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# FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Spring 2014



## MESSAGE FROM THE PRESIDENT

*Ross K. Leighton, MD*

In my inaugural column as president of the OTA, I would first like to thank **Andy Schmidt** for an admiral job at the helm of this thriving organization. I would be remiss if I didn't extend sincere appreciation to 2<sup>nd</sup> Past President, **Tim Bray** for SIX years of dedicated service. His expertise on the Board will be missed. I would also like to warmly thank

**Lisa Cannada**, Member-At-Large, **Dave Teague**, Member-At-Large, and **Dave Hak**, Chief Financial Officer, for three years of selfless work.

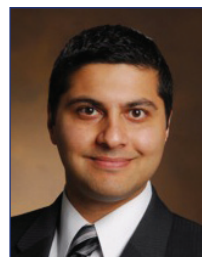
I would also like to welcome 2<sup>nd</sup> President Elect, **Steven A. Olson, MD**, to the Presidential Line. A final warm welcome goes out to new Board members **Michael T. Archdeacon, MD**, Member-At-Large; **Kenneth A. Egol, MD**, Member-At-Large; and **Brendan M. Patterson, MD**, Chief Financial Officer. I think I speak for all of us when I say we are excited to work on behalf of all OTA members.

## Specialty Day and the OTA Annual Meeting

The 2014 AAOS Annual Meeting and Specialty Day were quite successful. The OTA alone held over twenty committee meetings throughout the week and Saturday we saw over 500 registrants attend Specialty Day. Highlights included:

- Common Orthopaedic Trauma Problems – Tips and Tricks
- Trauma Technique Videos
- Trauma Jeopardy
- Combined Session with ASSH

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## MESSAGE FROM THE EDITOR

*Hassan R. Mir, MD*

I hope that the Spring 2014 issue of Fracture Lines finds you in good health and spirits. As always, this edition of the OTA Newsletter is packed with several committee reports, announcements, and calls to action for our membership. By reviewing the reports of multiple recent events, as well as previews for upcoming meetings, one can see that the organization is very active and thriving. Additional articles, including one from Research Capitol Hill Days, can also be found inside, as well as a message from our new OTA President.

The next edition of the OTA Newsletter will be released prior to the 30th Annual Meeting to be held this fall in Tampa, FL. Please send any comments, suggestions, and photos to [Hassan.Mir@Vanderbilt.edu](mailto:Hassan.Mir@Vanderbilt.edu).

Now that Specialty Day is behind us, it's time to turn our attention to the 2014 OTA Annual Meeting, an important one for us. This year the OTA is celebrating 30 years of trauma care and some great plans are on tap. Annual Meeting education planning is in full swing as **Thomas Higgins**, Chair, and the program committee met recently to select podium presentations, posters and breakouts. The welcome reception is slated for the Florida Aquarium this year and it is surely one you will not want to miss (especially if local host **Roy Sanders** has anything to say about it!). Be sure to mark your calendars now for October 15 – 18. More information, including an agenda and housing information, will be available shortly on the OTA website.

### Unique Device Identification – FDA Ruling

The final topic I would like to address is the Unique Device Identification (UDI) ruling by the FDA “requiring that most medical devices distributed in the United States carry a unique device identifier, or UDI” ([FDA Website](#)). The OTA Board of Directors appreciates the role of the FDA and understands the purpose of the ruling; however, the Board, and OTA industry partners, have some reservations about possible unintended consequences; most significantly lengthening the surgical time which potentially can increase rates of surgically acquired infection and anesthetic-related complications including respiratory and cardiac complications. One possible solution currently under consideration is to allow fracture fixation implants that are currently organized in sets to remain in their current configuration, and to place the UDI directly on the implant through direct part marking (rather than individual sterilization/packaging of items in sets). The OTA board has really pushed for this exception with the Orthopaedic Device Forum and other organizations. They have been very receptive to this solution thus far, but the FDA of course has the final say on this ruling. Be on the lookout in the next few months for updates from the OTA Board of Directors on collaboration and progress with the FDA.

Details of the current ruling and timeline of compliance dates can be found here: [UDI Ruling and](#)



The members of the Program Committee worked tirelessly through February and March to grade over 800 abstracts which were submitted for consideration to the basic science and general meeting sections of the 2014 OTA Annual Meeting. The quality of research continues to rise every year. All members assembled in Rosemont on April 7 to sort through the data. After much deliberation, the Committee selected the best 129 papers and 153 posters. Notification went out to corresponding authors on May 21.

Main symposia in Tampa will include “Twenty years of DCO: What have we learned and where are we headed?”, “Evidence-based Treatment of Tibial Plateau Fractures”, and “Contemporary Debates in Orthopaedic Trauma”. There will also be a fully diversified slate of breakout and mini-symposium offerings covering the full spectrum of orthopedic trauma. We look forward to seeing everyone in Tampa!



### Guest Nation - Brazil

It is a great honor to welcome Joao Antonio Matheus Guimarães, MD of the Brazilian Society of Orthopedic Trauma to the 30th OTA Annual Meeting to present on the topics: *Evolution of Trauma Care System in Brazil: Current Status* as well as *Management of Fragility Fractures of the Distal Femur: ORIF, Biological Augmentation or Replacement?* We look forward to an enlightening session from our Brazilian colleagues.

