Presidential Perspective

Dear Colleagues,

Thank you for the honor of serving as your president this year. We have hit the ground running following the Annual Meeting in Hollywood, Florida in July. That meeting was our most successful yet with 814 registrants, and our larger Exhibit Hall was sold out months in advance. The net margin was also the strongest to date.

To illustrate the global nature of our Society, registrants at this meeting represented 33 countries, and 38% of all registrants were from outside the US. With a membership now over 2,000, the AOFAS is in a strong position to tackle any challenge in 2014. As you are well aware, there are many facets to our organization and countless individuals that propel us to new heights. I’d like to take a few moments to fill you in.

First, each member of the Board of Directors recently signed a Leadership Commitment Form firmly demonstrating their dedication to our Society. AOFAS committee chairs and OEF Board members are also signing this form. It confirms our commitment to teaching hands-on surgical procedures to those who are in or have completed orthopaedic residency training, along with a commitment to not participate in CME activities with for-profit enterprises in direct competition with the AOFAS. It is important that our leaders stay focused on the excellence and growth of the AOFAS in educational venues, for fractionating such educational resources dilutes the strength of our Society. Please note this commitment form is only for those in leadership positions, and as a member you are unrestricted in your choices, though we hope you come to realize the value in standing strong behind the AOFAS. As I noted in my presidential address at the July meeting and published subsequently in In-Stride and FAI, competition lends itself to a victory based on the quality of the product produced, and we firmly believe that our product will continue to be untouchable in quality and content.

Also on the education front we are planning many outstanding experiences for 2014. This begins with the ever-popular Advanced Foot and Ankle Course in January, followed by Specialty Day in March, and culminating in the largest meeting we will ever hold – the AOFAS Annual Meeting (September 21-23) in Chicago in conjunction with the 5th IFFAS Triennial Scientific Meeting (September 19-21). Program chairs of both organizations are working collaboratively to create a conjoined, cohesive meeting that is, at its basic level, a five-day non-overlapping comprehensive foot and ankle tour de force. Plan on attending the entire meeting experience, for attending only one or the other meeting would be equivalent to ignoring 50% of your foot and ankle practice. Social activities will be interesting and diverse, illustrating the breadth of the ever-vibrant city of Chicago, and complementing the educational experience from a different perspective.

Our mission to support research remains equally strong. Besides research grants, we have made a firm commitment to support OFAR – the Orthopaedic Foot and Ankle Outcomes Research Network project. The 10 sites involved in the pilot project have been reviewed and selected by the hard-working Program Committee and have been scheduled throughout the day. Additional time has been redirected from the podium to the floor in an effort to facilitate more audience influence on the discussion and

Challenging symposia, original research and personal reflections featured at Specialty Day 2014

The annual Specialty Day meeting will take place on the last day of the AAOS Annual Meeting in New Orleans, Saturday, March 15, 2013. Chaired by J. Chris Coetzee, MD, the meeting will take place at Morial Convention Center from 7:00 am – 5:00 pm in Great Hall B.

“Attendees will receive solid information compressed into one non-stop day of education – including practical symposia full of practical pearls,” says Dr. Coetzee. “In addition to the invited speakers, original, cutting-edge research presentations of exceptional quality have been reviewed and selected by the hard-working Program Committee and have been scheduled throughout the day. Additional time has been redirected from the podium to the floor in an effort to facilitate more audience influence on the discussion and

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IN-STRIDE

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project have demonstrated they are able to efficiently collect patient-reported outcomes data using the PROMIS® system, enrolling more than 300 patients in just 3 months! We are now testing for Phase III of this project which will expand the number of participating sites to many AOFAS members, allowing them to compare their results to the aggregate and potentially to fulfill both meaningful use and ABOS MOC criteria. Look for this launch in fall 2014.

Also in the year ahead, in support of ABOS MOC requirements, is the development of scored and recorded self-assessment CME. We have heard members’ requests through our membership surveys and are finalizing development of 100 questions on lessons learned through our journal, Foot & Ankle International. These questions should equilibrate to 10 scored and recorded CME credits, pending approval by the ABOS. Look for this member benefit in spring 2014.

By mid-2014, we will implement a new behind-the-scenes association management system, Avectra, to replace our older system launched in 2008. Among other advantages in acquiring this system is the integration with the soon-to-be-launched online Physician Resource Center (PRC). The PRC will be your home for online education and will evolve into a comprehensive resource of documents, videos, graphics, group discussion forums, reviews, product information, and recordings of relevant foot and ankle orthopaedic content. Such content will expand over time to a plethora of educational snippets, allowing you to prepare on-the-fly for upcoming surgical challenges. This vehicle will serve education by methods not thought possible as little as 10 years ago!

