

University of Louisville Hospital  
Louisville, Kentucky 40202

## 20<sup>th</sup> Annual Meeting is Best Ever

The 20<sup>th</sup> Annual Meeting will go down in history as the biggest and best meeting ever. Thanks to the leadership of President Roy Sanders, assisted by Program Chair David Templeman, Program Co-Chair Ross Leighton, local Host Greg Zych, and the Program Committee (Peter Cole, Bruce French, George Haidukewych, Ross Leighton, Bill Ricci, David Ring, Andrew Schmidt, including Emil Schemitsch, Basic Science Focus Forum and Christopher Born, Disaster Response Course). The meeting included 741 attendees, 66 exhibitors, and approximately 500 representatives. The pre-meeting courses on Mass Casualty Planning and Basic Science were also well attended. The Resident's Basic Fracture Course was sold out and had 126 registrants.

# The Editor's Pen

Please have a look inside this issue for the results of the survey on resident duty hours, the abbreviated minutes from the Members Business Meeting and the meeting of the Board of Directors, a Membership Committee update, a Public Relations Committee report, a photo essay on the annual meeting, a new questionnaire on Orthobiologics, and a number of important announcements. The Orthobiologic questionnaire, formulated by the OTA Orthobiologic Committee, is an attempt to establish a baseline of knowledge of the membership.

OTA Specialty Day at the 2005 AAOS Annual Meeting will focus on "Controversies and Solutions for the Treatment of Common Fractures." The day will feature a high profile Bush administration official invited by Roy Sanders and Jim Nepola. The program looks spectacular.

Please take this opportunity to become involved (or more involved) with the OTA. There is plenty of work to go around. From all of us at the OTA, Best Wishes for the New Year!



Former OTA President Ramon Gustilo and former OTA President Richard Kyle are shown here with President Roy Sanders at the Members Dinner which featured past OTA Presidents.



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## inside

2. Public Relations Committee & Banner Year for Membership
3. Abreviated Minutes
4. Abreviated Minutes Business Meeting
5. Abreviated Minutes Business Meeting (cont.)
6. Resident 80 Hour Week Survey Results
7. Resident 80 Hour Week Survey Results (cont.)
8. Orthobiologic Committee & Orthobiologic Questionnaire
9. Announcements

## Public Relations Committee

by Jeff Anglen, M.D.

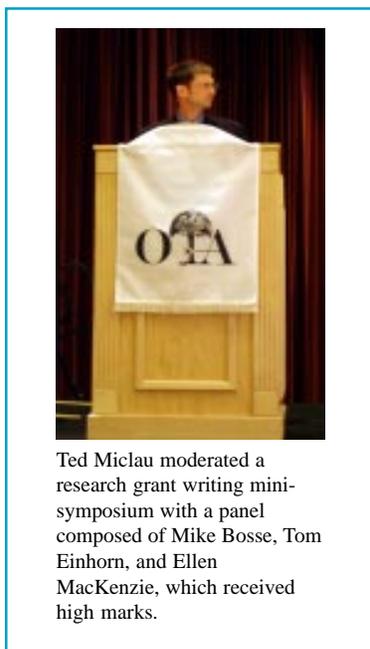
The overall purpose of the committee is to increase awareness of the OTA among its identified customers and/or constituents, and to establish the OTA as the primary source of authoritative information and education concerning orthopaedic trauma. The committee has identified four markets: the OTA membership, non-member orthopaedic surgeons, other medical professionals, and the lay public (government, patients, general public). The committee is brainstorming about ways to accomplish their goals. These ideas have included the development of a patient education pamphlet similar to the one by the ABOS (“Is your orthopaedic surgeon board certified?”), getting the OTA website to be listed high on the list of search engines like Google, developing articles for the lay press such as Reader’s Digest on orthopaedic traumatology and the OTA, develop an informational packet on the OTA for the media, organize media training for OTA leadership, develop a list of OTA members who are willing to be contacted by the media on specific topics, review the annual meeting program and the Specialty Day Program for items worthy of “press releases” to the media, identify and partner with journalists/writers (especially journalism students) who could write articles and press releases for the media, and increase our visibility/profile with members of the Board of Councilors who could be provided with the informational packets/press releases. Another specific plan of action that was discussed was to develop OTA position statements (similar to the Goulet Commission EMTALA Report) in a similar format to the ones that the AAOS develops.

