

The Bulletin of German-Japanese
Society for Orthopaedics and Traumatology
(GJSOT)



Vol. 3, 2020

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Preface

Naoto Shiba, M.D., Ph.D.
Japanese president of GJSOT
Chief professor, Department of Orthopedics,
Kurume University School of Medicine



The relationship between German and Japanese orthopedics has a special history, and it affects not only science but also humanity. The society was formed in 1977, and it has a 42 year history. The 1st president of the meeting was professor Tamikazu Amako from Kyushu University, and the meeting was held in Kyoto.

In 2017, to spread awareness for the society and secure new members, the process of incorporation has been completed in Japan, and we believe the society will progress further as a result. The meeting has usually been held in turn in Germany and Japan every two years, however the meeting will be held every year according to the rules of incorporation starting in 2017.

On May 11th, 2019, 21st GJSOT meeting is held in Yokohama combined with 92nd JOA meeting as an official International symposium of JOA. It was an evident progress of GJSOT for the future relationship between Japanese and German orthopedic societies. I would like to thank Professor Yamashita, who is president of this 92nd JOA meeting, former JOA President Professor Yamazaki, for your effort to reality. I want to say thank you for Professor Yoshiya who is the Congress President of this 21st GJSOT.

For GJSOT, it has been a long-awaited wish to be an official session of JOA. We expect the society will contribute to the academic cooperation of both Japanese and German orthopedic doctors and help to develop true friendship between the two countries moving forward.

Report of the 21st Meeting of the German-Japanese Society for Orthopaedics and Traumatology

Shinichi Yoshiya

Meeting President of the 21st Meeting

Department of Orthopaedic Surgery, Nishinomiya Kaisei Hospital

Professor Emeritus, Department of Orthopaedic Surgery, Hyogo College of Medicine

Since the German-Japanese Society for Orthopaedics and Traumatology (GJSOT) was incorporated in 2017, the society meeting on the Japanese side has been held every year. The last society meeting was held in Hirosaki hosted by Professor Ishibashi in conjunction with the 31st Annual Meeting of the Japanese Association of External Fixation and Limb Lengthening in August 2018. In 2019, the meeting was arranged and held as a German-Japanese International Symposium entitled “Future endeavors” in the 92nd Annual Meeting of the Japanese Orthopaedic Association.

I had the privilege of serving as a president of this 21st Meeting held in Yokohama Japan. The symposium was scheduled on the afternoon of May 11. The session was moderated by Professor Yamazaki (President of the Japanese Orthopaedic Association) and Professor Pennig. There were 6 participants in the symposium, 3 from each of Japan and Germany, and a participant gave a talk regarding German-Japanese relationship and the current practice in orthopedic surgery and traumatology in each country.

In the symposium, first, Professor Shiba (Japanese president of the GJSOT) presented the 42-year history of German-Japanese friendship and collaboration in orthopaedics and trauma. Second, Professor Mittelmeier talked about metal-on-metal total hip arthroplasty addressing the progress in implant design and material achieved by the German orthopedic surgeons and researchers. Third, I made a presentation about German-Japanese collaboration for development and sophistication of image-free navigation system in total knee arthroplasty. Fourth, Professor Kilian introduced the history of spine surgery in Germany referring to organization aspect as well as clinical training of young surgeons. The fifth talk was given by Professor Pennig regarding his innovative approach to osteoporotic fractures with the use of the intramedullary photodynamic polymer. Finally, Dr. Hayama introduced his experience during the GJSOT fellowship program in 2017. In that program, a group of four Japanese fellows visited three hospitals for three weeks (one week for each hospital). With over 200 attendants, the discussion of the symposium warmed up. The GJSOT fellowship is constituted as an interchanging program, and two German fellows came to Japan at the time of this meeting and attended the symposium. In addition, they visited Tsubaki University and Kurume University before and after the meeting.

In the evening after the meeting session, a friendship party was held in Yokohama. Through the course of the meeting and the party, mutual understanding and relationship between German and Japanese orthopaedic surgeons were further enhanced.





History of German-Japanese Society for Orthopaedic and Trauma; GJSOT

Naoto Shiba, M.D., Ph.D.
Japanese president of GJSOT
Chief professor, Department of Orthopedics,
Kurume University School of Medicine

The relationship between German and Japanese orthopedics has a special history, and it affects not only science but also humanity. The society was formed in 1977, and it has a 40 year history. The 1st president of the meeting was professor Tamikazu Amako from Kyushu University, and the meeting was held in Kyoto. Now 20 meetings have been conducted in the two countries.

In 2017, to spread awareness for the society and secure new members, the process of incorporation has been completed in Japan, and we believe the society will progress further as a result. The meeting has usually been held in turn in Germany and Japan every two years, however the meeting will be held every year according to the rules of incorporation starting in 2017. We expect the society will contribute to the academic cooperation of both Japanese and German orthopedic doctors and help to develop true friendship between the two countries moving forward.

This year, 31st GJSOT meeting will be held in Yokohama combined with 92nd JOA meeting as an official International symposium of JOA. It will be an evident progress of GJSOT for the future relationship between Japanese and German orthopedic societies.

