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FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Winter 2014



MESSAGE FROM THE PRESIDENT

Andrew H. Schmidt, MD

I am very pleased to begin this newsletter by congratulating the Award-winning presentations from our 2013 Annual Meeting: **Niloofar Dehghan**, for her presentation "[Early Weight-Bearing And Mobilization Vs Non-Weight-Bearing and Immobilization After Open Reduction And Internal Fixation Of Unstable Ankle Fractures: A Randomized Controlled Trial](#)", **Kenneth Egol**, for his poster "[Regional Anesthesia Improves Outcome In Patients Undergoing Proximal Humerus Fracture Repair Compared To General Anesthesia](#)", and **Yelena Bogdan**, for her Resident paper "[Healing Time And Complications In Operatively Treated Atypical Femur Fractures Associated With Bisphosphonate Use: A Multicenter Series](#)".

I also want to congratulate **Dr. Michael Bosse**, a past OTA President, who received the 2013 Brian D. Allgood Memorial Leadership Award from the Society of Military Orthopaedic Surgeons (SOMOS). This award is given each year to a military surgeon who distinguished himself as an exceptional leader in military Orthopaedic surgery.

Our 2013 Annual Meeting in Phoenix was another resounding success. Our Program Committee deserves special recognition for putting on yet another outstanding academic meeting. Thanks to all of you who contributed to the meeting; its success is due to everyone's hard work. New this year was a live auction, held in a beautiful outdoor location, in which approximately \$40,000 was raised for our research fund. This could not have happened without the generosity of a number of our members

CONTINUED ON PAGE 2



MESSAGE FROM THE EDITOR

Hassan R. Mir, MD

This Winter 2014 Edition of the OTA Newsletter is packed with highlights from several of the events and accomplishments from 2013, and previews many of the exciting upcoming events for the year ahead. There are multiple committee reports, award announcements, and great columns to read through, including a report on the role of orthopaedic traumatologists in caring for victims of the Boston Marathon Bombing. There are also multiple calls for members to get involved in a variety of ways, with a few examples being involvement with overseas relief work and education in Ghana, and helping shape measures for our specialty through the Physician Quality Reporting System (PQRS).

Also included is information for the upcoming AAOS Meeting and OTA Specialty Day in New Orleans on March 11-15. The next edition of the newsletter will come out in the late Spring, so please be sure to send any suggestions, content, and photos to Hassan.Mir@Vanderbilt.edu.

who contributed items to the auction, and the “open pocketbooks” of meeting attendees who so generously bought the items offered. Along the same lines, this year the OTA has begun honoring members who have contributed over \$10,000 during their lifetime to our research fund. The following OTA members now make up the **Legacy Society**: **James C. Binski**; **William R. Creevy**; **Ramon B. Gustilo**; **Thomas (Toney) A. Russell**; **Andrew H. Schmidt**; **David C. Templeman**; **Marc F. Swiontkowski**; **Paul Tornetta, III**; the **Florida Orthopaedic Institute, Tampa, FL**; and **Orthopaedic Specialists of North America, Phoenix, AZ**. I encourage everyone to try to meet this standard of personal support for the OTA’s Research Mission. ([Legacy Society information](#))



Legacy Society (pictured L to R): Andrew H. Schmidt, Paul Tornetta, III, Marc F. Swiontkowski, Roy Sanders, and James C. Binski.

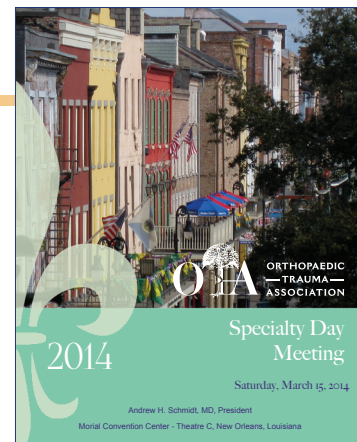
This is the final column that I will write for this Newsletter as your President. It has been an honor and a privilege to lead this organization for a year. In a portion of my Presidential Address, I highlighted problems with the delivery of orthopaedic trauma care in the United States. During my final two years on the OTA Board, I plan to work with our Health Policy Committee in particular to try to shed a brighter spotlight on these issues, and to begin to try to find solutions to these problems.

I encourage all of you to read through the entirety of this Winter edition of our newsletter. In the pages to follow, you will see first-hand evidence of all of the hard-work that our committee’s have been doing.

Finally, I cannot thank our staff in Rosemont enough for their incredible hard work and extraordinary competence in running our organization.

2014 SPECIALTY DAY

Register today for OTA Specialty Day 2014! The agenda offers engaging and relevant topics, and will include case discussions, top trauma techniques video and discussion, and a combined session with American Society for Surgery Hand (ASSH) utilizing the Audience Response System. The American Academy of Orthopaedic Surgeons designates this live activity for a maximum of **8 AMA PRA Category 1 Credits™**.



Educational Objectives

- Recognize when and how to stabilize common fractures and their complications based on evidence.
- Identify ways to avoid, analyze and manage osteoporotic fracture complications.
- Integrate new treatment options into attendee’s practices to improve patient outcomes.
- Compare and contrast operative treatment strategies and approaches to traumatic injuries of the upper extremity

Planning Committee

Andrew H. Schmidt, OTA President; Joseph Borrelli, Jr, MD, Lisa K. Cannada, MD, Christopher Finkemeier, MD, Thomas F. Higgins, MD, Ross K. Leighton, MD, Paul Tornetta, III, MD, and Heather A. Vallier, MD

Specialty Day Program Highlights

- Common Orthopaedic Trauma Problems: Tips Tricks and Evidence
- Osteoporosis: What is it? Who Should Treat It? And How?
- Trauma Techniques - Top Videos
- Award Presentation and OTA Annual Meeting Highlights
- Trauma Jeopardy
- Combined session with ASSH

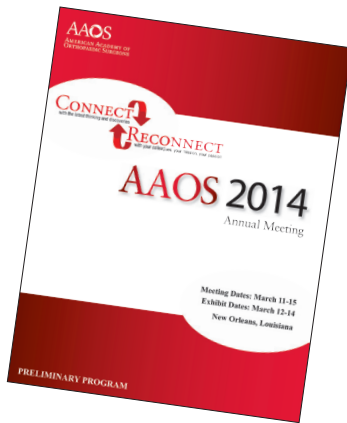
OTA/ASSH Combined Session Highlights

- Distal Radius Acute
- Distal Radius Forearm Reconstruction
- Complex Forearm/Elbow Fractures
- Combined Upper Extremity Cases



AAOS SPECIALTY DAY INFORMATION

- [Trauma related educational sessions](#)
- [2015 ICL Co-Branded Application Information](#)
- [OTA Specialty Day Information](#)
- [Registration and Housing](#)



Since 2000, the Academy's annual volunteer build project—the award-winning Safe and Accessible Playground building program in partnership with KaBOOM!—has provided an opportunity to visibly support playground safety and give something back to the communities we serve by helping with the construction of a safe and wheelchair-accessible play structure for children. During the AAOS 2014 Annual Meeting, hundreds of volunteers will gather to help transform one special community in New Orleans. Help make that dream playground possible. Become a sponsor of the 2014 Safe and Accessible Playground Builder or register as a Build Day volunteer! Additional information can be found on the [AAOS Website](#).

