This message could be taken from the Dr. Seuss Foot Book: “In the house and on the street, how many different feet you meet.” I have big shoes to fill – those of prior AOFAS leaders and mentors and the supportive people who have provided me with opportunities to make an impact on our organization and its members and, most importantly, our patients.

Robert McKee said “Storytelling is the most powerful way to put ideas into the world today.” I would like to tell you my story.

I went to the University of Vermont for medical school. The week before school started, I met Dr. Saul Trevino and Margaret Rowell in the fitness club, where I was working as a conditioning trainer. I hope I don’t violate HIPAA when I share that Saul had a “low back caution” on his record, and I wanted him to see an orthopaedic back specialist before having his weight program increased. He told me he WAS an orthopaedic surgeon, and I told him that’s what I wanted to be. He was literally stuck with me from that day on. During my four years of medical school, I went to Dr. Trevino’s weekly clinic. After three months, he agreed that I could scrub in with him in the OR. His unbelievable mentorship and patience guided me into my career in foot and ankle surgery. I often tell him I want just one medical student that admires me as much as I admired him. Thank you, Saul and Margaret.

Many others passed me on like a baton and welcomed me into their foot and ankle world. Dr. Dick Alvare at the University of Vermont and Dr. Nat Gould, a founder of the AOFAS, whose named foot and ankle lectureship attracted the best foot and ankle educators and researchers, including Drs. Ian Alexander and Roger Mann.

As a PGY2, I went to the AOFAS Annual Meeting and attended the first Young Physicians session. It was there that I met Dr. Francesca Thompson. I know you are thinking I am the first woman president of the AOFAS, but actually in my mind Francesca Thompson was. Sadly, she passed away in 1996 during her term as vice president after a truly courageous fight with multiple myeloma. Thank you, Francesca, for paving the way.

Following residency, I was lucky enough to secure a foot and ankle fellowship in Milwaukee with Drs. John Gould, Jeffrey Johnson, and Mike Shereff, with Dennis Janisse teaching us pedorthics. Their large practice gave me extensive exposure to all aspects of foot and ankle – both non-operative and operative care. They even allowed me to “fly the coop” and see how they do it in Seattle. I call it my “foot field trip.” Dr. John Anderson, a kindred sole, allowed me to encroach on his fellowship year and learn the Seattle approach to foot and ankle from Drs. Hansen, 

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Specialty Day 2012: Program to focus on complications

Join colleagues for the annual AOFAS Specialty Day, Saturday, February 11, 2012, at the AAOS Annual Meeting in San Francisco. The meeting will take place in The Moscone Center, West from 7:00 am – 5:00 pm. Attendees will find the educational marketplace at Specialty Day a mix of invited lectures, original research papers, a foot and ankle journal club, clinical symposia, and research project updates.

“The overall format of the meeting will be one of invited talks with a complications theme, followed by original research presentations and ending with a question and answer session,” says Gregory Berlet, MD, program chair. “The complications theme is the hook so that all who have ever encountered these problems may participate in an interactive problem solving exercise,” continues Dr. Berlet.

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At the Society’s 2011 Annual Meeting, Judith Baumhauer, MD, was installed as president and Lew Schon, MD, was elected as president-elect, both to serve one-year terms. Steven Haddad, MD, was elected for a one-year term as vice president and Mark Easley, MD, was elected secretary for a two-year term. Eric Bluman, MD, and Jonathan Deland, MD, were both elected to two-year terms to Board member-at-large positions. Continuing their service on the Board are Keith Wapner, MD, immediate past president, Charles Saltzman, MD, past president, Bruce Sangeorzan, MD, treasurer, and Ian Alexander, MD, and Michael Aronow, MD, members-at-large.

2010 – 2011 accomplishments

Outgoing President Keith Wapner, MD, highlighted the work of the Board and committees in his year-end address to the membership on July 15 during the 2011 Annual Meeting in Keystone. Accomplishments during the year designed to support members, improve AOFAS organizationally, and advance the future of the specialty included:

- Conflict of Interest policies adopted for CME programs
- Fellowship applications for 2011 match increased 43% over 2010
- 31 residents attended the Annual Meeting as Resident Scholars
- New Research Forum and Young Physicians Forum were offered at the Annual Meeting
- AOFAS.org website upgraded; new FootCareMD.org microsite added for patients and the public
- First “green paper-lite” meeting with electronic syllabus
- “Speed dating” presentations increased opportunities for more podium presenters
- AOFAS recognized the OEF for 10 years of support in “Changing Lives, Sharing Knowledge”

Dr. Wapner paid tribute to the committees for their work and contributions over the past year. (Detailed on page 3.) He also acknowledged and thanked the staff for facilitating the work of the Board and committees and moving the goals of the AOFAS forward.
Hats Off
to the 2010-11 Committees for moving the AOFAS Mission forward ...

AWARDS AND SCHOLARSHIPS COMMITTEE
A. Samuel Flemister, MD, Chair
Reviewed applications and selected five recipients for the Traveling Fellowship Program and organized local hosts and travel to centers of foot and ankle education and research following the Annual Meeting; and reviewed applications and selected recipients for the Resident Scholarship Program. A total of 31 PGY2 and PGY3 residents will attend the Annual Meeting as Resident Scholars. The Traveling Fellowship Program and the Resident Scholarship Program are funded by the OEF.

CPT/RUC COMMITTEE
Walter Pedowitz, MD, Chair
Represented the AOFAS at CPT and RUC meetings; reviewed coding proposals and relative value recommendations; worked with the AAOS Coding, Reimbursement and Coverage Committee; and educated members on coding through In-Stride articles and the educational session at the Annual Meeting.

EDUCATION COMMITTEE
Gregory Berlet, MD, Chair
Provided oversight and direction for educational programs and courses; ensured that the AOFAS continues to be in compliance with the guidelines of the Accreditation Council on Continuing Medical Education (ACCME); provided oversight for the annual progress report to the ACCME; and provided liaison with the AAOS on all foot and ankle educational programs.

