



Inside

- (p. 1)
President's Message
From the Editor
- (p. 2)
Past Presidents' Corner
From Your OTA BOD
From the CFO
- (p. 3)
Education Committee
- (p. 4)
Bylaws Committee
- (p. 5)
Research Committee
- (p. 6)
Public Relations
Committee
OTA EBM Report
- (p. 7)
Basic Science
Committee
Fellowship Committee
- (p. 8)
Classification
Committee
Health Policy
Committee
In Memoriam
- (p. 9)
Military Committee
OTA Returns to Haiti
- (p. 10)
Disaster Preparedness
Committee
- (p. 11)
Musculoskeletal
Summit
Fellows Corner
- (p. 12)
Mark Your Calendar
- (p. 13)
Announcements
- (p. 14)
Annual Meeting
Reminders

FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

Fall 2011



MESSAGE FROM THE PRESIDENT

Andrew N. Pollak, MD

With a little less than a month to go before we head to San Antonio for our 27th Annual Meeting, I wanted to take this opportunity to let you know what the Board of Directors has been doing to ensure that your Orthopaedic Trauma Association continues to be as valuable to you-our members- as possible. The Board met in Rosemont this past month to consider a number of issues of critical importance to the organization. These include the structure of our membership, the process by which fellowships are reviewed for quality, and the way we organize our board and committees to best serve your needs.

Membership

The discussion about our membership criteria, specifically how we decide who can be a voting member of the organization and who can be involved in its leadership, was and always has been a spirited topic. This is true because so many of our members are so passionate about the organization and its role in providing an important forum for scientific discussion and exchange, promoting research and improving education in the treatment of musculoskeletal injury. Many of our current members are concerned about expanding our membership roles in a way that might eventually lead to a change in the priorities of the organization, taking focus away from funding high quality research and providing a forum for presentation of new scientific information. Others would like more opportunity for those who have not published peer-reviewed papers in orthopaedic trauma to be able to contribute to the association. That so many people care

CONTINUED ON PAGE 4



FROM THE EDITOR

Lisa K. Cannada, MD

Hope all of you enjoyed a nice summer. As the crisp fall air arrives, it can only mean the OTA Annual Meeting is around the corner. Hope you have your plans in place to attend. There are several great breakout sessions planned and the Program Committee worked hard to bring us a program full of interesting topics. Service to those less fortunate is something we may all think about, but it's something many of our members continue to provide. Check out the pictures and article on the USNS Comfort's return trip to Haiti. ***Be sure to read the report from the Bylaws Committee as there is a proposed amendment to vote on at the Business Meeting.*** As always, a new training year began for the new fellows. This issue has the Fellows Column. The Fellowship Training topic remains in the forefront. Check out the President's Column and Fellowship Committee Column for details. Don't miss the President's and Past President's Columns for up to date information on making the OTA *YOUR* premier organization. Hope to see you in San Antonio. Please send any comments to suggestions to me at LCannada@slu.edu. The next newsletter deadline is mid-November.

PAST PRESIDENTS' CORNER

David C. Templeman, MD and Timothy J. Bray, MD

Your second past president, **Dave Templeman**, successfully chaired the OTA summer planning retreat with current president **Andy Pollack** and your OTA Board of Directors. This was a two day affair in Rosemont reviewing issues dealing with membership, fellowship growth, and governance of your organization. The meeting was professionally facilitated to assist your board with a better understanding of the breadth and long-term effects of any potential membership changes. Shortly, the membership will be formally queried to allow adequate time for discussion of these retreat topics. Your immediate past president, **Tim Bray**, has the daunting task of chairing the Nominating Committee. They have been hard at work interviewing candidates for the Presidential Line, Membership, Secretary and Member-at-Large. The final slate of candidate recommendations for the membership will be completed by the San Antonio Meeting.

Ted Miclau is assisting our colleagues from Mexico in the organization of a clinical research seminar for their annual meeting in Mexico City, April 27 - May 1, 2012. The OTA has a global commitment to the growth of our organization, and how great it would be for a few of the members to show their support of the congress and Ted. Please do not hesitate to contact Ted if you are interested in helping out, especially if you speak the language.

Finally, 'calling all past presidents' - **Dr. Peter Trafton** has graciously accepted the editorial responsibilities for our new, JOT "Tip of the Month." The first few contributions have been published. Please keep up the good work! For those yet to contribute, Dr. Trafton will be expecting your short 300 word paper soon! Hope you enjoyed your summer, and see you in San Antonio!

FROM YOUR OTA BOD

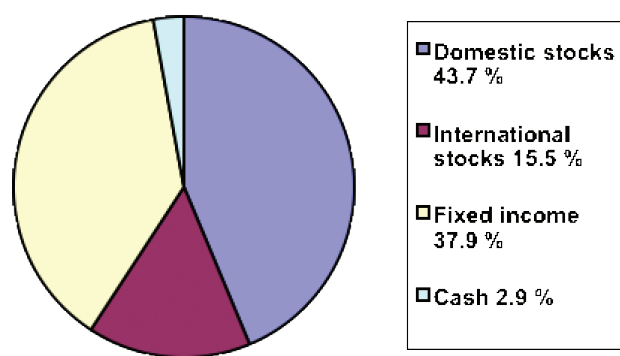
The OTA Board of Directors met in August in Chicago as Andrew Pollak outlined above. We would like to let you know we are open for suggestions, comments or issues to bring to the Presidential Line or discuss at our meetings. Please feel free to contact Christopher Born, Lisa Cannada or David Teague.

FROM THE CFO

David J. Hak, MD, MBA

Our OTA investment account is managed by Morgan Stanley Smith Barney. The investment style can be characterized as conservative or more risk averse, meaning that while this portfolio may not achieve as high of gains when the market rises, we also do not see the same levels of losses when the market declines.

The current composition of the portfolio is divided into domestic stocks, international stocks, fixed income and cash or cash equivalents. The fixed income portion (37.9 %) consists of corporate bonds, mortgage backed securities and municipal bonds. These fixed income investments provide a stable, although low, rate of return.



