



# IN~STRIDE

## PRESIDENT'S MESSAGE



Keith L. Wapner, MD

This column coincides with the passage of the first quarter of my term as AOFAS president. I am pleased to report that the AOFAS is strong. Working together with our Outreach & Education Fund (OEF), the AOFAS is moving forward with an eye on the future of our profession.

Several new educational outreach programs, approved by the AOFAS and OEF Boards last year, are focused on educating and mentoring the next generation of orthopaedic foot and ankle surgeons. With funding from the OEF, the AOFAS offered scholarships for the first time for residents to attend the Annual Summer Meeting. Twenty-one residents, selected by the Awards & Scholarships Committee, attended our Summer Meeting in National Harbor on scholarships and were matched with mentors from the Awards & Scholarships Committee and the Post-

Graduate Education & Training Committee. Based on the positive feedback from the residents, the Board voted to expand the Resident Scholarship Program for 2011 to bring 30 residents to the Summer Meeting in Keystone, Colorado. This program has already had a positive impact as a number of the Resident Scholars have applied for foot and ankle fellowships. This has contributed to a sharp rise in this year's fellowship applicants through the AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match. Several Resident Scholars have also applied for membership in our Society.

Another new outreach initiative, funded by the OEF, is the Visiting Professor Program. AOFAS Past Presidents Bob Anderson, MD, and Steven Ross, MD, have represented our Society at orthopaedic residency programs at the Medical College of Georgia, Louisiana State University, Montefiore Medical Center, Temple University, and Tufts Medical Center. They have given lectures, participated in labs, had informal dinners with residents, and

presented foot and ankle as a challenging and satisfying specialty choice. More visits to residency programs are scheduled, and the Board voted to expand this program for 2011.

We are also pleased to report that the Foot & Ankle Resident Review Course presented in past years has been revitalized and was presented October 2 in Rosemont, Illinois. Chaired by Brian Toolan, MD, the 11 member course faculty from the Chicago area and the University of Michigan presented a one day OITE prep course on foot and ankle. Course registration was 68 and based on the residents' positive feedback we anticipate that this outreach will also encourage residents to consider a foot and ankle specialty.

To expand and upgrade membership interaction and engagement as well as patient/public outreach and promotion, the AOFAS Board has approved moving forward with a new web content management system. This will offer a more collaborative online experience for members and

*see President's message, page 3*

## Specialty Day – February 19, 2011

The 42<sup>nd</sup> Annual AOFAS Specialty Day Program will be Saturday, February 19, 2011 during the AAOS Annual Meeting in San Diego. Chaired by Thomas Lee, MD, the meeting will be in the San Diego Convention Center from 7:00 am – 5:00 pm in Room 6C.

### A comprehensive day of learning:

- A series of technique video presentations on Total Ankle Replacement; Bunion Techniques; Ankle Instability and Deformity; and Flatfoot, designed to compare and contrast multiple approaches to a single problem
- Focused symposia on a variety of challenging clinical issues as well as a Current Concept Review on DVT Prophylaxis
- Early Bird Presentation on *Ortho-mations: Educational Animations for Orthopaedists*

- Together with AANA, a joint session on **Arthroscopic Surgery of the Foot and Ankle: The New Gold Standard?** *Advances and Controversies in Foot and Ankle Arthroscopy*
- Original research papers from the US and abroad
- Updates on AOFAS-funded research projects
- "What's New in Asia" session highlighting original research
- Foot and Ankle *Journal Club*
- 9 AMA PRA Category 1 Credits™

AOFAS Active and Associate Members are encouraged to attend the Interim Business Meeting beginning at 11:55 am.

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AMERICAN ORTHOPAEDIC  
FOOT & ANKLE SOCIETY.

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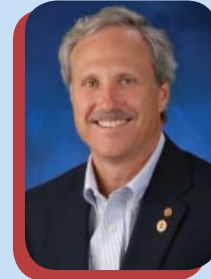
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**AOFAS**

## Steven Ross, MD, elected BOS Secretary



Steven Ross, MD

AOFAS Past President Steven Ross, MD, was elected secretary of the AAOS Board of Specialty Societies (BOS) during the AAOS Fall Meeting held October 30 in Scottsdale, Arizona.

In this capacity, he will hold a seat on the AAOS Board of Directors beginning in February 2011.

"This position will allow me to use my background in organized medicine and I expect that the BOS will continue to mature into an organization that pulls our subspecialties together and thereby prevents fragmentation of orthopaedics," says Dr. Ross. "I look forward to serving on the BOS and also on the Academy's Board."

The BOS brings together the leaders of the 22 musculoskeletal societies to address issues of mutual concern such as communications, education, health policy, research, and residency and fellowship issues. The BOS serves as a resource and advisory entity to the AAOS Board of Directors. In addition, the BOS promotes unity and collaboration between the specialty societies and the AAOS.

Dr. Ross has served as the AOFAS representative to the BOS for the past five years, and currently is the Society's representative on the BOS Health Policy Committee. A past president of the California Orthopaedic Association (COA), he previously represented the COA on the AAOS Board of Councilors (BOC), which is the advisory body to the Academy's Board on state issues.

### President's message *continued from page 1*

visitors, micro-sites for patient education and targeted groups, and an orthopaedic knowledgebase for members. This will be a major staff initiative over the coming months and the Public Education Committee will be leading the review and expansion of patient-education content.

Finally, on behalf of the AOFAS and OEF Boards of Directors, I would like to ask for your support of the OEF. The AOFAS and the OEF have joined together with the Orthopaedic Research & Education Fund (OREF) on a fundraising campaign. You will be receiving communications asking for

your financial support. Your participation and generosity help ensure our continued success and are an investment in our future. Each person can truly make a difference.