When: Tuesday, March 11, 2014

Questions: Contact Kayee Ip at 847-384-4035 or e-mail at ip@aaos.org

DISASTER COMMITTEE *Christopher T. Born, MD*

The Disaster Committee continues to work on three initiatives. **Dr. Mark McAndrew** is nearly finished with a “Disaster Management” lecture which we hope to have included in the OTA Core Curriculum lecture series. Similarly, **Dr. Eric Pagenkopf** has been refining a lecture on “Blast Injury” which will also be included in the Core Curriculum. **Dr. Christiaan Mamczak** continues to make revisions to

DISASTER COMMITTEE, CONTINUED *Christopher T. Born, MD*

a template that will help to define how an academic department might prepare for and respond to a “Code Triage” within its hospital system. We hope to have these efforts available for final review by the time of the Academy meeting in New Orleans.

The Disaster Response Course (DRC) developed by SOMOS and co-sponsored by AAOS, OTA and POSNA is scheduled to be held in conjunction with the Academy meeting on March 10 and 11, 2014 in New Orleans. To date, over 250 members of AAOS and/or OTA have taken the course which allows them to be placed in the OTA Responder Database. [Course Information](#).

PROGRAM COMMITTEE *Thomas F. Higgins, MD*

The Program Committee is pleased to report another successful Annual Meeting in Phoenix Arizona, October 9-12. The record attendance was 1,429 registered participants. The Program Committee received a record 729 abstract submissions, from which it selected 27 Basic Science podium presentations, 79 podium presentations for the general session, and 128 posters. Major changes in the past two years include: 1) Concurrent sessions, 2) Mandatory disclosure slide times, 3) Re-designed meeting app, 4) Electronic submission of questions to the podium, and 5) Potential phase-out of the printed program book. The Program Committee strives to constantly improve our Annual Meeting, and welcomes feedback from all members on any of these topics at OTA@aaos.org or thomas.higgins@hsc.utah.edu.

We wish to thank **John Ruth** for six years of dedicated service to the OTA on the program committee, and **Ted Miclau**, who is turning over leadership of the Basic Science Focus Forum to **Ed Harvey**. We are gearing up for the review of a fresh round of submissions for 2014 in Tampa, and hope to have responses back to authors by early May 2014. Abstract submission deadline is February 4, 2014. We hope to see everyone in Tampa!



CLASSIFICATION COMMITTEE UPDATE

Craig S. Roberts, MD, MBA

The two biggest news items coming from the OTA Classification Committee is the launching of the 2017 Fracture Compendium. This process has begun and will be looking at several areas: what's new in fracture classification since the 2007 Compendium; major revisions of the proximal humerus and proximal femur classification; and for the rest of the 2007 Compendium, updating and minor revisions. The second newsworthy item is the multicenter OTA Open Fracture Classification Study. We are still looking to enroll centers. This is a fairly easy, low intensity, study to be involved with. Please contact Julie Agel (agelx001@umn.edu) or Craig Roberts (craig.roberts@louisville.edu).

EDUCATION COMMITTEE

William M. Ricci, MD

The OTA Residents Advanced course recently took place in Orlando, FL and was very successful. Many thanks to **Brett Crist** and **Matt Mormino** for chairing an outstanding course. This year registration increased, the very successful small group module, case based curriculum was incorporated, and reviews were outstanding.

Upcoming courses include the Spring Residents Course led by **Greg Della Rocca** and **Brian Mullis**. This will take place in Chicagoland April 16-19. Scholarships are available to offset housing costs and to reduce registration fees (from \$600 to \$200). Please lock in these scholarships for your residents by encouraging early registration. **Paul Tornetta's** Fellows course will once again be held in Boston (April 3-6). The faculty, all senior members of the OTA with many being past presidents or currently in the presidential line, is unsurpassed. Fellows present cases and the discussions that are provoked by MC Paul, are classic. Cadaver dissections are a highlight. Fellowship Directors, please allow and assure attendance by your fellows!! They will be grateful.

Finally, keep an eye out for AAOS co-sponsored webinars every other month and note that these webinars are archived on-line for later viewing.



Outstanding Residents Advanced Trauma Techniques for Residents Course chairs Matt Mormino and Brett Crist.



Resident attendee participating in a lab, who was also fortunate enough to be one of the raffle prize winners at lunch on Saturday.



RATTC faculty (L to R): Matt Mormino, Mark Lee, Brett Crist, and Michael Gardner.

NEW PSA

Preventing hip fractures from falls is critical for senior home safety. A few common sense precautions can make homes safer and extend independence. A public service message from the American Academy of Orthopaedic Surgeons and the Orthopaedic Trauma Association.

For home safety tips, visit orthoinfo.org/falls.

Download Press-Ready PDFs:

- [Postcard](#)
- [Poster](#)

Download High-Resolution JPG:

- [Postcard](#)



Website for Patient Education

Brett D. Crist, MD & Robert P. Dunbar, MD

Since 2000, *OrthoInfo* has provided physicians, patients, and the general public with authoritative information on a wide range of musculoskeletal issues and treatments. In 2013, approximately 2 million readers visited *OrthoInfo* each month, viewing about 3 million site pages.

OrthoInfo articles provide comprehensive information on common orthopaedic problems, surgical procedures, nonsurgical treatments, injury prevention, and healthy living. Written in simple language, *OrthoInfo* articles are easy to understand and can help patients participate more fully in their care and recovery.

More than 45 trauma and injury prevention topics have been developed and updated by members of the AAOS and the Orthopaedic Trauma Association. The most viewed trauma topics include *Ankle Fractures*, *Clavicle Fractures*, *Elbow (Olecranon) Fractures*, and *Calcaneus Fractures*.

In 2013, nine topics were developed or updated by the *OrthoInfo* Trauma Section:

- Hip Fracture Prevention
- Ankle Fractures
- Fractures of the Proximal Tibia (Shinbone)
- Scapula (Shoulder Blade) Fractures
- Nonunions
- Internal Fixation for Fractures
- Radial Head Fractures of the Elbow
- All-Terrain Vehicle Safety
- Bicycle Safety

Trauma topics currently being developed or updated:

- Acetabulum Fractures
- Bone Stimulators
- Talus Fractures
- Pelvis Fractures
- Elbow (Olecranon) Fractures
- Shoulder Trauma (Fractures and Dislocations)
- Hip Dislocation
-

[View OrthoInfo Trauma Articles](#)

MEMBERSHIP COMMITTEE

Clifford B. Jones, MD

Welcome new members!

ACTIVE

Timothy S. Achor, MD *Houston, TX*
Michael Blankstein, MD, FRCSC *South Burlington, VT*
Mark Calder, MD, MPH *Northville, MI*
Daniel Dziadosz, MD *McLean, VA*
Courtney Allen Holland, MD *El Paso, TX*
Andrew Jawa, MD *Boston, MA*
Diane E.S. Payne, MD *Atlanta, GA*
William M Reisman, MD *Atlanta, GA*
Coleen S Sabatini, MD, MPH *San Francisco, CA*
Robert Lane Wimberly, MD *Dallas, TX*
Aaron M. Perdue, MD *Ann Arbor, MI*

ALLIED HEALTH

Suzanne L. Bakken, NP *Garretson, SD*
Daniel Gordon Buchanan, PA-C *Carnelian Bay, CA*
Jason Call, PA-C *Huber Heights, OH*
Karen Linda Garden, NP, MS, RN *Boston, MA*
Walter Jonathan Koss, MPAS, PA-C *Plains, PA*
Steven Milewski, PA-C *Duryea, PA*
Christina Nickell, PA-C *Parker, KS*
Nigar Sultana *Winnipeg, MB*
Mauri L. Zomar, CCRP *Surrey, BC*

