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FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Fall 2012



MESSAGE FROM THE PRESIDENT

Robert A. Probe, MD

I hope that many read this as you make your way to Minneapolis for the 28th Annual Meeting of the Orthopaedic Trauma Association. For those of us who have witnessed the maturation of the OTA over the decades, we have enjoyed the meteoric growth organization but often lament the growing absence of the “family feel” that existed in the early years of the organization. Jim Goulet and the Program Committee have done a remarkable job of resurrecting the intimate group discussions and debates of the past into the juggernaut that the Annual meeting has become. With a multitude of focused precourse offerings, mini-symposia, skills labs and case discussion groups; this year’s Annual meeting promises to provide a meaningful educational and social experience for the entire spectrum of providers that contribute to the care of the injured patient.

Beyond focusing on an innovative meeting, the Board of Directors and Committees have been working on initiatives that keep all of the organizations activities relevant in a rapidly changing world. With an increasing focus on quality in education, our fellowship committee is rolling out a more rigorous set of fellowship standards that need to be met for OTA certification. At the resident level, innovation continues with the expanded incorporation of adult learning theory into our small group teaching platforms. On the research front, the Research Committee reviewed an increasingly competitive group of grant submissions and provided awards to the most promising. Additionally, this committee hosted a weekend “think tank” in Rosemont this summer. Bringing together

CONTINUED ON PAGE 3



MESSAGE FROM THE EDITOR

Hassan R. Mir, MD

The summer weather is cooling down and football season is heating up, so that must mean the OTA meeting is near. This is the **28th Annual Meeting** of the OTA and it will be in **Minneapolis, MN** from **October 3-6**. The meeting brings back several great features and events from years past, but also has some new additions. There will be new course offerings for physicians and other care providers. Another change will be concurrent podium and breakout sessions – so be sure to familiarize yourself with the schedule prior to the meeting in order to tailor the experience to suit your needs. See you in the Twin Cities.

In addition to the meeting info, this edition has an important message from the Board of Specialty Societies regarding Medicare Audits. The Fellow’s Corner is back, and be sure check out the article on the state of the orthopaedic trauma job market.

The next edition of the newsletter will come out around the holidays, so please be sure to send any suggestions, content, and photos to Hassan.Mir@Vanderbilt.edu.



ANNUAL MEETING HIGHLIGHTS

James A. Goulet, MD, Program Chair



The 28th OTA Annual Meeting will provide the most comprehensive and up-to-date program related to treatment of musculoskeletal injury available anywhere. A diverse spectrum of topics and the opportunity to attend a wide range of sessions including scientific presentations of original research, didactic lectures, small group discussions, and hands-on labs provide learning opportunities that meet the needs of all musculoskeletal health care professionals. Additional programs specifically designed for orthopaedic nurses, for orthopaedic physician assistants, and for non-fellowship trained orthopaedic surgeons have been added this year.

Four pre-meeting events will precede the traditional Annual Meeting, beginning with the Basic Science Focus Forum (BSFF), chaired by Ted Miclau, MD. Bob Ostrum, MD, Dan Horwitz, MD and Steve Morgan, MD will chair a new one and one-half day Orthopaedic Trauma **Boot Camp**, beginning Wednesday, Oct 3rd, designed for orthopaedic surgeons called upon to solve difficult trauma challenges without the benefit of formal fellowship training.

Two additional, single day pre-meeting events will take place on Wednesday, October 3rd. The perennially popular **Masters Level Coding Course** will once again be organized by Bill Creevy, MD and led by Karen Zupko & Associates, Inc. The highly successful **International Forum**, started three years ago, will continue under the direction of Bill DeLong, MD. The half-day **Young Practitioners Forum** led by Lisa Cannada, MD on Thursday morning rounds out the pre-meeting events.

In addition, a one day course specifically designed for orthopaedic trauma nurses and OR scrub technicians, chaired by Paul Dougherty, MD and Mary Kay Wollan, RN, will premier on Friday, October 5th. A new two and one-half day course specifically designed for physician assistants, chaired by Mike Archdeacon,

MD, Cliff Jones, MD, and Dan Coll, MHS, PA-C will run concurrent with the Annual Meeting from Thursday Oct 4 to Saturday Oct 6.

OTA ANNUAL MEETING MOBILE APP

Get the most out of OTA's 28th Annual Meeting with our mobile app. Find interactive floor maps to get you where you need to be. Browse sessions by courses or by your favorite speaker. Get the most up to date conference notifications and much more.

Search and download OTA2012 to your mobile device from the iTunes Store or Android Market.



OR simply scan me:

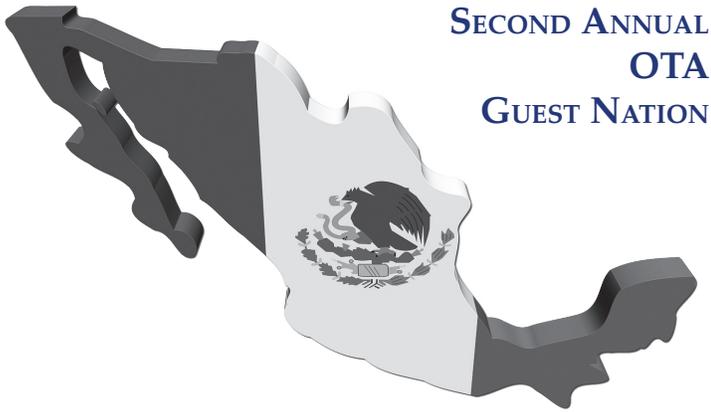


BUSINESS MEETING – THURSDAY (10/4) @ 5:25 PM

Use this [link](#) to obtain the Business Meeting agenda. Members are asked to attend immediately following Thursday afternoon session in Hall A/B.