Complementing physician education we will be expanding the content of FootCareMD, our site for patient-centered education. Through the work of the Public Education Committee and Young Physicians Committee, 65 procedure-based articles are being finalized and will be added to the site, followed by an update of condition-based content and improved site navigation to make it more fluid and dynamic. I have no doubt this will soon be THE resource for you to send your patients for information on “what you have and what you can do about it.” And, while perusing this site, patients will soon have the ability to watch our upcoming video that will help distinguish medical education and orthopaedic training from other health care providers of foot and ankle care.

As you might guess, I could go on about the exciting things happening simultaneously at our Society. I clearly think 2014 will bring you member benefits that echo desires expressed in our recent member survey. I want to thank those who responded to that survey, as we have used your data and listened to your needs in formulating the above programs. This survey had the largest response rate by both numbers and percentages in the history of our Member Assessment Surveys. It is clear to the Board that your specific needs must be met in order to create a collective whole that functions with the common goal of the best foot and ankle care possible now and into the future.

Thanks, again, for allowing me to help work with these initiatives. I sincerely appreciate your confidence and support.

Sincerely,

Steven L. Haddad, MD

AOFAS 2013-2014 Board of Directors

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this will hopefully enable more time to compare, contrast, challenge, and better understand the topics being presented.”

**Specialty Day lectures and sessions including the following topics:**

- Early Bird Symposium: How to Maximize Ancillary Services in the Surgical Center and Clinic
- Original Research Papers
- Focused Symposia, including
  - Management of the Ligamentous Issues around Ankle Fractures: The Acute Deltoid, Syndesmosis and Acute Lateral Tears
  - Management of the Weekend Warrior: The Aging Athlete, Basic Science, and the Different Treatment Strategies for Senior and Younger Athletes
  - Peroneal Tendons: Structural Abnormalities and their Contributions to Pathology and Facilitation of Recovery; Treatment of Primary Pathology; and Failed Peroneal Tendon Surgery
  - Forefoot Surgery: The Evolution of Bunion Surgery; Management of Severe Bunion Deformity; and Cost Effectiveness of Bunion Surgery
  - Ankle Replacement: Implant Positioning; the Basic Science of Polyethylene Wear; Management of Osteolysis in TAR (Graft or Revise); and the Unrecognized Deformity and its Influence on TAR
  - Arthroscopy in Ankle Fractures: The Role Arthroscopy Plays in Treating Ankle Fractures and Sports Injuries
- I Showed Up at the Wrong Port While the Boat Sailed Away … Shoulda’, Coulda’, Woulda’ – The program will conclude with a candid and personal review of how select treatment preferences have evolved for some of the AOFAS noted educators over the years.

**Interim Business Meeting**

AOFAS Active and Associate Members – Osteopathic are encouraged to remain for the Interim Business Meeting in the middle of the day, slightly overlapping the lunch break. This will enable members to be more engaged in the business and decision-making of the Society.

**CME for Specialty Day and the AAOS Meeting**

Certificates of attendance at the AAOS and Specialty Day meetings are only available to print at kiosks in the convention center. Please print your CME certificate(s) at the end of the meeting for your records.

It is important for you to check in as soon as you arrive at the AAOS meeting as the AAOS transcript system will not allow you to claim CME credit for any educational activities you participated in before you officially check-in to the AAOS meeting (including AOFAS Specialty Day). 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. So please remember to check-in before attending any educational activities. CME certificates will not be sent to participants.

**Accreditation**

The AOFAS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education.

**CME Credit**

The AOFAS designates this live Specialty Day educational activity for a maximum of 9 AMA PRA Category 1 Credits™. The CME credit system is an honor system and you should claim only the number of credits for the learning activities in which you actively participated.

**AOFAS Member Reception**

All AOFAS members are invited to attend the annual Member Reception immediately following the scientific program. The Reception will be held in the Great Hall Foyer just outside the session room and is scheduled to end at 7:00 pm.

**AAOS Registration and Housing**

Detailed program and registration information is available at [www.aaos.org](http://www.aaos.org). AAOS Member and Non-Member housing is now open and advance registration will be taken by the AAOS through January 28, 2014. Check [www.aofas.org/specialtyday](http://www.aofas.org/specialtyday) for program updates and meeting information.
Members weigh in: Membership Assessment Survey results

The Board surveys all dues-paying members periodically to gather feedback to help set the directives of the Society. The 2013 survey was sent via e-mail and fax in October and 460 responses were received. The 26% response rate was higher than that of previous surveys. The AOFAS leadership appreciates those who made time to respond.

