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# FRACTURE

The Newsletter of the Orthopaedic Trauma Association

Winter 2010



## MESSAGE FROM THE PRESIDENT

*David C. Templeman, MD*

A special recognition and congratulations go to **Bill Ricci, Jim Goulet** and **members of the OTA Program Committee** for the success of our fall Annual Meeting in San Diego. There were more than 1,700 registrants and approximately 1,600 participated during the three days of case discussions, symposia and labs, facts that clearly indicate the program committee did terrific work in selecting timely topics. In addition, there were 153 international registrants from 34 countries. Thanks go to **Bill DeLong, Wade Smith, and Andy Schmidt** (and members of the International Committee) for their work in arranging the first ever International Orthopaedic Trauma Care Forum.

It was a fantastic few days in San Diego; and as always it would not have been possible without the unbelievable amount of work done by **Nancy Franzone, Kathleen Caswell, Sharon Moore, Paul Hiller** and **Darlene Meyer**.

Future events to be aware of: the Education Committee is directing the Advanced Orthopaedic Trauma Techniques Course for Residents to be held in Los Angeles, January 29 - 30. Specialty Day during the AOOS Annual Meeting in New Orleans this year will be on March 13<sup>th</sup>.

Happy New Year to everyone!



## FROM THE EDITOR

*Lisa K. Cannada, MD*

Welcome to the winter edition of the OTA newsletter! I hope everyone enjoyed the holiday season. This edition highlights the 25th OTA Annual Meeting held in San Diego. It seems so long ago as we are getting ready for the AAOS Meeting! It is not too early to begin planning. Mark your calendars for OTA Specialty Day held on Saturday, March 13, 2010. This issue has great columns including "From a Fellow's Viewpoint" and a Coding corner. There are reports from several committees.

On a more serious note, the OTA lost two members in the month after the OTA meeting. Dr. Alan Levine, former past president in the OTA, passed away in Baltimore, Maryland. He will be remembered for his contributions to the OTA and his great teaching. On November 7, 2009, the OTA lost a young upcoming leader: CDR Michael Mazurek. Please see this issue for a tribute to both of these members in addition to information regarding donations for the Mazurek family.

The 26th OTA Annual Meeting will be held in Baltimore, Maryland, October 13 - 16, 2010. The **abstract deadline is February 10, 2010**. The deadline for the next *NewsFlash* will be February 14, 2010 followed by a more comprehensive newsletter after Specialty Day. Please let me know if you have any comments or questions for inclusion in the newsletter. Thanks and Happy New Year. [LCannada@slu.edu](mailto:LCannada@slu.edu).

**RETIREMENT NEWS OF NANCY FRANZON,  
EXECUTIVE DIRECTOR 1990 - 2010**  
*David C. Templeman, MD*



*Nancy Franzon with granddaughter, Elizabeth. Elizabeth doesn't look convinced that grandma will actually retire, does she?*

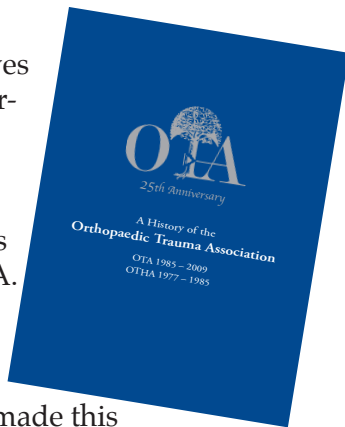
All of this good news would not be possible without Nancy Franzon. Nancy, after 19 years of devotion to the OTA, has formally announced her retirement effective January 31, 2010. As Roy Sanders noted, "Nancy to a great extent, is the OTA, and our great

and unbelievably congenial society reflects the leadership, personal joy and hard work she has dedicated to the OTA. It is simply a great legacy."

**OTA 25TH ANNIVERSARY BOOK**

*David C. Templeman, MD*

As part of our 25<sup>th</sup> Anniversary, the Archives Committee under the leadership and hard work of **Bob Ostrum** collected and compiled an outstanding book which commemorates the development of the OTA. **Jeff Anglen, Lisa Cannada** and **Joe Cass** are to be congratulated for their many contributions which made this possible. A creative "Here and Now" section chronicles the advances in orthopedic trauma care during the last 25 years. One of the very interesting features of the book is a timeline of the OTA and places organized by **Animesh Agarwal**. This is an excellent visual projection of the important development steps taken by the OTA during its development. If you did not obtain 'The History of the Orthopedic Trauma Association,' copies are available thru the Executive Office in Rosemont.



