

University of Louisville Hospital,
Louisville, Kentucky 40202

20th Annual OTA Meeting in 2004

The year 2004 marks the twentieth anniversary of the Orthopaedic Trauma Association. It is a tremendous opportunity for both a celebration of our history and a look ahead towards a bright future. To paraphrase Dr. Spengler's recent address to the AOA, it is a time to move from great to greater.

Thanks to the leadership of OTA President Marc Swiontkowski, M.D. the Salt Lake City Annual Meetings went off without a hitch. In this issue, you will find a mass casualty committee update as well as a mass casualty questionnaire, a call for volunteers for the RVU process, pictures from the annual meeting, a fact sheet from the WHO on the burden of musculoskeletal injury, a mentor program application (hint, hint), plenty of announcements, and the results of a survey on possible subspecialty certification in orthopedic traumatology. This recent questionnaire was the first time we used SurveyMonkey and it worked great, with the highest number of responses ever.

Looking ahead to OTA Specialty Day in San Francisco, there is a superb day planned with everything from upper extremity controversial new fracture techniques to an international perspective by Dr. Rüedi on "Evolution of Fracture Fixation—Has It Improved Outcome?" Be sure to plan to be there and bring a friend. The ultimate goal is to increase attendance this year.

Chris Born, M.D. was deployed in Iran with the IMSuRT group of the Department of Homeland Security.

"We look forward to hearing about his experiences at the OTA business meeting in San Francisco." (He has returned safely) On a personal note, Ms. Michele Garrett-Heim will be leaving the OTA staff to join the staff of our Physical Medicine colleagues. All of her hard work, dedication, and service are much appreciated.

I look forward to seeing you at OTA Specialty Day. Please keep the e-mails coming.

Best wishes for the New Year.

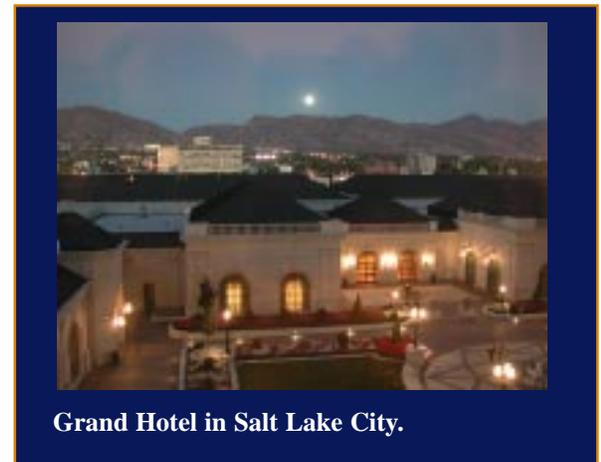


Craig S. Roberts, M.D.
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The Editor's Pen



OTA President Marc Swiontkowski, M.D., speaking at the Annual Meeting.



Grand Hotel in Salt Lake City.

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Update on OTA Mass Casualty Response Committee

By Christopher T. Born, MD

Chairman, OTA ad hoc Committee on Orthopaedic Mass Casualty Response

Editor's Note: Dr. Born was recently deployed to Iran with the IMSuRT group of the Department of Homeland Security.

The American Academy of Orthopaedic Surgeons has agreed to have a modular medical unit exhibit in the entry area of the Moscone Center as part of the 2004 AAOS meeting in San Francisco. This is one of the rapidly deployable units utilized by the military for early response to natural and technological disasters and to terrorist attacks. The OTA and the US Military will jointly sponsor the highly visible display. OTA members Paul Dougherty, MD and Roman Hayda, MD both of the US Army Medical Corps have been instrumental in helping to organize and to coordinate the organizational logistics behind this program. The exhibit will be interactive and staffing will be provided primarily by the military, but members of the OTA Mass Casualty and Military committees will be asked to provide supplementary manpower assistance during the meeting. The exhibit will be in place from Wednesday, March 10 through noon Sunday, March 14.