**The committee needs your input.** The Public Relations Committee is requesting that all OTA members with personal, departmental, hospital, or group websites include a link to the OTA’s website: <http://www.ota.org>. The more links to our site, the higher our listing in certain types of web search engines, and the more traffic generated to our website. We can include reciprocal links to your own websites with your contact information in our “find a surgeon” section. The committee will be developing website content for patients and the general public, and is seeking volunteers willing to write such material about common fractures, fracture care, difficult problems, social or political aspects of orthopaedic traumatology, etc. Please contact any member of the committee or OTA staff to volunteer: Jeff Anglen, Jeff Smith, Craig Roberts, or Tim Bray.

## Banner Year for Membership: OTA Membership Committee 2004 Report

by William Obremskey, MD, Chairman

The number of applications submitted this year was a record. There were 89 applications reviewed this year. The main growth has come in the community and resident application pool. The active and associate to active total number of applicants has remained fairly constant and is actually down to 18 this year from 23 in 2003 and 27 in 2004. This highlights the need to continue to recruit residents into trauma fellowships and to assure that all fellows completing orthopaedic trauma training strongly consider OTA membership. The membership committee also endorses continuing the OTA booth at the AAOS meeting and announcements in AAOS publications encouraging community orthopaedic surgeons to consider OTA membership. Recommendations from the Committee: The OTA Membership Committee endorses the development of an



Ted Miclau moderated a research grant writing mini-symposium with a panel composed of Mike Bosse, Tom Einhorn, and Ellen MacKenzie, which received high marks.

international community membership category that will allow international surgeons to become more actively involved in the Orthopaedic Trauma Association without publication requirements. Community surgeons who are D.O.s should not be required to fulfill membership requirement number seven, which requires the applicant to have performed a year orthopaedic trauma fellowship under the supervision of an M.D. member of the OTA. These community members are unlikely to have completed a trauma

fellowship, yet may have an active trauma practice, which would allow them to be community members. The OTA Membership Committee endorses the development of a PA/NP research coordinator membership category with a reduced annual fee. No members were qualified or approved for research membership.

**Abbreviated Minutes  
Orthopaedic Trauma Association  
Fall 2004 Meeting of the Board of  
Directors/Committee Chairs  
Westin Diplomat Hotel;  
Fort Lauderdale, Florida  
October 6, 2004**

By Robert Probe, M.D.

President Sanders asked members to submit issues from the consent agenda that required discussion. Items submitted included:

Status of Ken Johnson Fellowship	Swiontkowski
Bylaw changes	Sanders
Membership proposals	Obremskey
Strategic Plan adoption	Probe
Education Committee expansion	Baumgaertner
Academy Relations	Probe

Motion to accept all other components of the consent agenda was made, seconded, and unanimously approved.

#### **KEN JOHNSON FELLOWSHIP**



The view from the hotel in Florida.

Call for applications is being publicized at this meeting. Deadline for consideration is February 1<sup>st</sup>. These applications will be an estimated one year cost of \$35,000. The fellowship is currently funded at \$75,000. Methods of perpetuating this program were discussed. It was felt that the Fund Development Committee would address this issue. Bruce Heppenstall will be informed of this. Coordination with the Education Committee will be necessary. Sensitivity to the number of times industry sponsors are approached will also need to be considered as sources of perpetual funding are sought.

#### **ACADEMY RELATIONS**

Dr. Pollak reported on the AAOS Board retreat held in April 2004. Their Board has come to the realization that strengthening relations with Subspecialty Societies will be critical. A meeting was held in November in San Francisco with OTA and AAOS representatives to help define this future relationship.

Paul Tornetta requested input from the OTA Board to define

their vision of this relationship. This discussion principally focused on the performance of joint venture CME courses. In the years that the joint course has been offered, the Academy has assumed the entire risk but also recouped the majority of financial return. Although there was some difference of opinion with regard to risk assumption there was consensus behind the OTA being intimately involved in defining faculty, content, and scheduling of courses. The variable risk of different courses may require different contract relationships to mitigate our financial risk.