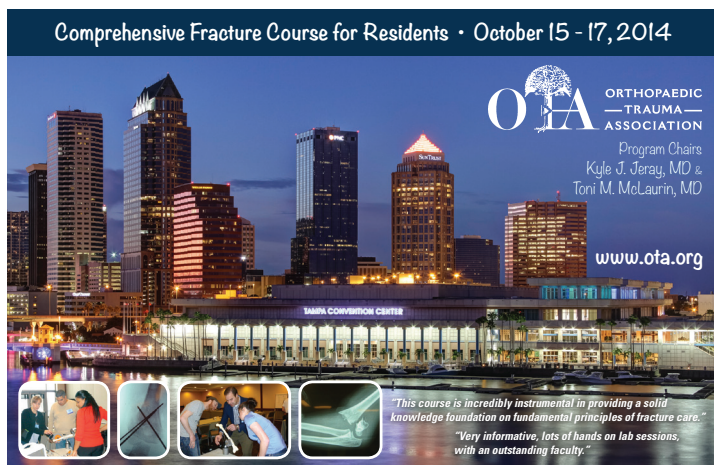
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### **30<sup>th</sup> Anniversary Celebration and Welcome Reception - The Florida Aquarium**

The OTA Welcome Reception will be held at The Florida Aquarium in downtown Tampa. Touted as one of the best aquariums in the country, expect to experience sharks, alligators, lemurs, penguins and a beautiful 500,000 gallon floor-to-ceiling Coral Reef tank. Get face to face with ring-tailed lemurs, pop up into an exhibit filled with hissing cockroaches, see colorful chameleons and an Indian Ocean coral reef all within the newest exhibit, *Journey to Madagascar*. An experience to remember!

### **RCFC Save the Date**



### **2014 SIGN SCHOLARS**

SIGN has chosen Dr. Larry Diaz from the Philippines, and Dr. Henry Ndasi from Cameroon, as the 2014 SIGN scholars. They were selected from over thousands of surgeons internationally and are fully sponsored by the OTA to attend the 2014 Annual Meeting in Tampa, Florida. Register for the **2014 OTA International Trauma Care Forum on Wednesday, October 15<sup>th</sup>** to hear Dr. Diaz and Dr. Ndasi present their research studies.

- Dr. Larry Diaz (Hilario) from the Southern Philippines Medican in Davao City, Philippines.
- Henry Ndasi from Baptist Hospital in Mutengene, Cameroon.



*Brian Mullis, MD and Gregory Della Rocca, MD, PhD, FACS, 2014 Spring RCFC Co-chairs.*

### **2014 Spring Residents Comprehensive Fracture Course**

The spring course was held April 26-19, 2014 in Lombard, Illinois with a record-breaking attendance of 150 residents and allied health professionals.

The course was

Chaired and Co-Chaired by **Gregory Della Rocca, MD, PhD, FACS** and **Brian Mullis, MD**, respectively. Module leaders and associated faculty totaled 31. The following fractures were covered in the modular format: Articular, Diaphyseal, Foot & Ankle, Geriatric, Pediatric and Pelvis/Acetabulum/Polytrauma. Many thanks to the chairs and faculty for a fantastic spring course. New for 2015, there are plans to include a Spine Fracture symposium.

### **2014 Orthopaedic Trauma Fellows Course**

The Orthopaedic Trauma Fellows Course was developed by Paul Tornetta, III, MD, OTA Past President, with the goal of bringing the current year's orthopaedic trauma fellows together with leaders of the OTA. The course provided an excellent opportunity for the current class of fellows to get to know one another and the OTA leadership. Cooperation and teamwork between orthopaedic trauma surgeons throughout the country is one of the best means of advancing orthopaedic trauma care. Dr. Tornetta and Faculty ran the *Fellows Course*, April 23-26, 2014 in Boston, MA. 51 Orthopaedic Trauma Fellows representing 36 programs attended this successful course. OTA would like to extend gratitude for the time and commitment the senior faculty volunteers offered to make this program a success: **Michael J. Bosse, MD, Timothy J. Bray, MD, Andrew R. Burgess, MD, James A. Goulet, MD, Daniel Scott Horwitz, MD, Clifford B. Jones, MD, Stephen A. Kottmeier, MD, Ross K. Leighton, MD, Thomas A. Russell, MD, Andrew H. Schmidt, MD, David C. Templeman, MD, Paul Tornetta III, MD, and J. Tracy Watson, MD.**

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## EDUCATION COMMITTEE, CONTINUED

*William M. Ricci, MD*

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### JOT Surgical Skills Video Supplement

New OTA Video Resource Coming Soon! The Journal of Orthopaedic Trauma (JOT), in collaboration with the OTA, will produce a JOT Surgical Skills Video Supplement. The supplement will include a selection of approximately 20 high-quality, key topic, surgical skill videos which will be available on the JOT homepage and iPad app. Details will be posted on the OTA website soon! We encourage OTA members with high-quality educational video to consider submission, which will include JOT publication of a video abstract (while the author retains video copyright ownership).

### Online Education Resources

- [Online Technique Library](#)
  - [2014 Webinars](#)
  - [On-Demand Replay Webinars](#)
- 

## MEMBERSHIP COMMITTEE

*Clifford B. Jones, MD*

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The OTA Membership Committee, **Cliff Jones** (chair), **Richard Buckley**, **Peter Cole**, **Dave Sanders**, and **Hans-Christoph Pape** are reviewing 120 applications submitted for the May 1<sup>st</sup> deadline. The accepted applicants will be notified in early June; when their membership will begin.

All new 2014 OTA members, and those interested in joining, are welcome to attend the 3<sup>rd</sup> Annual OTA New Members Luncheon in Tampa, Florida on Friday, October 17, 2014. Enjoy dining while hearing about the many OTA benefits from former OTA Presidential guest speakers.

The next OTA Membership deadline is November 1, 2014. The application will be available on the OTA website in June.