What did we learn from the problems of metal on metal hip joints?

Wolfram Mittelmeier

Different THR systems were detected to produce metal ions more than tolerated by the human body.

Showing case examples and statistics so as own biomechanical investigations rules of implant failures are described.

In fact under lack of specific investigations thin cup bodies were implanted under uncontrolled situation. The risk of deformation and diminuation of the clearance gap lead to higher friction conditions in the joints.

The aim of higher range of motion was not reached in the resurfacing system but with a connection to a standard stem.

The use of an additional sleeve gave the risk of additional stress surfaces. In combination with shorter morse tapers the risk of friction corrosion increased.

The combination of CoCr heads and sleeves with a titanium stem enforced the risk of corrosion.

According to larger heads with higher mass the technique od connection of the taper had to be investigated in detail. The lack of clear instructions to connect the head/sleeve/stem tapers lead to insufficient stabil tapers and corrosion.

German-Japanese Collaboration for the Development and Sophistication of Image-Free Navigation System in Total Knee Arthroplasty

Yoshiya S, Kurosaka M, Kuroda R, Muratsu H, Matsumoto T

Computer navigation in total knee arthroplasty (TKA) was originally developed in Europe and the initial cases were reported in 1998. OrthoPilot (B/Braun, Germany) was the first commercially available image-free navigation system, and its early clinical experiences were reported in the early 2000's.

The feasibility and efficacy of this system were examined at Kobe University from 2002. When this navigated TKA system was introduced to Japan, revisions in the implant design and a size adapted for the Japanese patient population were proposed based on the results of our studies and several modifications were made. In 2007, clinical use of the image-free computer-assisted navigation system in TKA was officially approved in Japan.

While applying this technology to the TKA procedure, it was felt that intraoperative three-dimensional kinematic measurement using this system would be feasible and provide valuable information for optimization of the procedure. Based on collaboration and discussion between the surgeons and the manufacturer, original software for intraoperative kinematic measurement (Kobe version) was developed and incorporated into the system. Consequently, a number of studies have been conducted using this system, and information derived from those studies have contributed to further refinement of the surgical procedure.

Spine Surgery in Germany

Francis Christov Kilian

The history of spine surgery in Germany is full of examples of research and innovation. Already in the 70's surgical techniques and classifications of spinal diseases which are still valid was established. Two professional groups of surgeons are active in spine: neurosurgery and Orthopaedic/Trauma-surgery. The complex anatomy and pathologies requires a multi-professional approach to the whole spine. The spinal surgeons are influencing each-other in interaction with other countries as France, Switzerland, England and Sweden. Since the year 2000, a German Spine Society (DWG) was founded and a surgeon certificates- as well Hospital-center certificates was created. In the last decades specialized spine center all over the country was established, covering all pathologies to the spine. All approaches – anterior and posterior are performed by the spinal surgeons – there is no need for s.c. approach surgeons like un US. New technologies as navigation and robotics are more and more invading the OR's. Never the less the training of young surgeons must include the original free-hand-technique of implantation. Hands-on-courses in the anatomical facilities are the best option to grand a high quality of improvement and confidence in performance of surgical techniques. Any anatomical training center are now established. The main goal of success is the right patient selection: the highest patient satisfaction is found in patients with the most realistic expectations. The spinal register is a new tool to collect the data and follow-up of the patients.

The potential of an intramedullary polymer in osteoporotic fractures : Innovation in osteoporotic bone

Dietmar Pennig

Fractures in osteoporotic bones present an important challenge.

Standard metal implants have been reported to yield comparatively poor results when used in osteoporotic bones. We have studied the potential use of an intramedullary photodynamic polymer inserted in the medullary canal including the meta/diaphysis in osteoporotic fractures. The implant is composed of a Dacron balloon of variable shape, diameter and length. The Dacron balloon is inserted into the medullary cavity in a Seldinger technique and filled with a photodynamic monomer (IlluminOss). The implant adapts to the variable diameter of the medullary cavity during instillation of the monomer. After verifying the correct positioning of the implant, through a fibre optic a blue light of a 436 nm wave length is administered. Within up to 600 seconds the monomer is transformed into a hardened polymer which may be used as a stand-alone device or a hybrid fixation device. During the initial registry study the implant was used in a total of 132 patients with 149 fractures in humerus, ulna, radius, fibula and pelvis. Due to the flexibility of Dacron balloon and liquid monomer the shape of the implant adapts to the clinical situation and makes it a versatile solution in osteoporotic fractures.

