MESSAGE FROM THE PRESIDENT

Steven A. Olson, MD

2016 was a year of unexpected outcomes across the world. From Brexit to the US election, recent events seem to reinforce the saying “The only thing that is constant is change.” This saying is ascribed to Heraclitus, a pre-Socratic Greek philosopher who was active ~500 BC. This 2500 year old saying reminds us that adapting to change is not new to our generation. However, Heraclitus also knew the importance of maintaining core principles or character in a world of change, as he also said “The character of man is our guardian spirit.” And so it is with the OTA. The character of the OTA lies in our collective commitment to maintaining the highest standards, the generation of new knowledge, and providing forums and venues to share that knowledge.

The Fall 2016 OTA Annual Meeting was a tremendous success with great credit going to the OTA Annual Meeting Program Committee, under the leadership of Bob O’Toole, MD, Program Chair, and Mike McKee, MD, Program Co-Chair. The variety and range of offerings at this meeting highlight the efforts to improve the delivery of new knowledge. That more than one quarter of all podium presentations were prospective randomized trials highlights the work of the OTA Research Committee, under the leadership of Brett Crist, MD, OTA Research Committee Chair, as well as the OTA community of orthopaedic traumatologists in improving the quality of clinical research. We have held fast to our core principles. Our meeting attendance set a new record for the OTA and our membership continues to grow.

To meet the needs of the OTA’s expanding membership, we are also exploring new ways of engaging our younger members in the work of the OTA. It is in the area

CONTINUED ON PAGE 5

MESSAGE FROM THE EDITOR

Hassan R. Mir, MD, MBA, FACS

Welcome to the Winter 2017 OTA Newsletter! This edition of Fracture Lines includes previews and links for multiple upcoming events and OTA initiatives for 2017, including OTA Specialty Day to be held in conjunction with the upcoming AAOS Annual Meeting in San Diego. Be sure to review the committee reports for important updates, several announcements, and a summary of changes to the OTA governance structure. Given the recent US election results, check out the health policy section for possible implications on legislation that may affect our field.

The next edition of Fracture Lines will be released this Spring. Please send any suggestions, content and photos to HMir@FloridaOrtho.com.
2017 Specialty Day
March 18, 2017
San Diego Convention Center

Spend your last day at the AAOS Annual Meeting 2017 focused on orthopaedic trauma.

**OTA Business Meeting**
Please mark your calendars for the next OTA Business Meeting which is scheduled for:

**Saturday, March 18, 2017**
11:10 am-12:10 pm
San Diego, Convention Center Room: 6A

The agenda will be emailed to the membership and posted to the website in advance of the meeting.

**Specialty Day Preliminary Program**

**CALL FOR ABSTRACTS and SYMPOSIA**
2017 Annual Meeting

Abstract Deadline extended to
February 8, 2017

Symposia Deadline (restricted to OTA members)
March 1, 2017

Submit both abstract and symposium applications here.

**SAVE THE DATE**
**2017 ANNUAL MEETING**
**OCTOBER 11-14 VANCOUVER CONVENTION CENTER**
Congratulations to all authors of the award winning studies from the 2016 Annual Meeting:

**BOVILL AWARD WINNER**
Best paper* from the 2016 Annual Meeting to be presented during the 2017 OTA Specialty Day meeting.
Dedicated to Edwin G. Bovill, Jr., MD (1918-1986), co-founder of the Orthopaedic Trauma Association.

**Simple Decompression versus Anterior Transposition of the Ulnar Nerve for Distal Humerus Fractures Treated with Plate Fixation: A Multi Centre Randomized Controlled Trial**
Emil H. Schemitsch, MD; Niloofar Dehghan, MD, MS, FRCSC; Milena Vicente, RN; Aaron Nauth, MD, FRCSC; Jeremy Hall, MD, FRCS (ORTHOPEDICS), MEAD; Michael D. McKe, MD; COTS (Canadian Orthopaedic Trauma Society)

**What Factors are Associated with Infection in Open Fractures? A Predictive Model Based on a Prospective Evaluation of 2338 Patients**
Paul Tornetta III, MD; Gregory Della Rocca, MD, PhD, FACS; Saam Morshed, MD; Clifford Jones, MD, FACS; Diane Heels-Ansdell, MSc; Sheila Sprague, PhD; Brad Petrisor, MD; Kyle Jeray, MD; Mohit Bhandari, MD, FRCSC, PhD; FLOW Investigators