**OTA Members watch your email for the new 2014 OTA Member Demographic Survey!**



## NOMINATING COMMITTEE

*Andrew H. Schmidt, MD*

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The 2014 Nominating Committee has been chosen from a stellar group of OTA Members. The appointed committee members are **Cory A. Collinge, MD**, **Clifford B. Jones, MD, FACS**, **Robert F. Ostrum, MD**, and **David C. Templeman, MD**. Along with chair, past president, **Andrew H. Schmidt, MD**, the committee will select recommendations for individuals to serve as:

- 2nd President-Elect
- Secretary
- Member-at-Large (1 position)
- Membership Committee (2 positions)

The Nominating Committee will present their recommendations at the OTA Fall Member Business Meeting in Tampa, Florida.

OTA members are invited to make suggestions for nominees for 2nd President-Elect, Secretary, Member-at-Large or Membership Committee. Send suggestions to [Darlene Meyer](#) or to [ota@aaos.org](mailto:ota@aaos.org) by **July 1, 2014**.

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## DISASTER MANAGEMENT & PREPAREDNESS

*Christopher T. Born, MD*

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The Disaster Committee has completed the "Orthopaedic Departmental Disaster Management Protocol" and is in discussions with the Journal of Bone and Joint Surgery for publication. This has been one of the committee's major initiatives over the past 2 years and is a document that will assist orthopaedic departments to prepare for a disaster that might involve their hospital. Some institutions are fairly highly evolved in their planning and training, but in many cases, departments have not developed specific response strategies. It is the hope that this document will offer guidance that can be used to increase awareness and training for faculty and residents.

Two new modules for the Core Curriculum are in the final stages of review. These are "Principles of Blast Injury Management for Orthopaedic Surgeons" and "Principles of Disaster Management for Orthopaedic Surgeons". Work is beginning on "Principles of Chemical, Biologic, Radiation and Nuclear (CBRN) Disaster Management for Orthopaedic Surgeons".

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### Contest Info

The OTA Public Relations Committee requests the membership submit ideas with designs for products that will be available for sale through the OTA website.

The products and appearance are at the discretion of the submitting member, though the OTA reserves the right to make design modifications. Examples of ideas include ties, shirts or T-shirts, mobile phone and tablet covers, surgical caps, etc.

After reviewing submissions, the OTA PR Committee and our selected experts will choose contest winners for products to further develop. Winners will be recognized in multiple formats by the OTA (website, newsletter, meeting announcement, etc.), and the Grand Prize winners will each receive one VIP All-Access Pass to the 2014 OTA Annual Meeting that will allow Complementary Registration for the main meeting and your selection of breakouts and pre-course meetings.

Please send submissions (drawings/images with descriptions) to Paul Hiller ([hiller@aaos.org](mailto:hiller@aaos.org)) by June 1, 2014. Winners will be announced by the OTA 30th Annual Meeting in Tampa.

### Falls Prevention PSA

Preventing hip fractures from falls is critical for senior home safety. A few common sense precautions can make homes safer and extend independence.

A public service message from the American Academy of Orthopaedic Surgeons and the Orthopaedic Trauma Association.

For home safety tips and press-ready pdf files, visit [orthoinfo.org/falls](http://orthoinfo.org/falls).



### Resident Grants Awarded at March 12, 2014 Research Committee Meeting

(Funding Cycle: 6/1/2014 – 5/31/2015)

Title: **Efficacy of NSAIDs for Pain Control Following Intertrochanteric Hip Fracture Fixation: A Randomized, Controlled Trial**

PI: **Stephen James Warner, MD, PhD**

Co-PI: **Joseph Lane, MD**

Amount Funded: \$18,176

Title: **The Effect of Chronic Binge Alcohol Consumption on BMP-2 and BMP Antagonist Expression in a Rat Model**

PI: **Anthony D Bratton, MD**

Co-PI: **John Callaci, PhD**

Amount Funded: \$19,684

Title: **Locally Applied Vancomycin Powder: Effective or Gone Before We Know It?**

PI: **David J Tennent, MD**

Co-PI: **Daniel J Stinner, MD**

Amount Funded: \$18,522

Title: **Biomechanical Determination of the Optimal Overlap between a Sliding Hip Screw Plate and a Retrograde Intramedullary Nail for Repairing an Ipsilateral Intertrochanteric and Femur Shaft Fracture**

PI: **Michael Olsen, MD, PhD**

Co-PI: **Emil H Schemitsch, MD, FRCSC**

Amount Funded: \$19,980

Title: **Nox4 as a Mediator of Post-Traumatic Osteoarthritis and a Potential Target for Treatment**

PI: **Adam Michael Wegner, MD, PhD**

Co-PI: **Mark A Lee, MD**

Amount Funded: \$20,000

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### New OTA Funding Opportunities

The OTA has issued an RFP for two new directed topic funding opportunities. Details and links to the RFP's and applications are below:

Directed Topic: **"Prospective Randomized Controlled Trial To Investigate Treatment of Ankle Syndesmotic Injuries"**

Funding Available: **\$100,000 over an 18-month funding cycle**

Funding Cycle: October 1, 2014 – March 31, 2016

**Application Deadline: July 14, 2014**

Fast tracked application process without pre-proposal submissions

RFP: ([link](#))

Directed Topic: **"OTA National Trauma Data Bank Research Project"**

Funding Available: **\$20,000 over a 12-month funding cycle**

Funding Cycle: January 1, 2015 – December 31, 2015

**Application Deadline: July 14, 2014**

Fast tracked application process without pre-proposal submissions

RFP: ([link](#))

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### OTA-Sponsored Candidates for 2014 AAOS Clinical Scholars Career Development Program (CSCDP)

