Dear Colleagues,

- AOFAS values its members.
- Members are the output of a rigorous education.
- Member unity is good for patient care.

The AOFAS has no value without its members. And conversely, engagement and participation by members creates immense value for the organization, for the members themselves, and for their patients.

*Forbes* magazine recently listed orthopaedics as one of the most rewarding careers for its combination of improving the lives of others, mixing intellectual challenges and hands-on care, and for being well compensated. These qualities are reflected in the highly competitive nature of orthopaedic residency positions. In many programs, just to qualify for an interview requires honors in medicine and surgery, a board score above the 80th percentile, and being in the top 25% of the medical school class. Our challenge is to make these exceptional qualifications visible to the public.

In his first address to Academy members, David Teuscher, MD, newly appointed AAOS president, stressed the brand of orthopaedics and the strength of “unity with our patients and our profession.” These concepts also carry over from the business of medicine to clinical research. Unity with our patients means that we seek the same output from care that they do—the best possible treatment for their problems. Unity with our profession means that we work together to find the best treatments.

The value of an intramedullary femoral nail for femur fracture or a prosthetic hip for end-stage hip arthritis is obvious to any sentient observer. It does not require psychometrics or statistical analysis. Not only is the quality of life improved dramatically for the patient, but society benefits significantly from the financial impact. The cost of a one-hour operation to place a femoral nail pales in comparison to the cost of six weeks in skeletal traction, six weeks in a SPICA cast, and a year of rehabilitation. Similarly, replacing a hip can allow someone to sleep, function in society, go to work, and earn a paycheck within a matter of days or weeks.

Not all treatments in orthopaedics make such a dramatic improvement in quality of life. Similarly, small modifications of treatments that add new devices or implant innovations or new biologic compounds may either significantly increase or decrease the cost of rendering care. These subtle changes do require closer scrutiny.

The gold standard for demonstrating the efficacy of more subtle improvements in care is the prospective randomized trial. Randomized clinical trials are...
More than 600 foot and ankle specialists, orthopaedic generalists, and other foot care professionals met at AOFAS Specialty Day 2015 on March 28 in Las Vegas, Nevada.

The morning opened with a symposium on the politics of medicine addressing the shifting landscape of healthcare, including hospital alignment and the Affordable Care Act’s successes and failures. Five additional symposia were presented over the course of the day. Topics included ankle fractures—fixation and reduction; ankle instability—Brotström, osteotomies, and non-anatomic repairs; ankle replacement and fusion, with conversions from one to the other; and adolescent foot troubles, including coalition, accessory navicular, hallux valgus, and flatfoot. A symposium entitled “Foot Roulette” featured current hot topics and controversies and engaged the audience in discussion. These sessions presented some of the most challenging problems along with state-of-the-art treatment strategies.

“The program was developed with both the specialist and generalist in mind, and we hope that everyone found the day valuable,” says Justin Greisberg, MD, Program Chair. “A wide scope of content was included to maximize information sharing and provide a forum for discussion and exchange.”

In addition to the panel presentations, 18 scientific papers were delivered in three paper sessions. The papers focused on fractures, forefoot, ankle replacements, fusions, arthritis, and new trends in foot and ankle surgery. “It was difficult to select the papers from the strong group of submissions, and the program demonstrates the exciting and important work being done in foot and ankle surgery,” adds Dr. Greisberg.

“Specialty Day is a mid-year opportunity for AOFAS members and our AAOS colleagues to learn and network in one intensive, focused day,” says Bruce Sangeorzan, MD, AOFAS President. “We offer members an update on what AOFAS can do for them and how they can more fully participate in AOFAS. Next up is the AOFAS Annual Meeting, which will provide additional opportunities to learn about the subspecialty over a longer period of time.”

Following the scientific program, a member reception was held as a way to extend the collegiality of the day. The AOFAS acknowledges Wright Medical Technology, Inc. for its support of Specialty Day 2015.

Enjoy photo highlights of the day on the following page.
CME Credit from Specialty Day 2015

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

AMA/PRA CREDIT
The AOFAS designates this live activity for a maximum of 9 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME certificates are available on the AAOS website, and the credits will post to AAOS member records in late May or early June. To print your AAOS 2015 Annual Meeting CME Certificate of Attendance or Specialty Day CME Certificate, log in with your AAOS credentials and go to www.aaos.org/education/anmeet/cme/CMECreditInfo.asp. For assistance with your login, please contact AAOS directly at meeting@aaos.org.
addressed, and a debate between Drs. Steven Haddad and Bruce Sangeorzan on ankle fusion vs replacement promises to stimulate rich discussion.

