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# FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Winter 2012



## MESSAGE FROM THE PRESIDENT

*Andrew N. Pollak, MD*

As the holiday season approaches, I wanted to let you know that your OTA staff and Board of Directors remain hard at work ensuring that your organization remains focused on its mission of promoting excellence in care for the injured patient. This is a busy month for us in that regard, and I want to share some of our plans with you.

First, the OTA is working with the Society of Military Orthopaedic Surgeons (SOMOS) and the AAOS to run the first-ever disaster response course for orthopaedic surgeons held in the United States. The idea for this course came from the work of the joint OTA-AAOS project team on disaster preparedness that was formed in the aftermath of the Haitian earthquake of January 2010. The project team clearly recognized that the sense of volunteerism amongst orthopaedic traumatologists was extremely high and that many disasters include a large number of musculoskeletal injuries but that only a small number of surgeons have ever actually prepared to deploy in a disaster situation. The course, in partnering with our military colleagues, strives to leverage the experience of our military colleagues in operating in austere environments and the experience of those who have previously provided care in the developing world to deliver a curriculum intended to develop a cadre of individuals with documented training and expertise to safely and effectively deploy in the event of another event anywhere in the world. The plan is to run the course in San Diego in December, 2011 in conjunction with the SOMOS meeting and then again in San Francisco in February 2012 in conjunction with

*CONTINUED ON PAGE 6*



## FROM THE EDITOR

*Lisa K. Cannada, MD*

Hi to all! Hope everyone is enjoying the holiday season. This edition highlights the 2011 Annual Meeting which was a great success! In addition, we have several committee reports and several columns, including a Past Presidents Column, Fellowship Column, a Resident Column about an applicant applying for fellowship and a Health Policy Column. There is also information about the new governance structure of the OTA in this newsletter. Before the end of the year:

1. Don't forget to sign up for Specialty Day
2. Consider a donation to the OTA. Details on page 7 (form on page 15).
3. **2012 OTA Annual Meeting abstract applications due February 1, 2012**

This is my last edition as newsletter editor. Hassan Mir will be taking over. It was an honor and pleasure to serve as editor. Any questions, comments, suggestions, please feel free to contact me at [LCannada@slu.edu](mailto:LCannada@slu.edu).

## SINCERE APPRECIATION FOR THE GENEROUS FINANCIAL SUPPORT OF OTA GRANTS

### 2011 OTA Research Donor Acknowledgments

The Orthopaedic Trauma Association gratefully acknowledges the following individuals for their generous financial support received through OTA and through OREF to fund OTA reviewed research grants. (Donations received as of October 31, 2011)

#### Sponsors Award (\$5,000 - \$24,999)

Orthopaedic Trauma Service (Florida Orthopaedic Institute, Tampa, Florida)\*

Ramon B. Gustilo, MD (OTA Founding President)

#### Members Award (\$1,000 - \$4,999)

Michael Archdeacon, Chris Born, Timothy Bray, Bruce Buhr, Lisa Cannada, Peter Cole, James Goulet, Alan Jones, Clifford Jones, Ross Leighton, J. Lawrence Marsh, Simon Mears, Steve Morgan, William Obremskey, Edward Perez, Andrew Pollak, Robert Probe, William Ricci, Craig Roberts, George Russell Jr., Thomas Russell, Andrew Schmidt, Jeffrey Smith, James Stannard, Marc Swiontkowski, David Teague, David Templeman

#### Friends Awards (\$250 - \$999)

Jeffrey Anglen, Robert Bess, Brett Bolhofner, Andrew Burgess, Joseph Cass, Kathleen Caswell, Michael Chapman, Cory Collinge, Curt Comstock, Ali Esmaeel, Darin Friess, Matt Graves, Gerald Greenfield Jr., Dave Hak, Mitchel Harris, Shepard Hurwitz, David Joseph, Alan Kawaguchi, Fred Kolb, Richard Laughlin, Steven Louis, Steven Lovejoy, Douglas Lundy, Michael McKee, Theodore Miclau, III, Michael Prayson, Jason Roberts, Matthew Rudloff, Greg Schmeling, Robert Schultz, William Shopoff, Franklin Shuler, Michael Sirkin, Craig Smith, Scott Smith, Aaron Sop, Rena Stewart, Shawn Storm, Michael Suk, Nirmal Tejawani, Rajendra Tripathi, Heather Vallier, Sharese White, Ryan Will, Bruce Ziran, Lew Zirkle, Robert Zura

## ANNUAL MEETING PROGRAM COMMITTEE

*James Goulet, MD, Chair*

The OTA's 27<sup>th</sup> Annual Meeting was held in San Antonio from October 12-15, 2011, and was an unqualified success, with a record number of attendees present for the world's most competitive and comprehensive forum for scholarly work in musculo-skeletal injury. The meeting featured a wide variety of symposia and mini-symposia, as well as 91 podium presentations and 127 posters, selected from over 700 abstract submissions. Attendance included 1,226 registrants for the annual meeting, 226 registrants for the Basic Science Forum (led by **Ted Miclau, MD**), 90 registrants for the Coding and Billing Course, 60 registrants for the jointly sponsored OTA/OTA "Own the Bone" dinner symposium, 134 registrants for the International Forum, and a record 158 registrants for the Young Practitioners Forum under the continued leadership of **Lisa Cannada, MD**. The success of the meeting was directly related to an unprecedented level of volunteer time and effort from many, many OTA members, and a highly organized OTA Staff that began to work on this meeting more than two years ago. Special thanks go out to **Kathleen Caswell, Sharon Moore, Diane Vetrovec, Paul Hiller, and Darlene Meyer**, as well as to members of the OTA Program Committee, Basic Science and International Committees who carefully review many of the abstracts submitted.

