MESSAGE FROM THE PRESIDENT
Andrew H. Schmidt, MD

I hope that all of you had a nice summer, and hopefully found at least a little time off work to enjoy the warm weather and spend time with family and friends.

This summer, our leadership held its annual Strategic-Planning meeting in late July, and reviewed the “State of the OTA” as well as the work of all of the various OTA committees. It is obvious that our organization is as strong as ever, and we continue to advance in many areas. Our new governance structure is working out well, and it is amazing to see the work that is being accomplished. Please watch this newsletter and for other communications from the OTA office for updates on all of these activities. Thanks to all of you who volunteer your time, energy, and expertise to serve on these various committees and project teams.

Drs. Higgins and O’Toole, along with the rest of the Program Committee, have put together another stellar Annual Meeting. I hope you have had the chance to review the program and have begun planning your schedule; there is much to do and much to learn about. Don’t forget to take advantage of the Annual App as you make your plans.

I’m pleased to share the news that a slightly revised version of the OTA submitted resolution on resident duty-hour limits has been adopted by the AAOS Fellowship. The final adopted resolution reads as follows:

Resident Duty Hours
Academy – R2013B
Adopted July 2013
The American Academy of Orthopaedic Surgeons shall work with other surgical and medical specialty societies to encourage the Accreditation Council for Graduate Medical Education to adopt a position on resident duty-hour limits that is consistent with the OTA’s position.

CONTINUED ON PAGE 2

MESSAGE FROM THE EDITOR
Hassan R. Mir, MD

Welcome to the Fall 2013 OTA Newsletter! The 29th Annual Meeting in Phoenix is fast approaching and promises to be a great event, with some new features, including a meeting app and a fundraising auction. This edition of the newsletter highlights several key proceedings, so you can re-familiarize yourself with the schedule prior to the meeting. In addition to the meeting info, this issue includes several committee reports, columns, announcements, happenings and a message from the OTA President regarding Resident Duty Hours.

The next edition of the newsletter will come out around the holidays, so please be sure to send any suggestions, content and photos to Hassan.Mir@Vanderbilt.edu.
FROM THE PRESIDENT, CONTINUED FROM PG. 1
Andrew Schmidt, MD

Education (ACGME) to substantially relax the existing resident duty hour restrictions and to oppose further resident duty hour restrictions in recognition of these restrictions’ demonstrated lack of effectiveness in improving patient safety and their deleterious effect on surgical and medical education.

The purpose of the resolution was to ask the AAOS Leadership to engage the ACGME and other surgical specialty societies to work towards a goal of relaxing resident duty-hour restrictions, which are particularly difficult in surgery and trauma, and have not had the expected benefits of improving patient care and resident education. I look forward to providing you updated progress reports as the AAOS and other groups begin to bring this issue back to the table as a result of this adopted resolution.

I look forward to seeing you in Phoenix! As always, please do not hesitate to contact me or anyone at the OTA office if you have any ideas, questions, comments, or concerns. We are here to serve all of you, as we all work together to improve the care of our patients.

Andy Schmidt

Lisa Rosenbaum’s August 20, 2013 article in The New Yorker, “Why Doesn’t Medical Care Get Better When Doctors Rest More” can be read here: New Yorker Article Link.

THANK YOU

2013 ANNUAL MEETING EXHIBITORS

Exhibit Hall Hours:
Thursday: 2:30 pm – 5:00 pm
Friday: 9:00 am – 5:00 pm
Saturday: 9:00 am – 1:30 pm

Grand Canyon Ballroom

2013 Exhibitors Exhibit Hall Link

ANNUAL MEETING INFORMATION

• OTA Business Meeting
  Thursday, October 10, 2013 ~ 5:16 pm – 6:16 pm
  Grand Saguaro Ballroom

  Agenda

  Spring Business Meeting Minutes

• Annual Meeting App
  Download the 2013 OTA mobile app from the iTunes or the Google Play store. Set your schedule, view an interactive exhibit hall map, request meetings and much more.

  iTunes link
  Google Play

• ePosters
  View 2013 Annual Meeting posters online! Coming Soon! Check the OTA website.

