President’s Perspective

As is customary with incoming presidential addresses, I will begin by telling you a little bit about myself.

I was born in 1963 in Toledo, Ohio, the second of four sons to Lawrence and Gloria Haddad. My mother and father were children of Lebanese immigrants settling both in Brooklyn and Toledo. My three brothers and I grew up in a traditional middle class household in the 1960s and 1970s, my father working in the restaurant business during that time.

It was in high school that I decided I would become a physician, although looking back, it is difficult to pinpoint the spark that led to that decision. I had no physician role models, nor did I really understand what the career would entail, but regardless, when I entered the University of Michigan, this was the plan and I pursued it. There were, however, side trips to this mission, and my Honors Thesis was on Magicicada septendecim. Yes, that’s right, the Periodical Cicada. The lab was loud, insects were flying everywhere daily, but somehow I was able to analyze mitochondrial DNA and determine insect genetic heritage. Ground breaking work ... if your family tree has bugs in it.

Despite this pursuit I was fortunate to gain admission to the Johns Hopkins University School of Medicine, entering in 1985 intent on becoming a cardiac surgeon. The heart fascinated me, which is amazing in retrospect considering I now have no idea where to plug in a stethoscope. I made some great friends at Hopkins, and my classmates and I learned that the Preackness has none of the glamor of Millionaire’s Row at the Kentucky Derby. In 1987, I observed a brand new faculty member, Paul Sponseller, performing a limb lengthening procedure, and I was hooked. I had never considered orthopaedics before, wasn’t an athlete, and had no sports injuries, but I loved mechanical principles and piecing things together, so I decided to turn my hobby into a job. Paul was a great teacher, a solid role model of dedication, and my first influence in orthopaedics.

Honesty in reporting

In 1989 I entered residency at Georgetown University, Georgetown was a six-year program at that time and not much of an academic institution with three full-time faculty. However, it was an outstanding place to gain clinical training through 50 contributing service faculty in the surrounding suburbs. Despite the fact that my current surgical life has little to do with the procedures I learned to perform at Georgetown, this time in my life molded me into the clinician I would become.

Peter Kenmore played a large role in this. With his unorthodox style of teaching and dedication towards honesty in reporting, I learned that surgical results are not always perfect, and each imperfect case should be dissected and discussed so that the culmination of such difficult education will eventually lead to the correct solution. I adopted Dr. Kenmore’s philosophy as I trained residents, and though I no longer train residents, I think about each case the same way today.

We had no formal foot and ankle training at Georgetown and I was planning on a career in total joint replacement. However, as a third-year resident we were provided funding to attend one orthopaedic CME meeting. I chose the AOFAS Advanced Foot and Ankle Course. Not because I was interested in foot and ankle, but because the course was at the Waldorf Astoria in New York, and as a resident, staying there for free was a driving force. As you might guess, this meeting unexpectedly changed my career plan. I observed the

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At the Society’s 2013 Annual Meeting in Hollywood, Florida, Steven Haddad, MD, was installed as president and Bruce Sangeorzan, MD, was elected to the office of president-elect – both to serve one-year terms. Mark Easley, MD, was elected vice president for a one-year term, and Thomas Lee, MD, was elected secretary for a two-year term.

Timothy Daniels, MD, and Selene Parekh, MD, MBA, were elected as members-at-large for two-year terms. Continuing service on the Board are Lew Schon, MD, immediate past president; Judith Baumhauer, MD, MPH, past president; Jeffrey Johnson, MD, treasurer; Bruce Cohen, MD, and Sheldon Lin, MD, members-at-large.

Confidence and patient empathy

My next level of influence, which would eclipse all of my influences, was my fellowship year with Mark Myerson and Lew Schon. Steve Weinfeld and I were fellows together and his relaxed attitude complemented my type A personality, allowing me to get through the more rigorous times. Mark and Lew, then as today, were two very contrasting personalities, and, like any good fellow, I felt that I became a synergy of both mentors. From Mark I learned conviction in making operative decisions, biomechanical principles, confidence to tackle difficult surgical problems, and the value of a good accent. From Lew I learned careful dissection, algorithmic thought, and patient empathy in taking each case individually in order to help that particular person. At the time of my fellowship, I thought the latter would matter the least, but as I have grown older, I recognize that it has become my most important guiding principle. Mark has clearly had the most important influence on my career as a whole, for he taught me by example that foot and ankle surgery is a sustainable, fascinating, challenging branch of orthopaedics that is continually evolving, and that I should try to be involved in its evolution.

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AOFAS Board of Directors 2013-14

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Foot is hot!
Thanks for your time, talents, and resources
If you have been an AOFAS member over the years, you are no doubt aware that the AOFAS is on a growth curve. This growth is a reflection of many who have contributed and participated in so many ways – presenting at meetings, writing and reviewing articles, serving on the boards and committees, mentoring, moderating sessions, supporting the OEF, volunteering overseas, and the list goes on and on, all contributing to the larger whole.

Fast facts to put the growth in perspective:
• A 26% increase in registrants for the Annual Meeting over the 2012 meeting.
• Registration for the Pre-meeting Course increased by 43% over last year.
• Attendance at the Research Forum and the Young Physicians Forum nearly doubled over last year.
• 38% of Annual Meeting 2013 registrants were from outside the US compared to 35% in 2012 and 25% in 2011.
• 167 residents and fellows attended our meeting this year, compared to 111 last year.
• Our Exhibit Hall, the largest AOFAS has ever had, was sold out by early spring and there was a waiting list to exhibit.
• Membership now tops 2,000. In 1996 the AOFAS had 1,000 members.
• 375 abstracts were submitted for this year’s meeting, compared to 339 in 2012 and 247 in 2011.
• 215 e-Posters were viewable at the Annual Meeting compared to 209 last year, and 79 in 2011.
• Manuscripts submitted to Foot & Ankle International are increasing.

Indeed, our chosen specialty is hot! Thank you to all who contributed their time, talents, and resources. It has been an honor and privilege to serve as AOFAS president this past year.

Lew Schon, MD
Immediate Past President

Making the right move
The AOFAS Executive Office staff is counting the days for the Society’s move in 2015 to the new orthopaedics building just two blocks south of its current location in the AAOS headquarters building near O'Hare Airport. The AOFAS has been a tenant in the AAOS-owned building in Rosemont since 2005 when the Society moved its office from Seattle.

“The arrangement has been very positive for the AOFAS, but with organizational growth over the past eight years and increased staff to handle new and expanding programs comes the need for more space to carry on the work. We are limited in office space to handle our current initiatives,” says AOFAS President Steven Haddad, MD.

In August, the AAOS, along with several other orthopaedic organization equity partners, broke ground at the site of the new structure that will house their organizations, an expanded Orthopaedic Learning Center, tenant orthopaedic organizations, and specialty societies managed in-house by the Academy. As the ceremonial groundbreaking ended, the engines of the large earth-moving equipment started up and the digging began. The 180,000 square foot orthopaedic building will be comprised of five stories and a lower level. An adjacent six-story parking deck will also be built and both structures will share the triangle-shaped lot with a new hotel that will be developed on the now vacant site.

The AOFAS suite will be on the second floor of the new building along with other tenants including OREF, AANA, ORS, AOA, and AJRR. Equity partners in the building – AAOS, AANA, AOSSM, AAHKS, and the OLC – will occupy other space in the building. Numerous other orthopaedic societies managed by AAOS staff will be located within the AAOS suite.

“The AOFAS Board has been in discussion with AAOS leadership for the past couple of years about the merits of staying united in the new building,” says Lew Schon, MD, immediate past president. “We are all looking forward to having larger, updated tenant space to better meet our needs.”
Sports Injuries continued from page 1

advances and emerging technologies in the surgical and non-surgical approaches to the treatment of foot and ankle injuries of both the recreational and career athletes will also be presented.

“In addition to the orthopaedic faculty, several guest speakers of considerable note from the medical, professional, and administrative sports world are included on the program, adding a depth to the program not frequently seen,” says Dr. Clanton. “Players and medical staff of the Houston Texans, Rockets and Astros, and Oakland Athletics professional teams will provide insight into their experiences with season-ending foot injuries – from the players, trainers, therapists, team physicians as well as orthopaedic specialists’ perspective – in special fireside discussions that will enable meeting attendees to hear first-hand what goes through the mind of the athlete who has suffered a season and even career ending injury.”

