



# FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Fall 2009



## MESSAGE FROM THE PRESIDENT

*David C. Templeman, MD*

Just a quick note sent to everyone in advance of our 25th Anniversary Meeting in San Diego.

Recent activity from our February Board of Directors Meeting and the July Strategic Planning Meeting includes:

1. Negotiations with LWW are complete and the agreement signed regarding arrangements concerning the *Journal of Orthopedic Trauma*. LWW will be supporting OTA Education and has pledged to send a sizeable grant for each year of the agreement while keeping the subscription fees at a 10-year agreed upon discounted level. The OTA Board of Directors work assures that this agreement is both appropriate and carries specific language regarding submission of papers to our annual scientific program and the ability of submitting authors to opt out of the right of first refusal by the JOT. This will apply only to papers selected as winning highlight papers and authors will be able to decide when the abstract is submitted if they want to be eligible for a winning highlight paper award. Other discussions have focused on the specific definitions of membership levels included in the subscription, length of the agreement (now agreed as 10 years), and the role of the OTA in obtaining copyright authorization for the JOT.
2. With OTA Board approval and under the guidance of *Tracy Watson* and *Brendan Patterson* we have proceeded to legally establish the Center for Orthopaedic Trauma Advancement (COTA) as a 501 (c) (3) that is both independent from OTA and has board members who have no conflicts of interest. In a record-breaking few months, Articles of Incorporation were filed and the IRS granted COTA tax exempt status as a public charity qualified to receive tax deductible bequests, devises, transfers or gifts. COTA has recently signed an agreement with

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## FROM THE EDITOR

*Lisa K. Cannada, MD*

Welcome to the Fall edition of the newsletter. This is a prelude to the **25th Anniversary Meeting** of the Orthopaedic Trauma Association in San Diego, from **October 7 – 10, 2009**.

Lots of exciting information is in the newsletter! At the OTA Meeting this year, there are several pre-meeting courses and educational symposia on a variety of topics which are really incredible and a tribute to the program committee. In this issue of the newsletter, please see reports from several committees and our coding column. New to this newsletter is a "Fellowship column" from someone completing their trauma fellowship giving advice to current fellows and fellowship applicants. I hope to see you at the fall meeting. Please contact me with any questions or comments at [www.ota.org](http://www.ota.org) or [LCannada@slu.edu](mailto:LCannada@slu.edu).

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**PROGRAM COMMITTEE**  
*William Ricci, MD, Chair and*  
*James Goulet, MD, Co-Chair*

The 25<sup>th</sup> Annual Meeting of the Orthopaedic Trauma Association (OTA) is to be held in San Diego, CA from **October 7 – 10, 2009**. This years' meeting will highlight **3 main Symposia** on topics with broad appeal:

- *Assessment of Fracture Healing*
- *Surgical Timing: What's Emergent and What's Not*
- *Graft Options for Bone Defects*

There will be **7 mini-Symposia**:

- *Soft Tissue Coverage for the Non-Microsurgeon*
- *Amputation: Indications, Techniques, Outcomes and Rehabilitation*
- *Considerations and Techniques in the Management of Peri-Prosthetic Fractures*
- *Treatment of Orthopaedic Infections*
- *Fragility Fractures and Bone Health: Beyond ORIF*
- *Traumatologist as Educator*
- *Heterotopic Ossification: Highlights and Considerations*

A myriad of case presentations and skills labs that include other general interests, as well as more focused topics will allow customization of the meeting experience.



Don't miss the *special 25<sup>th</sup> Anniversary Lecture by Dick Kyle at 8:00 AM on Friday, October 9<sup>th</sup>* and the *John Border Memorial Lecture by Larry Bone at 3:25 PM on Saturday the 10<sup>th</sup>*. *Dave Templeman's President's Message, another don't miss, is to be delivered at 3:41 PM on Friday.*

The Scientific Program will include the most relevant and scientifically sound research. Sixty-four podium presentations and over 100 posters were selected by the Program Committee from nearly 600 abstract submissions. The papers will be presented in seven separate scientific sessions. *Pediatrics and Injury Prevention* will lead off this year on Thursday afternoon to be followed by *Pelvis and*



*Acetabular* papers. Friday's sessions include *Hip and Geriatric Fractures, Upper Extremity, and Pilon/Foot & Ankle*. The paper sessions conclude Saturday with *Basic Science/Injury Prevention/Spine* and *Knee/Tibia*. Further details of the program can be found at [http://www.ota.org/meetings/09AM/09OTAPrePgm%20CMPLT%2008\\_03.pdf](http://www.ota.org/meetings/09AM/09OTAPrePgm%20CMPLT%2008_03.pdf).

