SHOULDER& ELBOW



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ALSO CHECK OUT:

The 9th Closed Meeting, organized by the SBCOC, already has a date and venue. Check out the first information

PAGE

In the section Sealing the Deal, Dr. Ildeu Almeida brings Resolution 2.381 of 2024 on the importance of medical documents. Read the full article

PAGE 17

Check out the upcoming events in which the SBCOC will be participating.

Access the calendar

PAGE 21

MESSAGE FROM PRESIDENT

Dear colleagues and members of the SBCOC,

It is with great satisfaction that we present the new edition of the SBCOC Journal. In this publication, we celebrate the success of our largest event: the Brazilian Congress of Shoulder and Elbow Surgery (CBCOC), held in Vitória, Espírito Santo, in August 2024, which added another important chapter to our history, consolidating the role of the SBCOC on the national and international stage. I would like to thank everyone involved in the organization and execution of the congress, especially Drs. Roberto Ikemoto, (Honorary President of the CBCOC), Jair Simmer (Local President), Sandro Reginaldo (President of the Scientific Committee of the congress), and the members of our CEC, represented by president Dr. Maurício Rafaelle, who developed a program of the highest standard, including the significant participation of national speakers, which was fundamental to the success and enhancement of the event. We also had the honor of welcoming several foreign guests, highlighting the relevance and growing international expansion of our Society.

We report on the success of the 8th entrance exam for new SBCOC members, and I congratulate everyone involved, particularly the Teaching and Training Committee (TTC), led by Dr. Renato Zan, for their excellent work. This issue also includes news of the launch of the Manual of Regenerative Medicine/Orthobiologics, aimed at treating the main shoulder and elbow pathologies, reinforcing our commitment to bringing constant innovation

We have already passed the halfway point of this administration, and it is with great satisfaction that I see so many projects both completed and underway. The success of each stage is the result of the collective work and dedication of all SBCOC members. Once again, I would like to emphasize that our Society belongs to everyone, and that it is always open to the active participation of each and every one of you.

and updates to our members and the medical community.

I wish you all every success and that together we can continue to build an increasingly strong and recognized SBCOC!

Wishing everyone an enjoyable reading.



DR. CARLOS HENRIQUE RAMOS

President of SBCOC • 2024

"IT IS WITH GREAT **SATISFACTION THAT I SEE SO MANY PROJECTS** BOTH COMPLETED AND UNDERWAY. THE SUCCESS OF EACH STAGE IS THE RESULT OF THE COLLECTIVE **WORK AND DEDICATION OF ALL** SBCOC MEMBERS".



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SHOULDER AND ELBOW IN FOCUS: LESSONS AND **TECHNIQUES FROM EXPERTS**

 The XV Brazilian Congress of Shoulder and Elbow Surgery (XV CBCOC) took place in Vitória, Espírito Santo, from August 22 to 24, bringing together 600 participants and national and international speakers. The event discussed the latest treatment techniques, highlighting the participation of American surgeons Joseph Giannotti, Matthew Provencher and Felix Savoy.

On that occasion, the 8th SBCOC Title Exam was held, with 77 candidates in attendance and a pass rate of around 90%.

The program also included the oral presentation of more than 40 free themes, the exhi-



Editor-in-chief

bition of more than 50 e-posters, and the launch of the book "Regenerative Medicine/ Orthbiologics Manual of the Brazilian Society of Shoulder and Elbow Surgery".

To recognize the importance of the SBCOC's history, the panel entitled "On the Shoulders of Giants" was dedicated to the Society's founders.

The next meeting has already been scheduled: it will occur at the Closed Meeting, from August 7 to 9, 2025, in Rio de Janeiro.

CEC INVITATION

TAKE PART IN CBOT 2024

DR. MAURICIO DE PAIVA RAFFAELLI

Dear memberts of the SBCOC

On November 14, 15 and 16, the Brazilian Congress of Orthopedics and Traumatology will take place, an extremely important event for our society. Friday afternoon will be dedicated to our specialty and the SBCOC has prepared a session on sports-related injuries. This theme will enrich the Congress and will emphasize the streng-



56º Congresso Anual 14 - 16 Nov 2024 **RIO DE JANEIRO**

th of the SBCOC together with the SBOT.

We're counting on everyone's presence!



