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The Newsletter of the Orthopaedic Trauma Association

Fall 2010



MESSAGE FROM THE PRESIDENT

Timothy J. Bray, MD

Baltimore, one of America's greatest and most historic cities, is host to our Annual Meeting this year and we are looking forward to a fantastic meeting! Camden Yards, R Adams Cowley Shock Trauma Center, USNS Comfort and the beautiful Inner Harbor are but a few of the 2010 meeting attractions. Thanks to Local Host, **Andy Pollak**, and Program Chair, **Bill Ricci**, this year's program has something for every attendee.

The meeting program plans will feature the Basic Science Focus Forum, International Trauma Symposium, Billing and Coding, the Young Practitioner's Forum, case presentations and practical tips on caring for the trauma patient. The memorial and guest lecture series will cover broad topics of historic and current orthopaedic trauma issues for our members and guests alike.

I am honored to address the membership this year by recognizing our hard-working board and committee volunteers as well as our community orthopaedic traumatologists. This year your board has committed to making the OTA a more "user-friendly" organization by improving "member services." We have worked on changes in the organizational governance, committee structures, webpage improvement, with easier access to assistance with billing and coding, references for community trauma program development and media campaigns to better inform our members of benefit opportunities. **Peter Trafton** will edit the new 'Tip of the Month' publication on the webpage with helpful tools for clinical practice, business management, research as well as personal growth as an orthopaedic trauma surgeon.

If you have not yet registered, I encourage you to do so. You can also register on-site in Baltimore. Don't miss this opportunity to enjoy a few days away from your busy schedule, catch up with old friends, and update your orthopaedic trauma knowledge while visiting beautiful Baltimore. OTA members are always available for consultation regarding difficult cases, so take advantage of this opportunity to utilize their expertise.

Sincerely,

Tim Bray, MD



FROM THE EDITOR

Lisa K. Cannada, MD

Welcome to the Fall Edition of the Newsletter. I hope all had a safe summer full of good memories. The annual meeting is right around the corner; consequently, this issue previews the annual meeting. In addition there are committee reports and announcements with links to get involved as **Tim Bray** mentioned in his Presidential Column. Step up and contribute!

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PROGRAM COMMITTEE

William Ricci, MD & James Goulet, MD, Co-Chairs

The 26th Annual Meeting of the Orthopaedic Trauma Association (OTA) is to be held in Baltimore, MD from October 13 – 16, 2010. This year's meeting will highlight three main symposia on topics with broad appeal: *Controversies in Everyday Orthopaedic Care; Disaster Preparedness: What We Learned from Haiti; Orthopaedic Trauma Call: Opportunity or Obligation* and six Mini-symposia: *Management of Blast Injuries for Civilian Surgeons; Bone Graft Options; Periprosthetic Fractures: Current Concepts; Two minutes /Two Slides: Technical Tips and Tricks (Rapid Fire Cases); Infection following Internal Fixation – What's New?* and *Soft Tissue Coverage for the Non-Microsurgeon*.

A myriad of case presentations and skills labs that include other general interest as well as more focused topics will allow customization of the meeting experience. **Don't miss the John Border Memorial Lecture by Sigvard T. Hansen, Jr., MD, at 3:00 PM on Saturday the 16th or Tim Bray's President's Message to be delivered at 3:00 PM on Friday.**

The Scientific Program will include the most relevant and scientifically sound research. Sixty podium presentations and over 100 posters (including a special section of posters related to the Haiti disaster) were selected by the Program Committee from over 600 abstract submissions. The papers will be presented in seven separate scientific sessions. *Upper Extremity* will lead off this year on Thursday afternoon to be followed by *Basic Science* papers. Friday's sessions include *Geriatrics, Foot & Ankle*, and *Knee, Tibia and Pediatrics*. The paper sessions conclude Saturday with *Polytrauma and Femur* and *Pelvis and Spine*. Further details of the program can be found at http://www.ota.org/meetings/10%20AM/10_AM_BWI-main.html.

The Basic Science Focus Forum (BSFF), chaired by **Ted Miclau, MD**, is one of several pre-meeting events. The BSFF is a 1½ day event beginning Wednesday October 13th that will provide an additional in-depth program designed to augment and expand upon the science presented and discussed at the main meeting.

Other single day pre-meeting events will also take place on Wednesday October 13th. The ever popular **Masters Level Trauma Coding Course** will once again be presented by the dynamic **Margaret Maley**. Initiated at the 25th Anniversary meeting, the **International Forum co-chairs, William DeLong, MD, Andrew Schmidt, MD and Wade Smith, MD** have planned to continue to highlight and discuss advances and unique aspects of orthopaedic care in emerging regions. The **Young Practitioners Forum** led by **Lisa Cannada, MD** on Thursday morning



OTA 26th Annual Meeting Baltimore, Maryland October 13 thru 16

rounds out the pre-meeting events. We encourage all to arrive early to the Annual Meeting and take full advantage of these OTA offerings.

We hope this year will build on the tremendous success of last year's 25th Anniversary OTA Annual Meeting. We look forward to an exciting start to the 2nd Quarter Century of OTA Education at this 26th Annual Meeting.