OTA is sponsoring two candidates for participation in CSCDP. The following two candidates were selected by an OTA Research Committee Sub-Committee for CSCDP:

#### **Reza Firoozabadi, MD, MA**

Assistant Professor Dept. of Orthopaedics & Sports Medicine  
Harborview Medical Center

#### **Yelena Bogdan, MD**

Resident Physician, Orthopaedic Surgery  
Boston Medical Center

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### OTA-Sponsored Candidates for 2014 ORS/OREF/AAOS New Investigator Workshop

The OTA is sponsoring two candidates for participation in the New Investigator Workshop. The following two candidates were selected by an OTA Research Committee Sub-Committee for the Workshop:

#### **William Lack, MD**

Orthopaedic Department  
Loyola University Medical Center

#### **Paul Matuszewski, MD**

Orthopaedic Department  
University of Maryland

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### EBQVS COMMITTEE

*William T. Obremskey, MD*

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An open fractures is one of the highest risk injuries with the highest complication rate of infection of all injuries that orthopaedic trauma surgeon's treat. Prevention of infection is a high priority for physicians and payors as it negatively affects patient outcomes, increases morbidity, and costs. The current standard practice of orthopaedic trauma surgeon is not well known. We are proposing a survey of orthopaedic trauma association numbers to delineate current standard practices and identify variations in practice by the orthopaedic trauma surgeons. This information from this survey will be helpful in:

1. Identifying current practice.
2. Identify practice variation.
3. Identify areas of knowledge gap that are right for further research.

The results in JOT are available at this [link](#).

The EBQVS committee hopes that this type of survey will serve as a model for controversial topics that can help provide information on current practices as well as be available for reference to residence, members, and community orthopaedic surgeons on the orthopaedic trauma website.

The OTA open fracture questions were:

1. How much time do you feel acceptable between time of identification of an open fracture in the emergency department and administration of any antibiotic?

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2. What type of antibiotic do you prescribe for a patient without closed examination of this type of open fracture?
3. What is an acceptable time for surgical debridement in a stable patient with this type of open fracture without gross contamination?
4. What duration to use antibiotics after fixation of this type of open fracture and an open fracture where the wound is left open prior to definitive closure or some type of soft tissue coverage, how do you dress "the wound"?
  - a. Wet-to-dry dressing.
  - b. Negative pressure wound dressing.
  - c. Antibiotic bead pouch.
  - d. Negative pressure wound therapy and antibiotic beads.
5. What do you believe is the ideal timing for soft tissue coverage of a type 3B open tibial fracture?
  - a. Immediately.
  - b. Less than three days.
  - c. Less than seven days.
  - d. Greater than seven days.
6. If a patient has an obvious segmental long bone defect that will require delayed bone grafting, what to be placed in the segmental defect?
  - a. Nothing.
  - b. Antibiotic-impregnated beads.
  - c. Antibiotic-impregnated en block cement spacer.
  - d. Calcium phosphate.
  - e. Other.
7. If an open fracture has a segmental defect and requires bone graft to the defect to obtain union at what time do you routinely place that closure?
  - a. Immediately at time of fixation and closure.
  - b. Four weeks.
  - c. Six weeks.
  - d. Eight weeks.
  - e. Ten weeks or greater.
8. At the time of bone grafting the segmental defect, you routinely use?
  - a. Autograft posterior crest.
  - b. Autograft anterior crest.
  - c. Autograft long bone intramedullary bone graft (RIA).
  - d. Allograft and BMP - 2 mixture.
  - e. BMP2 only.
  - f. Allograft only.

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**PRACTICE MANAGEMENT COMMITTEE**  
*J. Scott Broderick, MD*

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Whew! The government finally did something to help doctors...they got rid of ICD-10. Well, not exactly. Ok, so they postponed the implementation of ICD-10, so we don't have to worry about it until September or October of 2015. Well, not exactly.

For those that were prepared for a 10/1/14 implementation, this delay was frustrating. A great deal of effort and expense went into the preparation. Now is the time to make sure that your group/organization has a physician champion who will help educate his peers and work with the A/R staff to create tools that can make the coding process more efficient. The coding/billing staff needs to stay up to date with any new recommendations. It might also be advisable to send a member of the staff to a meeting or seminar in early 2015 to check for any new ideas concerning implementation and usage of ICD-10.

For those that were behind in the preparation, all of the above pertains to you as well. As an organization, if an implementation plan does not exist, you must create one now. Your staff will need education and training throughout the next year. Multiple sources for assistance with preparation exist nationally and regionally. The physician champion needs to bring his/her partners "on board" in order to make the transition as smooth as possible.

The bottom line is that as physicians, we need to be more involved and engaged with ICD-10 than we have been with ICD-9.

**ICD-10 Coding for Trauma Surgeons**

Wednesday,  
October 15, 2014  
  
Tampa  
Convention  
Center



## FELLOWSHIP COMMITTEE

Mark A. Lee, MD

### OTA 2014 Fellowship Accreditation

In February, the OTA Fellowship Committee approved 38 programs for OTA Accreditation. Two new programs to OTA are IU Methodist Orthopedic Trauma Fellowship (new program) and Wright State University (formerly ACGME Accredited).