The Program Committee is already gearing up for next year's annual meeting in Minneapolis, scheduled to take place from October 3-6, 2012. Some minor formatting changes are anticipated for the meeting that will allow us to consider acceptance of a higher number of abstracts for the coming year. The deadline for receipt of abstracts will be February 1, 2012. Based on a similar application process now being implemented by the AAOS, researchers who submit abstracts will be asked to complete a new series of questions verifying compliance with human and animal research standards. We ask you to bear with us through this process, which will further improve the quality of the annual program. Start making plans to join us again next year and please share any suggestions you have for making next year's Annual Meeting even better.





## HIGHLIGHTS

*Lisa Cannada, MD and  
CDR Mark Fleming, MC, USN  
address participants  
at an afternoon, mini-symposium  
breakout session.*



*Harvel Duverseau, MD Treasurer of SHOT, Hans Larsen, MD, OTA President Andrew Pollak, MD and Fritz Gerald Nerette, MD visit at the International Reception.*



*(L to R) William DeLong, MD and Andrew Pollak, MD welcome Consul General Fabrizio Nava and Prof. Francesco Biggi, MD from Guest Nation Italy.*



*Attendees enjoy the 2011  
Welcome Reception at  
La Villita.*





(L to R) M. Ismail Wardak, MD, Lewis G. Zirkle, MD, Jr. and Faseeh Shahab, medical student, Khyber Medical College, Peshawar, Pakistan


## OTA MEMBERS ARE NEEDED AS VOLUNTEER FACULTY AT KOMFO ANOKYE TEACHING HOSPITAL, IN GHANA!

A year ago, Orthopaedics Overseas began a program to help the three-member Trauma/Orthopaedic group at KATH begin a new residency in Ghana's second largest city, Kumasi, the historic capital of the Ashanti nation. So far, only a few of us have participated. There is room for more.



The non-stop flight from Dulles lands in Accra in less than 11 hours. From there, it's another 40 minutes to Kumasi. Ghanaians are warm, welcoming people. You will be met and taken to the Hospital's guest house. After a good night's rest, you will join the Trauma / Orthopaedic team for morning conference, followed by a day in the operating room, ward, or clinic. Whichever, you'll find eager and appreciative learners, whose national language is English, and whose patients have an incredible stream of musculoskeletal problems – mostly injuries and their complications. Ghana, in spite of being one of Africa's most successful nations, has only about 20 Orthopaedists to care for its population of 25 million. The trauma center at KATH was finished in 2008. Its equipment is more limited than what we are used to, but you will find external fixators, IM nails, and most standard plates and screws. C-arm imaging is almost always available in the ORs. A visit of two weeks or more is strongly encouraged.

The Orthopaedic Surgery volunteer program in at KATH is a shared project of the AAOS, the OTA, and Orthopaedics Overseas. IGOT, the Institute for Global Orthopaedics and Traumatology, from UC San Francisco is actively supporting the development of KATH's Orthopaedic research and academic programs. The University of Utah Department of Orthopaedics is another strong supporter. While trauma care is the current primary focus, pediatric orthopaedic volunteers are also particularly welcome, and an eventual need for all areas of Orthopaedic Surgery is foreseen. Orthopaedics Overseas is the Orthopaedic section of Health Volunteers Overseas. For information about participating in the Ghana Program, go to <http://www.hvovusa.org> (volunteer toolkit), contact Ms Angela Moody, Volunteer Coordinator, at 202-296-0928, or [a.moody@hvovusa.org](mailto:a.moody@hvovusa.org), or email [Peter\\_Traf-ton@brown.edu](mailto:Peter_Traf-ton@brown.edu).



**ORTHOPAEDIC  
— TRAUMA —  
ASSOCIATION**

2012

**2012**

**Educational  
Opportunities**

*Mark your  
Calendars NOW*

<b>FEBRUARY 1</b>	<b>Annual Meeting Abstract Deadline</b>
<b>FEBRUARY 11</b>	<b>OTA Specialty Day</b> – San Francisco, California
<b>MARCH 15 - 18</b>	<b>Orthopaedic Trauma Fellows Course</b> Boston, Massachusetts <i>Registration limited to current orthopaedic trauma fellows.</i>
<b>APRIL 12 - 14</b>	<b>12th Annual AAOS/OTA Orthopaedic Trauma Update Course</b> – Lake Buena Vista, Florida
<b>APRIL 26 - 28</b>	<b>Spring Comprehensive Fracture Course for Residents 2.0</b> – Chicago Area, Illinois Westin Yorktown Center Hotel <i>– Generous Scholarships Available –</i>
<b>OCTOBER 3 - 6</b>	<b>Comprehensive Fracture Course for Residents 2.0</b> – Minneapolis, Minnesota
<b>OCTOBER 3 - 6</b>	<b>28th Annual Meeting &amp; Pre-Meeting Events</b> Minneapolis, Minnesota

**For Details of All OTA Events:**  
OTA website: <http://www.ota.org>  
Phone: (847) 698-1631 Fax: (847) 823-0536 Email: [ota@aaos.org](mailto:ota@aaos.org)

## PAST PRESIDENTS' CORNER

### "CONFLICTS OR IMPROPRIETY?"

David C. Templeman, MD and Timothy J. Bray, MD

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We had the pleasure of attending several scientific sessions at our recent annual meeting in San Antonio. It became painfully apparent that the 'conflict of interests' disclosure slides were not only frequent sources of sarcasm and humor, but took time away from the presentations. Thinking through this issue has raised some questions and a call for a more reasonable approach to a problem that not only interferes with our annual meeting presentations, however, on a larger scale, could deplete our leadership pool from voluntary, professional service.

The AAOS has recently adopted a very strongly worded philosophy regarding disclosure and potential conflicts of interest at all levels of the organization. This includes all governance units, committees, subcommittees, practice guidelines, and CME materials to mention a few; in short, everyone involved in any AAOS activities are heavily scrutinized. We certainly support the time and effort our colleagues at AAOS have committed to complete this task. However, one conflict of concern to the OTA leadership is a policy that prevents members of an orthopaedic society Board of Directors from serving concurrently as an AAOS officer, regardless of the nature or distance of the potential conflict. These so called 'conflicts' have had very little success at reasonable resolutions that might grant a waiver or utilization of a recusal process that may ultimately be in the best interests of both the AAOS and the involved specialty society. At the very least, a process that supports abstaining or recusal during a board meeting would offer fairness to the proceedings yet continue to support the conflict principal.