The **Basic Science Focus Forum (BSFF)**, chaired by **Ted Miclau, MD**, is one of several pre-meeting events. The BSFF is a 1 ½ day event beginning Wednesday October 7<sup>th</sup> that will provide an additional in-depth program designed to augment and expand upon the science presented and discussed at the main meeting.

Other single day pre-meeting events will also take place on Wednesday October 7<sup>th</sup>. The ever popular Masters Coding Course will once again be organized by Karen Zupko Associates. A new addition for the 25<sup>th</sup> Anniversary meeting is the **International Trauma Care Forum**, organized by **Bill DeLong, Andy Schmidt** and **Wade Smith**, where advances and unique aspects of orthopaedic care in emerging regions will be presented and discussed. Led by **Lisa Cannada, MD**, the half-day **Young Practitioners Forum** on Thursday morning rounds out the pre-meeting events. We encourage all to arrive early in San Diego to take full advantage of these OTA offerings.

Also new this year, the OTA is happy to initiate a collaboration with the Orthopaedic Rehabilitation Association (ORA) who will be holding their annual meeting concurrently. Symposia on Heterotopic Ossification and Amputation Management will be jointly sponsored by the OTA and ORA.

We hope this year will be a particularly special 25<sup>th</sup> Anniversary Edition of the OTA Annual Meeting and we look forward to seeing everyone in San Diego.







## OTA INTERNATIONAL TRAUMA CARE FORUM

*William DeLong, MD, Andrew Schmidt, MD  
and Wade Smith, MD*

The Orthopaedic Trauma Association (OTA) will offer a **new one-day forum addressing the delivery of musculoskeletal trauma care in developing and emerging regions**. This forum will be held Wednesday, **October 7, 2009**, the day before the OTA Annual Meeting. The forum will include scientific presentations on topics that are unique to orthopaedic care in these environments, yet relevant to trauma care everywhere. The International Relations Committee of the OTA received a number of abstracts for this session and finalized the agenda in late April. Please stay tuned for further information about this new addition to our meeting that will promote valuable exchange of information among orthopedists world-wide.

The membership of the OTA is encouraged to attend this forum to promote international exchange and to further the development of orthopaedic trauma care worldwide. Thanks to the International Committee for their efforts.

*The OTA Archives Committee encourages OTA Members to view the Video Snapshots of 25 years of OTA events organized by Bob Ostrum and the OTA Timeline Banner created by Animesh Agarwal available in the Douglas Pavilion Exhibit Hall. Thanks go to Madhav Karunaker who worked with Nancy Franzon and Jeff Anglen on major sections of the OTA Anniversary Book.*

## YOC UPDATE

*Brett D. Crist, MD and Stephen Kottmeier, MD*

The YOC Editorial Board is continuing to update existing articles that are currently on the website and add new articles by contributing OTA members to complete the Orthopaedic Trauma/Fracture section. As an Editorial Board, we are continuing to work on the “block” concept that will make the articles with similar sections more uniform and avoid contradicting statements, and make them easier to update. As the ability to proceed with the “block” concept improves, we will continue to seek volunteers to author sections. We will be having an Editorial Board Meeting on **October 2** to further work on the “block” concept and future direction of the YOC.

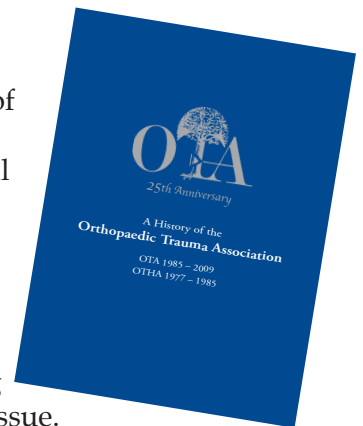
## PUBLIC RELATIONS COMMITTEE

*Craig Roberts, MD, Chair*

The Public Relations Committee was intimately involved with the writing of the 25<sup>th</sup> OTA Anniversary Book. The book, which will be available at the Annual Meeting, will capture the rich history of the OTA. The Newsletter Subcommittee (led by Lisa Cannada) is busily creating a special 25<sup>th</sup> Anniversary issue.

