



IN~STRIDE

President's message



**Robert B.
Anderson, MD**

Dear Colleagues:

It is hard to believe that my year as president of AOFAS has gone by so quickly. It has been a rewarding experience and a privilege to serve as your president. My initial goal was to facilitate the work and strategic plan of the AOFAS through the improved governance structure that was in place, to be a communicator, and function as chair of a Board comprised of my peers. I truly

believe that all this been achieved.

I would like to express my appreciation to the dedicated members of the Board. Our collaborative decisions have moved the mission of the AOFAS forward. Together with all of you, the AOFAS has had a successful year. During the recent retreat, the Board reviewed, updated, and solidified the strategic plan and priorities of our Society based on membership survey results. We have worked countless hours on our position statement on podiatry - spreading the word to other organizations of who we are and what we have to offer.

There have been excellent educational courses, a wonderful Specialty Day program, growth in our membership, expanded outreach, professional and personal growth opportunities for member involvement, and the first annual Outreach & Education Fund (OEF) fundraiser event (at my personal expense as the guest of honor). We have also increased our involvement with the Academy, stepped up our branding of the Society and its members, and sponsored the third foot and ankle fellowship match in recent years. We will celebrate the Society's 40th Anniversary in style at our 25th Annual Summer Meeting in Vancouver.

There are scores of members who have volunteered their time and deserve our thanks. To our committee chairs and committee members ... your commitment and expertise have moved the AOFAS ball down the field. A special thanks to Mike Aronow and members of the Fellowship Match Committee for developing a match process that has become the framework for other subspecialty societies. Others have worked hard as course chairs, faculty, symposia participants, and presenters, and we are better doctors for the knowledge they have shared.

Many of you have also shared your knowledge through articles in *Foot & Ankle International (FAI)*. We owe a debt of gratitude to our editors and reviewers for making *FAI* a crown jewel of our Society. I would encourage all of you to review

see President's message, page 2



40th Anniversary Workgroup: John Gould, MD, Jeffrey Johnson, MD, John McDermott, MD, Lew Schon, MD

AOFAS celebrates 40 years of growth

"The AOFAS has been an integral part of my adult life. The intellectual gratification and the friendships we have established are immeasurable." These words from Mark Myerson, MD, the 26th president of the AOFAS summarize the emotion and excitement of AOFAS members as they culminate the celebration of the 40th Anniversary at the Annual Summer Meeting in Vancouver.

How it began

It started one quiet evening in New York City at the apartment of Melvin Jahss, MD, where orthopaedists were attending the AAOS Annual Meeting. The year was 1969 and several had gathered that night to discuss the future role orthopaedists should play in the medical care of the foot and ankle. Since care of the foot and ankle represented approximately 20% of an orthopaedic surgeon's practice, they felt it was time for the formation of a high-quality society to represent those orthopaedists who specialized in this field. From that informal meeting of Nicholas Giannestras, MD, Nathaniel Gould, MD, Melvin Jahss, MD, Robert Joplin, MD, Hampar Kelikian, MD, Paul Lapidus, MD, and Joseph Milgram, MD, the AOFAS began as the American Orthopaedic Foot Society.

The Society's membership started with approximately 50 founding members in May 1969 at an organizational meeting. Bylaws were written and Robert Joplin, MD, was elected its first president. During the years 1969-1970 the first member committees were created and members attended symposia held in various parts of the US. Their hard work to create this Society culminated in 1971 with the first Specialty Day on Foot and Ankle being held at the AAOS meeting in San Francisco with over 800 people attending a special session on club foot. From these beginnings grew the AOFAS Annual Summer

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AOFAS celebrates 40 years of growth *continued from page 1*

Meeting, regional courses held each year throughout the country, growth in international membership, and a leadership role in the medical and surgical care of the foot and ankle.

The Society today

Likely exceeding their expectations, the seven founders of this specialty organization would be extremely pleased to see the Society's impressive growth since 1969. Expanded opportunities and member benefits plus ongoing outreach to US and international orthopaedic foot and ankle surgeons will continue to drive an increase in membership in the years to come. Total AOFAS membership will reach close to 1,800 at this year's Annual Summer Meeting, with almost 1,500 members in active practice.