65 PASS THE 8TH SBCOC **MEMBERSHIP EXAM**

DR. RENATO ZAN

• On August 21 and 22, prior to the CBCOC, we held the 8th exam for our society's title.

There were 77 candidates out of 84 registered and, for the first time, there were no withdrawals in any of the 3 stages. Around 58 examiners from training services all over Brazil collaborated in the assessments, both in the skills test and in the oral questions.

The exam ran smoothly overall and after the evaluations, we obtained a pass rate of around 90%, with very positive feedback regarding the balance of the level of the questions and the practical situations covered. Equally important, we are

announcing that the next exam will move towards modernity and the preferences of our members. It will consist of two stages: the first will be a digital online qualifier in April, shortly after after the end of the training period, and the second will be a face-to-face exam in Rio de Janeiro, in conjunction with our Closed Meeting in August 2025.

Also, as an activity for this year, 2024, the CET will publish the notice for the 9th exam with additional information on registration, documents, rules and deadlines.









LOOK OUT FOR CHANGES TO THE 2025 EXAM!

2 phases:

Online theory test

04/12/2025 Eliminatory test

Oral exam

08/07/2025 During the Closed Meeting

The announcement will be made at the SBCOC Assembly during the CBOT, and the Notice will be published on 11/18/2024.



STATE OF ESPÍRITO SANTO **HOSTED THE XV CBCOC**

SBCOC COMMUNICATION

 Consolidated as a key event for updating and developing the specialty in the country, the Brazilian Congress of Shoulder and Elbow Surgery celebrated its 15th edition. Held in Vitória, Espírito Santo, from August 22 and 22, the conference brought together 600 participants, along with renowned national and International professionals, who discussed the main treatment techniques in the area.

The XV CBCOC was chaired by Dr. Roberto Mikimoto, who was the president of the SBCOC in 2020, the year in which the Congress had to be postponed due to the Covid-19 pandemic.

The presence of renowned American surgeons Joseph Giannotti, Matthew Provencher and Felix Savoy (the latter online) were among the highlights of the scientific program. New developments in the surgical market were presented by exhibitors throughout the event and attendees also had the opportunity to attend symposia organized by Lima Corporate, Arthrex and Exactas.

The edition was also marked by the recognition of professionals who contributed significantly to







strengthening shoulder and elbow surgery, with guests of honor Sandro Reginald, Basin Fleeger, Carlos Clare's, Jesús Palacios, and Nuno Savvies.

Throughout the program, there was a privileged space for the oral presentation of free themes, as well as to the exhibition of posters. It was an intense learning program, but it also included pleasant moments of relaxation, with the XV CBCOC Celebration Dinner, as well as sightseeing tours in the free time of the participants and their companions.

NEXT MEETING



During the General Assembly, held on the penultimate day of the CBCOC, the Society's next major meeting was announced: the 9th edition of the Close Meeting, scheduled for August 7 to 9, 2025, at the Grand Hyatt Rio de Janeiro (RJ). The venue, located within a biological reserve, has a capacity for 400 people and will feature a scientific program lead by Carlos Henrique Ramos with Bernardo Terra as chairman of the Continuing Education Committee.

Also at the Assembly, in a single candidacy presented by Arnaldo Amado Ferreira Net, Alberto Miyazaki and Benno Ehrisman, São Paulo was elected as the host city for the XVI Brazilian Congress of Shoulder and Elbow Surgery in 2026.







CHECK OUT THESE AND OTHER PHOTOS FROM THE EVENT ON SBCOC'S SOCIAL **NETWORKS.**

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DHOTO GALLERY













CHECK OUT THESE AND OTHER PHOTOS FROM THE EVENT ON SBCOC'S SOCIAL **NETWORKS.**

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LAUNCHING REGENERATIVE MEDICINE/ ORTHOBIOLOGICS MANUAL BRANDED XV CBCOC

SBCOC COMMUNICATION

• Edited by Bernardo Terra, Carlos Henrique Ramos, Rickson Morae's, and Sandro Reginald, the Orth biological Regenerative Medicine Manual was launched during the XV CBCOC. The book, divided into 13 chapters, compiles the best available evidence, offering a comprehensive and critical view of the latest research, practical application techniques, and case studies.

The Orth biological Regenerative Medicine Manual is available in the restricted area of the SBCOC website for members in good standing.