FROM THE EDITOR, CONTINUED FROM PG. 1 Lisa K. Cannada, MD

Since a new fellowship year began, we have a column from someone who just began their fellowship. The Young Practitioner's Column highlights "Changing Jobs Early in Your Orthopaedic Career". Later in the year, we will have a log of a trauma fellow as he searches for his job.

To all OTA voting members: **Please review proposed By-Laws changes to be voted on at the Business Meeting in Baltimore.** We are always looking for ways to improve the newsletter. Please send your suggestions to me at: LCannada@slu.edu. The Winter Edition of the newsletter will come out in December. Send any contributions by November 22. See you in Baltimore!

BASIC SCIENCE COMMITTEE

Theodore Miclau, MD, Chair

The Basic Science Committee has organized a variety of activities for this year's Annual OTA Meeting in Baltimore. The eighth annual Basic Science Focus Forum (BSFF) will again highlight state-of-the-art basic research in clinically relevant topics through six symposia that precede related basic science paper presentations. The symposium will include the following topics: *Biomechanics: Choosing the Right Animal Model; Bone Defect Repair; Choosing a Pre-Clinical Model in Orthopaedic Trauma; Advances in Imaging: Articular Cartilage; Funding Orthopaedic Trauma Research* and *Bringing Products to Market*. The 24 abstracts to be presented at the BSFF (in addition to the seven at the OTA Annual Meeting) were selected from 130 submissions. This year, the abstracts will be scored by the Committee with the top papers being offered fast-track submission to a special Basic Science edition of the *Journal of Orthopaedic Trauma*.

Additionally at this year's Annual Meeting, the Committee is again offering a symposium on Saturday morning on grant writing, entitled "**Grantsmanship 101: Writing an Effective Proposal.**" The speakers will include current and former chairs of the OTA Research Committee, **Edward Harvey, MD** and **Joseph Borrelli, MD**, as well as **Ellen MacKenzie, PhD**, from the John Hopkins Bloomberg School of Public Health and Director of the Coordinating Center for the Major Extremity Trauma Research Consortium, or METRC.

Finally, for the fourth consecutive year, the OTA continues to partner with the Orthopaedic Research Society to promote and develop translational research opportunities in orthopaedic

trauma-related research. The best trauma-related poster from the ORS Annual Meeting held earlier this year will be presented at the OTA Annual Meeting as a poster. **The winner, authored by Hans Kreder, MD, et al., is entitled "Prognosticating Acetabular Fractures Using CT Analysis."** The best scientific poster from this year's OTA Annual Meeting will be presented at the ORS Annual Meeting to be held in Long Beach, California from January 13-16, 2011. OTA Members will also be key participants in the Clinical Research Forum, the ORS's inaugural clinical research event, at next year's ORS Annual Meeting. The ORS will also offer a trauma poster section, which will be developed from abstract submissions on polytrauma, systemic response to injury, and clinical trauma research. **Edward Harvey** and **Theodore Miclau**, members of the OTA Basic Science Committee, are the trauma topic and program chairs, respectively, for the ORS this year.



8th Annual Basic Science Focus Forum held at the Hilton Baltimore Hotel.



EDUCATION COMMITTEE

David Teague, MD, Chair

The education committee continues work on a number of projects.

The third edition of the Resident Slide Project is nearing completion. It will be posted to the website by Specialty Day. Thomas Higgins has led this round of revisions.

The flagship **Fall Residents Comprehensive Fracture Course (RCFC)** will be presented at the Baltimore annual meeting venue. The current chairs, **Laura Prokuski** and **Michael Archdeacon**, welcome the leadership of section directors and many volunteer lecturers and lab leaders.

Robert Probe, **Matt Graves**, and **David Hubbard** are leading a growing team in the redesign of the **Spring RCFC**. We expect to produce a new type of course in 2011 (scheduled for April 28 – 30, 2011), with an entirely small group focus. We have new volunteer opportunities to assist with the development of materials for the following six fracture or injury modules: diaphyseal, articular, geriatric, pediatric, pelvis/polytrauma, foot/ankle.

The successful **Fellows Course in Boston** hosted almost 50 (then) current musculoskeletal trauma fellows from programs whose faculty are affiliated with the OTA. **Paul Tornetta** chaired this course, which included many OTA leaders on the faculty panel.



OTA Members' Reception, New Orleans, March 2010



OTA Fellows Course, May 2010

David Barei and Chris Finkmeier are planning for the next **Residents Advanced Trauma Techniques course**, a popular offering for more senior trainees.

2011 RESIDENT & FELLOWS COURSE CALENDAR

Advanced Trauma Techniques Course for Residents (PGY4 – PGY5) January 14 - 15, 2011 Phoenix, Arizona

** Scholarships will be available for registration and lodging. **



Orthopaedic Trauma Fellows Course April 15 - 17, 2011 Boston, Massachusetts

Registration limited to ortho trauma fellows. Scholarships will cover registration and lodging.

