



# IN~STRIDE

## PRESIDENT'S MESSAGE



Charles L. Saltzman, MD

Education continues to be the cornerstone of the AOFAS. I have been involved at the Board level for 8+ years, and during that time I have seen steady improvements in the caliber of the education the AOFAS provides, the professionalism

with which it is delivered, and the administrative underpinnings that carry our best initiatives forward. The AOFAS strives to produce the highest quality educational programs for the orthopaedic foot and ankle community and to meet the most stringent educational requirements.

Despite the challenges of the economy and time away from practice and family, over 1,770 of us participated in AOFAS sponsored continuing medical education activities in 2009. All of these programs share a common goal and design element – to ultimately improve the care we deliver to our patients. It is through these ongoing efforts of improving our performance

## The times and CME: They are a-changing

as healthcare providers that our CME programs provide us with the tools with which we are able to enhance our competence, improve our performance, and provide better care to our patients.

Recently I, along with our Education Committee Chair Greg Berlet, MD, Executive Director Zan Lofgren, CAE, and Director of Education Judi Northrup, participated in a phone interview with representatives of the Accreditation Council for Continuing Medical Education (ACCME), the organization that accredits and recognizes organizations offering independent certified CME. The accreditation status of the AOFAS to sponsor CME programs was up for review following its four-year accreditation awarded in 2006. The purpose of the call was for us to collectively review the details of our overall educational program in terms of ACCME guidelines, criteria, and program standards used to evaluate all accredited providers.

Details of the AOFAS education program were succinctly outlined and presented to the ACCME in a 550+ page self-study document – the result of months of

preparation. The CME mission of the AOFAS was reviewed relative to purpose, content areas, intended audience, types of activities, and our expected program results. As the examiners honed in on the concepts of practice gap identification; needs identification; articulation of needs in terms of knowledge, competence, or performance; defining core competencies; management of commercial support; full reporting and resolution of disclosure data; and of the development of measurement tools to document and report performance improvement as a result of our programs, I could not help but feel that the AOFAS has been a poster child for excellence in continuing medical education development, delivery, and evaluation. In my various AOFAS roles I have had CME responsibility to review participant feedback of our courses and we always perform at a high level with each course or meeting being rated, each time, better than the last.

A lot was on the line during this phone interview – most importantly,

*see President's message, page 2*

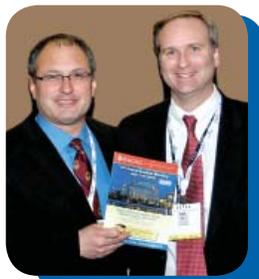
## AOFAS Summer Meeting welcomes the world of foot and ankle surgeons

### Hospitality • Educational Opportunities • Technical Innovations

The 26<sup>th</sup> Annual Summer Meeting of the AOFAS will take place July 7-10, 2010 in National Harbor, Maryland – located along the banks of the Potomac River – just eight miles south of Washington, DC. "An outstanding program of superb educational opportunities, the latest products and services, and opportunities to network with colleagues – all taking place in a beautiful newly opened meeting venue – promise to make this meeting the premier event for all orthopaedic foot and ankle specialists," predicts AOFAS President Charles Saltzman, MD.

The AOFAS invites foot and ankle professionals from across the world

to unite in the fellowship and education for enhanced foot and ankle care. "The opportunities at this meeting for scientific exchange and debate are unparalleled," says Mark Easley, MD, program chair. "Everyone is encouraged to participate in this educational experience."



Charles Saltzman, MD and Mark Easley, MD

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the independent ability of the AOFAS to provide CME for its meetings and courses. Ultimately, the ACCME has the final say on the legitimacy of our organization's continuing medical education program; however, I'm optimistic about the future of the AOFAS educational efforts. The bottom line is that the ACCME is moving accredited CME organizations toward a higher understanding of how to move teaching and learning to applications that provide measured practice performance improvements for patient care.

It is my opinion that AOFAS members consistently demonstrate this passion for lifelong learning and this organization is committed to being the premier provider of these CME opportunities. However, while all of our programs have grown and evolved to serve the educational needs of our members, there's always room for new ideas and innovations in our educational offerings. The pace of change has accelerated and our obligation to our members – and ultimately to our patients – is to be nimble, adaptable, and flexible in developing opportunities to enhance performance improvement. The entire field of CME is evolving and steps are being taken by the ACCME to improve education with identified goals for educational interventions designed to change physician competence, performance, and patient outcomes. Setting these goals is highly commendable. Documenting steps taken to move in this direction is necessary, but measuring improvements in clinical outcomes as a result of the education provided is a challenge that I believe the AOFAS is capable of facing.

This may sound like an idealized reality, but the changes in the ACCME guidelines will affect our organization and the continuing medical education experience of those attending our meetings in the future. As physicians we should be all about doing our best for our patients by

improving outcomes and care. My recent experience with the ACCME confirmed not only our educational successes to date, but the opportunities we have before us

for program innovations in performance improvement CME.

Charles L. Saltzman, MD

## CALENDAR Current as of 5-10-10

AOFAS Members: Login to [www.aofas.org](http://www.aofas.org) for AOFAS courses for convenient online registration and to receive lower member rates.

### July 7-10, 2010

#### AOFAS 26<sup>th</sup> ANNUAL SUMMER MEETING

Gaylord National Hotel  
National Harbor, Maryland (adjacent to Washington, DC)  
Program Chair: Mark E. Easley, MD

#### Pre-meeting Course (July 7)

#### Innovations in Foot & Ankle Surgery: The Future is Here!

Course Chair: Mark A. Glazebrook, MD



### September 25-26, 2010

#### MASTERS EXPERIENCE: FOOT & ANKLE ARTHROSCOPY

Sponsors: AANA and AOFAS  
Orthopaedic Learning Center  
Rosemont, Illinois

Information and registration: [www.aana.org](http://www.aana.org)



### October 1-2, 2010

#### AOFAS COMPLETE FOOT CARE COURSE

Penn State Milton S. Hershey Medical Center  
Hershey, Pennsylvania  
Course Chair: Paul J. Juliano, MD

Information and registration available soon: [www.aofas.org](http://www.aofas.org)



### February 19, 2011

#### AOFAS SPECIALTY DAY

San Diego, California  
Program Chair: Thomas H. Lee, MD  
Abstract Submission Deadline: June 18, 2010



### September 21-23, 2011

#### IFFAS 4<sup>th</sup> TRIENNIAL SCIENTIFIC MEETING

Nara, Japan  
Program Chair: Mitsuo Kinoshita, MD  
Information and registration:  
[www.secretariat.ne.jp/iffas2011](http://www.secretariat.ne.jp/iffas2011)

Save the Date!



AMERICAN ORTHOPAEDIC  
FOOT & ANKLE SOCIETY.

