

*Best wishes for 2021
to you and your family
from SICOT!*

SICOT E-NEWSLETTER

DECEMBER 2020

SICOT BOARD
OF DIRECTORS

SICOT
COMMITTEE
NEWS

SICOT BY
REGION

SICOT
HISTORY

SICOT PIONEER
NEWS

SICOT
EDUCATION

SICOT
RESEARCH

KNOWLEDGE
HUB

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SICOT e-Newsletter

100 ISSUES!

Since the introduction of the electronic copy of the Newsletter in 2008 by Syed Awais from Pakistan (Editorial Secretary at that time) and Linda Ridefjord (SICOT Executive Director), a nonstop flow of newsletters has been made available.

We are today celebrating publishing the 100th issue of the e-Newsletter with more than 17,000 subscribers and readers.

This electronic version of the Newsletter was introduced 12 years ago to cope with the rapidity of news transformation. Gradually, it has settled in to replace the hard copy to a great extent. It is now reaching your email box four times a year.

With the theme, 'SICOT Face and Tongue', we hope to succinctly share with you the society's news and events. Moreover, the recently introduced 'Knowledge Hub' corner now advertises for our subspecialties their expert work and the SICOT scientific journals.

Behind this work, a great team is working together, collecting and editing the articles for each issue. A big thank you and full appreciation for all the previous and current members of the Newsletter Editorial Board.

Wishing you a peaceful year and a 2021 full of joy and happiness!

Ahmed Abdelazeem, *Editorial Secretary*

THANK YOU



ASHOK JOHARI (INDIA)
SICOT President

SICOT Presidential Vision

The A-Z of Ashok Johari, President of SICOT

I am a Paediatric Orthopaedic and Spine Surgeon and Director of the Paediatric Orthopaedic Department in one of the largest private hospitals in Mumbai, India. In addition to the post in SICOT, I have held the very demanding position of the Chief Editor of the Journal of Pediatric Orthopaedics (B) for the last 14 years, which is published every two months by Wolters Kluwer (UK) and which receives upwards of 600 original articles annually. Besides this I am a Patron or on the Board of Directors of many bodies and Chairman of four foundations including the SICOT India Foundation, active in education, research and patient care in India.

Organisational experience

In 1994, I was responsible for the founding of the Paediatric Orthopaedic Society of India (POSI) as the Founder Secretary (1994 to 2001) and later President (2005 to 2011). This society has thrived, has over 700 members and celebrated its Silver Jubilee in 2019. POSI provided the thrust for creating the subspecialty of Paediatric Orthopaedics in India.

In 2005, I was the founding Vice President of the Indian Academy of Cerebral Palsy (IACP), later its President (2008 to 2011) and am now on its Board of Directors. After a long grind in the Indian Orthopaedic Association (IOA), I was elected its President for 2009 to 2010. This body had 12,000 life members then.

Besides SICOT India, I was also President of the Asia Pacific Knee Society (APKS), of the Asia Pacific Paediatric Orthopaedic Society (APPOS) and of WAIOT, the World Association Against Infections in Orthopaedics and Trauma in 2018 to 2019. My presidency saw a rapid expansion of this association in terms of activities and membership.

Besides many national and Asia Pacific conferences organised by me, I was co-organiser and Programme Chair of the ISPO World Congress held in India in 2013. The same year I was Organising President of the SICOT World Congress held at Hyderabad, India.

Experience within SICOT

It has been a memorable journey for me in SICOT from its grass roots - as a National Delegate, Education Committee Chair, Congress President, Vice-President, Education Academy Chair and President Elect!

The revival of a defunct SICOT India to become the most vibrant branch of SICOT with a membership crossing 1000 is a story by itself! Organisation of the 2013 Orthopaedic World Congress at Hyderabad and many other activities like the SICOT Ortho Excellence Programme of webinars, Asia Pacific Regional Orthopaedic Conferences, the SICOT India Specialty Orthopaedic Review Courses, the SICOT Road Shows, cadaveric courses, newsletters, book publications and many others were highlights. As the Education Committee Chair, I cemented all the committees concerned with Education into the Education Academy which is the first and the most vibrant academy of SICOT. Last year we also held the first successful offsite SICOT Diploma Examination in Mumbai.

I remain academically active with 5 books, nearly 50 book chapters, numerous papers and publications.

My weaknesses: perfectionist, introvert (extrovert only on demand), poor tolerance for unprofessional colleagues and fools! I hate telephones and am still not at ease with Zoom calls!! Rest, feel free to add!!

My Vision for the next six months

There are many challenges that SICOT faces in this period. The despondency created by COVID-19, economic slowdown and lack of physical proximity are bound to have repercussions on organisations and I would think that SICOT is no exception. This means that we need to worry about member retention and relations, about staying relevant for our members, dwindling finances, lack of interaction and a host of other problems. We need to brace ourselves to face these challenges.

My job as your President is to take a collective view of the direction in which SICOT will move over the next two years. However, I have some personal ideas of the growth trajectory that SICOT should take now to keep ahead in the future. My vision is 'Make SICOT stronger - gear up for the next 100 years!'.

For now, I would like to put across four important points from my vision document to be accomplished in the first six months. I seek your cooperation to make them possible and accelerate the change as we need to move fast to keep SICOT at the front of the pack of orthopaedic associations.

1.Member retention

Our communication and interaction with our members have to increase. Finding out what the members want, innovative ways of retention and widening the reach of SICOT are important considerations. Direct marketing, so to say, must be supplemented by getting the National Delegates (NDs) interested in motivating new members to join. We need to get the NDs to do serious work for SICOT to bolster membership and finances.

I would suggest a Membership Committee to look into this area and to work on innovative ways of increasing membership. This committee would directly propagate membership via different formats, liaise with NDs and with our membership and also collect feedback and analysis for SICOT to increase the activities which the members want.

The traditional role of our Head Office with membership will continue and they will look after the administrative aspects of this. The new committee will be charged with bolstering membership and communication with potential members and to answer their technical and other queries on a wave length they would understand.

My suggestion for these two years is to have this committee as a special committee headed by the President Elect. Once this committee works successfully and is firmly established, it can become a part of the Governance or the Finance Council (Long Range Planning).

2. Presidential 'Think Tank'

I would like to constitute a Presidential Think Tank largely comprising of the NDs to involve them in the process of thinking and working for SICOT. Whilst the Executive Committee (EC) is the primary think tank for SICOT, we require diverse opinions and geographies to be successfully involved within SICOT. This would also be good to strengthen relationships with national associations.

This committee would be an ad hoc committee with no constitutional standing.

3. SICOT Leadership Academy (SLA)

To attract talent to leadership and to train the younger generation, I think we need to create the SICOT Leadership Academy. Besides, this will become a source for picking up potential leaders and putting them in appropriate places. Serious leadership issues and the organisation of SICOT would be discussed. The leadership academy will be headed by a Chair who may be elected from the past and present committee chairs or other officers of SICOT.

I envisage a real mentorship here between the senior and upcoming leaders within the academy. Many issues facing SICOT can be debated and discussed within the SLA. The SLA faculty would be all past and present leaders of SICOT and its objectives would be the nurturing and training of the younger and middle order in leadership skills. The leadership can extend not only to organisations but to other areas of scientific endeavour, for example Training the Trainers for teaching and presentation skills, organisation of courses and workshops, and so on.

If I look to the future, I can see a great contribution to SICOT by the SICOT Leadership Academy.



4. SICOT Board of Subspecialties (BOSS)

The future of orthopaedics lies within subspecialties. It is important to have a Board of Subspecialties within SICOT. Subspecialties should be an area of focus for SICOT and one in which SICOT should excel. SICOT should move to a giant conglomerate of subspecialties represented by the best international specialty experts. That is the SICOT of the future! The Board of Subspecialties will represent all subspecialties and the best of SICOT specialty education and training. It will influence the minds of young orthopaedic surgeons who need a direction into the subspecialties whilst still catering to the needs of a well-grounded general orthopaedic surgeon. Organisations like the APOA already have subspecialty associations catering to each subspecialty. However, SICOT subspecialties will be global and not regional.

Why have a Board of Subspecialties?

Advantages of having the specialties together include:

1. coordinated efforts of having a specialty curriculum;
2. educational efforts of a similar nature and direction;
3. development of training programmes, fellowships, courses and discussion groups;
4. hosting of specialty meetings and conferences in different parts of the world;
5. empower higher training and certification in the subspecialties.

The BOSS Chair will be chosen from amongst the subspecialty chairs for a period of two years. Their charges will be:

1. responsible for coordinating all the subspecialties;
2. subspecialty educational programmes, courses, cadaveric courses and discussion groups;
3. subspecialty meetings and conferences;
4. training programmes;
5. certification;
6. development of subspecialty curriculum;
7. subspecialty content of SICOT Diploma Exams or higher specialised exams;
8. higher subspecialty exam to recognise training and knowledge assessment and certification in each subspecialty.