Your OTA current past presidents support the concept of identifying potential conflicts of interests, however, it would seem to us that some reasonable guidelines could be established to the benefit of all involved. The orthopaedic leadership pool of individuals capable and willing to commit the time and energy to these board positions is limited. By preventing a qualified individual from serving concurrently on two professional orthopaedic boards depletes this quality pool even more. **It is our experience that the mere presence of a conflict of interest is independent from the execution of impropriety.**

Orthopaedic traumatologists are a hard working group of men and women of immense integrity with

the dignity and honesty to "do the right thing." Conflicts of interest are a large part of our everyday life, both personally and professionally; it is our opinion that our surgeons have the skill set and good common sense to make appropriate decisions in the face of identified conflicts yet support the transparent demands of our parent organization. We would encourage a collaborative effort with our colleagues at AAOS to revisit this issue, and consider redefining a reasonable set of guidelines that moves our profession forward with the practice integrity we all know so well.

By the way, nothing of value was received from this editorial.

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## EDUCATION COMMITTEE

William M. Ricci, MD, Chair

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The Education Committee met at the OTA meeting where each of the course chairs provided a debriefing of issues related to their course. The Committee is happy to report that all course offerings are in a healthy state and no major issues were identified. The feasibility of incorporating the 2.0 case-based format (used successfully for the spring course) will be investigated. As always, the Committee asks for members to support the OTA by encouraging their residency program directors to make OTA courses a part of their core syllabus and/or encourage their residents to attend one or more of our offerings. The Core Curriculum Version 3 is complete and available online for download. Many thanks are due to **Tom Higgins, MD**, for spearheading this endeavor and to the 50+ authors who generously donated their time and efforts. Nearly 100 topics are covered and presented in PowerPoint form. This is an invaluable free resource and residents should be encouraged to utilize it. Co-branded ICL applications are currently being solicited. Please check the OTA web site for submission guidelines and details. Another outstanding reference, *OKU 4 Trauma*, edited by **Andy Schmidt, MD** and **Dave Teague, MD**, is now available for order. There are several ongoing projects and several other potential new projects that will require contributions from members. If interested in participating in Education Committee activities, please email the OTA staff office ([ota@aaos.org](mailto:ota@aaos.org)).

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the AAOS Annual Meeting. I am pleased to report that both courses have been sold out confirming what we suspected about the level of interest amongst our volunteers. We are all indebted to **Chris Born** and **Dave Tuescher** who co-chaired the project team as well as the course director **Tad Gerlanger** and **Ted Parsons** who is co-directing the course with Chris Born for all of their hard work in bring this important project to fruition.

As mentioned in my presidential address to the membership in October, the board remains relentlessly focused on addressing the ACGME's current residency duty hour requirements. While it seems that virtually all other medical organizations have abandoned the fight, the OTA remains committed to repairing the damage done to surgical education by the adoption of the 2003 duty hour restrictions including the 80 hour work week. We believe that arbitrarily restricting duty hours results in impaired cognitive and technical capacity of graduating residents and an associated danger to their patients that outweighs any associated theoretical benefit associated with decreased fatigue. We believe the published literature on this subject, the finding of two successive years of decreased ABOS Part 1 pass rates and the cumulative experience of the overwhelming number of educators who were teaching residents both before and after the initiation of the ACGME restrictions all support our position. While the OTA is a relatively small player in the world of medical politics, our strategy is to engage a coalition of medical societies to engage the ACGME in a meaningful dialogue as to how to restore our capacity to teach. Towards that end we have submitted a [draft resolution](#) to the Board of Specialty Societies that would urge the AAOS to work with the ACGME to accomplish meaningful reform of the current restrictions. We will continue to keep you posted as to how the resolution progresses.

Your education committee has been hard at work on a number of exciting new initiatives. Among these is a collaborative effort with the AAOS to bring you access to substantial video and interactive educational content through AAOS' Orthoport. The goal is to create a forum on the Orthoport where surgeons can go to participate in live webinars, view surgical instructional videos and access a wide variety of trauma related educational offerings including

test materials that will help you meet some of the new maintenance of certification requirements of the American Board of Orthopaedic Surgery. As you should expect, OTA has taken a leadership position in working with AAOS to be among the first subspecialty societies to help develop content for this important initiative. We hope to have some of this content ready for you to access within the next year or so.

This year, the OTA research and education fund awarded \$348,604 to [11 promising investigators](#) with innovative proposals and an additional \$98,000 [to fund 10 resident research proposals](#) (a second cycle of 2012 resident grants will be announced at the February OTA Business Meeting) All monies were awarded using a tightly controlled and peer reviewed process that ensures that OTA funds invested in research have the highest probability of leading to important new information and higher order funding. A recent review of the research committee's record of achievement with regard to selecting successful research grant proposals revealed that we are likely amongst the best of all orthopaedic specialty societies in medicine when measured in terms of publications per grant dollar awarded and additional research funding generated as a percentage of grant dollars awarded. This is a testament to the hard work and dedication of the volunteers on our research committee led currently by **Todd McKinley**.

Our ability as an organization to invest in research at a very high level and with substantial success is dependent on several things. First, the success of our annual meeting drives the profitability of our organization. Our members are the reason that meeting is so successful. We thank you for your support of the meeting and encourage you to keep attending regularly. Second, we are grateful to our corporate sponsors for their commitment to the principles of advancement in patient care through the acquisition of unbiased information that comes from peer-reviewed, independently funded research efforts. Finally, and perhaps most importantly, we are [indebted to the many members](#) of our organization who have contributed individually to our research fund, either directly or in the form of a directed gift through OREF. Our ability to approach industry and to convince them to invest in us is markedly enhanced by our ability to show them that a large number of our members have stepped up to the plate and personally invested in the future of our profession and our patients.