Experiences for German-Japanese orthopaedic society Fellowship Program

Sachio Hayama

Department of Orthopedic Surgery

Osaka Medical College

I report on my participation in the 2017 fellowship program hosted by the German-Japanese Orthopedic Association. Four members were trained in the program; two were allocated to the orthopedic team and two were allocated to the spine surgery team. I was trained by the spine surgery team. The visiting facilities were as follows; (1) Rostock University Hospital in Rostock, (2) St. Josef Stift Hospital in Sendenhorst, and (3) Catholic Hospital in Koblenz. I spent 1 week at each facility. Each hospital had internationally known physicians, and we observed a wide variety of surgical procedures. We exchanged opinions on treatment options and techniques for each surgical case, and all of us learned a lot. In addition, we also had an opportunity to meet many doctors, from experienced to young and also experienced different cultures. Through this fellowship program, we were able to become aware of the differences in medical care between Japan and Germany, such as the attitudes toward medical practice and the differences in social security systems, which likely reflect the differences in the respective cultural patterns. I believe that the experience gained through this program will bring various benefits to my future medical practice.

GJSOT Fellowship Program

From May 7 to May 14 , 2019



Fellowship GJSOT 2019: Travel Report

Following the visits of Japanese colleagues in 2017 and 2018 in our clinics in Rostock and Eisenberg, it was a great pleasure and honor for us to be selected for this fellowship. Finally, it started on 6th of May from Frankfurt to Tokyo-Haneda, 11 hours non-stop overnight - a highly recommended option for such a trip, as the jet lag was almost avoided.

At early summer temperatures, on the first day we were able to get to know the well functioning public transport system in Japan on the journey from Tokyo to Tsukuba. In the evening we were invited by the colleagues of the Orthopedic Clinic (Head: Prof. M. Yamazaki) of the University Hospital Tsukuba to the “welcome dinner”. In a pleasant and comfortable atmosphere, our fears of “missteps” quickly dissipated, with regard to numerous written and unwritten social rules of conduct. A brief study of important principles of behavior and the acquisition of a small vocabulary in advance is still worthwhile and also recommended to future fellows. Over the next two days, we got to know the orthopedic clinic: morning briefing, case discussion, surgery (VKB plastic, PVNS synovectomy) and the research department were on the program. The colleagues are very proud of the development of HAL (Hybrid Assistive Limb) a servo exoskeleton suit based on the work of Prof. Y. Sankai. This exoskeleton is u. a. used for after-treatment after endoprosthesis operations but also for the rehabilitation after complex damage (for example spinal cord injuries). The evening ended with the Japanese colleagues at a very versatile food with newly interpreted but basically traditional dishes. After the visit and case discussion the next morning we were invited to climb the nearby Mount Tsukuba, a 900m high, double-pinned mountain with an impressive view of the entire surrounding area.

By train we went in the evening to Akihabara, the so-called “Electric City”. In this Japanese “Las Vegas” place instead of casinos, however, shopping malls and diverse businesses of the “manga culture” together. From the bizarre coffee house to the posh diner, everything is here. The following morning we traveled to Yokohama in the world’s largest metropolitan area (Tokyo-Yokohama, 38 million inhabitants).

Here we participated in the Annual Congress of the Japanese Orthopedic Association, the largest national congress in our field. Although most lectures were held in Japanese, there were a few English sessions with top-class speakers, such as on “periprosthetic fractures” chaired by B. Masri and T. Sawaguchi. The annual meeting of the German Japanese Society for Orthopedics and Trauma (GJSOT) was officially embedded in the congress for the first time. After a very well attended scientific section, led by Prof. Penning (Cologne) and Prof. Yamazaki (Tsukuba), we had the opportunity to give a short personal introduction to fellows at the Executive Committee meeting. We were warmly welcomed by the Presidents of the Society Prof. N. Shiba (Kurume) and Prof. W. Mittelmeier (Rostock). The time at the subsequent evening event unfortunately went by too fast, in order to get into conversation with all invited guests, including the Japanese Fellows from previous years. Nevertheless, numerous contacts were created on this evening, which we would like to continue cultivating in the future.

On Sundays we got to know Tokyo “by Japanese style” in fast motion: our native companion showed us many facets of this vibrant metropolis. The path took us from the Meiji Shrine to the Imperial Palace through the Nobel shopping district to the Tokyo Tower, a replica of the Eiffel

Tower, with views over much of the city. Even the few hours left a deep impression, not only in view of the size of the city. Rather impressive were the friendliness and courtesy of the people and the cleanliness of all roads and facilities.

We spent two more days in Kurume on Kyushu, where an orthopedic department is operated both at the university clinic and at the “Medical Center”. Following the official welcome by the Director of Orthopedics, Prof. T. Okawa, we were subsequently able to participate in the clinical routine with Prof. N. Shiba, including case discussions, a major visit and two surgical procedures (primary hip TAP and triple bundle VKB). Here, too, the extremely careful manner of working of the Japanese colleagues was confirmed, especially with regard to a meticulous haemostasis. The personal expenses, in particular for the operation of the operating theaters, seem to be very high in our opinion, which is certainly also due to the special working attitude and reimbursement system.

In the discussion with medical students via dinner, there was also a hint of an upcoming (social) change: long working hours with less work density than in Germany, are no longer very popular with the next generation in the medical profession.

From a medical / operational point of view, there were definitely differences in the supply strategies in the context of the discussion of numerous cases, e.g. for periprosthetic fractures. In summary, surgical concepts that, from our point of view, involve a high risk of failure, can certainly also lead to success in Japanese patients with a rather delicate physique and traditionally the highest level of compliance.