Program Overview:

- Osteochondral Lesions of the Ankle Joint
- Overuse Injuries and Stress Fractures
- Midfoot Sprains and Fractures
- Lateral and Medial Ligamentous Injuries of the Ankle
- Ligamentous Injuries of the Ankle Syndesmosis
- Posterior Ankle Pathology
- Forefoot Problems in the Athlete

AOFAS evolving

I joined the AOFAS in 1995 as a fellow and have watched it evolve and become what I believe is the premier specialty society over the 18 years I have been a member. There are many great individuals in our Society who have mentored me in so many ways, and I am grateful for all of their assistance. Through such support, I have been able to serve the Society both politically and through education, where my heart lies.

AOFAS President’s Perspective continued from page 2

I began practice in 1996 at Evanston Hospital outside of Chicago, and practice in this same group today. Like most groups it has evolved tremendously, but my corner of it has changed only in the procedures I perform. I met my wife, Amy, who was an ICU nurse at Evanston Hospital, almost immediately upon arrival. I proposed to her in my favorite city, Washington, DC, and we were married in 1999. We have three sons, Jonathan (12), Benjamin (9), and Chase (7). Like all families, my children are getting older by the minute, and I make the most of the time I have with them. My wife is a practical Iowan and her common sense behavior has clearly kept me grounded over the years while allowing me to pursue my outside interests.
strong educational value for the membership
and general orthopaedic community and
produced the Workers Compensation
Manual. My proudest achievement was
creation of the Surgical Complications
Course, though I never forget that each
complication of mine that I discuss, though
educational, involves the life of a particular
patient going through a difficult experience.

I have spent an equal time investment
in the American Academy of Orthopaedic
Surgeons (AAOS), completing the
Leadership Fellows Program in 2005. My
prize activities in the AAOS were sitting
on the Continuing Medical Education
Committee and chairing the Annual
Meeting Subsection on Foot and Ankle.
Creating courses such as the Total Ankle
Course and more recently bringing
the AAOS and AOFAS together for the
International Orthopaedic Foot & Ankle
Symposium, echoes my strongest sense of
accomplishment. Education is something
you can give away while losing nothing
yourself. Those that know me recognize that
my most enjoyable hours are spent teaching
others, while contesting the opinions of
others on the podium so we all might learn
through honest assessment.

In 1995 there were less than 1,000
AOFAS members, and at this meeting we
have reached over 2,000. Abraham Lincoln
said, “You cannot escape the responsibility
of tomorrow by evading it today.” When
societies grow, issues become more
complex and resolution becomes less
obvious as those in leadership positions
serve a more diversified membership.

Orthopaedic community
My youngest son, Chase, is autistic, and
largely non-verbal. In fact, some say if
you combine Chase and me, you have a
person who speaks the normal amount of
words. When I spend time with Chase, the
most glaringly obvious personality trait he
possesses is the lack of a personal agenda.
He is happy in most situations, without
animosity towards others, no rivals to
best, no crushing victories to accomplish.
It is an interesting perspective, and
perhaps makes the most sense if larger
organizations are to achieve harmony.

In a practical modern world, however,
that behavior pattern becomes impossible
to sustain. Though we may internalize the
concept of internal unity and harmony
amongst ourselves, outside pressures
continue to erode at the perfect union,
a concept repeated from Biblical times
through Camelot and Manifest Destiny.
Though all of our members seek a common
goal of practicing appropriate foot and ankle
surgery while making a reasonable living,
the methods to achieve that goal are vastly
different. It has never been my philosophy
to restrict the entrepreneurial spirit. Most
great paradigm shifts in orthopaedics occur
when individuals or groups of orthopaedic
surgeons develop new strategies to
tackle unanswered needs. If such ideas
were restricted by an organization or
governing body, creative thought would
fade, and progress would become regress.
Competition lends itself to a victor based on
the quality of the product produced, not
the origin of production.

However, we all must remember that
disharmony creates cracks in the armor
and allows penetration of that fatal arrow.
In that vein, we must consider our actions
not on personal agendas, but on how these
actions may undermine the success of
others in achieving a cooperative goal of
overall betterment. Please realize this is
not an indictment against the individual
member. Though those in leadership
positions have dedicated hundreds of
hours without compensation for the
betterment of an organization, it does not
give those individuals the right to act in a
dictatorial manner, or to let one stronger
person’s philosophies drive all philosophies.
Innovation must persist. We must work
with other societies and the AAOS to strengthen
the orthopaedic world as a whole, and I
will use the entire extent of my background
to promote that agenda. In that way, we
will protect ourselves against all outside
influences for the betterment of patient care
and mold health care reform, competing
health care providers, and surgeon
autonomy into a workable environment for
all of us to prosper. I strongly believe there
is strength in numbers, and even more
strength in committed numbers. Thus, your
onus is to commit to benefit yourself by
looking around your world and making it
integrate with all of our worlds.

I felt when writing this I was almost
writing my obituary, though I’m sure the
copy editor at the newspaper would have
edited it down to 10 lines. Thomas Jefferson
said, “Speeches that are measured by the
hour will die within the hour,” and, as such,
I will close with the following message: I
am both humbled and honored to be your
president and will do everything I can to
exceed your expectations.
Thank you very much.
AOFAS VOLUNTEER RECOGNITION
Thanks to the volunteers who moved the AOFAS forward • 2012-2013 Committees

AWARDS AND SCHOLARSHIPS COMMITTEE
Samuel Flemister, MD, Chair
Reviewed applications and selected six recipients for the Traveling Fellowship Program and organized local hosts and travel to centers of foot and ankle education and research following the Annual Meeting; and reviewed applications and selected 43 residents to attend the Annual Meeting through the Resident Scholarship Program. The programs are funded by the OEF.

CPT/RUC COMMITTEE
Terrence Philbin, DO, Chair
Represented the AOFAS at CPT and RUC meetings; reviewed coding proposals and relative value recommendations; worked with the AAOS Coding, Reimbursement and Coverage Committee; and educated members on coding through In-Stride articles, webinar, and course at the Annual Meeting.

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

EVIDENCE-BASED MEDICINE COMMITTEE
Christopher Chiodo, MD, Chair
Developing a Performance Improvement Module (PIM) on plantar fasciitis; finalized a position paper on DVT; and served as a resource on development of PIMs, evidence-based medicine initiatives and guidelines.

FAI EDITORIAL BOARD
David Thordarson, MD, Chair and FAI Editor-in-Chief
Managed the journal’s editorial process to improve peer review and facilitated transition of the editorial process to SAGE; publisher transition; and developed strategy on direction of FAI to improve impact factor.

FAI CME Subcommittee – Patrick Ebeling, MD, Chair
Preparing application to offer journal-based MOC scored and recorded self-assessment CME to FAI readers with projected launch in early 2014.

FAI MANAGERIAL BOARD
Charles Saltzman, MD, Chair
Managed publisher relations and financial oversight for transition of FAI to SAGE as new publisher; worked with Editor-in-Chief on launch of new FAI manuscript submission system; selected new FAI cover; provided oversight for first SAGE issue published in January 2013 with launch of member access to full online FAI archives; recommended criteria and candidates for FAI Editorial Board; and evaluated FAI Editor-in-Chief.

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

FINANCE COMMITTEE
Jeffrey Johnson, MD, Chair and Treasurer
Managed and supervised financial operations and policies; and served in advisory capacity to the Board of Directors on financial affairs.

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

HUMANITARIAN SERVICES COMMITTEE
Mark Slovenkai, MD, Chair
Organized and implemented the Overseas Outreach Project to Vietnam, funded by the OEF, in May-June; and maintained liaison with HVO on other humanitarian service opportunities.

INDUSTRY RELATIONS COMMITTEE
Saul Trevino, MD, Chair
Facilitated communication for organizational relationships with corporate supporters and exhibitors; and updated the Corporate Opportunities brochure featuring avenues for industry to raise awareness at AOFAS meetings through commercial support and opportunities for companies to donate to support OEF-funded initiatives.

