PRESIDENT’S PERSPECTIVE

President’s Perspective

Presidential Address, AOFAS Annual Meeting 2014
I want to begin by expressing my appreciation for the honor of serving as AOFAS president for the coming year. As you can see by looking around the room this morning, this organization has grown immensely. It has become a much more professional organization and a much larger organization with a broad international membership.

I would like to provide you with an overview of the boots-on-the-ground activity and infrastructure of the society. My objective is to review what the AOFAS is, what it can do for its members, the Board’s responsibilities, and the role of the membership.

But first I’d like to acknowledge the tremendous efforts of our outgoing president, Steve Haddad. He is always working and always talking! As many of you know, his seven-minute lectures include 20 minutes of information. He brings tremendous energy and zeal to his work and has spent his presidential year, as he has in prior years, giving lectures everywhere: locally, internationally, and even in his dining room. I would like to extend a thank you to Steve. I wish him and Amy more time together in the coming year, and I wish Steve a few more meals at home with his family.

What is the AOFAS?
The American Orthopaedic Foot & Ankle Society is a 501(c)(3) non-profit organization, a medical specialty society that was founded in 1969 and today is comprised of more than 2,100 orthopaedic surgeons. The organization is governed by 11 members of the Board of Directors, who are selected by a nominating committee and elected by the membership.

But this begs the question: What is a 501(c)(3)? According to the IRS code, it is an organization operated exclusively for exempt purposes with none of its earnings to inure to any private shareholder. By definition it may not be an action organization, that is, it may not attempt to influence legislation as a substantial part of its activities and may not participate in political campaign activity. Exempt purposes, as set forth in Section 501(c)(3) of the IRS code, are charitable, religious, educational, and scientific in nature and may involve public safety, sports competition, and preventing cruelty to children or animals.

continued on page 4

IFFAS / AOFAS 2014 Meetings

History was made in Chicago
IFFAS President Mitsuo Kinoshita, MD, PhD, and AOFAS President Steven Haddad, MD, presided over the recent combined meetings of the International Federation of Foot & Ankle Societies and the American Orthopaedic Foot & Ankle Society in Chicago, September 19-23. The revamped meetings opened doors to global outreach and information sharing not previously seen, and efforts to exceed the varied and diverse needs and expectations of attendees, exhibitors and guests were successful.

Historic gathering of orthopaedic foot and ankle surgeons
More than 1,800 medical professionals, guests and exhibitors made the meetings the most successful foot and ankle event ever, and proved that foot and ankle orthopaedic surgery is a global enterprise without technological or geographic borders. “Not only did the meetings set attendance records, they provided educational and networking opportunities the Society had not seen before,” said Dr. Haddad, AOFAS immediate past president. In addition, “these were the continued on page 6
Welcoming the foot and ankle community

Thanks for your time, talents, and resources

2014 has been a great year for the AOFAS. Credit goes to our Board of Directors for its leadership and to our committee chairs, members, and staff for their collaborative work and dedication. Looking back, here is a list of some of the Society’s key accomplishments:

- ACCME awarded six-year accreditation to AOFAS as CME provider
- AOFAS hosted record-breaking joint meetings of the AOFAS and International Federation of Foot & Ankle Societies
- Unprecedented attendance: 1,124 registrants at the AOFAS Meeting and 1,191 registrants at the IFFAS Meeting
- Largest Exhibit Hall ever with 88 exhibiting companies, including more than 30 first-time exhibitors
- A record 563 abstracts received for IFFAS / AOFAS Meetings
- 170 resident and fellow registrants for the IFFAS / AOFAS Meetings, including 45 Resident Scholars
- Guidelines approved on endorsement of other organizations’ meetings
- 70 new patient-education articles added to FootCareMD.org
- Journal CME program launched with scored and recorded CME exam for FAI articles
- New video released: “Who are Orthopaedic Foot & Ankle Specialists?”

Thank you to all who contributed their time, talents, and resources. It has been an honor and privilege to serve as AOFAS president.

Steven Haddad, MD
Immediate Past President

AOFAS 2014-15 Board of Directors

Bruce J. Sangeorzan, MD, President
Mark E. Easley, MD, President-elect
Jeffrey E. Johnson, MD, Vice President
Thomas H. Lee, MD, Secretary
J. Chris Coetzee, MD, Treasurer
Steven L. Haddad, MD, Immediate Past President
Lew C. Schon, MD, Past President
Timothy R. Daniels, MD, Member-at-Large
Selene G. Parekh, MD, MBA, Member-at-Large
Christopher P. Chiodo, MD, Member-at-Large
Brian C. Toolan, MD, Member-at-Large

AOFAS Staff

Louanne “Zan” Lofgren, CAE, Executive Director
Lois Bierman, MS, Director of Membership & Marketing
Dianne Gilsenan, Finance Manager
Jennifer Hicks, MS, Director of Public Education
Christine Johnson, Administrative Coordinator
Elena Johnson, Programs Coordinator
Joy Keller, MS, MLSIS, Research Manager
Elaine Leighton, MPH, Director of Education
Rose Olea, Director of Information Technology

www.aofas.org • www.footcaremd.org

AOFAS 2014-15 Board of Directors

Bruce Sangeorzan, MD, President
Mark Easley, MD, President-elect
Jeffrey Johnson, MD, Vice President
Thomas Lee, MD, Secretary
J. Chris Coetzee, MD, Treasurer
Steven Haddad, MD, Immediate Past President
Lew Schon, MD, Past President
Timothy Daniels, MD, and Selene Parekh, MD, MBA, members-at-large.

At the Society’s 2014 Annual Business Meeting on September 22 in Chicago, Illinois, Bruce Sangeorzan, MD, was installed as president and Mark Easley, MD, was elected to the office of president-elect. Both will serve one-year terms. Jeffrey Johnson, MD, was elected vice president for a one-year term, and J. Chris Coetzee, MD, was elected treasurer for a two-year term.

Christopher Chiodo, MD, and Brian Toolan, MD, were elected as members-at-large for two-year terms. Continuing service on the Board are Steven Haddad, MD, immediate past president; Lew Schon, MD, past president; Thomas Lee, MD, secretary; and Timothy Daniels, MD, and Selene Parekh, MD, MBA, members-at-large.
Change is in the air at the AOFAS Executive Office

A lot has changed since 2005 when the Society moved its headquarters from a management company in Seattle, Washington to the orthopaedic building in Rosemont, Illinois with a vision of expanding its membership and programs with its own staff.

Fast forward to 2014: The Society has grown in size, educational programs have expanded, new projects have launched, and public outreach initiatives are raising the profile of the Society and its members. And now other changes are in the works.

**New Building**

In early December, the AOFAS, along with the AAOS and other orthopaedic building tenants, moved down the street to the brand new orthopaedic building. The new, larger AOFAS suite provides much-needed space for administration of the Society’s programs. The address for AOFAS and the Orthopaedic Foot & Ankle Foundation is:

- Suite 220
- 9400 W. Higgins Road
- Rosemont, IL 60018-4975

The main telephone numbers remain the same: 800-235-4855 or 847-698-4654 (outside US). Fax is also the same: 847-692-3315. Email addresses are the same, but individual direct staff phone numbers have changed. Check www.aofas.org (Contact Us) for info.

![New orthopaedic building in Rosemont, Illinois](image)

**New Management System**

Preparation has been underway for months for transition to a new association management system in the first quarter of 2015. The robust system will provide capabilities and features needed to expand programs.

**Staff Transitions**

- **Judi Northrup** retired in mid-December after more than nine years as Director of Education. At its Fall Retreat, the Board of Directors recognized her for her contributions to the success of AOFAS, its educational programs, and ACCME accreditation status. Judi will be working part-time on selected education projects in the coming months.

- **Elaine Leighton**, who served as the Foot & Ankle International Managing Editor and Research Manager, has assumed responsibilities as Director of Education and staff liaison for the Education Committee and Program Committee.

- **Joy Keller**, Research Manager for the OFAR Managerial Board, has added responsibilities for staffing the Research Committee and the Evidence Based Medicine Committee.

- **Shera Palmer Cook**, formerly Programs Coordinator, is now the Managing Editor of FAI and staff for the FAI Editorial Board and the FAI CME Committee. She will continue coordinating the fellowship match program.

- **Jennifer Hicks**, formerly Public Education Manager, is now Director of Public Education and will add In~Stride Managing Editor to her responsibilities as well as several new public outreach initiatives.

- **Elena Johnson**, who has been an intern at AOFAS, has stepped into the role of Programs Coordinator. She will staff the Awards & Scholarships Committee, coordinate both the Traveling Fellowship Program and Resident Scholarship Program, and assist with education and public education projects.

**To Judi ... with appreciation and best wishes**

Director of Education Judi Northrup, who retired in mid-December, was recognized at the Board of Directors Fall Retreat for her dedication and service. The Board expressed appreciation and best wishes as she steps into the next phase of her life.

“During her tenure at AOFAS, Judi has been the trusted backbone of support behind the Society’s successful educational programs,” says Bruce Sangeorzan, MD, president. “She has worked closely with the many members on the Education Committee and Program Committee over the years as well as course faculty and presenters for the annual meetings. She created the process for and achieved ACCME accreditation to carry us forward.”

In 2005, when the AOFAS Board made the decision to move its office to Rosemont, Illinois, Judi was the first employee that Zan Lofgren, AOFAS Executive Director, hired for the Society’s new staff. “Judi brought the needed experience in developing educational programs, a commitment to the AOFAS mission, and a strong work ethic that has contributed greatly to moving the Society forward over these past years,” says Ms. Lofgren.

“Judi guided the Society through the rigorous ACCME process, which enabled the Society to continue its status as an accredited provider of continuing medical education. This important review occurred in 2006, 2010, and again in 2014. As a result of this year’s application, the Society was awarded a six-year accreditation as a CME provider, a level of recognition not easily achieved,” says Steven Haddad, MD, immediate past president and former chair of the Education Committee.

Judi will work part-time on selected AOFAS projects in the coming months. Elaine Leighton, who has been serving as FAI Managing Editor, has assumed the role of Director of Education.
This means that as an organization the AOFAS is restricted from involvement in some of the activities that are important to the practice of medicine.

The vision statement of the Society reads: The AOFAS, through its growing national and international membership, is the preeminent resource for standards in patient management, public safety, health care policy, education, and research in foot and ankle care. As an organization it accomplishes its goals through a broad committee structure. Each committee has a chair and members who do substantial work to create the fabric of the organization and advance the mission. The committees and the work they have accomplished over the past year are detailed on pages 14-15.

AOFAS Mission
The AOFAS is a professional membership organization whose mission is to promote quality, ethical, and cost-effective patient care through education, research, and training of orthopaedic surgeons and other health care providers. It creates public awareness for the prevention and treatment of foot and ankle disorders and provides leadership and serves as a resource for government, industry, and the national and international health care community.