• Welcome Reception AND
  OTA Research Fundraising Auction
  Thursday, October 10, 2013
  6:30 pm – 8:30 pm
  Ballroom Lawn at the JW Marriott

All OTA Annual Meeting participants welcome to bid! Silent bids may be submitted in advance by October 8th to: ota@aaos.org

  Fundraising Auction items include:
  Winery Tour and Plane Tickets
  NYC Get-Away and Yankees Tickets
  Rocky Mountain Vacation Home
  Golf Vacations
  and more...

  View all auction items and descriptions here.

• e-Moderation
  Email otaannualmeeting@gmail.com during general session discussions to send your question to presenters. Access the email address through the 2013 mobile app.

  #OTA2013
The OTA is honored to welcome China as the 2013 Guest Nation. We are pleased to have the opportunity for collaboration with our Chinese colleagues, and a chance to recognize their contributions and achievements. Representatives from the Chinese Orthopaedic Trauma Society will participate in a symposium at the International Orthopaedic Trauma Care Forum on Wednesday and will also speak Friday morning in the Annual Meeting general session about Chinese Trauma Education. The Guest Nation program was initiated in 2011 in recognition of the importance and benefits of sharing knowledge and experience with international colleagues.

Guest Nation Presentation
(Grand Saguaro Ballroom)
Wednesday, October 9 ~ 8:55 - 9:15 am
“International Comparison of Orthopaedic Post-Graduate Training: China”
Prof. Wang Manyi, MD,
Chinese Orthopaedic Association

OTA International Poster Reception
(Grand Sonoran F)
Wednesday, October 9 – 5:30 - 6:30 pm
All International Attendees Invited

SIGN Scholars

The OTA welcomes the 2013 SIGN Scholars to the 29th Annual Meeting in Phoenix

Billy Thomson Haonga, MD
Muhimbili Orthopaedic Institute
Muhimbili Complex
Dar -se salaam, Tanzania

Innocent Chiedu Ikem, MD
Department of Orthopaedic Surgery and Traumatology
College of Health Sciences
Obafemi Awolowo University
Osun State, Nigeria

OTA Legacy Society

NEW this year, the OTA Legacy Society, for those who have contributed $10,000 and greater during their lifetime giving. It is an honor to announce our first OTA Legacy Society members:

James C. Binski, MD
Kathryn E. Cramer, MD
William R. Creevy, MD
Orthopaedic Trauma Service, Florida Orthopaedic Institute, Tampa, FL
Orthopaedic Specialists of North America, Phoenix, AZ
Andrew H. Schmidt, MD
Marc F. Swiontkowski, MD
David C. Templeman, MD
Paul Tornetta, III, MD

Public Relations Committee
Jeffrey M. Smith, MD, Chair

President Andy Schmidt and PR committee member Lisa Taitsman attended the AAOS Communications Cabinet meeting in July. PSA ideas were mocked up and a co-sponsored ad will be released in 2014.

OTA Store... Coming Soon!
What do you want to see in an OTA online store?
Submit your ideas to the PR Committee by email: ota@aaos.org.
This Classification Committee Update is focused on six initiatives: OTA Open Fracture Classification, 2017 OTA Fracture Compendium, OTA Database, Fracture Compendium Citation Accuracy, MFA Project, and Authorship Guidelines. I will briefly touch on each one.

First and foremost, the latest OTA Open Fracture Classification entitled “The OTA Open Fracture Classification: A study of reliability and agreement” was published in the July issue of the Journal of Orthopaedic Trauma. The paper has been well-received and presents a lot of work. The current focus of our committee is a multicenter study of the application of the Open Fracture Classification and its relationship to treatment variables and early endpoints. We are looking for more centers to include in the study. A template to be used by individual centers IRB approval should be ready soon. If interested, please contact Julie Agel (agelx001@umn.edu) or Craig Roberts (craig.roberts@louisville.edu).

