



# FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Fall 2008

## OTA Flash



### MESSAGE FROM THE PRESIDENT

*J. Tracy Watson, MD*

I hope all OTA members had a great summer and were able to enjoy some well deserved time off in spite of the fact that for most of us, this is the busy "trauma season."

This summer, members of the OTA presidential line, as well members of the Health Policy and Planning Committee, attended two very important trauma related "summits." The first was the "Acute Care Congress on the Future of Emergency Surgical Care in the United States" followed by the "Interfacility Transfer of the Injured Patient." These important conferences were initiated by the CDC. Each brought together the leaders of the organizations involved in providing acute trauma care and included not only the leadership of the OTA but also involved the *American Association for the Surgery of Trauma (AAST)*, *American Association of Neurological Surgeons (ACNS)/Congress of Neurological Surgeons*, *American College of Surgeons (ACS)*, as well as the *ACS Committee on Trauma (COT)*, the *American College of Emergency Physicians (ACEP)*, *American Trauma Society (ATS)*, *Coalition for American Trauma Care (CATC)*, *Eastern and Western Trauma Associations*, *American Burn Association*, *Society of Trauma Nurses*, and the *American Academy of Orthopaedic Surgeons (AAOS)*.

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### FROM THE EDITOR'S DESK

*Lisa K. Cannada, MD*

The weather is getting crisp. The days are getting shorter. Football (and hurricane) season are in full swing. Trauma season may still be busy for many of you...but this time of year only means one thing: ***It is getting to be Annual Meeting time.*** The 24<sup>th</sup> Annual Meeting of the Orthopaedic Trauma Association will be held in Denver from October 15-18. The meeting is full of exciting advances in treatment of musculoskeletal trauma and the latest research. It will be a very exciting meeting. If you have not pre-registered by now, remember ***pre-registration closes online October 1<sup>st</sup>***. Over 657 surgeons have registered and some break-out sessions are already sold out. In this news ***FLASH***, there are many exciting updates and a preview of important topics which will be discussed at the business meeting. We look forward to seeing you all in Denver. Please feel free to send any comments or suggestions to me at [www.ota.org](http://www.ota.org). Our next newsletter will be coming out in late November/early December with highlights from the OTA Annual Meeting.

Deadline for any articles or topics you want to be discussed is **November 21, 2008.**

## THE FINAL STAGE IS SET FOR DENVER!

*Andrew Schmidt, MD, Program Chair*

At the 2008 OTA Annual Meeting, the latest research in musculoskeletal trauma will be presented by surgeons and investigators from around the world. Highlights will include sessions on venous thromboembolism in the orthopedic trauma patient and the management of geriatric fractures. OTA received 570 abstracts for consideration in 2008, the 2nd highest amount ever.

Ultimately, 72 papers were chosen for podium presentation, along with 132 posters. Another 24 papers will be presented as part of the Basic Science Focus Forum. Numerous mini-symposia and bio-skill labs will be offered, as well as ample opportunity for networking with your colleagues.

The meeting will open with "pre-courses" on Mass Casualty Management (led by **Dr. Christopher Born**), a Masters Level Trauma Coding Course offered by Karen Zupko and Associates, and a Young Practitioner's Forum (organized by **Dr. Lisa Cannada**). Finally, the Basic Science Focus Forum, organized by **Dr. Ted Miclau**, will offer six topically oriented sessions presenting basic science research as well as invited lectures and symposia.

*We look forward to seeing you in Denver!*



## RESEARCH FUNDING TO HELP WOUNDED WARRIORS

*Roman Hayda, MD*

The Orthopaedic Extremity Trauma Research Program (OETRP) has announced a request for information. This program uses congressional funds to answer questions directly related to the treatment of our wounded warriors with severe injuries from the battlefields of Iraq and Afghanistan. For this cycle, the program is particularly interested in multicenter clinical trials that look at the areas of interest. Areas of interest include: healing open traumatic bone defects, prevention of infection, prevention of heterotopic bone formation, improving standards of care (with emphasis on tissue viability assessment and wound irrigation / debridement technologies), repairing massive soft tissue defects, and translating research into practice. Your project, if successful, may directly assist our soldiers, sailors, marines and airmen who have already sacrificed a great deal. It will also help patients in our communities who have sustained severe injuries. Finally, this funding completely avoids industry funding issues. In the previous two cycles of the OETRP, 16 projects were awarded more than \$25 million.

**Please submit your pre-proposal** (no more than 15 pages) by **3:00 pm, October 10, 2008** to: RFI Response at the U.S. Army Medical Research Acquisition Activity (USAMRAA), email: [rfiresponse@amedd.army.mil](mailto:rfiresponse@amedd.army.mil).