That is a tall order. The efforts of our committees would be quite challenging to organize and implement without our staff. The staff has worked long and hard to make our Society and this meeting successful. The detailed plans of this meeting were reformatted several times when the projected registration numbers exceeded our expectations and the hotel’s space capacity. Our staff put in hours beyond what is expected. This happens because our executive director, Zan Lofgren, clearly knows how to select good people and bring out the best in them.

What are the responsibilities of the Board?
In general the Board’s job is to determine the organization’s mission and purpose, choose the executive director, determine and monitor the organization’s programs and services, enhance the organization’s public image, and assess its own performance. There is a requirement that all of these things be done in a transparent way and in a way that will ensure compliance with legal and tax issues.

I have been honored to work with a great group of members on the 2013-14 Board: our past three presidents – Judy Baumann, Lew Schon, and Steve Haddad – and the other members of the presidential line – Mark Easley, Jeff Johnson, and Tom Lee. Board Members-at-Large Bruce Cohen, Tim Daniels, Sheldon Lin, and Selene Parekh all contributed to the Board’s discussion and decisions. The diversity of opinion and willingness to argue and come to consensus decisions makes our organization strong.

While there are no perfect research studies, any effort to measure patient improvements has value.

What can the organization do for its members?
The AOFAS can provide opportunities for members to get involved, participate in educational programs, and provide ideas, perspective, content, and infrastructure for the multiple activities of the organization. An old joke for a speaker in my situation is to say that “in most organizations half the people do the work and half the people go along for ride.” The punch line is “I am happy to say that in the AOFAS it is just the opposite.” The joke doesn’t apply to the AOFAS. It is an organization of members who are truly engaged and contributing.

The AOFAS is working to educate its members on the things we can do to interface with the changing world. The world demands evidence of value for medical care. That is accomplished through clinical research. And carrying out research provides insights that make us better clinicians. Our top priority is creating an infrastructure for education and research that supports our members in delivering good clinical care based on evidence.

Evidence-based medicine
An editorial in JAMA this year was titled “The Six Most Dangerous Words in Medicine.” The author referred to the clinician’s perspective on the phrase “there is no evidence to support” in the orthodoxy of psychometricians and methodologists. Only those actively involved with taking care of patients can identify the questions that need to be asked to provide good evidence of good care. While compliance officers, institutional review boards, and HIPAA regulations are well meaning, they make clinical research extraordinarily time-consuming and expensive and often block our ability to find information we need to manage patients.

My biases are based on my own research experience. I began with retrospective research studying prophylactic femoral stabilization in patients with malignancies. From that I learned how many questions cannot be answered because information is not available in the chart. I moved from there to mathematical analysis of single-cut osteotomies and cadaver studies. I learned the value of mechanics research. It’s very real and concrete, like orthopaedics. Combining mechanics and cadaver research taught me a great deal, but many of the issues we study need more than the mechanics and extrapolations made in cadaver research, which at times are a long way from the clinical world. My next academic foray was into the world of epidemiology. It seemed there were tremendous resources available for database statistical analysis, but the depth of information available in databases rarely had quality patient outcome information.

Patient-reported outcomes
I stumbled upon patient-reported outcome measures as Rick Deyo, an early advocate for measuring patient-reported outcomes, was a young faculty member only a few years ahead of me...
at the University of Washington. The beauty of patient-reported outcomes is that it gets to the heart of what clinicians do. As long as the outcome is valid, reproducible, and responsive to changes in care, and as long as the things it measures are things we know are important, patient-reported outcomes represent an ideal way for clinicians to do clinical research. It is not truly science, but an extension of clinical excellence.

Now a quarter-century from the beginning of my career, the world demands evidence of efficacy and value. Clinical research gives us insights that make us better clinicians so even those not interested in research should be interested in how well patients do. While there are no perfect research studies, any effort to measure patient improvements has value to your patients, to you as a clinician, and to payors. Our members participating in the Society’s Orthopaedic Foot & Ankle Outcomes Research (OFAR) network have recently published studies demonstrating the utility of PROMIS physical function computerized adaptive testing. Integrating baseline function, pain, satisfaction, and comorbidities into the electronic medical record—with a simple measure of this nature that has depth and validity—represents the ideal opportunity to measure clinical care and take back control of the decision-making process.

Looking forward, I hope ...

I hope that the young members of our Society take to heart the idea of measuring baseline function before care so that they can demonstrate to themselves and their patients what works. I also hope they will pay increased attention to the political process that dictates the economics of care. I would encourage all members to embed outcome measures into your clinical care, and to aggregate your data with others to report both successes and FAI lures to help guide future treatment. Present or publish that information to benefit and educate your peers. Join and support your state and local medical societies and become actively involved in health policy issues so that you will have the freedom to determine how you care for your patients. You earn that freedom by demonstrating the quality of your care and your commitment to your patients.

Thank you

I would like to take a moment to thank some people who have influenced me a great deal. To Rick Matsen and Marc Swiontkowski, who demonstrated leadership without self-aggrandizement and truly always had a goal and a strategy. I owe much to the many colleagues, both here and abroad, in the AOFAS, the OTA, and the AO. I am in the debt of my foot and ankle partners at Harborview, Stephen Benirschke and Michael Brage, who tolerate my frequent conference calls and travel, and the Harborview fellows who make it fun.

And of course I would not be standing here today if not for my mentor and longtime partner Sigvard ‘Ted’ Hansen, Jr. Though never president of the AOFAS, he may have had more influence on it than can be measured. Back in the late ‘80s and early ‘90s, when principles of internal fixation and muscle balancing realignment in the foot were considered heresy, he was steadfast.

I would be remiss not to thank the patients who presented with undescribed or apparently unsolvable problems, as they have driven us to improve our care, including those who have made bad decisions, and those in our military whose honor and service have put them in impossible situations.

In closing I want to thank my wife and children for all the hours they have tolerated my absence over the years – my daughter Kate and my wife M.A. who are both here with me today. Unable to join me here, but with me in spirit, are my son Adam, who is splinting trauma patients in the ER, and my son Michael, who is 5,000 miles from here building airports and trains.

Thank you for your attention and for the honor and privilege of serving as AOFAS president.

Sincerely,
Bruce Sangeorzan, MD
most comprehensive programs ever assembled for an annual meeting,” said J. Chris Coetzee, MD, AOFAS program chair. “I hope that those who attended left the meetings better physicians for having participated in the programs.”

Benefits of international reciprocity

“International education and collegiality was the theme of the meetings and was evident in all aspects of the complementary programs,” said Charles Saltzman, MD, IFFAS vice president and program chair. IFFAS President Kinoshita welcomed and acknowledged delegates from all represented countries in his opening remarks and thanked AOFAS for sharing its Annual Meeting with IFFAS and the international community it represents. Dr. Kinoshita also noted that the advances and experiences shared among colleagues during the meetings provided a richness to the experiences for all.

IFFAS / AOFAS 2014 Meetings in review:

• Largest-ever number of abstract submissions
• Registrants from nearly 50 countries resulted in the highest registration for any orthopaedic foot and ankle meeting
• 13 focused, clinical symposia
• 17 general scientific symposia featuring more than 80 original basic science and clinical presentations
• 400+ electronic poster presentations displayed on the mobile app and kiosks throughout the meeting venue
• Young Physicians Forum featuring presentations on numerous practice-building initiatives helped map out a road to success
• Presidential Lecturer Michael Burlingame, PhD, speaking on Illinois’ own Abraham Lincoln
• Distribution of meeting content made available through the expanded AOFAS mobile app
• Exhibit Hall filled to capacity and showcasing 88 companies, including 33 first-time exhibitors

Traveling Fellows and Resident Scholars: Sharing experiences and mentoring

The AOFAS Annual Meeting was just the beginning of the educational experience for the six Traveling Fellows who embarked on a clinical-, knowledge- and expertise-sharing interchange at several US institutions following the meeting. The experiences of these Fellows included more than the clinical education that they took back to their practices. They established professional relationships that will last a lifetime.

And the Resident Scholarship Program, which is designed to foster clinical exchange, share knowledge and provide exposure to the orthopaedic foot and ankle community, sent 45 second- and third-year residents to the AOFAS Annual Meeting with the hope of piquing their interest in foot and ankle surgery and possibly influencing their career paths.

Awards and Top Honors:

IFFAS and AOFAS congratulate this year’s award-winning presentations:

**IFFAS President’s Prize**

Correlation Between Static Radiographic Measurements and Inter-segmental Angles

Presenting Author: Sang Gyo Seo, MD, and Dong Yeon Lee, MD, PhD

**IFFAS Takakura Prize**

Patient Expectation and Satisfaction as Measures of Surgical Outcome in End-Stage Ankle Arthritis: A prospective cohort study of ankle joint replacement versus ankle fusion

Presenting Author: Alastair S.E. Younger, MD

Additional Authors: Ji-Beom Kim, MD; Sung Ju Kim, MS; Ji Hyung Kim, MD; Kyoung Min Lee, MD; Chin Youb Chung, MD; In Ho Choi, MD; Dong Yeon Lee, MD, PhD

Seoul, South Korea

What is IFFAS?

The International Federation of Foot & Ankle Societies is an organization that grew out of increased collaboration among international orthopaedic foot and ankle societies around the world. It is a federation of regional federations of foot and ankle organizations whose members are orthopaedic surgeons specializing in medical and surgical care of the foot and ankle.
Select IFFAS / AOFAS 2014 Meetings proceedings coming soon

This month, MD Conference Express and AOFAS debuted the inaugural edition of proceedings from the 2014 IFFAS and AOFAS meetings in Chicago, Illinois. This timely publication features summaries of live presentations from the meetings and is available to AOFAS members in the form of an online eBook. Watch your email for further details and electronic delivery dates.