As we approach the end of the year, I encourage you to consider a generous personal gift to the OTA research and education fund. The donation is fully tax deductible, and you can do it quickly and easily by making an [online donation](#) or by completing the form on page 15. As a statement of its commitment to the research fund and the work of the research committee, 100% of this year's OTA Board of Directors has contributed individually. We hope you will consider doing the same.

On a personal note, many of you are aware that I was elected this past year to the position of AAOS Treasurer-elect. I will assume the responsibilities of the AAOS Treasurer after the close of the 2012 AAOS Annual Meeting in San Francisco. At that point, AAOS BOD guidelines for officers mandate that I step down from any other BOD positions on orthopaedic organizations including the OTA. There will be no gap in leadership of the OTA as both **Tim Bray** and **Dave Templeman** have agreed to spend one additional year on the BOD in past-president roles to make up for the two year period of time during which I would have served after my current presidential year. I know I will be leaving the OTA BOD in good and extremely competent hands and am convinced that its commitment to keeping the organization valuable to you remains intact. Rest assured that while my organizational responsibilities will change, my commitment to working to create an environment that is good for delivering care to our orthopaedic trauma patients will not change. It has been the highlight of my professional career to serve this year as OTA President, and I am forever grateful to the membership for the opportunity.

Happy Holidays

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## **SECRETARY'S REPORT OF OTA BUSINESS MEETING**

*James Stannard, MD*

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- [Business Meeting Minutes](#) – October 13, 2011

The Fellowship Committee met at the OTA Annual Meeting and continued to develop guidelines that aim to improve the fellowship training process. Preliminary plans were developed for a committee retreat to formalize our proposal. The current goal is the development of a formal proposal to the BOD at the AAOS Annual Meeting in San Francisco in February.

We discussed the AAOS BOS proposed codes of conduct for applicants and training sites. These codes include standards for communication between applicants and programs before and after the interview process, interview etiquette, rank process, and managing job offers. We voted to include these as part of application to the match process.

Because of our important upcoming efforts, our committee has expanded to nine members with 4 new appointments. **Frank Liporace**, **Lisa Taitsman**, **Michael Prayson** and **Roy Sanders** were appointed to the committee and **J. Tracy Watson** was appointed as a presidential consultant.

We continue using SFMatch this year. It appears that there will be a stable number of applicants versus last year (approximately 130). Rank lists will be due on Feb 28, 2012 by 12 noon PST and match results will be distributed on March 6th.

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## **FUND DEVELOPMENT COMMITTEE**

*Steve Morgan, MD, Chair*

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The fund development committee has been active this past year. The fund development committee assisted in initiating the pre-meeting industry sponsored lunch sessions that were very successful and well attended by the meeting participants. Thanks to all our members who took the time to participate in these industry sessions that show-cased new industry related innovations. The participation of the membership and the meeting attendees in these events is critical in ongoing and future support by our industry partners. The committee has been working diligently on developing educational material to help our potential donors better understand the mission of the OTA and the various giving opportunities that

CONTINUED ON PAGE 7

## FUND DEVELOPMENT COMMITTEE,

CONTINUED FROM PG. 7

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exist as we seek to expand our donor base. The OTA research and education fund has also been the grateful recipient of \$22,175 in 2011 from 75 OTA members. This represents 5.5% of our membership. As the calendar year draws to a close we would encourage our membership to take advantage of the potential tax advantage of making a contribution to the OTA Research and Education Fund. Consider supporting the OTA online through an [online donation](#).

[2011 OTA Donor List](#) – Thank you!

*We encourage our fellow members  
to make a contribution to the Fund!*

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## BASIC SCIENCE COMMITTEE

*Theodore Miclau, MD, III, Chair*

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The Basic Science Committee organized a variety of activities for the Annual OTA Meeting in San Antonio. The ninth annual Basic Science Focus Forum (BSFF) again highlighted state-of-the-art basic research in clinically relevant topics through six symposia that precede related basic science paper presentations, including: Biomechanics: Choosing the Right Model; Heterotopic Ossification; Compartment Syndrome: New Technologies; Advances in Biomaterials and Surface Technologies; Physiological Challenges to Bone Repair; and Meta-Analysis in Orthopaedics: Statistical Trickery or Not? Twenty three abstracts were presented at the BSFF in addition to the seven at the OTA Annual Meeting, and were selected from 112 submissions. The abstracts were scored by the Committee, with the top papers being offered fast-track submission to a special supplemental edition of the Journal of Orthopaedic Trauma.

Additionally at this year's OTA Annual Meeting, the Committee offered a symposium on grant writing, entitled "Practical Issues in Clinical Research", with the following topics: "Keeping Up With Evidence: Too Much Info, Too Little Time!"; "Building the Case for a New Study: The Need for More Evidence"; "Getting Started: Common Logistics for Conducting Your Study"; and "Publishing Your Evidence: How to Get to Your Audience". The speakers included **Saam Morshed**, **Brad Petrisor**, and **Gerard Slobogean**.

In February, 2012, at the Annual Meeting of the Orthopaedic Research Society (ORS), the OTA and ORS will partner to promote translational orthopaedic trauma-related research. The best trauma-related poster from the ORS Annual Meeting in 2011 (authored by **Charles R. Bragdon, MD**, et al., is entitled "RSA Evaluation of an Implant System for Above the Knee Amputee Patients") was presented at the OTA Annual Meeting as a poster, and the best poster from the OTA's 2011 Annual Meeting will be presented at the ORS meeting in San Francisco. Additionally, OTA Members will also be key participants in the Second Annual Clinical Research Forum, the ORS's 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. Finally, the OTA has co-branded a symposium with the ORS entitled "Heterotopic Ossification in Orthopaedic Trauma." **Edward Harvey** and **Theodore Miclau**, members of the OTA Basic Science Committee, are the trauma topic and Annual Meeting Committee chairs, respectively, for the ORS this year.