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© 2010 AOFAS  
6300 North River Road, Suite 510  
Rosemont, IL 60018  
phone 800-235-4855 and 847-698-4654  
fax 847-692-3315 • [www.aofas.org](http://www.aofas.org)  
email [aofasinfo@aofas.org](mailto:aofasinfo@aofas.org)  
Steven L. Haddad, MD, Medical Editor

#### AOFAS Staff

Louanne (Zan) Lofgren, CAE, Executive Director  
[zlofgren@aofas.org](mailto:zlofgren@aofas.org)  
Judith Northrup, Director of Education  
[jnorthrup@aofas.org](mailto:jnorthrup@aofas.org)  
Lois Bierman, Director of Membership & Marketing  
[lbierman@aofas.org](mailto:lbierman@aofas.org)  
Rose Olea, Information Technology Manager  
[rolea@aofas.org](mailto:rolea@aofas.org)  
Peggy Reilly, Outreach Programs Manager  
[preilly@aofas.org](mailto:preilly@aofas.org)  
Shera Palmer Cook, Programs Coordinator  
[spalmer@aofas.org](mailto:spalmer@aofas.org)  
Dianne Gilsenan, Finance/Admin Services  
[dgilsenan@aofas.org](mailto:dgilsenan@aofas.org)

#### AOFAS 2009-2010 Board of Directors

Charles L. Saltzman, MD, President  
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## Pre-meeting Course: Surgical innovations

The AOFAS Annual Summer Meeting kicks off with the Pre-meeting Course: **Innovations in Foot and Ankle Surgery: The Future is Here!**, a highly anticipated course slated to begin at 7:00 am on Wednesday, July 7. Faculty will present not only a “what works” but “why it works” case-based approach to challenging foot and ankle management.



“Course topics will stress the outcomes of surgical strategies as well as the therapeutic innovations on a broad array of foot and ankle topics,” says Course Chair Mark Glazebrook, MD. Included in the comprehensive program will be sessions on the biology, science, and clinical care aspects of bone graft substitutes; ligaments and tendons; and cartilage

regeneration versus replacement topics. In addition to the CME-based program

attendees will be able to rotate through several satellite industry sessions on topics covered during the Pre-meeting Course, presented directly by participating OEF industry supporters.



## Summer Meeting overview

This year’s program will provide meeting attendees with the opportunity to focus on real problems and complications encountered in everyday practice – with practical solutions provided. The Program Committee has worked hard to develop a well rounded and diverse foot and ankle program presented in a format that will help attendees maximize opportunities to learn as well as share and network with colleagues and friends.

## Invited course faculty and program highlights

### Faculty:

Ned Amendola, MD  
 Robert B. Anderson, MD  
 Gregory C. Berlet, MD  
 Thomas O. Clanton, MD  
 Timothy R. Daniels, MD  
 Brian G. Donley, MD  
 Michael Dunbar, MD, PhD  
 Michael Gross, MD, PhD  
 Beat Hintermann, MD  
 Johnny T.C. Lau, MD  
 Sheldon S. Lin, MD  
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 Glenn B. Pfeffer, MD  
 Charles L. Saltzman, MD  
 David B. Thordarson, MD  
 Markus Walther, MD  
 Keith L. Wapner, MD

*Program and faculty subject to change*

### Session I: Bone Graft Substitutes: Biology, Science, and Clinical Care

- **Biology:** Biology of Bone Graft Substitutes Invited Lecture
- **Original Scientific Papers**
- **Clinical Care Symposium** and Challenging Cases for the Faculty:
  - Grafting for Foot and Ankle Arthrodesis: Autograft is Best!
  - Grafting for Foot and Ankle Arthrodesis: Substitutes are Best!
  - Applications of Bone in Growth Materials: Arthrodesis
  - Applications of Bone in Growth Materials: Osteotomy
  - Filling the Void in Foot and Ankle Trauma: Autografts
  - Filling the Void in Foot and Ankle Trauma: Bone Graft Substitutes

### Session II: Ligaments and Tendons: Biology, Science, and Clinical Care

- **Allografts** in Orthopaedics: Safety, Efficacy, and Availability
- **Original Scientific Papers**
- **Clinical Care Symposium** and Challenging Cases for the Faculty:
  - Tendon and Ligament Repair
  - Foot and Ankle Ligament Reconstruction: No Fixation Devices
  - Foot and Ankle Ligament Reconstruction: Suture Button Fixation, No Need to Screw?
  - Foot and Ankle Tendon Transfers: Flatfoot Reconstruction
  - Foot and Ankle Tendon Reconstruction: FHL Fixation

### Session III: Cartilage: Regeneration Versus Replacement

- **Biology:** Outcomes in Foot and Ankle: How Do We Measure and Measure Up?
- **Original Scientific Papers**
- **Clinical Care Symposium** and Challenging Cases for the Faculty:
  - OCL Talus: Cartilage Regeneration Techniques
  - OCL Talus: ACI
  - MTP OA: Metal Hemiarthroplasty
  - MTP OA: Alternatives to Metal Hemiarthroplasty
  - Ankle OA: Five Take Home Points Regarding TAA in the USA
  - Ankle OA: Five Take Home Points Regarding TAA in the Rest of the World

“Critical advances, research findings, and new technologies and techniques are all part of the educational experience,” says Mark Easley, MD, program chair. “An international faculty and a diverse group of podium presenters promise to deliver an educational experience filled with current concepts and practical solutions ideal for any health care provider treating foot and ankle disorders,” continues Dr. Easley.

The meeting format will emphasize faculty and attendee interaction to

enhance the educational impact of all the sessions.

### Meeting highlights:

- Focused symposia and challenging debates
- A record number of original paper presentations on clinical topics as well as basic science research subjects
- Special award winning presentations and expanded discussion

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Summer Meeting continued from page 3

- Electronic posters (e-Posters) providing succinct step-by-step explanations of procedures, findings, and results of case studies
- Special guest speakers addressing topics on change and risk management; research collaboration, and timely issues impacting our environment
- CPT® Coding session given by Drs. Walter Pedowitz and Peter Mangone, highly experienced AOFAS Members
- Industry satellite symposia (non-CME programming)

## Guest Lectures

### Presidential Guest Speaker

#### **Strategies for Dealing with Risk, Uncertainty, and Change**



Jill A. Fredston,  
BA, MPhil

- Co-Director, Alaska Mountain Safety Center, Inc. Anchorage, Alaska

### Research Guest Speaker

#### **Building Effective Research Collaborations with Laboratory Investigators**



Thomas D. Brown, PhD

- Richard and Janice Johnston Chair of Orthopaedic Biomechanics
- Professor, Department of Orthopaedics and Rehabilitation
- Professor, Department of Biomedical Engineering

- Director, Orthopaedic Biomechanics Research Laboratory  
University of Iowa  
Iowa City, Iowa

### Annual Kenneth A. Johnson Memorial Lecturer

#### **Sexy Lobster, Succulent Sushi: How We Can Save the Seas with Good Eating**



Trevor Corson

- Philosopher, Lobsterman, Correspondent, Author, Environmentalist  
New York, New York

## Exhibit Hall showcases more than 50 companies

The AOFAS acknowledges the generous support of industry in helping to make this meeting a success. Meeting attendees are encouraged to interface with corporate colleagues throughout the meeting in the Exhibit Hall as well as in the informational satellite symposia sessions held on Wednesday and Friday.