Demographics
Survey respondents in 2013 are largely similar to those of the 2010 survey and the percentage of respondents in each membership category track well with the membership categories in the AOFAS database. The percentage of male (89%) and female (11%) respondents was the same in 2010. The average age of respondents was 46 years old. For comparison, the average age in the 2012 AAOS Member Census was 53.

Practice settings
Of the US respondents in practice, 44% are in a private orthopaedic group, 15% are salaried by an academic institution, and 8% are in an academic private practice. Eleven percent of US respondents are employed by a hospital or medical center, 7% are in private solo practice, 7% practice in a multi-specialty group, and 2% are in a private foot and ankle group.

Overall, respondents spend 79% of their time in clinical practice, including surgery, and spend 77% of their time on foot and ankle (up from 74% in 2010). The percentage of members that consider themselves foot and ankle specialists is 73%, a figure that has steadily increased from 66% in 2006. Next highest category included those that consider themselves general orthopaedists with a foot and ankle specialty (17%).

The top procedures, in rank order, as reported by respondents are:
- Ankle arthroscopy
- Ankle ligament reconstructive procedures
- ORIF lateral, bimalleolar, trimalleolar fracture
- Hammertoe / claw toe correction
- Arthrodesis, subtalar or triple
- 1st MTP fusion
- Bunion correction, chevron or distal osteotomy

• Cheilectomy
• Ankle arthrodesis, any method
• Calcaneal osteotomy

Health policy
Much the same as in 2010, the patients of responding members are insured by PPO insurance (38%, same in 2010), Medicare (25%, same in 2010), HMO / pre-paid plans (12%, 14% in 2010), other (10%, 9% in 2010), Medicaid (9%, 8% in 2010), and personal pay (7%, 6% in 2010).

Educational meetings
AOFAS educational programs were rated as good or excellent by 78% of respondents and 94% agreed that AOFAS programs contributed to their increased competence as healthcare providers. Nearly all respondents (99%) find the clinical information from AOFAS courses and meetings relevant to their practice.

Knowledge, strategies, and skills acquired at AOFAS-sponsored CME activities have contributed to improved efficiency and safety for 85% of those who responded. Eighty-two percent of respondents felt that AOFAS CME programs contribute to patient satisfaction and outcomes.

A large majority (75%) feel that the AOFAS provides adequate resources in preparation for Maintenance of Certification (MOC). A slight majority (58%) would participate in educational offerings designed to meet MOC requirements.

Foot & Ankle International
The quality of Foot & Ankle International (FAI) was rated good or excellent by 92%, up from 84% in 2010. Of the respondents, 72% have viewed FAI online and 93% of those rate it as very good or excellent to have online access to the full FAI archive dating back to 1980.

Membership
A large number (63%, up from 48% in 2010) rate the value of their AOFAS membership as more valuable than their membership in other professional medical societies. The top three listed benefits of membership were educational opportunities, networking with colleagues, and subscriptions to Foot & Ankle International and In–Stride.

Communication
In–Stride was rated as good or excellent by 67% of respondents.

Members proposed many good ideas for consideration by the AOFAS leadership. Thank you to all members who took the time to respond to this important survey.

Annual Meeting 2013 received high marks

The meeting in Hollywood, Florida set record attendance numbers. Consistent with previous surveys, the top two reasons for attending the Annual Meeting were scientific program content and socialization with colleagues, and the overall meeting experience for 2013 was rated as either good or excellent by 96% of respondents.

The educational content generated the greatest amount of praise for the meeting. Optional meeting opportunities included the Pre-meeting Course on Complex Reconstructions, the Young Physicians Forum, e-Poster displays, the Research Forum and the CPT® coding workshop also received high marks.

Educational objectives were met and nearly 100% of attendees predict they will implement some knowledge from the Annual Meeting into their daily practice.

The top reason attendees visited the Exhibit Hall (89%) was to see new products and 65% plan to follow up with this year’s exhibitors regarding their products or services on display in Hollywood.

Technology was viewed as enhancing the learning process by 75% of the attendees who responded. The mobile application was used by 80% of the respondents (up from 66% last year), mostly for viewing the agenda, and many found it to be useful in navigating the logistics of the meetings.