ORTHOPAEDIC TRAUMA REGISTRY DATABASE USERS MEETING – FRIDAY (10/5) @ 2:30 PM

Meeting for new and current users in *Room 102 A* on Friday afternoon. Review of new updates to database. Instruction on use of database - Questions and Answers.



SECOND ANNUAL
OTA
GUEST NATION

In recognition of the importance and benefits of sharing knowledge and experience with international colleagues, the OTA has instituted a Guest Nation Program. We are proud to announce that Mexico has been selected as the 2nd Annual OTA Annual Guest Nation.

Representatives from the *Congreso Nacional de Ortopedia y Traumatologia* will participate in the following symposium: Comparing Trauma Systems from Two Nations: China and Mexico.

- Mexico: Fryda Medina, MD
Fernando de la Huerta, MD
Graciela Gallardo Garcia, MD
- China: Jiaying Xu, MD
Manyi Wang, MD

In addition, Ana Luisa Fajer, Cónsul of México in St. Paul, Minnesota, will attend the International Trauma Care Forum as a representative of the Embassy of Mexico.

We are pleased to have this opportunity for collaboration with our Mexican colleagues, and it will be an honor to recognize their contributions and achievements.

International Trauma Care Forum

(Convention Center 200 DE)

Wednesday, October 3 – 7:45 am - 5:00 pm

Guest Nation Symposium

(Convention Center 200 DE)

Wednesday, October 3 – 4:00 - 5:00 pm
Evidence Based Practice in Orthopaedics

OTA International Reception

Wednesday, October 3 – 5:15 - 6:15 pm
(The Seasons – Level 2)

All International Attendees Invited

FROM THE PRESIDENT, CONTINUED FROM PG. 1

Robert A. Probe, MD

some North America’s leading research experts two days of brain-storming led to a long list of initiatives that coalesce into a strategic plan for clinical, basic and epidemiologic research related to Orthopaedic Trauma. More information regarding these and many other exciting projects will be provided at the **Member’s Meeting on October 4, 2012.**

I’m looking forward to once again, experiencing the camaraderie that defines the Orthopaedic Trauma Association. Hope to see you next week.

DARING TO MAKE A DIFFERENCE



When orthopedic surgeon **Dr. Lawrence Bone** heard the Army had a great need for surgeons, he made the decision to put himself in harm’s way to help men like his son, who was injured in Iraq. NBC’s Rehema Ellis reports. (Nightly News) Watch the video at this [link](#).

NEW - ePOSTERS

Please take a moment to visit OTA’s [ePosters](#).



ANNUAL MEETING COMMITTEE

James Goulet, MD, Chair

The Annual Meeting will take place in Minneapolis from October 4 to October 6, 2012. The program will feature more podium presentations and more poster presentations than any previous OTA meeting, and will be preceded by an outstanding and expanded collection of affiliated programs. Attendees will note many changes designed to improve their meeting experience.

What's new this year...

- Increased concurrent scheduling throughout the meeting, allowing for a customized meeting experience
- Additional educational programs for Researchers and Research Assistants
- A new Orthopaedic Trauma nurses course
- A new Orthopaedic Trauma Physician Assistant/Nurse Practitioner course
- An Orthopaedic Trauma Boot Camp pre-meeting course
- Enhanced poster session, including e-posters and guided posters sessions
- An Annual Meeting smart phone app, designed to help plan your week and make all meeting details accessible on-line, in an easy to navigate format
- A new member/prospective member's luncheon

Continued programs you should not miss...

- High quality scientific presentations of original research
- Hands-on skills labs and case discussion sessions
- Pre-Meeting Courses: Basic Science Focus Forum, Young Practitioners Forum, Masters Coding Course, and International Relations Trauma Care Forum (Featuring Mexico as the OTA's 2nd Guest Nation),
- AOA Own the Bone Symposium

Reminders....

- Don't miss **Thursday's OTA Welcome Reception** from **6:30 pm – 8:30 pm** at **Windows** on the 50th floor of the Marquette Hotel (710 Marquette Av)
- Celebrate the incredible spirit of volunteerism reflected
- Please be sure to complete an evaluation formwe value your feedback

FELLOWSHIP COMMITTEE

Mark Lee, MD, Chair

Complete Projects

Match 2012

For the second consecutive year, we had contraction in the total number of training positions. However, the total number of applications has increased (141). Five programs had vacancies with 8 positions left unfilled. There were 71 international medical graduates and 7 of these matched. There were 13 DO applicants and 7 of these matched.

Orthopaedic Trauma Fellowship Match	Jan '09	April '10	March '11	March '12
Applicant registrations	110	125	128	140
CAS participants	83	92	112	122
# Applicant Rank Lists Submitted	74	84	82	92
Matched Total	69	74	64	70
Unmatched Total	5	10	18	22
% Matching Total	93%	88%	78%	85%
# Applicants ranked by programs	71	83	90	94
Total # of Withdrawals	4	9	5	4
Positions Offered	81	82	81	78
Positions Filled	69	74	64	70
Unfilled Positions	12	8	17	8
Avg. CAS applications per applicant.	16	17	14	20
Avg. # of offers per applicant	4.33	3.96	4.34	4.14

Active Projects

Current Match

This was the second year of completely online match process, and we opened the match on June 4. Per recommendations from the AAOS BOS Match Oversight Committee last year, we again have a firm application end date, required notification to applicants of application/interview status, and code of conduct procedure. The code of conduct language is pending further discussion at this meeting; there is ongoing concern regarding the restrictive post interview communication stipulation. Monday, Oct. 29 is the firm application deadline, and programs are given approximately one month to review applications and notify applicants of intent to interview.