Get your copy and improve your knowledge!





"ON THE SHOULDERS OF GIANTS": SBCOC FOUNDING MEMBERS SHARETHEIR EXPERIENCES **DURING THE XV CBCOC**

SBCOC COMMUNICATION

• In 1988, a group of orthopedic surgeons created the Shoulder and Elbow Committee (COC) during the XXVI Brazilian Congress of Orthopedics (CBOT). Thirty-six years later, the influence of founders Sander Lech and Jaime Giotto Filho remains active, inspiring professionals in the field.

Experienced surgeons were in the spotlight at the XV CBCOC, presen-





ting the panel "On the Shoulders of Giants", where they recounted their careers.

Osvandré Lech gave the lecture "Leadership in shoulder surgery depends on you", sharing the main actions for a successful journey, as well as emphasizing the importance of focus and perseverance in order to achieve goals.

In Jaime Guiotti Filho's presentation, he recalled his career in orthopaedics and the challenges he faced along the way.

MORE THAN 40 FREE THEMES AND 50 E-POSTERS AT XV CBCOC

DR. MAURICIO DE PAIVA RAFFAELLI

CHAIRMAN CEC - SBCOC 2024

• On August 22-24, 2024, we held our XV Brazilian Congress of Shoulder and Elbow Surgery (CBCOC), in the city of Vitória (ES), under the guidance of Dr. Carlos Henrique Ramos (President of SBCOC 2024), Dr. Jair Simmer Filho (President of CBCOC 2024) and Prof. Dr. Roberto Ikemoto (Honorary President of CBCOC 2024). We, the Continuing Education Committee (CEC), created a varied scientific program that aimed to address all pathologies in the specialty of shoulder and elbow surgery.

We welcomed international guests who further enhanced the scientific program of the XV CBCOC. Dr. Joseph Iannotti brought all his experience in shoulder arthroplasty and rotator cuff repair. Dr. Matthew Provencher presented lectures on athlete injuries and the arthroscopic treatment of shoulder injuries. And, remotely, Dr. Félix H. Savoie shared his knowledge of elbow pathologies. All the speakers played a key role in the great success of the XV CBCOC scientific program. In 2024, the CEC-SBCOC created a

block in the scientific program, entitled "IN THE SHOULDERS OF GIANTS", which recognized the entire history of the SBCOC, valuing the creators of this growing medical society. Prof. Dr. Osvandré Luiz Canfield Lech gave the lecture "LEADERSHIP IN SHOULDER SURGERY DEPENDS ON YOU" and Dr. Jaime Guiotti Filho presented "MY TRAJECTORY IN SHOULDER AND ELBOW SURGERY". Both presentations showed that the SBCOC recognizes its past and uses this history to chart its future.

During the CBCOC, more than 40 free themes and 50 e-posters were presented, demonstrating that SBCOC members maintain a high-quality scientific output that is recognized worldwide.

And of course, all of this makes it possible to meet fellow doctors who work in the specialty of shoulder and elbow surgery, with an exchange of experiences and friendships that last a lifetime

I would like to thank all the members of the CEC-SBCOC 2024 for their excellent work in putting together the scientific program and the entire XV CBCOC. It was an honor to be together.

At the end of the XV CBCOC, we are left with a sense of accomplishment and a renewed commitment to contribute even further to the growth of the SBCOC.







TO ROUND OFF THE EVENING **A BIG DINNER**

SBCOC COMMUNICATION, BASED ON THE REPORT OF DR. JAIR SIMMER

• To crown a very successful event, the XV CBCOC dinner went beyond expectations, bringing together 120 people in an atmosphere of joy and camaraderie.

With a dedicated team and a great service dynamic that ensured everyone felt welcome, the sophisticated

service, with a seafood menu that included dishes such as shrimp and lobster, was a real highlight of the celebration.

The entertainment was provided by Banda Evidance, who brought live music and kept the mood high throughout the night. The lively atmosphere engaged guests, creating memorable moments of interaction.

Satisfaction with the dinner was so surprising that the end time had to be extended by another two hours. The guests were so comfortable that they didn't want to leave!

It was an exceptional opportunity to strengthen ties between members and celebrate working together.

KEY FACTS ABOUT SHOULDER INSTABILITY

DR. OSVANDRÉ LECH

• The list below is incomplete, and I apologize to the authors not included. There are so many! Thousands of people have contributed to the understanding we have today.

