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Awards
Become eligible for the SICOT awards granted to surgeons to reward them for their scientific achievement or to help them attend the Congress by supporting them financially.

SICOT, the Société Internationale de Chirurgie Orthopédique et de Traumatologie, is an international non-profit association incorporated under Belgian law. SICOT’s mission is to promote the advancement of the science and art of orthopaedics and traumatology at an international level, in particular for the improvement of patient care, and to foster and develop teaching, research and education. It maintains the philosophy that orthopaedic education should be available, accessible and appropriate for surgeons no matter their background, culture or resources. In 2019, SICOT celebrated its 90th birthday!

Benefits of SICOT Membership

International Orthopaedics® Journal
Stay connected to your profession: receive free of charge the SICOT Journal, International Orthopaedics®, and the SICOT Newsletters.

Fellowships
Take advantage of the SICOT fellowships to further your education and career at international level.

Awards
Become eligible for the SICOT awards granted to surgeons to reward them for their scientific achievement or to help them attend the Congress by supporting them financially.

OrthoEvidence
Become eligible for a free Premium Account with OrthoEvidence, which is the global source for summarised, high quality orthopaedic research from around the globe.

Clinical Orthopaedics and Related Research® Journal
Get free access to the Clinical Orthopaedics and Related Research® journal.

SICOT PIONEER Videos
Gain full access to the wide selection of videos available on our virtual platform, SICOT PIONEER.

30% discount for SICOT members publishing in SICOT-J

SICOT-J Journal
SICOT members get a 30% discount when they publish in SICOT-J, a peer reviewed open access journal.

SICOT Events
Benefit from reduced registration rates at SICOT scientific meetings and rub shoulders with the most eminent world specialists.

Diploma Examination
Test your core clinical knowledge and competence and apply for the Diploma Examination.

Find out more about SICOT at www.sicot.org

Join the World Orthopaedic Organisation!
On 7 October 2023 the Israeli–Hamas war started in and around the Gaza Strip. From that date, death and the destruction of Gaza have grown at an unparalleled speed.

From the latest WHO report:
- More than 1.7 million people (75% of population) displaced;
- 32,975 fatalities (72% are said to be women and children);
- 75,577 injuries;
- More than 7,780 people missing or under the rubble;
- Israeli troops reported 247 fatalities and 1,476 injuries;
- Over 1,200 Israelis and foreign citizens were killed inside Israeli and 5,400 reported injuries;
- 130 hostages remain in Gaza.

While the war report is terrifying, the healthcare crisis is even more dramatic:
- Widespread disease outbreaks have spread across Gaza;
- The crisis includes both a famine and a healthcare collapse;
- Foodstocks are nearly exhausted and water is available at less than 7% of pre–October levels;
- Just around 30% of hospitals and primary healthcare facilities are partially functioning;
- 84% of health facilities have been destroyed or damaged with the remaining that are lacking medicines, ambulances, basic lifesaving treatments, electricity and water;
- More than 417 health attacks have during these months affected the population, health workers, facilities and hospitals;
- Infections, including Hepatitis A, respiratory infections and diarrheal infections, malnutrition, scabies, skin rash cases continue to increase;
- Trauma cases affect the population daily including fractures, peripheral nerve injuries, amputations of one or several limbs, spinal cord injuries, traumatic brain injuries, and burns are more and more frequent.

While we add our voice to the heartfelt appeal for an immediate and long-lasting ceasefire, we immediately desire to publish the letter just received from Drs Abdullah Ghali, Ali Elaydi, and Mark Perlmutter, who are volunteers on the war camp, which truly confirms the enormously devastating reality in the Gaza Strip.

Thank you for the courage.

In the spirit of SICOT’s international mission to promote the advancement of the science and art of orthopaedics and traumatology, particularly for the improvement of patient care, we aim to raise our concern regarding the ongoing humanitarian crisis that affects our members, patients, and communities in the Middle East. We aim to raise concerns regarding the orthopaedic surgeons’ and traumatology physicians’ ability to work effectively and safely in Gaza. Most patients currently do not receive antibiotics for their operations and doctors do not have tools for appropriate wound cleaning and debridement. Many orthopaedic surgeries and amputations are also being done without anaesthesia or analgesics being available.

We, in SICOT, support all our members that may be affected by these events, and we request the parties to protect the health care personnel and patients, and request all other international organizations and leaders around the world to seek an immediate relief to the health care workers and patients in Gaza and other conflict areas in the MENA region.

The Advocacy Committee
We write this letter after a recent humanitarian mission to southern Gaza at the European Gaza Hospital during the ongoing conflict. We encountered distressing humanitarian conditions, both medical and non-medical, that demonstrated a dire crisis unfolding in the Gaza Strip with record civilian casualties [1]. Our mission was to provide necessary orthopaedic care along with support to the surrounding 2.5 million population.

According to recent verified reports from reputable sources, including the United Nations Office for the Coordination of Humanitarian Affairs and the International Committee of the Red Cross, the civilian death toll in Gaza has reached unprecedented levels [2-3]. We witnessed various devastating injuries in women and children including sniper attacks, shrapnel dislodgement, explosives, and severe burns, in addition to other violent injuries, validating these reports. These injuries presented a healthcare system whose almost entirely volunteer staff were either burnt out or killed during the conflict.

The European Gaza Hospital serves as the only remaining tertiary referral center, and we were shocked to discover close to 35,000 refugees living in tents within the hospital premises. These refugees, and the many tens of thousands surrounding hospital grounds, displaced due to the conflict, face dire living conditions and limited access to basic necessities such as food, water, and shelter. Patients’ poor access to nutrition, coupled with a lack of needed surgical instruments, antibiotics, chronicity of the wounds, and sub-hygienic living conditions, led to high infection rates virtually unseen in western medicine. Patients presented with severe fractures, limb deformities, and chronic musculoskeletal conditions, many of which had been exacerbated by involuntary delays in seeking care or inadequate treatment.

