



25th Anniversary

A History of the
Orthopaedic Trauma Association

OTA 1985 – 2009
OTHA 1977 – 1985



25th Anniversary

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Orthopaedic Trauma Association

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OTHA 1977 – 1985

Acknowledgments

OTA 25th Anniversary Book

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Orthopaedic Trauma Association 25th Anniversary Book

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Introduction

As the Orthopaedic Trauma Association celebrates its 25th Anniversary meeting, we recognize that the strength of our society is based upon our shared commitment to the care of patients with musculoskeletal injuries. This common goal has forged countless friendships and driven our shared promotion of orthopaedic trauma research and education. Our reward is evident in advancing the care we deliver and in our professional and personal growth.

Twenty-five years ago our founding members and first President Ramon Gustilo had the foresight to establish our mission and values. I hope that the founding board would find our current membership to be true to these principles and take great pride in the opportunities that they created for our generation.

We need to recognize all of those who contribute to the OTA's many successes: our members with countless volunteer hours, our corporate partners for their continued commitments to our mission, and our inexhaustible executive staff in Chicago. And of course no one has been more devoted than our Executive Director Nancy Franzon.

The Anniversary Committee:

Jeff Anglen, Past-President; Robert Ostrum, Archive Chair and his committee -

Animesh Agarwal, Madhav Karunakar; Craig Roberts, Public Relations Chair and his committee

- Lisa Cannada, Joseph Cass, Stephen Kottmeier, Jeff Smith, and OTA Staff have done a fantastic job of collecting, organizing and creating an exceptional 25th Anniversary Synopsis for print and web. It recognizes the contributions of many OTA members and also documents the growth of our membership and endowments.

We all share pride in being members of the OTA, the greatest of the specialty societies.



David C. Templeman,
OTA President 2009-2010

Goals of OTHA

To carry on retrospective and prospective research studies in orthopaedic trauma
To provide continuing medical education in orthopaedic trauma



The Orthopaedic Trauma Association

Mission Statement

The mission of the Orthopaedic Trauma Association (OTA) is to promote excellence in care for the injured patient, through provision of scientific forums and support of musculoskeletal research and education of orthopaedic surgeons and the public.

Vision Statement

The OTA will be the authoritative source for the optimum treatment and prevention of musculoskeletal injury, will effectively communicate this information to the orthopaedic and medical community and will seek to influence health care policy that effect care and prevention of injury.

Value Statement

The OTA is adaptable, forward thinking and fiscally responsible and is composed of a diverse worldwide membership who provide care and improve the knowledge base for the treatment of injured patients. OTA members provide worldwide leadership through education, research and patient advocacy.

Contents

Acknowledgments		ii
Introduction		iii
OTHA Goals, OTA Mission, Vision and Value Statements		v
CHAPTER I	OTA Timeline	1
CHAPTER II	History of OTA Leaders	
	OTA Presidents	11
	OTA Founding Members	60
CHAPTER III	History of Research and Education	
	Annual Meetings	
	OTHA Annual Meetings Dates & Locations	67
	OTA Annual Meetings Dates & Locations	67
	Research	
	History of the OTA Research Program	68
	Research Grant Statistics	69
	Historical Grant Award Chart	69
CHAPTER IV	Awards	
	Edwin G. Bovill, Jr., MD Awards	71
	Memorial Awards	75
	John Border, MD Memorial Lecture	76
	Winqvist Cup Awards	77
CHAPTER V	A Trip Down OTA Memory Lane	
	“What the OTA Means to Me”	79
	In Pursuit of Excellence for 25 Years	105
	Amman Jordan Course 2009	114
	Trauma Education to Ghana	116
	Distinguished Visiting Scholar Program	119

Chapter I

OTA Timeline

1977

Drs. Gustilo, Bovill and Chapman conceive Orthopaedic Trauma Center Study Group (OTCSG) aka Orthopaedic Trauma Hospital Association (OTHA)

January 31, 1977



1st Member Hospitals:

*Los Angeles County Hospital
Harborview Medical Center
Cook County Hospital*

*San Francisco General Hospital
Denver General Hospital
Boston City Hospital*

1978

Additional Member Hospitals Join

*Parkland Memorial Hospital Maryland Shock Trauma
Montefiore Hospital Medical Center*

First Meeting of OTHA

June 15 – 17, 1978

*Los Angeles County Hospital, Los Angeles, California
J. Paul Harvey, MD – Host*



1979

Second Meeting of OTHA

*Cook County Hospital, Chicago, Illinois
Arsen Pankovich, MD – Host*



1980

Third Meeting of OTHA

October 11 – 12, 1980

*Boston City Hospital, Boston, Massachusetts
David Segal, MD – Host*



1981

Fourth Meeting of OTHA

October 24 – 25, 1981

*Hennepin County Hospital, Minneapolis, Minnesota
Ramon B. Gustilo, MD – Host*



1982

Fifth Meeting of OTHA

October 24 – 25, 1982

Denver General Hospital, Denver, Colorado

Renner Johnston, MD – Host

Classification of Fractures Begun

1983

Sixth Meeting of OTHA

October 6 – 9, 1983

Hermann Medical Center, Houston, Texas

Taylor Smith, MD – Host

Ramon B. Gustilo, MD – Founding President-OTHA



1984

Seventh Meeting of OTHA

November 29 – December 2, 1984

Maryland Shock-Trauma, Baltimore, Maryland

Andrew Burgess, MD – Host

Ramon B. Gustilo, MD – Founding President-OTHA/OTA



Research Committee Formed

Thomas Comfort, MD - Chairman

Trauma Registry System Introduced

Ramon B. Gustilo, MD

1985

1st Annual OTA Meeting

September 14 – 15, 1985

Montefiore Medical Center, New York, New York

Edward T. Habermann, MD

& Michael C. Distefano, MD – Hosts



Michael W. Chapman, MD – President



- *Board of Directors approved the name change from OTHA to OTA – September, 1985*
- *BOARD approved moving from hospital membership to individual membership*
- *Fellowship Committee Formed*
Kenneth D. Johnson, MD, Chairman



The Council of Musculoskeletal Specialty Societies Founded by AAOS

1986**2nd Annual OTA Meeting**

November 20 – 22, 1986

*San Francisco General Hospital**San Francisco, California**Michael W. Chapman, MD – President***OTA Fully Incorporated As 501(c)3****OTA Is Accepted As a Member of COMSS***Michael Chapman First Representative***1987****3rd Annual OTA Meeting**

November 19 – 21, 1987

*Baltimore, Maryland**Charles C. Edwards, MD – President***Classification and Coding Committee Formed***Ramon Gustilo, MD – Chairman***Journal of Orthopaedic Trauma
Became Official Journal of OTA***Phillip Spiegel, MD – First Editor***1988****Dr. Cardea Establishes Specialty Day at the AAOS Annual Meeting****1st Specialty Day**

Sunday, February 7, 1988

Trauma Registry and Coding Published**4th Annual OTA Meeting**

October 27 – 29, 1988

*Dallas, Texas**John A. Cardea, MD – President*

1989

5th Annual OTA Meeting

October 19 – 21, 1989

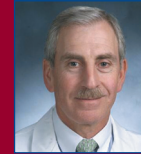
Philadelphia, Pennsylvania

Bruce D. Browner, MD – President



Research and Honorary Membership Approved

- *1st Honorary Member – John Border, MD*



OTA Fellowship Program Criteria Developed

David Helfet, MD – Chairman

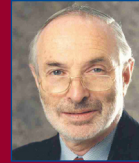
1990

6th Annual OTA Meeting

November 7 – 10, 1990

*Combined Meeting with
the Canadian Orthopaedic Association
Toronto, Ontario, Canada*

Joseph Schatzker, MD – President



First William Bovill Award Paper

First Corresponding (International) Members Accepted

1991

7th Annual OTA Meeting

October 31 – November 2, 1991

Seattle, Washington

Richard F. Kyle, MD – President



Dr. Kyle Establishes OREF Funding for OTA

- *\$1 Million Goal Set to Fund Trauma Research*

1992

1st Trauma Update

May 28 – 30, 1992 – Vail, Colorado

Richard F. Kyle, MD – Chairman

1st Trauma Fellowship Match Day

May 13, 1992

8th Annual OTA Meeting

October 1 – 3, 1992

Minneapolis, Minnesota

Robert A. Winquist, MD – President



1993**2nd Trauma Update***April – Philadelphia, Pennsylvania***3rd Trauma Update***May – Seattle, Washington***9th Annual OTA Meeting*****1st Combined Meeting with the American Association for the Surgery of Trauma***

September 23 – 25, 1993

*New Orleans, Louisiana**Peter G. Trafton, MD – President***1994****4th Trauma Update***May – Chicago, Illinois***10th Annual OTA Meeting**

September 22 – 24, 1994

*Los Angeles, California**Kenneth D. Johnson, MD – President***1995****5th Trauma Update***Buffalo, New York; Lawrence B. Bone, MD – Chairman***6th Trauma Update***Reno, Nevada; Timothy J. Bray, MD – Chairman***1st Annual Orthopaedic Trauma Residents Course**

September 27 – 29, 1995

*Tampa, Florida; Robert A. Winqvist, MD – Chairman***11th Annual OTA Meeting**

September 29 – October 1, 1995

*Tampa, Florida**Alan M. Levine, MD – President*

- *First Presidential Address*

**OKU Trauma Published under Dr. Levine's Tenure****1996****12th Annual OTA Meeting & Residents Course**

September 27 – 29, 1996

*Boston, Massachusetts**Lawrence B. Bone, MD – President***Fracture Classification Compendium Published**

1997

Trauma Update Course

April – Newport Beach, California; Steven A. Olson, MD – Chairman

Trauma Update Course

May – Pittsburgh, Pennsylvania; Gary S. Gruen, MD – Chairman

OTA Research Fund Surpasses \$1 Million

**13th Annual OTA Meeting linked to Küntscher Society
& Residents Course**

October 17 – 19, 1997

Louisville, Kentucky

James F. Kellam, MD – President



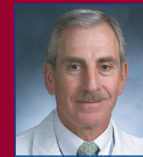
1998

14th Annual OTA Meeting & Residents Course

October 8 – 10, 1998

Vancouver, British Columbia, Canada

David L. Helfet, MD – President



1999

Trauma Update Course

July – Seattle, Washington

Chip Routt, MD – Chairman

15th Annual OTA Meeting & Residents Course

October 22 – 24, 1999

Charlotte, North Carolina

Andrew R. Burgess, MD – President



2000

Trauma Update Course

Kansas City, Missouri; Jeffrey O. Anglen, MD – Chairman

Trauma Update Course

Calgary, Alberta, Canada; James Powell, MD

& Ross K. Leighton, MD – Co-Chairmen

16th Annual OTA Meeting & Residents Course

2nd Combined Meeting with the

American Association for the Surgery of Trauma

October 12 – 14, 2000

San Antonio, Texas

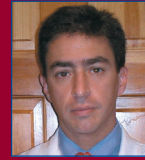
M. Bradford Henley, MD, MBA – President



2001**1st OTA/AAOS Trauma Update Course***July – Providence, Rhode Island**Joseph Borrelli, Jr., MD & Jeffrey O. Anglen, MD – Co-Chairmen***17th Annual OTA Meeting & Residents Course***October 18 – 20, 2001**San Diego, California**Donald A. Wiss, MD – President***2002****1st Basic Science Focus Forum***October 10 – Emil H. Schemitsch, MD – Chairman***18th Annual OTA Meeting & Residents Course***October 11 – 13, 2002**Toronto, Ontario, Canada**Thomas A. Russell, MD – President***Trauma Update Course***November – Nashville, Tennessee; Joseph Borrelli, Jr., MD**& Robert A. Probe, MD – Co-Chairmen***2003****OTA Research Fund Surpasses \$2 Million****19th Annual OTA Meeting & Residents Course***October 9 – 11, 2003**Salt Lake City, Utah**Marc F. Swiontkowski, MD – President***2004****Trauma Update Course***January – San Diego, California; Robert A. Probe, MD**& David C. Teague, MD – Co-Chairmen***April - OTA Residents Advanced Trauma Techniques Course Added****Trauma Update Course***May – St. Louis, Missouri; David C. Teague, MD**& William M. Ricci, MD – Co-Chairmen***OTA Membership Reaches 500****1st Disaster Response Course***October 7 – Christopher T. Born, MD – Chairman***20th Annual OTA Meeting & Residents Course***October 8 – 10, 2004**Hollywood, Florida**Roy Sanders, MD – President*

2005

21st Annual OTA Meeting & Residents Course
October 20 – 22, 2005
Ottawa, Ontario, Canada
Paul Tornetta, III, MD – President



2006

22nd Annual OTA Meeting & Residents Course
October 5 – 7, 2006
Phoenix, Arizona
Michael J. Bosse, MD – President



2007

23rd Annual OTA Annual Meeting & Residents Course
October 17 – 20, 2007
Boston, Massachusetts
Jeffrey O. Anglen, MD – President



2008

OTA Membership Reaches 1,000

24th Annual OTA Meeting & Residents Course
October 15 – 18, 2008
Denver, Colorado
J. Tracy Watson, MD – President

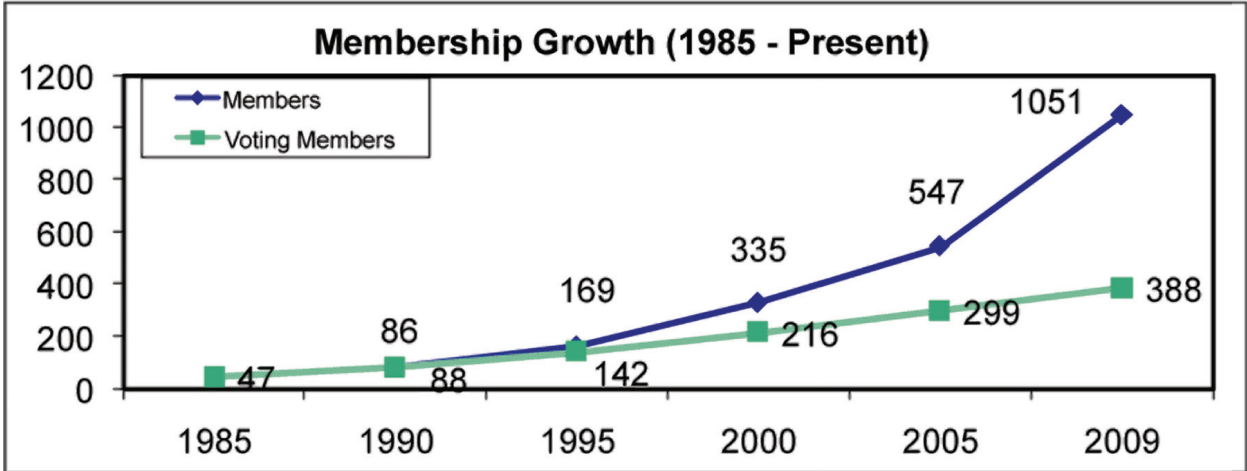


2009

April - OTA Fellows Courses Added
Boston, Massachusetts
Paul Tornetta, III, MD – Course Director

25th Annual OTA Meeting & Residents Course
October 7 – 10, 2009
San Diego, California
David C. Templeman, MD – President





Meeting Attendance

- 1984**
 - 24 Surgeons
 - 3 Board Members
 - 4 Committees

- 1990**
 - 366 includes Industry
 - 6 Board Members
 - 9 Committees
 - 7 Ad-hoc Committees
 - 2 Research Grant Awards

- 2008**
 - 1,656 includes Industry
 - 11 Board Members
 - 19 Committees
 - 12 Project Teams
 - 29 Research Grant Awards

Chapter II

History of OTA Leaders

OTA Presidents

Ramon B. Gustilo, MD, Founding President		Andrew R. Burgess, MD	1999-00
Michael W. Chapman, MD	1985-87	M. Bradford Henley, MD, MBA	2000-01
Charles C. Edwards, MD	1987-88	Donald A. Wiss, MD	2001-02
John A. Cardea, MD	1988-89	Thomas A. Russell, MD	2002-03
Bruce D. Browner, MD	1989-90	Marc F. Swiontkowski, MD	2003-04
Joseph Schatzker, MD	1990-91	Roy Sanders, MD	2004-05
Richard F. Kyle, MD	1991-92	Paul Tornetta, III, MD	2005-06
Robert A. Winquist, MD	1992-93	Michael J. Bosse, MD	2006-07
Peter G. Trafton, MD	1993-94	Jeffrey O. Anglen, MD	2007-08
Kenneth D. Johnson, MD	1994-95	J. Tracy Watson, MD	2008-09
Alan M. Levine, MD	1995-96	David C. Templeman, MD	2009-10
Lawrence B. Bone, MD	1996-97	Timothy J. Bray, MD	2010-11
James F. Kellam, MD	1997-98	Andrew N. Pollak, MD	2011-12
David L. Helfet, MD	1998-99		

OTA Presidents



Ramon B. Gustilo, MD
OTA Founding President

As first President of the OTA, it was exciting to see the transition from the OTHA (Orthopaedic Trauma Hospital Association) to the OTA and the enthusiasm of the young members at the inaugural meeting. I realized then the potential of how big the organization could be and its major role in the care of trauma patients.

To me personally, the OTA means a lot in the sense of pride and accomplishment that I was one of the founders, organizers, and the first president of the most active specialty organization of the Academy.

In the future, I hope that OTA will address how to reduce the cost of trauma treatment without sacrificing quality. The care of trauma in Third World Countries will be one of the projects, as well as the economic reality that undeveloped countries cannot duplicate or afford all the advances of developed countries.

Additionally, I hope that there will be more emphasis on research on the prevention of multiple injuries and the prevention of complications in the multiple injured patients. There should be more research in the prevention of sepsis in type three open fractures.

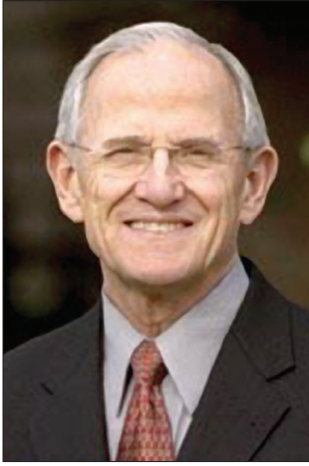
Ramon B. Gustilo, MD

“...Ray Gustilo was the glue that held us together. He made certain that the meetings occurred each year and he began to raise funds from industry to finance our small administrative and meeting expenses. We began to think of ourselves as a serious organization as he introduced us to his trauma registry and got us thinking about multicenter studies. It was the first time we thought of research as a nationally organized effort.” Michael Chapman, MD

1984-1985 Executive Committee

President:	Ramon B. Gustilo	Program:	Charles C. Edwards
President Elect:	Michael W. Chapman	Research:	Thomas H. Comfort
Secretary-Treasurer:	John A. Cardea		

OTA Presidents



Michael W. Chapman, MD
OTA President, 1985-1987

My personal involvement in trauma was serendipitous. During my residency at UC San Francisco I had 18 months of trauma rotations and no real reconstructive rotation. I was chief resident at both Highland County Hospital in Oakland and at San Francisco General Hospital so I had a strong trauma background. John Charnley had started doing his first total hip arthroplasties in the late 50s and I had a strong desire to be a total hip surgeon so I did a hip reconstruction “visitorship” in England following my residency in late 1967. This included rotations at the Royal National Orthopaedic Hospital in London, with McKee and Farrar in Norwich, and John Charnley in Wigan. This was cut short by my being drafted into the Army. Since I was already in Europe, the Army left me there and I served at the NATO and SHAPE headquarters hospitals in Brussels and Mons, Belgium in 1968 and 1969. I spent my last year, 1970, in Würzburg, Germany at the 196th Station Hospital.

It was my intent to return to San Francisco to enter private practice in reconstructive hip surgery but unexpectedly, while in Würzburg, I was offered an academic position at UC San Francisco as the assistant chief of orthopaedics working with Edwin “Ted” G. Bovill at San Francisco General Hospital. This wasn’t what I wanted in the long run but it was an easy way to get back into the community after having been gone four years. When I arrived back in San Francisco in January 1971, the first total hip arthroplasty in the USA had been performed in the previous year or so. In spite of being the only orthopaedic surgeon in San Francisco, at the time, with formal training with the originators of total hip arthroplasty, I found out that in order to perform a total hip arthroplasty one needed to have an FDA investigator permit to use PMMA cement and all of these had been allocated the previous year. This blocked me and many other surgeons from performing total hip arthroplasties for at least a couple of years.

In the meantime, I was really enjoying working at San Francisco General Hospital (SFGH) with Ted Bovill in a practice, which was 90% trauma. I was busy setting up the first femoral closed intramedullary-nailing program in the San Francisco Bay Area, which was really exciting. Within a short time I gave up my reconstructive practice on Parnassus Heights at the main

1985-1987 Executive Committee

President:	Michael W. Chapman	Past President:	Ramon B. Gustilo
President Elect:	Charles C. Edwards	Program:	Edward T. Habermann
Secretary-Treasurer:	John A. Cardea	Research:	Thomas H. Comfort

university hospital. This eliminated my primary source of income and made me the first full time orthopaedic trauma surgeon at SFGH. Although Ted was chief, he was not full time as he had a busy orthopaedic oncology practice at the university hospital. I was able to make a living at SFGH as a few other trauma surgeons in different specialties also wanted to be full time at the county hospital so we set up a professional service to bill for Title 19, Medicaid, and Medicare patients. I believe Title 19 was passed in 1967 or so and this was the first time that bills for professional services were rendered at SFGH. Prior to that time, all of the professional staff were unpaid volunteers or university faculty who received a small county salary and made the majority of their university salary in a “private” style practice at the university.

At the same time, the general surgery staff at SFGH, under the leadership of F. William Blaisdell, set up SFGH as one of the first level-I trauma centers in the country. This led to a very challenging and exciting career in trauma at SFGH for me so I decided to stay with the group of pioneers establishing trauma as a surgical sub-specialty.

The challenges of the developing field of trauma, which was in its infancy, combined with the financial problems and politics of working in a city/county supported institution was common to many large inner-city hospitals. Ray Gustilo, who at the time was chief at Hennepin County Hospital in Minneapolis, was a guest speaker at SFGH on January 31 and February 1, 1977. After his presentation, Ray, Ted Bovill and I had lunch at a Vietnamese Restaurant across the street from SFGH. During this discussion of our common problems working as traumatologists in city/county hospitals, Ray suggested that we form a loose association of university affiliated city/county trauma hospitals. The plan was to have no officers or formal organization but to simply meet at each other's institutions annually to share cases, present papers and discuss mutual problems. He and Ted extended the initial invitations for our first meeting which was sponsored by J. Paul Harvey at Los Angeles County Hospital, June 15-17, 1978. Included in this first meeting of the Orthopaedic Trauma Center Study Group (OTCSG), besides us, were Ted Hansen of Harborview Medical Center in Seattle, Renner Johnston from Denver General, Arsen Pankovich from Cook County Hospital, Chicago, and David Segal from Boston City Hospital as well as other members of their staffs. Subsequently, in the early years we were joined by Parkland Hospital in Dallas, Maryland Shock Trauma in Baltimore, Montefiore Hospital in Brooklyn, Hermann Medical Center, Houston and others.

During these early years it was difficult to maintain momentum, as the only person in charge of the OTCSG was the sponsor of the meeting for the following year. Ray Gustilo was the glue that held us together. He made certain that the meetings occurred each year and he began to raise funds from industry to finance our small administrative and meeting expenses. The OTCSG became very important to us, as at the time it was the only forum in the USA dedicated to orthopaedic trauma. The only other trauma meetings for many of us were the AO courses in Davos, Switzerland.

At the 1981 meeting, which was hosted by Ray Gustilo at Hennepin County Hospital in Minneapolis, we began to think of ourselves as a serious organization as he introduced us to his trauma registry and got us thinking about multicenter studies. It was the first time we

thought of research as a nationally organized effort. We began to work on some bylaws and other organizational details and Ray continued to raise money. In 1983 we changed our name from OTCSG to the Orthopaedic Trauma Hospital Association (OTHA) and membership was still by institution rather than by individuals per se. Mike Distefano, in his history of the OTA on the website, states that 1985 was the first year that we used the name Orthopaedic Trauma Association and that is why our 25th Anniversary Meeting is this year.

The primary motivating factor to incorporate came in 1985 when the AAOS established the Council on Musculoskeletal Specialty Societies (COMSS). We realized that there was no national organization representing orthopaedic trauma and that we had the opportunity to be that organization. Requirements for membership in COMSS were incorporation as a 501 (C) (3) corporation, full by-laws that would permit any qualified member of the AAOS to be a member, evidence of a national membership, fiscal viability, and a viable program of education and support of research. We had no staff, so within a year we put this all together using our own local support staff. Ray Gustilo was the driving force. I was given the job of getting us incorporated and writing the by-laws and that is why we are incorporated in California. We were subsequently accepted as a member of COMSS.

In San Francisco, at our meeting of November 19-22, 1986, we officially adopted our by-laws and articles of incorporation and declared Ray Gustilo as our first president for the years 1983-1985. I was elected as the second president in September, 1985 and was consequently the first president of the fully incorporated Orthopaedic Trauma Association. Shortly after our first meeting as the OTA we launched our first multi-center study of the treatment of subcapital hip fractures in the young person.

As we all know the OTA is now the strongest international organization for orthopaedic trauma in the world and its ascendancy to this stature has been meteoric. We must ask, why did this occur? I believe that the incredible success of the OTA occurred because it has been blessed with continuously strong, skilled and dedicated leaders and a highly engaged membership. We have been truly blessed with an abundance of talented leaders. The contributions of each of the presidents and their officers and boards of trustees have moved the organization forward on a steady climb typified by excellence along the entire trajectory of its maturation. The major beneficiaries of this excellence have been our patients.