However, the list aims to put into perspective the authors who have written the history of shoulder dislocation over the last 2,300 years. I've gathered what I consider to be the "cutting-edge publications" - those that change our perspective of understanding the subject. Many quotes are des-

cribed in French, German, and English to make it easier to find the original article on the platforms, should the reader's interest go beyond this simple list.

At a time when all that seems to matter is "the latest technique, otherwise, you're out of date", it's worth reflecting on the greatness of these men, many of whom I've had the opportunity to spend time with scientifically and socially, who helped bring about this transitory "latest technique"...

300 a.C.?	 Hippocrates - Corpus Hippocraticum - De articulis
1543	 Andreas Vesalius - De Humani Corporis Fabrica
1870	 Kocher - Eine neue Reduktionsmethode für Schulterverrenkung (reduction maneuver)
1822	 Cooper - Treatise on Dislocations and Fractures
1872	 Connoly - Humeral head defects
1880	 Joessel - Ueber die Recidive der Humerusluxationen
1882	 Cramer - Resection of the humeral head in inveterate dislocations
1888	 Stimson - A treatise on Dislocations (reduction maneuver)
1890	 Broca, Hartmann - Contribution à l`étude des luxations de l`épaule (Description of the injury ignored in the literature)
1895	 Roentgen - Discovered the X-ray by chance
1906	 von Perthes - Über Operationen bei habitueller Schulterluxation ("Essential injury")
1917	 Eden, Rudolph - Tibial graft for LRO. Surgery in Germany Hybinette, Oscar - Tibial graft for ORL. Surgery in Sweden
1923	 Bankart - Description of the most cited lesion in the literature
1931	 Burman - Direct visualization of joints with endoscope Yergason - Supination sign (physical examination)
1932	 Hybinette - De la transplatation d`un fragmente osseux pour remedier aux luxations recidivantes de l`épaule
1934	 Hermodsson - Defect caused by impaction of the humeral head against the glenoid, later known as Hill-Sachs lesion L`Episcopo - Tendon transplantation in obstetrical paralysis
1938	Bankart - Series of 27 consecutive cases

1940	 Hill, Sachs – The grooved defect of the humeral head
1943	Magnuson, Stack – Recurrent dislocation of the shoulder
1948	 Osmond-Clarke – Habitual dislocation of the Shoulder
1949	 Nicola – Acute anterior dislocation of the shoulder
1952	 McLaughlin – Subscapular Transfer for Bone Defect
	(Hill-Sachs reverse) in posterior shoulder dislocation
1954	 Latarjet - Treatment of recurrent dislocation of the shoulder.
	Fixing with a screw
	 Trillat - Treatment of recurrent dislocation of the shoulder
1956	Du Toit, Roux - Stapling Operation
1958	 Helfet - descreve Bristow Procedure. Coracoid transplantation
	for recurring dislocation of the shoulder. Suture fixation
1961	 Moseley – Book Recurrent Dislocation of the Shoulder
1966	Crenshaw - Speed`s Test (physical examination)
1970	 D`Ângelo - Recurrent Anterior Shoulder Dislocation (phD Thesis)
1972	Rokous - Modified Axillary View (West Point View)
1980	 Neer e Foster - Inferior Capsular Shift for Multidirect Instability
	 Johnson – Arthroscopy of the Shoulder
1981	Rowe, Zarins – Apprehension Test (physical examination)
1983	Samilson e Prieto – Dislocation Arthropathy
1984	 Gerber, Ganz – Anterior and Posterior drawer tests (physical examination)
1994	 Ferreira Filho – Treatment of Recurrent Anterior Shoulder
	Dislocation Using the Bristow-Latarjet Technique (phD Thesis)
1987	 Morgan – Arthroscopic Bankart Suture Repair
	 Nobuhara, Ikeda – Rotator Interval lesion
	Hovelius – Long Term Prognosis
	 Cofield, Irving - Classification of Shoulder Instability
	 Hawkins, Neer, Mendonza - Posterior shoulder dislocation treated
	by transferring the small tuberosity with the subscapularis to the
	bone defect and fixing with a screw
1988	Caspari - Arthroscopic reconstruction
	Mathews - Reconstruction with Staples
1989	■ Thomas, Matsen – TUBS e AMBRI classification
1000	 Jobe, Kvitne - Apprehension - Relocation Test (physical examination)
1990	Snyder - SLAP lesions
1001	Wollin – Transglenoid suture reconstruction
1991	Wolf - Arthrosc capsulolabral repair using suture anchors O Drive H. Teet for fourth an in stability (a basic stability)
1000	O `Driscoll - Test for further instability (physical examination) O `Driscoll - Test for further instability (physical examination)
1992	Burkhead, Rockwood – Conservative treatment of IMO
1993	Detrisac, Lanny Johnson - Arthroscopic shoulder capsulorraphy
	using metal staples
	Neviaser - The GLAD lesion (Glenolabral Articular Disruption) Nevigeer - The GLAD lesion (Optonion Labratic properties and Projects at Labratic properties and Projects and
	Neviaser - The ALPSA lesion (Anterior Labroligamentous Periosteal Sleave Overleign Lesion)
	Sleeve Avulsion Lesion)
	Siliman, Hawkins – Load and Shift Test (physical examination)