OTA Investment Account Allocation

Within the stock investments, our funds are currently allocated among the following industry groups:

Information technology	16.5 %
Health care	15.3 %
Energy	14.4 %
Financials	14.1 %
Consumer discretionary	11.4 %
Industrials	7.6 %
Consumer staples	6.3 %
Telecommunications	5.4 %
Materials	4.6 %
Utilities	2.8 %
Miscellaneous	1.7 %

Income from these investments is used to support OTA's research & education fund. Details regarding the investment portfolio composition are provided as information only, and should not be interpreted as a recommendation for any individual member's personal investment decisions.

EDUCATION COMMITTEE

William M. Ricci, MD, Chair

The Education Committee has its hands full with existing efforts as well as several new endeavors.

COURSES:

The flagships of the Education Committee charge are the various course offerings that currently include three resident courses, a fellow's course and a course directed toward practitioners.

- The *Fall Comprehensive Fracture Course for Residents*, as usual, will be held in October in association with the OTA Annual Meeting. This year's course will be co-chaired by **Laura Prokuski** and **Michael Archdeacon**.
- The 2012 *Spring Comprehensive Fracture Course for Residents* will be the second iteration utilizing the new 2.0 format. This format is better optimized to meet the unique needs of adult learners and is primarily case-based. The 2.0 format was a resounding success in its inaugural run this past spring and will be tweaked by this year's chairs, **Matt Graves** and **Greg Della Rocca**, for the second iteration to be held April 25 – 28, 2012, in Chicago, IL (dates & location tentative)
- The *Residents Advanced Trauma Techniques Course* will take place January 12 – 13, 2012, in Orlando, FL, and will be chaired by **Chris Finkemeier** and **Brett Crist**.
- **Paul Tornetta** will once again spearhead the *OTA Fellows Course* March 15 – 18, 2012 in Boston, MA.
- The *12th Annual AAOS/OTA Orthopaedic Trauma Update*, chaired by **Dan Horwitz** and **Steve Morgan**, will occur April 12 – 14, 2012, in Lake Buena Vista, FL.

Industry supported scholarships are available for most of the courses to defray tuition and travel expenses. Details can be found on the OTA web site.

The Education Committee and all the educators that donate their time to make these opportunities possible require the support of the membership. We simply ask that members strongly encourage their residents and colleagues to attend OTA sponsored courses.

CORE CURRICULUM:

Version III of the Core Curriculum slide project, spearheaded by **Tom Higgins**, is slated to be completed at or around the 2011 OTA Annual Meeting. Approximately 1/3 of all the topics will be completely updated. All members are encouraged to take advantage of this unique free educational resource. The Version IV cycle will begin shortly and the Education Committee is looking for eager volunteers to work on the project. If interested, contact the OTA staff or Bill Ricci.

PRACTICE IMPROVEMENT MODULES (PIM's):

PIM's are coming! Practice Improvement Modules are slated to become an additional avenue to meet the requirements of Maintenance of Certification (MOC). The American Board of Medical Specialties (ABMS) has encouraged the use of nationally endorsed standards to be used as part of the MOC process. The American Board of Orthopaedic Surgery (ABOS) administers the orthopaedic MOC process and has embraced PIM's as a means to meet the ABMS request. The OTA, via a task force of members including **Bill Ricci**, **Steve Olson**, **Paul Tornetta**, **Paul Dougherty** and **Marcus Sciadini**, has been interfacing and collaborating with the American Board of Orthopaedic Surgery to establish PIM's relevant to our field. Bill Ricci and Diane Vetrovec attended a PIM Summit June 18th, 2011, hosted by the ABOS where the rationale and processes involved in creating and utilizing PIM's was discussed. In brief, a PIM represents a specific set of patient related data collected and provided by a practitioner. Analysis of the supplied data in relation to current practice standards is utilized to provide feedback for potential improvements in the practitioner's patient care in the domain specific to the PIM. A secondary collection of similar patient data is utilized for comparison. Completion of both data collection sets fulfills the PIM requirement.

The PIM task force, after OTA Board and membership approval, will proceed with the design and implementation of 2 - 4 PIMs relevant to our subspecialty. This effort will provide members undergoing the MOC process an avenue to fulfill MOC requirements utilizing orthopaedic trauma specific PIM's.

ON-LINE ORTHOPAEDIC EDUCATION:

The Education Committee, with the guidance of the OTA Presidential Line, is in the midst of discussions with the AAOS to collaborate in providing state-of-the-art online educational materials for members as well as the orthopedic community at-large. These discussions are in their infancy, but we are hopeful that the process will accelerate shortly. Stay tuned for updates as they happen.



REPORT OF THE BYLAWS COMMITTEE

Lawrence X. Webb, MD, Chair

The Bylaws Committee has worked on two amendments since the last OTA Annual Meeting. The first pertains to enabling orthopaedic trauma fellows to become candidate members of the organization, and will be voted on by the membership at the upcoming Business Meeting in San Antonio, on Thursday, October 13th. The second pertains to revising some of the requirements of active membership. The Board has instructed our committee to put the work on this amendment on hold.



The Board approved going forward with the amendment to Article V Section XII of the Bylaws (Candidate Membership). This amendment will enable those participating in U.S. OTA match orthopaedic trauma fellowship programs as well as Canadian orthopaedic trauma fellowship programs to become OTA candidate members.

The proposed amendment:

Article V.

Section XII. Candidate Membership

Applicants for candidate membership can be participating in residency training emphasizing orthopaedic surgery or fellowship training in musculoskeletal trauma. A candidate member resident applicant must be participating in an American or Canadian Board approved Orthopaedic Surgery Residency Program at the time of application. He or she will apply using the same application form as for active membership. No publications are required for membership in this category. Only one sponsor form or recommendation letter is required, from the residency program director, who will forward the form or letter of recommendation to the OTA Staff. Candidate resident members will have a maximum five (5) years from completion of residency training to transition into another membership category (Active, Associate, International Active, or Community membership). Trauma fellows must be participating in an American OTA fellowship match program or a Canadian fellowship program. Trauma fellows may apply for candidate membership concurrently or within 18 months after completing their fellowship. Fellows have up to (3) years from completion of fellowship training to transition to another membership category. Dues will be set by the Board

of Directors. Candidate members are not Statutory members of the Corporation under Section 5056 of the California Corporations Code and have none of the rights, privileges and responsibilities, including voting rights, granted to active, senior, and research members, but may be appointed to non-elected committee positions.