EVIDENCE-BASED MEDICINE COMMITTEE
Christopher Chiodo, MD, Chair
Developed a first Performance Improvement Module (PIM) on hammer toe surgery that the AOFAS Board has submitted to the ABOS; finalizing a position paper on DVT; and serving as a resource on development of PIMs, evidence-based medicine initiatives, and guidelines.

FELLOWSHIP MATCH COMMITTEE
Daniel Farber, MD, Chair
Implemented the provisions of the Fellowship Match Program Agreement; provided oversight for administration of the AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match Program; and represented the AOFAS on the BOS Fellowship Match Committee.

HEALTH POLICY COMMITTEE
Nicholas Abidi, MD, Chair
Represented the AOFAS in the AMA House of Delegates and the ACS Board of Governors; serves as a resource on health policy issues, and partnered with the AAOS and other organizations to increase AOFAS influence on health policy matters.

HUMANITARIAN SERVICES COMMITTEE
Mark Slovenkai, MD, Chair
Organized and implemented the Overseas Outreach Project to Vietnam, funded by the OEF, in May-June; gained approval by the AOFAS and OEF Boards for a humanitarian pilot project in Haiti in July, funded by the OEF; and maintained liaison with Health Volunteers Overseas (HVO) on other humanitarian service opportunities. Members visited a site in southern China for a possible future outreach project.

INDUSTRY RELATIONS COMMITTEE
Saul Trevino, MD, Chair
Facilitated communication for organizational relationships with corporate supporters and exhibitors; and created a combined brochure featuring both AOFAS commercial support opportunities and OEF corporate donor opportunities for distribution to industry at the Annual Meeting.

MEMBERSHIP COMMITTEE
John Campbell, MD, Chair
Provided outreach and promoted benefits of membership to target audiences; reviewed membership applications and recommended qualified applicants in all membership categories; and identified benefits to enhance the value of membership.

ORTHOPAEDIA® FOOT & ANKLE SECTION EDITORIAL BOARD
Jonathan Deland, MD, Editor-in-Chief
Provided oversight and developed foot and ankle content for Orthopaedia – the collaborative orthopaedic knowledgebase, a repository of educational materials and a social network of the exchange of information; and continues to review articles and recruit authors to write articles.

RESEARCH COMMITTEE
Timothy Daniels, MD, Chair
Evaluated grant applications and made funding recommendations to the Board for five 2011 research grant awards; provided oversight for research grants to ensure accountability; selected guest research speaker for the Annual Meeting; organized the new Research Forum at the Annual Meeting; and is investigating options and feasibility for a national foot and ankle data center.

PUBLIC EDUCATION COMMITTEE
John Anderson, MD and Donald Bohay, MD, Co-Chairs
Developed new patient-education microsite: www.FootCareMD.org, linked to the new, upgraded www.AOFAS.org website; updating and developing new patient-education information for www.FootCareMD.org; and continues to develop communication messages to raise the profile of the AOFAS and its members in the public media and to orthopaedic and medical audiences through press releases and media outreach.

RESEARCH COMMITTEE
Timothy Daniels, MD, Chair
Evaluated grant applications and made funding recommendations to the Board for five 2011 research grant awards; provided oversight for research grants to ensure accountability; selected guest research speaker for the Annual Meeting; organized the new Research Forum at the Annual Meeting; and is investigating options and feasibility for a national foot and ankle data center.

SECTION EDITORIAL BOARD
Donald Bohay, MD, Co-Chairs
John Anderson, MD and John Yi, Co-Chairs
Publications: www.FootCareMD.org

YOUNG PHYSICIANS COMMITTEE
Selene Parekh, MD, Chair
Organized new Young Physicians Forum and Reception at the Annual Meeting; and is working with the Public Education Committee and its Patient Education Subcommittee in developing content for the new patient-education microsite: www.FootCareMD.org.

AOFAS www.FootCareMD.org
subspecialties and non-members. Throughout the day special invited guest speakers will present complication-based talks that will complement the focused symposia.

Meeting highlights will include:

- Early Bird Presentation on *Motor Sport Injuries: Understanding the Mechanism and Picking Up the Pieces*
- Special Invited Presentations on *Reconstructing Soft Tissue Defects of the Foot and Ankle: The Ortho-Plastic Approach* and *Patients as Partners: Opportunities for Self-Management*
- Original Abstracts and Research Papers
- Key AOFAS/OEF-funded Research Updates
- Journal Club Presentations
- Focused Symposia: Articular Complications of Ankle Fractures; Syndesmosis Injuries; Calcaneal Fractures; Sports Injuries; Ankle Arthrodesis; Total Ankle Arthroplasty; Hallux Valgus and Lesser Toe Deformities; and Flatfoot Deformity.

Immediately prior to the lunch break, all AOFAS Active and Associate Members – Osteopathic are encouraged to engage in the decision making of the Society by attending the brief Annual Business Meeting.

**AOFAS Specialty Day Reception**

Specialty Day will draw to a close with the annual Member Reception on Saturday evening.

**New data reflects shifting female demographics**

Judith Baumhauer, MD, was installed as the 42nd AOFAS president on July 15, 2011, the Society’s first woman president. In her address at the recent Annual Meeting in Keystone, Colorado, however, she credited another woman with paving the way. In her mind someone else held this leadership post first: Francesca Thompson, MD.

Neuer members may not recognize her name but long-time members will remember Dr. Thompson, who was to become the first woman president of the AOFAS. She served on the Board of Directors for seven years, including three years as secretary and then vice president of the Society in 1996. She passed away that year following a long and courageous battle with multiple myeloma. As the first woman in the Society’s presidential line, she would have continued to break new ground in moving up to hold the office of president of the AOFAS.

Although the AAOS has not had a female president, a recent AAOS survey revealed that the Society’s membership (excluding Emeritus and Honorary Members) is 90.5% male and 9.5% female. A closer look at the AOFAS data shows that while the number of women in the Resident Member, Fellow Member, and Candidate Member categories constitutes a relatively small number of the overall membership, the percentage of women within each of these categories is significantly higher than in the Active Member/Associate Member – Osteopathic categories or the International Membership category. The percentages of women in these “younger” AOFAS categories are also higher than those of the AAOS. Current data shows that 26% of AOFAS Resident Members, 21% of Fellow Members, and 19% of Candidate Members are female. While women comprise only seven percent of the AOFAS Active Members and Associate Members – Osteopathic, the percentage of women in these categories will increase as today’s Resident Members, Fellow Members and Candidate Members become board certified, move up and take on committee and leadership positions within the AOFAS.