Creation of new subspecialties

We need new subspecialties for Limb Reconstruction and for Orthopaedic Rehabilitation. We need to rationalise subspecialties like the Research Committee – since we already have a Research Academy and a Research Education and Mentorship Committee, it could be converted to a Evidence-Based Practice Committee. We may need to look at a re-nomenclature for some of the specialist committees to cover areas not covered for the whole gamut of orthopaedic surgery and trauma.

I would like to focus only on these four vision points for now. I would welcome suggestions.

Thank you.

NEWS FROM THE HEAD OFFICE

New Appointments

We would like to warmly welcome the new **SICOT Board of Directors**:



PRESIDENT (2020-2022)
ASHOK JOHARI (INDIA)



PRESIDENT ELECT (2020-2022)
PHILIPPE HERNIGOU (FRANCE)



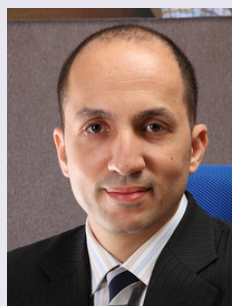
IMMEDIATE PAST PRESIDENT (2020-2022)
JOHN DORMANS (UNITED STATES)



FIRST VICE PRESIDENT (2020-2023)
MARC PATTERSON (UNITED KINGDOM)



SECRETARY GENERAL (2020-2023)
JAMES WADDELL (CANADA)



TREASURER (2020-2023)
HATEM SAID (EGYPT)



**EDITORIAL SECRETARY
(2019-2022)**
AHMED ABDELAZEEM (EGYPT)



**VICE-PRESIDENT AFRICA, NEAR
& MIDDLE EAST (2019-2022)**
ESSAM EL SHERIF (EGYPT)



**VICE-PRESIDENT ASIA PACIFIC
(2020-2023)**
AMJAD HOSSAIN (BANGLADESH)



**VICE-PRESIDENT LATIN AMERICA
(2020-2023)**
MAURICIO GUARDA (CHILE)



**VICE-PRESIDENT NORTH AMERICA
(2020-2023)**
MATTHEW DOBBS (UNITED STATES)

We would also like to welcome the new **SICOT National Representatives** who have joined the International Council since September 2020:

Ghassan Salameh (Syria)
Stanislav Bondarenko (Ukraine)
Marek Drobniewski (Poland)
Fabio Valerio Sciarretta (Italy)
Thomas Hilton (South Africa)
Fernando Rosa (Brazil)
Wai Pan Peter Yau (Hong Kong)



The new Chairs of the **Standing Committees** are:

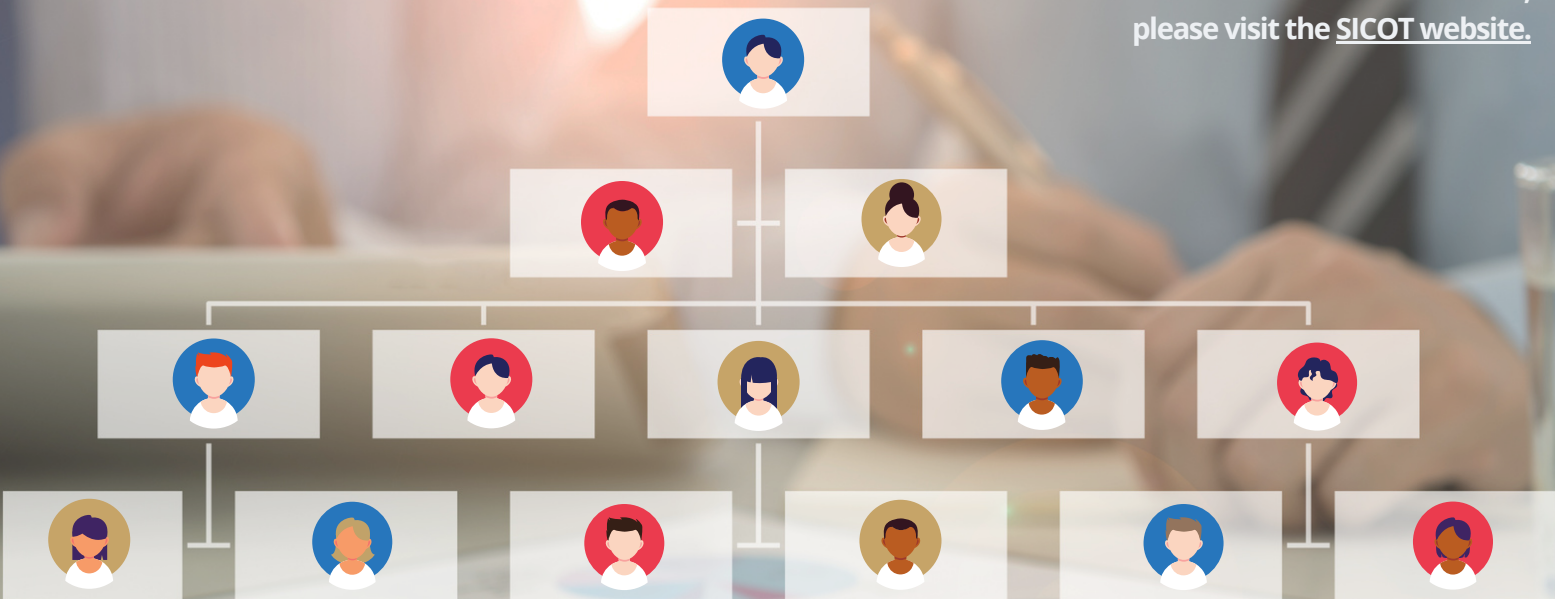
- Young Surgeons Committee: Karadi H Sunil Kumar
- Congress Site Committee, Constitution & Bylaws Committee, and Officer Nominating Committee: John Dormans
- Publications and Communications Committee: Marius Scarlat
- Disaster Relief Committee: Patrick Herard
- Website Committee: Mustafa Alnaib
- Finance Committee: Hatem Said
- Long Range Finance Committee: John Dormans

The new Chairs of the **Subspecialty Committees** are:

- Foot & Ankle: Rupinderbir Singh Deol
- Paediatrics: Mihir Thacker
- Shoulder and Elbow: In-Ho Jeon
- Spine: Alaa Azmi Ahmad
- Tumours: Eduardo Botello

A big congratulations and thank you to all!

For a full list of committee chairs and members,
please visit the [SICOT website](#).



SICOT BOARD OF DIRECTORS



PHILIPPE HERNIGOU (FRANCE)

SICOT President Elect

President Elect Address to SICOT Members: Who Are We? Past, Present and Future

It is with humility but with grateful appreciation that I will have the privilege and honour to serve as your President Elect for the next two years, after serving as Treasurer for the last four years.

The Past

One of the great privileges of a newsletter is the opportunity to share thoughts with you. Who are we? Are we just orthopaedic surgeons? I thought it would be useful to look at 'who are we' as an organisation. Elections are a time to reflect upon the past, evaluate the present and look to the future.

In 1971, I was a medical student in the Faculty of Medicine of Cochin where the orthopaedic department was founded by Professor Merle D'Aubigné, second French President of SICOT. My first participation in SICOT was in 1984 in London. At that time of course I could not imagine that I would be President Elect of the Society in my turn. This honour, I owe first of all to your trust, but also to all who brought to me the pleasure of orthopaedics: Jean Debeyre, Michel Postel, Jean Claude Pouliquen, Raymond Roy Camille and Daniel Goutallier. I am a native of the West coast of France; my mother who is still alive and living independently at 95 years old had to walk, as a six-year-old, 10 km each day to go to school at a period when French was not currently spoken in this geographic area. I now have seven grandchildren with the oldest a teenager (and now better on a computer than me!). So, I measure easily the progress of the Society in general, and in orthopaedics in particular between the time when I did my military service for 18 months in Africa as a surgeon and now.

The Present

Enough about the past. Who is SICOT today? SICOT is the 'premier' global general orthopaedic society in the world. Our society has grown from its original few members to around 2,500 'full members' and more if we count corresponding members. SICOT has earned its credibility for many reasons. There has been a tremendous explosion in our knowledge in orthopaedics in the past 90 years. The founding fathers of this society were dedicated to providing education for orthopaedists. Our continued commitment to this mandate set forth by the founders of the society is evident through our committees, our journals, our publications, the Board of Directors, the Executive Committee, and you, our members, who continue to contribute money for continued education and research. Every society's credibility stands up or falls down on quality, more than on the numbers. Our credibility is great among orthopaedic surgeons, but probably insufficient as regards to patients, associations of patients and administrators in a world where social media is taking over a large part of information dissemination.