FROM THE PRESIDENT, CONTINUED FROM PG. 1

Andrew N. Pollak, MD

so much about this issue is a strong testament to our success in creating value to our members.

The Board is committed to resolving this issue in a way that ensures the long-term preservation of our mission focus, but also recognizes the critical role that a diverse and robust membership roster plays in enabling the organization to support investment in ongoing investigative efforts and to provide an effective forum through which we can disseminate new information to those who deliver orthopaedic trauma care. We believe that remaining relevant and valuable to all segments of our membership must be our goal. Members of all categories who are committed to orthopaedic trauma education and research are important to the organization's efforts. In San Antonio, I will organize a forum to meet with members who want to become more involved in the organization to discuss ways we can help them do so.

Fellowship

The Board also considered the question of fellowship oversight at great length. While some people have expressed a concern that we are training too many orthopaedic trauma surgeons, the Board believes that the organization's focus must remain on fellowship quality and not quantity. As an organization, the OTA should be focusing on ensuring that residents applying for fellowship have access to good information about which fellowships are educationally focused, which fellowships provide sufficient opportunity to treat patients with an appropriate breadth of musculoskeletal injuries and which fellowships will provide the mentorship necessary to learn to conduct high-quality research. While the Board believes that the ACGME is uniquely positioned to provide formal fellowship accreditation,

CONTINUED ON PAGE 5

concerns were expressed about any mandate for ACGME accreditation as an essential requirement for permitting participation in the OTA fellowship match. The ability of some centers to fund fellowships that are ACGME accredited might be markedly limited given the local restrictions in place at many centers regarding billing for individuals in ACGME accredited programs. In addition, the Board expressed concern that mandating ACGME accreditation would increase the number of fellows subject to duty hour restrictions which would have a net negative impact on education.

The Board therefore directed the fellowship committee to develop a set of criteria for OTA fellowship recognition that includes ACGME inspired educational requirements including a well-developed educational curriculum and regularly scheduled subspecialty conferences. Fellowships should also include demonstrated participation by the fellows in scholarly activity. In order to assist the committee with an ever growing portfolio of responsibilities, the Board agreed to increase the size of the Fellowship Committee from five to nine members.

Committees and Strategic Plan

In addition to the Fellowship Committee, there are 19 other committees, 4 sub-committees and 2 project teams actively at work within the OTA addressing areas of importance to the organization. As the number of these committees and the scope of their work have grown over time, the ability of those working on similar issues to communicate and understand where there may be overlapping areas of activity has decreased. Furthermore, while the committees have been busy addressing important topics, the ability of the Board to direct committee focus by annually reviewing charges and setting direction has been limited by the number of different committees involved. In that context and with a goal of improving the degree to which the committees are integrated with the Board and amongst one another, the Board voted to organize the committees into four distinct councils each of which will be chaired by an existing Board member. The councils will meet together regularly so that each committee will understand what topics other committees with potentially similar areas of responsibility are addressing. The council structure will also allow

the Board to annually review and update charges to ensure committee activity is synchronized with Board activity. We will be selecting Council Chairs and beginning the process of updating committee charges over the course of the next several weeks. The board believes this new structure will allow us to remain as relevant as possible to the concerns of our members going forward.

As a critically important tool to guide the individual committee charges, as well as the multitude of other activities the OTA undertakes, the Board voted at the summer meeting to develop a specific strategic plan with which to guide our ongoing activities. The goal will be to provide a consensus roadmap of how best to fulfill our mission in the context of an increasingly challenging fiscal and regulatory environment. While our mission has always been clear to us, the specific strategy by which we achieve it has not been. It is our goal to have this new strategic plan ready to share with the membership at the AAOS Annual Meeting in San Francisco in February 2012.

As you can tell from the outline of the Board's activities in Rosemont, we have been busy. We look forward to seeing you in San Antonio. Jim Goulet and the Program Committee have put together what promises to be another outstanding meeting that you certainly don't want to miss.

RESEARCH COMMITTEE

Todd O. McKinley, MD, Chair

The Research Committee met on September 1st to make final recommendations to the Board for Research and Resident Research Grant funding for 2012. The Committee performed full review on 27 Research Grants and 46 Resident Research Grants during this meeting. The quantity and quality of proposals both continue to increase annually. The Committee is also working on several new initiatives including proposals to initiate an OTA-sponsored Grant Writing/Clinical Scientist Development program and a Research Strategic Initiatives Committee. Both of these initiatives are in the conceptual stage.

PUBLIC RELATIONS COMMITTEE

Jeffrey M. Smith, MD, Chair

The OTA PR Committee Takes On New Members and Reorganization

The Public Relations Committee has taken on the responsibility of managing the Newsletter, the OTA Website, and the OTA involvement with the AAOS Your Orthopaedic Connection (YOC). Each of these activities has been very well managed, but now we will increase the opportunities for others to get involved in these subcommittees. In addition to the many volunteer subcommittee members who are addressing issues such as PSA's, social media, member services, patient stories, playground build and the poster projects, the official committee has added these full time members of the committee: **Max Morandi, MD, Alex Jahangir, MD, Hassan Mir, MD, and Robert Crous, MD.**

Interesting Patient Stories?