On a personal note, certainly the role that I was privileged to play in the founding and subsequent nurturing of the OTA, is the most important event in my professional life. The possible exception is the satisfaction I received on the multiple occasions I was part of a team which saved a trauma victim's life and returned them to their loved ones as a functional person.

When I was president, the OTA was a small intimate and narrowly focused organization where I personally knew every person in attendance at our meetings. Wow, have things changed! It is gratifying to witness the growth of the OTA into a world leading organization.

The OTA to me has been a tremendous source of personal satisfaction, education, friendships,

professional interchange and pride in seeing the OTA surpass all expectations in meeting its core mission, which ultimately benefits all of our patients.

The health care system in the USA will undergo tremendous change in the next 4-8 years. The OTA will have many challenges seeing that all victims of trauma receive the best in treatment and that its members continue to practice in an environment that is professionally rewarding, and optimal for continuing advances in trauma care. I have every confidence that the leadership and members of the OTA will meet this challenge.

Happy 25th Birthday!
Michael W. Chapman, MD

OTA Presidents

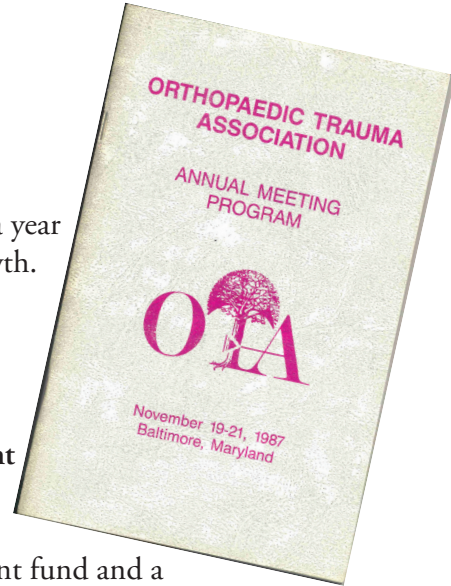


Charles C. Edwards, MD
OTA President, 1987-1988

Dr. Edwards Presidency marked a year of substantial organizational growth. Major topics of discussion were establishment of effective organizational systems:

Financial Planning and Investment strategy was begun which has been followed throughout OTA

history. Profits from the meetings are placed in an investment fund and a conservative investment program was maintained.



Membership application process – First membership certificates created

Dues raised to \$150 to cover the cost of the JOT subscription and discounted meeting registration

Annual Meeting Ad-hoc Workshop Committee - Marvin Tile, Chairman

Adhoc committee formed to create workshop equipment guidelines and evaluation of the implant equipment used at the annual meeting

Annual Meeting Arrangements Committee formed with local host as Chairman to plan social events

Trauma Coding – Ray Gustilo, Chairman

Trauma Fellowship Developed – Sig Hansen, Chairman

Traveling Fellowship considered and referred to Committee

Research Study on Electrical Stimulation - Tim Bray, Chairman of Subcommittee

1987-1988 Executive Committee

President:	Charles C. Edwards	Member-at-Large:	Kenneth D. Johnson
President Elect:	John A. Cardea	Member-at-Large:	Joseph Schatzker
Secretary-Treasurer:	Richard F. Kyle	Program:	Alan M. Levine
Past President:	Michael W. Chapman		

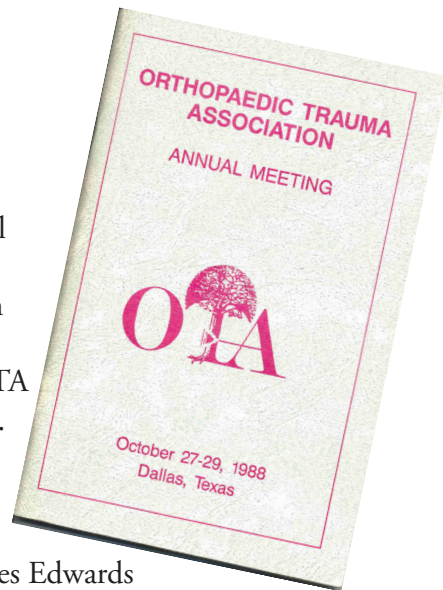
OTA Presidents



John A. Cardea, MD
OTA President, 1988-1989

I was intimately involved with all aspects of the formation of the Orthopaedic Trauma Association and its activities from 1983 until 1992. The board of the OTA was actually formed in late 1983. At that time Dr. Ramon Gustilo was President, Dr. Mike Chapman was Vice-President

and I was Secretary-Treasurer. To my recollection, Dr. Charles Edwards from the University of Maryland, Dr. Bruce Browner from the University of Maryland and Dr. Joe Schatzker from Toronto were also on the board. We had always included the Canadians in the Orthopaedic Trauma Association and during this year, we approved corresponding members from other countries.



During the early years from 1983 through 1985, we continued with the CME Programs of both the Orthopaedic Trauma Hospital Association and the OTA. During this time, I coordinated the correspondence as Secretary-Treasurer and Mike Chapman worked on incorporating the OTA as a non-profit organization in California. It took from 1983 to 1985 to get us incorporated and write our bylaws. During that time, the board met at our Orthopaedic Trauma Hospital Association meetings and our first Orthopaedic Trauma Association Meeting. There may have been some others involved and I am sure the early Presidents will let you know whether they were on the original board.

My personal involvement in OTA goes as follows: I was President of the organization in 1988, Vice-President in 1987. I served as Secretary-Treasurer from 1983 until 1986. Our incorporation was complete in 1985. I remained on the board and my full board compliment was 1983 – 1989. In 1989 I was the Immediate Past President. I was also the COMSS representative for the OTA from 1989 to 1992. During that time I was an ex-officio member and attended all board meetings to give the reports of COMSS. In 1992, the COMSS

1988-1989 Executive Committee

President:	John A. Cardea	Member-at-Large:	Lawrence B. Bone
President Elect:	Bruce D. Browner	Member-at-Large:	Sigvard T. Hansen, Jr.
Secretary-Treasurer:	Richard F. Kyle	Program:	Alan M. Levine
Past President:	Charles C. Edwards		

representative rolled to Richard Kyle and I became the Chairman of the Committee on Exhibits for the American Academy of Orthopaedic Surgery and held that position until 1999. During my tenure as Chairman of the Committee of Exhibits, I organized sub-specialty groups and sub-specialty committees to evaluate all of the papers and posters presented at the Academy and took that opportunity to fill all of the trauma sub-committees with Orthopaedic Trauma Association members. This meant that OTA members would determine which papers and posters were presented at the academy meeting from 1992 to 1999.

I served on the Program Committee for the OTA from 1985 through 1987 and on the Specialty Day Committee from 1988 until 1990, chairing the committee in 1989 and 1990.

The Council of Musculoskeletal Specialties (COMSS) was founded in 1984 under the AAOS Presidency of Charles Rockwood, Jr. and through that Charlie brought together the representation of all of the Orthopaedic sub-specialties. This directly led to the formation of Specialty Day which started for the Orthopaedic Trauma Association in 1988. We were the new kid on the block for Specialty Day and after much discussion, our board decided to use Specialty Day to teach trauma to the members of the AAOS! We did not have open papers, we only had symposia. This worked extremely well. By 1990, we were in the top three for admission to the Specialty Day because of our ability to teach and not just give complex papers as part of our meeting. If you will recall, the Academy was also associated with the Orthopaedic Research Society, the Hand Society, the Foot and Ankle Society and the Sports Medicine Society meaning that they all had a national meeting either before or after the Academy. It was possible to incorporate all of those meetings in a two week period when visiting the Academy Meeting. We did not want to compete with them and changed our format directly to assist the education of all of the members of the AAOS. Even our early meetings followed the same principle of educating orthopaedic surgeons. We had symposia on common fractures and their management. We also had interactive skills labs on internal fixation that involved all of the members of the OTA.

My fondest memory of OTA was the planning of Specialty Day. Our goal was to teach orthopaedic members of the American Academy of Orthopaedic Surgeons so we knew that Specialty day would not be a learning experience for the OTA members. Because of this, we had a dinner for all of our members the night of Specialty Day. I ran those for the first two or three meetings. The dinner was absolutely free and it was supposed to reward the members of the OTA for putting on this meeting for the Academy. One year sixty members signed up for the meeting and only twenty five showed up for the dinner. You can imagine me standing there paying for sixty dinners and seeing all of these empty seats and all of these dinners sitting on the table that no one was eating. I was absolutely furious and could not wait to get back to my office to send a letter to the membership and tell them what had happened.

The following year, we did the same thing by putting on the dinner however, each member knew that if they signed up for the dinner and did not show up, they would be billed \$75.00 for that meal. This led to the greatest turnout for the OTA dinner that we ever had because everyone thought they had signed up for the dinner and people came who had not signed up and we had about twenty percent overflow. We were able to feed everyone and it was a fantastic dinner.

I have also been involved in founding the International Society of Fracture Repair (ISFR) and the American Association of Hip and Knee Surgeons (AAHKS). I have never worked with a more energetic and a more dedicated group as with the Trauma Surgeons who founded the Orthopaedic Trauma Association. I have been Chairman of Orthopaedics at the Medical College of Virginia, Virginia Commonwealth University in Richmond for twenty seven years. Of all of the things that I have done other than training my local residents, the most fun I ever had was being a member of the Orthopaedic Trauma Association, developing that organization and now sitting back and watching it grow to the number ONE orthopaedic trauma educational program in the world.

I am sure I have left out a number of people and I am sure you will get other information from some of the early chairmen. It has been exciting to sit back and relive the situation that led me through the OTHA and the Orthopaedic Trauma Association beginning.

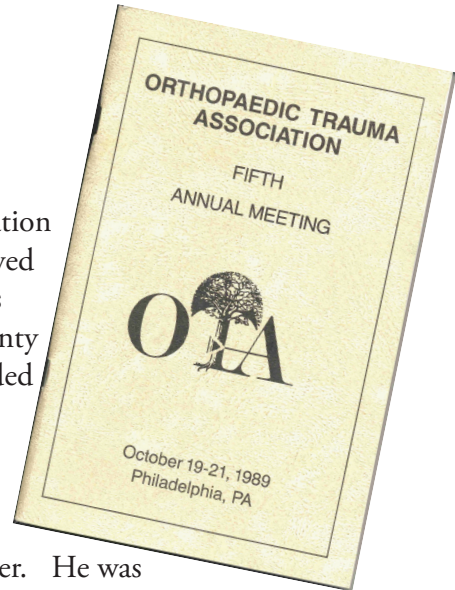
John A. Cardea, MD

OTA Presidents



Bruce D. Browner, MD
OTA President, 1989-1990

The Orthopaedic Trauma Association has grown a great deal since I served as the fifth president twenty years ago. In 1981, at Hennepin County Hospital in Minneapolis, I attended an early meeting of the Orthopaedic Trauma Hospital Association. This small trauma study group was the predecessor



of OTA. Ramon Gustilo was the host and most visible leader. He was an important mentor and urged me to move to Houston where I spent an important part of my frontline trauma career and assumed the Division Chief position after a few years. The majority of OTHA members believed that the organization needed to be redesigned to one which was based on individual membership, so OTA was born.

I was honored to be elected as the fifth president during the early years which helped to define our organizational structure and goals. I had the privilege of appointing talented people as committee chairs who subsequently became OTA presidents. Although education and scientific discourse was the primary focus of the organization, I believed that we should become active in the area of health care finance, health policy and advocacy. Serving at the time on the AAOS Board of Directors as a junior member at large and the AAOS Committee on Health Care Finance, I worked with others in OTA on a number of initiatives. The first was an effort to revise the AMA CPT 4 codes for fractures and dislocations. Brad Henley and David Seligson were collaborators on this project. With the help of the AAOS Coding Committee and the economists from the Texas Medical Association, we were able to gain access to the CPT Editorial Panel. We flew to Tucson to make a presentation and worked with Mel Friedman, the orthopaedist on the panel. The proposal, which involved addition or revision of 238 codes, was accepted by the CPT Editorial Panel. The revised codes were then valued by the new AMA Relative Update Committee (RUC). This proposal was the largest group of codes they would review and value for many years. The coding changes went into effect in 1993 and reflected

1989-1990 Executive Committee

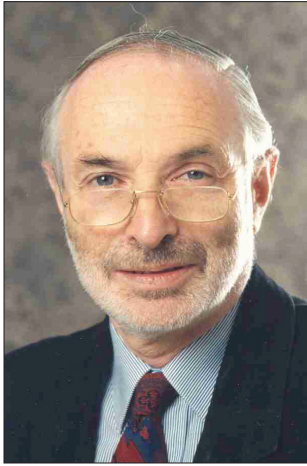
President:	Bruce D. Browner	Member-at-Large:	Phillip G. Spiegel
President-Elect:	Joseph Schatzker	Member-at-Large:	Kenneth D. Johnson
Secretary-Treasurer:	Richard F. Kyle	Program:	Robert A. Winquist
Past President:	John A. Cardea		

more accurately current practice. A proposal for a position statement on improved and fair funding for trauma care was presented to the AAOS Board of Directors. It was broadly defeated as the members felt it was too self-interested. Things have changed a great deal in twenty years as a recent AAOS position statement on trauma care was issued that was far more detailed and more supportive of surgeons delivering orthopaedic trauma care. We participated on the AAOS – Abt study to revise the work values for the RBRVS system. Although the product was not broadly accepted by HCFA (predecessor to CMS), it was used as the basis to change the multiple procedure rule which benefited orthopaedic trauma surgeons.

In the early days, the incoming president was responsible for selecting a present for the outgoing president. Although the presents were thoughtful, there was some variation and the process seemed too personal for a professional organization. During my presidency, the Board agreed that we should develop a standardized gift that reflected the dignity and stature of the OTA presidency. We chose a geometric shaped leaded crystal that was engraved with the OTA logo and an inscription noting the years of service of the individual president. My wife and I obtained the initial set of objects from Tiffany in New York City. We felt it was only proper that all of the presidents beginning with Ramon Gustilo, the first president, be awarded these crystal momentos. We received a substantial discount by purchasing ten objects and were able to have a good portion of the engraving done. We planned to transport the objects to the next OTA meeting to distribute to the past presidents and hand over the others to the staff. Each object was gift wrapped by the store. We were mostly concerned about protecting the fragile pieces during transport. We did not think about the problem that would occur when these leaded crystal pieces were viewed by the security staff under the x-ray scanner at the airport. Even though this was well before 9/11, this was the era of airline high-jackings and the security personnel were on high alert. They made us unwrap each of the packages so that they could inspect the individual crystal objects. We had to re-wrap all of the packages before proceeding to the departure gate.

Bruce D. Browner, MD, MS, FACS

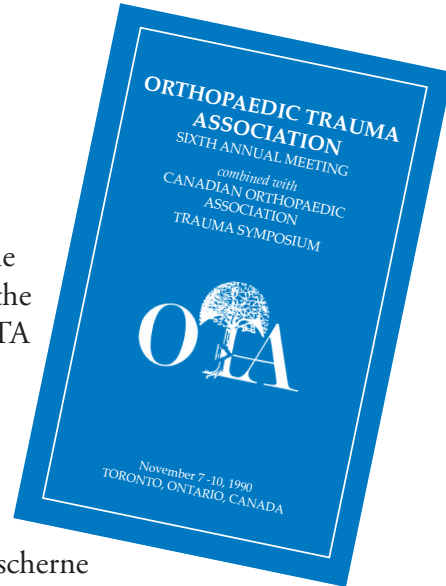
OTA Presidents



Joseph Schatzker, MD
OTA President, 1990-1991

I think that my creation of the Education Committee is likely the most significant contribution to the Association during my year as OTA President. During my tenure, a joint meeting with the Canadian Orthopaedic Association created an International event with keynote speakers Christopher

Colton of England, Heinz Kuderna of Austria and Harold Tscherne of Germany. I look forward to seeing you at the meeting.



Joseph Schatzker, MD

Additional key events during Dr. Schatzker’s term included:

- Education Committee formed, Richard Kyle – Chairman
- AOA and AAST both requested tandem meetings
- Plans begun for an International Meeting in Vienna in May, 1991
- Archives Committee formed, Tim Bray – Chairman
- Honorary Members – John States and Maurice Mueller

1990-1991 Executive Committee

President:	Joseph Schatzker	Member-at-Large:	Phillip G. Spiegel
President Elect:	Richard F. Kyle	Member-at-Large:	Kenneth D. Johnson
Secretary-Treasurer:	Lawrence B. Bone	Program:	Robert A. Winquist
Past President:	Bruce D. Browner		

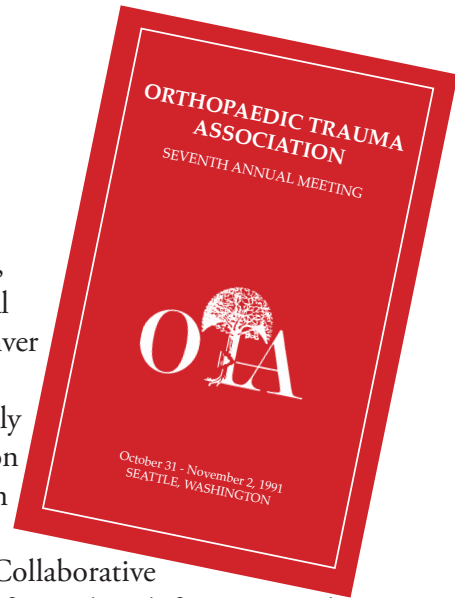
OTA Presidents



Richard F. Kyle, MD
OTA President, 1991-1992

Prior to the founding of the Orthopaedic Trauma Association, the Orthopaedic Trauma Hospital Association held a meeting at Denver General Hospital where Renner Johnston was chairman. We initially met under the leadership of Ramon Gustilo to draw up a classification system for fractures so that we

could all speak the same language in our clinical research. Collaborative studies were started on certain problematic fractures such as femoral neck fractures in the young. These were exciting days as the Orthopaedic Trauma Hospital Association was changed to the Orthopaedic Trauma Association to include all surgeons who had a majority of their practice encompassing care of trauma patients and who did research in this area.



The founding members created an initial strategic plan and bylaws for OTA. We had a great debate over the emblem for OTA and how it would look. It was initially presented by Mike Chapman and modified after thorough discussion by the group. As you can imagine, there were no strong personalities to debate these issues. During the founding of OTA, Ray Gustilo, Mike Chapman, John Cardea, Charles Edwards and myself made a particular point of not spending any money until we had a nest egg that would support OTA in the coming years. The goal initially was set at one million dollars. This frugality of the early leadership followed by the upcoming presidential line assured that OTA would be a financially sound organization into the future.

During my tenure as president in the organization we were branching out and formalized the education and research committees. The early frugality of the organization was beginning to pay off and we started granting small amounts of money for orthopaedic trauma research. We had great debates over funding and how to increase our research money. At that point in time, OREF was allocating very limited resources to trauma research because they felt “research grants were

1991-1992 Executive Committee

President:	Richard F. Kyle	Member-at-Large:	Kenneth D. Johnson
President Elect:	Robert A. Winquist	Member-at-Large:	Peter G. Trafton
Secretary:	Lawrence B. Bone	Member-at-Large:	James B. Carr
Treasurer:	Alan M. Levine	Program:	Robert J. Brumback
Past President:	Joseph Schatzker		

poorly written by members of the organization.” This became a great bone of contention and eventually led to dedicated giving by donors to OREF. This dedicated giving allowed substantial funds to flow from individuals and companies that were interested in trauma and dedicated to orthopaedic trauma research. This effort led to a substantial increase in our research funds over the years enabling OTA to support multi-center studies. It also led to the initiation of education in grant writing workshops led by Marc Swiontkowski, a past president of OTA.

As a founding member it has been exciting for me to watch these concepts grow and expand to make OTA one of the most successful specialty societies that now exists within AAOS. I would like to congratulate the Orthopaedic Trauma Association for its success and leadership in education and research to advance the care of our patients. Finally, during my tenure, Nancy Franzon became the Society Director for OTA and has remained a leader and dedicated person to support the organization and the subsequent Presidential Line throughout the years.

Richard F. Kyle, MD

OTA Presidents



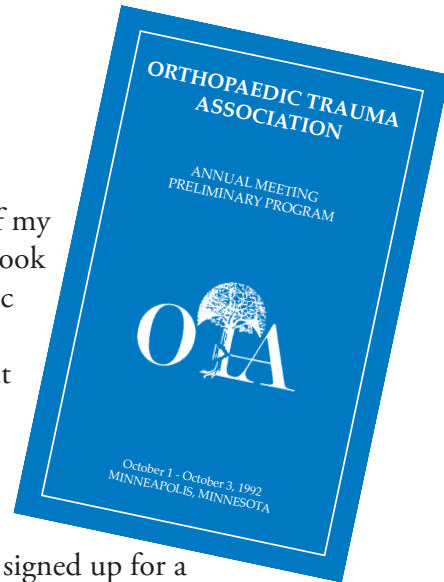
Robert A. Winqvist, MD
OTA President, 1992-1993

In 1969, in the month of May, of my senior year of Medical School, I took an elective rotation in orthopaedic surgery. I really had no understanding of the specialty but knew that the head of the department was a great teacher and selected it for that reason.

By the end of the month of May,

I already knew that I wanted to go into orthopaedics. I was signed up for a straight medicine internship at Parkland Memorial Hospital in Dallas, Texas. On my arrival, they asked which elective I would like to take and I announced that I wanted to do the Surgery Emergency Room, also fondly known as the “Surgery Pit.” That was an eye-opener. It was a thrill a minute. My interest in orthopaedics and trauma grew simultaneously.

I headed back to Seattle for a residency in orthopaedic surgery and early in my training was introduced to intramedullary nailing with Ted Hanson and Kaye Clawson. My enthusiasm grew during my first year of training and even more during my third year. By then, the stage was set. After completing training, I joined Ted Hanson at Harborview on the full-time faculty. I frequently worked around the clock; doing what I thought was some pretty great surgery. Unfortunately, we showed our cases at local conferences and received great criticism for basically fixing everything, including open fractures. It was not unusual to be accused of malpractice in the middle of a conference. In search of friends with similar interests, our growing band of rebels gathered to discuss our cases. San Francisco General played a significant role, where Ted Bovill, a wise professor, and Mike Chapman, helped spearhead OTHA, which allowed multiple groups from hospitals to get together and visit each other on an annual basis. Lorraine Day and Peter Trafton also were important contributors from San Francisco General. I remember visiting L.A. County, where Paul Harvey and Mike Patzakis were the leaders. During a tour of the Trauma Center, Paul Harvey took me into a room where there were rows of beds with weights and



1992-1993 Executive Committee

President:	Robert A. Winqvist	Member-at-Large:	James B. Carr
President Elect:	Peter G. Trafton	Member-at-Large:	David L. Helfet
Secretary:	Lawrence B. Bone	Member-at-Large:	James F. Kellam
Treasurer:	Alan M. Levine	Program:	Robert J. Brumback
Past President:	Richard F. Kyle		

ropes hanging all over them. He put his arm around my shoulder and said, “Bob, we call this traction.” I responded, “What would you use that for?” The exchange amongst us in this group was terrific and made us all better surgeons. Arsen Pankovich participated from Cook County and Renner Johnston from Denver General. Twin Cities was a cornerstone, with Ray Gustilo and Dick Kyle at Hennepin County and Tom Comfort and Fred Behrens at St. Paul Ramsey. Ray Gustilo brought in his friend, Chuck Edwards, from Shock Trauma with his supporters Bruce Browner and Andy Burgess, Bobby Brumback, and Atila Polka.

Although they were not part of OTHA, the Vancouver General Group, with Bob Meeks in the lead, were important compatriots as well as the Toronto team, lead by Marv Tile and Joe Schatzker. With an exchange and coalescence of ideas, fracture surgery in North America changed rapidly.

The next big step was the founding of OTA. In my mind, Ray Gustilo deserves a large portion of the credit because of his organizational skills and recognition of the need for funding to make this a successful organization. He wisely put together a budget, funded predominantly by the orthopaedic companies, and this really set the pace. At his side was Dick Kyle, who served as Secretary-Treasurer for 6 years. He organized everything and kept it on track while Ray Gustilo was doing the big thinking and pushing it forward. Dick is a good friend and always seems to be flying by the seat of his pants but he never crashes to the ground and was very important in the early organization as was Mike Chapman in putting together by-laws and the structure for OTA.

I was fortunate to join the Board and become the head of the Program Committee and the Education Committee. I felt that this was my strength. OTA expanded and was able to host great meetings, drawing in orthopedists from around North America and subsequently, the rest of the world. As part of education, I felt it was important that OTA be teaching residents instead of just the implant companies offering resident education. The OTA sponsored course for residents was started with two purposes in mind. I noticed that many OTA members were not attending the annual meeting and I felt that if they had an assignment they would come for sure. With all of the expertise out there, each member was assigned a lecture and a lab and therefore presented the greatest faculty of any trauma course in the world. The residents were able to hear Joe Schatzker talk about the Schatzker Classification for Tibial Plateau Fractures or Ray Gustilo talk about the Classification for Open Fractures. It can't get better than that. Also during that time, funding was established for basic research projects as well as for more complex projects involving multiple center cooperation.

OTA has only grown since then. There are of course more members and smarter members and better members, now encompassing the world. The interest has only grown and, for me, continues to be the most enjoyable and informative meeting I attend during the year.

It seems impossible that this year commemorates the 25th Anniversary, since it seems like only yesterday that the organization started.