Dr. Baumhauer says, “I am delighted to see bright, young women entering our field and look forward to their contributions and involvement in the AOFAS.”

**CME for Specialty Day**

The AOFAS is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education.

The AOFAS designates this live activity for a maximum of 9 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
EDUCATIONAL OPPORTUNITIES  
Current as of 8-31-11

January 4, 2012 – Abstract Submission Deadline: [www.aofas.org](http://www.aofas.org)
For Annual Meeting 2012 (June 20-23, 2012 – San Diego, California)

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

October 1, 2011
AOFAS RESIDENT REVIEW COURSE
Course Chair: Eric Bluman, MD
Course Co-Chair: Christopher Chiodo, MD
Brigham & Women’s Hospital / Harvard Medical School
Boston, Massachusetts
Information and registration: [www.aofas.org/residentreview](http://www.aofas.org/residentreview)

December 2011
AOFAS WEBINAR: THE BEST OF AOFAS MEETINGS
Course Moderator: Steven Haddad, MD
Date & time plus registration information available soon
[www.aofas.org](http://www.aofas.org)

February 11, 2012
AOFAS SPECIALTY DAY
Program Chair: Gregory Berlet, MD
The Moscone Center, West – San Francisco, California
Program Information: [www.aofas.org](http://www.aofas.org)
Housing and Registration: [www.aaos.org](http://www.aaos.org)

May 3-5, 2012
AOFAS ADVANCED FOOT AND ANKLE COURSE
Course Chair: Bruce Sangeorzan, MD
Wyndham Chicago – Chicago, Illinois
Information and registration available December 2011

June 20-23, 2012
AOFAS 28th ANNUAL MEETING
Program Chair: Gregory Berlet, MD
Pre-meeting Course: Cartilage and Other Regenerative Strategies
Course Chairs: Sheldon Lin, MD, and Eric Giza, MD
Hilton San Diego Bayfront – San Diego, California
Information and registration available February 2012

September 29-30, 2012
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 5-6, 2012
AOFAS COMPLETE FOOT CARE COURSE
Course Chair: Steven Neufeld, MD
Arlington, Virginia
Information and registration available early 2012

Visit often to view the most current program information

Upcoming AOFAS opportunities

**Key deadlines**
View information and access application forms at [www.aofas.org](http://www.aofas.org)

**December 1, 2011**
- Traveling Fellowship Program Application
- Research Grants Program Application
- Overseas Outreach Project to Vietnam Application

**January 1, 2012**
- New and Elevating Members Application

**January 4, 2012**
- Abstract Submission for the 2012 AOFAS Annual Meeting (June 20-23 • San Diego, California)

**March 1, 2012**
- Resident Scholarship Program Application

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AAOS/AOFAS

**Athlete’s Ankle DVD**
Volumes 1 and 2
Virtual Fellowship Interactive Multimedia Program
Medical Editors: Steven L. Haddad, MD; Steven B. Weinfeld, MD; and J. Chris Coetzee, MD
This virtual hands-on learning environment lets you make incisions, manipulate 3D anatomic animations, make surgical decisions, and more. Expert surgeons guide you through tough scenarios to understand when and how to utilize the latest solutions for the most common sports ankle injuries.

List Price: $335
AAOS/AOFAS Members: $249
Residents: $219
[www.aaos.org – Product no. 02887](http://www.aaos.org/productno/02887)
The mountain community of Keystone, Colorado set the stage for this year’s Annual Meeting. With the Rocky Mountains playing host to more than 550 foot and ankle specialists, meeting registrants took in all the AOFAS had to offer in its educational sessions, comprehensive Exhibit Hall, and social events.

**THE EDUCATIONAL EXPERIENCE**

Innovation, technology, interactivity, connectivity, and adaption to the challenges of changing medical landscapes were the dominant themes among a program that spanned the range of the specialty. From the efficiency and clarity of the presentations, panels, and symposia, the 27th Annual Meeting provided everything that foot and ankle specialists expect from the AOFAS with regard to their educational needs.

**Pre-meeting Course**

The educational offerings kicked off on Wednesday with “The Treatment of Foot and Ankle Trauma in the New Millennium.” Program topics followed a case-based approach and included a comprehensive and unique review of the most cutting edge options for treating hindfoot trauma.

“The depth of the scientific information presented during the Pre-meeting Course was remarkable and hopefully attendees left with an understanding of currently favored techniques of acute treatment and salvage of hindfoot trauma,” reported Program Chair Roy Sanders, MD.

**Annual Meeting**

“The record number of scientific program offerings for the meeting was truly outstanding,” said Program Committee Chair Thomas Lee, MD. “The AOFAS Program Committee’s outstanding effort benefitted domestic and international attendees alike. As reflected in our high attendance, the meeting reinforced how important our annual meeting is to everyone involved in our specialty.”

The meeting featured many compelling “firsts” including:

- Two-minute “speed dating” papers
- A comprehensive program provided on a searchable flash drive
- An expanded e-Poster program that included a “Battle of the e-Posters” that was conducted via texting, tweeting, or the AOFAS website with real-time posting of results
- Symposia in four parts
- A symposium featuring AOFAS “fathers and sons” members
- Faculty and attendee interaction via text, tweet, and the web to send questions to moderators during sessions

AOFAS members Walter Pedowitz, MD, and Peter Mangone, MD, once again reviewed the crucial elements of effective CPT® Coding of Foot and Ankle Procedures and a new workshop on Increasing Your Practice Efficiency was offered by Judith Eustace of United Surgical Partners/OrthoLink Physicians Corporation.

Special invited guest speakers included Mr. John Fielder, famed Colorado award winning photographer, publisher, teacher, and preservationist. Mr. Fielder also provided a firsthand guided photography shoot through areas surrounding Keystone.

