Momentum
Looking back at a Decade of Action in Musculoskeletal Health, and moving forward

The Bone & Joint Decade

Report 2000-2010

Unified voices can make a difference
Dear Bone & Joint Decade Family

Ten years have passed relatively quickly. The Bone and Joint Decade 2000-2010, initiated in Lund, Sweden in 1998 is, too soon, coming to its final year. A lot has been accomplished but much remains to be done, in a number of countries Musculoskeletal Conditions (MSC) has gained public and political priority. Non-communicable diseases are slowly moving up on the agenda in regional and global organisations such as the US NIH, EU, UN, WHO but Bone and Joint disorders still lacks attention. The 2010 annual report tries to capture and exemplify some of the national and global achievements throughout the full decade.

From the start it was decided to organise an annual Global Network Meeting, each year in a different part of the world to exchange information and learn from each other, to understand disparities, and most importantly to enhance and support local network activity. In 2010 we are back in Lund to report on progress made during the Decade.

Your personal involvement and devotion to our mission of improving musculoskeletal health, and your generosity with your time, have been of immeasurable value. This, and the friendship we have created in the Bone and Joint Decade Family, are unique.

I would like to mention some steps which have been instrumental in the successes of the Decade. The creation of the National Action Networks – bringing the doctors, the academicians, the patients and the policy makers together at the same table to agree and act on priorities – was done from the start and for the first time through the Bone and Joint Decade. This solid partnership will also be the key to future progress in national, regional and global musculoskeletal forums. It is by working together that we create a tide that lifts all boats.

Raising social awareness by publishing national and global data on the enormous Burden of MSC Disease and repeatedly explaining that quality of life it is not only adding years to life, but life to years, has been central to the BJD focus.

The BJD branding of the term Musculoskeletal Science has led to numerous MSC university coalitions, departments being formed often also including epidemiology and basic researchers, inflammatory conditions, mood and bone biology, genetics, bioinformatics etc in their programmes. This gives enormous hope for further progress in research, as well as prevention and multidisciplinary treatment.

The BJD also focused the start on engaging the Directors of major global organizations to raise awareness about the burden of MSC, in particular the epidemic of injury and disability caused by road traffic accidents. This concerted effort has led to major significantly funded UN programs and declarations with significant budgets, all initiated by BJD. Recently a global program for improving trauma care was initiated by the WHO, again based on our initiative.

Bone and Joint Conditions are not going to disappear. In part of the world where our populations are growing older the ‘age quake’ is increasing the burden of MSC disease exponentially, meanwhile in developing countries, arthritis, spinal disorders, osteoporosis and childhood MSC conditions and particularly trauma injuries which all lead to major disability and invalidity create significant costs to health care systems and further choke efforts for a developing economy to rise out of poverty.

The task is not yet complete. The decision at the network meeting in 2009 Moving Forward Together 2010-2020 with adopted bylaws and a newly elected International Coordinating Council (ICC, see page 9), supporting national networks and governmental priorities is important for ongoing coordinated action and progress. On behalf of the whole BJD Family I thank you for your support over the years, I wish you all good for the future and hope that a brisk breeze blows for the BJD armada.

Professor Lars Lidgren, Chairman, International Steering Committee, The Bone and Joint Decade.
**A Global Voice**

The Bone and Joint Decade was established to draw global attention to and ultimately improve the quality of life of the millions of people who are affected by musculoskeletal conditions worldwide. However, no single organization alone can tackle the issues that are a daily reality for individuals affected by musculoskeletal conditions. Concerted efforts must be the key. The Bone and Joint Decade is a global, multidisciplinary, and collaborative campaign which develops and implements health initiatives on all continents. It acts as an umbrella organization under which these initiatives are designed in partnership with patient advocacy groups, non-profit and scientific organizations, industry, researchers, universities and governments. The Bone and Joint Decade also works in association with global and regional stakeholders.

**Influencing Musculoskeletal Health**

The Bone and Joint Decade mission focuses on musculoskeletal conditions, the most costly of all disease categories. Musculoskeletal conditions affect one in four adults and account for one-fourth of the total cost of illness worldwide. They are the most common causes of severe long-term pain and physical disability, in the United States, for example, more than 1 in 4 people has a musculoskeletal condition requiring medical attention and annual direct and indirect costs for bone and joint health are a staggering $44 billion dollars. Faced with a sharp increase in the number of people over the age of 50 by the year 2020 -- referred to as an ‘age quake’ -- the financial burden which musculoskeletal conditions exacts upon healthcare systems globally will increase exponentially.

While there are many types of musculoskeletal disability, the following five conditions are the most notorious and insidious causes of severe long-term pain and disability. These conditions affect the ability of people to work and to lead productive and enjoyable lives, and increases dependency on healthcare and social support. The Bone and Joint Decade aims to focus research and social programmes on these problems, and to promote positive actions that encourage prevention, combat suffering and improve the efficiency of the healthcare system.

**Target Conditions**

- Joint Diseases
- Osteoporosis
- Back Pain and Spine Conditions
- Childhood Musculoskeletal Conditions and Trauma
- Road Traffic Trauma

**The Reality**

**Joint Diseases**

- Joint diseases such as osteoarthritis, rheumatoid arthritis and more than 100 other forms of inflammatory conditions affect several hundred million people worldwide. This figure is set for a sharp increase due to the predicted doubling in the number of people over age 50 by the year 2020.
- Joint diseases are the leading cause of disability in the United States and account for half of all chronic conditions in persons age 65 and over.
- Osteoarthritis affects over 135 million people worldwide, it is the fourth most frequent cause of health problems in women worldwide and the eighth in men.
- Rheumatoid arthritis affects over 20 million people worldwide.

**Osteoporosis**

- Worldwide osteoporosis, in which the bones with insufficient mineral become fragile and fracture easily, affects one in two women over age 50 (more than breast cancer) and one in four men over age 50 (more than prostate cancer).
- Osteoporosis-related fractures have almost doubled in the last decade. One in every three women over age 50 will suffer a fracture caused by osteoporosis.
- In the USA, more than 1.5 million fractures each year are caused by osteoporosis. Today, 10 million Americans already have osteoporosis and 18 million more have low bone mineral mass, placing them at risk for fracture. The rate of osteoporosis-related fractures and the costs of caring for these fractures are expected to rise by almost 50% to more than 3 million fractures costing $25.3 billion by 2025.
- A hip fracture is considered the most preventable cause of seniors’ loss of independence – up to 50% of people suffering a hip fracture are never able to walk independently again.
- The frequency of hip fractures from osteoporosis will double in Asia and Latin America in the coming decades.

**Back Pain and Spine Disorders**

- Up to 80% of people will suffer from back pain during their lives, while 50% of the working population will experience incapacitating back pain at least once a year.
- Back pain is one of the most common reasons for workplace sick leave, and back pain is the second most frequent reason for visits to the doctor’s office, outnumbered only by the “common cold”.
- Approximately 200,000 people in the US live with a disability related to spinal cord injury.
- Spinal cord injury costs the US an estimated $9.7 billion each year. Pressure sores alone, a common complication, cost an estimated $1.2 billion.

**Childhood Musculoskeletal Conditions and Trauma**

- There are nearly 300,000 children in the US with juvenile arthritis or rheumatic disease.
- Almost 30% of girls and 40% of boys will sustain an injury to their bones or joints before age 16. Sports, play, and traffic incidents are the most common causes.
- In the US, over 175,000 children under age 15 are treated in hospital emergency departments for sports injuries each year.
- A single knee injury early in life can increase the risk for osteoarthritis in adulthood five-fold and a hip injury could more than triple the risk.

**Road Traffic Trauma**

- Every 10 seconds, someone dies from a traffic accident on the world’s roads.
- Every year, 23 to 34 million people worldwide are injured in road traffic accidents.
- 25% of health expenditure of developing countries will be spent on road trauma-related care by the year 2010.
- Road traffic accidents are the leading cause of death and disability for people under age 45.
- Approximately 75% of road deaths are men, partly attributable to preventable causes such as high-risk behaviours (i.e. speeding, drink driving, and lack of safety measures while operating a motorcycle).
The Bone and Joint Decade is a unique initiative which brings together patient and professional organisations from different musculoskeletal disciplines, government and industry in partnerships to facilitate programmes on the national and global level. These partnerships enhance the ability of all organisations to fulfilled their goals and help countries to launch programmes that will improve the delivery of musculoskeletal health care and, ultimately, the quality of life (QOL) for people affected by these conditions.

What We Aim To Achieve

1. Raise awareness of the suffering and cost to society associated with musculoskeletal conditions
2. Empower people to participate in their own care
3. Promote cost-effective prevention and treatment
4. Advance understanding of musculoskeletal conditions and improve prevention and treatment through research

Milestones in the Bone and Joint Decade 2000-2010

1999 Inaugural Consensus Meeting held in Lund, Sweden to establish goals and objectives for the Bone and Joint Decade
1999 Kofi Annan, Secretary General of the United Nations, declares the UN's official endorsement of the Bone & Joint Decade 2000-2010
2000 The Bone and Joint Decade is formally launched at the headquarters of the World Health Organization in Geneva, Switzerland
2000 1st Bone and Joint Decade World Network Conference takes place in Oman, assembling BJD Networks from around the globe.
2002 Second Bone and Joint Decade World Network Conference takes place in Rio de Janeiro, Brazil
2003 The official Post Office of the Vatican issues a special edition stamp with the Bone and Joint Decade logo which is sent around the world.
2003 Global Technical report published with the WHO: The Burden of Musculoskeletal Conditions at the Start of the New Millennium, World Health Organization (WHO)
2003 Third Bone and Joint Decade World Network Conference takes place in Berlin, Germany, hosted by the German Health Minister
2003 European Action for the Indication for Musculoskeletal Conditions Project funded by the EU. Their report entitled Musculoskeletal Problems and Functional Limitation is published
2003 US Surgeon General publishes the first-ever Report on Bone Health and Osteoporosis
2004 Global Road Safety, spearheaded by the BJD, is declared by WHO as the theme for World Health Day
2004 UN General Assembly meets to promote Global Road Safety. The General Assembly endorses the World Report on Road-Traffic Prevention, and calls for an International Road Safety Charter
2004 1st UN Stakeholders Forum on Global Road Safety is held at UN
2004 Fourth Bone and Joint Decade World Network Conference takes place in Beijing, China
2005 European Action for Better Musculoskeletal Health, supported by the European Commission, is published
2005 Fifth BJD World Network Conference takes place in Canada
2006 United Nations Endorses Global Road Safety Week
2006 1st BJD International Award and Scholarship to Support Carthage Research Foundation
2006 BJD International Steering Committee member awarded the prestigious International Osteoporosis Foundation President’s Award
2006 1st UN Stakeholders Forum on Global Road Safety is held at UN
2007 European Action for Better Musculoskeletal Health, supported by the European Commission, is published
2007 Government
2008 Government
Patients
2008 Our Mission Continues

Over the last two years the Bone and Joint Decade International Steering Committee (SC) has field several working sessions to discuss changes in the musculoskeletal landscape since the start of the Decade, and consequential issues that are crucial to the success of our mission. We are nearing the end of our initial ten-year programme, yet our mission has become increasingly valid. Our vision remains strong. While so many around the world continue to be affected by musculoskeletal disorders, so much can still be done to influence positive changes in the prevention and treatment of musculoskeletal conditions, and to engage stakeholders as advocates and champions of musculoskeletal health worldwide. As a result of these strategic sessions, consensus was reached on a strategy that will focus the BJD’s objectives for the years following 2010. The Strategic Plan maps the Way Forward has been developed into an action plan based on the strength of the BJD — bringing together all stakeholders at a national, regional and global level to work in collaboration in a sustainable global forum for musculoskeletal health.

The strategy for a Musculoskeletal Forum is a far-reaching and flexible plan that will lay the foundation for continuation of the Bone and Joint Decade programme, with a special focus on those developed within individual regions and countries. The new Forum is designed to evolve according to organisational, environmental, economic and political policies as our mission evolves with the times.

For more information, please see www.bjdonline.org under About the Organisation.

Who We Are

The Bone and Joint Decade is dedicated to reversing the impact of musculoskeletal conditions and improving the quality of life of people affected worldwide. To achieve these goals and accomplish this mission, four specific objectives have been identified:

1. Multidisciplinary teamwork (rheumatology, orthopaedics, traumatology, etc.)
2. Collaboration between patients and health-care professionals
3. Alliances amongst governments, NGOs and industry
4. The Bone and Joint Decade International Steering Committee (ISC) member awarded the prestigious International Osteoporosis Foundation President’s Award

Targeted Action

The BJD Outreach Strategy calls for: (1) endorsement of the Bone and Joint Decade by patient and professional organisations throughout the world; (2) alliance amongst these national groups by forming National Action Networks (NANs) to identify and steer national priorities in musculoskeletal care; (3) building awareness of the need for collaborative action; (4) expansion of communication about the Bone and Joint Decade through media and medical journals; and (5) achievement of endorsement and support of additional governments.

The BJD Research Promotion Strategy includes: (1) identifying the global burden of musculoskeletal conditions; (2) projecting how the frequency of musculoskeletal disease will escalate in the future; (3) developing multidisciplinary research agendas; and (4) promoting evidence of best clinical practice.

The BJD Partnership Strategy calls for: (1) facilitating communication amongst musculoskeletal organisations to develop a process for working together on common goals; (2) developing joint ventures with industry to support the Bone and Joint Decade mission, outreach, and strategies; and (3) developing government relationships to promote initiatives and legislations which reflect the Decade’s mission.

Joint Efforts

The main principle behind the Bone and Joint Decade is that collaboration is critical in order to achieve goals. The Bone and Joint Decade is a global initiative with distinctive national strategies and actions. They involve:

1. Promoting musculoskeletal health
Our Origins

The initiative originated with healthcare professionals and patient advocates from several countries who believe that the growing impact of bone and joint disease on societies worldwide, healthcare systems, and individuals must be addressed on the international level, with a focus on regional issues.