OTA Comprehensive Fracture Course for Residents April 28 - 30, 2011 Schaumburg, Illinois

** Scholarships will be available for registration and lodging. **



Item #1

The Bylaws committee, in collaboration with Membership and Fellowship Committees recommended a change in the bylaws to accommodate Fellowship candidates by including them as qualifying for Candidate Membership (Article V Section XII). This was judged to be the best way of affording a membership status option for those entering an orthopaedic trauma fellowship, which was the original charge to this committee. Rather than creating a separate membership status, the consensus among all impacted committees was to make the alteration in the allowances for Candidate Membership status to include orthopaedic trauma fellows. (see specific proposed change below)

Article V

Section XII. Candidate Membership

Applicants for candidate membership can be participating in residency training emphasizing Orthopaedic Surgery or fellowship training in Musculoskeletal Trauma Management. A candidate member resident applicant must be participating in an American or Canadian Board approved Orthopaedic Surgery residency program, or participating in an officially recognized training program in a country outside the U.S. or Canada at the time of application. (Trauma fellows may apply for membership as a candidate member). He or she will apply using the same application form as for active membership. No publications are required for membership in this category. Only one sponsor form or recommendation letter is required, from the residency program director or fellowship director, who will forward the form or letter of recommendation to the OTA Staff. Candidate members will have a maximum five (5) years from completion of residency training or three (3) years from completion of their fellowship to transition into another membership category (Active, Associate, International Active, or Community membership). Dues will be set by the Board of Directors. Candidate members are not statutory members of the Corporation under Section 5056 of the California Corporations Code and have none of the rights, privileges and responsibilities, including voting rights, granted to active, senior and research members, but may be appointed to non-elected committee positions.

Item #2

A Formal Bylaws change reflective of the institution of a Disaster Management and Emergency Preparedness Committee will be brought forward at the upcoming business meeting for approval by Membership. (see specific proposed change below) The proposed change in Article X (Appointed Committees) is as follows: the addition of new Section VI:

Section VI. Disaster Management and Preparedness Committee

The Board shall appoint seven (7) members of the Corporation to serve for one three (3) year term as members of the Disaster Committee and designate its Chair. The Chairperson of this committee will serve for three (3) years. Committee members may serve one (1) successive three (3) year term. The Board of Directors will provide charges for this committee.

(Current Section VI (Education Committee) will become Section VII, Section VII will become Section VIII, etc.)

FELLOWSHIP COMMITTEE

Mark Lee, MD, Chair

We are continuing our use of SFMatch for our Fellowship match, and this year the service has evolved to a completely web based online matching system (OMS). With this system, program sites can view and edit program profiles, review applicant data, and check the status of applicant documents in real-time. Applicant files are currently available for download or review.

Please note that in response to applicant and program feedback, this year's match will occur on March 1—one month earlier than previous years.

We are actively evaluating growth and numbers of orthopaedic trauma fellowship positions. Watch for a survey of recent graduates that will help us evaluate market trends and effects of increasing numbers of fellowship trained surgeons. The committee welcomes your feedback and input on our upcoming survey of recent graduates.



The 2009-2010 academic year was a learning experience for several orthopaedic organizations and industry partners who worked together to navigate the new regulatory environment. COTA has emerged as the leading entity funding the largest number of orthopaedic trauma fellowships in 2010.

The COTA approach involves a standardized application, competitive, blinded review of the applications and award of grants based upon the quality of the fellowship program. At the AAOS annual meeting in 2010 the COTA board reviewed 29 applications and initially awarded 17 grants totaling over one million dollars. Funding levels were based upon program quality, program need and available funds.

After receiving grant acknowledgements and identifying the trauma fellows, COTA funded 14 grants with a total final distribution of \$857,345 for the 2010-2011 Fellowship year as follows:

Harborview – David Barei, MD, Director – Smith Nephew / COTA Award
OrthoIndy – Timothy Weber, MD, Director – Smith Nephew / COTA Award
Parkland/UT Southwestern – Rahul Banerjee, MD, Director – Smith Nephew / COTA Award
Regions/U of Minnesota – Peter Cole, MD, Director – Smith Nephew / COTA Award
Saint Louis University – J. Tracy Watson, MD, Director – Smith Nephew / COTA Award
San Francisco Gen Hospital – Theodore Miclau, MD, Director – Smith Nephew / COTA Award
Sonoran – Anthony Rhorer, MD, Director – Smith Nephew / COTA Award
U of California Davis – Mark Lee, MD, Director – Smith Nephew / COTA Award
U of Maryland – Peter O'Toole, MD, Director – Smith Nephew / COTA Award
Carolinas Medical Center – James Kellam, MD, Director - Stryker / COTA Award
Denver Health – David Hak, MD, Director – Stryker / COTA Award
Tampa General Hospital – H. Claude Sagi, MD, Director – Stryker / COTA Award
University of Miami – Gregory Zych, MD, Director – Stryker / COTA Award
Vanderbilt University – William Obrebsky, MD, Director – Stryker / COTA Award

Industry response to COTA has been very positive and the ability to continue to fund orthopaedic traumatology fellowships is directly related to the beneficence of our partners in industry. COTA has developed a rigorous review process for the fellowships applications, has committed to a very low administrative expense and has performed exceedingly well in its inaugural year. Given the response to our call for applications in 2009 the leadership of COTA has established a goal to raise \$3 million to fund forty fellowship positions in the 2011-2012 academic year. COTA appreciates the generous support of **Smith & Nephew** and **Stryker**.