**OTA 25TH ANNUAL MEETING**

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



*William Ricci,  
Program Chair  
addresses attendees  
at the 25th  
Anniversary OTA  
Annual Meeting.*

Hope you were able to make it to San Diego for an unbelievable meeting! **Once again, attendance records were broken for the Annual Meeting with 1,100 attendees and 604 company reps.** The pre-meeting events were not to be missed: the Basic Science Fracture Forum, The (New) International Orthopaedic Trauma Care Forum, The Young Practitioner's Forum and the Karen Zupko Coding Course. Look for reports on these sessions elsewhere in the newsletter.

The meeting included 64 podium presentations and over 100 posters. Audience interaction was great, not only during the podium presentations, but also the breakout educational sessions. There were thought-provoking and practice-changing symposia on a variety of topics. In addition, this meeting was the first collaboration with the Orthopaedic Rehabilitation Association that included two symposia: Heterotopic Ossification and Amputation.

Specialty Day at the 2010 AAOS will include a presentation of the Bovill Award paper. Also, concise reviews of the most outstanding research as well as the most clinically relevant papers will be presented in condensed form by the program committee chairs. New this year, the top papers will be considered for "fast-track" publication in JOT.

The 25<sup>th</sup> Anniversary dinner for OTA members was held at the picturesque Hotel del Coronado. It was well attended and was a chance to catch up with old friends.

What a meeting! It will be hard to top! We know we can count on the Program Committee to meet the needs for the OTA in Baltimore!



## OTA INTERNATIONAL ORTHOPAEDIC TRAUMA CARE FORUM

*William DeLong, MD and Wade Smith, MD*



*SIGN Scholars and OTA hosts:*

*(left to right) Patrick Sekimpi, MD – Uganda, SIGN Scholarship Winner; Rizwan Akram, MD – Pakistan, SIGN Scholarship Winner*

The 25<sup>th</sup> Anniversary of the OTA Annual Meeting hosted the inaugural “International Ortho-paedic Trauma Care Forum” with 153 attendees. This pre-meeting event on Wednesday October 7, 2009 was a product and vision of the newly formed International Relations Committee. The members include **William G. De Long, Jr., MD, Jeffrey Anglen, MD, Peter Giannoudis, MD, Steven Morgan, MD, Saqib Rehman, MD, Andrew Schmidt, MD, Wade R. Smith, MD, David Templeman, MD and Lewis Zirkle, Jr., MD.** This was a joint effort along with the International Membership Committee which includes **Peter Giannoudis, MD, Ney Amaral, MD, Guenter C. Lob, MD, Akira Oiaumi, MD, Hans-Christoph Pape, MD, and Thomas A. (Toney) Russell, MD.** The goal of this project was to increase access and opportunity for the International Community to participate in the meetings and educational efforts of the OTA. This included prospects for emerging nations.

Considering this was a first time event, it was extremely successful! There were many papers submitted to the program committee for this meeting and 22 high quality papers were presented. The topics included Delayed Treatment of Fractures: Pitfalls and Practical Solutions, Polytrauma and Post-traumatic reconstruction, Infection, Upper Extremity and Injury Prevention, and Pelvis and Lower Extremity. The presenters came from around the World with representation from the following countries:

**Afghanistan, China, Columbia, India, Argentina, Pakistan, Brazil, Shanghai, France, South Africa and Uganda.**

The International Reception was held immediately following the Forum and provided a very collegial atmosphere where old friends reunited and new friends were made. The program committee has selected the top three papers which will be published in an upcoming issue of the Journal of Orthopaedic Trauma by special arrangement with the Editor, Roy Sanders, MD.

The success of this event was much more than expected and has set the bar very high for next year’s Forum.

## YOUNG PRACTITIONER’S FORUM (YPF)

*Lisa K. Cannada, MD*

The 3<sup>rd</sup> Annual YPF was held at the 2009 OTA Annual Meeting. There were 176 registered attendees; over 100 of these were residents or fellows. The topics covered included preparing for your first job, building a practice, preparing for oral boards, financial suggestions, and job success strategies and significant insight on negotiating contracts. Attendee feedback indicated those registered found the Forum topics to be of great value. The sessions invited interaction between the audience and faculty. As usual, there was not enough time for everyone to express all of their points in their lectures, but the speakers all received positive comments and questions throughout the meeting. **All lectures are posted on the OTA website.** Feel free to review at your convenience. The keynote speaker was OTA Past President, **Robert Winquist, MD,** who gave a great talk on “Learning from the History of Fracture Fixation”. Thanks to all who attended and participated to make this forum a success!