To date, nearly **30** OTA members who have signed up to be volunteers for the National Disaster Medical Service's (NDMS) International Medical and Surgical Response Team (IMSuRT). The current list of participants include: Herbert Alexander, M.D., Jeff Anglen, M.D., Michael Baumgaertner, M.D., Tim Bonatus, M.D., Christopher Born, M.D., Joseph Borrelli, M.D., Kevin Coupe, M.D., Kathryn Cramer, M.D., William DeLong, M.D., Kyle Dickson, M.D., Kenneth Egol, M.D., John France, M.D., Langdon Hartsock, M.D., David Helfet, M.D., Bradford Henley, M.D., M.B.A., Dan Horwitz, M.D., Dave Huebner, M.D., David Lhowe, M.D., Mark McAndrew, M.D., Steven Morgan, M.D., Steve Olson, M.D., Andrew Pollak, M.D., Jeffrey Smith, M.D., Elton Strauss, M.D., Marc Swiontkowski, M.D., Dave Teague, M.D., Thomas Toal, MD., Fredric Wilson, M.D., Philip Wolinsky, M.D. These volunteers either have applications in process or have been credentialed and federalized by the Department of Homeland Security, a requirement for participation in any disaster management response deployment. By being federalized, these members are protected against issues of state/international medical licensing and hospital privilege credentialing that has become an increasing legal concern

during these scenarios. These members are also provided with health insurance and disability coverage while officially deployed. Deployment would be up to 3 weeks and federal law provides benefit protection for their regular jobs while away. Government passports will be issued to members and held by the Department of State until needed.

All IMSuRT members have been asked to get immunizations that include HEP A and B, influenza, MMR, polio, tetanus/diphtheria, varicella, PPD, typhoid, yellow fever and meningococcus or to provide proof of coverage by prior exposure (e.g. varicella) or by titer (e.g. MMR). The government has not made a decision on a smallpox vaccination requirement. Immunizations can generally be obtained through university hospital "Travel Medicine" departments or ID divisions. Homeland Security to date has not provided funding for reimbursement for these immunizations, but it is anticipated that this will be available in the future. Members who have followed through on the required immunizations should forward a copy of the paid bill to Jacky Nally, RN at the IMSuRT-East office, 8 Hawthorne, Suite 114, Boston, MA 02114 for reimbursement when funding is in place (617-724-7992). The understanding is that reimbursement will not be available for blood work needed for titers. It is possible that these may be done through employee health at reduced/no cost, although this needs to be worked out in advance by the individual and his/her institution. Certainly, institutional support for this "volunteerism" should be sought wherever possible.

Currently, the OTA IMSuRT team is attached to the MetroBoston DMAT group as part of IMSuRT-East, but it is anticipated that future IMSuRT teams will be attached to DMAT teams in Seattle (IMSuRT-West based at Harborview) and Miami (IMSuRT-South based at Jackson Memorial). Ultimately, OTA members will be geographically redistributed to these units. New recruits to this program will be sought when the new teams are developed.

Dr. Susan Briggs has edited the Advanced Disaster Medical Response: Manual for Providers (Harvard Medical International, 2003). This is an excellent primer that provides guidance for a consistent logistical and medical response to most Mass Casualty Incidents (MCIs). It is available through <www.Amazon.com>, but can be obtained at ½ price to OTA members directly through her office (<sbriggs@partners.org>). The manual is in the process of being converted into a 24 module CD-R that will be helpful as a reference and training tool.

The Program Committee and Board of the OTA has accepted a proposal to have a Mass Casualty Symposium in conjunction the OTA annual meeting scheduled in Ft. Lauderdale/Hollywood, Florida October 8-10, 2004. The tentative plan is to have this as a separate entity on the day before the start of the OTA's main meeting. Efforts are being made to plan this as a cooperative venture between the OTA and the American College of Surgeons Committee on Trauma and its Florida chapter. Consideration has been given to opening this not only to OTA members, but also to medical and allied health professionals in the Ft Lauderdale area. The availability of CME and CEU credits is being explored. The goals and objectives of the program will be to provide participants with an increased level of understanding for MCIs and Weapons of Mass Destruction (WMDs), triage, incident command structure (both hospital and field), decontamination, and field resuscitation. There will be a concentration on orthopaedic injuries that may occur in conjunction with blast, incendiary devices and the potential for "dirty bombs". In order to facilitate the educational process, participants will be asked to prepare in advance for the course by reviewing the syllabus and taking a home pre-test. Involvement by the Miami DMAT in the afternoon field demonstration is also being explored.