Keith L. Wapner, MD

**AOFAS**

## AOFAS 27<sup>th</sup> Annual Summer Meeting – Keystone, Colorado

The AOFAS is going green! The 27<sup>th</sup> Annual Summer Meeting will take place in Keystone, Colorado, a mountain community located approximately 90 minutes outside Denver, Colorado. As the area locals are fond of saying, “We came for the winters and stayed for the summers!” So it is that summer is the ideal time for AOFAS members and guests to come together in this beautiful setting for education and an opportunity to reconnect with colleagues from around the world.

### Pre-meeting Course leads the way

#### ***The Treatment of Foot and Ankle Trauma in the New Millennium***

Begin your educational experience by attending the 7<sup>th</sup> annual Pre-meeting Course on Wednesday, July 13. Chaired by Roy Sanders, MD, the program will present a comprehensive and unique review of the most cutting edge options for treating foot and ankle trauma.

This in-depth pre-conference symposium will address the controversies of treating common and not so common debilitating injuries of the foot and ankle. Wound and nerve complications, total ankle vs. fusion in the post traumatic ankle, long-term functional outcomes and mobility, and other challenges faced by the orthopaedic surgeon will be addressed. Following the success of the 2009 and 2010 courses, the program will allow time for non-CME industry-presented satellite symposia between clinical sessions.

### Annual Meeting of programming innovations

The three days following the Foot and Ankle Trauma course will include scientific paper presentations, guest speakers, research updates, symposia, electronic poster displays, and an Exhibit Hall full of the latest technical innovations and devices. AOFAS Program Chair Thomas Lee, MD, assures a meeting that will offer a dynamic and diverse educational program.

“The opportunities for scientific exchange and debate are endless and we promise programming on the most up-to-date and innovative techniques,” says Dr. Lee.



The program will be carefully formatted to balance proven techniques (traditional and innovative) and invited speakers will be encouraged to present a wide range of clinical outcomes, based on evidence and clinical scientific research. Plans are underway to make the e-Poster stations more interactive, to add a research forum, and provide attendees with more opportunities to interact with industry partners.

### A mountain paradise

The Keystone area abounds with countless activities and attractions, all set amid Rocky Mountain grandeur. Backcountry adventures, mountain biking, golf, whitewater rafting, hiking, tennis, horseback riding, and much more are readily available. Keystone offers a broad range of accommodations and free shuttle service in and around the village as well as to and from nearby towns.

### Social activities for all

Plans are underway for a myriad of social gatherings. All attendees are invited to the Wednesday evening Welcome Reception to share good conversation, appetizers, and beverages with friends and company representatives while taking a first walk through the expansive Exhibit Hall. This is the perfect time to see what is new and schedule more in-depth visits for Thursday and Friday.

Be sure to keep Friday night open for the family-oriented Annual Gala – to take place at the nearby Keystone Stables. Enjoy the beautiful outdoor setting, a fun barbeque dinner buffet, and true western line dancing.

### More information soon

The final educational program, including information about additional learning opportunities, access to meeting registration, housing, travel suggestions, local transportation information, and the social activities schedule will be available in mid-February.

Visit the AOFAS website at [www.aofas.org/summer](http://www.aofas.org/summer) for the most current updates, watch the mail for the complete brochure, and open e-mail for ongoing announcements. Meeting registration will begin in February.

**AOFAS**

### ***A Walk in the Woods with Bill Bryson***

Presidential Guest Speaker Bill Bryson is known to have one of the liveliest, most inquisitive minds on the planet, and is a master at turning the seemingly isolated or mundane fact into an occasion for the most diverting exposition imaginable.

His wit and sheer prose fluency make his books (*At Home*, *A Walk in the Woods*, *Notes from a Small Island*, *In a Sunburned Country*, *Bryson's Dictionary of Troublesome Words*, *A Short History of Nearly Everything*, and *The Life and Times of the Thunderbolt Kid*) some of the most entertaining books ever written about private life. Don't miss this unique opportunity to meet and interact with Bill.

**Abstract submission** for the 27<sup>th</sup> Annual Summer Meeting July 13-16, 2011 in Keystone, Colorado is now open. Visit [www.aofas.org](http://www.aofas.org) for the online abstract submission link. Deadline is **January 5, 2011**.

## Summer Meeting attendee feedback

Following the 2010 Summer Meeting in National Harbor, an electronic survey was sent to all attendees for feedback to use in planning future meetings. The following is a summary of the responses.

Consistent with previous surveys, the top two reasons for attending the Summer Meeting are scientific content (89%) and socialization with colleagues (78%). A majority of respondents (66%) plan to attend the 2011 Summer Meeting in Keystone, Colorado.

The overall meeting experience for 2010 was rated as either good or excellent by 95% of respondents. Time constraints are evident as attendees seek to juggle session attendance, professional interactions with colleagues and exhibitors, and social opportunities with friends and family. The educational content generated the greatest amount of praise for the meeting.

More than 91% of meeting attendees felt that the published learning objectives were either very satisfactorily or satisfactorily met. Respondents who were satisfied or very satisfied with symposia presentations: 97%, paper presentations: 91%, audience participation: 78%, faculty/moderators: 93%, e-Poster presentations: 75%, and the CPT® Coding Workshop: 51%. A significant number of attendees, 99% (up from 96% in 2009), predict that they will implement knowledge from the meeting into their daily practice.

Less than 14% perceived any form of commercialism in faculty presentations and only 16% of survey respondents perceived some level of bias in faculty presentations despite reported and published disclosure statements. In the comments, however, there was repeated criticism of commercial bias and failure to disclose industry connections.