Currently, there are 141 applicants registered with SFMatch. That is the highest in the past 5 years, but the true applicant number is difficult to assess at

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FELLOWSHIP COMMITTEE, CONTINUED FROM PG. 4

Mark Lee, MD, Chair

this point due to a large number of foreign medical graduates included in the pool.

This year 2 new requirements were enforced for fellowship programs--2 active faculty and yearly notarized case reporting. As expected, the faculty provision made 10 programs noncompliant. The match compliance subcommittee sent letters to the noncompliant programs and provided them with a single additional year to repair their faculty deficiencies.

New Accreditation Rollout

Following BOD approval of the attorney approved, accreditation document, we are preparing for the new accreditation requirements and application process for Match 2012.

Timeline

In April 2012, Fellowship Programs were notified of the new accreditation process / match requirements.

By January 2013, each training site must submit a list of qualifying orthopaedic cases performed during the prior academic year by their trauma / teaching faculty with verification letter from OR administration, medical records officer, or other similar officiate.

By April 2013, Fellowship Programs must complete their new applications to complete registration for the 2014 match (for training beginning 2015), and must meet all new program requirements. Programs who do not meet requirements will be notified they are not in compliance, and will be permitted to participate in the 2014 match, but will be on match probation.

Any Fellowship Program not ACGME or OTA Accredited will not be permitted to register for the 2015 match (for training beginning 2016).

Application and Online Case Log

An online application form and case log are currently being developed. The first year, the application will be an Adobe PDF, but by next match, the applications will be completely online.

DISASTER MANAGEMENT AND PREPAREDNESS COMMITTEE

Christopher T. Born, MD, Chair

Committee goals going into 2013 include the following:

- Continue to support the AAOS/OTA/SOMOS disaster response course including consideration of potential future faculty from the OTA and the possibility of giving the course at the OTA meeting in 2013 or 2014.
- Production of a "Disaster Response Basics" for the OTA on-line "slide" curriculum. This would be a new offering.
- Development of a workable disaster response plan template that can be used by academic, Level I centers with complements of residents.... what they should / should not do, where they should go, chain of command, plans for communication. This could be publishable.
- Continue to work with AAOS and ACS to push considerations of preparedness and response, licensing issues, etc as apolitical agenda. Currently licensing is on hold because of the elections and new appointments to head OPEO and NDMS

COTA REPORT

COTA President: *Brendan Patterson, MD*

Report to OTA Business Meeting ~ October, 2012

Checks were distributed to 17 Orthopaedic Trauma Fellowship Programs between March and August based upon receipt of acceptance forms totaling \$1,175,000.00. A few fellowship programs that were funded in 2011 were not funded in 2012 and upon reviewing the un-blinded results, the COTA Board will review the process for scoring and the funding decision-making.

Applications for the 2013-2014 Fellowship Grants will be accepted from November 1, 2012 – January 31, 2013 5:00 pm CST. The COTA Board will integrate the recent criteria established by the OTA for trauma fellowships in the next round of applications and will re-assess the scoring system in an effort to provide financial support to more programs.

OTA was sent a \$100,000 check to cover 4 Research Grants approved for funding by the OTA Research Committee.

Smith Nephew has completed their 2012 commitment and has issued a total of \$875,000 to fund

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COTA reviewed Fellowship applications for the 2013-2014 Academic Year, as well as resident and fellow medical education and Orthopaedic Trauma research. Smith & Nephew and Stryker are acknowledged for three years of funding fellowship education and other firms should be encouraged to support fellowships through COTA/OTA. Please encourage smaller donations to COTA for orthopaedic trauma fellowship education in your discussions with exhibiting companies during the OTA annual meeting.

COTA leadership will continue to emphasize its efficiency and effectiveness as an intermediary to corporate donors. COTA mechanisms and process permit nearly 95 cent of every dollar donated to flow through to the fellowship programs.

We look forward to another outstanding year in supporting qualified programs with the use of the new accreditation match requirements by ensuring that programs that are funded by COTA offer high-level education to their fellows.

EDUCATION COMMITTEE

William M. Ricci, MD, Chair

OTA plans for increased on-line educational resources 2013!

ORTHOPAEDIC TRAUMA TECHNIQUES VIDEO & LECTURE LIBRARY

Coming soon to the AAOS OrthoPortal... an orthopaedic trauma video techniques library!

The OTA Education Committee is seeking high-quality surgical techniques videos. Be a part of the team currently working to develop what will soon be the premier site for peer-reviewed trauma surgical techniques videos. Please contact **Bill Ricci**, OTA Education Committee Chair or **Bob Ostrum**, Video Library Director to volunteer at OTA@aaos.org.