An organisational chart of the society shows that it is composed of a Board of Directors, an Executive Committee, the society's administrative staff, Academies and Councils of Education, Research, Finance, Governance, ad hoc committees and journals. But there is no committee of National Delegates, and there is no direct relation to the national societies, which is probably a weakness.

Normally in an organisation, the role of the Board of Directors is to: 1) establish policy; 2) establish strategic direction; 3) approve the annual budget; 4) monitor operational expenses; 5) establish fiscal reserves; and 6) monitor staff performance. In other words, the role of the Board of Directors is to run the organisation like a business. The Executive Committee develops and administers each of the four principal functions of the organisation. However, there is some overlap between the Board of Directors and the Executive Committee; the role of each should probably be better defined in the future.

Functionally, SICOT may be likened to a four-legged stool, with each leg of the stool representing a vital function of the society. The legs supporting our society are: 1) education; 2) research; 3) finance; and 4) governance structure. Each leg must be strong to support the stool.

Our society must grow, not just by numbers, but also by quality of members. We must continue to attract the best young orthopaedists. We are a large society, but with over 20,000 orthopaedic surgeons in India, over 100,000 orthopaedic surgeons in China, over 30,000 in Europe, over 30,000 in North America, over 10,000 in South America, and so on, less than 2% of orthopaedic surgeons apply for membership to our society; this is the reality and a point to be improved upon. Perhaps the most attractive pool of candidates is composed of those who are just beginning their life as orthopaedic surgeons. We probably need to discuss directly with some national societies the incentives that would facilitate the application process.

We should consider issuing a 'Certificate of Recognition' for members coming to the World Congress each year and allow institutions to recognise it. Individuals or institutions who think accreditation will not be important in the future are taking a big step backwards. This should be done in partnership with the national societies. Our Travelling Fellowships have done much to cement our relationships with our colleagues around the world.

National Delegates should assume a more active role in our society, bringing to the Board grassroots issues and concerns from each country. Although we have had great success educating our members, we have had less success in education for groups such as the public (associations of patients), managing entities in the health-delivery field and politicians. Our new Website Committee should assist in informing the public of the goal of our organisation and presenting our members as being the best musculoskeletal health providers.

Your Board of Directors and society staff recognise that we are practising in a time when health delivery is being completely redesigned, particularly since the pandemic. We are having to adapt our practices to the demands of employers, consumers and managed care payers. Diminishing reimbursement for our services will result in a scarcity of money in the future, and we will have to make hard choices about where to spend our membership dues. Your Board of Directors is very conscious of this reality. The leadership of our society is committed to ensuring that our educational programmes will be cutting-edge, effective and add value for membership. We will work hard to remain relevant to you, our members.

The Future

While we have reflected on the past, I believe there is some danger in turning too regularly and too reverently to the past as a means for moulding the future of the society. We can no longer rely upon history; we must create the future. The best way to celebrate achievement is to set new goals and establish new priorities.

A strategic plan is necessary to establish future directions and priorities, emphasising our strengths and improving our weaknesses, while recognising that future leadership will need to make adjustments dictated by the ever-changing environment.

Education remains the fundamental endeavour of the society. I think we have only scratched the surface of what we can do in our educational mission. The half-life of some orthopaedic knowledge today is no more than five years. But fundamental knowledge is for life. And SICOT is not the only structure to provide education: with more than 200,000 orthopaedic surgeons in the world, our society of 2,500 members cannot say that the other 98% do not receive education. Education is everywhere: in universities, in other societies and in the commercial and industry sector, who are entering in the game with force, on the web... But in the end, the only one who needs information (the patient) is not educated.

Future educational offerings will need to be linked to many things. Course content should no longer focus solely on science, technological advancements and clinical outcomes; socioeconomic issues should also be taught and classes should also be taught in different languages, as many orthopaedic surgeons around the world do not speak English. SICOT must develop in the geographical areas where the number of SICOT members is the lowest and as a direct consequence these areas represent the highest potential of new members in the future; I am talking about Africa. We may have to increase our partnership with industry, educational trusts and foundations to fund our educational programmes, but also with patients' associations. Dues and registration fees of orthopaedic surgeons alone may not support the courses of the future.

In our ever-competitive environment, it is frequently asked, who is qualified to be an orthopaedic treatment provider? Since musculoskeletal injuries and pathologies needing surgery are frequent problems, it appears clear to me that it is the orthopaedic surgeon. But they are no longer the only one. I think that others who accept the responsibility of providing or coordinating the healthcare of the patient, pre-surgery evaluations, operating room nurses and those providing rehabilitation of our patients could also benefit from our education and should be persuaded to participate as associate members.

Research is the engine that drives creditable education. We must continue to seek funds for our Research Awards. While SICOT as a group can be proud of what we offer each year as awards, we are giving away, still, only a small percentage of our members' fees. We should consider approaching foundations to consider raising money. The professional sports industry and car industry benefits greatly from research and education developed by our society in trauma surgery and it does so without investing any significant money in health research. We need to develop again a dialogue with professional sports ownership and car manufacturers for a small percentage of revenue to support research that ultimately benefits these industries.

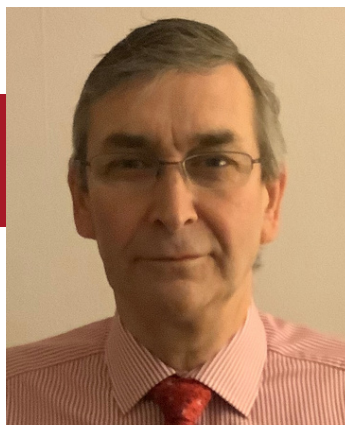
Conclusion

Before concluding, I would be remiss not to recognise and thank a number of people who have made this year most rewarding. Firstly, my wife Anne, who has understood and tolerated me when working for SICOT. Second, I would like to recognise the society staff who run the organisation: Linda, Katia, and Rebecca; and also Lina, our Commercial Agent. I want to sincerely thank all of them for their dedication to the society. Also, I want to thank the commercial exhibitors, our sponsors and contributors, for their substantial support in the past and without whom our meetings would not be the same in the future.

No doubt our society will face challenges in the future. But with challenges come opportunities. I would like to extend a challenge to the young members of this society to become involved. Your future is bright. We need to have the benefit of the talent, energy and creativity of you, our members, to build upon our current programmes and develop new ones that will be needed in the future.

The strengths of SICOT reside in the personal strengths of each of you. Hold relentlessly to professionalism, compassion, wisdom, ethics and hard work as the bright future of this society unfolds.

If we can dream it, we can do it with or without COVID!



MARC PATTERSON (UNITED KINGDOM)

SICOT First Vice-President & Vice-President of Europe

Vice-Presidency of Europe



I have been a consultant orthopaedic surgeon in the UK for over thirty years, working with Frank Horan who encouraged me to join SICOT in 1992. I became (and remain) an examiner for the Royal College of Surgeons of England in the old FRCS and the MRCS. Tony Hall was the Chief Examiner for the SICOT Diploma Examination from 2002 to 2013 and he first asked me to examine for the Diploma in Marrakesh in 2007. I have been involved in the SICOT Diploma Examination ever since, taking over from Tony Hall when he retired in 2013. Tony started the exam, developed it and made it what it is today; a popular formal test of knowledge and an attainment of an orthopaedic standard for orthopaedic trainees throughout the world (maintaining SICOT's philosophy that orthopaedic education should be available, accessible and appropriate for surgeons no matter their background culture or resources). We have developed the exam, improving standardisation and audit, increasing the training of the examiners and providing feedback both for the candidates and the examiners. Whereas the examination sat outside formal SICOT committees deliberately to maintain its independence, the examiners are now collaborating with the Education Academy chaired by Vikas Khanduja (who was assistant Chief Examiner and is immensely knowledgeable in examination structure) and the Governance Council chaired by the Immediate Past President, John Dormans.

My first term as European Vice-President was 2017 to 2020 and I tried to keep in contact with my European friends and colleagues. There has been a recent review of the National Delegate structure and a much closer link between Vice-President and National Delegate is now required. It is the role of the Vice-President to monitor and provide support for all SICOT activities in the countries of the region through the National Delegates. I led an application to bring the annual Congress to Glasgow in the UK. I learnt a huge amount about the technicalities of the bidding process and the administrative detail required. This bid was unsuccessful but I had no doubts about deferring to the eventual winner, Budapest, guided by Laszlo Bucsi, where the 2021 Congress will be held having had to be delayed in 2020 because of the pandemic. This very day (1 December), the news has been announced that the Pfizer/BioNTech vaccine has been licenced for use in the UK and it and other vaccines will hopefully be rolled out across the world for urgent use in every country.