## SPECIALTY DAY 2010

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OTA Specialty Day will be held in the Morial Convention Center, Room R05 on Saturday, March 13, 2010. **Advance registration will be accepted until January 27, 2009.** The planning committee consists of *David Templeman, Jeffrey Anglen, Timothy Bray, James Goulet, William Ricci, Susan Scherl and Andrew Schmidt.* The topics include pediatric emergencies; trauma care including reimbursement strategies, common orthopaedic emergencies: avoiding complications, trauma and joint problems and locking plate failure. Lots of topics to be covered in this interesting day! In addition, the OTA Annual Meeting highlights papers will be reviewed (not presented as in the past) and highlights of the Basic Science Forum papers and the presentation of the Bovill Award for the best paper. Of course, Specialty Day will be followed by the OTA reception and passing over of the presidency from *David Templeman* to *Timothy Bray.* Do not miss it! Sign up now.

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## RESEARCH COMMITTEE

*Joseph Borrelli, MD, Chair*

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Congratulations to the 2010 Grant Award Recipients ([www.ota.org/research/Discussion%20Research%20B%202010%20Grants.pdf](http://www.ota.org/research/Discussion%20Research%20B%202010%20Grants.pdf)).

The Resident Research Grant Application deadline is **January 12, 2010.** In addition, the OTA Research Grant Pre-Proposal Application deadline is **February 1, 2010.** Both applications are available online at [www.ota.org](http://www.ota.org). There are Clinical Research Grants, Basic Research Grants and Directed Topic Research Grants which include: The Clinical Use of rhBMP-2 and Clinical Studies in the following areas - Local vs. Systemic Antibiotics for Orthopaedic Infections; Healing of Bone Defects; Surgical Infection Prevention and Treatment; Economic Outcomes in Trauma Care; and Alternative Wound Management Strategies. Please start working on those grant applications.

The OTA has been a leader in funding research and continues to do so. Your donations are always appreciated.

## BASIC SCIENCE COMMITTEE

*Theodore Miclau, MD, Chair*

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The Basic Science Committee organized a variety of activities at the OTA Annual Meeting in San Diego. The seventh offering of the Basic Science Focus Forum (BSFF) was well attended, with a total of 213 attendees. The day-and-a-half meeting was again structured in order to highlight 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), followed by topically relevant scientific paper presentations. Each scientific session was linked to the subsequent paper presentations by an overview provided by an expert in the field. The 24 abstracts presented (in addition to the eight selected for the Annual Meeting) were selected from 118 submissions. This year, the top abstracts from the BSFF will be offered fast-track submission to a special Basic Science edition of the *Journal of Orthopaedic Trauma.*

Additionally at this year's Annual Meeting, the Committee offered a clinical research seminar, which represented the sixth year of alternating grant writing/clinical research seminars. The topics included: 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," was presented as a symposium on the OTA Program this year. The best trauma-related ORS poster, as judged by the ORS Program Committee, was presented at this year in San Diego, and the best basic-science related poster from this year's OTA Annual Meeting will be presented at the ORS 2010 Annual Meeting in New Orleans.

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As you know, there continues to be an increased interest in fellowship training in trauma. Currently, for this year's match, there are 122 people who registered with the SF match website and 94 people with completed applications for trauma fellowships. There are 50 US programs and 86 US positions. There are seven additional programs interested in starting fellowships to be included in the SF match process for the 2012 match! At the 2009 OTA Annual Meeting, there were interviews held throughout the meeting. The fellowship committee along with the BOD met to discuss strategies for the future of orthopaedic trauma fellowship training. With the announcement of the COTA funding of fellowships (see related article) and some OTA fellowship programs receiving funding from industry, OREF and Zimmer / AOA fellowship funding.

The "million dollar" question is of regulation of fellowship programs. In addition, there have been fellows who have gone on to training programs and the experience has not been what they anticipated. The OTA is not a regulatory body; however, in order to make information readily available to all fellowship applicants interested in programs, all fellowship directors recently received a survey. The survey results will include objective data and will be available to all applicants on the OTA website (with a direct link provided to the program). We believe this will make the process more transparent regarding what each fellowship program is offering and also serve as a resource of information.

To review the timetables for the match this year, ***Tuesday, March 30, 2010 is rank list submission deadline with match results e-mailed to all programs and applicants on Tuesday, April 6, 2010.*** There will be vacancies posted on the SF match website by ***Friday, April 9, 2010.*** This is for fellowships beginning the year August 2011.

The OTA is proud to report that there were no sanctions during the SF match process during the previous year. Thanks for everyone's cooperation with the Match! Please feel free to comment with any questions or concerns regarding the fellowship match process to [LCannada@slu.edu](mailto:LCannada@slu.edu) or [ota@aaos.org](mailto:ota@aaos.org). We are especially looking for any suggestions regarding the interviewing process from applicants and program directors alike.

