



SICOT E-NEWSLETTER

OCTOBER 2021

**SICOT
CONGRESS
NEWS**

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REGION**

**SICOT PIONEER
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42nd SICOT ORTHOPAEDIC WORLD CONGRESS

28-30 September 2022



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**Thank you for
your participation
in our first hybrid
congress!**



**HUNGARY
BUDAPEST**



41st
SICOT
**ORTHOPAEDIC
WORLD CONGRESS**

15 - 18 SEPTEMBER 2021



LASZLO BUCSI (HUNGARY)

SICOT Congress President 2021

SICOT Hybrid OWC Budapest, Hungary, 2021 **First on the Globe**

Our last SICOT Orthopaedic World Congress (OWC) was originally due to take place in September 2020, but because of the COVID-19 pandemic, we had to postpone our event. Almost all countries were locked down at that time in Europe, therefore, all our previous preparations were cancelled. Once we realised that there was a positive change in the crisis by the end of May 2021, we proposed to the SICOT Executive Committee the possibility of a so-called hybrid event for September 2021. Although the vote favoured the hybrid format of the Congress, the majority was rather weak unfortunately. Having said that I was so grateful for our friends who trusted us.

Anyhow we were enthusiastic in restarting the preparations in spite of the fact that the time was so short to organise for face-to-face and virtual attendees, Cadaver Courses and for recruiting an acceptable exhibition. Three and a half months was all we had, including the summer holidays. Therefore, it was an almost impossible mission to get ready in time. The plan was to have ten virtual and four hybrid rooms for the scientific programme, with two Cadaver Courses (one in shoulder and one in hip revision) and pre-Congress courses in three virtual rooms. My full recognition to our Programme Chair, Gowreeson Thevendran, who carried out a really great job to put this programme together. Both the virtual and hybrid part required a fully professional team to cover and fortunately we had Maël Guillemot from Zurich and Nandor Matrai from Budapest together with their teams to manage this extremely difficult IT job without any trouble at all. All these rooms showed a high standard of scientific content in both paediatric and in adult orthopaedics for the face-to-face and virtual attendees as well. More than 400 Invited Speakers, 17 Keynote Lecturers and three Plenary Speakers have been involved in this success, not mentioning the 1,853 registered participants from 83 countries!

The social part of the conference was an unforgettable experience too, with the usual Spouse Tour to start with; a sightseeing bus tour with a Parliament visit, ending up at the Food Market in Budapest, followed by the National Delegates Banquet at Városliget Cafe which was full of joy. The main attraction during the Opening Ceremony was the Vox Mirabilis Chamber Choir performance, singing different songs from different countries in their own languages to greet our SICOT VIPs. The SICOT Board of Directors Dinner was organised at the Hilton Hotel, in the castle area of Budapest. The evening was hosted by the Hungarian Orthopaedic Association, who presented the participants with a special Zsolnay Plaque at the end. The pinnacle of the social programme was the Networking Event; a boat trip on the Danube with a real 'Budapest by night' show.

I was so grateful to my co-workers, who have really been part of this success, from the Belgian office: Linda Ridefjord, Rebecca White, Katia Gnych and Soufian Berrada, from Canada: Lina Salvati, from the office in Budapest: both Krisztina Jeszenői, Kristina Szigedi, Ildikó Szilagyi and Nandor Matrai. Last but not least, I was so grateful to our main patron, Tamás Vargha, who was incredibly active in solving visa problems and police clearances caused by the COVID-19 pandemic.

It was a great honour for me to have you all in Budapest from 15 to 18 of September 2021 and I do hope you left my beloved country with beautiful memories in your heart and that you will be happy to return in the near future. Many thanks to the virtual attendees as well, and I hope for a physical meeting at the next SICOT OWC in Malaysia.

See you in Kuala Lumpur in September 2022!





GOW THEVENDRAN (SINGAPORE)
SICOT Programme Chair



REBECCA WHITE (UNITED KINGDOM)
SICOT Programme Coordinator

The 41st SICOT Orthopaedic World Congress Scientific Programme: Like No Other

The 2021 41st SICOT Orthopaedic World Congress scientific programme has been like no other, and the journey to create it, from concept to delivery, was no less unique.

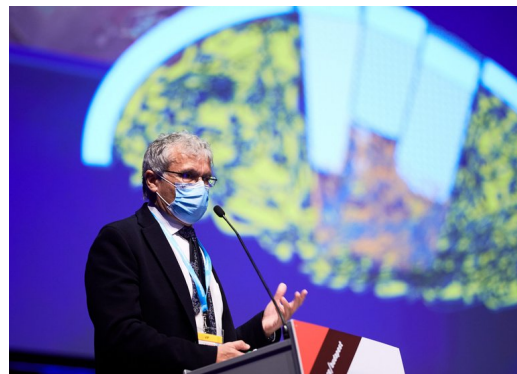
We have all faced uncertainty and new dilemmas in the last two years as a result of the COVID-19 pandemic, in both our personal and professional lives. In June of this year, the decision was made to host the 41st SICOT Orthopaedic World Congress as a hybrid event, and the SICOT Programme Team were faced with the task of curating a scientific programme for a meeting in a new and unsettled world. As the pandemic peaked, abated and then peaked again across all regions of the globe, the challenge was to provide content that was both dynamic, exciting and useful, but also accessible, relevant and inclusive. How would we manage this, as a team who had never built a programme like this before, in a much shorter lead time than normal?

We knew the key to the success of this programme, as it is with so many projects, would be collaboration; gathering around us those with the experience and expertise to deliver a congress that could be enjoyed equally online and in-person. We needed the online technology to be easy-to-use for both delegates and faculty, as well as interactive so that virtual attendees still had the chance to network and connect with others, just as they would on-site. We needed the in-person meeting schedule to make it worth the effort of travelling, taking COVID tests and filling out extra paperwork, to view it live and on the ground. Thankfully we were able to partner with a fantastic IT team in Switzerland, Klewel, and the brilliant local conference organisers, Assisztencia in Budapest.

Together with the SICOT Head Office we were able to build up a picture of what a successful programme would look like and what we needed to do to make that happen. The timetable was arranged so that around two-thirds of the content would take place virtually, with the final third happening at the congress site in Budapest. We made the decision that everything that happened in Budapest should also be live-streamed online however, so that anyone, anywhere could enjoy the full diversity of the programme. All free papers were pre-recorded, with presenters given the chance to join us live online for the session to take part in a Q&A about their paper. Practice sessions were held for all moderators to give them time to get used to the online system and to ask us any questions.