The Bone and Joint Decade was launched in January 2000 by Prof Lars Lidgren, Chairman, in Geneva, Switzerland at a World Health Organisation (WHO) conference, “The Burden of Musculoskeletal Conditions at the Start of the New Millennium” (http://whqlibdoc.who.int/hq/WHO_TRS_919.pdf).

Assembled by Prof Anthony Woolf, Prof Kristina Åkesson and Prof Meike Hazes, BJD ISC members, a hundred of leading musculoskeletal epidemiologists and researchers from around the globe gathered to begin the process of determining the prevalence and severity of these conditions.

The Organisation Today

An International Steering Committee of 15 experts from various geographic regions and disciplines guides the international Bone and Joint Decade. This diverse committee includes leading rheumatologists, orthopaedic surgeons, patient advocates, rehabilitation and trauma experts from all continents.

The headquarters of the Bone and Joint Decade and its European-based charitable foundation are in Lund, Sweden, under the leadership of the Chairman, Professor Lars Lidgren, MD, PhD, Chairman of the Department of Orthopaedics, University Hospital, Lund. In addition to the International Steering Committee, the structure also includes Karsten Dreinhöfer, MD, Director of Development (Germany), Amylee Leong, MBA, Spokesperson and Director of Strategic Relations (USA), Sara Martin, Communications Manager (Belgium), Martin Zedig, IT Coordinator (Sweden), and Agneta Jonsson, Secretary (Sweden).

International Steering Committee

To 2010

Lars Lidgren, MD, PhD, Nor, PESC, Honorary Member of the AAGS
Professor and Chairman
Department of Orthopaedics
University Hospital, Lund, Sweden
Peter Brooks, MBBS, FRACP, FAFPHM, FRCP, FRCP (Edin)
Professor and Executive Dean (Health Sciences)
University of Queensland
Brisbane, Australia
Kot Chan, MD, Professor
Department of Orthopaedics & Traumatology
Chinese University of Hong Kong
Hong Kong SAR, China
Luna Eller-Deitel, MD, Professor
Department of Rheumatology
University Hospital of Nice, Nice, France
Edward G. Harty Jr., MD
George Daffern Barnett Professor of Medicine, Emiritus
Stanford University School of Medicine
Stanford, California, USA
J. Mikel Hare, MD, PhD, Professor
Department of Rheumatology
Biarritz Medical Centre Rotterdam, Rotterdam, The Netherlands
Wahid Ali Khurana, MD, FRCS
Ambassador of Foreign Affairs
Muscat, Sultanate of Oman
Daichi Kikutani, MD, PhD
Research Center for Bone & Spinal Cord Disorders
HNO Nihonai Hospital
Sendai, Japan

International Coordinating Council

From 2010

Anthony D. Woolf, Professor
Duke University Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom
Kristina Åkesson, Professor
Department of Orthopaedic Surgery
Linköping University Hospital
Linköping, Sweden
Peter Brooks, Professor
Dept of Rheumatology
University of Melbourne Australia
Karsten Dreinhöfer, MD
Director, Department for Musculoskeletal Prevention, Research Center for Sport Science and Sport Medicine, Head, Department for Orthopaedics and Traumatology, Medical Park Bein-Humboldstrasse, Germany
Sherne R. Gabriel, Professor
Dept of Epidemiology
University of Miami, Miami, USA
Josep M. Mayo-Fontanals, MD
Professor
The Mayo Clinic, USA
J. Mikele Hayes, Professor
Dept of Rheumatology
Izmir University Medical Center
Izmir, Turkey
Dekandri Esaphany-Olin, Professor
Canadian Memorial Chiropractic College
Graduate Education and Research Department of Family and Community Medicine
St. Michael’s Hospital
Toronto, Canada
Deborah R. Lappin, Esq
President, Council for American Medical Innovation
Adjunct Professor
University of Colorado Health Sciences Center
Denver, Colorado, USA
Ghassan Masoud, MD, Professor
Bahrain Medical Center
And Lebanese American University
Beirut, Lebanon
Gileh Moqadam, Professor
Dept of Rheumatology
Fellow of the University of Kwa Zulu Natal
Durban, South Africa
Dr Marcos E. Muñoz
Dept of Orthopaedics & Traumatology
Federal University of Rio de Janeiro
Rio de Janeiro, Brazil
Lilian Alvares, MD
Executive Secretary
Association for Arthritis and Rheumatic Diseases of Kenya
Nairobi, Kenya
Mituto Ochi, Professor
Chief, Dept of Orthopaedic Surgery
Niigata University Hospital
Niigata, Japan
Kenneth Koval, MD
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire, USA
Amin U. Kulseth, Eq
Trinitee Emeritus,
Arthritis Foundation USA
Washington, DC, USA
Ghasan Masoud, MD, Professor
St George Hospital
Biarritz, France
Hamza E. Massih, MD
Department of Orthopaedics
American University of Beirut
Beirut, Lebanon
Nicola M. Walsh, MD
Professor
Department of Rehabilitation Medicine, The University of Texas Health Science Center at San Antonio, Texas, USA
Anthony D. Woolf, BSc, FRCP, Professor
Duke University Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom
Kristina Åkesson, MD, PhD Professor
Department of Orthopaedic Surgery
Karlstads University Hospital
Karlstad, Sweden

Medicine
St. Michael’s Hospital
Toronto, Canada
Deborah R. Lappin, Esq
President, Council for American Medical Innovation
Adjunct Professor
University of Colorado Health Sciences Center
Denver, Colorado, USA
Ghassan Masoud, MD, Professor
Bahrain Medical Center
And Lebanese American University
Beirut, Lebanon
Gileh Moqadam, Professor
Dept of Rheumatology
Fellow of the University of Kwa Zulu Natal
Durban, South Africa
Dr Marcos E. Muñoz
Dept of Orthopaedics & Traumatology
Federal University of Rio de Janeiro
Rio de Janeiro, Brazil
Lilian Alvares, MD
Executive Secretary
Association for Arthritis and Rheumatic Diseases of Kenya
Nairobi, Kenya
Mituto Ochi, Professor
Chief, Dept of Orthopaedic Surgery
Niigata University Hospital
Niigata, Japan

Jack Stenvik
General Secretary
The Norwegian Rheumatism Association
Oslo, Norway
Jørgen Skodvin, Professor
Chair, 2nd Department of Medicine
Center of Rheumatic Diseases, Aarhus University Hospital
Aarhus, Denmark
Jørgen Skodvin, Professor
Chair, Division of Rheumatology
Medical University of Vienna, Austria
Vo Van Thanh, Associate Professor
Dept of Spinal Surgery
Ho Chi Minh City, Vietnam
Kenneth Koval, MD
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire, USA
Amin U. Kulseth, Eq
Trinitee Emeritus,
Arthritis Foundation USA
Washington, DC, USA
Ghasan Masoud, MD, Professor
St George Hospital
Biarritz, France
Hamza E. Massih, MD
Department of Orthopaedics
American University of Beirut
Beirut, Lebanon
Nicola M. Walsh, MD
Professor
Department of Rehabilitation Medicine, The University of Texas Health Science Center at San Antonio, Texas, USA
Anthony D. Woolf, BSc, FRCP, Professor
Duke University Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom
Kristina Åkesson, MD, PhD Professor
Department of Orthopaedic Surgery
Karlstads University Hospital
Karlstad, Sweden

Medicine
St. Michael’s Hospital
Toronto, Canada
Deborah R. Lappin, Esq
President, Council for American Medical Innovation
Adjunct Professor
University of Colorado Health Sciences Center
Denver, Colorado, USA
Ghassan Masoud, MD, Professor
Bahrain Medical Center
And Lebanese American University
Beirut, Lebanon
Gileh Moqadam, Professor
Dept of Rheumatology
Fellow of the University of Kwa Zulu Natal
Durban, South Africa
Dr Marcos E. Muñoz
Dept of Orthopaedics & Traumatology
Federal University of Rio de Janeiro
Rio de Janeiro, Brazil
Lilian Alvares, MD
Executive Secretary
Association for Arthritis and Rheumatic Diseases of Kenya
Nairobi, Kenya
Mituto Ochi, Professor
Chief, Dept of Orthopaedic Surgery
Niigata University Hospital
Niigata, Japan

Jack Stenvik
General Secretary
The Norwegian Rheumatism Association
Oslo, Norway
Jørgen Skodvin, Professor
Chair, 2nd Department of Medicine
Center of Rheumatic Diseases, Aarhus University Hospital
Aarhus, Denmark
Jørgen Skodvin, Professor
Chair, Division of Rheumatology
Medical University of Vienna, Austria
Vo Van Thanh, Associate Professor
Dept of Spinal Surgery
Ho Chi Minh City, Vietnam
Kenneth Koval, MD
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire, USA
Amin U. Kulseth, Eq
Trinitee Emeritus,
Arthritis Foundation USA
Washington, DC, USA
Ghasan Masoud, MD, Professor
St George Hospital
Biarritz, France
Hamza E. Massih, MD
Department of Orthopaedics
American University of Beirut
Beirut, Lebanon
Nicola M. Walsh, MD
Professor
Department of Rehabilitation Medicine, The University of Texas Health Science Center at San Antonio, Texas, USA
Anthony D. Woolf, BSc, FRCP, Professor
Duke University Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom
Kristina Åkesson, MD, PhD Professor
Department of Orthopaedic Surgery
Karlstads University Hospital
Karlstad, Sweden

Medicine
St. Michael’s Hospital
Toronto, Canada
Deborah R. Lappin, Esq
President, Council for American Medical Innovation
Adjunct Professor
University of Colorado Health Sciences Center
Denver, Colorado, USA
Ghassan Masoud, MD, Professor
Bahrain Medical Center
And Lebanese American University
Beirut, Lebanon
Gileh Moqadam, Professor
Dept of Rheumatology
Fellow of the University of Kwa Zulu Natal
Durban, South Africa
Dr Marcos E. Muñoz
Dept of Orthopaedics & Traumatology
Federal University of Rio de Janeiro
Rio de Janeiro, Brazil
Lilian Alvares, MD
Executive Secretary
Association for Arthritis and Rheumatic Diseases of Kenya
Nairobi, Kenya
Mituto Ochi, Professor
Chief, Dept of Orthopaedic Surgery
Niigata University Hospital
Niigata, Japan

Jack Stenvik
General Secretary
The Norwegian Rheumatism Association
Oslo, Norway
Jørgen Skodvin, Professor
Chair, 2nd Department of Medicine
Center of Rheumatic Diseases, Aarhus University Hospital
Aarhus, Denmark
Jørgen Skodvin, Professor
Chair, Division of Rheumatology
Medical University of Vienna, Austria
Vo Van Thanh, Associate Professor
Dept of Spinal Surgery
Ho Chi Minh City, Vietnam
Kenneth Koval, MD
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire, USA
Amin U. Kulseth, Eq
Trinitee Emeritus,
Arthritis Foundation USA
Washington, DC, USA
Ghasan Masoud, MD, Professor
St George Hospital
Biarritz, France
Hamza E. Massih, MD
Department of Orthopaedics
American University of Beirut
Beirut, Lebanon
Nicola M. Walsh, MD
Professor
Department of Rehabilitation Medicine, The University of Texas Health Science Center at San Antonio, Texas, USA
Anthony D. Woolf, BSc, FRCP, Professor
Duke University Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom
Kristina Åkesson, MD, PhD Professor
Department of Orthopaedic Surgery
Karlstads University Hospital
Karlstad, Sweden
Linking the World

The Bone & Joint Decade Global Network

Within its first year, the Bone and Joint Decade gained international recognition by endorsements and support from the United Nations (UN), the World Health Organization (WHO), the World Bank, and the Vatican. As at September 2009, a total of 97 countries have become involved in the Bone and Joint Decade and 63 have gained the support of their Health Ministers for Bone and Joint Decade activities and research initiatives.

As of June 2010, core groups of musculoskeletal-related organisations in 62 nations have developed chartered National Action Networks which work together on common issues to advance the Bone and Joint Decade mission in their country. These organisations include principal musculoskeletal health professional and patient advocacy groups. For information and links to National Action Networks’ own websites, visit www.bjdonline.org

Corporate Partners

The Bone and Joint Decade benefits from support from a range of partners, large and small. The following corporations have given unrestricted support to the Bone and Joint Decade programmes that have a lasting impact on musculoskeletal health. The Bone and Joint Decade wishes to thank these partners for believing in our goals and helping us to achieve them.

Participating Organisations

More than 750 international and national professional and patient advocacy organisations have endorsed the Bone and Joint Decade and are actively collaborating, both globally and within their national borders. Musculoskeletal-related professional societies, patient education and advocacy groups, and industry are all represented in these ranks. For information and links to each of these organisations, visit www.bjdonline.org.

Bone and Joint Decade Ambassadors

The BJD Ambassador programme honours outstanding service and achievement by leaders in the musculoskeletal community. Comprising both health-care professionals and patient advocates, BJD Ambassadors promote the mission of the Decade, assist network development, facilitate strategic contacts and work with the ISCD to achieve the goals of the organisation. Between 2003 and 2008, the following outstanding members have been awarded the title of BJD Ambassador.

As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:

As of June 2010, the Bone and Joint Decade has received declared support from 63 governments worldwide. These countries include:

As of June 2010, the Bone and Joint Decade has received declared support from 63 governments worldwide. These countries include:

As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:

As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:

As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:

As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:

As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:
A Global Forum

World Network Conference & International Patient Advocacy Seminar

Each year the Bone and Joint Decade brings together its global network of National Coordinators and Patient Advocates in a different region of the world for a multidisciplinary conference. Attending nations share their experiences of projects and initiatives in their countries over the previous year and participate in workshops to devise strategies which will advance their goals in the coming year. In conjunction with the National Coordinators’ meeting, the BJD International Patient Advocacy Seminar is a unique and important segment of the multi-faceted event. Previous World Conference hosts include:

- 2009 Muscat, Sultanate of Oman
- 2008 New York City, USA (canceled)
- 2002 Rio de Janeiro, Brazil
- 2003 Berlin, Germany
- 2004 Beijing, China
- 2005 Ottawa, Canada
- 2006 Durban, South Africa
- 2007 The Gold Coast, Australia
- 2008 Pune, India

2009 Washington DC

In 2009 the BJD annual forum brought together 200 Patient Advocacy Leaders and National Action Network Coordinators from around the globe for a unique, multifaceted programme. Delegates of the four-day advocacy and strategic planning session, came together to highlight the enormous burden posed by musculoskeletal disorders and develop an ambitious yet achievable roadmap for the future of bone and joint health policy around the world.