The Board greatly appreciates those who took the time to complete the Annual Meeting Survey and are taking the feedback into account as details are finalized for the IFFAS Triennial Scientific Meeting and AOFAS Annual Meeting in September, 2014.
AOFAS to host IFFAS Triennial Meeting
September 2014, Chicago
Abstract Deadline: January 10, 2014

Offered every three years, the 2014 5th Triennial Scientific Meeting of the International Federation of Foot & Ankle Societies (IFFAS) meeting will be hosted by the AOFAS September 19-21 in Chicago. The AOFAS Annual Meeting, traditionally held during the summer, will be held September 21-23 as a continuation of learning immediately following the IFFAS meeting. Both meetings will take place at the Hyatt Regency Chicago located in the heart of the city and adjacent to Chicago's famous Magnificent Mile.

Making two into one
IFFAS President Mitsuo Kinoshita, MD; AOFAS President Steven Haddad, MD; IFFAS Vice President / Program Chair Charles Saltzman, MD; and AOFAS Program Chair Chris Coetzee, MD, are collaborating to create complementary scientific sessions designed to meet the diverse educational needs of each organization’s members. The result will be an unprecedented educational program remarkable in its breadth, depth, and goal of bringing together orthopaedic foot and ankle surgeons from around the world.

“The AOFAS Annual Meeting has always been the premier educational event in orthopaedic foot and ankle surgery and the added bonus of the IFFAS meeting taking place before our meeting, with its rich heritage of foot and ankle surgery in Europe, South America, and Asia, will be a rewarding experience,” predicts Steven Haddad, MD.

Symposia topics to be included during the meetings include:
- Sports Injuries
- Complications of Forefoot and Midfoot Surgery
- Achilles Tendon Problems
- The Neurologic Foot
- Treatment of Hindfoot: Revision Strategies
- Ankle Arthritis: Non TAA (Use It or Fuse It)
- Surgery of the Lesser Toes
- Total Ankle Replacement
- Complications of Ankle Surgery
- Trauma

Abstract Deadline: January 10, 2014
Several sessions have been reserved for podium presentations of original research. Abstracts for these sessions must be submitted through a single online abstract submission site for both the IFFAS and AOFAS meetings. The submission site is open until January 10, 2014, 11:59 pm Pacific Time.

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Abstract submissions are encouraged in the following categories:
- Ankle
- Ankle Arthritis
- Arthroscopy
- Basic Science / Biologics
- Bunion
- Diabetes
- Hindfoot
- Lesser Toes
- Midfoot
- Sports
- Trauma
- Other

Authors may submit an abstract for the IFFAS meeting alone (September 19-21), the AOFS meeting alone (September 21-23), or either meeting but abstracts may only be presented once. Options for e-Poster presentations will also be provided, either as an initial preference or as an alternative to a podium presentation. Abstracts will be reviewed in a blind fashion by the IFFAS and/or AOFS Program Committees depending on presentation request and confirmation of participation will be distributed in March 2014.

Your kind of town – Chicago

This year’s meetings will feature a variety of educational and social options and Chicago is a world class city that will provide attendees with an excellent background for all events. An expanded Exhibit Hall will offer an inviting venue for reunions with old friends and seeing cutting-edge products and technologies. There will be an ideal blend of new and old exhibitors – showcasing familiar tried and true products as well as the newest technologies to keep you current and informed.

“There is no reason to miss this two-meetings-in-one event,” says Dr. Haddad.

The Hyatt Regency and the city of Chicago offer a dynamic venue for the IFFAS and AOFS meetings. Steeped in history, Chicago respects its roots and traditions while continuously re-engineering itself to stay diversified, vibrant, and visitor friendly. The iconic Hyatt Regency Chicago just completed an expansive redesign that has enhanced the entire property.

From start to finish, the IFFAS and AOFS meetings will be about the business of learning and networking alongside the opportunity to experience the bustling, bustling town of Chicago.

The city’s number one attraction is Navy Pier and its beautiful Crystal Gardens will be the setting for the IFFAS Opening Reception on Friday evening. The enclosed courtyard is set within a six-story glass atrium that holds lush foliage and dancing fountains. Guests will enjoy the soft light of the setting sun and views of the Chicago skyline from the outdoor terrace.

The Hyatt Regency, perched just steps from Michigan Avenue, is within easy reach of shopping, touring, restaurants that feature almost every cuisine imaginable, world-renowned museums, and premier landmarks. Closing out the weekend’s social activities will be the AOFS Annual Gala on Monday evening. The event will continue the Chicago theme with the delivery of a unique dining experience.

Next steps in your planning

Clear your calendar for the complete Friday to Tuesday educational experience, review guidelines and submit an abstract by January 10, and watch for housing, travel, program, and registration information to be posted in March at www.aofas.org/annualmeeting.
Aimed at orthopaedic foot and ankle surgeons and other essential members of the foot care team, the October Sports Injuries Course was recently held in Houston, Texas. The two and one-half day meeting featured leading experts in the field of sports injuries of the foot and ankle who discussed a comprehensive agenda of topics, including options for both conservative and non-operative care as well as the latest operative techniques. The educational efforts of the faculty energized attendees to recognize the subtleties and nuances of these orthopaedic foot and ankle treatment options.