MEMBERSHIP COMMITTEE
Terrence Philbin, DO, Chair
Promoted benefits of membership to target audiences; reviewed membership applications and recommended qualified applicants in all membership categories; developed criteria for new membership category for researchers.

OFAR MANAGERIAL BOARD
Kenneth Hunt, MD, Chair
Provided oversight for Phase One online pilot project for members to collect patient reported outcomes data and participate in multi-center studies using NIH PROMIS® (Patient Reported Outcome Measurement Information System); launched Phase Two project; and prepared manuscript for publication.

ONLINE RESOURCES TASK FORCE
Jonathan Deland, MD, Chair
Overseeing expansion of online resources for patient education and physician education.

PHYSICIAN RESOURCE CENTER COMMITTEE
Johnny Lau, MD, Chair
Developing infrastructure plan for Physician Resource Center on AOFAS.org to enhance and expand online access to physician foot and ankle educational content; transitioned member-developed articles from Orthopaedia to AOFAS.org.

POST-GRADUATE EDUCATION AND TRAINING COMMITTEE
Benedict DiGiovanni, MD, Chair
Worked to increase exposure to foot and ankle during residency training; provided oversight for the Resident Review Courses; matched Resident Scholars with mentors for the Annual Meeting; and continues the update of the Resident Lecture Series. These initiatives are funded by the OEF.

PROGRAM COMMITTEE
John Anderson, MD, and Donald Bohay, MD, Co-Chairs
Developed program content for Specialty Day and Annual Meeting; ranked abstracts and selected papers for podium presentations and e-Posters; and selected best papers for the Mann Award, Goldner Award, and IFFAS Award.

PUBLIC EDUCATION COMMITTEE
Eric Bluman, MD, PhD, Chair
Led initiative to develop and expand patient-education information on FootCareMD.org with ongoing review of new content; and developed communication messages to raise the profile of the AOFAS and its members in public, orthopaedic and medical media through press channels and social media outreach.

FootCareMD Subcommittee – Robert Gorman, Ill, MD, Chair
Developed new patient education content and will continue to coordinate ongoing review process for FootCareMD.org.

RESEARCH COMMITTEE
Timothy Daniels, MD, Chair
Evaluated grant applications and made funding recommendations to the Board for 2013 research grant awards; updated grant application form; selected guest research speaker for the Annual Meeting; and organized program for the Research Forum at the Annual Meeting.

YOUNG PHYSICIANS COMMITTEE
Scott Ellis, MD, Chair
Organized Young Physicians Forum at the Annual Meeting; and continues to work with the Public Education Committee and its FootCareMD Subcommittee to develop new content for the Society’s patient-education microsite – FootCareMD.org.
AOFAS Annual Meeting 2013: Excellence in orthopaedic education

The coastal community of Hollywood, Florida was the stage for the recent Annual Meeting of the AOFAS. The meeting provided the complete orthopaedic foot and ankle experience and offered one of the most comprehensive programs of education, inspiration, and academic activity that the AOFAS has presented. While the weather was at times uncooperative, the site was host to a record attendance of 814 foot and ankle specialists.

Innovation, technology, interactivity, connectivity, and adapting to the challenges of changing medical landscapes were the dominant themes among a program that spanned the range of the specialty. From the efficiency and clarity of the presentations, panels, guest speakers, workshops, and symposia, Annual Meeting 2013 provided everything that orthopaedic foot and ankle specialists expect from the AOFAS with regard to their educational needs.

**Pre-meeting Course**

The Pre-meeting Course on *Complex Reconstructions: New Advances and Old Favorites* was available for those wishing an early and extended educational experience. Setting another record attendance of 574 participants, the course, with Christopher Chiodo, MD, chair, included an expert faculty and delivered a comprehensive and unique review of both time-honored and cutting-edge options for surgical reconstruction of the foot and ankle.

“The depth of the scientific information presented during the Pre-meeting Course was remarkable. Hopefully learners left with not only a greater appreciation of the newer techniques in surgical treatments and salvage procedure options, but also with a renewed interest, commitment and confidence in the tried and true procedures currently in one’s surgical toolbox,” reports Christopher Chiodo, MD.

**Annual Meeting**

“The high number of scientific program offerings for the meeting was truly outstanding,” says Scientific Program Committee Co-Chair Don Bohay, MD. “A lot of thought went into the effort, and our domestic and international attendees were the beneficiaries. As reflected in our record attendance, the meeting brought home for me how important our Annual Meeting is to everyone involved in our specialty,” says John Anderson, MD, program co-chair.

Both Drs. Anderson and Bohay report that the AOFAS commitment to providing the highest quality, most interesting and clinically relevant material relating to foot and ankle surgery was evident in the program submissions, content, and delivery.

Compelling features of the meeting included over 100 original basic science and clinical research papers; focused topic-driven symposia; award-winning presentations; special invited guest speakers; upwards of 220 e-Posters; and special interest forums. Technological innovations were also evident in Hollywood, beginning with the second Annual Meeting mobile app providing easy access to all aspects of the meeting, use of Twitter and texting technology to communicate with faculty, and complimentary wireless internet service throughout the meeting.

Special Presidential Guest Speaker Mr. Scott Jurek, ultra marathon runner and world record holder, presented stories of endurance and competition and led meeting attendees and runners on an early morning Sunrise Fun Run.

**Award Winners**

The AOFAS congratulates this year’s winner of the J. Leonard Goldner Award for outstanding basic science paper:

- **Successful Achilles Tendon Regeneration Using a Bioreabsorbable Nanofiber Scaffold, Stem Cells, and Growth Factor in a Rat Tendon Gap Defect Model**
  - MaCalus Hogan, MD; Roshan James, PhD; Gary Balian, PhD; Cato Laurencin, MD, PhD; A. Bobby Chhabra, MD
  - New York, New York

The Roger A. Mann Award for outstanding clinical paper was awarded:

- **Kinetics and Kinematics after the Bridle**
  - Sandra Klein, MD; Mary Hastings, PT; Jeffrey Johnson, MD; Jeremy McCormick, MD

The **IN-STRIDE • SUMMER 2013**

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The annual International Federation of Foot & Ankle Societies (IFFAS) Award for Excellence was presented for the meeting’s best international paper:

**Ankle Joint Pressure Changes in A Pes Cavovarus Model: Supramalleolar Valgus Osteotomy Versus Lateralizing Calcaneal Osteotomy**

Timo Schmid, MD; Sebastian Zurbriggen; Ivan Zderic; Boyko Gueorguiev; Martin Weber, MD; Fabian G. Krause, MD

The annual International Federation of Foot & Ankle Societies (IFFAS) Award for Excellence was presented for the meeting’s best e-Poster paper:

**Osteotomy Versus Lateralizing Calcaneal Valgus Correction**

Timo Schmid, MD; John Anderson, MD; Don Bohay, MD

**e-Poster Award Winners**

Awards were also presented at the meeting for the best e-Poster papers.

**1st Place:**

**Risks to the Blood Supply of the Talus after Four Methods of Total Ankle Arthroplasty: A Cadaveric Injection Study**

Joshua Tennant, MD, MPH; John Femino, MD; Phinit Phisitkul, MD; Chamannini Rungrprai, MD; Marc Pizziment, PhD; Ned Amendola, MD

**2nd Place:**

**Medial Capsular Repair Controls First Metatarsal Mobility in Hallux Valgus Correction**

Peter Briggs, BSc, MD, FRCS; Kenneth Rankin, MD, ChB, MRCS; Munir Khan, MB, BS, MRCS, PhD; Jean Jalali, MSc, SRN

**3rd Place:**

**Analysis of Retrieved Salto Talaris Total Ankle Replacement Systems**

Zac Vaupel, MD; Erin Baker MS; Chris Coetzee, MD; Rebecca M. Stone, MS, ATC; Meagan Salisbury, BS; Kevin Baker, PhD; Paul Fortin, MD

**Special Interest Groups: Something for Everyone**

AOFAS members Peter Mangone, MD, and David Pedowitz, MD, reviewed the crucial elements of effective CPT® Coding of Foot and Ankle Procedures.