Fellowship Program on-line application available November 1, 2010; Submission Deadline: January 15, 2011

DEVELOPING NATIONS PROJECT TEAM

Peter Giannoudis, MD, FRCS

There are a few announcements regarding upcoming events at the OTA Annual Meeting:

- Don't miss the **International Orthopaedic Trauma Care Forum** on **Wednesday (13 October)** and we are looking forward to seeing there **all** of the **OTA International Members!**



Members are invited.

- There will be a **committee meeting** on **Friday October 15th** from 12-1pm. More details to follow.

- At the OTA Annual Meeting there will be a **reception** for all **International Trauma Care Forum Attendees** on **Wednesday October 13** from 5:45-6:45pm at the Hilton, Key Ballroom 9-10. All International

CLASSIFICATION, DATABASE AND OUTCOMES COMMITTEE

Larry Marsh, MD

The big news from our committee is that the OTA classification of open fractures is now published in the *Journal of Orthopedic Trauma* as the first article in the July 2010 issue. (A link to the article is below.) If you missed it in JOT please take a look and send us your opinions. As you will see the article is followed by two guest editorials. Both of these highlight the potential importance of a new open fracture classification and define some of the challenges to broader acceptance and improved patient care. The committee is pleased at the visibility brought by the publication and editorials and is working on the challenges to provide a further scientific basis to the classification and to further improve its utility as a future clinical tool. We now have edited eight open fracture videos that will be used for an important observer reliability project. A preliminary trial of these videos was conducted at Harborview in July as part of their alumni meeting and this experience has led to important insights into this project. The broader trial may be conducted on the internet and we will need OTA members to participate.

<http://www.ota.org/downloads/JOT%202010.pdf>

EVIDENCE BASED MEDICINE COMMITTEE

William Obrebsky, MD, MPH, Chair

The EBM Committee is partnering with the Metrics Committee to develop guidelines for the treatment of open fractures and use of antibiotics. We are partnering with two different groups to address these issues. The Department of Defense has organized a military group including orthopaedic surgeons, infectious disease experts and specialists in trauma to develop guidelines specific for the types of wounds the military is seeing. We are also partnering working with the Infectious Disease Society of America (IDSA) and will utilize the IDSA and AAOS guideline development process. We are requesting funding from the OTA Board for one meeting in Chicago to vet final recommendations and two phone conferences. Topics to be covered by two groups are:

- 1) Timing of antibiotic administration
- 2) Selection of antibiotics (*include topical as well*)
- 3) Duration of antibiotics.

EVIDENCE BASED MEDICINE COMMITTEE

continued

- 4) Timing of debridement and irrigation
- 5) Timing of fracture fixation
- 6) Timing of soft-tissue coverage.

MILITARY COMMITTEE

LTC Romney Andersen, MD, Chair

The Military Committee promotes collaboration between civilian and military orthopaedic trauma in the areas of patient care and research. The federal government is funding many research opportunities with military relevance to casualty care. Thursday morning at OTA, **Theodore Miclau, III, MD** and **Michael Bosse, MD** will be moderating a symposium on governmental research funding opportunities. **COL James Ficke, MD** and **Josh Wenke, PhD** will be presenting Department of Defense funding opportunities. Many collaborative studies are currently underway looking at fracture care and many new studies are in the planning phases. Civilian Trauma Centers that wish to participate in the Major Extremity Trauma Research Consortium (METRC) should contact the Co-Chairs: **Michael Bosse, MD** or **Ellen MacKenzie, PhD**. OTA members continue to participate in the Distinguished Visiting Scholar Program (DVSP) at Landstuhl Regional Medical Center in Germany. With the surge in Afghanistan underway increased casualty rates are being seen. If you are interested in participating please send a CV and letter of interest to ota@aaos.org.

RESEARCH COMMITTEE

Ed Harvey, MD, Chair

The Research Committee recently met in Chicago to review grant applications and will submit to the Board of Directors a request for funding for selected grants. Thanks to the committee for all of their hard work reviewing applications!

A few upcoming deadlines:

- **Resident Research Grant Deadline:**
December 6, 2010
- **OTA Research Grant Pre-Proposal Deadline:**
February 7, 2011

DISASTER MANAGEMENT AND EMERGENCY PREPAREDNESS COMMITTEE

Chris Born, MD, Chair

The earthquake of 12 January in Haiti has acted as a catalyst to focus attention on disaster preparedness and response management. The individual committee members of the Disaster Management and Emergency Preparedness are all directly involved with humanitarian and disaster work either through OTA educational initiatives, US Government programs or with NGOs such as Doctors Without Borders, Catholic Relief Services and Partners in Health. The current committee members include **Drs. Michael Bosse, Mark McAndrew, William DeLong, David Lhowe, Andrew Pollak, Dave Teague, Mark Richardson, Steve Morgan** and **Roman Hayda**.

The committee will be hosting a Symposium on Friday morning at the OTA Annual meeting in Baltimore titled **"Disaster Preparedness: What We Learned from Haiti."** Topics to be covered include personal safety and medical ethics in a disaster zone, orthopaedic care in the austere environment, future directions for orthopaedic volunteerism, civilian/military collaboration and work on the USNS Comfort while in Haiti.