I have 'attended' the majority of the SICOT PIONEER webinars and my orthopaedic knowledge has blossomed. You are never too old to learn. We must encourage our orthopaedic trainees to join SICOT and I am proud that in Brighton in the UK, trainees and medical students have enthusiastically joined SICOT to present papers at the Congress, join committees, help with the exam administration and contribute to teaching. These young surgeons are the future of SICOT and I will encourage them as much as possible.

With the Education Academy, steps are being taken to prepare an online version of the SICOT Diploma Exam with a virtual MCQ exam and virtual oral exam. As these are being developed, I hope that the virtual exam will dovetail with face-to-face exams at the annual SICOT Congress.

I have just heard that I have been elected First Vice-President by my colleagues which is a great honour and I will work hard with all the members, officers and Head Office to support SICOT over the next three years under our inspirational new President, Ashok Johari.

I very much hope that 2021 will be a different year to 2020!



AMJAD HOSSAIN (BANGLADESH)
SICOT Vice-President of Asia Pacific

My Vision as the SICOT Vice-President of Asia Pacific

Having graduated from Medicine in 1978, I pursued my career in the field of orthopaedics and completed my MS from the National Institute of Traumatology and Orthopaedic Rehabilitation, under the University of Dhaka in 1986. Throughout my life, I have relentlessly devoted my time and efforts to serve the orthopaedic department of various institutions.

With growing concern for the world, I started working on the treatment of osteoporosis in the elderly population and devoted myself to establishing an arthroplasty surgery in Bangladesh. I pursued a specialised foreign fellowship in the field of joint replacement and trained extensively in the USA with Prof C.S. Ranawat at the Hospital for Special Surgery in New York and many others. I also trained in reconstructive hand and trauma surgery. I am the author of many publications and articles in different journals. I am a member and hold important positions in various organisations related to orthopaedic surgery. I have done lots of training to update myself on issues and exchange experience with the leading orthopaedic fellows of many countries; notably, the USA, Germany, Singapore, Australia and India. This has definitely added to my professional excellence today.

Of particular note, I actively took part in the War of Liberation in 1971 and served for the treatment of war injured and disabled freedom fighters as an honorary adviser to the Bangladesh Freedom Fighter Welfare Trust.

My sense of social responsibility has inspired me to build the Amena Baki Residential Model School College, under the AB Foundation, in my village Chirirbandar, Dinajpur. The performance of the school has already drawn the attention of all concerned in that region. The AB Foundation ushers in new hope in this underprivileged portion of our society in the field of education.

My vision for SICOT is: 'More Education, Greater Research, Better Patient Care'.

I will follow the objectives on which SICOT was founded:

1. advancement of the science and art of orthopaedics and traumatology;
2. the improvement of patient care;
3. to foster and develop teaching, research and education.

In collaboration with the President and other leaders of SICOT, my actions will be linked to improving the educational offerings of SICOT in different ways, with more emphasis on research and collaborations and via this to promote better patient care and concern. More than one-third of the world's population is living in the Asia Pacific region, and many of them still get minimal orthopaedic care, particularly with regards to neglected trauma, paediatric orthopaedics, and much more. I would like to try to reach the surgeons of this region to mitigate these issues.

Globalisation is a strength of SICOT, and we can use this forte for all these activities. Subspecialty committees of SICOT could be charged with the creation of educational programmes for its members and given more autonomy in this regard. An international outlook will help foster better ties with other organisations having common aims and objectives.

I have played different leadership roles within SICOT and outside already and share the vision of a great SICOT as the first among orthopaedic associations in the world. Let us work to make this a reality! I believe that I will get your support to fulfill my vision.



SICOT COMMITTEE NEWS



SUNIL KUMAR (UNITED KINGDOM)

SICOT Young Surgeons Committee Chair

New Young Surgeons Committee Chair

I would like to thank SICOT for giving me this opportunity to serve as the Chair of the Young Surgeons Committee. This is a huge responsibility and I very much look forward to working with YSC, furthering SICOT values. I have been actively involved with SICOT since 2013 and was the YSC geographical representative for Europe 2018 to 2019. I have a keen interest in training and education for the next generation of surgeons. In addition, since June 2020 I have had the opportunity to work with the SICOT PIONEER team on the delivery of webinars.

The year 2020 has been a difficult year for everyone with significant changes affecting all aspects of life. Most face-to-face conferences have been cancelled with a move to more online events. I feel at present it is even more vital to network and keep in touch with the younger surgeons from all parts of the world to support each other in getting through these difficult times. The YSC has representation from all geographical regions and we must make sure to connect with the young surgeons and trainees to further orthopaedic training and education. Engaging with surgeons worldwide is going to be the biggest challenge in the next year or two. We have a new team of YSC geographical representatives and I am privileged to have a great team who all work towards the same goal.

My vision for the next two years is firstly to increase the visibility of the SICOT YSC and attract more younger surgeons who will be the future orthopaedic leaders. There are several opportunities within the YSC which can suit everyone's needs. Secondly, collaborating with other trainee organisations and young surgeons' forums is vital to improve orthopaedic education and foster long-lasting relationships, which I would like to pursue. Thirdly, establishing a SICOT YSC membership database seems like a logical solution which, once fully functional, can be a 'go to' for members to seek collaborators for educational or research activities. Fourthly, I would be keen to continue the good work done by my predecessors with the YSC session at the Annual SICOT Congress and envisage having sessions which are appealing to everyone. Finally, we need educational activities and events directed specifically at trainees; the annual International Trainees Meeting provides a perfect platform for trainees across the world to disseminate their work. We have planned the 27th SICOT International Trainees Meeting in Cambridge in collaboration with the Cambridge Trauma & Orthopaedic Club's 39th Annual Meeting for 15 and 16 April 2021. This will be a great networking opportunity for trainees, full details of which will be circulated shortly.

I hope that in the next two years we can achieve great things by working together. If there are any suggestions, I would be keen to hear your views so please do get in touch with me. I wish you all a happy new year for 2021 in advance and stay safe.



RUPINDERBIR SINGH DEOL (UNITED KINGDOM)
SICOT Foot & Ankle Subspecialty Committee Chair

SICOT Foot & Ankle Subspecialty Committee



The Foot & Ankle Subspecialty Committee was founded in May 2015, led by Siu Fai Henry Yip of Hong Kong, who firmly established the foundations of Foot & Ankle as a distinct subspecialty within SICOT. Henry Yip was succeeded by Gowreeson Thevendran of Singapore (the current SICOT PIONEER Chair) two years later and he developed the committee into the larger dynamic and representative group that it is today. In Spring 2018, a group was formed representing five continents and then at the Montreal Congress in 2018, this was formalised into the current larger committee.

Past SICOT Foot & Ankle Committee Chairs:



Siu Fai Henry Yip (Hong Kong)



Gowreeson Thevendran (Singapore)

The progression of foot and ankle as a specialty in SICOT is evidenced by its growth. The 2017 Congress in Cape Town delivered a symposium, one free paper and one short free paper session. This had grown by Montreal in 2018 and by 2019 there was a full-day programme at the Oman Congress. The overall foot and ankle session attendance count has almost doubled in this short period; testament to the hard work of the previous chairs.



Foot and ankle session audience in Oman 2019

Collaborating with reputed Foot & Ankle societies across the globe has been a key focus. In August 2019, the First International SICOT Foot & Ankle Conference was held in Suzhou, China. This was a pioneering initiative and the first stand-alone meeting outside the annual SICOT Congress. It was a combined meeting with the Chinese Orthopaedic Foot & Ankle Society (COFAS), facilitated by the Chinese SICOT Foot & Ankle Chair, Guangrong Yu, COFAS President, Baoguo Jiang, and Mingzu Zhang. The event took place as part of the 21st Annual COFAS Congress, drawing large audiences from across Asia, with high quality discussion and debate making it an overwhelming success.



*First International SICOT Foot & Ankle Conference
in Suzhou, China, August 2019*

The theme of collaboration took a new turn in the light of COVID-19. Plans for Budapest 2020 were transferred to a virtual format, and two very successful sports-related webinars have now been run on the SICOT PIONEER platform. The first, in June 2020, was a combined SICOT-ESSKA-AFAS (European Society of Sports Traumatology, Knee Surgery & Arthroscopy – Ankle & Foot Associates) webinar on the theme of ‘Acute Injuries & Return to Sport’. The second webinar in August 2020, in conjunction with the International Federation of Foot & Ankle Societies (IFFAS), was on ‘Chronic Repetitive Injuries: End of a Sporting Career?’. Both featured leading experts tackling complex issues and attracted audiences of well over a thousand each.