The focus this year was on Advocacy and Advancing the Bone & Joint Health Policy Agenda. Issues supporting this theme included the global burden of disease by disease area, and regional needs, with dynamic break-out sessions to build synergy and strategies from all perspectives. Highlights were:

- Advocacy Day on Capitol Hill - Our two-day Patient Advocacy Seminar became a true advocacy and lobbying experience, with BJD Delegates welcomed on Capitol Hill by Former Assistant Surgeon General
- Strategic planning sessions to focus goals and devise strategies which will advance the goals in the coming years
- Break-out sessions to build synergy and strategies from all perspectives

The meeting will bring together top international opinion leaders in bone and joint health, the World Health Organization, the National Institute of Health, Ministries, with leading societies, journals, and the Bone and Joint Decade’s 70-country strong network. Together they will identify what remains the challenges that prevent optimal musculoskeletal health and that limit advances in musculoskeletal science. An action plan will be launched to tackle these which will be implemented through a sustainable global forum for musculoskeletal health. The international conference will be held in Lund, Sweden, where the Bone and Joint Decade was initiated a decade ago.

Raising Awareness

The Bone and Joint Decade Online www.bjdonline.org

The Bone and Joint Decade is a musculoskeletal portal made up of several satellite sites with www.bjdonline.org at its umbrella site. Updated weekly, each society sub-portal is a community of its own, but also contributes to and shares content from the greater BJD network. Content includes news features, BJD exclusive webcasts and monthly eLectures, video coverage from conferences and downloadable PowerPoint presentations. BJD Faculty Recommended Reading, a thesis library, conference highlights, evidence-based medicine resources, and more. Societies who collaborate in this network to produce shared educational web content include the British Society for Rheumatology, British Orthopaedic Association, Nordic Orthopaedic Federation, International Society of Orthopaedic Surgery and Traumatology, International League Against Rheumatism, the Swedish Orthopaedic Federation, and the Swedish Rheumatology Federation. To log on, please visit http://www.bjdonline.org.

BJD Patient Advocacy Leaders Empowering People

Halfway through the Decade, a very unique group called the BJD Patient Advocate Leaders (PALS) was launched by patients and advocates involved with the BJD. This diverse and dynamic assembly had existed before, in a casual manner, but with the help of the BJD they became organized, built a network and found a name.

Today, within the BJD Network, the BJD Pals group is working side by side with medical professionals to shape the healthcare landscape. Through the sheer energy of their passion to contribute to and make positive changes, they contribute on every level of policy issues within the organisation.

Stakeholders in the future, they are knowledgeable individuals with musculoskeletal conditions who aim to share their expertise with other patients around the world working in the realm of bone and joint disorders. We invite you to visit the BJD Pals website at www.bjdpals.org.

BJD Video

The Bone and Joint Decade Video was recently produced: this eight-minute video clip about the Decade explains in a nutshell the organisation’s mission and how the global network works together to accomplish these goals. The video clip is viewable at www.bjdonline.org under “About BJD”.

The Bone and Joint Decade 2010 World Conference will prove how cooperation brings progress in Musculoskeletal Diseases. International participants will together shape the future of the next phase in Bone and Joint Health: Moving Together to Improve Musculoskeletal Health.

The meeting will bring together top international opinion leaders in bone and joint health, the World Health Organization, the National Institute of Health, Ministries, with leading societies, journals, and the Bone and Joint Decade’s 70-country strong network. Together they will identify what remains the challenges that prevent optimal musculoskeletal health and that limit advances in musculoskeletal science. An action plan will be launched to tackle these which will be implemented through a sustainable global forum for musculoskeletal health. The international conference will be held in Lund, Sweden, where the Bone and Joint Decade was initiated a decade ago.
Outreach and Education
Musculoskeletal Science

BJD eLecture Series
With access to key opinion leaders in musculoskeletal science around the world, the BJD is privileged to be able to call upon its scientific members to share their knowledge across the network. Each season the BJD produces a new online lecture within the topic area of musculoskeletal science, which is then made freely accessible to all. Below is a listing of eLectures from 2008, but see www.bjdonline.org for its full catalogue.

The Do’s and Don’ts in Total Knee Arthroplasty
By Leo A. Whiteside, MD, Executive Director of the Missouri Bone & Joint Research Foundation. Dr. Leo A. Whiteside, an internationally known orthopaedic surgeon, inventor and educator from St. Louis, Missouri, is recognized as one of the world’s foremost authorities on osteo-integration technology in total knee and hip arthroplasty. In the past decade he has dedicated much of his research effort to ligament balancing techniques in knee arthroplasty and has developed protocols for the procedures. In this overview lecture, presented at the Swedish Orthopaedic Federation annual meeting 2008, Dr. Whiteside presents the most important rules at play in total knee arthroplasty.

Clinical Outcome Assessment in Trials and Cohort Studies
By Professor Anthony Woolf (Cornwall, UK) at the WHO collaborating Centre for Evidence Based Healthcare in Musculoskeletal Disorders (Lund University Sweden). This lecture presents an overview of pain scales, disease progression scales, indices of activities etc. Prof Woolf clears up the confusion of which health assessment tool is best suited to which situation, and concludes with a clear and easy-to-follow recommendation chart of suggested instruments.

The Importance of the Vertebral Fracture
By Prof Ghassan Maalouf, from Saint Georges Hospital, Faculty of Medicine at Balamand University in Beirut, Lebanon, discussing the frequently overlooked issue of osteoporosis and the vertebral fracture. By Prof J. Mieke Hazes, Rheumatology Dept, Erasmus Medical Centre, Rotterdam, the Netherlands, with early intervention and proper treatment, newly diagnosed RA can be managed and remission can be achieved, therefore delaying the more disabling and feared complications of the disease. In this lecture, Prof Hazes gives a comprehensive overview of the latest thinking on prevention of joint damage in RA.

Principles of Health Care Economics
By Prof Anthony Woolf (Cornwall, UK). In this lecture Prof Woolf discusses why it is important to collect information on the cost of healthcare and how we can use this data to guide health priorities and improve cost-effectiveness. Prof Woolf explores the economical impact of illness on individuals and society and explains the most reliable methods of evaluation.

International Meetings and Presentations
Dedicated symposia and events related to Bone and Joint Decade activities are frequently organised in conjunction with international and national meetings. Recent events include:

- American Academy of Orthopaedic Surgeons Annual Meeting
- American College of Rheumatology Annual Scientific Meeting
- British Orthopaedic Association Annual Congress
- British Society for Rheumatology Annual Congress
- European League Against Rheumatism (EULAR) Annual Meeting
- European Federation of National Associations of Orthopaedics and Traumatology (EFOORT)
- FIMS World Congress of Sports Medicine
- Brazilian Orthopaedic and Trauma Association Annual Meeting
- International Society of Physical and Rehabilitation Medicine World Congress
- International Society for Fracture Repair World Conference
- OMERACT
- Congress of the Asian Federation of Sports Medicine, Royal College of Surgeons of Thailand
- SICOT Annual Conference
- Swedish Orthopaedic Association Annual Congress
- South African Orthopaedic Association Annual Congress

BJD Global Action Week
The Bone and Joint Decade Action Week held yearly in October represents a week of global activities aimed at concentrating international attention to the needs and issues of people affected by musculoskeletal disorders. Specific days that are recognised internationally include:

- World Arthritis Day: 12 October
- World Spine Day: 16 October
- World Trauma Day: 17 October
- World Osteoporosis Day: 20 October

National Action Networks and Participating Organisations are encouraged to conduct local events to raise the level of awareness, education and action about musculoskeletal conditions. By conducting a focused activity under the auspices of the Decade, these local organisations join hundreds of similar organisations around the world during a concentrated week of a unified effort. Please visit www.bjdonline.org for details of Action Week activities in various countries.

BJD Infoletter
A text-based newsletter, the BJD Infoletter is distributed bimonthly via e-mail to more than 7000 members worldwide, providing updates on the latest Bone and Joint Decade achievements, developments, Network activities from around the world, and shared musculoskeletal news. Text contributions are always welcome and if you do not already receive the BJD Infoletter, we invite you to contact the BJD Secretariat at bjdonline@med.lu.se to join our mailing list.

BJD International Video Award
The Bone and Joint Decade International Video Award was set up to recognise the most innovative and creative video presentations produced in member countries aimed at delivering messages to the public about musculoskeletal health. Each year BJD National Action Networks are invited to submit videos that have been produced by the Network or by the national health department or other charity for public service and information. The themes of the videos are any topic which falls into the realm of the BJD target areas and strategy. The goal of this programme is to encourage National Action Networks and individuals to develop public information campaigns which promote the Decade’s goals through innovative visual messages.

In 2008 two videos tied for first place: one was produced by the Australian BJD Network, entitled ‘Strong Bones’. This entertainment programme for young people uses a superhero character to teach children the importance of good nutrition and exercise on their bone health; the second was produced by the Swedish BJD Network, entitled ‘Straighten Up’. Sweden – a simple to follow stretching and exercise programme for a healthy back. Please see www.bjdonline.org to view the winning videos.
BjD and the world health organization

The burden of musculoskeletal conditions

The bone and joint decade and the world health organization are engaged in ongoing statistical work to monitor the burden of musculoskeletal disease around the world and therefore develop recommendations to guide the framework of the WHO burden of disease project.

Early on in the decade, the WHO and the BJD began this collaboration to produce the technical report, “The Burden of Musculoskeletal Conditions at the Start of the Millennium.” This 218-page book statistically substantiates the burden of musculoskeletal conditions around the world and goes on to recommend how the burden can be monitored within the framework of the WHO burden of disease project. The report was launched in October 2003 at the University of Lund, in Sweden by the BJD and the WHO. Representatives from both groups attended the launch and an expert panel presented key findings and the implications of the report. The publication of this weighted report represents a significant opportunity to raise awareness on a global level of the impact of musculoskeletal conditions and as a reference document is invaluable for future musculoskeletal work. The report can be found at http://who-ilrdoc.who.int/trs/WHO_TRS_919.pdf.

WHO European strategy for noncommunicable diseases

Who recognizes the importance of preventing musculoskeletal conditions across Europe, which, along with the other noncommunicable diseases, account for over three quarters of the burden of disease in Europe. The impact of musculoskeletal conditions on quality of life and the costs of health and social care were highlighted as well as the concerns about the increasing burden due to the ageing of the population and changes in risk factors such as obesity and lack of physical activity. The WHO European strategy for noncommunicable diseases, which was adopted at the 56th Session of the WHO Regional Committee for Europe in Copenhagen in September 2006, recommends an integrated action on the risk factors for these conditions, such as obesity, smoking, excess alcohol and lack of physical activity as well as strengthening health systems for improved prevention and control with a vision of a Europe free of preventable noncommunicable diseases, premature death and avoidable disability. The bone and joint decade provided the WHO with evidence of the burden of musculoskeletal conditions as well as strategies for their prevention and management. The BJD is now working with the WHO Regional Office for Europe towards accomplishing the goal and objectives of the strategy. This includes providing better musculoskeletal health for people across Europe. Professor Anthony D Woolf, UK member, BJD International Steering Committee has been directly involved with this work.

WHO-ILAR-BJD Summit on the Burden of Disease in the Developing World

In 2005 the bone and joint decade came together with the WHO and the international League Against Rheumatism (ILAR) for a summit, entitled “The Burden of Musculoskeletal Conditions in Developing Countries”, the aim of the conference was to review data on the burden of disease in these regions, identify deficiencies and to examine methods for filling gaps in relevant information. Strategies for the prevention and control of musculoskeletal conditions in developing countries and barriers and facilitators to their implementation were the key focus. This is an extension of the existing work of ILAR and the community oriented program for control of rheumatic diseases (COFCORD) Initiative, of the BJD and Bone Joint Decade and of the Bone and Joint monitor project.

Disease control priorities in developing countries

The cost-effectiveness of interventions for musculoskeletal conditions

A project of the world bank and the WHO with contributions from scholars, practitioners, and public health specialists in developing and developed countries, DCP2 is an ongoing effort to assess disease control priorities and produce evidence-based analysis and resource materials to inform health policymaking in developing countries. It builds on an earlier work on musculoskeletal conditions is an effort from the second evidence-based disease control priorities project (DCP2), written by more than 350 specialists in diverse fields, including Prof Anthony Woolf, and Prof Peter Brooks, BJD SC member, DCP2 has produced three volumes providing technical resources that can assist developing countries in improving their health systems and ultimately, the health of their people. To download the chapter, please go to www.bjdonline.org. For more information on DCP2, please see http://www.dcp2.org/main/Home.html.

WHo Collaborating Centre for evidence-based health care in musculoskeletal disorders

IN 2007 the department of orthopaedics at Lund University was designated as a world health organization Collaborating Centre for Evidence Based Health Care in Musculoskeletal Disorders. Prof Lars Lidgren, Chairman of the bone & joint decade will preside as Director of the WHO Collaborating Centre with Prof Kristina Axelson, Bone & Joint Decade SC member. This boost for musculoskeletal science follows on from the WHO’s recognition of the Bone and Joint Decade and the vast burden of musculoskeletal disease as the leading global cause of morbidity and disability, and giving rise to enormous health care expenditure and loss of work productivity. Now, as a WHO Collaborating Centre, the Department of Orthopaedics in Lund in conjunction with the international network will focus on identifying barriers and facilitators to the successful implementation of musculoskeletal health strategies, identifying the costs associated with musculoskeletal disorders and developing models for cost effectiveness; and continuing ongoing activities relating to aetiology, prevention and treatment of musculoskeletal disorders.