### 2010 exhibiting companies *Current as of 5-10-10*

*Thank you to companies that currently contribute to the OEF and to the OREF with designated gifts to the AOFAS/OEF, shown in bold type.*

*AOFAS welcomes three new corporate exhibitors to the Summer Meeting, indicated by \*.*

Acumed LLC  
Aetrex Worldwide, Inc.  
Alimed, Inc.  
**Arthrex, Inc.**  
ArthroCare Sports Medicine  
ArthroSurface®  
Ascension Orthopedics, Inc.  
BioMedical Enterprises, Inc. (BME)  
Biomet® Sports Medicine  
Biomet® Trauma  
**BioMimetic Therapeutics, Inc.**  
BioPro, Inc.  
**Bledsoe Brace Systems**  
Carticept Medical, Inc.  
Data Trace Publishing Company  
DePuy Orthopaedics, Inc.  
**DJO Inc.**  
Elsevier (Mosby/Sanders)  
Esaote\*  
Exactech, Inc.  
**Extremity Medical, LLC**  
Foot Education LLC  
Footmaxx™  
Hapad, Inc.  
Innomed, Inc.  
Instratek, Inc.  
Integra™  
Joint Restoration Foundation™

Lippincott Williams & Wilkins  
Med Spec (ASO)  
MedTronic Spinal & Biologics  
Merete Medical Inc.  
MicroAire Surgical Instruments, LLC\*  
**MMI – Memometal, Inc.**  
MTF Sports Medicine  
Outreach & Education Foundation (OEF)  
Orthopaedic Research & Education Fund (OREF)  
**Orthofix® Inc.**  
OrthoHelix Surgical Designs, Inc.  
Orthopaedia®  
OsteoMed® L.P.  
**Osteotech®, Inc.**  
Piezosurgery®, Inc.\*  
**Roll-A-Bout Corporation**  
SAGE  
**SBi – Small Bone Innovations, Inc.**  
Smith & Nephew  
Stryker® Trauma & Extremities  
Synovis Orthopedic & Woundcare, Inc.  
Synthes® Trauma  
Tornier  
TriMed®, Inc.  
Vilex® Inc.  
**Wright Medical Technology, Inc.**  
Zimmer, Inc.

## AOFAS social events – sign up today

The annual **Welcome Reception** in the Exhibit Hall on Wednesday, July 7, from 6:00 – 8:00 pm, is the first opportunity to connect with old friends and make new ones while enjoying light refreshments and taking a first look at the many exhibiting companies presenting the latest innovations and services. This event is open to registered meeting attendees and their guests with a name badge. No additional ticket purchase is required. For safety concerns, no one under the age of 16 will be admitted.

Golfers of all skill level will enjoy this year's **Kenneth A. Johnson Memorial**

**Golf Tournament** on Thursday, July 8, at the National Golf Club at Tantallon. Departing from the Gaylord at 1:30 pm and returning just before 7:30 pm, this shotgun start, best ball scramble tournament is

always a favorite. The \$185 per person fee includes bus transportation, box lunch and beverages, green fees, golf cart, pro shop prizes, and more. Register early for the best opportunity to select a foursome.



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Friday's outstanding day of education rolls into the annual **Gala Event: Party on the Potomac** from 6:00 – 9:30 pm. Weather permitting, this will be an outdoor event. Enjoy fresh air, great barbeque fare, and the beauty of a setting sun over the restful Potomac River from the Gaylord



National Hotel's Orchard Terrace. A repeat performance by the Society's own

**Sole-Heelers** band will have everyone singing and dancing along in no time. Additional fun is planned for the kids, too.

The Society is underwriting the cost of this event for AOFAS members (Ticket Prices: Adult – \$75; Youth age 6-17 – \$35; Child age 5 and under – No Charge). The non-member fee is \$150.

Watch for your invitation to attend one of several early evening receptions for OEF contributors, international attendees, and more. Information is forthcoming so you'll have time to schedule dinner plans for those nights.

Be sure to register for golf and / or the Gala by June 9 to ensure a spot. Tickets to some events may be purchased on-site but are subject to space availability. Tickets are non-refundable whether purchased in advance or on-site.

## National Harbor: Family fun awaits

### Easy access

National Harbor, Maryland is a newly developed community along the banks of the Potomac River – just eight miles south of Washington, DC. Whether in search of history, art, science, great food, outdoor activities, or souvenirs, they are all within convenient reach of National Harbor. Just steps from the Gaylord National Hotel's front door are a myriad of restaurants, shops, and outdoor fun. Choose from a water taxi, bus, or taxi cab for a quick tour to Old Town Alexandria, Washington, DC, Mount Vernon, Georgetown, or many more unique destinations.



With three airports available, travelers from all countries will find ample and convenient access to National Harbor. Ronald Reagan National Airport (DCA) is only about a 15-minute drive away, followed by Dulles (IAD) and Baltimore/Washington (BWI) International Airports – each approximately 45 minutes away. As a reminder, all travelers (including infants) from outside the US are required to carry current passports. Some countries may require travel visas as well. Be sure to understand all travel regulations well in advance of the meeting.

### Great summer entertainment

National Harbor and the surrounding areas offer a multitude of activities and attractions to fill any free time during the meeting.

- Explore the Potomac River by jet ski (availability subject to change)
- Rent a bike to cycle across the Woodrow Wilson Bridge along a brand-new pedestrian path to Old Town Alexandria
- Splash in the Gaylord National Hotel's all-season pool
- Relax on the beach next to *The Awakening*, a one-of-a-kind sculpture of a 100-foot giant embedded in the earth
- Captain a *Duffy Electric* boat – available for rental from the National Harbor pier
- Enjoy a lunch or dinner cruise while taking in the sights of some of the most well known monuments of Washington, DC



**Shopping, dining, relaxation, summertime fun, museums, eclectic neighborhoods, and historical sites ... the National Harbor community and the spectacular surrounding venues have something to offer every visitor.**

## OREF 2010-11 fellowship grants

The OREF has awarded \$250,000 in foot and ankle fellowship grants for the academic fellowship year 2010-11. Based on fellowship applications submitted for the OREF Clinical Development Program (CDP), 13 foot and ankle fellowship programs were considered for funding.