We anticipate hearing more on this subject in Washington at the next BOD meeting.

#### **EXPANSION OF THE EDUCATION COMMITTEE Mike Baumgaertner**

Mike Baumgaertner brought a request to expand the composition of the Education Committee from three to five members. He cited the volume and importance of the work to exceed the capacity of the existing numbers. Discussion agreed unanimously. Comment was made that five may not be enough but the desire to maintain an odd number of members was emphasized.

Motion was made, seconded, and unanimously endorsed.

#### **MEMBERSHIP Bill Obremskey**

As an informational item, *The Journal of Foot and Ankle Surgery* was added to the list of acceptable peer reviewed journals. The evolving problem of delinquent dues was discussed. The number of members delinquent in dues payment has recently risen to 30 individuals. The process of notification, review and eventual loss of membership were reviewed.

Several new classes of membership were discussed. Opportunity for general surgeons to join OTA was discussed. This concept received minimal support from the Board and was dismissed. Several other potential member classes were brought before the Board. These included International Community Members, allowances for foreign trained surgeons practicing within the U.S., Allied Health Membership, and special dispensation to Military members. This latter topic was discussed within the context of supporting our Military and facilitating their membership in ways consistent with Military reimbursement programs.

As these modifications to membership requirements will require bylaw changes, they will be considered by the Board and addressed by Steve Olson and the Bylaws Committee before bringing them before the membership.

## **BYLAWS**

**Steve Olson**

Bylaws Committee will consider the following potential action items:

- 1 Establishing International Community Members
- 2 Providing opportunity to sit and chair OTA committees to International Members
- 3 Investigate membership opportunity and licensing demands for allied health providers
- 4 Create a separate category or dues exemption for members during active duty
- 5 Modify structure of the Education Committee to include five members
- 6 Expand presidential line to include a first and second vice president as well as a first and second past president

## **ORTHOBIOLOGICS**

**Bill DeLong**

Dr. DeLong provided his perspective on the role of the Ad Hoc Committee charged with exploring the role of biologics in fracture healing. The entire board endorsed the concept of the OTA's responsibility in being at the vanguard of understanding and subsequent education of the orthopaedic community. Dr. DeLong suggested that the goal of the committee was to have a white paper available within six months.

Comment was made of the current lack of evidence-based data and the need for further research. Methods of proposed education included Specialty Day discussions, web-casting, JOT supplements, monograph publication, and symposia. Coordination with the Education Committee was emphasized. Suggestion to report separately on preclinical and clinical work with both sections being held to level of evidence standards.

## **RESEARCH**

**Ted Miclau**

Fifty-five grants were received. Twenty-two were invited to provide final submission of which twenty-one were received. Of these, six were funded and one was funded provisionally. Total granted money was \$174,546.

Dr. Miclau encouraged those with rejected grants to resubmit because of the overall high quality of submissions. It is anticipated that many of the grants would be worthy of funding with modest improvements. Members interested in improving their grant writing skills were encouraged to attend the workshop being offered as a break-out within the annual meeting.

## **STRATEGIC PLANNING INITIATIVES**

The progress on implementation of the Strategic Plan developed in Victoria, B.C. 2002 was reviewed. The value of adding a 2<sup>nd</sup> vice president and a 2<sup>nd</sup> past president were discussed. Major positives included the improved continuity that should positively affect long-term projects.

After discussion, a motion was received and seconded to change the structure to add a 2<sup>nd</sup> vice president and a second past president. This was unanimously passed.

Charge was made to the Evaluation Committee to recognize committee chairs that are not proving successful in their roles should be motivated or replaced. While the majority of committees are functioning admirably there are some that are not.

## **Abbreviated Minutes**

### **Orthopaedic Trauma Association Business Meeting**

### **Fort Lauderdale, Florida**

### **October 9, 2004**

By Robert Probe, M.D.

### **CFO Report**

**Brad Henley**

As of July 31, 2004, OTA assets were at \$2.8 million (\$2.3 million rests in the research endowment and \$535K in the operating account). It is anticipated that revenue over expenses for 2004 will be substantial. Hopefully on the order of \$100K. Revenue sources included San Francisco Specialty Day 11K and San Diego Update Course 13K.