Our experience at the European Gaza Hospital underscores the urgent need for international solidarity and support to alleviate the suffering of orthopaedic patients in Gaza. By advocating for the rights of all individuals to access quality orthopaedic care, irrespective of their circumstances, and working towards addressing the root causes of the crisis, we can strive to ensure that no patient is left behind [4-5].

In conclusion, the orthopaedic and humanitarian crisis in the Gaza Strip demands immediate attention and action from the international community. By standing in solidarity with our colleagues at the European Gaza Hospital and advocating for change, we can work towards alleviating the suffering of those affected and restoring hope to a population in desperate need.

References:
2. International Committee of the Red Cross. A statement on Gaza and Israel from the president of the ICRC. Accessed April 17, 2024.
Education and Training: This is all orthopaedic surgeons look for. In all ages and in every different stage of the career.

At the beginning young orthopaedic surgeons they look around, try to glean from their teachers with their eyes and try to find their own interests within themselves and make choices for the future. As the years pass, having become expert surgeons and often dedicated to super-specialist activities, we continue to remain eager to keep up-to-date, grow professionally, create contacts with friends and colleagues in all areas of the world who can teach us brand new techniques or improve the surgical techniques that we already know.

We never stop studying and learning. And what makes our professional lives so intriguing is the fact that we continue to change our attitudes and our knowledge, by updating surgical techniques, using new instruments, modifying treatment and rehabilitation protocols and this keeps us active and satisfied, often even making us feel so young that we do not sense the weight of the long days spent in the operating rooms or the wards.

Here in this context, SICOT, more and better than other international scientific societies, encourages and supports us.

Who can boast of offering so many training courses, of such different genres, which are able to embrace all facets of our profession, from general orthopaedics to the most diverse and specialized practices?

But for us at SICOT everything starts with the patient. The patient first of all. Understanding his or her needs, concerns and desires... different depending on the region of the world in which we live. And to do this in the leading committees we continue to update every form of active participation that we can offer to the thousands of members of the Society, now especially directed, under the leadership of our President, Philippe Hernigou, to the development of many regional activities so to better fit the different needs and maintain the SICOT philosophy based on which orthopaedic education should be available, accessible and appropriate for surgeons no matter their background, culture or resources.

I invite you to visit the pages of our website more often, read the constant updates offered in the issues of our Newsletter and learn more about all the topics of interest to you just by clicking and clicking on the links we offer you. I am pushing hard to make SICOT become more actively interactive in the communications and for this reason in the next months the Newsletter will also be available on the Membership App. Therefore, make the most of our webinars, our fellowships, our live hands-on courses and enhance your resumes through innovative certification and diploma programmes. You will not regret it. And your suggestions will allow us to improve and improve ourselves... together and in ever greater numbers...

Onwards and upwards...always...ad maiora!!!

I hope you will find this number of the SICOT Newsletter a valuable guide for your active participation in the 2024 Society activities. The Editorial Boards of our leading orthopaedic journals - International Orthopaedics and SICOT-J - are working hard, as you will read, and with great successes. Contribute with your research: it will be great for you and the Society!

We are looking forward to seeing you at our next Orthopaedic World Congress in Belgrade in September. Registration is open here.
The first Secretary General of SICOT was Jean Delchef, who filled the role from the inception of SICOT in 1929 until 1954. The SICOT headquarters was a room in his house and communication was by typed or handwritten letters, which was all very slow.

In 1935, Fred Albee, a Vice-President of SICOT was outraged that he wasn’t automatically elected to be President on the death of the incumbent, Murk Janson. Jean Delchef agreed that, as Vice-President, he should have progressed to President but unfortunately this was not written in the statutes. When a call went out to delegates of different countries to make suggestions for President, a senior member of SICOT from the United Kingdom wrote, “in a letter of astonishing perfidy”, that Fred Albee did not have the support of his national colleagues. He was not elected to the presidency. Process and intrigue were an important part of the life of the Secretary General in 1935. Some things do not change!

The role of the Secretary General is to minute all the meetings and proceedings of the society, keep an accurate register of members, provide timely notice of meetings and agenda for the Board of Directors, Executive Committee, International Council and General Assembly, be a member of the Finance Committee and visit the Head Office as and when necessary.

Secretaries General:
Jean Delchef: 1929-1957
Antoine Bailleux: 1957-1966
Robert de Marneffe: 1966-1984
Maurice Hinsenkamp: 1991-1993
Tony Hall: 1993-2002
Maurice Hinsenkamp: 2002-2008
Jochen Eulert: 2008-2017
James Waddell: 2017-2023

The Secretary General has the role of helping to run the Society through the Head Office staff and the Executive Committee. Communication has improved since 1929 and the Executive Committee meetings on Zoom and WhatsApp groups mean that messaging is instantaneous. Whereas Executive Committee meetings occurred in person two to three times a year, monthly Zoom meetings are now essential to deal with the complex issues that arise daily. Having sat on the Executive Committee and Board of Directors as the First Vice-President for three years from 2020 to 2023, I saw the day to day running of SICOT through the work of the previous Secretary General, James Waddell, and Presidents John Dormans, Ashok Johari and Philippe Hernigou (and President Elect Vikas Khanduja). I cannot thank James Waddell enough for the help and mentoring that he has provided to enable me to take up the Secretary General role with the minimum of disruption. The close cooperation on Zoom meetings has enabled me to learn the process, anticipate the pitfalls and determine the compromises required to work with the Society in an efficient and consensual way. I am familiar with the running of the HO and appreciate the roles of the experienced staff who work there (Linda Ridefjord, Katia Gnych and Soufian Berrada).

There are many challenges for SICOT to deal with. The role of the Secretary General is to coordinate the plans and ideas put forward by the President and all the committees running the organisation.