The National Harbor location received mixed reviews, with some appreciation for the "unique" location that had "convenience to Washington, DC" and other attendees who felt that the resort was "isolated" with less-than-easy access to city attractions.

Even with the record high temperatures, the *Party on the Potomac* received plenty of praise: "It was very hot outside but overall the party was wonderful. Great

food!" The negative comments about the Gala related mostly to the heat and the perceived cost of the event.

The Board greatly appreciates those who took the time to complete the

Summer Meeting Survey and are taking the feedback into account as details are finalized for the 2011 Annual Summer Meeting in Keystone, Colorado. **AOFAS**

## CALENDAR Current as of 11-8-10

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

### February 19, 2011

#### AOFAS SPECIALTY DAY

San Diego Convention Center  
San Diego, California

*Program Chair: Thomas H. Lee, MD*

Information: [www.aofas.org/specialtyday](http://www.aofas.org/specialtyday)

Registration: [www.aaos.org](http://www.aaos.org)



### May 12-14, 2011

#### AOFAS SURGICAL COMPLICATIONS OF THE FOOT AND ANKLE COURSE

Baltimore Marriott Inner Harbor at Camden Yards  
Baltimore, Maryland

*Course Chair: Mark S. Myerson, MD*

*Course Co-Chair: Mark E. Easley, MD*

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

### July 13-16, 2011

#### AOFAS 27<sup>th</sup> ANNUAL SUMMER MEETING

*Program Chair: Thomas H. Lee, MD*

#### Pre-meeting Course (July 13)

#### The Treatment of Foot and Ankle Trauma in the New Millennium

*Course Chair: Roy W. Sanders, MD*

Keystone Conference Center  
Keystone, Colorado

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



### September 17-18, 2011

#### MASTERS EXPERIENCE: FOOT & ANKLE ARTHROSCOPY

Sponsors: AANA and AOFAS  
Orthopaedic Learning Center  
Rosemont, Illinois

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



### September 21-24, 2011

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

Nara Prefectural New Public Hall  
Nara, Japan

*Program Chair: Mitsuo Kinoshita, MD*

Information and registration:

[www.secretariat.ne.jp/iffas2011](http://www.secretariat.ne.jp/iffas2011)

## AOFAS to address conflict of interest resolution at CME programs

Surgeons have all attended meetings where speakers report they have “no relevant conflicts” or who quickly flash a disclosure slide containing numerous company names on screen. Disclosures are printed in program material and posted on the AAOS website, but does this go far enough to provide significant transparency into the relationship between industry and meeting presenters, their co-authors and investigators?

According to the recent Annual Summer Meeting Survey, 16% perceived bias in presentations, supported by statements ranging from: “there is always bias,” “inherent with everyone’s different technique,” “the issue of bias is unavoidable,” “minimal and reasonable to company support,” “was trivialized,” “senior author’s conflicts must be reported,” “conflicts are inappropriately

managed,” and “bias needs to be rooted out by the program chair in advance.”

The Accreditation Council for Continuing Medical Education (ACCME) sets Standards for Commercial Support (SCS) which describe standards by which CME providers, such as the AOFAS, must comply in the areas of independence of educational programming, faculty disclosure, and resolution of conflicts of interest. Like other accredited CME providers, the AOFAS is facing continued pressure to demonstrate compliance with the SCS through internal controls in all these areas, but most notably in the area of how conflict of interest issues of its CME program faculty are resolved.

“We do a pretty good job of collecting and disclosing the existence and nature of a speaker’s industry relationships before and during a meeting, but the issue of

how we appropriately resolve an identified conflict is more complicated and will require significant change from our current program management,” opines Board member Bruce Sangeorzan, MD.

“Policies are in place that mandate AOFAS educational programs be non-promotional and free from commercial influence and bias, but we also need to address the issue of going beyond simple reporting of disclosure and create the necessary interventions to resolve conflicts of interest before an activity,” adds Gregory Berlet, MD, Education Committee chair.

The ongoing effort of the AOFAS to add transparency to the relationship between industry and organized medicine has resulted in the creation of a Conflict of Interest (COI) Resolution Work Group

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## Surgical Complications Course moves to spring

Past President Mark Myerson, MD, will chair the upcoming Surgical Complications of the Foot and Ankle Course May 12-14, 2011 in Baltimore, Maryland. Over the course of two and a half days, a faculty of recognized experts will address complications associated with the management of foot and ankle surgery through a series of didactic lectures and case-based discussions.

The goal is to continue to build this program on the success of the two previous complication courses. A comprehensive range of topics will be discussed, but only in the context of complications of surgical treatment.

“We are going to focus on both common and esoteric complications, but find real pragmatic solutions to their correction,” says Dr. Myerson.

There will be a didactic component to the talks, but the greater emphasis will be on discussion, case presentations, and debates.

“We will, in addition, have techniques and tips following each session to help make surgery easier and more predictable. I want faculty to critically discuss why problems occur as well as what can be done to salvage them,” continues Dr. Myerson. Course registrants are encouraged to bring their own problem or difficult cases for faculty discussion.



“This is an exciting program where nothing will be left to doubt. If a complication exists, it will be presented from faculty’s own practice. How it was resolved will be shown – whether successful or not,” says Dr. Myerson.

The topics to be covered include problems of the hallux, nerve issues, midfoot, flatfoot, lesser toes, trauma, the diabetic foot, ligaments and tendons, cavus deformity, ankle fractures, and ankle replacement.