Allegheny General Hospital  
Cedars Sinai Orthopaedic Center  
Denver Health  
Duke University Medical Center  
Georgia Orthopaedic Trauma Institute  
Grant Medical Center  
Harborview Medical Center  
Hennepin County Medical Center  
IU Methodist Orthopedic Trauma Fellowship  
Los Angeles County USC Medical Center  
Massachusetts General Hospital and Brigham & Women's Hospital  
MetroHealth Medical Center  
Orlando Regional Medical Center  
Ortho Indy  
Orthopaedic Trauma Surgeons of Northern California  
Regions Trauma Center/Univ. of Minnesota  
Reno Orthopaedic Trauma Fellowship  
San Diego Trauma Fellowship  
Sonoran Orthopaedic Trauma Surgeons  
St. Louis University  
Stanford University  
Tampa General Hospital  
University of California (Davis) Medical Center  
University of California, San Diego  
University of California, San Francisco  
University of Kentucky  
University of Louisville  
University of Missouri  
University of Oklahoma  
University of Pittsburgh  
University of Tennessee - Campbell Clinic  
University of Tennessee/Erlanger Health Systems  
University of Texas Health Science Center at Houston  
Vanderbilt University Medical Center  
Wake Forest University  
Washington University School of Medicine/  
Barnes-Jewish Hospital  
Wright State University  
York

### There are Nine ACGME Accredited Programs (which qualify as a pathway to OTA Accreditation)

Carolinas Medical Center  
Hospital for Special Surgery  
Parkland Health & Hospital System  
Penn State University, College of Medicine  
R Adams Cowley Shock Trauma Center  
Rutgers, New Jersey Medical School  
University of Miami/Jackson Memorial Medical Center  
University of New Mexico Hospital  
University of Rochester Orthopaedic Trauma Fellowship

### Important News for ACGME Fellowship Programs

ACGME Milestones, New Rules and Changes are here: [ACGME Presentation Fellowship Policy Changes](#)  
Pamela Derstine, ACGME Executive Director will be happy to take your calls and may be reached at: 312.755.5083 or [Pderstine@acgme.org](mailto:Pderstine@acgme.org)

### Fellowship Vacancies

Description: **1 post-match vacancy available to begin training August, 2015.**  
**Twin Cities Orthopaedic Adult Reconstruction & Trauma**

Program Director: Richard Kyle, MD

**Contact:** Claudia Miller, Coordinator  
Orthopaedic Trauma  
612-873-4220

Email: [claudia.miller@hcmcd.org](mailto:claudia.miller@hcmcd.org)  
[website](#)

Address: Orthopaedic Department  
701 Park Avenue  
Minneapolis, MN 55415

Posted: 05/05/14

Description: **1 post-match vacancy available to begin training August, 2015.**  
**Univ. of Louisville School of Medicine**

Program Director: David Seligson, MD

**Contact:** Monica Welsh, Fellowship Coordinator  
Ph.: 502 852-6902

Email: [monica.welsh@louisville.edu](mailto:monica.welsh@louisville.edu)  
[website](#)

Address: U of L Dept of Orthopaedic Surgery  
550 S. Jackson Street, 1st Fl., ACB  
Louisville, KY 40202

Posted: 03/04/14



**OTA Fellowship Match Timeline -  
 Important Deadlines and Dates  
 2014/2015 Match Calendar**

	April '10	March '11	March '12	March '13	February '14
Applicant Registrations	125	128	140	137	114
CAS Participants	92	112	122	132	114
# Applicant Rank Lists Submitted	84	82	92	94	89
Matched Total	74	64	70	68	69
Unmatched Total	10	18	22	26	20
% Matching Total	88%	78%	85%	72%	77.5%
# Applicants Ranked by Programs	83	90	94	89	78
Total # of Withdrawals	9	5	4	8	1
Positions Offered	82	81	78	77	76
Positions Filled	74	64	70	68	69
Unfilled Positions	8	17	8	9	7
Avg. CAS applications per applicant	17	14	20		20
Avg. # of offers per applicant	3.96	4.34	4.14	18	3.81

**The OTA Match took place in March, 2014**

A match audit was conducted by SFMatch, Mark A Lee, MD and an OTA staff member prior to release of match results. The results were found to be accurate and in accordance with match requirements. The final match statistics are in the table above.

Unmatched positions were posted on the SFMatch website and a post scramble match followed for the seven unfilled positions, of which all but two have been filled.

Programs must meet OTA Fellowship [Accreditation requirements](#) to participate in next year's match.

**Overseas Volunteers**

- Have you been?
- Do you want to go?

In an effort to facilitate efforts for those who are seeking an overseas opportunity, and to help coordinate efforts, The Humanitarian

Committee of the OTA is compiling a master calendar of orthopaedic surgeons who are planning to go overseas for volunteer work as well as a webpage that includes details of open international volunteer opportunities. If you have an upcoming trip, please follow this [link](#) to Survey Monkey to let us know of your plans (location, date, setting, and your contact information). Please email [smoore@aaos.org](mailto:smoore@aaos.org) for any questions.



*Patients at Adventiste Hospital in Haiti eagerly awaiting their turn to be seen in the ortho clinic.*



*L to R - Andrea Paulson MD, Beth Bard MD, Elinor Shank RN, and Patrick Yoon MD volunteer their time to perform initial resuscitation of a pedestrian struck by a motorcycle at Adventiste Hospital in Haiti.*

We thank you for your efforts in partnering with surgeons around the world!

## **PQRS**

The Physician Quality Reporting System (PQRS) is a federal initiative to improve the quality of medical care in the United States. This program is administered by the Center for Medicare & Medicaid Services (CMS) and is undergoing transition from pay-for-reporting to pay-for-quality. The Physician Quality Reporting Initiative (PQRI) was formed by CMS in 2007 in response to the Tax Relief and Health Care Act (TRHCA) of 2006. The Patient Protection and Affordable Care Act of 2010 modified the quality reporting program to its current form as the Physician Quality Reporting System (PQRS).