The OTA Health Policy Committee has been working to advocate for the issues important to the OTA. One such issue is the support of HR 1678, also known as the "Mitigating the Impact of Uncompensated Service and Time Act of 2009," introduced by Representative Bono Mack (D-CA). As Dr. Dave Templeman discussed in his presidential address at the OTA Annual Meeting in San Diego, this bill is meant to partially offset costs accrued by physicians when physicians provide charity care that is mandated under EMTALA. This is an issue that is very relevant to the members of the OTA who are often in the front lines of providing emergent orthopaedic care. Unfortunately, the progress with HR 1678 has been slow. The bill currently has only 8 co-sponsors and is under review of the House Ways and Means Committee. It is important to note that passage of this bill will be challenging this year, but we encourage all OTA members to contact their member of Congress and encourage them to co-sponsor and support this important bill. The OTA Health Policy Committee, in order to gain a larger base of support, is committed to gain support for this bill by working with the American Medical Association (AMA). The OTA was represented at the most recent AMA meeting in Houston by ***Dr. Michael Suk*** and ***Dr. Alex Jahangir***, members of the OTA Health Policy Committee.

The OTA Health Policy Committee believes that it is important for the OTA to have a voice in the health care policy making process. Until recently, the OTA has not had enough members to qualify to secure a seat on the AMA House of Delegates (AMA HOD) assembly. If the OTA had a seat on the AMA HOD, the OTA could propose resolutions to gain support for issues such as HR 1678 and other issues important to the OTA. The members of the OTA Health Policy Committee, with the support of the OTA leadership, will investigate securing a seat on the AMA HOD.

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## AAOT COURSE

*Jeffrey Anglen, MD*



*Bob Probe, Mike Bosse, Iván Ayerza, Alan Jones and Jeff Anglen*

The OTA International Relations Committee (chaired by Bill DeLong), in collaboration with the AAOS International Department, arranged for OTA faculty to teach the orthopaedic trauma sessions of the 46th Congress of the Argentine Orthopaedic Association (AAOT) November 30 - December 4, in Salta, Argentina. The OTA faculty included *Jeff Anglen, Mike Bosse, Bob Probe, and Alan Jones*. Dr. Anglen reported that OTA involvement was a valuable experience for both the AAOT hosts and OTA faculty, the trauma sessions were well received and included many audience questions and comments, and the evaluations were overwhelming positive. He also commented the OTA faculty may have generated some interest in AAOT member participation at future OTA meetings.

## IN MEMORIAM

The OTA lost two members since the Annual Meeting. Alan Levine, past president of the OTA and Mike Mazurek, young, military rising star both tragically passed away. View memorials at: <http://www.ota.org/about/memorial.html>.

### Tribute to CDR. Michael Mazurek

Below are excerpts from the eulogy by Michael Bosse: "All of us are saddened by our loss of Michael. Maz touched all of our lives in very positive and very personal ways.

We all recognize that Michael was a rarity – that he was the total package. First and foremost, he was

## UPCOMING OTA COURSES

### OTA Advanced Trauma Techniques Course for Residents

This course is geared for PGY 4 & 5 residents. Join course directors *Thomas Higgins, MD* and *David Barei, MD* in Los Angeles, CA **January 29 – 30, 2010**. Tuition and travel scholarships available. Information is located through the OTA website.

### OTA Comprehensive Fracture Course for Residents

This course is geared for PGY 2&3 residents. It will be held **April 15 – 17, 2010** in Rosemont, IL. Course directors are *David Hubbard, MD* and *Matt Graves, MD*. Travel and tuition scholarships available. Information is available on the OTA website.

### 10th Annual AAOS/OTA Trauma Course: Current Management Concepts, Techniques & Practical Solutions

will be held **April 8 - 11, 2010**. The course directors are *George Haidukewych, MD* and *Sean Nork, MD*. It will be held in Orlando, Florida at the Royal Pacific Resort at Universal Studios.

**OTA Orthopaedic Trauma Fellows Course** This 2<sup>nd</sup> Annual Course will be held in Boston, MA under the direction of *Paul Tornetta, MD* on **May 21 - 23, 2010**. Registration is limited to current Orthopaedic Trauma Fellows. Scholarship funds will cover airline, hotel and registration fees.

a loving husband and father. Lisa and his boys were the focus of his life. Many of us also knew him as a great surgeon and a dedicated Naval Officer. He was a good friend, a great colleague, a mentor, a positive role model and a loyal shipmate to many of us.