### Faculty include:

Mark S. Myerson, MD, Course Chair  
Mark E. Easley, MD, Course Co-Chair  
Robert B. Anderson, MD  
Gregory C. Berlet, MD  
John T. Campbell, MD  
J. Chris Coetzee, MD  
Bryan D. Den Hartog, MD  
Steven L. Haddad, MD  
William C. McGarvey, MD  
Lew C. Schon, MD

AOFAS

## AOFAS goes green

Be sure to check your e-mail for notices of upcoming meetings and the AOFAS website for up-to-the-minute programs. The AOFAS is committed to producing more environmentally friendly meetings – which includes reducing the number of brochures printed and distributed. Other “green” practices embraced by the AOFAS include printing on recycled paper, using soy-based inks when possible, and beginning in mid 2011 the implementation of an online evaluation system for courses.

As part of its **Going Green initiative**, the AOFAS will begin to significantly reduce printed materials at its meetings. As supported by responses to the **Membership Assessment Survey** results (see page 10), the membership has voiced an overwhelming preference to receive meeting materials in an electronic format and plans are currently under development to implement this throughout 2011.



## Conflict of interest *continued from page 6*

charged with expanding AOFAS existing guidelines on COI resolution.

"As stated by ACCME, the content and format of a CME activity must promote improvements or quality in healthcare and not any proprietary business of a commercial interest," says President Keith Wapner, MD. "This new work group has been charged with creating processes such as independent peer review of CME content, changing the role and responsibility of the conflicted party to avoid the conflict, changing program content, advance review of presentation material by a committee of independent reviewers, and even recusal of faculty members from participation if necessary. All these issues, and more, will be factored into our new policies over the next several months. And this will not be limited to course or symposia faculty – it will impact co-authors of abstracts and e-Poster authors. All persons who have the potential to contribute to a CME program will require proper vetting," continues Dr. Wapner.

"While the ACCME Standards for Commercial Support were written to ensure independence in CME activities with potential conflicts of interest including personal financial conflicts, industry relations and conflicts, and other potential areas for bias or conflict, these expanded AOFAS policies are also being written and implemented to ensure that we are doing our transparent best to resolve all conflicts of interest before a certified CME is delivered," says Past President Charles Saltzman, MD, a member of the COI Resolution Work Group.

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## Specialty Day *continued from page 1*

### CME Update for the AAOS Meeting:

It is important for attendees to check in with AAOS Registration upon arrival in San Diego. The AAOS transcript system will not allow you to claim CME credit for any educational activities you participate in before you officially check-in to the meeting. For instance, if you arrive at the meeting on Wednesday but do not check-in until Thursday, you will not be able to claim CME credits for your Wednesday attendance. CME for Specialty Day attendance will be credited to your AAOS CME transcript. If you need a copy of your AAOS meeting and/or AOFAS Specialty Day certificate you will need to print a copy at the many AAOS CME kiosks located throughout the Convention Center.

### 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 educational 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.

### AOFAS Member Reception:

Specialty Day will draw to a close with the annual Member Reception on Saturday, immediately following the combined AOFAS/AANA session, from 5:00 – 7:00 pm, Room 30, San Diego Convention Center.

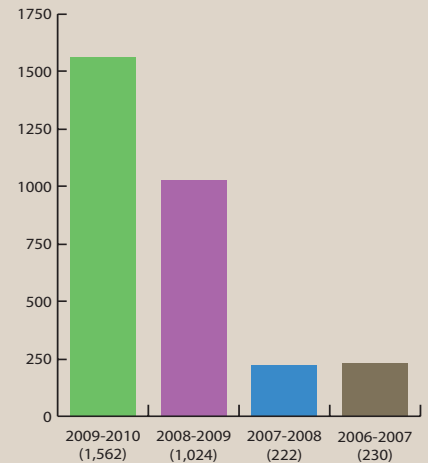
**AOFAS**

## AOFAS media relations

Have you seen the AOFAS mentioned in the newspaper lately? Under the leadership of the Public Education Committee, there has been a significant increase of 600% over the past three years in the number of news articles referencing the AOFAS or quoting an AOFAS member.

Outreach to the media benefits all members by increasing public awareness of the medical expertise of orthopaedic foot and ankle surgeons. It also helps establish the AOFAS as a credible reporters' source for experts for interviews and reliable information on foot and ankle topics.

The AOFAS builds relationships with the media through news releases, member interviews, pitching story ideas, and providing AOFAS spokespersons on specific foot and ankle topics. To learn more about becoming an AOFAS



spokesperson contact Peggy Reilly, Outreach Programs Manager, at [PREilly@aofas.org](mailto:PREilly@aofas.org) or 847-384-4379.

Find the latest news hits featuring the AOFAS and members in the news on a recently created rolling newsfeed on the home page, [www.aofas.org](http://www.aofas.org). Find older articles (within the last 30 days) on the News Center page.

## ABOS application for 2012 recertification

**Reminder:** If your ABOS certificate expires in 2012, applications are due between February 1 and May 1, 2011. Diplomates with a 2012 expiration date should already be receiving communications directly from the ABOS detailing the Maintenance of Certification (MOC) process.

The following deadlines apply to those selecting the **MOC Computer Examination Pathway:**

- Due December 15, 2010: CME / SAE – from 2008-2010

- Due December 15, 2010: Three-month case list from 2010
- Due February 1 – May 1, 2011: Application
- Due December 15, 2011: Exam fee

The following deadlines apply to those selecting the **MOC Oral Examination Pathway:**

- Due December 15, 2010: CME / SAE – from 2008-2010
- Due February 1 – May 1, 2011: Application

- Due December 15, 2011 – Six-month case list from 2010-2011
- Due December 15, 2011: Exam fee

The full timeline for 2012 is available on the ABOS website at [www.abos.org/documents/2012.pdf](http://www.abos.org/documents/2012.pdf) (view page 2 of the chart). Visit [www.abos.org](http://www.abos.org) if you have any questions about the MOC application process, rules and regulations, CME / SAE documentation, schedule, etc.