HISTORY OF **SHOULDER AND ELBOW SURGERY**

1995	 Wolf, Cheng, Dickson - Humeral avulsion of glenohumeral ligaments as
	a cause of anterior shoulder instability (HAGL lesion)
	 Kibler - Anterior Slide Test (physical examination)
1996	Liu - Crank test (physical examination)
1998	 Schneeberger, Gerber – Instability classification
	 Salmon, Bell – Arthroscopic Transglenoid suture technique
	O`Brien – Teste para SLAP (physical examination)
	 Burkhart, Morgan – The Peel Back Mechanism
	Spazo – Reduction maneuver
1999	Mimori - Pain Provocation Test (physical examination)
2000	 Burkhart, De Beer – Inverted-Pear Glenoid and Hill-Sachs Lesion
2001	 Gagey – The Hyperabduction Test (physical examination)
	 Lyons, Savoie, Field – Laser-assisted capsulorraphy for MI
2002	 Gerber, Nyffeler - Classification of Glenohumeral Joint Instability
	 Yu, Ashman, Jones - The POLPSA lesion - Posterior labrocapsular
	periosteal sleeve avulsion lesion
2003	 Sugaya – Glenoid Rim Morphology
	 Itoi – External rotation immobilization for primoluxation
2004	Wolf – Arthroscopic "Remplissage"
	Kim – Kim`s lesion
2007	■ Balg, Boileau – ISIS score
	 Boileau, Bicknell, Fegoun, Chuinard – Arthrosc Bristow Procedure
	 Lafosse – The arthroscopic Latarjet procedure
	 Yamamoto, Itoi – A new concept of Glenoid track
2010	 Kuhn – Classification for Shoulder Instability
2012	 Lubiatowski – Arthroscopic capsular shift
2014	Di Giacomo, Itoi, Burkhart – On Track / Off Track
2017	 Collin, Lädermann – DAS – Dynamic Anterior Stabilization
2019	 Tokish – Arthroscopic Distal Clavicle Glenoid Augmentation
2022	 Lo – Arthrosc Posterior bone block autograft for posterior
	shoulder instability
2023	 Lim, Chun – Robot-assisted surgeries around the shoulder





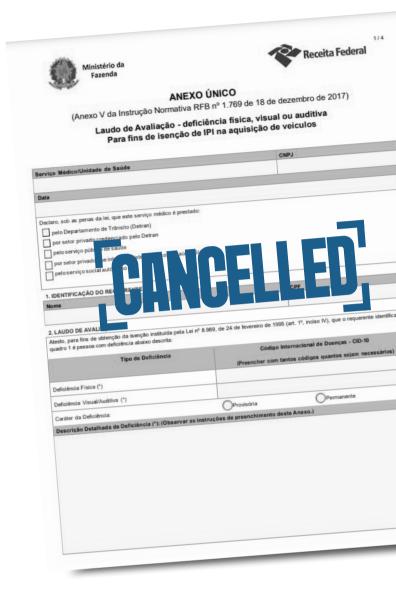
THE IMPORTANCE OF **MEDICAL DOCUMENTS**

DR. ILDEU ALMEIDA

• On July 2, 2024, the Federal Council of Medicine published Resolution 2.381, which regulates the issuing of medical documents and makes other provisions.