The OREF Clinician Development Program (CDP) provides a way for industry to support essential educational programs for orthopaedic surgeons through grants while complying with best practices for independence and transparency. The CDP program establishes the OREF as solely responsible for inviting and reviewing applications, determining qualified candidates, and selecting recipients.

OREF funding grants for foot and ankle fellowships are made possible by pooled support from DePuy Orthopaedics, Inc.; DJO Inc.; Exactech, Inc.; and Wright Medical Technology, Inc. Fellowship programs were selected for funding by OREF through a random drawing of eligible foot and ankle programs. Two fellowship programs received \$75,000 each and four programs received partial funding at \$25,000 each.

The following programs have received grants for 2010-11 fellowships:

- Duke University
- Foundation for Orthopaedic Athletic and Reconstructive Research
- Grand Rapids Medical Education & Research Center (GRMERC/ Michigan State University/ Orthopaedic Associates of Michigan)
- Hospital for Special Surgery
- Institute for Foot and Ankle Reconstruction at Mercy
- University of Utah

Register for the AOFAS Annual Summer Meeting using the Registration Form in the Summer Meeting brochure mailed to AOFAS Members in March, or register and view up-to-date program and hotel reservation information at [www.aofas.org/summer](http://www.aofas.org/summer). Meeting registration is also available by phone: 800-235-4855 or 847-698-4654 (outside US).

## 2010 Complete Foot Care Course

Mark your calendar now for the AOFAS Complete Foot Care Course, October 1-2, 2010 in Hershey, Pennsylvania at the Penn State Milton S. Hershey Medical Center. This biannual AOFAS program has something for everyone.

"For physician extenders this course offers a comprehensive review and a fresh perspective on those conditions commonly seen in a foot and ankle practice," says Paul Juliano, MD, course chair. "What makes the course unique is its integration of all aspects of foot and ankle care – making it an important component in the continuing education of your nurses, nurse practitioners, medical/physician assistants, orthopaedic technicians, physical therapists, athletic trainers, prosthetists/orthotists, and pedorthists," continues Dr. Juliano.

Course topics will include the evaluation and office treatment of common causes

of forefoot, midfoot, and hindfoot pain; the assessment of foot mechanics; the aging foot; the role of footwear and orthotic devices in treating disorders; foot and ankle injuries; and foot complications in the diabetic patient. In general sessions, members of the faculty, including physicians, nurses, physical therapists, certified athletic trainers, orthotists, and pedorthists, will discuss their roles in the integrated care of a wide variety of common foot and ankle ailments.

Hands-on afternoon breakout sessions will address aspects of foot and ankle care relevant to each participant's specific practice and provide an environment conducive to interaction and learning. "I believe the most important aspects of this course are the breakout sessions which allow in-depth dialogue between faculty and participants, as well as between different specialists," says



Hershey's Famous Kiss Street Lights

Robert Dehne, MD, a long-time core faculty member. Case presentations will further demonstrate treatment principles and facilitate open discussion in this highly interactive program.

Registration information available soon at [www.aofas.org](http://www.aofas.org).

## Specialty Day 2010: Orthopaedic collaboration

The 40<sup>th</sup> Annual Specialty Day program was held March 13 in New Orleans. Collaboration was the theme of the day's program where orthopaedic colleagues from spine, trauma, total joint, sports, and pediatric specialties shared the podium with AOFAS members to provide more than 615 registrants the unique opportunity to learn valuable and applicable lessons from other subspecialties.

"My goal was for this cross-fertilization of AOFAS specialists and surgeons from other orthopaedic subspecialties to be successful in discussing approaches to clinical problems and challenges we all face in our own practices – just in different areas," says Mark Easley, MD, program chair.

The joint educational force with non-foot and ankle orthopaedic colleagues, along with AOFAS member-driven current controversies symposia and original research presentations, proved to be a winning format for this annual program.

"The concept of combining knowledge and discussing issues and breakthroughs within other specialties has an impact on how we treat our patients, and I'm pleased the program was so well received in achieving its objective of working together towards the intersection of these common goals," says Dr. Easley.

The audience was also treated to presentations by local New Orleans advocates R. King Milling, Esq., and his wife, Anne, who discussed what is being done to restore the city to its pre-Katrina grandeur as well as an important geography lesson on the importance of Louisiana coast preservation (especially relevant given the recent oil spill that may have a devastating impact on the Louisiana wetlands).

The annual Specialty Day Member Reception, hosted by AOFAS President Charles Saltzman, MD, and the Board of Directors was the perfect way to end a great day.

### CME Credit for Specialty Day 2010

The AOFAS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AOFAS designated the 2010 Specialty Day Meeting for a maximum of **9 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation at the meeting. Certificates not claimed on-site at the end of the meeting may be obtained by going to [www.aaos.org/certificate](http://www.aaos.org/certificate) and logging in to select/print the AOFAS certificate.



Cross Fertilization Symposium on Total Joint Arthroplasty  
James Nunley, MD, Moderator;  
Chitranjan Ranawat, MD;  
Aaron Hofmann, MD; and Charles Saltzman, MD



Session Room



Mark Easley, MD; Sigvard Hansen, MD;  
R. King Milling, Esq.; Anne Macdonald Milling

Abstract submission is open until June 18, 2010 for the AOFAS 41<sup>st</sup> Annual Specialty Day meeting, February 19, 2011 in San Diego, California. Visit [www.aofas.org](http://www.aofas.org) for additional information.

## AAOS updates the Orthopaedic Disclosure Program

AOFAS and AAOS members received an e-mail from John Callaghan, MD, president of the American Academy of Orthopaedic Surgeons (AAOS), announcing the new and improved Orthopaedic Disclosure Program. This program, which is utilized by the AOFAS in collecting, accessing, and reporting disclosure information, includes enhanced search capabilities and public access to member disclosure data. All AOFAS members are urged to access this updated program at [www.aaos.org/disclosure](http://www.aaos.org/disclosure), login to the system using AAOS member login data, and complete individual disclosure information.

**Revisions to the program require that all members re-enter disclosure information.** Updates will be solicited annually in April and October; however, should new conflicts arise members need to update disclosure information promptly.

In response to increased public and government scrutiny of physician relationships with medical device manufacturers and pharmaceutical companies, the AOFAS continues to identify actual and/or potential conflicts of interest which might improperly affect its activities and decisions to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities.

Compliance with requests to report and update disclosure information support the AOFAS disclosure policies, as well as the overall Orthopaedic Disclosure Program goals of increasing transparency of member relationships, simplifying the disclosure process, reducing the requests made on members in collecting this information, and saving members' time.

Visit [www.aaos.org/disclosure](http://www.aaos.org/disclosure) to complete/update personal disclosure information.