Second, we are starting the process to create a 2017 OTA Fracture Compendium. The OTA Fracture compendiums have been published every 10-11 years. The first step in this process is the creation of a small task force. More news on this shortly.

Third, the OTA Database has long been a hidden jewel of the OTA. Related to the OTA Database, OTA President, Andy Schmidt, is starting an initiative with broad OTA committee participation in order to find a database for patients with fractures, which could be used for quality metrics. Roman Hayda has graciously agreed to represent the Classification Committee in this initiative.

Fourth, another project is the accuracy of citations of the most recent OTA Fracture Compendium in orthopaedic journals. One recent Committee study noted that two major journals in orthopaedic surgery have not consistently referenced the latest OTA Fracture Classification. Our Committee has informed the editors of JBJS and JOT of these findings. They have graciously agreed to ensure accuracy of the latest OTA Fracture Compendium in their manuscripts.

Lastly, we will be starting an initiative on authorship guidelines for scientific publications. The Classification Committee has a long history of publishing studies performed by the Committee. At a prior Committee meeting, we discussed the Vancouver authorship guidelines. We anticipate creating a diverse task force of stakeholders which may include journal editors, university promotion and tenure experts, clinical researchers, and Classification Committee members.

OTA Research Grants Application Deadlines:

Resident Research Grant Application Deadline for the June 2014 – May 2015 Grant Funding Cycle: November 30, 2013
Use Research Application link to apply


The directed topics for the January – December 2015 Grant Funding Cycle will be announced at the OTA Annual Meeting and posted to the OTA website, along with the pre-proposal application. Visit www.ota.org at that time. Invitations for full proposal submissions will be sent by April 30, 2014.

OTA Sponsored Research Grant Results Published

The University of Missouri, Columbia Missouri, research team of H.S. Uppal, B. E. Peterson, M. L. Misfeldt, G. J. Della Rocca, D. A. Volgas, Y. M. Murtha, J. P. Stannard, T.J. Choma and B.D. Crist received OTA resident research grant funding in 2009 for the research study, “The Viability of Cells Obtained Using the Reamer-Irrigator-Aspirator System and in Bone Graft From the Iliac Crest.” The findings were recently published in the “Bone Joint Journal,” VOL. 95-B, No. 9, September 2013.
The OTA Education Committee has focused on several ongoing and several relatively new endeavors. The OTA now offers educational courses dedicated to all orthopaedic allied personnel. In addition to resident and fellows courses that are customized to level-of-training, the new Acute Care Course is dedicated to the needs of the community surgeon taking call. This is meant to be a relatively short and local course to limit time away from practice. Community surgeons can also attend the longer and more comprehensive Joint AAOS/OTA Trauma Update course. Under the direction of the Program Committee, a course directed towards PA’s is available during the Annual Meeting.

Members, please encourage your residents and fellows, PA’s and colleagues to attend the following courses:

- **Basic Science Focus Forum** (11.75 CME)  
  Theodore Miclau, III, MD and Edward J Harvey, MD

- **Masters Level Trauma Coding** (6 CME)  
  J Scott Broderick, MD

- **International Trauma Care Forum** (8.5 CME)  
  William DeLong, Jr, MD, Douglas W Lundy, MD and Saqib Rehman, MD

- **Orthopaedic Trauma Boot Camp** (12.75 CME)  
  Robert F Ostrum, MD and Daniel S Horwitz, MD

- **Young Practitioners Forum** (4 CME)  
  Lisa K Cannada, MD

- **Orthopaedic Trauma for NPs and PAs** (18.5 AAPA Category 1 CME Credits)  
  Michael T Archdeacon, MD, Clifford B Jones, MD, Daniel J Coll, PA-C and Keith Zurmehly, PA-C

Please note that all the resident courses are now in the 2.0 format that minimizes didactic lectures in favor of small group case discussions. This is optimized to meet adult learning standards. The groups will be populated by residents of like level of experience so that discussions and cases can be tailored to their particular level in training. Many thanks to all who have volunteered to be faculty. The level of commitment and skill of the faculty of these courses, and the truly non-commercial nature of these courses is unsurpassed.