Over the past few years, the OTA has collaborated with other organizations to produce public service announcements. The goal is to encourage practices such as safe driving, safe use of off-road vehicles, or better ways to care for our patients. Often, as part of this message, a patient story is needed to emphasize the message. This story may be in print, on air, web-based, or all three. Those who work on these messages often need specific stories on short-term notice in an effort to meet public interest or events. To meet this demand, the Public Relations Committee has developed a method for OTA members to contribute stories for possible use in these situations. The committee hopes to develop a database that then can be accessed when needed. To keep it as respectful of your time and your patient's privacy as we can, we are limiting the information required and the amount of effort involved initially.

If you have a patient story that might be of interest, please email Paul Hiller at: hiller@aaos.org. Please include your name and contact information, and the patient's name. There is a form for the patient to sign to allow release of information. A note as to the reason that the story is of interest will be very helpful. Such reasons could include how it is related to a public service announcement (ATV accidents or distracted driving). It could be related to how an OTA member had a positive effect on a patient's life either with standard care or utilizing a recently developed care technique. For example, over the next several months, there will be an effort to publicize the Extremity War Injuries Project. Any patient that might

have benefited from the lessons learned in that project might have a story that would be timely.

Your reporting efforts may or may not result in a media story, but, as you know, the window of acute public interest is often narrow. Having this database will help us be ready, and if ready, will further help the OTA be recognized as the go-to organization for orthopedic trauma issues.

Safe, Accessible Playground Build in San Francisco

Join the OTA Team at the Safe, Accessible Playground Build in San Francisco! On Tuesday, February 7, 2012, the OTA will join other orthopaedic surgeons, nurses, industry partners and community members at the Academy's 13th Annual Volunteer Build Project — A Safe, Accessible Playground Build. Enjoy great music, food and fun as you help to assemble playground equipment under the direction of seasoned project managers. No experience is necessary. Buses will run between the San Francisco Moscone Convention Center and the build site from 7:30 a.m. – 3:00 p.m., and lunch will be provided at the location. Adjust your travel plans accordingly. If you are interested in participating, contact Paul Hiller at: hiller@aaos.org.

OTA EBM REPORT

William T. Obrebskey, MD, Chair

The OTA EBM Committee continues its work to develop consensus guidelines on treatment of open fractures and DVT prophylaxis in trauma patients. We are working with the Infectious Disease Society of America and Surgical Infection to adopt guidelines for open fractures. We are planning on submitting a document prevention of infections associated with combat-related extremities to the OTA Board. These guidelines have been endorsed by the Infectious Disease Society of America and Surgical Infections Society. These guidelines were developed specifically for war-type injuries, but have significant overlap with civilian low-energy open fractures and fractures with gross contamination. The AAOS is also developing guidelines for DVT prophylaxis in hip and knee replacement, and we will coordinate work with the AAOS EBM committee. If you have a desire for further input on either of these projects, please contact Bill Obrebskey at william.obrebskey@vanderbilt.edu for the open fracture guidelines or Claude Sagi at Everso.Saggi@me.com.

BASIC SCIENCE COMMITTEE

Theodore Miclau, MD, III, Chair

The Basic Science Committee has organized a variety of activities for this year's Annual OTA Meeting in San Antonio. The ninth annual Basic Science Focus Forum (BSFF) will again highlight state-of-the-art basic research in clinically relevant topics through six symposia that precede related basic science paper presentations. The symposium will include the following topics: Biomechanics: Choosing the Right Model; Heterotopic Ossification; Compartment Syndrome: New Technologies; Advances in Biomaterials and Surface Technologies; Physiological Challenges to Bone Repair; and Meta-Analysis in Orthopaedics: Statistical Trickery or Not? The 23 abstracts to be presented at the BSFF (in addition to the seven at the OTA Annual Meeting) were selected from 112 submissions. Like last year, the abstracts will be scored by the Committee, with the top papers being 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 is again offering a symposium on Saturday morning on grant writing, entitled "Practical Issues in Clinical Research". The topics will be: "Keeping Up With Evidence: Too Much Info, Too Little Time!"; "Building the Case for a New Study: The Need for More Evidence"; "Getting Started: Common Logistics for Conducting Your Study"; and "Publishing Your Evidence: How to Get to Your Audience". The speakers will include **Mohit Bhandari**, **Michael Zlowodzki**, **Saam Morshed**, and **Gerard Slobogean**.

Finally, for the fifth consecutive year, the OTA continues to partner with the Orthopaedic Research Society (ORS) to promote and develop translational research opportunities in orthopaedic trauma-related research. This year's OTA BSFF is co-branded with and supported by a grant from the ORS. The best trauma-related poster from the ORS Annual Meeting held earlier this year will be presented at the OTA Annual Meeting as a poster. The winner, authored by Charles R. Bragdon, MD, et al., is entitled "RSA Evaluation of an Implant System for Above the Knee Amputee Patients". The best scientific poster from this year's OTA Annual Meeting will be presented at the ORS Annual Meeting in San Francisco, California from February 3-7, 2012. Additionally, OTA Members will also be key participants in the Second Annual Clinical Research Forum, the ORS's clinical research event, at next year's ORS Annual Meeting. The ORS will also of-

fer a trauma poster section, which will be developed from abstract submissions on polytrauma, systemic response to injury, and clinical trauma research. Finally, the OTA has co-branded a symposium with the ORS entitled "Heterotopic Ossification in Orthopaedic Trauma". **Edward Harvey** and **Theodore Miclau**, members of the OTA Basic Science Committee, are the trauma topic and Annual Meeting Committee chairs, respectively, for the ORS this year.

FELLOWSHIP COMMITTEE

Mark A. Lee, MD, Chair

The final number of applicants submitting a match list has plateaued over the past 2 years. While the number of positions offered stayed essentially the same between 2009 and 2011, the percent of applicants matching and filling positions has steadily decreased. This year, 17 positions were left unfilled after match day.