Those who have had the chance to work with Maz understand these memories. Every day was a pleasure, every challenge was an opportunity, and everyone was a friend. Regardless of the circumstances, Maz was always caring, always



## IN MEMORIAM,

CONTINUED FROM PREVIOUS PAGE

focused, always thinking, always acting decisively, and, importantly, always smiling. In tough spots, his humor eased the tension and his calmness gave confidence. With Maz, work was fun and the days went fast.

CDR Michael Mazurek was a professional US Naval Officer who happened to hold the designator of an orthopaedic surgeon. Mike was a natural leader. He did things right. His moral compass was always at true north. He established and maintained high standards for himself and expected the same of others. He had a knack for boiling hard issues down to the basics, the ability to say the hard things that needed to be said and the compassion and in-sight to "fire-and-forget" --- once said, once done - over.

Michael was recognized locally and nationally as a gifted teacher and mentor. Likewise, messages from his former patients expressed gratitude for his outstanding care are a testament to not just his excellent surgical skills, but to the personal and compassionate care that he always provided to all patients.

Maz was especially passionate about the care provided to our wounded warriors. Like many other Navy, Army and Air Force physicians, Mike's selfless and courageous combat service undoubtedly resulted in the saving of many lives and limbs.

Mike's sudden passing leaves a huge void in all of our lives. His time with us, however, should always be remembered and cherished ---- Mike's smile, his laughter and his zest for life engrained in our memories."

God Bless Michael – our friend and our shipmate.

Michael J. Bosse, CAPT, MC, USNR (ret)

11 November 2009

### *Fund for the Mazurek family*

The family has requested that in lieu of flowers, donations be made in Mike's memory to a fund for Adam, Dylan and Spencer Mazurek:

Checks can be made to Lisa Mazurek,

Acct# 100928943 and mailed to:

9861-Attn: Bank Priority Mail

USAA Federal Savings Bank

10750 McDermott Freeway

San Antonio, Texas 78284-8426 or

electronic transfers can be made to

USAA Routing#314074269

USAA Acct # 100928943

## Tribute to Dr. Alan Levine



Alan M. Levine, OTA President from 1995-96, died suddenly October 25, 2009 near his Maryland home. He had been an active participant in the 25th Anniversary OTA Annual Meeting just a few weeks before his death and the photo reflects his passion for teaching residents about the

best spine treatment for trauma patients. His untimely death remains a shock not only to his family and friends, but to his many OTA colleagues who had worked with him since the beginning of the OTA. He became a strong leader who maintained his loyalty to OTA as his educational path continued through committee, council, and editorial work for AAOS.

Alan was an OTA founding member, served two years as annual meeting program committee chair, served as Treasurer for three years on the OTA Board of Directors and three years in the Presidential Line. During his tenure as president, terms of office and charges to committees were created and formalized and he delivered the first Presidential Address at the OTA Annual Meeting in 1995. He effortlessly created a plan, led by example, and encouraged others to reach the same high standard of excellence. Although his other volunteer activities sometimes meant he could not always attend the fall OTA meeting, he remained faithful to OTA and to teaching the spine trauma section of the course for residents whenever possible. It was important to him that spine trauma remain a part of the OTA course for residents and he firmly reminded many course directors that the spine section should not always be the last two hours of the course.

His loyalty to OTA continued as he served on the leadership of the AAOS Council of Musculoskeletal Specialty Societies representing OTA, served as Editor-in-Chief of the AAOS Orthopaedic Knowledge Update - Trauma for which OTA receives some royalties, and became the Editor of the Journal of the American Academy of Orthopaedic Surgeons and the chairman of the AAOS Council on Education.

Dr Levine is survived by his wife of 38 years, Barbara, a son, two daughters, his father, Dr. Leon Levine of San Diego and a sister.

Watch for an editorial in a future issue of JOT and you may wish to read the editorial by Drs Jeffrey Fischgrund and Joseph Zuckerman in the January issue of JAAOS.

#### From a Fellow's Viewpoint...

When I sat down to write this edition of the fellowship letter for the OTA I wondered how many fellows will actually read this article, or any of the newsletter. I started thinking about this idea of an audience for this little article, and then I started to think about the various "audiences" we all have. The concept of having an "audience" is often a difficult idea to grasp, but they are generally part of each facet of our lives.

What I am driving at is that you are probably critically judging the fellowship experience at this point. If not, you should be. At four months into the process you should have a fairly good idea of the case numbers and variety that you will have on completion. Is it what you expected? Are you cultivating the relationships that will sustain you through a career? Is your family happy? Are your skills and judgment improving? Was this the right decision?

The answer to each of the questions depends on your reference point, or audience. Because your personal life is your own to manage, I'll stick to more objective measures of the fellowship. You probably think it's hard to fudge case volume and numbers: these are concrete items that can be compared across programs and between individual fellows. Of course, case participation is not always the same. Were you just scrubbed and observing? An active participant? Performing the case in its entirety? Teaching the operation to one of the residents? Maybe you can begin to see the point a little bit.