The Mass Casualty Committee is indebted to the OTA staff for its assistance.

Volunteers Needed for RVU Process

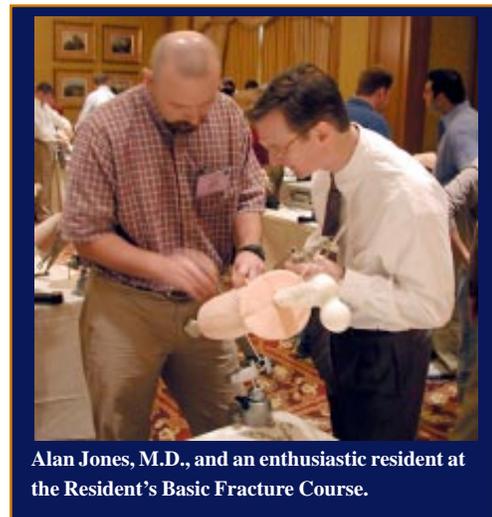
By Brad Henley, M.D., M.B.A.

OTA is recruiting volunteers as part of the Relative Value Update process to help identify CPT codes that have inappropriate (too low or too high) relative value units assigned to them by the RBRVS. To assist Medicare and the AAOS with the process of identifying and reevaluating CPT codes, OTA is forming a task force to find musculoskeletal trauma codes that are undervalued or overvalued.

Please volunteer by sending your name/e-mail address to Nancy Franzon franzone@aaos.org with your anatomic area(s) of interest. A few volunteers for these anatomic areas are:

- General codes (Steven Rabin, M.D.)
- Neck, back & spine
- Shoulder, humerus & elbow (Phil Wolinsky, M.D.)
- Forearm, wrist, hand & peripheral nerves
- Pelvis & hip (George Russell, M.D. Phil Wolinsky, M.D.)
- Femur, knee & arthroscopy
- Leg, foot & ankle (Steven Rabin, M.D., Roy Sanders, M.D.)

Your help is important. Remember the time surveys were filled out at Specialty Day in New Orleans in 2003: all 37 of these surveyed codes met the RUC's validation requirement. This meant that over 1200 time surveys were completed by OTA members. Our goals were achieved and thus the practice expense RVUs for these codes were NOT reduced. Over 1200 time-surveys were completed by OTA members. Congratulations!



Alan Jones, M.D., and an enthusiastic resident at the Resident's Basic Fracture Course.

Burden of Musculoskeletal Injury Fact Sheet

The World Health Organization (WHO) has put together this data on the Global Burden of Musculoskeletal Disorders, as part of the Bone and Joint Decade. This information is available on the OTA website <http://www.ota.org/downloads/bjdExecSum.pdf>