The AAOS/Media Relations Committee (led by Jeff Smith) is exploring new opportunities for public service announcements with a variety of organizations. Continuing effort is being made to put the finishing touches on the draft of the OTA Compartment Syndrome poster. The Website/YOC Subcommittee (led by Steve Kottmeier and Brett Crist) continues to work with the AAOS to create new and interesting topics for OKO. The Committee will be meeting again at the Annual Meeting. We are always looking for new talent. If you are interested in getting involved, please contact Craig Roberts, Lisa Cannada, Jeff Smith, Steve Kottmeier, or Brett Crist.

**Don't forget to pick up your copy of the OTA 25 Year History Book when you are in San Diego!**



## BASIC SCIENCE COMMITTEE

Theodore Miclau, MD, Chair

The Basic Science Committee continues to promote and develop translational research in orthopaedic trauma-related areas. Last year's Basic Science Focus Forum (BSFF) was well received, with a record number of attendees, and this year's meeting should be equally interesting. The program in San Diego will be structured similarly to the last two year's programs, addressing state-of-the-art basic research in clinically relevant topics through six symposia (Current concepts in Inflammation and Musculoskeletal Injury and Repair, Growth Factors, Cartilage Injury and Repair, Biomechanics, Infection, and Functional Outcomes). Five of the six symposia will be followed by a scientific paper session. Each scientific session will be preceded by an overview provided by an expert in the field, who will summarize and put into perspective the overall content of the research work.

The Basic Science abstracts were all reviewed by the committee and selected members of the OTA Program Committee. In all, there were 118 basic science selections, compared with 122 last year. Eight abstracts were selected for the main annual meeting, and 24 abstracts were selected and grouped topically for presentation at the BSFF. Given the high quality of the abstracts, this year's OTA Program Committee is considering the BSFF papers as part of the Annual Meeting scientific presentations, with the first paper being presented on Wednesday morning.

Additionally at this year's OTA Annual Meeting, the committee will offer a Clinical Research Seminar, which is the sixth year of this alternating grant writing/clinical research seminar. The topics include: 1) Randomized Trials in Orthopaedics: How Far Have We Come? (**Saam Morshed**); 2) What You Need to Lead a Randomized Trial (**Mohit Bhandari**); 3) Getting Bang for the Buck-How to Get RCTs Funded (**Michael Bosse**); 4) Participating in a Randomized Trial-How and Why? (**Emil Schemitsch**); and 5) Ongoing Multicenter RCTs in Trauma: Looking for You! (**Andrew Schmidt**).

Finally, last year's OTA/ORS symposium, which was organized by the committee and entitled "Assessment of Fracture Healing," is a symposium on the OTA Program this year. The best trauma-related ORS poster, as judged by the ORS Program Committee, is being presented at this year's OTA annual meeting, and the best basic-science related poster from this year's OTA Annual Meeting will be presented at the ORS next year in New Orleans.

## EDUCATION COMMITTEE

David Teague, MD, Chair

The Education Committee oversees all of the OTA-sponsored educational courses, reviewing content, planning succession of leadership, and responding to evaluation recommendations. The committee also evaluates new course ideas and proposals. Currently, two Comprehensive Fracture Courses for Residents, one Advanced Trauma Technique Course for Residents, and one newly-adopted Fellows Course for fellows in musculoskeletal traumatology are directed by the committee. The joint AAOS/OTA trauma course is shepherded primarily by AAOS personnel with some input from the committee. Novel courses are under consideration including an offering for trauma surgeons recently out of fellowship. This course will allow connection of early career trauma surgeons to our organization, encouraging engagement in the OTA for these young surgeons while offering them meaningful member services.

