



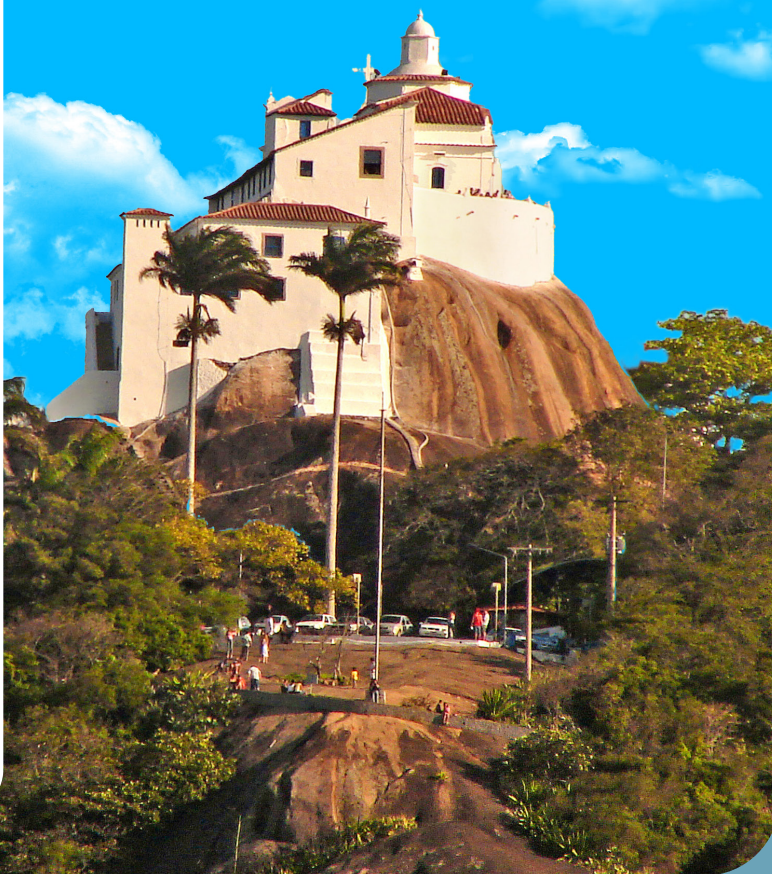
Centro de Convenções de Vitória
Vitória- ES, de 22 a 24/08/2024

XV Congresso Brasileiro de Cirurgia de Ombro e Cotovelo

XV CBCOC 2024 WILL TAKE PLACE IN VITÓRIA (ES). INTERNATIONAL MAJOR NAMES OF THE SPECIALTY ARE ALREADY CONFIRMED.

The event will be attended by **Matthew Provencher** and **Joseph Iannotti** and will be held in August 22-24, 2024.

[LEARN MORE ON PAGE 15]



ALSO CHECK OUT:

In the **Innovation** column, discover how Artificial Intelligence (AI) and its technologies are being applied to improve medical practice. **Learn more**

PAGE **4**

Dr. Osvandré Lech provides the public with an overview of the evolution, development, and major milestones in the field of shoulder and elbow surgery. **It is worth reading**

PAGE **6**

In the column **Knocking the Hammer**, **Dr. Ildeu Almeida** reflects on Resolution 2.372/2023 that deals with the organization of joint efforts. **Read the full story**

PAGE **10**

MESSAGE FROM PRESIDENT

BRINGING SBCOC TO THE FUTURE!

It is with great honor and responsibility that I assume the 2024 management of the SBCOC. Over the years, this Society has been on a remarkable journey, built on the basis of previous management and administrations, which shaped it into what it is today. It is imperative to recognize and value these efforts that left us, as legacy, a strong and respected, both nationally and internationally, institution. However, we also look to the future with enthusiasm, aware of the changes that modernity and new technologies impose on us.

Our commitment is to maintain the tradition, but also embrace innovation, adapting ourselves for the contemporary challenges. We praise our history, but we also praise the young members, who represent the vibrant future of SBCOC with their vision and talents. We recognize with pride the diversity of skills that make up our Society. We believe in the equity, in the valuing of each voice and in promoting opportunities for all. In this way, we reinforce our commitment to maintaining a healthy and exemplary union, with each member playing a crucial role in the building of the path forward.

We are advancing with our several projects through the various committees, providing increasing opportunities for everyone to actively participate. We especially indicate the XV Brazilian Congress of Shoulder and Elbow Surgery, that will happen in Vitória (ES) in August along with the entrance test for future members.

Furthermore, we invested in scientific improvement by organizing webinars, podcasts, courses and by modernizing the website, to ensure that we are accessible and updated. The communication and dialogue are priorities, so we will continue using available media – including this newspaper – to keep our members informed about SBCOC activities and promote an increasingly and effective communication with everyone.

I am excited about the journey ahead and confident in our collective ability. I'm convinced that together we will write another remarkable chapter in the history of SBCOC.

I'M COUNTING WITH EVERYONE'S COLLABORATION AND PARTICIPATION.

REGARDS.



DR. CARLOS HENRIQUE RAMOS

President of SBCOC • 2024

"IT IS IMPERATIVE TO RECOGNIZE AND VALUE THESE EFFORTS THAT LEFT US, AS LEGACY, A STRONG AND RESPECTED, BOTH NATIONALLY AND INTERNATIONALLY, INSTITUTION".



SBCOC

SOCIEDADE BRASILEIRA DE
CIRURGIA DO OMBRO E COTOVELO

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COMMITMENT AND EXCELLENCE: SBCOC STARTS ITS JOURNEY IN 2024



DR. FÁBIO MATSUMOTO
Editor-in-Chief

• It is an honor and great responsibility to be the editor of our Company's newspaper in 2024. Thank you for the trust of President Carlos Henrique Ramos and the entire SBCOC Board. We have an extremely qualified team to deliver a high quality material. This year, colleagues Fabio Brandão (Recife), Flávio França (Belo Horizonte), Guilherme Sella (São Paulo), Marcelo Leite (Goiânia), Marcílio Mariano (Natal), Otávio Triz (Maringá), Regis Albertini (Campo Grande) and Wilson Sola (Curitiba) are part of the Editorial Board of the Journal.