## Applications for F&A fellowships on upswing

Looking at a comparable time period for last year's match cycle, there is a distinct uptick in the number of applicants for foot and ankle fellowship positions in the 2011 match. As of mid-November the AOFAS processed 48 applications, while last year 17 applications had been received at that same time. The Society received a total of 53 applications for last year's match cycle.

"It is great to see the early increase in applications," says Daniel Farber, MD, Fellowship Match Committee chair. "A number of the residents who attended the 2010 Annual Summer Meeting in National Harbor under the AOFAS/OEF Resident Scholarship Program have applied for fellowships. Additionally, some of the applicants are already AOFAS Resident Members. This is very positive for the future of our specialty."

There are 36 programs (97%) participating in the AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match Program and a total of 58 fellowship positions are offered. Profiles of each

participating program, the application form, timeline, and the Society's legal agreement with fellowship programs are available at [www.aofas.org](http://www.aofas.org).

### A transparent, unbiased process

The AOFAS-sponsored match is designed to be a transparent, unbiased process in which applicants are matched to fellowship programs on a competitive basis.

The Society administers the application process, while administration of rank lists and the match process are handled by the San Francisco Matching Program (SF Match). Participation in the match requires successful completion of an approved orthopaedic surgery residency program prior to the fellowship start date.

### Timeline

Applicants must register with the SF Match and submit their applications to the AOFAS by March 1, 2011, although submission by December 1, 2010 is recommended.

Programs may conduct interviews from December 1, 2010 to March 25, 2011. Rank lists from applicants and programs are due to the SF Match by March 29, 2011. Match Day will be April 5, 2011.

### Strengthening the fellowship process

To improve the orthopaedic fellowship match process for applicants, the AAOS Board of Specialty Societies (BOS) established a Fellowship Oversight Committee several years ago. Michael Aronow, MD, represented AOFAS on this BOS committee and now serves as its co-chair.

In seeking to improve the overall experience, the committee has reviewed application forms, program agreements, and processes across specialty matches to identify best practices. To the Society's credit, the AOFAS program has served as a model for other orthopaedic specialty matches.

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## ORTHOPAEDIC FOOT & ANKLE OUTREACH & EDUCATION FUND

### Resident Scholarships 2011: Encourage residents to apply

Seventy-three percent of last year's Resident Scholars said that the Annual Summer Meeting solidified or enhanced their decision to pursue a career as a foot and ankle specialist.

Twenty-one residents participated in the inaugural program. The goal for 2011 is to fund 30 residents.

The Resident Scholarship Program is open to PGY2 and PGY3 orthopaedic residents with an interest in foot and ankle surgery. It offers an opportunity to attend the Annual Summer Meeting in Keystone, Colorado to learn about foot and ankle surgery and network with leading foot and ankle surgeons.

Application deadline is March 1, 2011. The application is available under Medical Professionals at [www.aofas.org](http://www.aofas.org). For more information contact Peggy Reilly, Outreach Programs Manager, [PREilly@aofas.org](mailto:PREilly@aofas.org) or 847-384-4379.

**AOFAS**

### Special event planned for San Diego Thursday, February 17, 2011

Devoted to raising funds to support the mission of the AOFAS, hosts Sheldon Lin, MD, OEF president, and the AOFAS and OEF Boards of Directors, invite you and your guests to participate in a unique evening of food, fun, and fundraising.

This year's annual AOFAS/OEF event will be held from 7:00 – 10:00 pm at Dick's Last Resort, located in the Gaslamp Quarter just a few blocks from the San Diego Convention Center. Wear your best sombrero and come prepared to enjoy a Mexican fiesta complete with make-your-own nachos, taco bar, a little tequila on the side, and more.

Master of Ceremonies Hodges Davis, MD, promises a night filled with surprises, live music, and the camaraderie of those in attendance – all for the benefit of the OEF. Your support is vital to enable key research and educational and service programs.

Tickets for this event are available at \$200 per person and a portion of each ticket purchased is tax deductible. Tickets

“T3”



**Tacos...Tequila...Toes**  
*A good time for a good cause*

are available for Residents and Fellows currently in training at \$100. Proceeds from this event will go directly to the OEF.

To make your ticket purchase, go to [www.aofas.org/oefwinter](http://www.aofas.org/oefwinter) and look for the Tacos, Tequila & Toes icon. For your convenience, AOFAS Members may login to the AOFAS website first so the ticket purchase screen will pre-populate with your name and contact information.

If you are unable to attend this event but would like to make a contribution or if you have any questions about the event, please contact the AOFAS Executive Office at [aofasinfo@aofas.org](mailto:aofasinfo@aofas.org) or 800-235-4855 or 847-698-4654 (outside US).

**AOFAS**

## OEF applauds corporate contributors

As a result of the generous donations of both corporate and individual contributors to the OEF, the OEF continues to support the mission of the AOFAS. 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 benefit from their care. Young AOFAS members have the opportunity to exchange knowledge with experienced orthopaedic foot and ankle surgeons as they travel to major teaching, clinical, and research centers. Residents receive scholarships to attend the Annual Summer Meeting to learn about foot and ankle surgery and network with leading foot and ankle surgeons.

The AOFAS and the OEF gratefully acknowledge corporations that have so generously contributed to advance the mission of the AOFAS through their donations or pledges to the OEF or designated through the OREF from January 1, 2010 to October 31, 2010. Their philanthropic pledges and contributions have a profound impact on the orthopaedic foot and ankle specialty and the world.