Mohit Bhandari, MD, PhD, FRCS(C), Chair, Division of Orthopaedic Surgery, Canada Research Chair in Outcomes Research; and Director, Musculoskeletal Trials Unit, McMaster University in Hamilton, Ontario, Canada, presented the annual Research Lecture; and James Linklater, MBBS (Hons), B Med Sci, FRANZCR, delivered the annual Kenneth A. Johnson, MD, Memorial Lecture on Advances in Foot and Ankle Imaging.

Dr. Bhandari and AOFAS members also participated in the new Research Forum, designed to discuss the challenges and rewards of funding, organizing, and sustaining research studies.
Award Winners

The AOFAS congratulates this year’s winner of the J. Leonard Goldner Award for Outstanding Basic Science Paper, entitled Changes in Gait Mechanics Two Years Following Total Ankle Replacement.

Robin Queen, PhD; Justin De Biasio, BA; Robert Butler, DPT; James DeOrio, MD; Mark Easley, MD; James Nunley, MD
Durham, North Carolina

The Roger A. Mann Award for Outstanding Clinical Paper was awarded for Load Response of the Tarsal Bones in Patients with Flatfoot Deformity: In Vivo 3D Study.

Masamitsu Kido, MD; Kazuya Ikoma, MD; Kan Imai, MD; Masahiro Maki, MD; Ryota Takatori, MD; Daizaku Tokunaga, MD; Nozomu Inoue, MD; Toshikazu Kubo, MD
Kyoto, Japan

The second annual International Federation of Foot and Ankle Surgeons (IFFAS) Award for the Best International Paper presented at the meeting was awarded for Total Ankle Replacement in Obese Patients: Functional Outcome, Weight Change, and Component Stability in 118 Consecutive Patients.

Alexej Barg, MD; Markus Knupp, MD; Andrew Anderson, PhD; Beat Hintermann, MD
Liestal, Switzerland

1st Place
Hindfoot Motion Following Total Ankle Arthroplasty
Sheryl Smith, MD; Scott Coleman, MS; Fabian Pollo, PhD; James Brodsky, MD

2nd Place
DVT Prophylaxis in Orthopaedics: A Foot & Ankle Perspective
Kalpesh Shah, MS Ortho; Gowreesoon Thevendran, FRCS (TR Orth); Alastair Younger, MD; Stephen Pinney, MD

3rd Place
Autologous Osteochondral Transplantation of the Talus Partially Restores Contact Mechanics of the Ankle Joint
Ashraf Fansa, MD; Christopher Murawski, MD; Carl Imhauser, PhD; Joseph Nguyen, MPH; John Kennedy, MD

Industry Satellite Symposia

Another first for 2011 was the addition of lunchtime Industry Satellite Symposia on Thursday. Three companies supported lunch and lecture sessions at the Keystone Lodge. Registrants selected from among five industry supported satellite symposia options during two separate breaks in the Pre-meeting Course. Presentations included hands-on interactive workshops, sawbone lab, and cadaveric lab sessions. The Friday afternoon workshops were well received by industry supporters and registrants. Directed by leading specialists, four supporting companies presented innovative surgical techniques.

Young physicians benefit from unique opportunities

Hosted by the Young Physicians Committee, AOFAS members 45 years or younger were invited to attend a Young Physicians Forum, designed to provide tips on topics such as getting through the first few years of practice, establishing an efficient office and OR, hints for conducting research in a clinical or academic practice, identifying ancillary services for early practice, and tips on how to prepare for MOC.

Expanded Exhibit Hall showcases new products

This year’s Exhibit Hall was the largest on record for the AOFAS with 127 spaces filled by 50 companies, including two participating for the first time. Wednesday’s Pre-meeting Course, the Welcome Reception in the Exhibit Hall was well-attended by the meeting’s attendees and their guests. This dedicated time offered meeting goers the first opportunity to view the many new products and services on display throughout the meeting. The annual Exhibit Hall event provides an ideal venue for attendees to meet up with company representatives, colleagues, and friends.
SOCIAL EVENTS TIED THE WEEK TOGETHER

In addition to a myriad of receptions and opportunities for attendees to gather with colleagues, family, and friends, the Friday night Gala provided perhaps the most unique event of the meeting.

Pre-Gala Event

Preceding the Gala was another “first” at this year’s meeting – the AOFAS Adventure Race. Organized with assistance from AOFAS member and local host Pete Deol, this event presented a fun and unique challenge to the teams that participated and even more fun for the spectators who cheered them on throughout the event. From paddle-boat and kayaking to biking, mechanical bull riding, and much more, racers pushed themselves as far as the thin mountain air would allow.

Medals were awarded in four categories: Keystone Lake Relay Race (winners “Mile High Team”), Big Time Bicycle Competition (winners “Black Magic”), Cowboy Quick Draw & Mechanical Bull (winners “Blue Dogs”), and the “Black Team” took top honors for the overall event. Congratulations to “Black Team” members Lawrence Berson, Eric Horton, Patrick Horton, Brett Hunter, Carter Kiesau, Peter Mangone, Paul Peters, and Tom Loring. Everyone’s efforts were impressive and all team members were winners irrespective of the final standings.

A special thank you to Emeritus Member Paul Docktor for assisting with photographic needs in Keystone.

Gala – Western Roundup

Gala attendees waved checkered flags to welcome the Adventure Racers entering the Keystone Stable grounds with great speed on their mountain bikes at the end of the second of four grueling challenges. From that point on, the night was filled with BBQ favorites, live music, line dancing, mechanical bull riding, mechanical steer roping, pony rides for the kids, and much more.

More than 400 attendees also enjoyed many special moments throughout the evening including AOFAS members Fred Lippert and Tony Watson adding their own musical flair and a rousing chorus of Home on the Range led by AOFAS Board Members and the BioMimetic team that supported the Gala. A good time was had by all.

2011 Annual Meeting CME Certificates

Registrants may download their own CME certificates by logging into www.aofas.org and clicking on the View CME Transcript link found at the bottom of the home page.