All submissions will undergo a peer review and those deemed to have scientific merit and greatest potential for success will be asked to submit a full proposal. Further information can be obtained at: [http://www.usamraa.army.mil/pages/Solicitations/solicitations\\_list.cfm](http://www.usamraa.army.mil/pages/Solicitations/solicitations_list.cfm).

## AAOS LEADERSHIP FELLOWS PROGRAM (LFP)

The OTA is well represented again this year in the prestigious AAOS Leadership Fellows Program (LFP). This competitive program is designed to identify future leaders of the AAOS. Four OTA members were trained last year; the 2008-2009 LFP Class includes OTA members, **George Russell**, **Clifford Jones**, and **Robert Dunbar**. In addition, **Ron Lindsey** and **Andrew Pollak** are mentors for LFP. The deadline for application has passed for the Class of 2009-2010, but check out the AAOS website for more details. The story on the street is that there will be one trauma LFP designee. OTA members are encouraged to watch for the next LFP request and deadline for applicants and mentors.

The situation in Iraq appears to be improving; however, the consequences of the fighting will be long lasting. Even if the fighting stopped tomorrow, our soldiers, marines, sailors, and airmen will continue to recover from their wounds for years to come. There are more than 800 amputees and an even greater number of severely injured casualties who continue to recover lost function, overcome pain, and deal with the complications of their injuries. Some of these individuals will encounter complications and will need further treatment following their discharge from the military health system. With 82% of all fractures being open fractures and most being grade III open injuries with tissue loss, their need for further intervention is nearly certain. It is not possible to foretell how many will need intervention; it may be tomorrow or many years from now. Regardless, these service members would benefit greatly from the expertise within our society. *There are a few steps that can be taken to ensure that those who were injured answering the call to serve our country continue to receive the care they deserve.*

Our war injured veterans receive care in a variety of ways. All are eligible for care in the VA system; those with higher disability ratings may receive care at military facilities or use TRICARE providers; and those with other forms of insurance may receive care through civilian systems. Often, these choices are made on the basis of convenience and cost and not the complexity of the injuries. Within these systems, it can be extremely difficult for the veteran to identify and seek the assistance of the surgeon best qualified to care for them. Mobilizing the expertise of OTA members would have a

significant impact on the care of our Nation's Wounded Warriors.

Those who wish to share in the service of our soldiers should consider making themselves available to the VA or become a TRICARE provider. *Contacting your local or regional VA hospital and expressing interest is the first step.* For many of our veterans, the VA and TRICARE are their only options.

The OTA leadership and many of our members have contributed greatly to the care of our wounded warriors. The Extremity War Injury Symposium is now in its fourth year, bringing together scientists and clinicians to improve and standardize the care. The Orthopaedic Extremity Trauma Research Program (OETRP) and the Armed Forces Institute of Regenerative Medicine (AFIRM) were created through lobbying efforts of the AAOS and OTA and have generated tens of millions of congressional research dollars directed to orthopaedic trauma research. Many of our members have served as Distinguished Visiting Scholars in Landstuhl, Germany, lending their expertise to the military surgeons caring for our wounded war fighters. All of these efforts have been a great benefit to those who serve and sacrifice for our country.

These initiatives continue to keep our country strong, and many of the lessons we are learning will lead to improved care of the severely injured in our own communities. To those who have already contributed, **THANK YOU!** For those not yet involved, please consider joining in this noble effort.



## NATIONAL ORTHOPAEDIC LEADERSHIP CONFERENCE (NOLC)

The OTA was well represented in May at the National Orthopaedic Leadership Conference in Washington, DC. OTA members on the Board of Counselors (BOC) include [Kyle Jeray](#) (representing South Carolina), [Gerald Lang](#) (Wisconsin), [Mark Brinker](#) (Texas), [Steve Rabin](#) and [Matt Jimenez](#) (Illinois).

In addition, the Board of Specialty Societies (BOS) was well represented with [M. Bradford Henley](#) as Secretary. OTA-BOS representatives are [Jeffrey Anglen](#) and [Paul Tornetta](#). There was an AAOS

session regarding a multidisciplinary fellowship match. OTA was represented by [Jeffrey Anglen](#), [Lisa Cannada](#) and [Nancy Franzon](#). It should be noted that other subspecialty societies are planning to use SF Match, the same company the OTA chose to run its match process. We set a trend!

At the AAOS MORE awards (the Oscars for Media), one of the big winners was [Andrew Pollak](#) for his participation in a story on amputees. Congratulations, Andy!!!



## FELLOWSHIP COMMITTEE REPORT

*Lisa K. Cannada, MD, Chair*

The fellowship committee is eagerly awaiting the final results of the match. Currently this year, we have more applicants (again!) than number of positions with over 90 applicants for 77 positions. During the OTA Fellowship Fair luncheon, **Thursday, October 16<sup>th</sup>**, (12:00-1:00), beginning at 12:30 there will be an open forum for all fellowship directors and fellowship applicants to discuss their concerns regarding the match. We look forward to hearing your input.