Robert A. Winqvist, MD

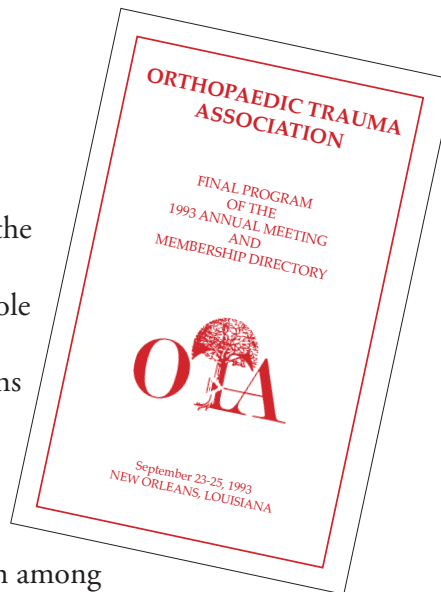
OTA Presidents



Peter G. Trafton, MD
OTA President, 1993-1994

It was a privilege to preside over the OTA in 1993-1994. We focused then, as now, on expanding the role of the OTA in helping residents and graduate orthopaedic surgeons develop knowledge and skill for treating musculoskeletal injuries. Our 1993 joint meeting with the American Association for the

Surgery of Trauma in New Orleans emphasized collaboration among North American trauma surgeons of all specialities, and the importance of fracture management in the total care of the injured patient.



Peter G. Trafton, MD

During Dr Trafton’s tenure as President the following additional goals were set:

- Two regional trauma update meetings were held
- Work begun on OKU Trauma Editors and contributors; negotiation with AAOS
- Meetings held with senior trauma project managers of orthopaedic equipment companies to determine research and education support
- Era of surveys begun
 1. Determine need and availability of orthopaedic trauma specialists
 2. Survey on orthopaedic coverage in hospital emergency departments
 3. Attitudes and practice survey regarding HIV and Hepatitis proposed by Infectious Disease Control Ad Hoc Committee

1993-1994 Board of Directors

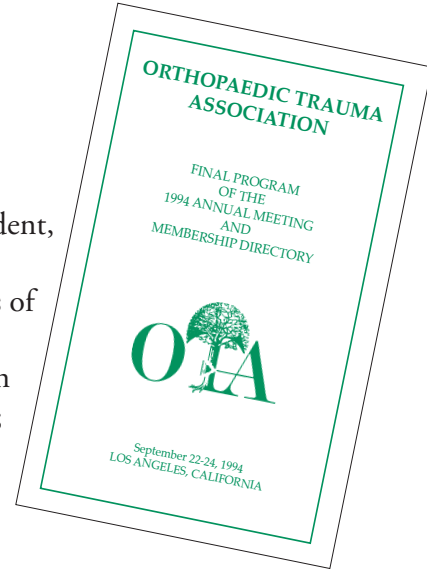
President:	Peter G. Trafton	Member-at-Large:	David L. Helfet
President Elect:	Kenneth D. Johnson	Member-at-Large:	James F. Kellam
Secretary:	M. Bradford Henley	Member-at-Large:	Thomas A. Russell
Treasurer:	Alan M. Levine	Program:	Berton R. Moed
Past President:	Robert A. Winquist		

OTA Presidents



Kenneth D. Johnson, MD
OTA President, 1994-1995

During Ken Johnson’s year as President, the main accomplishment was the standardization of committee terms of service and improved committee structure; improved communication between committees and the board; formal charges for the committees and development of committee budgets.



Member communication was enhanced with the addition of e-mail addresses to the member directory. The concept of an OTA newsletter was presented as another means of improving communication between committees, the board and OTA members.

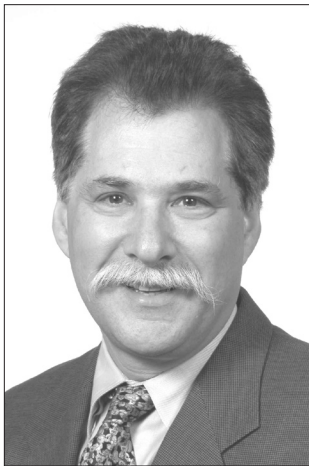
In a review of the minutes, the major problems with the annual meeting related to problems in communication. Specific logistics were mentioned about the number of slide trays, and labeling and placement of the trays in the speaker ready room. Additionally, the major problem of European slides melting in powerful slide projectors was mentioned by the annual meeting program committee. International doctors also had difficulty meeting the abstract deadline because of the uncertainty of the postal system and it was determined that a postcard would be sent acknowledging the receipt of the abstract.

Annual meeting attendance requirement was dropped from the bylaws.
...from official Board of Directors minutes

1994-1995 Board of Directors

President:	Kenneth D. Johnson	Member-at-Large:	Thomas A. Russell
President Elect:	Alan M. Levine	Member-at-Large:	Robert J. Brumback
Past President:	Peter G. Trafton	Member-at-Large:	Peter J. O’Brien
Secretary:	James B. Carr	Program:	Berton R. Moed
CFO:	M. Bradford Henley		

OTA Presidents



Alan M. Levine, MD
OTA President, 1995-1996

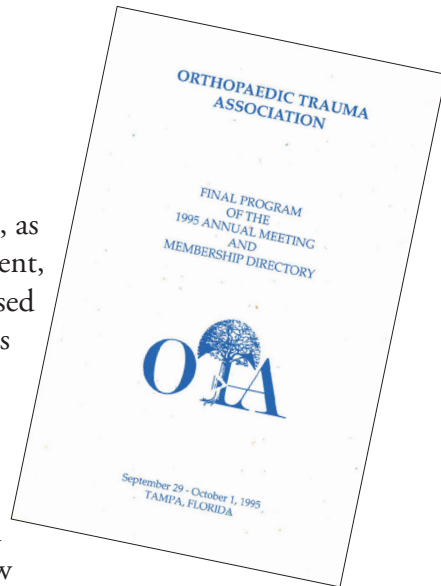
When I was on the Board of OTA, as well as when I served as the President, OTA was a vibrant society composed of many bright, energetic members who worked together extremely well. The society has a wonderful fulltime staff headed by Nancy Franzon who made it possible for us to be successful and accomplish

our goals. The participation in our educational programs grew exponentially each year as did our research fund, allowing us to support new projects in trauma research. My presidential address centered on the “Greying of the Orthopaedic Traumatologist” and how to plan for the evolution of one’s career.

For me personally, the Orthopaedic Trauma Association has been a wonderful forum for education in which I have been privileged to participate. In addition, being associated with the OTA and appointed editor of the first OKU Trauma, opened the door to many other opportunities to participate in education at the AAOS level.

In the future, I am certain the OTA will continue to play a leading role in education, research and advocacy in the trauma community.

Alan M. Levine, MD



1995-1996 Board of Directors

President:	Alan M. Levine	Member-at-Large:	Peter J. O’Brien
President Elect:	Lawrence B. Bone	Member-at-Large:	Paul J. Duwelius
Secretary:	James B. Carr	Member-at-Large:	Thomas F. Varecka
CFO:	M. Bradford Henley	Program:	Donald A. Wiss
Past President:	Kenneth D. Johnson		

OTA Presidents



Lawrence B. Bone, MD
OTA President, 1996-1997

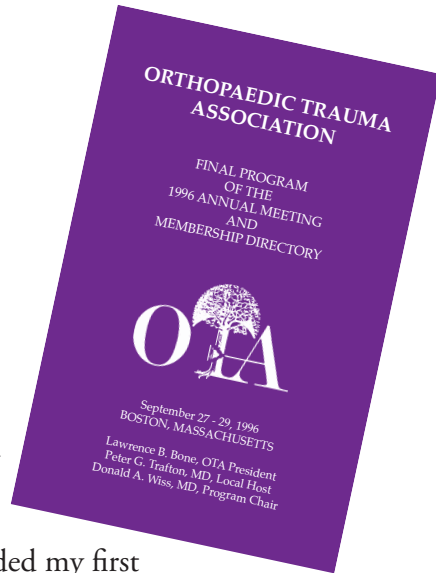
I was very fortunate to be involved with the Orthopaedic Trauma Association almost from its inception. I was an orthopaedic resident in Dallas in 1985 when the OTA was founded. Dallas was one of the orthopaedic trauma hospitals that made up the original Orthopaedic Trauma

Hospital Association. I became a member in 1986, and attended my first meeting in Baltimore of 1987.

I was very fortunate to be one of the first members at-large on the OTA Board of Directors. I was the “junior” at large board member elected along with the “senior” board member, Ted Hanson, serving during the presidencies of John Cardea and Bruce Browner. I then served as secretary of the OTA from 1990 through 1993 under the presidencies of Joe Schatzker, Richard Kyle, and Bob Winqvist. I remained active on the board as the chairman of the committee on trauma for the academy, an ADHOC board position, and reported to the OTA Board from 1993 to 1995. I was elected as President-Elect in 1995, serving under Alan Levine, and then served as president from 1996 to 1997, and past president from 1997 to 1998. This tenure span of my involvement with the Orthopaedic Trauma Association was the height of my professional and academic career. One of the highlights during that tenure was the meeting in Philadelphia 1989, in which I gave a keynote address on the physiology of trauma.

While I’ve been impressed with every OTA meeting I’ve been a part, my favorite is the Boston meeting in 1996, because that was my presidential year, and it was my meeting.

Numerous orthopaedic members and leaders of the organization have influenced me. Two of the most important ones are Mike Chapman, who I happened to meet in Davos, Switzerland in 1979, and Ken Johnson, who was my mentor in Dallas, and whose influence on me was



1996-1997 Board of Directors

President:	Lawrence B. Bone	Member-at-Large:	Thomas F. Varecka
President-Elect:	James F. Kellam	Member-at-Large:	Paul J. Duwelius
Secretary:	James B. Carr	Member-at-Large:	James A. Goulet
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tremendous. The OTA in the early years, was obviously considerably different than today. Our membership was much smaller. Our resources and budget were considerably smaller than today, and we did not have international membership. In those early meetings, it was the vision of the early presidents that the OTA needed to sponsor research and their goal was to accumulate \$1,000,000 in a research fund to fund orthopaedic trauma research supported by the interest earned. We all worked hard during the first 10 to 12 years to accomplish this. While my memory is a little foggy, I believe I was president during the period when the \$1,000,000 was reached, and that was a very proud moment for all of the presidents and board members up to that time.

One of the major challenges of my presidency was dealing with a lawsuit on pedicle screw fixation of the spine which was not approved by the FDA. Fortunately, the OTA and the OTA board were not cited for any infraction at the conclusion of the litigation period.

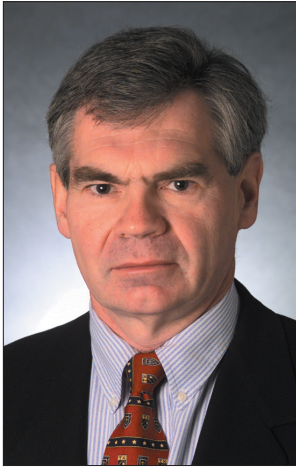
Probably the most memorable but unfortunate incident during my presidency was when I was unable to attend the San Francisco OTA Specialty Day meeting at the Academy during my presidency. I was team roping at that time, and had bucked off my horse, developed a pneumothorax and was in the hospital, attached to a chest tube on wall suction, while my Vice President, Jim Kellam, presided over that meeting. It seems like only yesterday when I was making phone calls to Jim Hughes to tell him I could not give my instructional course lecture, and calling Jim Kellam, and asking him to run the meeting for me, somewhat short of breath, while I was just about to have a chest tube placed, and be admitted to the hospital.

I would like to take this opportunity to thank the founding fathers, the visionaries who developed this organization, and all of the membership that have participated throughout these years in making the organization what it is. While I can't speak for them, I would certainly imagine that Drs. Gustilo, Chapman, Edwards, Cardea, and Browner are very proud of what they were able to develop and what it has turned into. This is of course a tribute to their foresight, vision, and hard work, but also to each of the members of the association, and a special thanks to all the past presidents.

I however, cannot end without a special thanks to Nancy Franzon, who we all know we would not be where we are today without her passion and commitment to our organization. It is my understanding that she is retiring after this meeting and I want to wish her well, and thank her from the bottom of my heart, for all that she has done for each of us and the organization. Thanks Nancy, we love you.

Lawrence B. Bone, MD

OTA Presidents

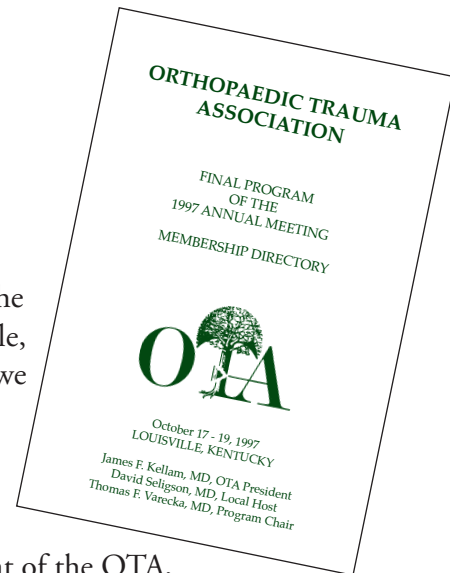


James F. Kellam, MD
OTA President, 1997-1998

Up until my presidency, sporadic attendance by European traumatologists had occurred at the OTA. At the meeting in Louisville, with the help of David Seligson, we arranged a parallel meeting with the Küntscher Kreis Association. We met at the same convention center, although with separate

agendas. There were overlapping talks by myself, as President of the OTA, and Vilmos Vescui, as President of the Küntscher Kreis. The memberships of both organizations were allowed to attend the sessions of the other organization. Numerous members of the OTA attended the Küntscher Kreis and realized the scientific quality and innovation that our European colleagues could provide us. I believe that this meeting was the springboard for our ever increasing international input into the OTA. This collaboration has done a tremendous job in providing the OTA and its membership with increasing expertise, knowledge and innovation as well as expanding the OTA's role in the world. I am very thankful for both Drs. Seligson and Vescui for organizing and allowing this to happen and I think it was a highlight of my year as President.

The Orthopaedic Trauma Association has been from my point of view, a platform upon which I could build my career in orthopaedic trauma. It provided to me in its early infancy, as the Orthopaedic Trauma Hospitals Association, an opportunity to interact with the leaders of orthopaedic trauma in North America. I had the opportunity to present my work and receive constructive criticism. The Orthopaedic Trauma Association as well, allowed one the opportunity to meet colleagues, to discuss cases and understand better what orthopaedic trauma care meant. It also allowed me the opportunity to understand and learn leadership qualities. Having the opportunity to work through the leadership roles of the organization up to President provided me with an opportunity to understand how an organization works, how to deal with



1997-1998 Board of Directors

President:	James F. Kellam	Member-at-Large:	Ross K. Leighton
President Elect:	David L. Helfet	Member-at-Large:	Andrew R. Burgess
Secretary:	James A. Goulet	Member-at-Large:	David C. Templeman
CFO:	M. Bradford Henley	Program:	Thomas F. Varecka
Past President:	Lawrence B. Bone		

individuals, and most importantly, how to run a large organization successfully. This provided me with an excellent background in order for my future role as the President of the AO Foundation.

The OTA has become a large organization. It provides a necessary educational and scientific forum for many individuals and practicing surgeons. However, the original Orthopaedic Trauma Hospital Association and the original Orthopaedic Trauma Association itself also provided an organization whereby those involved in the true specialty of orthopaedic trauma could meet, discuss, interact and further the specialty. As the OTA grows, I hope that it does not lose sight of this need for those individuals who are at the forefront of providing orthopaedic trauma care to patients. I hope it will still provide these surgeons with that intimate forum where they are able to openly discuss issues, problems, solutions and gain camaraderie of a group of highly specialized, highly dedicated individuals.

James F. Kellam, MD

OTA Presidents

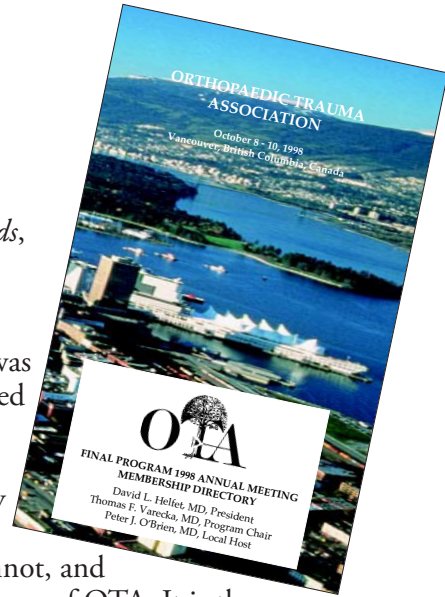


David L. Helfet, MD
OTA President, 1998-1999

From the OTA Newsletter, *Fractoids*, Winter, 1998

Being elected President of the Orthopaedic Trauma Association was a wonderful surprise and unexpected honor. Once the euphoria had passed, the realization of having to assume the mantel of responsibility for this organization and its

members was very humbling. However, I realized that this cannot, and should not, be done without the support and help of all members of OTA. It is the open lines of communication between the membership and the Board that has led to the success of the OTA.



It is hard to believe that another year and my tenure as President of OTA was rapidly completed. Fortunately, with the excellent OTA staff, Board, and Committee members, it was a relatively productive year and yes, we are making progress. To mention just a few:

Mike Bosse and the Research Committee have coordinated two multi-center studies (DVT/PE in Trauma: Immediate vs. Delayed Closure of Wounds in II/IIIA Open Tibia Fractures).

Christopher Born and Paul Tornetta and their Committees have finalized the Orthopaedic Residency Curriculum for Trauma, and the Orthopaedic Trauma Fellowship guidelines—a very ambitious, labor intensive and successful endeavor.

Ray White and Paul Tornetta and their Committees were re-addressing the status of international members and the relative by-laws to see how it would be possible to have fully fledged “card carrying” foreign ACTIVE members of OTA.

Finally we arranged a very innovative Specialty Day and the day was devoted to 11 contentious, passionate and spirited debates of controversial topics.

Dr. Helfet worked tirelessly to improve trauma fellowships during his tenure as Chairman of the Fellowship Committee 1989-1992 and created the first criteria for them. He was an advocate for a Fellowship Match and it is through his efforts that the Trauma Fellowship Programs were offered through the NRMP match beginning in 1992.

1998-1999 Board of Directors

President:	David L. Helfet	Member-at-Large:	Ross K. Leighton
President Elect:	Andrew R. Burgess	Member-at-Large:	Steven A. Olson
Secretary:	James A. Goulet	Member-at-Large:	David C. Templeman
CFO:	M. Bradford Henley	Program:	Thomas F. Varecka
Past President:	James F. Kellam		

OTA Presidents



Andrew R. Burgess, MD
OTA President, 1999-2000

Shock Trauma trained lots of fellows, all traditional, none working as junior faculty unsupervised while we billed for their services as junior faculty. Six residents were being trained on site at the time.

I was a fellow there under Bruce Browner in 1981-82. Bruce and I had been Orthopaedic residents together in Albany, New York. I became chief in June, 1982, with my first fellows being Brumback and Poka, who stayed on as faculty. 1983-84 brought Bosse and Ebraheim.



In my fellowship year, the predecessor of OTA, OTHA (Orthopaedic Trauma Hospital Association), had begun activities with many of us visiting each other's institutions and giving informal presentations to each other. In my year, I visited Hennepin, St. Paul Ramsey, Denver General, Herman Hospital, Parkland, LA County, and Cook County. I didn't make it to Boston City, Harborview, or any others.

The fellowships were informal and the OTHA was just a framework for support, intellectual exchange, venting, and the beginnings of fellowship coordination.

Early OTA politics presented two issues: some of the very early leadership were not engaged in significant amounts of trauma care, and at least twice, informal agreements about the rules of the interview selection process were broken by one or two outlaw programs. Brumback ran ours, was incredibly honest, and we dropped out of the early match to avoid participating in the charade. The first OTA meetings accepted papers from some of the founders with financial/business links with incomplete results "to be added later." With the maturing of the OTA, both the fellowship

1999-2000 Board of Directors

President:	Andrew R. Burgess	Member-at-Large:	Paul Tornetta, III
President Elect:	M. Bradford Henley	Member-at-Large:	Steven A. Olson
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CFO:	Andrew N. Pollak	Program:	John H. Wilber
Past President:	David L. Helfet		

application process, and the paper submission process were massaged and fine-tuned due to the diligence of the OTA Board and its committees.

So the early fellowship training program development was imperfect, but as I gained knowledge of other specialties via ACS, AAST, etc., I realized that OTA's unique introspection, self-assessment, and humility put us far ahead of ANY other specialty in formalizing, adding value and academic honesty to the fellowship experience from application, thru academic/clinical training, to career counseling and job placement.

This is a unique, not all positive, but honest recall of our program's fellowship relationship with the OTA, helped positively by Browner, Brumback, Levine, Bosse, Pollak and many others I'm leaving out.

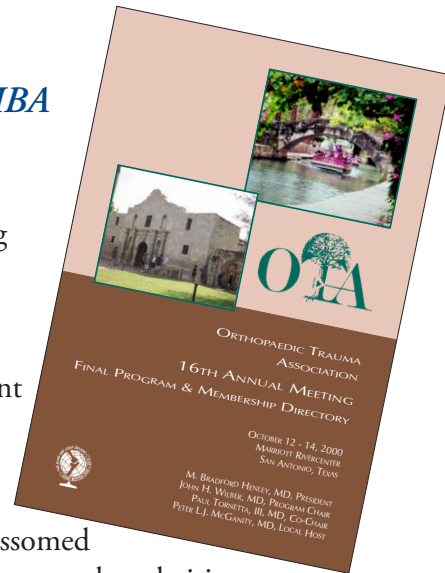
Andrew R. Burgess, MD

OTA Presidents



*M. Bradford Henley, MD, MBA
OTA President, 2000-2001*

My most fond memory is working with dedicated colleagues and OTA Board members for the enhanced recognition of Orthopaedic Trauma as a dominant orthopaedic specialty with a commitment to all patients with musculoskeletal injury. During my tenure on the BOD, OTA blossomed



from a small organization into a national powerhouse based on our shared vision and altruistic professionalism. I recall working late into the night at board meetings with many OTA leaders who have continued to serve our subspecialty and our profession at a national and international level. Among these are Larry Bone, Bruce Browner, Ken Johnson, Jim Kellam, Dick Kyle, Alan Levine, Peter Trafton, Bob Winqvist, and Don Wiss to name a few.

To me OTA means attending educational meetings, learning the latest developments in orthopaedic trauma, setting the standard for quality trauma care, and seeing and talking with colleagues who share similar vocational and avocational interests. OTA means having worked for more than two decades with an exceptional organization and its dedicated staff. It has meant the creation of many new and long lasting friendships, especially with OTA staff: Nancy Franzon, Laura McLaughlan, Peggy Wlezien, Michelle Garrett, Courtney Peirce, Julie Kahlfeldt, Sharon Moore, Kathleen Caswell and Paul Hiller.

My future aspirations are for OTA to be the preeminent orthopaedic specialty society, to have OTA continue to be a leader in health care delivery and health care policy, and to encourage young surgeons to seek a rewarding life-time career in the care of patients with orthopaedic trauma.

M. Bradford Henley, MD, MBA

2000-2001 Board of Directors

President:	M. Bradford Henley	Member-at-Large:	Paul Tornetta, III
President Elect:	Donald A. Wiss	Member-at-Large:	James A. Goulet
Secretary:	Jeffrey O. Anglen	Member-at-Large:	Robert N. Meek
CFO:	Andrew N. Pollak	Program:	John H. Wilber
Past President:	Andrew R. Burgess		

OTA Presidents



Donald A. Wiss, MD
OTA President, 2001-2002

While completing an AO Fellowship in Germany in 1980, I attended a weekend fracture bracing seminar at a US military base in Stuttgart. There I met Dr. David Segal, the Director of Orthopedic Trauma at Boston University who enticed me to work at Boston City Hospital (one of the original



hospitals in the Orthopaedic Trauma Hospital Association (OTHA)) initially as a trauma fellow and then as a junior faculty member. I was fortunate to attend some of their early meetings (of the OTHA) prior to its transformation into what is now the Orthopaedic Trauma Association (OTA). There I met many of OTA’s founding fathers (Gustilo, Chapman, Edwards, etc.) who were kind, open, available, and encouraging to a young, eager, but very inexperienced fracture surgeon. This early positive academic experience made a deep and lasting impression and I enthusiastically embraced OTA as one of its founding members. In 1983, I returned to Los Angeles and joined the faculty at USC under the direction of Dr. Augusto Sarmiento where I worked in the trenches at LAC-USC Medical Center which enabled me to build a large experience with new technologies in fracture fixation.