ASSOCIATE

Erik Hasenboehler, MD *Baltimore, MD*
Patrick M. Kane, MD *Providence, RI*
Mengnai Li, MD, PHD *Saint Paul, MN*
Sanjay Mehta, MD *Dublin, OH*
Urvij M. Modhia, MBBS, MD *Albuquerque, NM*
James T. Vosseller, MD *New York, NY*

CANDIDATE

Bashar Alolabi, MD, FRCSC *Toronto, ONT*
Khalid Alsheikh, MD *Montreal, QC*
Ari David Amitai, MD *Montreal, QC*
Michael J. Anderson, MD *Minneapolis, MN*
Paul Clay Baldwin, III, MD *Hartford, CT*
Michael Jason Beebe, MD *Salt Lake City, UT*
Ereny Magdy Bishara, DO *Pittsburgh, PA*
Anthony Daniel Bratton, MD *Maywood, IL*
Derek Butterwick, FRCSC, MD *Ottawa, ON*
Natalie E. Casemyr, MD *Denver, CO*
Dale Cassidy, MD, MBA *Barrington, RI*
Jessica Chiang, DO *Pittsburgh, PA*
Lauren Crocco, MD *Boston, MA*

Justin Drager, MD *Montreal, QC*
Evgeny Arkadyevich Dyskin, MD, PHD *Buffalo, NY*
David Galos, MD *New York, NY*
Craig Thomas Gillis, DO *Corvallis, OR*
Michael Githens, MD *Mountain View, CA*
Thierry G. Guitton, MD, PHD *Amsterdam, Netherlands*
Al Walid Hamam, FRCS, MD *London, ON*
Colin C. Heinle, MD *Boston, MA*
Mary Alicia Herzog, MD *San Francisco, CA*
Greg Allen Herzog, MD *Tampa, FL*
Ryan David Horazdovsky, MD *Minneapolis, MN*
Bryan Houseman, DO, ATC *York, PA*
Mark Hsiao, MD *El Paso, TX*
Carissa Nicolette Kirk, MD *Corpus Christi, TX*
Michael Maceroli, MD *West Henrietta, NY*
Matthew Macleod, MD *Stoney Creek, ON*
Zachary Mallon, MD *Long Beach, NY*
John Morellato, MD *Ottawa, ON*

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LOOKING FOR VOLUNTEERS TO HELP WITH PQRS

Douglas W. Lundy, MD

The Orthopaedic Trauma Association is always interested in extending the “member benefits” to the surgeons that make up our organization. One potential means to support our members is for the OTA to be an advocate in establishing trauma specific Group Measures for participation in the 2014 Physician Quality Reporting System (PQRS). Rest assured, the OTA is working toward that goal! According to *Modern Healthcare* (4 December 2013), the 2014 Medicare physician fee schedule includes a rule that will allow us to more easily nominate the quality measures on which we would report for PQRS this year.

The task before us is monolithic. We have to determine trauma specific Group Measures that CMS would endorse, get them to endorse the measures and then convert the OTA database into a fracture registry to enable PQRS participation by our members. This is a daunting mission, but one that could dramatically help the membership qualify for PQRS.

Drs. Ahn, Hayda, Suk, Broderick and Mehta along with Julie Agel have already assisted in defining the needs of the Fracture Registry going forward. If you are interested in helping us define trauma specific Group Measures for PQRS participation, please e-mail [Doug Lundy](mailto:Doug.Lundy@ota.org).

FUND DEVELOPMENT COMMITTEE

Steven J. Morgan, MD

The Orthopaedic Trauma Association gratefully acknowledges the following individuals for their generous financial support received through OTA and through OREF to fund OTA reviewed research grants. *Donations received as of December 31, 2013*

2013 SPONSORS AWARD (\$5,000 - \$24,999)

Ramon B. Gustilo

2013 MEMBERS AWARD (\$1,000 - \$4,999)

Daniel Altman, Michael Bosse, Tim Bray, Bruce Buhr, Lisa Cannada, Curt Comstock, William Creevy, Gregory Della Rocca, Douglas Dirschl, Stuart Gold, James Goulet, David Hak, Thomas Higgins, Kyle Jeray, Clifford Jones, Ross Leighton, Paul Levin, Doug Lundy, Bruce Lutz, Hal Martin, Ted Miclau, Steve Morgan, Timothy O'Mara, Andrew Pollak, Bob Probe, William Ricci, Matthew Rudloff, Thomas Russell, Andrew Schmidt, Daniel Sheerin, Jeff M Smith, Scott T Smith, Marc and Beth Swiontkowski, David Teague, David Templeman, Paul Tornetta, Heather Vallier, John Weinlein, Sharese White

2013 FRIENDS AWARD (\$250 - \$999)

Mark Adams, Paul Appleton, Christopher Born, Christina Boulton, Kathleen Caswell, Brett Crist, Carl DePaula, Nicholas Dinicola, Christopher Doro, W. Andrew Eglseder, Darin Friess, David Goodspeed, Gerald Greenfield, Mary Haus, Roman Hayda, William Hennrikus, Utku Kandemir, James Krieg, William Kurtz, Gerald Lang, Robert Lange, Paul Lafferty, Thuan Ly, Theodore Manson, Meir Marmor, Larry Marsh, Robert McClellan, Theodore Miclau, Saam Morshed, Jason Nascone, Robert O'Toole, Mark Olson, Murat Pekmezci, Laura Phieffer, Michael Prayson, Matthew Putnam, Mark Reilly, Regis Renard, Craig Roberts, Edward Rodriguez, Melvin Rosenwasser, David Sanders, Bruce Sangeorzan, Marcus Sciadini, Gregory Schmeling, John Schwappach, Susan Scherl, Milan Sen, Michael Sirkin, R. Malcolm Smith, James Stannard, Lisa Taitzman, David Volgas, Gregory Vrabec, Tracy Watson, Matthew Weresh, Thomas Wuest, Edward Yang, Harris Yett, Patrick Yoon, Lewis Zirkle

2013 ASSOCIATES AWARD (up to \$249)

Yelena Bogdan, Shepard Hurwitz, Joseph Hsu, Peter Krause, Kevin Luttrell, Bryan Ming, Dominique Rouleau, John Staeheli, Kyle Swanson, Steven Steinlauf, Kyle Swanson, Michael Swords, Ryan Will

RESEARCH COMMITTEE

Todd O. McKinley, MD

Congratulates the following award recipients:

OTA 2013 GRANT AWARDS

(Grant Cycle: 1/1/2014 – 12/31/2014)

CLINICAL GRANT APPLICATIONS

(up to \$40,000/year, 2 year grant cycle)

Title: **Hemostasis In Open Acetabulum And Pelvic Ring Surgery Using Tranexamic Acid:**

A Prospective, Randomized, Controlled Study

PI: **Brett Crist, MD** Co-PI: **William Harvin, MD**

Awarded Funds: \$41,524

Title: **Muscle Atrophy Regulation In Older Adults With Hip Fracture And Potential Anabolic Approaches**

PI: **Micah Drummond, MD** Co-PI: **Thomas Higgins, MD**

Awarded Funds: \$72,910

BASIC RESEARCH GRANTS

(up to \$50,000 with \$25,000/year max up to 2-year grant cycle)

Title: **Targeting Intracellular Staphylococcus Aureus To Lower Recurrence of Orthopaedic Infection**

PI: **Jason Calhoun, MD** Co-PI: **Thomas Ellis, MD**

Awarded Funds: \$29,529

Title: **Integrin Signaling And Hyaline Cartilage Response To Blunt Trauma**

PI: **Gregory Della Rocca, MD** Co-PI: **Aaron Stoker, MD**

Awarded Funds: \$49,330

CONTINUED ON PAGE 8

NEW Directed Topic Research Grant Opportunity



*Details will be posted on the
OTA website by February 3.*

Todd McKinley, MD, Research Committee Chair

On February 3rd, a Request For Proposals will be posted on the OTA Research page soliciting research proposals to conduct a prospective randomized controlled trial to investigate treatment of ankle syndesmotom injuries. Proposals will be due by 5:00 PM on **April 4, 2014**. Funding will commence on July 1. Total funding will be \$100,000.