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

**The Research Forum – Orthopaedic Foot and Ankle Outcomes Research: An International Perspective** – focused on the challenges and progress made in several countries on collecting clinical data. The forum was organized by the Research Committee.

The second annual AOFAS Speaker School included a class of 14 young members. Designed to help them in their development and delivery of clinical presentations, registration was limited to the first responders 45 and younger attendees – and sold out within hours of the initial announcement. AOFAS educators Drs. Steven Haddad, Bruce Cohen, Thomas Lee, and Chris Coetzee worked as a team to assess the speaking skills of each participant as they presented the pre-assigned standardized talk on Hallux Rigidus. Presentations were rated on overall content; PowerPoint production; use of multimedia; delivery; and entertainment. Overwhelming enthusiasm and camaraderie was expressed by all during the exercise, and congratulations go to Daniel Baumfeld, MD, (Brazil) who was voted the top presenter.

**Industry Satellite Symposia**

Registrants were given the opportunity to select from 11 independent satellite symposia offered by industry during four days of the meeting. Presentations included hands-on interactive workshops, sawbone labs, didactic lectures, and cadaveric lab sessions and enabled registrants to customize their learning experiences while at the meeting.

**Expanded Exhibit Hall showcases new products**

This year’s Exhibit Hall was the largest on record for the AOFAS with 159 spaces filled by 62 companies, of which nine companies were participating for the first time. Following Wednesday’s Pre-meeting Course, the Welcome Reception in the Exhibit Hall was well-attended by the meeting’s registrants and their guests. This popular dedicated time offered meeting goers the first opportunity to view the many new products and services that would be on display throughout the meeting, as well as a chance to enjoy a cocktail while catching up with old friends.

Ongoing throughout the meeting, the OEF held a Silent Auction leading up to the ‘Steppin’ Up for the Cause’ live auction that took place at the Friday evening Gala. More than 25 items were up for bid in the Silent Auction, most of which were donated by AOFAS members and some even hand-made. Bidding was steady and produced several ‘down to the wire’ bidding wars, all in good spirit of course!

The ‘Visit to Win It’ Raffle was held in the Hall on Friday morning and enticed many to rise and shine for a chance to win some great prizes. Winning tickets were called by Immediate Past President
Lew Schon, MD, and valuable prizes such as a Kindle Fire, iPad Mini and Jawbone Jambox, to name a few, were given away.

The AOFAS acknowledges the support of industry in helping to make the Annual Meeting a success as well as being vital to the Society. Meeting attendees were encouraged to interface with corporate colleagues throughout the meeting.

Thank You
The AOFAS appreciates the efforts of everyone who volunteered their time and expertise to make this year’s all-encompassing Annual Meeting experience meaningful and memorable. The success of AOFAS Annual Meeting 2013 is shared with all participants.

Accreditation
The American Orthopaedic Foot & Ankle Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education to physicians.

CME Credit
The AOFAS designated the live Pre-meeting Course for a maximum of 6 AMA PRA Category 1 Credits™ and the Annual Meeting for a maximum of 15.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME Certificates
Registrants may download their own CME certificates by signing in to www.aofas.org and clicking on the View CME Transcript link found at the bottom of the home page. Certificates verifying attendance for members and non-members will only be made available following AOFAS receipt of the official CME verification forms available in Hollywood. Registrants must indicate the actual number of hours spent in the educational meeting and return the completed, signed form to the AOFAS Office. If you need your login detail or an additional form(s), contact the AOFAS Executive Office at aofasinfo@aofas.org or by phone 800-235-4855 or 847-698-4654 (outside US).

Attendee Feedback

“Another awesome meeting ... CONGRATS and thanks!”

“Year after year the AOFAS consistently provides knowledge, assistance and support that is second to none.”

“The AOFAS has gone the extra distance to ensure that each and every attendee has an unforgettable and complete academic and social experience.”

“The high level of the presentations and the congress were well worth the money invested.”

“The best program across all orthopaedic subspecialties and clearly a model for others to follow.”

“Excellent content and format.”

“As a new member and first time Annual Meeting participant I congratulate those responsible for the perfect organization of the congress.”

“Hats off to the leadership and all those who put in countless hours.”

“Thank you. Can’t wait until next year.”

“Great resource for residents ... Good exam review.”
The Sunshine Act: What you need to know

On August 1, 2013, drug, device, biological, and medical supply manufacturers covered under federal programs (i.e., Medicare, Medicaid or the Children’s Health Insurance Program) began collecting and reporting to the government payments of transfers of value made to physicians and teaching hospitals.

This reporting is required under the National Physician Payment Transparency Program: Open Payments, also known as the Sunshine Act. All reported data will eventually be available to the public by the US Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid (CMS). This tracking and reporting of transfers of value (TOV) by industry is intended to create greater transparency about the financial relationships between drug and device manufacturers and healthcare providers.

AOFAS members are encouraged to become familiar with the Sunshine Act rules and the impact on you, your practice and your patients. Physicians should understand that by accepting money or in-kind transfers of value from manufacturers, their interaction with industry will be tracked and recorded for publication on a searchable website. While the responsibility is on industry to comply with this new regulation, it is advisable that you also track payments and keep a list of all payments and transfers of value from industry, disclose the companies providing them as required, and document for your own records all services rendered.

To assist in your understanding of the Act, some of the important aspects of the transparency program are reported below.

Key Dates
- February 1, 2013 – Sunshine Act final rule released
- August 1, 2013 – Applicable manufacturers and applicable group purchasing organizations (GPOs) began collecting required data (if a manufacturer that compensates a physician for providing a consulting or other service before the data collection requirements become effective, but does not actually make payments or a transfer of value to the physician until after the start of the data collection requirements, such payment would be reportable because the payment was made to the physician after the start of the data collection requirement)
- March 31, 2014 – First data reporting requirement for applicable manufacturers and applicable GPOs to cover the time period from August 1, 2013 through December 31, 2013
- September 30, 2014 – First information will be available on a public website (physicians may challenge industry reported financial values and prior to posting the payment information on CME Open Payment

continued on page 11
website, www.cms.gov, a 45-day review and correction period for accuracy by physicians, followed by a 15-day resolution period by manufacturers, should occur.

- September 30, 2014 – CMS report to States regarding the first data reporting requirement for those States
- April 1, 2015 – Report due to Congress regarding the first data reporting requirement
- June 30, 2015 – CMS to publish information on public website June 30 in 2015, and in subsequent years.

Reportable Payment Categories
Manufacturers are required to report the following information:
- Physician’s name and address
- Amount and date of the payment
- Form of the payment, such as cash or stocks
- Nature of the payment, such as consulting fees, gifts, or entertainment expenses

Reportable payments fall into one of the following natures of payment, each with its own specifications that need to be understood:
- Consulting fees
- Compensation for services other than consulting
- Compensation for serving as faculty / speaker at a CME or non-CME event
- Honoraria
- Gifts
- Entertainment
- Food and beverage
- Travel and lodging
- Education
- Research
- Charitable contributions
- Royalty or license
- Current or prospective ownership or investment interest
- Grants

What about CME?
Accredited or certified CME events, including the AOFAS meetings, are largely exempt from the transparency program provided some conditions are met. These conditions are consistent with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support mandating that accredited providers make all decisions regarding CME content, quality and scientific integrity – thus ensuring that accredited CME activities are independent, free of commercial bias, based on valid content, and contributing to healthcare improvement. It should be noted that non-accredited and promotional activities will be reportable, as will educational material that does not directly benefit patients.

Growing pains are anticipated as industry attempts to comply with the new reporting requirements, and the AOFAS and the medical community will continue to seek clarification and report on issues where questions remain.