Orthopaedic Trauma Fellowship Match	Jan '09	April '10	March '11
Applicant registrations	110	125	128
CAS participants	83	92	112
# Applicant Rank Lists Submitted	74	84	82
Matched Total	69	74	64
Unmatched Total	5	10	18
% Matching Total	93%	88%	78%
# Applicants ranked by programs	71	83	90
Total # of Withdrawals	4	9	5
Positions Offered	81	82	81
Positions Filled	69	74	64
Unfilled Positions	12	8	17
Avg. CAS applications per applicant	16	17	14
Avg. # of offers per applicant	4.33	3.96	4.34

Our post match survey continues to indicate a high level of satisfaction (81% Good to Excellent) with the SFMatch process. A majority of applicants (38.5%) applied to between 11 and 15 programs. Half of the respondents to our survey attended 6-10 interviews; this continues to represent a significant amount of time away from work for the applicants.

CONTINUED ON PAGE 8

Current Match

We opened the online match application process with SFMatch on schedule in June 2011. We have continued to have an excellent working relationship with SFMatch. Per recommendations from the AAOS BOS Match Oversight Committee and their efforts in establishing codes of conduct for applicants and programs, we have instituted a number of changes for the application process this year:

- 1) Firm application deadline date: **September 2nd** (All programs are asked to accept this deadline as their official application deadline date).
- 2) Programs are strongly urged to notify applicants of intent to interview by **October 7th**. The BOS Fellowship Match Committee strongly believes that timely notification of intent to interview (or not to interview) is another step we can take to make the process as efficient as possible, for both applicants and fellowship programs.

In response to good feedback from applicants, programs are offering informational group sessions as an alternative to traditional one on one interviews at the annual meeting in San Antonio — the ability to schedule conference rooms for this type of session was included with traditional interview room reservations.

The Fellowship Committee continues to evaluate the issue of fellowship growth and numbers. New proposals for regulation continue to be developed. We look forward to input from directors at the annual meeting this year on **Thursday, October 13, 2011 from 11 a.m. - 12:30 p.m. (Marriott Rivercenter, Conference Room 6)**.

CLASSIFICATION COMMITTEE

Craig S. Roberts, MD, MBA, Chair

The Committee held a conference call on June 13th. The MFA project has had limited new enrollment recently. Enrollment for fracture codes 11 and 43 will be kept open until October 1, 2011, with the hope that several more patients will be enrolled and that follow-up will be improved on those already enrolled. After

all the follow up of enrolled patients is complete, a manuscript on the expected MFA outcomes in the first year after injury for those codes will be written. Work on the Open Fracture Classification project continues. Several manuscripts are being written and are expected to be ready for submission shortly. The OTA database fracture codes are in need of updating. Funds for this will be allocated in the 2012 budget. OKO chapters on the OTA fracture classification are in preparation. Some of the Open Fracture Classification videos may also be included in a chapter on open fractures. Additional projects and directions were discussed including marketing the database, ensuring that JOT includes the Open Fracture Classification in the Instructions to Authors, and analysis of prospectively collected LEAP Study data to validate the OTA open fracture classification with the clinical outcomes in this database. The next Committee meeting will take place on **October 12, 2011**.

HEALTH POLICY COMMITTEE

Michael Suk, MD, Chair

The OTA Health Policy Committee at the direction of the BOD has embarked upon several projects to reinvigorate its activities. To begin, the Committee has begun the process of revisiting existing Policy / Position Statements for timeliness and relevance. Further, we have set the goal of writing at least one or two additional Position Papers each year. Topics for 2011-2012 include Fatigue / Sleep Deprivation and Minimum Requirements of an OTA Level I Trauma Center. The OTA HP Committee will invite leaders of other key organizations who have HP / advocacy issues that align with the OTA to the October HP Committee Meeting. The purpose of the meeting is both introductory and to explore areas of possible collaboration and coordinated advocacy. Invitees include: ACS COT, AONA, AAOS BOS, and the AMA Orthopaedic Section Council. We continue to look for additional ways to aid our members and welcome suggestions and input.

IN MEMORIAM

Dr. John A. Ogden

(August 2011) Atlanta, GA

<http://www.legacy.com/obituaries/atlanta/obituary.aspx?n=John-Ogden&pid=153549067>



The USNS Comfort recently completed its Central and South American Humanitarian Mission. OTA Member **CAPT William Todd** is the Director of Surgical Services and while in Haiti was joined by OTA Members **Roman Hayda, David Teague** and **Marc Swiontkowski**.



OTA Member **Mark Fleming** was recently selected as the Michigan State University College of Osteopathic Medicine Alumni of the Year. He will be recognized at their Alumni meeting this fall.

OTA members continue to participate in the Distinguished Visiting Scholar Program (DVSP) at Landstuhl Regional Medical Center in Germany. The following OTA surgeons have participated recently: **Andrew Burgess, Lawrence Bone, Kyle Jeray, Dolfi Herscovici, Brent Norris** and **Laura Prokuski**. If you are interested in participating, please send a CV and letter of interest to ota@aaos.org.

OTA RETURNS TO HAITI ABOARD THE USNS COMFORT

Roman Hayda, MD, COL (Ret.)

The Orthopaedic Trauma Association reaffirmed its commitment to working with the Department of Defense for disaster relief by participating with the Navy in "Continuing Promise 2011" providing humanitarian aid to Haiti. At the invitation of the Navy, the OTA provided three members to participate in the Haiti portion of a 5 month humanitarian cruise on the USNS Comfort that visited 9 countries in

Central and South America and the Caribbean. **Drs. Marc Swiontkowski, David Teague** and **Roman Hayda**, who had served aboard the USNS Comfort following the devastating earthquake in 2010, again volunteered to provide orthopaedic trauma care to Haitians aboard the Comfort August 19 – 29, 2011.

Working with Project Hope to provide administrative assistance, the team flew into Port au Prince. The brief bus ride to Port Varreux revealed still destroyed infrastructure with broken walls, collapsed buildings, and ruined roads. Visible were the ramshackle homes of Cité Soleil and numerous tent cities bringing back memories from our last visit one and a half years ago. Yet, it was obvious that people were working, reconstructing their lives and homes; roads and buildings were being gradually repaired. Life was hard, but the people determined.