The AAOS/OTA Haiti Relief and Disaster Response Project Team (PT) were empanelled by the Board of Directors of the Academy following the earthquake. This group will take over the charge of the Disaster Preparedness subcommittee of the Extremity War Injuries and Disaster Preparedness Project team that has been involved in five annual EWI symposia held in Washington, DC. In addition, the PT also has consultants for the military and NGOs (see second column). The committee has a number of charges that include establishing relationships with individuals and organizations on the ground in Haiti and assisting with both musculoskeletal care and orthopaedic education as the medical infrastructure redevelops. In addition, efforts are to be made to develop certification and credentialing programs for Academy members who are interested and qualified to respond to disasters either in the acute or late/reconstructive phases. By necessity this would include joint programs with the US Government and the US military. Currently, programs are under development in both of these areas assisted by the military liaisons of the PT and the American College of Surgeons. OTA past-president **Bruce Browner** has been very active with the National Disaster Medical System (NDMS) to this end.

AAOS/OTA Project Team Members

AAOS

David Teuscher, MD (Co-Chairman)
David Feldman, MD
Lt. Col. John Tokish, MD
Kaye Wilkins, MD
Lynne Dowling, Lead Staff Liaison

OTA

Christopher Born, MD (Co-Chairman)
Roman Hayda, MD
David Teague, MD
David Templeman, MD
Kathleen Caswell, Staff Liaison

Military Consultants:

James Ficke, MD (Army),
Warren Kadrmas, MD (Air Force),
Daniel Unger, MD (Navy)

Special Consultant:

Todd Ulmer, MD (previous White House Fellow and member of Board of Directors, Medical Teams International)

NOMINATING COMMITTEE

The OTA Nominating Committee will present a slate of candidates for election to the following offices at the October Annual Meeting in Baltimore : 2nd President-elect, chief financial officer, two board members-at-large, and one member for the membership committee. The nominating committee is led by **David Templeman, MD** as chair. Committee members include **Dolfi Herscovici, Jr., DO, Craig S. Roberts, MD, MBA, Paul Tornetta, III, MD** and **Robert A. Winkist, MD**.

Committee Member Vacancies:

With over 25 committees and project teams, the OTA offers a multitude of opportunities be a part of the leadership and shape the future. The OTA offers all an equal opportunity to members to apply for committee positions. The following OTA committee positions are open beginning February 2011.

If you are interested in serving on an OTA Committee, please complete an application by **October 18, 2010**. Please click on the position(s) of interest for description and application:

- **Annual Meeting Program Chair**
- **Annual Meeting Program Committee Member**
- **Archives Committee Chair**
- **Archives Committee Member**
- **Bylaws Committee Member**
- **Classification Committee Chair**
- **Classification Committee Member**
- **Education Chair**
- **Education Committee Member**
- **Education Committee Ex-Officio Resident Member**
- **Fellowship Committee Member**
- **Fund Development Chair**
- **Fund Development Committee Member**
- **Health Policy**
- **Practice Management**
- **Public Relations Committee Member**
- **Research Committee Chair**
- **Research Committee Member**
- **Military Committee Member**
- **Website Chair**

Education Volunteer Opportunities:

Please click here to be included on the volunteer list for future education volunteer positions:

- **Resident Course Faculty**
- **Residency Core Curriculum Lecture Authors, Editors & Reviewers**
(1/3 of these lectures are updated annually)
- **Your Orthopaedic Connection** (AAOS patient education web page) **Editors**
- **Reviewers needed for ICL/Symposia submissions** (for AAOS/OTA co-branding)

International Volunteer Opportunities:

Please click here to be included on the volunteer list for future international volunteer positions:

- **International Course Faculty** (the International Relations Project Team will maintain a list of volunteers to be used as future courses are scheduled.)
- **Kumasi, Ghana, Africa Educational Initiative** (See page 10 for details.)
- **Doctors Without Borders/Médecins Sans Frontières (MSF)** urgently seeks orthopedic surgeons for humanitarian programs in Haiti, Democratic Republic of Congo, Nigeria, and Sri Lanka for one month or more. For more information and to apply to join our surgical team, visit:
<http://www.doctorswithoutborders.org/surgeons>

HEALTH VOLUNTEERS OVERSEAS (HVO) LAUNCHES ORTHOPAEDIC PROGRAM IN GHANA

[Washington, DC - August 25, 2010] - HVO is pleased to announce the establishment of an orthopaedic program in Ghana at the Komfo Anokye Teaching Hospital. Komfo Anokye is a 1000+ bed, older general hospital organized into four main inpatient blocks housing Medicine, Pediatrics, Ob-Gyn, and Surgery. In May of 2009, a new Accident and Emergency Center opened under the direction of the Orthopaedic Trauma service. It is adjacent to the old hospital and is a state-of-the art facility equipped with a triage area, minor and major treatment facilities, a resuscitation ward, and three sub-acute wards for men, women, and children, an intensive care unit, four operating rooms, and a helipad.