- AOFAS Members within the US: 77%
- AOFAS International Members: 23%

Going forward

Robert Anderson, MD, the 40th president of the AOFAS, will have the honor of presiding over this year's 25th Annual Summer Meeting in Vancouver as the Society celebrates its anniversary with a Symposium on *Then and Now*, an AOFAS Historical Timeline, a 5K Run/Walk appropriately named *Best Foot Forward on the 40th*, and an evening celebration honoring the 40th Anniversary of the AOFAS. As the meeting concludes, Dr. Anderson will turn the guidance of the Society over to Charles Saltzman, MD, as he becomes the next in a long line of esteemed presidents.

President's message *continued from page 1*

your cases and submit papers. It is not only a privilege to do so but a responsibility of membership and your expertise in this field - share what you know!

Recipients of our AOFAS research grants are seeking answers that will benefit all of us in clinical practice. Today we can offer better care to patients because of the research of our colleagues.

Still other members have carried the AOFAS banner to Vietnam and Uganda through humanitarian service. They have extended our outreach by treating patients and sharing knowledge with orthopaedic colleagues there and they unequivocally say of the experience that "I received more than I brought."

Working in partnership with us every day to advance the mission of the AOFAS is our staff. The Board sets the course and it is the staff that figures out the best process and works with members to move the projects forward. We are fortunate

to have strong, dedicated staff members who bring experience, understand the big picture, handle the details, and share in the satisfaction of the accomplishments we have achieved together.

Our work is not done. Your Board will have a new president and enthusiastic members will fill open Board positions. They will continue to advance our strategic plan based on the values set forth in our mission and vision statements. We face increasing pressures from the government, industry relations, and operational costs. We will need the contributions of our membership to maintain our leadership role in providing foot and ankle care. We will need to stay fluid and forward thinking in that endeavor.

Thank you again for the honor and privilege to serve as your president over these past 12 months.

Bob Anderson

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Sports program evolves over 15 years

When Richard Ferkel, MD, William Hamilton, MD, and James Nunley, MD, served as faculty at the first AOFAS Sports Injuries program in 1994, they probably did not suspect that they would continue in this teaching role over the next 15 years.



Dr. Amendola maneuvers scope

The Treating Sports Injuries of Foot and Ankle Course was held May 28-30, 2009 in Durham, North Carolina, under the chairmanship of Ned Amendola, MD, and Mark Easley, MD. Course objectives were met by a balanced program of didactic lectures, practical fresh cadaver dissection at the Duke University Fresh Human Cadaver Laboratory, interactive discussion, and question and answer periods.



Dr. Anderson observes dissection

"This course presented a unique opportunity to renew and refine lab skills which will lead to better evaluation and treatment of athletes with foot and ankle injuries," says Dr. Amendola.



Grant Hill and faculty on symposium panel



Grant Hill, Dr. Nunley, Coach K

Highlights of the meeting included a motivational presentation by Coach K (Duke University Head Coach Mike Krzyzewski) and his former player and seven-time NBA All-Star Grant Hill, who not only spoke of the psychological

impact of his own ankle injury, but also joined the orthopaedic faculty in the symposium: *Keeping the Injured Athlete in the Game*.

"It was a great privilege and honor to have Coach K and Grant Hill take time out of their busy schedules to share some of their experiences with our faculty and attendees," said Dr. Easley as he presented each of them with a medicine ball autographed by the entire faculty.

F&A Match results

On May 1, results of the 2009 match for the 2010-2011 orthopaedic foot and ankle fellowship programs were released by the San Francisco Matching Program (SF Match). This is the third match for the AOFAS-sponsored program since it was reinstated in 2006 and the first administered by the SF Match. Application materials were submitted to the AOFAS Executive Office, which distributed them to fellowship programs selected by each applicant. Programs and applicants submitted their rank lists to the SF Match for matching.