**Are Continuous Femoral Nerve Catheters Beneficial for Pain Management After Operative Fixation of Tibial Plateau Fractures? A Randomized Trial**
Paul Tornetta III, MD; Margaret Cooke, MD; Tyler Welch, MD; Oleg Gusakov, MD

**Single versus Continuous Nerve Block for Extremity Fractures: A Comparative Study**
Abhishek Ganta, MD; David Ding, MD; Nina Fisher, BS; Sudheer Jain, MD; Nirmal C. Tejwani, MD

**The Effect of Coronal Plane Angulation on the Outcomes of Operatively Treated Distal Femur Fractures**
Paul Tornetta III, MD; Margaret Cooke, MD; Kenneth A. Egol, MD; Clifford Jones, MD, FACS; Janos Ertil, MD; Brian Mullis, MD; Ed Perez, MD; Cory A. Collinge, MD; Robert Ostrum, MD; Catherine Humphrey, MD; Robert Dunbar, MD; William M. Ricci, MD; Laura Phieffer, MD; Darin Friess, MD

**Tranexamic Acid Safely Reduced Blood Loss in Hip Arthroplasty for Acute Femoral Neck Fracture**
Chad Watts, MD; Matthew Houdek, MD; Stephen Sens, MD; William Cross, MD; Mark Pagnano, MD

**Parapatellar Semi-Extended and Flexed Knee Tibial Nailing Technique are Equivalent in Regards to Knee Pain: A Randomized Controlled Trial**
David Rothberg, MD; Ami Stuart, PhD; Angela Presson, PhD; Thomas Higgins, MD; Erik Kubiatk, MD

**Should Displaced Scapular Body Fractures Be Operatively Treated? A Randomized Controlled Trial**
Clifford Jones, MD; Debra Sietsema, PhD; James Ringler, MD; Terrence Endres, MD

**Top scoring papers from the 2016 Annual Meeting**: As part of this honor, a very brief synopsis of these papers will be presented at the 2017 Specialty Day by one of the co-chairs of the OTA Annual Program Committee.

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Chad Watts, MD; Matthew Houdek, MD; Stephen Sens, MD; William Cross, MD; Mark Pagnano, MD

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Clifford Jones, MD; Debra Sietsema, PhD; James Ringler, MD; Terrence Endres, MD

*of papers that granted first right of refusal to the Journal of Orthopaedic Trauma
A Firm Shake Leads to a Strong Union: Stability Six Weeks following Humeral Shaft Fracture Predicts Healing
Adam Driesman, BA; Nina Fisher, BS; Sanjit Konda, MD; Kenneth A. Egol, MD

Continuous Infraclavicular Brachial Plexus Block Versus Single Shot Nerve Block for Distal Radius Surgery: A Prospective Randomized Comparative Trial
Abhishek Ganta, MD; David Ding, MD; Nina Fisher, BS; Sudheer Jain, MD; Nirmal C. Tejwani, MD

Radiographic Investigation of the Distal Extension of Fractures into the Articular Surface of the Tibia (The RIDE FAST Study)
Lucas Marchand, MD; Ajinkya Rane, MD; Zachary Working, MD; Lance Jacobson, MD; Erik Kubiak, MD; Thomas Higgins, MD; David Rothberg, MD

Long-Term Outcomes of Total Elbow Arthroplasty for Distal Humeral Fracture: Results from a Prior Randomized Clinical Trial
Niloofar Dehghan, MD, MS, FRCSC; Matthew Furey, MD; Emil H. Schemitsch, MD; Christine Schemitsch, BS; Michael D. McKee, MD

Are Large Clinical Trials in Orthopaedic Trauma Justified?
Sheila Sprague, PhD; Paul Tornetta III, MD; Gerard P. Slobogean, MD; Nathan O’Hara, MHA; Paula McKay, BSc; Diane Heels-Ansdell, MSc; Brad Petrisor, MD; Kyle Jeray, MD; Emil H. Schemitsch, MD; David Sanders, MD; Mohit Bhandari, MD, FRCSC, PhD; FLOW Investigators

Prospective Evaluation of PTSD and Depression in Orthopedic Injury Patients With and Without Concomitant Traumatic Brain Injury
Jaicus Solis, MD; Alan Jones, MD; Kenleigh Roden-Foreman, BA; Evan Rainey, MS; Monica Bennett, PhD; Michael Foreman, MD; Ann Marie Warren, PhD

BEST POSTER OF THE 2016 ANNUAL MEETING
To be presented at the 2017 AAOS Annual Meeting

Negative Stress Examination Under Anesthesia Is Reliable in Predicting Union Without Displacement While Fully Weight Bearing
Darryl Auston, MD, PhD; Paul Whiting, MD; Frank Avilucea, MD; Michael Beebe, MD; Jonathan Quade, MD; Ross Daniel, BS; Michael T. Archdeacon, MD; Cory Collinge, MD; Henry Sagi, MD; Hassan R. Mir, MD

*of papers that granted first right of refusal to the Journal of Orthopaedic Trauma
From the President, continued from pg. 1

of member engagement and meeting the needs of an expanded membership base where we will continue to explore and seek new opportunities.