In this first edition, we bring an interview with SBCOC President Dr. Carlos Henrique Ramos, as well as information on the activities of the various Committees of the Company and the agenda of events, highlighting our great Congress of the year, the XV Brazilian Congress of Shoulder and Elbow Surgery, which will take

place in Vitória (ES).

Drs Osvandré Lech and Ildeu Almeida will continue to bring us culture and information with their always interesting columns of "History" and "Batting the Hammer", respectively. In this first edition, we will learn a little about the history of elbow surgery, getting to know pioneers from the access roads to arthroplasty. Dr. Ildeu Almeida brings us very important information about a common activity in the services that serve SUS, the joint efforts.

We will also have two update articles in Shoulder and Elbow, and one subject that interests all of us, hard-working workers who are so dedicated to our profession: Burnout syndrome. And to relax a little, we will know that not just shoulder studies are the studies of our dear colleague Eduardo Malavolta.

GOOD READ TO EVERYONE! •

CONNECT WITH US AND BE PART OF THE SBCOC COMMUNITY!

Stay up to date with everything that happens at the Brazilian Society of Shoulder and Elbow Surgery.

Follow us on social media for the latest updates, events and exclusive content.



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SBCOC
SOCIEDADE BRASILEIRA DE
CIRURGIA DO OMBRO E COTOVELO



SBCOC IN THE AGE OF MACHINES

i IN THIS COLUMN OF TECHNOLOGICAL INNOVATION, DR. BRUNO GOBBATO DETAILS WHAT HAS MOST CALLED ATTENTION TO ADVANCES IN SURGICAL PLANNING AND MEDICAL EDUCATION.

.....

**DR. WILSON SOLA
AND DR. BRUNO GOBBATO**

▪ **Orthopedics and shoulder surgery have experienced significant advances in recent decades, driven primarily by the rapid development of digital technologies. Among these innovations, virtual surgery planning, the use of virtual reality (VR) for training, and the use of artificial intelligence (AI) stand out for revolutionizing both clinical practice and medical education.**



INNOVATIONS LIKE REALITY VIRTUAL AND ARTIFICIAL INTELLIGENCE

TRANSFORM MEDICAL PRACTICE.

Virtual surgery planning, especially in arthroplasty, is one of these transformative innovations. Using advanced software and high-definition imaging, such as computerized tomography (CT), surgeons can now create precise three-dimensional models of the patient's shoulder. This approach allows a detailed analysis of the patient's specific anatomy and pathology, facilitating simulation of different implants, sizes and location, prior to the actual procedure. Several implant companies have released their specific software, but with its particularities. The Innovation Committee plans specific trainings for our associates.

Virtual reality, in turn, has been adopted as a valuable tool in training residents and surgeons in orthopedics. VR provides an immersive

platform where professionals can practice surgical procedures in a controlled and safe environment without risk to patients. These VR simulators provide real-time feedback, allowing learners to hone their technical skills, make critical decisions, and develop their surgical competency with an accelerated learning curve. In addition, VR enables simulation of complex or rare scenarios, better preparing surgeons to face unexpected challenges during actual surgeries. One such platform is PrecisionOS, which features shoulder arthroscopy and reverse prosthesis simulators.

ARTIFICIAL INTELLIGENCE

Artificial intelligence emerges as a complementary force in this technological ecosystem, expanding the possibilities of diagnosis, planning, and surgical execution. In the context of shoulder surgery, AI can analyze large volumes of clinical data and images to identify patterns, predict surgical outcomes, and even suggest the most appropriate treatment plan. In addition, AI-based systems are being developed to act as virtual assistants during surgeries, providing critical information in real-time and increasing the accuracy of procedures. Integrating this system into orthopedic practice promises not only to improve outcomes for patients but also to transform medical education with adaptive teaching systems that tailor learning to the individual needs of residents.

These technological innovations, from virtual planning to virtual reality to artificial intelligence, are reshaping the field of orthopedics and shoulder surgery. They not only improve the quality of patient care, but also promote more effective and efficient medical education. As these technologies continue to evolve, they are expected to unlock new possibilities for treating complex orthopedic conditions, marking the beginning of a new era in shoulder medicine. ▪

ELBOW SURGERY

YESTERDAY AND TODAY

DR. OSVANDRÉ LECH

▪ **History is made up of truths, contradictions, and many, many, many theories that, over time, fall on earth and are replaced by others based on recent discoveries. The origin of elbow surgery is no different.**

The elbow joint is multidisciplinary because it extends from the “shoulder and elbow” to pediatric orthopedics, hand surgery, and orthopedic trauma. There are more than 200 local, national and continental “shoulder and elbow” societies, but only one “elbow only”... It is the Japan Elbow Society, founded in 1989, having already held 35 national congresses. The Elbow Database is part of the Sydney Shoulder Research Institute (SSRI) and Cubitus Mundi is one of several scientific discussion groups of international scope.

Although the description of elbow trauma and pathologies has been present in general surgery books for the past three centuries, two specific elbow surgery books stand out in my archive and were written at the stage when orthopedics was already established as a specialty, but still without the division by areas that were observed from the 1970s onwards. None of the books present historical data, assuming they may be the first written specifically on the subject in the West.

Approach pathways were critical to “entering” the elbow and

were described by G. Van Gorder (1932), Harold Boyd and J. Speed (1940), Emanuel Kaplan (1941), and William Darrach, Arnold Henry and Toufick Nicola (1945).

Long-abandoned elbow arthrodesis were the only solution for various pathologies and the pioneering descriptions owe William Campbell (1929), H. Hallock (1932), A. Steindler (1940) and Carlo Scuderi (1948).

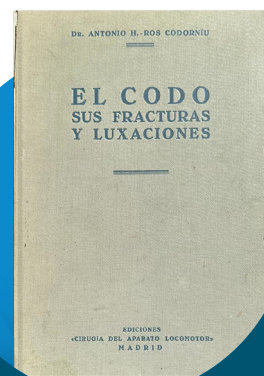
Elbow traumatology has evolved in parallel with other areas: in the past, plaster immobilization and the concept of “functional rigidity”, then Kirschner wires and small screws. From the 1970s onwards, the concepts of rigidity in the

fracture focus for consolidation prevailed through plates that were molded to the bone contours, then approaches with olecranon osteotomy and, finally, the use of a head prosthesis. radio for comminutions.

