

## From Katrina to Ottawa

Hats off to Jeff Anglen, Bill DeLong, and Mark Vrahas who were there on the front lines helping the victims of Katrina. Have a look inside this newsletter for an account of their experiences. We can learn a great deal from them.

OTA President Paul Tornetta, III, Program Chair Ross K. Leighton, Program Co-Chairman Andrew H. Schmidt, Local Host Edward J. Harvey, and the entire Program Committee (Peter A. Cole, Bruce French, George Haidukewych, William Obremskey, William Ricci, David Ring, and Emil Schemitsch) have been working tirelessly to put the final touches on what looks like it is going to be a fantastic meeting.

The 21<sup>st</sup> Annual Meeting in Ottawa is just around the corner. It features 12 sessions, five symposia, a mini-symposia, case presentations, skills labs, one day basic science forum, a master level trauma coding course, and much, much more. The John Border Memorial Lecture, "Delaying Fracture Care—Fact or Fad?" will be given by Robert N. Meek, MD, and Paul Tornetta, MD's presidential address, "Question Everything!"

The OTA/AAOS course, "Techniques in Orthopaedic Trauma" at the Orthopaedic Learning Center in Rosemont, on September 23-25, 2005 was a huge success thanks to the leadership of Robert Probe and Jeff Anglen, and 15 dedicated faculty (see inside this issue for more details).

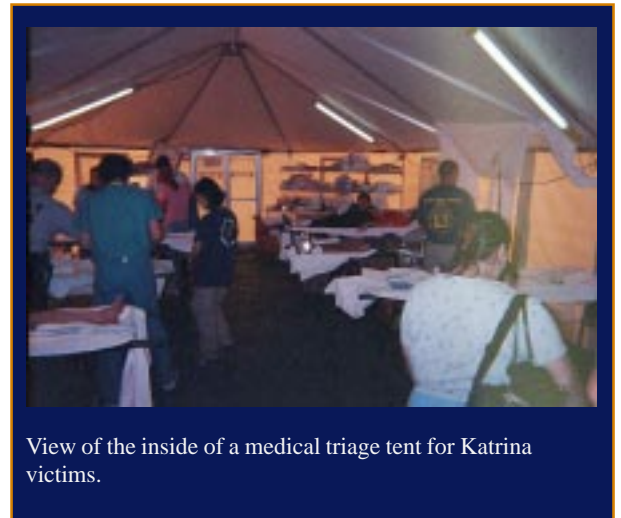
Please have a look inside this issue for the results of the survey on radial nerve palsy and humerus fractures, proposed by-law changes, a new survey on image guided surgery (a longitudinal follow-up of the one done in 2001), a tribute to Kathryn Cramer, MD, minutes from the members meeting, proposed bylaw changes, announcements, and much, much more.

This time of year is a particularly hectic time for everyone. Please keep those e-mails coming for the newsletter. Please think about touching base with Barry Riemer, MD and Kyle Dickson, MD who were severely affected by the hurricane. Hope to see you in Ottawa.



Craig S. Roberts, M.D.  
craig.roberts@louisville.edu

## The Editor's Pen



View of the inside of a medical triage tent for Katrina victims.



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## Katrina Update: Correspondence from the Trenches

Three OTA members (Jeff Anglen, Bill De Long, and Mark Vrahas) have responded to the need for doctors in the wake of the devastation of hurricane Katrina. Here are some of the messages coming out of the trenches.

I spoke to the former Chief of Surgery from Charity the other day. A few years ago he got fed up and moved to a small pig farm in Mississippi. Katrina's eye went right over his house taking some of the roof with it. He said it was quite a sight to see 40 foot pines flying horizontal. He had no electric or access to gas for 21 days. I told him most of what I saw while working on the ship was minor primary care type stuff and refills of meds. He said, "you don't need doctors after a hurricane, what you need is electric linemen." I agree with Jeff. Get out but also make sure that your city has a plan for dealing with those who can't get out or don't know any better.

One last story from the front. One of the LSU residents e-mailed me with information. He told me the LSU Ortho attending (Dr. Rooney) and the residents were taken out of Charity by flat boat on Wednesday, two days after the hurricane. I asked how they got out four days earlier than all the other Charity doctors. Apparently, Rooney called one of the equipment reps from western Louisiana and the rep drove down with his duck boat and rescued them. This certainly sets a new standard for service.