### **Coding and Classification**

**Bob Teasdall**

The Data Base roll-out has been disappointing with only a few working centers. Members are encouraged to request privileges. This request may be made through at [www.ota.org](http://www.ota.org).

The committee continues to work with the AO Classification Committee for expansion of existing codes.

### **Education**

**Mike Baumgaertner**

A bylaws change requesting expansion of the Education Committee from three to five members has been endorsed by the BOD and will be proposed to membership at the subsequent business meeting.

The OTA will have high visibility at next year's AAOS meeting with members directing three symposia. The international course preceding the AAOS Annual Meeting will be repeated in Washington with a focus on the upper extremity. This is being chaired by Jesse Jupiter.

Mike Stover is chairing the first annual Regional Residents Course in Chicago on April 15 & 16, 2004. The focus will be different than the Resident's Course featured at the OTA Annual Meeting by emphasizing surgical skills. It is anticipated that this course would be most appropriate for more senior residents. Local members are encouraged to support this course as faculty and resident programs are encouraged to send their residents.



Cory Collinge and Jeff Anglen take a timeout at the Resident's Basic Fracture Course.

on April 21-23. Representatives of the BOD are entering into discussion with the AAOS in ways to strategically redefine the control and financial interplay between the AAOS and OTA in the delivery of joint courses.

Thanks to all authors for their work on OKU-Trauma. This is now in the hands of AAOS publishing.

The resident lecture series is on the website and receiving a tremendous number of hits. Revision process is underway and overseen by David Teague. Volunteers are necessary to assist in this process.

The BOD has felt a responsibility to provide information to the orthopaedic community regarding the appropriate use of biologics in orthopaedic trauma. Toward this end, an Ad Hoc Committee has been created to produce a white paper providing direction to the orthopaedic communittee. This committee is chaired by Bill DeLong. Please forward thoughts on this subject to him.

### **Fellowship Tracy Watson**

The "trauma as a career" CD is in the final stages of production. Hopefully, this will be available by the time of the 2005 Academy. Jeff Smith is to be congratulated on the large amount of work put forth in creating this. Corporate sponsors are being sought to defer the cost of production and distribution.

Resident questionnaire – In this year's responses, trauma now ranks above arthroplasty, tumor and pediatrics in resident desirability. Residents from programs with organized trauma service are fairing better.

The 2004 Regional Update Course was successful educationally for participants and financially for OTA. The 2005 course is being chaired by David Teague and Bill Ricci and is scheduled for May 13-15 in St. Louis.

The OTA will again partner with the AAOS in delivering a Trauma Update Course in Miami

### **Ken Johnson Fellowship Don Wiss**

Funding is currently available for three years. The structure of this fellowship is flexible. It is scheduled to be up to six months and can be single or multiple centers. Deadline for receipt of applications is February 1, 2005. Information and applications are available at the OTA website. Those members wanting to offer their institution as a potential host site are encouraged to contact Nancy Franzon at the OTA office [franzone@aaos.org](mailto:franzone@aaos.org).



Laurence Dahners in a teaching moment at the Resident's Basic Fracture Course.

### **Research Ted Miclau**



Residents Sam Carter, Trey Crawford, and Jennifer Tucker-Ammon in the middle of a Resident's Basic Fracture Course exercise.

Fifty-five grants were received. Twenty-two were invited to provide final submission of which twenty-one were received. Of these, five were funded and one was funded provisionally. Total granted money was \$160,000.

Dr. Miclau encouraged those with rejected grants to resubmit because of the overall high quality of submissions. It is anticipated that many of the grants would be worthy of funding with modest improvements. Members interested in improving their grant writing skills were encouraged to attend the workshop being offered as a break-out session within the annual meeting.

### **Membership William Obremskey**

Total membership is now at 585 members with 343 active voting members. The committee was thanked for their careful review of the large number of applicants.

### **Bylaws Steve Olson**

Proposed bylaw changes were distributed to membership electronically. Discussion was allowed. Motion to accept bylaw changes as proposed was made and seconded. This was unanimously endorsed.