WHO Collaborating Centres are institutions such as research institutes or parts of universities, which are designated by the WHO Director-General to carry out activities which support the WHO’s various global health programmes. The WHO believes that research in the field of health is best advanced by assisting, coordinating and making use of the activities of existing institutions, rather than founding new research bodies. To read about the Collaborating Centre for Evidence-Based Health Care in Musculoskeletal Disorders in Lund, please go to http://www.who.int/whocc/Detail.aspx?doc=WHO_919.pdf.

Bjd in the violence and injury prevention department

WHO Dr Marcos Musafir, member of the BJD ISC, from Brazil has taken up a position at the WHO in Geneva. Dr Musafir is part of the Violence and Injury Prevention Department (VIP) coordinated by Dr Etienne Krug and Dr Charles Mack. He is working with the WHO/BJD trauma care project; creating trauma care guidelines, increasing attention to trauma and musculoskeletal care, empowering NAMs to build musculoskeletal and trauma care as one official health priority.

Who-BJD-EFORT partnership for improved trauma care

Representatives from the world health organization (WHO) and the bone and Joint decade (BJD) have joined forces with project leaders with the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) to help improve trauma and emergency care worldwide.

WHO Global Forum for trauma care

For the first time in the 61 year history of WHO, a Global Forum For Trauma Care was held in Rio de Janeiro in October 2009. The Forum emphasised goal-setting, creating tools and strategies for trauma surgeons and the health-decision makers about the social, human, economic and scientific importance of trauma care. Representatives from trauma organisations and governments around the world were all in attendance.

The Bone and Joint Decade monitor project

The Monitor Project, launched in January 2000, is an ongoing venture coordinated by Prof Anthony Woolf, BJD ISC member. To bring together investigators from around the world to identify and collect data on the burden of musculoskeletal conditions and develop strategies for their prevention and treatment. It issues evidence-based documents on the incidence, prevalence, and severity of musculoskeletal conditions; risk factors; improved prevention and treatment; access to care and education; indicators of health and economic impact; and information on how to empower patients to make healthcare decisions. The outcomes have been the WHO Technical Report, the European Bone and Joint Health Strategies Project, and the indicators for musculoskeletal conditions project.
Promoting Policy Change through International Collaboration

BJD and the United Nations

Road Traffic Injury Prevention Project

Since its conception, the Bone and Joint Decade has worked tirelessly with several international organisations to bring prevention of road traffic injuries into the political spotlight. Recently, the World Report on Road Traffic Injury Prevention was released detailing a five-year strategy for road traffic injury prevention to ensure that the awareness campaign maintains its momentum. Over the course of the Decade, the BJD and its partners have attended several UN General Assembly Meetings and Stakeholders’ Forums to promote Global Road Safety awareness and solutions for prevention. As a result of the concerted efforts, the General Assembly has endorsed the World Report on Road Traffic Injury Prevention, and called for a voluntary UN Road Safety Charter for governments, NGOs, civil society, multilaterals and the private sector. For background information on the BJD’s involvement, please see http://www.musconline.org/default.aspx?Content=1369

World Health Day 2004

On April 7, 2004 all the world’s attention focused on road traffic injuries. The theme for the UN 2004 World Health Day was set as “Road Safety is No Accident.” On April 7, 2004 groups around the world launched programmes promoting road traffic injury prevention. On this day in Paris French President Jacques Chirac, and U.S. Secretary of Transportation and Health, Tommy Thompson and Norman Mineta, participated in events in Washington, D.C. Around the world, hundreds of schools, communities, and businesses held events and fairs to promote road safety. In addition the World Report on Road Traffic Injury Prevention was released as part of the World Health Day activities detailing a five-year strategy for road traffic injury prevention to ensure that the awareness campaign maintains its momentum.

UN General Assembly Meeting

On April 14, 2004, the United Nations held a General Assembly Meeting to promote Global Road Safety awareness and solutions. This meeting represented the culmination of four years of effort by members of the BJD International Steering Committee, to bring this topic to the UN. The heads of WHO, UNICEF, UNDP and the World Bank were in attendance to hear Secretary General Kofi Annan speak about the growing crisis of road traffic injuries, particularly in developing countries. As a result the General Assembly endorsed the World Report on Road Traffic Injury Prevention, and called for a voluntary UN Road Safety Charter for governments, NGOs, civil society, multilaterals and the private sector. Further focus is on developing plans in individual countries for greater road safety.

First UN Global Road Safety Stakeholders’ Forum

The Stakeholders’ Forum on Global Road Safety aimed to mobilise action for road safety and included key players who presented possible global road safety solutions. Speakers focused on issues such as sustainable development, how to make an impact with the World Report, and steps in the development of a Global Road Safety Project. Ambassador Fuad Mubarak Al-Hinali of Oman, with assistance from the Global Road Safety Steering Committee, helped to organise the two meetings.

First World Ministerial Conference on Global Road Safety

In April 2007, the BJD and the United Nations organized a very important meeting for the global road safety campaign. The objectives of the Stakeholders’ Forum as stated by the UN were to raise awareness of road traffic injuries; strengthen demand for road safety; build political will; support ongoing sustainable and collaborative efforts to implement the recommendations of the World Report on Road Traffic Injury Prevention; and contribute to identifying and mobilizing resources. For more information, please see http://www.who.int/road_safety/week/activities/global/en/index.html

Global Road Safety Week

The First Global Road Safety Week took place in April 2007. The Week, which focused on young road users, was long-awaited and proved to be an historic opportunity to raise the issue of road traffic injuries to a higher level. During the Week, hundreds of initiatives – local, national, regional and global – were organized around the world, by governments, non-governmental organizations, United Nations and other international agencies, private sector companies, foundations and others working for safer roads. It is hoped that the events of the Week will have served as launching points for new and effective road safety initiatives in the years ahead. For more information please see http://www.musconline.org/default.aspx?Content=241 and http://www.who.int/road_safety/en/1st_united_nations_global_road_safety_week

Second UN Global Road Safety Stakeholders’ Forum

In April 2007, the BJD members of the UN Global Road Safety Steering Committee took part in a very important meeting for the global road safety campaign. The objectives of the Stakeholders’ Forum as stated by the UN were to raise awareness of road traffic injuries; strengthen demand for road safety; build political will; support ongoing sustainable and collaborative efforts to implement the recommendations of the World Report on Road Traffic Injury Prevention; and contribute to identifying and mobilizing resources. For more information, please see http://www.who.int/road_safety/week/activities/global/en/index.html

First World Ministerial Conference on Global Road Safety

The first World Ministerial Conference on Global Road Safety, “Time for Action!”, was held on 19-20 November 2009 in Moscow, hosted by the Russian Federation and in accordance with the UN GA resolution 62/244 “Improving Global Road Safety”. The meeting convened Ministers of Transport, Health, Foreign Affairs and Education along with representatives from UN agencies, nongovernmental organisations and the private sector. The aim of the Conference was to enhance international co-operation in the field of road safety and give an impetus to the practical steps towards reducing the accident rate on the national level. Following the outcome of the Conference a declaration asking the UN General Assembly to announce 2010-2020 as the Decade of actions for road safety was signed. The Bone and Joint Decade was represented by Dr Wahid Al-Kharusi from Oman, ICT member and leader of the BJD Road Traffic Injury Prevention Project. For more information please see http://www.1300000.net/
Advancing Musculoskeletal Science
Promoting prevention & treatment

BJD Global Minimum Standards of Care
Chronic Pain & Hip Fractures

Based on the outcome of collaboration over the last year, working parties from the BJD International Steering Committee have formulated the Bone and Joint Decade Global Minimum Standards of Care for Musculoskeletal Health in two crucial areas: the first is Chronic Pain, focusing on evidence-based recommendations to improve treatment. The second is Hip Fractures, specifically, determination of risk factors for osteoporosis-related fractures, strategies for prevention, and the appropriate care pathways. These recommendations were adopted globally by delegates at the BJD World Network Conference in 2007 and have been put forth for international response through publication in leading scientific journals.

Professor Peter Brooks, Australia, and Professor Nicholas Walsh, USA, have led the development of the Chronic Pain Recommendations. Professor Kristiina Akesson, Sweden and Dr Kenneth Koval, USA have led the Hip Fracture work. All are members of the BJD International Steering Committee.

Orthopaedic Surgeons Initiative
Improving Knowledge of Osteoporosis Diagnosis & Treatment

Orthopaedic departments now have access to the tool they need to rise to the challenge of recognising osteoporosis patients when they first present, and directing them to an appropriate care pathway. Produced by the International Osteoporosis Foundation (IOF), the Bone and Joint Decade (BJD) and the International Society for Fracture Repair (ISFR), this new osteoporosis education kit was developed to help orthopaedic surgeons to better diagnose and treat the ‘brittle bone’ disease which causes one in three women and one in five men over the age of 50 to suffer a fracture of the hip, wrist, or vertebra.

A multiparty initiative of these three key players in the worldwide fight against osteoporosis, the Orthopaedic Surgeons Initiative aims to raise osteoporosis awareness amongst orthopaedists and provide clear clinical pathways for fragility fracture patients after the first fracture occurs, in an effort to avoid further fractures. The new educational package, freely available on the Bone and Joint Decade website www.bjdonline.org, includes four cutting-edge lectures on osteoporosis, geared specifically for orthopaedic surgeons, plus a summary lecture to wrap-up all of the information presented.

Fragility Fracture Network
A network to improve fragility fracture management

In recent years experts in orthopaedics and in osteoporosis have recognised the urgent need to improve the overall management of patients with fragility and osteoporosis-related fractures. To this end, the Fragility Fracture Network (FFN), an international organisation, was launched by the BJD in 2009. FFN, a non-profit scientific body, is dedicated to improving osteoporosis management by creating a line of care from the moment the fracture occurs, until the fracture is healed and the patient is rehabilitated. This also includes secondary prevention of osteoporotic fractures working in collaboration with other related organisations, Osteoporosis, in which the bone becomes fragile and fracture easily, is known as a silent killer because of the 30 million people affected worldwide who do not know they have it, and if left untreated, can be fatal. Osteoporosis affects one in every three women and one in every five men, over the age of 50 in countries throughout the world. The focus group for this initiative began with orthopaedic surgeons but other professionals are involved in the care pathway, e.g. radiologists, rehabilitation therapists, and so on. Headquartered in Switzerland, the FFN hopes that through this initiative fracture management can be improved among those persons taking care of fragility fracture patients either in hospital or in primary care with the ultimate goal of preventing further fractures. Please see www.ff-network.org

BJD Research Award and Scholarship
The BJD and Joint Decade Award and Scholarship for Research in Osteoarthritis addresses the growing interest in OA within the scientific community and the burden of the disease on the aging population. Funding this interest is clear recognition that the Decade aims to support and advance research in musculoskeletal science. The BJD Award of 25,000 euro is awarded every second year and is intended to honour researchers or scientists working on experimental or clinical cartilage research in osteoarthritis and will support documented quality research and ongoing relevant projects. In addition, three BJD Scholarships, each of 2500 euro are awarded to support ongoing research, educational activities, or research-related travel for young investigators within the same field. For more information about the BJD Award and Scholarship and to download an application form, please visit www.bjdonline.org

Recommendations for Undergraduate Medical Curriculum
The Bone and Joint Decade Task Force on Education developed Recommendations for Core Competences which all doctors should have at the point of graduation from any medical school. The recommendations emphasise training in basic knowledge of the diagnosis and treatment of musculoskeletal conditions and the acquisition of essential clinical skills for diagnosis and treatment and included are proposals for how medical schools should teach the facts about musculoskeletal disease, in what settings, and at what stages of the curriculum in graduate health professional schools. The recommendations (Woolf AD, Walsh NE, Akesson K. Global Core Recommendations for a Musculoskeletal Undergraduate Curriculum. Annals of Rheumatic Disease. 2004; 63: 517-524.) are available at: http://www.bjdonline.org/default.aspx?contID=1130

Guidelines by the BJD Task Force on Neck Pain
A groundbreaking report by the BJD Task Force on Neck Pain A Project begun in 2000 at the start of the Decade, the findings of this report on Neck Pain and its Associated Disorders, is set to make a significant impact on the manner in which neck pain is perceived, treated and studied around the world. The multidisciplinary, international Task Force led by Prof Scott Haldeman from the University of California in Irvine and in Los Angeles, involved more than 50 researchers based in 9 countries and represented 14 different clinical and scientific disciplines in 8 universities. The group assembled the best international research data on neck pain and related disorders – specifically more than 31,000 research citations with subsequent analysis of over 1,000 studies – making this monumental document one of the most extensive reports on the subject of neck pain ever developed, and offering the most current expert perspective on the evidence related to the treatment of neck pain. For more information please see www.bjdonline.org

European Bone and Joint Health Strategies Project
This project, supported by the European Community and completed in 2004, was a collaboration between the Bone and Joint Decade, the European League Against Rheumatism (EULAR), European Federation of National Associations for Orthopaedics and Traumatology (EFOERT), the International Osteoarthritis Federation (IOF), and experts from the fields of rheumatology, orthopaedics, public health, and health promotion from all EU member countries. The goal of the project was to share and disseminate policies pertaining to musculoskeletal conditions and to develop health strategies from prevention to rehabilitation that can be employed at national, regional, and local levels to reduce the burden of bone and joint conditions. The resulting document, European Action Towards Better Musculoskeletal Health (editors: AD Woolf, K Akesson, J Compton, KG Thamgren, R Van Riel) was published in 2005 and can be found at http://www.boneandjointdecade.org/Default.aspx?contID=534
Spotlight on Country-Specific Goals and Activities

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

The Arthritis Health Services Guide has been produced and hosted on the BJD Australia website to give information on a wide variety of services available to people through all stages of arthritis.

In March 2011, to mark the end of the Decade, a forum will be held at Parliament House in Canberra, the National’s Capital, to celebrate the work of the Decade.

In 2010 the “Seat Belt Use” and the “Vulnerable Pedestrian” are the official BJD and Ministries of Health and Transportation official campaigns to reduce RTI urban victims. In Hospitals, because of the long lines and waiting list, to be surgically and fast treated in Brazil.

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.