Arthroscopy was pioneered by Michael Burman (US, 1931) who, by the volume of the instrument, failed to introduce the device into the joint, and Masaki Watanabe (Japan, 1971). Gary Phoeling (US, 1989) describes the position in prone position, which facilitates

i IN THIS COLUMN, DR. OSVANDRÉ LECH BRINGS TO THE PUBLIC AN OVERVIEW OF THE EVOLUTION, DEVELOPMENT AND ALSO THE IMPORTANT MILESTONES IN THE FIELD SHOULDER AND ELBOW SURGERY.

EL CODO SUS FRACTURAS Y LUXACIONES



By Antônio Codorníu, Head of Orthopedics of the Equitativa de Madrid, published in 1945 and donated by Maurício Sgarbi, from Santa Casa de Santos. The 360-page book deals with trauma and in the introduction the author states: “It’s been sweet years that we especially occupy the study of the elbow joint and the problems that its fractures pose.”

the establishment of the portals, which was previously described by K. Ito (Japan, 1979) and James Andrews (US, 1985). Lanny Johnson (USA, 1976) developed the motorized shaver, which enabled synovectomy and debridement in general. Shawn O'Driscoll (US, 2001) popularized the use of retractors to prevent nerve damage.

Elbow arthroplasty received dozens of contributions, including: Robineau (1925, metal and rubber prosthesis), Albee (1933, resection required to create mobility), MacAusland (1947, distal humerus resection and can fascia cover), and Phalen (1948, metal stem and plastic surface). In addition to Haas (1949, distal humerus and proximal ulna resection), Prevo (1954, first patented prosthesis using screws for fixation) and Dee (1972, describes 12 consecutive cases of



Bernard Morrey

cement-fixed arthroplasty).

The first-generation prosthesis is articulated (“linked” or “semi-constrained”), but causes loosening by stiffness; with adjustable hinges (“sloppy hinges”) making it semi-rigid and enabling 6-8 degree rotation. The main models are GSB (Allo-Pro, Switzerland),

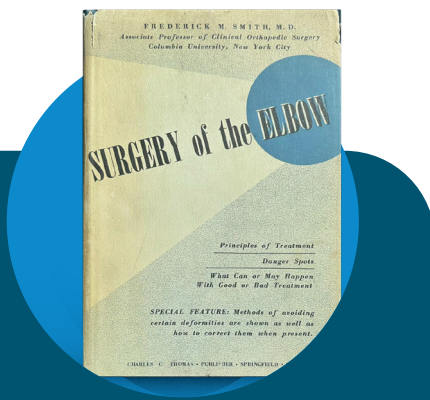
Conrad-Morrey (Zimmer, USA) and Discovery (Biomet, USA). The second generation is the unlinked (“unlinked”) prosthesis, with no connection between the humerus and ulna; it maintains bone stock and decreases polyethylene wear. Soft tissue reconstruction is essential for stability and the main models are Souter (Zimmer, England), Kudo (Zimmer-Biomet, USA), JACE and MNSK (Kyocera, Japan), K-NOW (Teijin-Nakashima, Japan), and Instrumented Bone Preserving (Biomet, USA). The so-called third generation is Latitude (Tornier-Wright-Stryker, France and USA), which is “linkable” as it allows both assemblies.

The leader of elbow surgery for the last 30 years was Bernard Morrey (Fig. 3), author of 4 of the 10 most cited elbow articles, professor emeritus of Mayo Clinic, USA. That same institution stands out Shawn O'Driscoll and Joaquim Sanchez-Sotelo. Other names to remember: Graham King (Canada), Samuel Antuña (Spain), Emilio Calvo (Spain), Michael Hausman (US), Scott Steinmann (US), David Ring (US), Robert Nirschl (US), Frank Jobe (US), Jesse Jupiter (US), and Kazunori Nosaka (Japan).

The expression “elbow” is used by various cultures and languages to symbolize everyday situations. The classic book by Antonio Cordonú (1945) is finished with a list of popular expressions, among them: “Alzar, empinar o levantar el codo” (raise the glass to drink wine); “Codos” (disguise, disregard). In Brazil, we say “shouldering”; “Hablar por los codos” (speaking through the elbows); “El codo y in whole” (Not going beyond what was promised). ▪

SURGERY OF THE ELBOW

By Frederick Smith of Columbia University, NYC, published in 1954 and donated by Jonhatan Ticker of New York. In addition to fractures, the book describes several non-traumatic pathologies and techniques of authors of the time. Both books were written by the only author, a characteristic of the time. In the preface, the author states that “There is a long-existed need for a book dealing with surgical conditions of the elbow. This region is subject to severe types of trauma or to milder forms of trauma such as constant usage (occupation), sports (baseball pitchers) or to irritation from mal-union after previous fractures or from post-trauma arthritis”.



SBCOC INTERVIEWS DR. CARLOS HENRIQUE RAMOS

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DR. FÁBIO BRANDÃO

[Shoulder & Elbow Journal] First, thank you for attending us for this interview, President. We at the SBCOC newspaper wish you success during your tenure. Tell us a little bit about your story within shoulder and elbow surgery, and your trajectory in our Society.

[Dr. Carlos Henrique Ramos] I appreciate the opportunity, always a pleasure serving our communication team. Taking the presidency of SBCOC is my honor! I took my first steps in the shoulder and elbow area already during the period of residence that I attended in Curitiba (1992-1994), when I met and was able to accompany our former presidents, Professors Paulo Sérgio dos Santos and Nelson Ravaglia. Another privilege that I had afterwards was to attend the shoulder group of the Fernandinho Pavilion of Santa Casa de São Paulo, commanded by the former presidents, Professors Sérgio Checchia, Pedro Doneaux Santos and Alberto Miyazaki, who put me in this passionate world all at once. I was also able to improve my knowledge by attending some services in the U.S. next year under the guidance of other great mentors: Professors Charles Rockwood, Joseph Iannotti, Stephen Snyder, Stephen Burkhart, JP Warner and Freddie Fu. Everyone has made a lot of difference in my professional and personal life, which I leave here my eternal and affectionate thanks. Over the years I

have been able to learn from so many others, but I also leave my special gratitude to the Professors Bernard Morrey and Christian Gerber. I recommend this kind of experience, especially to our younger members. This experience naturally inserted me into scientific participation and as a result of SBCOC, of which I have become a member since its change from committee to Society (1998), in addition to progressive learning by coexistence with everyone, attending whenever possible its events over these 26 years. Six years ago, I was part of the board, which gave me maturation and more learning, now reaching the presidency. This has all done and continues to make a big difference! I learn every day, when we apply our main objective, which is to always care and seek to give the best to our patients, in addition to being sure and aware that we are never ready, with the need for continuous improvement.