**Nominating Committee  
Marc Swiontkowski**

Dr. Swiontkowski reported the nominations proposed by the committee. These included:

Membership Committee	David Kargas
At Large Board Position	James Stannard
CFO	Alan Jones
Vice President	Mike Bosse

No other nominations were offered from the floor. Motion to close nominations was made, seconded and accepted. Motion to accept nominations as proposed by the Nominating Committee was made, seconded, and accepted.

**Health Policy / Jim Nepola**

Discussion was given to means of amplifying legislative advocacy for orthopaedic trauma. Marc Swiontkowski suggested a process of drafting sample support letters which could be distributed to members as templates for individual mailings to senators and congressmen. This strategy is to be explored further.



The OTA-sponsored "Women in Trauma" breakfast meeting, organized by Lisa Cannada, was a huge success.



Margaret McQueen shared her experiences as an orthopaedic traumatologist.



Rena Stewart shared her experience in orthopaedic traumatology.

**Resident 80 Hour Week Survey Results**

1. How would you describe the effect of the new work hour rules on resident physicians in terms of...

	Improved	No change	Worsened	Response Average
quality of life?	<b>71% (65)</b>	27% (25)	2% (2)	<b>1.32</b>
education?	5% (5)	25% (23)	<b>70% (64)</b>	<b>2.64</b>
morale?	28% (26)	<b>52% (48)</b>	20% (18)	<b>1.91</b>
<b>Total Respondents</b>				<b>92</b>
(skipped this question)				2

2. fatigue?

		Response Percent	Response Total
<b>Decreased</b>		<b>50%</b>	<b>46</b>
<b>No change</b>		<b>50%</b>	<b>46</b>
Increased		0%	0
<b>Total Respondents</b>			<b>92</b>
(skipped this question)			2

## Resident 80 Hour Week Survey Results

3. How would you describe the effect of the new work hour rules on the attending physician in terms of...

	Improved	No change	Worsened	Response Average
quality of life?	0% (0)	47% (43)	<b>53% (49)</b>	<b>2.53</b>
education?	0% (0)	<b>61% (56)</b>	39% (36)	<b>2.39</b>
morale?	0% (0)	42% (39)	<b>58% (53)</b>	<b>2.58</b>
<b>Total Respondents</b>				<b>92</b>
(skipped this question)				2

4. fatigue?

	Response Percent	Response Total
Decreased	0%	0
<b>No change</b>	<b>70.3%</b>	<b>64</b>
Increased	29.7%	27
<b>Total Respondents</b>		<b>91</b>
(skipped this question)		3

5. How would you describe the effect of the new work hour rules on patient care in terms of...

	Improved	No change	Worsened	Response Average
access?	1% (1)	48% (43)	<b>51% (45)</b>	<b>2.49</b>
efficiency?	8% (7)	24% (22)	<b>68% (62)</b>	<b>2.60</b>
overall?	2% (2)	34% (31)	<b>64% (58)</b>	<b>2.62</b>
<b>Total Respondents</b>				<b>91</b>
(skipped this question)				3

6. fatigue related errors?

	Response Percent	Response Total
Decreased	4.4%	4
<b>No change</b>	<b>95.6%</b>	<b>86</b>
Increased	0%	0
<b>Total Respondents</b>		<b>90</b>
(skipped this question)		4

7. Are there positive effects of these changes? (Choose all that apply.)

	Response Percent	Response Total
Improved average program OITE scores	2.4%	2
Improved Part I Board Scores	0%	0
Increased case volume for graduating residents	0%	0
Increased research opportunities and productivity	9.8%	8
<b>No</b>	<b>87.8%</b>	<b>72</b>
<b>Total Respondents</b>		<b>82</b>
(skipped this question)		12

## Orthobiologic Committee

by William DeLong, Jr., MD

The OTA Orthobiologic ad hoc committee was formed by President Roy Sanders to help reduce the confusion regarding the myriad of products on the market which claim to enhance or promote bone healing. The committee appointees were OTA members with special expertise in the area of molecular biology and bone healing. The committee's charges are as follows: 1) develop a "White Paper" which will provide the Orthopaedic



Alan Jones and Jim Nepola in consultation at the Resident's Basic Fracture Course.