PQRS is now well established in the American healthcare system, though many physicians are unaware of the impact that PQRS is having and will continue to have on their practices moving forward. The performance of physicians in 2013 will affect up to a 0.5% decrease in their Medicare payments in 2015, and the PQRS performance of physicians this year (2014) will likewise affect 0.5% of their Medicare payments in 2016. 2014 is the final year of PQRS incentives where participating physicians can realize an additional 0.5% of their Part B submitted charges by satisfactory participation in PQRS. Since the payment penalty is delayed two years, physicians can do nothing to improve a significant portion of their future payments as the die is already cast for those periods. The penalties become much more severe in 2015 and 2016 where the subsequent payments in 2017 and 2018 can be reduced as much as 1.5% and 2% respectively.

## **How Does This Affect Me?**

If you are a hospital-employed physician, your employer has probably been taking care of PQRS for you. If you are in private practice, it is imperative that you look into PQRS right away to avoid the penalties listed above!

The Orthopaedic Trauma Association is working to transform our OTA Fracture Database to a CMS-approved PQRS Registry. Our plan is to incorporate the PQRS Group Measure Perioperative Care Measures Group. This Group includes the following measures:

#20. Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician

#21. Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin

#22. Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)

#23. Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

Orthopaedic surgeons will be able to report using this Group Measure by documenting the timing, selection and discontinuation of prophylactic parenteral antibiotics along with VTE prophylaxis in patients with the indicated CPT codes.

## **How will the OTA option work and when will it be operational?**

The OTA is working to enable its members to more easily qualify for PQRS through using the process described above. **This will take a year or so for the process to be approved by CMS.** The Board of the Directors of the OTA is proud to offer this benefit to the members of our organization.

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## **RESEARCH CAPITOL HILL DAYS**

*Patrick Yoon, MD*

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Earlier this month I had the opportunity to represent the OTA at this year's Research Capitol Hill days in Washington, DC. This is an annual event organized by the AAOS with the aim of advocating for federal funding of musculoskeletal research. It involves patients, their families, and representative members from the AAOS and various orthopaedic specialty societies including, of course, the OTA. We aim to increase awareness about how everyone benefits from musculoskeletal care and how research funding cannot be left by the wayside even when money is tight. By way of background, the federal government's Budget Control Act (the so-called "sequester") cut defense and discretionary domestic spending as of January 1<sup>st</sup>, 2013. As part of this, the NIH budget was cut about 5%. Specifically, as orthopaedic surgery patients and surgeons, we seek the restoration of federal funding for NIAMS, or National Institute of Arthritis and Musculoskeletal and Skin diseases, which is the part of NIH that funds

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orthopaedic research (<http://www.niams.nih.gov/>). Although 2.5% of this was restored last year, bringing 2014's budget up to about \$520 million, we'd like to restore the remaining 2.5%, or up to \$535.6 million, for fiscal year 2015 (beginning this October 1<sup>st</sup>). This is the amount the President asked for in his proposed 2015 budget. This budget proposal was rejected by the House two weeks ago.

Each surgeon brought a patient he or she had treated who'd benefitted from orthopaedic research, many of whom were accompanied by a family member such as a parent, child, or spouse. Several patients were treated by OTA members with whom you may be familiar: a police officer with multiple injuries was there with his surgeon, Heather Vallier. A motorcyclist and father was there, nimbly ambulating around on a well-functioning BKA thanks to his surgeon, Lisa Cannada. The patients and families toured the NIH facilities and listened to talks given by the head of NIAMS.

Later, joined by the orthopaedic surgeons, we all listened to Jamie Gregorian, esq, who works in the AAOS's Washington, DC office, as well as Peter Amadio, head of the AAOS's Board of Specialty Societies. We learned the nuts and bolts about how government funding works, specifically with regard to NIH funding. We were coached to focus on our "ask" during our meetings with members of the House and Senate, and get to the point quickly and succinctly. What helped immensely for me was seeing a series of mock Congressional meetings to show us various scenarios illustrating possible responses we might get during our actual meetings, and how to handle the responses. The interviews featured Pat Schroeder, a patient who'd been involved in a severe MVA decades ago and who'd been able to have a full productive career since then as a flight attendant, even with all of her injuries and procedures which even included bilateral total ankles, as well as Dr. Amadio and Mr. Gregorian. This role playing tool was a good model for us all to follow.

After our briefings, armed a rudimentary understanding of how the funding process and how NIAMS work, we spent a day at Capitol Hill for appointments to push our message, walking back and forth between the offices of various legislators. Here I learned firsthand why it's not called Capitol



Pat Yoon, patient advocate Randy Ridout, and his son Ryan Ridout.

Plain or Capitol Field. For some of the patients (and non-patients too, I may add) the distances of walking uphill were a little challenging. There were many photo opportunities with patients with our Senate and House office members. Our delegation from Minnesota had appointments with members of the offices of Rep. Tim Walz, Rep. Keith Ellison, Sen. Al

*The take home message I got was that this is not a partisan issue and that we can all benefit from advances in musculoskeletal care.*

Franken, Sen. Amy Klobuchar, Rep. Betty McCollum, and Rep. Michelle Bachmann. At each appointment we gave our pitch, tried to stay on message, and tried our best to get to "the ask" in a timely, succinct way.