[S&E Journal] What are SBCOC's priority projects for the year 2024?

[Dr. CHR] The board has been implementing in recent years the philosophy of keeping projects that worked, especially those that get harder to complete in just one year of management. Today there are several ongoing, which contributes to the involvement of many non-director members, representing the opportunity for nearly 10% of all members to participate in the various committees (currently 13). This increases representation and better matches everyone's aspirations. Of course, the main focus is on holding our largest event, the 15th XV CBCOC, which will be held in Vitória - ES, on August 22-24. Likewise, the pursuit of scientific improvement and support for associates are ongoing objectives through the delivery of webinars, podcasts, traveling courses, classes for residents and others. We are also focused on the evidence for admission of new members, currently linked to Congress. In addition to these projects, we want to take advantage of SBCOC's special moment on the international stage, being one of the largest in the world, with recognition and increasing participation in international events and societies, with the aim of disclosing it even more.

[S&E Journal] At the 2024 Annual Congress of the North American Academy of Arthroscopy, Brazil will be honored to be the invited nation. How will our Society participate in this important event?

[Dr. CHR] This question is precisely complementary to the previous comment, given the growing invitations SBCOC has received each year. Not only the AANA (Arthroscopy Association of North America) society, which will recognize us this year as a “Guest Nation” at its congress, which will take place in Boston – MA, but also invitations from the European Society of Sports Traumatology Knee Surgery and Arthroscopy (ESSKA) and ASES (American Shoulder and Elbow Society), with invitations to participate in SBCOC, or from Brazilians in their scientific grids. In February, we represented SBCOC at the American Academy of Orthopaedic Surgery (AAOS) congress, held in San Francisco – CA, in addition to the participations of Brazilians also in the various international courses. This only proves our leadership and increasing scientific quality, planted by all former presidents, especially the Professors Sérgio Checchia, Osvandré Lech and Adalberto Visco, when we held the world congress in Brazil (ICSES), which we are very proud of.

[S&E Journal] Robotics, intraoperative navigation, and even virtual reality are already present in our medical practice. How does SBCOC plan to operate in these innovative areas?

[Dr. CHR] Technological evolution is very accelerated and SBCOC cannot fall behind. Several colleagues already stand out in our midst and internationally for pioneering, transferring their teachings and we want to strengthen this initiative, fostering the involvement of our members in this new world. For this mission, we have created the “Innovations and New Technologies Committee”, which will contribute to the existing “Youth Committee”, which, among other topics, also have topics related to technological innovations on its agenda. We are very motivated and betting on the success of these projects.

[S&E Journal] 2024 will be marked by the holding of the Brazilian Congress of Shoulder and Elbow Surgery, which would be held in 2020 and was canceled by the Covid-19 pandemic. It will be a very special moment, President.

[Dr. CHR] Yes, it will be a very special moment, especially for the occasion, when Presidents Roberto Ikemoto and Jair Simmer will finally be able to show everyone the hard work to hold the event. Both were again invited as presidents, which makes us very happy.



DR. CARLOS HENRIQUE RAMOS, DURING THE IV SBCOC FORUM, HELD AT THE HOTEL RADISSON PAULISTA (SP), IN 2020.

[S&E Journal] Changing the subject, what does our President usually do during the time off? Any favorite hobby?

[Dr. CHR] Within our tight schedule, I prioritize a few moments to stay with the family and practice some physical activity (gym, running, biking...). I've practiced a lot of tennis, but I've had a little bit of it in recent years. As a good supporter of Corinthians, I also like to watch football games. Of course, tasting once in a while a good wine, whisky, cigar, if possible, in the company of friends.

[S&E Journal] Finally, I would like you to summarize your management philosophy in one sentence.

[Dr. CHR] The philosophy of my management is to maintain the continuity of the growing success of our SBCOC, ensuring its history and respect for those that preceded me, but to direct actions especially to our members, seeking the maximum integration of individual quality of each one, always looking to the future, seeking innovations and adaptations necessary for the ever-faster changes in the various sectors.

THE “STANDARD” AND THE TIME OF THE “JOINT EFFORTS”

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DR. ILDEU ALMEIDA

▪ **At the end of last year, the Federal Council of Medicine approved Resolution 2.372/2023 that regulates the performance of elective surgeries and invasive procedures in “joint efforts”.**

This initiative corresponds to invasive medical-surgical procedures that seek to serve a high number of patients in a given period of time.

In 1999, the Ministry of Health created the elective surgery joint efforts. These events were created with the aim of reducing waiting in the public health system and, consequently, became routine in many cities in the country.

According to data from the Ministry of Health, from 2013 to 2016, more than 4.3 million invasive procedures were performed in Brazil, funded by the Unified Health System (SUS).

However, joint efforts present problems, with contamination being the greatest risk, since it is enhanced when a large number of surgeries are performed in a short period of time.

Given the large number of these procedures performed in Brazil and the complications related to infections, it is necessary to reinforce the prevention and

control of adverse events, with the aim of reducing the related risks as much as possible, and ensuring the safety of patients.

With the new Resolution, the units will need to have a Medical Technical Coordinator, who must be registered in the CRM of the location where the services will be performed, in addition to having the specialist qualification record (RQE) in the surgical specialty of the unit. The professional will also need to ensure that they comply with the rules issued by CRMs and CFM. Finally, it must observe the ethical and health norms regarding the services performed and the locations where they occur, with due caution, due to the potential risk inherent to them.

The joint efforts aim to allow a large number of patients to receive specialized treatment, in places where technical resources are lacking, as well as from specialist physicians. They therefore play an important social role. However, care should be redoubled in accordance with established safety standards. Therefore, health facilities that are willing to allow surgery to be performed in joint efforts must be registered in the local CRM, have a Medical Technical Director registered with the same Board and present the institution with the updated permits and operating licenses, according to current legislation, in order to ensure the safety of the procedures to be performed.