As the incumbent Chair, I have the honour of working with a group of highly dedicated foot and ankle surgeons from across the globe. With the support of the committee and Vice Chair, Lucky Jeyaseelan, I look forward to the challenge of further developing the committee and its activities. My vision aligns with the SICOT aim to advance orthopaedics at the international level to improve patient care and to develop teaching, research and education. I feel it is vital to ensure that foot and ankle is strongly represented within the organisation through its courses, fellowships and the journal. Reaching out to those parts of the globe yet to be represented and attracting new members will further enrich diversity and learning within the group. Maintaining and developing new links with national and international societies will serve to strengthen ties and increase the global footprint. I look forward to working with you all over the next two years.



SICOT Foot & Ankle Committee Dinner, Oman 2019

Current SICOT Foot & Ankle Committee members:

Rupinderbir Singh Deol (United Kingdom) - Chair
 Lucky Jeyaseelan (United Kingdom) – Vice Chair
 Nasef Mohamed Nasef Abdellatif (Egypt)
 Paulo Ferrao (South Africa)
 Eric Giza (United States)

Karanjeev S. Johal (United Kingdom)
 Gabriel Khazen (Venezuela)
 Cristian Ortiz (Chile)
 Arvind Puri (Australia)
 Rahul Upadhyay (India)
 Tanawat Vaseenon (Thailand)
 Guangrong Yu (China)
 Minghzu Zhang (China)

SICOT BY REGION



SAEED ALTHANI (UNITED ARAB EMIRATES)

SICOT National Delegate of United Arab Emirates

SICOT in the United Arab Emirates: My Vision for the Future



I am very honoured to have been elected as SICOT National Delegate of the United Arab Emirates (UAE). The UAE SICOT chapter was established many years ago by my colleague Hashem Al Khatib. His hard work and leadership was crowned by the hosting of the 33rd SICOT and 17th Pan Arab Orthopaedic Association (PAOA) Orthopaedic World Congress. Over 3,856 participants from 104 different countries registered and attended the conference and it was a great success.

In this week of December, we celebrate a very special day; the birthday of the UAE as a country. The UAE is a 49-year-old country today. I am proud of what we have achieved as a nation in this relatively short period of time. Education and healthcare have been key areas of focus in our nation's development strategy. I am really proud and humbled to take part in delivering this strategy among the trauma and orthopaedic community.

Sharing knowledge and making medical education more accessible to the orthopaedic community locally and internationally have been my driving force over the last 15 years through various avenues, including:

1. my university educational commitments;
2. chairing the Emirates Orthopaedic Society;
3. AO Trauma (various roles including the chair of education committees of AO Trauma Middle East and Northern Africa).

When the National Delegate post became vacant and I looked at SICOT's mission and vision which revolve around the same values that I embrace, I saw another opportunity to serve my colleagues. I cannot thank them enough for electing me and putting their trust in me.

Success requires a team of leaders working together with the same vision for the same mission. Therefore, I asked myself and those around me what we can do differently to improve the engagement of the orthopaedic community with SICOT, particularly in terms of education, research and advanced healthcare.

I would like to give a glimpse on my thoughts and ideas for the SICOT community in the UAE. I plan to create three teams led by three members (educational officer, research officer, communication officer). These teams will work through a series of online and physical meetings to plan and execute our agenda for the next two years. I intend to strengthen the link between the Emirates Orthopaedic Society (EOS) and SICOT and hold joint meetings, annual congress, workshops, webinars and many more. I would like to see the strong presence of SICOT at UAE orthopaedic events and create SICOT fellowships in UAE hospitals and centres.



This is a brief overview and I hope that I will connect with you all more in the future!

SICOT HISTORY

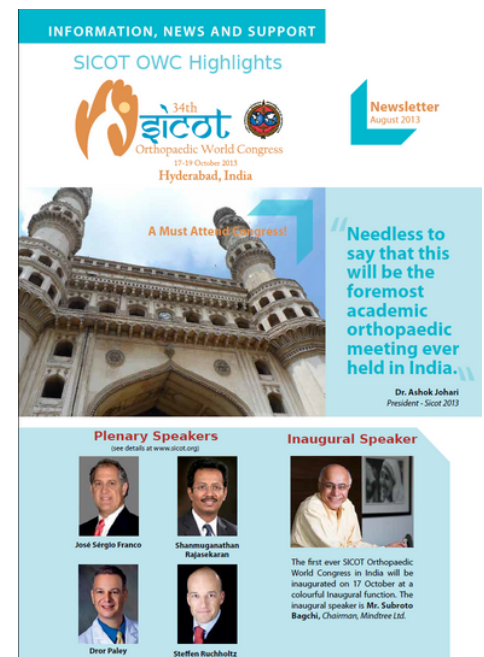
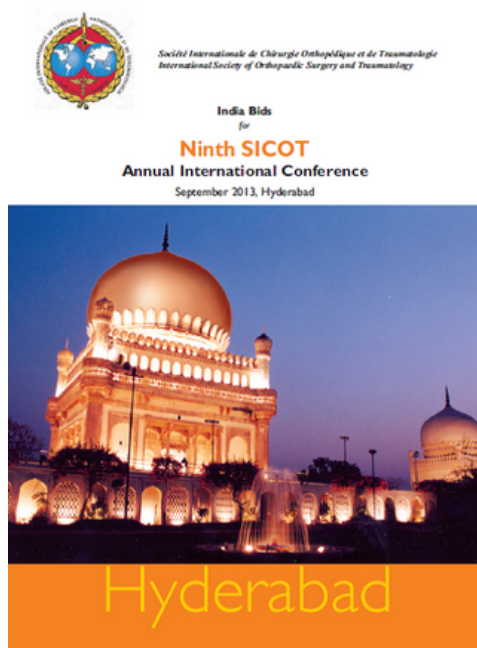


ASHOK JOHARI (INDIA)
SICOT President

Nostalgia: The Unforgettable SICOT World Congress of 2013

The years roll and memories fade! A persistent request from Temiloluwa Olufemi (Corner Editor, SICOT History) to write about the SICOT Orthopaedic World Congress (OWC) 2013 made me dig up some of the older documents and photos to recreate one of the most memorable SICOT Congresses and the only one held in India so far!

On behalf of SICOT India, I won the bid for this Congress in my maiden appearance at the International Council in 2011. SICOT members were very keen to visit India and I was elated that we would be hosting it. The congress was supported by the national orthopaedic bodies of the South Asian Association for Regional Cooperation (SAARC) nations. The theme for the meeting was very apt: 'Orthopaedics in an Unequal World', and much enthusiasm was built up for the Congress with the pre-Congress newsletters.



Hyderabad is a city with 400 years of chequered history and beautiful architectural monuments. The Hyderabad International Convention Centre (HICC) was the best place to host the meeting as it was a dedicated convention centre with a capacity for 6,000 attendees and many break away rooms.



With great enthusiasm, my team and I went about organising the congress. A young India team was in charge of the venue coordination and all its arrangements. Preparations were made with much thought about a personalised way of welcoming our dear guests and introducing them to the Indian culture and ethos. We worked on developing an excellent yet exciting scientific and social programme. We would bring the latest in every area of orthopaedics with a number of instructional lectures, symposia, debates, brainstorming sessions, hot topics, tips and tricks, panel and case discussions and mini workshops. Special focus would be given to the field of innovation and to orthopaedics in the developing world. Besides the speciality sessions, we planned sessions on international training opportunities for young surgeons, health economics in orthopaedics, preventive orthopaedics and safety in orthopaedic surgery. There was a lot to suit each and every subspecialty and every surgeon.

What does a surgeon desire from a conference? Great academics, great faculty, cutting-edge technology, camaraderie, collaborations, relaxing social events and fantastic tourism. The Hyderabad OWC had it all aplenty and hence became an event not to be forgotten! The highlights of the 34th SICOT Orthopaedic World Congress were the 2,500 scientific abstracts (a record at that time); 47 symposia besides other interesting courses and social events like the Indian Night, Charity Run and Cricket Match. Hurdles like the unrest over division of the host state and the Phailin cyclone, which in addition devastated huge parts of the state, failed to diminish the spirit of the conference. The drug price control order from the Government of India did dampen the spirit of the sponsors, nevertheless, they supported the conference as best as they could. We had 2,200 participants and wished for better times. Maurice Hinsenkamp, then President of SICOT and Jochen Eulert, our Secretary General at that time, were very supportive of our efforts.