Over the past two years, the OTA Board has committed to invest in expanding our educational offerings in the digital space with improved multimodal venues to access these offerings. Over the next year much of this strategy will come to fruition in tangible ways. The addition of the video theater has attracted a new generation of video savvy trauma surgeons who showcase their skills. We will continue to work with our member contributors to develop peer-reviewed video libraries of high caliber. We will also work towards development of a textbook series, as well as a “Living Textbook,” all of which will become part of an integrated online knowledge portal.

Under Ted Miclau, MD’s leadership, the OTA is seeking to formalize a consortium of academic societies of Orthopaedic Trauma across the globe with the intent of improving the quality of research and education in Musculoskeletal Trauma care. Through our talented membership and continued partnerships, the OTA is well positioned to shape the delivery of musculoskeletal injury care.

As the inevitable change occurs in health care in the US and elsewhere, the OTA is changing our practice of leadership transition. In the coming 18 months, the organization will modify our typical practice of leadership change at the OTA Specialty Day Meeting, as we will do this year, to a new practice where leadership will transition at our Annual Meeting in the fall. As Bill Ricci, MD steps into office – he will assume his role as President, and will hold this position until the Fall 2018 OTA Annual Meeting. As I look forward to handing the gavel to him at the March Specialty Day Meeting, I am very enthusiastic about the future of the OTA.

We will continue to grow our on-line and digital presence significantly in years to come. The OTA will continue seeking to offer member benefits in all areas of musculoskeletal care. In addition to research and education, the OTA is working in many areas - two of which are development of performance measures, and leadership development opportunities for our candidate members.

The opportunity to work with a group of dedicated, hard-working people this year has been a very enjoyable experience for me. The level of commitment demonstrated by our committee chairs and members, course faculty, and all OTA volunteers is commendable. I would like to express a special thanks to my fellow OTA Board Members and the OTA Staff who have been very supportive this year. I am very enthusiastic about the future of the OTA – it is the place that leads translation of cutting edge information into clinical practice.
SINCERE APPRECIATION TO 2016 INDIVIDUAL DONORS

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Lu Zhang, MD, MSc, FRCSC
Marc A. Zussman, MD
OTA Legacy Society

The OTA is pleased to honor the following individuals and organizations who have reached a lifetime giving level of $10,000 or greater.

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Atlantic Provinces Orthopedic Society
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Christopher T. Born, MD
Michael J. Bosse, MD
Timothy J. Bray, MD
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Florida Orthopaedic Institute, Tampa, Florida
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David C. Teague, MD
David C. Templeman, MD
Paul Tornetta, III, MD
USCF/SFGH Orthopaedic Trauma Institute
Heather Vallier, MD

Education Committee
Robert Ostrum, MD

The OTA education committee, working through the ABOS and NBME, will meet February 21, 2017 to start the process for a profiled recertification examination. This exam will be available to members of the OTA who want to recertify in trauma in 2018.

Continued on page 8
ELECTION SHOCK!

If you’re like most people in the United States, you were somewhat (or very) surprised that Donald Trump beat Hillary Clinton to become the President-elect of the United States of America. This election cycle was extremely contentious, and historians will have a tremendous amount of material to opine about for many years to come. After all was said and done, the Republicans will hold both Chambers of Congress as well as the Executive branch of our government.

So what does this mean for the practice of orthopaedic surgery in general and orthopaedic trauma surgery in particular? Remember, that although everyone generally has their own specific political identity, the American Academy of Orthopaedic Surgeons (AAOS) tends to remain relatively agnostic to party politics. Although the OTA has its own specific political agenda, the AAOS is our best pathway to affect our goals, and we are nearly always in lockstep with the AAOS anyway. The AAOS supports federal political candidates that promote the issues that allow us to take better care of our patients. As a result, the AAOS makes and maintains friends on both sides of the political aisle. Orthopaedic surgeons are like the rest of the country; we are diverse in our political ideation.

So, when we consider the upcoming political scene, we should focus on legislation that is possible to advance within the conservative agenda in Washington DC. Two or four years from now, the political environment may well be different. In that case, we will shift our priorities to enable us to remain effective.