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## UPDATE: OTA GOVERNANCE STRUCTURE

*Andrew Pollak, MD*

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The OTA BOD has been working hard over the past year with an outside consultant on the current governance structure and improvements for the OTA. This process was initiated by **Dr. Tim Bray** during his year as President. An update is provided for your information. The Committee Chairs will continue to meet with the BOD at the October OTA Annual Meeting, and at the Academy Meeting, as we have done for the past many years. The Committees have been organized into councils, with council chair and co-chair positions held by the OTA Presidential Line and Board members. **Council Chairs** will participate at Committee Meetings and on conference calls, in order to enhance and ensure a 2-way flow of information and ideas between the Board and Committees, not only at the two annual meetings, but throughout the year. Please feel free to contact any member of the BOD with questions. I believe you will find this change will strengthen our governance and operations. We do have plans for a BOD assessment, and will value your feedback in the near future.

[New OTA Governance Structure](#)



## FIRST OTA ANNUAL GUEST NATION ITALY

In recognition of the importance and benefits of sharing knowledge and experience with international colleagues, the OTA has instituted a Guest Nation Program. Italy was selected as the inaugural OTA Guest Nation. Representatives from the *Italian Society of Orthopedics and Traumatology Hospitals (OTODI)* participated in the international symposium and gave their viewpoints on the management of challenging orthopedic trauma conditions. In addition, the Embassy of Italy sent a representative to the Annual Meeting. The Italian delegation was recognized at the International Reception and was thanked for their contributions to the OTA Annual Meeting and to the field of orthopedic trauma. We were pleased to have this opportunity for collaboration with our Italian colleagues, and it was an honor to recognize their contributions and achievements.

We look forward to recognizing Mexico as the 2012 Guest Nation.



## OTA 2012 SPECIALTY DAY

Make plans for attending the OTA Specialty Day meeting on February 11, 2012 in San Francisco, in conjunction with the AAOS Annual Meeting. **Dr. Pollak and the OTA Specialty Day Planning Committee** has organized an exciting meeting relevant to OTA members, including highlights of papers from the 2011 OTA Annual Meeting. The Specialty Day Meeting will also feature programs on professional liability and trauma call, sleep deprivation and the trauma surgeon, and the burden of musculoskeletal injury during war. Furthermore, Specialty Day will include a joint session with the Limb Lengthening and Reconstruction Society. Don't miss Dr Pollack's Presidential Guest Speaker, **Daniel A. Nigro, former New York City Fire Department Chief** who led the FDNY on the afternoon of September 11, 2001. He will speak on "*Courage, Compassion, and Heroes*".

Be sure to attend! Pre-Registration deadline is **December 27, 2011.**

### Mark your calendars for:

- **OTA Business Meeting, 2/11 at 12:05 PM**
- **OTA Member Reception, 2/11 at 6:00 PM**

## AAOS FALL MEETING UPDATE

The AAOS Fall Meeting was held in Seattle, WA, October 27-30, 2011. The OTA was well represented at the meeting. For an update on the meeting, please see this link: [Fall Meeting Minutes](#)

### Plan to Attend...

## OTA Specialty Day Meeting

San Francisco, California, USA • February 11, 2012

### Specialty Day Planning Committee:

Andrew N. Pollak, MD, OTA 2011-2012 President;  
Jeffrey O. Anglen, MD; James A. Goulet, MD; Robert A. Probe, MD;  
William M. Ricci, MD; John K. Sontich, MD

### Featuring:

- *Sleep Deprivation and Fatigue Management in Orthopaedics: Is Mandatory Disclosure or Duty Hour Restrictions the Answer?*
- *Burden of Musculoskeletal Injury During War and Opportunities for Orthopaedic Community*
- **Annual Meeting Highlights**
- *Professional Liability and Trauma Call*
- **Joint Session with the Orthopaedic Trauma Association and Limb Lengthening and Reconstruction Society:**  
*Complex Lower Extremity Injuries, Standard and Wire Ring Fixation Solutions (Case Discussions and Audience ARS)*



### Presidential Guest Speaker: Daniel A. Nigro

Chief of Department (ret.), New York City Fire Department 29th Chief to lead the New York City Fire Department on the afternoon of September 11th, 2001

"*Courage, Compassion and Heroes*"

Register at <http://www.aaos.org>

# UPCOMING COURSES

*Generous Housing and Tuition Scholarships Available!*

January 13 – 14, 2012

## OTA ADVANCED TRAUMA TECHNIQUES COURSE FOR RESIDENTS

Peabody Hotel in Orlando, FL

Co-Chairs: *Christopher Finkemeier, MD*  
& *Brett D. Crist, MD*

Course Registration ([click here](#))

### Tuition Scholarships

Due to the generous support of industry sponsors, the OTA is able to offer a \$300 scholarship to all residents who register for the course by **December 23, 2011**. Tuition is ONLY \$100 after the discount is applied!

### Travel Scholarships

A housing scholarship is available to all course participants, which will cover three nights lodging at the Peabody Hotel if booked by December 21, 2011.

All course participants are eligible for both scholarships.

Questions? Contact the OTA Business Office at 847-698-1631 or [ota@aaos.org](mailto:ota@aaos.org).

April 26 – 28, 2012

## OTA SPRING COMPREHENSIVE FRACTURE COURSE FOR RESIDENTS

Chicago Area, IL

*Newly Implemented Format!*

The OTA plans a junior resident comprehensive fracture course for April 26 - 28, 2012. The experience will be presented in six separate small group modules, with twenty residents up to five experienced faculty educators per module. The modules will have a rapid-fire series of mini-lectures, an extensive open case-based discussion, video demonstrations of techniques, and hands-on skills lab exercises. **Modules will cover fundamental principles of fracture care distributed among six topics: diaphyseal, articular, foot & ankle, geriatrics, pediatrics, and pelvis/polytrauma.**

Scholarships that cover registration and housing are available. The course is being held at the Westin Hotel in Lombard, Illinois. Registration via the OTA website will be available January 2012. Thanks to generous industry support, tuition scholarships are available (\$600 course fee minus \$400 scholarship for a net registration fee of \$200). Travel Scholarships also available covering a 3-night stay at the hotel. PGY 2-4's are encouraged to attend.