It was a gargantuan task to get everything set up and ready to go before 15 September, but with everybody's energy, enthusiasm and effort we managed it. This is by far the biggest and most complex programme SICOT has ever put together; there were three pre-Congress courses, on-site Cadaver Courses, Free Paper presentations, instructional symposia, Partner Society sessions, an e-Poster exhibition, three Plenary Lectures and 17 Keynote Lectures. We would like to thank every single person who contributed to the creation and execution of such a cutting-edge and innovative programme; we really couldn't have done it without you!







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42nd SICOT ORTHOPAEDIC WORLD CONGRESS

28-30 September 2022





Greetings

FROM SICOT

On behalf of SICOT it is my great pleasure and honour to invite your participation at the 42nd SICOT Orthopaedic World Congress which will be held in Kuala Lumpur, Malaysia, from 28 to 30 September 2022.

With the pandemic behind us and surgeons eager to travel, learn and participate in workshops we expect no less than 2,000 delegates at this Congress. The Scientific Programme Committee has prepared a range of exciting and educational topics which will cater to both junior and senior surgeons as well as allied health professionals. We will work closely with industry to organise workshops, instructional course lectures and surgical training which will attract the hands-on participation of many surgeons from around the globe. SICOT has always attracted orthopaedic surgeons and allied health professionals from all over the world and 2022 promises to be an even better year as travel opens up and people get back to in-person conferences and meetings. You will be able to share your latest experiences and exchange ideas. At the same time, you can meet old friends and make new ones. You will have an exceptional opportunity to learn from world renowned experts, strengthen your skills with our Instructional Course Lectures, find new and innovative evidence-based treatments for your patients and engage with industry at the highest levels. In addition, Kuala Lumpur or "KL" is a relaxed and multicultural city, which is an ideal environment to think, learn and enjoy.

Our local organising committee will be working hand in hand with SICOT and Malaysian orthopaedic surgeons to bring together a fantastic scientific programme, an amazing social programme and wonderful industry events which will ensure that your participation is well worth your time and effort. See you in Kuala Lumpur in September 2022!



Suresh Sivananthan
Congress President



NEWS FROM THE HEAD OFFICE

New Appointments

WELCOME!

National Representatives



Mohammed AL-SAIFI
(Yemen)



Patar Parmonangan OPPUSUNGGU
(Indonesia)



Stephan FRENZEL
(Austria)



Ramesh Prasad SINGH
(Nepal)



Anne GARLAND
(Sweden)



Tak Man WONG
(Hong Kong)



Nuno NEVES
(Portugal)

Sports Traumatology & Arthroscopy Subspecialty Committee Chair



Fabio Valerio SCARRETTA
(Italy)

Vice-President of Africa, Near & ME



Hazem AL-KHAWASHKI
(Saudi Arabia)

Educational Day Committee Chair



Hwa Sen CHUA
(Malaysia)

Education Academy Chair



Gowreeson Thevendran
(Singapore)

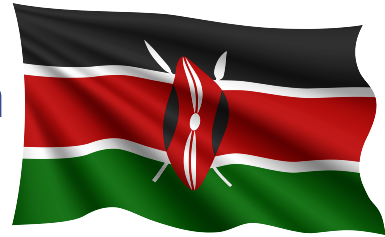
SICOT BY REGION



PETER K. KILONZO (KENYA)

SICOT National Delegate of Kenya

Orthopaedic Practice in Kenya



History of Orthopaedics in Kenya

Kenya was colonised by Britain until 1963 when it attained independence. By this time most of the orthopaedic work in Kenya was done by doctors of European origin. The first indigenous Orthopaedic Surgeon was the late Dr Micah Majale [1].



Dr Micah Majale from 1924 to 1978

He did his undergraduate training in Makerere University and later trained in France for orthopaedics. He laid down the foundation for orthopaedic practice in Kenya.

Kenyatta National Hospital (KNH), Nairobi. The first medical school and referral hospital in Kenya



The first medical school opened in Kenya in 1967 and the first batch of students graduated in 1973. A master's programme in General Surgery was started in 1970. Dr Edward Ambeva was in this group and went on to become an orthopaedic surgeon and worked for a long time in the coastal region of Kenya. For many years in Kenya, all surgeons had to train and perform general surgery before moving on to practice orthopaedics as a subspecialty.

Due to this long road map to become an orthopaedic surgeon, the number of orthopaedic surgeons in Kenya was lower and orthopaedic surgeons were available only in the big cities.

A paradigm shift in orthopaedic training

In the late 1990s and early part of the 21st century three phenomenal events took place. The Assiut SICOT Scholarship was initiated with a focus on training Africans. The first Kenyan to get trained through this scholarship was Dr Fred Otsyeno. He went on to become the President of the Kenyan Orthopaedic Association, the SICOT National Delegate of Kenya and the Vice-President of SICOT for Africa, Near and Middle East.



Dr Fred Otsyeno, Assiut SICOT fellow 2002



Dr Kibor Lelei, pioneer in postgraduate orthopaedic training

Since then, many Kenyans have been to Assiut for orthopaedic training. It is a wonderful place to get trained. I offer immeasurable gratitude to Prof Galal Zaki Said for this generous initiative.

The other event was the arrival of Dr Kibor Lelei from South Africa, where he had gone to train in Orthopaedics. He started the Masters in Orthopaedics Programme in Moi Teaching and Referral Hospital. The programme started in 2008. Many orthopaedic surgeons have since graduated from this hospital. The Nairobi University started a similar programme later.



Moi Teaching and Referral Hospital, Eldoret, home to the masters in orthopaedics in Kenya



*Sitting from left to right: Dr Songole - acting Dean, Dr Muteti, Dr Lelei;
Standing: final year students in orthopaedics*

The third event was approval of COSECSA programmes in orthopaedic surgery. Again the Moi Hospital adopted this programme. The two postgraduate programmes run concurrently. Other centres that embraced the COSECSA programme are Mission Hospital (Kijabe and Tenwek). We hope to open five more centres soon.

Kenya and SICOT

In September 1998 Kenya hosted the SICOT conference in the coastal city of Mombasa. It was graced by the late President Moi. The then National Delegate was Dr Prakash Heda who is still an Active Member of SICOT [2].

Currently there are more than 30 SICOT members in Kenya. I am carrying out a recruitment drive. Our members are happy with the congresses, webinars and other educational activities organised by SICOT. In our last conference in October we were privileged to have Prof Alaa visiting us on behalf of SICOT. He made a big difference to our meeting.