A total of 37 foot and ankle fellowship programs registered for the match. Eighteen programs (49%) filled all of their spots. Five programs (13%) did not fill one of their positions but did fill their other one or two spots. Fourteen programs (38%) did not fill any spots. Of the 62 foot and ankle fellowship positions offered, 38 (61%) were filled. It is anticipated that some of the unfilled spots will be filled prior to the August 1, 2010 fellowship start date. Two out of 40 foot and ankle fellowship applicants did not match.

For comparison, in last year's match 58 fellowship positions were offered, and 44 (76%) were filled on match day. Of the 35 programs in the final registration for the match, 21 (60%) filled all of their spots.

IN MEMORIAM

Robert G. McConnell, MD (Emeritus Member)
Seattle, WA

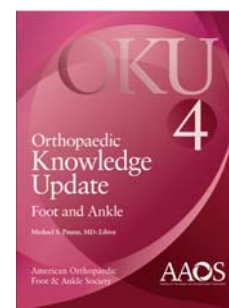
OKU: 4 F&A - an ideal reference book

The newly released fourth edition of *Orthopaedic Knowledge Update: Foot and Ankle* is an ideal reference book for any orthopaedic surgeon who treats foot and ankle problems and related complications.

Developed by the AOFAS, edited by Michael Pinzur, MD, and published by the AAOS, this essential resource presents the most recent knowledge on foot and ankle injuries and conditions from the past five years and highlights today's most promising treatments and approaches. New features include more evidence-based data and discussions of the most modern and controversial techniques on total ankle replacements. It also includes expanded subject areas on ankle arthritis, fractures, and non-operative treatment options, as well as an annotated reference list with summaries of key articles and levels of evidence.

The 400-page book retails for \$165 but AAOS Members pay only \$125 and residents and military pay just \$100, plus shipping and handling (Illinois purchasers pay sales tax). Purchase online at www.aaos.org/products or phone the AAOS at 800-626-6726 or 847-823-7186 (outside the U.S. and Canada). Please reference priority code 2278 when ordering.

Additional information available at the Member Services table in Vancouver at the Annual Summer Meeting.



ORTHOPAEDIC FOOT & ANKLE OUTREACH & EDUCATION FUND

Changing lives in Vietnam

Celebrating eight years

The Society's 40th Anniversary also marks the 8th year of the AOFAS Overseas Outreach Project to Vietnam. In 2001, then AOFAS President Pierce Scranton, MD, went to Vietnam on a fact-finding trip representing the Society. His goal: to explore something completely different that would enable the AOFAS and its members to think about giving back and to offer expert help to the disabled who might not otherwise have a chance at care. This vision of raising the AOFAS to a new level of service and member involvement has now provided corrective surgery to hundreds of patients in Vietnam and 24 AOFAS members are counted on its roll of volunteers.

Dr. Scranton honored



In May, Dr. Scranton was recognized by the People's Committee of Nghe An Province for his contribution in caring for the disabled. In a ceremony at the Vinh Rehabilitation Center in Vinh (a coastal city

south of Hanoi), the center's director, Dr. Nguyen Cong, spoke before the television cameras and the media, as did the



provincial director of the Ministry of Labor, Invalids, and Social Affairs. A 15-year-old girl with polio who would have surgery the next day spoke about what it meant to her to have two doctors travel halfway around the world to correct her deformity. Indeed this AOFAS project that continues to send surgeons annually to Vietnam and is supported by donations from members and companies to the OEF has proven to be meaningful for many.

Teamwork and education

Mark Slovenkai, MD, and Ruth Thomas, MD, served for the first two weeks of the 2009 project. They spent time at a provincial facility in BaVi, a small town northwest of Hanoi, and at a large hospital in the port city of Hai Phong. João de Carvalho Neto, MD, Pierce Scranton, MD, and Naomi Shields, MD, covered the second two weeks in Vinh and Thai Nguyen, a small town north of Hanoi. Each team worked with Vietnamese orthopaedic surgeons in the clinics and operating rooms in these locales and also at Viet



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Thoughts of Vietnam

Luck would have it ... I had the incredible opportunity to experience Vietnam when a colleague had to back out for family reasons. It was a social awakening from my early 1970's napalm mindset to open my eyes to an incredible vibrant culture and to help a people we hurt for a decade - probably the most rewarding experience I have had as a surgeon.