Improving Access to Effective Prevention and Treatment

Outreach and Raising Awareness

Other Activities of the Brazilian Network

Marcos Mussafir and Jose Sergio Franco
Rio de Janeiro, Brazil

BJD, helmets for all cyclists and motorbike riders has become legislation in all Australian states.
Focus on Country-Specific Goals and Activities

Improving Access to Effective Prevention and Treatment

Over the course of the Decade, the Bulgarian National Healthcare Insurance Fund included 13 musculoskeletal clinical pathways for hospital treatment on the reimbursement list.

A national collaborative initiative of governmental institutions and non-governmental organizations “Saving 200 lives on the roads of Bulgaria” was launched in 2003. In 2006 the mandatory wearing of safety seat-belts, driving with lights on over daytime for the winter period and some restrictions for young road users were introduced by the Traffic Police in Bulgaria and penalty fines were significantly increased. As a result there is a reduction in road traffic mortality rates in comparison with previous years.

A number of national scientific meetings were held on osteoporosis and osteoporotic fractures. The achievements are impressing. In 2000 there were only several osteodensitometric devices in Bulgaria. At present there is a dense network of such devices, and the diagnosis of all types of osteoporosis is widely available to patients throughout the country.

The Government launched a National Program for Restriction of Osteoporosis 2006-2010. The antiresorptive medicines are partially reimbursed by the National Health Insurance Fund. The Medical University of Sofia included on its schedule a postgraduate course of lectures on osteoporosis and osteoporotic fractures as well as another one in the framework of CMG for specialists in orthopedic and trauma surgery.

Outreach and Raising Awareness

The Bone and Joint Decade was launched in Bulgaria by the National Steering Committee with the active public support of the National Clinics Forum “Bulgarian women”, “Women without Osteoporosis” and Mrs. Prof. Eva Sokolova, the spouse of the President of Bulgarian Parliament Mr. Jordan Sokolov, in person. This significant event took place at the National Palace of Culture in Sofia in the presence of the Deputy Minister of Health, the General Director of the National Healthcare Insurance Fund, the Rector of the Sofia Medical University, National Consultant Orthopaedic Surgeon and other official personalities. It was attended by more than 250 representatives of medical, scientific and public organisations, medical experts, patients and students.

The Opening Ceremony was preceded by a press-conference organised by the press-center of the Bulgarian Parliament, which was attended by more than 50 journalists of Bulgarian National Television, Bulgarian National Radio, central daily newspapers, medical journals, etc. A special issue of the newspaper “Osteoporosis” dedicated to the Launch of the Decade was handed out to all the attendees.

Supported by the Union of the Bulgarian Journalists, we received the consent of the Bulgarian National Radio, Bulgarian National Television, central daily newspapers “Sofia” and “Standard”, and the medical newspaper “Forum Medicus” for press communications concerning the Bone and Joint Decade 2000-2010. This media network was the optimum for covering of the information of the Bone and Joint Decade 2000-2010. The basic idea is to spread the ideas of the BJD in multiple publications, articles, interviews, etc. A public “News from the Decade” has been regularly published in the Bulgarian Journal of Orthopaedics and Traumatology, circulating in the media, press releases, etc. The book “Life with Artificial joint” by P. Matzen and P. Tanchev was published, and turned out to be a very useful reading for the patients with joint problems.

Other Activities of the Bulgarian Network

The Bulgarian Ministry of Health endorsed the Decade very early on in May 1999, and a National Steering Committee was set up.

The Bulgarian NAH was the initiator of international collaboration on regional level. The annual meetings of the Spine Experts Group of South-Eastern Europe (SEGSEE) played a very important part in popularizing the BJD initiative among the spinal surgeons of the region. So far there were held 7 Meetings were held and special attention was paid to fostering the participation of South-Eastern European spinal surgeons in the activities of the Bone and Joint Decade 2000-2010. An agreement was reached the Bone and Joint Decade 2000-2010. An agreement was reached – the Rector of the Sofia Medical University, National Consultant Orthopaedic Surgeon and other official personalities.

Improving Access to Effective Prevention and Treatment

The Hip and Knee Replacement Toolkit: A Living Document

A major accomplishment of the past decade in Canada has been the achievement of consensus regarding the National Core Model of Care for Hip and Knee Replacement Surgery and the development of a Toolkit to guide implementation across the country. The development has taken place over four phases, from engagement in Phase I to implementation in Phase IV. With the support of BJD, this work has made a measurable difference in the quality and efficiency of Canadian healthcare.

Phase I: Engaging the National Knowledge Translation Network

In the first phase of the project, leaders from across the country were engaged to shape the change. Orthopaedic surgeons were first engaged; they invited their hospital administrators, not-for-profit and patient organizations, and regional health authorities, who engaged provincial governments. The Network determined that their goal was to develop a sustainable system of accountability and engagement centered on effective delivery that would proficiently provide the best quality and timely bone and joint care and prevention to all Canadians. With buy-in from the Federal Government, Provincial Governments, Regional Health Authorities, senior hospital administrators, patient advocacy groups and leading orthopedic surgeons, this phase set the stage for the work that followed, which would lead to the development of the Toolkit.

Phase II: Consensus on the National Core Model of Care

This phase saw the establishment of a framework/model of best practices to capture and communicate innovative ideas, methodologies and processes while being flexible enough to allow it to be applied in individual jurisdictions; to ensure sustainability, the model was built on the three pillars of Access, Quality and Cost. In April of 2008, consensus was reached on a National Core Model of Care for Hip & Knee Replacement Surgery that would address Pre-operative, Surgical and Post-operative processes and considerations, while ensuring continuous evaluation.

Phase III: Developing the Toolkit

Phase III saw the development of the Toolkit to guide implementation of the Model across the country. More than 400 stakeholders from across the country were engaged in the process of archamagating best practices, which were then synthesized into a Toolkit and website (www.bonean- corrective.ca) where specific tools could be shared with clinicians across the country. The Toolkit, which is based on the best available evidence, outlines the model of care and provides practical tips on application of the model.

Phase IV: Implementing the Toolkit

Bone and Joint Canada now finds itself in Phase IV. Having just completed a planning meeting on March 20th in Toronto, Ontario, the Bone and Joint Team will implement a national communication strategy to ensure that surgical sites across the country are familiar with the Model and the Toolkit. Select sites will be supported in rolling out their implementation strategies. Using forecast modeling, we will study the health human resource implications of variations on the model. And we will work to ensure consistent data collection that will enable more effective resource planning and outcome comparisons across the country.

Other Activities of the Canadian Network

Musculoskeletal Care Curriculum

Dr. Veronica Wesley has headed up the development of a program to shape health professional education relating to Musculoskeletal conditions. Online Training will enhance consistency of knowledge amongst health professionals. The randomized controlled trial that has been commenced and the project has commenced “Proof of Concept”.

National Osteoporosis Strategy

Dr. Earl Bogoch has headed an initiative to improve post-fracture osteoporosis care. With active support from the Ministry of Health and the Ministry of Long Term Care, 19 osteoporosis coordinators in 35 fracture clinics have screened over 15,000 fracture patients screened for osteoporosis. The aim is to expand the program across the country.
Improving Access to Effective Prevention and Treatment

In 2003, the Medical School University of Zagreb, in addition to the rheumatology, physical medicine, orthopaedics and traumatology classes already present in the curriculum, introduced in the last year of studies, the Musculoskeletal Module, lasting for four weeks in the form of a modern integrated education for the future General Practitioners (included training in basic knowledge of the diagnosis and treatment of musculoskeletal conditions and acquisition of essential clinical skills for diagnosis and treatment). Within the specialist disciplines from this field, there are obligatory two-semester postgraduate studies, after which one can transfer to a doctoral study (Ph.D.). Within the Ph.D. study there are certain courses relating to musculo-skeletal problems.

There are a few prominent research groups in the mentioned field in Croatia, which publish valuable scientific papers in the most influential journals of osteoarthritis especially in the field of bone and cartilage healing and in this light should be given consideration to the organization of the “1st International Conference on Regenerative Orthopaedics” in Zagreb in July 2010. Research in the field of rheumatology is also very important: Cardiovascular comorbidity in patients with rheumatoid arthritis and osteoarthritis – multicentric study; Registry for rheumatic patients on biologic drugs; Study on epidemiology of IIE. Thanks to BJD and our cooperation with them, which is primarily manifested through the participation by our representatives in regular annual I&D meetings, our activity and cooperation in this area was recognized, and we are proud to have received an award for our e-poster in Ottawa in 2005, great improvement in the prevention and treatment of Musculo-Skeletal Disorders in Croatia has been achieved.

Outreach and Raising Awareness

During the last six years, the Croatian National Action Network has organized numerous manifestations for the public and medical personnel in order to increase awareness of the Growing Burden of Musculo-Skeletal Disorders on Society. Most of them took place in October. They have been organized in the form of open-air marketing activities all around Croatia and specialized symposia for medical personnel. The Network has been particularly active in the area of prevention and treatment of osteoporosis and rheumatic diseases. During this period five Croatian congresses on osteoporosis with international participation and more than ten symposia with the target problem (osteoporosis, spine, rheumatic diseases, traumatism) were held. A large Mediterranean Rheumatology Congress also took place in Dubrovnik-Cavtat in 2009. Dozens of public discussions, round tables, popular lectures were organized, and numerous radio and TV programmes and newspaper articles produced. We have published a large number of Guidelines for patients on musculo-skeletal condition to enable the patients to take care actively of their own health and to manage their disability more effectively. In 2008, the “Decade” web page was launched. The year 2009 saw the establishment of another citizen association of persons treated with biological drugs called “Remission”. In October 2009, the Committee for Health and Social Welfare of the Croatian Parliament held a special theme session under the title “Bone and Joint Disabilities as a Social Problem,” an event especially worth mentioning. While this season, the European Charter of Work for Patients with Musculoskeletal Diseases was supported by the Croatian Parliament. The conclusions of the session can be summarised in the following sentences: “Health care in the area of Musculo-Skeletal Disorders should be developed for the purpose of achieving the higher levels of prevention, early diagnosis, availability of a larger number of therapeutic procedures and in particular for the purpose of raising public awareness and increasing an understanding of these diseases. Attention should be drawn to education on how to avoid the risk of these; individuals should be encouraged to care about their own health, and media should be stimulated to participate and give their contribution in this subject matter.”

Other Activities of the Croatian Network

In 2004, the Croatian National Committee of Bone and Joint Decade worked for the first time very hard in line with the proclaimed goals and celebrated the Bone and Joint Week from October 5th to October 23rd by organizing numerous professional and scientific meetings, lectures and marketing activities for citizens, but mostly in the Capital of Zagreb. However, in the following few years, the Bone and Joint Week became the Bone and Joint Month, considering numerous manifestations for experts and the public. Every year various activities took place from the end of September to the beginning of November in many different cities and districts of Croatia. We were especially active in celebrating the “World Arthritis Day”, “World Scoliosis Day”, “World Trauma Day” and “World Osteoporosis Day”.
National Action Networks

Improving Access to Effective Prevention and Treatment

Action on communal policies

The annual general assembly has been attached to The Danish Arthritis Foundations annual international symposium.

The BJD-DK was established as an umbrella organisation for the various members.

The key activities of the Danish Network have been annual symposiums on various musculoskeletal topics with invited speakers, both local and international speakers.

The annual symposiums have been arranged by BJD-DK: Physical activity in youth, osteoarthritis, hip fractures, osteoporosis, prevention of sports injuries, trampoline injuries, amputation and prosthetic rehabilitation.

The annual symposiums has been followed by a honary ceremony with the donation of Hip Protectors. Musculoskeletal chapters in several medical textbooks. A professorial ambassador of the BDJ.

Outreach and Raising Awareness

The slogan above enshrines the idea that musculoskeletal disorders (MSD) can and should be prevented. “Load-bearing structures” refer to the bones and muscles of the musculoskeletal system, as well as to the social support network. On the level of the society load-bearing structures include e.g. social security and the health care system.

The Finnish Bone and Joint Decade’s (BJD) National Action Network (NAN) adopted this slogan in the beginning of the mission and continued to emphasize it throughout the decade.

The Finnish NAN issued surveys on MSD, produced brochures (a series called “Home methods for prevention of MSD”), posters, press releases, web pages (www.tules-vuosikymmen.org), and organized events.

In 2004, a year 2000 nation-wide phone survey was repeated, on knowledge regarding MSD. Musculoskeletal ailments in general showed an increase, whereas knowledge on MSD was still unchanged. There was still room for improvement as the BJD carried on. In order to promote awareness, a regularly appealing, MSD magazine (TULES10+) was published in 2006–2009. It was distributed in the NAN operation network, among associations, health professionals and members of the MSD-interest group at the parliament.

Also new happenings were developed. The early spring event “Yellow Ribbon Day” aimed to activate workplaces to deal with MSD with a yellow-ribbon exercise programs sending off a new exercise theme every year.

The Action Day reached directly around 10,000 people yearly. In 2008 the Day was covered in more than 40 local newspapers and 10 radios with an estimated media coverage area of 600,000 people.

Improving Access to Effective Prevention and Treatment

Other Activities of the Finnish Network

Based on life cycle thinking the years 2000–2001 were dedicated to children and youth while working-aged adults were the focus group throughout the decade.

The operation included advertising campaigns in magazines and participation on TV programs (Akuutti). The NAN organized congresses and Musculoskeletal Day seminars (TULES-päivät) for health professionals on various themes such as ageing and the treatment of MSD.

J.B. Lauritzen, L. Witte, J. Kühr, V. Laumanni, P. Hermann, J. Rahbek, L. Sørensen, M. Davidsen
JLAU0D49@bbh.regionh.dk

Finland

V. Laumann, P. Hermann, J. Rahbek, JLAU0004@bbh.regionh.dk

M.D., Ph.D., Associate Professor, Development Manager

Mats Grönblad, Jaana Hirvonen

Finnish Rheumatism Association

National Action Networks
Focus on Country-Specific Goals and Activities

Improving Access to Effective Prevention and Treatment

France

- SOFCOT
- SFR
- National Action Networks

垸Focus on Country-Specific Goals and Activities

Improving Access to Effective Prevention and Treatment

France

- SOFCOT
- SFR

National Action Networks

Improving Access to Effective Prevention and Treatment

France

- SOFCOT
- SFR

Building Patient Empowerment

Patient education: A number of patient education programs were organised, and a series of patient education books and booklets were published. A special roadshow was organised in all of the regional centers of Hungary in 2002 about the prevention, care and treatment of musculoskeletal diseases with participation of doctors, health professionals, authorities and patients.