- In the United States for the year 1996 a total of 17,895,000 limb injuries were reported to the National Health Interview Survey (NHIS). This translates to rate of 67.7 injuries per 1000 population. This figure excludes pelvic fractures, burns and isolated neurovascular injuries.
- The rates of injury were 41.2 and 26.5 per 1000 persons for the lower and upper limbs respectively.
- For the same year of 1996 limb trauma accounted for 930,435 hospital discharges in the United States- The HCUP-3 data set was used as the source and only **primary** diagnoses of limb trauma were included.
- Hospitalization for lower limb injuries occur at a rate of 2.7 per 1000 and for upper limb injuries at a rate of .8 per 1000.
- In the US and other established economies falls account for 50% of the injuries resulting in hospitalization with Motor Vehicle crashes 15-20% and industrial accidents and additional 15-20% (primarily related to the upper limb).
- Prevalence is an estimate of the number of individuals living with functional impairments due to limb injury. In 1996 the number in the US was (NHIS data source) was 9,475,875 (35.8 per 1000 people) representing 12% of all functional impairments due to injury and non-injury medical conditions.
- This number includes 3,566,122 with upper extremity limb loss/deformity/impairment and 5,909,752 with lower extremity limb loss/deformity/impairment.
- Impairments persist at 7 months post injury in 50% of individuals hospitalized for a major hand injury and 37% had not returned to work at 6 months.
- In the Lower Extremity Fracture study of over 400 individuals treated at three level 1 centers with unilateral extremity injury the Sickness Impact Profile was used as the functional outcome measure. At 6 months post injury 49% of those working prior to injury had returned to work- at 12 and 30 months this had increased to 72% and 82% respectively.
- US data for 1985\$ revealed total medical expenditure of \$11,261 and \$19,748 for individuals hospitalized with upper and lower limb trauma respectively.
- In the same 1985 \$, Medical Expenditures for persons treated as an outpatient were 298\$ and 271\$ for upper and lower limb injury.
- Average **Comprehensive** costs associated with upper limb and lower limb trauma were estimated at \$211,964 and \$349,517.
- When combined with the estimates of the annual incidence of limb trauma in the US estimates of the total comprehensive costs are 144 billion\$ and 325\$ for upper and lower limb involvement in 1985 \$.

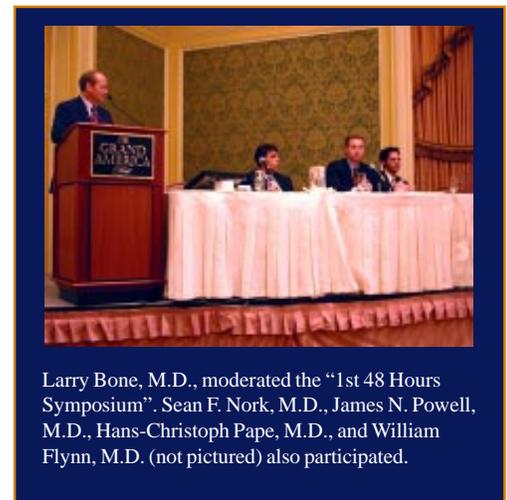
Announcements

- Duke University Medical Center and the Duke University Health System is seeking an orthopaedic trauma surgeon who is either board certified or board eligible. A Trauma Fellowship is preferred. This position affiliated with the Duke University Medical School provides the opportunity both a clinical practice and the pursuit of academic interests. The Trauma Service provides professional care to both pediatric and adult patients. Interested candidates should have a dedicated interest in patient care, research, academics and resident education. Candidates should submit their curriculum vitae and a letter of interest to: Steven A. Olson, MD, FACS, Associate Professor, Chief, Orthopaedic Trauma Service, Division of Orthopaedic Surgery, Duke University Medical Center, Box 3389, Durham, North Carolina 27710, (919) 668-3000.
- **OTA Specialty Day** will take place on Saturday, March 13, 2004. A superb program has been organized by Marc Swiontkowski, MD and approved by the OTA program committee. Please help spread the word and register before January 30 on the AAOS website.
- Watch for a faxed announcement about the **Member Business Meeting** at the Moscone Center at noon during the lunch break for the specialty day meeting. New members and the 2004 Board will be introduced.
- The OTA Board of Directors invites you to attend a festive **Member Reception** immediately following specialty day, Saturday, March 13. Save the date and please respond via fax when you receive the invitation in early January.
- Hats off to **Joseph Borrelli, Jr., M.D.**, who was selected by AOA as a 2004 ASG Traveling Fellow.
- More mentors are needed for the **OTA Mentor Program**. The following individuals have already signed up: Jeffrey O. Anglen, M.D., Michael J. Bosse, M.D., Mark E. Brenner, M.D., Nabil Anwar Ebraheim, M.D., Thomas A. Einhorn, M.D., James F. Kellam, M.D., Kenneth J. Koval, M.D., Michael E. Miller, M.D., Roy W. Sanders, M.D., Marc F. Swiontkowski, M.D., Edward C. Yang, M.D. Please take a minute to fill out the application inside this issue or register on the OTA web site, members-only section.
- **OTA Mentor Program** information and enrollment is now available on the Member's only page of the OTA website. Members will need their OTA ID number to access the page (if you don't know this number, please e-mail smoore@aaos.org).
- OTA encourages donations through OREF to the 2004 OTA Research Fund. <https://www.oref.org/research/research.html> and OTA also accepts direct donations: <https://www.ota.org/donation/donorform.htm> .
- In a recent OTA research survey, the OTA membership expressed considerable interest in the OREF Grant Writing Seminar. This is a 2-day seminar, usually held in the Spring in Chicago (dates to be determined). Anyone interested should contact Ted Miclau, M.D., OTA Research Chair at : miclout@orthosurg.ucsf.edu . The requirements are that individuals have a grant, and agree to pay their travel expenses. The OTA will cover the cost of the course through the OREF.
- **Kenneth Johnson Fellowship Award Memorial** contributions may be sent to the OTA staff office or contributed on a secure website form. A list of contributors is being assembled to notify his family of the generous response from his friends and colleagues. The funds are deposited to a special account to fund travel expenses for 3-6 month period to the winner of the 2004 award. Watch the OTA web-site in late January for the application form and the April 1 deadline.