After 10 days of travel we landed in Frankfurt again with many unforgettable impressions and experiences in our luggage.

We would particularly like to thank the DGOU for granting the scholarship and the GJSOT for the friendly reception and mediation of contacts in the clinics. Thanks also to Mr. Kirschbaum and his team from B.Braun / Aesculap Japan for the organizational work and the on-site support. Many thanks to all Japanese colleagues for their outstanding hospitality. We hope that this exchange will continue to be possible in the future.

Eric Röhner and Martin Ellenrieder

German-Japanese-Society for Orthopaedics and Traumatology Fellowship Program at University of Tsukuba Hospital

We invited two fellows, Dr. Martin Ellenrieder and Dr. Eric Röhner, to Tsukuba in May 2019. Because of a vacation just before and the JOA annual meeting just after, the operation cases were rather less than usual and might be unsatisfactory. It was a slightly short period of 3 days, but we think that they might see a part of the medical treatment that we usually perform. The overall schedule shows it in Table 1.

Two fellows arrived in Japan on May 7, and they came to Tsukuba from Haneda directly. We thought that there was the fatigue of the long journey and performed Welcome dinner as meeting lightly at a Japanese gastropub (Izakaya) on that day. Some young doctors and some researchers of the engineering system that we collaborate came to the welcome dinner. There was a foreign student from Germany. They were surprised at the high technology to order in touch panel and an abundance of menus (Figure 1).

On the next day, they came to University hospital of Tsukuba and joined our morning conference (Figure 2). They introduced themselves and went to operating room. They observed two knee surgeries by Dr. Kanamori. Dr. Eric Röhner was very interested in the operations because he is a knee surgeon, too. After that, they observed rehabilitation by using Robot Suit HAL® that developed in University Tsukuba. In the evening a research conference was held. Some graduate students presented their research and performed discussions. This evening we took them to a Japanese- style restaurant which had beautiful gardens (Figure 3). The bright meal wasn't just delicious, but it was a feast for the eyes. I noticed from the day before, I was surprised that two fellows could use chopsticks very well.

On 9th May, some schedules of the day before were tight so had them relax in the morning and had sightseeing around the Mount Tsukuba with Dr. Abe. They were interested in a view which could overlook Kanto plains and the shrine very much. They came back to the university hospital again in the afternoon. Dr. Alexander Zaboronok from Belarus belonging to International Medical Center of the university hospital attended the hospital tour (Figure 5). They observed the athletic rehabilitation facilities (SMIT center) for the athlete and was done with fascination.

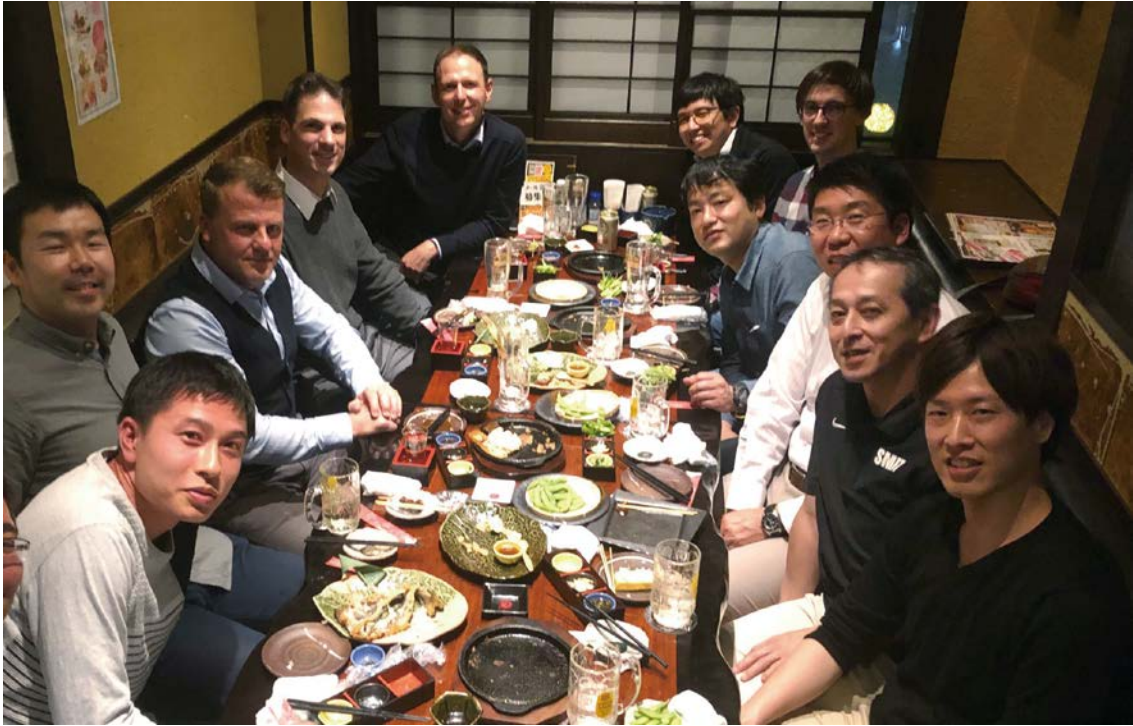


Figure 1. Welcome dinner at Izakaya.