Membership is a subject that is constantly under discussion. There are numerous national subspeciality orthopaedic organisations but SICOT is one of the few international general orthopaedic organisations and we need to constantly work hard to increase our membership. It is of paramount importance to explain to orthopaedic surgeons around the world the advantages, camaraderie and the special relationships that SICOT can bring. Vikas Khanduja is organising a membership survey, which will be unveiled soon, asking the membership their views on the Society.
Finance and industry liaison is extremely important for the survival of SICOT. The principles of sponsorship from industry have changed radically over the last few years, not helped by international financial regulations and the Covid pandemic. Industry will support specific meetings with a subspecialty slant and a regional bias. Organisations such as SICOT need to improve their communication with industry to include early decision-making regarding the choice of Congress venue and also thinking outside the box about future collaboration. Lina Salvati, our experienced commercial agent, has an important role in this but every member of SICOT should be prepared to use their connections with industry to boost our sponsorship. (Ask not what your society can do for you, but what you can do for your society – with apologies to JFK!) We have a new Treasurer, Suresh Sivananthan, who has many innovative ideas to enhance the finances of SICOT.

SICOT philosophy states that orthopaedic education should be available, accessible and appropriate for surgeons, no matter their background, culture or resources. Education and training is the main raison d’être of the Society. Educational resources and techniques have changed considerably in the last few years (yes, Covid again) with new teaching methods and different evaluations. The expansion of online teaching via the SICOT PIONEER Programme, led by Gow Thevendran and Vikas Khanduja through the Learning Management System, has enabled SICOT members to easily and cheaply access world class teaching, instruction and seminars from their office or home. BOSS subspeciality sessions at the Annual Congress and speciality certification sessions, for example the ACL PIONEER training pilot programme, are also available. Hands-on courses, such as cadaver courses, focusing on young colleagues are essential both at the global and regional level. Various topics in different languages should be considered. The expansion of the SICOT Diploma Examination to an online status for both Part I (MCQ) and Part II (viva) has enabled candidates to sit the exam more easily. This has led to a significant increase in the number of members taking the exam. However, there is still the option to sit part II (viva exam) at the Annual Congress this year in Belgrade in September. Obtaining the SICOT Diploma and reaching a certain surgical standard is an important part of ongoing orthopaedic training. A refreshed Fellowship Committee has rationalised SICOT fellowships and education centres.

A discussion about educational meetings also impacts on the role of the Annual Congress. The Annual Congress has traditionally been the main meeting in the SICOT calendar, signposting all that is good about SICOT. It is a major meeting with a full scientific programme, research presentations, education days, instructional days, BOSS instructional sessions, keynote speakers and the SICOT Diploma Exam. Cadaver and JAM sessions are recent additions. As mentioned, the role of the Annual Congress has changed. No one is suggesting removal of the Congress from the annual calendar but its structure and function need to be reviewed. Since Covid fewer people are travelling to international meetings, travel has become less important to some (or more important from a climate change point of view) and doctors have adapted to a new way of life. A congress for young surgeons must be scientific with accreditation for activity and attendance and must take place in safe geographical areas. SICOT must foster a global and regional presence. So, in addition to the Annual Congress, SICOT is happy to licence regional subspeciality meetings with participant numbers in the low hundreds and local industry support, using the expertise of local and regional experts with limited contributions from international experts so that costs can be controlled. There have been several recent meetings along these lines in the Middle East, India and South East Asia and we will be encouraging more such meetings in the future. SICOT Young Surgeons meetings in different continents have been very successful.

The Annual Congress this year will be held in Belgrade from 25 to 27 September, with subspeciality and educational day sessions in the afternoon of 24 September and the SICOT Diploma exam on 25 September.

I cannot write an article such as this without mentioning the political unrest and humanitarian crisis in the Middle East. SICOT is a non-political organisation and cannot express any views of a political nature but I draw your attention to the statement published on the SICOT website regarding humanitarian crises in the world. Doctors treating orthopaedic patients in time of war encounter numerous challenges including limited resources, infrastructure damage, risk to healthcare providers, challenging access to patients, complex injuries with psychological distress and difficult long-term care and follow-up. Despite these challenges, dedicated medical professionals in conflict zones play a critical role in alleviating suffering and SICOT extends its heartfelt gratitude to all healthcare professionals working in these
zones. We hope they will be able to undertake their work safely and that all current conflict in the world ceases as soon as possible.

Research and innovation is another important area and is under the care of Sattar Alshryda. He is reviewing the research structures, documenting a global network of researchers, educating and empowering networks (with research awards), carefully selecting, conducting and funding research activities and securing funding with a database of funding resources and partnerships with industry.

Governance is covered by the Immediate Past President and Ashok Johari has honed the processes covering the Education Academy, the Research Academy, the Finance Council and the Governance Council.

Marius Scarlat and his team continue to advance SICOT publications, International Orthopaedics and SICOT–J. The SICOT website is accessed regularly by thousands of surgeons worldwide, with free access to all members. The participation of contributors from China, India, North America, South America and South East Asia ensures that the status of these publications continues to grow in conjunction with publishing special editions.

Advocacy, diversity and leadership growth are other subjects which must be explored. Expanding a diverse pool of natural leaders in orthopaedics and mentoring younger surgeons will lead to them becoming international leaders and experts in their fields.

The Vice Presidents of the five geographical sections (Africa, Near & Middle East, Europe, Latin America, North America and Asia Pacific) work hard to advertise SICOT in their regions and the National Representatives are responsible for encouraging orthopaedic surgeons to join. They are the recruiting sergeants for the SICOT army and must be proactive with their national orthopaedic organisations.

I encourage you to regularly check the SICOT website for the latest information. Registration is now open for the Annual Congress in Belgrade in September. We welcome applications for positions on various committees of the Finance Council. Applications for fellowships can be submitted. SICOT PIONEER teaching sessions are regularly advertised, so do not miss them.

I look forward to collaborating with you over the next three years and am happy to hear from you all with ideas, plans, proposals and complaints!

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I succeeded Dr Hatem Said as SICOT Treasurer during last year’s Orthopaedic World Congress (OWC) in Cairo. Fortunately, our financial health remains robust, thanks to the prudent investment decisions made by my predecessors. Despite a slight dip in investments due to the pandemic, we are steadily recovering. SICOT’s income primarily stems from three sources: 1. annual contributions from members (membership dues), 2. OWC registrations and sponsorships, and 3. investment returns.

As detailed in our previous newsletter, the Cairo OWC was a remarkable success, allowing us to balance the budget and allocate savings for investments and educational initiatives for our members.