“This course captured the experience of all involved in the diagnosis, treatment, and physical and mental rehabilitation of sports injuries, from trainers, therapists, team physicians, orthopaedic specialists, as well as professional athletes who candidly and collectively discussed their expectations from the foot and ankle consultation and rehabilitation techniques,” says Thomas Clanton, MD, course chair.

“It was a great privilege and honor to have Matt Schaub and his trainer Geoff Kaplan take time out of their busy schedule to share some of their experiences with all of us,” says Dr. Clanton.

Having suffered what could have been a career ending ankle injury, the Houston Texans Quarterback and his trainer joined faculty members Thomas Clanton, MD; Robert Anderson, MD; and Kevin Varner, MD, in what was literally a ‘fireside/fireplace’ chat that covered topics ranging from the professional athlete’s competitive nature and desire to get back in the game, playing through pain, patient compliancy in rehabilitation and post-op care, the return to play expectations of a player’s team and management, as well as the crucial role that the trainer maintains in player physical and mental rehabilitation.

“Despite the pressures often put on us, our role as team physicians is always to do what is in the best interest of the patient, not the player,” summed up Dr. Anderson.

Evening open forums also provided attendees with an opportunity to engage in an open dialogue with faculty members and to improve their decision-making skills through their personal case presentations.

The AOFAS first sponsored a Sports Injuries Course in 1994, and three of the original faculty members from that course, Thomas Clanton, MD; Richard Ferkel, MD; and James Nunley, MD, were included as part of this course.

“The evolution of this course has been incredible,” said Dr. Ferkel, who has been a faculty member of every course. “It keeps getting better and better and this expanded and balanced program that included presentations by the entire team of sports professionals was beneficial to all.”

New members wanted

When is enough, enough? Never!
Applications for new members will be accepted through January 1, 2014. As a member-driven organization of more than 2,025 orthopaedic foot and ankle surgeons worldwide, the best referrals continue to come from members. Now is the time to motivate your colleagues to join. Member benefits include:

• Monthly print subscription to Foot & Ankle International (FAI) including online access to the current issue as well as the archives dating back to 1980
• Quarterly print subscription to In-Stride newsletter
• Reduced fees for webinars, courses and meetings
• Opportunities to apply for programs and awards
• Access to members-only content on the AOFAS website
• Opportunities to serve on a committee
• And much more, based on membership level

Please direct potential new members to the Membership page at www.aofas.org to view the full benefits chart and to download an application form. Questions should be directed to membership@aofas.org.
The biennial Advanced Foot and Ankle Course: A Case-Based Approach to Deformity Correction will be held January 16-18, 2014 at the Hilton Torrey Pines Hotel in La Jolla, California. This two and one half-day uniquely formatted course will combine real-life experiences and professional insight into treating all areas of foot and ankle deformity – including both post-injury and post-surgery.

The course will be presented in a case-based format rather than the traditional lecture-based format and attendees will have opportunities to interact with the faculty experts on topics that include:
• Bunion Surgery
• 2nd MTP Instability
• The Abducted Foot / Challenges of the TMT Joint
• Charcot Deformity
• Tibio-Talar Trauma and Deformity
• Calcaneal Fracture Malunion
• Fractures around the Ankle
• Ankle Arthritis Deformity – Arthroplasty and Fusion
• Cavovarus Deformity
• Medial Column Deformity-Flatfoot

“This course aims to present and debate many of the faculty’s approaches to foot and ankle deformities through video, case presentations, and group dialogue,” says Course Chair Thomas Lee, MD.

“The importance of disclosure at CME events

The AOFAS has had a long-standing requirement that individuals who are involved in CME activities – be they a society officer, director, committee chair/member, senior administrative staff member, member of the journal editorial committees, activity participant and/or planner – disclose his or her own personal situation relating to conflicting or potentially conflicting interests. Over the past few years, the AOFAS Board of Directors and the Education and Program Committees have expanded existing disclosure peer review systems and implemented additional safeguards to assure content integrity and complete transparency from podium speakers and their presentation co-authors. In addition to printed disclosures in program material and the mandate that speakers report their disclosures from the podium, members of the Education and/or Program Committees and

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activity moderators are provided with all speaker (and co-author) disclosures and presentation abstracts and are required to review presentations in advance of the meeting for any possible conflict. Moderators and committee members are also expected to monitor their speakers from the podium and from the audience.