## SOMOS/OTA DISASTER RESPONSE COURSE

This new training and hands-on skills course is a key component of the pathways for AAOS Fellows to become disaster-response trained and selectively identified in the AAOS Disaster Responder Database.

This course was developed by SOMOS and is Co-Sponsored by AAOS/OTA. SOMOS will retain the rights to the intellectual property as course developers, but AAOS/OTA and OREF will take on primary responsibility for production and promotion of the first offerings.

OTA members serving as faculty including, **Peter Trafton, Mark McAndrew, Andrew Pollak, Roman Hayda, Dave Templeman** and **Chris Born**. The balance of the faculty will be members of SOMOS.

The Course Learning Objectives will be:

1. Discuss personal and team preparation for deploying as a member of a disaster response team
2. Describe injuries commonly encountered in the disaster environment
3. Identify the challenges of caring for victims of disaster in the austere environment
4. Identify cultural and ethical considerations in caring for victims of disaster
5. Learn useful surgical skill sets for the management of orthopaedic injuries in the austere disaster environment in a cadaveric lab

The first two courses are sold out, but be sure to check the OTA site for future course listings.



**REPORT FROM LANDSTUHL**  
**– REQUIREMENTS CHANGED –**  
**William T. Obremskey, MD**

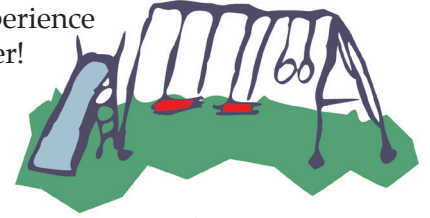


Orthopaedic Trauma Association has been sending volunteers through the American Red Cross to work at Landstuhl Regional Medical Center since 2007. The OTA board has recently changed the requirements to allow OTA members who have at least five years of experience after passing their boards to volunteer at Landstuhl Regional. The hospital functions as the main referral center for all of Central Europe as well as the injured soldiers from Iraq and Afghanistan. Planes land every morning bringing recent wounded to the hospital. You are able to function as a fully licensed orthopaedic surgeon as you are credentialed at the hospital. Six orthopaedic surgeons are based at Landstuhl Hospital. You will work with the two that work solely on injured soldiers every day. Many injuries are amputations but NATO soldiers receive their definitive treatment at Landstuhl. Volunteers have performed between three to six operations a day during their two-week stay. It is an incredibly rewarding experience as these soldiers deserve the best that we can provide them. The military does not place an orthopaedic surgeon with formal trauma training in Germany so your skills and experience are extremely valuable. I highly encourage anyone with an interest to contact Paul Hiller ([hiller@aaos.org](mailto:hiller@aaos.org)) at the Orthopaedic Trauma Association for more information on this wonderful professional and personal opportunity.

**OTA VOLUNTEERS TO PARTICIPATE**  
**IN PLAYGROUND BUILD**

Join us for an experience you will long remember!

Be a part of the 2012 AAOS Safe, Accessible Playground Build and give the gift of a playground to a deserving community in San Francisco so children with and without disabilities can play safely together. Register as a build volunteer—join us for a couple of hours or all day!



The Telegraph Hill Neighborhood Center (Tel-Hi), servicing the culturally diverse low- and moderate-income residents of the North Beach, Chinatown, and Fisherman's Wharf neighborhoods of San Francisco, was selected as the site for the Academy's 13th annual Safe, Accessible Playground Build. The site is approximately a 10-minute drive, or a 30-minute walk, from the Moscone Convention Center. Once complete, the playground will contribute to Tel-Hi's role as a community gathering place for the 600 people they serve daily.

The AAOS Communications Cabinet hopes that you can give an hour or two of your time to help make this safe and accessible playground a reality.

To register, contact Paul Hiller by phone at (847) 384-4239 or email [hiller@aaos.org](mailto:hiller@aaos.org), or register online ([www.aaos.org/playground](http://www.aaos.org/playground)). All volunteers will receive detailed information prior to the event. We look forward to seeing you there!

**CONGRATULATIONS NEWLY ELECTED/APPOINTED**  
**OTA BOARD AND COMMITTEE MEMBERS**

The Nominating Committee, under the direction of Dr. Tim Bray and with the following members: **M. Bradford Henley, William Obremskey, Pierre Guy, Toney Russell** are pleased to announce the following new Appointments to the BOD:

Second President Elect: **Ross Leighton**

At-Large Board Member: **Doug Lundy**

Secretary: **Heather Vallier**

Membership Committee: **Rick Buckley and David Sanders**



The transition to fellowship has been very interesting and educational. From a social standpoint the opportunity to explore a different city, enjoy new tastes and a different local culture has been very fulfilling. On a professional level having the opportunity to use the past five years of training to compare and contrast different philosophies on surgical indications and surgical techniques has been very valuable. It has been this culmination of the two experiences that has made the fellowship so much more educational than the residency experience.

Having the opportunity to attend the annual meeting of the OTA was a great time to meet with some of the faculty and residents that I had gone through training with. It was also a great time to add to the increasing knowledge base attained during the first few months of the fellowship. The meeting was well organized, and the sessions directed at young practitioners and fellows were especially helpful in shedding some light on some of the more practical issues surrounding developing and maintaining a thriving practice, a healthy personal life and a fulfilling family life. It was also a great opportunity to network and explore some practice opportunities.

The search for the right practice has been somewhat more difficult than anticipated. There are opportunities available, but a considerable amount of work and time needs to be devoted to finding these opportunities. Not that this is likely any different, having never gone through it before, than years past; it was eye opening none the less. Many practices seem to be “testing the water”, with some vision of expanding the practice or adding additional faculty members but no definite time line on doing so, which I found to be frustrating. I think these things are somewhat tied to the economic uncertainty of the times we live in and will be a common experience for many fellows. As new trauma fellows we do have a particular set of skills and a great service to offer and I would do it again in a heartbeat.

