budget for health care information technology.

The first teaching and training department of orthopaedic surgery was established in 1954 at King Edward Medical College, now King Edward Medical University since 2005. The Pakistan Orthopaedic Association (POA) was established in 1964. The first national conference of the POA was held at Karachi in 1979. Since 1992, POA national conferences have been held each year. At present the POA has approximately 400 members. The ma-



King Edward Medical University, Lahore

For qualification of Master of Surgery (MS Orth) was started in 1915, followed by Fellowship of the Royal College of Surgeons of UK (FRCS) in 1950s, Diplomate American Board (DAB) in 1970s, Fellowships of the College and Physicians and Surgeons of Pakistan (FCPS Orth) in 1980s, and PhD Orth from Russia in 1990s. Both Pakistani qualifications of MS Orth and FCPS Orth are recognised by the Higher Education Commission of Pakistan and the Pakistan Medical and Dental Council as well as by professional bodies and societies abroad. The duration of training for both qualifications is 5 years.

The training centres of orthopaedic surgery in Pakistan in general and King Edward Medical University in particular have also trained orthopaedic surgeons from Nepal, Bangladesh, Iran and Saudi Arabia. The practice of orthopaedic surgery has progressed in Pakistan over the years. There are departments of orthopaedic surgery in more than 40 medical colleges. Besides this, most of the 57 district and army

hospitals have services of properly qualified orthopaedic surgeons. Since 2004 the Province of Punjab Government has introduced a modern ambulance service for emergency patients. A few departments of orthopaedic surgery have developed the sub-specialities of hand surgery, spine surgery, arthroscopy, oncology, orthotics, prosthetics and rehabilitation, joint replacements surgery and traumatology. The most important local development has been the “Naseer Awais External Fixator”, by Prof Syed Muhammad Awais in 1981 (see the illustration). This device is most commonly used in the country for leg lengthening of short bones, segment transport for bone defects, treatment of non-unions especially when infected, and treatment of open fractures with contaminated wounds. A device for traction regeneration of peripheral nerves to treat segmental defects has also been developed.

The practice of orthopaedic surgery has progressed in Pakistan since 1955 when only two orthopaedic units existed. Now we have advanced centres for orthopaedic sub-specialties such as arthroscopy, bone tumor surgery, spine surgery and hand surgery. The orthopaedic training in Pakistan lasts over five years for MS (Ortho). The five year residency programme for MS and FCPS



consists of the first year for ward duties, emergency duties, record keeping, out door postings, dressing room duties,

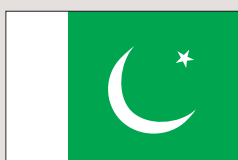
learning basic surgical skills, history writing and clinical examination. The candidate is required to submit a topic for a dissertation to the College of Physicians and Surgeons of Pakistan for FCPS and a thesis to the University of the Punjab for MS. At the end of four years of training, the candidate is required to submit another dissertation or thesis. There is also an examination at the end of the training period, which is both theoretical and practical. There are two theory papers and a practical examination, which includes four to six short cases OSCE, MCQS, long case and table viva on radiology, specimen, general orthopaedics, instruments, orthotics, prosthetics and pathology. More information can be found on: <http://www.apoa-home.com/static.php?id=3&page=12>

On 19 January 2004, the first SICOT Education Centre was inaugurated at the Department of Orthopaedic Surgery at Mayo Hospital & King Edward Medical University, Lahore. This centre has a computer

network with internet connectivity, a library and reading area, a “Charles Sorbie Conference Room”, a “Rainer Kotz Museum of Orthopaedic Radiology and Pathology” and a “Maurice Hinsenkamp Skills Training Room”.

The POA collaborated with many other national associations and international societies to provide continuous support of orthopaedic service to the earthquake patients in Northern areas of Pakistan and Kashmir. Prof Syed Muhammad Awais, who is Past President of the

POA, is a member of Pakistan Medical and Dental Council, Chairman of the Education Committee of the Orthopaedic Association of SAARC countries and an Assistant Editor of “International Orthopedics”. He was granted a senior civil award “Sitara-e-Imtiaz” (star of distinction) by the President of Pakistan in 2004 and he is SICOT’s National Delegate. He is at present Pro-Vice Chancellor and Professor of orthopaedic surgery at King Edward Medical College, Lahore. ■