The Orthopaedic Trauma Association EQBVS Committee has recently published (ahead of print), the OTA practice patterns and treatment recommendations for open tibia fracture and segmental bone defects. The committee has also completed an evidence based medicine review of DVT prophylaxis in the orthopaedic trauma population. This will be published soon in The Journal of Orthopaedic Trauma. I would like to welcome two new members to the EQBVS committee, Michael Zlowodzki and Chad Coles. I would also like to thank Claude Sagi for his excellent service on the committee. His passion and insight will be missed.

Obremsky WT, Molina CS, Collinge C, Tornetta P 3rd, Sagi C, Schmidt A, Probe R, Ahn J, Nana A. [Current Practice in the Management of Segmental Bone Defects Among Orthopaedic Trauma Surgeons.](#) *J Orthop Trauma*. 2013 Nov 13. [Epub ahead of print] PMID:24231582

Obremsky WT, Molina CS, Collinge C, Tornetta P 3rd, Sagi C, Schmidt A, Probe R, Ahn J, Nana A, Browner B. [Current Practice in the Initial Management of Open Fractures Among Orthopaedic Trauma Surgeons.](#) *J Orthop Trauma*. 2013 Nov 13. [Epub ahead of print] PMID: 24231581

RESEARCH GRANT AWARDS, CONT'D FROM PG. 7

Title: **Mediators of Acute Kidney Injury Following Orthopedic Trauma in Obese Rats**
PI: **Robert Hester, MD** Co-PI: **George Russell, MD**
Awarded Funds: \$50,000

Title: **Therapeutic Application of Carbon Monoxide (CO), Liberated From A Novel CO-Releasing Molecule (CORM-3), In A Large Animal Model of Limb Compartment Syndrome**
PI: **Abdel-Rahman Lawandy, MD**
Awarded Funds: \$50,000

Title: **Promoting Ischemic Fracture Healing by Blocking Inhibitors of Vascularization**
PI: **Jaimo Ahn, MD**
Co-PI: **Kurt Hankenson, MD**
Awarded Funds: \$50,000

Title: **The Use Of Autologous Endothelial Progenitor Cells (Epcs) For The Healing Of A Bone Defect In A Large Animal Model**

PI: **Aaron Nauth, MD** Co-PI: **Emil Schemitsch, MD**
Awarded Funds: \$50,000

TOTAL AWARDED: \$393,293

2014 RESIDENT GRANT RECIPIENTS

(January 1, 2014 – December 31, 2014 Grant Funding Cycle)

Title: **Effects of Upper Extremity Immobilization and Use of a Spinner Knob on Vehicle Steering: A Prospective Study In Patients with Distal Radius Fractures**

PI: **Lyle Jackson, MD**
Co-PI: **Kyle Jeray, MD**
Awarded Amount: \$17,129

Title: **Hypoxia Mimicking Agents for the Induction of Guided Angiogenesis in Calcium Phosphate Scaffolds for Bone Tissue Engineering of Posttraumatic Bone Defects**

PI: **Justin Drager, MDCM, HBSc**
Co-PI: **Edward Harvey, HBSc MDCM MSc FRCSC**
Awarded Amount: \$19,621

Title: **Effects Of Selective Serotonin Reuptake Inhibitors Upon Fracture Healing**

PI: **Siddhant Kumar Mehta, MD**
Co-PI: **George Russell, MD**
Awarded Amount: \$19,911

Title: **The Effect of Timing of Amino-bisphosphonate Therapy on Fracture Healing in Osteoporosis: A Mammal Model**

PI: **Jesse Otero, MD, PhD**
Co-PI: **Nepola James, MD**
Awarded Amount: \$20,000

Title: **Development and Deployment of a Statewide Hip Fracture Morbidity and Mortality Risk Calculator**

PI: **Andrew Pugely, MD**
Co-PI: **J Lawrence Marsh, MD**
Awarded Amount: \$20,000

TOTAL RESIDENT GRANTS AWARDED: \$96,661

ANNUAL MEETING HIGHLIGHTS

Thomas F. Higgins, MD, Program Chair

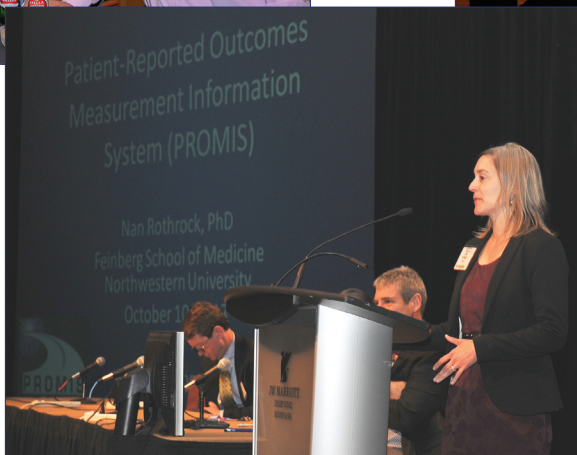
Special thanks to *Tim Bray, Lisa Cannada, Dave Hak, Tom Higgins, Dave Lundy, Ross Leighton and Dave Teague* for airline gift card donations that were incorporated in various auction packages. Sincere gratitude to *Lisa Cannada* for auctioneer arrangements.



Border Lecturer, Dr. Bruce D. Browner (R) and OTA President Dr. Andrew H. Schmidt (L)



Dr. Daniel Hernández, Dr. Roberto Vallecillo and Dr. Alberto Padilla, Ortho doctors from Mexico at the International Forum reception.



Dr. Rothrock of Northwestern University at the opening symposium.

THANK YOU TO AUCTION DONORS

- US Flag Flown Over Military Sites
(Donor: *OTA Military Committee*)
- Ortho Trauma Library Package
(Donors: *James Stannard, Paul Tornetta, Donald Wiss*)
- 2014 OTA 30th Anniversary Package
(Donors: *OTA and Roy Sanders*)
- Ortho Trauma Surgeon Wine Cellar Reserve,
(Donors: *Jeff Anglen, Mike Bosse, Tim Bray, Greg Della Rocca, Ramon Gustilo, Dave Helfet, Dick Kyle, Doug Lundy, Steve Morgan, Andy Pollak, Tony Russell, Andy Schmidt, Marc Swiontkowski, Dave Teague, Peter Trafton, Tracy Watson and Don Wiss*)
- Breckenridge Ski Vacation
(Donor: *Andy Schmidt*)
- Rocky Mountain Vacation Home
(Donor: *Steve Morgan*)
- New York Yankees Tickets / NYC Get-Away
(Donors: *Mel Rosenwasser and Ken Egol*)
- Screaming Eagle Wine
(Donor: *Greg Schmeling*)
- Sonoma Valley Private Winery Tours / Weekend Get-Away
(Donors: *David Lowenberg and Bob Probe*)



Dr. Bosse and Dr. Andersen after Dr. Bosse's winning bid.



Dr. Teague wins San Diego golf getaway.

ANNUAL MEETING AWARD WINNERS



Dr. Broderick and Margi Maley, Coding Course.