The pre-congress SICOT Educational Day offered not just a glimpse but a comprehensive review of orthopaedic trauma management. Over 40 invited speakers guided young surgeons, covering basic sciences, upper and lower extremities, spine fractures, paediatric fractures and special considerations in trauma. Registration had to be closed at a record number of nearly 200 participants. On the same day, the increasingly popular SICOT Diploma Examination was given a new dimension as the number of candidates increased to 48 for the first time since its inception to accommodate the enormous interest among the younger orthopaedic surgeons. This day also saw a cricket match between India XI and the Rest of the World XI sponsored by Sanofi Biosurgery. There was great enthusiasm and the Indian team won the match.



The cricket match and the two teams, India XI and the Rest of the World XI



The jubilant winners (India XI) with Jochen Eulert

Scientific deliberations and the Opening Ceremony took place on 17 October 2013. The inaugural speaker at the colourful Opening Ceremony was Subroto Bagchi, acclaimed as India's No. 1 best-selling business author. He introduced the concept of Scaling - Scaling yourself and scaling your organisation. In an amazing speech filled with witty anecdotes, Mr Bagchi explained the importance of scaling. The opening ceremony was marked by two mesmerising dance performances by the famous Ananda Shankar Jayant group. This created a riot of colour, rhythm, and intricate synthesis of classical Indian dance forms on the stage and set the tone for the event.



The Inaugural Lamp Lighting by Maurice Hinsenkamp, then SICOT President, and Subroto Bagchi, the inaugural speaker. Also in the photo are Jochen Eulert, then SICOT Secretary General, H.K.T Raza, then APOA President, and Ashok Johari.

The Scientific Programme highlights at Hyderabad SICOT 2013 featured 240 eminent speakers, 4 plenary lecturers, 47 symposia and instructional courses, 46 free paper sessions and one best paper session, 11 focused oral presentation sessions and myriad electronic posters. Daily National Medical newspapers reported the congress proceedings.

[illegible]

Plenary lectures were given by Dror Paley, USA, who spoke on *Implantable Limb Lengthening: Past, Present & Future*; Jose Sergio Franco, Brazil, who spoke on *Proximal Humerus Fracture Treatment: Unsolved Problem?*; Steffen Ruchholtz of Germany who spoke on *Modern Management of Polytrauma* and S. Rajasekaran, India, who spoke on *Medicine - For whose Benefit? The Caduceus symbol challenged?*.

On 18 October, the themed Indian Night Party was held at the state-of-the-art N Convention. The venue offered eight acres of lush greenery and an enviable 180° view of a shimmering lake, with the iconic Cyber Towers a stone's throw away. The entertainment included a performance by "Unique Dance Troupe", a Bollywood dance group. All guests especially the ladies enjoyed this event where they dressed up in traditional Indian attire and make up with henna, bangles and rings and danced to Bollywood music!



A 5 km Charity Run/Walk sponsored by Brainlab was held in the early morning of 19 October and helped support a local children's charity.



Delegates and their accompanying spouses had a variety of interesting tour options. The most interesting one was the Hyderabad Biryani Culinary tour.



A large comprehensive exhibition was held during SICOT OWC. Participants witnessed the newest gadgets and cutting-edge technology being showcased by leading international and Indian companies. The SICOT 2013 was a perfect context in which companies willingly came forward to highlight their presence, their products and services to a world-class trade and professional audience.



The Closing Ceremony on 19 October was marked by various awards and prizes given to winners and diplomas to those who cleared the diploma examination.



The next SICOT World Congress would take place at Rio de Janeiro and the organising presidential chain was passed on to Sergio Franco who would organise the 2014 congress. Thus, was drawn the curtain on a very memorable event for SICOT which even after so many years evokes fond memories and nostalgia!!!

I found this picture taken just after the International Council Meeting and could not resist using it. Look carefully at the back benchers: the top guns of SICOT 2018-2020, John Dormans and James Waddell!!





Dear Friends,

It's been six months since we launched our **P**rogramme of **I**nnovative **O**rthopaedic **N**etworking, **e**-Learning, **E**ducation and **R**esearch (**PIONEER**).

In that time, we have hosted 21 live webinars, free of charge, for our online community. We know that not everyone who registered for the events will have been able to attend though; orthopaedic surgeons are busy people and, as much as we try, we cannot schedule to suit every time zone!

We are writing to remind you that you can still access ALL of our webinars on demand, on our education platform Panopto. Please do use the links in the 'PIONEER Playback' section at www.sicot.org/pioneer to watch them in your own time.

We do hope you enjoy catching up on these as much as we enjoyed making them!



Gowreeson Thevendran
SICOT PIONEER Programme Chair



Vikas Khanduja
SICOT Education Academy Chair

Upcoming Events

All registrants are invited to submit an abstract on complications following THA or femoral neck fractures for our webinars below! Authors of the best abstracts will present live during the event. Please note only SICOT members will be able to submit an abstract although anyone can register to watch an event.



Click on the images below to find out more about each event!

SICOT PIONEER

SICOT-IHS: Preventing Early Complications Following THA

ABSTRACT SUBMISSION NOW OPEN!

SICOT PIONEER

SICOT-FFN: Femoral Neck Fractures

ABSTRACT SUBMISSION NOW OPEN!

See you in 2021!



GANDHI NATHAN SOLAYAR (MALAYSIA)

SICOT Newsletter Editorial Board Member

In Case You Missed It: A Brief Report on the SICOT Education Academy Meeting

This article is a synopsis of the virtual meeting which was chaired by Vikas Khanduja, the current Chair of the SICOT Education Academy, held in September this year.

Vikas Khanduja began by briefing us on SICOT PIONEER, a novel e-learning and virtual education delivery platform which started in May 2020 and is a useful tool in these times of a global pandemic. This initiative was achieved through the tireless efforts of the SICOT Education Academy team with help from Mohit Bhandari, Research Academy Chair.

In the early months, the team organised and developed various basic resources such as the brand logo, certificates, video branding and letterhead with online webinar proposal forms and guidelines. There is now a dedicated online portal for SICOT PIONEER and video archiving abilities using Panopto. Vikas Khanduja mentioned that SICOT PIONEER now has multiple ongoing collaborations with many international societies including IFFAS, ESSKA, SECEC, ESSKA, and SRS to name but a few. Videometric data from Panopto and OrthoTV India have shown early promising results with over 1000 views for the recent online webinars and these numbers are projected to rise as worldwide viewer numbers increase.

At the moment, SICOT PIONEER allows for questionnaires and post-webinar feedback on faculty which improve quality of content delivery. Data shows that most of the viewers are based in Asia and Europe with the numbers from Africa and the Americas on the rise. Approximately one-third of viewers were non-SICOT members and this will help the expansion of SICOT as an international society dedicated to education and training future surgeons. Faculty are well recognised and there are initiatives to promote better content with awards for the most popular videos/webinars to improve the overall quality of educational content. Overall, SICOT PIONEER has surpassed all initial projections and future projections seem very promising.

Following this, there were reports from the various Committee Chairs and they are summarised in brief as follows:

1. Gow Thevendran (Scientific Programme Committee)

He spoke about the SICOT PIONEER web page and the positive industry response in support of this initiative. He mentioned proposals on translating content to various languages to improve viewership worldwide and there has been encouraging feedback with many top ideas and proposals in the pipeline for webinars up to and including the year 2021. Future webinars will have free paper presentation sessions to encourage research from participants and these will be streamlined to the topic being discussed.

2. Frankie Leung (Education Committee)

He spoke about the re-organisation of the committee and new endorsement forms for the future course curriculum. Interestingly, he explained a new SICOT module development programme (VTrain) which is in development with Arpit Jariwala. This module would help trainees with materials, virtual teaching, practical training (simulation, cadaveric), protocol development, assessment (MCQ, EMQ, Viva) and finally SICOT Certification on completion. VTrain modules would last for three to six months and the plan is to start with a module on arthroscopic surgery.

3. Mohamed Sukeik (Young Surgeons Committee)

He described the YSC activities up to this point which included the meeting in Port Said (Egypt). The committee has focused on the SICOT-APOA PIONEER webinar and helping SICOT trainees prepare for their diploma examinations using virtual platforms given the current pandemic. The committee chair has now been given to Karadi H. Sunil Kumar and we are looking forward to the next YSC meeting, tentatively scheduled for Cambridge, UK, in April 2021 pending pandemic circumstances.

4. Bassel El-Osta (Fellowships Committee)

He explained that there were new members in the committee and many fellowships have been re-organised. This includes the transfer of certain fellowships to Education Centres to elevate the standard of training. He noted the restrictions due to the COVID-19 pandemic and there are future plans which may include virtual fellowship programmes.

5. Arindam Banerjee (Educational Day Committee)

He noted the cancellation of the Educational Day this year with the next programme tentatively scheduled for September 2021 (Shoulder & Elbow surgery). He also informed us that the committee had expanded to 14 members.