As busy orthopaedic surgeons working long hours and dedicating much of our time to patient care, we need a robust association to provide for our educational and fellowship needs. For this to happen seamlessly we need 1) money and 2) a stable source of income. Although the OWCs have always been successful in generating money for our activities, we cannot rely solely on the OWCs to generate the bulk of our yearly financial needs going forwards.

Our revamped SICOT masterplan entails expanding revenue sources to include regional courses, publications, digital content, and higher-yielding investments. Fiscal prudence is vital to ensure all efforts benefit our members. Addressing the discrepancy in education technology access among nations is a priority. I aim to bridge this gap and alleviate financial burdens for members, speakers, and contributors, fostering greater participation in SICOT’s activities. Simplifying and reducing the cost of engagement will entice more members to join; showcasing the advantages of SICOT membership. I eagerly anticipate our gathering in Belgrade this September and encourage everyone to register. All the best!
44th SICOT Orthopaedic World Congress
25–27 September 2024
BELGRADE, SERBIA
Combined meeting with the Serbian Orthopaedic Trauma Association

www.sicot.org/belgrade
Ashok Rajgopal (India)

Recent Advances in Diagnosis of Periprosthetic Joint Infections: Where Are We Today?

Dr. Ashok Rajgopal is a highly esteemed orthopaedic surgeon renowned for his expertise in knee replacement surgery. After completing his medical education at the esteemed All India Institute of Medical Sciences (AIIMS), he underwent specialized training in orthopaedics, both in India and abroad. With over three decades of experience, Dr. Rajgopal has pioneered innovative techniques in knee replacement surgery, contributing significantly to the advancement of the field. Currently serving as the Chairman of the Bone and Joint Institute at Medanta – The Medicity in Gurgaon, India, he leads a dedicated team of professionals committed to providing exceptional orthopaedic care. His unwavering dedication to patient well-being, coupled with his passion for research and education, has earned him widespread recognition and numerous accolades. He remains actively involved in research, publishing extensively and presenting at Indian and international conferences. His profound impact on orthopaedic surgery has solidified his reputation as a leading authority in the global medical community, inspiring generations of surgeons worldwide.

Frédéric Schuind (Belgium)

Integration of AI, Robotics, Immunology, Neuroscience and Surgery for Hand Amputees

Prof. Frédéric Schuind is a highly esteemed and accomplished orthopaedic surgeon and professor who has dedicated his life to the field of orthopaedics and traumatology. With a career spanning several decades, he has held numerous prestigious positions, including the Head of the Department of Orthopaedics and Traumatology at Hôpital Erasme in Belgium and Full Professor at the renowned Université Libre de Bruxelles. His expertise is widely recognized, with a focus on prosthetics. He has contributed significantly to the field through his active involvement in numerous scientific societies, including serving as President for the Société Royale Belge de Chirurgie Osseuse et de Traumatologie and the Belgian Orthopaedic Trauma Association. Moreover, his passion for improving the lives of those affected by musculoskeletal disorders is evident in his extensive work in organizing international meetings, participating in surgical and educational missions in developing countries, and serving as a reviewer for various journals.
Prof James Waddell graduated from the University of Alberta in 1967 and completed postgraduate training in orthopaedic surgery at the University of Toronto in 1973. Appointed to the staff of Saint Michael's Hospital that same year he continues to hold an active staff position there 50 years later. He has filled a number of positions there at various times including Chief of Orthopaedics, Director of the Trauma Program and Surgeon-in-Chief. Outside the hospital he has held several positions including Professor and Chairman of Orthopaedic Surgery at the University of Toronto, President of the Canadian Orthopaedic Association, Chief Examiner at the Royal College of Surgeons of Canada, Board Chair of the Canadian Orthopaedic Foundation, Clinical Lead at the Ministry of Health for Ontario and, most recently, Secretary General of SICOT. His clinical interests include hip and knee surgery, trauma and hip fracture care. He continues an active practice in these areas and his contribution to Canadian surgery has been recognised by his appointment to the Order of Canada.
“International Orthopaedics” is a peer-reviewed medical journal specialized in orthopaedics and trauma surgery. It differentiates itself from other specialty journals in several key aspects:

**International Focus:** As its name suggests, “International Orthopaedics” places a strong emphasis on international collaboration and the global exchange of knowledge. It publishes articles from researchers and clinicians worldwide, aiming to reflect a diverse range of practices, challenges, and perspectives in orthopaedic surgery and related fields. This international approach helps to broaden the understanding of different clinical approaches, surgical techniques, and healthcare systems.

**Scope of Content:** While many orthopaedic journals may focus on specific areas within orthopaedics, “International Orthopaedics” covers a broad range of topics within the field, including trauma surgery, sports injuries, degenerative diseases, infections, tumours, and congenital disorders of the musculoskeletal system. This wide scope makes it a valuable resource for a diverse audience within the medical and research community.

**SICOT:** The journal is the official publication of the Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT). This affiliation provides a unique network and platform for members to share their research, discuss advancements, and promote international standards of practice and education in orthopaedics.

**Educational Resources:** In addition to original research articles, “International Orthopaedics” publishes review articles, and educational materials that are beneficial for continuous medical education and training in the field. This blend of content supports both clinical practice and academic research, making it a comprehensive resource for professionals at various stages of their careers.
Accessibility and Outreach: The journal aims to be accessible to a wide audience, including those in developing countries. It often features articles that address global health challenges and strategies to improve orthopaedic care in under-resourced settings. This focus on inclusivity and accessibility enhances its appeal beyond traditional academic and clinical audiences.

Overall, “International Orthopaedics” distinguishes itself through its broad international perspective, diverse content, association with SICOT, educational focus, and commitment to improving orthopaedic care worldwide. These characteristics contribute to its reputation as a valuable resource for the global orthopaedic and trauma surgery community.

The main contributors in the Journal are from Europe and Asia-Pacific, Northern and Southern America, as well as the Middle East and Africa. Currently over 1,400 submissions per year arrive from Asia and over 1,000 from other geographical areas of the world.