**AOFAS**

### PLATINUM LEVEL: \$250,000 – \$499,999



### GOLD LEVEL: \$100,000 – \$249,999



### SILVER LEVEL: \$50,000 – \$99,999



### BRONZE LEVEL: \$25,000 – \$49,999



### COPPER LEVEL: \$5,000 – \$24,999



## AOFAS / OEF / OREF

### Working together

Collaborating to support research, education, and service, a total of \$37,850 was raised for the OEF last year. Aiming higher to reach \$50,000 in support during 2010, the AOFAS / OEF / OREF fall campaign is now in full swing.

AOFAS members who have donated through the OREF in the past will receive a thank you letter along with a brochure not only asking you to donate in 2010 if you have not already done so, but also to ask your help in encouraging your colleagues and friends to contribute as well. A second mailing will be sent to AOFAS members who have not yet participated in any AOFAS/OEF/OREF fundraising efforts. Your attention to these

letters and the new brochure is essential and appreciated.

Here is a brief overview of how your contributions have been put to good use:

- 63 grants totaling \$629,181 have been awarded since 1997
- Grant recipients have made 124 scientific presentations, published 65 journal articles, and received nearly \$3.6 million in grants from other funding sources
- New programs have been developed for residents, fellows, and young physicians in practice to expand their foot and ankle education and training and to support them in their career choice:

- Resident Review Course
- Resident Scholarship Program
- Resident Lecture Series
- Visiting Professor Program
- Traveling Fellowship Program
- More than 600 disabled Vietnamese children and adults have received free, life-changing surgery by the 26 AOFAS members and their Vietnamese orthopaedic colleagues since the project began in 2002

Donate now at [www.oref.org/aofas](http://www.oref.org/aofas) or contact Ed Hoover at the OREF at [Hoover@oref.org](mailto:Hoover@oref.org) or 847-384-4354 with any questions.

**AOFAS**

# Members weigh in: Membership Assessment Survey results

The Board surveys all dues-paying members every two years to allow members to help set the directives of the Society. The 2010 survey was sent via e-mail and fax in September and 330 responses were received. The 21% response rate was a slight increase over the 2008 response rate.

The AOFAS leadership appreciates those who made time to respond to the survey.

## Demographics

Survey respondents in 2010 closely mirror those of 2008. The highest responses came from: Active Members (63%) (66% in 2008), International Members (17%) (same in 2008), and Candidate Members (14%) (8% in 2008). A slightly higher number of women responded to the survey in 2010 (12% as compared to 8% in 2008). The average age of respondents was 47 years old, which was closer to the 2006 survey (46 years old) than 2008 (38 years old).

Respondents practice primarily in the United States Northeast (21%), Midwest (18%), Southeast (16%), and West (15%). The number practicing outside North America was down slightly from 2008 (15% as compared to 18%).

## Practice settings

The largest segment of respondents (40%, down slightly from 47% in 2008) are in a private orthopaedic group practice followed by an academic institution setting (20%, 19% in 2008). Also on par with 2008, respondents spend 82% of their time in clinical practice, including surgery. Responding members spend 74% of their time on foot & ankle (up from 69% in 2008), followed by 9% (10% in 2008) on trauma. A higher percentage of members consider themselves foot and ankle specialists (71% as compared to 67% in 2008). Similar to the 27% in 2008, 25% are general orthopaedists with a foot and ankle specialty.

Most respondents (55%) have no personal or financial involvement with podiatrists; this is down slightly from 61% in 2008. Of this year's respondents, 21% refer patients to local podiatrists for care and 17% partner or employ podiatrists in their practice.

The top procedures of respondents are hammertoe correction (73%, up from 68% in 2008); ORIF lateral, bimalleolar, trimalleolar fracture (70%, up from 63%); bunion correction / metatarsal osteotomy

(68%, up from 65%); ankle arthroscopy (67%, up from 65%); arthrodesis (subtalar or triple) (64%, up from 63%); 1<sup>st</sup> MTP Fusion (61%, up from 58%); lateral ankle ligament reconstruction (59%, up from 57%); cheilectomy (54%, up from 53%); Achilles tendon repair (acute) (52%, up from 46%); and bunion correction, Austin / chevron (52%, down from 55%).

## Health policy

The most important health policy issues for responding members are, in rank order, medical liability reform (75%, up from 54% in 2008), Medicare reimbursement (65%, up from 64%), scope of practice (63%, up from 36%), academic advocacy (59%, up from 20%), and patient safety (57%, up from 20%).

The patients of responding members are insured by PPO insurance (38%, up from 34% in 2008), Medicare (25%, steady from 25%), HMO/prepaid plans (14% in 2010 and 2008), other plans (9%, down from 12%), Medicaid (8%, up from 7%), and personal pay (6%, down from 8%).

## Educational meetings

AOFAS educational programs were rated as good or excellent by 74% of respondents and 94% agreed that AOFAS programs contributed to their increased competence as a healthcare provider. Knowledge, strategies, and skills acquired at AOFAS CME programs contribute to improved efficiency and safety for 86% of those who responded. AOFAS CME programs contribute to patient satisfaction and outcomes for 84%.

Seventy percent of respondents implemented 50% or more changes related to patient care, practice management, or performance of procedures since attending an AOFAS course. About half (45%) would commit to subscribing to CME webinars. A majority of members who responded (70%) would prefer to receive program materials electronically.

In regards to the Annual Summer Meeting, the top three reasons that members attend are scientific program (50%), connection with colleagues (28%), and the location of the meeting (16%).

## Membership

A majority (89%, down slightly from 91% in 2008) rate the overall value of AOFAS membership as good or excellent. The top

three listed benefits of membership were CME access, opportunity to network with colleagues, and access to *Foot & Ankle International*. The quality of *Foot & Ankle International* was rated good or excellent by 84%, down slightly from 91% in 2008.