CAPT Bill Todd, who had been the only orthopaedic surgeon aboard when the Comfort arrived in Haiti after the earthquake, was now in charge of the all surgical services, ably coordinating surgical care.

LCDR Tim Mickel directed the orthopaedic service. With this outstanding team of active duty doctors, nurses and technicians providing support, no case was felt to be impossible. The only question that remained was given our short time in port, which ones would be prudent to perform given limited follow up services ashore. Here, Dr. Bernard Nau, a Haitian orthopaedic surgeon working with Helping Hands for Haiti (NGO) and **Dr. Ronald Anderson** and **Dr. Terry Dietrich** working through the Adventist Hospital, were able to provide critical support for the more complex patients.



Drs. Swiontkowski, Teague and Hayda operating on a patient injured in the 2010 earthquake who had developed Heterotopic Ossification.

Although it was planned to run 1-2 orthopaedic rooms daily for the entire stay, Mother Nature did

CONTINUED ON PAGE 10

OTA RETURNS TO HAITI ABOARD THE USNS COMFORT, CONTINUED FROM PG. 9 *Roman Hayda, MD, COL (Ret.)*

not cooperate. With Hurricane Irene threatening to hit Haiti and Port au Prince directly, another disaster loomed. The Navy went into disaster planning mode; patients had to be offloaded, and the ship embarked on a short cruise to get out of harm's way. We left Sunday returning Wednesday losing almost 4 operating days. However, the commitment to previously screened patients was maintained performing surgery for the next 4 days. Unfortunately there was not time to screen additional patients. Nonetheless, follow up surgical care of earthquake victims was provided in addition to other trauma cases. A very moving encounter was with an earthquake patient who had been treated aboard the Comfort. At 32 weeks gestation and the fetus in distress, the baby was delivered via C-section, a first aboard the Comfort; and the mother's pelvis and femur fixed. Both are now healthy and happy with little sequelae.

Hurricane Irene continued to wreak havoc on the crew of the Comfort and the OTA team. With a potential storm track hitting Norfolk and New York, the Navy team planned a contingency to provide support to those areas.

For the OTA team it was a privilege to work side by side with outstanding Navy medical personnel. It is obvious that the Navy at all levels is equally grateful for the support the OTA provided during the earthquake as well as during this mission reflected even with the Navy helicopter detachment renaming itself "Bonesaw" for the mission. Without question the relationship between the OTA and DoD is critical to provide assistance in disaster care wherever and whenever it occurs. The smiling faces of the Haitians cared for by this cooperative team are the testament to the good work.

The OTA team would also like to thank Mama Vie of Angel Missions and Jen Halverson of Heartline Ministries who assisted in screening patients for care. For those interested in providing orthopaedic humanitarian assistance for 1 - 2 week periods, or longer, a number of organizations filling this need are seeking volunteers. Dr. Terry Dietrich at the Adventist Hospital welcomes inquiries. He can be contacted at tj.dietrich99@gmail.com.

DISASTER PREPAREDNESS COMMITTEE *Christopher T. Born, MD, Chair*

The Committee has worked with The AAOS/OTA Project Team and SOMOS to put into place a day and a half version of the SOMOS Combat Extremity Course designed for civilians. There will be 6 OTA members serving as faculty including: **Peter Trafton, Mark McAndrew, Andrew Pollak, Roman Hayda, Dave Templeman** and **Chris Born** (course co-chair). The balance of the faculty will be members of SOMOS. The purpose of the Disaster Response Course (DRC) will be to educate AAOS/OTA members who are interested in participating in the new AAOS Disaster Response Program and to qualify them for early responder status for placement in the AAOS database that is being created.

The Course Learning Objectives will be:

1. Discuss personal and team preparation for deploying as a member of a disaster response team
2. Describe injuries commonly encountered in the disaster environment
3. Identify the challenges of caring for victims of disaster in the austere environment
4. Identify cultural and ethical considerations in caring for victims of disaster
5. Learn useful surgical skill sets for the management of orthopaedic injuries in the austere disaster environment in a cadaveric lab

There will be an online Pretest.

It is the expectation that this course will become a periodic offering of SOMOS. SOMOS will retain the rights to the intellectual property as course developers, but AAOS/OTA will take on primary responsibility for production and promotion of the first offerings. These will be held in conjunction with the SOMOS annual meeting December 16 -17, 2011 in San Diego, and then again in conjunction with the AAOS Annual Meeting in San Francisco on February 6 - 7, 2012

Registration is now open:

December 16 – 17, 2011
San Diego, CA

February 6 – 7, 2012
San Francisco, CA

<http://www.aaos.org/6808SD>

<http://www.aaos.org/6808SF>

MUSCULOSKELETAL SUMMIT ON THE VALUE IN MUSCULOSKELETAL CARE

Many thanks to the U.S. Bone and Joint Initiative to Hold Musculoskeletal Summit on The Value in Musculoskeletal Care. The United States Bone and Joint Initiative (USBJI) (previously named the U.S. Bone and Joint Decade) will be holding a Musculoskeletal Summit on The Value in Musculoskeletal Care, October 12-13, 2011, in Washington, DC. *The cost of musculoskeletal disease in the United States is approaching \$1 trillion each year* and is likely to increase as the population ages and life styles become more active. These increases are occurring at a time of an unprecedented debate on health care and possible redirection of major programs. Since overall health care expenditures in this country continue to rise, the current models for care delivery may not be sustainable, demanding new strategies to optimize health and improve quality of life. To meet the challenges of a changing world and establish priorities for resource allocation in the future, the musculoskeletal health care community must define and measure the value of the care it provides. The USBJI views this issue as critical and is convening a summit to address value from the perspective of patients, providers, industry and payers and others. The summit will engage a broad range of stakeholders to consider value in musculoskeletal care. By definition, value represents a standard or feature regarded as desirable or worthwhile. While the value of care involves quality and cost-effectiveness, it transcends both in its impact on society. Determining value in care demands consideration of societal and personal health and well-being that can result from diverse approaches for prevention and treatment. Given the increasing costs of health care and the changing demographics, we can no longer ignore the cost and cost-effectiveness of musculoskeletal care. The USBJI, of which OTA is a member, is committed to a leadership role in improving the health care system and making value an important goal of musculoskeletal care in all of its dimensions. At the upcoming summit, William Robb, III, MD, Lane Koenig, PhD, and William Martin, III, MD will be presenting themes from a recently developed "White Paper" by the AAOS on the Social and Economic Value of Orthopedic Surgery. Participants will have the opportunity to put forward their specialty's perspectives, and to provide input in assessing gaps in data and needs for guidelines and evidence-based research, outcome, and function measures. Summit participants will develop a Consensus Statement and

framework for an action plan which musculoskeletal professional society Boards will be asked to ratify. For more information on the Summit and registration details, see www.usbji.org/rd/?MSKSummit.