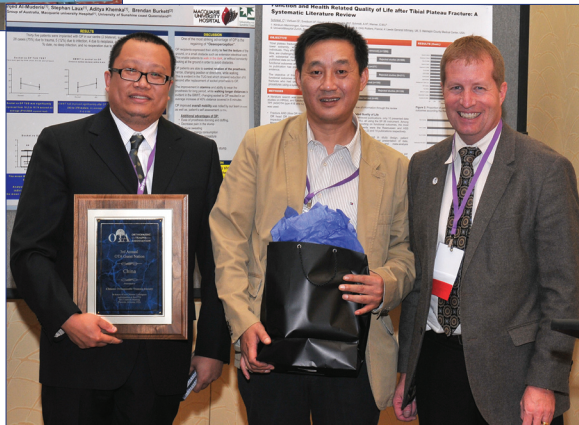
Dr. Ertl wins New York Yankees tickets.



Dr. Aiken wins signed books and a swim with sharks at the Tampa Aquarium.



Dr. Schmidt with Chinese delegates.



2013 BOVILL AWARD – BEST PODIUM PRESENTATION

Δ Early Weight Bearing and Mobilization Versus Non-Weight Bearing and Immobilization After Open Reduction and Internal Fixation of Unstable Ankle Fractures: A Randomized Controlled Trial

Niloofer Dehghan, MD¹; Richard Jenkinson, MD²; Michael McKee, MD¹; Emil H. Schemitsch, MD¹; Aaron Nauth, MD¹; Jeremy Hall, FRCSC¹; David Stephen, MD²; Hans J. Kreder, MD²;

¹St. Michael's Hospital - University of Toronto, Toronto, Ontario, Canada; ²Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

2013 BEST POSTER PRESENTATION

Regional Anesthesia Improves Outcome in Patients Undergoing Proximal Humerus Fracture Repair Compared to General Anesthesia

Kenneth A. Egol, MD; Jordanna Forman, BA; Crispin Ong, MD; Raj Karia, MPH; Andrew Rosenberg, MD; Joseph D. Zuckerman, MD;

NYU Hospital for Joint Diseases, New York, New York, USA

2013 MEMORIAL AWARD – BEST RESIDENT PAPER

Healing Time and Complications in Surgically Treated Atypical Femur Fractures Associated With Bisphosphonate Use: A Multicenter Series

Yelena Bogdan, MD¹; Paul Tornetta, III, MD¹; Thomas A. Einhorn, MD¹; Pierre Guy, MD²; Lise Leveille, MD²; Juan Robinson, MD³; Nikkole Haines, MD⁴; Daniel S. Horwitz, MD⁵; Clifford B. Jones, MD⁶; Emil H. Schemitsch, MD⁷; H. Claude Sagi, MD⁸; Daniel Stahl, MD⁹; Megan Brady, MD¹⁰; David W. Sanders, MD¹¹; Thomas G. Higgins, MD¹²; Michael Kain, MD¹³; Cory A. Collinge, MD¹⁴; Stephen A. Kottmeier, MD¹⁵; Darin Freiss, MD¹⁶;

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Δ Open Reduction and Internal Fixation Compared With Primary Subtalar Fusion for Treatment of Sanders Type IV Calcaneal Fractures:

A Randomized Multicenter Clinical Trial

Richard E. Buckley, MD;

Canadian Orthopaedic Trauma Society

A Prospective Randomized Multicentric Trial Comparing a Static Implant to a Dynamic Implant in the Surgical Treatment of Acute Ankle Syndesmosis Rupture

Mélissa Laflamme, MD¹; Etienne L. Belzile, MD¹;

Luc Bédard, MD¹; Michel van den Bekerom, MD²;

Mark Glazebrook, MD³; Stéphane Pelet, MD, PhD¹;

¹CHU de Québec, Quebec City, Quebec, Canada; ²Spaarne

Ziekenhuis - Locatie Hoofddorp, Hoofddorp,

The Netherlands; ³Dalhousie University, Halifax,

Nova Scotia, Canada

Δ Locked Plating Versus Retrograde Nailing for Distal Femur Fractures: A Multicenter Randomized Trial

Paul Tornetta, III, MD¹; Kenneth A. Egol, MD²;

Clifford B. Jones, MD³; Janos P. Ertl, MD⁴;

Brian Mullis, MD⁴; Edward Perez, MD⁵;

Cory A. Collinge, MD⁶; Robert Ostrum, MD⁷;

Catherine Humphrey, MD⁸; Sean Nork, MD⁹;

Michael J. Gardner, MD¹⁰; William M. Ricci, MD¹⁰;

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THE 2013 BOSTON MARATHON BOMBING:

THE PERSPECTIVE OF THE ORTHOPEDIC

TRAUMATOLOGIST

Mitchel B. Harris, MD and Michael J. Weaver, MD

Brigham and Women's Hospital

Harvard Orthopaedic Trauma Service

For most Americans, April 15 is generally remembered as the ominous day of the year that taxes are due. However, for nearly 27,000 runners representing 77 nations, and more than half a million fans, friends and family members, April 15, 2013 will be a day they will never forget. The Boston Marathon is the oldest continuous running marathon in America, first run in 1897. It is generally considered the most prestigious annual running event that is open to the public, once qualifications are met. Prior to its 117th consecutive running, it had not been generally viewed as a target for a "terrorist attack". However, on April 15, 2013, two misguided brothers placed explosive filled backpacks with remote detonator switches within yards of each other and the finish line of the Boston Marathon. The following paragraphs will highlight the extraordinary efforts put forth by the medical community of Boston and, in particular, many members of the OTA.

Boston is well known as a highly resourced and sophisticated academic medical community. It has 6 Academic Medical Centers (AMC's: BIDMC, BMC, BWH, CHB, MGH and Tufts) each with an American College of Surgeon's certified level one trauma center. This is despite a metro population of only 636,000, and a greater metro area population of 4.5 million. Each of these medical centers provides cradle-to-grave medical services to their respective local communities and function as New England's regional referral centers. Additionally, a few of these centers function as tertiary and quaternary centers for patients throughout the US and internationally. Within each of these AMC's is a trauma program and embedded within these trauma programs are 12-15 OTA members (active and associate, not including resident members) whose role during the events surrounding the Marathon Bombing deserves acknowledgement from our professional organization.

April 15, 2013 was also Patriot's Day. Patriots Day is a civic holiday celebrated in Massachusetts and Maine, acknowledging the onset of the American Revolution. It generally marks the start of a weeklong school break in the New England states as well as the

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THE 2013 BOSTON MARATHON BOMBING:

THE PERSPECTIVE OF THE ORTHOPEDIC TRAUMATOLOGIST, CONTINUED FROM PG. 11

Mitchel B. Harris, MD and Michael J. Weaver, MD

running of the Boston Marathon. The Red Sox also schedule an early season home game, so as you can imagine, Boston is packed with runners, baseball fans and associated family and friends. As is the practice with all trauma centers, during vacation weeks or academic conference times, travel and call schedules must be juggled to maintain appropriate coverage. This April break was no exception, with three of the five orthopedic trauma service chiefs scheduled away with family related activities (college visits and Disney world). Case in point, I was just beginning my daughter's campus tour of Vanderbilt University when I received notification of the bombing.

The race begins in Hopkinton, Mass, a town of 13,500. Most out-of-state runners reserve hotel rooms in the city and take advantage of a well-rehearsed bus shuttle system to bring them out to the starting line for the 9 AM start. The finish line is located in downtown Boston, between the Prudential Building (home of major sponsor- John Hancock) and the Boston Public Library in Copley Square. The race starts with the mobility impaired and wheelchair racers followed by the elite runners and ultimately the thousands of runners who have either earned their runners' bibs via qualifying times or are among the many who are sponsored runners for charities throughout the US.