**Steve Morgan** completes a strong tenure as chair of the flagship fall fracture course this year. His co-chair, **Laura Prokuski**, welcomes **Michael Archdeacon** to the leadership of that important course. **Kevin Pugh** and **David Hubbard** led the spring Comprehensive Fracture Course in 2009 and Hubbard and **Matthew Graves** will take that course forward in 2010. **Thomas Higgins** and **Jim Stannard** were chairs of the Advanced Trauma Techniques Course, and **Dave Barei** will replace Stannard at the helm in 2010. **Paul Tornetta** and **Mike Bosse** took charge of the Fellows Course in Boston in 2009, and will reprise their roles next year. **Robert Probe**, **George Haidukewych**, and **Sean Nork** have had or will have leadership of the always successful joint AAOS/OTA course.

The committee and the organization are grateful to these members for the time, ingenuity, and sweat equity that have gone into these courses. Many other section leaders and faculty make these courses run, and we are appreciative of all the contributions. A special word of thanks goes to **Steve Morgan** and **Kevin Pugh** for their tremendous service to and leadership of our courses, and to **Michael Stover** for his years of service on the committee.

Many ongoing projects receive additional work from the committee. The core curriculum slide project is in its third revision cycle under the direction of

*Continued on next page.*

## EDUCATION COMMITTEE,

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**Thomas Higgins** and a host of section editors. Volunteers looking to contribute to this OTA effort are encouraged to contact Paul Hiller (hiller@aaos.org). The OTA co-branded ICL submission process, led by **Paul Dougherty** and **Michael Stover**, remains a successful yearly undertaking resulting in many AAOS Annual Meeting ICL's and symposia presented under the brand of the OTA. Timelines for the next cycle will be announced soon. OKU Trauma 4 is well underway, with most chapters submitted to section editors. **Andy Schmidt** and **Dave Teague** lead this effort as co-editors, while much work is being turned in at the section level by **Ken Koval**, **Adam Starr**, **John Capo**, **Roy Moed**, **Carlos Bellabarba**, **Michael Stover**, **Kevin Pugh**, and **John Gorczyca**.

## RESEARCH COMMITTEE: DEADLINE UPDATE

*Joseph Borrelli, MD, Chair*

### Resident Grants

Grant Cycle: 6/1/10 - 5/31/11

Deadline: **January 12, 2010**

Grant Cycle: 1/1/11 - 12/31/11

Deadline: **June 21, 2010**

### Full Grant Application

Pre-proposal Deadline: **January 11**

Full Grant Application Deadline: **June 7th**

See the latest resident grant award recipients at: <http://www.ota.org/research/2009%20-%202010%20AWARDED%20RESIDENT%20GRANTS%20FINAL.pdf>. Congratulations to our future scholars!

Resident and Full Grant Recipients for the Jan. 1, 2010 – Dec. 31, 2010 will be announced following the October Board of Directors Meeting.

## MEMBERSHIP COMMITTEE

*David Barei, MD, Chair*

We are a growing organization! OTA currently has 1,051 members. **Encourage your colleagues, fellows and residents to apply for membership by November 1.** New Members will be welcomed at Specialty Day March 13, 2010. Break down by

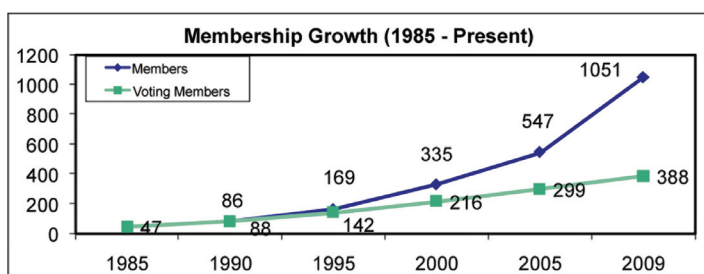
## FELLOWSHIP COMMITTEE

*Lisa K. Cannada, MD, Chair*

The Fellowship Committee had a recent conference call discussing issues of the fellowship. First of all, we are very happy to report that the match process is going smooth. The applications were due on September 1, 2009 with a match date of **April 6, 2010**. Again, the OTA is offering rooms for interviews at the Annual Meeting and over 35 programs have signed up. This year, there are over 100 applicants for 81 trauma fellowship positions. The strong interest in trauma remains.

This past year, the fellowship candidates completed a survey following their fellowship year. This survey was distributed to fellowship doctors to assist them with the critical evaluation of planning of their fellowship program. In addition, the Fellowship Committee has posted on the web site a document with fellowship applicant tips, which we encourage applicants to review. We are proposing the development of a chart for fellowship applicants to provide basic information about each of the fellowship programs. This will be discussed at the board of directors meeting.