Mike Baumgaertner, M.D., and some enthusiastic residents at the Resident's Basic Fracture Course.

- The abstract application for the 20th Anniversary meeting of the OTA is on the OTA website. **Deadline for submission is February 10, 2004.** The meeting will begin with the resident's course, a basic science fracture forum and a mass casualty response symposium on Thursday, October 7 with the regularly scheduled meeting beginning on Friday morning and ending at noon on Sunday, October 10.
- The web-based trauma registry is now available to members only via the OTA web-site. Contact smoore@aaos.org for access to this important outcomes instrument.
- **Members needing support for trauma service development within their institution may find an OTA position statement useful. This has been crafted by an ad-hoc committee chaired by Jim Goulet. The document, *EMTALA and the Orthopaedic Traumatologist*, is available on the OTA web site under the members only section under Health Policy listing.**
- **In addition, "The Burden of Musculoskeletal Injury Fact Sheet" is also on www.ota.org Both of these documents represent exhaustive effort by a number of members. It is hoped that they provide useful information to the membership looking for accurate information detailing the importance of establishing self-sustaining Orthopaedic Trauma Programs.**
- Kyle Dickson, M.D., as Chair of the Archives Committee is looking for pictures spanning the history of OTA. Please forward anything you might have to his committee to help commemorate the organization's twenty-year history.
- During the business meeting in October, Bylaws Chairman Steve Olson provided an overview of the bylaw changes that had been circulated to the membership. These included the establishment of six new standing committees, extending term limits for Board of Directors service, protocol for delinquent dues and allowing for electronic methods of communication. A motion for acceptance was made, seconded and endorsed by acclamation.
- Dr. Swiontkowski expressed the continued desire of the OTA to be the premier provider of trauma education. Toward this goal, expanding our current relationship with the AAOS was felt to be a sound strategy. The resident's trauma lecture slide series has been completed and hopefully will be ready for release by March 2004 to all residency programs. The Trauma OKU3 has submission deadlines by the end of year and should be published next year.
- Toney Russell presented the recommendations of the nominating committee. These included **Paul Tornetta as President elect, Rick Buckley and Mel Rosenwasser as Members-at-Large and Philip Wolinsky and Art Malkani to the Membership Committee.** No other nominations were made and these candidates were accepted by vote of the membership.
- The **4th Annual AAOS/OTA Jointly Sponsored Trauma Course** will take place May 20-23, 2004.
- The OTA "**State-of-the-Art Advances and Trauma Techniques**" course successfully took place with paid registrants and rave reviews from the attendees.
- Congratulations to Andy Pollak, M.D., was recently elected as Secretary of COMSS...in line for COMSS Chair Position 2005 which will also give him a space on the AAOS Board of Directors.
- Hats off to Jeff Anglen, M.D., was recently elected to a three year position on the ABOS Board of Directors.
- Nirmal Tejwani, M.D. would appreciate your opinion regarding physician practice patterns and beliefs. This project is IRB approved from the NYU Medical Center Research Board. Dr. Tejwani is hoping to publish the findings once the paper is ready. The following link will take you directly to his survey: <http://www.surveymonkey.com/s.asp?u=52941345075> Please contact Dr. Tejwani with any questions at: tejwan01@med.nyu.edu .