## Communication

A slightly higher percentage of responding members were "very satisfied" with Society communication (42%, up from 37% in 2008). When asked about social media applications, 57% reported that they do not use any and 82% do not currently support or utilize the Society's Facebook page or Twitter account.

The AOFAS website is utilized at least once a month by 43% of members and 45% (down from 52% in 2008) refer their patients to the website for medical information. Members want downloadable patient-education information on the website (82%, up significantly from 53% in 2008). For the website, respondents also requested more information that explains the difference between orthopaedic foot and ankle specialists and podiatrists, more coding / practice administration information, and more opportunities for member collaboration.

## OEF / OREF

A higher percentage of responding members now donate to the OEF (27%, up from 16% in 2008) and the OREF (23%, up slightly from 21% in 2008).

## Society directives

Survey responses are considered by the Board to understand member priorities and to develop future plans for the Society. The Board appreciates the member feedback on desired website features and content and will take that into consideration during the future implementation of the new web content management system.

Member feedback has reiterated that CME programming is the most valued member benefit and the Society takes that responsibility seriously. Based on the overwhelming preference to receive meeting materials in an electronic format, plans are currently under development to implement this directive in future, greener AOFAS educational courses and meetings.

AOFAS

## Total Ankle Arthroplasty Codes

by David I. Pedowitz, MD, for the AOFAS CPT/RUC Committee

For many foot and ankle surgeons, total ankle arthroplasty (TAA) has become part of our standard armamentarium in the treatment of tibiotalar arthritis. Patient selection is paramount to the success of this operation but proper coding is also essential to ensure proper reimbursement for this time-consuming and technically demanding operation.

Since TAA is performed simultaneously or staged with numerous other procedures, we urge surgeons to review the “Global Service Package” (Global Service Package refers to procedures that are considered “bundled” or inclusive to the larger procedure. The best source for this information on foot and ankle orthopaedic procedures is the AAOS Complete Global Service Data for Orthopaedic Surgery) for each CPT® code before assuming any one additional procedure is separate or included within the services provided under total ankle arthroplasty.

The differences between different ankle arthroplasty codes are explained in more detail below along with tips on how to code when procedures are staged, when secondary procedures are performed, or when two surgeons perform separate procedures in the same operative session.

### Code definitions

**27700 Ankle arthroplasty:** is meant to cover procedures including interpositional arthroplasty excluding implantation of a prosthesis.

**27702 Total ankle arthroplasty:** arthroplasty, ankle; with implant [total ankle].

NOTE: 27702’s “GLOBAL SERVICE PACKAGE” ENCOMPASSES NUMEROUS ACCESSORY PROCEDURES INCLUDING BUT NOT LIMITED TO:

- osteotomy for prosthetic alignment: 27705 and 27709 (i.e.: supramalleolar tibial – osteotomy for post traumatic valgus tibia through the same incision as the primary procedure)
- ligament repair: 27695 (i.e.: lateral ligament reconstruction Brostrom type procedure decided upon once the prosthesis is implanted and there is residual varus instability)

- minor skin scar revision
- preparation and implantation of synthetic bone graft substitutes
- removal of loose bodies/osteophytes
- capsular, retinacular, or compartment release
- tenolysis and/or tenosynovectomy
- neuroplasty for surgical exposure

**27703 Revision total ankle:** arthroplasty, ankle; revision, total ankle. This code includes revision of any or all components of the prosthesis.

**External fixators:** In the case where the particular system requires syndesmotic fusion and application AND removal of an external fixator, both are bundled into the standard TAA code. One cannot code separately for application and removal of the external fixator as it is simply being used as a tool to assist in the implantation of the components. Syndesmotic fusion is also a unique step in one particular implant’s technique which is generally thought to be a part of the procedure – not a separate service.

### Staged procedure coding

When staged procedures are to be performed (i.e.: lateral ankle ligament reconstruction for a severe varus deformity to be addressed before the total ankle) SEPARATELY, a 58 modifier (to indicate staged planned procedures) should be used if the second procedure (TAA) is to be performed during the global period for the index procedure (ligament reconstruction). This ensures that both procedures are coded appropriately and should be reimbursed accordingly.

NOTE: In the above example, if lateral instability were recognized during implantation of the total ankle and a modified Brostrom type procedure were to be performed, it would not be coded separately because it is listed (see above) in the global service package for the TAA code.

### Multiple separate procedures coding

When secondary procedures are to be performed DURING a total ankle procedure (subtalar fusion in addition to TAA, corrective calcaneal osteotomy or achilles tendon lengthening with TAA), both

procedures should be coded separately. Examples of procedures that can be coded separately include subtalar fusion in addition to TAA, corrective calcaneal osteotomy or achilles tendon lengthening with TAA, and open reduction and internal fixation of a medial or lateral malleolus, these should be coded separately in addition to the total ankle.

NOTE: If the surgeon feels that the work required is substantially greater than typically needed because of patient co-morbidities or other factors AND the work required is not separately reportable, it may be identified with a -22 modifier. Under these circumstances, the surgeon should cite an alternative code that approximates the work that was performed. Documentation must support this in terms of time, intensity, technical difficulty, severity of patient’s condition, and/or physical and mental effort required.

### Two surgeons coding

At many centers these procedures are performed by two surgeons. In this case it can be indicated by a -62 modifier; however, this needs to be documented by two separate operative notes detailing each surgeon’s contribution to the case. In most circumstances, this is instead coded as one surgeon being the assistant (-80 modifier).