AOFAS Roger Mann Award
Multi-Center Prospective Comparison of PROMIS Physical Function CAT to Traditional Instruments for Foot and Ankle Disorders
Presenting Author: Kenneth J. Hunt, MD
Additional Authors: Ian J. Alexander, MD; Judith F. Baumhauer, MD, MPH; James W. Brodsky, MD; Timothy R. Daniels, MD; W. Hodges Davis, MD; Jonathan T. Deland, MD; Scott J. Ellis, MD; Man Hung, PhD, MSTAT, MED; Susan N. Ishikawa, MD; L. Daniel Latt, MD, PhD; Phinit Phisitkul, MD; Charles L. Saltzman, MD; Nelson Fong SooHoo, MD; Orthopaedic Foot & Ankle Outcomes Research Network (OFAR) Redwood City, California

AOFAS Leonard Goldner Award
Correlation of Postoperative Midfoot Position with Patient Outcomes Following Reconstruction of the Stage II Adult Acquired Flatfoot Deformity
Presenting Author: Matthew S. Conti, BA
Additional Authors: Jeremy Y. Chan, BS; Huong T. Do, MD; Scott J. Ellis, MD; Jonathan T. Deland, MD
New York, New York

ePoster Awards
More than 400 ePosters were available for viewing during both meetings at onsite kiosks and via the meetings app. Award winners included:

1st Place
The Effect of a Calcaneal Osteotomy in a Novel Asymmetric Ankle Arthritis Model
Jack Anavian, MD; Todd A. Fellars, MD; Heather Gotha, MD; Sarah Koruprolu, MS; David Paller, MS; Ryan Rich, MS; Christopher W. DiGiovanni, MD

2nd Place
Repair of the Deltoid Ligament Complex Rupture Associated with Acute Ankle Fractures: A Multicenter Clinical Study
Guangrong Yu, MD; Mingzhu Zhang, MD, PhD; Youguang Zhao, PhD; Yunfeng Yang, MD, PhD; Bing Li, MD; Xin Tang, MD; Ming Xie, MD; Linru Zeng, MD

3rd Place – Tie
Incidence of Symptomatic Deep Vein Thrombosis in Percutaneous Achilles Tenorrhaphy and Utility of Thromboprophylaxis: Multicenter Study of 178 Cases
Andres Keller, MD; Pablo Mococain, MD; Ximena Ahumada, MD; Yocelyn Saavedra, MD; Stephane Elgueta, MD; Jorge Filippi, MD

3rd Place – Tie
Fractures of the Sutstentaculum Tali
Stefan Rammelt, MD, PhD; Constanze Dürr, MD; Hans Zwipp, MD, PhD
continued on page 8
Camaraderie completes the IFFAS / AOFAS experience

Spirit of friendship … loyalty among members of a group … sharing experiences. These phrases and more define the fellowship that surrounded the IFFAS / AOFAS 2014 Meetings before, during, and after the educational segments.

Social time was not just spent catching up with old friends and industry representatives, but it also inspired new connections that will endure for years to come. Attendees had ample opportunity to meet with one another during several planned events throughout the week, including:
• IFFAS Opening Reception at Navy Pier
• Presidential Wine and Dessert Reception
• Welcome Reception in the Exhibit Hall
• Joint IFFAS / AOFAS Luncheon
• AOFAS Gala: Progressive Dining Tour of Chicago

Photos and statements say it best. Thanks to the photos taken onsite by member Paul Docktor, MD, and others who shared their pictures, the Society has enough memories to fill a book.

Enjoy a few of these photos on the next few pages as they highlight some of the special moments from the IFFAS / AOFAS Meetings.

The following is a sample of comments received on the meetings:

“Chris and Charles: Congratulations to both of you for organizing what undoubtedly has been the most successful foot and ankle meeting ever. Your choice of speakers and topics led to a real global exchange of views, and I found the meetings educational and stimulating.”
– Dishan Singh, MBChB, FRCS (Orth)

“It was a great meeting. Lots of old and new friends and lots of old and new foot and ankle information.”
– Steven Neufeld, MD

“Congratulations for the meeting. It was great.”
– João de Carvalho Neto, MD

“It was an honor and a pleasure to participate in the AOFAS program, along with Tahir, as co-moderator for the arthroscopy paper session. I learned a lot from the papers presented. Congratulations to you and Charlie for an exceptional IFFAS / AOFAS continuous program. It was a highly educational and enjoyable week.”
– Kenneth Hunt, MD

“I really had a wonderful experience meeting and working with you. Best meeting I’ve attended in a long time.”
– Jill Shuman, Senior Medical Writer, SAGE Publications

If You Treat Ankle Arthritis . . . Think Arthrex

The Arthrex Ankle Fusion Plating System offers a comprehensive set featuring:

• Anatomically contoured plates for anterior, lateral and posterior approaches
• Multiple compression options – anatomic compression screw, oblong compression hole, Mini Joint Compression Device, 6.7 mm cannulated screws
• Specific joint preparation instrumentation

www.arthrex.com
© 2014, Arthrex Inc. All rights reserved. AD1-0088-EN_A
“I won’t forget the memory of this IFFAS / AOFAS.”
– Sang Gyo Seo, MD

“Well done AOFAS and IFFAS for the largest foot meeting ever! Enjoyed participating and it was a pleasure as always to take part.”
– Alastair Younger, MBChB, MSc, ChM

“Thanks to all it was a great meeting.”
– Ned Amendola, MD

“Thanks for the great program and all your hard work!”
– Richard Ferkel, MD

“Fantastic meeting. Congratulations Judi, Zan, Chris, Charlie, Steve and all the staff and contributors!! Yikes Bruce, tough act to follow!!”
– Judith Baumhauer, MD, MPH

“Excellent job by Judi, Steve, and everybody else. Glad to be on board for the ride.”
– Selene Parekh, MD, MBA

“This was one of our ‘finest hours’ as a society in how you, Charlie, Judi, Zan, and the entire AOFAS staff put on an incredible combination meeting with all the difficult logistics that were overcome. Thanks for everyone’s hard work and for Steve’s leadership.”
– Jeffrey Johnson, MD

“I want to thank the AOFAS staff, Steve Haddad, and everyone who contributed to putting up an amazing meeting. It is special to work with a dedicated, fun team. And I of course have to thank Judi Northrup specifically for making Charlie’s and my life so easy. It was a really cool experience for me. I know we will get the feedback as time goes by, but as far as I am concerned, it was a success.”
– J. Chris Coetzee, MD

“It was truly a fantastic meeting in every way. Congratulations to all.”
– Timothy Daniels, MD

“Absolutely fantastic teamwork!!!!”
– Lew Schon, MD

continued on page 10
The American Orthopaedic Foot & Ankle Society understands the importance of commercial support and appreciates the support the following companies provided to the IFFAS/AOFAS 2014 Meetings.

$20,000 up to $49,999

BIO-MED®
DePuy Synthes

$10,000 up to $19,999

ACUMED®
ORTHOFIX®
zimmer

$5,000 up to $9,999

amnio®, medical
INTEGRA®
Arthrex®

$500 up to $4,999

Curve Beam
FOOTinnovate™
TORNIER
TriMed.
New FAI/CME Exam launched

The new Foot & Ankle International CME Examination debuted at the IFFAS / AOFAS Meetings in September to a very positive response. The program is the first foot and ankle journal-based scored and recorded MOC self-assessment examination (SAE).

The 2013 Exam launched first, and the 2014 Exam is scheduled to roll out by Specialty Day 2015. Once two exams are live in the system, journal subscribers will be able to earn the 20 hours of MOC SAE credit required by ABOS. Each exam will be based on a volume year of the journal and includes 100 multiple-choice questions. Participants can take the exam in multiple sittings using mobile devices or computers. Scoring is immediate upon submission, and unlimited retakes are allowed until successful completion of a 70% or higher score.

Each exam fee is $100 and offers up to 10 hours of Category 1 American Medical Association Physician's Recognition Award (AMA PRA) credit. To earn MOC SAE, the full 10 hours of credit must be claimed.

“I found the exam to be a good review and enjoyable,” says Stanley Graves, MD, the first participant. “I have been an orthopaedic educator for some time, and this format provides a great refresher.”

Since the exam is based on an entire year, the breadth of content includes all areas of foot and ankle care. The FAI/CME Committee prepares the exam questions from each issue of the journal, and then the entire exam is reviewed and approved by the ABOS.

“The convenience of taking the test anywhere, anytime, will be a great bonus for members,” says Patrick Ebeling, MD, FAI/CME Committee chair. “A link to the full article is provided with each test item so you can review the material before completing the question and find additional resources on that topic.”

To learn more about the FAI/CME program, log in to the journal through the AOFAS website and then click on the CME tab. Each individual will need to set up a CME account and SAGE has preloaded member information into its database. To receive the login instructions or more information, contact the AOFAS office at aofasinfo@aofas.org.

AOOFAS rolls out new course: Essentials of Orthopaedic Foot and Ankle Surgery

Mark your calendar for the AOFAS course Orthopaedic Foot and Ankle Surgery: The Essentials slated for April 23-25, 2015 in Pittsburgh, Pennsylvania. Under Chair John Campbell, MD, this program is designed to be a concentrated refresher course that will discuss clinical evaluation and decision-making for the most frequently seen foot and ankle problems.

This program is ideal for general orthopaedists wishing to expand their practice, surgeons preparing for Maintenance of Certification (MOC), newly trained foot and ankle orthopaedic surgeons beginning practice, and fellows or residents seeking to supplement their training. A new feature called Foot and Ankle Boot Camp will feature invigorating, rapid-fire, small-group sessions on topics such as Coding, Technology in Practice, Board Prep, and Job Mentoring.

“This course is a fantastic educational opportunity for surgeons just starting out in practice, those fulfilling MOC requirements, or anyone wanting a comprehensive refresher course to enhance or reinforce current practice patterns,” says Dr. Campbell.

For more details, visit www.aofas.org/essentials.

5th Biennial Surgical Complications Course to be held in November

Steven Haddad, MD, immediate past president, will chair the Surgical Complications Course planned for November 5-7, 2015 in Tampa, Florida. Over the course of two and a half days, a faculty of recognized experts will address complications associated with the management of foot and ankle surgery through a series of didactic lectures and case-based discussions. As in the past, a comprehensive range of topics will be discussed, but only in the context of complications of surgical treatment. Visit www.aofas.org/surgicalcx for more details.
Volunteers Reach New Heights 2013-2014

Thank you for your time and commitment!

AWARDS AND SCHOLARSHIPS COMMITTEE

Daniel Lehman, MD, Chair
Reviewed applications and selected six Traveling Fellows for 2014. The Traveling Fellows attended the IFFAS/AOFAS Meetings and traveled to visit members in Chicago, Minneapolis, and Memphis. Resident Scholarship applications were reviewed and 45 Resident Scholars were selected to attend the AOFAS Meeting; mentors were recruited for each Resident Scholar.

CPT/RUC COMMITTEE

Peter Mangone, MD, Chair
Represented AOFAS at AMA CPT and RUC meetings and worked with the AAOS Coding, Reimbursement and Coverage Committee; coding proposals and RVU recommendations were reviewed. In-Stride articles were written and a webinar was presented to educate members on coding.

EDUCATION COMMITTEE

William McGarvey, MD, Chair
Provided oversight and direction for educational programs, courses and webinar series and ensured that the AOFAS continues to be in compliance with guidelines of the Accreditation Council on Continuing Medical Education (ACCME). Oversight was provided for the ACCME annual progress report and re-accreditation application. A significant achievement was attaining a six-year accreditation for AOFAS as a CME provider. Liaison was provided with the AAOS on all foot and ankle educational programs. Policies were developed and approved by the AOFAS Board for endorsement of other organizations’ meetings.

EVIDENCE BASED MEDICINE COMMITTEE

Sandra Klein, MD, Chair
Finalized position paper on DVT. The protocol for a clinical foot and ankle exam was finalized, and outreach to EMR companies is underway with a goal of having the exam incorporated into EMRs for consistent documentation of a clinical exam. A primer will be developed to describe the methodology for the exam and help define exam maneuvers. The AOFAS has partnered with the Choosing Wisely campaign with a Board approved statement, and five Choosing Wisely recommendations with supporting literature have been published on the Choosing Wisely website.