The two biggest pieces of legislation that may be affected by the new administration is the Affordable Care Act (ACA) and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Let’s briefly look at these and examine what might happen.

The Republicans have long espoused “repeal and replace” Obamacare (ACA). They now have the opportunity to effect legislation that would repeal or revise the ACA, and the President-elect has certainly stated that he would like to eliminate the law. Some Republican leaders are concerned that
wholesale repeal of the ACA would disenfranchise certain groups that have been able to obtain healthcare coverage. Congressman Tom Price (R – 6th district Georgia) will undergo confirmation by the Senate to become the first orthopaedic surgeon to serve as Secretary of Health and Human Services. Congressman Price has proposed legislation to replace the ACA, and there are other substitute plans in the Republican caucus as well. My guess is that the ACA will be substantially renamed and reformed, and some of the popular aspects (like eliminating preexisting conditions clauses) will be maintained.

MACRA is a separate issue. In many ways, MACRA will practically affect the practice of orthopaedic trauma on a daily basis more than the ACA has. MACRA will formally enforce Performance Measures and Electronic Health Record Meaningful Use criteria more than the current legislation has accomplished. Starting in 2017, we will be evaluated by our compliance with MACRA through our participation in the Merit Based Incentive Program (MIPS) or Advanced Alternative Payment Model (APM) pathways. Failure to comply with these programs will result in a reduction in Medicare payments starting in 2019. Since MACRA was a bipartisan effort, it is unlikely that there will be wholesale changes in MACRA.

Regardless of your political leaning, we must always be willing to work with both political parties to effectively advocate for legislation and rules that help us better care for injured patients. The OTA Health Policy Committee remains poised to accomplish that goal.

2017 SF Match Information
The 2017 Match is well under way with 130 registered trauma applicants. SF Match registration opened June 6, 2016 (For the match in 2017 with the fellowship training in 2018/19).

For more information regarding the Match, email Rachel O’Connell or visit the OTA website, the link to SF Match can be found there as well as other information regarding Fellowship.

Please contact: SF Match at 415-447-0350 or the OTA business office at 847-698-1631 if you have any questions regarding the Fellowship Match.

2015-16 Fellowship Information

Congratulations to all the 2015-2016 orthopaedic trauma fellowship graduates! Thank you to all the graduates and program directors that were able to attend the celebration at the Annual Meeting in Maryland this past October. Special thank you to Drs. Steven Olson, Paul Tornetta and J. Tracy Watson for their words of encouragement to the group.

Best of luck to the entire 2015-2016 class!
OTA Research News

The OTA Research Committee met on September 9, 2016. After a day’s deliberations, grants were awarded in the following categories: $90,000 in Resident Grants (42 proposals reviewed); $389,023 in OTA Member Full Research Grants (29 proposals reviewed).

OTA/AOTNA jointly funded a Research Grant of $52,650 that was awarded on September 9, 2016 for a directed topic: Patient Outcome Measurement in Orthopaedic Trauma to Ami Stuart, PhD for the project titled, Development and Testing of Pre-Injury Computer Adaptive Test for Orthopaedic Trauma.

2016 marks the inaugural offering of a co-branded OREF/OTA Grant Award in the amount of $289,000 focusing on Orthopaedic Trauma. Fifty two proposals were received in response to the RFP. The awarded recipients will be announced sometime in 2017.

In December 2016, OTA announced a Directed Topic Request for Proposal in Hip Fracture Patients Treated with EXPAREL vs. the Standard Care will Have Better Outcome. Total funding of $50,000 over an 18-month research period will commence June 1, 2017.

An International Grant Award in the amount of $50,000 is being offered for the 2018 funding cycle in the field of orthopaedic trauma surgery. Only OTA Members outside of North America will be eligible to apply for the International Grant. The International Preproposal Application is open with a March 31, 2017 deadline.