The AAOS and AOA are very intent on having a match process for all subspecialties beginning 2011. They are going to use the same service that OTA has contracted, SF Match. The OTA position is to support this multidisciplinary "universal" match. It may involve a later match date in the applicant's PGY-IV year. There are other issues to resolve regarding this and we will keep you updated.

With the increased interest in trauma fellowships, twelve new fellowship programs have been added since 2007. The committee is currently working with the OTA Board of Directors to develop an accreditation process for fellowship programs to ensure a quality education and adequate experience for the fellows. If you have any input or feedback regarding this, please feel free to contact me.

This year the OTA will again offer interview space at the Annual Meeting. We appreciate everyone signing up and making this an organized process for the applicants and fellowship programs combined!

The Fellowship Committee is also updating the website. Look for a new updated page on the website after the OTA Annual Meeting regarding the fellowship process and an updated version of "Preparing for Part II of the Boards."

## FRACTURE CLASSIFICATION AND CODING COMMITTEE

*Larry Marsh, MD, Chair*

The committee is working to develop a new classification of open fractures. The fracture is classified in three grades of severity in each of the five most important areas (skin, muscle, arterial, contamination and bone loss). The overall classification easily reduces into three grades of severity similar to the Gustilo classification. Early experience indicates that the new draft classification works well and we are looking forward to reviewing

## SAVE THESE DATES

**OTA Deadline for Receipt of Abstracts**  
February 4, 2009

**OTA Specialty Day**  
Saturday, February 28, 2009  
Las Vegas, Nevada, USA

**OTA Comprehensive Fracture Course  
for Residents**  
March 26 - 29, 2009  
Chicago, Illinois, USA

**OTA/AAOS 9th Annual Trauma Course:  
Current Management Concepts,  
Techniques & Practical Solutions**  
April 2 - 5, 2009  
Orlando, Florida, USA

**OTA Advanced Trauma Techniques Course  
for Residents**  
April 24 - 25, 2009  
St. Petersburg, Florida, USA

**OTA 25th Anniversary Annual Meeting**  
October 8 - 10, 2009  
San Diego, California, USA  
*David C. Templeman, MD, OTA 2009 President*

the data in Denver. We may choose to involve more members to collect more data.

We have also started a project to publish an educational and interactive chapter on fracture classification on the AAOS's web based journal, *OKO, Orthopaedic Knowledge On-line*.

If you have any input on any of these projects please do not hesitate to let me know.

While the OTA has attempted to deal with inappropriate hospital transfers and the shortage of orthopaedic surgeon on call panels, these meetings revealed that inappropriate inter-facility transfer of the injured patient, as well as the increasing burden of caring for these patients, remains an ongoing concern for *ALL* of these provider organizations, as well as all trauma systems, throughout the country. Our involvement in these meetings sought to further define these problems such that all parties could begin to address these challenges in a unified fashion. *The take home message for me from these meetings was that the government is giving us (organized medicine) one last chance to solve this myriad of problems.*

I would not be surprised to see the development of a nationwide trauma systems approach to these problems in the future. With national elections on the horizon, the unspoken message at these meetings was... "If you are unable to achieve a consensus with solid recommendations, the United States Federal Government is going to solve these issues for you."

Thus to a great extent, we have to be a very vocal advocate for our continued ability to provide the highest quality of trauma care. In light of the numerous issues that were discussed at these meetings, I was happy to learn that the leaders of the American Association for the Surgery of Trauma (AAST) had more issues in common with us (OTA) and were more sympathetic to our stand on inappropriate transfers and call coverage than previously suspected. We will all hear more on this topic next spring at the OTA Specialty Day meeting since we have invited the moderator of both of these summits, Richard C. Hunt, MD, FACEP, to speak to us regarding the issue of a unified systems approach to trauma care in the United States.

October is nearly upon us and preparations are complete for our 24<sup>th</sup> Annual Meeting in Denver. The program committee has worked tirelessly over the last six months assembling an outstanding program which will appeal to all aspects of our membership. I hope to see all of you in Denver and look forward to a successful fall meeting.