- ▶ **Country name:** Pakistan
- ▶ **Location:** located in Southern Asia, bordering the Arabian Sea on the South, India on the East, Iran and Afghanistan on the West and China in the North
- ▶ **Population:** 156,643,000
- ▶ **Capital:** Islamabad
- ▶ **Size of country:** 803,940 km²
- ▶ **Ethnic features:** multiethnic with four Provinces (Punjab, Sindh, North West Frontier Province and Balochistan) and linguistic diversity with Urdu as national language and English as language of elite and most government offices
- ▶ **Type of government:** Islamic federal republic
- ▶ **No. of doctors (ratio drs/population):** 92,142 Doctors (1/1700)
- ▶ **No. of hospital beds:** 89,929
- ▶ **No. of hospitals:** 876 hospitals, 4635 dispensaries, 856 maternal and child health centres, 531 rural health centres and 5171 basic health units
- ▶ **No. of medical colleges:** 42
- ▶ **No. of orthopaedic surgeons:** 400
- ▶ **No. of SICOT active members:** 6



A new SICOT website will be launched very soon

We are proud to inform SICOT members that they will soon be able to benefit from a new version of the official SICOT website.

Several new functionalities will be developed that you will discover, step by step, in the different issues of SICOT Newsletter. Let us start with one of the most important functionalities: a forum dedicated to SICOT members.

A forum for SICOT Committee members

This new website will enable the members to get in touch with each other more quickly and easily, and enhance communication. The main idea of this forum is to create a more interactive website. In that sense a forum of discussion for the SICOT Committees has been developed, so that every Committee member can discuss a topic before meeting his colleagues at the administrative meetings held every year in the framework of the annual international conferences or the triennial world congresses. With this new tool



it will then be possible to hold regular on-line meetings prior to the administrative meetings, making them more valuable, due to the advance preparation by the members of a given Committee.

The forum for the Committees will work in the same way as most forums, and will be easy to use. Every Committee member will be able to post a question on-line that he would like to discuss and the other members will have the possibility to answer him

or her, so that a real discussion will be initiated.

The same login will be valid for the website and the forum. Furthermore there will be access to one distinct forum for each Committee and also another Members' forum for all members, so that a general discussion can take place.

In the next issue of SICOT Newsletter other new interesting functionalities will be presented. ■

New Services from the Head Office

The unique position of SICOT as an international global orthopaedic Society is to gather orthopaedic surgeons from all over the world. To benefit from this exceptional pool of knowledge and experience, fast and easy communication is needed. In addition to the SICOT Telediagnostic network, new tools will be developed shortly to encourage the participation of all of you, starting with the national representatives and the Committee members.

Furthermore dedicated forums will be open to the members of every Committee and will be ready before the SICOT/SIROT 2006 Fourth Annual International Conference in Buenos Aires. Every Committee member will be able to propose new ideas, to criticise and improve existing services. Here is a preview of the screen showing the forum. More is to come shortly.

Maurice Hinsenkamp - Secretary General

Peer-reviewers of SICOT/SIROT 2006 Fourth Annual International Conference

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 SICOT/SIROT Fourth Annual International Conference to take place from 23 to 26 August 2006 in Buenos Aires, Argentina:

Dr Stephen Abelow, USA
Dr Bartolome Allende Jr, Argentina
Dr Christian Allende, Argentina
Dr Abdullah Al-Othman, Saudi Arabia
Prof Dr Vane Antolic, Slovenia
Prof Syed Muhammad Awais, Pakistan
Dr Jorge Barla, Argentina
Dr Thami Benzakour, Morocco
Assoc Prof Andrzej Bohatyrewicz, Poland
Prof Cody Bünger, Denmark
Dr Franz Burny, Belgium
Prof Ivan Butkovic, Serbia and Montenegro
Dr Miguel E. Cabanela, USA
Prof Erdal Cila, Turkey
Prof Juan Carlos Couto, Argentina
Dr Pablo De Carli, Argentina
Dr Morris Duhaime, Canada
Dr Sabri El Banna, Belgium
Prof Dr Jochen Eulert, Germany
Dr Federico Fernández-Palazzi, Venezuela
Prof Dr Patricia Fucs, Brazil
Dr Felix Gil-Orbezo, Mexico
Prof Alexander Hadjipavlou, Greece
Mr Anthony J. Hall, United Kingdom
Prof Peter Herberts, Sweden
Dr Simon Herman, Slovenia
Prof Dr Srecko Herman, Slovenia
Prof Maurice Hinsenkamp, Belgium
Prof Pierre Hoffmeyer, Switzerland
Prof Shoichi Kokubun, Japan
Prof John Leong, Hong Kong
Mr Ian Leslie, United Kingdom
Prof Ping-Chung Leung, Hong Kong
Dr Haisheng Li, Denmark
Dr Martin Lind, Denmark
Prof Hwa-Chang Liu, Taiwan
Prof Luis López-Duran Stern, Spain
Dr Alberto Mackin Vadell, Argentina
Dr Rodrigo Mardones, Chile
Dr Robertus G. H. H. Nelissen, Netherlands
Dr Daniel Niño Gomez, Argentina
Prof Marko Pecina, Croatia
Prof Rocco P. Pitto, New Zealand
Dr Kandiah Raveendran, Malaysia
Dr Bjorn Rydevik, Sweden
Prof Galal Zaki Said, Egypt
Dr Frédéric Schuind, Belgium
Prof Laurent Sedel, France
Prof Hamish Simpson, United Kingdom
Dr Chadwick F. Smith, USA
Prof Kjeld Soballe, Denmark
Dr Peteris Studers, Latvia
Prof Dr Miklos Szendroi, Hungary
Prof Carlos Tello, Argentina
Dr Cyril Toma, Malaysia
Prof Dr Vilmos Vecsei, Austria
Dr René Verdonk, Belgium
Dr Carlos Villalba, Argentina
Dr Eduardo Zamudio, Chile
Dr Michael Zimlitsk, Georgia



The Young Surgeons Committee (YSC) is a part of the SICOT Society, with young members representing countries or regions from all over the world.

The YSC represents a link between the younger surgeons and the senior members. Through its chairman, Dr Cyril Toma, the YSC provides a valuable input with a younger perspective. SICOT is aiming at increasing the youth element among its participants, by which it can achieve a truly global society for all generations of orthopaedic doctors.

SICOT used to be the Society of senior orthopaedic surgeons from different countries of the world. However, it was recognised that young surgeons' membership has to be encouraged to ensure the succession of generations. In addition, young surgeons are those who need learning facilities and sponsorship to attend SICOT congresses and conferences. Internationalism has to be implanted to young surgeons for the exchange of knowledge and experience and to build

up friendships that can grow with time.

One of the aims of the YSC is to promote SICOT and the value of membership to young surgeons. Part of this effort has included printing a regional bilingual brochure for distribution in the Arab world. This Arabic/English brochure contains a note on SICOT history. It lists the benefits of joining a prestigious international society. This includes free subscription to the International Orthopaedics Journal, SICOT internet facilities such as SICOT World portal, SICOT Telediagnostic system and on-line member facilities.

Members are allowed to sit for the SICOT Diploma Examination during the Annual International Conferences and Triennial World Congresses. It has become an internationally accepted Certificate. Awards and fellowships avail-

able to members provide financial aid to attend SICOT meetings or visit international centres for training. One example is the Assiut University SICOT Training Fellowship which is available to orthopaedic surgeons from Africa.

The brochures are being distributed in Egypt and the rest of the Arab world with the help of Pfizer Egypt as part of a collaboration to promote SICOT and its educational facilities among young doctors in the region.

Similar brochures have been developed in Spanish and will be available in the near future in Chinese, Dutch, Portuguese, Italian and German languages, with the help of YSC members. They will be distributed in their corresponding areas. We invite any SICOT member who can contribute in the development of the brochure in his or her own language to contact the YSC.

The YSC continues to be readily accessible to young SICOT members through their local YSC members, with the aim of receiving feedback and suggestions on promoting SICOT activities, the education and development of orthopaedic surgeons all over the world. ■





**Ngim Ewezu Ngim, FWACS,
FMCS (Ortho)**

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University of Calabar, Nigeria

Consultant orthopaedic surgeon,

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I arrived at Assiut University Hospital on 8 September 2005 and left on 31 January 2006. My subspecialties of interest were Arthroscopic Surgery and Arthroplasty (Joint Replacement). However I developed an interest in Spine Surgery. I was posted to one of the sections according to my subspecialties. I got involved in the activities of the department – especially clinical meetings, lectures and operation theatre sessions, both emergency and elective.