Challenges

1. The KOA has embraced subspecialisation as an important area of growth. We need many training opportunities. Our biggest needs are in paediatric orthopaedics, tumours, hand and microsurgery, and foot and ankle.
2. KOA is keen to develop a regional orthopaedic and trauma institute. This will give us a big advantage in the training of surgeons in the region. We need assistance in terms of equipment, training material and personnel.
3. Quality and cost of implants: There is very little manufacturing of implants in the African region, except in Egypt and South Africa. We need some training for inspection purposes and quality control. The cost of orthopaedic implants in Kenya went down after VAT was removed. We still need good quality cost-effective implants to address the orthopaedic ailments of our population.
4. Skewed distribution of surgeons and equipment: this has remained a big nightmare in the region. There are too few surgeons in the peripheral parts of Kenya, where the demand for orthopaedic surgeons is high. KOA is in the process of initiating a working formula with the government to see how the orthopaedic services can be delivered to the citizens who are far from the main towns.
5. Research: Our members are keen to participate in multicentric research. I would like to engage SICOT in offering us the training to set up multicentre research trials.

References:

1. E.E Ambeva. Dr. Micah Majale Memorial Lecture. EAOJ (2021)15;1:3-9.
2. E.E Ambeva. History of orthopaedics in Kenya. EAOJ (2020) 14;2:50-53.



VIKAS KHANDUJA (UNITED KINGDOM)
SICOT Education Academy Chair

SICOT PIONEER – A Dynamic Future

Alongside the SICOT Congress, the Education Academy and its related committees have continued working on the Programme of Innovative Orthopaedic Networking, e-Learning, Education and Research (PIONEER) over the summer and autumn. We have been looking forwards to 2022, and in particular at how we can improve our offerings to the SICOT Membership.

Over the summer months, we have been moving all PIONEER material off of our first online platform (Panopto) in anticipation of the migration to a new bespoke platform that will and can compete with other international organisations on various levels. This learning management system (LMS) will have the capability to not only archive resources and provide on-demand viewing of past events, but will also be a virtual exam (PIONEER Exam) platform, host accredited courses (PIONEER Training), provide a live discussion forum and much more. The PIONEER LMS Taskforce are working hard to deliver this online platform in the new year and fulfill their remit as a committee aiming to enhance SICOT's digital footprint and its quality.

There has also been much discussion amongst the team about the best ways to improve and enhance the current educational output of the programme. After reviewing feedback from our attendees and membership, the decision has been made that for 2022, webinars will focus on case studies and surgical techniques rather than didactic lectures. We will aim to re-release some of the best material from the 2021 Congress as there were so many high quality sessions in the programme. We will continue with the popular Tête-à-Têtes, but ensure that the guests are as diverse as possible.

As always, we are open to suggestions and ideas from our membership about what they would like covered by PIONEER – if there is something you would like to see in the programme, let us know! You can always get in touch via our email, pioneer@sicot.org.

As the world moves beyond the COVID-19 pandemic, but continues to feel the repercussions of the crisis, we must make sure that our educational offerings are flexible and dynamic to suit the changing healthcare landscape. We hope that we can continue to be as accessible, relevant and innovative as possible in the coming year.

I would also like to take this opportunity to thank the LMS task force consisting of Rebecca White, Gowreeson Thevendran, Linda Rideford, Lucky Jayaseelan, Satish Kutty, Khaled Sarraf and the Stratagile team immensely, without whose passion and dedication, this project would not be realised.

Onwards and Upwards!

The Science and Art of Orthopaedics

SICOT Presents Pioneer LMS

Empowering the SICOT community with transformative know-how and tools

Explore Now →





SICOT PIONEER

Upcoming Events



SICOT-SICM: Management of Scaphoid Nonunion

Live webinar - Sunday 14 November 2021

USA (East) 02:30-04:00 (EST) / UK 07:30-09:00 (GMT) / Belgium 08:30-10:00 (CET)
India 13:00-14:30 (IST) / New Zealand 20:30-22:00 (NZDT)



**Please visit www.sicot.org/pioneer
for more information!**



VIKAS KHANDUJA (UNITED KINGDOM)
SICOT Education Academy Chair

SICOT Education Academy Report – Autumn 2021

The last few months have been an exceptionally busy period for the SICOT Education Academy. In the summer of every year our focus shifts to the annual Congress and 2021 was no different!

Our Scientific Programme Committee (chaired by Gowreeson Thevendran), Educational Day Committee (chaired by Arindam Banerjee and Hitesh Gopalan), Young Surgeons Committee (chaired by Karadi H. Sunil Kumar) and Awards Committee (chaired by Marc Patterson) are always the most involved committees in Congress programming and organisation.

Scientific Programme Chair Gowreeson Thevendran pulled off the first ever hybrid Congress, with ten virtual rooms on our virtual event platform and four face-to-face rooms on-site in Budapest between 15 to 18 September 2021. If you want to find out more about 'a programme like no other', have a read of his report in this newsletter.

The Educational Day was held online for the first time this year, on 15 September, and this year covered the 'Shoulder & Elbow'. I should thank the chairs for their hard work in organising and hosting this; it is such a key element to the Congress programme, and this year

was a special one for me particularly as we celebrated the Educational Day's 10th birthday! It was good to reflect on the impact that this course has had since its humble beginnings at the OWC in Prague in 2011. The feedback on the course so far has been excellent, with 74% of attendees surveyed reporting that they found it 'extremely useful'.



The Young Surgeons Committee's offering for the Congress was as interesting and diverse as always. There were three difficult case discussion sessions (total knee arthroplasty, total hip arthroplasty and paediatrics) and a fourth on 'Training the Next Generation'. It is particularly important to us to keep young surgeons and trainees involved and engaged in SICOT, and I am extremely grateful to the current chair, Karadi H. Sunil Kumar, for his hard work in this mission. There is certainly a lot more planned from the YSC with the Hybrid Trainee Congress in Cambridge in June 2022 as its main feature event, COVID-19 permitting.