The real challenge is determining whether or not you are improving as a clinician and surgeon from this additional training. Again, who is your audience? Nurses and scrub techs? They are a part of how you should be evaluating yourself, but a lot of that "success" depends on your level of kindness, patience, and personal interaction with the staff. From a skills standpoint, they generally only remember if you took a long time to do the case or not. How about the residents? Well if you came in and stole all the good cases I doubt they regard you very highly. However if you are spending the time to teach and guide them through rounds, lectures, and in the operative suite then you may view your success differently. Are there other fellows at your program? Are you comparing yourself to them and they to

you? That can get edgy and maybe even competitive with the wrong mix of personalities. What about the fellowship director? They are a great judge of your progression, and if you haven't sought them out for direct feedback yet, you should. Then again, depending on the size of the program, your level of interaction with the director may be somewhat limited. And you can't forget about the patient. What do they think about your work?

I guarantee that fellowship directors, the OTA fellowship committee, your future partners and hospital administrators are all grappling with these same issues. Individual programs want to know that they are training quality trauma surgeons. The OTA needs to demonstrate that there is some uniformity and minimal standards across all programs, and employers want some assurance that their money is being well spent. How they accomplish this is still up in the air.

There are a lot of audiences out there, and they are generally in constant flux. Ultimately, there is really only one audience with whom you will have reconcile with throughout your career: yourself. It generally involves taking a little bit of information from all your references and sorting it through some filter to arrive at an answer. And what does your experience to date tell you about the value of your fellowship? Are you ready to make the necessary adjustments? To the extent that is within your control, it is time to reverse what you think is unacceptable progress. Refuse to let a positive experience become stale and stagnant. You are responsible for what you take from this year, I hope you make the most of it. Until next time...

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#### PUBLIC RELATIONS COMMITTEE

*Craig Roberts, MD, Chair*

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Following in the footsteps of the wildly successful ATV public service announcement project, the OTA PR Committee is once again teaming up with the AAOS. This time the project is on *"Text messaging and driving safety."* Sandy Gordon and her outstanding team at the AAOS will play a key role in this venture. The OTA Board of Directors has graciously funded this project, and the main expense is expected to be the cost of the services of a professional advertising agency. Please stay posted for more developments.



## CODING CORNER

Peter Althausen, MD, MBA and Lisa A. Taitsman, MD

*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.*

17 y/o male with comminuted left distal humerus fracture treated with ORIF via olecranon osteotomy. Ulnar nerve was released but not transposed.

**24546, LT** ORIF supracondylar fracture with intercondylar extension  
Cannot bill for osteotomy  
Cannot bill for ulnar nerve neuroplasty if done for surgical exposure

**64718, 51** If transposition

62 y/o male with right terrible triad elbow injury treated with ORIF coronoid, radial head replacement and repair of LCL and annular ligament

**24666, RT** Radial head replacement  
**24343, 51** LCL repair with local tissue  
**24685, 51** ORIF coronoid  
Cannot bill for annular ligament repair

28 y/o male with right tibial pilon fracture with shaft extension and compartment syndrome  
Initial surgery with fasciotomies, external fixation with delta frame, and wound VAC

**20692, RT** Application of multiplanar external fixator (because delta frame)  
**27825, 51** Closed treatment of pilon fracture with manipulation  
**27602, 51** 4 compartment fasciotomy  
**97606.51** Application of wound Vac

Followed by definitive fixation, I&D, removal external fixation & closure. 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. Don't forget to code for stress view of the syndesmosis, since we all test this automatically in every ankle fracture we fix.

**27828, RT, 58** Open treatment pilon fracture with internal fixation of tibia and fibula  
**7758, 51, 58** Open treatment tibial shaft fracture with plate/screws  
**13160, 51, 58** Secondary closure of surgical wound  
**11044, 51, 58** I&D  
**20694, 51, 58** Removal external fixator  
**77071, 51, 58** Manual application of stress performed by physician for joint radiography

## ATTENTION OTA EDUCATORS...

Under the direction of the AAOS Council on Education Project Team for CME Faculty Development, an ICL has been developed that will provide CME educators ideas and techniques for enhancing teaching skills.



**CME Faculty Development:  
Developing Teaching Skills to Enhance Learning**  
Moderators: *Mark C. Gebhardt, MD* and *Norman Y. Otsuka, MD*. This ICL will offer many pearls of wisdom to both young practitioners as well as experienced educators. **Tuesday, March 9th, 2010, 1:30 – 4:30 p.m.** Instructional Course 2A: <http://www.3.aaos.org/education/anmeet/anmt2010/icl/icl.cfm?Pevent=2A>.