Other Activities of the Hungarian Network

The Hungarian NANN every year took place in the organisation of RIMA Hungary, a National Gathering, Exhibition, Cultural and Sport Events for the disabled professionals and authorities interested in rehabilitation.

Aims: an important role in accepting rheumatology as a compulsory subject in the curriculum of the Medical School of Semmelweis University, Budapest.

Early diagnosis programmes: The ECHO program is an ongoing program initiated by the Hungarian Osteoporosis and Osteoarthritis Society for screening all women over 50 for osteoporosis who have suffered low energy fracture.

Research work: This Hungarian NANN and the Hungarian Professional College of Rheumatology assessed the care and quality of life of more than 3000 rheumatic patients throughout Hungary.

Epidemiology study about the prevalence of rheumatoid arthritis was performed in south-western Hungary.

In 2003, BJD as reference for the musculoskeletal aspects of the Governmental Program “Bien Vieillir” published by the French Prime Minister on March 12, 2003; BJD as reference for the musculoskeletal aspects of the Governmental Program “Bien Vieillir”.

France

- France

- France

- France

- France

- France

- France

- France

- France

- France

- France

- France

- France

- France

- France
Focus on Country-Specific Goals and Activities

Improving Access to Effective Prevention and Treatment

BJD India has supported and funded 21 research proposals from all over India. The prime focus has been to measure the national burden of musculoskeletal diseases. To begin with, an in-house project was developed in collaboration with COPCORD (Community oriented program for control of musculoskeletal diseases) in India to update and validate the core questionnaires (COPCORD) developed during the random India COPCORD study in village Bhopal (Pune). A study on trauma was added to comprehensively meet the BJD objectives. Subsequently, investigation were chosen from all over India and population surveys were conducted in 13 sites. 

BJD India COPCORD survey map to cover a 65,000 population living in both urban and rural regions. Emboldened by the BJD India COPCORD collaboration and initiative, Indian Council of Medical Research (Government of India) approved and funded a further 30,000 population survey in three regions using the COPCORD India Bhopal model. The summary statistic of this national BJD effort are likely to be ready by end 2010 and will form the basis of draft on proposed national control and prevention program in musculoskeletal disorders including injuries.

20 young medical graduates have been the recipient of BJD India research fellowships in association with Urschel pharma, a corporate partner. 3 amongst the latter were medical undergraduate students. A medical graduate was also supported to attend a fellowship program in pediatric rheumatology in Australia.

Outreach and Raising Awareness

BJD India catalyzed the formation of ‘Arthritis India’ (AI), a patient support group. Over the years, AI has successfully increased its membership and spread its wings beyond the state of Maharashtra. Since 2003, AI has published a quarterly news letter and an annual health magazine with increasing outreach and popularity which is now poised to be printed in over six regional languages. Above all, AI has been a strong advocate of BJD India and its attempt to empower patients with sufficient knowledge on bone and joints.

Community health education programs have been the main focus during the annual BJD activity week celebration every year. Public rallies and free of cost camp distribution of over 700 BJD endorsed crash helmets through road shows and rallies in several town and cities of India, often in conjunction with colleges and traffic police and local administration to attract public attention on “road safety”.

Other Activities of the Indian Network

BJD India has diligently followed the parent organization in spirit and content. It has strived to be a true umbrella organization for all stakeholders. The participation of several national professional organizations is a strong indicator. The participating organizations are Indian Orthopedic Association, Indian Rheumatology association, Indian Society of Bone and Mineral Research, Orthopaedic Society of India, All India Association of Physical Medicine & Rehabilitation, Armed Forces Medical Services, Mission Arthritis India, Trauma Society of India, Indian Society of Spine, Bombay Orthopaedic Society and Indian Institute of Sports Medicine.

Projects for promoting research

2. The Japan BJD Research Fund Project kicked off in 2007, annually accepting 7 to 8 research projects submitted by BJD organization members and taskforce sub-committees.

Outreach and Raising Awareness

Projects and activities to raise the awareness of the burdens of bone and joint disorders and promote public education on health care

1. BJD Forum events inviting expert speakers and celebrities were held in seven major cities during an early phase of BJD between 2002 and 2004.
2. BJD Day events have been held yearly by regional members on October 10 in all Japanese prefectures.
3. The Japanese Orthopedic Association coordinated with Japan NAN to hold annual media conferences on relevant burdens such as joint pain, back pain, sport injury, RA and osteoporosis, which were reported widely on national newspapers.
4. The Japan RA Forum was held in 2001, where the guests included Empress Michiko and Prof. Lidgren.
5. Public was invited to contribute catchphrases for the Japan BJD Campaign, with hopes of receiving the top prize money of twenty thousand US dollars. “Joy of Moving, Happiness Brought by Mobility” was selected.
6. Japan BJD and BJD RIDE Campaigns were held, led by BJD Ambassador Kazama. The top driving distance from 2007 to 2010 amounted to 46,500 km.

Projects on improving the health of bone and joint system of school children

1. A picture book for children entitled “A Book of Body Facts that Even Grown-ups Don’t Know” was handed out to 62,000 school children. The book received the BJD International Award in 2005.
3. A book on sports medicine, intended for high-school and college students, was published.
4. Japan BJD began sending experts to conferences on sport injuries among the growing age population, answering requests from the attending sport associations.
5. 1,450,000 issues of a brochure entitled “Run, Jump and Being Chewful” were distributed to 6,336 kindergartens with the aim of improving the health of kindergarten children.
National Action Networks

Focus on Country-Specific Goals and Activities

Outreach and Raising Awareness

In order to attract health professionals and the public to the musculoskeletal program and osteoporosis, the Lebanese NAN performed the following activities through the years:

1. We asked the first lady of Lebanon who had a fragility fracture of the wrist to go on television live with a press conference to speak about musculoskeletal diseases especially fragility fractures.

2. We organized a Marathon attended by 2000 people at least, headed by two champions of basketball with a Lebanese Beauty Queen.

3. We put posters all over the country for a famous actress and another poster for one of the basketball champions with a ball in one hand and a glass of milk in the other.

4. We organized a nationwide public schools lectures on fragility fractures attended by the students and their parents.

5. We organized a nationwide public lectures even in very remote areas and also a yearly meeting on musculoskeletal diseases for health professionals in the region attended yearly by at least 200 participants.

6. We screened the bone mineral density measurement of at least 2000 people on the “Achilles”, with the collaboration of the Red Cross, free of charge.

7. We published many studies locally and internationally on musculoskeletal diseases.

8. Recently we appointed Mrs. Magida El Roumi, the worldwide known Lebanese Singer, as honorary president of the National Action Network and the Lebanese Osteoporosis Prevention Society.

9. At the same time, I am working with our Syrian counterpart to organize a round table headed by the Syrian first lady, Cheikha Moza from Qatar, Magida El Roumi, the worldwide known Lebanese Singer and Mrs. Reemal Bery, BJD ambassador and they might come up with a declaration regarding musculoskeletal diseases.

10. Dr. Yasser Yaghi is working with the Lebanese Minister of Health to create a National Committee headed by the Syrian first lady, Cheikha Moza from Qatar, Magida El Roumi, the worldwide known Lebanese Singer and Mrs. Reemal Bery, BJD ambassador and they might come up with a declaration regarding musculoskeletal diseases.

11. The rate of awareness on musculoskeletal diseases in Lebanon has reached 80% according to IPSOS study done few years ago.

Improving Access to Effective Prevention and Treatment

“The Ageing of New Zealand”, a project in association with the NZ Orthopaedic Association, demonstrated the problems and increased needs of the “age quake”. This influenced NZ Government to announce the Joint Initiative, which increased Government funding by $NZ270m over four years, to effectively double the number of publicly purchased joint replacements. This is now an ongoing commitment.

Every four years the Ministry of health undertake an in depth National Health Survey and early in the Decade musculoskeletal questions were included for the first time.

In 2003 the NZ Country Women’s Institute gave the BJD a generous research grant of $NZ15,000. This was partly used to study the effects of barium meal A (botox), on the upper limbs of children with cerebral palsy. The remainder was used for an MRI study on the effects of exercise on knee articular cartilage.

A group of medical students produced “Assessing the Burden of Arthritis in New Zealand—a feasibility study”, and this demonstrated the deficiencies in available information regarding musculoskeletal conditions.

A survey of New Zealand orthopaedic surgeons established that although they thought it was their responsibility to initiate investigations for the patient with a sentinel fragility fracture, in many cases this did not happen. BJD NZ produced a pamphlet which was distributed to all units treating these injuries to increase awareness. A subsequent survey of nine orthopaedic units showed that those with an orthogeriatric rehabilitation service did initiate investigation and treatment. However, like similar BJD Network studies overseas, many patients were not adequately investigated and treated for their underlying osteoporosis.

Following the international lead, efforts have been made to increase the time spent studying musculoskeletal disorders during medical training. A survey has been undertaken by a medical student interviewing recent graduates who are planning a career in general primary medicine. The overwhelming response was that they did not feel adequately prepared for their exposure. We are planning further attempts to increase awareness of the problem.

Two members of the NZ National Action network (Arthritis NZ and Osteoporosis NZ) produced excellent work on the burden of arthritis and osteoporosis, respectively. This information was used as the basis of a broader study by Chris Bosley and Kim Miles on the burden of musculoskeletal conditions in New Zealand. This was published as a booklet entitled “The Crippling Burden”, and launched at a Parliamentary Function in 2009. We are using these statistics to try to influence Government to consider musculoskeletal conditions as a key health priority. So far this has not occurred but efforts continue.

As part of New Zealand’s ‘green’ prescription health initiative (GRx), administered by Sport and Recreation NZ (SPARC), a practice nurse or GP issues written instructions to be more physically active as part of health management. This information was used as the basis of a broader study by Chris Bosley and Kim Miles on the burden of musculoskeletal conditions in New Zealand. This was published as a booklet entitled “The Crippling Burden”, and launched at a Parliamentary Function in 2009. We are using these statistics to try to influence Government to consider musculoskeletal conditions as a key health priority. So far this has not occurred but efforts continue.

As part of New Zealand’s ‘green’ prescription health initiative (GRx), administered by Sport and Recreation NZ (SPARC), a practice nurse or GP issues written instructions to be more physically active as part of health management. This information was used as the basis of a broader study by Chris Bosley and Kim Miles on the burden of musculoskeletal conditions in New Zealand. This was published as a booklet entitled “The Crippling Burden”, and launched at a Parliamentary Function in 2009. We are using these statistics to try to influence Government to consider musculoskeletal conditions as a key health priority. So far this has not occurred but efforts continue.

Other Activities of the NZ Network

New Zealand was honoured to receive the International BJD Award for Special Achievement at the 2007 Annual BJD meeting in Ottawa. National Coordinator Chris Bosley was also honoured in 2009 as an International BJD Ambassador.

Prof Ghassan Maalouf

Mr Kim Miles and Mr Chris Bosley
The Norwegian BJD National Action Network called Norsk Sjukdom Tilhører Norge (MST) was formally established in March 2003. In 2004 MST arranged a large opening conference in Oslo with financial support from the Norwegian Directorate of Health, the Norwegian Director of Health, Bjarne Inge Larsen gave a keynote address at the conference together with one of the principal founders of BJD, Professor Bjørn Rydevik from Sweden. MST has also received financial support from several pharmaceutical companies and the insurance company Vertikal Helseassistanse.

Several task force groups were established at an early stage within the network on research, communication and economy respectively, gathering many leading researchers and stakeholders in their respective fields.

One of the major achievements from these task force activities is a comprehensive report on the prevalence and costs of musculoskeletal disorders in Norway. It was published towards the end of 2004 in cooperation with the Norwegian Back Pain Network and received a lot of attention both in the press and among politicians. We have now initiated an update of the report to be published by the end of 2010.

On the initiative of MST, 20 researchers in the field have produced a total of 11 articles to be published in the Journal of the Norwegian Medical Association during 2010. They cover a broad scope of themes in the musculoskeletal field ranging from back pain, neck pain, cervical headache, shoulder pain, arthritis, to patient coping etc.

MST in cooperation with the Norwegian Directorate of Health, has since 2003 every year arranged one-day conferences in Oslo, each focusing on one of the above topics. So far we have covered osteoporosis and trauma, rheumatic diseases and back pain and spinal disorders. In 2009 the MST-conference focused on how to improve rehabilitation and patient communication following injuries to the musculoskeletal system. The program consisted of both contributions from many leaders of the field in Norway as well as patients telling their stories. Towards the end of 2010 we will arrange a national conference on the use of physical activity in treatment and prevention of musculoskeletal disorders.

Based on his extensive experience organizing national campaigns, MST’s leader from 2008-2009, Leif Agnar Ellevset set up several workshops in order to define the content and design of a national MST-campaign to promote the use of low-threshold physical activity in the prevention and treatment of musculoskeletal disorders. This project resulted in a detailed prospectus for a national campaign with working title “Get started”.

A key element in the campaign is the development of a website where both patients and health professionals will find relevant information and have user friendly tools at hand to “Get started”. In this way we hope our message will reach a large number of patients by actively campaigning towards the health professionals they already seek for their musculoskeletal disorder. We will work in close cooperation with the Directorate of Health, the major health professions in this field (medicine, physiotherapy and chiropractic) and patient organizations.

We truly believe that MST during these years to some extent has managed to create an increased awareness among patients and health professionals, and the network itself has provided a platform of communication between a wide range of health professions, medical specialists and different patient groups. MST has throughout the years had several meetings with Government representatives and committees in the Parliament. Our main political goal is to address the urgent need for a national strategy plan to meet the major challenges and huge costs musculoskeletal diseases represent to society. Our efforts in this respect are recently intensified.