In Vietnam, I saw deformities I only read about 20 years ago: polio and untreated clubfoot. I wore surgical gowns too short and shoes too small and I was physically hot and wet for two weeks. Vietnam was unforgettable. From the moment I saw the welcome sign at BaVi Hospital showing the collaboration of AOFAS, POF, and our Vietnamese hosts, I knew that Pierce Scranton had created a unique opportunity.



Caring for people whose livelihood balanced on the back of a motorbike was not something I was used to. As I look back at the clinics in BaVi, Viet Duc Hospital in Hanoi, and Viet Tiep Hospital in Hai Phong, it's amazing that these people came such great distances to be treated by, and to trust, outsider physicians. The Vietnamese people seemed fearless. Even young children with severe deformities walked confidently into the operating room without their parents. Working with the talented Vietnamese surgeons (who I am ashamed to say, understood me far more than I did them) to solve these difficult problems was quite the humbling experience. I will never forget coming out of surgery to a huge gathering of smiling family members who awaited my "thumbs up" to know everything went well.

It has been a true privilege and honor to care for the people of Vietnam. I could not have done it or had anywhere near as much fun without the help of Zan Lofgren, who managed all AOFAS logistical concerns, Rose Hong from the Prosthetics Outreach Foundation, and Ruth Thomas, MD, my partner on team one, who thankfully had been there before and helped me navigate through it all. The AOFAS connection is strong and thriving in Vietnam. Its importance should not be underestimated and I hope it will continue for years to come. I know I will be back.

Mark Slovenkai, MD

ORTHOPAEDIC FOOT & ANKLE OUTREACH & EDUCATION FUND

OEF receives \$250,000 donation

BioMimetic Therapeutics became a Platinum Level donor of the Outreach & Education Fund (OEF) when the company made a generous \$250,000 donation in March 2009.

"On behalf of the OEF Board of Directors, I gratefully acknowledge the contribution by BioMimetic Therapeutics to advance the mission of the AOFAS. Philanthropic donations to the OEF have a profound impact on our specialty and enrich our world," says OEF President Thomas Lee, MD.

Through funding from the OEF, research grants have resulted in innovative insights in foot and ankle care and allowed volunteers in Vietnam to offer their time, medical expertise, and compassion to children and adults with severe foot and ankle deformities.

"In the summer of 2005, the BioMimetic Therapeutics team attended our first AOFAS meeting in Boston. Since that meeting, we have been welcomed as scientific colleagues and have learned a lot about the challenges of foot and ankle surgery from your meetings and educational symposia," says BioMimetic Therapeutics CEO Samuel Lynch, DMD, DMSc. "Your members have worked with us on our early pilot clinical research and more recently, on our North American pivotal trial comparing Augment™ Bone Graft with autograft in the treatment of hindfoot and ankle fusions."

OEF Board Member Sheldon Lin, MD, who aided in requesting the generous donation from BioMimetic Therapeutics, comments on the philosophy of the company: "BioMimetic Therapeutics has similar ideals and aspirations as the AOFAS in the advancement of science and technology."

BioMimetic Therapeutics develops regenerative protein-device combination products to aid in tissue healing and regeneration. Its products are designed to help heal musculoskeletal injuries and disease, including orthopaedic and sports injuries. The company has several products in various stages of clinical trials or pre-market development.

"We learned about the great work that the Society does in support of orthopaedic education and in outreach to patients in need. We are proud to make this grant to the OEF," says Dr. Lynch.

OEF appreciates corporate contributors

As a result of the generous donations of both corporate and individual contributors to the OEF, ongoing scientific research has improved the field of foot and ankle orthopaedics, humanitarian medical programs have enhanced the lives of both AOFAS surgeons and those who have benefitted from their care, and young AOFAS members have exchanged knowledge with experienced orthopaedic foot and ankle surgeons as they traveled to major teaching, clinical, and research centers.