Continued on page 11

Survey Title: Orthopaedic Surgeons’ Perspectives on Gun Violence
Survey Close Date: February 28, 2017
Survey Authors: Stephen Iacono, BS, MPH; Daniel Elkin, MD; Mark Adams, MD; Mark Reilly, MD; Michael Sirkin, MD
Description: This survey aims to capture the opinions of orthopaedic surgeons about the issues surrounding gun violence in the United States. While the evaluation and treatment of gun shot injuries has been extensively studied, there is little information about how orthopaedic surgeons perceive this societal matter. We believe that the information garnered from this query will help guide future discussion about gun violence and the potential role that orthopaedic surgeons should play in advocacy on a regional and national domestic members.
Target Audience: domestic members

Survey Title: Radiation Personal Protective Equipment: Surgeons’ Conceptions and Misconceptions
Survey Close Date: May 1, 2017
Survey Authors: Randall Drew Madison MD; Stephen Kottmeier MD; Paul Tornetta III MD
Description: Our concern is that orthopedic surgeons are not well versed with regard to the finer aspects of radiation personal protective equipment. This survey aims to find out what surgeons know and to find out what limitations there may be in their knowledge.
Target Audience: domestic members

Survey Title: MRI versus CT for Classification, Evaluation and Preoperative Planning
Survey Close Date: July 31, 2017
Survey Authors: Russell Goode MD; Brett Crist MD; James Cook DVM, PhD
Description: Given the significant amount of information MRI provides in terms of ligamentous injuries and their profound effect on knee stability, we propose a retrospective evaluation comparing MRI to CT scans and their role in preoperative planning, classification and identification of associated injuries.
OTA Research Grant Applications Open

OTA Member Full Research Grants Pre-proposal
January 1, 2018 – December 31, 2019 Funding Cycle
Application Deadline: February 13, 2017
Application Link

OTA Member International Research Grants Pre-proposal
January 1, 2018 – December 31, 2019 Funding Cycle
Application Deadline: March 31, 2017
Application Link

OTA Kathy Cramer
Young Investigator Scholarships
OTA will sponsor 4 OTA members, (2) two recipients per workshop:

1. ORS/OREF/AAOS Grant Writing Workshop
   April 28 - 29, 2017; Baltimore, MD
   Application deadline: 02/28/2017

2. AAOS/OREF/ORS Clinician Scholar Career Development Program (CSCDP)
   September 21-23, 2017; Rosemont, Illinois
   Application deadline: 02/28/2017

Military
Daniel Stinner, MD

As the number of our combat casualties has decreased dramatically in recent years, military orthopaedic surgeons have been challenged to maintain their current skill set in an environment where there is little opportunity to practice those skills. A recent publication by the National Academies of Sciences, Engineering, and Medicine published a report in June describing the need for a National Trauma Care System which encourages integration of military and civilian trauma systems to reap the benefits that both systems have to offer.

One of the challenges set forth in this report was to ensure that lessons learned from the recent conflicts are not lost over time. The OTA’s Military Committee partnered with SOMOS to publish a supplement in October, highlighting these ‘lessons learned’ from acute resuscitation to amputee care and post-traumatic limb reconstruction. The Military Committee would like to thank all the authors for their contribution to this important and timely supplement. This supplement is available on-line.

We are currently working on several projects, partnering with other key stakeholders, such as the Society of Military Orthopaedic Surgeons (SOMOS), to evaluate our current military trauma training systems. If you are interested in participating, please email MAJ Stinner.

The Military Committee would also like to thank the OTA for their continued support as all active duty military members do not pay dues or the membership application fee. The Military Committee encourages all active military to apply for OTA membership and become active members of the organization.
Dr. Rajiv Maharjan and OTA Past President, Ted Miclau at the OTA 2016 Annual Meeting. Dr. Maharjan evaluated his scholarship experience as excellent and extremely useful.

Saqib Rehman, MD and Dr. Rajiv Maharjan from Nepal at the OTA Annual Meeting. Dr. Maharjan attended the OTA 2016 Annual Meeting as well as observerships in four hospitals as part of the AAOS International Scholars Program.
**Practice Management**

Paul Appleton, MD

This fall at the OTA meeting the Coding Course received much positive feedback. The format was changed to include both ICD-10 coding and CPT codes and the use of modifiers. We expect to keep a similar format for next year. In addition, we have been reviewing website use for the practice management section of the OTA website. We continue to make improvements in new resources available to members. For example, the ICD-10 coding resources have been heavily used and we expect to update the CPT section as well before the AAOS meeting in March. Please do not hesitate to contact us with any questions through the OTA website or OTA@ota.org.