2012 / 2013 WEBINAR SCHEDULE

Ankle Fractures are Not Always Simple: Identification and Management of Subtle Complexities

Moderator: **Paul Tornetta, III, MD**

Faculty: **Ken Egol, MD** and **David Sanders, MD**

View this Webinar on the OrthoPortal

October 23rd – 7:30 p.m. CDT

Clavicle Fractures: When and How to Fix Them

Moderator: **Mike McKee, MD**

Presenters: **Carl Basamania, MD,**
Kyle Jeray, MD, Dave Ruch, MD

Clavicle Fractures
webinar supported by
stryker®

[Register by clicking this link.](#)

2013 WEBINARS

(visit the OTA or AAOS website for details)

- **Proximal Humerus Fractures: Decision Making and Methods**
- **Managing Challenging Hip Fractures**
- **Tibial Shaft Fractures: The State of the Starting Point, Nailing Extreme Proximal and Distal Fractures, and Basics of Open Fracture Management**
- **Surviving a Night on Call: The Current State of Orthopaedic Urgencies and Emergencies**
- **Periprosthetic Femoral Shaft and Supracondylar Fractures Femur Fractures – General Principles and Role for Locked Plates and Revision Arthroplasty?**
- **Common Upper Extremity Fractures: The When and How of Surgical Management**

HEALTH POLICY COMMITTEE

Mike Suk, MD, Chair

Legislative/Regulatory Update provided by the Board of Specialties (BOS) September 2012

Congress is back in town for a short thirteen-day session that is likely to get pared down to eight. We anticipate the only major legislation to emerge from this will be a continuing resolution to fund the government beyond the September 30th end to Fiscal Year 2012.

The House is scheduled to vote Thursday on the continuing resolution (CR), which would set government spending for the first six months of fiscal year 2013 at a rate slightly higher than the current fiscal year. The Senate is expected to vote on the plan later next week. (Washington Post)

The CR adheres to last August's Budget Control Act, which set the debt ceiling at \$1.047 trillion for 2013. The legislation totals \$26.6 billion less than last year's continuing resolution. The stopgap measure will, for the most part, keep funding at current levels, with a few exceptions. It maintains a federal pay freeze through April and includes nearly \$90 billion for the

CONTINUED ON PAGE 7

war in Afghanistan and other global military operations. (House of Representatives)

The rate of Americans lacking health insurance decreased to 15.7 percent last year, down from 16.3 percent in 2010, according to new Census Bureau numbers released Wednesday. (Census Bureau – PDF Link)

Yesterday, the House Ways and Means Committee's Health Subcommittee heard complaints about how slow, unresponsive and uninformative HHS has been on the implementation of health insurance exchanges, as well as praise for how engaging, flexible and supportive HHS has been on the implementation of those exchanges. As one might expect, complaints came from the Republican side, and praise came from the Democratic side. (Modern Healthcare)

Due to the brevity of the fall legislative session, Congress is expected to defer many issues until the lame duck session after the general election. The largest issues will likely be the impending military sequestration cuts set to take effect on January 1, the expiration of the Bush era tax cuts and a possible tax extenders package, and another SGR Patch that will postpone a 27.4% cut in physician reimbursement for Medicare services, which is slated to go into effect on January 1, 2013. (Lexology)

Per the Sequestration Transparency Act, the President must report to Congress on the cuts required by the sequester in the event that Congress fails to act on balancing deficit reduction. That report is expected either later today or tomorrow. (Whitehouse.gov)

Congressman Ed Markey (D-MA-7), a member of the Energy and Commerce Committee, expressed his fear that sequestration will sacrifice medical research funding and other health related spending to maintain defense funding. His comments were a reaction to a letter that was released from the Department of Health and Human Services that outlined some of the potential impacts of sequestration. Sequestration is already expected to result in a 2% reduction in Medicare reimbursement for doctors. (Politico)

The Department of Health and Human Services has confirmed that the implementation of ICD-10 will be delayed until October 1, 2014. (Healthcare Finance News)

Pelvic & Acetabular Fracture Management ED Poster

Over the past several years, your PR Committee has developed an educational/public relations poster titled "Emergency Department Guide for Acute Management of Pelvic and Acetabular Fractures." While not comprehensive, it is hoped that OTA Members would be able to use this poster as a tool to collaborate with ER Physicians, Trauma Surgeons, and others in their community and referral areas to promote quality of care for patients with pelvic and acetabular fractures. *These are available to members at no cost via mail request and one copy per member at the annual meeting.* The file will also be available for download from our website in the near future.

The poster is titled "Emergency Department Guide for Acute Management of Pelvic & Acetabular Fractures" and is published by the Orthopaedic Trauma Association (OTA). It is divided into several sections:

- ATLS Protocol with Complete Evaluation:** Assessment of Hemodynamics, Unstable (Aggressive resuscitation, See acute interventions below, Consider angiography), Stable (Class BP monitoring, Orthopaedic consultation).
- AP Pelvis X-Ray:** Follow APB's tips, Carefully assess posterior pelvis, Identify asymmetries, Consider inlet/Outlet views and CT scan when injury found to be complex. Includes an image of an AP pelvis X-ray.
- Acetabular Injuries:** Assess/recognize of joint, Pelvic/acetabulum with force through femoral head, Look for articular injury, Consider Auld (45° Oblique) view and CT scan for detail. Includes an image of an acetabular injury.
- Pelvic Injuries:** Pelvis acts as its inherent spine and lower extremities. 1) Attempt to Classify Fracture or Injury Pattern (if unable to classify, then describe the anatomical areas involved). Includes images of Lateral Compression, Pubis rami fractures, Ischial impaction, AP Compression (Open Book), Symphyseal diastasis or anterior vertical fracture and diastasis, Vertical Shear, Vertical and horizontal instability. 2) Attempt to Quantify Fracture or Injury Displacement. Includes images of Posterior iliac wing fracture or contralateral sacral base injury suggests increasing instability, increasing rotational instability, increasing vertical instability.
- Acute Interventions to Consider:** Observation, Possible External Fixation, Pelvic binder or sheet, External Fixation, Symphyseal plate at laparotomy, Pelvic binder or sheet, External Fixation, Skeletal traction.
- Reduction of Hip Dislocation:** Skeletal Traction.
- Orthopaedic Trauma Consultation:** Call early and involve the Orthopaedic Surgeon in your decision making.