-Mark Vrahas

Bill DeLong and I were mobilized as part of IMSuRT-East, (International Medical Surgical Response Team), one of three such teams in the country. With about 24 hours notice, we deployed to Houston, traveled to Baton Rouge for a few days, then on to New Orleans, where we spent the first few nights at



View of the superdome after hurricane Katrina.



Jeff Anglen with some of the medical team for the Katrina victims.

the airport, sleeping on baggage carousel #6, and seeing a few patients who were left after the massive airlift out. We did have a chance to meet the Surgeon General of the Air Force and some of the military doctors who accomplished the amazing feat of moving tens of thousands of patients through the airport and out. Once in the city, we worked out of MASH- like tents on the grounds of West Jefferson Hospital on the west back of the Mississippi in New Orleans. West Jeff was one of four functioning hospitals in the New Orleans metro area, out of 18, and was only operating at about 20% capacity. Working with

DMATs (Disaster Medical Assistance Teams) from all over the country, members of our team gave thousands of immunizations each day. Hundreds of patients were seen in the tents for all sorts of things – injuries, infections, bites, burns, rashes, heat exhaustion, out of control chronic medical conditions (asthma, hypertension, diabetes, the works), upper respiratory diseases from the shelters, etc. We were essentially the first stage emergency department. Ambulances stop at our tents first, and all patients come through the tents. We also took care of military and emergency workers, and occasionally, each other. If they need to get more than we can do, they go up

to the hospital for admission or OR. I didn't do too much orthopaedics, but I did more doctoring than I've done in years.

Although our team has surgical and ICU capability, we didn't use them on this trip because of the availability of a functioning hospital with surgical staff. We worked 12-hour shifts, and slept on cots in the fitness center, 30+ of us in one big room. I learned that disaster

medicine sometimes means giving your shoes to a guy with blisters on his feet because you have two pair and he has none. I met some great people, both providers and patients, and came home tired, but with a new perspective on life. What has happened to this great city is unbelievable.

-Jeff Anglen



Dr. Bill DeLong ready for action at the scene of the hurricane disaster.

## Proposed Bylaw Changes Article VII Board of Directors

### Section III. Number, Tenure, and Qualification

The Board of Directors shall be composed of ~~nine~~ eleven (11) voting members including the following: current President, the immediate past President, ~~the second past President~~, the ~~First~~ President-Elect, ~~and the Second President-Elect~~, the Secretary, the Chief Financial Officer, three Members-at-Large, and the Annual Program Committee Chairperson. The Corporation's two (2) representatives to the American Academy of Orthopaedic Surgeons Council of Musculoskeletal Specialty Societies (COMSS) will be selected by the Board of Directors from the Corporation's Presidential line, generally by appointment of the President-Elect to the position should it become vacant.

The Board of Directors may also have one (1) or more ex-officio participants chosen by the Board, one of whom shall be the Attorney for this Corporation. Ex-officio participants shall have no vote on any matters

considered by the Board of Directors and shall not be considered Directors of the Corporation. Ex-officio participants shall not attend executive sessions of the Board of Directors except by specific invitation but shall be notified of all meetings in the same manner as Directors. The President-Elect shall serve for ~~five (5) years~~ on the Board as he passes through the offices of President-Elect 1-2, President and Past President. The Secretary and Chief Financial Officer may serve on the Board for a total of six (6) years. At-large members may serve for one term of two (2) years. The COMSS representative serves for three years. No given individual may serve for more than fifteen (15) total years, ~~and no more than nine (9) continuous years~~ on the Board of Directors.

### Section XIII. Board Powers and Election

- ELECTION**-One or more Directors shall be elected as vacancies occur on the Board of Directors at each annual meeting of this Corporation or by ballot of the voting members, either before or after such meeting, or by any other method now or hereafter authorized under California law and selected by the Board of Directors; provided, however, that any method selected by the Board of Directors shall provide the voting members with a reasonable opportunity to make nominations. The voting member of this Corporation elected at each such Annual Meeting as ~~Second~~ President-Elect shall be elected for a ~~three-year~~ **five-year term** as Director. The Secretary and Chief Financial Officer shall each be a Director for a term of three (3) years, and may be elected to a second three (3) year term. Upon expiration of such term, his/her successor shall be elected and shall serve as a Director for a similar three (3) year term. The at-large members shall be elected for a term of two (2) years. The Program Chairperson will be appointed by the Board yearly and serve for one year.