Jakob Lothe D.C.
Leader MST

Outreach and Raising Awareness
Under the banner of BJD, the Pakistan secretariat established at PSRD Lahore is engaged in organizing better care for musculo-skeletal disorders in the country. The major issue in this part of the world is lack of public awareness and health education especially in the rural areas which comprise 70% of our population. More than 60% of patients suffering from musculo-skeletal disorders including trauma, tend to visit local bone setter, who are widely spread throughout urban and rural areas. Congenital musculo-skeletal disorders are neglected by the parents due to lack of awareness. Progressive musculo-skeletal disorders, like muscular dystrophy and skeletal dysplasia, etc. are the cause of permanent disabilities.

Thus, we focused ourselves on public awareness programs, seminars on disability disorders, orthopedics care, arthritis care, cerebral palsy management were arranged and a large number of general society members, scientists from Punjab University, officials from government departments attended these meetings. For organizing the continuing care and education we focused on family physicians organization like Pakistan Academy of Family Physicians. The surgeons from PSRD conducted workshops and delivered lectures on various aspects of musculo-skeletal disorders.

Improving Access to Effective Prevention and Treatment

In the regular bi-annual meetings of the Pakistan Academy of Family Physicians, we are concentrating on family physicians to improve public awareness and basic musculo-skeletal health care through their efforts as family physicians are serving in all far off corners of Pakistan. We are also engaged in establishing a group of experts in PSRD Orthopaedic Hospital to facilitate the patients & families with musculoskeletal disorder and to organize the intra uterine diagnosis and genetic counseling of the families. In this regard we are collaborating with University of Health Sciences, Pakistan.

So far we have registered forty families and in the near future we shall extend the facilities to those families. Pakistan Association of Orthopaedic Surgeon and Pakistan Association of Rheumatologist hold their annual conferences regularly where large numbers of scientific papers are presented regularly. Government of Pakistan has taken special initiatives for special people in order to make special people functional in our society. Ministry of Social Welfare & Special Education has taken various initiatives including issuance of Special Computerized National Identity Card (SCNIC) from NADRA and Disability Certificate from National/Provincial Council for Rehabilitation of Disabled Persons. The SCNIC’s, and disability certificates provide the following incentives and facilities to the holders:

1. Employment against 2% quota allocated for disabled persons in government and private organizations,
2. 50% discount in traveling fare for national and private airlines and Pakistan Railways,
3. Facility of opening individual bank account for blind persons.
4. Free treatment facility for disabled persons and their family members in all hospitals and dispensaries working under Federal Government,
5. Parking space will be allocated for special person’s vehicles in buildings to be constructed henceforth,
6. Provision of wheel chairs, artificial limbs, wheel sticks and hearing aids absolutely free of cost,
7. Financial assistance from Pakistan Bank-Milat.
8. Duty free import of special cars for special persons.

These steps will surely bring a positive change in the life for people with disabilities.
Focus on Country-Specific Goals and Activities

Improving Access to Effective Prevention and Treatment

Our biggest achievement is that our Governmental National Health Programme 2007 – 2015 includes rheumatic conditions on its list of health priorities in Poland.

One specific health policy target is a reduction in disability caused by rheumatic conditions (number per year, per-cent of total number of disabled).

The medical system budget improved by government last year covers costs and increases availability of anti-TNF treatment for those in need. Central register of rheumatic patients with “biologic” treatment was founded.

Educational courses and symposia for orthopaedic surgeons have been organized by Department of Orthopaedics, Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Torun.


Building Patient Empowerment

Intensive development of self-help groups: there are active 25 patient organizations, being joined to REF Federation. Representatives of Poland paid visits to Helsinki, Stockholm and Berlin. Annual EULAR conference “Arthritic Patients on the Move” was held in Warsaw in November 2002.

“Golden Remedy”: bi-annual journal for people with rheumatic diseases have had its 22 issues. Books, booklets and leaflets for self-help patients are continually added.

Representatives of Poland participated in lobbying action in European Parliament for priority of rheumatic diseases in 7th Framework Programme.

Public media were regularly informed on importance of chronic inflammatory diseases in Poland and Europe.

Regional events, as “white weekends”; picnics and art awards were organized nationwide.

Conferences on rheumatic diseases as public health problem were held in four regions.

Economic aspects of rheumatic diseases were analyzed on World Arthritis Day sessions during Annual National Rheumatology Conferences.

Three parliamentary sessions were prepared on burden of rheumatic diseases for society.

Outreach and Raising Awareness


Other Activities of the Polish Network

Research conducted in Poland in cooperation with international scientists on Interleukine 15 allowed to define it as one of the therapeutic targets.

Population based screening on rheumatic complaints and diseases conducted on 4000 sample of adults confirmed earlier estimations: 4.1% of adults suffer from rheumatic pain and 0.61% have defined Rheumatic Arthritis.

Therefore a project to establish an organizational model of early diagnostic process to prevent late results of inflammation was set up, and two investigations on quality of life were undertaken.

Improving Access to Effective Prevention and Treatment

The Russian Ilizarov Scientific Center is one of the most famous and largest clinical institutions in Russia and in the world which mission is the treatment and rehabilitation of the patients with diseases and injuries of the loco-motion system.

The purpose of professional activity of the Center’s staff – to improve the quality of the life of the people with disorders of locomotive apparatus, and to raise public awareness on the most effective techniques of prophylaxis and treatment of the bone and joint diseases – coincides with the aims of Bone and Joint Decade. All Russian Ilizarov Scientific Center we constantly improve the techniques of limb and pelvis fractures repar, injuries and diseases of the large joints, chronic arthromyalisis, severe spine deformities and trauma, bone and muscular tissues loss, etc.

We develop new technologies on the restoration of the muscular function, normalization of calcium exchange and prophylaxis of osteoporosis.

Outreach and Raising Awareness

During the years of activity in the framework of BJD close interaction with many newspapers, journals and electronic mass media has been established; constant information partners distributing the news of BJD in Russia has appeared. 553 articles on the problems of prophylaxis and treatment of bone and joint diseases had been published in public popular issues and web-sites only during 2009.

We organized a visit of International news company “Sky News” to Kurgan and they took pictures on surgical treatment of the joint pathologies in Ilizarov Center and the piece on cosmetic orthopaedics was seen by people of Asia, Middle East, Europe and Africa.

The personnel of Ilizarov Center supervises medical aid provided for people living in the rural areas of the country and routinely visit Extreme North areas to consult and select the patients requiring specialized trauma care. Surgeon’s work is covered by the regional TV channels on a regular basis. Some stories on the work of the Center’s doctors were broadcasted by the Central Russian information channel “Vesti”. Totally within 2008-2009 over 30 video materials (film pieces, documentary movies, etc.) had been prepared and shown.

Monthly human campaign “Enjoy the movement” took place in the different regions of Russian Federation and the Center’s surgeon arranged free consultation and selection of the patients with the problems of locomotor system for treatment. Regional TV channel showed series of the stories about the campaign.

Since 2009 a new osteoporosis prevention office has been functioning at RISC RTO polyclinics, Kurgan, where any resident of the Russian Federation can have bone density screening. Leaflets on benefits of the motion, healthy lifestyle and healthy food are given out to the interested individuals. Posters on prevention of osteoarthritis of large and small joints, methods of the treatments, benefits of physical exercises and sports activities were made by the Centre’s staff. Instructional booklets for potential consumers of the services were placed in all medical and prevention institutions of the Kurgansikaya oblast. Four video clips were made for regional broadcasting to show benefits of motion, healthy food, the importance of healthy lifestyle to prevent diseases of joints and bones.

Over the Decade several medical and research conferences have been organized under the auspices of BJD Russia, attracting participants from all over the Russian Federation and the world...

The website of the Centre www.ilizarov.ru has a regularly updated webpage featuring news and events of BJD in the Russian Federation and worldwide.
Improving Access to Effective Prevention and Treatment

In the field of osteology, the Society for Osteoporosis and Metabolic Bone Diseases (SOMOK) associating medical specialists mainly in the field of rheumatology, orthopedics and endocrinology, has become the main vehicle of the National Osteoporosis Day (BUD) campaign. The Society is a regular member of the International Osteoporosis Foundation (IOF). In 2001, the Society organized an international course on osteoporosis under the header of the IOF. In this context, it cooperates with the Czech Society for Metabolic Diseases (SČMO) to regularly organize joint congresses. In addition to that, SOMOK has also organized regional symposia (Eastern Slovakian Day of Osteoporosis, later the Osifoam, and Western Slovakian Days of Osteoporosis). Members of the SOMOK have been members on some commissions for the Slovak Ministry of Health (co-legislation, regulations). During the past decade, the Ministry of Health issued the Regulation for the Diagnostics and Treatment of Osteoporosis, and the Regulation for the Diagnostics (2003 and 2006) and Treatment of Glucocorticoid-Induced Osteoporosis (2009). Thanks to the SOMOK’s activities, this diagnostics and treatment of osteoporosis in the SR have reached a high level. The issue of osteoporosis has been included in the new specialized scopes of rheumatology, endocrinology and orthopedics. At present, there are about 80 densitometers installed all over Slovakia (mainly Hologic and LUNAR brands), which means that the coverage of population (16 devices/million) is above-average even within the countries of the EU. The ultrasonometry is fully covered by public health insurance. All therapeutic and diagnostic possibilities in the treatment of osteoporosis, including bisphosphonates, strontium ranelate and teriparatide. The largest part of medical costs is covered by public health insurance; the surcharge paid by patients is 3% per cent of most. During the past decade, the osteology research focused, in particular, on studying osteoporosis in connective tissue diseases. The issue of the Dictionary of Osteoporosis was devoted to the Bone and Joint Decade, as well as the monographic volume of the Acta Pestiniana Balneologica scientific journal specializing in inflammatory rheumatic diseases in elderly patients. President of Society, Prof. MUDr. Juraj Payer, CSc. regularly participates in the sessions of the EU Expert Panel held in the European Parliament in Brussel.

Building Patient Empowerment

In 2001, within the framework of supporting patients’ activities, SOMOK initiated the establishment of the patients organization – the Slovak Union Against Osteoporosis (SUPO), which in 2004, became a regular member of IOF. SUPO activities focus primarily on advising, education and advice, and it also issues leaflets and oral presentations at its seminars. Members of local branches of the union organize lectures, their members participate in joint rehabilitation exercises guided by experts, joint excursion trips and also attend cultural events together.

Improving Access to Effective Prevention and Treatment

The support of Slovakian government and Institute for public health was fully achieved. In March 2001 Slovak Health Ministry approved the corporative membership of professional societies of biomedical field. The first meeting of the Joint Decade and Patient oriented societies were invited to participate. NAN Slovenia strategies for arthritis-arthrosis (a), spinal diseases (b), rheumatic diseases (c) and fragility fractures (d) include:

- Public education
- Empowered research of musculoskeletal society
- Upgrading of diagnostic and therapy in prehospital and hospital level
- Preventive medicine measures for youngsters, active population and elderly
- Additional founding for preventive and curative programmes
- Better accessibility to specialists (especially for rheumatologists and orthopaedists)

With the slogan “no more than one year waiting period” the orthopaedic association is running a campaign for access to a standardised knee replacement programme with well-known “Saturday operational programme”. The Society for physiatrics and medical rehabilitation provides “back pain school” with institute for occupation-al medicine the physiotherapists and employees are taught about physiologic loading of spine during work. Society for rheumatology made biologic drugs accessible for patients in Slovakia and they try to increase the number of rheumatologists in general hospitals bigger. The Slovak osteologic society saturated Slovenia with densitometers; waiting period for DXA measurement is now shorter than 2 weeks.

Outreach and Raising Awareness

Common public was informed about BJD in 2001 by the campaign with help of the most popular Slovene civil society association – the Alpine association of Slovenia with 74,000 members. They put rubber stamps for marking the postcards and alpine booklets into 156 alpine huts. Medical providers are targeted with publishing papers, supplements of Slovene medical journals, every professional meeting in 4-BUD topics is decorated with 8-BUD logo, both Slovene medical faculties have lectures on musculoskeletal science, two textbooks are published (Osteopatbnice, Fractology of trauma), with support of the industry, printed materials are easily achievable.

Key Achievements

1. South Africa: like many other developing countries faces major health challenges related to shortage of funding, inadequate number of health care professionals and improving access to basic health care together with the need to address the challenges resulting from the high prevalence of communicable diseases such as HIV and Tuberculosis. Despite these constraints, considerable progress has been made highlighting the burden of non communicable diseases, including the spectrum of musculoskeletal disorders. There is increasing awareness of the burden of musculoskeletal disorders among health administrations and health care funders.
2. Patient advocacy has also progressed to the extent that private health care funders have been successfully challenging in court cases but access in the public sector, though improving, remains a challenge for the future.
3. The improvement in the education of health care professionals has resulted in an increasing recognition of musculoskeletal disorders which are amenable to therapy resulting in their referral to the appropriate level of care.
4. An increasing number of health professionals are also being attracted to pursue a career relating to the management of musculoskeletal disorders.
5. Professor Girish M Mody, Chairman of the National Action Network of South Africa, was elected as an Ambassador for the Bone and Joint Decade in 2001 and Ms Ntombifuthi Seboya, a patient delegate from Durban, was also elected as an Ambassador by the IOF in 2008.
6. The participation and contributions by Ms Sandhya Singh, from the Directorate of Chronic Diseases of the National Department of Health, as a member of the Executive committee, has shown the commitment and support of the government towards the attainment of our goals.
7. The events of the past decade have provided a platform to further extend the outreach initiatives to the less privileged sections of the community, lobbying for greater resource allocation for musculoskeletal disorders and the development of databases and registries to analyse and document the rising burden of musculoskeletal disorders. The opportunities for research are many but human resource and financial constraints need to be addressed to make a greater impact on the outcome of musculoskeletal disorders for the benefit of our patients.
National Action Networks

Focus on Country-Specific Goals and Activities

Outreach and Raising Awareness

The Korean Network of Bone and Joint Decade has been focusing on increasing the awareness of the disease among Korean society, including patients in the last decade.

Because of the poor understanding and the diagnosis of the rheumatic disease, many Korean patients suffer from mistreatment and undertreatment with limited reimbursement by government health care system in Korea.