*Tracy*

The OTA has always been a leader in the advancement of orthopaedic trauma care through high quality research, which has been funded since 1990 by the steadily growing OTA research endowment. Because of the importance of this activity, and the success we as a society have had, the OTA Board continues to support the campaign to greatly increase the impact of OTA in orthopaedic research. **The goal is to raise participation by the OTA membership to 100% between now and the end of 2008. I would like to personally ask for your participation in the 2008 OTA / OREF campaign.**

As of August 2008, the majority of the OTA Board of Directors and Committee Chairs have each contributed to the OTA / OREF campaign, with many achieving the OREF Order of Merit designation (A contribution of \$1,000 or more). I would like to ask the same of you as an OTA member. A contribution of \$1,000 or more (OREF Order of Merit) will be handled as it has in the past - the first \$500 will remain with OREF, and the balance can be directed to the OTA. In addition, by special arrangement with the OREF Board, OTA member contributions of \$500-\$999 may designate 40% to the OTA research fund. This means that the OTA has the opportunity to substantially benefit from this OREF campaign. Please use the link below to make your on-line donation. **OTA/OREF On-Line Contribution Form:** <http://www.oref.org/site/PageServer?pagename=ota&JServSessionIdr012=mwnjlgcwz1.app14b>

As you know, the OTA's traditional sources of research funding historically contributed by industry are in transition, and continue to decline. Thus it is now more important than ever that our membership step up and continue to support our research endowment fund to build on our numerous research efforts which include:

- Increase the quality of patient care through multi-center studies
- Provide answers and advancement to key questions in orthopaedic trauma
- Provide orthopaedic trauma research funding to academic centers, research investigators, and residents
- Support the research careers and aspirations of young scientists
- Formulate and improve high standards for orthopaedic trauma call procedures
- Long term functional outcome and Metrics investigations

Again, I urge you to participate in the 2008 OTA / OREF campaign. This ongoing effort will allow us to maximize the funding directed to trauma related research. Please contact Nancy Franzon ([franzon@aaos.org](mailto:franzon@aaos.org)) or me ([watsonjt@slu.edu](mailto:watsonjt@slu.edu)) with any questions.



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Nancy E. Franzon  
*OTA Executive Director*

## ANNOUNCEMENTS

- Annual Meeting registrants, please watch your mail for the 2008 Annual Meeting Badge, **check-in ticket**, and all other tickets. **Bring these with you to Denver** and pick up your final program and badge holder at the “pre-registered attendees” tables located on the 3rd floor of the Hyatt Regency beginning at 6:30 am on Wednesday, October 15 and Thursday, October 16. Those attending the pre-meeting courses may pick up information in the same area from 4:00 - 7:00 pm on Tuesday, October 14. If you are unable to attend the meeting, send an e-mail to [ota@aaos.org](mailto:ota@aaos.org) to receive the 2008 final program book in the mail.
- This year the *Foundation for Orthopaedic Trauma* generously provided a grant for all fellows in the class of 2008-2009 to attend the OTA Annual Meeting by paying their registration fee. Thanks to the FOT. In addition, the OTA Board of Directors voted to offer all fellowship applicants a \$125 registration fee for the Annual Meeting.
- **The Residents Course is not yet sold out.** This is a great opportunity for residents to learn from the largest faculty of expert traumatologists. If you know any PGY 2 – 4’s who may be interested in attending, registration information available at [http://www.ota.org/meetings/08AMDenver/08\\_RCFC\\_Course.html](http://www.ota.org/meetings/08AMDenver/08_RCFC_Course.html)
- Don’t miss the **Annual Women in Trauma luncheon** organized by Jacqueline Krumrey and Laura Phieffer. This is now the 5<sup>th</sup> annual get together scheduled for Friday October 17<sup>th</sup> 12:45-1:45 pm. This is a great opportunity for catching up with others, mentoring and discussing important topics. Please reserve your spot if you did not register by sending an e-mail to [ota@aaos.org](mailto:ota@aaos.org) by October 1.
- The **Fellowship Fair luncheon** will be held Thursday October 16<sup>th</sup> noon to 1 across the street from the Hyatt in the Colorado Convention Center, Korbel Ballroom 2A-2C. All residents attending the Annual Meeting and Residents Course are invited for this opportunity to meet representatives from the Fellowship Programs. If you haven’t responded please send an e-mail to [ota@aaos.org](mailto:ota@aaos.org) so we have enough lunch and space for all residents.
- **NEW THIS YEAR: Bring your challenging cases to the OTA!** Sometimes it’s great to have the opportunity to discuss problem and challenging cases with others. The OTA will have a table outside the general session room and all are invited to bring cases to informally discuss with OTA Members. Bring images on a memory stick or CD.
- **Reminder for all members of AAOS** you will never receive annoying e-mails, phone calls or faxes nor be asked to fill out and sign disclosure information again for OTA staff – you will save time and trees if you update your disclosures on the AAOS Link to Financial Disclosure: [https://www4.aaos.org/timssweb/timssnet/login/tnt\\_login.cfm?appl\\_code=DISCL\\_SRCH](https://www4.aaos.org/timssweb/timssnet/login/tnt_login.cfm?appl_code=DISCL_SRCH)
- The **OTA members business meeting** will be Thursday, October 16 at 5:00 pm in the general session room at the Hyatt Regency Hotel. The Nominating committee will present a slate for 2009 Board of Directors; Active Members and Research Members are eligible to vote.

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