6. John Dormans (SICOT President, 2018-2020)

He thanked Vikas Khanduja for the excellent work and commitment from the Education Academy. He pointed out plans by Marc Patterson to organise virtual SICOT examinations in the future and the current SICOT website upgrade which was organised by Linda Ridefjord. He spoke highly regarding the current president, Ashok Johari, and future plans for the society at large.

7. Pietro Ruggieri (Education Centres Committee)

He acknowledged the Education Centres Committee representatives and described the work of the committee in sending out questionnaires to evaluate the current status of SICOT Education Centres globally. He also acknowledged the efforts and work of Fabio Sciarretta in the Education and Fellowships Committees.

The meeting adjourned temporarily to allow for breakout sessions within each committee. Following the sessions, Vikas Khanduja revisited each Committee Chair and constructive feedback on future plans were discussed. At the conclusion of the meeting, Ashok Johari (current President of SICOT) thanked everyone in attendance and gave his thoughts on the future for SICOT with new things to look forward to especially on account of new technology and virtual meetings.

SICOT RESEARCH



AJAY MALVIYA (UNITED KINGDOM)

SICOT Research Education and Mentorship Committee Chair

SICOT Research Education & Mentorship Committee



**JULIO FERNANDES
(CANADA)**



**FRANCESCO BENAZZO
(ITALY)**



**NERITAN BORICI
(ALBANIA)**



**AJU BOSCO
(INDIA)**



**SASEENDER SHANMUGASUNDARAM
(OMAN)**



**STEVE CHEUNG
(HONG KONG)**



**THOMAS HILTON
(SOUTH AFRICA)**



**MUHAMED TAHIR
(PAKISTAN)**



**LUIGI MECCARIELLO
(ITALY)**

It is a testament to our leadership that the goalposts for SICOT keep advancing. The Education Academy has made giant strides in expanding the ethos of SICOT; perhaps the pressure is on the Research Academy to correspondingly deliver. When we talk about spreading education, the aims are more explicit with regards to disseminating knowledge and improving training. On the other hand, research proficiency can be more challenging to define and occasionally takes a backseat. On reflection, the problem is perhaps more deep-seated: research, big grants and large projects seem to be the domain of established academic institutions. There is an inherent, perhaps, unconscious bias in the capacity of smaller non-academic units or indeed less well-known names to deliver meaningful projects. It is certainly not because of a lack of ability or even enthusiasm, but even the most resilient and tenacious amongst us do feel disheartened when an otherwise perfectly-construed and well-conceptualised project does not come through.

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 stages is ever going to be easy, and if you are beginning your journey up the publication ladder, it is going to be even more arduous. You will 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.

Our vision

"Empowering and supporting research amongst the global orthopaedic community"

The Research Education and Mentorship Committee was formed to support and equip young budding surgeons or researchers with the essential skills to navigate this path. The focus should now be to alter the perception of research; it can be a part of your day-to-day practice, to be performed by an inquisitive mind. Our desire and endeavour would be to facilitate grassroots research, provide opportunities for untested ideas to be scrutinised and then hopefully flourish. Philosophically this is the right thing to do.

The SICOT Research Education and Mentorship Committee team

We are proud to say that our committee, with a unique mix of desire, passion and experience, are working towards establishing a route those young researchers can take.

Our goals

The team is being guided by Mohit Bhandari, to deliver SICOT's ultimate ambition of "ensuring that we engage members, surgeons and scientists, by supporting grants, rewarding scholarly activity, and collaborating with other SICOT committees to promote the vision and mission of SICOT".

The aim is not just to impart knowledge about the conduct of research, but also to support young researchers in their journey, such that the future recognises orthopaedic surgeons as not solely masters of their technical skills but also leaders in research and innovation. Our primary goal is to prepare a virtual e-learning platform covering various aspects of the principles of research, ethics of research, scientific writing, writing grant applications and managing research in day-to-day practice. There will be a practical aspect, i.e. a systematic review or writing a project proposal demonstrating how the candidate has learnt from the training provided, and this will ultimately lead to SICOT certification. There are going to be two facets to what SICOT wishes to deliver, one being training surgeons on the conduct of research and secondly mentoring budding researchers. The vision is that those who have completed the modules including the assessment can be eligible for the SICOT mentorship programme and the research grants that may become available in due course.



Since its inception, the committee has been meeting virtually regularly and has developed a roadmap towards synthesising e-learning modules.

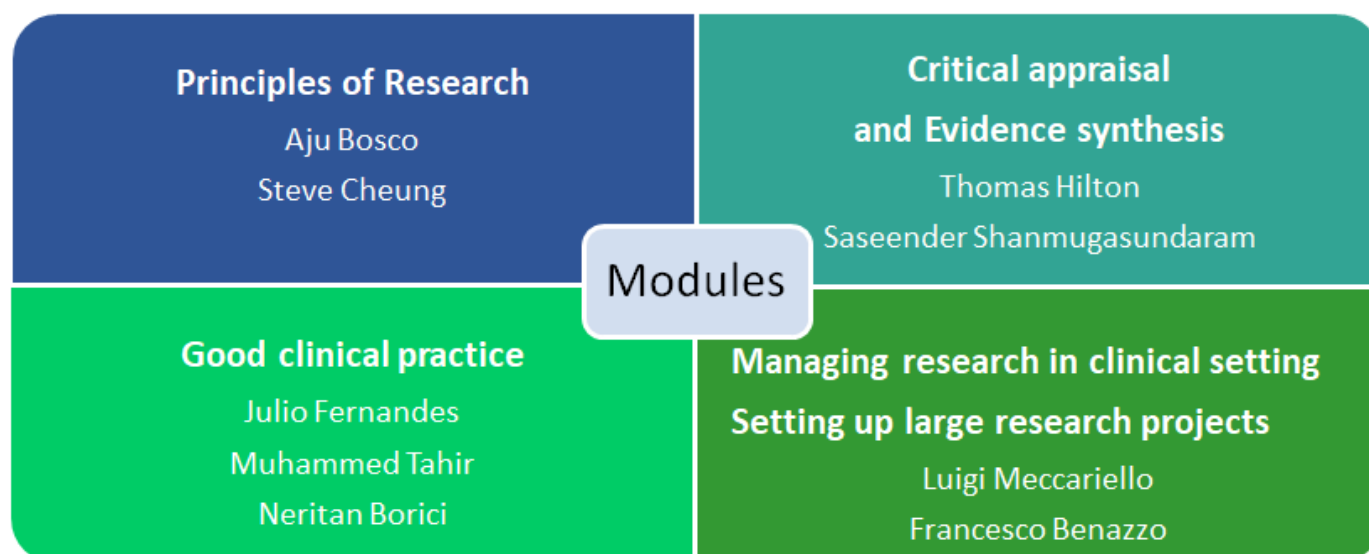


Figure 1. Roadmap to e-learning modules

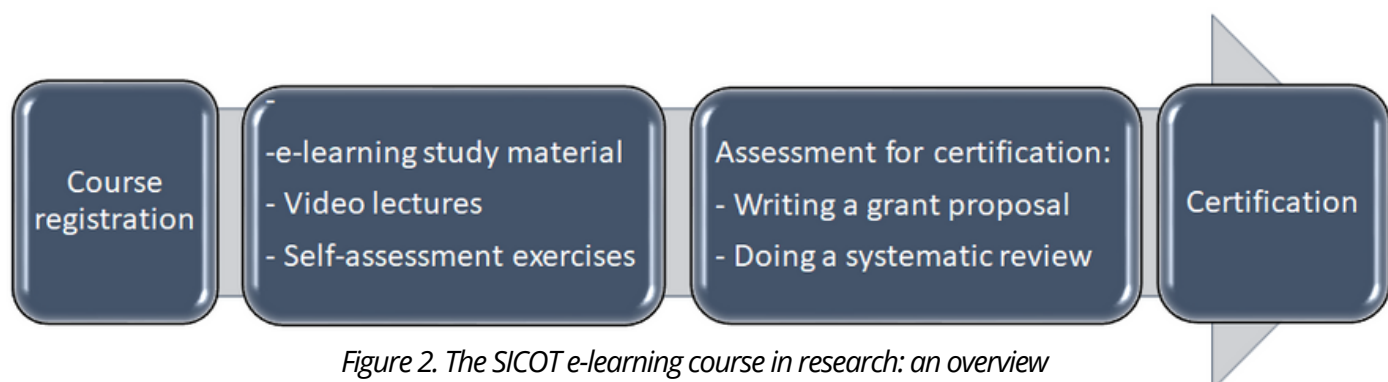


Figure 2. The SICOT e-learning course in research: an overview

SICOT has the unique privilege of a massive global audience, but also brings diversities and the challenge is to adapt to the varying requirements of clinicians. The committee accepts and appreciates this and the mentorship programme will have a cohort of mentors from all parts of the world that could provide individualised assistance and guidance. For example, a keen orthopaedic resident in Tanzania may want someone to look at the project proposal as part of his/her thesis to complete the residency or indeed someone in the United Kingdom may require advice on which grants he/she can apply for; the committee will do its best to cater to the requirements of both. If you feel you are in a position to assist, please do email ajay.malviya1@nhs.net with a one-page summary of what you can offer, and we will consider your application to become a SICOT mentor.