Figure 2. Morning conference at University of Tsukuba Hospital.



Figure 3. Dinner at Japanese-style restaurant.



Figure 4. Dr. Martin Ellenrieder and Dr. Eric Röhner in front of University of Tsukuba Hospital.



Figure 5. Dr. Alexander Zaboronok, International Medical Center of the university hospital, attended the hospital tour.

Table 1

7th May 2019 Tue	14:55	Arrival to Tokyo/Haneda Move to Tsukuba
	19:00	Welcome dinner with surgeons from Tsukuba Univ.
8th May 2019 Wed	8:00	Visit Univ. of Tsukuba Hospital
	8:30	1st Surgery Knee / Dr. Kanamori
	13:00	2nd Surgery Knee / Dr. Kanamori
	15:30	Observation of rehabilitation with HAL system
	17:00	Research conference: presentation by graduate students & discussion
	19:30	Dinner with surgeons @ Japanese-style restaurant
9th May 2019 Thu	9:00	Sightseeing around Mt. Tsukuba / Dr. Abe
	13:00	Hospital tour @ Univ. of Tsukuba Hospital /Dr. Zaboronok Move to Tokyo

Journal of the German-Japanese Orthopedic Surgery Conference

Kurume University Medical Center Orthopedic and Joint Surgery Center
Kosuke Tabuchi

From May 12 to May 14, 2019, we had the privilege to welcome two German doctors: Fellow Dr. Dr Martin Ellenrieder & Dr. Eric Röhner, to Kurume following the conclusion of the Japanese Orthopedic Association Conference.

After the conference ended on May 12, we flew to Kurume with the two doctors.

They visited the Kurume University Medical Center, on May 14, 2019.

At the pre-operative presentation at the medical office, we discussed various topics including techniques for ACL reconstruction surgery and applications of meniscal repair .



Later, they both participated in the surgery. Surgery methods and concepts are universal, but the doctors may have detected something of a unique “Japanese style”.



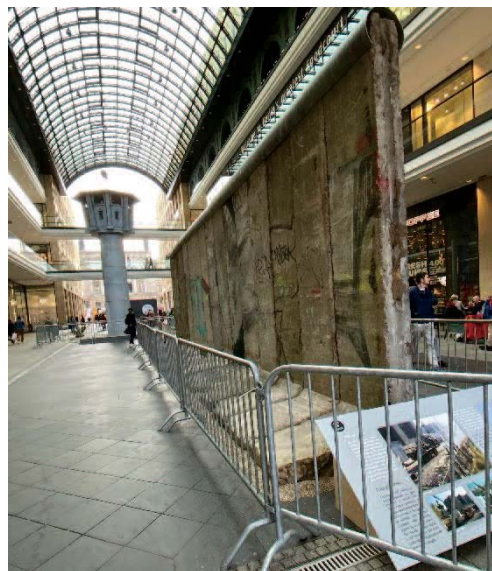
Finally I want to apologize to the doctors because the Kurume's local food "Tonkotsu Ramen noodle" which we ate late at night after arriving in Kurume from Yokohama did not seem to suit to their taste very much.



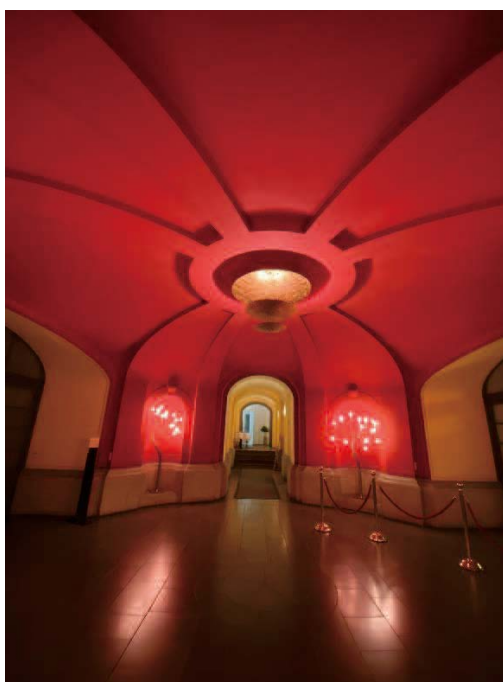
Visiting Berlin for 2019 DKOU

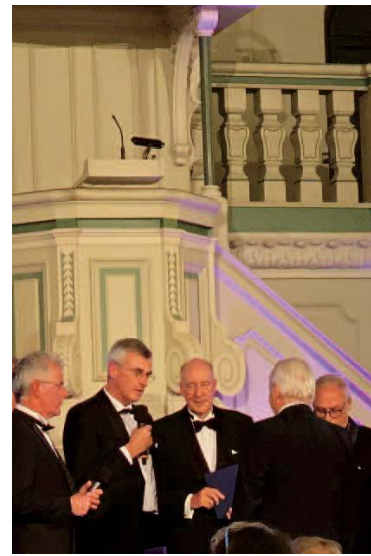
Naoto Shiba

I participated 2019 DKOU. I left Japan on October 20th and arrived at Berlin on the same night. Just in Germany, on the 30th anniversary of the fall of the Berlin Wall, various events were held also around the hotel in Berlin where I stayed.