My early research with intramedullary nailing in the lower extremities led to numerous opportunities at the AAOS and OTA national and regional meetings including roles as presenter, moderator, provocateur, and lab leader. In 1994, I was the local host for the OTA’s 10th Annual meeting in Los Angeles. Ten weeks prior to the meeting, the Century Plaza Hotel called and cancelled our entire reservation in order to begin earthquake repairs! Three unplanned days off from work and a madcap whirlwind tour of a dozen or more hotels in LA finally led us to the Hilton Hotel at LAX and an Annual Meeting that went off without a hitch but added a few more gray hairs. Shortly thereafter, I was appointed to the program committee for a three year stint, acting as Committee Chair the last year. In 2000, I became President elect of OTA

2001-2002 Board of Directors

President:	Donald A. Wiss	Member-at-Large:	James A. Goulet
President Elect:	Thomas A. Russell	Member-at-Large:	Robert N. Meek
Secretary:	Jeffrey O. Anglen	Member-at-Large:	Berton R. Moed
CFO:	Andrew N. Pollak	Program:	Paul Tornetta, III
Past President:	M. Bradford Henley		

and in 2001 became our 17th President. As we all know, the tragic events on September 11th changed the world forever and *sharply curtailed attendance at our Annual Meeting in San Diego just six weeks later, since many people were reluctant to fly or leave family. During the last half of my Presidency I was in frequent contact with the leadership of the AAOS, ACS, and AAST discussing domestic terrorism scenarios and solutions. These talks may have created the basis for the future OTA collaboration with our military colleagues including such activities as the Extremity War Injury Symposium and continuing the Disaster Response Committee and the Military Committee involvement from Dr. Andrew Burgess' days as President. Other accomplishments during my Presidential term include streamlining committee and subcommittee structure, increased funding for research, diversification of the OTA investment portfolio, improved ties between the OTA leadership and the Orthopaedic Industry, and creation of a welcome reception for overseas attendees at the Annual Meeting. One of my most cherished and lasting memories of my "year at the helm" was my Presidential address, "Who Should Say How a Man Should Spend His Days and Nights?" Written in the weeks following 9/11, I have given the "talk" on numerous occasions around the world and still receive calls and E-Mails from people whose lives it has touched.

Without question, the OTA is the pre-eminent orthopaedic trauma society in North America. Each year its leadership has raised the bar in promoting patient care, research, and medical education. Furthermore, it is perhaps first among subspecialty societies in developing and advancing outcomes research. I am extremely humbled and honored to have served this extraordinary organization in many capacities since its inception.

I could not possibly have devoted 25 years of my life to the study of fractures and non-unions without a passion for this problem and the lessons they offer to patient care. I have spent thousands of hours reading, studying, attending courses, reviewing cases, analyzing data, and of course operating trying to understand fracture and non-union management. No sane person would devote such labor, let alone so much of one's life to the pursuit of questions that did not touch one's heart and soul while stimulating the mind. To have invested that much of life is either a tragic waste of human potential or an expression of faith that there are mysteries and lessons worthy of this journey.

Donald A. Wiss, MD

**Editor's note – Thanks to a letter from Dr. Wiss to the membership of OTA encouraging attendance, the meeting registration totals were only short 30 surgeons from the previous year with the largest cancellations, understandably, from the International orthopaedic surgeons. The meeting undoubtedly would have been over-sold except for the events of 9/11. The fact that other meetings were canceled and the OTA meeting was held as planned with all presenters in attendance, was a concrete example of the strength and importance of the shared education available at the OTA annual scientific meeting. NF*

OTA Presidents



Thomas A. Russell, MD
OTA President, 2002-2003

The primary goal for my presidential term was the amendment of the bylaws and the development of a plan to make the OTA more inclusive for non-academic trauma specialists to be involved in the OTA. Bob Probe was the Membership committee chair appointed for this task. The



acceptance of this program greatly expanded the membership and influence of the OTA as the premier group for issues regarding orthopaedic trauma. Secondly, Tracy Watson as chair of the Fellowship and Career Choices committee began work on a program to promote orthopaedic traumatology as a career for young physicians. The development of a DVD by Jeff Smith that highlights the rewards of a career in trauma has led to a renewed interest in our specialty. Finally, from an organizational leadership standpoint, we initiated a program of monthly teleconferences to keep the committee chairs on task for definite goals.

Everyone desires to find a group of people with similar goals, motivations, compatible personalities and work ethic to grow with during life. The OTA is this group for me. There is no finer group of dedicated physicians who truly care for patients of all social and economic backgrounds and who are willing to take the hits on the front lines rather than walk away from our responsibility as physicians. This group is creative, inspiring, mentoring and fun to be with in any situation. It is the organization I am most proud to be a member and the one organization I encourage people to join.

Thomas A. Russell, MD

2002-2003 Board of Directors

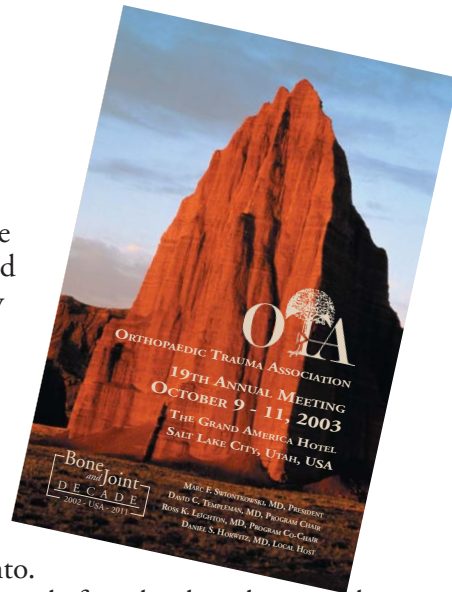
President:	Thomas A. Russell	Member-at-Large:	Berton R. Moed
President Elect:	Marc F. Swiontkowski	Member-at-Large:	Douglas R. Dirschl
Secretary:	Jeffrey O. Anglen	Member-at-Large:	Alan L. Jones
CFO:	Andrew N. Pollak	Program:	Paul Tornetta, III
Past President:	Donald A. Wiss		

OTA Presidents



Marc F. Swiontkowski, MD
OTA President, 2003-2004

During my year as president of the OTA my fondest memory involved the successful transition to orderly and productive board meetings—transforming the board time into more strategic activities from “oversight – perhaps over involvement” in committee activities.



I attended my 1st OTA Board of Directors meeting in Toronto. The major discussion about the research fund created a few years before developed into an hour-long spirited argument regarding the use of the OTA research fund. As I recall, Jim Kellam was adamant that OTA shouldn't be holding on to money but it should be spent for projects. He was followed by an equally firm Bob Winquist who was determined that a fund be established so that we can use the interest to fund studies. The result was that the Board ultimately set a goal of \$1 million to fund orthopaedic trauma research. I was incredulous, “How can we ever do that!???” What a ridiculous goal!” In retrospect this was absolutely the right thing to do! Two years, later, at yet another board meeting, I was chewed out royally for the \$ spent on the 1st off-site reception at the Boeing flight museum. Everyone still remembers the fabulous time and the \$ spent were small compared to recent receptions.

This OTA operational style is one of the best characteristics of our organization that historically experiences full contact disagreements yet the members totally respect each other when the debate concludes.

The OTA is my professional home- the place for evidence based discussions for optimizing care of the injured patient. Also, the OTA has evolved into the leading Orthopaedic subspecialty organization in fostering research and organizing multicenter clinical trials and outcome studies. I hope that the OTA will continue to emphasize the highest scientific standards and that our relationships with industry will remain primarily association based and not focused on individual financial gain.

Marc F. Swiontkowski, MD

2003-2004 Board of Directors

President:	Marc F. Swiontkowski	Member-at-Large:	Douglas R. Dirschl
President Elect:	Roy Sanders	Member-at-Large:	Alan L. Jones
Secretary:	Robert A. Probe	Member-at-Large:	Michael D. McKee
CFO:	Andrew N. Pollak	Program:	David C. Templeman
Past President:	Thomas A. Russell		

OTA Presidents



Roy Sanders, MD
OTA President, 2004-2005

The year I was President, I became involved in the issue of surgeons wanting to become ortho trauma doctors. This was the first time the AAST brought this forward, and I tried to limit the potential damage that this might have caused our members. Since then, others took on the issue,

and I believe that it now is a controlled situation. Other than that, I enjoyed managing the problems that came down the road. One thing that was difficult for me was to pick two subsequent Presidents rather than one, as the by-laws changed. Hopefully my choices were good for the organization. I think probably, only Nancy Franzon knows for sure!



When I finished my training, only the AO was a force in orthopaedic trauma. I was very fortunate to have been involved with that organization for ten years including membership as a Trustee. Despite this involvement, I realized that the OTA was the better choice as an all inclusive, truly academic and research oriented society. I have come to believe that this organization has clearly changed the face of American, and hence global, orthopaedic trauma. Our Association has grown, largely due to the vision of our early leaders such as Dick Kyle, and Bob Winquist, to represent the entire discipline, both clinically and in the lab. Our Journal receives submissions from, and is read in, over 30 countries. The educational program of our Annual meeting now includes Basic Science Focus Forum, Disaster Response Management, International Trauma Care, Young Practitioners Forum and even a Trauma Coding Course. This very simply demonstrates how integral our Society has become to the professional lives of our members and guests. For me, I am proud to have been a Past President, and consider it to be my highest professional honor. I see the OTA growing stronger and more responsive to our members' needs as each year goes by, and honestly believe that the OTA is the envy of every other orthopaedic society nationally and internationally. The future is indeed very bright.

Roy Sanders, MD

2004-2005 Board of Directors

President:	Roy Sanders	Member-at-Large:	Michael D. McKee
President Elect:	Paul Tornetta, III	Member-at-Large:	Richard E. Buckley
Secretary:	Robert A. Probe	Member-at-Large:	Melvin P. Rosenwasser
CFO:	Andrew N. Pollak	Program:	David C. Templeman
Past President:	Marc F. Swiontkowski		

OTA Presidents



Paul Tornetta, III, MD
OTA President, 2005-2006

First Memories:

The OTA has been a tremendous influence on me during my career. Most of my fondest memories and proudest moments revolve around our group and its efforts. My first experience was as a PGY4, when I was at the meeting to present a paper, my first. The presentation went fairly well, though I wished that I had some Inderal at the time. It was a wonderful experience to be able to share data with such a group. I clearly remember the front row of active members listening and thinking about all that I said (not to mention criticizing!). This spirit of interest and of acceptance of any and all who focus on improving patient care is unique to our organization. There is less pretense and emphasis on the professorial than I have experienced elsewhere. It is this 'blue collar' attitude that makes us adapt quickly and move forward continuously. I remember even then that although I did not know anyone, I felt that I might have found a professional home.



My co-resident and I paid our own way to the meeting and were standing outside one of the breakout labs peeking in to pick up a pearl or two, but had no money for such endeavors. Toney Russell, who was teaching the lab, came out and invited us in, taking pity on two poor residents trying to learn something. While he likely does not remember this, his invitation meant a tremendous amount to us. His desire to teach and mentor instilled the same in me, though I am certain that I have not reached his level, even now. Education became one of the areas that I am most interested in and one that I have tried to devote my efforts. I thank Toney for this.

I came to the next meeting as well, as a PGY5. As someone from a program without a real trauma faculty at the time, I was essentially an orphan. Several people made me feel welcome and made these early meetings incredibly comfortable for a resident trying to find his way. Jim

2005-2006 Board of Directors

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President Elect:	Michael J. Bosse	Member-at-Large:	Melvin P. Rosenwasser
Secretary:	Robert A. Probe	Member-at-Large:	James P. Stannard
CFO:	Alan L. Jones	Program:	Ross K. Leighton
Past President:	Roy Sanders		

Goulet, Sig Hansen, and Fred Behrens all made me feel like I belonged and made those meetings special. Every year I see this type of interaction continue. I truly believe that orthopaedic traumatologists wish to help and advance younger surgeons more than those in other fields. We continually look for the spark of interest in others to support. Another way our group distinguishes itself.

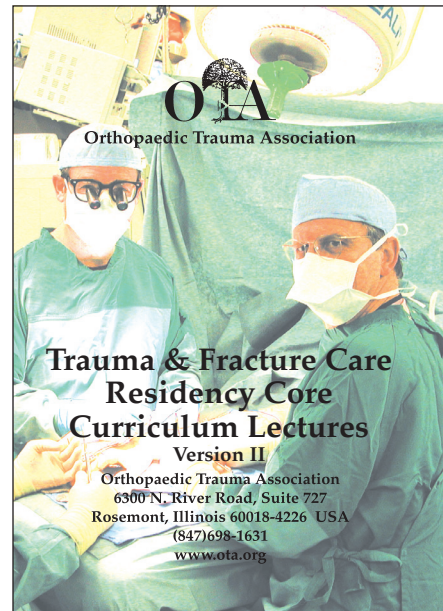
My Involvement

My first committee appointment was given to me by Roy Sanders, and was quite a surprise as I had not worked with Roy. This was not unusual for Roy, who takes great pride in helping others to succeed. Ironically, he also gave me my oral board examination, and passed me, [whew]. He has been a mentor and friend since.

I have held many positions in the organization including membership on multiple committees, committee chair, program chair, and ultimately President. But more than the formal involvement of committee work and leadership positions, the things that stand out to me are the other ways in which I was able to be involved. I had an interest in education, and had a few pet projects I wished to get off the ground. As mentioned earlier, our group is supportive and adapts well to those motivated to do good work. The educational syllabus (starting as the “resident slide project”) was something I started early on and worked hard to get finished, with the help of countless members. It has now become formalized under the education committee, but was just an idea that was supported by many and came to fruition. The bibliography for residents is another example of our group’s desire to further education and to improve resources. I am quite proud of the way the OTA encourages any and all members to be involved, with or without a formal position. This is how I became most involved early in my career.

I was on the program committee for many years, and have to say that this was the most interesting involvement from an academic perspective. Reviewing each abstract in detail was a daunting job, but like anything, you get out what you put in. I learned more in those years than any others. The OTA stands out as a shining example of a fair process in which the face to face meeting of the committee makes the program better. We are not just a numbers group, but put real thought into the meeting, and I believe that this effort allows us to realize a wonderful annual program.

As my involvement in the group continued, I was eventually nominated to the Presidential line. In what I can only call serendipity, the chair of that nominating committee was Toney Russell, the same person that found room for me in a lab during my first meeting, and I followed Roy Sanders, the person who gave me my first committee appointment. It was a privilege to serve in this role for our organization. I would be remiss if not to mention how incredibly supportive our



staff is. No matter what I have ever attempted to do within the group, I have been able to count on our staff to support and help us to reach all goals. We are lucky to have had such talented people to work with us.

My time in the Presidential line was wonderful. Although there were political issues with the “acute care surgeons” that we dealt with, my primary focus was on increasing our presence in education, particularly for residents and fellows. I believe that objective education is better at that level than company sponsored programs. To this end, I (with Mike Baumgartner, our education chair at the time) met with all of the industry leaders to seek their support of our unbiased programs. We had excellent success with almost all reducing their own programs in favor of ours. I am probably most proud of these efforts and hope to continue my involvement in our educational programs. Most recently, we ran our first orthopaedic trauma fellows course which was a tremendous success. Originally a company sponsored course, it has now been handed off to the OTA and I expect will run for many years.

Hopes:

My career has been focused on education and research. I sincerely hope that these are the areas that we continue to support as our primary mission. As we become larger, we must maintain the ability to adapt and accept any and all who are interested in improving patient care. We must be open to new ideas and not become over-burdened with process. Our professional world is changing rapidly, and to reach our collective goals, we must “Question Everything” (the name of my Presidential address) and find new innovative solutions to each new challenge. I have no doubt that the OTA is up to that task. It is the strongest of the subspecialty societies and will continue to lead. I hope that I can continue to support our goals and direction. Involvement in this group has been, and continues to be the cornerstone of my academic efforts and the most rewarding of them.

Paul Tornetta, III, MD

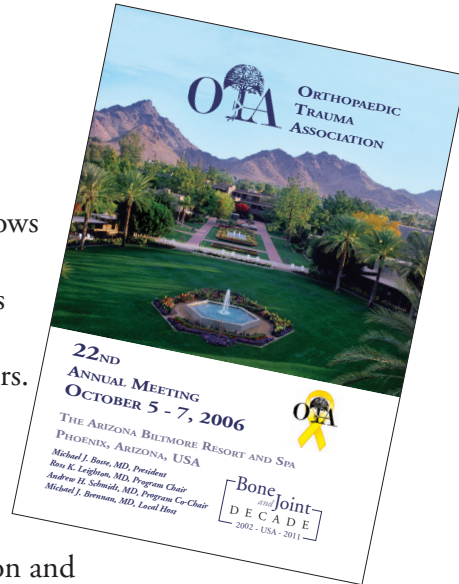
OTA Presidents



Michael J. Bosse, MD
OTA President, 2006-2007

I was in the second group of fellows at the Shock Trauma Center in 1983. Andy Burgess was the boss and Bobby Brumback and Atilla Poka were the other staff members. At that time the OTA was the OTHA and membership was restricted to surgeons from the member hospitals. Burgess,

Brumback and Poka were excited about the new organization and convinced me that “it was going places”. They invited me to attend and present at the 1984 meeting in Baltimore. I immediately recognized the potential of the OTA. Except for two years when I was deployed to sea duty, I’ve attended every meeting.



The quality of the OTA meeting always impressed me, but the desire of the Program Committees to continually raise the bar exponentially accelerated the morphing of the annual program to the present format. The OTA quickly adopted an interest in outcomes research and encouraged the development of prospective randomized multi-center clinical trials. To this time, OTA abstract deadline week is always a little chaotic at our hospital. Getting a spot on the OTA podium is recognized as a major career accomplishment.

Andrew Burgess and Bobby Brumback had the most impact on my desire to affiliate and work with the OTA. Bobby demanded high quality clinical research and was one of the initial leaders of the Program Committee. I later had the opportunity to serve on the Program Committee for two terms under Don Wiss. Don stressed the fine points of abstract selection – “is it new, is it true, and is it sexy?” I still teach the mantra to my residents and fellows.

After completing terms on the Program Committee, Alan Levine and his Board appointed me to the Chair of the Research Committee. The charge was simple – “move us to where we need to

2006-2007 Board of Directors

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President Elect:	Jeffrey O. Anglen	Member-at-Large:	James P. Stannard
2nd President Elect:	J. Tracy Watson	Member-at-Large:	Sean E. Nork
Immediate Past President:	Paul Tornetta, III	Member-at-Large:	William M. Ricci
Past President:	Roy Sanders	Program:	Ross K. Leighton
Secretary:	Robert A. Probe		

be.” With financial support and encouragement from the Board, the Research Committee initiated the grant submission and review process that survives to this date. We were also able to develop the Research endowment program, largely sponsored with industry donations. The OTA research awards moved from under \$100,000 / year to over \$500,000. We were able to fund the first multi-center prospective clinical trial during this period.

As the OTA was evolving to the Presidential line leadership model, I was asked to lead the new Strategic Planning Committee. This Committee was charged to work with the Presidential line and with key Board and Committee Chairs to define the long range goals for the OTA on all fronts. Marc Swiontkowski, Brad Henley, Andy Pollak, Roy Sanders were a few of the notables at the original Strategic Planning meetings. The Committee tackled the major issues: growing the research endowment, developing quality fellowship programs, trauma center requirements, expected “core credentials” of a Board Certified Orthopaedic Surgeon, the future interface of Orthopaedic Trauma Surgery and the Acute Care Surgeon and common grounds and strategies with the AAOS.

I was selected to the OTA Presidential line by Marc Swiontkowski’s Nomination Committee. I had the pleasure of serving with committed committee chairs and members and with the other OTA Presidents: Marc, Roy Sanders, Paul Tornetta, Jeff Anglen, Dave Templeman and Tracy Watson. I chaired the Nomination committee that selected Tim Bray.

The “Presidential – line” leadership model was the most significant change to the organization in the last 10 years. This format has provided continuity of leadership and a long term commitment to key issues. The long term response to the ER Call Crisis, the Acute Surgeon Specialty and the IOM proposed new work hour restrictions are great examples of the power of leadership continuity.

In assessing my interactions with the OTA, I’m most pleased with the continued growth of the Research Program and with the impact the OTA has had on the changing face of ER based musculoskeletal care in the US. Although our attempts to promote an “ER SOP” have failed to this point, the effort has focused attention of the AAOS and the AOA on this critical topic.

Without doubt, involving the military in the OTA by formation of a permanent Board Level Committee and a select membership category was the most rewarding initiative. My most memorable meeting / event is somewhat related to the military. We held the OTA reception at the 2007 AAOS San Diego meeting on board the USS Midway. Typically, we turn over the OTA leadership role at the business meeting that afternoon. Jeff Anglen was “relieving” me as the OTA President. Jeff was sensitive to the fact that a “change of command” should occur on a ship. During a great event on the ship, Jeff assumed command.

When I think of the OTA, I think of the combined talents of the membership. It is unlikely that any other medical professional group can muster the camaraderie and passion or the leadership, clinical, research talent common to our organization.

Michael J. Bosse, MD



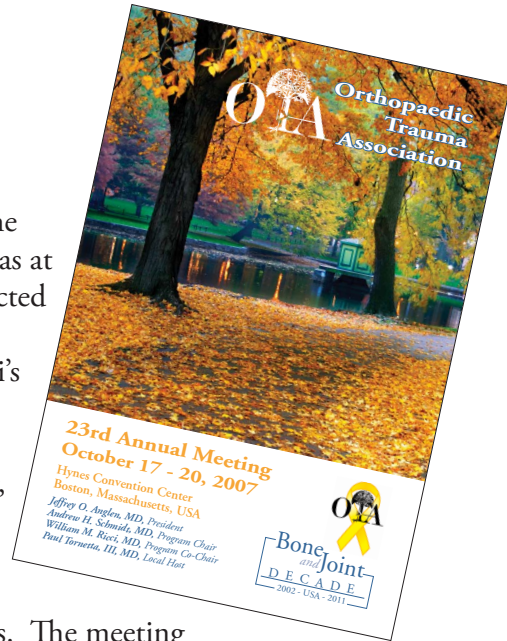
OTA Presidents



Jeffrey O. Anglen, MD
OTA President, 2007-2008

My first OTA meeting was the 1991 meeting, in Seattle. I was at Harborview doing a self-directed (read “unpaid”) fellowship, courtesy of Dr. Swiontkowski’s hospitality, after 3 years in private practice of general orthopaedics. Kathy Cramer, Brendan Patterson and Mark

Maier were the “real” fellows. The program booklet for the 7th annual OTA meeting was 5” X 8”, 170 pages, including the bylaws and the listings of all 140 members. The meeting was mostly paper presentations with a few workshops, over two and a half days in a single hotel ballroom. It was a great experience for me; so much enthusiasm, expertise and collegiality with all the famous fracture surgeons I had heard about! I was hooked, and knew I wanted to be part of that club more than any other.



At the OTA Specialty Day Symposium in New Orleans in 1994, incoming President Ken Johnson mentioned from the podium that he wanted to start a newsletter for the OTA. After the session, I approached him and volunteered to create an OTA newsletter, thinking I would have to convince him to let me do it. He instantly agreed and seemed happy to have a volunteer at all! I started to attend OTA BOD meetings to get things to write in the newsletter, and I have attended every Board of Directors (BOD) meeting since then. In July of 1995, we printed and mailed the “OTA News” from the University of Missouri printing facility in Columbia, Missouri. At the same time, we started an Email distribution list (listserv) to distribute the articles electronically, to the relatively few people who routinely did Email at that time.

That first issue of the newsletter had a message from Dr. Levine, then president, talking about the difficulty in recruiting fellows for ortho trauma fellowships and of retaining ortho trauma

2007-2008 Board of Directors

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surgeons in practice. There was also an announcement of the first Resident Basic Fracture Course to be held with the annual meeting in Tampa and organized by Bob Winquist.

The second issue of the newsletter, named “Fractoids” from a suggestion by Phil Spiegel – was mailed in December of 1995. It was expanded to 8 pages. Highlights of the annual meeting in Tampa were reported including what was described as the “first ever OTA presidential address” by Dr. Levine. The resident’s course run by Dr. Winquist had 81 attendees. CFO Brad Henley reported with pride that the Research fund had grown to \$650,000, and 11 grant awards were reported to the BOD totaling \$160,000. Roy Sanders was introduced as the new editor of JOT, succeeding Phil Spiegel who was the founding editor.

In December of 1996, we went online with the first version of the OTA website. I had read “The Dummy’s Guide to HTML” that fall and learned enough primitive hypertext skills to write a website which contained little more than a membership directory, the newsletter content, program announcements and a few pictures on a plain blue background with the OTA logo in the corner. It was housed on the Academy’s server and benefitted from their IT support. As rudimentary as it was, we were one of the first specialty societies with our own website. We transitioned to professional web design about 2001, as web site sophistication rapidly outstripped my programming skills. The OTA website today is one of the best specialty societies’ websites, and is seen as an authoritative source for ortho trauma education and news around the world.

In 1998, we started doing surveys in the newsletter, using tear-out and mail-back technology, beginning with a survey on orthopaedic trauma services, which had 56 responses. The results were published in a JOT article. Craig Roberts took on the task of newsletter surveys. Looking back over some of those newsletters (all available on the web), significant milestones are recorded. By August of 1998, CFO Henley was reporting a research fund of over \$1M, three years ahead of projections. The OTA announced some new resources created under the direction of Chris Born and the OTA Fellowship Committee: Guidelines for Orthopaedic Trauma fellowships and a reading list for residents created by Paul Tornetta. The OTA began its first Multicenter research projects.

The OTA began running regional trauma update courses in the late 90’s, and in 2000, I was asked to lead one in Kansas City. The faculty dinner at the Masterpiece Barbecue on the Plaza in KC is one of my favorite OTA memories. One of the controversial decisions at that course was to require all talks to be on Powerpoint – no more slide trays! This allowed us to put all the presentations on a CD and sell it at the course. I recruited an outstanding group of section leaders: Borrelli, Probe, Schmidt, Teague, Ostrum, Watson and Buhr, and convinced them to do all the work. Those section leaders were relatively stable from course to course, and subsequent course chairs came from that experienced group: Myself and Joe Borrelli in Providence 2001; Joe and Bob Probe in Nashville 2002, etc. OTA eventually got out of the business of regional update courses due to the significant financial risks involved, but still continued to do courses for practicing surgeons in partnership with AAOS.