FAI CME COMMITTEE

Patrick Ebeling, MD, Chair
Finalized the 100-question exam for scored and recorded CME for 2013 FAI articles. The exam, available only to FAI subscribers, was launched in September with promotional information available at IFFAS/AOFAS Meetings. The exam based on 2014 FAI articles will be ready in March 2015.

FAI EDITORIAL BOARD

David Thordarson, MD, Chair and FAI Editor-in-Chief
Managed the FAI editorial process to improve peer review; managed the review for an escalating number of submitted manuscripts; improved the journal impact factor.

FAI MANAGERIAL BOARD

James Brodsky, MD, Chair
Provided financial oversight for FAI and managed relationship with journal publisher.

FELLOWSHIP MATCH COMMITTEE

Daniel Farber, MD, Chair
Implemented provisions of the Fellowship Match Program Agreement; provided oversight for administration of the AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match Program. AOFAS was represented AOFAS on the BOS Fellowship Match Committee. Working with the Post Graduate Education & Training Committee, a curriculum of basic expectations for foot and ankle fellowship programs has been developed that was discussed with fellowship directors in September.

FINANCE COMMITTEE

Jeffrey Johnson, MD, Chair and Treasurer
Managed and supervised financial operations and policies, and served in an advisory capacity to the Board of Directors on financial affairs.
2013-2014 Committees

HEALTH POLICY COMMITTEE
Steven Neufeld, MD, Chair
Conducted a survey to identify members willing to monitor state health policy issues. AOFAS was represented on the AAOS BOS Health Policy Committee. Input was provided to the AMA on the update of its Data Series on Podiatrists. Increasing the number of AOFAS members in the AMA is important to keeping the Society’s delegate seat in the AMA House of Delegates and having a voice in organized medicine.

HUMANITARIAN SERVICES COMMITTEE
Aaron Guyer, MD, Chair
Organized annual four-week Overseas Outreach Project to Vietnam. Working with local orthopaedic surgeons, 212 patients were seen in the clinics and free surgery was performed for 79 children and adults with foot and ankle deformities. Members presented at the annual conference in Hanoi sponsored by AOFAS, Mobility Outreach International, and Viet Duc Hospital. More than 100 Vietnamese orthopaedic surgeons participated in the conference.

INDUSTRY RELATIONS COMMITTEE
Steven Weinfeld, MD, Chair
Facilitated and provided oversight for organizational relationships with corporate supporters and exhibitors. Exhibit Hall visits were made during the March AAOS Annual Meeting to thank companies for their support of the AOFAS and the Outreach & Education Fund.

MEMBERSHIP COMMITTEE
Terrence Philbin, DO, Chair
Reviewed a record 270 applications for new and elevating membership status. Outreach to residents, fellows and other potential members is ongoing. The new Associate Member – Basic Sciences category was approved at the Interim Business Meeting. Bylaws amendments to recognize Canadian and Osteopathic board certification for Active Membership will be presented at the Annual Business Meeting.

OFAR MANAGERIAL BOARD
Kenneth Hunt, MD, Chair
Completed 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); three journal articles published based on initial data. The input process and instruments have been improved, and IRB packet and site agreement updated. The infrastructure for future growth is being developed. Information on OFAR was available at the IFFAS/AOFAS Meetings.

ONLINE RESOURCES TASK FORCE
Jonathan Deland, MD, Chair
Provided oversight for expansion of online resources for patient education on the FootCareMD.org site and development of the new Physician Resource Center (PRC) on the AOFAS.org site.

PHYSICIAN RESOURCE CENTER (PRC) COMMITTEE
Johnny Lau, MD, Chair
Development of the PRC, a searchable library of AOFAS online resources, continues with retrospective tagging of abstracts, e-Posters, and recordings for keywords and conditions to improve organization, navigation and search processes and allow subscribers to find the most relevant and useful content. A buyers guide of product information will be included in the site.

POST GRADUATE EDUCATION & TRAINING COMMITTEE
Paul Juliano, MD, Chair
Implementing programs to increase exposure to foot and ankle during residency. The Visiting Professor Program was promoted to residency programs “underserved” for foot and ankle training; Visiting Professor visits were made by AOFAS leaders. Two lectures in the Resident Lecture Series were updated; other lectures are under review. Working with the Fellowship Match Committee, a curriculum of basic expectations for foot and ankle fellowship programs was developed that will be discussed with fellowship directors in September. A new outreach initiative to connect members with local sports medicine fellowships will launch in 2015.

PROGRAM COMMITTEE
J. Chris Coetzee, MD, Chair
Developed program content for Specialty Day. Working with the IFFAS Program Committee a record 563 abstracts were reviewed/ranked and program content for the IFFAS/AOFAS Meetings was developed; 44 papers are included on the IFFAS program and 37 on the AOFAS program. More than 400 papers were accepted as e-Posters. The best papers were selected for the Mann Award, Goldner Award, and IFFAS Awards.

PUBLIC EDUCATION COMMITTEE
Eric Bluman, MD, PhD, Chair
Expanded patient-education information on FootCareMD.org with nearly 70 new articles. Communication messages were developed to raise the profile of the AOFAS and its members in public, orthopaedic and medical media through press channels and social media outreach. A new video project on “What is an orthopaedic foot and ankle surgeon?” debuted at IFFAS/AOFAS Meetings.

FOOTCAREMD SUBCOMMITTEE – Robert Gorman, III, MD, Chair
Developed/reviewed new patient-education articles. Social media messages on Twitter and Facebook are driving a significant increase in traffic to FootCareMD.org.

RESEARCH COMMITTEE
L. Daniel Latt, MD, PhD, Chair
Evaluated a record 26 grant applications; four projects were approved for funding. Reviewer feedback was sent to all authors of applications. Guidelines for grant writing are being developed to assist members in obtaining research grant funding. Input was provided to the Evidence Based Medicine Committee on the scope and structure of the foot and ankle exam template.

YOUNG PHYSICIANS COMMITTEE
Scott Ellis, MD, Chair
Organized Young Physicians Forum for the AOFAS Annual Meeting. Presented the Foot & Ankle Review webinar on October 7. Nine topic summaries were prepared for the Physician Resource Center and 17 treatment articles written for FootCareMD. Two lectures were reviewed for the Resident Lecture Series. Committee members contributed 160 images for the new Image Bank Project initiated by the committee.
2014-15 AOFAS Committees carry on the good work
Thanks to the new 2014-15 committees, the work of last year’s AOFAS committees will go on.

ANNUAL MEETING 2015 ADVISORY COUNCIL
Bruce Sangeorzan, MD, President
J. Chris Coetzee, MD, Treasurer and 2014 Program Chair
Scott Ellis, MD, Young Physicians Chair
Justin Greisberg, MD, Program Chair
L. Daniel Latt, MD, PhD, Research Chair
Daniel Lehman, MD, Awards & Scholarships Chair
Ronald Smith, MD, Local Host Chair
Troy Watson, MD, Foundation President
Steven Weinfeld, MD, Industry Relations Chair

ANNUAL MEETING 2015 LOCAL HOSTS COMMITTEE
Ronald Smith, MD, Chair
David Lee, MD
Michael Strauss, MD

AWARDS & SCHOLARSHIPS COMMITTEE
Daniel Lehman, MD, Chair
Michael Brage, MD
Benedict DiGiovanni, MD
Gregory Guyton, MD
Ian Le, MD
Vinod Panchbhavi, MD
Vinayak Sathe, MBBS
Richard Zell, MD

CPT/RUC COMMITTEE
Peter Mangone, MD, Chair and RUC Advisor (AMA)
Lawrence Berson, MD
R. Dale Blasier, MD, AAOS RUC Representative (AMA)
Matthew Mitchell, MD
Murali Moorthy, MD
Christopher Nicholson, MD
F. Ray Nickel, MD
Tye Ouzounian, MD, Alternate RUC Advisor (AMA)
David Pedowitz, MD, Alternate CPT Advisor (AMA)
Walter Pedowitz, MD, CPT Advisor (AMA)
Paul Spiegl, MD
Joshua Tennant, MD
Raymond Sullivan, MD
Troy Watson, MD

EDUCATION COMMITTEE
William McGarvey, MD, Chair
Sergio Fernandez, MD
Todd Irwin, MD
Jeremy McCormick, MD
G. Andrew Murphy, MD
Cristian Ortiz, MD
James Sferra, MD
W. Bret Smith, DO
Ruth Thomas, MD, Rep. to BOS Education Committee; Liaison, Evidence Based Medicine Committee
John Campbell, MD, 2015 Orthopaedic Foot & Ankle Surgery: The Essentials Course Chair (ex-officio)
Justin Greisberg, MD, 2015 Program Chair (ex-officio)
Steven Haddad, MD, 2015 Surgical Complications Course Chair (ex-officio)
Carroll Jones III, MD, 2014 Complete Foot Course Chair (ex-officio)
David Thordarson, MD, FAI Editor-in-Chief (ex-officio)
Steven Weinfeld, MD, Industry Relations Committee Chair (ex-officio)

EVIDENCE BASED MEDICINE COMMITTEE
Sandra Klein, MD, Chair
Ian Alexander, MD
Avrill Berkman, MD
Patrick Ebeling, MD
James Meeker, MD
Anthony Perera, MBChB
Phinti Phisitkul, MD
Jeffrey Rocco, MD
Ruth Thomas, MD, Liaison to Education Committee
Emilio Wagner, MD

FAI CME COMMITTEE
Patrick Ebeling, MD, Chair
Sarah Anderson, MD
Christopher Chiado, MD
Mark Easley, MD
J. Kent Ellington, MD
Anish Kadakia, MD
Christopher Kreulen, MD
Florian Nickisch, MD
Bruce Sangeorzan, MD
Anand Vora, MD
David Thordarson, MD, FAI Editor-in-Chief (ex-officio)

FAI EDITORIAL BOARD
David Thordarson, MD, Chair and Editor-in-Chief
John Campbell, MD
Christopher Chiado, MD
J. Chris Coetzee, MD
Michael Pinzur, MD
Ruth Thomas, MD
Robert Vander Griend, MD
William Ledoux, PhD (ex-officio)
Robin Queen, PhD (ex-officio)

FAI MANAGERIAL BOARD
James Brodsky, MD, Chair
Robert Anderson, MD
Donald Bohay, MD
Christopher DiGiovanni, MD
Jeffrey Johnson, MD
Judith Smith, MD
Keith Wapner, MD
E. Greer Richardson, MD, Past Editor-in-Chief (ex-officio)
David Thordarson, MD, Editor-in-Chief (ex-officio)

FELLOWSHIP MATCH COMMITTEE
James Holmes, MD, Chair, Rep to BOS Match Oversight Committee
Michael Aronow, MD
James Brodsky, MD
Brian Clowers, MD
Justin Greisberg, MD

FINANCE COMMITTEE
J. Chris Coetzee, MD, Chair, AOFAS/OEF Treasurer
Mark Easley, MD, AOFAS President-Elect
Steven Haddad, MD, AOFAS Immediate Past President
Jeffrey Johnson, MD, AOFAS Vice President
Thomas Lee, MD, AOFAS/OEF Secretary
Bruce Sangeorzan, MD, AOFAS President
Troy Watson, MD, Foundation President (ex-officio)