The Hospital and the Orthopaedic Trauma Service are extremely busy with close to 200 orthopaedic patients. There are three functional orthopaedic services each under the direction of a surgeon. Additionally there are five surgical house officers and five or six general surgical residents on the service at one time as well as medical students rotating through the hospital. The new Orthopaedic Resident Training program consists of four to six first year orthopaedic residents. In addition five or six current general surgical residents interested in pursuing their specialty training in orthopaedics will also be in the training program.

The initial focus of the program is to provide training in trauma and pediatrics to the staff and to augment training provided to participants in the new orthopaedic residency program which begins in the fall of 2010. Other critical specialties will be needed



in 2011. Prior academic experience is helpful but not required. Assignments are two to four weeks in length.

This program is the result of several years of effort and coordination between the American Academy of Orthopaedic Surgeons (AAOS), the Orthopaedic Trauma Association (OTA) and HVO. The AAOS and OTA will be working closely with HVO in the provision of educational materials and other support for this project. **Dr. Peter Trafton**, a member of both AAOS and OTA, will be the program director for this new site.

A private, non-profit organization, HVO was founded in 1986 to improve global health through education. HVO designs and implements clinical and didactic education programs in child health, primary care, trauma and rehabilitation, essential surgical care, oral health, blood disorders and cancer, infectious disease, nursing education and wound management. In more than 25 resource-poor countries, HVO volunteers train, mentor, and provide critical professional support to health care providers who care for the neediest populations in the most difficult of circumstances.

Contact: Andrea Moody at Health Volunteers Overseas: email: a.moody@hvousa.org; phone: 202-296-0928 ext. 19.

REMEMBERING...

The OTA is mourning the loss of two members: **Drs. Joe Slade** and **J. Paul Harvey** passed away recently. There is a short memorial page for each on the website: <http://www.ota.org/about/memoriam.html>.

2010 OTA RESEARCH FUND CAMPAIGN

Early donations are encouraged.
All who donate by October 1 will receive an "OTA Research Donor" Ribbon at the Annual Meeting. Show your support!

The OTA Presidential Line asks each member of the OTA to support the OTA Research Grant Program by making a research donation. The Presidential

CONTINUED ON PAGE 11

Line have each pledged \$1,000 to this year's campaign, and strongly urge you to do the same.

Contributions can be made via this link:

<http://www.ota.org/donorForm/donorform.cfm> or by downloading the Word document at: <http://www.ota.org/downloads/OTA%20Donor%20Form%20Members.doc> ***100% of OTA member research fund donations will go towards funding 2011 OTA-approved research studies.***

The OTA's traditional sources of research funding historically have come from industry, but for reasons including economics and DOJ compliance issues, contributions have declined over the past several years. While we sincerely hope that at some point in the future this trend will change, we would like to remind you that it is now more important than ever that our membership step up and continue to support our research fund.

Why contribute? Your help is needed to continue to fund the numerous outstanding OTA research efforts which include:

- Increasing the quality of patient care through multi-center studies
- Providing answers and advancement to key questions in orthopaedic trauma
- Providing orthopaedic trauma research funding to academic centers, research investigators, and residents
- Supporting the research careers and aspirations of young scientists
- Formulating and improving high standards for orthopaedic trauma call procedures
- Providing long term functional outcome and metrics investigations

The OTA has always been a leader in the advancement of orthopaedic trauma care through high quality research, which has been funded since 1990. Because of the importance of this activity, and the success we as a society have had, the OTA Board continues to support this campaign and **would like to personally ask for your participation in the 2010 OTA campaign.**

Again, we urge you to participate in the 2010 OTA campaign. This ongoing effort will allow us to maximize the funding directed to trauma related research.

How did I get here? At one point, about 2 years ago, the idea of actually finishing residency and starting fellowship seemed so distant. Then, in the blink of an eye, I find myself over a month in to this new job, having completed all the steps along the way; applying and interviewing for several fellowships, matching into a program, completing the 4th and 5th years of residency, sitting for the Boards, moving, and starting fresh in a new city. Where did the time go?

While I am genuinely excited about the path I've chosen, Orthopaedic Trauma, few things have matched the joy I feel about not having to do another spine clinic EVER AGAIN.

The appeal of trauma, for me, is the variety of injuries it provides, and the creativity that must be used to treat them. There are basic principles that we follow. Beyond that, there are several techniques, implants and approaches that can be implemented to produce a successful result. One of the primary tasks of fellowship is to build an armamentarium of treatment strategies by absorbing the knowledge and wisdom of experience of our diverse mentors. This can sometimes be a frustration when you find techniques, approaches or positions that you like, but have to continue using others as you progress in your training. The key is to remember all of it, so that when a new challenge presents itself, you have many alternative strategies in your toolbox.

I have learned over the last 2 years that there is a lot of flux in the academic orthopaedic world. Faculty members seem to move in and out of positions more frequently than I previously understood. The fellowship I interviewed for and matched into no longer exists. While the patient population and injuries are the same, I find myself in a different philosophical, educational and interpersonal work environment than I expected. I am happy to report, however, that my fellowship is evolving into one which, I suspect, suits my personality and learning style even more than the previous version would have.