The surge in scientific publications from Asia in the field of Orthopaedic Surgery is a reflection of the region’s growing contribution and influence in orthopaedics. A study spanning from 1998 to 2020 revealed a significant annual increase in the number of publications from China, with a mean annual increase of 35.5% ± 70.7%. Japan saw an annual increase of 5.1% ± 14.0%, and Korea a 27.3% ± 40.0% increase. These statistics underscore the dynamic growth of Orthopaedic Surgery research in Asia, particularly in China, indicating a strong positive trend over the past two decades. This growth can be attributed to various factors including increased funding for research, a higher number of researchers entering the field, and an emphasis on publishing in international journals to share findings with the global medical community. This trend reflects the broader global shift in scientific research outputs, where Asia is increasingly becoming a significant contributor to global scientific knowledge.

Expertise and Reputation: The Board comprises highly respected and widely recognized experts in the field of surgery and research, who bring their extensive knowledge and experience to the journal. Their reputation can attract high-quality submissions from researchers and practitioners.

Diversity of Specializations: The Editorial Board includes members from a wide range of surgical specialties and sub-disciplines, ensuring that the journal can effectively cover a broad spectrum of topics within the field and cater to a diverse readership.

Peer Review Quality: Editorial Board members often play a crucial role in the peer review process, either by conducting reviews themselves or by overseeing the process. Their expertise ensures that manuscripts are rigorously evaluated for scientific accuracy, relevance, and contribution to the field.

Strategic Direction: The Board provides guidance on the journal’s strategic direction, including identifying emerging areas of research, setting publication standards, and making decisions on special issues or themes. This helps the journal stay relevant and influential in the field.

Ethical Standards: Members uphold and enforce high ethical standards for research and publication, including issues related to conflicts of interest, research integrity, and consent. This maintains the trust of both the contributors and the readership.

Networking and Promotion: Editorial Board members can leverage their professional networks to promote the journal, attract high-quality submissions, and increase the journal’s visibility and impact within the surgical community and beyond.

Mentorship and Development: Experienced Board members can mentor newer researchers and reviewers, contributing to the development of the next generation of experts.

A strong Editorial Board is crucial for maintaining the quality, integrity, and reputation of the journal, ensuring that it remains a vital resource for the surgical community.

The Editorial Board of the Journal includes remarkable personalities, outstanding and respected Surgeons from four continents. Major nations with strong orthopaedic societies are a part of the Journal decisional team.

The strength of an Editorial Board lies in several key factors:

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activities that ensure the smooth operation, integrity, and financial viability of the journal. Key roles include:

Management and Operations: Publishers handle the logistical, technical, and financial aspects of running a journal. This includes managing subscriptions, distribution, marketing, and ensuring that the journal’s website and online submission systems are functional and user-friendly.

Quality Control and Peer Review: While the editorial board typically oversees the peer review process, publishers support and facilitate this process by providing the necessary tools and platforms. They ensure that the process is rigorous, transparent, and adheres to the highest standards of ethical publishing.

Production and Publication: After manuscripts are accepted, publishers take care of typesetting, layout, and proofreading to prepare articles for publication. They also manage the printing and online publication, ensuring that articles are accessible, properly indexed in databases, and searchable.

Archiving and Access: Publishers are responsible for the archiving of published articles, ensuring that they remain accessible to readers over time. They may work with digital repositories and libraries to secure permanent access to the journal’s content.

Ethics and Integrity: Publishers enforce ethical guidelines for both authors and reviewers. This includes managing conflicts of interest, handling allegations of misconduct, and ensuring the integrity of the research they publish.

Copyright and Licensing: Publishers handle copyright issues, securing rights from authors while determining the licensing under which articles will be published. This affects how articles can be shared and reused.

Outreach and Community Engagement: Publishers often engage with the academic and research communities to promote the journal, encourage submissions, and disseminate published research. They may also organize or sponsor conferences, workshops, and webinars.

Innovation and Development: Publishers are involved in the ongoing development of the journal, looking for ways to improve its impact, reach, and relevance within the scientific community. This includes adopting new technologies, exploring open access models, and expanding into new areas of research.

The publisher’s role is multifaceted, supporting the scientific journal’s mission to advance knowledge within its field while ensuring operational efficiency, ethical publishing practices, and broad dissemination of research findings.

The role of the Editor of “International Orthopaedics” is essential for maintaining the journal’s quality and integrity. Here are the key responsibilities and roles of the Editor in our journal:

Gatekeeping: The editor acts as a gatekeeper, deciding which manuscripts are suitable for review based on their relevance, originality, clarity, and alignment with the journal’s scope. This initial screening helps ensure that only manuscripts with potential contribution to the field are forwarded for peer review.

Managing Peer Review: The editor is responsible for overseeing the peer review process. This includes selecting appropriate reviewers who are experts in the manuscript’s subject area, ensuring a fair and constructive review process, and making decisions based on reviewers’ recommendations. The editor aims to ensure that the review process is thorough, impartial, and timely.
Quality Control: The editor plays a role in maintaining the scientific quality and integrity of the journal. This involves making decisions on manuscript revisions, accepting or rejecting manuscripts, and ensuring that accepted papers meet the journal's standards in terms of methodology, ethics, and presentation.

Ethical Oversight: Editors are responsible for upholding ethical standards. They must address issues such as plagiarism, data fabrication, dual submission, and conflicts of interest. The editor ensures that all parties involved in the publication process adhere to ethical guidelines.

Guidance to Authors: Editors provide feedback and guidance to authors, which can include suggestions for improving the manuscript, advice on addressing reviewers’ comments, and help with ethical and procedural issues.

Vision and Strategy: The Board of Editors sets the vision and strategic direction for the journal. They work to enhance the journal’s profile and reputation, identify emerging areas of research to focus on, and engage with the scientific community to ensure the journal remains relevant and valuable.

The Editorial Board Management: The Editor works closely with the Board, selecting Board members who can contribute to the journal’s development and ensuring that the Board is actively involved in decision-making processes, such as shaping the journal’s scope and policies.

Liaison with the Publisher: The Editor liaises with the journal’s publisher on issues related to publication schedules, marketing, access, and digital presence. They ensure jointly that the journal’s content is accessible and disseminated widely.