When Jim Kellam was chair of the Education committee, there was a committee meeting, where only Roy Sanders and I showed up. Jim was looking for someone to take over the Residents course from Dave Templeman, who had run it for 3 or 4 years. I had helped with the labs the year before. Roy and I volunteered. We did it together one year starting in 2001 (I think), and

then I did it for the next 4 years. The method of getting a group of good section leaders and let them each run with a half day or so worked well for the update course, so I did the same thing with the Resident's Course. Labs were always a challenge, since we were committed to being multi-vendor and we were not as well organized as the AO course. But we had lots of things that course didn't, including lectures on non-operative care and a bracing workshop that Gus Sarmiento and Loren Latta ran; a Spine session, Hand Sessions, a well developed syllabus handout. Many of the lectures were captured on video by Bill Burman, who made them into really great web-based educational offerings with the slides, the words, and reference links, etc. These are still available on the OTA website. Kathleen Caswell was the staff support for the course and really made it run smoothly with superb organizational skills. We also had some fun with things like raffle giveaways of company donated gifts (books, digital cameras, sports equipment, etc.) – but you had to be present to win and we mostly did the drawings early in the morning or late in the afternoon to keep them in their seats.

In 2000, I was elected to the office of Secretary of the Board, so after 5 years of attending Board meetings, I finally had a vote! Although I can't recall any issues that actually have come to a vote on our Board. I handed the newsletter over to Craig Roberts, it was renamed "Fracture Lines", and eventually became totally web-based, and won several APEX awards under his leadership. I believe the last paper issue was Volume 8, No.2, Summer 2002. Craig has since handed the newsletter baton to Lisa Cannada, who has continued the great tradition. I finished my term in 2003, was not re-nominated for a 2nd term. I was disappointed about that, but I think there might have been a bit of "Anglen fatigue" in the organization, since I had been doing the newsletter, the update course, the website, the resident's course, Health Policy stuff, etc. I continued coming to Board meetings as a committee chair, PR and web.

In 2005, the OTA expanded the Presidential Line from 3 to 5, adding a 2nd President elect and 2nd Past President to the Board Officers. At the Ottawa meeting in the fall of 2005, I was elected 1st President Elect and Tracy Watson was elected as 2nd President Elect. It has been a great privilege to serve on the presidential line with such great guys as Roy Sanders, Paul Tornetta, Mike Bosse, Tracy Watson, Dave Templeman, Tim Bray and Andy Pollak. All are dedicated to OTA and have worked very smoothly together, really like "co-Presidents". I took the gavel from Mike in San Diego aboard a naval ship, gave my presidential address at the Boston meeting, and turned over the helm to Tracy in San Francisco – the year went by so fast! During my time in the presidential line we dealt with a variety of issues, such as the institution of the acute care surgery specialty, the proposed AAOS Standard of Professionalism on taking call, the development of the fellowship match, the Department of Justice inspired creation of a separate 501c3 foundation, negotiation of a new relationship with our Journal publishers, forging a mutually supportive relationship with the ACS Committee on Trauma, the Surgical Implant Generation Network (SIGN), a new International committee and program, and many others. Through out it all, it has been fun and challenging, and there hasn't been even the slightest reduction in the energy and enthusiasm I felt at that first OTA meeting in Seattle 18 years ago. The organization has grown dramatically in size and scope of activity due to the outstanding work of so many volunteers it would be impossible to name them. However, the efforts of one person stand out in the history of OTA, as responsible as any for our great success – Nancy Franzon, the only Executive Director of OTA as long as I've been in. We owe her a great debt.

Jeffrey O. Anglen, MD

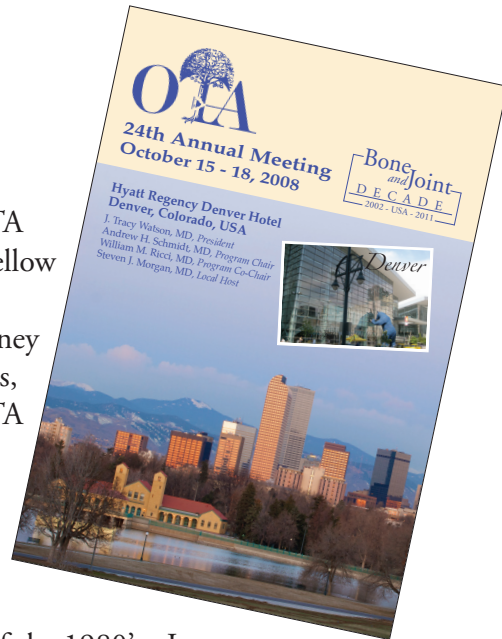
OTA Presidents



J. Tracy Watson, MD
OTA President, 2008-2009

My involvement with the OTA began when I was a trauma fellow working with Ken Johnson, Bob Bucholtz, and Vert Mooney at Parkland Hospital in Dallas, in 1986-87. At that time OTA was just barely a couple of years old and their meetings very small. I was encouraged

to attend a meeting and then become a member.



The first meeting I attended was in Toronto at the end of the 1980's. I was most impressed by the nature of the paper discussions, which were wide open and directly to the point. This sometimes resulted in heated debate. I can remember Dr. Schatzker discussing the faulty logic of a presented paper and really taking apart the merits of the paper point by point, to the chagrin of the presenter. I can't remember who it was, but I'm sure he also has fond memories of that event! As a neophyte traumatologist at the time, I was intimidated to no end. I initially felt that there was no way I was going to ever present at this meeting - or even attend another one! The amazing thing was that the attendees were so open and friendly at the breaks, social events and discussion groups. I was able to talk to the "giants" at the that time like Trafton, Schatzker, Tile, Hansen, Johnson, Browner, and others. They all made me feel like I was special just for attending the meeting, and they all encouraged me to continue in this career pathway and to become a member of the OTA. So my initial experience, although intimidating, was very valuable.

My first experience at presenting a paper at the OTA was at the Seattle meeting in 1991. I presented a paper on Ilizarov transport techniques for severe pilon fractures. There were two other papers in that program session, which was the first session on the Ilizarov method

2008-2009 Board of Directors

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ever presented at the OTA annual meeting. One paper was from the University of Michigan, presented by Jim Goulet, and the other was the University of Maryland group. It is an understatement to say that the OTA was slightly biased against Ilizarov techniques at that time. I presented my results and (more importantly) my complications, followed by Jim Goulet who also presented results and complications. The Maryland group presented excellent results and a few “problems or obstacles”, but made no mention of complications. The discussor of the paper was Marc Swiontkowski. In those days, a discussor would review and comment on each paper individually and then the floor would be open for more questions or comments from the audience, which for the presenter was often more torture.

Because the final presenter in that session had not mentioned anything about complications, Dr. Swiontkowski was smelling blood in the water! I could tell by the look on his face that he was NOT happy, and we were about to get raked over the coals. I leaned over to Jim Goulet who was sitting next to me at the podium during the final presentation and said, “We are going to get slaughtered during this discussion period, so get ready to bend over!”

I am happy to recount that my assessment wasn't wrong. We all got very pointed questions and direct criticism of our papers from the discussor, who paved the way for all the piranhas in the audience to follow suit, it seemed like the torture went on for hours, but in actuality, the discussion times were limited to 20 -30 minutes. It seemed like a lifetime to me! Battered and bruised, Jim Goulet and I immediately excused ourselves to the men's bathroom to change our underwear! However, after the session, the atmosphere was once again collegial and very friendly. Members came up and congratulated us for presenting such a controversial topic and asked how it felt to survive the inside of a tornado.

My official involvement with the OTA began in the mid 90's when I was appointed to the program committee for a 3 year term. I can remember working with program chairs Roy Moed, Don Wiss, and Mike Bosse. Roy and Don were very fair, with a complex grading system, all statistically correct, giving equal weight to every paper. Every one had the same chance of getting their papers accepted. Mike Bosse's approach was also very organized. He had very high standards for research, and most of the abstracts at that time didn't measure up to the quality we now have, achieved largely through the efforts of Mike and other leaders. The committee spent a lot of our time trying to convince him that if we held all papers to his high standards, the meeting would have only one or two papers presented! Mike ultimately acquiesced, and we eventually organized a great meeting.

A couple of years after being on the Program committee, I was appointed to the Fellowship and Career Choices committee, and I eventually became the chairman. At that time (1999 – 2001), the number of fellow applicants had dropped to very low levels. One year there were only really 10-11 qualified candidates nationwide. Every program was battling for these same few applicants, and most fellowships went unfilled. The interview and selection dates kept moving earlier and earlier, and there was great animosity between some program directors. This was the challenge of the committee during my tenure. We approached it in many ways: institution of a fellowship fair, the trauma career video, some very heated fellowship directors meetings (with a

number of fellowship directors using every expletive in the book, and Roy Sanders using some I had never heard before!) We continued the standardization of the fellowship content, initiated the fellowship listings on the web site and laid the groundwork for the match that Lisa Cannada (my successor) was able to finalize.

It came as a total shock to me when I was selected by the nominating committee to the presidential line 4 years ago. It was the first year that the presidential line was expanded from 3 to 5, and so the nominations committee, chaired by Roy Sanders, got to pick two Presidents-elect. Jeff Anglen was selected as 1st President-elect, and I was 2nd, making me the first person to go through the full 5-year Presidential line.

My presidential year was very busy, and it seemed like there was a crisis at every turn. The thing I remember most about my year was the 10 minutes before I was about to give my presidential address. The stage was completely dark and I was behind the podium watching all the masses file in and take their seats. I was so nervous and got so light headed that I had to sit down in back of the podium. I put my head down on one of the shelves of the podium to keep from passing out (or throwing up!). The AV crew had orders to start the music and then queue the spotlight right at 3 pm. I was finally relaxed and the waves of nausea had passed, my heart rate had slowed to about 150 beats a minute and I was finally feeling like I could actually give the speech. I heard the music start, and it startled me so much I raised up my head and banged it on the upper shelf of the podium so hard that when I was finally able to stand up and start my presentation, I thought I was going to pass out again from whacking the back of my head! But I managed to muddle thru the rest of the presentation without losing consciousness.

I think the biggest accomplishment of the OTA over the years has been the fact we have been able to enlighten the rest of orthopaedics and medicine in general to the work we do and how valuable it is to the running of a successful trauma system. In the past, the lone orthopaedic traumatologist at most institutions labored in obscurity; essentially traumatologists were the ugly step-child of orthopaedics, getting minimal recognition or resources, despite large volumes of patients and a heavy workload. There was a high rate of early burnout. This was the norm when I first started down this pathway. Among us in the trenches, it fostered a strong sense of community, of being part of a small, special club. That may explain the nature of the early OTA meetings, where in spite of the fact you could get seriously taken apart during a discussion of your paper, a truly collegial fellowship existed within the organization. We all felt that we were a part of a renegade association. It also explains the great parties and OTA members' dinners during the early years. It was a much smaller organization. I am amazed to remember what the early meetings were like for me in the late 1980's, compared to the meetings we have now, with the five pre-meeting events and the expanded meeting itself. However, with our expansion, we have lost the intimacy of the early meetings, and the ability to say almost anything during the discussion sections. As a newbie, I said almost nothing, but it was great to watch the IRONMEN of orthopaedic trauma at work.

Thru the efforts of many, the OTA now is a major player in all aspects of organized orthopaedics and we have a prominent influential seat at every table! We have influence that belies our still relatively small size. This visibility and credibility has translated into better working conditions for our members: designated trauma OR availability, recognition of the work of being on call, and more resources in many institutions. Now you can be a traumatologist your entire career, rather than having to find a “second” specialty, like arthroscopy, to do after the first 5 years.

J. Tracy Watson, MD



This is Unity: OTA members, AAOS staff and Ad campaign workers set the stage for the All Terrain Vehicle Ad Campaign under the leadership of Craig Roberts and Jeff Smith.

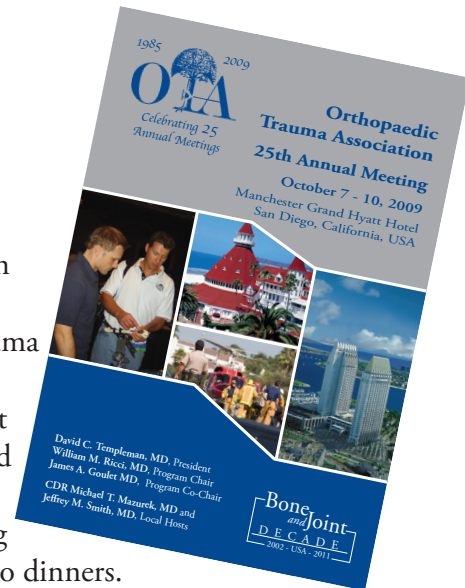
OTA Presidents



David C. Templeman, MD
OTA President, 2009-2010

Jim Goulet and I were trauma fellows at UC Davis in '86 when Mike Chapman and Tim Bray 'suggested' that we attend a trauma meeting in San Francisco. After two months of every other night call we did NOT need to be told twice. Jim and I were having a great time meeting the founding

members of the OTA, listening to the talks and going out to dinners. That is, until all of my luggage was stolen.



During the San Francisco meeting I met Joel Matta, who conducted a lab on acetabular fractures. In Minneapolis Ray Gustilo assigned me to care for pelvic and acetabular fractures; because of the connection I was able to make at the meeting in San Francisco, I was able to arrange for several patients with pelvic malunions to travel to LA where Joel expertly performed their reconstructions. At that point he began to teach me pelvic fracture surgery, and it was during one of these visits which I met Joel's fellow at the time, none other than Paul Tornetta III. It was at this time we started to work on various projects through the OTA and AAOS.

In the early 90's Bob Winqvist asked that I help him in organizing a resident education course that would be held at the OTA Annual Meeting. Bob's idea of having the best and most complete faculty for a resident course is the genesis of the ongoing success of our resident courses. My reward for helping Bob has been a lasting friendship.

Participating in the annual program meetings has been a very rewarding experience. Again, working with Tornetta who by this time was addicted to mocha lattes and black polo shirts.

2009-2010 Board of Directors

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Immediate Past President:	J. Tracy Watson	Member-at-Large:	Christopher T. Born
Past President:	Jeffrey O. Anglen	Program:	William M. Ricci
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As I looked at the problem of writing this and getting it done on time for publication, I realized the value of our friendships within the OTA. These friendships are the truly great joys in our professional lives. There is one last friend in the OTA, Nancy Franzon, which whom I need to recognize in the middle of this, my presidential year. Nancy and all of my friends in the OTA have created the great environment which I think makes each one of us very happy when we arrive at OTA meetings or call the staff office.

David C. Templeman, MD

For nineteen of these 25 years, I have worked with OTA and learned from each of you along the way. When I left Kraft Foods to begin working for AAOS in 1989, I was warned, “Watch out for those Doctors’ egos!” There is nothing like the egos of those who manufacture and conduct research regarding macaroni and cheese and salad dressing and spend months revising their strategic plan! No surprise that I prefer the quick, brilliant decision makers of the OTA.

Thank you for the amazing opportunity to support your association through its tremendous growth years, to allow me to hire talented people to work with us in this fast-paced environment welcoming new members, creating educational opportunities, granting research funds, developing communication strategies as technology changed. As I proofread the memories you have shared, I must remind you, that the accolades for me are truly meant for the past or current staff who are also aligned with your mission. Thanks to current OTA staff: Kathleen Caswell, Paul Hiller, Darlene Meyer, and Sharon Moore; Anna Greene, CPA and Liz Frale, Part-time Assistant. Kudos also to Dr. Bill Burman who has volunteered hours of his time to add information to the robust OTA website and to Natalie Rosenburg for producing 16 years of top quality materials for print and web.

The past 19 years have given me the opportunity to raise another “family.” One of my sons, the father of my only grandchild, thinks it is time to send you off to college, but I will be watching the web to celebrate OTA’s successes for the next 25 years.

Nancy Franzon
Executive Director,
1990 to 2009



OTA Presidents



Timothy J. Bray, MD
OTA President, 2010-2011

A few thoughts from San Francisco General Hospital- Circa 1980

Early Historical Perspective: “The San Francisco General Hospital Connection”

My involvement with the OTA began in the late 1970’s during the early “OTHA” organizational meetings in the now infamous Vietnamese Restaurant near the San Francisco General Hospital. I was a young, tag along first year resident with the San Francisco General Hospital Traumatologists; Drs. Ted Bovill, Mike Chapman, Lorraine Day and Peter Trafton. How could one not be interested in a career in orthopaedic trauma working under these dynamic, visionary surgeons. I was fortunate to attend the first OTHA meetings in Dallas, Baltimore, Denver and Minneapolis. Here is a notation from my CV that indicates my first presentation to the organization:

1982 *Femoral Neck Fractures in Patients Less than 50 Years Old.*
Orthopaedic Trauma Hospital Association. Denver, Colorado, October 9.

As I recall, the younger OTHA members were encouraged to get together and review a problem fracture from our respective institutions; this was one of the first multi-center study projects; contributing authors may have included Bob Winquist and Dick Kyle, among others.

In San Francisco, Dr. Chapman led the team to file to incorporate the organization and the OTA became official in 1986. I was fortunate to be party to the early meetings, organizational headaches, and great friendships that resulted from a small group of hard working fracture surgeons interested in advancing the science of our specialty.

2010-2011 Board of Directors

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Immediate Past President:	David C. Templeman	Member-at-Large:	TBD
Past President:	J. Tracy Watson	Program:	James A. Goulet
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The personalities of the trauma mentors at San Francisco General Hospital, during this time, are worth noting for our anniversary publication.

The Bovill Award is appropriately named after Edwin G. “Ted” Bovill, Chief SFGH in the late 1970’s and 1980’s. He was known for his excellent clinical judgment and superb technical skills. As a teacher, he was highly esteemed by both medical students and residents in orthopaedics. Ted Bovill once commented that in his mind “immortality is discovering and passing on to one’s colleagues and to humanity some new knowledge.” In his students and colleagues Dr. Bovill lives on in the orthopaedic knowledge he imparted to the many surgeons whose lives he touched.

On the service, he routinely ‘refereed’ lively discussions between Drs. Chapman, Day and Trafton, suggesting there were always appropriate, alternative ways to solve a problem. The combination of these fine physicians, a busy county hospital and the colorful San Francisco patient population in the 1980’s provided a ripe breeding ground for many long careers in orthopaedic trauma.

OTA Founding Members

A special thank you from the members of OTA to the Founding Members of OTHA (Orthopaedic Trauma Hospital Association) and later the OTA Charter Members for their vision and mission to bring to life and successfully nurture the OTA over the past 25 years.

Robert S. Adelaar, MD	James D. Heckman, MD
Fred Behrens, MD	Kenneth D. Johnson, MD+
Edwin G. Bovill, MD+ (OTHA)	Renner M. Johnston, MD (OTHA)
Timothy James Bray, MD	James F. Kellam, MD
Michael J. Brennan, MD	John E. Kenzora, MD
Bruce D. Browner, MD	Clyde Baldwin Kernek, MD
Robert J. Brumback, MD	Richard F. Kyle, MD
Robert William Bucholz, MD	Alan M. Levine, MD
Andrew R. Burgess, MD (OTHA)	Joel Michael Matta, MD
John A. Cardea, MD	Arsen M. Pankovich, MD (OTHA)
Michael W. Chapman, MD	Raymond O. Pierce, Jr., MD
Neil Cobelli, MD	Charles A. Rockwood, Jr., MD
Thomas H. Comfort, MD+	Augusto Sarmiento, MD
Lorraine J. Day, MD	Joseph Schatzker, MD
Francis Denis, MD	Elias D. Sedlin, MD
Michael Charles Distefano, MD	David Segal, MD (OTHA)
Charles C. Edwards, MD	Taylor K. Smith, MD
William C. Foster, MD	Herbert J. Thomas, III, MD
Ramon B. Gustilo, MD (OTHA)	Marvin Tile, MD
Edward T. Habermann, MD+ (OTHA)	Peter G. Trafton, MD
Robert Francis Hall, Jr., MD	Robert A. Winquist, MD
Sigvard T. Hansen, Jr., MD (OTHA)	Donald A. Wiss, MD
J. Paul Harvey, Jr., MD (OTHA)	

KEY

OTHA indicates Orthopaedic Trauma Hospital Association; + indicates Deceased

Founder's Lecture

2000 – A Tribute to Howard Rosen, MD — Standing on the Shoulders of Giants
Joseph Schatzker, MD

2001 – Honoring the Career of Michael W. Chapman, MD
Recent Advances in the Cellular and Molecular Biology of Post Traumatic Arthritis
A. Hari Reddi, PhD
(Supported by Howmedica)

OTA Founding Members

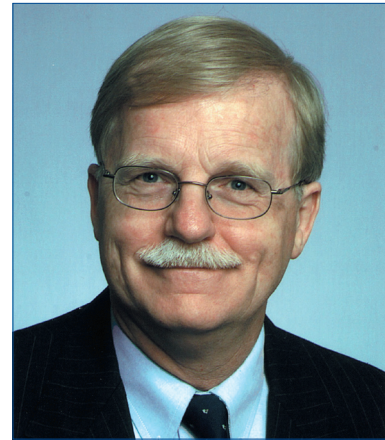


Ted Bovill once commented that in his mind “immortality is discovering and passing on to one’s colleagues and to humanity some new knowledge.” In his students and colleagues, Dr. Bovill lives on in the enhanced orthopaedic knowledge he imparted to them. To continue his legacy, the OTA has granted 20 Bovill Awards, acknowledging the outstanding scientific paper presentations at OTA Annual Meetings since 1990.

Edwin G. Bovill, MD
(In Memoriam)

The Orthopaedic Trauma Association has grown to become the leader of educational, research, and more recently, advocacy programs and initiatives in orthopaedic trauma care. It has collaborated with other professional associations, most notably the American Academy of Orthopaedic Surgeons, to bring American trauma care to the center-stage that it deserves. I am proud to be a member of this association.

Robert W. Bucholz, MD



Lorraine J. Day, MD

I remember the very day that the concept for the Orthopaedic Trauma Association was born. Dr. Ted Bovill, who was then Chief of Orthopaedic Surgery at San Francisco General Hospital, was having lunch with Minneapolis Orthopaedic Surgeon, Dr. Ramon Gustilo, at a little Vietnamese restaurant across the street from our hospital. Later that afternoon, Dr. Bovill was discussing their luncheon conversation with me. During a lull in his conversation with Ramon, Ted Bovill casually said, (for want of anything better, according to Ted) ‘Maybe we should start an Orthopaedic Trauma Organization.’ The two discussed the idea briefly and not very seriously at first, but shortly afterward the concept began taking life.

Initially, the organization was named OTHA - Orthopaedic Trauma Hospital Association - and membership was by trauma hospital and included the members of the faculty in the Orthopaedic Surgery Trauma department of the member hospitals. We began with just a few trauma hospitals, but as the organization grew, that method became

OTA Founding Members

unwieldy and membership was changed to individuals. What started as a bit of a lark, across a table in a tiny neighborhood restaurant in San Francisco, has grown into a highly respected, nationally and internationally recognized organization. Congratulations OTA.

It is a pleasure to congratulate the Orthopaedic Trauma Association on its achievements, accomplishments and recognition of excellence through the past decades. From a small round table discussion group of trauma hospital specialists to its present role as an international trauma society, OTA has never lost sight of its mission - the sharing of knowledge, dissemination of new ideas and techniques and the training of physicians.

I salute all of our past and present members and welcome all future generations. May OTA always remain in the vanguard of all medical societies, encouraging the exchange of ideas and maintaining its principles of excellence.



Michael C. Distefano, MD



Sigvard T. Hansen, Jr., MD

I was somewhat marginalized by newer members of the group of the Orthopaedic Trauma Hospital Association (OTHA) members when the OTA was founded. Much of this due to the fact that I had my hands full at home as Chairman of the University of Washington Department of Orthopaedics, Chief of the orthopaedic service at Harborview Medical Center, running a foot clinic and the Academy Committee on Trauma, etc. However, I was the initiator of the Orthopaedic Trauma Hospital Association 10 years earlier.

In approximately 1970, the former county hospital system in the U.S. was decimated by the advent of Medicare and funding for elderly patients with hip fractures, etc. County hospitals, which had previously functioned as essential teaching venues for their nearby medical schools were threatened with extinction. Some were able to survive by continuing to see trauma patients other than 65+-year-old patients with hip fractures and were desperately needed by the medical schools. King County Hospital (later Harborview Medical Center) in Seattle was one of these hospitals. In addition, or because of the above, the Seattle Fire Chief and the Harborview cardiologist and head of the emergency room (Dr. Michael Copass) began a fire department-based paramedic program to retrieve patients with cardiopulmonary and drug overdose emergencies. This was rapidly expanded to include all emergent trauma including MVAs and other musculoskeletal emergencies. Our orthopaedic service began to receive increasing numbers

OTA Founding Members

of more severely injured patients than ever before and had to develop procedures and capacity to respond.

There were two other hospitals on the Pacific coast in similar situations regarding their associated medical schools and emergence as a trauma facility, e.g. San Francisco General and Los Angeles County and two others we were aware of, Denver General and Hennepin County in Minneapolis.

I called Ted Bovill, Chief of Orthopaedics at San Francisco General and discussed the idea of a discussion group with the heads of these hospitals' orthopaedic services to develop strategies to develop successful orthopaedic trauma systems in these former county hospitals. Dr. Bovill was enthusiastic and as the most senior of the group he hosted the first meeting in San Francisco. He brought along a young faculty member at San Francisco General and I brought a similar former resident and beginning faculty member, Mike Chapman and Bob Winquist respectively. As I remember, the other attendees were Ramon Gustilo from Minneapolis, Paul Harvey from Los Angeles, and Renner Johnston from Denver.