As a newcomer to this process I was a little intimidated at first but gradually warmed up to the task. I was fortunate enough in my group to be led by David Polly, representing NASS, and Peter Amadio, representing AAOS. Both of these veterans helped guide me through the process, having been through it multiple times themselves. As head of the Research Capitol Hill Days program Dr. Amadio presented a good model to follow during the discussions. For his part, Dr. Polly with his years of experience working at Bethesda as an orthopaedic surgeon in the armed forces, seemed to know people everywhere we went, and essentially gave us the insider's tour of Capitol Hill. Over lunch we listened to talks from Sen. Jack Reed, (D-RI) and Sen. Ron Johnson, (R-WI). Sen. Johnson related an anecdote about his daughter's heart surgery at the University of Minnesota, and Sen. Reed emphasized the need to support funding for

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research even in times when money was tight. The take home message I got was that this is not a partisan issue and that we can all benefit from advances in musculoskeletal care.

The budget process is long and complicated, of course (<http://budget.house.gov/budgetprocess/budgettimetable.htm>), and we are just a tiny part of it. The process is ongoing, with many hearings and still a ways to go prior to passage of the final appropriations bills this summer. We followed-up on our meetings with emails to staffers and members of Congress, reminding them of the human side of the story, and the ways our patients have benefitted from orthopaedic research. For it was the personal stories our patients told that resonated the best with legislators and staffers during our meetings – a young girl with scoliosis, a father of four who was crushed by a 3000-lb machine at work and is now back on the job. They told their stories better than we could. They had the most compelling arguments. I was happy to participate in the process and help facilitate the meetings, but I'm happier directly taking care of patients. As orthopaedic surgeons, we can play our small role in the advocacy process, but the best role we can play is to give our patients the best possible care we can give.



*OTA was well represented by OTA Members Lisa Cannada, Mike Archdeacon, Pat Yoon, Heather Vallier and their patients.*

[Read all patient stories from 2014 Capitol Hill Days](#)



*Lisa Cannada, her patient, Mr. Shank, and congresswoman Ann Wagner (Missouri).*

The OTA was well represented at the AAOS Research Capitol Hill Days held in Washington, DC. During this event, Orthopaedic surgeons, patients, and researchers visited Capitol Hill on Thursday, April 3 to raise awareness about the debilitating and costly musculoskeletal diseases and disorders afflicting millions of Americans and emphasize the need for research funding. Advocacy teams urged Congress to appropriate \$535.6 million in Fiscal Year 2015 for the National Institute of Arthritis and

Musculoskeletal and Skin Diseases (NIAMS), maintaining the amount appropriated in the FY 2012 budget. FY2013 and FY2014 budgets were reduced due to the Budget Control Act, more commonly as sequestration. In challenging economic times, it is imperative to preserve research funding.

Nearly one in every three Americans has a musculoskeletal condition requiring medical attention. The Research Capitol Hill Days event put a face to these statistics by focusing on patient stories, encouraging members of Congress to keep musculoskeletal research a high priority on the U.S. political and fiscal agenda.

The OTA sponsored **Patrick Yoon, MD**, Minneapolis, MN and his patient. Other OTA members there with their patients included **Michael Archdeacon, MD**; **Lisa K. Cannada, MD** and **Heather Vallier, MD**.



## MID AMERICA ORTHOPAEDIC ASSOCIATION

*Lisa K. Cannada, MD*

The Mid America Orthopaedic Association Meeting was recently held in San Antonio, TX April 23-26, 2014. There are several OTA members active in the organization and in key positions. The 2013-2014 outgoing president, **Craig Roberts**, passed the gavel to another OTA member in **Larry Marsh**, President 2014-2015. It was a proud moment! In addition, the first vice President for 2014-2015 is **Marc F. Swiontowski**. **Matt Mormino** was selected to serve as Treasurer. The Nominating Committee was well represented by OTA members **Lisa K. Cannada** and **Cliff Jones**.

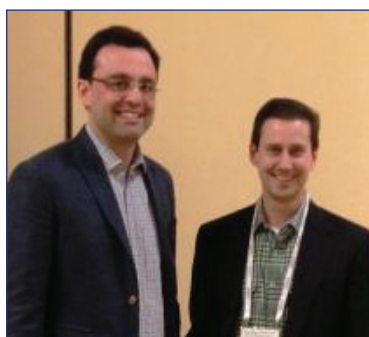


*(The picture is courtesy of Thomas Schmidt, MD. Pictured are: Craig Roberts, MD, and his wife, Theresa Corrigan, MD, Linda Marsh, MD, Larry Marsh, MD)*

## 2014 LEADERSHIP FELLOWS PROGRAM

OTA members, **Drs. Gregory J Della Rocca, MD, PhD** and **A. Alex Jahangir, MD**, are members of the 2014-15 Leadership Fellows Program.

Established in December 2001, the LFP is a 1-year program that identifies future leaders and prepares them to assume roles of responsibility within AAOS. The LFP combines didactic leadership training with an ongoing mentoring program that matches each participant with an established leader within the orthopaedic community. The mentor and fellow foster a close professional and personal relationship that continues throughout the fellowship year and beyond.



*A. Alex Jahangir, MD and Gregory Della Rocca, MD, PhD, FACS.*

## 2014 RESEARCH FUND CAMPAIGN

1. Login to your [Member Account](#) to Donate directly to the OTA.
2. Call the OTA office and speak to a staff member: 847-698-1631
3. [OTA Donation Form](#) - Print and fax (847-823-0536) or mail to the staff office.

The OTA Research Fund is used to help fund [peer-reviewed orthopaedic trauma research](#). To make a tax-deductible donation directly to OTA, please complete the following information, then click "submit." All credit card donations are transmitted securely.

## OTA SPONSORED 2015 JOT SUPPLEMENT FUNDING

The Orthopaedic Trauma Association will support a supplement in the *Journal of Orthopaedic Trauma*. The topics would have to be into the Board no later than the first of November and should include some funding outside of OTA support. The OTA will provide a maximum of \$20,000 for this monograph. Optimally, the authors of the supplement will have obtained some funding.