If there are any comments or thoughts on any of the issues mentioned, or the continued increased number of trauma applicants, please feel free to contact me at LCannada@slu.edu. Currently with over 100 applicants for 81 positions, 20% of them will not match with trauma programs. In addition, the number of programs has significantly increased over time with over 12 new programs just in the past few years alone. Your thoughts are welcome on this process.



category: Active: 383; Allied Health: 31; Associate: 74; Candidate: 246; Community: 174; Emeritus: 43; International: 89; Research: 10 and Senior: 1.

See page 8 for benefits of OTA membership and please complete the questionnaire regarding member services to enlighten the OTA Board about what you would like OTA to offer members.



## CLASSIFICATION, DATABASE AND OUTCOMES COMMITTEE

Larry Marsh, MD, Chair

This year there will be a *database users meeting at the Annual Meeting in San Diego Friday, Oct 9<sup>th</sup>, 2:30 – 3:30 PM in Mohsen A/B. Any interested OTA members, including those that have not used the database, are invited to attend since this should be an excellent way to become familiar with this member benefit.* This will provide a brief update on some of the committee's recent activities. We are looking forward to a productive meeting in San Diego to advance these projects.

We have continued to make progress developing and evaluating a new classification of open fractures that was previously presented in the *OTA Newsletter*. The literature review, consensus process and initial field test that led to the classification have resulted in a manuscript that has been favorably reviewed by the *Journal of Orthopaedic Trauma (JOT)*. A peer reviewed publication in JOT will be an important step for this project. Two different projects to assess the reliability of this new classification are being developed and committee members are working to get IRB approval. For one project we are producing videos of open fractures that will allow many observers to classify the fractures in the video format. The other study will assess independent classifications of an open fracture provided by two or more observers, clinically assessing the same open fracture. We feel this new classification of open fractures will advance our ability to reliably communicate information about open fractures and set the stage for better clinical research in this important area of orthopedic trauma.

A fracture classification project based on the OTA classification was published on OKO in April of 2009. It features a general review of the OTA classification and sections on ankle, plateau and distal femur. We plan to add additional sections and would be pleased to have other interested OTA members involved in this project.

Our MFA pilot project, funded by the OTA, is underway with IRB's in place at five centers. We plan to assess the functional health status of patients with fracture codes 43 (plafond) and 11 (proximal humerus) using the MFA. The goal is to determine what can be expected of the health status of patients with these fractures at various time points after their injury. The

overall plan is to obtain this information for a wide range of fracture codes.

There is a slow gradual increase in the use of the OTA database and trauma registry. In the past year, there have been 43 total users. 30 sites have input data, and 9 are very active (190+ cases).

## TRAUMA CODING CASE TIPS

Peter Althausen, MD, MBA

*Disclaimer: This was submitted by an OTA member and is for common coding questions cases in trauma. The OTA does not promote this as standards of practice. If you have coding cases you want to submit, send them to ota@aaos.org and OTA staff will forward them to the Coding Committee, William Creevy, MD, Chair.*

Pilon fracture with shaft extension and compartment syndrome  
Initial surgery with fasciotomies, external fixation with delta frame, and wound vac  
**27602** 4 compartment fasciotomy  
**20692** Application of multiplanar external fixator (because delta frame)  
**27825** Closed treatment of pilon fracture with manipulation  
**97606** Application of wound Vac  
Followed by definitive fixation, I&D, removal external fixation & closure.  
**11044** I&D  
**20694** Removal external fixator  
**27828** Open treatment pilon fracture with internal fixation of tibia and fibula  
**27758** Open treatment tibial shaft fracture with plate/screws  
**77071** Manual application of stress performed by physician for joint radiography(to test syndesmosis)  
**13160** Secondary closure of surgical wound  
To code for pilon and shaft separately, you must dictate first articular stabilization, then state that either the incision was extended or a new proximal incision was required for tibial shaft treatment.

