



Reaching a new 'normal' after COVID pandemic and orthopaedic implications

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What could we learn from a special issue of an orthopaedic surgery journal dedicated to a deadly contagious viral disease? 2020 is a year marked in the History by the upraise of a dangerous infection with a strong contagion potential. We are living in unique times unequalled since generations. The Corona Virus pandemic COVID-19 has been indiscriminatory and swift in its spread. The book "La Peste (The Plague)" authored by the French Nobel Prize winner Albert Camus describing similar threats in different historical times was reprinted and read all over the world.

Our lives have been changed and almost certainly - although social distancing, lockdowns and travel bans shall end at some point - will remain changed forever. As orthopaedic surgeons, for the most of us this timeframe reduced our activity to emergency

and trauma cases only, with virtual outpatient clinics and no elective surgeries. For some of us it may even have meant a shift in discipline to back up hospital colleagues and help take care of COVID-19 cases in some capacity. For all of us, professional, educational and medical development has taken a backseat as training programmes, fellowships, examinations, conferences and meetings were postponed or cancelled. Connections we might have been hoping to make with peers and friends across the world will have to wait. Outside of work you may be juggling home-schooling children, working remotely where possible or supporting partners and family who have also been affected by the pandemic. This is of course all over-shadowed for individuals who experienced the loss of a family member, friend or co-worker to the virus.

Despite the cost, however, out of this pandemic we have seen the emergence of a real spirit of hope, collaboration and generosity [1–4]. Makeshift hospitals being made in record time to cope with the increasing demand in beds, community support and volunteering pouring out for the elderly and the infirm, international collaborative research in search of a vaccine and many more heart-warming stories celebrating the human spirit.

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We must certainly help and support each other, wherever and whenever we can.

As healthcare professionals, we must also look to the future though, and beyond the end of this situation. That is why we at SICOT feel that this special issue of *International Orthopaedics* is so important; we must work hard to understand what is happening in our hospitals *right now*, in order to better know how to fight this crisis going forwards and how to reach a new ‘normality’ when this is all over. By collecting together, the research and experience of orthopaedic surgeons from around the world, and publishing their proposals, guidelines, experiences and best practices we are leading the fight for the future.

We have tried to bring together the most valuable papers out of hundreds of submissions and we present a remarkable set of articles covering the COVID-19 pandemic from the perspective of surgeons from different continents and countries around the globe.

Some of the papers included have looked at problems particular to the orthopaedic specialist and department during the health crisis; Casiraghi et al. from Italy report on ‘Operational Strategies of a Trauma Hub in Early COVID-19 Pandemic’, invaluable experience from one of the first European countries to see a peak in cases on how to keep a trauma centre running effectively [2]. This perspective is supplemented by other Italian contributions from Grassi et al., detailing ‘The Covid-19 outbreak’ [3] as well as ‘The chronic of a silent war’ by Benazzo and coll [4]. Orthopaedic oncologist Martin Thaler from Austria relays vital information in his paper on the ‘Impact of the COVID-19 Pandemic on Patients Suffering from Musculoskeletal Tumours’ [5].

China was the first country experiencing the pandemic and brought valuable contributions in describing and studying the changes in the life of orthopaedic and trauma hospitals and the epidemiology of the traumatic lesions observed and treated [6, 7].

Other research in the issue focuses on the modern technology used to tackle the problems brought by the pandemic. Papers from Singapore debate on the experience of contact tracing in the control of COVID-19 as well as a pertinent review of the medications [8]. The Canadian team led by M. Bhandari explore physical distancing policies using artificial intelligence [9].

Thinking beyond hospitals and institutions we have included an article on ‘Maximizing Virtual Meetings and Conferences: A Review of Best Practices’ by L. Rubinger [10]. The ability and capacity to put on effective distance learning events is already emerging as a key skill necessary for all societies and institutions who want to deliver educational activities now and in the aftermath of COVID-19. Even in the medium- to long-term it may be problematic for many of us to travel even within our own borders for conferences and meetings, whether that be a result of travel bans, financial limitations or the incapacity to take time off work.

France and Belgium contributes with different quality studies including the first CT scanner evaluation for patients and screening for viral infection as well as the experience of the hand and upper limb specialized emergency centre from Paris [11, 12].

The Journal published already two Editorials authored by Romano [13] and Mavrogenis [14] discussing the occurrence of the virus pandemic in North-Africa and Europe.

A survey research authored by Lezak and coll [15] outlines the global reactions of orthopaedic surgeons in these difficult times.

In publishing perspectives from different surgeons in different places we hope to evoke the spirit of generosity that is a part of our calling vocation. We expect to reach the other side of this crisis safely if we do the work as a team. We must continue to communicate, collaborate and share our experience with the orthopaedic community. Achieving the vision of a new ‘normal’ in which orthopaedic surgeons can safely consult and treat the urgent or non-urgent patients will allow us to keep up with our personal and professional development. This will mean a huge, collaborative and all-inclusive effort. By reading and sharing this special issue you are a part of our team and as fellow surgeons, we thank you.

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