Community with some direction regarding the application and use of Orthobiologic products. The paper should provide the evidence based data available on these products along with the committee's collective clinical experience. 2) provide ongoing education in Orthobiologics at the yearly OTA meeting, Specialty Day at AAOS and Regional Update courses. Committee Members: Chairman William DeLong, Thomas Einhorn, Ken Koval, Michael McKee, Wade Smith, Tracy Watson. Please complete the questionnaire on Orthobiologics in this issue. The purpose of this questionnaire is to benchmark the current understanding of Orthobiologics among the membership. An answer key will be published in the next issue of the newsletter.

## Orthobiologic Questionnaire

By William DeLong, Jr, MD

Please note that the purpose of this questionnaire of Tax 1 (straight knowledge) type questions is to establish a baseline of the knowledge base of the OTA membership. The correct answers will be published in the next issue.

1. Which of the following materials have been shown to be effective in randomized controlled trials for the treatment of nonunions?
  - A. Demineralized bone matrix
  - B. Platelet gel
  - C. Bone marrow cells
  - D. BMP-7 (OP-1)
  - E. BMP-2
2. Which of the following statements regarding bone morphogenetic proteins (BMP's) is false?
  - A. BMP's aid bony union through promoting the differentiation of primitive mesenchymal cells to bone-forming cells (osteoidinduction)
  - B. BMP's need a population of responder cells to be effective
  - C. Level I evidence (randomized prospective clinical trials) support the use of BMP's in open tibia shaft fractures and tibial nonunion treatment
  - D. BMP's are so effective that their application to a nonunion or fracture eliminates the need for adherence to sound orthopaedic principles
  - E. BMP's for clinical use are typically produced using a human recombinant technique
3. Currently, before an osteoconductive graft substitute can enter the market place for general use it requires:
  - A. FDA approval
  - B. Randomized prospective trial data (Level 1)
  - C. Uncontrolled retrospective series demonstrating efficacy and safety (Level 4)
  - D. 510k approval demonstrating safety but not efficacy for the specific product
  - E. All of the above
4. Bone marrow aspirates contain Mesenchymal Stem Cells (MSCs) and Connective Tissue Progenitor Cells (CTPs) that can provide a transplantable source of osteoblastic progenitors. By limiting iliac aspiration volume from any given needle site, the concentration of bone marrow derived cells that are capable of osteogenesis can be enhanced by limiting dilution with peripheral blood. What is the maximum amount of aspirate that should be obtained from each individual site?
  - A. 3 cc's
  - B. 5 cc's
  - C. 10 cc's
  - D. 15 cc's
  - E. No minimum.... the more you can get from each site the better.
5. Addition of bone marrow to a specific bone grafting material has been shown in extensive literature to significantly enhance the performance of that grafting material, even in young healthy animals, in which one would not expect the population of stem cells or progenitors to be deficient. What is the graft material that has been shown to respond so well to marrow aspirates?
  - A. Allograft cancellous chips
  - B. Macro porous hydroxyapatite void filler
  - C. DBM preparations
  - D. Calcium sulfate void filler
  - E. All the above
  - F. None of the above