FELLOWS CORNER

Anonymous

Here we go...it has now been three years since I decided there would be nothing I would like to do more than complete an orthopaedic trauma fellowship. The exhilaration of matching into an orthopaedic trauma fellowship during our fourth year of residency was soon supplanted by the drudgery of finishing residency, studying for boards, taking boards and quickly moving to another city to start fellowship. I'm now four weeks into my fellowship and starting to get my bearings.

It has certainly been an interesting transition. Most of us have spent five years at a single institution or program where we were the masters of our respective institutions' bias, procedures, protocols and "the way things are done." Being thrust into a new city, program and "the way things are done" was slightly unnerving at first...now I'm finding it exciting. Being exposed to different ways of thinking and management styles is the essence of fellowship. I encourage you all to absorb as much as possible as this year will go fast!

Now that we've started fellowship, it's on to the job hunt. Some have signed contracts, others are close to committing and others have yet to start the process. We are all aware of the large number of trauma fellows that have been trained in recent years. The market is saturated and may limit job choices, requiring us to compromise to some degree. Many of us chose to pursue an orthopaedic trauma fellowship with aspirations of having 100% orthopaedic trauma practices in the location of our choice. Unfortunately, with the current market saturation, some of us will be forced to develop a supplemental practice to augment our trauma practices, settle in less desirable locations or both.

Just prior to beginning my fellowship, I was told "this year will go by faster than you can imagine." One month in, eleven to go...make the most of it! And if you have not done it yet...be sure to join the OTA to receive all of the member benefits when you start your job (**Application deadline: November 1**).



MARK YOUR CALENDAR



November 1, 2011
OTA Membership
Application Deadline Online Submission

December 16 – 17, 2011
SOMOS/AAOS/OTA Disaster Response Course
San Diego, CA

November 30, 2011
OTA Resident Research Grant Application
Online Submission

January 13 – 14, 2012
OTA Advanced Trauma Techniques
Course for Residents
Orlando, FL

January 16, 2012
COTA Grant Application Deadline
Apply at: <http://www.cotagrants.org>

January 17, 2012
2012 Call for Abstracts Deadline
Online Submission

February 6 – 7, 2012
SOMOS/AAOS/OTA Disaster
Response Course
San Diego, CA

February 11, 2012
Orthopaedic Trauma Association
(OTA) Specialty Day
San Francisco, CA

February 20, 2012
Research Grant Pre-Proposal
Deadline
Online Submission

March 15 – 18, 2012
OTA Fellows Course
Boston, MA

April 12 – 14, 2012
12th Annual AAOS/OTA
Orthopaedic Trauma Update
Lake Buena Vista, FL

April 26 – 28, 2012 (tentative)
Spring Comprehensive Fracture
Course for Residents 2.0
Chicago, IL

October 3 – 6, 2012
Comprehensive Fracture Course
for Residents
Minneapolis, MN

October 4 – 6, 2012
OTA Annual Meeting
Minneapolis, MN

Plan to Attend...

OTA Specialty Day Meeting

San Francisco, California, USA • February 11, 2012

Specialty Day Planning Committee:

Andrew N. Pollak, MD, OTA 2011-2012 President;
Jeffrey O. Anglen, MD; James A. Goulet, MD; Robert A. Probe, MD;
William M. Ricci, MD; John K. Sontich, MD

Featuring:

- ***Sleep Deprivation and Fatigue Management in Orthopaedics: Is Mandatory Disclosure or Duty Hour Restrictions the Answer?***
Moderator: Jeffrey O. Anglen, MD
Presenters: Stephen Albanese, MD, Board Member American Board of Orthopaedic Surgery; Michael Nurok, MBChB, PhD, Clinical Associate Professor, Weill Cornell Medical College, Department of Anesthesiology, Hospital for Special Surgery; Carlos A. Pellegrini, MD, FACS, FRCSE (Hon.), Immediate Past Chair of the Board of Regents, American College of Surgeons and The Henry N. Harkins Professor and Chair, Department of Surgery, University of Washington; Mark Rosekind, PhD, Board Member, National Transportation Safety Board
- ***Burden of Musculoskeletal Injury During War and Opportunities for Orthopaedic Community***
Moderators: Michael J. Bosse, MD and Joseph C. Wenke, PhD
Presenters: Romney C. Andersen, MD; Michael J. Bosse, MD; James R. Ficke, MD; Joseph R. Hsu, MD and Joseph C. Wenke, PhD
- ***Annual Meeting Highlights***
Moderators: James A. Goulet, MD and Thomas F. Higgins, MD
- ***Professional Liability and Trauma Call***
Moderator: Douglas W. Lundy, MD
Presenters: James F. Kellam, MD; Douglas W. Lundy, MD and Steven I. Rabin, MD
- ***Joint Session with the Orthopaedic Trauma Association and Limb Lengthening and Reconstruction Society: Complex Lower Extremity Injuries, Standard and Wire Ring Fixation Solutions (Case Discussions and Audience ARS)***
Moderator: John K. Sontich, MD
Presenters: David P. Barei, MD, FRCSC; James C. Binski, MD; Joseph R. Hsu, MD; James J. Hutson, Jr., MD; L. Scott Levin, MD; Robert V. O'Toole, MD; Michael D. Stover, MD; J. Tracy Watson, MD & Timothy G. Weber, MD



- **Presidential Guest Speaker:**
Daniel A. Nigro
Chief of Department (ret.), New York City Fire Department
29th Chief to lead the New York City Fire Department
on the afternoon of September 11th, 2001

"Courage, Compassion and Heroes"

Register at <http://www.aaos.org>



Gerry Straub, Pax et Bonum Communications

Volunteer for a career, not for an event.
Become an AAOS-Registered Disaster Responder.