The Boston Athletic Association's Medical Team, the Mass Department of Public Health, the Mass Emergency Management Association, the Boston Police Department, the city's EMS leaders, and the 6 AMC's ED and Trauma Services, meticulously prepare for this event annually. Unbeknownst to me prior to putting this essay together, this group of individuals and committees have prepared for the possibility of a terrorist event for the past 5 years. Their preparation includes table-top planning exercises and simulated terrorist induced scenarios in addition to their standard 5-6 meetings per year for the event. This incredible level of preparation along with the unprecedented heat wave during both the 2004 and 2012 races leading to > 250 participants requiring medical care, had the medical community prepared and on alert.

At 2:49 on April 15, 2013, the first of two

bombs was detonated within a block of the finish line. Scarcely 20 seconds later the second bomb was detonated and a full city-wide mass casualty alert was initiated. (The following data was accrued through the efforts of each AMC and their research and public health staff.) 151 people were triaged to 1 of the 6 designated trauma centers. Tufts Medical Center was quickly removed from the triage list after an additional bomb threat was made on their campus. As the bombs were placed at ground level the vast majority of patients sustained isolated, though often devastating, and lower extremity injuries. Tourniquets and belts were liberally applied to scores of individuals to control bleeding and stabilize injuries. There were 3 immediate deaths at the scene of the bombing. Remarkably, no additional deaths have been associated with the bombing events aside from the shooting death of the MIT security guard during the aftermath and chase of the perpetrators.

The medical response to the Boston Marathon bombing was nothing short of extraordinary. The OTA should be proud of its members and their role in this mass casualty event.

The medical tent was quickly and efficiently converted into a triage station. Numerous first responder bystanders grabbed the injured and initiated civilian transport to the local trauma centers as well. Within 15 minutes of the first explosion, patients were being brought into the operating rooms to complete amputations at Boston Medical Center and Mass General Hospital. On average, it took 17 minutes from the time of the bombing until the first wave of critically injured patients arrived at the EDs of the participating hospitals. The triage effectively distributed the injured such that most hospitals received between 10-40 seriously injured patients. From 3 PM until midnight, the collaborative effort of the Boston hospitals committed 36 operating rooms to those 50 victims requiring emergency surgery. There were 12 amputations on the first day, and subsequently only an additional 3. By the time I returned from Nashville to BWH, around 10:30PM,

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FELLOWS CORNER

Chad Corrigan, MD and David Joyce, MD

Programs with Multiple Fellows

Matching into an orthopaedic trauma fellowship with more than one fellow has both pros and cons. Of the concerns that have been expressed to us by other fellows, the most common is not having enough case volume to support the educational experience. We feel that having a co-fellow and even multiple fellows can be very beneficial to both fellow education as well as family/social life.

Here at Vanderbilt University there are two fellows. We have six orthopaedic trauma staff members separated into two services. Each service is run differently, and serves a specific role for fellow education. One service is focused more on acute trauma with associated pelvis and acetabular work, whereas the other service focuses more on elective trauma such as nonunions and reconstructions. We switch services every three months, which provides both of us ample opportunity for case numbers and experience.

The concern, of course, is that orthopaedic trauma fellows often want to do ALL of the pelvis and acetabular cases, and/or peri-articular trauma cases that are available. While this is true for us as well, we have come to realize that we can often learn as much about a case from post-operative fellow discussion as we can from intra-operative time. We regularly review both surgical planning, approaches, and reduction techniques with each other on cases we performed the day prior. We are able to go over intra-operative imaging and even clinical photos of some of the soft tissue injuries to discuss decision making during surgery and post-operative protocol. Perhaps most importantly, we are able to discuss often very candidly what problems we encountered and what we did to resolve them. We discuss mistakes made with reduction and or implant choice, and also discuss what could have been done differently. This allows us to discuss not only what we've learned in fellowship, but also what we learned in five years of residency at different institutions. It's an added learning opportunity that allows for open forum questions, and would perhaps not be available if another fellow was not in the other case.

We save all of our pre-operative, intra-operative and post-operative imaging and place them in teaching files that both of us have access to, which

we use for fracture conference and resident teaching. We have also worked on creating a digital library of information and journal articles that each of us has read for the year. While we both have separate research projects, we have taken the opportunity to design and work on a couple of projects together. This enables us to learn from each other previous research experience, and makes the process more seamless and enjoyable.

Some of the other benefits to having a co-fellow include collaborative efforts on morning rounds, and call schedule coverage and flexibility. Our trauma census averages about 50 patients, of which 15 are usually ICU patients. We round on these unit patients together, share decision making responsibilities, and monitor progression. It is beneficial for both patient care and quality improvement. We also share trauma call responsibilities with our trauma staff. Having two fellows allows us to be more flexible with coverage, which is especially important as we both have time constraints with national meetings, job interviews, research deadlines, and vacation. If one of us needs to change a call weekend it can be easily worked out, or if one of us has a family issue that needs to be addressed we can cover for the other person. Having a co-fellow helps develop a professional and personal relationship that will last our entire careers as well as doubling our educational opportunities.



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KATH TRAUMA ORTHOPAEDICS PROGRAM

UPDATE – JANUARY 2014

Peter Trafton, MD

Ghana, on the West African coast, was the first sub-Saharan colony to declare independence, in 1957. It thrives today as a stable constitutional republic. Thanks to natural resources and the efforts of its citizens, the country has progressed to middle income status. Ghana's relationships with the US and Canada, and the rest of the developed world, have been warm. Visitors are very welcome. English is the national language. Ghana's population is approximately 25 million. There are less than 20 fully-qualified orthopaedic surgeons, and only one residency training program, in the capital city, Accra. Thus Ghana's ability to care for its increasing burden of road traffic accidents, is severely limited. The OTA recognized the need for increased surgical resources in sub-Saharan Africa, as well as the opportunity in Ghana to assist with the development of a second Orthopaedic residency, to be based at the Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ghana's second largest city, and the traditional capital of the Ashanti region. A new trauma hospital, and a close relationship with the nearby medical school of the Kwame Nkrumah University of Science and Technology are important resources. A still small but growing cadre of native Ghanaian Orthopaedic Surgeons with a strong commitment to orthopaedic training at KATH is even more vital.

Early encouragement, and offers of support, from the AAOS International Committee, Orthopaedics Overseas, and the OTA led to the Ghana College of Surgeons' initial approval for the KATH residency. It began in 2010 with 3 faculty members, recently trained in Germany, and one resident. In just over three years, the faculty have grown to 9, with 13 residents. Some of the resident training is still based in Accra, but the developing resources at KATH, including faculty members reaching full Ghana College Fellowship status, is rapidly leading toward complete approval of the new program, with independent status.

The KATH Trauma & Orthopaedic program's academic standing is also advancing. At the OTA's October 2013 meeting, a KATH senior resident, Paa Kwesi Baidoo, MD, presented results of a study done at KATH of the transition from traction to flexible titanium nails for treatment of pediatric femur fractures, resulting in shorter hospital stays and

more rapid rehabilitation of a significant category of patients. Strong collaboration of IGOT, the Institute for Global Orthopaedics and Traumatology, based at San Francisco General Hospital and UCSF, and the Department of Orthopaedic Surgery at the University of Utah provided vital assistance in kick-starting the participation of KATH residents and attending surgeons in the international orthopaedic community. The care of musculoskeletal injuries remains a major part of the KATH program. However the leaders there recognize that the residents need well-rounded training in all aspects of modern Orthopaedic surgery. Participation of volunteers from the Pediatric Orthopaedic Society of North America, and the American Association for Hand Surgery, along with Orthopaedics Overseas volunteers with other orthopaedic subspecialty interests, has recently added to breadth and depth of Orthopaedic education at KATH. However, since trauma is KATH's most significant clinical activity, there is a tremendous opportunity for OTA members to visit, as volunteers through Orthopaedics Overseas, to share their expertise, knowledge, educational skills and serve as role models for Ghana's future orthopaedic trauma surgeons. For information, please contact Andrea Moody of Orthopaedics Overseas / Health Volunteers Overseas (a.moody@hvousa.org) or Peter Trafton, MD, the OO/HVO Project Director (peter_trafton@brown.edu), or through the OTA offices.