Additional resources:
www.ama-assn.org
www.cms.gov/openpayments

New AOFAS Position Statement Available
The AOFAS Board recently approved a new position statement prepared by the Evidence Based Medicine Committee on Use of VTED Prophylaxis in Foot and Ankle Surgery. The statement may be viewed on the AOFAS website (www.aofas.org/medical-community/health-policy/) and is available for download. A position statement on Use of Osteochondral Transplantation for the Treatment of Osteochondral Lesions of the Talus is being finalized, and a statement on Total Ankle Replacement created in 2009 is under review and will be updated in the next few months.
It’s been four years since the AOFAS Specialty Day program was held in New Orleans, but on Saturday, March 15, 2014, AOFAS members and guests will again meet in “The Big Easy” to discuss, debate, and reflect on the newest surgical techniques, cutting-edge technology, the latest research, and what’s new in foot and ankle surgery in one non-stop day of education.

“Specialty Day is an excellent way to renew your foot and ankle knowledge, given the amazingly broad spectrum of topics covered,” reports AOFAS President Steven Haddad, MD.

“Our goal all along in planning this meeting was to develop a program that highlights the most recent information regarding evidence-based medicine, techniques, procedures, technology, controversies, clinical dilemmas, and patient and practice management topics,” says Program Chair Chris Coetzee, MD.

“The case-based approach, enhanced by expanded interactive discussion opportunities following each symposia, original abstract presentations, and special invited sessions will provide attendees with a dynamic and stimulating educational format.”

**Program Highlights include:**

- Early Bird Symposium: Ancillary Services in the surgical center and clinic
- Fifteen original clinical and basic science research papers
- Case-based symposia on:
  - Ligamentous Issues around ankle fractures including discussions on the treatment of acute deltoid injuries; treating the subtle to severe syndesmosis problems; and options for treating acute lateral tears
  - Management of the weekend warrior including presentations on the science of the aging athlete and treatment strategies of both the ‘senior’ and ‘young’ athlete
  - The pathology and treatment of peroneal tendon injuries
- An international look at forefoot surgery
- Ankle replacement presentations on implant positioning, the basic science of polyethylene wear, management of osteolysis, and how to identify and salvage the unrecognized deformity in ankle replacement surgery
- Arthroscopy in ankle fractures: the pros and cons in treating ankle injuries
- A unique and candid ‘Coulda’, ‘Shoulda’, ‘Woulda’ discussion on the evolution of how approaches and treatment preferences change over time. Lessons from several of the Society’s best educators will present how things have changed for them over time.

**Accreditation**

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

**AMA PRA Category 1 Credit™ Designation**

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 at the conclusion of the meeting, attendees should claim only the number of credits for the learning activities in which they actively participated.

**Specialty Day Reception**

At the conclusion of the Specialty Day program, AOFAS members are invited to enjoy a quick drink and snack before heading out on their own to an evening at one of New Orleans restaurants or to the airport for a late flight home. The 60-minute reception will take place in the session foyer.

**AAOS Registration and Housing**

Detailed program, registration and housing information is available at [www.aaos.org](http://www.aaos.org). AAOS Member registration will open October 9 and Non-member registration will open October 16. Check [www.aofas.org/specialtyday](http://www.aofas.org/specialtyday) for the complete program.

**Advanced Foot and Ankle Course: La Jolla, California**

The biennial Advanced Foot and Ankle Course: *Reconstruction and Salvage of Complications* will be held January 16-18, 2014 at the Hilton Torrey Pines Hotel, La Jolla, California. Few educational opportunities offer such a comprehensive approach to treating foot and ankle disorders and this meeting will be no different.

“The program will focus on advanced techniques, concepts, and topics in foot and ankle surgery,” says Course Chair Thomas Lee, MD.

“Presented in a case-based format, our goal is to make this course as interactive and audience driven as possible,” says Co-Chair Hodges Davis, MD.

The course is designed for orthopaedic surgeons, fellows and residents who treat acute and chronic foot and ankle conditions and have a solid understanding of the challenges in management of common and complex foot and ankle clinical problems related to trauma, sports injuries, and reconstructive procedures.

For further course details, the complete program, exhibit opportunities, and registration and venue information, please visit [www.aofas.org/advancedfoot](http://www.aofas.org/advancedfoot).
The 5th Triennial Scientific Meeting of the International Federation of Foot & Ankle Societies (IFFAS) will be held September 19-21, 2014 in Chicago. Offered every three years, the 2014 IFFAS meeting will be hosted by the AOFAS and brings together orthopaedic foot and ankle specialists from around the world. The AOFAS Annual Meeting, traditionally held during the summer, will be held September 21-23 to coincide with and follow the IFFAS meeting.

The Society’s meeting organizers, Steven Haddad, MD, 2013-14 AOFAS president and Chris Coetzee, MD, AOFAS program chair will work closely with Mitsuo Kinoshita, MD, IFFAS president and Charles Saltzman, MD, IFFAS vice president/program chair in the creation of a complementary and comprehensive program.

The single online abstract submission site for both the AOFAS and IFFAS meetings is now open. The deadline for abstract submission for both meetings is January 10, 2014 at 11:59 pm Pacific Time. Abstracts for either (or both) meetings will only be accepted via the online submission system and 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 only (September 19-21), the AOFAS meeting only (September 21-23), or either meeting. Selected abstracts will be scheduled based on program topics and 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 should be limited to 500 words: provided in English, the official language of the IFFAS meeting; and may include one image or table. The required study content information should include: Summary, Introduction (including: What question did you ask in this study?), Methods, Results, and Conclusions.

New to the system will be the required notation of Level of Evidence. The goal of enhancing the submission content will be for reviewers to better evaluate the question you are asking; to determine the effectiveness of your study design in investigating the question; and whether or not the initial question was answered.

During the online submission process authors will be asked to enter the presenting author, the presenting author’s contact information, and the names and e-mail addresses of all co-authors. The presenting author’s e-mail address is the sole method of communication so please make sure it is accurate. In addition to pertinent contact information, authors must report any relevant conflict of interest they, or their co-authors, may have with the content of their proposed presentation. Abstracts will be reviewed in a blind fashion by the AOFAS and/or IFFAS Program Committees, depending on presentation request, and confirmation of participation will be distributed in March of 2014.

To submit an abstract, visit www.aofas.org/annualmeeting for more information and submission instructions.

Fellowship Match Program: Applications now open

AOFAS is now accepting applications for the 2014 Orthopaedic Foot & Ankle Fellowship Program Match for 2015-16 fellowship positions. A total of 70 positions are currently being offered by 43 fellowship programs.

The match is designed to be a transparent, unbiased process in which applicants are matched to foot and ankle fellowship programs on a competitive basis. Participating programs and applicants are required to adhere to the Code of Conduct for Orthopaedic Foot and Ankle Fellowship Programs and Applicants, as outlined at www.aofas.org. The AOFAS administers the application receipt and distribution process and the San Francisco Matching Service (SF Match) handles the rank lists and the match process.

Applicant participation in the match requires graduation from an allopathic or osteopathic medical school and fellowship is dependent upon successful completion of an approved orthopaedic surgery residency program.

Applicants can submit applications to the AOFAS now through March 3, 2014. However, some fellowship programs may have earlier deadlines or interview dates. Submission of applications by December 2, 2013 is strongly recommended. The results of the 2014 match will be released to applicants and programs on Match Day, April 1, 2014. For complete application instructions and a list of participating fellowship programs, please visit www.aofas.org (click on Medical Community / Resident and Fellow Opportunities) www.aofas.org/medical-community/resident-fellow-opportunities/Pages/Fellowship-Match.aspx.

Fellows in programs that participate in the match and are already AOFAS Fellows or apply for membership are eligible for benefits from the AOFAS, including waiver of dues during the fellowship year, a 50% reduction in dues during the first year of practice, and being listed as having completed a Foot and Ankle Fellowship on the AOFAS website. This benefit for young members is funded by the Outreach & Education Fund.
FootCareMD updates promise to improve patient education

The AOFAS Public Education Committee took on the challenge this spring of bringing updates to the Society’s FootCareMD.org patient-education website. Starting in early April, the committee has assigned more than 60 procedure topics to young physicians and fellows, and to date nearly all of these articles are in review or have been finalized for posting to the website.

Committee members encourage other AOFAS members to use the patient-education site as a resource for their patients. Some ways the site can be used include pulling up procedure and condition pages via tablet during office visits, highlighting specific FootCareMD articles and links in practice newsletters, and sharing the FootCareMD website address during clinical visits.