HEALTH POLICY COMMITTEE
Steven Neufeld, MD, Chair, AMA Alternate Delegate
Michael Aronow, MD, Co-chair, AMA Delegate
Jamal Ahmad, MD, AMA Young Physicians Section Alternate Delegate
Avrill Berkman, MD
Bryan Den Hartog, MD
Premjit Deol, DO
John Early, MD
Timothy Fitzgibbons, MD, ACS Governor
Casey Humbryd, MD, AMA Young Physicians Section Delegate
Scott Koenig, MD
Alexandra Page, MD
Joseph Park, MD
Abhay Patel, MD
Stephen Pinney, MD
Geoffrey Phillips, MD
Craig Radnay, MD, MPH
Steven Ross, MD
Keith Wapner, MD, Rep. to ACS Orthopaedic Surgery Advisory Council
Patrick Yoon, MD
**HUMANITARIAN SERVICES COMMITTEE**
Aaron Guyer, MD, Chair
Jorge Acevedo, MD
Mario Adams, MD
Loretta Chou, MD
Joseph Daniel, DO
Bryan Den Hartog, MD
Eric Gokcen, MD
Anne Johnson, MD
Leland McCluskey, MD
Thomas McDonald, MD
Tracy Pesut, MD
Daniel Rajan, MD
Scott Shavven, MD
Panagiotis Symeonidis, MD
J. Loch Tringham, MD
J. Turner Vosseller, MD
Eva Asomugha, MD, Resident Member (ex-officio)
Naomi Shields, MD, Past Chair (ex-officio)
Ruth Thomas, MD, Past Chair (ex-officio)
Robert Veith, MD, Medical Director, Mobility Outreach International (ex-officio)

**INDUSTRY RELATIONS COMMITTEE**
Steven Weinfeld, MD, Chair
Marc Chodos, MD
Robert Leland, MD
Naomi Shields, MD

**MEMBERSHIP COMMITTEE**
D. Joshua Mayich, MD, Chair
Rebecca Cerrato, MD
David Garras, MD
Stanley Graves, MD
Brett Grebing, MD
David Levine, MD
Cristian Ortiz, MD
Selene Parekh, MD
Yong-Wook Park, MD
William Saar, DO
Michael Swords, DO
A. Brian Thomson, MD
Richard Zell, MD

**OFAR MANAGERIAL BOARD**
Kenneth Hunt, MD, Chair
Ian Alexander, MD
Judith Baumhauer, MD, MPH
Timothy Daniels, MD
Christopher DiGiovanni, MD
Andrew Goldberg, MD, FRCS (Tr&Orth) MBBS
Sandra Klein, MD, Evidence Based Medicine Committee Chair
L. Daniel Latt, MD, PhD, Research Committee Chair

**PHYSICIAN RESOURCE CENTER COMMITTEE**
Johnny Lau, MD, Chair
Eric Bluman, MD, PhD, Public Education Committee Chair
Daniel Farber, MD
Vinod Panchbhavi, MD
Jeremy Smith, MD
Andrew Hsu, MD, Fellow Member (ex-officio)

**POST GRADUATE EDUCATION & TRAINING COMMITTEE**
Paul Juliano, MD, Chair
Sarah Anderson, MD
Michael Aronow, MD
Umur Aydogan, MD
M. Truitt Cooper, MD
Thomas Dowd, MD
Justin Greisberg, MD
Thomas Harris, MD
MaCalus Hogan, MD
Clifford Jeng, MD
Michael Johnson, MD
Anish Kadakia, MD
Todd Kim, MD
John Maskill, MD
Matthew Roberts, MD
Brian Straus, MD
M. Isiah Sandlin, MD, Resident Member (ex-officio)
Eric Tan, MD, Fellow Member (ex-officio)

**PROGRAM COMMITTEE**
Justin Greisberg, MD, 2015 Program Chair
Scott Ellis, MD, Young Physicians Committee Chair
L. Daniel Latt, MD, PhD, Research Committee Chair
Daniel Lehman, MD, Awards & Scholarship Committee Chair
Jeremy McCormick, MD
William McGarvey, MD, Education Committee Chair
David B. Thordarson, MD, FAI Editor-in-Chief

**PUBLIC EDUCATION COMMITTEE**
Eric Bluman, MD, PhD, Chair
Jamal Ahmad, MD
Joseph Daniel, DO
Jeffrey Feinblatt, MD
David Garras, MD
Donald Hoopes, MD
Hyong-Nyun Kim, MD

Robert Leland, MD
Vitor Miranda, MD
Scott Nemec, DO
F. Ray Nickel, MD
Paul Peters, MD
David Porter, MD, PhD
Sudheer Reddy, MD
Robert Santrock, MD
Andrew Rosenbaum, MD, Resident Member (ex-officio)

**RESEARCH COMMITTEE**
L. Daniel Latt, MD, PhD, Chair
Samuel Adams, MD
Ian Alexander, MD
Timothy Beals, MD
Dominic Carreira, MD
Joel Davis, MD, PhD
Laura Dawson, DO
Norman Espinosa, MD
Kenneth Hunt, MD, OFAR Managerial Board Chair
Susan Ishikawa, MD
J. Benjamin Jackson III, MD
Anish Kadakia, MD
John Ketz, MD
Harold Kitaoka, MD
Alastair Younger, MBChB
Andrew Hsu, MD, Fellow Member (ex-officio)
Douglas Lucas, DO, Fellow Member (ex-officio)

**YOUNG PHYSICIANS COMMITTEE**
Scott Ellis, MD, Chair
Samuel Adams, MD
Jason Bariteau, MD
Sudhir Belagaje, MD
Roberto Bevoni, MD
Rebecca Cerrato, MD
Nicholas Cheney, DO
Brian Clowers, MD
Donald Covell, MD
John Paul Elton, MD
Erik Freeland, DO
Gearn Green, MD
Christopher Gross, MD
James Justifer, MD
Julie Johnson, MD
Justin Kane, MD
Brian Kleiber, MD
Pamela Luk, MD
Paul Peters, MD
Sourendra Raut, MD
Christopher Reb, DO
Sudheer Reddy, MD
Ashish Shah, MD
Federico Usuelli, MD
J. Turner Vosseller, MD
Joan Williams, MD
Update disclosure/COI records on AAOS website

AOFAS and AAOS members are encouraged to review and update their disclosure of potential conflicts of interest with a “commercial interest.” These disclosures are maintained through the AAOS Orthopaedic Disclosure Program at www.aaos.org/disclosure. A “commercial interest” is defined as any entity producing, marketing, re-selling, or distributing health care goods, or services consumed by, or used on, patients. The AAOS / AOFAS Mandatory Disclosure Policies require that disclosure circumstances be updated at least semiannually (April and October/November) or as soon as changes in relationships occur.

Participants are responsible for the accuracy and completeness of their self-reported information. AOFAS uses the AAOS Orthopaedic Disclosure Program to increase transparency, simplify the disclosure process, reduce the requests made of you, and save you time.

Balance in programming
AOFAS is obligated to ensure that the delivery of its educational content is balanced and free of commercial bias. To achieve this, it is the policy of the AOFAS that all CME-related Board and committee members, faculty and authors, orthopaedic volunteers in organizational governance, editors in chief, members of editorial boards, and appropriate staff disclose in writing using the AAOS Orthopedic Disclosure Program and make available to the learners all financial relationships during the past 12 months with any commercial interest that may insert bias.

Easy steps to follow
Your AAOS username and password will be required to access your disclosure information. After accessing the AAOS Orthopaedic Disclosure Program, click on the “I have a login” link which will direct you to log in with your AAOS username and password. Once you are logged in, you will be taken to your personal welcome page where you follow easy steps to reconfirm and/or edit posted data. Select the “Update Complete” link at the bottom of the entry page to complete the process. The program will date-stamp your information and a confirmation will be sent to your email address on file at AAOS. Questions about the submission process should be directed to disclosure@aaos.org.

2015 Annual Meeting requirement
If you plan to submit an abstract for Annual Meeting 2015 consideration, you will need to disclose or update your disclosure records. Complete disclosure information is required for primary and co-authors during the Annual Meeting 2015 online abstract submission process. Visit www.aofas.org/annualmeeting. Deadline for abstract submission is January 5, 2015.

Innomed Products

Radiolucent Mini Hohmann Retractors
Designed by Jeffrey Lawton, MD

- Carbon fiber material is strong, lightweight, completely radiolucent, can be sterilized, and helps to prevent from marring component surfaces.

- NEW

PRODUCT NO’S:
1591-R [6mm Blade, Bent] Overall Length: 7”
1592-R [8mm Blade, Deep Bent] Overall Length: 7”
1593-R [8mm Blade, Bent] Overall Length: 7”
1594-R [8mm Blade] Overall Length: 6.875”
1595-R [6mm Blade] Overall Length: 6.875”
1597-R [16mm Blade] Overall Length: 6.875”
1596-R [8” Extender] Overall Length: 8”

FREE TRIAL ON MOST INSTRUMENTS

Weinraub Joint and Calcaneal Spreader
Designed to assist in the opening of small joints of the hand and foot for the application of fusion and graft techniques

- Provides excellent joint exposure without blocking intra-articular or osteotomy access. Helps prevent slippage or falling out of the joint by placing the arms on either side of the area to be distracted, driving two pins and opening the joint.

- Designed to assist in the opening of small joints of the hand and foot for the application of fusion and graft techniques

PRODUCT NO’S:
1870 Overall Length: 7” Up to .062” (1.6mm) Pin Diameter
1872 Overall Length: .11” (2.8mm) Pin Diameter

Designed by Glenn M. Motzraub, DPM, FACFAS

Made Exclusively for Innomed in Germany

Calvo Medial Malleolus Fracture Clamp
Also very useful in olecranon fractures.
Designed by Ignacio J. Calvo, MD

PRODUCT NO’S:
1801-L [Left] 1801-R [Right]

Designed by Ignacio J. Calvo, MD

FREE TRIAL ON MOST INSTRUMENTS

Innomed Europe
Tel. +41 41 740 67 74
Fax +41 41 740 67 71

Innomed-USA
Phone 912.236.0000
Fax 912.236.7766

© 2014 Innomed, Inc.
Scan to Launch Our Website

­
Education drives the specialty forward in 2014

December is the time when the AOFAS files its annual report of CME activities to the Accreditation Council for Continuing Medical Education (ACCME), the national CME accreditation organization that oversees compliance of the AOFAS with its management criteria and policies. This process, coming on the heels of AOFAS receiving the highest level of Accreditation with Commendation by the ACCME, gives AOFAS an opportunity to reflect on the successes of its educational program throughout the year.

“Based on this reflective exercise, it is clear that, educationally speaking, 2014 was a very good year for the AOFAS as it strives to offer unique opportunities to enhance learners’ competence, improve their performance, and promote optimal patient care,” says William McGarvey, MD, Education Committee chair.