The Technical Coordinator of the joint effort shall inform the Joint Effort Project of surgeries to the representative body prior to its start and, when requested, present to CRM the names of the doctors in

the team (surgeons, anesthetists and those responsible for clinical care) and, when there is, name changes, with their respective CRMs and RQEs; and also present the pre, per and post-operative protocols, and the contracts that indicate the backup hospital for any complications, that should be easily accessible to clinics or institutions for postoperative care and support services, in compliance with current health regulations.

In the absence of the surgeon responsible for performing the surgeries in the postoperative follow-up of the patients, the responsibility for the care should be that of the Technical Coordinator of the joint effort or those indicated by him and, in the absence of these, of the technical responsible for the clinic or institution, indicated for this purpose in the Joint Effort Project presented to the CRM.

Therefore, the registration or temporary visa of the doctors who will carry out the joint effort becomes mandatory to carry out any and all medical activities, including consultations, even if occasional, in the jurisdiction where the joint effort will take place.

OTHER ISSUES

Another point to be considered is the medical records that should remain archived, under the responsibility of the Technical Coordinator of the municipality or the person responsible for archiving indicated by him in the Joint Effort Project, such as the Technical Director of the institution where the surgeries will be performed, or even of the Health Secretariat of the municipality, in the cases of mobile itinerant units, applying



the general rules pertinent to such documents.

The rooms where invasive surgeries or procedures will be performed must comply with current health regulations and those of the CFM, containing one surgical stretcher per room and be equipped for intercurrent care, inherent to the acts to be performed, in order to ensure adequate patient safety.

After the joint effort is carried out, the Technical Coordinator must deliver within 60 days a report containing the number of patients treated and their names, in addition to the procedures performed.

In the event that the number of surgeries takes place in mobile surgical centers (referred to as "trailers"), these must present the sanitary licensing and document proving the existence of a backup institution for support in complications, according to the respective place of operation.

In the case of mobile operating

rooms, these should have the minimum safety items for Units II, as determined by CFM Resolution No. 2.056, of September 20, 2013, and have necessary removal support for emergency and/or emergency cases.

It is known that every surgical procedure requires the physician to obtain the informed consent form from the patient - or his/her legal representative - which must contain in writing the diagnostic indication of the procedure; the surgery to be performed; the potential risks; the names of the pre-, per- and post-operative care physicians; the site for normal postoperative care complications; the dates of performance of the procedure and returns; the back-end hospital and, finally, signed copies of the document should be given to patients and filed in the medical records.

Adverse effects, such as infections, found by physicians, even if they are not part of the joint effort

team, must be reported to the Health Surveillance and the Health Secretariat responsible for contracting, within 6 (six) months after the invasive medical acts performed.

It is the responsibility of the CRMs to take the appropriate measures in order to inspect, monitor and evaluate all the initiatives of elective surgeries in Brazil, acting in the defense of the population. Thus, CRMs must confirm the temporary and exceptional nature of these events, delimiting their operation to regions lacking an approved public or private hospital structure and, mainly, ensuring compliance with the obligation to obtain the appropriate Health Licenses. Thus, the units must be subjected to the same sanitary rigor and follow the same care protocols as any operating room, in order to always offer the lowest risk to the patient. In addition, patients should undergo the same pre-, per-, and post-operative care as others. •

WHY HAS REVERSE TOTAL SHOULDER ARTHROPLASTY BECOME THE PROCEDURE OF CHOICE FOR PRIMARY SHOULDER ARTHROPLASTY?

POR QUE A ARTROPLASTIA TOTAL REVERSA DO OMBRO SE TORNOU O PROCEDIMENTO DE ESCOLHA PARA A ARTROPLASTIA PRIMÁRIA DO OMBRO?

JOSEPH D. ZUCKERMAN, MD. J SHOULDER ELBOW SURG (2024) 33, 1-5

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DR. OTÁVIO TRIZ

▪ Seeing a large increase in the number of reverse prostheses being performed in our country, in this first edition of the newspaper of 2024, I found the publication of Joseph D. Zuckerman interesting, certainly known to everyone, making an excellent report, because the reverse prosthesis became a procedure of choice for shoulder surgeons. He cites Rockwood in 2007, warning of reverse prosthesis complications. Soon came other authors, including Levy, Walch, Boileau and Gerber, showing varied results, but with improved results.

Currently, with the increase in indications and an improvement in surgical technique, bringing even better results, this shows an exponent increase in the number of reverse

prostheses. Many works are yet to emerge on complications and revisions as they are still a major challenge for surgeons.

Zuckerman, in his report, shows how the indications increased, causing this increase in the number of reverse prostheses to occur. This leads to an alert for caution with abusive indications.

We, as shoulder surgeons, must always be attentive to the best choices for our patients, always making good referrals and planning every procedure to be performed.

Very important for a good outcome of shoulder arthroplasty, even total, as well as reverse, is good patient selection and good surgical planning. ▪

ELBOW HEMIARTHROPLASTY AND TOTAL ELBOW ARTHROPLASTY PROVIDED A SIMILAR FUNCTIONAL OUTCOME FOR UNRECONSTRUCTABLE DISTAL HUMERAL FRACTURES IN PATIENTS AGED 60 YEARS OR OLDER: A MULTICENTER RANDOMIZED CONTROLLED TRIAL

A HEMIARTROPLASTIA DO COTOVELO E A ARTROPLASTIA TOTAL DO COTOVELO FORNECERAM UM RESULTADO FUNCIONAL SEMELHANTE PARA FRATURAS DISTAIS DO ÚMERO NÃO RECONSTRUTÍVEIS EM PACIENTES COM 60 ANOS OU MAIS: UM ENSAIO MULTICÊNTRICO RANDOMIZADO E CONTROLADO

JOSEPH D. ZUCKERMAN, MD. J SHOULDER ELBOW SURG (2024) 33, 1-5

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DR. OTÁVIO TRIZ

▪ Distal humerus fractures are not very common in our environment, accounting for 0.9% of fractures, but are still a challenge for treatment, and the older the patient, the more difficult it becomes, due to the complexity of fractures and bone quality of these patients.

Surgical technique is the choice for better outcomes, and even with advanced techniques and quality materials, functional deficits range from 23 to 42%.