Committee members, moderators, and course faculty continue to be responsible to take all speakers’ relationships into question should there appear to be an issue. In the event a Conflict of Interest (COI) CME reviewer identifies an existing conflict, communication is made with the participant and steps to resolve the issue are taken to ensure that no commercial bias is part of the presentation. Acceptable methods of resolution include, but are not limited to:

- Limiting the sources and content for presentation and materials to those considered to be based on the best available medical and scientific evidence culled from studies and/or literature
- Limiting the content of the presentation and materials to a report on findings, without making recommendations regarding products or services
- Selecting another individual, without a relevant conflict, to develop and deliver the necessary content
- Divesting oneself of relevant financial relationship(s)
- Removing the conflicted speaker from the activity or the portion thereof that relates to the identified conflict

“This multiple vetting system and the steps taken to ensure that all programming decisions are made in the planning stage have proven successful in ensuring independence from commercial interests at our courses,” says William McGarvey, MD, Education Committee chair. “The challenge faced in addressing potential faculty conflicts and/or perceived bias or commercialism in orthopaedics is that we are, at times, and for some procedures a device-driven specialty, which inherently involves the reporting of surgical techniques and patient outcomes using specific products. There are steps that are taken before and during every CME event, however, to address what is identified as a real or potential conflict and speakers are required to remove product names and include as many similar product comparisons as possible in their talks.”

“Ensuring independence from commercial interest in our CME activities is our priority and we feel our comprehensive disclosure and conflict resolution methods, both in the planning stages, in printed material as well as from the podium go a long way in helping our course attendees sort through program content,” reports Steve Haddad, MD, president. “An assessment of audience-perceived speaker conflicts as well as speaker bias is collected at all our CME events. This information is shared with our Education and Program Committees on a regular basis in an effort to 1) address issues with individual faculty members and 2) to fine tune our vetting systems to make sure issues are identified and resolved before an activity is presented.”

**Time to update your disclosures**

Through a collaborative partnership with the AAOS, the AOFAS uses the Academy’s Mandatory Orthopaedic Disclosure Program to assist in your Conflict of Interest (COI) record keeping. Designed to standardize conflict of interest disclosure data elements, provide a uniform online collection tool, increase transparency, simplify the disclosure process, reduce the requests made of you, and save you time AOFAS asks members to review and update their individual disclosure records at least semiannually (April and October).

Go to [www.aaos.org/disclosure](http://www.aaos.org/disclosure), and log in with your AAOS username and password, which is required to access your disclosure information. It is recommended that participants note any changes to the disclosure program as soon as possible after they occur. Participants are responsible for the accuracy and completeness of their own information.
EDUCATIONAL OPPORTUNITIES  Current as of 12-3-13

Visit www.aofas.org (Education / View Calendar) for details and updates.

AOFAS Members: Login to www.aofas.org for online registration at member rates.

January 16-18, 2014 • La Jolla, California

AOFAS ADVANCED FOOT AND ANKLE COURSE
Course Chair: Thomas Lee, MD
Course Co-Chair: W. Hodges Davis, MD
www.aofas.org/advancedfoot

February 20-22, 2014 • Rosemont, Illinois

AAOS / AOFAS TOTAL ANKLE ARTHROPLASTY
AAOS Course #3638
Course Director: Steven Haddad, MD
www.aaos.org

March 15, 2014 • New Orleans, Louisiana

AOFAS SPECIALTY DAY
Program Chair: J. Chris Coetzee, MD
Program: www.aofas.org/specialtyday • Registration: www.aaos.org

September 19-23, 2014 • Chicago, Illinois

IFFAS TRIENNIAL MEETING
September 19-21
President: Mitsuo Kinoshita, MD
Vice President / Program Chair: Charles Saltzman, MD
www.iffas.org

AOFAS ANNUAL MEETING
September 21-23
President: Steven Haddad, MD
Program Chair: J. Chris Coetzee, MD
www.aofas.org/annualmeeting

October 24-25, 2014 • Charlotte, North Carolina

AOFAS COMPLETE FOOT CARE COURSE
Course Chair: Carroll Jones, MD
www.aofas.org/completefoot

AOFAS WEBINAR SERIES 2014 (8:00 – 9:30 pm CT)
www.aofas.org/webinars

Registration is open for the February session. The Live Series is FREE for AOFAS Members and all orthopaedic residents / fellows (training program verification required) and is available for a fee to non-members. Registration closes on the Sunday prior to each live broadcast. Subscriptions to access recordings from past and upcoming sessions are available for purchase and may be viewed for one year after purchase. Live webinars provide 1.5 CME.