“The significance of this maximum six-year accreditation supports the AOFAS commitment to enhancing patient care and functioning as a change agent for physicians,” adds Steven Haddad, MD, immediate past president.

Numbers tell the story

The delivery of a variety of AOFAS educational opportunities is evident in the compiled data. The ACCME year-end document reports that AOFAS provided 79 hours of directly sponsored CME credit hours. Additionally, AOFAS jointly sponsored education activities with other ACCME-accredited organizations, which accounted for another 33 hours. In all, 112 of AOFAS-related hours of foot and ankle instruction were offered in 2014.

3,214 … the number of AOFAS attendees who registered for a variety of educational opportunities through 2014 in venues that extended across the country and “virtually” everywhere

As impressive as these numbers have been in 2014, AOFAS is planning new and expanded CME opportunities in 2015 and beyond.

“The primary focus of the AOFAS is education, whether it is webinars, focused courses on topics of need, or the annual meetings, and the Education Committee continues to look for and identify new ways to deliver a meaningful return on membership dollars through comprehensive and wide-ranging educational opportunities;” says Dr. McGarvey.

Something for everyone

AOFAS sponsored a well-rounded range of activities for physicians, residents, and other interested health professionals throughout the year. CME credits are currently earned through participation such as attending courses, the Annual Meeting, viewing webinars, and most recently participating in the journal CME program.

The nine-hour Specialty Day program, chaired by J. Chris Coetzee, MD, attracted more than 650 foot and ankle surgeons and general orthopaedic specialists. The uniquely formatted Advanced Foot and Ankle Course, chaired by Thomas Lee, MD, combined real-life experiences and professional insight into treating all areas of foot and ankle deformity. And the biennial Complete Foot Care Course, chaired by Carroll Jones, MD, proved that multi-disciplinary teamwork is the heart of patient safety and positive treatment outcomes as it addressed non-operative treatments and therapies for a wide range of foot and ankle disorders.

The AOFAS Annual Meeting experience was unique in 2014 because of the partnership with the International Federation of Foot & Ankle Societies, and the cross-cultural interactions provided both basic science and clinical presentations vital to the dynamism of the specialty. Attendance at this meeting surpassed all projections and the complementary programs, under the direction of IFFAS Vice President and Program Chair Charles Saltzman, MD, and AOFAS Program Chair J. Chris Coetzee, MD, encouraged a philosophy of sharing of research and advances in the US and around the world that had not previously been seen.

Online education soared with high attendance for the 2014 webinar series, thanks in part to innovative topics and committed speakers. Seven webinars were sponsored on the topics of CPT® Coding, Imaging Techniques, Arthritic Ankle Joint Preservation, Orthobiologics in Foot and Ankle Fusion, Common Foot Fractures, Foot and Ankle Review, and Surgical Treatment of the Charcot Foot. With an average attendance of 225 per broadcast, these webinars continue to be an important factor in fulfilling learners’ continuing education needs.

In addition, member-needs survey data indicates a shift in educational priorities, particularly in the area of MOC-driven CME opportunities, including scored and recorded CME, notes Dr. McGarvey. To address this shift, the first FAI/CME Exam was offered in 2014. Developed by Patrick Ebeling, MD, and his committee, this online opportunity has proven to be an excellent way to earn 10 hours of credits, applicable toward the ABOS MOC scored and recorded Self-Assessment Examination requirement.

Rounding out the complete educational experience, AOFAS was pleased to partner and support activities with the Arthroscopy Association of North America and the AAOS on surgical skills courses taking place in the Orthopaedic Learning Center in Rosemont.

Accelerating and advancing resident education

As part of it ongoing focus on educating and mentoring the next generation of orthopaedic foot and ankle surgeons, AOFAS offered 45 resident scholarships to attend the AOFAS Annual Meeting in Chicago, Illinois. Made possible in part by grants from Stryker and Wright Medical Technology, Inc. to the Orthopaedic Foot & Ankle Foundation, this program introduced interested orthopaedic PGY2 and PGY3 residents to the specialty of foot and ankle surgery.

Since its inception, this program has seen a significant return on its

continued on page 20
investment in Resident Scholars pursuing foot and ankle fellowships and careers. The 2014 Foot and Ankle Review webinar further assisted residents who are preparing for examinations. Resident education continues to be a significant segment of the AOFAS education program.

Committing resources, enhancing education

AOFAS has made a significant investment in its current education program. Growth in CME activities is expected to accelerate over the next several years as the Society strives to be adaptable and flexible in developing opportunities to enhance competence, performance, and ultimately patient outcomes.

AOFAS is further extending its educational reach by officially endorsing select medical meetings that are consistent with the vision and mission of the Society. Policies of endorsement, adopted in 2014, promote collaboration among medical specialties and societies and among health care providers in the US and around the world, and will acknowledge the integrity and quality of educational activities. AOFAS is also recording and expanding its library of meeting content, and members will eventually have access to this valuable archived material.

“Educational programming is the crown jewel of the AOFAS, and continued feedback and input from attendees and the membership remains critical to the development of the strongest possible slate of education programs customized to meet identified needs,” says Bruce Sangeorzan, MD, AOFAS president. “This is our ongoing commitment: to be the primary accredited source for foot and ankle education.”
Specialty Day 2015

Specialty Day 2015 will take place on March 28 in Las Vegas, Nevada from 7:00 am – 5:00 pm. The day-long program will provide foot and ankle specialists and generalists alike the opportunity to review state-of-the-art techniques with the guidance of an experienced faculty of experts. Attendees will find the educational program to be comprehensive as well as an excellent way to renew specialty knowledge.

“Specialty Day provides AOFAS attendees with an outstanding value by providing a variety of topics in a single day of intense programming,” says 2015 Program Chair Justin Greisberg, MD. “The program has been designed to allow for more discussion time to compare, contrast, challenge, and better understand the topics being presented.”

Program topics include:
- Expanded Symposia on:
  - The Politics of Medicine
  - The Not So Simple Ankle Fracture
  - Ankle Instability
- Ankle Replacement and Fusion
- Adolescent Foot Troubles
- Foot Roulette – or – Case Reviews of Controversies in Foot Surgery
- Original Scientific Presentations on:
  - Fractures and Forefoot
  - Ankle Replacements, Fusions, and Arthritis
  - New Trends in Foot and Ankle Surgery

Earn up to 9 hours of CME for Specialty Day

Certificates of attendance at the meeting will be available to print at kiosks located throughout the Las Vegas meeting venue. Registrants may print their certificates after they check in at the AAOS registration area.

Business before pleasure

AOFAS members are encouraged to attend the Interim Business Meeting, scheduled immediately prior to the lunch break, as well as the annual Member Reception on Saturday evening, immediately following the educational sessions.

Registration and housing – 2015 Las Vegas

AAOS Member Housing for the 2015 AAOS Annual Meeting, scheduled for March 24-28, is open. Make your reservations by visiting www.aaos.org. Login is required to access information on area housing options and contact the AAOS official housing bureau.

Submit your abstract: AOFAS Annual Meeting 2015

The online abstract submission site for AOFAS Annual Meeting 2015 is now open. The deadline for podium and/or ePoster abstract submission is January 5, 2015 at 11:59 pm Pacific Time. Abstracts will only be accepted via the online submission system. Abstracts are encouraged in the following categories:
- Ankle
- Ankle Arthritis
- Arthroscopy
- Basic Science / Biologics
- Bunion
- Diabetes
- Hindfoot
- Lesser Toes
- Midfoot
- Sports
- Trauma
- Other

Abstracts should be limited to 500 words in English and may include a single image or table. The required study content information should include: Summary, Introduction, Methods, Results, and Conclusions. The system also requires documentation of Level of Evidence.

During the online submission process, authors will be asked to enter the presenting author, the presenting author’s contact information, and the names and email addresses of up to 15 co-authors. The presenting author’s email address is the sole method of communication, so 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 Program Committee and confirmation of participation will be distributed to corresponding authors in late March 2015. Reviewers base their comments and reviews on evaluation of the question you are asking, effectiveness of your study design in investigating the question, and whether or not the initial question was answered.

To submit an abstract, visit www.aofas.org/annualmeeting for more information and submission instructions.
The OEF is now The Foundation

New name, new look, expanded vision!
The Orthopaedic Foot & Ankle Foundation (The Foundation) is now the official name of the 501(c)(3) organization that helps to fund the Society’s research, education, and humanitarian outreach programs. The Foundation picks up where the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF) left off, with its eye squarely focused on the future.

Campaign 50 – moving foot and ankle orthopaedics forward
Introduced at the AOFAS Annual Meeting 2014 in Chicago, the Foundation’s Campaign 50 was launched to raise $3 million over the next five years to coincide with the celebration of the Society’s 50th anniversary in 2019. The impetus behind the financial target is not only to expand current programs but also to develop new initiatives to ensure the continued growth of the specialty. Onsite commitments, pledged over a five-year period, totaled more than $125,000 with the promise of more as the end of the five years approaches.

The hammer has been thrown down on the first “challenge” to raise awareness and funds for Campaign 50. The Hammertoe Challenge asks that contributors commit the revenue from one hammertoe procedure annually for a five-year period. If every AOFAS member donated just $400 per year for five years, the $3 million goal would be exceeded in no time and the results would be visible for years to come. “The Foundation is OUR Foundation,” says W. Hodges Davis, MD, Campaign 50 chair and past president of the Foundation. “The membership of the AOFAS must step up in high numbers to secure our leadership in the foot and ankle space.”

See how your dollars have been spent
The Society has made great strides in expanding knowledge for tomorrow’s practice through research, investing in the future with educational opportunities for young members, and in opening doors for humanitarian outreach and professional growth for volunteers.

As of this year, here is some of what the Society has accomplished with your help:
- Provided close to $900,000 in funding through its Research Grants Program, which has resulted in presentations at meetings, published articles in peer-reviewed journals, and investigators receiving more than $4.17 million in grants from additional funding sources.
- Launched the first phases of OFAR, a nationwide patient reported outcomes data collection network.
- Awarded 53 Traveling Fellowships to young members for travel and attendance at the Annual Meeting and to visit several members with a focus on clinical care, research, and education.
- Introduced 169 orthopaedic residents to the benefits of a career in foot and ankle through the Resident Scholarship Program.
- Brought AOFAS leaders to residency training programs without full-time orthopaedic foot and ankle faculty through the Visiting Professors Program.
- Supported more than 50 young orthopaedic surgeons in foot and ankle fellowships each year by providing a grant to pay their AOFAS dues during training and a second grant to pay 50% of their dues in their first year in practice.
- Covered in-country expenses for an annual educational conference in Vietnam and support for 41 AOFAS volunteer members who have treated children and adults with lower extremity deformities as volunteers in the Outreach Project to Vietnam.

End the year by contributing to the future
“The Foundation relies on the generous donations from our members to fund research, education projects for future foot and ankle surgeons, and humanitarian efforts that cross borders,” says Troy Watson, MD, Foundation president and Campaign 50 co-chair. “Please make a donation today. Every dollar counts and no pledge is too small!”