Is it our hope to have two or three presentations submitted from which the Board will choose the one that is of most interest to the membership. Obviously, a topic that is timely and of high interest at the time will be preferred. ([Details](#))

## IT TAKES A TEAM – THE 2013 BOSTON MARATHON: PREPARING FOR AND RECOVERING FROM A MASS-CASUALTY EVENT

This is a special report from the publishers of *The Journal of Bone & Joint Surgery* and the *Journal of Orthopaedic & Sports Physical Therapy*. It addresses how multidisciplinary teams prepared for and responded to the Boston bombings—and helped survivors rebuild their lives. The learnings and best practices revealed are universally applicable for any clinician or administrator in the emergency-preparedness/response and rehabilitation fields.

Click [here](#) to download and read the full report.

# ON-LINE EDUCATION

## SURGICAL SKILLS TRAUMA VIDEO LIBRARY

NEW OTA Videos have been added to the AAOS OrthoPortal/OTA

Video Library. The Education Committee is seeking YOUR help to continue to grow this valuable resource.

Note: Video copyright remains with the author. Videos can be uploaded via this easy to use upload link:

[www.orthoportal.org](http://www.orthoportal.org) (please log-in using your AAOS login and password)



OrthoPortal

Your trusted source for orthopaedic knowledge and practice

### ARCHIVED WEBINARS

### VIDEO TECHNIQUE LIBRARY

### CORE CURRICULUM

#### 2013 ARCHIVED WEBINARS

May 2013

**Tibial Shaft Fractures: The State of the Starting Point, Nailing Extreme Proximal and Distal Fractures, and Basics of Open Fracture Management**

Moderator: *Michael T. Archdeacon, MD*

Faculty: *Robert F. Ostrum, MD* and *Robert V. O'Toole, MD*

July 2013

**Surviving a Night On-Call: The Current State of Orthopaedic Urgencies and Emergencies**

Moderator: *Samir Mehta, MD*

Faculty: *Lisa K. Cannada, MD; Robert P. Dunbar, MD* and *Wade R. Smith, MD*

December 2013

**Performing Quality Metrics and Developing Multi-Center Clinical Trials in Your Institution: A Case Analysis**

Moderator: *Ross K. Leighton, MD*

February 2014

**Fractures of the Humeral Shaft: When and How to Fix Surgically**

Moderator: *Clifford B. Jones, MD*

Faculty: *William Obrebskey, MD* and *Lisa Cannada, MD*



#### UPCOMING WEBINARS

June 23, 2014

**Fractures of the Distal Radius: Current State-of-the-Art**

Moderator: *Martin I. Boyer, MD*

TBD

**Tibial Plateau Fractures: Fixation Strategies and Approaches**

Moderator: *Robert V. O'Toole, MD*

TBD

**Distal Femur Fractures: Options and Pearls**

Moderator: *Cory A. Collinge, MD*

TBD

**Fractures of the Distal Humerus: Fixation Pearls and Arthroplasty Options**

Moderator: *Kenneth A. Egol, MD*

TBD

**Pilon Fracture's: Strategies to Optimize Outcomes**

Moderator: *David P. Barei, MD*

# ANNOUNCEMENTS

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- [New Job Opportunities](#)
  - **NEW: Geriatric Orthopaedic Surgery Fellowship**  
Description: **1 post-match vacancy available to begin training August, 2015.**  
**Geriatric Orthopaedic Surgery Fellowship**  
University of California, San Francisco  
San Francisco General Hospital  
Program Directors: Eric Meinberg, MD,  
Aenor Sawyer, MD  
**Contact:** Eric Meinberg, MD  
Ph.: 415-206-3887  
Email: [meinberge@orthosurg.ucsf.edu](mailto:meinberge@orthosurg.ucsf.edu)  
Website: [www.orthotrauma.com](http://www.orthotrauma.com)  
Address: SFGH/UCSF Orthopaedic Trauma Institute  
2550 23rd Street, Building 9, 2nd Floor  
San Francisco, CA 94110
  - [BOS May 5 Health Policy Update](#)
  - **November 1, 2014**  
**[OTA Membership Application Deadline](#)**
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## INTERESTED IN VOLUNTEERING?

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Interested in serving on an OTA committee in 2015? [Select this link](#) to view open positions, committee descriptions, charges and express interest. [View Open Positions](#).

- [Bylaws](#): 1 open position
  - [Education](#): 1 open position
  - [Program Committee](#): Co-chair
  - [Research](#): 3 open positions
  - [Fellowship Compliance](#): 1 open position
  - [Health Policy](#): Committee Chair, 1 open position
  - [International](#): 1 open position
  - [Humanitarian](#): 2 open positions
  - [Practice Management](#): 1 open position
  - [Fund Development](#): 2 open positions
- 



*Former president Tim Bray and his wife enjoying the 'golf getaway weekend' at the JW Marriott in Phoenix from OTA's 2014 Annual Meeting auction.*



*2013 Annual Meeting Sonoma wine tasting at Hanzell Winery winning auction bidder, Dr. Virkus (middle) enjoying the visit along with Drs. Sorkin (left) and McKinley (right) and their spouses.*

### Orthopaedic Trauma Association

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# 30TH ANNIVERSARY ANNUAL MEETING & PRE-MEETING EVENTS

OCTOBER 15-18

TAMPA CONVENTION CENTER  
TAMPA, FLORIDA



FOR DETAILS VISIT THE OTA WEBSITE: [HTTP://WWW.OTA.ORG](http://www.ota.org)