February 4
CPT® CODING FOR FOOT AND ANKLE PROCEDURES
Moderator: David Pedowitz, MD

April 1
IMAGING TECHNIQUES
Moderator: Steven Haddad, MD

May 6
ARTHITIS OF THE FOOT AND ANKLE
Moderator: Paul Fortin, MD

June 3
THE ROLE OF ORTHOBIOLOGIC ADJUNCTS IN FOOT AND ANKLE FUSION
Moderator: Sheldon Lin, MD

August 5
UPDATE ON COMMON FOOT FRACTURES
Moderator: Bruce Sangeorzan, MD

October 7
FOOT AND ANKLE REVIEW
Moderator: Scott Ellis, MD

November 4
SURGICAL TREATMENT OF THE CHARCOT FOOT
Moderator: Michael Pinzur, MD

Foot and Ankle Surgeon Position Advertisement

The Department of Orthopaedic Surgery at the University of Utah is accepting applications for the position of Foot and Ankle Surgeon. The candidate will join a dynamic and successful foot and ankle division within an outstanding academic orthopaedic department.

Minimum requirements include completion of a residency in orthopaedic surgery and a one-year advanced fellowship training in foot and ankle surgery, or equivalent. We seek to identify candidates with exceptional academic interest and a clear track record of excellence in all aspects of orthopaedics including clinical care, education, and clinical or basic science research. The successful applicant should have a sincere desire to develop and mentor others to develop focused clinical, research and educational programs in musculoskeletal disorders. Determination as to rank will be based on the candidate’s credentials on the tenure track.

The University of Utah Health Sciences Center is a patient-focused center distinguished by collaboration, excellence, leadership, and respect. The University of Utah Health Sciences Center values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to the mission of the University of Utah Health Sciences Center.

Find additional information and application instructions at: http://utah.peopleadmin.com/postings/27709
We have written Coding Corner articles for many years to help keep you up-to-date on proper terminology, changes in codes for new and deleted procedures, and new insurance and CMS initiatives that could result in legal embarrassment. This is a laudable goal, but it is also important to go over the most common issues that, on a daily basis, can cause revenue loss and personal jeopardy.

- **Hardware removal** – One deep implant, one code: CPT 20680. One huge implant, rod, many screws, multiple incisions, one bone, one code: CPT 20680. Bi-malleolar fracture, two bones, two incisions: CPT 20680 x 2.
- **Needle placement** – Fluoroscopic guidance CPT 77002 or Ultrasound guidance CPT 76942 for needle placement is often reimbursed. Bill for it. Routine image guidance for hardware placement is included in global.
- **Osteotomy for approach** – Medial malleolus, lateral malleolus, calcaneus are not coded if done to gain access to pathology.
- **Post-op visits** – The global service includes 90 days for major procedures. It is legal to bill for visits on the 91st or 92nd day. However, if your records show it to be a habit, the auditors will knock on your door.

- **X-ray reports** – All x-ray reports should be signed and kept on a separate piece of paper. If a report is requested by a third party and the report includes the E&M visit, it is a HIPAA violation.
- **Neurolysis and tenolysis** – These were previously included in the global service for carpal tunnel and tendon work. Recognizing we do a lot of trauma, if the neurolysis or tenolysis is related to the associated trauma, bill for it.
- **Ex-Fix** – Remove it in the office, no fee. Remove it in the OR, use CPT 20694. I’ve tried to remove it in the office but my patients complain.
- **Arthroscopy prior to open procedure** – If you do an arthroscopy separate and distinct from the open procedure, then bill for it. If you do it to examine your anatomy, then that is included in the global for the open procedure.
- **Debridement plus cast** – Open musculoskeletal procedures include the first cast. CMS has put debridement in the integumentary area. Debridement of an ulcer on the bottom of the foot followed by a total contact cast can both be billed at the same sitting
- **Injection nerve** – CPT 64455 is for injection of Morton's neuroma. CPT 64550 is used for injection tarsal tunnel or other major peripheral nerve. Many are illegally using CPT 64550 for the interdigital neurona.
- **Fracture fixation** – If you do an ORIF of a tibia, CPT 27758, and feel you need the addition of an EX-FIX – use CPT 20691 (uniplane ex-fix) and expect to be paid for it.
- **Multiple closed fractures in same cast** – CMS now feels that multiple closed fractures treated in the cast (metatarsals, metatarsals plus cuneiforms, ankle plus foot, etc.) should only generate fee for one fracture. Not fair if you ask me.