The Korean National Health and Nutritional Survey in 2001 reported that the economic loss from the rheumatic disease is 2.5 times higher than that from the diabetes mellitus. However, the low awareness in this disease condition built some barrier to the right treatment for the patients while patients were trying every single available method, including folk remedy and any supplements of high cost.

To increase the public awareness on the rheumatic diseases, the Korean Network of Bone and Joint Decade designed public education campaign in 2003 and has been promoting it during the 2nd week of October every year since then.

The name of this campaign is “Rheumatism 1, 2, 3” , designed to make people aware of 3 important facts:

• The name of this campaign is “Rheumatism 1, 2, 3”, designed to make people aware of 3 important facts;
• - 1% of the Korean population has rheumatoid arthritis;
• - 2 years should not be passed without treatment since the discovery of any rheumatic disease;
• - 3 of patients, family and doctors need to work together to win rheumatic disease.

The campaign was conducted in 3 segments: public, patients, and media.

For the Public

• Signature-taking campaign in support of the ‘WHO Bone & Joint Decade’ Festival
• Surveys on various aspects of the arthritis to rheumatologists, patients, and the general public
• Discussion of government policy: participants include patient communities, government officials (Specifically for Health Welfare and Family affairs, Health Insurance Review & Assessment Service etc.), physicians, private general practitioners, orthopedics and rheumatologists.

For Patients

• National Arthritis Day: over 500 patients and general public participants to perform various activities such as “Experiencing the pain of arthritis patients”
• Patient lecture series: hospital relay to educate patients on the disease symptom, prevention and treatment
• Patients Education Material Production: Video, Guidebook (disease, medicines, insurance)

For the Media

• Press Releases: Major media - TV, newspaper, online etc - featuring on prevalence, symptom, prevention and treatment of rheumatic disease
• Surveys on the Current status of treatment of rheumatic disease
• RA patients’ disability classifications
• RA patient’s quality of life and food supplement use
• Education level on RA
• Goodwill Ambassador Activities: Patients education video production, Media interview, Cooperative events.

Improving Access to Treatment and Prevention

The Awareness campaign resulted in 3 major achievements: medical reimbursement policy change by government, increase of the awareness on rheumatic disease and better environment to treat rheumatic disease.

Especially, the reimbursement guideline change brought tangible benefits to patients by decreasing the self payment portion. 20% to 50% in June 2008, for patients with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis whose ages are older than 65 or under age 6. In February 2009, age limitation was discarded for those patients. In July 2009, self-payment portion decreased from 20% to 10% for the same patients.

Yeong-Wook Song, MD
BJD NANN Coordinator
ysong@snu.ac.kr

Changes in musculoskeletal health

We have experienced very important changes in the musculoskeletal pathology in the past decade in Spain, for several fundamental reasons:

a) The aging of the population. At present in Spain the population with more of 65 years old represents 23% of the whole and continues increasing year after year.

b) The total population of Spain has increased in the last 8 years in almost 6 millions of persons; existing nowadays 4,650,000 foreigners registered in Spain. The foreign population comes fundamentally from Africa, South America and East of Europe.

c) The population proceeding from Africa and South America presents new pathologies that previously had a little incidence in our country. We have had very important increases in infectious and parasitic pathology, tumoral pathology, and congenital not treated malformations. The programs of family grouping developed by the current government have meant the immigration of an elderly population with serious not treated degenerative osteoarthritis and degenerative pathology of spine.

This changes have suppose a very important increase of osteoporotic fractures, an increasing of prosthesis of hip and knee and a very important increasing of surgery of spine. We have also had a important increasing of obvious tuberculosis and other osseous infections and intravenous cases of parasitosis. We have also suffered an increasing of congenital malformations and tumoral pathology.

Another important change in Spain has been an important decrease of the traffic accidents, due to the new laws of traffic; nevertheless there has taken place an very important increase of the sports accidents.

Improving Access to Effective Prevention and Treatment

Currently a significant problem in Spain is a lack of specialists in Orthopaedic Surgery. In the past decade has become an important effort of continued medical formation to improve the scientific and technical quality of Spanish specialists and to increase their numbers. This effort has been organized fundamentally for the Spanish Society of Orthopaedics Surgery and Traumatology (SECO) with special dedication to the resident doctors in their period of formation (training) as specialists, for it has organized a list of training activities every year.

Another important labour of the Secot has been the beginning of series of publications, initiated in 1998 by the Prof Herrera as President of the Publishing Committee. From 1999 to improve the scientific level of Spanish specialists.

In the field of the research, the past decade has supposed an increase of the Departments of Orthopaedic Surgery with investigative activity; this can be verified by the increase of the Projects of research with funding and the number of publication in international medical magazines with impact factor.

Building Patient Empowerment

In Spain the patient’s associations has a small incidence and those which exist, in the majority are to patients with neurological pathology or rare diseases. Into of the field of the musculoskeletal pathology only there is an association with important implantation and activity, that the AECO, which groups osteoporotic women and, with that we support an excellent relation.

The activities that we have organized together with the patient’s associations have been centered on the field of the Osteoporosis. The majority have had the support of the Spanish Society of Osteoporotic Fractures (SFERAOS) and of the AECO. The developed topics have been measures of prevention of the osteoporosis, improving the general conditions of life. Prevention of the falls, prevention of the fractures and measures of general prevention in the field of prevention of traffic accidents, we have relations with the Headquarters of Traffic of the Ministry of Interior and have collaborated in educational campaigns to prevent accidents.

Prof Antonio Herrera
BJD NANN Coordinator
Spain
The importance of physical activities, Chronic pain and Children with rheumatic diseases

The aim of the Swedish NAM is meant to gather everyone who in one way or another is working to improve the situation for those who have or are in a danger zone for injury or illness in bone or joint by increasing the knowledge of diseases in bone joint or musculoskeletal damages.

Aims

Increase the awareness of the costs of diseases and injuries of musculoskeletal system

Work for expanded training on the musculoskeletal diseases and injuries

Stimulate research on musculoskeletal disorders and traumaontology

Work for improved prevention and treatment of musculoskeletal diseases and injuries

Strengthen the patient’s position in relation to care. This will be achieved through awareness activities, training, conferences and incentives for research.

Target groups

Healthcare professionals with emphasis on primary care and rehabilitation, policy makers responsible for health and social affairs and education and research, public and patients.

The Swedish NAM is working to improve the situation for those who have or are in a danger zone for injury or illness in bone or joint by increasing the knowledge of diseases in bone joint or musculoskeletal damages.

Increasing the awareness of the costs of diseases and injuries of musculoskeletal system has been a common thread in all the activities that the project carried out against both policy makers and the profession, patients and the public.

Information targeting policy makers responsible for health and social affairs and education and research. These presentations continuously get information how to prevent musculoskeletal diseases. Christmas card has been a couple of years sent with the same layout but some small differences in the text.

A seminar was held to improve knowledge about health care consumption, sick leave and sickness and activity of people with musculoskeletal disorders.

To Public and profession

We have regularly participated in and organized activities on the 12th of May (Fibromyalgia day) and the 24th of October (International Osteoporosis day). The public as well as the profession are also invited to these activities.

Arthritis 5-25: A booklet about arthritis and prevention which has been distributed in over 15,000 copies.

Straighten Up: An activity in cooperation with the project and the Chiropractic National Association (LKR). Audiences was distributed in 6000 copies.

Artros 5+25: A booklet about arthritis and prevention which has been distributed in over 15,000 copies.

Bevara din livslängd!

The website www.rorg.se has been meant to bring information and share knowledge.

The website www.rorg.se has been meant to bring information and share knowledge.

The purpose of Project 100 is to have musculoskeletal medicine recognized as an essential discipline by all medical schools, and included in the curriculum Project 100 has led to the Association of American Medical Colleges is singing learning objectives in musculoskeletal medicine, review of the National Board of Medical Examiners’, examination and development of a Subject Examination in Musculoskeletal Medicine designed to test knowledge and thus drive course content. The results of a survey to compare instruction in medical schools show that in 2002 less than half provided instruction or a clerkship in musculoskeletal medicine, while now nearly 80% do so.

Public Education Programs

Fit to a T: a public education program on bone health and osteoporosis, developed in response to the U.S. Surgeon General’s Report on osteoporosis. To date nearly 300 sessions have been taken place across the country, with more than 10,000 patients and members of the public participating. Program partners include USBJD network and non-network organizations whose members offer the program, which is presented at public libraries, corporations, and community venues including hospitals and clinics, churches, clubs, senior centers, health clubs, and government offices. (www.fit2t.org)

Schedule Up America: a program to empower the American people toward better spinal health and an improved quality of life. The vision driving Schedule Up America is for it to take two or three minutes every day to care for their spinal health, just as they care for their dental health.

Experts in Arthritis: a seminar for patients and their families that has drawn some 500 patients who pose questions to a panel of world experts. It has been held twice during the annual scientific meeting of the American College of Rheumatology, and once on Capitol Hill in Washington, DC.
National Action Networks

Focus on Country-Specific Goals and Activities

The UK appointed the Arthritis and Musculoskeletal Alliance (ARMA) as its National Action Network at the launch of the decade.

Improving Access to Effective Prevention and Treatment

In England this musculoskeletal community came together to support a musculoskeletal service framework document (MSF) which was launched by the Secretary of State for Health in 2004. This identified best practice but did not prioritise the conditions nor create targets to achieve it. There were no ring-fenced funding. It was well received but in the target driven culture of the NHS, MSDs needed to be accorded as a priority area.

The long-waiting lists for treatment have been dramatically shortened and no more than an 18 week wait for treatment has been achieved by most areas including rheumatology, however orthopaedics remains an outlier.

In 2008, the King's Fund reported on the areas of increased spending by Primary Care Trusts between 2004 and 2006 as money flowed into the NHS. All clinical programmes had increased except musculoskeletal services and trauma which had decreased.

Each year ARMA members in all four countries have organised awareness raising events in their localities and in the parliaments. There have been attempts to outreach to the general public, but these activities are costly and need to be maintained if they are to be effective.

The year's achievements have been marked by a range of activities.

In the last two years ARMA has worked with its members to lobby for a National Clinical Director for MSDs, having reviewed the progress of the MSF document and concluded that a central figure to lead the community and raise the profile in the Department of Health was essential. There have been Questions and debates in Parliament and finally we have secured a pledge of support to appoint to this post.

The National Hip Fracture Database (NHFD) has been set up, which aims to record the process and outcome of care of every hip fracture patient and feed back to individual units their performance in comparison with the national average. In 2008, a National Clinical Director for Fracture was appointed.

The focus on the issues around work and health, have been welcome, with the appointment of Professor Dame Carol Black as the National Director for Health and Work. ARMA has launched a Charter for Work for people affected by MSDs; provide prompt diagnosis and the most effective treatment; Improve the services and support that employee representatives and the people whose lives are affected by MSDs. This Charter calls on all stakeholders – policy makers, employers, healthcare providers, employees to take positive steps to: prevent work related MSDs; provide prompt diagnosis and the most effective treatment; improve the services and support that employee representatives and the people whose lives are affected by MSDs to take positive steps to: prevent work related MSDs; provide prompt diagnosis and the most effective treatment; improve the services and support that employee representatives and the people whose lives are affected by MSDs.

Building Patient Empowerment

Patient and User groups have been a major player in the NHS providing much needed support and information through literature and help-lines. Their activity has continued and grown throughout the decade despite continual issues over achieving funding. There have been many excellent examples of campaigning by user groups. Patient groups play a major role in the committees making decisions over drug treatments by our health appraisal organisations. There have been successes too where the groups have joined together with the health professionals to appeal decisions made.

The interest in patient reported outcome measurements and the inclusion of the patient voice in making policy has been encouraging. The appointment of Neil Betteridge as Department of Health Patient and Public Adviser on Elective Care, was a major step forward.

ARMA has produced 8 Standards of Care covering the various MSDs which have been widely disseminated and used. These are produced by health professionals and users working together to ensure that their issues and ideas are brought to the fore.

Ria Meek
Network Coordinator
ARMA UK

Improving Access to Effective Prevention and Treatment

Our greatest achievement to date with BJD Vietnam happened this year when Prime Minister Nguyen Tan Dung signed the Mandatory Helmet Law. Now all drivers and passengers on motorcycles from the age of 16 must wear a helmet properly or face penalty of a fine. The amendment includes several other road safety measures: increased fines for carrying more than one passenger over the age of 14; triple to quadruple the original fine for running red lights; double the original fine for driving the wrong way down a one-way street; and from 2009, up to a 1.4 million VND, or approximately 75 US dollars, fine for drink driving. We hope these new tighter measures will go a long way towards eliminating the road trauma problem that plagues our country.

Trauma is an enormous and grave issue in Vietnam with more than 13,000 deaths each year due to traffic accidents. The lack of the human resources of orthopaedic surgeons and the low infrastructure of our hospital are still the main problems in musculoskeletal health in our country.

As in other developing countries our activities during last decade aim to stimulate the continuing education and skill update orthopaedic traumatology surgeons.

We organise a continuous post graduate education and training course for young orthopedic surgeons each year.

Other Activities of the Vietnamese Network

To set up the policy for the continuous post graduate training through the Annual Meeting of VOA and SSHV to support to the BJD Decade 2001-2010. We have organised 3 VOA Annual Meetings and 10 Annual SSHV Meetings combined with the Operative Spine Course since 2005 for the nationwide doctors and surgeons. I also organised the 27 Annual Meeting of the Orthopaedic Association of the Association of South East Asian Nations (27 ASEAN OA) in Sai Gon - HCM City, Viet Nam.
Amplify your voice

United, we can advance musculoskeletal health. Together, we can make a difference.

You have an important role in the Bone and Joint Decade. Whether you are involved in patient advocacy, a professional association, or work in the healthcare industry or government, the Bone and Joint Decade can help amplify your group’s influence through outreach, strategic alliances, and by providing greater access to critical information and resources. We invite you to join us.

The Bone and Joint Decade
bjd@med.lu.se
www.bjdonline.org
+46 46 17 71 61