The medical profession has unique characteristics that give the professional a great responsibility towards the population. Medical documents are those issued by doctors and enjoy a presumption of veracity, producing the legal effects for which they are intended. This means that, until proven otherwise, a document issued by a doctor who is regularly registered with the Regional Medical Council in their jurisdiction and is up to date with their obligations, is considered to be true. That said, when drawing up medical documents, doctors must be aware of their repercussions and responsibilities in the civil, criminal, and administrative spheres. When drawing up medical documents, they should contain the following minimums:

- I Identification of the doctor: name and CRM/UF;
- II Specialist Qualification Record (RQE), if any;
- III Patient identification: name and CPF number, if any;
- IV Issue date:
- V Qualified signature of the doctor, when electronic document; or
- VI Signature and stamp or registration number with the Regional Council of Medicine, when handwritten;



VII - Professional contact details (telephone and/or e-mail): and

VIII - Doctor's work or home address.

The identification of those interested in obtaining a medical document is mandatory, both for the examinee and their legal representative, which must be done by checking the official identity document with a photo and the respective CPF, a requirement that applies even to individuals considered incapable by law.

WHAT ARE THE TYPES OF MEDICAL DOCUMENTS?

I - Medical certificate of absence:

simplified document issued by a doctor for certain purposes about the care provided to a patient, which must include, in addition to the items mentioned in Article the items mentioned in Article 2, the number of days granted off work necessary for the patient's recovery.

II - Attendance certificate:

document by which the doctor confirms the presence of a person accompanying the patient to the consultation or procedure, and must include comparative data, as well as the number of days.

III - Declaration of attendance:

provided by the administrative sector of the health establishment, as well as a certificate from a doctor, without recommending removal from the work; It can be a valid document as justification to the employer, to grant absence from work, as long as it has the latter's consent.

IV - Health certificate:

medical document requested by the patient, in which the doctor states the patient's physical and mental health condition. This is a document with multiple applications, whose content must comply with their respective purpose. The following are considered health certificates: illness certificate, certificate

for maternity leave and cases of abortion, certificate of physical fitness, certificate for pregnant women traveling by air and other similar items.

V - Occupational health certificate (ASO):

document issued by a doctor and defined by Regulatory Standard 7, by the Occupational Health Medical Control Program, which certifies the aptitude or inability of the worker to carry out their work activities, under current standards issued by the Ministry of Labor and Employment.

VI - Death certificate: document issued by a doctor with medico-legal and sanitary value, as, through it, data is collected about the diseases that affect the population. In locations where there is only 1 (one) doctor, he or she will be responsible for providing the Death Certificate.

VII - Detailed medical report:

document drawn up by a doctor who provides or has provided care to the patient, with the date of the beginning of the follow-up; summary of the evolution, remission and/or relapse; therapy used and/or indicated; diagnosis (CID), when expressly authorized by the patient, and prognosis, regardless of increased fees when the patient is under regular follow-up by a doctor for a maximum interval of 6 (six) months, after which you may be charged.



VIII - Specialized medical report:

requested by an applicant who may or may not be an assisted patient of the doctor, or his legal representative. for expert purposes: a) The specialized medical report discusses the applicant's illness, describes the diagnosis, therapy, clinical evolution, prognosis, results of complementary exams, with additions from the technical discussion from scientific literature and legislation when applicable, which requires study and research, and the conclusion about the fact that you want to prove; in this case fees will be charged by the doctor, when in private service.

- IX Technical opinion: document issued by a doctor specialized in a specific area, of an opinion nature, based in scientific literature, and when in the judicial field it is also based on case records, in facts, or evidence, and the legislation applied; In this case, fees will be charged by the doctor, when in private service.
- X Medical-expert report: technical document issued by an official expert and attached to the process for which it was appointed, whose roadmap is found in CFM Resolution no. 2.153/2016.
- XI Medical report: description and conclusion of the doctor on a complementary examination carried out on a patient, which must include, in addition to the items set out in Article 2, date of the examination

and issuance of the report.

- XII Test request: document issued by a doctor to request specific tests based on the patient's clinical condition. It must contain. in addition to the items mentioned in Article 2, description of the tests, clinical indication and other relevant information.
- XIII Discharge summary or summary: clinical report prepared by a doctor when the patient is ready to be discharged.