The Awards Committee have the rather large task of selecting the awards presented at the SICOT Annual Congress for excellent presentations and posters. There are 15 in total, some of which are chosen before the Congress begins, whilst others are awarded based on the presentations given at the meeting. Because of the hybrid nature of this year's Congress in Budapest, award winners will be allowed to carry forward their monetary awards to the next Congress in Kuala Lumpur in October 2022. Looking beyond 2021, there has been an active discussion in the committee about the nature of the SICOT Congress Awards. They should be seen to be awarded with equity, inclusivity and diversity in every sense and should represent the full range of orthopaedic subspecialties. The decision was made not to change the system for this year because of the COVID-19 pandemic and the nature of the hybrid meeting in Budapest. However, the whole system will now be reviewed post-Congress. The Awards Committee will review the awards, but retain their value in terms of equitability, objectivity and credibility. We will ensure they represent all subspecialties and ensure that the whole process is fit for purpose.

Outside of the Education Academy's Congress-related activities, our other committees have also been working hard towards their goals this year. The Education Centres Committee led by Prof Pietro Ruggieri has carried out an analysis of the existing Education Centres and elected the best Centres in terms of feedback, resources and planning ability. The five selected Centres are Assiut University (Egypt), Peking University (China), Ganga Hospital (India), Lagos Hospital (Nigeria) and Vila Velha Hospital (Brazil). The members of the Committee will supervise a Centre each, documenting a process for educational content and yearly activities and goal objectives. They have also begun to work closely with the Fellowships Committee, sharing ideas for the future. Both hope to build on this collaborative approach going forwards.

Despite COVID-19, the Fellowships Committee led ably by Dr Bassel El-Osta has managed to start the implementation of the changes proposed last year and has also positively revamped the whole strategy and approach to SICOT Fellowships. All fellowships have been assessed objectively and a proposal has been made to make some previously existing Fellowships redundant and add six new Fellowships: AO Hospital (U. Butt, Pakistan), CEOT (E. Valias, Brazil), CTEA (F. Rosa, Brazil), Erfan Niyayesh Hospital (A. Taheriazam, Iran), Fondazione Poliambulanza (F. Benazzo, Italy) and Université de Montréal (J. Fernandes, Canada). The concept of virtual fellowships via SICOT PIONEER is being explored with the PIONEER team. A new online application system has been introduced to make both application, assessment and selection streamlined.

The Education Committee led by Prof Frankie Leung is largely responsible for the cadaveric courses around the globe but in the absence of the same during the pandemic has been busy with developing a learning module for ACL Reconstruction for the training arm of the SICOT PIONEER programme. The PIONEER Team have also been hard at work, but you can read more about that in their report in this publication.

The last two years have thrown much of what we know into flux, but I hope that as a small part of SICOT, the Education Academy can remain as dynamic and reflective as it has needed to do recently. As I come to the end of my term as the Chair of this vibrant, enthusiastic and full of energy academy, I would like to thank everyone in all of the committees who have contributed to our journey and made my time in this Academy memorable. I do sincerely hope that we have contributed in a small way in rejuvenating the image of SICOT globally and most importantly created future leaders for SICOT in the process. As we enter the close of the year, I do feel very proud of everything we have achieved, as a team, and wish my successor the very best in taking this Academy forward.

Onwards and Upwards!



AJAY MALVIYA (UNITED KINGDOM)
SICOT Research Education &
Mentorship Committee Chair



AJU BOSCO (INDIA)
SICOT Research Education &
Mentorship Committee Member

SICOT Research Education & Mentorship Committee: What we have in store for you

From idea to publication – an arduous journey

Research can be arduous with obstacles at every stage, and these begin with designing the project, writing up the proposal, getting ethical approval, acquiring grants, statistical analysis, and indeed managing the project. However, it doesn't stop there. In addition to all this, one has to collate the data, analyse the results, present and get it published in what we consider a high-impact journal. None of these is ever going to be fluid, and if you are beginning your journey up the publication ladder, it is going to be even more arduous. You have disappointments on the way when the editor or the reviewers do not appreciate the study, sometimes facing harsh criticism. It is imperative to remember that all of us have encountered this situation, and through the fog of gloom, there is hope.

A new committee with a new vision

The Research Education & Mentorship Committee was formed by the SICOT Research Academy with the vision of:

"Empowering and supporting research amongst the global orthopaedic community".

The Research Education & Mentorship Committee was formed to support and equip young budding surgeons or researchers with the essential skills to navigate through this path.

The road travelled thus far

Since its inception, the committee has been meeting virtually regularly and has developed a road map towards developing a programme for training researchers across the world by organising webinars, synthesising e-learning modules, conducting research workshops as a part of SICOT events, and formulating a virtual SICOT research course in the future.

Here is an outline of the calendar of events that are going to be organised by the SICOT Research Education & Mentorship Committee.

SICOT Research Webinars

11 Dec 2021 – 60 minutes

SICOT Research Education – Webinar 1

Title: **Research – What can you achieve?**

Why research matters? How can you participate? – Mohit Bhandari (Canada)

Research in the developing world – What can you do? – S. Rajasekaran (India)

Qualitative research in Trauma and Orthopaedics – Jo Adamson (United Kingdom)

14 January 2022 – 60 minutes

SICOT Research Education – Webinar 2

Title: **Research – How to set up and manage projects?**

What is managing research in large clinical setting? Setting up a large research project – Matt Costa (United Kingdom)

Five essential tips to plan and manage research projects – Keith DK Luk (Hong Kong)

How to set up a registry to measure outcome – Henrik Bauer (Sweden)

11 February 2022 – 60 minutes

SICOT Research Education – Webinar 3

Title: **Research – Ethics of research**

Rationale of performing multicentric clinical research/trial and adapting EBM – Amar Rangan (United Kingdom)

Clinical Research – Why bother? How do you make the journey through research to patient benefit and practice change? – Jemma Fenwick (United Kingdom), Peta Heslop (United Kingdom)

Good Clinical Practice (Ethical Conduct) – Jemma Fenwick (United Kingdom)

18 March 2022 – 60 minutes

SICOT Research Education - Webinar 4

Title: **Research – How should a paper/thesis look like**

What do I look for in a paper? – Marc Swiontkowski (United States)

How to critique the statistical methods used in a paper? – Marius M. Scarlat (France)

How to write a thesis for a PhD – (to be defined)

SICOT Research Symposium

42nd SICOT Orthopaedic World Congress, Kuala Lumpur, Malaysia



42nd SICOT ORTHOPAEDIC
WORLD CONGRESS

28-30 September 2022





SICOT-J receives the new Journal Citation Indicator

We are pleased to announce that SICOT-J has received the new Journal Citation Indicator as part of this year's Journal Citation Reports (JCR)[™] from Clarivate. With a Journal Citation Indicator of 0.66, SICOT-J is proving to be a trusted source of high quality research and its reputation continues to grow within the field of orthopaedics and traumatology.