Community Engagement: The Board of Editors engage with the broader scientific community to promote the journal, encourage submissions, and solicit feedback. They may also organize or participate in conferences, workshops, and other academic activities to enhance the journal’s visibility and relevance. An example is the permanent session of Medical Writing and reviewers education and interaction that is organized with the SICOT Congress.

Improvement: The Editors seek feedback from authors, reviewers, and readers to continuously improve the journal’s processes, policies, and content. They stay informed about developments in publishing standards, technology, and research ethics to ensure the journal’s practices are up to date.

In summary, the production of “International Orthopaedics” is comprehensive, requiring a balance between scholarly expertise, ethical judgment, strategic thinking, and managerial skills to ensure the publication of high-quality, impactful, and ethically sound scientific research.
SICOT-J is an official journal of the Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT). It is the younger sister journal of SICOT after International Orthopaedics. It was founded in 2014 by Jochen Eulert, Jacques Caton and Hatem Said. Current Editors-in-Chief of SICOT-J are Professors Sébastien Lustig (France) and Andreas F. Mavrogenis (Greece). Specialized and experts in their field, deputy, associate and section Editors complete the Editorial Board of the journal. SICOT-J is published and distributed by EDP Sciences; current publishing editor is Isabelle Auffret-Babak. It is indexed/abstracted in DOAJ (Directory of Open Access Journals), Emerging Sources Citation Index (ESCI, Web of Science), Google Scholar, Journal Citation Reports™ (JCR, Web of Science, Clarivate), MIAR Database, PMC – PubMed Central, PubMed, and Scopus.

Since 2021, it uses a Two-Tier payment system for the publication of accepted articles aiming to allow SICOT members to benefit from a discount to publish their articles. Ever since, it has been developed, as a peer reviewed open access journal, to progress scientific writing and continuous medical education, and to further widen the educational impact of SICOT on the orthopaedic community. In 2023, the journal adopted its first Impact Factor (2022 Impact Factor: 1.6; 2022 5-Year Impact Factor: 2.3; Journal Citation Reports™ from Clarivate, 2023), and SCImago Journal Rank (2022 SCImago Journal Rank, SJR: 0.634) (Figure 1).

SICOT-J focuses on original clinical, basic and translational research in the field of orthopaedic surgery and traumatology from all over the world (Figure 2), and publishes original and review articles, surgical technique papers, didactive and educative case reports, congress proceedings, editorials, and letters to the Editors (Figure 3). Scientific journals such as SICOT-J and International Orthopaedics often ask once or twice a year for invited papers in special issues with one to three guest editors. The scope of these special issues is to focus on current, hot, and/or important topical topics. The invited papers aimed for these special issues are subjected to the same peer-review process by the journal’s reviewers and, if accepted, they are published in the same procedure. The total number of downloads of published papers and citable papers is increasing; this means an increased visibility of the journal and quality of its published papers (Figure 4).

In SICOT-J we acknowledge that every submitted paper has a message and that science does not exist until it is published. However, scientific writing should be formal and adhere to certain rules. What we like from a submitted paper is a focused topic of interest, a well-written manuscript with an aim and scope that falls within the journal’s scope, a manuscript with a compact introduction/discussion section, clear study question, accurate statistics, appropriate illustrations, and tabular data. What we do not like from a paper is a careless outline, a copycat topic or a topic that does not fall within the aims and scope of the journal, a manuscript written in poor language, a long manuscript, an unclear study question, overstated conclusions, inaccurate statistics, too many figures and tables, and poor illustrations. Our view is to maintain the journal’s reputation, raise the journal’s visibility, citation rate, and impact. Our aim is to improve and accept any submitted paper with an honest and instructive review. Still, this means a lot of work and stress for each submitted manuscript for the Editors-in-Chief and the Editorial Board.
Bone and joint infections are an important problem encountered in the care of orthopaedic patients. They vary in regard to pathogenesis, diagnostic investigation and treatment. They frequently result in high mortality rates. Early detection and treatment are paramount for optimal eradication of the infection. Treatment often involves a multi-disciplinary approach including several specialists such as orthopaedic surgeons, infectious diseases specialists, plastics and vascular surgeons, as well as PRM physicians and physical therapists.

To share knowledge and improve care for our community of patients with bone and joint infections SICOT-J will be honoured and grateful to receive articles on how orthopaedic surgeons, diagnostic and interventional radiologists, and infectious diseases specialists approach and manage these patients.

Please feel free to share your experiences and submit your article in the “Bone and joint infections” topical collection section until 30 June 2024.

Any articles (whether original- or well-illustrated didactic review-articles) are encouraged. You may submit your contribution before the deadline directly through the submission system. For guidance on the requirements, we kindly invite you to familiarize yourself with our instructions for authors, as well as our ethical guidelines. Please note that accepted articles will be published as soon as the production stage will be completed (formatting, type-setting, copy-editing).

Submission Deadline: 30 June 2024.
Leaving a digital footprint in SICOT’s educational journey.

www.sicot.org/pioneer
Revision Total Knee Replacement

**Live webinars - Fridays 10 & 17 May 2024**

- USA (East) 06:00-07:00 (EDT) / UK 11:00-12:00 (GMT+1) / Belgium 12:00-13:00 (CET)
- India 15:30-16:30 (IST) / New Zealand 22:00-23:00 (NZST)

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Personalised Knee Alignment

**Live webinar - Friday 31 May 2024**

- USA (East) 08:00-09:00 (EDT) / UK 13:00-14:00 (GMT+1) / Belgium 14:00-15:00 (CET)
- India 15:30-16:30 (IST) / New Zealand 22:00-23:00 (NZST)
REGISTRATION FOR THE SICOT DIPLOMA EXAM ON 6 JUNE IS OPEN!

Part 1 of the Examination, made up of MCQ's, will be delivered virtually via our PIONEER Learning Management System.