These are not mad scientists at a government nuclear laboratory but participants at the recent AAOS/OTA Techniques in Orthopaedic Trauma Course held at the Orthopaedic Learning Center Lab.



Dr. Toney Russell in a teaching moment at the recent Orthopaedic Learning Center.

### ARTICLE VIII

#### Section I. Officers

The Officers of this Corporation shall be the President, the ~~First and Second~~ President-Elect, the Secretary and the Chief Financial Officer. The President and ~~Presidents~~-Elect shall serve for a one (1) year term of office and until a successor has been duly elected or qualified or automatically advanced to the next higher office as hereinafter provided. The President and Presidents-Elect are ineligible for re-election to succeed themselves. ~~The President will be elected as the second President Elect and will serve on the Board of Directors for five (5) years. The sequence of Presidential positions will be sequentially second President elect, First President elect, President, immediate past President, and second past President. Each position will be held for one (1) year, for a total of five (5) years of service.~~ The Secretary and Chief Financial Officer shall serve for three (3) consecutive years and may be elected to a second three (3) year term. No two (2) or more of said offices may be held by



the same person. This Corporation may also have such other and additional Officers as designated from time to time by the Board of Directors.

#### **Section IV. First President-Elect**

In the absence of the President or in event of his inability or refusal to act, the **First** President-Elect shall perform the duties of the President, and when so acting, shall have all the powers and be subject to all the restriction upon the President. At all other times, the **First** President-Elect shall have all the powers and be subject to all the restrictions upon the duties generally incident to the office of a Vice President and such other powers and duties as from time to time may be assigned to him by the President or the Board of Directors. The **First** President-Elect shall succeed automatically to the office of President upon the completion of the President's annual term.

#### **Section VI. Education Committee**

The President with the approval of the Board of Directors shall appoint ~~three (3)~~ **five (5)** members of the Corporation to the Education Committee for one three (3) year term each. Committee members may serve one (1) successive three (3) year term. **A resident member will be appointed to the committee as a non-voting member.** The Board of Directors may also appoint up to seven (7) ex-officio members of the Education Committee. The Board of Directors will provide charges for this committee.

#### **Section VII. Evaluation Committee**

The President with the approval of the Board of Directors shall appoint ~~three (3)~~ **five (5)** members of the Corporation to the Evaluation Committee for one three (3) year term each. **The Second President elect and First President Elect shall be members of the evaluation committee.** The Chairman will have been a member of the corporation for a minimum of 10 years. Committee members may serve one (1) successive three (3) year term. The Board of Directors will provide charges for this committee.



Dr. Robert Probe shown leading the recent AAOS/OTA Techniques in Orthopaedic Trauma Course.

## **Abbreviated Draft Minutes of the OTA Members Meeting February 26, 2005 Washington, D.C.**

**By Robert Probe, M.D.**

Dr. Sanders highlighted the success of the OTA as evidenced by recent growth and current membership:

331 Active Members  
12 Research members  
59 Community Members  
49 Associate Members  
41 Resident Members  
27 Emeritus Members

Report of the Chief Financial Officer  
Andrew Pollak, MD

Fiscal 2004 organization profit was \$144,000K.  
Current Assets of the organization are \$583,000.  
Board of Directors has reallocated \$200,000 of operating funds to the research fund.

The 2004 annual meeting presented \$236,000 of profit to the organization. The importance of annual meeting to the financial state of the OTA was emphasized.

Dr. Pollak reviewed the 15 year history of the OTA's operating and research fund. The research fund is notable in its exponential growth which now exceeds 2 million dollars. The Strategic planning committee has set long-term goals for the research fund to reach a 10 million dollar total. An additional financial goal will be to increase the funds available for the Ken Johnson Fellowship Award.