The Distinguished Visiting Scholars Program is going strong at Landstuhl Regional Medical Center in Germany. To date 28 OTA members have volunteered their valuable time. The need continues, however. Undoubtedly we are all relieved that the conflict in Iraq appears to be winding down in terms of US and coalition forces. In the meantime, Afghanistan has seen a significant rise in troop deployments to over 60,000 with increasing casualty rates. Insurgent tactics and techniques have evolved leading to a significant number of severely injured warriors. Like the wounded from Iraq, these wounded soldiers, marines and airmen all travel through Landstuhl prior to returning to stateside facilities for definitive care. The visiting scholars have played a key role in assisting the capable military surgeons in caring for the wounded. Their extensive experience in trauma care offers an excellent perspective in treating the wounded and complements the skills of the military surgeons. Meanwhile, the visitors gain valuable insight into extraordinarily complex wounds while providing lectures to the staff and lending a helping hand. Perhaps the greatest benefit is the development of a sense of common purpose and mutual need to help those who go in harm's way. The mutual respect engendered and the ideas that germinate from this interaction will undoubtedly advance the care of the severely injured patient, military or civilian.

A recent survey administered by the AAOS confirms the success of the program among the civilians and military alike. A sample of Landstuhl staff comments includes: "Increases efficiency and effectiveness. More hands, more brains, more experience", "Encouragement to all of us at LRMC," "[previously] the DVSP program extended services which we could not offer here before, specifically, pelvis/acetabular fixation. Currently, the program enhances the process of delivering care to our wounded warriors". The anonymous survey of the scholars yielded the following: "Excellent", "Exposure to high grade injuries not seen in civilian sector", "Strengths are primarily in the professional interaction arena... Making these contacts was the highlight for me. Caring for wounded warriors is the zenith, but we'd all be glad if there were none who needed care!"

Based on the success of the program and the ongoing need, the program is continuing in 2010. *If you have thought of volunteering but have not had the time and now do, please contact Paul Hiller at the OTA [hiller@aaos.org](mailto:hiller@aaos.org) or at the OTA [ota@aaos.org](mailto:ota@aaos.org).*

The program requirements are: 10 years of experience in trauma care, demonstrated excellence in teaching, and a commitment to clinical care. Rotations are generally 2 weeks long.

You may also let your non-trauma colleagues know that there is an initiative investigating the feasibility of a similar program for scholars in other subspecialties to visit stateside military facilities.



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## FELLOWS CORNER

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Like more than 80 people out there, I have just started my trauma fellowship.

The transition has been fairly smooth, but there were a lot of rapid adjustments that had to be made. In a one month span you go from knowing every nurse, therapist, and scrub tech to getting lost walking from the bathroom to patient holding. And maybe I am the only one who feels like a "man without a country", but it is certainly an ill-defined position to be resident and not-resident, faculty and not-faculty. Of course life outside the hospital is its own adventure. If you have a family, they are likely going through some trials of their own with new schools, loss of the established social fabric, and perhaps some isolation. And in the middle of all the initial growing pains, you are trying to live up to some lofty ideal regarding competencies that suddenly you should possess.

What are some of my biggest early challenges? Certainly trying to figure out the peculiarities of each attending has been an issue. You don't realize how much you take the little things for granted: which suture to close with, what dressings to apply,

*Continued on page 8.*

how get the right forms in the computer. It's very different from wherever you trained, and your old way of doing things is wrong. So, on those occasions when you are actually the attending of record for the room, best choose wisely whose protocol you want to follow. You also need to determine which residents are trustworthy and which ones need their hands held until the splint is on. Being on this side of the fence, I have learned that a careless resident wielding a drill bit can sabotage your plans pretty quickly. Oh yeah, and I am sure that everyone is aware that everything you do is under the microscope. Maybe it's just a perception on my part, but the residents expect that you understand all the nuances of trauma, and the attendings expect that you understand most of the nuances of trauma.

Challenges to come? Well, you better start looking for a job if you haven't done so already. If you are like me, you have heard countless comments regarding the abundance of trauma positions around the country: "You will have so many opportunities," and "They will be knocking down your door", and "There will always be a need for trauma." If you haven't already begun the job search you may be a little behind the curve. Certainly jobs are out there, but not ninety-two full-time trauma jobs. Look into some of the offers and you will quickly realize that they are not all as advertised. Some are just veiled attempts to get a young surgeon to cover any case that isn't elective, and others are just a means to fill the call schedule or have emergency room coverage. Jobs generally don't fall into your lap, at least not good ones. Nothing is going to be perfect, but it takes time to sort through all the details and figure out what will be best for you and your family.