Since AOFAS Annual Meeting 2013, the Public Education Committee has continued to assign new topics with the goal of uploading all new articles to the FootCareMD site by the end of October. New procedure articles may be found under the Treatment tab at www.FootCareMD.org. Long-term goals include redesigning the site to be more user-friendly with engaging graphics, improved navigation, and patient stories.

Resident Review Course faculty ready to educate

When residents gather for this year’s AOFAS Resident Review Course on September 28, they’ll be in for a high-yield learning experience designed to prepare them for upcoming examinations. Chaired by Matthew Roberts, MD, at Hospital for Special Surgery (HSS) in New York, New York, the review course will feature succinct lectures, question-and-answer periods, and a closing reception to meet the faculty.

A full slate of 21 lectures by a dozen presenters will dominate the program. Leading speakers from New York’s Columbia Orthopaedics / New York Hospital, HSS, and Mount Sinai will be joined by presenters from North Jersey Orthopaedic Institute at University Hospital, Bergen, New Jersey; Capital Regional Orthopaedic Group, Albany, New York; and Massachusetts General Hospital, Boston, Massachusetts.

Course material will cover a wide range of topics, including lectures on the foot and ankle milestones set forth by the ACGME: ankle arthritis, ankle facture, and diabetic foot.
AOFAS Opportunities – deadlines approaching

Coming up quickly are important deadlines for a host of AOFAS programs. Apply and also encourage your residents, fellows, and colleagues to take advantage of these opportunities where appropriate.

View information, submit abstracts, and download application forms at www.aofas.org or contact the AOFAS Executive Office with questions at aofasinfo@aofas.org or by phone at 800-235-4855 or 847-698-4654 (outside US).

December 1, 2013
• Traveling Fellowship Program Application
  Open to Active, Associate-Osteopathic, International, and Candidate Members age 45 and under www.aofas.org (About OEF)

• Research Grants Program Application
  Principal investigator or co-investigator must be an Active, Associate-Osteopathic, International, or Candidate Member www.aofas.org (Medical Community)

• Overseas Outreach Project to Vietnam Application
  Open to Active, Associate-Osteopathic, International, and Candidate Members www.aofas.org (About OEF)

January 1, 2014
• New and Elevating Members Application
  Elevation application required for current members who completed training in 2013 www.aofas.org (Membership)

January 10, 2014
• Abstract Submission for IFFAS / AOFAS Meetings
  September 19-23, Chicago, Illinois www.aofas.org/annualmeeting

March 1, 2014
• Resident Scholarship Program Application
  Open to orthopaedic residents PGY-2 or PGY-3 with an interest in foot & ankle www.aofas.org (Medical Community/Resident and Fellow Opportunities)

EDUCATIONAL OPPORTUNITIES Current as of 8-31-13

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

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

September 28, 2013
AOFAS RESIDENT REVIEW COURSE
Course Chair: Matthew Roberts, MD
Hospital for Special Surgery – New York, New York • www.aofas.org/residentreview

September 28-29, 2013
AANA/AOFAS MASTERS EXPERIENCE: FOOT & ANKLE ARTHROSCOPY
Orthopaedic Learning Center – Rosemont, Illinois • www.aana.org

October 17-19, 2013
AOFAS SPORTS INJURIES OF THE FOOT AND ANKLE COURSE
Course Chair: Thomas Clanton, MD
Hilton Americas – Houston, Texas • www.aofas.org/sportsinjuries

January 16-18, 2014 – Save the Date
AOFAS ADVANCED FOOT AND ANKLE COURSE
Course Chair: Thomas Lee, MD
Course Co-Chair: W. Hodges Davis, MD
Hilton Torrey Pines – La Jolla, California • www.aofas.org/advancedfoot

AOFAS WEBINAR SERIES 2013 (8:00 – 9:30 pm CT) www.aofas.org/webinars

Registration is ongoing for any or all sessions. 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.

The AOFAS Webinar Series 2013 is supported by an educational grant from Wright Medical Technology, Inc.

January 15, 2013 – Recording available
BEST OF AOFAS 2012
Moderator: J. Chris Coetzee, MD

February 19, 2013 – Recording available
OSTEOCHONDRAL LESIONS OF THE TALUS – STATE-OF-THE-ART
Moderator: Richard Ferkel, MD

April 16, 2013 – Recording available
SPORTS INJURIES OF THE FOOT AND ANKLE: CONTROVERSIES IN TREATMENT AND REHAB
Moderator: Brian Donley, MD

June 4, 2013 – Recording available
TRAUMA
Moderator: David Thordarson, MD

August 20, 2013 – Recording available
THE CAVUS FOOT: BONE CORRECTION vs TENDON TRANSFERS
Moderator: Bruce Sangeorzan, MD

September 17, 2013
THE ARTHRITIC ANKLE: GOLD STANDARD GOLD SCHMANDARD
Moderator: Steven Haddad, MD

October 8, 2013
FOOT AND ANKLE REVIEW
Moderator: Scott Ellis, MD

November 12, 2013
FOREFOOT: BUNIONS
Moderator: J. Chris Coetzee, MD

December 10, 2013
TENDON: PERONEALS
Moderator: Eric Bluman, MD, PhD

IN-STRIDE • SUMMER 2013
In accord with the OEF bylaws, Troy Watson, MD, was elected by the AOFAS Board of Directors to serve as OEF President for a two-year term. He succeeds W. Hodges Davis, MD, who completed his two-year presidential term and will continue on the Board for one additional year as past president.

Elected as OEF Board members-at-large were Mark Slovenkai, MD, for a one-year term and Raymond Sullivan, MD, for a two-year term. As the newly-elected AOFAS secretary, Thomas Lee, MD, will also serve as the OEF secretary for two years. AOFAS treasurer Jeffrey Johnson, MD, will continue serving for one more year as the OEF treasurer.

Resident Scholars members-at-large were Mark Slovenkai, MD, for a one-year term and Raymond Sullivan, MD, for a two-year term. As the newly-elected AOFAS secretary, Thomas Lee, MD, will also serve as the OEF secretary for two years. AOFAS treasurer Jeffrey Johnson, MD, will continue serving for one more year as the OEF treasurer.

Other continuing OEF Board members are: Mark Easley, MD; Steven Haddad, MD; Bruce Sangeorzan, MD; and Lew Schon, MD. Steven Weinfeld, MD, chair of the AOFAS Industry Relations Committee, will serve as an ex-officio member of the OEF Board.

OEF Board of Directors 2013-14

AOFAS Annual Meeting 2013 welcomed the 43 Resident Scholars selected by the AOFAS Awards and Scholarships Committee, a record number for this four-year-old program. Throughout the meeting, Scholars were introduced to the latest scientific advances, research developments, and clinical impressions of various treatment stages. Along the way, they met leaders in foot and ankle surgery and benefitted from their insights.

“While I learned a lot about foot and ankle, perhaps more impactful was meeting many of the foot and ankle attendings, fellows, and fellowship directors from across the country,” says Michael “Isiah” Sandlin, MD. “Everyone was so helpful and generous with their time, energy and patience when answering questions. I can’t imagine another branch of orthopaedics having the same type of experience for residents.”

Scholars began their Annual Meeting experience with the Pre-meeting Course, which offered perspectives on different issues surrounding foot and ankle surgery. In particular, Scholars appreciated the multiple treatment options discussed during Pre-meeting Course presentations.

“The Pre-meeting Course topics gave me a good feel for the common pathologies and surgeries that foot and ankle surgeons face, as well as the various surgeries that are offered,” says Asher Kupperman, MD. “I appreciated that most topics were presented with different choices for treatment. It highlighted the controversies, as well as the newest treatments, without presenting a biased opinion.”

Scholars also attended the Annual Meeting general sessions, the Research Forum, and the Young Physicians Forum, which made a strong impression on many. They were also invited to attend the OEF Reception and the Gala.

“The Young Physicians Forum was the best session of the conference,” says Harvey Montijo, MD. “The opportunity to hear from young physicians on the pitfalls to avoid in practice, as well as ways to pass the oral boards, was valuable. It was also great to meet with them after the session to get their opinions on fellowships, jobs, and many other topics.”