The department is well staffed. The main departmental clinical meeting, which is held on Wednesdays and moderated by Prof Galal Zaki Said and/or the chairman of the department, is usually very rich in the number and variety of cases as well as in the depth of the discussion. During these meetings, pre- and post-operative cases were discussed, including X-rays, and management decisions taken. I took part in a variety of surgeries in arthroscopy, joint replacement and the spine. Arthroscopic surgeries were mainly those of the knee including diagnostic and therapeutic procedures. There was also some exposure to shoulder arthroscopy towards the end of my fellowship period. Arthroplasties (joint replacements) observed and/or assisted in were those of the hip and knee. Procedures in the spine I took part in included congenital, traumatic, degenerative, infective, neoplastic conditions and many others involving the cervical, thoracic and lumbosacral spine.

I was able to attend two conferences: the 57 Annual International Congress of the Egyptian Orthopaedic Association which was held at the Grand Hyatt, Cairo from 21 to 24 November 2005 and the Musculoskeletal Imaging Refresher Course held at Assiut University from 20 to 22 December 2005. I took part also in two tourist trips organised and sponsored by Assiut University to Luxor and Cairo. These trips exposed me to the rich cultural and religious history of Egypt.

I suggest that a departmental staff member with knowledge of the English language be appointed to coordinate the arrival arrangements of future Fellows with the Cairo office of Assiut University. Introduction of journal club meetings would also be useful to the trainees as it would help them appreciate current research trends, learn the art and science of research and scientific paper writing. It is essential that the theatre staff, especially the porters and cleaners, be adequately educated on self-protective measures and be encouraged to use them while discharging their duties. This would reduce the risk of transmission of diseases from patients to these members of staff. I believe that it would be useful for the staff and patients if a forum was created for regular clinical meetings involving all clinical staff of the department. This would further expand the variety of cases reviewed and enrich the content of the discussions.

Finally I would like to thank Prof Galal Zaki Said for conceiving this Fellowship which has become very popular, the SICOT Foundation which provided the return air ticket and monthly allowance and Assiut University which provided the accommodation and sponsored the tourist trips. ■

■ A few words about the World Federation of Haemophilia

Prof Horacio Caviglia | Chairman of the Musculoskeletal Committee of the World Federation of Haemophilia



The Musculoskeletal Committee of the World Federation of Haemophilia was created in the late eighties. The original objective of the Committee was to gather orthopaedic surgeons, physiatrists and physiotherapists experienced in the treatment of haemophilic

patients, with the purpose of universalising the improvement in the treatment of this severe pathology.

The pioneers in treating the musculoskeletal pathologies of haemophilia have been the orthopaedists Prof R. Duthie from England, Vincenzo Pietrogrande from Italy, Peter Hofmann from Germany, Federico Fernández-Palazzi from Venezuela, Marvin Gilbert and James Luck from USA, and Michael Heim and Henry Horowitz from Israel. The first specialists in rehabilitation who participated in the Committee were the physiatrists Lindamara Batistella from Brazil, Lily Heijnen from Holland and the physiotherapist Brenda Buzzard from England.

The chairmen of the Committee have successively been: Drs Pietrogrande from Italy, Fernández-Palazzi from Venezuela, Michael Heim from Israel, Marvin Gilbert from USA, Carlos Rodríguez-Merchán from Spain and Jerome Wiedel from USA.

Since 1989, when the first congress of the Musculoskeletal Committee was organised in Como, Italy, this Committee has held its musculoskeletal congress every two years. The next one will take place in Milan, Italy, in May 2007. The programme will focus on new treatments in the speciality applied to this pathology. Moreover, for the first time, the programme will include a live surgery. We hope that several members of SICOT will attend.

It is estimated that 75% of those with haemophilia around the world go untreated or receive inadequate treatment. The real tragedy is that unlike many hereditary conditions haemophilia is treatable.

In severe haemophilic patients, 85% of the bleeding occurs in the articulations and the most affected joints are the ankle, knee and elbow.

However, nowadays, in many regions of the world patients do not use orthopaedic surgeons for their treatment, so we are grateful to SICOT for helping us to spread information about our activity, since our goal is to familiarise the orthopaedists around the world with this pathology. ■



Obituaries - Prof Robert Buchan Duthie

Robert Duthie, SICOT member and an internationally renowned figure in academic orthopaedic surgery, died in 2005. He was born in Detroit, Michigan in 1925 and following a distinguished undergraduate career in Edinburgh, he decided on a career in orthopaedic surgery. For over 30 years he developed the Nuffield Orthopaedic Centre and Accident Service in Oxford into one of the leading musculoskeletal centres in the world. At the age of 35 he was appointed Professor and Chairman of Orthopaedic

Surgery in the University of Rochester, New York and Surgeon-in-Chief at the Strong Memorial Hospital. In 1966 he was the obvious choice for the Nuffield Chair of Orthopaedic Surgery and the Professorial Fellowship at Worcester College in the University of Oxford. He established many collaborative clinical and research units in Oxford. He will be remembered for his intellectual power and his ability to propose and defend what he considered valuable and worthwhile.