Later, at another meeting in Minneapolis, I brought along another young resident who gave a presentation. Prophetically this was Marc Swiontkowski, now Chairman of Orthopaedics at the University of Minnesota.

After a few years, the AAOS became interested in our group, which had now expanded to include East Coast hospitals including University of Maryland's Shock/Trauma and the Medical College of Virginia in Richmond.

Ramon Gustilo and Mike Chapman, along with several newer members including Charles Edwards, John Cardea, Bob Winquist, etc., who were excellent organizers, directed the transition of the Orthopaedic Trauma Hospital Associates to the Orthopaedic Trauma Association and its affiliation with the Academy. The rest is now written history.

OTA Founding Members



J. Paul Harvey, Jr., MD

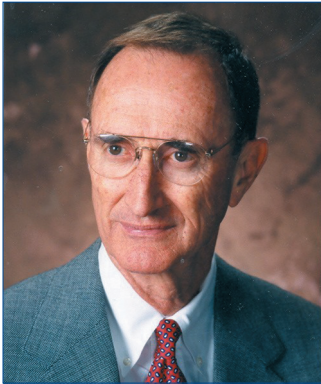
The Orthopaedic Trauma Association was organized by a group of orthopaedic surgeons working in hospitals that had many patients who had suffered from severe trauma. It was an informal group usually from major large hospitals in large cities who had published articles about orthopaedic trauma. We met yearly. The host arranged a day and a half program with case presentations and perhaps a paper presentation. We also demonstrated an operative procedure. All presentations were open to questions from the floor and many lively discussions ensued so that a strict time schedule could not be established. After several years of superb meetings, many in the group thought it would be best to extend this small group to a national association. At this point, twenty years ago, Dr. Michael W. Chapman undertook the job of incorporating and writing the bylaws of the organization of the Orthopaedic Trauma Association. The rest of the story is in the archives of the OTA. It is now a strong well-recognized orthopaedic organization which is still growing, having filled an empty niche among orthopaedic organizations.

Renner M. Johnston, MD

In the mid 1970s, several of us from large city hospitals thought it would be a great idea to get together each year to discuss our common problems, spearheaded by Dr. Bovill and his very active group at San Francisco General Hospital, including Lorraine Day, Peter Trafton, and Mike Chapman. Some of the early cities involved also included Seattle, Los Angeles, Denver, St. Paul/Minneapolis, Chicago, Baltimore. We decided to call the group the OTHA, the Orthopaedic Trauma Hospital Association, to include and emphasize the word “Hospital” thus including anyone who worked at the institution rather than the individual orthopedists. We asked for volunteers to host a two-day meeting at their hospital. We would discuss common problems and observe the host do trauma surgery as possible. None of us will forget Arsen Pankovich at Cook County trying to do his favorite operation—an Ender nailing of the femur, too long a story to include here! I hosted the group in 1982 at Denver General Hospital where we began the task of classification of all fractures.

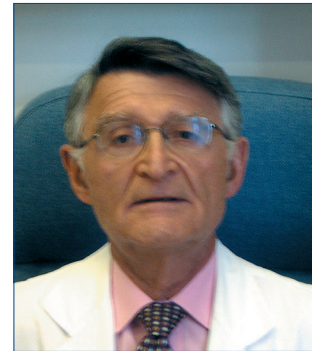
This was a fine group of dedicated orthopaedists to meet with each year, but the annual growth of the group made it obvious that organization into a trauma society was inevitable. Others in this historical review will certainly add comments on the makings of the OTA. It turned out to be even greater than we thought it would be back in the late 1970s, and I am proud to be part of its foundation and see its future growth.

OTA Founding Members



Charles A. Rockwood, MD

The founders of OTA were a unique group of orthopaedic surgeons. We were all chiefs of orthopaedic departments in city or county hospitals. I was the chief of the orthopaedic surgery department at Boston City Hospital, in Massachusetts. We shared our clinical experience and explored the best way to care for our patients. Every year, a growing number of trauma surgeons asked and eventually joined our group and in 1985 we changed from OTHA to OTA. Today, OTA is the largest association of orthopaedic surgeons with special interest in trauma, yet the goals remain the same as they were established by the founding members. Globalization facilitates easier exchange of knowledge gained from basic research and clinical experience, all aimed to improve the outcome of trauma care. It was so in the beginning and should remain so in the future. Good luck OTA!



David Segal, MD



Taylor K. Smith, MD

From its beginning as the Orthopaedic Trauma Hospital Association, the Orthopaedic Trauma Association has matured into the worldwide forum for the discussion of problems in trauma management.

Chapter III

History of Research and Education

OTHA Annual Meetings

June 15 - 17, 1978	Los Angeles, California, USA
dates unknown, 1979	Chicago, Illinois, USA
October 11 - 12, 1980	Boston, Massachusetts, USA
October 24 - 25, 1981	Minneapolis, Minnesota, USA
October 24 - 25, 1982	Denver, Colorado, USA
October 6 - 9, 1983	Houston, Texas, USA
November 29 - December 2, 1984	Baltimore, Maryland, USA

OTA Annual Meetings

September 14 - 15, 1985	New York, New York, USA
November 20 - 22, 1986	San Francisco, California, USA
November 19 - 21, 1987	Baltimore, Maryland, USA
October 27 - 29, 1988	Dallas, Texas, USA
October 19 - 21, 1989	Philadelphia, Pennsylvania, USA
November 7 - 10, 1990	Toronto, Ontario, Canada
October 31 - November 2, 1991	Seattle, Washington, USA
October 1 - 3, 1992	Minneapolis, Minnesota, USA
September 23 - 25, 1993	New Orleans, Louisiana, USA
September 22 - 24, 1994	Los Angeles, California, USA
September 29 - October 1, 1995	Tampa, Florida, USA
September 27 - 29, 1996	Boston, Massachusetts, USA
October 17 - 19, 1997	Louisville, Kentucky, USA
October 8 - 10, 1998	Vancouver, British Columbia, Canada
October 22 - 24, 1999	Charlotte, North Carolina, USA
October 12 - 14, 2000	San Antonio, Texas, USA
October 18 - 20, 2001	San Diego, California, USA
October 11 - 13, 2002	Toronto, Ontario, Canada
October 9 - 11, 2003	Salt Lake City, Utah, USA
October 8 - 10, 2004	Hollywood, Florida, USA
October 20 - 22, 2005	Ottawa, Ontario, Canada
October 5 - 7, 2006	Phoenix, Arizona, USA
October 18 - 20, 2007	Boston, Massachusetts, USA
October 15 - 18, 2008	Denver, Colorado, USA
October 7 - 10, 2009	San Diego, California, USA

History of Research and Education

Dr. Gustilo planted the seed of possible multi-center studies in 1983--a combined national effort that none of the rest of the members had ever considered. In 1984, Dr. Gustillo and the Hennepin staff had begun a trauma registry and presented the information at the First Bi-Annual Trauma Symposium in December. It was unanimously agreed by all 24 attendees representing 15 Institutions that “although the information gathering systems will vary from institution to institution, that all OTHA research studies would use the evaluation, follow-up parameters, and coding system developed by Hennepin County.”

Thomas Comfort was the first Chairman of the OTA Research Committee in 1985 and it was reported that only one group project was completed. He proposed that two studies be submitted to the membership for institutional review:

1. Proposed treatment for Garden Type III and IV femoral neck fractures in patients over 70 years of age
 - One group would treat these fractures with closed reduction and pin fixation
 - 2nd group would treat them with endoprosthesis replacement
2. Proposed treatment for delayed or nonunions of the tibia using capacitive coupling electrical stimulation proposed by Michael Chapman.

The first multi-center study was subsequently begun in 1987 with Timothy Bray as Coordinator of the study on Electrical Stimulation of Non-union of the Tibia once the electrical stimulator decision was reached. In 1988 Dr. Robert Bucholz reported that a double blind controlled study would begin in 1988. The project funding had been delayed for a year.

In 1989, the Board approved the funding of up to \$20,000 in seed money to be made available for research committee reviewed grant proposals. Dr. Bucholz was directed to request grant applications from the membership. By February of 1990, the first OTA research grant was awarded to Dr. Larry Bone. Dr. Bray reported that only six patients were enrolled in the electrical stimulation study and while the study is in place and is running well, more patients are needed.

OTA Research Grant Program

The OTA began awarding research grants in 1990 with limited funding to support basic science and biomechanical projects. Over the past 19 years, the OTA research initiatives have grown tremendously. In addition to basic science and biomechanical studies, grants now include clinical, OTA directed topic grants, multi-center study, and resident grant awards. Originally, grants were for small “seed money” projects with awards starting at \$7,500 - \$20,000. By 2009, awards granted reached a peak of over \$800,000 with funds divided between 20 grants for resident research and 9 grants for directed topic, basic science, multi-center and clinical research.

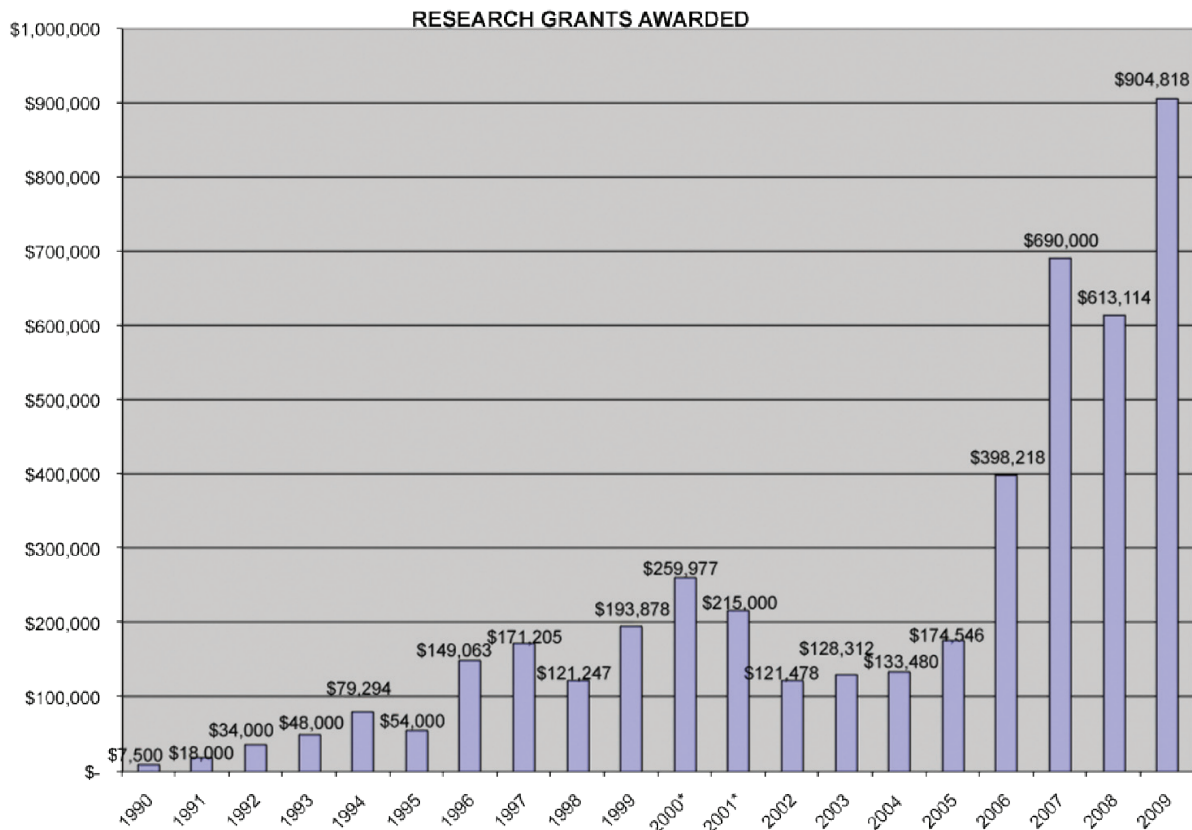
Grant History 1990 – 2009

Funded proposals: 176

Presentations resulting from OTA funded studies: 313

Publications resulting from OTA funded studies: 133

Additional Grants and Awards: \$19,954,072



Chapter IV

Awards

Edwin G. Bovill, Jr., MD

Dr. Bovill specialized in musculoskeletal traumatology and orthopaedic oncology. During his tenure as chief of orthopaedic surgery at the San Francisco General Hospital the orthopaedic service there was nationally recognized as a leader in the field of traumatology. He was known for his excellent clinical judgment and superb technical skills. As a teacher he was highly esteemed by both medical students and resident orthopaedic surgeons.



Bovill was an active clinical researcher in both traumatology and oncology. He authored over 50 publications and stimulated his students, residents and colleagues to develop their own academic curiosity and the scientific study of their clinical cases. In doing so he was a catalyst to many more studies than bear his name.

In addition to his many academic and professional accomplishments, Bovill will best be remembered by his students and resident surgeons as a clever and logical thinker who, when confronted by the most severe and catastrophic clinical problem, could come to a sound conclusion and be able to communicate the process by which he did so to his students. He taught by example and his teaching has stood the test of time.

Ted Bovill once commented that in his mind “immortality is discovering and passing on to one’s colleagues and to humanity some new knowledge.” In his students and colleagues Dr. Bovill lives on in the enhanced orthopaedic knowledge he imparted to them.

Edwin G. Bovill, Jr., MD Awards

Dedicated to Edwin G. Bovill, Jr., MD, (1918 - 1986)

*Surgeon, traumatologist, educator, academician, and gentleman;
co-founder of the Orthopaedic Trauma Association.*

(The outstanding scientific paper from the Annual Meeting date as listed.)

1990 – Timing of Operative Intervention in the Management of Acute Spinal Injuries

J. Schlegel; H. Yuan; B. Frederickson; J. Bailey

1991 – Severe Open Tibial Shaft Fractures with Soft Tissue Loss Treated by Limb Salvage with Free Tissue Transfer or Early Below Knee Amputation

Gregory Georgiadis, MD; Fred Behrens, MD; M. Joyce; A. Earle

1992 – Operative Results in 120 Displaced Intra-Articular Calcaneal Fractures: Results Using a Prognostic CAT Scan Classification

Roy Sanders, MD; Paul Fortin, MD; Thomas DiPasquale, DO

1993 – The Intraoperative Detection of Intraarticular Screws Placed during Acetabular Fracture Fixation

Thomas DiPasquale, DO; Kurt Whiteman; C. McKirgan; Dolfi Herscovici

1994 – Compartment Pressure Monitoring in Tibial Fractures

*Margaret M. McQueen, FRCS; James Christie, FRCS;
Charles M. Court-Brown, MD, FRCS*

1995 – Safe Placement of Proximal Tibial Transfixation Wires with Respect to Intracapsular Penetration

J. Spence Reid, MD; Mark Vanslyke; Mark J.R. Moulton; Thomas Mann, MD

1996 – None Awarded

1997 – Accelerated Bone Mineral Loss following a Hip Fracture: A Prospective Longitudinal Study

Douglas R. Dirschl, MD; Richard C. Henderson, MD, PhD; Ward C. Oakley, MD

1998 – A Prospective Comparison of Antegrade and Retrograde Femoral Intramedullary Nailing

Robert F. Ostrum, MD; Animesh Agarwal, MD; Ronald Lakatos, MD; Attila Poka, MD

1999 – Δ The Effect of Sacral Malreduction on the Safe Placement of Iliosacral Screws

*Mark Cameron Reilly, MD; Christopher M. Bono, MD; Behrang Litkoihi, BS;
Michael S. Sirkin, MD; Fred Behrens, MD*

(Δ-OTA Administered Research Grant)

- 2000 – Δ Prospective Randomized Clinical Multi-Center Trial: Operative versus Nonoperative Treatment of Displaced Intra-Articular Calcaneal Fractures**
Richard E. Buckley, MD; Robert G. McCormack, MD; Ross K. Leighton, MD; Graham C. Pate, MD; David P. Petrie, MD; Robert D. Galpin, MD
(Δ -OTA Administered Research Grant)
- 2001 – Petrochanteric Fractures: Is There an Advantage to an Intramedullary Nail?**
Richard E. Stern, MD; Christophe Sadowski, MD; Anne Lübbeke, MD; Marc Saudan, MD; Nicolas Riand, MD; Pierre Hoffmeyer, MD,
***Stress Examination of SE-Type Fibular Fractures**
Paul Tornetta, III, MD; Timothy McConnell, MD; William R. Creevy, MD
(all authors – a-Aircast Foundation)
- 2002 – A Randomized Controlled Trial of Indirect Reduction and Percutaneous Fixation versus Open Reduction and Internal Fixation for Displaced Intraarticular Distal Radius Fractures**
Hans J. Kreder, MD, FRCS(C); Douglas P. Hanel, MD; Julie Agel, MA, ATC; Michael D. McKee,
- 2003 – Previously Unrecognized Deficits after Nonoperative Treatment of Displaced, Mid-Shaft Fracture of the Clavicle Detected by Patient-Based Outcome Measures and Objective Muscle Strength Testing**
Michael D. McKee, MD, FRCS(C); Elizabeth M. Pedersen, MD; Lisa M. Wild, BScN; Emil H. Schemitsch, MD, FRCS(C); Hans J. Kreder, MD; David J.G. Stephen, MD, FRCS(C)
(a-University of Toronto Scholarship Fund)
Syndesmotic Instability in Weber B Ankle Fractures: A Clinical Evaluation
Paul Tornetta, III, MD; Erik Stark, MD; William R. Creevy, MD
(a-Stryker Howmedica Osteonics)
- 2004 – The Gold Standard in Tibial Plateau Fractures? A Prospective Multicenter Randomized Study of AIBG vs. Alpha-BSM**
Thomas A. Russell, MD; Sam Agnew, MD; B. Hudson Berrey, MD; Robert W. Bucholz, MD; Charles N. Cornell, MD; Brian Davison, MD; James A. Goulet, MD; Thomas Gruen, MS; Alan L. Jones, MD; Ross K. Leighton, MD (a-DePuy, USA; a,b,e-ETEX); Peter O'Brien, MD; Robert F. Ostrum, MD; Andrew Pollak, MD; Paul Tornetta, III, MD; Thomas F. Varecka, MD; Mark S. Vrahas, MD

2005 – Δ A Multicenter Randomized Control Trial of Non-Operative and Operative Treatment of Displaced Clavicle Shaft Fractures

Michael D. McKee, MD, FRCS(C); Jeremy A. Hall, MD, FRCS(C); and the Canadian Orthopaedic Trauma Society: Hans S. Kreder, MD; Robert McCormack, MD; David M.W. Pugh, MD; David W. Sanders, MD; Richard Buckley, MD; Emil H. Schemitsch, MD; Lisa M. Wild, RN; Scott Mandel, MD; Rudolph Reindl, MD; Edward J. Harvey, MD; Milena V. Santos, RN; Christian J. Veillette, MD; Daniel B. Whelan, MD; James P. Waddell, MD; David J.G. Stephen, MD; Terrence Axelrod, MD; Gregory Berry, MD; Bertrand Perey, MD; Kostas Panagiotopolus, MD; Beverly Bulmer, Mauri Zomar; Karyn Moon, Elizabeth Kimmel, Carla Erho, Elena Lakoub; Patricia Leclair; Bonnie Sobachak; Trevor Stone, MD; Lynn A. Crosby, MD; Carl J. Basamania, MD;
(all authors a-OTA/DePuy Grant; Zimmer, Inc. Grant)
St. Michael's Hospital, University of Toronto, Toronto, Ontario, Canada
(Δ-OTA/DePuy, a Johnson and Johnson Company)

2006 – Δ A Multicenter Prospective Randomized Controlled Trial of Open Reduction and Internal Fixation versus Total Elbow Arthroplasty for Displaced Intra-articular Distal Humeral Fractures in Elderly Patients

Michael D. McKee, MD; Christian JH. Veillette, MD; and the Canadian Orthopaedic Trauma Society: Emil H. Schemitsch, MD; Jeremy A. Hall, MD; Lisa M. Wild, BScN; Robert McCormack, MD; Thomas Goetz, MD; Bertrand Perey, MD; Mauri Zomar, RN; Karyn Moon, RN; Scott Mandel, MD; Shirley Petit, RN; Pierre Guy, MD; Irene Leung, BScPT;
(all authors - a-OTA/Zimmer Grant)
St. Michael's Hospital, University of Toronto, Toronto, Ontario, Canada
(Δ-OTA/Aventis Pharmaceuticals)

2007 – A Randomized Trial of Reamed versus Non-Reamed Intramedullary Nail Insertion on Rates of Reoperation in Patients with Fractures of the Tibia

Mohit Bhandari, MD (n);
McMaster University, Hamilton, Ontario, Canada

2008 – Piriformis versus Trochanteric Antegrade Nailing of Femoral . Fractures: A Prospective Randomized Study

James P. Stannard, MD (a-Smith + Nephew, Synthes);
David A. Volgas, MD (a-Biomet (Interport-Cross), Smith + Nephew, Synthes, Pfizer);
Larry S. Bankston, MD (n); Jonathan K. Jennings (n);
Rena L. Stewart, MD (a-Synthes, Wyeth, OTA); Jorge E. Alonso, MD (e-Synthes);
The University of Alabama at Birmingham, Birmingham, Alabama, USA

Memorial Awards

In Memory of Kathy Cramer, MD

2007 – **Michael Zlowodzki, MD Resident Award Winner**

Patient Function following Femoral Neck Shortening and Varus Collapse after Cancellous Screw Fixation of Isolated Femoral Neck Fractures: A Multicenter Cohort Study

Michael Zlowodzki, MD (*a-Osteosynthesis and Trauma Care Foundation; AO North America*); **Ole Brink, MD, PhD (n)**; Julie Switzer, MD (n); Scott Wingerter, MD (n);

James Woodall Jr, MD (n); David R. Bruinsma (n); Brad A. Petrisor, MD (n); Philip J. Kregor MD (n); Mohit Bhandari, MD, MSc (n); University of Minnesota, Minneapolis, Minnesota, USA



In Memory of Phillip Spiegel, MD

2008 – **Priyesh Patel, MD Resident Award Winner**

Transsacral Fixation: What Defines the Safe Zone?

Paul Tornetta, III, MD; Priyesh Patel, MD; Jorge Soto, MD; Boston University Medical Center, Boston, Massachusetts, USA

Kenneth D. Johnson, MD Fellowship Award

For two years, the OTA instituted a Kenneth D. Johnson Fellowship Award to honor the memory of the contributions to the field of Orthopaedic Traumatology by founding member and past-president, Kenneth D. Johnson, MD. Dr. Johnson is remembered as an academic instructor skilled in teaching and passionate about the work of the OTA and improving the treatment for trauma patients.



2005 – **Max Talbot, MD, Kenneth D. Johnson Fellowship Award**

University of Minnesota, Fellowship Program, Minneapolis, Minnesota, USA; Hosted by Emil H. Schemitsch, MD, University of Toronto, Toronto, Ontario, Canada

2006 – **Marc A. Tressler, DO, Kenneth D. Johnson Fellowship Award**

Vanderbilt University Fellowship Program, Nashville, Tennessee, USA; Hosted by Harborview Medical Center, Seattle, Washington, USA

John Border, MD Memorial Lecture

Supported in part by AO/North America and OTA

This lectureship was established to honor the memory of Dr. John Border. John Border was instrumental in the development of modern trauma care and in particular, modern orthopaedic trauma care. He was the pioneer in the concept of total care and the implications of the orthopaedic injuries on the total management of the trauma patient. He was also a surgeon scientist, using both his clinical observations and basic science research to further his patient care in Orthopaedic Trauma.

1997 – Trauma Care in Europe before and after John Border: The Evolution of Trauma Management at the University of Hannover
Professor Harald Tscherne, MD

1998 – Travels with John: Blunt Multiple Trauma
Sigvard T. Hansen, MD

1999 – The Changing Role of Internal Fixation – A Lifetime Perspective
Professor Martin Allgower, MD

2000 – The Metamorphosis of the Trauma Surgeon to the Reconstructionist
Jeffrey W. Mast, MD

2001 – Cancelled

2002 – Thoughts on Our Future Progress in Acetabular and Pelvic Fracture Surgery
Joel M. Matta, MD

2003 – Tracking Patient Outcomes: Lessons Learned and Future Directions in Trauma Orthopaedics
Ellen J. MacKenzie, PhD

2004 – The Future of Education in Orthopaedic Surgery
Michael W. Chapman, MD

2005 – Delaying Emergency Fracture Care – Fact or Fad
Robert N. Meek, MD

2006 – Forty Years of Pelvic Trauma – Looking Back, Looking Forward
Marvin Tile, MD

2007 – Once and Future Trauma Systems: Role of the Orthopaedic Surgeon
A. Brent Eastman, MD, FACS

2008 – Orthopaedic Trauma Education: Industrial Strength?
Peter G. Trafton, MD

2009 – Trauma Surgery Is Not Supposed To Be Easy
Lawrence B. Bone, MD

Winqvist Cup Award Winners

This award was established in 2000 and is presented each year to the lab leader who receives the highest ratings on the resident attendee evaluation form.