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**Webinars**

Visit the OTA website to view our most recently added webinar:

**January 19:** How Do I Treat Failed Extra Capsular Hip Fracture Fixation?
Moderator: Cyril Mauffrey, MD
Faculty: Mark Hake, MD; David Hak, MD and Theodore Manson, MD

Upcoming 2017 Webinars (Schedule coming soon)

- Pain Management in Orthopaedic Trauma
  Moderator: Anna Miller, MD

- Complex Interochanteric/Subtrochanteric Femur Fractures in Young Patients
  Moderator: Klane White (POSNA)

- Use of PA/NP/RNFA in Ortho Trauma: Roles, Benefits, Risks, Economics
  Moderator: Daniel Segina, MD

- Extensile vs. Limited Approached to Calcaneous Fracture Fixation
  Moderator: Cory Collinge, MD

- Fixing the Humerus: From Proximal to Distal
  Moderator: Andy Choo, MD

- Current Concepts in Nonunion Treatment
  Moderator: TBD

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**EBQVS Committee**

William T. Obremskey, MD

The EBQVS committee has done lots of work on EBQ and V topics, but not much on Safety. The AAOS is making patient safety a focus this year. We have discussed making a proposal to the OTA Board to put out a document on the “hot topic” of covering surgeons for overlapping surgeries. We are all dealing with this topic in our own institutions. We have modified the ACS document and when we come to an agreement on a document we will forward to the OTA Board at the AAOS meeting. Please provide us with your input via email.

We are also working on a document for communicating surgeon postoperative plans as communication is a component of the AAOS Patient Safety focus. We are anticipating a document encouraging surgeons to “STATE YOUR PLAN” by addressing surgeon plans for: Post op – antibiotics, PT/OT for ROM and weight bearing, DVT prophylaxis and Follow up.

We continue to gather information from OTA members on practice patterns. We currently have 2 surveys open for OTA members on Compartment Syndrome and Hip Fractures. So far 73 and 354 members have responded respectively. These practice surveys: Geriatric Hip Fracture and Ankle Fracture Survey have been very helpful in developing practice guidelines and research questions.

OTA members recently received a $12 million PCORI grant to study ASA vs LMWH in ortho trauma patients. Without the survey and results indicating that more research was needed, this grant would not have been awarded. Thanks to all of your participation.

We are working with the OTA Health Policy Committee to develop ACS metrics for Level 1 and 2 Trauma centers. Some of the proposed metrics below. Please provide feedback to Phil Wolinsky or Bill Obremskey.

1) **Injury:** Femoral shaft fractures (not proximal, not hip fractures, not distal, shaft only)

   **Outcomes:**
   a) Mortality, VAP, ICU LOS, Hospital LOS: unilateral vs bilateral fractures
   b) Stabilization within 24 hours in OR vs greater than 24 hours.

   CONTINUED ON PAGE 14
c) ICU admission/LOS
d) Hospital LOS
e) Ventilator acquired pneumonia (VAP)

Purpose: is 24 hours the proper metric or not?

2) Injury: Open tibial shaft fractures
   
   Intervention checklist:
   - IV abx within 1 hours of hitting the ED:
     - yes/no: TQIP BP
   - Operative I+D within 24 hours of hitting ED:
     - yes/no: TQIP best practices
   - Soft tissue coverage within 7 days in 3B fxs:

Outcomes:
- Infection requiring re-admission and/or another operation (post DC info)
- Non-union requiring operative intervention (post DC info)

3) Injury: Compartment Syndrome
   
   Data: Incidence of CS release (% femur, % tibia, % forearm) or just raw numbers
   - standardized by # of Trauma admits (like they do for Craniotomies)

4) Injury: Proximal Tibia Bicondylar Fractures
   
   Outcome: incidence of infection w/in 6 months

OTA Members Awarded $11.2 Million by PCORI for Blood Clot Prevention Trial

Minimizing risk due to pulmonary embolism among orthopaedic trauma patients presents a critical medical challenge that lacks the sufficient evidence required to optimally guide clinical decisions. To address this knowledge gap, a team that includes many members of the Orthopaedic Trauma Association (OTA) were recently awarded $11.2 million by the Patient-Centered Outcomes Research Institute (PCORI). Prior work by the OTA’s Evidence Based Quality Value and Safety Committee was foundational to the development of this study, the PREVENTion of Clot in Orthopaedic Trauma (PREVENT CLOT), which will compare low molecular weight heparin to aspirin in the prevention of blood clots. The pragmatic trial aims to recruit more than 12,000 patients at 19 clinical sites over the next 5 years. Recruitment is slated to begin in the next few months - commencing with the prime study site, the R. Adams Cowley Shock Trauma Center.