■ An interview with Prof John C.Y. Leong, Past President of SICOT



SICOT has reached its 75th birthday. How was the original idea conceived?

As long ago as 1929, many prominent orthopaedic surgeons in Europe and North America felt the necessity to pursue the notion that the best way for development of orthopaedics and traumatology is to encourage internationalism. By having genuine international exchange of ideas, scientific advancements will proceed at a much faster pace and lead to a broader spreading of orthopaedic studies.

How do you consider of orthopaedics today?

There have been tremendous advances in medicine in general. In the case of orthopaedics, great strides have been made in understanding the aetiology of diseases. This, together with technological advances increasing the rapidity and accuracy of diagnosis, has resulted in treatment outcomes that are far superior to those at the time when I graduated from medical school.

Orthopaedic surgery is evolving rapidly, what do you think of it?

As more and more scientific advances are made in medicine, the-

re has also been increasing specialisation and super-specialisation. This is not a bad development but the downside is that there is decreasing dialogue across specialised disciplines. Super-specialisation may mean interest in only one or two operations. On the other hand, it is widely accepted that medical care should assume a holistic approach to patients. This is strongly expounded by WHO.

What is the mission of SICOT?

When first conceived, the mission of SICOT was to bring about internationalism in orthopaedics and traumatology. Although dominated by European and to a smaller extent North American dogma for much of its first 50 years, internationalisation did occur gradually. More and more orthopaedic surgeons from other parts of the world attended its Triennial Congresses. Despite relatively strict membership criteria, many wanted to join the Society, viewing that as an achievement. The Presidents of SICOT, although elected from only European countries in the first 50 years, later began to be dispersed among other continents. The number of member nations grew to over 100 and true globalisation, rather than limited-scale internationalisation, is gradually becoming a reality.

How has SICOT evolved in recent years?

Within its very limited financial resources, SICOT has tried its best to promote globalisation. It has developed good electronic machinery to serve its many functions, including its worldwide membership roster, registration, submission of abstracts and review for acceptance for its scientific meetings, educational communications through the website and World portal, Tele-diagnostic consultation, etc. It has set up an Education Centre in a developing country and offered a Diploma Examination for certification of minimum competency.

How do you see the future of SICOT?

The world today faces many threats and disruptions. SICOT similarly faces significant threats from specialised, national and regional orthopaedic societies. Hopefully an increasing number of our surgeons will gradually turn their attention to the bigger world picture. SICOT wishes to appeal to the humanitarian side of orthopaedic surgeons. One comforting fact is that our scientific meetings are still well attended by non-SICOT members as well as SICOT members. ■

(Based on the speech given at the Opening Ceremony of SICOT/SIROT Triennial World Congress held in Istanbul, Turkey in 2005).

Social Programme

Wednesday 23 August 2006

18.30 – 20.00 Opening Ceremony

Room Pacífico A

Speech by Miguel Petty, President of the Catholic University of Córdoba and Director of the Education Research Centre of Buenos Aires, on “Voluntary Service in a globalised world”

20.00 – 22.30 Welcome cocktail

Friday 25 August 2006

20.00 Conference President’s Dinner

Tattersall

Saturday 26 August 2006

18.30 Closing Ceremony

Room Pacífico A



Conference President’s Dinner in the prestigious “Tattersall”



Built at the end of the nineteenth century, the “Tattersall” was reopened in 1989 and named after an Englishman who created a special location dedicated to the sale of race-horses. Today this centre is

not only still used as a horse-riding cultural centre but also as a location for congresses, exhibitions and social events of all kinds.

It is in this prestigious setting that the Conference President’s Dinner will be held on Friday 25 August 2006. The price for this special dinner will be EUR 90. All participants are welcome!

Hotels information

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Tel: +1 514 499 8920

Fax: +1 514 499 8921

E-mail: si2006@sorelcomm.ca

Tours

Please contact our agent Sorelcomm (1985) Inc

- City tour
- Tango show and dinner
- “Esquina Carlos Gardel”
- Tigre and delta
- Areco – estancia
- Museo de Bellas Artes
- Iguazú falls
- Lago argentino
- Península de Valdes Tour

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

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