Another focus of the Education Committee is developing on-line educational offerings. A joint OTA/AAOS webinar series, six webinars for 2013, is in full swing. The IT kinks have been worked out: many thanks to the initial groups for being on the steep portion of the learning curve. The committee is diligently working on collecting, reviewing and publishing technique video’s. We now have 22 high quality vetted videos that will soon be published for on-line viewing. Additional video’s are sorely needed. The goal is to continue to grow the video library. The Education Committee is seeking high quality surgical techniques education videos to populate the library. Copyrights are fully maintained by the video author.

NEW OTA/AAOS Webinars have been posted on OrthoPortal:

- **Tibial Shaft Fractures: The State of the Starting Point, Nailing Extreme Proximal and Distal Fractures, and Basics of Open Fracture Management**

- **Surviving a Night on Call: The Current State of Orthopaedic Urgencies and Emergencies**

New OTA Videos have been added to the OrthoPortal Video Library!

Many thanks to those who have contributed a video, including: Joseph Abboud, Kenneth Egol, Michael Gardner, William Geissler, Stephen Kottmeier, Erik Kubiak, Peter Millett, Jason Nydick, Robert Ostrum, Phinit Phisitkul, Andrew Pollak, Joaquin Sanchez-Sotelo, Nirmal Tejwani, and J. Tracy Watson

Upload your video here: [Video upload link]

*Note: AAOS Login required to access OrthoPortal educational content.*
The OTA continues its partnership with SOMOS, POSNA and AAOS in promoting the Disaster Response Course (DRC). The next one will be held in Vail, CO on December 13/14 and will feature Dr. Eric Blumen from Brigham and Women’s talking about his experience responding to the Boston Marathon bombing. This is a 15-hour AMA PRA Category 1 Credit™ program and registration information is available here. An additional course is tentatively scheduled for spring of 2014 in conjunction with the AAOS meeting in New Orleans. We continue to partner with AAOS to encourage and assist with member volunteerism for humanitarian work nationally and internationally. Over 150 AAOS members have placed their names in the AAOS Disaster Response database. Work continues to try to find a common credentialing pathway. Members of congress have been approached for their assistance in moving this forward.

The committee is currently working on two modules to add to the OTA Core Curriculum. One is a primer that will discuss the principles of disaster management and response and what it is like to provide orthopaedic care in an austere environment. The second will be dedicated to the management of blast injury which remains an area of limited experience for civilian surgeons. Unfortunately, the Boston Marathon Bombing served to underscore the requirement for more education in this area. Work has also been initiated to develop a disaster plan response template that could be used for hospital orthopaedic (or other departmental) programs.

Thanks to committee members Mark McAndrew, Mark Richardson, Christiaan Mamczak, Eric Pagenkopf, Dave Teague and Phil Wolinsky.

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**Disaster Response Course**  
**December 13 - 14, 2013**  
**Vail, Colorado**

*Registration and program link.*

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The committee invites attendees to this fall’s Annual OTA Meeting to the Basic Science Focus Forum (BSFF). The BSFF will again be structured to address state-of-the-art basic research in clinically relevant topics through six symposia, which includes the following topics: Hot Topics in Biomechanics: Hip Fracture Fixation; Inflammation; Bone Grafting; Infection; and Stem Cell Therapies. Each symposium will be followed by a scientific paper session that is preceded by an overview that puts the topic into perspective with the scientific papers to be presented. New this year will be a combined symposium and paper session with the International Forum on Wednesday afternoon on global clinical research, entitled “Building Networks: The Basics, and International Research Studies.”

The Basic Science abstracts were reviewed by the committee and selected members of the OTA Program Committee, which forwarded the recommendations along to the greater OTA Program Committee. In all, there were approximately 100 basic science abstracts, and 27 were accepted for presentation. New this year for the main OTA program will be a Basic Science Symposium entitled “Assessment of Fracture Repair,” in place of the traditional basic science podium presentations. This symposium will be followed by a paper session with three topically-related scientific presentations.