Mentors help round out experience

In addition, the Resident Scholar Mentor Program proved to be a valuable part of this year’s program. Scholars met their mentors at a meet-and-greet immediately following the Pre-meeting Course and checked in with them throughout the Annual Meeting.

“The mentorship program was a great opportunity to interact with leaders in the field of foot and ankle surgery,” says D. Jeffrey Covell, MD. “The high quality of the AOFAS membership was reflected in the professionalism and hospitality of mentors, leaders, and other members.”

Additional feedback revealed that 81% of Scholars felt the Annual Meeting experience solidified their decision to pursue foot and ankle as a career, and 67% said their experience has led them to consider becoming Resident Members of the AOFAS. Equally important, several Scholars said they plan to share what they learned with their fellow residents.

“I have and will continue to strongly encourage interested residents to apply for an AOFAS Resident Scholarship,” says David Ruta, MD. “I plan to highlight my experiences and this scholarship during my next departmental grand rounds talk, and I hope other residents will find this meeting to be as influential and exciting as I have.”

Applications for the 2014 Resident Scholarship Program are due March 1, 2014. The application form is available on the Resident Scholarship Program page, found at the AOFAS website under the Education tab. This year’s program was funded by the Outreach and Education Fund (OEF) with donations from individuals and grants from Stryker Orthopaedics and Wright Medical Technology.
Annual Meeting attendees meet the Traveling Fellows

When the 2013 Traveling Fellows were introduced during AOFAS Annual Meeting 2013 by A. Samuel Flemister, MD, outgoing chair of the AOFAS Awards and Scholarships Committee, it was the first opportunity for attendees to meet this year’s elite group. Now in its ninth year, the Traveling Fellowship Program offers a unique opportunity for early career AOFAS members to attend the Annual Meeting and then travel to visit leaders in orthopaedic foot and ankle surgery and research.

This year’s Fellows included three international and three US members of the Society: Samuel Adams, MD, US; Peter Bock, MD, Austria; Jose Cohen, MD, Brazil; Kenneth Hunt, MD, US; Bom Soo Kim, MD, South Korea; and Kevin Kirk, DO, US. After leaving the Annual Meeting in Hollywood, Florida, the Fellows went on to visit with five hosts in three cities: Lew Schon, MD, Union Memorial Hospital and Mark Myerson, MD, Mercy Medical Center in Baltimore, Maryland; Keith Wapner, MD, of Pennsylvania Hospital in Philadelphia, Pennsylvania; and Scott Ellis, MD, Hospital for Special Surgery and Kenneth Mroczek, MD, NYU Langone Medical Center in New York, New York.

In addition to learning from leaders in foot and ankle surgery, the Fellows appreciated the opportunity to exchange knowledge and experiences among themselves.

“The beauty of this program was that we could share ideas among ourselves and discuss them with each host at different institutions,” says Dr. Cohen. “I am sure my practice will be much better after this trip, since I could learn different techniques and approaches to the most common pathologies of the foot and ankle.”

The friendships forged among the Fellows played a key role in the educational process.

“What I enjoyed most about this fellowship was the exchange of knowledge not only with the hosts but also with the other Fellows from all around the world,” says Dr. Bock. “This gives me a perfect insight into how things are going in other countries.”

The Fellows reported their appreciation for clinic and OR visits as well as didactic sessions, but they also appreciated scheduled time to relax with each other and their hosts.

The friendships forged among the Fellows played a key role in the educational process.

“The hosts graciously welcomed us into their lives to foster friendships and professional relationships that will last a lifetime,” says Dr. Adams. “Aside from the busy educational schedule, we unwound to the local culture of each city. And while the expert instruction was welcome, I learned the most about compassionate patient care from my co-Fellows, who were an amazing and talented group of young physicians.”

This year’s Traveling Fellowship Program was funded by a generous grant from DJO Incorporated to the Outreach & Education Fund (OEF). Applications for the 2014 program may be downloaded from the Traveling Fellowship Program page at the AOFAS website under the OEF tab.

Call for 2014 Research Grant applications: Deadline Dec. 1, 2013

Research today = improved treatments for tomorrow’s practice

It’s time to think about a grant application. “Research represents the future of foot and ankle orthopaedics," says L. Daniel Latt, MD, PhD, the new chair of the Research Committee. “Grants awarded by the AOFAS have resulted in innovative insights in foot and ankle care, presentations at the AOFAS and other educational meetings, and articles in Foot & Ankle International and other journals. Research propels our specialty forward and means improved treatments for tomorrow’s practice.”

With funding from the Society’s Outreach & Education Fund (OEF), the AOFAS awards one-year seed grants of up to $20,000 for promising research projects. Blinded grant applications are scored and ranked by the Research Committee, and grants are awarded on a competitive basis.

“AOFAS grants give members the opportunity to do research that can lead to larger grants from national funding sources,” says Sheldon Lin, MD, AOFAS Board member and past grant recipient. “The AOFAS Research Grant I received some years ago represents my initial foray into the field of fracture healing in diabetes mellitus. The data from this grant led to further research and larger grants on this and related healing problems.”

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

The AOFAS Research Grants Program is funded by contributions from individuals and corporations to the Outreach & Education Fund (OEF) and to the Orthopaedic Research & Education Foundation (OREF) with designated giving to AOFAS/OEF. The 2013 Research Grants Program is funded in part by a generous donation from Wright Medical Technology.

Grant applications will be accepted through December 1, 2013. The application form is available for download at www.aofas.org under the Medical Community tab. Contact the AOFAS at aofasinfo@aofas.org or phone 800-235-4855 or 847-698-4654 (outside US) for further information.
AOFAS volunteers reflect on 12th annual education/surgical outreach trip

When seven AOFAS members arrived in Vietnam for a humanitarian service trip in July, they were struck by the bravery of their young patients and the dedication of the local Vietnamese surgeons. “Just like at home, we were surrounded by a team of dedicated professionals trying their best to assist normal people with abnormal anatomy,” said AOFAS volunteer Thomas McDonald, MD, Springfield, Massachusetts. “Some of the orthopaedic challenges were different from what I routinely see in my practice, but the patients were good people bravely trying to face diminished function caused by a painful extremity or deformity. They were desperate in their need but consistently stoic and determined.”

During this year’s four-week Overseas Outreach Project to Vietnam, AOFAS volunteers worked in small teams and fanned out to serve at facilities in Hanoi, Dien Bien Phu, a city in the northwest that lies in the Muong Thanh Valley near the Laotian border; Thai Nguyen, a city roughly 50 miles north of Hanoi; Vinh, a city some 185 miles south of Hanoi on the South China Sea. In addition, they all worked with Vietnamese orthopaedic residents and attending surgeons at Viet Duc Hospital, the large training institution in Hanoi. The dedication of local surgeons for their patients and their interest in learning was evident in every city.

“In three days in Thai Nguyen, we saw about 40 patients and did 13 surgeries,” says J. Turner Vosseller, MD, New York, New York. “In Hanoi, we were able to do four cases with the residents, and their eagerness to learn was inspiring. During those four surgeries, there were no less than 12 residents in the operating room, all watching intently and asking questions.”

Other participants in this year’s program were Mario Kuhn Adames, MD, Florianopolis, Brazil; Paul Doktor, MD, Denver, Colorado; Aaron Guyer, MD, Tallahassee, Florida; Naomi Shields, MD, Wichita, Kansas; and Mark Slovenkai, MD, Boston, Massachusetts. Dr. Shields in particular has a long history of serving the Vietnamese people, having volunteered for the outreach project since its inception in 2002. Drs. Adames, Guyer, and Slovenkai also volunteered on earlier projects.

In addition to operating and teaching, AOFAS volunteers conducted seminars at the facilities to share surgical advancements in the treatment of foot and ankle disease and deformity. They also presented, along with Vietnamese surgeons, at an educational conference co-sponsored by the AOFAS in Hanoi. AOFAS members volunteer their time and pay their own travel expenses to Vietnam. In-country expenses are supported by the OEF with charitable donations from individuals and industry and partially through partner Prosthetics Outreach Foundation (POF). Based in Seattle, Washington, the POF handles the in-country logistical arrangements for the AOFAS volunteers and coordinates with the Vietnamese government and hospitals for the trip.