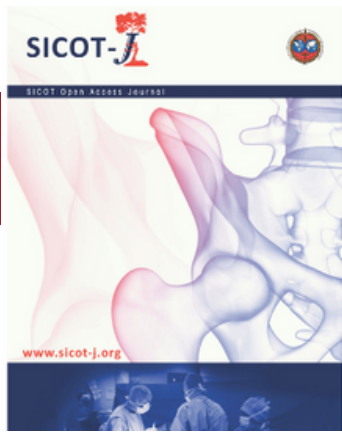
The Journal Citation Indicator is a new metric in 2021 which measures the citation impact of a journal's recent publications over three years. According to Clarivate, "the Journal Citation Indicator provides a single journal-level metric that can be easily interpreted and compared across disciplines." For SICOT-J, the Journal Citation Indicator shows a particularly promising result as it ranks 56 out of 117 journals in the Orthopaedics category comparing favourably with more established titles.

With the new Journal Citation Indicator, SICOT-J appears in the JCR[™] for the first time. It is already listed in the Emerging Sources Citation Index (ESCI) of the Web of Science Core Collection[™]. Now that the Journal Citation Indicator has been applied, we hope and expect that a Journal Impact Factor (JIF)[™] and 5-Year Impact Factor will follow shortly enabling a move from the ESCI to the Science Citation Index Expanded (SCIE).

SICOT-J is the official, peer-reviewed, open access journal of SICOT whose members enjoy a 30% discount for publishing in the journal. It was launched in 2014 and is already indexed in Scopus. It was recently awarded the DOAJ Seal for demonstrating "best practice in open access publishing".

If you are interested in submitting to SICOT-J, please read the [instructions for authors](#). You can also sign up for [free email-alerts](#) to stay up to date with new articles.





Dr Jacques Caton, founding member and Editor-in-Chief of SICOT-J, becomes a Knight of the Order of the Legion of Honour

On 2 July 2021, the highly-distinguished title of “Knight of the Order of the Legion of Honour” (*“Ordre national de la Légion d'honneur au grade de chevalier”*) was bestowed upon Dr Jacques Caton in recognition of 50 years of service to Orthopaedics and Traumatology surgery, and his role as spokesperson for the specialty in France. Dr Caton was Secretary General, then President, of the National Trade Union of Orthopaedics and Traumatology Surgeons for over 20 years.

Jacques Caton initiated a reform of academic hospital training following residency, allowing all orthopaedic surgeons equal access to a minimum of two years additional *“supériorité”* training. He also introduced, alongside two colleagues (Patrice Papin and Olivier Galland), orthopaedic surgery ‘Risk Management’ in France. Over the last 10 years, this reform has enabled a significant decrease in complaints from operated patients and financial support, in the form of 50% insurance cover, for orthopaedic surgeons.



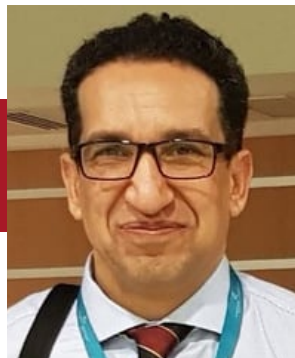
Dr Jacques Caton

Together with Hatem Said and Jochen Eulert, Jacques Caton is one of the three founding members of SICOT-J which was launched in 2014. It is the first free and open access Orthopaedics journal and one of the two official journals of SICOT. Earlier this year, he and his current co-Editor-in-Chief, Andreas Mavrogenis, established a new Scientific Board for SICOT-J.

Dr Caton is the author of many scientific publications, and notably contributed a new way of measuring patellar height, the “Caton-Deschamps Index”, which has been used worldwide over the past 40 years and is still used today for knee pathology and total knee replacement. All these achievements led the President of the French Republic, Emmanuel Macron, on the recommendation of the French Health Minister, Olivier Véran, to bestow upon Jacques Caton the Knighthood of the Order of the Legion of Honour. This most prestigious French distinction was created by Napoléon Bonaparte, First Consul, on 19 May 1802 to reward deserving civilian and military contributions.

The SICOT-J Editorial Board and Andreas Mavrogenis are most honoured by their colleague’s distinguished award, for outstanding achievement and congratulate Dr Caton wholeheartedly. They are delighted to work with such an eminent professional who is also a full member of the National Academy of Medicine.