Whether you accept the Hammertoe Challenge or commit to a five-year challenge, please support the future of foot and ankle orthopaedics.

New Foundation Board announced
Board of Directors 2014-15
Troy Watson, MD, will continue in his second year as president of the Orthopaedic Foot & Ankle Foundation (The Foundation), formerly the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF). As the newly elected AOFAS treasurer, J. Chris Coetzee, MD, will also serve as the Foundation treasurer for two years. In accord with the Foundation’s Bylaws, Mark Slovenkai, MD, was elected by the AOFAS Board to a two-year term after spending a year completing an unexpired term.

Continuing Foundation Board members are: Mark Easley, MD; Steven Haddad, MD; Jeffrey Johnson, MD; Bruce Sangeorzan, MD; Raymond Sullivan, MD; and ex-officio member Steven Weinfeld, MD, AOFAS Industry Relations Committee chair.
pledge with a different dollar base, know that whatever you contribute will help the specialty continue on its path. With the Campaign 50 goal in mind, here is some of what the Society hopes to accomplish in the coming years with funding from the Foundation:

- **Provide increased funding** for research grants to improve tomorrow’s practice.
- **Develop the OFAR network further** to enable all AOFAS members to participate.
- **Enhance physician education with live webinar broadcasts provided FREE** to AOFAS members and non-member orthopaedic residents and fellows.
- **Expand programs for young physicians** to bring more of tomorrow’s leaders into the Society early in their careers.
- **Identify more opportunities** for outreach to residency training programs to encourage more interest in foot and ankle.
- **Expand initiatives to educate the public** on orthopaedic foot and ankle care and the specialists who provide that care.
- **Develop resources** for residency programs to improve foot and ankle care.
- **Evaluate opportunities** to expand humanitarian service outreach.

Donate today – stand up and be recognized

Use the pledge form found in this issue of In-Stride or make your donation online at www.aofas.org/foundation. Donations received by December 31, 2014 will be acknowledged for the current calendar year. All contributions will be recognized and appreciated. Thank you for your support of the important work continuing in orthopaedic foot and ankle research, education, and service.

### Traveling Fellows embrace learning, share surgical techniques

When six young orthopaedic foot and ankle surgeons arrived at September’s IFFAS / AOFAS Meetings for the 2014 AOFAS Traveling Fellowship Program, they came from all over the globe: Canada, China, India, Italy, South Korea, and the United States. After attending the meeting, these Traveling Fellows went on to visit institutions in Chicago, Illinois; Memphis, Tennessee; and Minneapolis, Minnesota, where they observed in ORs, gave presentations, toured hospitals, and learned new surgical techniques.

#### Unique opportunities to learn

Now in its 10th year, the Traveling Fellowship Program offers a unique learning opportunity for early career AOFAS members. The goal of the program, which is funded by the Orthopaedic Foot & Ankle Foundation with a grant DJO Global, is to promote professional relationships, exchange ideas, and encourage new thinking on research and clinical care topics.

For this year’s Fellows, the learning began at a jam-packed combined meeting of the International Federation of Foot & Ankle Societies and the AOFAS. With more than 1,200 colleagues in attendance and educational presentations given by a host of national and international visitors, the meetings offered the Fellows networking opportunities they could find nowhere else.

“The IFFAS / AOFAS meetings were the best ever,” says Phinit Phisitkul, MD, United States; Balvinder Rana, MS (Ortho), India; and Federico Usuelli, MD, Italy. “The mix of academic exposure with social and sightseeing activities was great.”

Likewise, this year’s hosts praised the Fellows for being an “excellent and interested group.” And Fellows also reported that interacting with each other and observing differences in surgical approaches was a great benefit.

“Being an AOFAS Traveling Fellow was a dream come true,” says Federico Usuelli, MD, of Milan, Italy. “I traveled with outstanding surgeons, and whether we were in the OR, clinics or sightseeing, we always found time to discuss new ideas. I came home with a new technique for bunionsurgery and ideas to improve my [surgical] results.”

In addition to Drs. Phisitkul, Rana, and Usuelli, the 2014 Traveling Fellows included Jinsu Kim, MD, South Korea; D. Joshua Mayich, MD, Canada; and Weidong Song, MD, China.
A record number of orthopaedic residents attended September’s AOFAS Annual Meeting as part of the 2014 AOFAS Resident Scholarship Program. Forty-five PGY2 and PGY3 residents from the US and Canada took part in the meeting as well as activities designed just for them.

A key element of the Scholars’ experience, the mentorship program, delivered one-on-one contact with mentors, all of whom volunteered to guide and assist the Scholars throughout the meeting and beyond. Scholars and mentors attended a Mentor-Scholar Luncheon, which included two presentations on the topics of choosing orthopaedic foot and ankle as a specialty and preparing a fellowship application.

In addition, Scholars attended the Young Physicians Forum and reception. Four presentations given by members of the Young Physicians Forum were focused on the topics of negotiating a first practice, transitioning from fellowship to practice, building a referral base, and preparing for the boards.

“Strong feedback from the Resident Scholars reinforces our ongoing effort to provide a positive learning experience,” says Daniel Lehman, MD, chair of the Awards & Scholarships Committee. This committee selected the Scholars based on a competitive application process and supporting letters from the Scholars’ residency directors. Funding for the program was provided by the Orthopaedic Foot & Ankle Foundation with support from Stryker and Wright Medical Technology, Inc.

Applications for the 2015 Resident Scholarship Program are due March 1, 2015. The application is available at www.aofas.org under the Medical Community tab, Resident and Fellow Opportunities page. The program is open to US and Canadian residents who are PGY2 and PGY3 during the 2014-15 year.

“The mentor program was so helpful for me. It has definitely pushed me into wanting to do foot and ankle. I’m glad the Resident Scholarship Program is available for residents. Thanks again for the opportunity.”

– Karim Boukhemis, MD

“The meeting was very well organized, and everyone from check-in to the speakers was friendly and willing to talk. In addition, the meeting was very educational for me and was a great place to network and meet many people in the field of foot and ankle. Thank you again!”

– Aimee Riley, DO

“I really enjoyed the symposia as it was a great experience as a resident to see how other surgeons view complex problems and their techniques for fixing them. While residency is often a limited experience and viewpoint, the conference was really helpful at seeing the larger picture of foot and ankle pathology here and abroad.”

– Amanda Fantry, MD

“I’ve been to other specialty meetings before but have never seen such a truly collegial group that seemed to really have fun. Other associations may make this claim but I’ve never seen it actually come across that way at meetings the way I saw it at this meeting. It’s a small, cohesive community that I look forward to being a part of!”

– Lauren Roberts, MD

“I enjoyed the experience, and not only the technical aspects, but also the atmosphere and personalities of the faculty. The mentor lunch and the Young Physicians Forum with reception were the most helpful.”

– Eugene Stautberg III, MD

Residents advance knowledge, network at Annual Meeting

Resident learning continues online

Videos from the most recent AOFAS Resident Review Course continue to be available as online annual subscriptions. Designed for orthopaedic residents, program directors, and others interested in reviewing key concepts, the lectures cover topics ranging from PTTD and cavus foot to ankle arthritis, Lisfranc injuries and orthobiologics. Subscribers will have access to all 17 lectures for a year from purchase.

To learn more about the video topics and order a subscription, visit the Resident Review Course page at www.aofas.org/residentreview.

Did you know AOFAS has a mobile app?

Learn about AOFAS, upcoming courses, webinars, and meetings and receive announcements. Meeting attendees can also access the abstracts, handouts, and ePosters from the 2014 IFFAS & AOFAS Meetings.

If you use an Apple iPhone or iPad, go to the App Store to download the AOFAS app. If you’re on an Android device, go to the Google Play Store. And if you are on another mobile platform (Blackberry, Windows, etc.), visit http://bit.ly/aofas2014 to download the web version of the app.
Dr. Tennant: I just finished my first year of practice, and I am gaining interest in how to better code and document what I am doing. How did you learn how to do your office and surgery coding?

Dr. Watson: Nobody is taught how to code in residency, and very few fellowships emphasize coding in the office or surgical cases. On day one I showed up hoping my practice would code things for me. I am grateful today that the answer to that question was, “No, doctor, you will need to code all your own office visits and surgeries yourself.” I began studying coding, asking questions, attending meetings on coding, and reading newsletters to learn how to code appropriately. I also recommend that surgeons review their Explanation of Benefits (EOBs) from insurance providers. Set up a meeting with the certified coder in the practice to review coding and see what codes are being rejected or delayed. This helps mold future coding based on the providers’ rules and preferences.

Dr. Tennant: How do you code for your OR cases?

Dr. Watson: I have a workflow that I adapted early in my career that works well for me. Once I have completed my case, I sit down and code the case with CPT® codes and associated diagnosis codes. I use a combination of the AAOS Musculoskeletal Coding Guide book and AAOS Ortho Code-X to complete the process. I then dictate my operative notes using CPT language to describe what I did during the procedure. The process is completed within minutes after finishing the surgery.

Dr. Tennant: Can I just let my staff and coders take care of all this?

Dr. Watson: In my opinion, the surgeon should be the one who codes, as he or she knows exactly what was done and can describe it in surgeon’s terms. Whether surgery or office coding, this ultimately will translate to more accurate coding. You do the work. You should be reimbursed appropriately for this work. Don’t leave this in the hands of a coder or other employee.

Resources for getting started with better coding

Several excellent resources exist beyond relying on “CPT bunion” internet searches or your electronic medical record’s highly variable coding databases. The following is our recommended list.

Employment Opportunity for a BC/BE fellowship-trained Foot and Ankle orthopedic surgeon at Charleston Area Medical Center

Employment opportunity for a BC/BE fellowship-trained Foot and Ankle Orthopedic Surgeon to join an orthopedic practice at Charleston Area Medical Center.

- Competitive guaranteed salary with bonus incentives
- Generous sign-on bonus
- Established referral base
- Shared call
- Exemplary climate with limitless outdoor activities
- Outstanding public and private school systems
- Quality lifestyle

Benefits
- Malpractice paid (occurrence based)
- Health, Dental, Vision and Life Insurance
- Paid Time Off
- 401K Retirement Plan
- CME Stipend
- Dues/subscriptions allowance

To apply, please send CV to Carol Wamsley at carol.wamsley@camc.org

continued on page 26
• AAOS Orthopaedic Code-X 2014 ($639 for AAOS members, additional licenses in a practice $35/each) – A powerful PC and Mac tool that allows searching, calculating, and tracking of codes. Fee schedules, ICD-10 conversion and matching to CPT codes, and iOS/Android phone app are additional benefits. Expense may be offset if more members of a practice use it.
  
  http://www3.aaos.org/product/productpage.cfm?code=05382

• AAOS/Karen Zupko Orthopaedic Coding Workshop (AAOS members: $795 for Saturday coding workshop; $595 for Friday ICD-10 workshop; $1,095 combined; plus hotel/travel cost) – Presented by AAOS in conjunction with Karen Zupko & Associates, this course is considered a leader on coding issues. Attending a workshop during residency or in the first two years of practice is recommended for anyone interested in coding and reimbursement.
  
  https://karenzupko.com/workshops/orthopaedics/index.html

• AAOS Musculoskeletal Coding Guide 2014 ($74.25 for AAOS members) – This book provides a complete list of musculoskeletal CPT codes and E&M coding guidelines.
  