NEW THIS YEAR...

The OTA has initiated an annual OTA Sponsored JOT Supplement Grant Award.

The objective is to support the JOT as the official journal of the OTA, and to provide the OTA membership with additional opportunity to publish information with significant impact for the orthopaedic community. Funding: The OTA will fund one supplement per year, with a maximum funding cap of \$20,000. Watch the OTA's website for next year's application which will be posted in Fall 2014.

Congratulations to the 2014 OTA Sponsored JOT Supplement Grant Award Recipient
"Health Policy and Orthopaedic Trauma: Looking Back In Order to Look Forward"
Manish K. Sethi, MD, A. Alex Jahangir, MD and Hassan R. Mir, MD

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THE 2013 BOSTON MARATHON BOMBING:

THE PERSPECTIVE OF THE ORTHOPEDIC TRAUMATOLOGIST, CONTINUED FROM PG. 12

Mitchel B. Harris, MD and Michael J. Weaver, MD

the last round of surgeries were nearly completed there as well as at BID, BMC and MGH.

At each location, the OTA members quickly assumed leadership roles and responsibility for both ED triage and organizing operative teams. At BMC, former OTA president, **Paul Tornetta** and **Bill Creevy** performed both front line triage and emergency surgery; at BID- **Paul Appleton** served as the principle orthopedic traumatologist organizing the efforts of the trauma service; at BWH- **Michael Weaver** worked with the trauma, vascular and plastic surgeons to assign each of the injured to an operating team that integrated all four services throughout their care; at MGH-**Malcolm Smith, David Lhowe** and **John Kwon** were the OTA members participating in some of the earliest life saving amputations from the events; while at Tufts, both **Chuck Cassidy** and **Scott Ryan** provided urgent care for their victims. Over the ensuing 48 hours, all of the trauma centers returned to their full orthopedic trauma staffing, gaining further operative support from **Ken Rodriquez** at BID, **George Dyer** at BWH and **Mark Vrahas** at MGH. During this time, the patient load from the bombing increased significantly. Of the 281 injured, 50 victims required emergency surgery during the initial 24 hours whereas many others required surgeries though neither life nor limb threatening. At each of the hospitals, in addition to the OTA members involved, many of the orthopedic faculty participated in the early debridements and placement of temporizing external fixations.

Over the past several months, many of the bombing victims have significantly recovered, while those who underwent amputation and those with reconstructed mangled extremities continue to receive ongoing treatment. Many of the lessons we learned from the LEAP studies, from our trauma fellowship training, as well as years of providing care for trauma victims were invaluable during the response.

Take home lessons:

Be prepared. One of the most important factors in managing a mass casualty situation in the civilian setting is to quickly and effectively organize a treatment team. No single surgeon or isolated clinical service can optimally care for the multiply injured

patients. This may require close collaborations with providers who are not typically involved in trauma care. Therefore, it is essential to be well acquainted with personnel in the ED and ICU's, in addition to members of the general, vascular and plastic surgery services prior to such an event. This existing relationship will go a long way towards improved collaborations during times of stress. If at all possible, participate in your institution's disaster planning so that when an event occurs, valuable time can be saved and treatment teams can be efficiently created to provide optimal, efficient, appropriate and safe care.

Stay organized. The volume of patients and uncertainty encountered during a mass casualty event can be daunting. As you can imagine the emergency room can be chaotic with dozens of patients arriving in a short period. Patients' identity is often unknown or unclear and mis-identification can be a problem. It is important to have a clear and simple way of identifying multiple unknown patients as medical record numbers can be cumbersome and confusing. Maintain a simple list with patient names or other identifier, medical record number, injuries, pertinent medical information and any allergies if known that can be easily shared among the treatment team. We found that those most experienced in orthopaedic trauma care were best utilized in the emergency room; performing triage and prioritizing patient care pathways. Meanwhile, other orthopedic faculty performed the majority of the initial debridements and external fixation. After the event it is important to continue to circle back and have multidisciplinary rounds or meetings to continue to coordinate patient care through the sub-acute treatment phase.

Be conservative. In the heat of the moment injuries often look worse than they are. In this case, we were fortunate that the bombs utilized gunpowder and not a more potent explosive. In the recent Middle East military conflict, the improvised explosive devices (IEDs) were made with military grade explosives causing devastating injuries with extensive soft tissue trauma and contamination. While many of the injuries treated following the marathon bombing were associated with bone loss and neurovascular injury, many of these were able to

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Medical Center, Worcester, Massachusetts, USA; ¹⁵Tampa General Hospital, Tampa, Florida, USA; ¹⁶University of Maryland – Shock Trauma, Baltimore, Maryland, USA; ¹⁷Hennepin County Medical Center, Minneapolis, Minnesota, USA; ¹⁸St. Mary's Hospital - Mayo Clinic, Rochester, Minnesota, USA; ¹⁹Oregon Health & Science University, Portland, Oregon, USA; ²⁰University of Pittsburgh, Pittsburgh, Pennsylvania, USA

Can an Evidence-Based Treatment Algorithm for Intertrochanteric Hip Fractures Maintain Quality at a Reduced Cost?

Kenneth A. Egol, MD; Alejandro I. Marcano, MD; Lambert Lewis, BS; Nirmal C. Tejwani, MD; Toni M. McLaurin, MD; Roy I. Davidovitch, MD; NYU Hospital for Joint Diseases, New York, New York, USA

Δ Intramedullary Versus Extramedullary Fixation of Unstable Intertrochanteric Hip Fractures:

A Prospective Randomized Control Study
Rudolf Reindl, MD, FRCSC; Edward J. Harvey, MD, FRCSC; Gregory K. Berry, MD, FRCSC; Canadian Orthopaedic Trauma Society (COTS); McGill University Health Centre, Montreal, Canada

Is Immediate Weight Bearing Safe for Periprosthetic Distal Femur Fractures Treated With Locked Plating?