Bylaws Committee  
George Russell, MD

Dr. George Russell provided report of the bylaws committee. Language of a proposed amendment to create an allied health category of membership had been distributed to membership prior to the meeting. Salient features of this category include:

- Application with existing active member form
- Applicant must maintain a valid license for allied health practice.
- Dues will be set by the Board of Directors
- Allied Health members will not be voting statutory members

Future activity of the Bylaws Committee will include circulating language that increases the size of the education committee, expands the presidential line of the organization, increases the size of the Board of Directors and modifies the Board term limits.

#### Membership

Bill Obremskey, MD

- John Gorczyka will become the next chair of the committee as Bill Obremskey rotates from the committee.
- Current membership has risen to 582 members
- An annual record of 89 new members were inducted this year
- The committee has spent effort in collecting delinquent dues with some recalcitrant members sacrificing their membership.

#### Coding and Classification

Larry Marsh, MD

- The trauma registry is up and running; however, thus far members have not taken advantage. At present only 18 sites are actively utilizing the resource. Julie Agel would love to hear from users or nonusers on functional improvements.
- Brad Henley is beginning the process of pushing twelve trauma codes for upgraded RVU valuation. For this to be successful, members must submit their input on the relative amounts of work for these codes. Please contact Brad Henley if you are willing to assist the OTA membership by providing this data.
- The 2006 AAOS meeting in New Orleans will add a “skills course” format for five Instructional Courses. Of these, it is likely that several will be chosen from the field of orthopaedic trauma. If you have interest in developing such a course, contact Nancy Franzon for an application.

#### Education

Mike Baumgaertner, MD

- Kevin Pugh will be taking responsibility for the resident’s course at the annual meeting. Jeff Anglen was thanked for his years of service and development.
- Dolfi Herscovici’s calcaneal lab won this year’s Winkquist cup.
- The first OTA mini-resident’s course will be held in Chicago April 15-16. Mike Stover has been successful in securing Industry support but registration is slow. Please contact your Residency Program Directors and encourage attendance.
- The annual OTA update course is being chaired by David Teague and Bill Ricci and is scheduled May 13-15. This course is intended as a refresher for the practicing surgeon. Word of mouth marketing will be imperative for this course’s success.
- The OTA/AAOS combined course is scheduled in Florida. The Board of Directors is currently working to redefine the relationship of AAOS to the OTA in these joint venture courses.
- Trauma Orthopaedic Knowledge Update is scheduled for publication June 1<sup>st</sup>.
- The resident slide set is seeing significant activity. David Teague is overseeing a program that assures timely updates of each of the lectures.
- Tracy Watson has been named the OTA liaison to OKO online. If you are interested in contributing to this, please contact him.
- The OTA will play a greater role in selecting ICL programs at future – AAOS annual meetings.
- Your Orthopaedic Connection is the AAOS sponsored portion of the AAOS web site. There is need of improved content within the orthopaedic trauma section. Steve Kottmeier will be the OTA contact for this development. Should you be interested in contributing to this patient education site, contact Steve.

#### Fellowship

Tracy Watson, MD

- Max Talbot from the University of Minnesota has been awarded the inaugural Ken Johnson Fellowship Award. This will be a self-designed experience and observational in nature. There were limited numbers of applicants and although Max is highly qualified,

marketing should increase.

- The DVD *Orthopaedic Trauma as a Career*, has been completed. 5000 copies will be distributed including all OTA members and all 2<sup>nd</sup> and 3<sup>rd</sup> year residents. This is a quality work and members are encouraged to play this during coffee break at courses they are involved with. Jeff Smith is to be thanked for his exhaustive work on this project.
- The Fellowship application process is currently under review by Fellowship Program Directors and being directed by the Fellowship Committee. Final recommendations are anticipated by June 1 of 2005.

#### Health Policy Jim Nepola, MD

- Jim Nepola has been appointed to the Department of Health and Human Services EMTALA Technical Advisory Group (TAG). This panel will oversee implementation of EMTALA. Inform Jim of any concerns that you may have with this legislation or its interpretation.
- Membership was advised of the movement within the American College of Surgeons (ACS) that expands scope of practice of Trauma Surgeons to include Orthopaedic Care. The five members of OTA on the ACS Committee on Trauma (COT) will keep abreast of this issue and inform membership as developments occur. These members include: Chris Born, Mitch Harris, Roy Moed, Steve Olson, Mark Vrahas.