MOHAMED SUKEIK (SAUDI ARABIA)

SICOT Newsletter Editorial Board Member

Knowledge Exercises – Multiple Choice Questions: Malnutrition and THA

Questions

Regarding malnutrition as predictor of poor outcomes after total hip arthroplasty (THA) please answer the following questions:

1) Which of the following is correct regarding protein energy malnutrition (PEM) in patients undergoing THA?

- a) Successful rehabilitation after THA is determined by patients' peri-operative health status
- b) Several studies have shown no association between poor nutritional status and adverse outcomes in surgical patients
- c) There is good consensus on the best screening method for PEM
- d) Malnutrition is not a common causative factor for hip fractures
- e) The impact of pre-operative nutritional status in patients undergoing THA has been fully evaluated in the literature

2) The prevalence of PEM in patients undergoing THA is:

- a) <35%
- b) 35-50%
- c) 55-70%
- d) 75-90%
- e) >90%

3) Which of the following is a characteristic of patients with malnutrition who undergo THA?

- a) Young age
- b) Low comorbidities
- c) Low BMI
- d) Low complications post-surgery
- e) Shorter total length of hospital stay

4) Which of the following is incorrect regarding patients with malnutrition undergoing THA?

- a) Patients with hip fractures requiring THA surgery tend to have higher rates of malnutrition than patients undergoing elective THA surgery
- b) Patients with malnutrition have inferior post-operative outcomes after THA
- c) Pre-operative values of <3.5 g/dl of serum albumin and >1.5 g/l of total lymphocyte count (TLC) are considered to have malnutrition
- d) To assess patients' pre-operative physical status, American Society of Anesthesiologists (ASA) rating of operative risk can be used
- e) Patients' chronic medical conditions can be assessed with the Charlson comorbidity index (CCI) which includes 19 comorbidities necessary to calculate this score

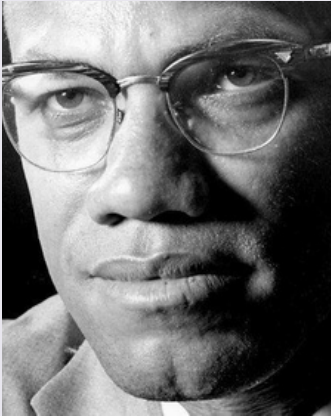
5) The highest complications in patients with malnutrition post THA surgery causing acute admissions or re-admissions are:

- a) Urinary and pulmonary complications
- b) Wound and urinary complications
- c) Wound complications and periprosthetic fractures
- d) Urinary and prosthetic infections
- e) Pulmonary and periprosthetic fractures

Answers can be found on page 37.



SI-QUOTE



"When 'I' is replaced with 'we' even illness becomes wellness."

Malcolm X (1925-1965)

African American human rights activist

"A successful person is one who can lay a firm foundation with the bricks that others throw at him or her."

David McClure Brinkley (1920-2003)

American newscaster



"Train people well enough so they can leave, treat them well enough so they do not want to..."

Sir Richard Charles Nicholas Branson

English business magnate, investor, author and philanthropist

Knowledge Exercises – Multiple Choice Questions: Malnutrition and THA

Answers

1. Answer: a)

Successful rehabilitation after THA is determined by patients' peri-operative health status.

2. Answer: a)

The prevalence of PEM among patients undergoing THA was 12.3% according to a recent study which retrospectively evaluated the nutritional status of 220 hospitalised patients undergoing THA, 65 years and older. PEM was assessed using serum albumin and total lymphocyte count (TLC). Studied outcome parameters were length of pre-operative and post-operative stay, complications up to six months after surgery and 12-month mortality. Other studies have shown rates of 8.5% and 30% using the same parameters for assessment of PEM. This can be higher in patients who have hip fractures and need THA surgery.

3. Answer: c)

Patients with PEM were found to be older, have multiple co-morbidities, low BMI, high complication rates post surgery and longer total length of hospital stay.

4. Answer: c)

Pre-operative values of <3.5 g/dl of serum albumin and < 1.5 g/l of TLC are considered as PEM.

5. Answer: a)

Urinary and pulmonary complications.

Reference:

Eminovic S, Vincze G, Eglseer D, Riedl R, Sadoghi P, Leithner A, Bernhardt GA. Malnutrition as predictor of poor outcome after total hip arthroplasty. *International Orthopaedics* (2020) 2020 Nov 26. Doi: 10.1007/s00264-020-04892-4. PMID: 33244636. Online ahead of print.

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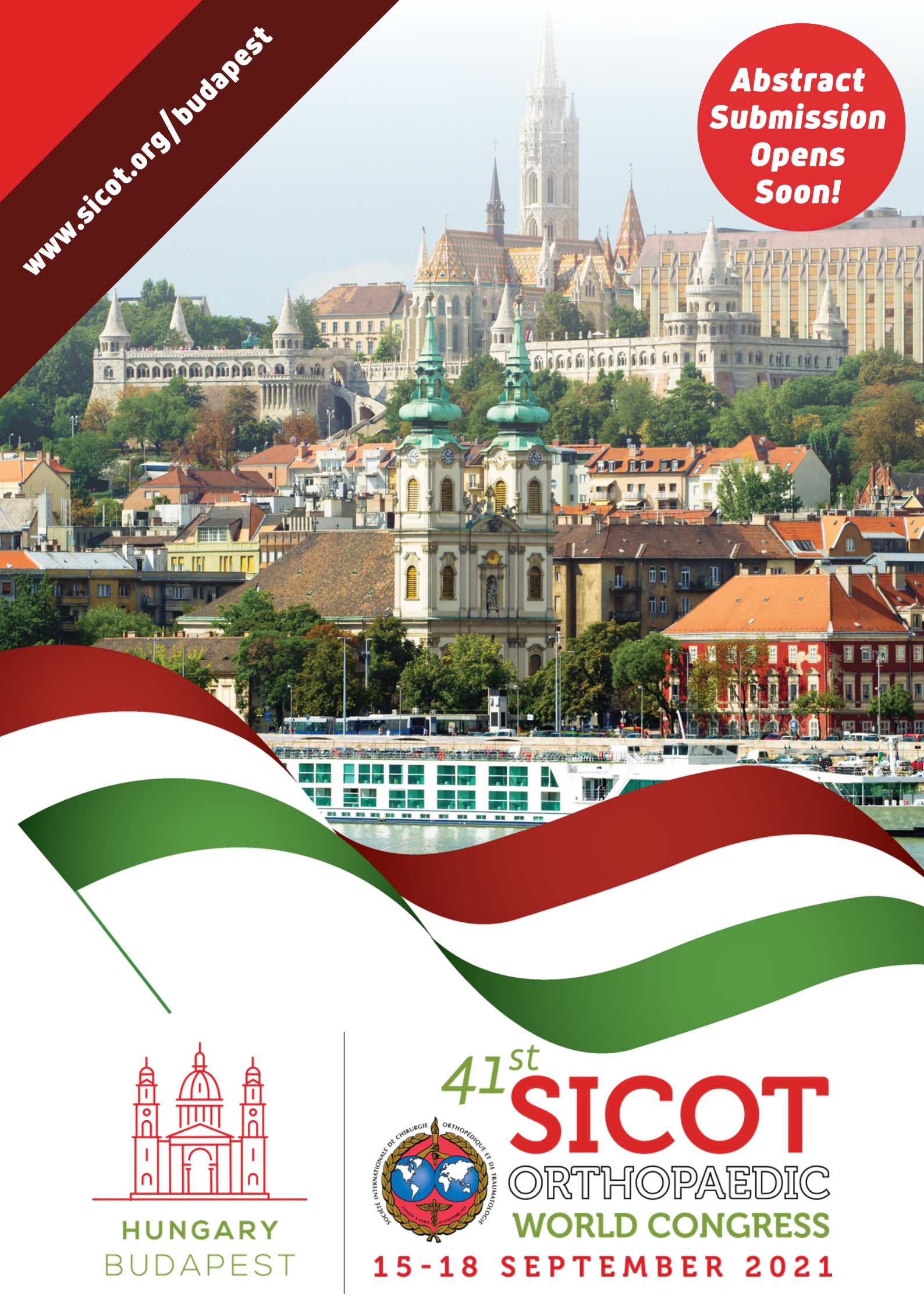
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