A disclaimer at the bottom states: "The Orthopaedic Trauma Association presents this information as an educational service to the medical community. While the information is about health care issues and orthopaedic surgery, it is not medical advice. Individuals seeking specific orthopaedic advice or assistance for conditions such as these should contact an orthopaedic trauma surgeon through the Find a Surgeon program at www.ota.org."

Email ota@aaos.org to request your copy.

EVIDENCE BASED MEDICINE COMMITTEE

William Obremsky, MD, Chair

Surveys

The OTA EBM Committee has circulated practice surveys on open fracture: antibiotic selection, timing, duration, coverage and defect management as well as prophylaxis for DVT in patients with isolated and multiple injuries. The results of these surveys will be presented as posters at the OTA meeting and available on the OTA web site. The intent is to identify current common practices, variation in practice and knowledge gaps that may help direct future research. We will be sending these surveys several times a year so please respond as your feedback and results are important.

OTA EBM Committee Project Team

Bill Obremsky, Cory Collinge, Claude Sagi, Steve Olson, Paul Tornetta

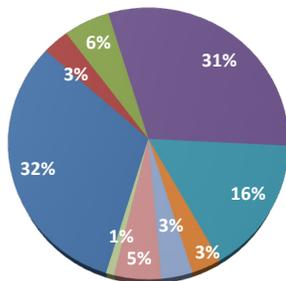
MEMBERSHIP COMMITTEE

Nirmal C. Tejwani, MD, Chair

The OTA membership deadline is November 1. Please support the OTA membership campaign and encourage your colleagues to join.

2012 Membership Demographics

Active:	492
Allied Health:	48
Associate:	85
Community:	247
Emeritus:	51
Honorary:	2
International:	80
International Community:	54
International Research:	1
Research:	12
Senior:	1
Candidate:	472
Total OTA Members:	1,545



Membership Categories

- ACTI - Active
- ASSO - Associate
- COMM - Community
- ICOMM - International Community
- RESE - Research & Misc
- ALLH - Allied Health
- CAND - Candidate
- EMER - Emeritus
- INTL - International

HEALTH POLICY UPDATE

AAOS AND BOARD OF SPECIALTIES (BOS)

WORK TO EXPRESS CONCERNS IN CRITERIA FOR MEDICARE AUDITS

by AAOS BOS Representatives:

*Gregory A. Mencio, MD, Chair,
Steven D.K. Ross, MD, Chair-elect,
David C. Templeman, MD, Secretary*

We are writing with what we see as a critically important update. The Center for Medical Services (CMS) is appropriately determined to cut Medicare's payment errors with a reported goal to recover \$2 billion in improper payments and reduce the error rate of fee for service by 50%.

Three critical facts for your specialty society members:

1. Audits are focused on addressing medical necessity.
2. The medical necessity needs to be documented in the hospital chart.
3. The AAOS is actively involved in attempts to participate in the criteria that will be used.

This is a dynamic issue and the criteria required to document medical necessity are in a fluid state of development. The BOS and the AAOS are working to express our concerns in developing criteria that represent the best interests of our patients.

If you or any of your members are subject to an audit there is a link: audit reporting tool <http://research.aaos.org/surveys/auditreporting/auditreporting.htm> on the AAOS website for reporting.

David Halsey, MD, BOS Health Policy Chair and Richard Martin, JD, former AAOS Manager of Federal Regulatory Affairs, have authored an excellent power point presentation that is available on the AAOS website http://www3.aaos.org/member/bos/agendabooks/nolc_2012.cfm. The presentation explains the alphabet soup of MAC/RAC/CERT auditing, and the potential implications for all of us.

CORRELATION OF ORTHOPAEDIC TRAUMA PRACTICE OPPORTUNITIES AND NUMBER OF FELLOWS TRAINED: ARE TRAUMA SPECIFIC PRACTICE OPPORTUNITIES SCARCE?

Kyle T. Judd MD, William Obrebsky MD, MPH, Lisa K. Cannada, MD

Over recent years, the number of trauma specific orthopaedic surgery practice opportunities has anecdotally declined. This decline has been in the face of increasing numbers of trauma fellowship positions, nearly all of which have matched fellows with increasing frequency. As each new class of fellowship-trained traumatologists begins to seek out job opportunities, the competition for these practice opportunities seemingly becomes much more competitive. This perceived lack of opportunity has led to some discontent amongst junior surgeons. These perceived trends have also broached the topic of possible reconfiguration of the trauma fellowship infrastructure in regards to the perceived needs of the country. We objectively reviewed the current trends in practice opportunities in an attempt to further explore the possibility of over saturation of the current market with fellowship trained orthopaedic traumatologist.

Advertised practice opportunities were used to quantify the number of available/new practice opportunities yearly encompassing the years 2003 to 2011. The practice type was independently evaluated over the same time frame in regards to the number of academic, multidisciplinary practices, hospital-based and private practice opportunities available. The following journals were used to review the number of advertised practice opportunities: *Journal of Bone and Joint Surgery-A (JBJS)* and the *Journal of Orthopaedic Trauma (JOT)* in addition to the number of advertised trauma positions on the American Academy of Orthopaedic Surgeons (AAOS) website and the OTA websites.

Fellow match results were used to tabulate the number of fellows matching into fellowship positions over the same time frame as was used for evaluation of the practice data. The number of fellows matching was determined from OTA records of fellow's names provided by the programs from 2003-2006. 2006 was the first year of an on line application for the OTA. Applications and program data was maintained by the OTA. In 2008, there was a formal match process initiated through SFMatch. All data from this time period onward was obtained via review of the SFMatch database.

