EDITORIAL

RESEARCH IN ORTHOPAEDICS

The practising orthopaedic surgeon must not only be a good clinicain, a teacher but a researcher as well.

Orthopaedic research can be basic or clinical. Clinical research is more attractive to practising orthopaedic surgeons and be blended with one's clinical work. Basic research on the other hand, requires allotment of time away from clinical work and a lucrative practice and hence, is less attractive. People who are involved in research must have original and innovative ideas. It is no point reproduce other people's work. The research should be properly planned and carefully thought of rather than grasping any bright ideas or spin off from other people's views and proceed with the research. The research must be clinically orientated and has wide application especially in the understanding of the pathophysiology of disease and the treatment. The current trend of research in orthopaedic surgery where we are trying to make the artificial joint perfectly to replace the human joint. Yet we lack the basic understanding of the function of individual joint, the pathophysiology of disease in arthritis, and the interphase of tissue material bondage. It is unlikely that a "right prosthesis" would ever be made. Currently the developement of wrong prostheses to fit individual joints in body has been a liability in orthopaedic surgery. We teach our students arthrodesis in poliomyelitis. We discuss and research the technique, and the resultant disability of arthrodesis. These findings are not as significant as one who discovers the cause of poliomyelitis and the vaccine of preventing it through basic research. The everlasting benefit is much more.

A good clinical research in our local situation is not easily produced. We cannot draw upon large numbers of any clinical situation, be it total knee replacements or rotator cuff repairs to give our experience with particular procedure. The documentation and filing are still far from being accurate and complete. The clinical research in Asean region can only emerge if new innovative ideas or shrewd clinical observations are made by researcher in course of their clinical work. Such observations are publishable even if there are only a few numbers of journal of international repute. The simple biomechanical concepts that provide solution to major clinical problems may only need a few cadaveric limbs to prove and hence, be published. We believe the thrust of clinical research has to be along these lines if the results are gained acceptance by the international audience.

However,the basic research is more consuming and requires expensive laboratory and institutional support. One must have the infrastructure support to do specific basic research. A piecemeal research which is ill-conceived, ill-planned and poorly executed will give the results that are not interpretable leading to error in observation and misleading conclusion. In addition, one wonders whether good basic research is ever possible by full time clinicians. In our local context with limitation of funds makes it vital that research should be carefully planned and skilfully executed to make its cost effective. As for such research ideas, it should be new and above all clear in mind of the researcher. More effort is probably required for the planning basic research than for the clinical research. "The reinventing the wheel" should be carefully avoided by a thorough literature review. Since once research idea has been developed, it is often stretchable and difficult to shrink it back especially if one works in a very conducive environment (Edmund Chao). Hence, basic research requires a greater commitment by the worker and needs appropriate recognition by the institution if it is widely encouraged.

We must remember that not all research will lead to an answer, sometimes it may raise question or disprove the general established observation. Stimulus for research must come from the academic institution and this is abundantly available in the University environment. Moreover, traditionally non University institution pay less attention to research, being committed mainly to clinical service. Nevertheless, this picture has recently changed and is abundantly evident in this edition of the Journal in which the qualified research work has emerged from non University institutions. With the changing pattern of institutional clinical practice in Singapore, incentives for research has waned. Consequently, a resurgence can only be evoked by appropriate rewards for the research in both University and other institutions. This may not necessarily be monetary. Besides, an innate curiosity to look into a problem and work on it to achieve a result and to prove hypothesis, is presented in every practising physician. What required, it is appropriate in encouragement and guidance and adequate institutional support. The onus therfore,lies with the senior members of the profession to provide guidance and administrators of institutions to make available all facilities for research. In Singapore, this move is taking place in all institutions and the University does not any longer hold a premier position.

We have introduced a "New Concept" section in this edition. This will be invited article by a senior member of the profession. We feel that this is appropriate in a journal that covers the Asean region with its rich and various patterns of orthopaedic practices.

Finally, a "Technical Tips" section enables the regional pool of orthopaedic surgeon simple but ingenious techniques of surgical investigation or manipulation into words that all practising clinicians in the region may benefit from.

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Foreword

Presidential address at the Opening Ceremony of The 11th Annual Meeting of the ASEAN Orthopaedic Association in Kuala Lumpur.

It seems like only yesterday when we last met in Pattaya, and yet another year has passed. This past year was a milestone of sort, for it concluded the first decade of existence of the association. Looking back, we may be justifiably allowed to congratulate ourselves on the past achievements, and the ability to work together under the able leadership of my predecessors, and our secretary-general, Dr. Ong Leung Boon. It seems to me that the first decade was the period of growth and consolidation, with the attention focused mainly on internal matters. As we are moving into the second decade, there is a slight change in the direction of activities to include also regions beyond the Asean countries. We are establishing for the first time a contact with the American Orthopaedic Association, and in May of 1992 we are sending two of our bright young orthopaedic surgeons as the American Orthopaedic Association Travelling Fellows over to the United States.

I would like to take this opportunity to congratulate our host, the Malaysian Orthopaedic Association, for the success in organizing this 11th Annual meeting. I am sure we will find this meeting intellectually stimulating, and socially rewarding.

It is now time for me to perform my last duty as the president. I am passing the presidential jewel over to Dr. K.S.Sivananthan, our next president. Together with this jewel, I give him my good wishes and total support.

Dr. Suprija Mokkhavesa