2000 – Lab: Tibial Pilon Hybrid External Fixator
Jeffrey O. Anglen, MD

2001 – Lab: ORIF Plateau: Options
Paul J. Duwelius, MD

2002 – Lab: Spanning Ex-Fix Strategies/ORIF
Michael R. Baumgaertner, MD
Alan L. Jones, MD
James N. Powell, MD
Michael S. Sirkin, MD

2003 – Lab: Spanning Ex-Fix Strategies/ORIF
Michael R. Baumgaertner, MD
Michael S. Sirkin, MD

2004 – Lab: Calcaneus Fractures
Dolfi Herscovici, Jr., DO

2005 – Lab: Calcaneus Fractures
David J. Stephen, MD

2006 – Lab: Spanning Ex-Fix Strategies/ORIF
Michael R. Baumgaertner, MD
William DeLong, MD

2007 – Lab: Spanning Ex-Fix Strategies/ORIF
Michael R. Baumgaertner, MD
William DeLong, MD

2008 – The 2008 award was presented to the Upper Extremity Session Leader and Faculty in recognition of implementing a new case-based session format and receiving outstanding attendee ratings.
Upper Extremity Session Faculty, Session Leader: David C. Ring, MD



Chapter V

A Trip Down OTA Memory Lane

By: Craig Roberts, MD and Lisa Cannada, MD

On behalf of the OTA Public Relations Committee, thank you OTA members for sharing your thoughts, experiences and memories with the OTA. The following pages are structured according to these questions:

- 1) What the OTA means to me?
- 2) What do you look forward to the most at the annual meeting?
- 3) Why did you become a trauma surgeon?
- 4) What is the most gratifying aspect of your job?
- 5) What does the OTA mean to your fellowship program? and finally
- 6) What advice do you have for residents wanting to do orthopaedic trauma?

In addition, there was a question on the survey-“What advances have changed your practice the most? See the next chapter for *Orthopaedic Trauma Care: Then & Now*. Thank you! You are what makes the OTA special.

What the OTA Means to Me...

“The OTA embodies the growth of our specialty from a handful of guys eating in a Chinese restaurant hoping that the general surgeons would not eat our lunch to a strong and professional association that has chartered the growth of a specialty that really improves the quality of life for those with broken bones. The OTA is the essence of our profession.” *David Seligson, MD*

“When I was still in San Antonio, the OTA enabled me to collaborate in multi-center, clinical trials on electrical and ultrasound stimulation of bone healing. The OTA meetings gave me the opportunity to establish the relationships that made these studies possible. In fact, these results were actually presented first at the OTA annual meeting.” *James Heckman, MD*

“Having been in both academia and private practice for over 25 years, I have seen the OTA elevate the quality of care as a result of the educational programs and availability of experts. The OTA and its members represent the best of patient care of the patients and patient outcomes in orthopaedic trauma.” *Joseph R. Cass, MD*

“The OTA inspires me by defining the path of modern orthopaedic trauma care based on expert experience and state-of-the-art research.” *Albert Padilla Dieste, MD*

What the OTA Means to Me...



Kenneth and Helen Johnson

“During my first OTA meeting in 1989, Dr. Ken Johnson was interrupted in the middle of his talk and announced that my wife was in labor (unbeknownst to him and most of the audience she was six months pregnant and was in premature labor with our son). Our son was delivered weighing 4 pounds, and turned out fine after a long stay in the NICU. Sadly and ironically, Ken left us exactly 17 years later on my son’s 17th birthday. The OTA and Ken Johnson will always have a special place in my heart in ways you can only begin to imagine.”

Stephen Kottmeier, MD

“The OTA is the organization that has pulled us together as orthopaedic trauma surgeons. The people, including those in the home office, are what make this organization special. In short, the OTA means excellence to me.”

James Stannard, MD

“The largest, best organization in the world for the care of orthopaedic trauma, period. If an idea, implant, procedure gains acceptance with the OTA, it must be a good one. It is my privilege to be a part of it all.”

Michael McKee, MD



Jim Stannard (right), Advanced Residents Course Chair 2008 – 2009, and resident attendee

“The OTA provides an outstanding platform of education, research, and networking for its members. It provides inspiration to us all by setting standards of excellence in patient care and ongoing advances in fracture treatment. The OTA occupies a great place in my heart, providing a constant source of enthusiasm, energy, and commitment.”

Peter Giannoudis, MD

“The OTA is largest think tank of orthopaedic trauma in the world. The OTA for me is the ‘umbilical cord’ to the mother (the art and science of orthopaedic trauma).”

George M. Kontakis, MD

What the OTA Means to Me...

“OTA is a fraternity of musculoskeletal trauma enthusiasts.” *David Ring, MD, PhD*



*Steve Morgan,
Lisa Cannada,
Alan Jones,
J. Tracy Watson,
Kevin Pugh
and Andy Schmidt
2007 OTA Annual
Meeting, Boston*

“As my career has progressed, the OTA has been a tremendous resource for sharpening my research skills and collaborating in multi-center studies. The OTA is a dynamic group influencing trauma care and education for all.”

Lisa Cannada, MD

“As a young resident on a rotation at UCSF/San Francisco General Hospital, I was exposed to four founding members of the OTA: Ted Bovill, Mike Chapman, Lorraine Day, and Peter Trafton. They taught me invaluable tenets of patient care, compassion, commitment, and surgical skills. As rapid changes occur in all areas of medicine, it is imperative that young orthopaedic traumatologists step up to the responsibility of leadership.”

Tim Bray, MD



*OTA Residents Course,
2000, San Antonio*

What the OTA Means to Me...

“The OTA is my professional voice and conscience. It speaks to the collective best interests on matters of importance in orthopaedic trauma, setting the bar for science, education, and mentoring. In a time of the medical field becoming too fractionated, the working relationship between the OTA and the AAOS is exemplary.”

Christopher T. Born, MD

“OTA is a vibrant, nimble organization leading fracture care in a pragmatic manner.”

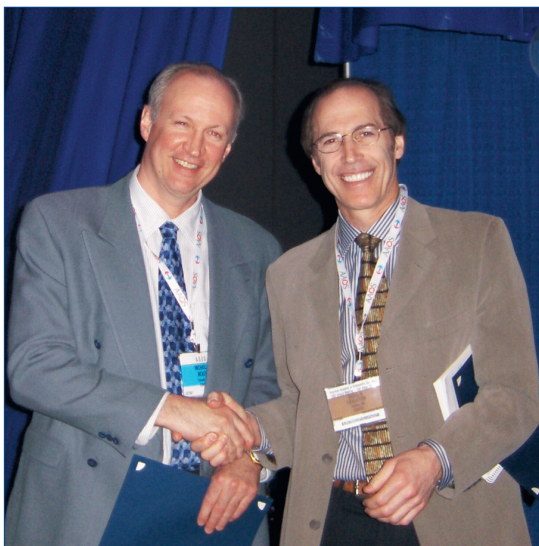
Steve Morgan, MD

“We are the best specialty society in the AAOS!”

Timothy Bonatus, DO



Bill DeLong, Bob Winqvist, and Jeff Anglen at the podium.



Mike McKee, 2003 Bovill Award Recipient, is congratulated by Ross Leighton, 2003 OTA Annual Meeting Program Chair

“OTA is an honest, professional, altruistic amalgam of the finest orthopaedic surgeons in the world.”

Thomas Wuest, MD



*J. Tracy Watson, Bill Ricci, and Jeff Anglen
OTA 2008 Annual Meeting, Denver*

What the OTA Means to Me...

“From my experience making the OTA CD, “Orthopaedic Trauma as a Career,” produced by the Fellowship and Career Choices Committee under the chairmanship of Tracy Watson, gave me the distinct pleasure of interviewing 20 orthopaedic trauma surgeons. The high opinion and optimism I have about our field was a byproduct of that experience.”

Jeff Smith, MD

*Jeff Anglen, Lisa Cannada, Nancy Franzon,
and Jeff Smith
2007 NOLC, Washington, DC*



What I Look Forward to the Most at the Annual Meetings...

“The first few years of my career I enjoyed the scientific presentations and case discussions; lately, I enjoy the committee work and networking opportunities with OTA leaders.”

Tim Bray, MD

“I went to my first OTA Annual Meeting in 1993—after being encouraged to attend by my first trauma mentor, Dr. Toney Russell. Now I look forward to the meeting for meeting up with old friends and colleagues to compare notes and experiences, and making acquaintances into friendships.” *Jeff Smith, MD*



*Jeff Anglen, Presidential Address
OTA 2007 Annual Meeting*

“Seeing friends I don’t get to see enough, the camaraderie of the group I am privileged to belong to, with similar thoughts, ideas and concerns.”

Michael McKee, MD

What I Look Forward to the Most at the Annual Meetings...

“Exchanging ideas and catching up with the best friends one could ever have.”

Thomas A. Russell, MD

“Interacting with colleagues I have known for a long time while we listen to the most “cutting edge” information.”

Marc Swiontkowski, MD

“I enjoy seeing old friends, sharing war stories, and attending the educational programs.”

Christopher Born, MD

“Controversial papers challenging traditional concepts.” *Steve Morgan, MD*

“Seeing prior fellows.” *Bruce Sangeorzan, MD*

“I like all of it.” *Robert Meek, MD*

“The scientific papers and seeing my colleagues.” *Paul Tornetta, III, MD*

“Networking and learning new ways to improve trauma care.”

Laura Phieffer, MD

“Networking with old friends and mentors. I use the meeting to stay cutting edge on trauma techniques.”

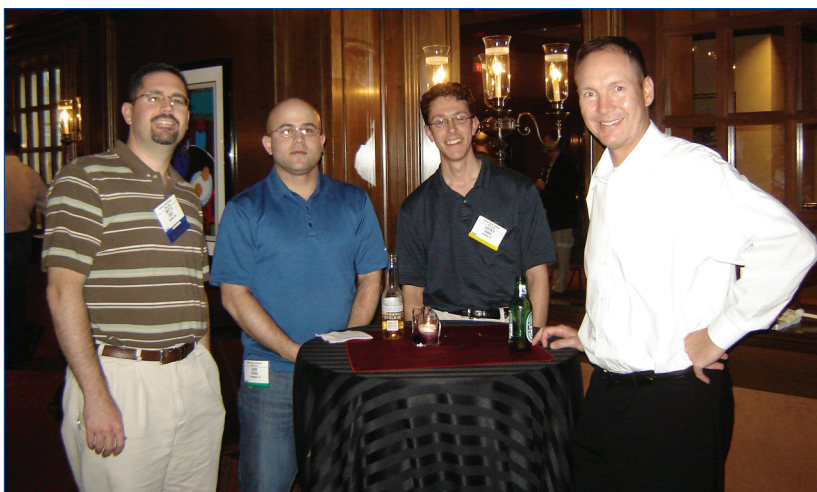
Gary Benedetti, MD

“Seeing old friends, sharing patients’ problems and ideas with experts, while seeing new technologies.”

Renner Johnston, MD



Paul Tornetta, Gregory Schmeling and Alan Jones, OTA 2000 Annual Meeting



2008 Advanced Resident’s Course faculty Brett Crist (far left) and Mark Mighell (far right) mingle with resident attendees.



*1999 Kansas City Update Course, Faculty Dinner
(left to right) Nancy Franzon, Jim Nepola, Bob Ostrum, Larry Marsh, Bob Probe, Kevin Pugh,
Dave Teague and Ken Johnson.*



2001 Fess Parker Winery



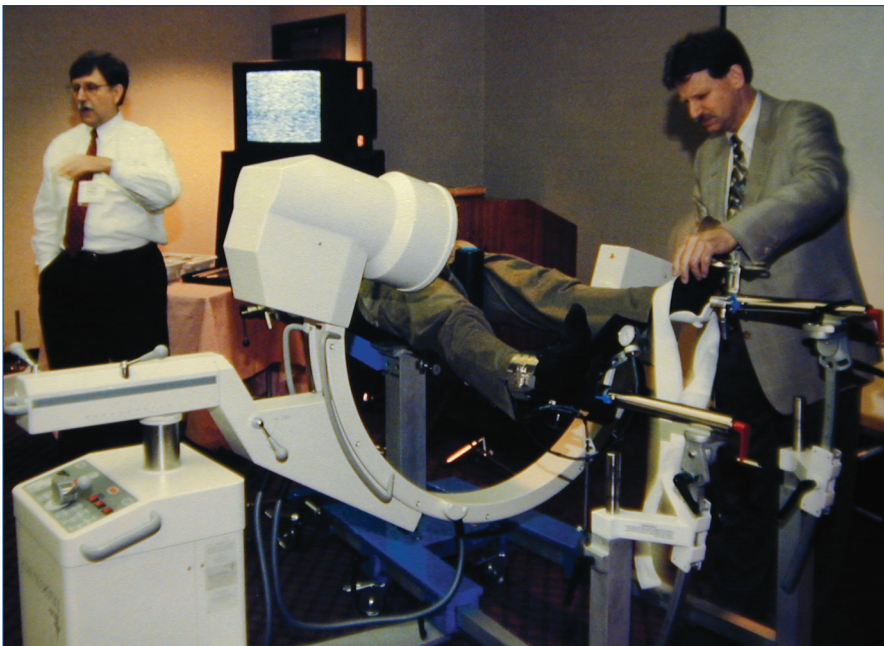
*Clifford Jones gives some "pointers."
OTA 2007 Annual Meeting, Boston*



Brad, Ann, Jim, and Roy



*OTA Staff, Kathleen Caswell
2007 Residents Course*



*Ken Johnson and
Bob Winquist*

Why I Became a Trauma Surgeon...

“Loved trauma. Wanted to be an orthopaedic surgeon who could handle anything.”

Eric T. Johnson, MD

“Diverse and complex problems that require creative and precise reconstruction.”

Michael Baumgaertner, MD

“I like the variety of operations. Orthopaedic trauma surgeons operate all over the body.”

William Obremskey, MD, MPH

“Inadequate education in residency in trauma at the time of the AO explosion led to a fellowship with Joe Schatzker.”

David Beigler, MD

“I was in the military and thought the OTA was the most exciting and practical part of orthopaedics.”

Mike Bosse, MD

“The ability to take something that doesn’t work, apply a learned, challenging skill, and fix it!”

Robert Probe, MD



Michael Baumgaertner (left) shares his expertise with OTA Residents Course attendees.



Bill Obremskey and OTA Residents Course attendee

“I really like fixing broken things. I preferred the bony work to soft tissue work.”

Leslie Gullahorn, MD

“I like looking after injured people. I liked the variety and the rapid decision-making required.”

Robert Meek, MD



Mike Stover and Steve Olson

Why I Became a Trauma Surgeon...

“As soon as I saw Shock Trauma as a medical student, I knew what I wanted to do. You don’t always know how your day will be, but it gives you the opportunity to think on your feet, be creative and work together as a team for the best results for the patient.”

Lisa K. Cannada, MD

“I liked the complexity of cases, and the immediate gratification of fixing things.”

Dan Oas, MD

“I liked the variety of surgeries, and the instant gratification of fixing a fracture.”

Troy Caron, MD

“My experience at Shock Trauma as a young orthopaedic resident.”

Brent Norris, MD

“In 1973, while taking post-baccalaureate pre-med courses at Columbia, I was lucky enough to land a job as a cast technician for the fracture clinic at New York Hospital. OTA member John Leyden was a young attending at the time and brought me to the OR to see my first operation: a sliding hip screw for an intertroch. From that point, I was hooked and have never looked back.”

Christopher Born, MD

“Can make a big difference in a young person’s life.” *Brian Mullis, MD*



Residents Course Lab

“It was what I enjoyed most in orthopaedics.”

Patrick Leach, MD

“The wide scope of practice regarding anatomic regions and patient demographics.”

Paul Tornetta, III, MD

“Should be ‘who’: Phil Spiegel, David Helfet, and Roy Sanders.” *Joseph Borrelli, MD*

“The pursuit of reducing and fixing acetabular fractures perfectly.” *Kyle Dickson, MD*

“There is nothing more gratifying than trying to help the body repair itself when damaged.”

David Ring, MD, PhD

“It was the excitement of trauma that attracted me to orthopaedics as a medical student in the first place.” *Craig Roberts, MD*

Why I Became a Trauma Surgeon...

“I like fixing what’s broken. Trauma surgery is one of the most rewarding things we do for people.”

Timothy Bonatus, DO

“Ability to make a difference to people who really need orthopaedic care.”

James Kellam, MD

“Personal family experiences and interest in the sequelae of trauma.”

Thomas A. Russell, MD



Fred Behrens



Andy Burgess and Attila Poka in Shock.

“Many different ways to solve a problem, but all still are principle-based.”

Gregory DeSilva, MD

“The gratification of returning a severely injured person back to a functional life.”

Greg Zych, DO

“Fracture care is the heart and soul of orthopaedics and teaches the fundamental skills for all of orthopaedics.”

Bruce Sangeorzan, MD

“Fracture surgery seemed to be the real essence of orthopaedics.”

Thomas Wuest, MD

“Wanted to operate on all extremities and take care of adults and children.”

Steve Morgan, MD



Andy Schmidt, Dan Horwitz, and Steve Morgan

Why I Became a Trauma Surgeon...

“Straightforward nature of the interaction with the patient and his/her musculoskeletal problem.”
Marc Swiontkowski, MD

“Diversity of practice, immediacy of results, and assurance of results.”
Edward Harvey, MD



One of Andy Pollak and Dick Kyle's many trips to offer support to military surgeons.



Residents Course lab

*OTA Staff: Sharon Moore,
Paul Hiller, and
Kathleen Caswell
OTA 2008 Annual Meeting,
Denver*



The Most Gratifying Aspect of My Job Is...

“Maximizing outcome and restoring function for injured patients.”

John Iaquinto, MD

“Immediacy of dealing with extremely ill and disabled patients.”

Edward Harvey, MD

“Taking care of patients and their families when difficult musculoskeletal problems are at the root of the interaction.”

Marc Swiontkowski, MD



Phillip Spiegel, Ramon Gustilo, J. Paul Harvey Jr., and Marc Swiontkowski



*OTA International Reception
2008 OTA Annual Meeting, Denver*

“There are many, but any injury that heals in a way to provide full recovery.”

Bruce Sangeorzan, MD

“Ability to teach principles to residents.”

Gregory DeSilva, MD

“The smile on a patient’s face after they have recovered from their injuries.”

John Schwappach, MD



*Andy Pollak,
Andy Burgess,
Paul Tornetta and
Dave Templeman*

The Most Gratifying Aspect of My Job Is...

“Getting a person who has been devastated by trauma back to normal. Allowing people to carry on with their lives. I work with great people...it is just a fun job.” *Eric T. Johnson, MD*

“Daily manipulation of the controlled chaos and the satisfaction that what is routine to us makes most orthopaedic surgeons soil their pants.” *Michael Bosse, MD*

“Watching patients regain function and live with less pain.”

Shepard Hurwitz, MD

“Being able to impact and improve the lives of patients that had unexpected, unplanned alterations in their lives.”

Brent Norris, MD

“The satisfaction of seeing a polytrauma patient who had multiple fractures return to a productive life.”

Craig Roberts, MD



Jim Stannard receives a plaque from Mike Bosse for serving as BOD member-at-large, Nancy Franzon, OTA Executive Director, looks on.

“Treating someone who is in crisis, restoring them to the best possible function, and being a part of returning them to their former life and activities.” *Timothy Bonatus, DO*



(clockwise, starting left) Paul, Ann, Brad, Jim, Gina and Toney

“Functional recovery of injured patients and the satisfaction of effective applied technology.”

Thomas A. Russell, MD

“Receiving a “thank you” note from patients who have returned to their activities as a direct result of my intervention and treatment.”

Thomas Wuest, MD

What the OTA Means to My Fellowship Program...



Andrew N. Pollak, MD

“We have always felt that the relationship between our fellowship program and the OTA is an important one. Our fellows routinely present their research at the OTA meetings. We measure the success versus failure of fellowship projects largely on the degree to which they are accepted or rejected at the OTA meeting. We hold an annual fellowship alumni reception at the OTA meeting so that we have an opportunity as a group to socialize. Most recently, we have transitioned to an OTA-driven fellowship match process that has been the most successful advancement in the fellowship selection process that I have been part of over the past 15 years. Overall, I feel that our fellowship program and the OTA are very tightly linked and that the relationship has strengthened both entities.”

Andrew N. Pollak, MD

“Membership in the OTA and presentation of research from research conducted from their fellowship at the annual OTA meeting represents the culmination of the long hours and hard work of our trauma fellows. Being a part of the OTA is important because it helps the fellows interact with their mentors, become mentors themselves, and carry on their research.”

Sean Nork, MD



Sean Nork, MD



Dick Kyle and Dave Templeman



Past Presidents

My Advice for Residents Wanting to Do Orthopaedic Trauma...

“Go with your heart and all else will follow.” *Michael Baumgaertner, MD*

“Please consider it as an option.” *William Obremskey, MD, MPH*

“It’s hard work. Figure out a niche you enjoy and develop it for later in your career.”
David Biegler, MD

“Have a ‘second hobby’—a side niche-- in orthopaedics/trauma as well. Mine is total hip arthroplasty.” *Gary Benedetti, MD*

“Look to future needs. We may be training too many orthopaedic trauma surgeons!”
Michael Bosse, MD

“Just do it! The challenges of an unpredictable schedule and work load are all manageable.”
Robert Probe, MD

“It’s not the horrible lifestyle some say it is. Most things can be cared for in daylight hours.”
Leslie Gullaborn, MD



Greg Della Rocca (far left) and Kevin Pugh (far right) with 2008 Spring Resident Course Attendees



2000 AM San Antonio Tampa fel din Mason Nepola

“Do it. It is great fun.”
Robert Meek, MD

“Educate yourself on what you provide to a hospital. Don’t forget this when you apply for your first job.” *Troy Caron, MD*

“Do it and don’t look back. There is no more rewarding area of medicine.”
Christopher Born, MD

My Advice for Residents Wanting to Do Orthopaedic Trauma...

“Appreciate the ever changing management that trauma patients represent.”

Renner Johnston, MD

“Keep an open mind. . .”

Brent Norris, MD

“It is important to stay flexible, and committed to life-long learning.”

Patrick Leach, MD



*(left to right, clockwise) Nancy Franzon, Jim Nepola, Bob Ostrum, Larry Marsh, Bob Probe, ?, Kevin Pugh and Ken Johnson
1999 OTA Update Course Faculty Dinner*



Bill Ricci, Roy Sanders, Dolfi Herscovici

“Get involved with an established system with OR/ call support.” *Laura Phieffer, MD*

“Train at the busiest fellowship you can find.”
Joseph Borrelli, MD

“It is cool to be the man when the going gets tough in the OR.” *Kyle Dickson, MD*

“Look at the many great things about orthopaedic trauma (the best surgeons, wide age-range of the patient population, ability to operate on many different anatomic areas, etc.).”

Craig Roberts, MD

“You have got to love it.”

Timothy Bonatus, DO

“It is the most demanding and most rewarding of medical careers.”

Thomas A. Russell, MD



*Bob Teasdall, Kathy Cramer, and Joe Borrelli
2002 Faculty Reception*

My Advice for Residents Wanting to Do Orthopaedic Trauma...

“Go for it!” *Brian Mullis, MD*

“Expect the unexpected each night on call. Structure your call schedule and your family time carefully and appropriately.” *Thomas Wuest, MD*



Ramon Gustilo and Bob Winquist

“The market will change.”
Gregory DeSilva, MD

“If you loved your orthopaedic trauma rotation more than any other type of trauma as a student, this field is for you.”
Gregory Zych, DO

“It’s an incredibly rewarding profession and society will always value your services.”
Brad Henley, MD, MBA

“Always continue to do some general orthopaedics.”
Steve Morgan, MD

“Go for it. There will always be a need for excellent fracture care.”
Bruce Sangeorzan, MD

“Make sure you are committed to being a physician first.”
Marc Swiontkowski, MD



Joe Borrelli, Michelle Garrett-Heim, Nancy Franzon, and Jeff Anglen



“Great career choice which in no way limits your future in orthopaedics.”
Edward Harvey, MD

*Mark Richardson, Thomas Higgins and Andy Burgess
2008 Annual Meeting Reception, Denver*



Bob Probe, Kathy Cramer and Craig Roberts



OTA 2007 Resident Course



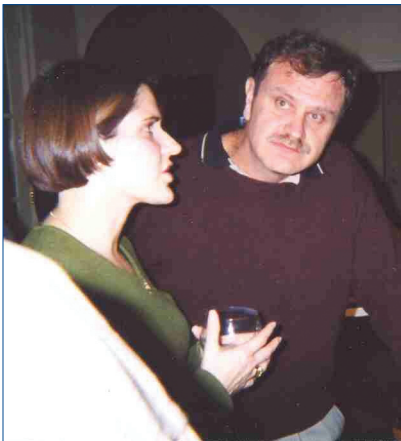
Jim Kellam, OTA President 1997 - 1998 (podium)



Andy Pollak and Andy Burgess



J. Paul Harvey Jr. and Mike Chapman



Steve Olson



Andy Burgess, Bobby Brumback and Attila Poka

*OTA 20th Anniversary
Member Dinner,
Ft. Lauderdale, Florida*





*Dick Kyle, Roy Sanders, Ramon Gustilo, and Larry Bone
OTA 20th Anniversary
Member Dinner,
Ft. Lauderdale, Florida*

*Michael Bosse, Jeff Anglen,
J. Tracy Watson,
Dave Templeman,
and Brendan Patterson
2008 October Board Meeting,
Denver*



Congratulations to recipients of “The Ann Doner Vaughan Award” for their paper “Limb Salvage or Amputation Following Severe Lower Extremity Trauma: The LEAP Study” at the 2003 Kappa Delta Award Dinner. Michael J. Bosse, MD; Ellen J. MacKenzie, PhD; James F. Kellam, MD; Andrew R. Burgess, MD; Marc F. Swiontkowski, MD; Alan L. Jones, MD; Mark P. McAndrew, MD; Brendan M. Patterson, MD; Roy Sanders, MD; Melissa McCarthy, ScD; Renan C. Castillo, MS; Thomas G. Trivison, PhD and Lawrence Webb, MD



*J. Tracy Watson (right) welcomes members of the 2008 OTA Annual Meeting China Summit
2008 OTA Annual Meeting, Denver*



2008 OTA China Summit Reception



Wade Smith, J. Tracy Watson, and Steve Morgan model their new cowboy hats with delegates from the China Summit Meeting



2008 OTA Annual Meeting



Lorraine Day



Dolfi Herscovici (center)



*J. Tracy Watson, Peter Trafton
and John Wilber*



Ted Hansen, Jr.