CHOOSE FROM TWO LOCATIONS AND TWO DATES!

December 16 – 17, 2011
San Diego, CA
www.aaos.org/6808SD

February 6 – 7, 2012
San Francisco, CA
www.aaos.org/6808SF

Registration is limited.

Call AAOS Customer Service at 1-800-626-6726 today to reserve your spot!

DISASTER RESPONSE COURSE

Developed by



Co-sponsored by



COL Tad L. Gerlinger, MD, Course Director

Theodore W. Parsons III, MD, FACS & Christopher T. Born, MD, Course Co-Directors

This new training and hands-on skills course is a key component of the pathways for AAOS Fellows to become disaster-response trained and selectively identified in the **AAOS Disaster Responder Database**.

Learn the application of orthopaedic care techniques critical to disaster-inflicted injuries and treating the wounded in austere environments. This course includes a half-day cadaver skills lab.

Get the training you need for personal and team preparation to handle the physical, emotional and care management skills for treating the injured in areas affected by catastrophic events.

The American Academy of Orthopaedic Surgeons (AAOS), the Society of Military Orthopaedic Surgeons (SMOS), and the Orthopaedic Trauma Association (OTA) extend sincere appreciation to Stryker for their support of this program.

stryker®

ANNOUNCEMENTS

- Call for Volunteers**

There are several OTA committee volunteer positions available, with terms beginning February 11, 2012. Those interested are asked to apply by November 1st using the link below. (positions and committee charges available via the link)
<http://www.ota.org/whatsnew/GetInvolved.htm>

- 2011 OTA Research Campaign**

Please consider supporting OTA Research...

Thank you to all 2011 donors to date!

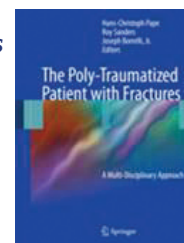
<http://www.ota.org/Acknowledgements%2011%20v2.pdf>

- OTA Membership Application Deadline: November 1st**

Please encourage your colleagues, residents and fellows to apply!

- Kudos to Drs. Pape, Sanders and Borrelli on the completion of the following trauma textbook: The Poly-Traumatized Patient with Fractures: A Multi-Disciplinary Approach Hans-Christoph Pape, Roy Sanders and Joseph Borrelli, Jr.**

<http://www.springerlink.com/content/978-3-642-17986-0#section=909492&page=1>



ANNUAL MEETING REMINDERS

- Annual Meeting registrants, please watch your mail for the **2011 Annual Meeting Badge packet**, which will include your badge and check-in tickets. **PLEASE BRING THESE ITEMS TO THE MEETING**, and avoid registration lines.

- **OTA Business Meeting**

Thursday, October 13th

5:10 p.m. – 6:10 p.m.

Marriott Rivercenter, Grand Ballroom, Level 3

The OTA Nominating Committee will present a slate of candidates for election to the following positions: 2nd President-Elect, Secretary, Member-at-Large, and 2 positions for the Membership Committee.

One bylaws revision will be voted.

Please see the Bylaws report on page 4.

- **International Reception**

Wednesday, October 12th

5:30 p.m. – 6:30 p.m.

Marriott Rivercenter — Sazos, Level 2

All International attendees invited.

Hosted by the OTA Board of Directors and International Relations Committee

- **Industry Lunch Sessions**

Thursday, October 13

11:15 am – 12:30 pm

San Antonio Convention Center

(Registration is complimentary and includes lunch, but registration is required) https://ebus.ota.org/default.aspx?tabid=168&appl_code=AM_REG

- **Military Reception**

Friday, October 14th

5:30 p.m. – 6:30 p.m.

Marriott Rivercenter — Sazos, Level 2

All active duty military and DVSP attendees invited

Hosted by the OTA Board of Directors and Military Committee

- **Women in Orthopaedic Trauma Luncheon**

Friday, October 14th

12:06 p.m. – 1:00 p.m.

(Registration is required) https://ebus.ota.org/default.aspx?tabid=168&appl_code=AM_REG

- **Annual Meeting Mini-Symposium**

Making Medicine's Voice Heard:

Media Relations and Political Advocacy

Saturday, October 15th, 1:00 p.m.

At our Annual Meeting in San Antonio, I would like to encourage everyone to attend the mini-symposium at 1 p.m. Saturday, October 15, 2011, *"Making Medicine's Voice Heard: Media Relations and Political Advocacy."* Patricia Clark, a communications expert with over 20 years of experience in media training, speech coaching and message development will provide an introductory session on message development that can be effectively used in a media interview or in delivering effective testimony before your legislature.

The OTA has experienced an increase in the number of media requests as a result of the very successful AAOS and OTA public service campaigns. Recent traumatic world events and other newsworthy stories provide a great opportunity for orthopaedic surgeons to educate the public about healthcare issues. With significant debates occurring in health care reform, the need to make our positions understood by our representatives in congress and local politicians in our states and communities is gaining greater importance. While we have several members who have participated in media interviews and advocacy, we are looking to increase the number of qualified and interested spokespeople for future opportunities. While those with some experience in these areas will still learn some valuable lessons, the target audience is OTA attendees who have considered these opportunities, but who have not yet taken on many of the challenges. **Jeffrey M. Smith, MD**, Chairman OTA Public Relations Committee, will be providing some insight into many of the opportunities available to us in the media, and **Andrew Pollak, MD**, OTA President, will discuss some the basics of advocacy in the political arena.

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 Home Page: <http://www.ota.org>