The difficulty of fixation with RAFI in some cases causes the limitations to become even greater, and thus, the indication of arthroplasty is made for a better result.

This article compares the functional outcome of total versus hemi-elbow arthroplasty in elderly patients with distal humeral fracture who have failed to achieve RAFI fixation. Hemiarthroplasty tends to be used due to load limitations and total arthroplasty loosening rates. But we must pay attention that the indications for arthritis total joint replacement have a better indication, as well as in cases with risks of instability.

The main report in this article was elderly patients with distal humeral fractures not reconstructable by RAFI. Elbow hemiarthroplasty and total elbow arthroplasty provided a similar functional outcome at a minimum of 2 years follow-up. ▪

THE HAZARDOUS QD-85

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DR. ALEXANDRE ALMEIDA

▪ **Stress is part of our daily lives since we chose to face medical education, long before we idealize working with shoulder and elbow.**

The World Health Organization (WHO) recognized, in 2022, the effects of chronic work rhythm stress (ICD-11). QD-85 or Burnout Syndrome usually occurs when we fail to manage our chronic work stress.

To understand the magnitude of this problem, it is estimated that 30% of workers in Brazil suffer from chronic stress at work, making the country rank second in the Burnout Syndrome global ranking (ISMA-BR).

It is important to understand that the environment where we reside interferes with the genesis of the problem. We live in a society where we have constant danger or threat situations arising from social insecurity. Regardless of whether we are trained and prepared to work with the stress inherent in our professional activity, we end up adding to this the stress of this society around us.

By failing to cope with these added stressful situations, we trigger an anxiety condition that alters our breathing, heart

rate, sweating; insomnia and nervousness emerge. The persistence of this condition leads us to fatigue compromising our ability to work. We stop being “we” and change the way we relate to family and friends.

This is where Burnout Syndrome will be installed with the emergence of physical and mental exhaustion, mood depression, and feeling of lack of energy.

Personality also influences whether a burnout develops. While the objective and resolute personality of the orthopedic

surgeon can protect us, that same personality can sometimes slow down seeking medical help.

Alerting is extremely important. We doctors need to understand our vulnerability and learn how to manage our time.

The episode about Burnout with lectures by professionals Carlos Ritter (Psychiatric Physician – Professor of the University of Caxias do Sul) and Moacyr W. Chiarello (Physician of the Work in Caxias do Sul) is available in the restricted area of the SBCOC website. ▪

i THE ARTICLE BELOW WAS WRITTEN BY ALEXANDRE ALMEIDA FROM CAXIAS DO SUL, WHO IS PART OF THE SBCOC YOUTH COMMITTEE AND HELD AN INTERESTING WEBINAR ABOUT BURNOUT SYNDROME. ARGUABLY MANY OF US AT SOME POINT IN OUR PROFESSIONAL CAREER HAVE ALREADY FLIRTED WITH THIS RISK, SO IT IS WORTH THE ARTICLE ALERT AND INVITATION TO WATCH THE EPISODE AVAILABLE ON THE SBCOC WEBSITE.



XV BRAZILIAN CONGRESS OF SHOULDER AND ELBOW SURGERY BRINGS TOGETHER BIG INTERNATIONAL NAMES IN THE FIELD



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**DR. FABIO BRANDÃO
E DR. JAIR SIMMER**

▪ Between August 22 and 24, Vitória, the capital of Espírito Santo, will be the stage of the XV Brazilian Congress of Shoulder and Elbow Surgery. A large structure is being prepared to host SBCOC's most important event of the year.

The Congress will take place at the Victoria Convention Center, with a space for 1,000 people, an 80 m2 screen, and two auxiliary rooms with a capacity for 200 participants.

In the scientific programming, major national names will present important topics and, also, two important international guests will be present: Matthew Provencher and Joseph Iannotti.

The full activities will soon be posted on the Congress website, on social media and in the next edition of the Shoulder & Elbow Journal.

LEARN A LITTLE MORE ABOUT INTERNATIONAL GUESTS:



**MATTHEW
PROVENCHER**

The Steadman Clinic (Vail - Colorado), a principal investigator at the renowned Steadman Philippon Research Institute, aims to innovate and improve patient care in the field of orthopedic sports medicine. U.S. Olympic race ski team doctor.

Former Director of Sports Medicine at San Diego Naval Medical Center.

Former head of sports medicine at Massachusetts General Hospital (MGH), visiting professor at Harvard Medical School and medical director of the New England Patriots football team. Provencher was the chief physician of the Patriots team during the 2014 Super Bowl Championship season and pioneered a team wellness and injury prevention program.

The physician is an active member of the AANA, AOSSM, ISAKOS, American Shoulder and Elbow Surgeons (ASES) and the International Cartilage Repair Society (ICRS).



JOSEPH IANNOTTI

He is currently Professor of Surgery at Cleveland Clinic Lerner College of Medicine, Case Western Reserve University School of Medicine, and Lang Family Endowed Chair of Orthopedic Surgery. Chief of Staff, Academic and Innovation Director, Cleveland Clinic Florida.

He was chairman of the Department of Orthopedic Surgery and chaired the Cleveland Clinic Institute of Orthopedics and Rheumatology from 2000 to 2018.

Dr. Iannotti's basic clinical and scientific research program focuses on innovative treatments for tendon repair and tendon tissue engineering, prosthetic design, software planning, and patient-specific instrumentation.

He is a reference for his experience in developing prostheses and in the treatment of arthroplasty complications.

Dr. Iannotti has published three textbooks and is the author of more than 380 original articles, review articles, and book chapters. Three times, he received the Charles Neer Research Award, Cleveland Clinic 2011 Sones Award for Innovation and Cleveland Clinic Lifetime Achievements Award for Innovation in 2019.

He served as former Chairman of the Board of Academic Affairs and the Board of Directors of the American Academy of Orthopedic Surgery (AAOS), former Chairman of American Shoulder and Elbow (ASES), former Chairman of the Board of Trustees of the Journal of Shoulder and Elbow Surgery (JSES). Today, he is a member of the ASES Foundation Board, the Bio-Florida Board, and the University of Miami School of Business Advisory Board.