• AOFAS InStride Newsletter Coding Corner (free) – Each issue has a coding article written by members of the AOFAS CPT/RUC Committee. Recent topics include ICD-10 Update, “Incident to” coding recommendations, office ancillary coding, and wound care codes. Past Coding Corner articles are available at www.aofas.org (Medical Community tab, Health Policy).

• AOFAS Coding Webinar, Tuesday, February 3, 2015, 8 pm-9:30 pm CST (supported by the Orthopaedic Foot & Ankle Foundation and available free to AOFAS Members and non-member orthopaedic residents and fellows) – AOFAS CPT/RUC Committee members serve as faculty for the webinar. Coding topics are addressed with PowerPoint presentations, and the viewing audience is able to submit questions and receive answers during the 1.5 hour session. The webinar has replaced the coding workshop offered at past AOFAS Annual Meetings.
  
  www.aofas.org/webinars (Education, Webinars)

• AAOS Clinic E&M Coding Rubric (free) – The E&M coding rubric is not intuitive, and having a printed chart in a clinic pod or office is especially helpful for understanding basic office E&M coding.
  
MEMBERSHIP MATTERS

2015 annual dues

Watch your email inbox in December for your annual dues invoice. The Society continues to add new member benefits but there will be no increase in fees for 2015. Payment of your annual dues is requested by February 2, 2015. An e-receipt will be provided within two to three business days of processing.

As you prepare to pay your dues please consider making a commitment to the Orthopaedic Foot & Ankle Foundation (The Foundation) at the same time. Member contributions help The Foundation fund vital AOFAS programs in research, education, and humanitarian service. For more information about The Foundation (formerly known as the OEF), please see The Foundation article on page 22 or visit www.aofas.org/foundation.

Members who participate in the Auto Dues Renewal option will not receive an email invoice but instead will have their credit cards (held securely by a third party: Authorize.net) charged on January 2, 2015. An email receipt will be provided following successful processing.

If you have not already added aofasinfo@aofas.org to your email address book, please add it now so you do not miss any important AOFAS email messages.

AOFAS expands Active Membership criteria for DOs and Canadians

At the Annual Business Meeting held September 22, 2014, amendments to the Bylaws were approved expanding the criteria for Active Membership to include recognition of board certification by the American Osteopathic Board of Orthopedic Surgery and the Royal College of Physicians and Surgeons of Canada, along with respective membership in the American Osteopathic Academy of Orthopedics and the Canadian Orthopaedic Association.

Following credential verification, the membership status of Associate Members – Osteopathic and International Members (for those practicing in Canada) has been changed.

Active Members shall be medical doctors (MD) or doctors of osteopathy (DO) who have demonstrated their knowledge and training in orthopaedic surgery by obtaining certification by the American Board of Orthopaedic Surgery (ABOS) or the American Osteopathic Board of Orthopedic Surgery (AOBOS) or the Royal College of Physicians and Surgeons of Canada (RCPSC); shall be Active Fellows of the American Academy of Orthopaedic Surgeons or Active Members of the American Osteopathic Academy of Orthopedics (AOAO) or the Canadian Orthopaedic Association (COA); shall have an interest in the advancement of orthopaedic knowledge of treatment and conditions of the foot and ankle; and shall be practicing orthopaedic surgery.

Active Members have all the rights and privileges of the Society, including the right to vote at all meetings of the Society, and are eligible to hold office.

This is YOUR Society … promote it proudly

In the coming weeks, the Membership Committee will provide two PowerPoint slides to all members for inclusion in any upcoming presentations where you may have potential AOFAS members in the audience. Your help in encouraging orthopaedic colleagues to discover the benefits of AOFAS membership will help the Society continue to grow.

Watch your inbox for this upcoming email with attachments. If the email does not reach you properly and you have a targeted speaking engagement on the horizon, contact membership@aofas.org to be sure you receive what you need.

The next membership application deadline is January 1, 2015. Information and application forms are always available at www.aofas.org/membership.

Are you on the move?

If you have or will soon have a new work or home address or wish to change your preferred mailing address from home to work or vice versa, please write to the AOFAS Executive Office at aofasinfo@aofas.org so the appropriate updates can be made. Some mailing lists are prepared weeks in advance, so the sooner you have new information to share, the faster proper delivery of AOFAS materials, including FAI, will occur.

As a reminder, the AOFAS and the AAOS databases are maintained separately and information is not shared. Please update both organizations with any address or phone changes. And if you are updating your AAOS profile, please be sure to add “Foot and Ankle” as one of your anatomical specialties.
MEMBERSHIP MATTERS

Congratulations to new and elevating members  As of September 22, 2014

Active Members
Andrew Brief, MD
Stephen Davenport, MD
Lorenzo Gamez, MD
Peter Maurus, MD
Natalie Squires Mesnier, MD
R. August Ritter, III, MD
Meredith Warner, MD

Bryan Witt, DO
Brian Winters, MD
Joan Williams, MD
Daniel Wieking, MD
Benjamin Stein, MD
Karl Schweitzer, Jr., MD
Adam Schiff, MD
Sean Peden, MD
Timothy Miller, MD
Adam Miller, MD
Jeffrey Mercer, MD
Elizabeth Martin, MD
Kevin Martin, DO
Robert Martin, MD
C. Thomas Haytmanek, Jr., MD
Casey Humbyrd, MD

Candidate Members
Eric Freeland, DO
Susan Daoust, MD
Cameron Barr, MD
Jason Bariteau, MD
Michael Swords, DO

Candidate Members – Osteopathic
Meredith Warner, MD
R. August Ritter, III, MD
Natalie Squires Mesnier, MD
Peter Maurus, MD
Stephen Davenport, MD
Andrew Brief, MD

Associate Members – Osteopathic
Michael Swords, DO

International Members
Abhijit Bandypadhyay, MBBS
Andreas-Peter Boss, MD
Carlos Castillo Forero, MD
Dong-Il Chun, MD
Colin Dujardin, MD
Mellany Galla, MD
Vivek Jagadale, MD
Abhishek Kini, MBBS
Jung-Ho Lee, MD
Manuel Niño Romero, MD
Christian Plaass, MD
Li-Yi Roan, MD
Naoko Okamoto Takatori, MD
Shay Tenenbaum, MD
Fabio Watanabe, MD
Gang Wu, MD
Lin Xu, MD

Fellow Members
Amiethab Aiyer, MD
Matthew Beuchel, MD
William Braaksma, MD
Matthew Brewster, DO
Patrick Bull, DO
Noah Chinitz, MD
Adam Cota, MD
Boleslaw Czachor, MD
Jason Daigre, MD
Ryan DeBlis, DO
Timothy Epting, DO
Christopher Gross, MD
Brandon Hayes, MD
Thomas Hearty, MD
Andrew Hsu, MD
Jeannie Huh, MD
Jonathan Kaplan, MD
Chad Kennedy, MD
Christopher Kidd, MD
Paul Kim, MD
Deborah Kovalchuk, MD
Richard Lamour, MD
Craig Larea, MD
John Lee, MD
Douglas Lucas, DO
David Macias, MD
Mark Magill, MD
Yoko Masuda, MD
Kevin McCarthy, MD
David Myer, MD
Aaron O’Brien, MD
Kathryn O’Connor, MD
Jason Patterson, MD
Wendy Pierce, MD
Uma Ramadorai, DO
George Robertson, III, MD
Corey Rosenbaum, DO
Brent Roster, MD
Thomas Sanders, MD
David Santone, MD
Wei Shen, MD
Paul Talusan, MD
Eric Tan, MD
Ettore Vulcano, MD
William Wang, MD
Geoffrey Watson, MD
Brian Weatherford, MD
Jason Weber, MD
Nicholas Wegner, MD
Nicholas Wessling, MD
William Whiteside, MD
Scott Whitolw, MD
Jonathon Wolf, MD

Resident Members
Karine Bourduas, MD
Benjamin Chi, MD
Justin Clayton, MD
William Crawford, MD
Christopher Diefenbach, MD
Alexis Dixon, MD
Matthew Dubiel, MD
James Dupree, MD
David Heinsch, MD
William Huntington, MD
Christian Kikuchi, MD
Brandon King, MD
Lydia Lee, MD
Wei Ting Lee, MBBS
Marco Mendoza, MD
Helena Meyer, DO
Christopher Miller, MD
Sara Lyn Miniacci-Coxhead, MD
Alejandro Miranda, MD
Allan David Mora Cascante, MD
Ashley Nord, MD
Andres O’Daly Baquero, MD
Daniel Patton, MD
Brian Powell, MD
Yoshiharu Shimozono, MD
Jeffrey Smith, MD
Sjoerd Stufkens, MD
Cyrus Taghavi, MD
Jason Tartaglione, MD
Jennifer Waterman, DO
Peter White, MD

Emeritus Member Status
James Bethea, MD
Richard Bruch, MD
Michael Corbett, MD
Landrus Pfeffinger, MD
Richard Polly, MD
Michael Shereff, MD

In Memoriam

Eugene Cisek, MD, 88, Emeritus Member, died in Amherst, New York on October 11, 2014.

Dr. Cisek was in the Naval Reserve and served in wartime service in the Pacific and Okinawa. He later graduated from Georgetown University Medical School and completed his orthopaedic residency at Buffalo General Hospital, Children’s Hospital, and Veterans Hospital.

In his 30-year orthopaedic career he was a clinical instructor, attending surgeon, and director of the orthopaedic department and president of the medical staff. After his retirement he did consulting for workers’ compensation and liability cases.

Dr. Cisek had a life-long love of music and history, particularly the Civil War. In his youth he played accordion for his college glee club.

He is survived by his wife of 62 years, Ruth, and children Sally, Mary Lou, Barbara, and Eugene.

John Sinning, Jr., MD, 82, Emeritus Member, passed away at home in Davenport, Iowa on August 22, 2014.

Dr. Sinning received his medical degree from Cornell Medical School in New York. He then served as captain in the Army Medical Corp and was awarded an Army commendation for meritorious service. Dr. Sinning completed his orthopaedic residency at the University of Iowa Medical School. He practiced orthopaedics from 1966 to his retirement in 1998 in Davenport.

In addition to his work in orthopaedic surgery, Dr. Sinning served on the Davenport School Board and was president of the Iowa QC Blood Bank.

Dr. Sinning is survived by his wife of 56 years, Beverly; children, John III, Alicia Jepsen, Andrew and James; and grandchildren, Jessica, Ashley, Sarah, Jacob, Ned, Helen, Kate, and Sandra.