Larry Bone, M.D., moderated the "1st 48 Hours Symposium". Sean F. Nork, M.D., James N. Powell, M.D., Hans-Christoph Pape, M.D., and William Flynn, M.D. (not pictured) also participated.

Here are the results of the last questionnaire.

1. What's Next: Orthopaedic Trauma Subspecialty?

1. Do you agree with the need for current subspecialty certifications in hand surgery and spine surgery?

		Response Percent	Response Total
Strongly Agree		10.3%	10
Agree		32%	31
Neutral or no opinion		18.6%	18
Disagree		22.7%	22
Strongly Disagree		16.5%	16
Total Respondents			97
(skipped this question)			0

2. Do you agree with the recent decision in sports medicine to go ahead with subspecialty certification?

		Response Percent	Response Total
Strongly Agree		3.1%	3
Agree		10.3%	10
Neutral or no opinion		15.5%	15
Disagree		37.1%	36
Strongly Disagree		34%	33
Total Respondents			97
(skipped this question)			0

3. Do you support efforts to develop subspecialty certification in orthopaedic traumatology?

		Response Percent	Response Total
Yes		28.9%	28
No		59.8%	58
Undecided		11.3%	11
Total Respondents			97
(skipped this question)			0

4. What should subspecialty certification in orthopaedic traumatology be based on?

		Response Percent	Response Total
Fellow ship training		13.5%	13
Written exam		1%	1
Fellow ship training and Written exam		21.9%	21
Practice experience		19.8%	19
I don't agree with subspecialty certification		56.3%	54
Total Respondents			96
(skipped this question)			1

OTA Mentoring Program

by Marc Swiontkowski, M.D.

The OTA Board of Directors has unanimously approved the development of an OTA mentoring program. The goal of the program is to provide career guidance to young traumatologists who are within 10 years of residency/fellowship training. Your obligation as a mentor would include:

- Answer e-mail messages within 1 week
- Respond to phone calls within 2 days
- Offer clinical and career advice

- Serve as an advocate for career advancement for the individual proportional to their interests, talents and energies
- Meet with the mentee at the annual OTA meeting and AAOS/OTA specialty day on an informal basis

All OTA members who can fulfill the above obligations and are interested in serving as an orthopaedic trauma mentor should consider completing the application.

Once all applications are collected and reviewed, a mentor database will be created and posted on the OTA website. The database will allow young trauma surgeons to search the database for a mentor with the clinical and research experience that best matches their interests.

Orthopaedic Trauma Association

6300 North River Road, Suite 727 • Rosemont, Illinois 60018-4226
Phone: (847) 698-1631 • Fax: (847) 823-0536 • Website: www.ota.org

OTA Mentoring Application

Name:
<i>Note: If the address information currently on-file with the OTA office is current, you may leave the following 6 lines blank. If you're unsure, check the members only page of the OTA website: www.ota.org</i>
Address:
City:
State:
Zip:
Phone:
Fax:
E-mail:

Qualifications/Areas of interest
How many years have you been an OTA member (10 year minimum requirement):
years in practice:
Areas of clinical interest:
Areas of research interest:
Publications of interest (please list a maximum of 10):
Committee positions held: Local: National:
Briefly state what you can offer the mentee:

Please return your application by e-mail to: franzone@aaos.org

Or by fax to number below

Orthopaedic Trauma Association
6300 North River Road, Suite 727 • Rosemont, Illinois 60018-4226
Phone: (847) 698-1631 • Fax: (847) 823-0536 • Website: www.ota.org

Please fill out the following questionnaire:

Mass Casualty Response Training and Preparedness

by Jeff Smith, M.D. and Chris Born, M.D.