NOTE: At academic institutions, most third-party payers will NOT reimburse for a non-physician assistant if residents/fellows are available. If this is the case and a resident/fellow is not available, the -82 modifier may be used (assistant surgeon when qualified resident surgeon not available).

### Coding of a revision/conversion

A failed total ankle that must be converted to a fusion would be coded as a removal of ankle implant 27704 and tibiotalar arthrodesis 27870 with additional codes as needed by the particular technique. Additionally, the 27704 code includes insertion of cement beads in the case of a staged revision.

Note: Total hip and knee revision codes differentiate between the different components (i.e. 27487 vs. 27488; 27134 vs. 27137 vs. 27138). There are not comparable codes for different components of an ankle arthroplasty.

**Mandatory elevation application deadline: January 1**

Current members who completed training during 2010 are required by the Society to apply to elevate to the next membership level by January 1 in order to retain membership benefits.

Members in this situation have been contacted via e-mail about the need to elevate and to provide updated profile information. If you did not receive this notification or have questions or needs in this regard, please contact the AOFAS Executive Office as soon as possible.

Membership information and application forms may be found on the Medical Professionals page at [www.aofas.org](http://www.aofas.org). Allow sufficient time to complete all submission requirements including one letter of sponsorship from an AOFAS Member (Active, Associate, International, or Emeritus).



**FAI is just one of your membership benefits**

Added value is the name of the game and one of the top rated member benefits is the monthly print subscription to *Foot & Ankle International* that is provided with paid annual dues. Non-member subscription costs \$259/year within the US and more outside the US.

**Looking for online access?** A separate subscription is available from the publisher at a current rate of \$49/year (non-member rates range from \$99 to \$149/year). Contact Data Trace directly at [www.faijournal.com](http://www.faijournal.com) or 410-494-4994 to subscribe.

**Missing an issue?** An updated mailing list is submitted to the publisher 4 weeks prior to each publication date. If you have relocated and not updated your member record information or an issue has not properly reached you within eight weeks of the print date, please contact the

AOFAS Executive Office in a timely manner. Contact with the publisher instead of the AOFAS office will delay next steps.

**Taking advantage of all your benefits?**

In addition to the *FAI* scientific journal subscription, the AOFAS membership offers a full range of benefits including the informative *In~Stride* newsletter, access to the private segments of the AOFAS website, a myriad of opportunities to apply for various programs and awards, and much more. If you are not aware of your current member category and related benefits, please contact the AOFAS Executive Office.



**Dues for 2011 – NEW payment option offered**

In addition to paying dues conveniently and safely by credit card online or via phone, fax, or mail, the Society will now accept automatic renewal authorizations to make future payments even easier.

Created to accommodate many requests for this service, members will be prompted online and on the printed dues notices with an auto renewal option. This is an optional service that provides added convenience as well as security; credit card information is accessible only by the processing company.

**Dues notices for 2011 will be mailed to members in late November.** Members are asked to make payment by January 31, 2011. An e-blast will precede the mailing to let you know to watch for yours to arrive and also guide you through the online payment process. If you do not receive your dues notice by the end of December, please contact the AOFAS Executive Office at [aofasinfo@aofas.org](mailto:aofasinfo@aofas.org) to request a duplicate copy.

Dues must be submitted in US funds; no wire transfers accepted. All payments will be acknowledged with an e-receipt for your files once payment has been posted

to your account. The fees for 2011 are as follows:

- Active Member / Associate Member – Osteopathic \$495
- Candidate Member \$425
- Active, Associate, or Candidate Member Military \$250
- International Member \$300
- Fellow Member \$95
- Resident Member \$95

*Through a grant made possible by the OEF, AOFAS Members currently in a fellowship program that participated in the AOFAS-sponsored match will have their Fellow Member fee waived for 2011 and will receive a 50% discount on dues during their first year of practice, provided they apply to elevate to the next membership level by January 1 of the year following completion of training. Members that participated in a 2010 fellowship program included in the AOFAS-sponsored match will be invoiced at half the regular annual dues rate in 2011.*



**AOFAS announces new Active Members**

Having complied with the final two requirements of Active Membership (ABOS certification and elevation to Active Fellow in the AAOS), the AOFAS recently elevated the following members to the Active Member category:

- |                          |                           |
|--------------------------|---------------------------|
| Arash Aminian, MD        | J. Thaddeus Leaseburg, MD |
| Eric Ancill, MD          | Frederick Lemley, MD      |
| Michael Barnett, Jr., MD | Jordan Lisella, MD        |
| Russell Bear, DO         | Margaret Lobo, MD         |
| D. Scott Biggerstaff, MD | Gregory Lundeen, MD       |
| Dominic Carreira, MD     | Anthony Mechrefe, MD      |
| Marc Chodos, MD          | Daniel Murawski, MD       |
| Zenia Cortes, MD         | Roger Murken, MD          |
| Pedro Cosculluela, MD    | Christopher Nicholson, MD |
| Christopher Dale, MD     | Florian Nickisch, MD      |
| Joshua Dines, MD         | Blake Ohlson, MD          |
| Brad Dresher, MD         | Tracy Pesut, MD           |
| Andrew Ebert, MD         | John Reach, Jr., MD       |
| Aron Green, MD           | Michael Scherb, MD        |
| Kathleen Grier, MD       | Randolph Sealey, MD       |
| Aaron Guyer, MD          | Gary Stewart, MD          |
| Christina Kabbash, MD    | Brian Straus, MD          |
| Ari Kaz, MD              | Joseph Tansey, MD         |
| Todd Kim, MD             | Kimberly Workman, MD      |
| Kevin Kirk, DO           |                           |
| Sandra Klein, MD         |                           |
| Alan League, MD          |                           |