## ORTHOPAEDIC FOOT & ANKLE OUTREACH & EDUCATION FUND

### OEF benefit raises funds and awareness

Appropriate for its New Orleans setting, this year's annual OEF fundraiser held at the Three Oaks Mansion at Mardi Gras World was aptly named the **Battle on the Bayou: A Karaoke Challenge**. The fun and philanthropic evening was an excellent complement to last year's first successful OEF fundraising event that honored Robert Anderson, MD.

"We were pleased to have such a great turnout and support for the OEF at this year's special event," says Sheldon Lin, MD, OEF president. "The OEF supports a number of key AOFAS programs so our goal was to raise funds and increase awareness. This event raised over \$47,000 for the OEF so we accomplished our goal and everyone definitely had a good time."

The night's highlights included a New Orleans cuisine dinner buffet, open bar, karaoke performances, live auction, and more. Guests mingled on the mansion grounds, complete with a river and footbridge, plants, trees, and twinkling stars in the night's sky. The fun atmosphere was enhanced by knowing this was actually an indoor facility made to look and feel like the outdoors.

Hosts for the evening were the AOFAS and OEF Boards of Directors. AOFAS President Charles Saltzman, MD, and OEF President Sheldon Lin, MD, welcomed AOFAS members, corporate supporters, and guests to the event and thanked them for their continued support of the OEF. Then the microphones were turned over to emcees Hodges Davis, MD, and Thomas Lee, MD, who got the party started.

Participants in the karaoke challenge brought their A-game with a unique array of costumes and wigs to match their song choices that included Elvis, Johnny Cash, and ZZ Top. Guests purchased strands of beads throughout the night to use in casting votes for their favorite performers. Those with the most beads competed for top honors in a sing-off at the end of the night. Paul Juliano, MD, took home the first place trophy followed closely by the Elvis troupe from Baltimore and the AOFAS Board. It was a great night for singing.

The party turned serious for a moment as Dr. Saltzman spoke of AOFAS members who passed away during 2009. In honor of



Grand Marshal Tribute Procession



OEF Board and Friends



Left: Paul Juliano, MD, Performing  
Right: Keith Wapner, MD; Judy Baumhauer, MD

the lives and contributions of Melvin Jahss, MD; Raymond Kuhlmann, MD; Lowell Lutter, MD; and Robert McConnell, MD, guests joined the Grand Marshal of a New Orleans jazz funeral band in a celebratory march through the crowd, a fitting tribute to some of the Society's leaders and contributors.

The live auction portion of the evening featured a unique prize for two: a ride on a float in one of the 2011 Mardi Gras parades. The full prize package was provided by the Kern family, owners of Mardi Gras World, and included a full day of activities before, during, and after the parade. Two prizes were awarded to the highest bidders: Thomas Lee, MD, and Donald Baxter, MD. Plan now to attend the Krewe of Orpheus Mardi Gras Parade next year to watch these generous contributors in action.

Photos and a photo video from the event are available to AOFAS members on the OEF page at [www.aofas.org](http://www.aofas.org). Member login required.

## Thank you for supporting the OEF

This past fall the AOFAS and OEF teamed up with the OREF to raise funds for important foot and ankle programs and support new initiatives. We asked members to support AOFAS/OEF by designating a portion of their OREF gift to the AOFAS/OEF. We are pleased to announce that the OEF received \$38,425 in individual donations and pledges in 2009 as a result of this joint effort.

We are also pleased to report that a number of members donated to the OEF when making their AOFAS annual

dues payment. Contributions to the OEF made in this way totaled \$21,675 in 2009.

Thank you to the many members who made generous contributions to the OEF. Your gifts support research grants, educational outreach programs for residents and fellows, and humanitarian service projects. Together we are sharing knowledge, changing lives, and growing for the future.

*Sheldon S. Lin, MD, OEF President*

## 2010 Traveling Fellows

Since the inception of the AOFAS Traveling Fellowship Program in 2005, 24 young members (under age 45) have traveled to visit leaders in foot and ankle education and research. The program goal is simple: expose early career foot and ankle surgeons to those established in the field in order to promote professional relationships, exchange ideas, and encourage new thinking on research and clinical care topics.

"The AOFAS is pleased to offer this unique educational opportunity to young members. The five recipients chosen this year represent future international leaders in our field," says Paul Hecht, MD, chair of the AOFAS Awards and Scholarships Committee.

The following members will graciously host the fellows at their institutions: Lew Schon, MD, Baltimore; Keith Wapner, MD, Philadelphia; Jonathan Deland, MD, and Scott Ellis, MD, New York; James Nunley, MD, Durham, NC; and Bruce Cohen, MD, Charlotte, NC.

The Traveling Fellowship Awards Program is sponsored by the AOFAS, with funding from the OEF through an unrestricted grant from DJO Inc.

### Congratulations to the 2010 AOFAS Traveling Fellows:



Woojin Choi, MD  
South Korea



Andrew J.L. Jowett, MBBS  
United Kingdom



Panagiotis Symeonidis, MD  
Greece



Geoffrey Tymms, MBBS  
Australia



Wesley Milazzo, MD  
Brazil

## 2010 Research Grants

### Expanding knowledge for tomorrow

The AOFAS is pleased to announce research grant funding awards for 2010. Research grants are awarded on a competitive basis. Applications are reviewed and ranked by the Research Committee using a blinded NIH-type review process and funding recommendations are submitted to the AOFAS Board of Directors. Funding decisions by the Board are based on monies available without knowledge of titles or investigators of recommended projects.

The AOFAS Research Grants Program, funded by the OEF, is made possible by generous contributions from individuals and companies to the OEF and designated gifts to the AOFAS/OEF through the Orthopaedic Research & Education Foundation (OREF).

### Congratulations to award recipients:

- **Investigation into genome-wide differential expression between diabetic and non-diabetic patients in healing of ankle fractures**  
*Lorenzo Gamez, MD, and Brian Silvia, MD*

- **In-vivo comparison of plantar pressures in pes rectus, pes planus, and the adult acquired flatfoot using supine, vertical posture, and gait measurements**

*Scott Ellis, MD, and Howard Hillstrom, PhD*

- **Gastrocnemius recession versus Achilles tendon debridement with flexor hallucis longus transfer for chronic noninsertional Achilles tendinopathy: A prospective randomized controlled trial**

*John G. Anderson, MD, and Donald Bohay, MD*

- **Three-dimensional non-invasive kinematic analysis of the transverse tarsal joint and determination of the role of the plantar fascia on the transverse tarsal locking mechanism**

*Brad Blankenhorn, MD, and Christopher DiGiovanni, MD*

- **Metabolic profiling and cytokine analysis of synovial fluid in healthy and end-stage post-traumatic ankle joints**

*Samuel Adams, MD, and Lew Schon, MD*

## 2010 Resident Scholars

The AOFAS Awards & Scholarships Committee, with Paul Hecht, MD, chair, recently awarded scholarships to 21 orthopaedic residents to attend the 2010 AOFAS Annual Summer Meeting.