Eligibility Requirements:

The SICOT Diploma Examination is aimed at young orthopaedic surgeons in training. To be eligible, candidates must by 15 May 2024:

- register online here;
- upload their CV and a letter from their Head of Department specifying that they have had 4 years of medical practice since obtaining their medical degree and that they are actively engaged in an orthopaedic training programme;
- be members of SICOT or in the process of applying for membership at the time of registration and their 2024 membership dues must be paid. For more information about applying for SICOT membership, please contact hq@sicot.org;
- A judging panel will review all applications and reserves the right to refuse any application.

Don’t miss your chance to test and demonstrate your clinical knowledge and competence: the exam covers the whole spectrum of Trauma & Orthopaedics.
Every young orthopaedic surgeon needs to do a fellowship training after finishing his or her basic orthopaedic residency training. And it is preferable to do a fellowship in a different place than the place he or she got trained in. Why?

Because he or she needs to get exposed to different ways of thinking. Different from the classic training he or she got during his or her basic training.

During Orthopaedic training the trainee needs to gain four aspects:

Knowledge: the information and basic rules needed for proper diagnosis and treatment.

Skills: the surgical skills to do surgery with safety and efficiency, the mental and psychological skills to deal with patients, skills to think, how to make the right decision, how to apply a treatment plan and how to modify this plan according to the patient response to treatment.

Attitude: how to communicate with patients, and colleagues, and medical staff and the non-medical hospital administrative staff, and the community.

Networking: getting to know new colleagues and mentors and widen the connection with senior staff in the field of orthopaedics, either in the same speciality or in other subspecialities, and in the same country or internationally.

SICOT offers every year nearly 100 positions for fellowship training. SICOT partially sponsors most of these international fellowships, including travel and accommodation. This has helped so many orthopaedic surgeons around the world to gain international experience and achieve the four goals we described.

However, many orthopaedic surgeons cannot afford the time or the money required to stay away from home for several months. Some orthopaedic surgeons already have enough clinical and surgical experience and just need to refine this experience by communication with the proper mentor.

For them SICOT will start working on what is called the Virtual Fellowship.

This Virtual fellowship is not an alternative or replacement to the in-person clinical and surgical training or fellowships. It is a method to improve the clinical and surgical experience for many orthopaedic surgeons around the world who cannot afford traveling away from home for a long time.

This Virtual fellowship will be in the form of weekly meetings with an expert for 9 weeks. These meetings will include clinical rounds, case discussions, and clinical case-based lectures. Then at the tenth week, the fellow will have to travel and attend live surgery and outpatient clinic with the mentor (trainer). This alternative can help so many surgeons around the world.

More information can be found here.

You can apply now by clicking here!
Young Latin American orthopaedic surgeons face circumstances and challenges not very different from their colleagues in the rest of the world. Especially those who take their first steps must overcome the difficulties related to completing their training and entering the world of clinical practice and academics.

Residency remains the best basic training option for an eminently practical specialty like ours. Unfortunately, in many countries vacancies are scarce and the quality of training is not uniform. The residency provides the general skills of the specialty and, for many, opens the option to the next step, which is training as a subspecialist. This is a less formal and structured stage of medical education and in many cases depends on the concerns and expectations of each professional. There is a varied offer of fellowships, attendance at services, visits to renowned professionals, courses and workshops. Here a new challenge arises since the type of practice and the academic future of the surgeon will depend on the initial choice made. This link in professional education is probably the weakest these days. On the one hand, there is no uniformity of criteria between the different training centers, on the other hand, in many cases there is a great contamination of commercial interests. Never before has our profession depended so much on factors external to it. Added to all this is an excess of information. Ranking it is one of the tasks that requires the most effort.

Scientific societies can play a fundamental role in this stage. Medical associations play a very important role in research, education and dissemination of medical practices. These institutions must guarantee the offer of information that is not contaminated by commercial interests or outdated state regulations. Rothman has stated that “education must be carefully distinguished from marketing [1].”

Scientific societies must assume their role being aware of their great responsibility. Health professionals, medical institutions, and the general public trust the recommendations and guidelines developed by medical societies.

Grimshaw and Russell [2] concluded that the guidelines and recommendations of scientific societies improve clinical practice, but must be formulated based on credible evidence without conflicts of interest and a very clear methodology.

There are risks of bias that should be avoided. For example, the existence of scientific societies dedicated to the study of a specific therapeutic procedure can determine a bias in the preparation of treatment guides and recommendations.

Unfortunately, in many instances of advanced surgeon training there is more emphasis on “how” to do things than on “why” or “when” to do them. If we add to this the loss of the general vision of the patient as a unit above the region of interest of the professional, the risks of errors in the decision-making process increase.

In short, both young professionals and scientific institutions face a challenge that only education based on scientific evidence and focused on the patient will allow them to overcome. The big step will be for institutions and young surgeons to work together with this common goal.

References:

Potential cultural biases in orthopaedic research publishing can significantly contribute to disparities. These biases may occur when a system or individuals unintentionally favour certain cultural viewpoints over others. This could stem from a lack of understanding or appreciation for research conducted in different cultural contexts or an unconscious bias towards the dominant culture.

For example, a research study from India investigating the effectiveness of Ayurvedic treatments for bone disorders may not receive equal consideration in Western orthopaedics due to unfamiliarity with Ayurveda. (Ayurveda is a holistic healing science with historical roots in the Indian subcontinent. It focuses on wellness and health by balancing the mind, body, and spirit including panchakarma (‘5 actions’), yoga, massage, acupuncture and herbal medicine).

This lack of familiarity could lead to the study being undervalued or misunderstood.

Language Related Obstacles

Non–English speakers often face significant language barriers when submitting their research, mainly due to proficiency in English, the dominant language of scientific discourse.

For example, Chinese orthopaedic researchers may have difficulty accurately translating the term “脊柱侧凸” into English. Though it is usually translated as “scoliosis,” the literal translation is “spinal column side protrusion,” which may not be instantly recognized or correctly understood by an English-speaking audience.

Similarly, Russian orthopaedic researchers could find it challenging to translate the term “сколиоз” accurately. While the direct translation is “scoliosis,” the term in Russian might also refer generally to any abnormal curvature of the spine, potentially causing confusion for English speakers.