Over the years of interest, we have found an inverse correlation between the number of fellowship

trained orthopaedic traumatologist entering the work force to the number of advertised trauma specific practice opportunities (See Graph 1-pg. 10). With this current work, we have found that there has been a sequential decline in the number of advertised position for each practice type i.e. academic positions, single specialty orthopaedic groups, multispecialty groups and hospital employed positions and that there currently is a significant discordance between the number of fellows currently being trained and the perceived need for trauma specific specialty training. As the number of practice opportunities, particularly those with academic affiliation, have declined, so too have the opportunities for physicians to become involved in training the next generation of orthopaedic trauma surgeons. This decline in the number of academicians entering practice may eventually compound any rebound shortage of trauma surgeons as the number of fellowship trained surgeons teaching higher level skills begins to wane. This has the potential to set up the unfortunate circumstance of too few teachers for too few students leading to poorly trained surgeons managing an ever-growing body of complex information regarding fracture care and care of the multiply injured patient.

As the number of practice opportunities, particularly those with academic affiliation, have declined, so too have the opportunities for physicians to become involved in training the next generation of orthopaedic trauma surgeons.

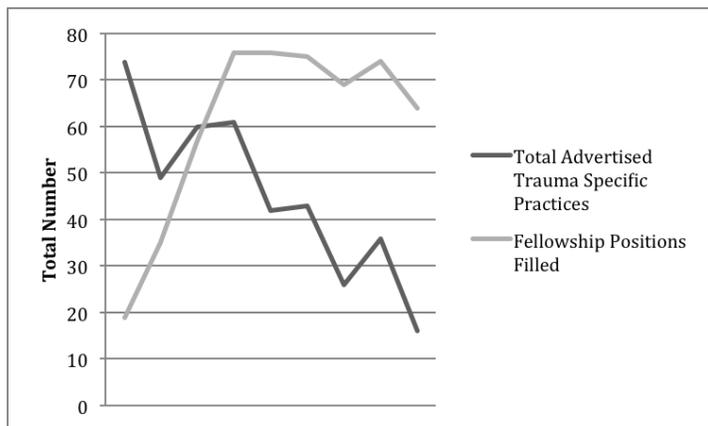
In the current environment the competition for trauma specific practice opportunities is becoming increasingly robust, making it increasingly difficult for fellows to practice exclusively within a subspecialty niche. This competition may play a role in the eventual transition of power away from physician groups and to the business market as current fellows may be more willing to sacrifice, re-imburement, quality of life and other resources in an attempt to practice solely within their chosen subspecialty. By beginning to make compromises one would expect

CONTINUED ON PAGE 10

the perceived value of fellowship training to wane thereby setting up a situation in which non-sustainable practice environments exist increasing physician burn-out and surgeon turnover.

Implications also exist for patient care as a given surgeon's desire to manage complex injuries, given higher levels of training, may out-strip the local resources of those hospital systems where more and more young surgeons are practicing. As fellows begin to move into more generalized practice situations, the ability of those hospital systems to care for multiply injured patients or those patients with complex injuries may be inadequate to provide the appropriate level of care needed. The desire of young surgeons to utilize their skills and knowledge may thereby unknowingly foster an unfortunate situation where patient care is jeopardized.

Despite the compelling nature of this data and despite our desire to be complete in review of the current practice markets, there undoubtedly remain an unknown number of positions being filled and surgeons entering practices in which no formal advertisement has been made. These particular cases are likely to impact the actual numbers involved but unlikely to be large enough in magnitude to affect the trends presented here. The implications of the current discordance in newly fellowship trained surgeons and the perceived need for specialty training are many, and in moving forward careful thought must be put into the balance of appropriately trained surgeons and the availability of trauma specific practice opportunities.



By the time this hits your in-box, we will all be knee deep in our fellowships and, hopefully for most of us, are still glad we made the decision to pursue a career in orthopaedic trauma and have been pleased with our fellowship experiences thus far.

For those of you that have not seen the *JOT* September Young Practitioners Forum Supplement yet, I encourage you all to give it at least a quick skim. I want to highlight one of the articles by **David Templeman**, "**How to Get the Most Out of Your Orthopaedic Fellowship: Thing About Practice-Based Learning.**" In this article, Dr. Templeman describes how to use/apply three practice-based learning models to provide an organized framework for the study of your clinical cases. 1) The practice of performing each surgical case three times: preoperative planning, performing the surgery, and reviewing the case. I would venture to guess that this is intuitive for most of us, but we can shortchange ourselves when we get caught up in the chaos that is around us in a busy trauma center when we don't make time for it. Make the time, and when possible, take advantage of post-operative CT scans to see the hidden truth. 2) The use of Outcomes Quadrants, which involves making a 2x2 matrix of expected outcomes and observed outcomes. The surgeon can use this model to assess each case, but it emphasizes the need for a critical analysis of those cases where a good or excellent outcome was expected, but a bad result is obtained. 3) The final model described is the application of the Pareto 80/20 principle. This model, when applied to surgery, is based on the premise that 20% of the possible causes lead to 80% of the complications you might see in your practice. The definition of insanity is doing the same thing over and over again expecting different results. I am certain Dr. Templeman's advice will serve us well. As we start settling into a groove during our fellowships, we should make it a point to perform a critical review of our cases so we can continue to improve.

For those attending the OTA Annual Meeting, I encourage you to attend the **Young Practitioners Forum** which will be held on the morning of **Thursday, October 4th**.