To show our appreciation for the important role of OEF's corporate contributors, each company will be recognized based on their level of support at the Annual Summer Meeting.

Thomas H. Lee, MD, OEF President

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ORTHOPAEDIC FOOT & ANKLE OUTREACH & EDUCATION FUND

Changing lives in Vietnam *continued from page 4*

Duc Hospital, the large training institution in Hanoi.

It was a learning experience on several levels - from the language, to the equipment (or sometimes lack thereof), to how things were done there, to the cases presented. Challenges were far overshadowed by the warmth with which the teams were received, the local doctors' eagerness to interact and learn, and patients who readily put their trust in the foreign surgeons.

"We saw conditions that we had only read about. It was a privilege to see these patients and help as many as we could," says Dr. Slovenkai.

"The Vietnamese surgeons helped me to understand how operations that we choose for specific conditions in the US, i.e. tibiotalar calcaneal arthrodesis and FHL transfers for chronic Achilles tendonitis aren't necessarily appropriate for the Vietnamese population. Together we chose better alternatives and then worked side by side to accomplish our surgical goal," says Dr. Thomas, chair of the AOFAS Humanitarian Services Committee.

"The Vietnamese orthopaedic surgeons are very resourceful and work with less technology than is common in our own operating rooms. The surgeons there are eager to learn and try to provide the best possible care within their means," says Dr. Shields.



"I wanted to challenge myself, experience the cultural differences, and teach. In the process I gained understanding and was changed myself. The doctors are able to do much under challenging conditions, and the Vietnamese are warm, hard-working people. I would like to go again, says Dr. Neto.

Education is important

Teaching and exchanging ideas have always been an important part of the mission and the educational seminar first held in Hanoi in 2003 continues annually. This year's seminar brought together 170 Vietnamese orthopaedic surgeons. Presentations were given by the AOFAS members and Vietnamese doctors, who are now reporting results on procedures taught to them by AOFAS members. There is also more audience Q&A than in earlier seminars.



Reflections

Reflecting on his own experience, Dr. Scranton says, "I came to Vietnam to share western technology, teach, and treat the disabled. In return, the Vietnamese taught me about their culture, their own Vietnamese way of operating, and their philosophy of life. In coming to change Vietnam, I myself was changed."

Members respond to survey on hospitals employing physicians

In a recent online survey conducted by KarenZupko & Associates (KZA) of AOFAS members, 74% responded that local or competing hospitals were buying surgical specialties. It is not just an isolated event here and there. It is a trend.

Some physicians welcomed it. They pointed to the steady income, less administrative worries, better back up in legal issues, and the ability to focus more on clinical practice and less on business details as advantages.

However, some are wary of the loss of autonomy: "I'm starting to feel as though I have a boss whose primary goal is to improve the bottom line for the hospital without taking into consideration the needs of the physicians," comments one physician survey respondent.

A closer look at the results of the KZA survey reveals many crucial insights into this development. The 139 members who responded came from all regions of the country. Respondents also came from a wide range of practices:

- 4% - 1 Physician
- 20% - 2-4 Physicians
- 30% - 5-9 Physician
- 17% - 10-15 Physician
- 13% - 15-20 Physicians
- 16% - 20+ Physicians

Of the 32% of the respondents currently employed by a hospital or other healthcare organization:

- 54% are employed in academic medical centers
- 22% are employed in a health system
- 17% are employed in a community/independent hospital
- 7% are employed in a staff model HMO

These respondents reported:

- Ancillary revenues, such as physical therapy or x-ray, are included in the compensation agreements of only 15% of the respondents.
- 90% reported that their income either increased or stayed the same after being employed by a hospital/healthcare organization, while 10% reported a decrease.
- In 63% of practice acquisitions the manager or administrator was not retained or employed in the deal.

For a breakdown of how respondents rated specific aspects of their practice since being employed by a hospital/healthcare organization, visit www.aofas.org and click on Medical Professionals.