I participated the DKOU presidential reception held at the French Cathedral in a corner of the Berlin-centric Square “Gendarmenmarkt” on October 21st. This historic church was built in 1701 and is a reconstruction that completely collapsed in World War II. The reception was held in a solemn atmosphere in a wonderful venue. Starting with the performance of Bach masterpieces by the pipe organ. I was introduced by Professor Pennig and Professor Mittelmeier, I had the opportunity to talk with many German Orthopedic doctors one after another. I noticed that I was the only Asian participant of the presidential reception, and I felt the warm feelings of the Germans toward the Japanese.

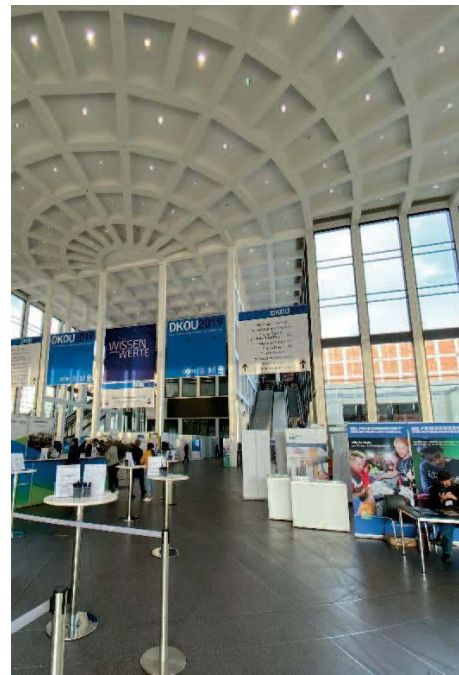




There was a happy reunion, too. I met Professor Duda, who worked up a sweat together in the Mayo Clinic Biomechanics lab. in 1991. He is an engineer, a well-known researcher on sensorized artificial joint, and is now a professor at the Berlin Institute of Technology. I told him that I had received a piece of the Berlin Wall when I was in Mayo.



I went to the DKOU venue held at Messe Berlin on October 22nd. There was the speech of the president and the next president of DKOU at the general meeting. I was impressed the influence on the medicine such as economic content and immigration problems. In addition, it was felt that there were more exhibitions of rehabilitation-related and physical therapy in the vast equipment exhibition hall than in Japan.



On October 23rd, I was on my way home. I saw Frankfurter Allgemeine, which is German leading newspaper, in the Lufthansa Airlines lounge at Berlin Tegel Airport. The article and photo of Emperor Reiwa was published in large. I felt the historically strong relationship between Japan and Germany, and I pledged again to further develop of Japanese-German orthopedics and GJSOT.



第22回

日独整形災害外科学会 シンポジウム



会長

根尾 昌志

大阪医科大学 整形外科学教室

会期

2020/12/19

会場

神戸国際会議場

日独整形災害外科学会： www.gjsot.jp

**German-Japanese Society for Orthopaedics and Traumatology
(GJSOT)
Articles of Incorporation**

**German-Japanese Society for Orthopaedics and Traumatology,
general incorporated association Articles of Incorporation**

Chapter 1 General rules

(Name)

Article 1 This corporation assumes the name of “German-Japanese Society for Orthopaedics and Traumatology”.

(Main office)

Article 2 This corporation holds its main office in Kurume City, Fukuoka Prefecture.

Chapter 2 Objective and activities

(Objective)

Article 3 This corporation has the objective of promoting academic exchange between Japanese and German orthopedic surgeon and neurosurgeon.

(Activities)

Article 4 In order to reach the objective stated in the preceding article, this corporation performs the following activities:

- (1) Holding German-Japanese orthopaedics and trauma surgery meetings
- (2) Holding German-Japanese orthopaedics and trauma surgery symposiums
- (3) Collecting and sharing information related to medicine and medical care
- (4) Any secondary activity related to the preceding items

Chapter 3 Members

(Types)

Article 5 The members of this corporation shall be divided into the following three types, and a full member shall be considered a legal employee of the general incorporated association and general foundation.

- (1) Full member Japanese orthopedics and neurosurgery physicians who joined the corporation to support its objective
- (2) Associate member Non-physician individuals or groups who joined the corporation to support its objective
- (3) Supporting members Individuals or group who joined the corporation to support its activities

(Enrollment)

Article 6 Those who intend to become members of this corporation must apply according to separately stipulated requirements and must receive the approval of the representative director.