Helmet Cams...From Off Road to OR

Use of surgical videos has grown exponentially. It seems every orthopaedic website has videos you

CONTINUED ON PAGE 11

can view. While these are great teaching tools as you can see how some truly gifted surgeons reduce and fix fractures, but how can you take it to the next level. I have recently started using a helmet cam in the OR to record interesting cases. While I have had little time to go back and review the videos as of yet, I am building a database that I plan to organize and edit full of "tips and tricks" that will help keep me out/get me out of trouble in the future. The two most heavily advertised that are commercially available are the CONTOUR© and the GoPro© (approx. \$200-300). A couple facts for those interested... Make sure you get a headband mount. Depending on the model you get, it may not come with a microsd card. If that is the case, buy the largest size you can. The videos record in HD, which means they take up a large amount of data. Both of these cameras have rechargeable batteries via USB hook-up. The rest is pretty easy...point and shoot. Drawbacks include lack of the ability to zoom. With the videos recording in HD, I think you can make up for this on the editing end, but I have yet to try.

My goal with this column over the course of the next year is to try and share some information that might make your fellowship experience more enjoyable and educational. While I personally have little "original" information to share, I am happy to discuss/share anything that you think the rest of us might benefit from. So please, if you have something to share, send it to the editor and he will pass it my way.

OTA Specialty Day March 23, 2013 Chicago, Illinois

Planning Committee: Robert A. Probe, MD, OTA President
M. Bradford Henley, MD, Clifford B. Jones, MD, Robert F. Ostrum, MD,
David C. Teague, MD, David B. Thordarson, MD, Paul Tornetta, III, MD

Featuring:

To Fix or How to Fix: That Is the Evidence Based Question

Moderator: William T. Obrebsky, MD
Presenters: Michael R. Baumgaertner, MD, Douglas P. Hanel, MD,
J. Lawrence Marsh, MD, Michael D. McKee, MD, Emil H. Schemitch, MD

Managing Osteoporotic Fractures: How to Be on Top of Your Game and Avoid Complications!

Moderator: Clifford B. Jones, MD
Presenters: Charles M. Court-Brown, MD, Paul J. Duwelius, MD,
Michael J. Gardner, MD, Stephen L. Kates, MD, Richard F. Kyle, MD, William N. Levine, MD

Trauma Techniques: Top Videos

Moderator: Robert F. Ostrum, MD
Presenters: Andrew R. Burgess, MD, Michael J. Gardner, MD,
Erik Kubiak, MD, David C. Ring, MD, Andrew H. Schmidt, MD

New Tips and Tricks from the OTA Annual Meeting for your Trauma Practice

Moderator: James A. Goulet, MD

Case-Based Nonunion Management

Moderator: Paul Tornetta, III, MD
Presenters: Mark R. Brinker, MD, Roy Sanders, MD,
Heather A. Vallier, MD, Donald A. Wiss, MD

OTA / AOFAS Combined Session: Controversies and Complications in Trauma of the Foot and Ankle

Lisfranc Injuries: Fusion vs ORIF

Moderator: Robert B. Anderson, MD
Presenters: J. Chris Coetzee, MD, Ross K. Leighton, MD

Calcaneus: - Extensile vs Minimally Invasive

Moderator: Roy Sanders, MD
Presenters: Stephen K. Benirschke, MD,
Dr. med. Stefan Rammelt, Bruce J. Sangeorzan, MD

Ankle: Syndesmosis Controversies

Moderator: William C. McGarvey, MD
Presenters: John S. Early, MD,
Paul Tornetta, III, MD, William C. McGarvey, MD,

Ankle: Posterior Malleolus: To Fix or Not to Fix

Moderator: Robert A. Probe, MD
Presenters: Dean G. Lorich, MD, David B. Thordarson, MD



MARK YOUR CALENDAR

November 1, 2012
**OTA Membership
Application Deadline**
Online Submission

November 30, 2012
**OTA Resident Research Grant Application
Deadline** Online Submission

December 14 – 15, 2012
SOMOS/OTA/AAOS Disaster Response Course
Naples, FL

January 31, 2013
COTA Grant Application Deadline
Apply at: <http://www.cotagrants.org>

February 5, 2013
Call for Abstracts Deadline
Online Submission

February 8, 2013
Research Grant Pre-Proposal Deadline
Online Submission

February 22 – 23, 2013
OTA Advanced Trauma Techniques Course
Los Angeles, CA

March 18 – 19, 2013
SOMAS/OTA/AAOS Disaster Response Course
Rosemont, IL (AAOS OLC)

March 23, 2013
**Orthopaedic Trauma Association
(OTA) Specialty Day**
Chicago, IL

April 10 – 13, 2013
Spring Comprehensive Fracture Course 2.0
Lombard, IL

Spring, 2013
OTA Acute Care Course
Denver, CO

April 18 – 21, 2013
OTA Fellows Course
Boston, MA

April 25 – 27, 2013
**13th Annual AAOS/OTA Orthopaedic Trauma
Update Course**
La Jolla, California

May 1, 2013
**OTA Membership
Application Deadline**
Online Submission

June 19, 2013
**OTA Resident Research
Grant Application Deadline**
Online Submission

October 9 – 12, 2013
OTA Pre-Meeting & Annual Meeting
JW Marriott Desert Ridge Resort & Spa
Phoenix, Arizona

October 9 – 12, 2013
Comprehensive Fracture Course for Residents
Fairmont Scottsdale Princess
Scottsdale, Arizona

POSNA CALL FOR ABSTRACTS
Todd Milbrandt, MD,
Chair of Subspecialty Society Section-2013



The Pediatric Orthopaedic Society of North America (POSNA) is made up of a diverse group of musculoskeletal practitioners for children. Because of that diversity, we have developed programs and topics that may be of interest to Orthopaedic Trauma Association membership. For example, our annual meeting next year will include a half day course for several subspecialty topics on Friday, May 3rd, 2013. This course will include paper presentations with discussion, expert techniques, and case presentations run by subspecialist in your society.