The award recipients demonstrated an overwhelming enthusiasm and interest in foot and ankle surgery. Upon review of the applications, committee members lauded the many outstanding achievements of the residents and their potential for a great future in foot and ankle surgery.

The scholarship covers registration fees for the Pre-meeting Course, Annual Summer Meeting, the CPT course, the Gala event, and lodging and transportation expenses to the meeting.

The AOFAS Resident Scholarship Program is funded by the OEF with generous contributions from individuals and industry.

### Congratulations to:

- **Marcus Coe, MD**, Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire
- **William Chase Corn, MD**, Vanderbilt Orthopaedics, Nashville, Tennessee
- **Constantine Demetracopoulos, MD**, Hospital for Special Surgery, New York, New York
- **Shyler DeMille, MD**, Doctors Hospital, Grant Medical Center, Columbus, Ohio
- **Jesse Doty, MD**, University of Tennessee, Chattanooga, Tennessee
- **Melissa Earles, MD**, Greenville Hospital Systems, Greenville, South Carolina
- **Lauren Geaney, MD**, University of Connecticut, Farmington, Connecticut
- **Jaymes Granata, MD**, Ohio State University, Columbus, Ohio
- **MaCalus Hogan, MD**, University of Virginia Health Systems, Charlottesville, Virginia
- **Keith Jackson, MD**, Dwight D. Eisenhower Medical Center, Fort Gordon, Georgia
- **Michael Johnson, MD**, University of Tennessee, Chattanooga, Tennessee
- **Zachary Leonard, MD**, William Beaumont Hospital, Royal Oak, Michigan
- **Patrick Maloney, MD**, Geisinger Medical Center, Danville, Pennsylvania
- **Timothy Miller, MD**, Greenville Hospital Systems, Greenville, South Carolina
- **Anthony Bobby Ndu, MD**, Yale Department of Orthopaedics, New Haven, Connecticut
- **Timothy Neuschwander, MD**, University of San Diego Orthopaedics, San Diego, California
- **Erin Prewitt, MD**, Summa Health Systems, Akron, Ohio
- **Dorian Reid, MD**, University of Missouri, Kansas City, Missouri
- **Adam Schiff, MD**, Loyola University Medical Center, Maywood, Illinois
- **Santaram Vallurupalli, MD**, University of Missouri, Columbia, Missouri
- **Nicholas Viens, MD**, Duke University Medical Center, Durham, North Carolina

## Educational images needed

The AOFAS Resident Lecture Series features PowerPoint lectures on the core curriculum of foot and ankle surgery that will provide orthopaedic residents with a set of objectives that reflect basic knowledge related to foot and ankle surgery and serve as a resident self-study guide.

The Post-Graduate Education & Training Committee is in the process of updating the lecture series to reflect new techniques and knowledge developed over the past three to four years. In addition, all of the 700+ photos and images must be replaced due to copyright compliance issues. If you have photos or images which may be useful in resident education and you

are willing to grant copyright approval to the AOFAS, please contact Peggy Reilly, Outreach Programs Manager, at [preilly@aofas.org](mailto:preilly@aofas.org) or 847-384-4379.

Photos, images, and illustrations on the following topics are needed:

- Anatomy and biomechanics of the foot and ankle
- Image studies and common foot deformities
- History and physical examination
- Foot and ankle trauma
- Foot and ankle arthritis
- Chronic soft-tissue foot and ankle problems
- Hallux valgus
- Lesser toe deformities
- Ankle arthroscopy



## Nominating Committee work underway

Four members were nominated from the floor during the Society's Special Interim Business Meeting on March 13, 2010 in New Orleans. Voting members were notified of the nominations and provided with biographical information on each of the nominees and instructions for online voting. The AOFAS polls closed at midnight on April 23, and a total of 216 valid ballots were cast.

Drs. James DeOrio, Glenn Pfeffer, and Brian Toolan, in alphabetical order, were elected by the membership to serve on the Nominating Committee. In accord with the Bylaws, the five-member committee will be chaired by Immediate Past President Robert Anderson, MD, and the fifth member of the committee, Daniel Farber, MD, was appointed by current President Charles Saltzman, MD. In the event that a member of the Nominating Committee

is unable to serve, Sandra Klein, MD, will serve as the alternate member.

The Nominating Committee will prepare a slate for open officer and Board positions to be filled by election at the Annual Business Meeting on Friday, July 9, 2010 in National Harbor. The following positions will be elected: President-Elect (one-year term), Vice President (one-year term), Treasurer (two-year term), and two Member-at-Large positions (two-year terms). The Nominating Committee's slate with biographical information on each nominee will be circulated to voting members 30 days in advance of the business meeting.

Members are invited to provide input to the Nominating Committee's process by e-mail to Robert Anderson, MD, Nominating Committee chair, at [drriba@carolina.rr.com](mailto:drriba@carolina.rr.com).

## Haiti relief continues

There has been a tremendous response by the orthopaedic community to the devastating earthquake in Haiti. The AOFAS appreciates the many members who have already graciously volunteered their time and services. AOFAS volunteers who have coordinated their service in Haiti with the AAOS will be recognized at the Annual Summer Meeting in National Harbor.

The AOFAS Humanitarian Services Committee is currently developing a plan for the next steps of member involvement in the relief effort. Volunteers are still needed in Haiti to deal with Phase 2: most earthquake emergent injuries have been treated and care now turns to revisions, treating malunions and non-unions, stump care, orthotic fitting, non-earthquake-related musculoskeletal injuries, and general health maintenance.

For more information on the current orthopaedic relief effort and information on how to get involved, visit the Haiti section on the AAOS website: [www.aaos.org/haiti](http://www.aaos.org/haiti).

## There are savage shoes in every closet

The AOFAS, in partnership with the AAOS and its Women's Health Issues Advisory Board, recently produced a public service announcement (PSA) print advertisement to educate the public on the perils of wearing high heels. The AOFAS Public Education Committee contributed to the fine tuning of the ad. The Savage Shoe ad is currently being distributed to newspaper and magazine outlets and airports across the country.

Posters and postcards featuring the Savage Shoe PSA are available at no charge to AOFAS members. Consider hanging the poster in a patient reception area or examination room. The postcards could serve as appointment reminders, direct mail pieces, or handouts to patients.

To order free posters and postcards call AAOS customer service at 800-626-6726.



## AMA unveils HIPAA Security Rule

The Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009, has made several important changes to the HIPAA Security Rule. These changes have raised a number of questions among physicians and other HIPAA-covered entities and their business associates about how to protect personal health information.