(Enrollment fee and membership fee)

Article 7 All employees of this corporation are required to pay an enrollment and membership fee

according to the regulations separately stipulated by a general employee assembly in order to cover the expenses necessary for the corporation's activities.

(Withdrawal)

Article 8 Members can withdraw of their own volition with the approval of the representative director. However, members who fall under the removal requirements set forth in the following Article cannot withdraw arbitrarily.

(Expulsion)

Article 9 A general employee assembly can expel employees who fall under any of the following from the association:

- (1) The employee has violated these articles of association or other rules of the association.
- (2) The employee has undermined the honor of this corporation or has acted contrary to its purpose.
- (3) There are other legitimate reasons for expulsion.

(Disqualification of members)

Article 10 In addition to the preceding two cases, members lose their membership if they fall under any of the following:

- (1) The member has resigned.
- (2) The member has become an adult ward or a person under curatorship.
- (3) The member has died or has been declared disappeared, or, in the case of a group, the group has disbanded.
- (4) The member has failed to pay their due fees for more than six months.
- (5) The member has been expelled.
- (6) The consent of a general member assembly has been obtained.

(Rights and obligations associated with loss of membership)

Article 11 When a member loses his membership under Article 10, they lose their rights as a member of this corporation and are exempted from its duties. However, they are not exempted from unfulfilled obligations.

2 Even if a member loses their membership, the corporation will not return any already paid enrollment fees, membership fees, or any other contributions.

Chapter 4 General employee assembly

(Constitution)

Article 12 The general employee assembly consists of the full members of the association.

(Authority)

Article 13 The general employee meeting has authority over the following matters:

- (1) Member expulsion
- (2) Appointment or dismissal of the board members
- (3) Amount of remuneration, etc. of the board members
- (4) Approval of balance sheet and income statement (statement of changes in net assets)
- (5) Change of the Articles of Incorporation
- (6) Dissolution and disposal of residual property
- (7) Other matters stipulated by the law or the Articles of Incorporation to fall under the authority of the general employee assembly

(Assembly)

Article 14 The general employee assembly is held as a regular meeting of employees within three months after the end of each business year, and when necessary.

(Convocation)

Article 15 Unless otherwise prescribed by laws and regulations, the general employee assembly will be convened by the representative director based on the decision of the board members.

Article 16 Any employee who holds at least one-tenth of the voting rights of all employees can request the representative director to call the general employee assembly by specifying its purpose and the reason for assembly.

(Chairman)

Article 17 The chairman of the general employee assembly is selected from among the employees of the assembly.

(Voting rights)

Article 18 Each employee has the right to one vote at the general employee assembly.

(Resolution)

Article 19 The resolution of the general employee assembly shall be made by the majority of the voting rights of the employees who attended, with the quorum being comprised of the majority of the total number of employees, unless otherwise specified in the law or the Articles of Incorporation.

2 Notwithstanding the provisions of the preceding paragraph, the following resolutions shall be adopted with a majority that is more than half of the total number of employees and at least two-thirds of the voting rights of all employees.

- (1) Expulsion of full members
- (2) Change of the Articles of Incorporation
- (3) Dissolution
- (4) Other matters stipulated by laws and regulations

(Minutes)

Article 20 With regard to the proceedings of the general employee assembly, the minutes shall be prepared in accordance with laws and regulations.

2 The chairman and an employee selected from those present at the assembly shall sign and seal the minutes described in the preceding paragraph.

Chapter 5 Officials

(Appointment of officials)

Article 21 This corporation will have at least 3 board members.

2 One of the board members shall be the representative director.

(Election, etc.)

Article 22 The board members shall be elected by resolution of the general employee assembly.

2 The representative director is selected from among the board members by the board members' mutual election.

3 No more than one third of the total of board members (including liquidators, the same shall apply hereinafter,) shall be comprised by members who are related by blood or have other special relationships specified by laws and regulations.

(Duties and authority of the board members)

Article 23 Board members shall execute their duties in accordance with laws and regulations and the Articles of Incorporation.

2 The representative director shall represent this corporation and execute its operations in accordance with laws and regulations and the Articles of Incorporation.

(Term of office)

Article 24 The term of office of the board members shall be until the conclusion of the regular general employee assembly for the last fiscal year two years after their appointment.

2 The term of office of board members appointed as substitutes shall be until the expiration of the term of the board member for whom they are substituting.

3 The term of office of board members appointed as an increase of members shall be until the expiration of the term of the other incumbent board members.

4 If the number of board members falls short of the number specified in Article 21, board members whose office has ended either due to retirement or completion of their term retain their rights and obligations until a new board member is appointed.

(Dismissal of officials)

Article 25 Board members can be dismissed by resolution of the general employee assembly.

(Compensation etc. of officials)

Article 26 The amount calculated according to the standard for payment of compensation etc. separately defined by the general employee assemble can be paid to board members as compensation for the execution of their duties by resolution of the general employee assembly.

Chapter 6 Assets and accounting

(Fiscal year)

Article 27 The business year of this corporation starts on April 1st and ends on March 31st of the following year.