#### Research Ted Miclau, MD

- Grant review for 2005 was presented which culminated in seven grants totaling \$200,000.
- It is felt by the committee that application quality is improving.
- Young members interested in research are encouraged to take advantage of the mentoring program.
- Dr. Miclau is trying to develop instruction in running multicenter trials ready for the Ottawa meeting.

2005 Individual Research Members Awards were recognized for their gifts. This group includes: James Binski, Mike Bosse, Kevin Coupe, Cliff Jones, Guy Piedmont, Tony

Russell, Andy Schmidt, John Schwappach, and Bruce Ziran.

In closing, new OTA officers were announced. Paul Tornetta as President, Mike Bosse as president elect, Alan Jones as Chief Financial Officer, and Ross Leighton as the new program chair.

In his final act as President, Roy Sanders transferred the Presidency to Dr. Paul Tornetta.

the Air Force and some of the military doctors who accomplished the amazing feat of moving tens of thousands of patients through the airport and out. Once in the city, we worked out of MASH- like tents on the grounds of West Jefferson Hospital on the west back of the Mississippi in New Orleans. West Jeff was one of 4 functioning hospitals in the New Orleans

## September OTA/AAOS Course is a Huge Success

### By Clifford Jones, MD

Robert Probe, MD assisted by Jeff Anglen, MD ran a successful OTA/AAOS Course entitled, "Techniques in Orthopaedic Trauma," September 23-25, 2005.

Eight-five attendees participated in an intensive 2.5 day educational experience at the Orthopaedic Learning Center which emphasized anatomy, surgical approaches, and contemporary techniques in fracture fixation. Attendees enjoyed close interaction and direction by OTA faculty (Joseph Borrelli, Thomas Ellis, Rajeev Garapati, James Goulet, Daniel Horwitz, Matthew Jimenez, Clifford Jones, Robert Ostrum, Laura Prokuski, Steven Rabin, Craig Roberts, Toney Russell, Adam Starr, Rena Stewart, Michael Stover, and Tracy Watson). Congratulations to all!

# Results of Humeral Shaft Fractures Survey

1. What type of orthopaedic practice do you have?

		Response Percent	Response Total
Resident/Fellow		4.9%	5
General Orthopaedic Surgery		13.7%	14
Hand and Upper Extremity		6.9%	7
Orthopaedic Trauma		74.5%	76
<b>Total Respondents</b>			<b>102</b>
(skipped this question)			0

2. When considering surgical fixation of a closed neurovascularly intact midshaft humeral diaphysis fracture in an adult, what is your implant of choice?

		Response Percent	Response Total
Plate and screws		71.5%	73
IN nail		21.6%	22
Flexible nails		4.9%	5
External fixation		0%	0
Other		0%	0
<b>Total Respondents</b>			<b>102</b>
(skipped this question)			0

3. "Open humeral shaft fractures with radial nerve palsy should be explored." Do you:

		Response Percent	Response Total
Strongly agree		53.9%	55
Agree		27.5%	28
Neutral		7.0%	7
Disagree		7.0%	7
Strongly disagree		2.9%	3
<b>Total Respondents</b>			<b>102</b>
(skipped this question)			0

4. "The closed "Holstein-Lewis" fracture, distal third/spiral with a radial nerve palsy should be explored." Do you:

		Response Percent	Response Total
Strongly agree		3.9%	4
Agree		16.7%	17
Neutral		14.7%	15
Disagree		46.1%	47
Strongly Disagree		18.6%	19
<b>Total Respondents</b>			<b>102</b>
(skipped this question)			0

5. "Secondary palsies, palsy after reduction, or casting of the radial nerve should be explored." Do you:

		Response Percent	Response Total
Strongly agree		15.7%	16
Agree		31.4%	32
Neutral		18.6%	19
Disagree		28.4%	29
Strongly disagree		5.9%	6
<b>Total Respondents</b>			<b>102</b>
(skipped this question)			0

6. General Comments:

<a href="#">View</a>	<b>Total Respondents</b>	<b>10</b>
(skipped this question)		0

## Kathryn Cramer, M.D. - In Memoriam

Dr. Kathryn Cramer passed away on July 15, 2005. The world and the orthopaedic trauma community have lost a kind and caring person who made extraordinary contributions as an educator, researcher, and orthopaedic traumatologist. Her spirit is reflected in this quotation, “Remind everyone that my idea of heaven is a place where I can run three or four rooms at a time in the operating room without anyone complaining! I can have hundreds of kids in fracture clinic without the administrators getting bent out of shape! I have a cast tech for each table and all the x-ray techs I need! I can boat every weekend I’m not on call!” That says it all . . .