This year, the committee continued to foster a scientific exchange with the ORS. In this year’s Annual ORS meeting in San Antonio, the OTA co-branded a symposium with the ORS entitled, “Controversies, and Basic Scientific Understanding of Polytraumatized Patients with Major Skeletal Trauma,” which was organized by Todd McKinley. The best trauma-related OTA scientific presentation, entitled “Inhibiting Macrophage Activation During Fracture Repair Improves Fracture Healing in Aged Mice” by Y. Yu et al. was also presented at the ORS as a poster. Additionally, the best trauma-related ORS basic science poster, entitled “Early Risk Stratification for Wound Specific Heterotopic Ossification Formation in Combat Casualties” by K. Alfieri et al., will be presented at the 2013 OTA Annual Meeting, and the basic science committee again will select the best trauma-related basic research presentation from this fall’s meeting for presentation at the 2014 ORS Annual Meeting in New Orleans.
Volunteer Openings

To volunteer your time and expertise please view the volunteer page on the OTA website. Apply for open positions by October 15.

COTA Report

Brendan Patterson, MD, COTA President

Because of these generous companies, COTA has funded over $4,680 million USD orthopaedic trauma fellowship education, resident education, and research since its incorporation in 2009.

COTA is grateful for the financial support during 2012 from:

- smith&nephew $875,000
- Stryker $500,000
- DePuy Synthes $150,000

COTA 2013-2014 academic year fellowship programs awards (cont.):

- University of California, Davis, Sacramento
  Mark Lee, MD, Director;
  Ethan Lea, MD, Fellow

- University of California, San Francisco
  Theodore Micalau, MD, Director;
  Mary Herzog, MD, Fellow

- University of Texas Health Science Center
  Timothy Achor, MD, Director;
  Jason Tank, MD, Fellow

- University of Washington, Harborview Medical Center
  David Barei, MD, Director;
  Milton Little, MD, Fellow

- University of Maryland, R. Adam Cowley Shock Trauma Center
  Robert O’Toole, MD, Director;
  Jennifer Hagen, MD, Fellow

- Vanderbilt University
  William Obremskey, MD, Director;
  Chad Corrigan, MD, Fellow

- Wake Forest University Health Sciences
  Eben Carroll, MD, Director;
  Gregory Daut, MD, Fellow

- Washington University, St Louis, MO
  William Ricci, MD, Director;
  Michael Linn, MD, Fellow

- Fellowship Grants awarded 2013-2014 = $1,000,000
- COTA/Smith Nephew Education Grants 2013-14 = $64,000

COTA Expenses 2010 - 2013

- Fellowship Program Funding $3,298,712 (88%)
- Medical Education $42,297 (1%)
- Research $276,650 (8%)
- Operating Expenses $121,333 (3%)
The OTA 2013 strategic planning meeting was held on the weekend of July 26 and 27 in Rosemont, Illinois and was chaired by OTA President, Andy Schmidt M.D. and Strategic Planning Chair, Past President, Tim Bray, MD.

All of the current board members and staff were in attendance as well as Past President, Roy Sanders MD, Jeff Smith, PR Committee Chair, also attended in support of a goal of increased PR and communications. The goal of this meeting was to review the progress of the organization during the past year as well as identify goals for the future and find consensus solutions to active problems. With the new governance structure in place, it now allows the board to clearly review the council charges, performance, leadership and finances more efficiently and more productively than past years. The organization is stable, financially sound, and has definitive plans for improvement in modern educational offerings, membership growth, conflict of interest policies, socio-economic modeling of trauma topics and increasing our inter-organizational affiliations and collaborations.