We would like to inform the Orthopaedic Trauma Association of these opportunities. Please note: our abstract submission application is open to non-members. We welcome your members to submit an abstract(s) for consideration in the subspecialty program. To submit an abstract, please go to: <http://www.posna.org/meetings/anmeet/anmeet.asp>. Submission deadline is **October 15, 2012**.

ANNOUNCEMENTS

- **Call for Volunteers**

There are several OTA committee volunteer positions available, with terms beginning March 23, 2013. Those interested are asked to apply by November 12th using the link below. (positions and committee charges available via the link) <http://www.ota.org/whatsnew/GetInvolved.htm>

- **2012 OTA Research Campaign**

Please consider supporting OTA Research...

Thank you to all 2012 donors to date!

<http://www.ota.org/donors/donate.html>

- **OTA Membership Application**

Deadline: November 1st

Please encourage your colleagues, residents and fellows, PAs and NPs, Nurses and Researchers to apply! [Find information here.](#)

- **Job Posting**

Attention OTA Members....be sure to post your jobs on the OTA website....take advantage of this free membership benefit.

- The **Combined AAOSA/OTA/SOMOS Disaster Response Course (DRC)** is being offered again in Naples, Florida on December 14th and 15th. An additional course is being scheduled to coincide with the AAOS meeting scheduled for Chicago in March, 2013. Details regarding these courses re available through the OTA offices and the links below.

[Link to 2013 course](#)

[2012 Dec Course](#)



Volunteer for a career, not for an event.
Become an AAOS-Registered Disaster Responder.

CHOOSE FROM TWO LOCATIONS AND TWO DATES!

December 14 – 15, 2012

Naples, FL

www.aaos.org/6808NPL

March 18 – 19, 2013

Chicago, IL

www.aaos.org/6808CHI

Registration is limited.

Call AAOS Customer Service at **1-800-626-6726** today to reserve your spot!

DISASTER RESPONSE COURSE

Developed by



Co-sponsored by



COL Tad L. Gerlinger, MD, Course Director

Theodore W. Parsons III, MD, FACS & Christopher T. Born, MD, Course Co-Directors

This training and hands-on skills course is the required component of the pathway for AAOS Fellows to become disaster-response trained and selectively identified in the **AAOS Disaster Responder Database**. Registered Responders can connect faster with volunteer organizations and act rapidly when disaster strikes.

Learn the application of orthopaedic care techniques critical to disaster-inflicted injuries and treating the wounded in austere environments. This course includes a half-day cadaver skills lab.

Get the training you need for personal and team preparation to handle the physical, emotional and care management skills for treating the injured in areas affected by catastrophic events.

The American Academy of Orthopaedic Surgeons (AAOS), the Society of Military Orthopaedic Surgeons (SOMOS), the Orthopaedic Trauma Association (OTA), and Pediatric Orthopaedic Society of North America (POSNA) extend appreciation to **Stryker** as a founding supporting organization. Stryker is a Gold Level supporting organization for the Naples Course. **Baxter Healthcare, Inc.** and **Zimmer** are Bronze Level supporting organizations for the Naples Course.

ANNUAL MEETING REMINDERS

- Annual Meeting registrants, please watch your mail for the **2012 Annual Meeting Badge packet**, which will include your badge and check-in tickets. **PLEASE BRING THESE ITEMS TO THE MEETING**, and avoid registration lines.
- **On-Site Registration**
Tuesday, October 2
4:00 p.m. – 6:00 p.m.
Wednesday - Saturday, October 3 - 6
6:15 a.m. – 5:00 p.m.
Convention Center, Ballroom Main Lobby
- **International Reception**
Wednesday, October 3rd
5:15 p.m. – 6:15 p.m.
Seasons, Convention Center, Level 2
All International attendees invited.
Hosted by the OTA Board of Directors and International Relations Committee
- **Industry Symposia Lunch Sessions**
Thursday, October 4th
11:15 a.m. – 12:45 p.m.
Minneapolis Convention Center
(Registration is complimentary and includes lunch. Please register onsite.)
- **OTA Business Meeting**
Thursday, October 4th
5:25 p.m. – 6:30 p.m.
Minneapolis Convention Center: Hall A/B
Please review the committee reports on pgs. 4 - 8. [Agenda](#)
- **New Member Luncheon**
Friday, October 5th
12:00 p.m. – 1:00 p.m.
Minneapolis Convention Center, 208 A-D
(Please register onsite.)
- **Women in Orthopaedic Trauma Luncheon**
Friday, October 5th
12:00 p.m. – 1:00 p.m.
Minneapolis Convention Center, 101 F
(Please register onsite.)
- **Guided Poster Tour Sessions**
Friday, October 5th: 12:15 p.m. – 1:00 p.m.
Saturday, October 4th: 12:15 p.m. – 1:00 p.m.
Minneapolis Convention Center
(Registration is closed - full.)
- **Military Reception**
Friday, October 5th
5:30 p.m. – 6:30 p.m.
Seasons, Convention Center, Level 2
All active duty, former military and DVSP attendees invited.
Hosted by the OTA Board of Directors and Military Committee

WHAT'S NEW

Increased concurrent scheduling allowing for a more customized meeting experience.

Orthopaedic Trauma Association

6300 N. River Road, Suite 727, Rosemont, IL 60018-4226
Phone: (847)698-1631 Fax: (847)823-0536
e-mail: ota@aaos.org Home Page: <http://www.ota.org>