The AMA has created the physician resource **HIPAA Security Rule: Frequently asked questions regarding encryption of personal health information** to answer the most common of these questions. This resource explains the importance of encrypting personal health information in the physician practice, helps determine what information should be encrypted, and provides points to consider when selecting an encryption method. View the new resource at [www.ama-assn.org/ama1/pub/upload/mm/368/hipaa-phi-encryption.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/368/hipaa-phi-encryption.pdf).

## AOFAS Patient-Education Brochures

- Key take-home information for patients
- Highlights your qualifications
- Connects your practice with the AOFAS brand

Available to Active, Associate, and Candidate Members

Download order form: [www.aofas.org](http://www.aofas.org)  
Member login required



## CODING CORNER

### Options for fracture coding

by Peter Mangone, MD, and  
Walter Pedowitz, MD

When a patient arrives at your office and is diagnosed with a fracture, you and the patient discuss the appropriate care options. This may involve surgery, but many minor fractures are treated without manipulation. There are other situations in which operative treatment may be discussed but the patient declines to proceed surgically for any number of reasons (such as a displaced calcaneus fracture in a smoker who does not wish to tempt fate with a possible wound dehiscence). The physician can choose to code this type of encounter one of two ways:

1. Use the correct E/M code for each visit (depending on the work completed and documented) and subsequent visits.
2. Use global fracture coding.

The following case example explains these options. A 56-year old female falls and feels a pop in her lateral ankle. She is wearing a splint because she cannot walk on her foot and comes to your office as a new patient. You take x-rays and note a slightly displaced lateral malleolus fracture. During your evaluation you note she has knee ecchymosis and swelling on the contralateral limb in addition to her fracture. This is examined and felt to be stable and without fracture. You decide to treat her fracture closed without manipulation, and since she is swollen you place her in a bivalved cast. (Medicare does not pay for splints as they are considered "palliative"; however, if you felt the patient needed a splint clinically then this should be done rather than a cast.)

Your plan is to have her return at one week for re-evaluation of her injuries. At that visit, her ankle is examined and discussed. Her knee pain is gone and you do not examine that area. Her ankle swelling is resolving and the skin shows no signs of wounds or infection. You place her in a walking cast and schedule her to return at three weeks after her injury for re-evaluation and new x-rays. At the three week visit, the recheck reveals her fracture alignment is maintained on x-ray and you decide to allow her to begin to progress her weightbearing in the cast. No cast change is done at that time. She is to return at six weeks post fracture for cast removal and re-evaluation of her fracture and further decision making regarding her clinical progress, depending on the x-rays and the physical examination. The fracture appears

	Evaluation & Management (E/M) Coding		Global Fracture Care Coding	
Service	Coding	RVUs	Coding	RVUs
First visit (initial visit)	E/M: 99203 w/ 25 modifier (for application of cast)	2.55	E/M: 99203 w/ 25 modifier (for evaluation of the knee separately from the ankle evaluation)	2.55
	Application of splint: 29405  (May charge for cast supplies in the office setting)	2.22	CPT 27786 (Cast charge incorporated in CPT code)  (May charge for cast supplies in the office setting)	7.51
Second visit (1 week)	E/M: 99213 with 25 modifier (for cast application)	1.03	E/M: 99024 (post-op follow-up code)	0
	X-rays 73610	0.84	X-ray 73610	0.84
	Application of short leg cast 29425  (Charge for cast supplies)	2.37	Application of short leg cast 29425 with 58 modifier  (Charge for cast supplies)	2.37
Third visit (3 weeks)	E/M: 99213	1.03	E/M: 99024	0
	X-rays 73610  (no new cast applied)	0.84	X-rays 73610  (no new cast applied)	0.84
Fourth visit (6 weeks)	E/M: 99213	1.03	E/M: 99024	0
	X-rays 73610  (no new cast applied)	0.84	X-rays 73610  (no new cast applied)	0.84
	<b>Total RVUs (does not include cast supplies)</b>	<b>12.75</b>	<b>Total RVUs (does not include cast supplies)</b>	<b>14.95</b>
			<b>Total RVUs if the first visit under global is not charged because no additional E/M service performed</b>	<b>12.40</b>

to be healing, therefore, you allow her to increase her activities as tolerated. Using this example, we can calculate the total RVUs using each coding method.

1. Use the correct E/M code for each visit (depending on the work completed and documented) and subsequent visits the same way.
2. Use global fracture coding.

As you can see, for RVU-based reimbursement systems global fracture care coding will result in higher RVUs if you see the patient three or fewer times during the 90-day global period AND if you have performed a separate E/M service on the day of the initial care. If you do not perform a separate E/M service on the day of the initial care, then billing under the E/M scenario results in approximately the same total RVUs.

In addition, it is important to know each insurer that your practice bills. If the insurer

is not RVU-based, the above example may not hold true.

Because global fracture coding is identified on the patient's explanation of benefits from their insurance company as a "procedure" or an "operation," and results in a higher charge amount on the first visit, we recommend that you educate your staff and prepare a simple letter that your staff can use to explain the coding and billing method to patients. This letter helps to answer many questions the patient might have regarding your treatment with global fracture billing.

We recommend meeting with your coding personnel to develop a matrix/table of all of your insurers and all fracture codes. If you do this for each fracture code, you should be able to predict how many post injury visits will be needed and then determine whether E/M coding or global fracture coding will be more appropriate for your billing practice.

**Completing a residency or fellowship program in 2010?**

Resident and Fellow Members, avoid any interruption in benefits such as receipt of *FAI* by advising the AOFAS Executive Office of upcoming work and home contact information, well before completing your current program.

Resident Members who will be entering a fellowship program that participated in the AOFAS-sponsored match will automatically be elevated to Fellow Member following completion of training in June. Resident Members who are going directly into practice, however, are required to apply to elevate to the next membership category by January 1, 2011. Fellow Members whose program will end July 31 are also required to apply to elevate to the next membership category by January 1, 2011.

View membership information and download the appropriate form on the Medical Professionals page at [www.aofas.org](http://www.aofas.org) or contact Lois Bierman, Director of Membership & Marketing for more information.