SICOT REVIEW



SATTAR ALSHRYDA (UAE)
Newsletter Editorial Board Member



MIHIR THACKER (UNITED STATES)
SICOT Active Member

The 41st SICOT Orthopaedic World Congress in Budapest

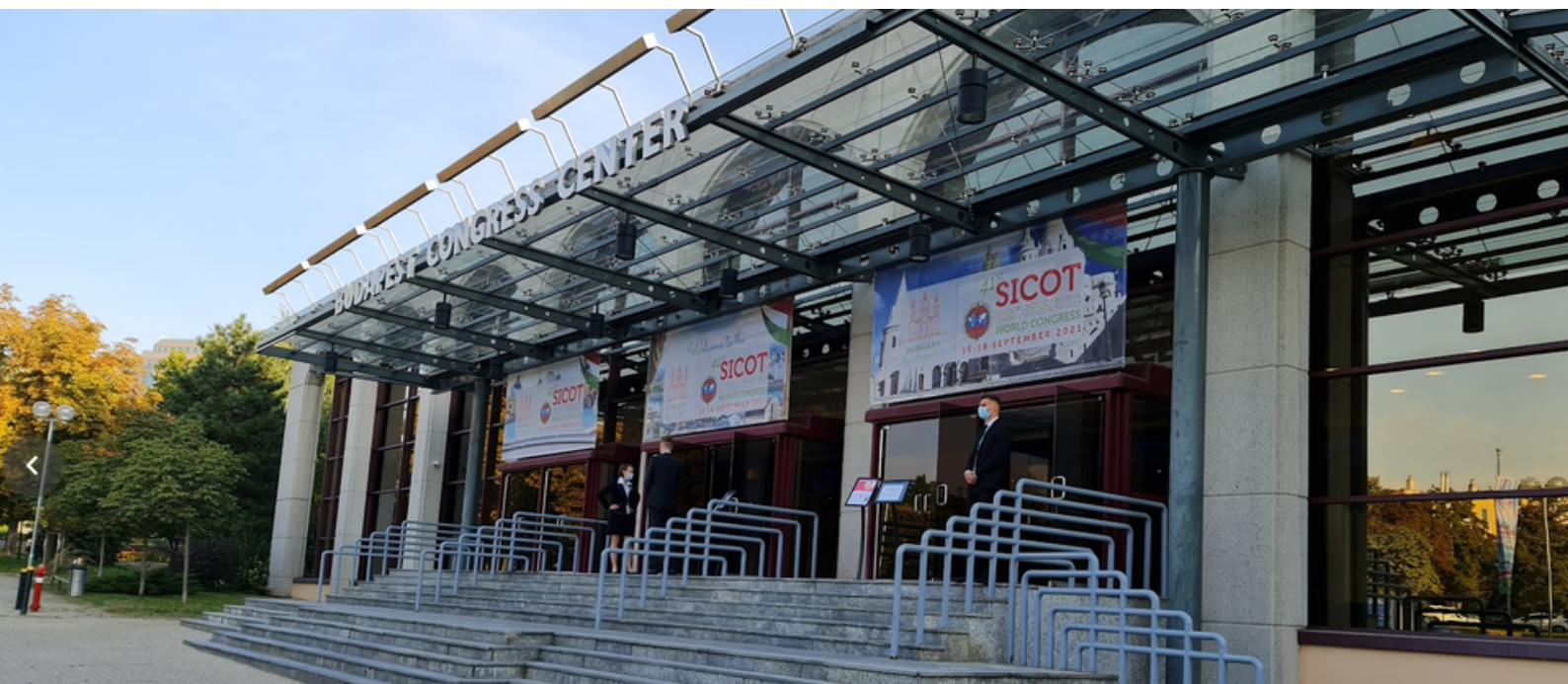


Figure 1: Budapest Congress Centre where the annual SICOT congress was held. A picture was taken the night before the start day.

The SICOT Orthopaedic World Congress and SICOT meetings have always had a special meaning and feeling for us. The dates go in our yearly planner as early as our children's birthdays go. This is so because SICOT as an organisation lives to its mission as a true, and probably the only, global organisation that represents the orthopaedic community; providers and receivers. It has managed to cross barriers, boundaries and politics to reach its members and benefit patients.

This year the 41st SICOT Orthopaedic World Congress in Budapest in Hungary was exceptional on many levels. The world has been in the grip of an unprecedented healthcare crisis that has claimed the lives of 5 million people. Thousands of health care providers have sacrificed their lives while fighting the COVID-19 pandemic. This meeting was initially planned for September 2020 in Budapest but had to be cancelled amid this crisis. Although we were all disappointed, the war against the virus was ongoing, dealing with our daily work of trauma victims, joint infections, tumours in a new and very restrictive setting left us no time even to think about meetings and conferences. Most would have thought it would take at least five years before we could have a face-to-face meeting!

The SICOT leaders, however, had a different vision. In the true indomitable spirit of SICOT, despite all odds, our leadership decided to proceed with the annual meeting, taking all due precautions. This was done to allow us the opportunity to continue to meet and share our experiences; discuss the challenges and use our intelligence collectively to find solutions; and develop and expand our network of members. There were several challenges including the uncertainty about the spread of the virus, countries closing their borders, quarantine requirements, and travel restrictions. The challenge of running a simultaneous live and virtual meeting of this magnitude with participants from all over the globe was a formidable one. For most, it was probably the first time travelling outside their home countries since the beginning of the pandemic, in almost two years. Constantly adapting to the everchanging global situation of COVID-19 and related challenges, the concept of a hybrid meeting was brought to a reality by the Organising Committee.

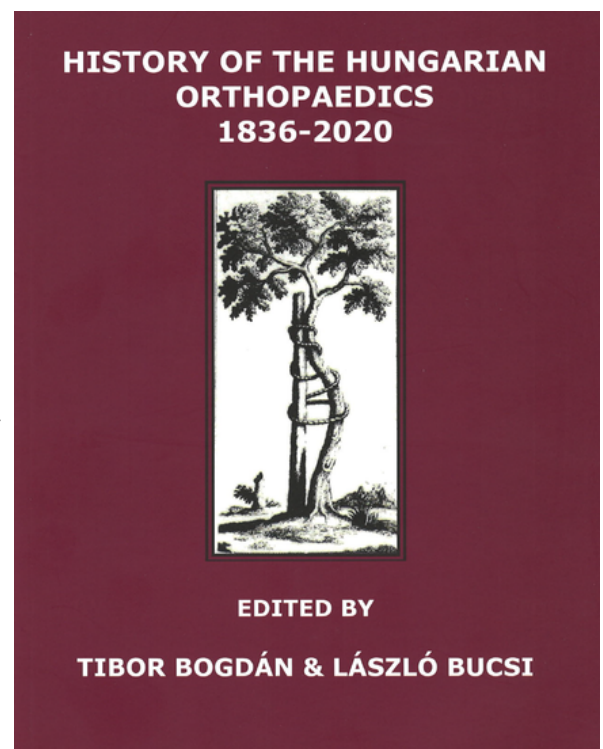
Having attended several SICOT meetings in the past, this one was really unique. Two years of planning and re-planning were reflected in the comprehensiveness of the programme and the quality of the content. Over 1,800 registered participants from 83 countries joined the Congress reflecting the global impact of SICOT. There were over 400 Invited Speakers, 17 Keynote Lecturers and three Plenary Speakers who enriched the Congress with their experience and expertise. The clever use of two platforms to deliver the programme was innovative and effective. The content was delivered on the OnAIR Virtual Event Portal which was accessed by all participants and presenters. Some presentations were pre-recorded and uploaded, thereby minimising the potential impact of technical issues. The presenters joined the meeting through Zoom, sometimes listening to their pre-recorded lectures like other participants and participating in the active question and answer sessions that followed. There were also symposia that were carried out live in Budapest (broadcast to all the participants who could not be there in person) as well as others that were online. Some symposia had a combination of some speakers in person and others virtual, all seamlessly coordinated. No easy feat!

We also re-discovered Hungary; not just because of its amazing natural beauty and its people and their hospitality but also because of the long history of contributions to orthopaedic science that many were oblivious of. The book about the History of the Hungarian Orthopaedics was one of the most precious gifts that we received at the meeting (Figure 2).

Kudos to all those who joined us in person or virtually and especially to all those who worked hard to make this event a great success! A special thanks to Professor László Bucsi and his colleagues for the amazing hospitality and programme.