Dealing with the challenges? *Join the OTA if you haven't done so.* It's not very expensive, the resources are fabulous, and the benefits are numerous. First of all there is a significantly decreased fee for attending the annual meeting. The trauma database and OTA position statements are available to members only. They have wonderful resident resources with lectures available on any trauma topic that you can imagine. A mentor program is in place. And if you haven't noticed there are regular job postings on the website. It's a wise move to support the one group in orthopaedics that supports what you do.

My last piece of advice: don't get too wrapped up in the fellowship process that you forget about everyone who supported you on the journey here. You can't learn it all in a year, so don't try. Pick your kids up from school when you can, call your buddies back home, take time to do something with your spouse, exercise. Yeah, you got a lot of things to do and there are some articles you need to look up and blah blah blah... Don't take the stress or frustration with you when you leave for home. It's hard, but if you have friends and family that you want to keep around, better learn to find some balance in your life. Don't burn it out before you even get started.

Maybe I'll have a better handle on this fellowship thing by the next letter. At least I'll be able to navigate the halls.

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## SNEAK PEEK: AAOS ANNUAL MEETING 2010

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The AAOS will return to New Orleans in March 2010. As usual, the OTA will have several co-branded ICL's. Mark your calendars now for an exciting **Specialty Day on March 13, 2010.**

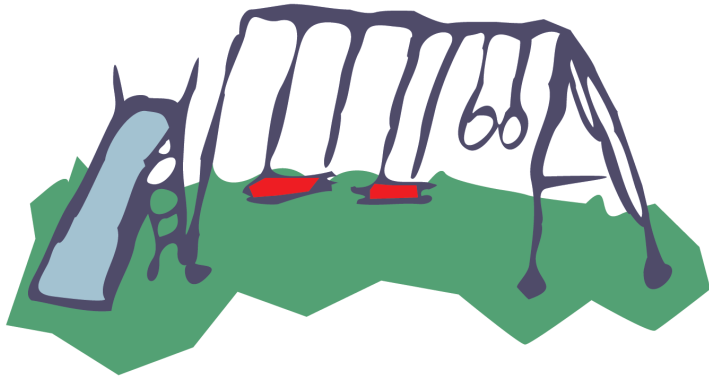
The Specialty Day Planning Committee is **David Templeman, Timothy Bray, Susan Scherl, William Ricci, James Goulet, Jeff Anglen and Andrew Schmidt**. An interesting day is planned covering Pediatric Emergencies, OTA Annual Meeting Highlights, a thought provoking session on Trauma Care, Trauma and Total Joint Problems and Avoiding Complications in Common Orthopaedic Injuries. **Register and obtain your hotel room for New Orleans now!**

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**BE INVOLVED IN THE AAOS' FIRST FAMILY  
FITNESS AND FUN PARK BUILD!  
NEW ORLEANS, LOUISIANA:  
TUESDAY, MARCH 9, 2010**



The Family Fitness and Fun Park will provide children, parents and grandparents the opportunity for physical activity together. There will be equipment for balance, flexibility, strength and a walking/running track for aerobic exercise. The various activities of the Park will help reduce and prevent falls, build strong bones and give those recovering from joint replacement a safe place to exercise. The different stations will include descriptions of how to do the exercises, why they are important and tips for how to prevent injury.

In the middle of the Family Fitness and Fun Park will be a safe, accessible playground where 5-12 year olds, with and without disabilities, can play safely together. This is truly a place where three generations of families can get fit and have fun together.

For a sample rendering and more information, please visit the build page on the AAOS Web site.

OTA has helped as Builders in the past – thank you!!

**Jeff Smith** is reaching out to request OTA help again! On Tuesday, March 9, the first bus will leave the Ernest Morial Convention Center at 6:30 am and arrive at the site before 7:00 am. The ribbon-cutting will take place around 3:30 pm that afternoon and you will be able to catch the 4:00 pm bus back to the convention center. It will be another fantastic day of building with fellow orthopaedic surgeons, allied health, orthopaedic industry, and of course, New Orleans community volunteers.

Thank you so much and hope to see you on Tuesday, March 9, 2010!