Centro de Convenções de Vitória
Vitória - ES, de 22 a 24/08/2024

XV Congresso Brasileiro de Cirurgia de Ombro e Cotovelo

Stay up to date with the news
of the XV CBCOC - 2024.

Access the congress website
and register!

www.sbcoc.org.br/cbcoc

CLICK ON THE
QR CODE



Before starting the reading, we suggest accessing the playlist suggested by the author to accompany the reading.



THE ORIGIN OF HEAVY METAL

DR. EDUARDO MALAVOLTA

▪ I'm a Rock'n'Roll lover in his most diverse facets. But my predilection is for the period between the late 1960s and early 1970s, where the style today known as Heavy Metal emerged.

Initially, this term was not widely used and Hard Rock (which today designates songs with less weight) was used as a synonym. This explains the confusion that occurs when describing the musical style of some bands over time.

The founding milestone of this style is a reason for great debate and a consensus response will never exist. The period between 1964 and 1968 is usually defined as Pre-Metal and some events of this phase were fundamental to the creation of the genre. Some songs deserve to be highlighted. The Kinks, with "You Really Got Me" (1964), was one of the first bands to use a clearly distorted guitar in a fast, striking riff song. For the distortion effect, legend says they punctured the amplifier with a hair clip.

The Who, with "My Generation" (1965), can also be described as an embryo of style. Important point of this band was the pioneering use of cabinets as 4 amplifiers (the Marshall Stack), which allowed the sound of the guitar and bass to rise, thus being able

to compete with the drums, which was a limiting factor of the time.

Grand Eric Clapton's super trio Cream with "Sunshine of Your Love" (1967) and guitar king Jimi Hendrix with "Purple Haze" (1968), a song rewritten by several bands and weighing more than usual for Liverpool's quartet; and Steppenwolf with "Born to be Wild" (1968), a song that, although not as heavy as the others already mentioned, first used the term in a recording ("Heavy Metal Thunder...").

But most sources agree that the three most important bands in creating the style were Led Zepelin, Deep Purple and Black Sabbath, sometimes called the Holy Trinity, sometimes the Heavy Metal Profane Trinity (Satanás, Anti-Christ and the False Prophet).

THE HOLY TRINITY

Led Zeppelin was the grandest of them! The band made up of Jimmy Page, a musician already experienced at the time at the age of 28, and who carefully chose his partners (Robert Plant, John Paul Jones and John Bonham), sold over 300 million albums. All nine records were Top 10 on the parades and 6 of them, number 1. In terms of sales, all over the music world, they only lose to The Beatles, Elvis Presley, Michael Jackson and Madonna. As key songs in the creation of the style, we can mention "Communication Breakdown" and "Whole Lotta Love" (1969), where speed and weight can be heard in the first, with striking riff and obscene lyrics in the second.

Deep Purple, with its classic formation (Mark II), was perhaps the most eclectic of them. The first album, featuring Ian Gillan and Roger Glover - who joined original members Ritchie Blackmore, Jon Lord and Ian Paice - was recorded alongside the Royal Philharmonic Orchestra, in one of the first associations between orchestra and Heavy Metal. The band, throughout its nine formations, played British Rock, Psychedelic Rock, Funk/Soul Rock and Heavy Metal. As striking songs for the emergence of style, we can cite "Speed King" (1970), where speed and weight are remarkable, as well as "Smoke On the Water" (1972), probably Heavy Metal's best-known riff and one of Rock's most well-known overall.



LED-ZEPPELIN

Deep Purple



But most authors consider that the most striking band in the creation of Heavy Metal was Black Sabbath, led by Tony Iommi, the only member present in all formations. On his last day of work, before fully dedicating himself to music, he had his fingertips of his left hand amputated on a press. The adaptations made by him to be able to touch (use of braces on his fingers and replacement of guitar strings with softer banjo strings) led to a unique sound, although he is not a virtuoso.

Together with Geezer Butler (skillful bassist, with distinctive style for his formation as a guitarist, and lyricist for most songs), Bill Ward (battery) and the great figure of Ozzy Osbourne (vocalist who does not stand out for vocal quality, but for his unique timbre, magnetic personality, and stage presence), made the classical formation of the band the most cited influence of the emergence of Heavy Metal.

Highlights of the band are the striking guitar riffs, use of the tritone (range of 3 full tones between notes), the smaller tones (reminiscent of melancholy), the late lyrics (talking about drug addiction, wars and encounters with the Devil) and the look of black and crucifix clothes. The landmark often cited as the birth of Heavy Metal is the first song from the band's first album, Black Sabbath (1970). One thing that further reinforces the band's connection to musical style is the fact that 10 years after participating in the "birth," he was an active member of the "puberty." Now with another vocalist, the brilliant Ronnie James Dio, managed to recreate himself, being one of the landmarks of the New Wave of British Heavy Metal, a subgenre that has bands such as Iron Maiden and Judas Priest as exponents. The most striking song in this new phase is "Heaven and Hell" (1980).



BLACK SABBATH



.....
DR. GUILHERME V. SELLA



SBCOC YOUTH COMMISSION

"SBCOC Youth Season"

Episode 3: "Burnout" Syndrome or Professional Burn-out Syndrome

The meeting took place on 23/01/24, lasting 2 hours and was attended by Drs Carlos Henrique Ramos - President of SBCOC (2024); Carlos Ritter, MD - Psychiatric Physician who addressed the topic with a focus on Clinical Diagnosis and Moacyr Chiarello, MD - Occupational Physician who presented the focus on the economic impact of the pathology; in addition to Moderation and Interaction with audience and speakers of Dr Alexandre Almeida (host); Luiz Ribas and Dr. Fernando Prudente - moderators and members of the SBCOC Youth Committee.



CONTINUING EDUCATION COMMITTEE(CEC)

- Assembly of the CBCOC 24 grid in Vitoria, evaluating the scientific work submitted to the congress;
- Assembly of the specialty day schedule at the CBOT in Rio de Janeiro;
- Participation in the assembly of the itinerant courses, already defined for this year - 18/05- - 24th Itinerant Course - Caruaru - PE and 31/05 and 01/06 - 25th Itinerant Course - Foz do Iguaçu - PR;
- Participation in the assembly of the SBCOC Masterclass Course.

In the next editions we will continue with updates on the Committees' activities as they occur.