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Orthopaedic Trauma Fellowship Application Process – Applicant Perspective

Since starting orthopaedic residency and rotating through all of the sub-specialties, the only one that truly felt like a “perfect fit” for me was trauma. Once my decision was made to pursue an orthopaedic trauma fellowship, the application process commenced.

After the common application was completed, my CV and letters of recommendations were sent in, I had to decide how many and to which programs I should send it all. The OTA website and some individual program web pages were good sources for initial information about each program. There was little formal data available to help guide how many programs to apply to, interview with, and ultimately rank with the obvious goal of matching into a trauma fellowship.

Our residency program has an elective month early during the fourth year which allowed me to travel to a handful of fellowships and learn first-hand about each place. This experience was a fantastic way to see how day-to-day activities work as well as observe the faculty / fellow interaction during a regular work day. Like residency programs, each fellowship has a different personality and this opportunity really helped me understand the “feel” of each place.

The match process allows candidates to comfortably explore many programs without the pressure to sign the first offer granted. Although this is appealing, it produces the angst of uncertainty associated with a computer based match process.

Some programs interviewed during the OTA meeting while others held informational sessions and set up on-site interviews at a later date. The ease of interviewing with multiple fellowships at one site was nice although at times leaving awkward moments (like a junior high dance) regarding on-site visits. There were uncomfortable times at the end of many OTA interviews regarding the on-site visit, how I would or would not be able to travel to the program, and the uncertainty of how this ultimately affects my rank chances. The information sessions were, in general, very informative and helped me meet some faculty and many of the current fellows. Discussions with current fellows and the faculty served as a great resource in determining which programs I



should visit at a future date. Once the interviews are complete, I will submit a list of programs in which I would like to spend a year being a trauma fellow.

Currently, I am at the stage of traveling for on-site interviews and site visits. The travel can be financially cumbersome and time consuming but will hopefully “pay off” in the long run. Each fellowship has a unique structure and personality. Visiting each program is a good way to learn these characteristics and is definitely helping me figure out which fellowships would be a “good fit” for me. Ultimately, this slightly stressful fellowship search will culminate in early March when the match results are released and hopefully I end up at a fellowship on the top of my list!

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## HEALTH POLICY COLUMN

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### **The Class Act and The 2010 Patient Protection and Affordable Care Act**

*Implications for the Future of American Healthcare?*

Manish K. Sethi, MD, Mallory Powell, BS,  
Hassan Mir, MD, William T. Obrebsky, MD, MPH,  
and Alex A. Jahangir, MD  
The Vanderbilt Orthopaedic Institute Center for  
Health Policy

#### **Introduction**

Regardless of political affiliations, one thing is quite clear: the healthcare legislation authored by the Obama administration and passed in 2010 will certainly transform the American healthcare landscape. Whether it be the creation of health care insurance exchanges, transition to electronic medical records, dramatic reshaping of Medicare and Medicaid, or the initiation of a global payment system, the 2010 Patient Protection and Affordable Care Act (PPACA) will change practice for the Orthopaedic Trauma Surgeon.

However, in considering the extent to which healthcare will transition in the next decade, the reader must be cognizant of the dichotomy between passing legislation and executing policy. In other words, while the 2010 healthcare legislation offers possibilities for tectonic shifts in American healthcare policy, can the plan realistically be implemented? At

least one example suggests that implementation is not guaranteed.

#### ***The CLASS Act***

Nowhere is this dilemma clearer than in the case of the CLASS Act, a substantial component of the 2010 PPACA. While this issue was down played in Washington and minimally discussed in the media, it is of critical importance. Known as the Community Living Assistance Services (CLASS) Act, the program was intended to be voluntary and open to all working Americans. It would have provided a basic lifetime benefit of a least \$50 a day in the event of illness or disability, essentially offering a government form of long term care insurance. Initially, based on various assumptions the Congressional Budget Office (CBO) projected that the CLASS ACT would shrink the federal deficit by \$86 billion over the next 10 years.

Recently, the CBO retracted its former projections, stating that the CLASS Act would in fact not reduce the budget deficit. The Obama Administration quickly followed by terminating this component of the legislation and down playing its overall importance. Nevertheless, consider the fact that if the 2010 PPACA legislation boasted a projected total savings of \$210 billion over a decade, the original projected savings of the CLASS Act composed 40% of the overall total savings. Without this component of the legislation, the projected budget savings dramatically decline and the feasibility of implementation is jeopardized.

#### ***Legislation vs Policy***

While the CLASS Act is only a component of the new healthcare legislation, it demonstrates the clear difference between politics and the implementation of policy-- where “rubber meets the road.” Reflecting on the changes in CBO projections and the subsequent nullification of the assistance plan, one must consider the longer term realities of other major components of President Obama’s plan: Can the United States realistically create a healthcare insurance exchange and would it reduce cost? Will electronic medical records save America money?

#### ***Conclusion***

The Patient Protection and Affordable Care Act will certainly change America. But to what extent will the legislation itself change through the processes of implementation? In reflecting on the future of American healthcare, it is critical to consider examples like the CLASS Act.