*Joe Borrelli acknowledges Chris Born and Rhode Island Hospital for their generous contribution to OTA.*

## AAOS/OTA Co-Branded ICL/Symposium Submissions for The 2011 AAOS Annual Meeting

In an effort to continue to coordinate submission of trauma related Instructional Course Lectures (ICLs) and Symposia to the AAOS Annual Meeting, the OTA Education Committee once again encourages OTA members to begin the application process by sending topic suggestions to the OTA. The goal of this process is to avoid duplication of proposals, increase OTA membership involvement at the AAOS annual meeting, and insure a wide spectrum of offerings. If you are interested in submitting a 2011 AAOS Annual Meeting ICL or Symposium Topic to be co-branded by the OTA, please complete this application by January 11, 2010: [http://www.surveymonkey.com/s.aspx?sm=ABrFamNx1CqgDgkCEcDSvg\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=ABrFamNx1CqgDgkCEcDSvg_3d_3d)

## Congratulations to the Major Extremity Trauma Research Consortium (METRC)

Funded by the Orthopaedic Extremity Trauma Research Program (OETRP) of the Department of Defense for \$18.4 million over 5 years, the Consortium will work closely with several major military treatment centers and the U.S. Army Institute of Surgical Research (USAISR) to conduct multi-center clinical research studies relevant to the treatment and outcomes of severe orthopaedic trauma sustained on the battlefield. These studies will help establish treatment guidelines and facilitate the translation of new and emerging technologies into clinical practice.

"The need for such a consortium is evident," said *Ellen MacKenzie, PhD*, Director of the Coordinating Center for the Consortium that is located at the Johns Hopkins Bloomberg School of Public Health. "Eighty-two percent of all service members injured in Operation Iraqi Freedom and Operation Enduring Freedom sustain significant extremity trauma. Many sustain injuries to multiple limbs. The research to be conducted by the Consortium will help us better understand what works and what doesn't in treating these injuries and ensure that our service members are provided with the best care possible."

Initial funding of the consortium will help establish the network and provide the resources to address some of the critical needs in acute clinical care identified by the military. These include the reconstruction of significant bone defects and the management of musculoskeletal infections. Over time it will expand and leverage its infrastructure to address many other priority topics relevant to the long-term management of severe extremity trauma, including the prevention of osteomyelitis, chronic pain and disability.

"This is a unique opportunity to do world class clinical outcome research on problems that continue to challenge civilian and military orthopedic surgeons" states *William T. Obrebsky, MD, MPH*. Over 30 trauma centers around the country have pledged support for the Consortium and are eager to participate in one or more of the studies sponsored under its umbrella.

"We are thrilled to be partnering with the Consortium and the incredible team of investigators they have assembled, says *Dr. Joseph Wenke* of the USAISR. Together we will develop the infrastructure critically needed to address some of the most pressing issues in orthopedic trauma care. Without a large multi-center effort such as this, many of these issues would never be solved."

MacKenzie concludes, "The Consortium is all about providing the scientific evidence needed to establish treatment guidelines for the optimal care of the wounded warrior and ultimately improve the clinical, functional and quality of life outcomes of both service members and civilians who sustain major limb trauma."

## Member Only Survey

Please take 15 minutes of your time to complete a survey from Dr. Roy Moed entitled "Attitudes of Orthopaedic Surgeons Toward Device Manufacturer Sales Representatives."

The link to this and all surveys is found on the "members only" area of your OTA website. Deadline for completion of this survey is January 31, 2010. Thank you.

**Members only access:**

[http://www.ota.org/members\\_only/login\\_menu.cfm](http://www.ota.org/members_only/login_menu.cfm)

The orthopaedic trauma fellowship grant application through the Center for Orthopaedic Trauma Advancement - COTA is now posted on-line for the 2010-2011 academic year <http://www.cotagrants.org>. The application must be downloaded, completed and returned to COTA by fax by midnight CST February 15, 2010 for review by the COTA review board. Questions may be sent via e-mail to [office@cotagrants.org](mailto:office@cotagrants.org).

The Center Orthopaedic Trauma Advancement (COTA) was chartered in 2009 and was created to provide a vehicle to distribute corporate support for post-graduate training that complies with new federal guidelines to govern the relationship between industry and health care providers/health care institutions. The COTA board has established a committee to review applications and distribute grants. Grants will range between \$25,000 and \$75,000 and will be awarded annually based upon the program application in the first year and the program application as well as the report of the graduating fellow in subsequent years. COTA currently expects to fund 15 to 20 fellowships depending upon our capacity to attract grants from industry. Funding will be determined on the basis of the quality of the fellowship program and is expected to be a competitive process.