AOFAS members have their login information and non-member registrants were provided login details on the confirmation letter sent immediately prior to the meeting. For login specifics, write to aofasinfo@aofas.org. Once logged in, select the meeting session and print out what you need at your convenience. Should you see only a 1.0 credit shown for the session(s) attended, it either means that you did not submit a CME verification form, or you might not have entered the number of credits you are claiming. Please contact the AOFAS Executive Office at aofasinfo@aofas.org or call 800-235-4855 or 847-698-4654 (outside US) with questions or needs.
SAME TIME NEXT YEAR

With AOFAS President Judith Baumhauer, MD, at the helm and Program Chair Gregory Berlet, MD, guiding the educational programming, the 2012 Annual Meeting is sure to deliver the finest in orthopaedic foot and ankle education. Technology will abound and attendees are in for great surprises. Given the spectacular waterfront setting of San Diego Bay, plenty of outdoor fun is already being planned. Mark your calendar and watch for more information coming early next year.

AOFAS 28th Annual Meeting
June 20-23, 2012
Hilton Bayfront
San Diego, California

Thank You!
The AOFAS expresses its appreciation to the following companies for their generous support of The Treatment of Foot and Ankle Trauma Course

The AOFAS expresses its appreciation to the following companies for their generous support of the 27th Annual Meeting

IN-STRIDE • SUMMER 2011
Sangeorzan, Smith, and Benirschke. This great experience complemented my training. Just to be clear, the Seattle guys put their pants on one leg at a time but do it with tremendous soft tissue and muscle balancing, energy efficiency, and biomechanical stability.

The next several years brought opportunities to teach at AOFAS and AAOS courses. I learned from outstanding educators – Drs. Jeff Johnson, Bob Anderson, Steve Haddad, Chris Coetzee, Mark Easley, Bruce Sangeorzan, Greg Berlet, and many more. While the AAOS foot and ankle courses have struggled with low registration, AOFAS courses have excelled with strong faculty, registration, and industry support.

Another “right place, right time” opportunity was being appointed to the first AOFAS Research Committee, chaired by Dr. Charlie Saltzman and later by Dr. Harold Kitaoka. They and the Society’s leadership recognized the need to advance patient care through research and began awarding annual seed grants for worthy projects. With support from the OEF, the AOFAS awarded $100,000 in research grants in 2010. In total nearly $700,000 in grants has been awarded, resulting in 65 peer-reviewed publications, 124 podium presentations, and $3.6 million in subsequent grants to our researchers from national funding sources.

This past year under Dr. Chris DiGiovanni’s leadership, over 60 members in 38 centers across the US and Canada completed the largest FDA-approved randomized prospective clinical trial in foot and ankle. The trial was sponsored by BioMimetic Therapeutics. In addition to finding the PDGF product a viable option to autologous bone grafting, this study demonstrated to the world that AOFAS members can work together on the most rigorous projects to answer clinically important questions. It escalated the AOFAS reputation, galvanized members interested in research, and skyrocketed the attention of industry in partnering with our colleagues. In 2010 I had the opportunity to see it for myself as a volunteer for the Vietnam project. Personally, it was one of the hardest, but most rewarding, endeavors I have ever been involved in. My husband Ted joined us and through the often oppressive heat was an amazing entertainer and kept the waiting kids and adults laughing and clapping. Due to the growing interest in humanitarian service and the Vietnam project’s success, an AOFAS team – Drs. Bryan Den Hartog, Dean Jameson, and Steve Weinfield – initiated a pilot project in Haiti in July. We are also looking at the need and partnership opportunities in other areas of the world.

Our greatest asset is our volunteer members. “Volunteers don’t get paid, not because they are worthless, but because they are priceless.”

(Sherry Anderson)

While some societies are struggling to retain members, AOFAS membership growth is strong. Most recently, the largest sector of AOFAS membership growth has been our International Members. This is unifying orthopaedic foot and ankle care across the globe and increasing our collaboration in research and patient care. Perhaps a contributing factor is our Traveling Fellowship Program, started in 2005 with support from DJO. To date, 35 physicians from 19 different countries have been selected to participate in this exciting international exchange. Additionally, with the 50% increase in our Resident Scholarship Program and a 43% increase in fellowship applications this year, our Fellow and Candidate membership categories are increasing. The problem we now face is limitations of funding from industry for our foot and ankle fellowships. This is a challenge we will need to address.

I am fortunate to be president of a society with such a bright future. The extremity market share increased 110% from 2005-2008 and grew an additional 11% in 2009. While upper extremity claims 70% of the extremity market, foot and ankle is growing at great strides. The excitement with total ankle arthroplasty has raised awareness of foot and ankle surgery, and the AOFAS has experienced a 600% increase in media visibility over the past three years. Heck, in 1970, less than 1,000 arthroscopies were performed; in 2008 there were 3.4 million. I wonder where we will go?

In all, my story really is about the people … those who guided me and gave me opportunities. They are all my friends. My professional life and personal life are completely intertwined. We have all heard of Robert Fulghum’s book: All I Really Need to Know I Learned in Kindergarten. One lesson is: “When you go out in the world, watch out for traffic, hold hands, and stick together.” That is what we do so well.

In addition to thanking the AOFAS Board and committee members, I have to thank our tremendous staff led by Zan Lofgren, Judi, Lois, Peggy, Rose, Shera, Dianne, Karen, Debbie, Chris, and Neil – thank you. Thanks to my Rochester partners, Drs. Sam Flemister, Ben DiGiovanni, and John Ketz, who always watch my back and my patients when I leave town. I couldn’t do it without you.

I have a large, supportive family: five sisters, two brothers, aunt, and cousins, who came to Keystone to celebrate the good times with me. Our mom and dad, who have been unbelievable role models for us, would have loved to be here. If I could wish all of you one thing, it would be a warm, loving family with a good sense of humor, like mine.

My daughters – Molly, Emma, and Allie – are smart, beautiful, witty young ladies, who have had to live periodically with quality mom-time rather than quantity mom-time. In the Baumhauer household, we say “We are the women who want it all.” I want them to know that with hard work anything is possible. Thanks girls, I love you.

Words really cannot express the gratitude I have for my husband Ted. For the big and little things … like typing in the references on my book chapters with me, waiting for me for dinner when I’m late, and of course, playing both mom and dad at times when I am gone. You truly are the best.