## DISASTER PREPAREDNESS COMMITTEE

### DISASTER PROJECT TEAM

*Christopher T. Born, MD, Chair*

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AAOS/OTA Disaster Project Team Final Report  
submitted to and accepted by AAOS BOD 6/11

- There will be three Responder types: two designated for immediate deployments and a third designated for reconstruction/maintenance phase service. There will be two credentialing pathway options: one for civilian surgeon volunteers providing service through non-governmental health care aid organizations (NGOs) and one for volunteers providing service as a temporary government employee through a branch of the US military under the US Department of Defense (DoD) or Department of Health and Human Services (HHS) through the National Disaster Medical System (NDMS).
- Credentialing issues at the DoD and HHS levels are significantly more complex and difficult to attain, but since January 2011 some headway has been made in this area. Project Team members have engaged in several discussions with relevant parties eager to find less complex pathways to civilian credentialing as a means to bolster disaster response surge capacity.
- Educational Programs: SOMOS DRC (see below), AMA NDLS-Basic, ACS Disaster Management and Emergency Preparedness (DMEP) information on what they are and how to register for those courses will be provided on the AAOS Website in a section dedicated entirely to Disaster Preparedness training and credentialing. AAOS also will make available additional information resources and links to external sites that contain disaster-related or credentialing-required training information.
- For the ACS DMEP program, the POC at ACS is Danielle Haskin ([dhaskin@facs.org](mailto:dhaskin@facs.org)).

Visit the [DMEP website](#) for more information.

Find more information about the course on the [DMEP course website](#).

A Disaster Responder component will be incorporated into our current member database or a new database will be created to track individual member disaster preparedness training and credentialing. We are working with HHS/NDMS and US military to

determine the feasibility of sharing a single database source that lists all trained civilian medical personnel qualified and credentialed by the Federal government as surge responders and hope to have this issue resolved within the next year.

- The Project Team recommended that the AAOS Board of Directors assign permanent oversight of the Disaster Preparedness Plan to the AAOS Council on Education with staff support from one of the AAOS Education departments.
  - Thanks to **Roman Hayda, MD**, **David Teague, MD**, **David Templeman, MD**, **Bruce Browner, MD** and **Kathleen Caswell** for their work with the Project Team. Also, thanks to the military liaisons **Col. James Ficke (USA)**, **Lt. Col. Warren Kadrmas (USAF)** and **Capt. Dan Unger (USN)**
  - There will be an online Pretest.
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## RESEARCH COMMITTEE

*Todd McKinley, MD, Chair*

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The Research Committee met in Chicago on September 1<sup>st</sup> to primarily review faculty and resident grant proposals. Seventy-six complete proposals were reviewed and funding recommendations were made to the Board of Directors after full Committee grant discussion. Congratulations to all grant recipients. The Committee would like to thank OTA member **Ed Harvey, MD**, and his colleagues for their efforts tracking and assembling a thorough publication history of manuscripts funded by OTA grants. Over 200 manuscripts have been published from funding by the OTA. Secondary granting history was also closely tracked, and OTA members have successfully obtained over \$20 Million dollars in subsequent funding from sources such as the NIH, DOD, and CIHR based on data originally generated by OTA funding. Congratulations to our Association. *We are clearly the leading Specialty Society in research.* Two initiatives were put forth by the Committee and have been approved by the Board of Directors. We will be conducting a Grant Writing Workshop in concordance with the Annual meeting next October in Minneapolis. This was put forth after the robust number of applicants we received for sponsorship to go to the OREF/ORS Grant workshop. Secondly,

*CONTINUED ON PAGE 16*





### OTA Research Fund Donations

#### Contribution Levels:

- ☐ \$ \_\_\_\_\_ **Sponsors Award** \$5,000 - \$24,999  
☐ \$ \_\_\_\_\_ **Members Award** \$1,000 - \$4,999  
☐ \$ \_\_\_\_\_ **Friends Award** \$250 - \$999

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Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

☐ Check Enclosed (*Checks may be made payable to: **Orthopaedic Trauma Association***)

☐ MasterCard ☐ Visa ☐ AMEX

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Amount: \_\_\_\_\_

### **OTA Memorial Fund**

Memorial donations will be credited to the OTA "Best Resident/Fellow Podium Presentation/Poster Award."

☐ \$ \_\_\_\_\_ In memory of \_\_\_\_\_

Please return to:  
**Orthopaedic Trauma Association**  
Attn: OTA Research Fund  
6300 N. River Road, Suite 727  
Rosemont, IL 60018  
Phone: 847-698-1631

we will be sponsoring a Research Initiative Retreat to discuss future directions of orthopaedic trauma research. Finally, I would like to thank the Research Committee members for their tireless efforts in reviewing grants.

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## OTA MEMBERS LEADING CHARGE IN AAOS

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- **Dr. Andrew Pollak** will assume the role of CFO of the AAOS in 2012
- **Dr. Ted Miclau** will serve as President of the ORS in 2012
- **Dr. Dave Templeman** will begin term as BOS Secretary in 2012
- **Dr. Lisa Cannada** has served as RJOS President in 2011
- **Dr. Greg Schmeling** has been appointed as the new ACS COT member

Congratulations to all for their efforts!

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## OTA MEMBERS AND THE LEADERSHIP FELLOW PROGRAM

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- Congratulations to **Lisa Taitzman** and **David Podeszwa** on their selection as Leadership Fellows for 2012!
- The OTA is also well represented with mentors: **Richard Kyle** & **M. Bradford Henley** (both OTA past presidents).

## ANNOUNCEMENTS

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- **Young Investigators urged to apply for USBJI Grant Mentoring and Career Development Program.**  
The United States Bone and Joint Initiative (USBJI) and Bone and Joint Decade Canada are dedicated to increasing research of musculoskeletal diseases. The USBJI has developed a grant mentoring and career development program to provide early-career investigators an opportunity to work with experienced researchers in our field to assist them in securing funding and other survival skills required for pursuing an academic career. This program is open to promising junior faculty, senior fellows or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows or residents that are doing research and have a faculty appointment in place or confirmed. Basic and clinical investigators, without or with training awards (including K awards) are invited to apply. Investigators selected to take part in the program attend two workshops, 12-18 months apart, and work with faculty between workshops to develop their grant applications. The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded.
  - **Deadline to apply for the Spring 2012 Workshop is January 15, 2012.**  
The next workshop is scheduled to take place April 13-15, 2012 in Toronto, ON. To apply for this program, please go to USBJI website: [www.usbji.org](http://www.usbji.org)
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## DEADLINE

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**The OTA Annual Meeting Abstract Deadline has been extended to February 1, 2012.**

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