The next daunting task on the horizon is the search for a job. For those of us without a specific location preference, the options seem endless. Where does one begin? Print ads, websites, and recruiters are many, but seem unfocused and random. I am

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very much looking forward to the Young Practitioners Forum at this year's OTA Annual Meeting. I have been told by prior attendees that it is a very valuable resource.

When looking for a job, there are several considerations. The kind of practice one wants is probably one of the first things to decide; private practice versus academics. After that, location is important. To some degree, however, anywhere that you have a stimulating work environment, and the love and support of family, good friends and colleagues, can be home.

Financial incentives can be an important deciding factor, especially with the enormous educational debts many of us have looming overhead, in addition to families to support. I have been cautioned about the 'big money' jobs. They have a tendency to be time-limited, so without saving and planning for when the guaranteed income ends, one can find him- or herself in a compromised state.

There is a lot to decide in a relatively short amount of time, given the months it takes to get licensed and credentialed in a new state or country. Thankfully, the orthopaedic trauma community has an endless supply of knowledge and experience to draw upon. One simply has to ask.

The most comforting thought is that we can go almost anywhere in the world and make a living doing exactly what we love to do. Everyone should be so lucky.

YOUNG PRACTITIONERS COLUMN: CHANGING JOBS EARLY IN YOUR ORTHOPAEDIC CAREER

Hassan R. Mir, MD

There has been a growing trend for young orthopaedic surgeons to change jobs during the early years of their careers. It has been estimated that over fifty percent of orthopaedic surgeons will change jobs within their first two years in practice¹⁻³. This situation can lead to significant personal and family stress, professional insecurity, and financial hardship.

After completing training, many orthopaedic residents and fellows feel that following several years of hard work and sacrifice, it will finally be time to settle down into a secure situation where they can

build a practice and a life. They have usually spent significant time in their job search, and most know that there is no such thing as a "perfect" job. While trying to prioritize and balance work, family, location, and many other factors, the decision often comes down to what the candidate and his/her family think and feel is the best fit from the available positions.

There can be multiple reasons why things may not work out. Whether it is a professional issue, an economic issue, a domestic issue, or a combination of factors, it is important for the young orthopaedic surgeon to fully evaluate their situation and determine if things can be worked out. Part of the evaluation process may include consulting with peers and mentors for advice, looking at the financial implications of a move including relocation, reviewing the employment contract with regard to termination and other related issues, and exploring other available opportunities. Once the surgeon has reached the decision that he/she is going to leave, it may be wise to have an attorney review both the old and potential new contracts to look at any issues that may arise in the transition, such as non-compete clauses, loan repayments, notices, etc. The early career surgeon should also review the ABOS requirements for the board application process. When looking at other opportunities, the list of priorities that was used to decide on the first job should be revisited to see if they may have changed after the initial experience in the job market, and to try to avoid choosing another situation that may not work out.

The AAOS and the OTA both have online content and sessions at their respective national meetings that offer advice to residents and fellows when evaluating job opportunities. These are excellent resources that can help to avoid the unenviable position of leaving one's first job early, or they can also be revisited by early career surgeons considering a change. The young orthopaedic surgeon considering an early career move should not feel alone, and should consider reaching out to colleagues and mentors for advice, especially since many of their peers may be in similar circumstances.

References:

1. Dopirak, RM. Evaluating Practice Opportunities: Part II. *AAOS Bulletin*. 2006;54(1):19-20.
2. Finding Your First Orthopaedic Trauma Job. *OTA Website*. <http://www.ota.org/fellowship/FirstJob.pdf>
3. Smith AA, Craft RO, Rebecca AM, Duncan SF. Dissatisfied Hand Surgeons: What Causes Them to Change Jobs? *Hand (N Y)*. 2006 Jun;1(1):14-8.

The international committee has facilitated an agreement with the Italian Orthopaedic Trauma Association (OTODI). This October two OTA members will present topics on the treatment of pilon fractures at their annual meeting in Riccone Italy. **Steve Morgan** and **Mike Sirkin** will be our representatives. We will have two of the OTODI members attend our meeting in Baltimore including the International Committee reception on Wednesday night.

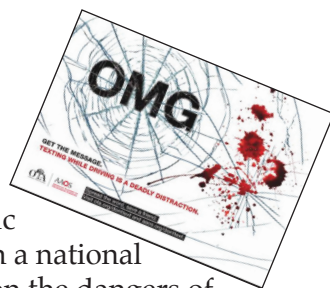
This arrangement has prompted investigation into the development of a "Featured Nation Program" for the annual OTA meeting in the future. Guidelines are being developed by the International Committee and will be presented to the program committee of the OTA for their approval. These guidelines will hopefully provide a fair system that will allow selection of a Nation each year.

A 4-day educational course is planned for Haiti in January 2011. This will provide instruction for surgeons providing ongoing care for survivors of the Haiti disaster. This will function as the kickoff for an orthopaedic fracture residency that will take 3 years to complete. This instruction will be given to Haitian medical students who are interested and accomplished enough to be included. The University of Maryland will be providing the lead for this project with help from the OTA and the International Committee.