The study will be coordinated through the Major Extremity Trauma Research Consortium (METRC), based at the Johns Hopkins Bloomberg School of Public Health. The success of the study will require close collaboration with trauma surgery colleagues at each center. In addition to the University of Maryland’s R. Adams Cowley Shock Trauma Center, the participating clinical sites include Carolina Medical Center (Charlotte, NC), Dartmouth-Hitchcock Medical Center (Lebanon, NH), Foothills Medical Center (Calgary, AB), Hamilton General Hospital (Hamilton, ON), Harborview Medical Center (Seattle, WA), Indiana University Health Methodist Hospital (Indianapolis, IN), Massachusetts General Hospital (Boston, MA), MetroHealth Trauma Center (Cleveland, OH), Rhode Island Hospital (Providence, RI), Ryder Trauma Center (Miami, FL), San Antonio Military Medical Center (San Antonio, TX), St. Michael’s Hospital (Toronto, ON), University of Arizona (Tucson, AZ), University of Mississippi Medical Center (Jackson, MS), University of Tennessee Health Sciences Center (Memphis, TN), University of Texas Health Sciences Center (Houston, TX), Vanderbilt Medical Center (Nashville, TN), and Wake Forest Health Sciences (Winston Salem, NC).

Study team members meet in Baltimore, MD for the kick-off meeting on November 14, 2016.
Initial University of Maryland Press Release
Paris/Bataclan, Colorado Springs, San Bernadino, Orlando…the specter of mass casualties created by acts of intentional violence continues to ramp up. The possibility of large numbers of casualties occurring because of terrorist activities within the homeland remains high. These will be different injuries (blast/penetrating) than what most surgeons have trained for except for those with active military experience and perhaps a few urban Level 1 Trauma centers. The Disaster Committee has been working in several areas including advocacy, communication, and education to improve our ability to respond to these possibilities.

The OTA joined with the leadership of ACS, AAST, AAOS, and SOMOS at a summit in June. Co-chaired by David Teague, MD and Peggy Knudson, MD, this meeting was called to develop sustainable collaboration on mass casualty response between key organizations within the house of surgery. Plans are currently being developed by work-groups to assess and perhaps merge the organizations’ dispirit educational offerings into a uniform, modular on-line platform. In addition, efforts will be made to enhance communication to surgeon members, improve public awareness, develop combined surgeon availability databases and boost legislative advocacy.

In conjunction with the OTA Public Relations Committee, we have created two disaster-related Public Service Announcements (PSAs). These can be printed and displayed in offices, etc as a reminder. Links for additional information are provided here: surgeons link or lay population link. To learn more, visit: Get Prepared!

The committee has also written and posted two new modules for the Resident Education Core Curriculum. One is specifically on the management of blast injuries and the other is a general “primer” on the principles of disaster management. Both are formatted as stand-alone lectures with notes.

The National Academy of Science, Education and Medicine (NASEM) recently released a report, A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury, advocating the need for joint military-civilian approach to trauma care and for a true, national trauma care system. In addition to championing the inclusion of orthopaedics within the planning framework for this, the OTA has also advocated extending the development focus to address political/administrative barriers to civilian responders when medical surge capacity is required.

Dr. Usha Mani developed a Web-based survey: Prevalence of Orthopaedic Collaboration in Institutional and MASCAL Disaster Preparedness. This was designed to better assess OTA member participation in disaster-related activities within their home hospitals and programs. 275 members responded and the results were presented at the AAOS/OTA/ORS Extremity War Injuries XII Symposium in Washington, DC. This year’s meeting was chaired by Drs. Andrew Schmidt and Daniel Stinner (Homeland Defense as a Translation of War Lessons Learned) and focused heavily on issues of disaster response, surgeon participation and education.
The committee continues to work on our many projects related to internal (website, newsletter, and collaboratively with other OTA committees) and external PR (social media, Ortho Info and PSA’s). We are planning another collaborative 2018 PSA with AAOS which will likely be a digital and radio PSA which allows access to a larger audience at less cost. If you have any PSA topics or ideas that are ideal for this media, please email: Jeff Smith, OTA PR Committee Chair.

Our 2017 Opioid PSA will be launched at the AAOS Annual Meeting, in the “Your Academy” session on Wednesday at 4pm with a radio broadcast. Our 2016 Bicycle Safety PSA continues to be passed along to an audience via Twitter (80 retweets and 37 people favorited the posts with more than a 100,000 impressions) and Facebook (38 likes and 46 shares and more than 8,700 impressions.)