International Growth

One topic that deserves special attention from this year’s retreat is our new and committed focus on International Growth. The board dedicated an entire morning session to the design and development of a plan to incorporate more of our international trauma colleagues into the organization. Clearly, the growth within the international community supports our mission and vision statements and therefore, we felt it was important to establish guidelines for international strategic development. The board decided to divide the commitment between humanitarian efforts and how best to approach the more advanced, or, developed countries. We addressed questions such as international programs at the annual meeting, how to best frame our China collaborations, the logistics of international fellowship programs, visiting ‘guest nations’ and the level of financial commitment we are capable of supporting. It is important to encourage and grow international attendance to assist in the global delivery of a high standard of trauma care by participating with our colleagues around the world in a collaborative effort to:

- develop an extensive network of orthopaedic traumatologists
- provide international educational opportunities
- increase access and opportunity to join the OTA and participate in its meetings and educational offerings.”

We also will encourage any OTA member or friend with international relations to come forward and share their experience and contacts with the international committee. These are the types of grass root relationships that can eventually develop into organizational collaborations.

We adjourned the meeting with a commitment to keep our membership better informed of upcoming committee service opportunities, transparency in our research and funding as we explore a closer relationship with industry and maintain a close analysis of market trends as related to our fellowship programs.

2013 -2014 will be a busy year for your organization, however, rest assured, your OTA Board and Staff are hard at work implementing the plan from this most productive meeting. Contact us at ota@aaos.org with questions/comments for the BOD.

Tim Bray MD
2013 Chair, Strategic Planning Meeting

“About as close as we got to the bulls in Madrid! OTA Trauma team @ SECOT with Stephano Bini MD, AAOS International Committee Chair. Cadaver labs with residents @ University San Pablo, Madrid and two days of lectures at the Ministerio de Sanidad (Federal Health Ministry) in Madrid.” Timothy Bray
I participated in the Distinguished Visiting Scholar Program with the US Regional Medical Center in Landstuhl Germany in support of Operation Enduring Freedom May 11-26, 2013. I am grateful to the OTA, the US Army, the Red Cross and Wounded Warrior Program who were all instrumental in organizing this opportunity for exchange of information and experience between the US Military and civilian orthopedic trauma surgeons in the US. I am also appreciative of the opportunity to work with Dr. Kevin Kuhn and the other orthopedic surgeons stationed in Landstuhl in April. Apparently, since the last report from earlier in April, the snow had melted in the passes of Afghanistan allowing for increased military activity and resultant casualties.

My observations are:

1. We are still at war, despite the relative lack of coverage on TV and in the national media; with resultant severe casualties.

2. The US Military has an excellent triage and treatment system in place to provide the highest level of care to injured warriors from the battlefield to hospitals in Afghanistan to the 8 hour flight to Germany, to care in Germany, then another 8 hour flight to US for definitive care and rehabilitation.

3. Damage Control Orthopedics and Mass Casualty triage is extremely effective and appropriate in this setting with many applications to civilian orthopedic practice. The explosive images of the Boston Bombing victims were exactly the same as the injuries I saw in Landstuhl, but quite different from the carnage I’ve see over the last 30 years in our ER from motor vehicle wrecks and gunshot wounds.

4. The wounded warriors are extremely appreciative of the medical care they receive and are incredibly motivated to return to running and maximum activity possible including re-deployment; in the shortest time period possible.

5. The number of young amputees is high and will represent a large ongoing challenge for prosthetics and rehabilitation for the next 60 years.
Fellows Corner
CPT Daniel J. Stinner, MD

Making the transition

Congratulations to those starting your fellowships. By now, some of you may feel like you are drowning in unreasonable expectations, but know that it gets better and will surely be one of the best years of your life. Before you know it you will be treading water and it won’t be long before you are swimming with the best of them.

There are several things that you should be consider throughout your fellowship. For instance, do you want to get post operative CT scans on pelvis and acetabulum cases, and perhaps difficult periarticular fractures? While these may have been commonly performed in fellowship from a learning standpoint, it is much easier to hide behind our fluoro and plain films than it is a CT scan. I made the decision to get them and while I cringed at the site of my recent articular malreduction, I was able to learn from it. So for now, I will continue to get them.