Wade R. Smith, MD; Jason W. Stoneback, MD; Steven J. Morgan, MD; University of Colorado School of Medicine, Aurora, Colorado, USA

Time to Definitive Operative Treatment Following Open Fracture Does Not Impact Development of Deep Infection: A Prospective Cohort Study of 736 Subjects

Donald Weber, MD¹; Sukhdeep K. Dulai, MD, MSc, FRCSC(C)¹; Joseph Bergman, MD¹; Richard E. Buckley, MD²; Lauren A. Beaupre¹;
¹University of Alberta, Edmonton, Alberta, Canada;
²University of Calgary, Calgary, Alberta, Canada

Acute Compartment Syndrome: Where Pressure Fails, pH Succeeds

Kirsten G.B. Elliott, FRCS (Ortho), MD; Alan J. Johnstone, FRCS; Aberdeen Royal Infirmary, Aberdeen, United Kingdom

The Effect of Surgical Treatment on Mortality After Acetabular Fracture in the Elderly: A Multicenter Study of 454 Patients

Joshua L. Gary, MD¹; Ebrahim Paryavi, MD, MPH²; Steven D. Gibbons³; Michael J. Weaver, MD⁴; Jordan H. Morgan, BS⁴; Scott P. Ryan⁵; Adam J. Starr, MD³; Robert V. O'Toole, MD²;

¹University of Texas Health Science Center, Houston, Texas, USA; ²University of Maryland School of Medicine, Baltimore, Maryland, USA; ³University of Texas Southwestern Medical Center, Dallas, Texas, USA; ⁴Brigham and Women's Hospital & Massachusetts General Hospital, Boston, Massachusetts, USA; ⁵Tufts Medical Center, Boston, Massachusetts, USA

Stress Hyperglycemia Is Associated With Surgical Site Infection: A Prospective Observational Study of Nondiabetic, Noncritically Ill Orthopaedic Trauma Patients

Justin E. Richards, MD; Julie Hutchinson, ACNP; Kaushik Mukherjee, MD, MSCI; A. Alex Jahangir, MD; Hassan R. Mir, MD; Jason M. Evans, MD; Aaron M. Perdue, MD; William T. Obrebsky, MD, MPH; Manish K. Sethi, MD; Addison K. May, MD; Vanderbilt University Medical Center, Nashville, Tennessee, USA

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be salvaged. We focused on early debridement and boney stabilization with follow-up re-assessment by a coordinated team of vascular and plastic surgery as needed. Patients were brought back to the operating room early and often for serial wound debridements prior to definitive fixation with early flap coverage as indicated.

Have access to the right equipment. The unique medical environment of Boston with six level 1 trauma centers within a 5 mile radius allowed for a massive response to this event. At one point there were 36 operating rooms active across the city dedicated to the care of the injured bombing victims. The majority of initial cases were completion amputations, wound debridements and external fixation placement. Despite distributing the patients across the city, orthopaedic equipment, especially external fixator sets were in short supply. We had situations where the necessary pins, bars and camps were taken from one room, flash sterilized and used in another room. It would have been more beneficial to have opened one set in a centralized area and distributed the pieces to each room as needed to be sterilized and used.

The medical response to the Boston Marathon bombing was nothing short of extraordinary. The OTA should be proud of its members and their role in this mass casualty event.

2013 COL. Brian D. Allgood Memorial Leadership Winner - CAPT (ret) Michael J. Bosse, MD



CAPT(Ret) Michael J. Bosse is the epitome of a Military Orthopaedic Surgeon. Dr. Bosse is currently a Professor of Orthopaedics and the Director of Clinical Research at the Carolinas Medical Center and is also the Co-PI and Clinical Chair of the Major Extremity Trauma Research Consortium (METRC), prior to which he was an Associate Professor of Orthopaedics at the University of Maryland and Shock Trauma Center. He served as a member of the Board of Directors, and then President, of the Orthopaedic Trauma Association where he instituted a policy providing Active Duty Military Orthopaedic Surgeons free membership. He has been instrumental in attaining funding for military orthopaedics through the annual Extremity War Injuries Symposiums which has resulted in over a hundred million dollars



of funding for military research and has led to the largest multicenter study looking at many of the most difficult challenges facing military orthopaedic surgeons. For these reasons, and many more, we honor him.

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December 13 – 14, 2013
Vail, CO

March 10 – 11, 2014
New Orleans, LA



VOLUNTEER FOR A CAREER, NOT JUST AN EVENT

Become an AAOS-Registered Disaster Responder

ON-LINE EDUCATION

SURGICAL SKILLS TRAUMA VIDEO LIBRARY

NEW OTA Videos have been added to the AAOS OrthoPortal/OTA

Video Library. The Education Committee is seeking YOUR help to continue to grow this valuable resource.

Note: Video copyright remains with the author. Videos can be uploaded via this easy to use upload link:

www.orthoportal.org (please log-in using your AAOS login and password)



OrthoPortal

Your trusted source for orthopaedic knowledge and practice

ARCHIVED WEBINARS

VIDEO TECHNIQUE LIBRARY

CORE CURRICULUM

2013 ARCHIVED WEBINARS

May 2013

Tibial Shaft Fractures: The State of the Starting Point, Nailing Extreme Proximal and Distal Fractures, and Basics of Open Fracture Management

Moderator: *Michael T. Archdeacon, MD*

Faculty: *Robert F. Ostrum, MD* and *Robert V. O'Toole, MD*

July 2013

Surviving a Night On-Call: The Current State of Orthopaedic Urgencies and Emergencies

Moderator: *Samir Mehta, MD*

Faculty: *Lisa K. Cannada, MD; Robert P. Dunbar, MD* and *Wade R. Smith, MD*

December 2013

Performing Quality Metrics and Developing Multi-Center Clinical Trials in Your Institution: A Case Analysis

Moderator: *Ross K. Leighton, MD*



UPCOMING WEBINARS

February

Fractures of the Humeral Shaft: When and How to Fix Surgically

Moderator: *Clifford B. Jones, MD*

Faculty: *William Obremskey, MD* and *Lisa Cannada, MD*

April

Fractures of the Distal Radius: Current State-of-the-Art

Moderator: *Martin I. Boyer, MD*

May

Tibial Plateau Fractures: Fixation Strategies and Approaches

Moderator: *Robert V. O'Toole, MD*

July

Distal Femur Fractures: Options and Pearls

Moderator: *Cory A. Collinge, MD*

September

Fractures of the Distal Humerus: Fixation Pearls and Arthroplasty Options

Moderator: *Kenneth A. Egol, MD*

November

Pilon Fracture's: Strategies to Optimize Outcomes

Moderator: *David P. Barei, MD*

ANNOUNCEMENTS

- [New Job Opportunities](#)
 - [2014 Call for Abstracts](#)
 - [AAOS Washington Update](#) – January 7
 - [Open Surveys](#)
-

MARK YOUR CALENDAR

February 4, 2014
Call for Abstracts Deadline
[Online Submission](#)

March 10 – 11, 2014
[SOMAS/OTA/AAOS/POSNA Disaster Response Course](#)
New Orleans, Louisiana

March 15, 2014
[OTA Specialty Day](#)
New Orleans, Louisiana

OTA Business Meeting

Sat., March 15, 2014 11:20 am – 12:20 pm
Morial Convention Center, New Orleans

- [October 2013 Business Meeting Minutes](#)
- Nominations will be taken at this meeting for the 2014 Nominating Committee. The 2014 Nominating Committee shall make recommendations at the October 2014 Business Meeting for 2nd President-Elect, Secretary, 1 Member-at-Large position, and 2 Membership Committee Positions.

*All members are welcome and encouraged to attend.
Active, senior and research members may vote.*

April 3 - 6, 2014
OTA Fellows Course *(Registration limited to current trauma fellows.)*
Boston, Massachusetts



April 16 – 19, 2014
[Spring Comprehensive Fracture Course for Residents](#)
Lombard, Illinois

April 24 - 26, 2014
[9th Annual UCSF International Orthopaedic Trauma Course](#)
San Francisco, California
(Educational Content Endorsed by OTA)

May 1, 2014
[OTA Membership Application Deadline](#)

May 1 - 3, 2014
[14th Annual AAOS/OTA Trauma Update Course](#)
Orlando, Florida

October 15 - 18, 2014
[OTA 30th Annual Meeting & Pre-Meeting Events](#)
Tampa, Florida

October 15 - 17, 2014
[OTA Comprehensive Fracture Course for Residents](#)
Tampa, Florida

November 1, 2014
[OTA Membership Application Deadline](#)

Orthopaedic Trauma Association

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