Please respond to each of the following statements:

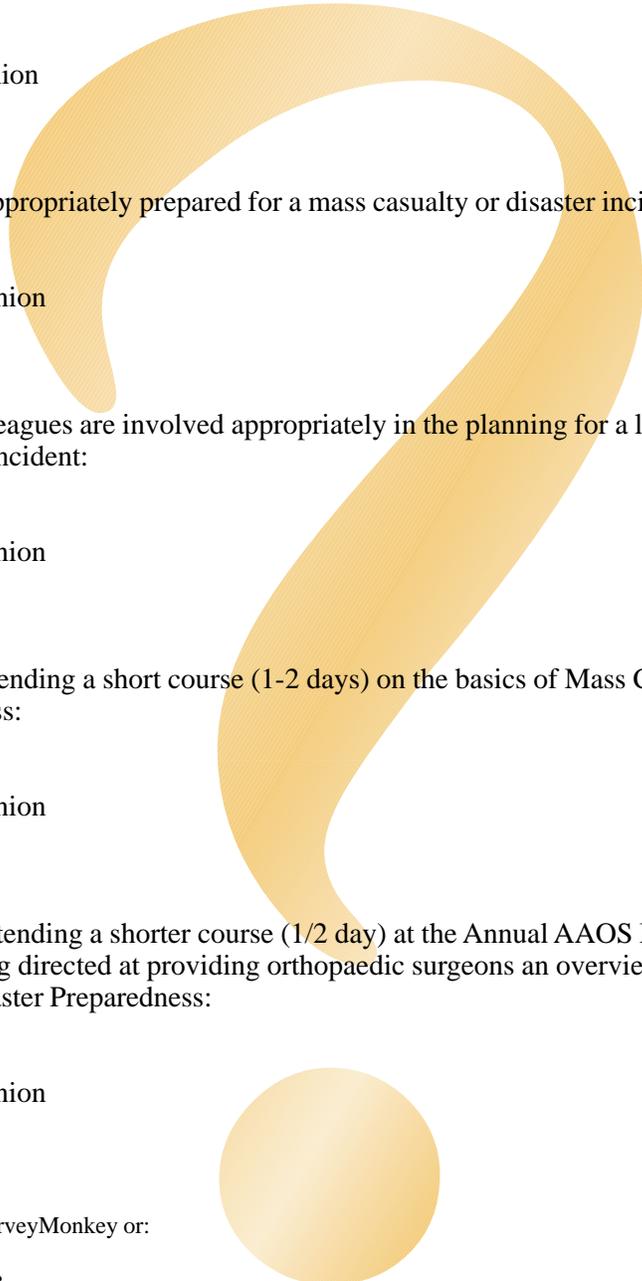
- 1) I am aware of the OTA Mass Casualty Response/Disaster Medical Response efforts:
 - a) Strongly agree
 - b) Agree
 - c) Neutral or no opinion
 - d) Disagree
 - e) Strongly disagree

- 2) My community is appropriately prepared for a mass casualty or disaster incident:
 - a) Strongly agree
 - b) Agree
 - c) Neutral or no opinion
 - d) Disagree
 - e) Strongly disagree

- 3) My orthopaedic colleagues are involved appropriately in the planning for a local mass casualty or disaster incident:
 - a) Strongly agree
 - b) Agree
 - c) Neutral or no opinion
 - d) Disagree
 - e) Strongly disagree

- 4) I am interested in attending a short course (1-2 days) on the basics of Mass Casualty and/or Disaster Preparedness:
 - a) Strongly agree
 - b) Agree
 - c) Neutral or no opinion
 - d) Disagree
 - e) Strongly disagree

- 5) I am interested in attending a shorter course (1/2 day) at the Annual AAOS Meeting or Annual OTA Meeting directed at providing orthopaedic surgeons an overview of Mass Casualty and/or Disaster Preparedness:
 - a) Strongly agree
 - b) Agree
 - c) Neutral or no opinion
 - d) Disagree
 - e) Strongly disagree



Please respond by going to SurveyMonkey or:

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e-mail: craig.roberts@louisville.edu

“The OTA does not endorse these technical points and formally disclaims any responsibility for their use.”

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