Thank you all and I look forward to serving as your president.
In accord with the OEF Bylaws, W. Hodges Davis, MD, was elected by the AOFAS Board of Directors to serve as president of the OEF Board for a two-year term. Dr. Davis completed a two-year term as a member-at-large on the OEF Board in July. Judith Smith, MD, was elected to a two-year position as a member-at-large.

As the newly-elected AOFAS secretary, Mark Easley, MD, will also serve as the OEF secretary for two years. AOFAS treasurer Bruce Sangeorzan, MD, will continue serving for one more year as the OEF treasurer, and Sheldon Lin, MD, will remain on the Board for one year as the immediate past president. Other continuing OEF Board members are: Judith Baumhauer, MD; Bryan Den Hartog, MD; Steven Haddad, MD; and Lew Schon, MD. Saul Trevino, MD, chair of the AOFAS Industry Relations Committee, continues as an ex-officio member of the OEF Board.

AOFAS

OEF Board of Directors 2011 – 2012

Five young orthopaedic foot and ankle surgeons from across the globe who had not met prior to the AOFAS meeting in Keystone are now close colleagues and friends with a wealth of new learning experiences, thanks to the AOFAS Traveling Fellowship Program. During their three-week tour of foot and ankle institutions in the US the Traveling Fellows traveled to five different states visiting clinics, observing in ORs, giving clinical and research presentations, touring hospitals and labs, learning new clinical and surgical techniques, and networking with renowned surgeons.

The AOFAS Traveling Fellowship Program, funded by the OEF with support from DJO Global, offers a unique learning opportunity for early career AOFAS members to visit leaders in foot and ankle education and research. The goal of the program is to promote professional relationships, exchange ideas, and encourage new thinking on research and clinical care topics. Positive feedback from this year’s Traveling Fellows as well as their hosts signifies a successful, vibrant program.

The local hosts provided exceptional learning experiences, new perspectives, and great memories. Local hosts included:

- Thomas Clanton, MD
  Vail, Colorado

- James Brodsky, MD
  Dallas, Texas

- Jeffrey Johnson, MD
  St. Louis, Missouri

- Steven Haddad, MD
  Chicago, Illinois

- John Anderson, MD, and Donald Bohay, MD
  Grand Rapids, Michigan

“I think this was a once in a life time experience that AOFAS has granted us. We had the opportunity to see different clinical approaches for the same clinical situation from different mentors in a very short amount of time. We also had the chance of updating our knowledge on foot and ankle and learning the latest developments even before they are published. I truly encourage the young foot and ankle surgeons to apply for this program.” Umur Aydogan, MD, Turkey

“I consider myself fortunate to have been chosen as one of the five AOFAS travelling fellows for 2011. It was an unbelievable journey that took us from the towering heights of Colorado across the Mid-West, to the sheer vastness of Lake Michigan. I was overwhelmed with the kindness and hospitality of everyone we met. The local hosts, their supporting staff, and fellows went out of their way to ensure that we had a good time. This included OR and clinic visits, accommodations, meals and sight-seeing. I learned a lot from the local hosts and this will certainly help improve my practice. I will forever cherish my time as an AOFAS travelling fellow.” Ravi Kamath, MBBS, United Kingdom

The 2011 Traveling Fellows included: Umur Aydogan, MD (Turkey), Felipe Oliveira Delocco, MD; Ravindra Kamath, MBBS (United Kingdom), Xin Ma, MD (China), and Selim Mugrabi, MD (Turkey).

AOFAS members (Active, Associate Member – Osteopathic, Candidate, International) 45 years or under may apply for the Traveling Fellowship Program. Applications are due December 1, 2011. The application form is available at www.aofas.org; click on Medical Professionals tab. For further information contact Peggy Reilly at preilly@aofas.org or phone 800-235-4855 or 847-384-4379 (outside US).
This year the AOFAS Resident Scholarship Program provided support for 31 orthopaedic residents from around the country to attend the Annual Meeting in Keystone, Colorado. Funding for the program was provided by the OEF with support from an educational grant from Stryker Orthopaedics.

“The positive feedback from the resident scholars was overwhelming,” said A. Samuel Flemister, MD, chair of the Society’s Awards & Scholarships Committee, which selected the scholarship recipients based on an application process and supporting letters from the applicants’ residency directors.

Comments from the Resident Scholars to the right illustrate the success of the program.

Applications for the 2012 Resident Scholarship Program are due March 1, 2012. The application is available on the Residents & Fellows page at www.aofas.org. The program is open to PGY2 and PGY3 orthopaedic residents.

“It was the best conference I’ve ever been to. The faculty and Society members were great and I learned a lot about what’s new in foot and ankle surgery. My mentor was extremely gracious and helpful throughout the meeting. The scholarship program has further confirmed my desire to pursue a career in foot and ankle surgery. I would recommend the program to any resident.”

Andrew Hsu, MD

“Absolutely loved the experience. One of the best opportunities of my residency. It has really helped to solidify my decision to go into foot and ankle for a subspecialty.”

Joshua Hunter, MD

“I am very grateful for the opportunity to receive an AOFAS resident scholarship and attend the Annual Meeting. It gave me early exposure to the foot and ankle community, as well as a chance to network with current fellows and attendings to learn about fellowship programs. The Young Physician Forum and mentorship program were extremely valuable in helping to guide me during the early steps toward a career in foot and ankle.”

Robert Thompson, MD

“This was an invaluable opportunity. The presentations and discussions were top notch. Being able to experience the collegiality and interactions among the AOFAS members was incredibly encouraging, especially as a future foot and ankle fellowship applicant. I look forward to participating in future meetings and becoming involved in the Society.”

Karl Schweitzer, Jr., MD

“The 2011 AOFAS meeting provided a great platform to meet fellow residents, attendings and physicians of the general community. The vast knowledge that I have yet to learn about the foot and ankle is daunting but exciting. The vast potential yet to be discovered in foot and ankle surgery truly makes it the next “it” field in orthopaedics. I am lucky to have attended and would do it again in an instant.”