Grants have recently been received from Smith & Nephew and from Stryker for distribution for 2010-2011 Academic Year. *"We are proud to donate the first funds to COTA as they create an important avenue for the independent selection and distribution of grants. This agreement reinforces our commitment to training and education for the physicians who deliver life-restoring trauma technology to patients."* said Bill Shopoff, president of Smith & Nephew Orthopaedics' Trauma Business. *Stryker is delighted to support the COTA goal of having a non-commercial source to support orthopaedic trauma fellowships.*

Discussions continue with other industry leaders several of whom have embraced COTA as the vehicle by which they can continue to support funding of postgraduate experiences.

The COTA board members are: **Michael Chapman, MD; Brendan M. Patterson, MD; Bruce D. Browner, MD; Lawrence B. Bone, MD; Maureen A. Finnegan, MD** and **Mark W. Richardson, MD**. Nancy Franzon will continue as the COTA Executive Director and can be contacted at [office@cotagrants.org](mailto:office@cotagrants.org). Telephone and fax contact will be through the OTA office.



OTA Staff: Kathleen Caswell, Darlene Meyer, Nancy Franzon, Sharon Moore and Paul Hiller

Dear Dr Templeman, OTA Members and Staff:  
Thank you for the standing ovation and the gifts and kudos at the member celebration dinner in San Diego. I will miss the people, the fast pace and the opportunity to support the upward growth of the Orthopaedic Trauma Association. This year OTA had more applicants for membership than we had members in 1990 when I began my work here at the staff office. While the annual meeting and specialty day continue as strong educational events, the number of attendees has grown considerably. In addition, OTA is now sponsoring four courses for residents and fellows (there were no courses in 1990) and sponsored more research (24 studies totaling almost \$875,000 vs. 2 studies totaling \$9500.) Orthopaedic Trauma Fellowship Applicants have mushroomed into the current problem of having more applicants than there are positions available. The power and strength of the OTA has always been the active participation by each of the members who generously share volunteer time, personal interest, and creative ideas. Over the years, the respect for member innovative ideas and the Board of Directors willingness to try them while being fiscally responsible has proven to be a successful process for OTA. Thank you for the opportunity to work with you and for the financial support to hire the excellent OTA staff, each one equally dedicated to your mission. Wishing you continued success.

Nancy





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## ANNOUNCEMENTS

- **2009 Annual Meeting Papers and Posters**

The **OTA 2009 Annual Meeting Paper and Poster Abstracts** are live - on the web at <http://hwbf.org/ota/am/ota09/ota09cov.htm>.

- **Leadership Fellows Program**

The OTA tradition continues of having young leaders as members of the **Leadership Fellows Program**. Congratulations to **Laura Phieffer** (Ohio State University) mentored by **Marc F. Swiontkowski** and **Nirmal C. Tejwani** mentored by **Mitchel B. Harris**. For those interested in applying for the Class of 2011, look for applications this spring.

- **Volunteer Opportunities**

The **2009 Strategic Planning Committee**, chaired by **Dr. Anglen**, approved an action item to set up an OTA member volunteer page.

It is now available on the OTA website:

<http://www.ota.org/whatsnew/GetInvolved.htm>

*Committee Position Application Deadline: January 18, 2010*

- **Abstract Deadline for 2010 OTA Annual Meeting and International Trauma Care Forum**

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

Submit online at [www.ota.org](http://www.ota.org).

- **Get Involved in the AAOS' First Family Fitness & Fun Park Build!**

**Tuesday, March 9, 2010** will be a fantastic day of building with fellow orthopaedic surgeons, allied health, orthopaedic industry, and of course, New Orleans community volunteers.

For more information, please visit the build page on the AAOS Web site. To volunteer with your OTA colleagues via email, contact [ota@aaos.org](mailto:ota@aaos.org).



- **Attn: Young Clinicians...**

If you are a young clinician interested in learning more about grant writing: Apply for the **2010 AAOS/OREF/ORS Clinician Scientist Development Program**, Oct. 17 - 19, 2010. The OTA will choose two candidates for this 15-participant program. Apply online at [www.ota.org](http://www.ota.org) for the OTA-funded registration. **Deadline: March 1, 2010.**

#### Orthopaedic Trauma Association

6300 N. River Road, Suite 727, Rosemont, IL 60018-4226

Phone: (847)698-1631 Fax: (847)823-0536

e-mail: [ota@aaos.org](mailto:ota@aaos.org) Home Page: <http://www.ota.org>