**Jeff Smith, MD, OTA Public Relations Committee**

**MESSAGE FROM THE PRESIDENT,  
CONTINUED FROM PAGE 1**

Smith & Nephew that directs funds to orthopaedic trauma fellowships and resident programs for education. Watch the OTA website for further details and application links.

3. The Presidential Strategic Planning Meeting focused on developing budgets – on multiple levels – to ensure that we are being careful with our finances and meeting members' needs during this time of financial challenges. Please complete the questionnaire prepared by **Tim Bray, David Barei, Claude Sagi, Susan Scherl, Michael Sirkin** and **Heather Vallier** and share your ideas for projects and programs which support your goals. Member Services was identified as a priority for the OTA Board.

4. The Presidential Line has met with the AAOS Presidential Line to directly discuss the on call issue and subsequently participated in an AAOS and OTA conference call with the American Hospital Association to discuss common goals.

5. **Bill Ricci** has done an excellent job of finalizing the program for our annual meeting in San Diego. I hope to see all of you at the **OTA Business Meeting** at the Manchester Grand Hyatt Hotel on **Thursday, October 8**, following the General Session. **Bob Ostrum, Animesh Agarwal, Madhav Karunakar, Jeff Anglen, Craig Roberts, Joe Cass** and **Lisa Cannada** led the efforts to create the History Book and Timeline in recognition of the OTA's 25th anniversary. I hope you have responded that you will attend the **Members' Dinner Celebration** on **Thursday 7:30 pm** at the Hotel del Coronado.

6. The International Committee directed by **Bill DeLong** will produce our first **International Symposium** to be held **Wednesday, October 7** just prior to the start of the Annual Meeting followed by a reception for all International attendees and all OTA Board of Directors.

7. The fellowship match program continues to proceed well with over 114 applicants to date and interview dates scheduled October 1 – March 30. Some interviews will occur during the OTA Annual Meeting.

8. The **OTA Specialty Day Program** for **March 13, 2010** is now printed and on-line information regarding OTA/AAOS co-branded ICL and symposia is available for the AAOS New Orleans Meeting.

I hope this includes most of the significant activities of which you would want to be aware.

*David Templeman*  
OTA President



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## ANNOUNCEMENTS

### • Volunteer Opportunities

Douglas Foyer of the **Manchester Grand Hyatt** will have a **Membership Booth** which needs member volunteers during meeting breaks and lunches.

Participate in the AAOS 2010 **"First Family Fitness and Fun Park Build"** in New Orleans. More info to follow in next newsletter. Contact [ota@aaos.org](mailto:ota@aaos.org) if you can volunteer to assist Jeff Smith's OTA team.

### • OTA 25th Anniversary CELEBRATION

**OTA Ties** are available for purchase @ \$45 at the meeting or \$50 from the staff office.

**OTA Golf Shirts** are available for purchase @ \$35 at the meeting or \$40 from the staff office (Sizes S, M, L, XL, XXL)

**OTA Anniversary History Books** and **OTA Silver Anniversary Pins** will be distributed at the **Member Dinner Celebration** at the Hotel del Coronado, Thursday evening **October 8 @ 7:30 pm.**

### • Art Exhibit Submissions

Wounded in Action: An Art Exhibition of Orthopaedic Advancements celebrates those heroes who have had orthopaedic injuries as a result of serving our country in war. Artwork submissions are now accepted at [www.woundedin-actionart.org](http://www.woundedin-actionart.org), deadline **OCTOBER 15.**

OTA Board encourages participation in the AAOS Wounded in Action art exhibit scheduled for the AAOS Annual Meeting in New Orleans. Mark your calendars to stop in and view the artwork.



### • Reviewer Opportunity

If you are interested in being a reviewer for JAAOS trauma articles, please contact **Jeff Anglen** at [janglen@iupui.edu](mailto:janglen@iupui.edu).

### • Fellowship Applicants

"Applying for Fellowship" tips sheet and guidelines is now available on the OTA website on the homepage under "What's New" and on the Fellowship Directory page at [www.ota.org](http://www.ota.org).

### • Abstract Deadline for 2010 OTA Annual Meeting

The abstract deadline is **February 10, 2010** for the Annual Meeting, October 13 - 16, 2010 in Baltimore, Maryland.

### • OTA Newsletter

Deadline for next newsletter is **December 1<sup>st</sup>.**

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