We look forward to seeing you all at the 42nd SICOT Orthopaedic World Congress on 28 to 30 September 2022 in Kuala Lumpur, Malaysia.

*Figure 2:
History of the Hungarian Orthopaedics 1836-2020 was gifted to attendees
and highlighted nearly 200 years of Orthopaedics in Hungary*





ANNETTE HOLIAN (AUSTRALIA)

SICOT Active Member

WiO: The extraordinary story of Miss Annette Holian – Australia's female orthopaedic pioneer and multifaceted leader wearing many hats!

Annette Holian is a Consultant Orthopaedic and Trauma Surgeon at Monash Children's hospital, a Councillor at Royal Australasian College of Surgeons (RACS) and 1st Vice President of the Australian Orthopaedic Association (AOA). As a reservist in the Royal Australian Air Force (RAAF), she holds the rank of Group Captain and is the Clinical Director for Surgery and Perioperative Services for RAAF.

Elected to the RACS Council effective May 2016, she has held the Global Health portfolio since May 2017 and was the Fellow point of contact for all RACS Global Health work until May 2021 when she took up the RACS Chair of the Board of Surgical Education and Training.

Women were first accepted onto the Australian orthopaedic training programme commencing in 1986 and Annette was one of the two women who started her training that year. Her fellowships included a year in Paediatric Orthopaedics at Oswestry, United Kingdom, in 1993-1994 and 2 years as a Trauma Fellow in 2001-2002. When elected to 2nd Vice President in the AOA in October 2019, she became the first woman to be on the Presidential line and she will become the AOA President in November 2021.



Outside the UN in 2019. As RACS Councillor, Chair of Global health, she attended the World Health Assembly for several years.

As a paediatric orthopaedic surgeon at Monash Medical Centre, she started visiting Papua New Guinea (PNG) as a volunteer surgeon in 1996. It was there that she first provided surgical care following a tsunami in July 1998. This experience was invaluable in contributing in the first Australian team to respond to the Boxing Day tsunami in Banda Aceh, Indonesia. She joined the Royal Australian Air Force in 2000 for service in East Timor, and subsequently shifted towards trauma surgery with a seven-year period as a fulltime orthopaedic and trauma surgeon at The Alfred, a Level 1 Trauma Centre in Melbourne, Australia.



1998 Papua New Guinea tsunami response showing children with femoral shaft fractures in traction on the ward



She had just taken a team through traction bed setup the day before, and received a patient with bilateral hip dislocations (one anterior and one posterior). Patient had closed reduction of the hips, separate wound care and traction in 2001.



Serving with the ADF under the UN banner in East Timor in 2000



As a Trauma surgeon in the Middle East in 2008. She did two years of trauma fellowships to manage multi-trauma patients and run trauma responses at the largest Level 1 trauma hospital in Australia. During that tour, Annette was the orthopaedic surgeon on the team, and clinical director for the NATO Role 2 medical facility. Here supporting a Dutch doctor in the insertion of an ICC in a blast victim.

She served as the Clinical Director of a NATO Role 2 medical facility in 2008 and served again in 2010. An injury in Afghanistan in 2010 kept her off work for 9 months but allowed her to step into a role as the Deputy Director of Trauma at the National Critical Care and Trauma Response Centre in Darwin where she was able to help lead development in Australia's civilian disaster response capability and specifically the Australian Medical Assistance Team (AUSMAT) Surgical Team course.

She has undertaken five deployments to war zones including three tours in Afghanistan and a first responder in several humanitarian disaster responses, both as a civilian and in uniform, to the tsunami in PNG 1998, Banda Aceh in December 2004, the Western Sumatra earthquake in Nias in 2005, and with AUSMAT to the Philippines in November 2013 following a typhoon.



She helped establish the AUSMAT surgical team training Course in Darwin, Australia. Now a well-oiled group - Australia has a WHO Emergency Medical Team Type 2 (EMT2) verified facility able to respond to disasters as needed. This was the last course pre-COVID in September 2019.



2012: serving with the US Navy in the Middle East at a NATO Role 3 Multinational Medical Unit: the orthopaedic surgical team (handover time with extras present) standing in front of an armoured ambulance.

As the senior surgeon in RAAF and holding the position of Clinical Director for Surgery and Perioperative Surgery, she was instrumental in establishing the RAAF Resuscitative Surgical Capability, a short notice surgical team that can provide immediate complex surgical care in forward environments.

Most of her career has been in public hospitals with one year based in Geneva in 2015-2016 with the International Committee of the Red Cross, to lead a research team in writing a consensus document on the Management of Limb Injuries in Disasters and Complex Emergencies.

She completed her Masters of Surgical Education through the University of Melbourne in 2019, and is currently working at Monash Children's Hospital, Melbourne.

Her career focus has shifted over time but has always been directed at improving access to surgery for those in need, whether they be children or adults with disabilities, trauma victims, people who live in remote areas, military members, civilians caught up in conflict or victims of a natural disaster.



DALAL BUBSHAIT (SAUDI ARABIA)

SICOT Active Member

WiO: Meet Dalal Bubshait – Overcoming hurdles as a pioneer female orthopaedic surgeon in the Kingdom of Saudi Arabia

I would like to start by saying that I was blessed to know myself and what I wanted from a young age, and was able to study and work in a specialty I love driven by pure passion to learn. I was also blessed by an extraordinary mother and older sister (God bless their souls) who raised me on the principle '**Nothing is impossible, nothing is difficult, there is no failure as it is all called learning with trial and error, so follow your passion as long as you're doing it for the right reasons**'. This has resonated all through my journey in orthopaedics.

I was a pretty determined child who decided to be a doctor in my 5th year of elementary school after seeing an open heart surgery on TV and being mesmerised by the beating heart while the surgeons were suturing. I told my mother I wanted to enroll in the medical school and my peers told me it was difficult. She responded with 2 questions: *Has it never been done before? And those who say it is difficult, are they in medical school or peers who are too scared to apply?*

I answered: *Well, there are hundreds of graduates every year.*

Then she said: *If it is doable and you want it, start and work hard then you will be one of those graduates. When you try and see for yourself that it is difficult or you can't continue, then choose another path. Don't use other people's experiences and their fears as your own, learn from it and start working!*

Armed with this strength, I crossed the first hurdle and commenced my medical journey. I decided to be a surgeon in anatomy class where I became fascinated by God's creation of each and every fibre of the human body where everything has its purpose - even the little toe.