Paul Kim, MD

“The AOFAS Resident Scholar Program is a very good opportunity for a resident to learn about the foot and ankle specialty as well as the AOFAS. I would like to congratulate as well as thank the AOFAS for having the Resident Scholarship Program, which is the best thing that can happen for a resident who is thinking about going into a foot and ankle fellowship.”

Mandeep Singh Virk, MD

Call for 2012 Research Grant applications: Deadline Dec. 1, 2011

Today’s research affects tomorrow’s practice

Research represents the future of foot and ankle orthopaedics.

The AOFAS awards one-year grants of up to $20,000 to provide seed funding for promising research projects and to encourage supplemental submissions to national funding sources. Blinded applications are reviewed and ranked and grants are awarded on a competitive basis.

Eligibility for grant funding is a membership benefit and the principal investigator or co-investigator must be an AOFAS Active Member, Associate Member – Osteopathic, Candidate Member, or International Member.

“Our grant has allowed us to contribute to two very important ends: the continued advancement of the orthopaedic knowledge base as well as the development of orthopaedic residents as young investigators,” says John Anderson, MD, 2010 grant recipient.

“Having secured research funding affords investigators not only the means to conduct important clinical studies, but also the opportunity and privilege to serve the orthopaedic community as mentors.”

The AOFAS program is funded by generous donations from individuals and corporations to the Outreach & Education Fund (OEF) and to the Orthopaedic Research & Education Foundation (OREF) with designated giving to AOFAS/OEF.

Applications will be accepted through December 1, 2011. The grant application form is available for download at www.aofas.org under the Medical Community tab. Contact the AOFAS at aofasinfo@aofas.org or phone 800-235-4855 or 847-698-4654 (outside US) for further information.
Celebrating 10 years in Vietnam
Transforming lives through service and education

It was hot and humid in May and June when AOFAS volunteers landed in Hanoi for the Society’s 10th annual humanitarian outreach project to Vietnam. This year it was an international group of AOFAS members who accepted the challenge to teach and perform surgery in the provinces of northern Vietnam. They traveled from Brazil, France, Mexico, Switzerland, and the US to provide service to those who would otherwise been unable to receive this care.

2011 Volunteers
Mario Adames, MD, Brazil
Angel Arnaud, MD, Mexico
L. Samuel Barouk, MD, France
R. Dale Blasier, MD, US
Pascal Rippstein, MD, Switzerland
Peter Salamon, MD, US
Naomi Shields, MD, US

“AOFAS and its surgeons are providing a very real humanitarian service to the people in Vietnam,” states L. Samuel Barouk, MD.

R. Dale Blasier, MD, adds, “The Vietnamese are hardworking, friendly and sincere. It makes working with them and working for them a pleasure.”

“It is always incredibly rewarding to be able to help the children, to see the smiles on their faces and their parents’ joy and relief,” states Naomi Shields, MD. “Each trip brings new pathologies, new solutions, and new friends and colleagues.”

The AOFAS/OEF Overseas Outreach Project to Vietnam is funded by the Outreach & Education Fund (OEF), which was established 10 years ago by the Society to provide support for education, research and humanitarian initiatives. The OEF is funded by generous contributions from individuals and industry. The OEF covers the project’s in-country expenses, while AOFAS volunteers pay their own transportation to Vietnam.

In addition to hands-on clinical service, the annual AOFAS co-sponsored educational conference in Hanoi, held May 28, included presentations by AOFAS members and Vietnamese orthopaedic surgeons. More than 150 Vietnamese orthopaedic surgeons registered for the conference.

“This project, now in its 10th year, continues to touch the lives of physically disabled children and adults in Vietnam in very real and profound ways. At the same time, it builds the capacity of our Vietnamese partners through a unique combination of hands-on instruction in the OR and more formalized information sharing during the surgical conference in Hanoi,” says Winfried Danke, executive director of the Prosthetics Outreach Foundation (POF), partner organization for the AOFAS/OEF project. The POF has been providing free prosthetic limbs to Vietnamese amputees for more than 20 years.

Since 2001 a total of 32 AOFAS members from seven countries have volunteered for the Vietnam outreach project and all have been changed by the experience. “I am thinking about all the other people needing help around the world and how I myself could contribute to diminish a little bit of this misery,” states Pascal Rippstein, MD.

Recognizing the need for good equipment, his clinic bought a large number of new surgical instruments for him to bring to Vietnam and leave with the local surgeons.

“I always dreamed of participating in community outreach beyond the borders of Brazil,” says Mario Adames, MD. “This was the most rewarding activity and the greatest learning experience of my personal and academic life.”

This sentiment is echoed by Angel Arnaud, MD. “This has been an unforgettable experience and I will always thank the Vietnamese for putting their lives in our hands. I want to thank the AOFAS/OEF for giving me the opportunity to see life with a different perspective.”
The evaluation and management (E/M) component of medical coding consists of three separate but equal parts: history, physical exam, and medical decision making. Many practitioners have learned the nuances of documenting the history and physical exam. However, the medical decision making portion of the code is often inadequately understood.

Although many physicians view medical decision making as a subjective experience based upon the “mental effort” put forth with a patient during an encounter, the government publishes guidelines and relatively specific criteria that must be documented in the encounter note.

The medical decision-making component is comprised of three elements: 1) number of diagnoses and/or management options; 2) number of data points; and 3) risk assessment, the most subjective part, but even here there are guidelines for each category.

### Diagnoses/Management options

For each of the following categories, the diagnosis must either be actively treated by the physician or actively involved in the patient’s current care. For example, you evaluate a patient with coronary artery disease clearly requiring non-operative treatment of a simple lateral malleolus fracture. The patient’s coronary artery disease would not be relevant to the orthopaedic care and, therefore, should not be an element when calculating the number of points. However, if the same patient presents with a fracture requiring operative treatment, then the coronary artery disease would be relevant (since the patient will be having surgery), and would be added to the list of problem points. Assuming he/she has had no acute changes in his/her condition, it would be an established diagnosis, stable (one point). The surgery would be a new problem without additional workup required (three points). If you needed to get a CT scan to evaluate the fracture pattern further then it would be a new problem, with additional workup (four points).