Furthermore, authors may have trouble adhering to the grammatical norms of English academic writing, leading to their work being dismissed not because of the research quality, but due to language–related issues. A researcher from a non–English speaking country might need to dedicate extra time and resources to ensure their work is written in acceptable English, potentially delaying the publication of crucial findings.
Similarly, a Japanese study examining the benefits of traditional Kampo medicine, a Japanese traditional medicine system that originated from classical Chinese medicine and involves the use of herbal remedies, in orthopaedic pain management could be overlooked due to the prevalent biomedical research paradigm in Western publishing.

Such a study might be dismissed for not adhering to contemporary orthopaedic standards. However, it’s important to consider the tribe’s unique context where access to modern medical facilities may be limited or non-existent. In such cases, traditional bone-setting methods are not only practical but also vital for the tribe’s health and survival.

Inequalities in the Peer-Review Process

During the peer-review process, non-English speakers may encounter biases and misunderstandings due to language differences, cultural nuances, and unfamiliar research contexts. For instance, consider a research study on traditional bone-setting techniques used by a remote Amazonian tribe. In this tribe’s local context, these traditional methods are not just more accessible, but they are also integral to their cultural heritage.

From an orthopaedic perspective, these methods might involve manual manipulation and alignment of fractured bones without the use of modern technologies like X-rays or surgical interventions. However, these procedures might draw criticism from reviewers more familiar with modern orthopaedic procedures, such as closed reduction and internal fixation.

Therefore, it’s crucial for reviewers to understand this context to prevent unfair criticism and potential rejection of valuable research that provides insights into alternative orthopaedic practices.

Conclusion

In this article, we’ve explored various obstacles that non-English speakers face in the orthopaedic research publishing world. These challenges can significantly hinder the contributions of non-English speakers, potentially limiting the diversity and inclusivity of orthopaedic research. It’s crucial to actively address these issues to foster a more inclusive and equitable publishing environment. By understanding these barriers, we can ensure that valuable insights and findings from diverse cultural and linguistic backgrounds are given the platform they deserve.
In recent years, robotic surgery has been touted as a game-changer in orthopaedic surgery. By providing surgeons with unique precision and control during complex procedures, the use of machines offers an unparalleled opportunity to improve the patient’s surgical care. In this edition, we delve into the art, science, and commerce of robotics, exploring how technological advancements are revolutionising how we perform our orthopaedic surgeries.

1. The Rise of Robotic-Assisted Surgeries

Orthopaedic surgery began incorporating robotic technology in 1992, with the introduction of ROBODOC (Curexo Technology) to plan and perform a total hip replacement. In recent years, robotic-assisted surgeries have gained significant momentum in orthopaedics. These advanced systems, such as CORI, Velys, CUVIS, ROSA and Mako Robotic-Arm Assisted Technology, enable surgeons to achieve unprecedented precision and accuracy, improving joint function and longevity. From joint replacements to spinal surgeries, these robotic assistants are redefining the standard of care. Robotic systems such as Robodoc Navio PFS, The Robotic Arm Interactive Orthopedic System (Mako) and the iBlock robotic cutting guide are currently in active use.

2. Enhancing Precision in Joint Replacements

One of the most transformative robotics applications in orthopaedics is in joint replacement surgeries. Robotic systems use 3D imaging and real-time data to create a personalised surgical plan for each patient. This level of precision ensures optimal implant placement, potentially leading to improved outcomes, shorter recovery times, and increased patient satisfaction. Increasingly, the controversies in the field of arthroplasty about alignment, choice of implant, and level of constraints are converging into an era where consensus is emerging on providing patient-specific treatment plans that seamlessly incorporate the best of each school of thought.

3. Navigating the Spine with Robotics

The spine, a complex and delicate structure, presents unique challenges in surgical interventions. Robotic systems provide surgeons with navigation assistance, allowing for precise screw placement in spinal fusion procedures or disc replacement. This technology enhances the safety of the surgery and contributes to better long-term results for patients with spinal conditions.

4. Training the Orthopaedic Surgeons of Tomorrow

As robotics becomes integral to orthopaedic practices, the need for specialised training is more evident than ever. In this issue, we explore how medical institutions and training programmes incorporate robotic surgery simulations to ensure that the next generation of orthopaedic surgeons is well-versed in this cutting-edge technology.

5. Challenges and Ethical Considerations

While the benefits of robotic technology in orthopaedics are immense, it is crucial to acknowledge the challenges and ethical considerations that come with it. We look closer at issues such as cost, accessibility, and the ethical implications of integrating advanced technology into the medical field.

6. Upcoming Events and Conferences

Stay informed about upcoming events and conferences dedicated to orthopaedics and robotic technology. From hands-on workshops to expert panels, these gatherings provide opportunities for networking and staying at the forefront of the latest advancements in the field. SICOT has worked towards collaboration,
innovation, and excellence and shall strive towards ensuring that our members are up to date with the latest happenings in this ever-changing arena. The SICOT Orthopaedic World Congress in Cairo had a plenary talk aptly titled ‘Man and Machine’ and is available online for all our members to view and gain insights on this field.

One of the key advantages of using robotics in orthopaedic surgery is the facilitation of personalised treatment plans. Advanced imaging and preoperative planning tools enable surgeons to create a customised roadmap for each patient, ensuring procedures are tailored to unique anatomies. This increases surgical accuracy, contributes to faster recovery times, and reduces postoperative complications. Many robotic systems are designed to facilitate minimally invasive procedures. Smaller incisions mean less pain, shorter hospital stays, and quicker patient rehabilitation. Robotics allows surgeons to navigate intricate anatomical structures with enhanced vision and precision, improving overall patient experiences.

The adoption of robotic technology requires specialised training for surgeons. As robotic use becomes more widespread, comprehensive training programmes will be essential to ensure surgeons can fully utilise the capabilities of these systems.

The synergy between man and machine in orthopaedics is undoubtedly transforming the landscape of surgical interventions. OrthoTech Insights is committed to bringing you timely and insightful updates as we navigate the evolving realm of robotic-assisted surgeries.
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