The pre-meeting International Forum has an exciting agenda this year. It will include a myriad of papers from emerging countries throughout the world. This will include unique topics such as the use of a fibular osteotomy to approach injuries of the posterior tibial plateau. The symposium on "Disasters in developing countries" will include speakers from Haiti and abroad. For the first time this year, posters from the International Meeting will appear alongside those of the main meeting.

OMG! AUTOMAKERS JOIN ORTHOPAEDIC SURGEONS IN EDUCATION EFFORTS TO STOP DISTRACTED DRIVING

Washington, DC – The Alliance of Automobile Manufacturers today joined The American Academy of Orthopaedic Surgeons (AAOS) and The Orthopaedic Trauma Association (OTA) in a national public education campaign on the dangers of texting while driving. The partnership's initial efforts include placing the AAOS/OTA's already-successful "OMG: Get the Message" campaign signs in doctors' waiting rooms nationwide and in dramatic, large-scale advertisements placed on more than 50 buses in the Washington D.C. metro area.



The overall "OMG" campaign already includes patient-education materials (including postcards and posters) as well as airport advertising and billboards in hundreds of locations throughout the country. While the groups have set up Web sites with more information at www.aaos.org/donttext, www.ota.org/donttext and www.autoalliance.org/driverfocusfacts, the broad campaign also will include social media initiatives and a radio advertising campaign.

"We see life-changing injuries from distracted-driving related crashes every day. We want people to know that any call, e-mail or text simply isn't worth the risk. Every driver believes he or she is immune to slip ups, but the shocking statistics prove that's not the case. Orthopaedic surgeons want to prevent the pain, suffering and devastating injuries associated with texting-and-driving crashes," said AAOS President John J. Callaghan, MD.

"We're pleased to be able to work with these two leading medical associations to spread this message," said Alliance President and CEO Dave McCurdy. "While our industry spends billions to continue developing technology that helps drivers focus on the road, we also support state laws banning the use of handheld cell phones and texting devices while driving. We also know that education and awareness are important parts of the solution, too."

"Digital technology has created a connected culture here in this country that's forever changed our society," added McCurdy. "Drivers are going to have conversations, listen to music and read maps while driving, and automakers are helping them do

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this more safely with integrated connectivity technologies. That's why automakers developed Driver Focus Guidelines that cover the way in-vehicle technology is designed, to help drivers keep their eyes on the road."

"OTA, with AAOS, has created a shocking advertisement with one goal in mind – to get drivers of all ages to take notice. We're seeing more and more injuries – and even fatalities – related to texting and driving. Many of the traumatic injuries we treat can be avoided by simply choosing to stop texting behind the wheel, so we want drivers to 'get the message' that texting and driving is dangerous," said **OTA President Timothy J. Bray, MD.**

The partnership among the three associations will continue to deliver the message through social media outlets, radio ads and even in one-on-one conversations between doctors and patients of any age that texting while driving is a deadly distraction.

The Virginia Tech Transportation Institute's (VTTI) 100-Car Naturalistic Study found that the odds of a crash or near-miss more than doubled when a driver's eyes were off the road ahead for more than two seconds (http://www.vtti.vt.edu/PDF/100-Car_Fact-Sheet.pdf). The Alliance's guidelines specify that displays must be mounted high enough in the vehicle so drivers can continue seeing the roadway with their peripheral vision, even while glancing at the display. They also limit the amount of visual and manual demand that any particular task can impose on a driver.

ANNOUNCEMENTS

- **Did You Know? Your OTA membership includes a \$600 Savings on Annual Meeting Registration!**
- **The Business Meeting will be 5:00 pm, Thursday, Oct. 14**
- **Endowed Lectureship In Honor of Mike Mazurek**
The Carolinas Medical Center Orthopaedic Trauma Service are establishing an endowed lectureship in honor of **Mike Mazurek** at the Naval Training program in San Diego. He was a former fellow here and a friend of many of us. We would like to extend the opportunity to those OTA members who would like to support this project by mailing to them donation information. Interested members please contact Jim Kellam at the Carolinas Medical Center. james.kellam@carolinashealthcare.org
- **AAOS/OTA Locked Plating Webinar**
Wednesday, September 22, 2010
http://www7.aaos.org/education/courses/course_detail.aspx?ProductId=11838
 - OKU Trauma 4 Available September 2010
*** Available for purchase at the OTA Annual Meeting ****
 - We are in need of lab instructors for the **October 13 - 16 Resident's Comprehensive Fracture Course**. If you'd like to volunteer, please contact Diane Vetrovec at vetrovec@aaos.org.
- **Membership Application Deadline: November 1st**
** Visit the OTA membership booth at the Annual Meeting if you have questions and for membership sponsor forms **

It's never too early to plan ahead....

- **COTA Fellowship Program Grant Application Deadline**
January 15, 2011 – www.cotagrants.org
- **OTA 2011 Annual Meeting Abstract Deadline**
February 1, 2011
- **OTA Specialty Day**
Saturday, February 19, 2011 – San Diego, CA
(OTA Member Reception immediately following Specialty Day)
- **OTA Annual Meeting and Comprehensive Fracture Course for Residents**
October 12 -15, 2011 – San Antonio, Texas

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