Visit this website to learn more: Bicycle Safety PSA. Also, this summer the Public Relations Committee, in partnership with the Disaster Preparedness Committee, released two PSAs: Surgeon/First Responder PSA and Lay Public Disaster Response PSA to increase awareness for the need to “Get Prepared” because “Disasters Strike Anytime, Anywhere.” Posters and information can be obtained from the website: OTA.org/GetPrepared Resources to assist emergency response personnel and the general public. The website will continue to be updated as new information is released or please contact any of us to discuss some of these strategies.
MEMBERSHIP
Kyle J. Jeray, MD

NEXT MEMBERSHIP
APPLICATION DEADLINE:
MAY 1, 2017

Watch for the membership online application to be posted on the OTA website in early February 2017. The May 1st submission deadline will insure Annual Meeting member discounted registration and the many other member benefits for new members. Applications can only be completed online via the OTA website.

The $50.00 membership application fee will be waived for all current Residents, Fellows, SIGN Members, Active USA Military and members of the United Kingdom.

ORDER AN OTA MEMBER DISCOUNTED JOT SUBSCRIPTION*

• To order, log-in via the OTA website.
• Look for the “Purchase JOT” button on your member menu:
  Two Subscription Options:
  • $99 Online Only Subscription
  • $197 or $211 CA/INTL. Online and Mailed Journal Subscription (one per month/12 months)

These subscription prices are for OTA members only. Non-member subscription costs are: $686 US, $798 CA, $822 International for bundled and $673 for online only.

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2017 OTA Membership Counts
Active: ........................................... 637
Allied Health: .................................... 18
Advanced Practice Professionals (APP): .... 61
(13 NP’s / 48 PA’s)
Associate: ........................................ 107
Clinical: ........................................... 322
Emeritus: .......................................... 97
International: .................................... 141
International Candidate: ....................... 10
International Clinical: ........................ 76
International Research: ........................ 2
Research: ......................................... 14
Candidate: ....................................... 580
(Candidate 145 & Post Candidate 435)
Total: ............................................. 2065

Invitation to Apply for OTA International Membership
• Deadlines to Apply - May 1, 2017 and November 1, 2017
• Application Fee Waived for Guest Nation Applicants ($50 USD value)
• Online Membership Application Available February 2017
• Complimentary 2017 Membership Dues ($200 USD value)
• Guest Nation Attendees at 2017 OTA Annual Meeting receive Discounted Member Registration Rate of $250 USD ($500 USD value)

OTA International Membership Benefits
• Online Access to the Journal of Orthopaedic Trauma (JOT)
• Networking and Professional Development Opportunities
• Discounted Future Annual Membership Dues of $200 USD ($550 USD Value)
• Future Meeting and Course Discounts
OTA Governance Update
Ross Leighton, MD
2nd Past President, OTA Governance Council Chair

The following governance changes were approved in 2016, following approval of the OTA Membership at 2016 Business Meetings.

- The maximum time to transition from candidate membership was extended from 5 years post residency, to 7 years post residency.

- OTA elected and appointed governance positions shall transition at the OTA Annual Meeting, rather than at the AAOS Annual Meeting. This change will go into effect beginning March 18, 2017, such that outgoing positions will rotate off on March 18, 2017 as scheduled, and incoming positions slated to conclude in March 2018, March 2019, or March 2020 will be extended by 7 months, based on the following temporary bylaws amendment timeline:

<table>
<thead>
<tr>
<th>Current Term End Date</th>
<th>New Term End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2018</td>
<td>October 2018</td>
</tr>
<tr>
<td>March 2019</td>
<td>October 2019</td>
</tr>
<tr>
<td>March 2020</td>
<td>October 2020</td>
</tr>
</tbody>
</table>

As a result of this shift in timing for term begin/end dates, nominations for the OTA Nominating Committee will be taken at the October Annual Meeting Business Meeting, rather than the spring OTA Specialty Day Business Meeting. The next Business Meeting to include a call for nominations from the floor for the Nominating Committee will be the October 5, 2017 Business Meeting. And the next slate of candidates will be announced at the October 2018 Annual Meeting.

- A Bylaws amendment was passed which reduces the number of sponsors required for International Members from two (2) to one (1). (The applicant must be sponsored by one active or research member from a community and institution other than the applicant.)

- The Chief Financial Officer shall serve for one, three (3) year term of office, and may not be re-elected to the same office for a second term. This 3-year position will be preceded by a one (1) year CFO-Elect term, during which time he/she shall serve as an ex-officio member of the Board of Directors without vote. This change provides for the addition of a 1-year CFO-Elect position to strengthen the transition; and reduces the term from a possible 6-year term, to a 4-year term (with the first year being an ex-officio member of the BOD).

Hiring an Orthopaedic Traumatologist?

Do you have an open position at your institution for an orthopaedic traumatologist? Consider the OTA as a resource to publicize your posting.

Member Benefit: No charge to post a position!

Please contact Leesa Engelmann.

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