Kathryn Cramer, M.D.  
1960-2005

## Computer Guided Surgery Systems

### (3D - CT Guidance or Virtual Fluoroscopy)

1. Are you currently utilizing a computer-guided surgery system (3D-CT guidance or virtual fluoroscopy) for fracture surgery? \_\_\_Yes \_\_\_No
2. Does anyone else at your institution (another orthopaedic surgeon, neurosurgeon, otolaryngologist, etc.) use a computer-guided surgery system? \_\_\_Yes \_\_\_No
3. Are you or your institution contemplating the purchase of a computer-guided surgery system? \_\_\_Yes \_\_\_No
4. Do computer-guided surgery systems improve the accuracy of fracture surgery (e.g. iliosacral screw placement, etc.)? \_\_\_Yes \_\_\_No
5. Do computer-guided surgery systems decrease surgical time? \_\_\_Yes \_\_\_No
6. Do the cost and learning curve of computer-guided surgery systems outweigh any potential benefits? \_\_\_Yes \_\_\_No
7. Are you concerned that computer-guided surgery systems may lead surgeons to attempt procedures which they would not otherwise perform? \_\_\_Yes \_\_\_No

Please respond either to <http://www.surveymonkey.com/s.asp?u=11277811206> or:

Craig S. Roberts, M.D.  
210 E. Gray Street, Suite 1003  
Louisville, KY 40202  
Email: [craig.roberts@louisville.edu](mailto:craig.roberts@louisville.edu)

**“The OTA does not endorse these technical points and formally disclaims any responsibility for their use.”**



## Announcements

- The OTA Project Team charged with developing guidelines for timing of emergent vs. urgent procedures was appointed in June 2005. Dr. Larry Bone is the Chair with committee members Victor deRidder, Shep Hurwitz, Ross Leighton, Peter O'Brien, Claude Sagi, and Bruce Ziran. They are reviewing relevant evidence for the appropriate timing or urgent and emergent orthopaedic management of fractures and dislocations in order to be able to make recommendations for the appropriate timing of urgent and emergent management of fractures and dislocations. They will meet in Ottawa and plan to have a paper developed by the end of this calendar year.
- The results of the 2005 Nominating Committee Election (1 year term) are Roy Sanders as Chair, Douglas Dirschl, Larry Marsh, James Goulet, and Steven Sims. Open positions include President-Elect, Secretary (replacing Bob Probe whose term expires 2006), two Members-at-Large (replacing Drs. Rick Buckley and Mel Rosenwasser whose terms expire 2006), and two Membership Committee positions (replacing John Gorczyka and Andy Schmidt whose terms expire 2006).
- Orthopaedic Trauma Association Members' Business Meeting Notice for Friday, October 21, 2005, in the General Session Room (Congressional Hall ABEF) in the Ottawa Convention Center from 5:10 p.m. to 6:15 p.m. This has been scheduled immediately following the General Session of the Annual Meeting. On the agenda will be reports of key issues. The attached Bylaws changes will be voted on as well. The Welcome Reception will immediately follow at the Grand Hall Canadian Museum of Civilization. Buses depart outside the Westin Hotel's main entrance.

### OTA Executive Committee

Paul Tornetta III, MD  
*President*

Michael J. Bosse, MD  
*President-Elect*

Robert A. Probe, MD  
*Secretary*

Alan L. Jones, MD  
*Chief Financial Officer*

Roy Sanders, MD  
*Immediate Past-President*

James P. Stannard, MD  
*Member-at-Large*

Richard E. Buckley, MD  
*Member-at-Large*

Melvin P. Rosenwasser, MD  
*Member-at-Large*

Ross K. Leighton, MD  
*Annual Program Chair*

OTA Staff Office  
6300 North River Road #727  
Rosemont, IL 60018-4226  
(847) 698-1631 Telephone  
(847) 823-0536 Fax

[www.ota.org](http://www.ota.org)