Jim Kellam, ? and Dave Helfet



*Roy Sanders and
Phillip Spiegel (JOT Editors)*



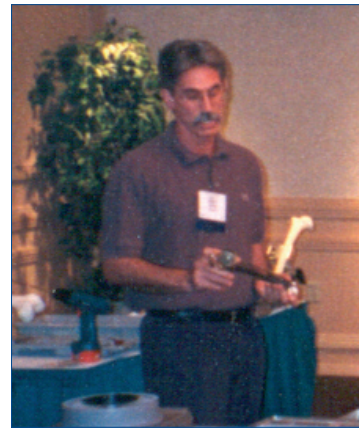
*Chris Pape, ?,
Larry Bone,
Steve Olson,
Peter Giannoudis,
Peter O'Brien,
and Alan Jones*



Toney Russell and Ross Leighton



Kevin Pugh, Dave Teague, and Ken Johnson



Bob Ostrum



*2008 OTA Annual Meeting
Kathy Cramer Women's Luncheon*

*2008 Kathy
Cramer Women in
Trauma Luncheon
Jacqueline Krumrey
(center)*





*Bob Winqvist
and Phillip Spiegel*



*Peter Trafton and
Alan Levine*



*Kyle Dickson,
Mike McKee
and Paul Tornetta*

Orthopaedic Trauma Care: Then and Now In Pursuit of Excellence for 25 Years

1984

2009

Technology

- *On Call:* The Pager
- *Calling back the resident:* Rotary dial phone
- *Calling back if you are driving:* Find a phone booth
- *Your communication to others:* snail mail
- *Case discussion:* Film based x-rays
- *Presenting at meetings:* Carousel with slides
- *Entertainment while waiting for cases:* 8 Tracks, then CD later

- *On Call:* The Blackberry
- *Calling back the resident:* Text
- *Calling back if you are driving:* Cell phone
- *Your communication to others:* E-mail
- *Case discussion:* Internet/Webinars/Chat rooms
- *Presenting at meetings:* Power point-can change seconds before presentation!
- *Entertainment while waiting for cases:* IPod, Portable DVD



1984

2009

Practice Issues

- *Number of nights on call:* long nights of operating
- *Reimbursement of uninsured patients:* Don't get paid for lots of work
- *Nearly all orthopaedic surgeons took trauma call*
- *Few orthopaedic trauma fellowships:*
Infancy stages of fellowship training

We read:

*Rockwood and Green
Campbell's Operative
Orthopaedics
JBJS-A
Journal of Trauma*

- *No formal orthopaedic trauma organization*
- *No formal cooperation with military*
- *Few women in trauma*

- *Call coverage:* Relatively few long nights of operating
- *The Trauma OR:* Getting cases done without disruption of other's schedules
- *The uninsured:* Hospitals helping out
- *Issues with who is required to take call:* AAOS recognizes issue; no real solution yet
- *Call stipends:* Hospitals recognizing the value of trauma call
- *DRGs:* Metrics
- *Specialization of orthopaedic traumatologists:* Pelvis, Upper Extremity, Periarticular, Non-unions as a full time trauma practice
- *Fellowships:* 50 programs, 81 positions
- *Popularity of Trauma as a Career:* 92 fellows in Class of 2009
- *Reintroduction of formal Match for Class of 2010*

We read:

*Surgical Treatment of Orthopaedic Trauma
Skeletal Trauma
JBJS*

JOT JOURNAL OF
ORTHOPAEDIC TRAUMA

*J of Trauma Critical Care
OKU
JAAOS
Varied electronic media*

- *OTA: Celebrates its 25th Anniversary Meeting
Collaborates with AAOS Endowment fund with OREF*
- *Cooperation with military trauma surgeons
War Extremity Courses
Visiting Landstuhl scholars program*
- *Increasing number of women traumatologists
Kathryn Cramer luncheon*

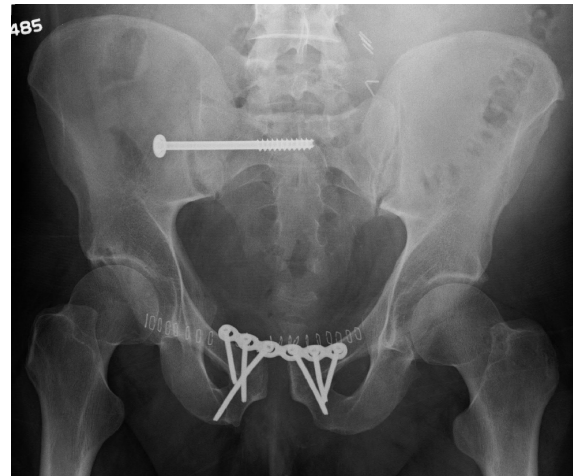
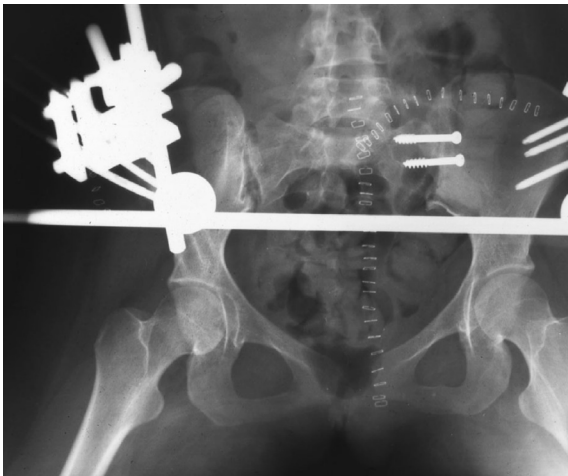
Pelvis

The Injury



1984

2009



Pelvic/Acetabular Fractures: THEN

- Open reduction and fixation of pelvic injuries
- Early learning curve of surgical treatment of acetabular fractures
- Extensile open approaches

Pelvic/Acetabular Fractures: NOW

- Improved fluoroscopic techniques and instruments
- Percutaneous fixation
- Supra-acetabular pins for external fixation
- Applying ATLS protocols
- Interventional angiography
- The pelvic binder/compression device

Extremities Over the Years

How have we improved?

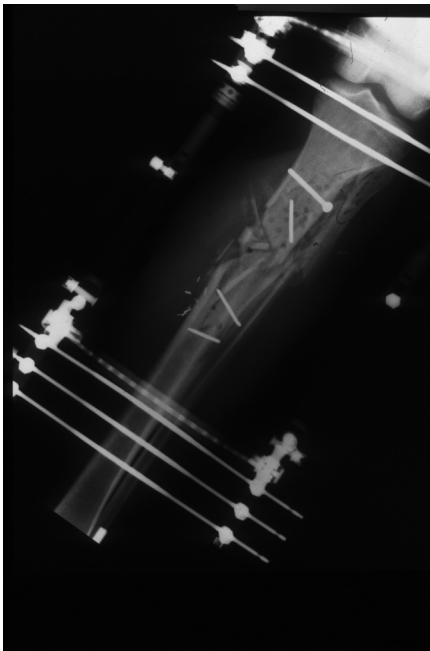
Fracture biology/metabolism

- Vascularity of bone
- Osteoporosis
- Vitamin D
- Biology of bone healing
- Mechanics of bone healing
- Metabolic causes of nonunion
- Bone graft substitute
 - Bone morphogenetic proteins

Instrumentation

- Spanning external fixation
- Immediate IM nailing of open fractures
- Biologic plating
- Locked plates
- The entry portal debate in femur fractures
- Intramedullary nails for hip fractures

1984



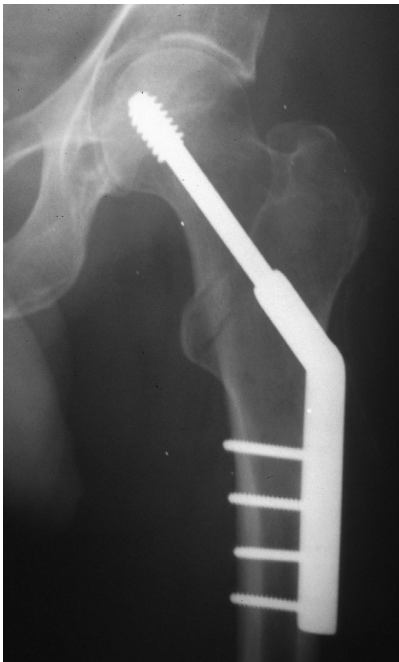
2009



1984



2009



Soft Tissue Care



1984

2009



Then:

- Multiple débridements for open fractures
- Open cancellous bone grafting
- External fixation of fractures with severe soft tissue injury
- Early ORIF of periarticular fractures
- The bead pouch

Now:

- Early fix and free flap concepts
- Wound vacuum assisted closure
- Temporary spanning external fixation with delayed fixation of periarticular fractures
- Nutritional aspects of wound healing
- Skin regeneration templates

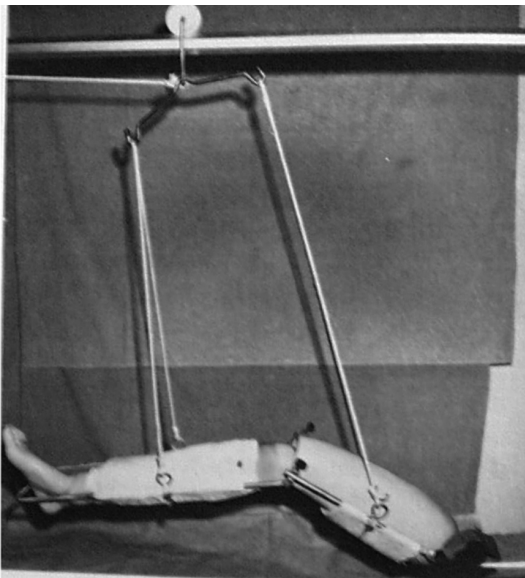
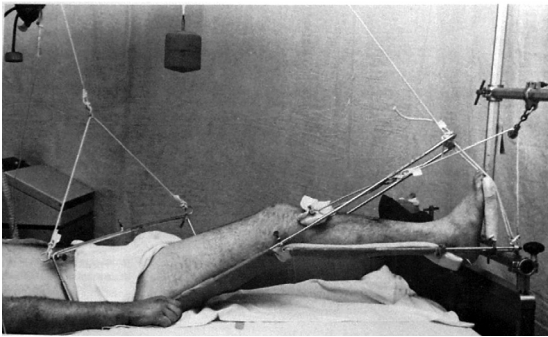
1984

2009

Polytrauma

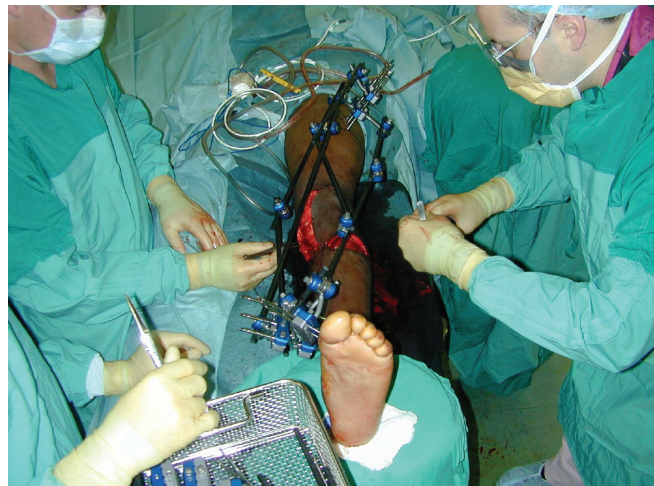
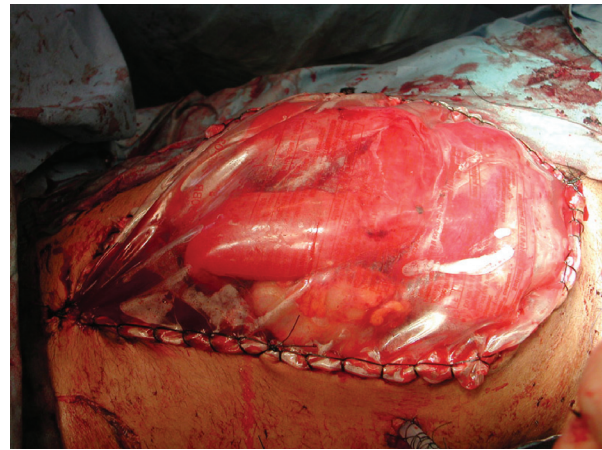
Then:

- Variably organized or nonexistent trauma systems
- Inconsistent methods of assessment, resuscitation, and management of the multisystem trauma victim
- Traction for long bone fractures until patient stable



Now:

- The concept of DCO: has evolved from early total care to limited, temporizing stabilization
- American College of Surgeons certified trauma centers
- Regional trauma systems
- Organized systems with both fixed and rotary wing air transport as well as ground transport
- Regular trauma training sessions for all levels of providers
- ATLS protocol



Spine

How things have changed!

1984

2009

C7 Burst Fracture



Thoracic Spine Burst Fracture



1984

*Operative treatment of spine fractures:
THEN*

- CT myelography for neural imaging
- Harrington rods/Luque wires
- Halo vest for cervical fractures
- Metacarpal plates for anterior fixation

2009

*Operative treatment of spine fractures:
NOW*

- MRI for neural imaging
- Pedicle/lateral mass fixation
- Multiple plates, rods, and screws for fixation
- Fluoroscopic guidance
- Computer navigation
- Percutaneous fixation
- Kyphoplasty in trauma

Amman Jordan Course, July 2009

Dave Templeman, OTA President



*OTA Jordan Course Faculty with attendees
Andy Pollak (4th from right), Steve Morgan (3rd from right)
and Dave Templeman (far right)*

This spring the International Medical Corps (IMC) approached the OTA and asked us to help train orthopaedic surgeons in Amman, Jordan. The IMC is a humanitarian organization and as part of its mission to “help people help themselves” it arranges professional development conferences. An orthopaedic conference was requested and funded by the U.S. State Department to address the needs of Iraqi refugees in Amman,

Jordan. After the 2003 Gulf War, hundreds of thousands of Iraqis fled to Jordan. The CIA estimates that more than 2 million Iraqis fled to Syria and Jordan during the last six years. This has placed enormous strain upon the delivery of healthcare in Jordan, a country with a native population of six million. This is in addition to about 1,835,000 Palestinian refugees that have settled in Jordan seeking refuge from other conflicts. The Iraqis in Jordan are recognized as refugees but lack the same civil rights as Jordanian citizens. After six years many are without work and while the country’s official unemployment rate is 13%, unofficially it is listed as 30% (all above figures from The CIA World Factbook). This challenges the Iraqis to meet their basic needs including healthcare. Although Jordan has one of the best healthcare systems in the Middle East, the massive influx of refugees has greatly compromised the access to care. Some of these refugees are Iraqi orthopaedic surgeons who are challenged by a significant shortage of resources including access to ongoing educational development. We found them highly motivated to learn and provide care to their countrymen.

The OTA under the direction of Steven Morgan (Denver OTA active member) organized a 3-day trauma course focusing on orthopaedic trauma care. Dr. Morgan was joined by Dr. Andrew Pollak (Baltimore), Dr. Bo Kagan (Florida), and Dr. David Templeman (Minnesota). Approximately 120 people attended the course including orthopaedic surgeons, nurses, and other healthcare assistants. Our hosts were gracious and our lectures were well received and were followed by meaningful discussion sessions.

After the conclusion of the course, we were guests of three Iraqi surgeons who worked for Médecins Sans Frontières (Doctors without Borders/MSF). Our gracious colleagues (their names are withheld as they were threatened prior to fleeing Iraq) guided us on rounds at the Red Crescent Hospital that MSF shares in Amman. This site cares for selected Iraqi refugees with blast injuries in need of orthopaedic care or maxillofacial reconstructions. The patients are initially screened in Iraq and then travel to Amman. Most of the patients present more than two years after their injuries with non-unions and bone loss that are frequently complicated by infection. As our visit progressed we were incredulous that in case after case reviewed, nearly all of the patients suffered from the most difficult problems seen in orthopaedic traumatology. This is one of the few sites where injured civilians can receive reconstructive surgery without the need to pay.

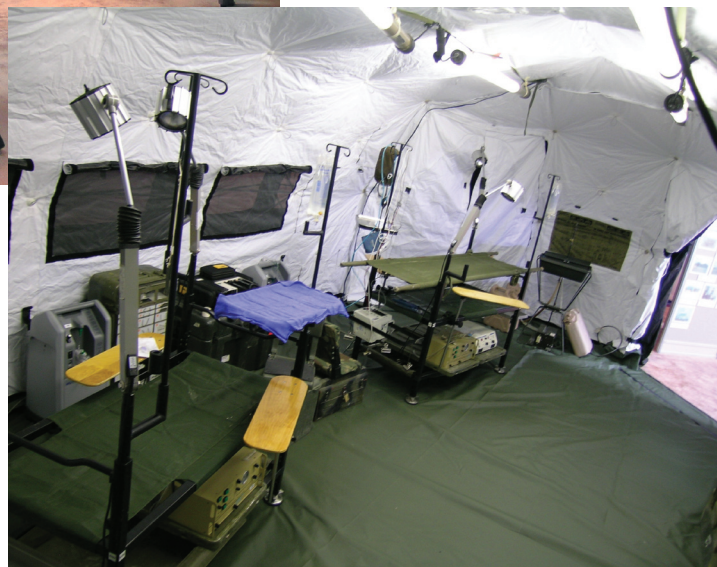
All of us are left with the belief that the OTA has the potential to help improve orthopaedic trauma care in the Middle East. The visit established great camaraderie with our orthopaedic colleagues in Amman and left us with the hope of returning to help in the future.

www.imcworldwide.org

www.cia.gov/library/the-world-factbook



The OTA Disaster Care: Military models exhibit was one of the welcoming sites at the AAOS Meeting in San Francisco, 2004 arranged by Col. Roman Hayda, OTA Military Committee Chairman.



The inside of the tent featured fully-equipped stations for resuscitation and surgery.

AAOS, OTA Bring Trauma Education to Ghana

By Lynne Dowling

Program whets appetites of attendants “hungry for education”

During the past several years, AAOS has been developing a curriculum and planning for a major educational venture in the West Africa region. Although the Africa Cooperative Education (ACE) Program—originally targeted for launch in November 2008—did not achieve an appropriate level of initial outside funding, AAOS made the commitment to conduct an education program in the West Africa region before the end of 2008.



During his visit to the 37th Military Hospital, Robert P. Dunbar, MD, (front) toured the facility with Dr. Sunny Mante (far left) and Dr. Samuel Offei Awuku (far right). They were joined by the hospital's CEO, staff from RehaMedical, and Ms. Juliana Cudjoe, local AAOS program coordinator. Courtesy of Robert P. Dunbar, MD

The Academy approached the Ghana College of Physicians and Surgeons (GCPS) requesting time for a trauma symposium in conjunction with the GCPS annual meeting in December 2008. The answer was a quick and resounding “yes.” The Orthopaedic Trauma Association (OTA), which had been involved in developing much of the syllabus materials for the original ACE Program, spearheaded the planned trauma program by identifying an OTA member to serve as program chairman.

That honor went to Robert P. Dunbar, MD, from Seattle. Joining Dr. Dunbar as faculty were Jaqueline J. Krumrey, MD, traumatologist from Washington state, and Oheneba Boachie-Adjei, MD, a spine surgeon from New York who is originally from Ghana.

No one left early

The full-day trauma program was held at the GCPS Headquarters building in Accra, Ghana. More than 100 physicians, nurses, and allied healthcare personnel attended. Physician members of the Ghanaian Local Organizing Committee were stunned and delighted to see that no program participants left the afternoon sessions early. Instead, participants stayed from 9 a.m. to 6 p.m., a rarity in West African medical seminars. “It shows how deeply interested and hungry for education our local people are,” said Emmanuel K. Osei, MD, chief of Orthopaedics at Korle Bu Teaching Hospital in Accra, and an original project team member for the ACE Program. Drs. Dunbar and Krumrey both noted that the morning sessions—which focused on local physicians

talking about the state of trauma care and the challenges to adequate care confronting them in West Africa—were of particular interest.

While in Accra, Dr. Dunbar visited the United Nations Classified Level IV care center 37th Military Hospital and Dr. Krumrey visited Korle Bu Teaching Hospital. They found that open fractures, particularly of the tibia and femur, are major trauma problems in Ghana. Until recently, more than half of these wounds developed infections. With the introduction of external fixation for treatment within the past few years, infection rates have dropped to about 10 percent.

“In general, acetabular fractures are too complex for the surgeons, and patients don’t have the income to afford the required plates and screws,” said Dr. Krumrey. As a result, traction is the primary mode of treatment. When discussing pelvic fractures with the only orthopaedic surgeon on staff at the 37th Military Hospital, Dr. Dunbar learned that the hospital, although it has a 60-bed orthopaedic ward, had no reconstruction plates.

Perfect scores from attendees

Upon their return from Ghana, the three U.S. faculty learned that 84 percent of the program participants responded to the postprogram assessment—and 100 percent rated the program of the highest quality, saying that they would definitely participate in another AAOS program. Participants agreed that the program met their learning objectives and educational needs, and asked for a minimum of two trauma programs per year.

AAOS and OTA look forward to on-going collaborations with the GCPS, the Ghana Orthopaedic Association, and others involved in the provision of health care throughout the West Africa region to develop and deliver much needed trauma education and care on a more regular basis.

What happened to ACE?

The African Cooperative Education (ACE) program was designed as a multiyear, multimillion-dollar education program that would use a “train-the-trainers” approach to educate local surgeons and create a self-sustaining program to improve patient care throughout West Africa. The AAOS initiative was supported by several specialty society partners, including the Orthopaedic Trauma Association, the Pediatric Orthopaedic Society of North America, the Scoliosis Research Society, and the American Academy of Physical Medicine and Rehabilitation.

The Ghana College of Physicians and Surgeons and the Ghana Orthopaedic Association were also active in planning the program.

Despite the endorsement of the World Health Organization, the Academy was unable to achieve the necessary degree of outside funding within the project’s timetable. By mutual agreement among the International Committee, the Council on Education, and the AAOS Board of Directors, the program’s launch was postponed. The program is currently being redesigned to be somewhat less ambitious in scope and considerably less costly.

The three U.S. faculty members who participated in the Ghana trauma program agree that a concerted effort to continue to try to bring quality basic trauma education to the region would provide a much needed service and improve overall patient care and trauma management.

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Chris Born, MD received a special award from OTA Past President Toney Russell, MD in recognition of his dedication to Orthopaedic Trauma Disaster Response and Humanitarian Medical Care of the earthquake victims in Bam, Iran in December 2003.



Distinguished Visiting Scholar Program

The AAOS/OTA gratefully acknowledges the *Foundation for Orthopaedic Trauma* and the following companies for their support of this program:

Kinectic Concepts, Inc.

Smith + Nephew

Synthes

OTA expresses gratitude to the following OTA/AAOS Members who have been chosen as Distinguished Visiting Scholars by a civilian/military panel to spend at least two weeks assisting the Military Orthopaedic Surgeons in Landstuhl who treat the soldiers injured from Iraq prior to their return to the states:

Thomas A. Ambrose, II, MD

Lawrence B. Bone, MD

Christopher T. Born, MD

Joseph Borrelli, Jr., MD

Michael J. Bosse, MD

Andrew R. Burgess, MD

Jens R. Chapman, MD

Cory A. Collinge, MD

Langdon A. Hartsock, MD

Thomas F. Higgins, MD

Clifford B. Jones, MD

Jonathan P. Keeve, MD

L. Scott Levin, MD

David W. Lhowe, MD

Dean G. Lorich, MD

Mark P. McAndrew, MD

Michael D. McKee, MD

Toni M. McLaurin, MD

Michael A. Miranda, MD

Steven J. Morgan, MD

Steven A. Olson, MD

Brendan M. Patterson, MD

George V. Russell, Jr., MD

John T. Ruth, MD

H. Claude Sagi, MD

Bruce J. Sangeorzan, MD

Marc F. Swiontkowski, MD

David C. Teague, MD

Peter G. Trafton, MD

Bruce H. Ziran, MD

- Landstuhl is the receiving ground for all injuries from Iraq and Afghanistan.
- Orthopedists assigned there are often reservists without trauma specialty training.
- There is a perceived need for education and service from visitors from the OTA/AAOS to provide patient service and education.
- Over 52 individuals responded immediately to volunteer for this Visiting Scholar Program.
- Thirty orthopaedic trauma surgeons have been approved and scheduled.

On behalf of the OTA Membership, a special thank you is extended to the following research & education grant donors. It is only with their support, the OTA continues to fund exceptional research studies and educational programs. This includes Resident's Comprehensive Fracture Course, the Residents Advanced Trauma Techniques Course, and the beginning 2009, an Orthopaedic Trauma Fellows Course.