### Data points

Data points quantify the physician’s efforts in ordering or interpreting laboratory tests, imaging studies, and other diagnostic examinations. The value for the physician effort is outlined in the table below. The physician may only count points for each section once per visit. For instance, if ordering and reviewing three views of a right knee and two views of the left hip for a patient in the office, this would count as one point on the scale to the right.
Risk assessment
The risk assessment is described as either minimal, low, moderate, or high. This is based upon a number of potential components ranging from the presenting problem, the testing ordered, and the management options chosen. This section has a large number of factors which are too voluminous to completely cover in this article. Outlined to the right are some basic aspects of each risk level that pertain to orthopaedic foot and ankle surgery.

Final level of medical decision making
The final level of medical decision making is determined by combining all three elements outlined above and then choosing the level that meets two of the three levels of criteria. These are defined as straight-forward, low, moderate, and high. This is best understood with the example below:
Diabetic patient with new ankle sprain:
- New undiagnosed problem (three points)
- X-rays ordered and reviewed and labs ordered to check HBA1c (one point)
- PT ordered and OTC medication prescribed (two points)
Overall level of medical decision making (level two – low): highest level of MDM components that meet 2/3 requirement.

<table>
<thead>
<tr>
<th>Components of Care</th>
<th>Level of Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>One self-limited problem</td>
<td>Minimal</td>
</tr>
<tr>
<td>Use of ice/rest</td>
<td></td>
</tr>
<tr>
<td>X-rays or scans ordered</td>
<td></td>
</tr>
<tr>
<td>Two or more self-limited problems</td>
<td>Low</td>
</tr>
<tr>
<td>Acute uncomplicated injury (e.g., sprain)</td>
<td></td>
</tr>
<tr>
<td>PT/OT</td>
<td></td>
</tr>
<tr>
<td>OTC drugs</td>
<td></td>
</tr>
<tr>
<td>Minor surgery, no risk factors</td>
<td></td>
</tr>
<tr>
<td>Undiagnosed new problem</td>
<td>Moderate</td>
</tr>
<tr>
<td>Acute illness with systemic symptoms (e.g., diabetic foot infection with elevated blood sugars)</td>
<td></td>
</tr>
<tr>
<td>Elective major surgery without known risk factors</td>
<td></td>
</tr>
<tr>
<td>Minor surgery with risk factors</td>
<td></td>
</tr>
<tr>
<td>Prescription drug management</td>
<td></td>
</tr>
<tr>
<td>Closed treatment of fracture without manipulation</td>
<td></td>
</tr>
<tr>
<td>One or more chronic illness with severe exacerbation</td>
<td>High</td>
</tr>
<tr>
<td>Acute/chronic injury or illness posing threat to life or bodily function</td>
<td></td>
</tr>
<tr>
<td>Elective major surgery with known risk factors</td>
<td></td>
</tr>
<tr>
<td>Emergency major surgery</td>
<td></td>
</tr>
<tr>
<td>DNR decision</td>
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</table>

Final overall E/M code
This final medical decision making level of service is then combined with the history and physical exam levels of service to obtain the final full level of service to be billed. Remember that the final result depends on whether this is a new or established patient.


The AOFAS Career Center
Where Job Seekers and Employers Connect

Job Seekers – No Fees
Take advantage of this unique opportunity to find a quality job to help further your career.
- Post an anonymous resume
- View job openings
- Create job alerts that match your search criteria

Employers / Recruiters
Promote open positions directly to your targeted audience of orthopaedic foot and ankle care professionals.
- Post a job opening – AOFAS Members pay discounted fees
- View resumes
- Tailor a recruitment plan to fit your budget

Get connected today!
www.aofas.org • 800-235-4855 or 847-698-4654 (outside the US) • aofasinfo@aofas.org
MEMBERSHIP MATTERS

Congratulations to new and elevating AOFAS members

Effective July 15, 2011
Current membership: 1,830

Active Members (2)
Jeffrey Junko, MD
Drew Van Boerum, MD

International Members (18)
Cintia Bittar, MD
James Carmichael, BMBS
Rajasekhar Chilamkurthi, MBBS
Amo Frigg, MD
Hugo Henriquez, MD
Jinsu Kim, MD
Emiliano Loncharich, MD
N. Jane Madeley, MBChB
Haroon Mann, MD
Roslyn Miller, MBChB
Andre Ninomiya, MD
Koji Nozaka, MD

Fellow Members (1)
Kannan Kaliyaperumal, MBBS

Resident Members (7)
Raju Singh Ahluwalia, MBBS
Jeannie Huh, MD
Scott Koenig, MD
Patrick Maloney, MD
Adam Miller, MD
Nicholas Strasser, MD
Brian Winters, MD

January 1 – deadline for new and elevating members
Information / forms: www.aofas.org (Membership tab)

New AOFAS member applicants:
• The next deadline is January 1 for completed application forms plus all required
documentation to be submitted for consideration by the Membership Committee,
Board of Directors, and voting members of the AOFAS. Those applying by January 1
will be informed of their membership status following the Interim Business Meeting
to be held during the AOFAS Specialty Day on February 11, 2012 in San Francisco.

Current AOFAS Fellow members:
• If your training will be completed by December 31, 2011, you are required by the
Society to apply to elevate to the next membership level by January 1 in order to
continue to receive member benefits. View online information and forms or write to
membership@aofas.org if you are not sure of the next appropriate category.

Current AOFAS Candidate members:
• If you practice in the US and are approved as an AAOS Active Fellow for their
Class of 2012 at the fall 2011 AAOS Board of Directors meeting, the AOFAS will
automatically elevate your category to Active Member. You will be notified after that
elevation has been completed in late fall 2011.
• If you have been in the Candidate membership category for the maximum 5 years
to date but are not advancing to Active Fellow in the AAOS in 2012, please write
to membership@aofas.org to discuss immediate next steps in order to maintain
member benefits.

The best referrals come from members
Thank you to members who continue to direct new members to the organization.
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 LBieman@aofas.org or 847-384-4832. Application deadlines are
January 1 and June 1 annually.