**Announcing new and elevating AOFAS members**

March 13, 2010

**Active Members (29)**

- Stacy Bacon, MD
- Mark Berkowitz, MD
- Matison Boyer, MD
- J. Alexandra Dale, MD
- Paul Fenn, MD
- John Galligan, MD
- Laura Gehrig, MD
- J. Speight Grimes, MD
- Dawn Grosser, MD
- Thomas Harris, MD
- Wesley Jackson, MD
- Carroll Jones, MD
- Anish Kadakia, MD
- Bryan Lapinski, MD
- Johnny Lin, MD
- Rajesh Makim, MD
- Thomas McDonald, MD
- Robert Mihalich, MD
- Bryce Palmgren, MD
- Selene Parekh, MD
- Nilesh Patel, MD
- Seth Queler, MD
- Craig Radnay, MD
- Robert Rochman, MD
- Joel Stewart, MD
- A. Brian Thomson, MD
- Scott Van Aman, MD
- Adam Wagshul, MD
- Daren Wickum, MD

**Associate Members – Osteopathic (1)**

- Jeffrey Anhalt, DO

**Candidate Members (45)**

- Pamela Allen, MD
- Nicole Arcand, MD

- Sameh Arebi, MD
- Kali Arnold, MD
- Adam Becker, MD
- Jerome Benavides, MD
- James Boyle, MD
- Michael Brown, MD
- Mirylsa Colon, MD
- M. Truitt Cooper, MD
- Nicola Corbett, MD
- William Corey, MD
- Premjit Deol, DO
- Sarang Desai, DO
- Jeffrey Dombroski, MD
- Craig Glauser, MD
- R. Joseph Grierson, DO
- Adam Groth, MD
- Jeffrey Henning, MD
- Brockford Herring, DO
- Kenneth Hunt, MD
- Catherine Johnson, MD
- Daniel Kelmanovich, MD
- Todd Kim, MD
- Mark Krahe, DO
- L. Daniel Latt, MD
- James Martens, MD
- Jeremy McCormick, MD
- Scott Nemeck, DO
- Erik Novak, MD
- Brent Ogawa, MD
- Kirstina Olson, MD
- Patrick Osborn, MD
- Kenneth Park, MD
- Rhonda Parker, DO
- Amar Patel, MD
- Ryan Putnam, MD
- Keri Reese, MD
- Venus Rivera, MD
- Vivek Sood, MD
- Stephen Tocci, MD

- Thomas Viehe, MD
- Brian Weatherby, MD
- Ryan Will, MD
- Gregory Witkowski, MD

**International Members (21)**

- Roman Acosta, MD
- Salem Al Nuaimi, MD
- Jean-Pascal Allard, MD
- Eduardo Arie, MD
- Peter Burssens, MD
- Gilberto Byrro de Oliveira, MD
- Jorge Filippi, MD
- Johannes Grabe, MD
- Maxim Gurevich, MD
- Pil Sung Hwang, MD
- Kazuya Ikoma, MD
- Alan Laing, MD
- Warren Latham, MD
- Jun-Young Lee, MD
- Cristian Leiva, MD
- Umile Giuseppe Longo, MD
- Tulio Makkozay, MD
- Kandasamy Sampathkumar, FRCS (Tr & Ortho)
- Xu Wang, MD
- Yeung Yeung, MD
- Guang-rong Yu, MD

- Jennifer Connor, MD
- David Dalstrom, MD
- Sophia Deben, MD
- Mark Drakos, MD
- Bethany Gallagher, MD
- Troy Gorman, MD
- Sarah Hanslow, MBBS
- John Hewitt, MD
- Sina Kasraeian, MD
- Travis Kemp, MD
- Brian Kleiber, MD
- Alex Kline, MD
- John Kwon, MD
- Jason Lin, MD
- John Louis-Ugbo, MD
- Kevin Lutta, MD
- Haroon Mann, MD
- Robert Marsh, DO
- Randall Marx, MD
- Andrew Moore, MD
- Traske Muir, MD
- Jason O'Dell, MD
- Richard Owens, MD
- Joseph Park, MD
- Satheesh Ramineni, MD
- Sourendra Raut, MD
- Vytautas Ringus, MD
- Vinayak Sathe, MD
- Nicholas Seibert, MD
- Sheryl Smith, MD
- Corey Thompson, MD
- James Vosseller, MD

**Fellow Members (36)**

- Lucas Bader, MD
- Scott Brown, DO
- Jamey Burrow, MD
- Gladys Chan, MD

**Resident Members (3)**

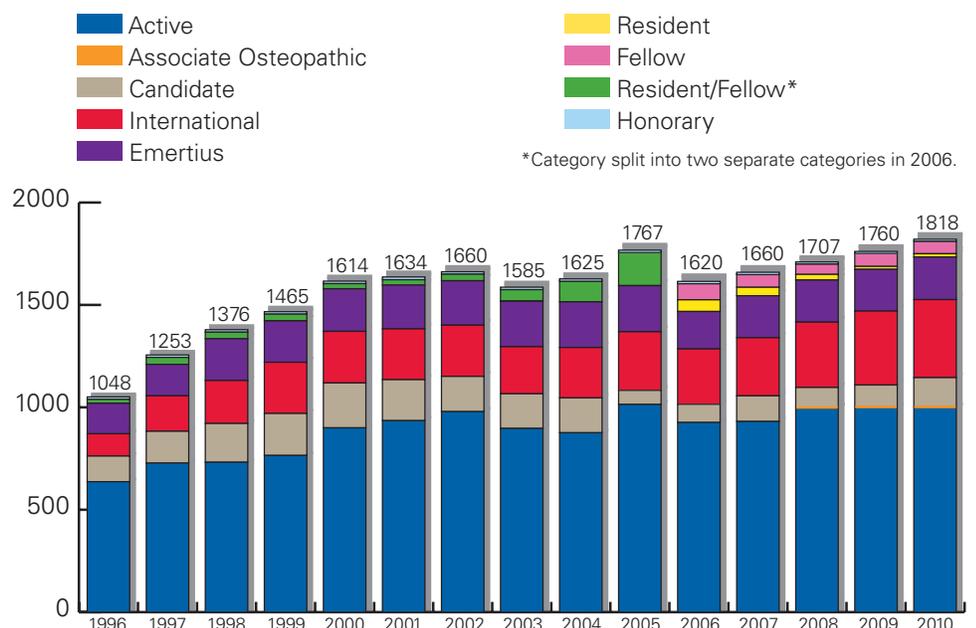
- Christopher Kestner, MD
- Zachary Leonard, MD
- Christopher Pearce, MBChB

**AOFAS membership surpasses 1,800**

Membership in the AOFAS continues to grow annually both in the US and internationally. In the past two years the Society has expanded into even more countries including Hungary, Malaysia, and Peru.

The current membership of 1,818 now includes just over 1,600 dues-paying members and breaks out as follows:

- Members within the United States: 78%
- Members outside the United States: 22%
- Member referrals plus recruiting efforts initiated by the Membership Committee, chaired by John Campbell, MD, have helped lead the way to this increase.



\*Category split into two separate categories in 2006.

**The best referrals come from members.** If you know an orthopaedic foot and ankle surgeon who is not yet an AOFAS member, please have them contact Lois Bierman, Director of Membership & Marketing, at [LBierman@aofas.org](mailto:LBierman@aofas.org) or 847-384-4382.