In my 5th year of medical school, I decided to be an orthopaedic surgeon. A couple of friends and I had spent the summer vacation in Operating Rooms with lots of exposure to different surgeries and specialties. By being a good observer, I noticed the variety of procedures in Orthopaedics - sometimes its soft tissue releases, and other times it involves instruments and gadgets that are so cool and not regularly used in any other specialties.

Then came the second hurdle, **Orthopaedics in Saudi Arabia is a MALE specialty** (as I was told in the ancient year of 2000!). Naturally, I went to my mother for advice again.

She asked the same question: *Has it never been done before?*

I answered: *It has been done by men. Although I heard a rumour about one lady in training in Riyadh but no lady has completed the Saudi board.* (And this was before the social media era with Google, Facebook and LinkedIn when communication with the outside world was with phones and fax. The new innovation with emails had just started and no one believed in them at the time so, yup I am that old!).

My mom told me: *What men can do, women can do better!* She followed up again with the trial and error lecture, so I did apply for Orthopaedic training.

As expected, I was the only female applicant at the interviews with 50 male applicants. Once successful, I worked without pay for one year just to prove that I was serious about the Saudi Orthopaedic board. Whenever I needed to change my calls or could not travel for rotations outside my city, the reaction I got was **do it or change specialty!** Of course, now it is assumed these restrictions all helped to toughen me. In reality, when you meet any of my trainers and ask about me they would say 'She is like a daughter to me, I helped her to get in'.

I did my main Paediatric Orthopaedic training locally in Riyadh which I am very proud of. Then, I had a few months of attachments to get specific techniques in Bern, Switzerland, and Florida, United States, where people called me the 'Girl from the desert' referring to my country where people think we live in tents and travel by camels. Being blessed with an understanding family during a time when girls were not supposed to enroll in university (let alone travel abroad alone), I finally got through my training and the second hurdle became history!

I have been a Consultant in Paediatric Orthopaedics since 2010. Now there are more than 95 women in the Saudi Orthopaedic board, with 14 female consultants across different specialties. Applicants for the board are selected based on their qualifications rather than gender (and this happened after 3 ladies passed the board with excellent results).

I made it through a few administrative posts (which I did because I wanted to), and the female medical students gladly found a role model without me putting that on my 'to-do list'. They know that a female orthopaedic surgeon became an Assistant Professor, Chairperson of the Orthopaedic Department in a university hospital, goodwill ambassador for the American Academy of Orthopaedic Surgeons (AAOS) and the International Musculoskeletal Society (IMS) in the Middle East, as well as representative of the Middle Eastern ladies in orthopaedics in IODA (International Orthopaedic Diversity Alliance) and the Women in Orthopaedics Worldwide (WOW).



I got involved with orthopaedic ladies in the world during the 2019 SICOT Congress in Muscat, Oman, when Prof Patricia Fucs (Brazil) started a SICOT Women's WhatsApp group that included the ladies who attended the Congress. This connection has gradually blossomed into a big WOW group with other wonderful ladies led by Dr Camila B. Mattos (Sweden/Brazil), Dr Dawn Laporte (United States), Dr Jennifer Green (Australia). Some ladies have begun associations in their countries as well. They have inspired me to search and network all the orthopaedic women in the Middle East while spreading this positive energy and making us both seen and heard.

I am glad to say **'better times are here'** for all the ladies in orthopaedics (including Saudi Arabia). Although we are still working through a few issues, one thing is certain **'we are stronger together'**.



With the ladies in the OR





MOHAMED SUKEIK (SAUDI ARABIA)

SICOT Newsletter Editorial Board Member

Knowledge Exercises – Multiple Choice Questions: Sports Medicine

Questions

The tremendous physical demands of elite performance increase the risk of elite athletes sustaining various orthopaedic injuries. A recent comprehensive systematic review studied outcomes and rate of return to play in elite athletes following arthroscopic surgery of the hip. If you believe you are up to date or need to further explore the subject, challenge yourself with the following questions!

1) Hip pain in high-level athletes represents up to how much of all athletic injuries?

- a) 6%
- b) 12%
- c) 18%
- d) 24%
- e) 30%

2) In elite athletes following arthroscopic surgery of the hip, what is the average rate of return to play at the same competitive level?

- a) 50-60%
- b) 60-70%
- c) 70-80%
- d) 80-90%
- e) >90%

3) In elite athletes following arthroscopic surgery of the hip, what is the average time of return to play in months?

- a) 3
- b) 7
- c) 10
- d) 12
- e) 15

4) In elite athletes following arthroscopic surgery of the hip, what is the average percentage of patients who retire within a mean of 2.5 years post-surgery?

- a) 7%
- b) 12%
- c) 23%
- d) 36%
- e) 41%

5) In elite athletes following arthroscopic surgery of the hip, what is the average percentage of patients who require future intervention?

- a) 10%
- b) 20%
- c) 30%
- d) 40%
- e) 50%

Answers can be found on page 35.



SI-QUOTE

"We cannot change the direction of the wind, but we can adjust the sails."
(Indian Proverb)

"It's better to fix what you have than wait to get what you don't have."
(Arabic Proverb)

"Failure teaches you more than success."
(Russian Proverb)

"Better to light a candle than to curse the darkness."
(Chinese Proverb)

"Try not to become a man of success but a man of value."
(English Proverb)

Knowledge Exercises – Multiple Choice Questions: Sports Medicine

Answers

1. Answer: a)

Hip pain is common in high-level athletes representing up to 6% of all athletic injuries.

2. Answer: e)

The average return to play at the same competitive level was 94.9% (95% CI: 89.4, 98.4) ($I^2=75.1\%$, $P<0.0002$).

3. Answer: b)

The average time to return to play was reported in 14 papers with a mean time of 6.8 ± 2.1 months.

4. Answer: c)

Nine papers reported that $22.8 \pm 19.0\%$ of patients had retired at the end of the follow-up period, which was 26.8 ± 19.3 months (reported in seven papers).

5. Answer: a)

Nine papers reported on the requirement for further surgery, with an average of 9.6% (95% CI: 5.2, 15.2) ($I^2=54.3\%$, $P<0.03$) of patients requiring future intervention.

Reference:

Elwood R, El-Hakeem O, Singh Y, Shoman H, Weiss O, Khanduja V. Outcomes and rate of return to play in elite athletes following arthroscopic surgery of the hip. *International Orthopaedics* (2021) 45:2507–2517

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SICOT
Rue de la Loi 26 - b.13
1040 Brussels
BELGIUM

edsecr@sicot.org