XIV - Other medical documents:

documents not listed above, established by public and private institutions and issued by doctors, who must respect, in their content, at least Article 2 and other regulations existing in the Federal Council of Medicine.

Only doctors and dentists, within the strict scope of their profession, are granted the prerogative of providing a certificate for the purpose of being away from work.

- **§1** The medical certificate is an integral part of the consultation, and its provision is the patient's subjective right and cannot result in any increase in fees.
- §2 Doctors can only accept certificates when issued by duly qualified doctors and registered with the Regional Council of Medicine, or by dentists, under the terms of the caput of this article.

§3° Doctors can only provide certificates with the diagnosis coded or not when for just cause in the exercise of legal duty or at the request of the patient or their legal representative.

\$4° If the diagnosis request, coded or not, is made by the patient or their legal representative, this agreement must be expressed in the certificate and recorded in the clinical record or medical record. The attending physician is prohibited from filling out forms that characterize medical expertise to grant tax benefits to the benefit of his/ her patient, family member, or any other person with whom he/she has relationships capable of influencing your work. An assistant doctor is not permitted to fill out forms seeking to grant benefits for the purchase of motor vehicles, for example, with tax exemption. Yes, this responsibility is up to the medical expert.

Single paragraph. In cases where the patient requires a report to prove disability to apply for benefits, a medical report or a specialized medical report may be issued.

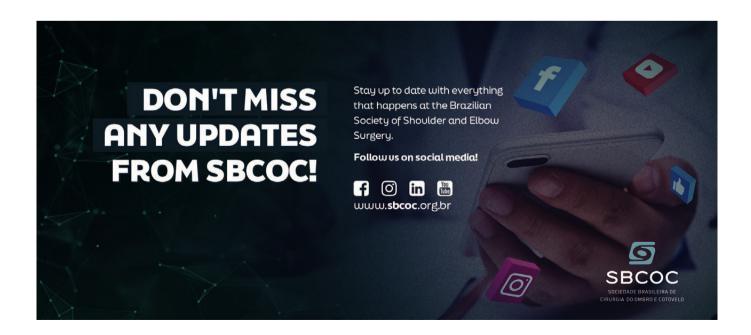
In case of suspected falsification of a medical certificate detected by a doctor, the doctor is obliged to report it to the Regional Medical Council of their jurisdiction.

The medical certificate can be a completely false document, that when issued by a non-medical person, contains data from false doctors.

There is also the possibility that the medical certificate may be false when issued by a non-physician, but containing the details of a physician duly registered in the CRM of that jurisdiction.

Another possibility is that the medical certificate is ideologically false, that is, it was issued by a doctor duly registered in the CRM, but does not correspond to the truth, as in the case of graceful certificates.

As can be concluded, the issuance of medical documents is extremely important and must be seen as such by medical professionals who must act with the utmost care and responsibility.



DR. GUILHERME V. SELLA



SBCOC YOUNG COMMISSION

- 1) We participated in the SBCOC Full Member Test:
- 2) We also participate in the organization and regulation of the International Fellowship with "OHIO STATE UNIVERSITY" and with "SOCIEDADE PORTUGUESA DE OMBRO E COTOVELO" which will take place from 09/20 (USA: 09/29 - 10/11) and will end on Nov/24 (Portugal: 10/14 -11/15).

For the first placed in the test.

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



- Launch of the SBCOC Regenerative Medicine/Orthobiologics Manual, during CBCOC in Vitória, with the best and most current evidence on orthobiologics in the treatment of shoulder and elbow pathologies.
- Webinar from the SBCOC Regenerative Commission, with the theme "Orthobiologics in tendinopathies and as a biological adjuvant in rotator cuff repairs"
- Discussion of topics such as treatments, techniques and analysis of clinical cases.

EVENTS CALENDAR



56º Congresso Anual 14 - 16 Nov 2024 **RIO DE JANEIRO**

NOVEMBER 14 TO 16, 2024

56TH ANNUAL SBOT CONGRESS **RIO DE JANEIRO**



AUGUST 7 TO 9, 2025

9[™] CLOSED MEETING **RIO DE JANEIRO**

CONFIRMED INTERNATIONAL SPEAKERS:





Dr. Alexandre
Lädermann
(SWITZERLAND)



Dr. Bassem Elhassan (USA)



Dr. Anthony Romeo (USA)