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

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

## Announcements

- Ken Johnson Fellowship Program Deadline is Feb. 1st: <http://www.ota.org/downloads/04kenjohnson.doc>.
- OTA 2005 Call for Abstracts—deadline February 10, 2005—submit online: [http://www.ota.org/abstracts/submit/submit\\_abstr.html](http://www.ota.org/abstracts/submit/submit_abstr.html) for the 2005 Annual Meeting in Ontario, Canada on October 20-22, 2005.
- The OTA 2004 papers and posters are on-line, indexed (searchable) and accessible through the OTA website Education/Archives links to the HWB server i.e. <http://www.hwb.org/ota/am/>.
- The 2005 Program Committee has now been approved by the BOD: Chairman-Ross Leighton, Co-Chairman-Andrew Schmidt, William Obremskey-new appointment, and Bruce French-reappointment for an additional three-year term. Continuing their terms: Peter Cole, George Haidukewych, William Ricci, David Ring, and Emil Schemitsch. Ex officio: David Templeman-past program chair and Edward J. Harvey-local host.
- Please see the bylaw changes with strikeouts and additions on the website. Vote will occur at February Business Meeting.
- Members are reminded to please respond to the fax that was sent regarding their attendance at the OTA Business Meeting and the OTA Members Reception on February 26, 2005 in Washington, DC.
- Bill Obremskey needs volunteers to staff the OTA exhibit booth and answer questions about problem cases from Wednesday through Sunday at the convention center!
- Leave a legacy: Build a playground next February. Volunteers are needed for the AAOS Annual Meeting Playground Build in Washington, D.C., on Tuesday, February 22, 2005, the day before the Annual Meeting begins. For several years, Academy volunteers have joined community members and industry volunteers to construct a safe, accessible playground in one day in the host city. The day begins at 8:00 a.m. and finishes at approximately 4:30 p.m. Busses will run between the convention center and the playground site from 7:30 a.m. – 4:30 p.m., and continental breakfast and lunch will be provided at the location. No experience is necessary to help; even an hour or two of your time is greatly appreciated. Complimentary OTA baseball caps will be provided to OTA volunteers. For more information: <http://www.ota.org>.
- Upcoming OTA Courses: April in Miami and May in St. Louis: Kathy Cramer, Paul Tornetta, and Chris Born are working on the joint AAOS OTA Trauma Course for April 21-23, 2005 at the Hyatt Regency in Miami. This course is broad in topic coverage but extremely focused on what's new, important, and critical to know.
- David Teague and Bill Ricci are working on the OTA Trauma Course for May 13-15 in St. Louis, Missouri and they would like you to encourage colleagues to attend the St. Louis course. They are delighted to report that the Cardinals will be in St. Louis so attendees could catch a game if they flew in a day early...May 12. This interactive and updated OTA course provides participants with practical and concise insights into state-of-the-art trauma techniques that will immediately allow practicing orthopedists to improve their daily management of emergent/on-call orthopaedic trauma care. Seeing the Cardinals at Busch stadium is a don't miss experience for any baseball fan. St. Louis is definitely a "baseball town".
- OTA/ACS Committee on Trauma Hard at Work: OTA members, Chris Born, Mitch Harris, Roy Moed, Steve Olson, Mark Vrahas, and Larry Webb are working within the Committee on Trauma of the American College of Surgeons to revise Chapter 9 which has the new wording for the CME requirements and also for the alternative pathway for board certification. In addition, they are in the process of drafting an appendix to the resources document entitled "OTA Model of Orthopaedic Service Organization." The goal is to show an example of operating room utilization especially as it relates to orthopaedic trauma surgery.
- Hats off to Brendan Lewis, MD, a new OTA Community Member. He was elected 2<sup>nd</sup> President-Elect of the COA in July of this year. He specializes in spine at the Western Memorial Regional Hospital, Corner Brook, Newfoundland.
- Douglas Lundy, MD, OTA member from Ft. Collins, Colorado, who was one of 15 doctors selected from 92 applicants to be in the 05-06 LFP class. OTA members are also mentors for this program: Robert D. Ambrosia, Denver, Colorado; Maureen Finnegan, Dallas, Texas; and Shepard Hurwitz, Charlottesville, Virginia.
- OKO (Orthopaedic Knowledge On-line) is an excellent source of up-to-date information on orthopaedic traumatology.
- An excellent academic position for an upper extremity surgeon is available at the University of California, San Francisco. Please contact Ted Miclau for details ([miclaut@orthosurg.ucsf.edu](mailto:miclaut@orthosurg.ucsf.edu)).
- Evan Flatow, the chairman of the AAOS Electronic Media Committee is seeking a member who is interested in Electronic Media and has a trauma interest. Please respond to Paul [ptornetta@pol.net](mailto:ptornetta@pol.net) if you are interested or go directly to the AAOS website - KEI program.

### OTA Executive Committee

Roy Sanders, MD  
*President*

Paul Tornetta, III, MD  
*President-Elect*

Robert A. Probe, MD  
*Secretary*

Andrew N. Pollak, MD  
*Chief Financial Officer*

Marc F. Swiontkowski, MD  
*Immediate Past-President*

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

Michael D. McKee, MD  
*Member-at-Large*

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

David C. Templeman, MD  
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