**ICD-10** – is definitely coming on October 1, 2014. You and your practice must be ready. Arrange for classes for your office staff. Code-X 2013 is an excellent resource that has been written for us by the AAOS and provides easy digital navigation from ICD-9 to ICD 10. You can search using keyword or code number. There is excellent cross-reference from ICD to CPT back and forth and it includes CCI and GSD edits. Code-X 2013 also allows actual fee calculation and includes all up-to-date RVU data. If you put in your diagnosis, a button click will provide a host of associated ICD and CPT codes.
**In Memoriam**

**William Heston, III, MD**, 79, emeritus member, died on July 17, 2013, at home in Ann Arbor, Michigan.

Dr. Heston grew up in Dearborn, Michigan and attended the University of Michigan for both medical school and his orthopaedic residency. He spent his respected career at the practice that he founded, Orthopedic Surgery Associates in Ann Arbor. Dr. Heston also served as chief of the orthopaedic department of St. Joseph Medical Center.

Among his many interests, he was very active in the gardening community and created permanent Bonsai displays at local botanical gardens. Dr. Heston guided his life with a strong code of ethics and a healthy sense of humor.

He is survived by his wife, Bernie; and his children and stepchildren, Tracy Heston, David Heston, Alisa Heston Taylor, Peter Read, Rhonda Collins, Perry Read, and Amanda Prager.


Dr. Kisiel was born in Holyoke, Massachusetts. He completed his medical degree at Tufts University School of Medicine in Boston and orthopaedic residency at Rhode Island Hospital in Providence. Dr. Kisiel served as a general medical officer and flight surgeon in the Army, Air National Guard, and Air Force, retiring as a Lieutenant Colonel. He practiced orthopaedics at Holyoke Hospital, Providence Hospital, Holyoke Soldiers Home, and the Veterans’ Administration Hospital in Northampton, Massachusetts.

In addition to his esteemed orthopaedic career, he enjoyed traveling with his wife, and watching football, baseball, and basketball. Dr. Kisiel is survived by his wife, K. Priscilla; his son, Thomas; and daughters, Arlene Jermann and Elizabeth Takacs.

**Clifford G. Vernick, MD**, 84, emeritus member, died on February 12, 2013 in Sante Fe, New Mexico.

Dr. Vernick was born in Boston and remained to study medicine at Tufts University School of Medicine. He practiced for eight years in the Army and attained the rank of Major. Dr. Vernick spent the majority of his orthopaedic career in Allentown, Pennsylvania, where he co-founded Orthopedic Associates of Allentown. He served on several hospital and medical boards throughout his career. Dr. Vernick retired to Sante Fe, where he served as chair of the board at St. Vincent Regional Medical Center.

In addition to his orthopaedic and leadership skills, he is remembered for his love of the arts, humor, and compassion. Dr. Vernick is survived by his wife, Joan, his daughter, Pamela Deutsch; son, Scott; and stepchildren, Lori Goodman, Kim and Don Reiter, and BA Goodman.

**Annual dues notices 2014**

An electronic invoice for the upcoming calendar year will arrive in member e-mail inboxes in mid-December. Fees for 2014 are as follows and will be due January 31:

- $525 – Active Member; Associate Member – Osteopathic
- $475 – Candidate Member
- $350 – International Member; Associate Member – Basic Sciences
- $250 – Member in Active US Military Service
- $95 – Fellow Member; Resident Member

Members may request a mailed or faxed copy of the invoice as needed by writing to LBierman@aofas.org.

Note that members who previously opted for the Auto Dues Renewal program will not receive an e-invoice, but will receive an e-receipt for successful credit card processing by the end of January 2014.

Also of note, Fellow Members in a program that participated in the AOFAS-sponsored match will not receive an invoice for the coming year. A grant provided by the OEF will cover the dues payment in full for 2014.

**Reminders**

**Accessing FAI online:** Sign in to www.aofas.org then from the Members Only page, click on the FAI Online link. There is no other login needed.

**Keep your member record current:** Relocating? New e-mail address? Prefer having AOFAS mail go to you at home rather than the office? Be sure your information is always current for colleagues and the public. Contact membership@aofas.org with new information or sign in online and submit profile edits electronically. Allow 1-2 business days for updates to be made in your record and another month for all mailing labels to be corrected.

**Need to find a member?** If you want to provide contact information to a patient, please click on the Find a Member link found at the top of the home page at www.aofas.org.

If you want to contact another member yourself, sign in to www.aofas.org first and then click on Find a Member. This access provides members with additional contact information including e-mails. The private directory information is never to be given to the public.

**Add Foot & Ankle to your AAOS profile:** Be sure to add Foot & Ankle as an anatomical specialty to your AAOS demographic profile so you will receive additional information about upcoming joint association opportunities of interest.