(Business report and closing)

Article 28 Regarding business reports and financial results of this corporation, the representative director prepares the following documents after every business year and submits the first, third and fourth to the regular general employee assembly. The representative director must report the content of the first document and obtain approval for the third and fourth.

- (1) Business report
- (2) Business statement supplementary statement
- (3) Balance sheet
- (4) Income statement (statement of changes in net assets)

Supplementary statements for the balanc

- (5) e sheet and income statement (statement of changes in net assets)

2 In addition to the documents reported or approved in accordance with the provisions of the preceding paragraph, the Articles of Incorporation shall be kept in the main and subordinate offices, and the employee roster shall be kept in the main office.

(Restriction of distribution of surplus)

Article 29 This corporation cannot distribute surplus.

Chapter 7 Funds

Article 30 This corporation can recruit funds from external parties.

2 The donated funds will not be refunded until the date agreed with the donor.

3 With regard to the fund return procedures, in addition to the resolution of the regular general employee assembly for the total amount of funds to be returned, the board members shall separately specify the place and method for returning the funds and other necessary details.

Chapter 8 Change of the Articles of Incorporation and dissolution

(Changes to the Articles of Incorporation)

Article 31 The Articles of Incorporation may be changed by resolution of the general employee assembly.

(Dissolution)

Article 32 This corporation can be dissolved by the resolution of the general employee assembly or other events defined by the law and regulations.

(Assignment of residual property)

Article 33 In the case of liquidation, the remaining property possessed by this corporation shall, by resolution of the general employee assembly, be donated to a national or local public nonprofit organization as defined by Article 5, Paragraph 17, items (a) through (g) of the Act on Authorization of Public Interest Incorporated Associations and Public Interest Incorporated Foundation.

Chapter 9 Method of public announcement

(Public notice methods)

Article 34 Public announcements made by the corporation shall be posted on an easy-to-see location within the corporation's main office.

The Bulletin of German-Japanese Society for Orthopaedics and Traumatology
Vol. 3, 2020

Published by German-Japanese Society for Orthopaedics and Traumatology secretariat
Department of Orthopedic Surgery, Kurume University,
67 Asahi-machi, Kurume city, Fukuoka 830-0011, Japan, ©2020, Printed in Japan
☎: +81-942-31-7568 Fax: +81-942-35-0709
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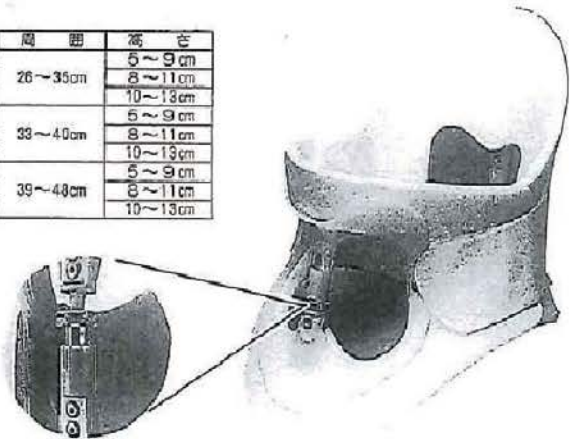
〈特徴〉

- ① 前・後中央部のターンバックルにより、適応サイズに幅を持たせると同時に、若干の牽引効果が期待出来ます。
- ② 外殻フレームには丈夫なサブオルソレンを使用。長期使用にも形くずれなく頭部を支えます。
- ③ 内面にはプラスターソル発泡材を使用し、肌ざわりがソフトであります。
- ④ 前後面に大きな窓をあけ、通気性良くむれない構造としております。

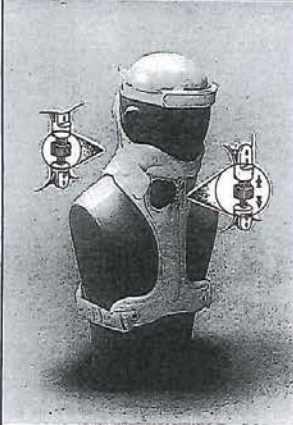
〈サイズ〉

サイズ	幅 囲	高 さ
S-S		5~9cm
S-N	26~35cm	8~11cm
S-H		10~13cm
M-S		5~9cm
M-N	33~40cm	8~11cm
M-H		10~13cm
L-S		5~9cm
L-N	39~48cm	8~11cm
L-H		10~13cm

〈色〉 白、肌色



頌胸椎の簡易固定に オルソ・ブレース



〈特徴〉

- ・前後頌椎部のターンバックルの伸縮により、装具がよりフィットし、頌椎アラインメントの微調整が出来ます。
- ・側方部分は開放され、通気性が良く、又重量約250grと軽量であるため、装着感が良い。
- ・上位頌椎、下位頌椎及び上位胸椎の個性性が良好である。
- ・装着にあたりハローブレースのような外科的処置が不要で、着脱が容易に行えます。
- ・金属部分は全てアルミ製でありMRIの使用が可能です。

〈サイズ〉

	首まわり(cm)
S	26 ~ 35
M	33 ~ 40
L	39 ~ 48



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