TEACHING AND TRAINING COMMISSION (CET)

Objectives for this 2024 mandate:

- Inspect the accredited services;
- Structure the SBCOC competency matrix;
- Review update articles;
- Prepare the evidence of the 8th TECOC that will take place in August in the city of Vitória - ES;
- Structure the 2025 test that will take place along the lines of SBOT, in the 2nd phase. The first will be theoretical in a virtual or in-person form (still under discussion); The second phase will take place in person, together with our Congress.



SCIENTIFIC RESEARCH AND PUBLICATION INCENTIVE COMMISSION

- Support for accredited service staff for their R4 to carry out work - Tutoring project;
- Inter-institutional work;
- Session on scientific research in prime time at CBCOC;
- Provide all classes of the research module, presented at the Closed Meeting 2023 in the restricted area of the site;
- SBCOC Survey Incentive Award.



REGENERATIVE COMMISSION

- Launch of the Regenerative Committee Manual;
- Webinars on orthobiological therapy and viscosupplementation in shoulder and elbow pathologies;
- Support for practical Usom courses.



TECHNOLOGY AND INNOVATION COMMISSION

This year's Innovation Committee has an ambitious and diverse agenda focused primarily on advancing and integrating Artificial Intelligence technologies in the field of orthopedics, evaluating planning software, innovating education, and supporting startups created by their partners.

A. Evaluation of AI Products for Orthopedists: One of the main projects involves the careful evaluation of Artificial Intelligence products intended for orthopedists. This qualification will focus on testing the effectiveness and safety of these tools, with a special look to see if diagnostics, treatments and patient care management can be improved. The Commission will seek partnerships to conduct practical tests and collect feedback from professionals in the field.

B. Evaluation of Planning Software: Another focus will be on evaluating and improving planning software.

C. Innovation Courses: Continuing education is a priority, and the Commission will organize innovation courses. These teachings will cover topics such as the latest trends in technology, innovative thinking methods, and strategies for implementing new ideas. They will be offered in a variety of formats including workshops, webinars and interactive modules to ensure broad access and participation. We anticipate a space at the Brazilian congress.

D. Disclosure of Members' Startups: Recognizing the importance of entrepreneurship, the Commission will focus on promoting startups founded by its partners. There will be efforts to connect these startups with potential investors and customers, as well as provide visibility through networking events and media platforms. The idea is to create a support ecosystem that facilitates the growth and success of these new companies.

In summary, the Innovation Commission is positioning itself as an engine of progress and excellence, not only embracing cutting-edge technology, but also fostering a culture of continuous learning, collaboration, and entrepreneurship.



PROFESSIONAL DIGNITY AND APPRECIATION COMMISSION



INSTITUTIONAL COMMUNICATION COMMISSION

SOCIAL MEDIA ANALYSIS*:
*2023 data



395 posts.
with 1.653 interactions.



13.964 visits.
23.506 interactions.
2.592 shares.



ELBOW COMMISSION

- Carrying out Elbow Cadaver Labs for SBCOC members, focusing on training in arthroscopy, arthroplasty and ligament reconstructions.
- Development of online clinical case discussion platform so SBCOC associates can discuss their complex cases.
- Creation of short videos about the various pathologies of the elbow, directed at the lay public and other health professionals.

- 1- We approach the Professional Defense of the National SBOT in order to align our agendas and achieve greater effectiveness in the claims;
- 2- To guide our associate, observing the autonomy of medical conduct, in the relationship with operators and public power;
- 3- Engage the associate in topics that are of collective interest and require serious corporativism;
- 4- Together with SBOT Nacional, proceed with the creation of a document with suggested coding for shoulder and elbow procedures.



STATUTE AND REGIMENT COMMISSION

One of SBCOC’s Standing Commissions is the Statute and Regiment. Although little used, it constitutes a fundamental stone for the existence, regulation and functioning of our association.

The Internal Regiment regulate the operation of the Brazilian Society of Shoulder and Elbow Surgery – SBCOC, CNPJ 03.631.062/0001-90, in accordance with the jurisdiction established by its statute in Article 44.

Art. 44. SBCOC’s internal and bureaucratic issues will be centralized and dealt with in an Internal Regiment that will be created and approved by the Extraordinary General Meeting, including its possible reforms, and they must be convened in the manner provided for in this statute.

The SBCOC Statute, which represents our “Federal Constitution,” was approved at a meeting on 25/08/2017 and the Regiment were last modified on 12/11/2020.

New specific changes requested by the board or assembly will be studied by this committee and taken for approval during the 2024 administration.

 **EVENTS CALENDAR**

**FOR MORE INFORMATION,
STAY TUNED TO THE WEBSITE
AND SBCOC SOCIAL NETWORKS,
VISIT WWW.SBCOC.ORG.BR**

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DR. MARCÍLIO MARIANO E DR. MARCELO LEITE.

DATE	EVENT	LOCAL
March		
13/03/2024 - 15/03/2024	SLARD-AAA Congress 2024	Buenos Aires, ARG
13/03/2024 - 16/03/2024	Paris International Shoulder Course	Paris, FR
April		
18/04/2024 - 19/04/2024	Luso-Brazilian Congress of Shoulder Surgery	Natal, RN
May		
08/05/2024 - 10/05/2024	21 th ESSKA Congress (European Society for Sports Traumatology, Knee Surgery and Arthroscopy)	Milão, IT
09/05/2024 - 11/05/2024	AANA (Arthroscopy Association of North America) Annual Meeting 2024	Boston, EUA
18/05/2024	24 th Itinerant Course	Caruaru, PE
31/05/2024 - 01/06/2024	25 th Itinerant Course	Foz do Iguaçu, PR
August		
21/08/2024	8th Exam to obtain SBCOC membership	Vitória, ES
22/08/2024 - 24/08/2024	XV CBCOC	
November		
14/11/2024 - 16/11/2024	56 th Annual SBOT Congress	Rio de Janeiro, RJ



SBCOC

SOCIEDADE BRASILEIRA DE
CIRURGIA DO OMBRO E COTOVELO

Centro de Convenções de Vitória
Vitória - ES, de 22 a 24/08/2024

XV Congresso Brasileiro de Cirurgia de Ombro e Cotovelo

SAVE THE DATE

22-24

August/2024

Convention Center - Vitória (ES) - Brazil