For many of you, you will realize that operating during your fellowship is almost like doing primary total joints day in and day out…it just seems like a well oiled machine. And then you finish fellowship and start your own practice and realize how spoiled you were during fellowship. The right instruments seemed to always be on the back table, the c-arm tech was always quick and accurate, and the scrub always seemed to know the instrument you needed next. So those of you in fellowship, take thorough notes and when you get to your hospital, introduce yourself to those running CMS to streamline your ability to get the instruments you want and optimize the existing sets to your preferences. I think these are hurdles that many of us experience moving into practice, but if you plan ahead, you can make your transition into practice much more fluid.

And for those of us who have just graduated and started your practice (hopefully, you are realizing that you landed your dream job), a much earned, “Congratulations” is in order. Good luck as you begin your careers.

Fellowship Information (for 2015/2016 Fellowship):

2015/2016 Fellowship
Applications now being accepted.
Deadline: October 29, 2014

For more information visit www.SFMatch.org
OTA website at www.OTA.org or call OTA staff at: 847/698-1631.
**ANNOUNCEMENTS**

- **Acute Care Course**  
  November 2, 2013  
  Lowes Atlanta Hotel  
  Atlanta, Georgia  

  The purpose of this one-day course is to provide up to date, practical information for orthopaedic surgeons and their dedicated care teams taking trauma call at level 1, 2, 3 and 4 trauma centers. The course is centered on topics of ongoing evolution for on-call surgeons, such as timing of open fracture management, emergent versus urgent operative cases, tips and tricks for efficient fracture care, and more.

- **Webinar Registration**  
  November 19, 2013  
  Common Upper Extremity Fractures: The When and How of Surgical Management  
  Moderator: Heather Vallier, MD  
  Faculty: Kevin J Malone, MD  
  Lisa A Taitsman, MD

- **Advanced Course**  
  January 10-11, 2014  
  Orlando, Florida  

  The Advanced Trauma Techniques Course for Residents will be presented in six (6) separate small group modules, with twenty residents and three (3) experienced faculty educators per module. The modules will have a rapid-fire series of mini-lectures, an extensive open case-based discussion, video demonstrations of techniques, and hands-on skills lab exercises. Modules will cover advanced trauma techniques among six topics: diaphyseal, foot & ankle, knee, pelvis/acetabulum/hip, upper extremity, and complications/challenges.

  Thanks to generous industry support, scholarships that cover registration and housing are available for this course. Details are found within this program. Registration available via the OTA website (www.ota.org).

- **OTA Comprehensive Fracture Course for Residents 2.0**  
  April 16-19, 2014  
  Lombard, Illinois

  The spring residents course will again be presented in six separate small group modules, with approximately twenty residents and four experienced faculty educators per module. The modules will have a rapid-fire series of mini-lectures, an extensive open case-based discussion, video demonstrations of techniques, and hands-on skills lab exercises. Modules will cover fundamental principles of fracture care distributed among six topics: diaphyseal, articular, foot & ankle, geriatrics, pediatrics, and pelvis/polytrauma. We encourage PGY 2-4s to attend, as well as others who can benefit. The course is being held at the Westin Hotel in Lombard, Illinois (approx. 20 minutes outside of Chicago). Please visit www.ota.org for additional information in November 2013. Course scholarships will be available.

**MSK - GSW STUDY**

**Jeffrey O. Anglen, MD**

“Calling Team docs for Knife and Gun Clubs nationwide! Does your trauma center see a lot of penetrating trauma? Are you interested or experienced in the care of musculoskeletal injuries from gun violence? Several interested OTA members are getting together to discuss forming a MSK-GSW study group. The goal would be to assemble ortho trauma docs to collect current knowledge about these injuries, identify pertinent research questions, organize clinical research studies, pool resources, share experience and best practices, and improve care for patients who suffer gunshot injuries to the musculoskeletal system.”

**Wednesday, October 9**

7 am – 8 am

JW Marriott Desert Ridge, Desert Suite V

**Orthopaedic Trauma Association**

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