AOFAS Outreach: Why Vietnam?

The AOFAS Overseas Outreach Project to Vietnam was born out of a fact-finding trip in 2001. AOFAS members had traveled to Vietnam to explore the possibility of treating landmine victims and disabled children. Patients with untreated congenital deformities are common in Vietnamese clinics, and the AOFAS project provides corrective surgery without charge for both children and adults with lower extremity deformities caused by polio, cerebral palsy, clubfoot, trauma, and other conditions.

With the need apparent, AOFAS volunteers began making annual visits to Vietnam to assist in orthopaedic rehab centers. Since that fact-finding trip, more than 1,000 patients have benefited from surgery performed without charge by AOFAS volunteers, and more than 2,400 patients have been seen in the clinics. Meanwhile, partner POF has built local capacity to provide prosthetic limbs to indigent Vietnamese children and adults since the 1990s.

As the years have passed, AOFAS volunteers have found themselves treating patients that we operated on several years ago,” says Dr. Slovenkai, “some for simple follow up and others for further procedures. A young man who was examined two years in a row with a severe congenital growth deformity was able to finally come back and request an amputation and prosthetic fitting.”

Dr. Shields also noted the progress of returning patients. “A 24-year-old student had his severe clubfoot deformities corrected last year;” she says. “He returned this year for follow-up with his right foot performing excellently and only a little pain in his left foot. He was pleased to say that he is much happier now, having lived in constant pain for his first 24 years.”

To learn more about the AOFAS Overseas Outreach Project to Vietnam, or to donate to the OEF, look under the About OEF tab at www.aofas.org.
Following last year’s inaugural live auction in San Diego, this year’s OEF fundraiser was expanded to include a silent auction which was held during the three days when booths were open in the Exhibit Hall.

Generous donors provided an international array of items as well as several that were designed and crafted by AOFAS members. The five-minute warning announcements that final bids were due brought out the spirit of competition as bidders sought to protect and/or increase their bids. The item that drew the most bidding action was a book by H. Kelikian, MD: *Hallux Valgus: Allied Deformities of the Forefoot and Metatarsalgia* (1965) that included a handwritten note inside to a colleague.

The Live Auction was held during the Friday night Beachfront Gala. A professional auctioneer kept bidding lively with the OEF benefitting from the generosity of all who participated. Good food, drink, and music gave way to paddle-raising entertainment for an important cause.

Both auctions brought out the best in everyone with just under $40,000 bid to support the OEF. Thank you to all who made this a successful and meaningful fundraising event.

**Item Donors:** Robert Anderson, MD; Judith Baumhauer, MD, MPH; Eric Bluman, MD, PhD; Christopher Chiodo, MD; Hodges Davis, MD; Laura Dawson, DO; Nirain D’Souza, MD; Robert Gorman, MD; Thomas Harris, MD; Kenneth Hunt, MD; Mark Myerson, MD; Lew Schon, MD; Naomi Shields, MD; Jeremy Smith, MD; Judith Smith, MD; Loch Trimingham, MD; and The Westin Diplomat and Hyatt Regency Chicago hotels.

**Winning Bidders:** Chris Coetzee, MD; William Corey, MD; Jonathan Deland, MD; Bryan Den Hartog, MD; Dave Dorn; Sandra Eisele, MD; Joseph Eremus, MD; David Garras, MD; Alex Giaros; Aaron Guyer, MD; Bryan Hawkins, MD; Susan Ishikawa, MD; Jeffrey Johnson, MD; Thomas Lee, MD; Robert Leland, MD; Mark Mizel, MD; Ray Nickel, MD; Andre Pagliaro, MD; Jasper Petrucci, MD; Terrence Philbin, DO; Gretchen Richards; Michael Salamon, MD; Steven Sheskier, MD; Mary Snow; Laurie Staveski; Loch Trimingham, MD; Holly Wapner; Judy Watson; Troy Watson, MD; Kristin Wolff.

Net proceeds from both auction activities will be used to help the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF) continue to support the AOFAS in providing outstanding opportunities in research, education and humanitarian service. Donations to the OEF may also be made throughout the year at [www.aofas.org/oef](http://www.aofas.org/oef).
AOFAS membership grows to 2,000

As the Society approaches its 45th anniversary in 2014, it is the ideal time to acknowledge the evolving membership which now includes more than 2,000 members. It was only 1996 when AOFAS boasted its first 1,000 members. The AOFAS continues to welcome an ever-widening US and international presence with applicants from new countries seeking the education and fellowship offered by the Society. A special thank you to all members who support the organization, help to spread the word about membership value, and assist in the application process by providing letters of sponsorship for new member applicants. You drive the Society to reach new heights.

Countries represented include:

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New membership category broadens opportunities

Voting members at the Business Meeting held July 19, 2013 during the AOFAS Annual Meeting approved an amendment to the Bylaws to add a new membership category: Associate Member – Basic Sciences.

Developed by the Membership Committee and approved by the Board of Directors for presentation to voting members, this new category is designated for individuals holding a PhD or its equivalent who are engaged in research or basic sciences related to orthopaedic surgery and who have demonstrated achievement in research and education for foot and ankle orthopaedic surgery. Associate Members – Basic Sciences will have all of the rights and privileges of the Society and be eligible to serve on committees, but shall not be eligible to vote or hold elected office.

Individuals who meet the criteria for this new membership category are invited to apply for membership. Information and forms are at www.aofas.org: Membership – Apply Today. Member referrals encouraged.

Countries represented include:

United States   1,534
Argentina 22
Australia 28
Austria 3
Belgium 9
Bolivia 1
Brazil 60
Canada 43
Chile 12
China 8
Colombia 7
Costa Rica 2
Dominican Republic 2
England/Scotland/UK 67
France 6
Germany 13
Greece 2
Hong Kong 3
Hungary 1
India 4
Ireland 6
Israel 13
Italy 13
Japan 36
Jordan 1
Korea/South Korea/Republic of Korea 35
Malaysia 2
Mexico 15
Netherlands 2
New Zealand 6
Norway 2
Panama 2
Peru 1
Philippines 1
Portugal 2
Russian Federation 3
Saudi Arabia 5
Singapore 5
South Africa 6
Spain 5
Sweden 2
Switzerland 20
Taiwan 4
Thailand 2
Turkey 4
United Arab Emirates 2
Uruguay 1
Venezuela 2

Congratulations to new members

Effective July 19, 2013

Active Members
Oladapo Alade, MD
Stephen Benirschke, MD

International Members
Francesco Albo, MD
Syed Mohsin Ali, FRCS (Tr&Orth)
Daniel Baumfeld, MD
Guillermo Cardone, MD
Paulo Cesar de Cesar, MD
Jaeho Cho, MD
Bavornrit
Chuckpaiwong, MD
Celso Ferreira, MD
Jiazhang Huang, MD
Gillian Jackson, MBChB
Yoon-Chung Kim, MD
Toshinori Kurashige, MD
Hector Jose Lopez, MD
Derek Park,
FRCS (Tr&Orth)
Pedro Manuel Perez Pimentel, MD
Venkat Perumal, MD
Leonardo Quental, MD
Tetsuya Taguchi, MD
Masato Takao, MD
Altug Tanriover, MD
Gregorio Verschae, MD
Mart-Mari Visser, MBChB

Fellow Members
Jeffrey Ling, MD
Manuel Pellegrini, MD

Resident Members
Katherine Bedigrew, MD
Erwin Bennett, MD
Clayton Bettin, MD
Matthew Brewster, DO
Tony Bryant, Jr., MD
Leroy Butler, DO
Noah Chinitz, MD
Adam Cota, MD
Donald Covell, MD
Justin Daigre, MD
Andrew Ertl, MD
Lauren Geaney, MD
Gearin Green, MD
Kurt Hofmann, MD
Paul Kim, MD
John Lee, MD
Daniel Moon, MD
Cameron Patthanacharoenphon, MD
Christopher Reb, DO
Brent Roster, MD
David Ruta, MD
G. Alexander Simpson, DO
Bryan Vopat, MD
William Whiteside, MD