The scientific program for the Annual Meeting follows from Thursday through Saturday morning with symposia, scientific papers, and invited lectures. “There truly is something for everyone on this program, so that each attendee will be able to meet their specific educational goals,” says Justin Greisberg, MD, Program Chair. “The Program Committee created a complementary sequence between the Pre-meeting Course and the scientific program to cover the breadth of the specialty and to continue the expectation that this is the ONE meeting you need to attend.”

Focused symposia with leading experts will present what’s new and what works, and how to handle difficult cases. More than 70 original scientific papers and 300 ePosters will provide a global perspective on orthopaedic foot and ankle surgery.

This year’s invited lecturers will focus on another AOFAS mission: research. The Research Guest Speaker, Kurt Spindler, MD, will address “Tracking Clinical Outcomes in Routine Practice” and will join the Research Forum entitled, “Strength in Numbers: Research Networks and Multicenter Studies.” Kara Odom Walker, MD, MPH, MSHS, the Deputy Science Officer for PCORI – Patient-Centered Outcomes Research Institute, will present the Presidential Guest Lecture as well as participate in the Research Forum. She will speak on “The PCORI Research Agenda: Engaging Specialists for Better Patient Outcomes.”

“Education and research are the focus of the AOFAS mission,” says Bruce Sangeorzan, MD, AOFAS President. “The Annual Meeting provides our members and colleagues from around the world the opportunity to learn, network, and exchange ideas to improve the care of our patients.”

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AOFAS Annual Meeting 2015 Schedule

Plan to participate in the full experience beginning with the first Industry Symposia Session Tuesday evening and concluding with the final scientific presentations on Saturday morning. Earn up to 24.5 AMA PRA Category 1 CME™ credit hours when you attend the Pre-meeting Course, Annual Meeting Scientific Session, and the Research Forum. Industry sessions are not part of the CME program.

For program details and registration information refer to the Annual Meeting brochure available on the Program page at [www.aofas.org/annualmeeting](http://www.aofas.org/annualmeeting). Details subject to change.

**Tuesday, July 14**

8:00 pm – Industry Symposia (optional, non-CME)

**Wednesday, July 15**

6:45 am – Pre-meeting Course Session  
9:20 am – Industry Symposia (optional, non-CME)  
10:55 am – Session continues  
1:00 pm – Industry Symposia (optional, non-CME)  
2:35 pm – Session continues  
4:00 pm – Research Forum (optional, non-CME)  
6:00 pm – Welcome Reception in Exhibit Hall  
7:30 pm – Resident Scholar-Mentor Dinner (by invitation)  
8:00 pm – International Attendee Reception (by invitation)

**Thursday, July 16**

7:00 am – Annual Meeting Scientific Session  
10:15 am – Break / Exhibit Hall  
11:00 am – Scientific Session continues  
1:30 pm – Industry Symposia (optional, non-CME)  
3:30 pm – Scientific Session continues  
5:00 pm – Young Physicians Forum (optional; some restrictions apply)  
6:45 pm – Foundation Donor Reception (by invitation)

**Friday, July 17**

6:30 am – Industry Symposia (optional, non-CME)  
7:00 am – Problem Cases: Ask An Expert (optional)  
8:00 am – Scientific Session  
10:35 am – Break / Exhibit Hall  
11:15 am – Scientific Session continues  
12:25 pm – AOFAS Business Meeting (Active Members)  
12:25 pm – Lunch in Exhibit Hall  
1:15 pm – Scientific Session continues  
3:00 pm – Problem Cases: Ask An Expert (optional)  
4:30 pm – FAI Reviewers / Associate Editors Meeting and Reception (by invitation)  
6:30 pm – Annual Gala: Aquarium of the Pacific (ticketed event)

**Saturday, July 18**

7:00 am – Scientific Session  
10:00 am – Break  
10:30 am – Scientific Session continues  
12:30 pm – Meeting Adjourns

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Save $100 when you register by June 24!  
[www.aofas.org/annualmeeting](http://www.aofas.org/annualmeeting)
More learning opportunities
This year’s Exhibit Hall at the Long Beach Convention Center will occupy the largest space to date for this annual event. Along with industry display booths you will find ePoster-and remote-viewing areas.
As of April 24, the following companies have committed to bringing additional learning directly to you in this convenient setting. Times and sessions are subject to change. Watch for additional industry participants to be announced.

Tuesday, July 14
Industry Sessions: 8:00 – 10:00 pm
• Wright Medical Technology, Inc.

Wednesday, July 15
Industry Sessions: 9:20 – 10:50 am
• Arthrex, Inc.
• Wright Medical Technology, Inc.
Industry Sessions: 1:00 – 2:30 pm
• Arthrex, Inc.
• Wright Medical Technology, Inc.
Exhibit Hall: 6:00 – 8:00 pm
• Welcome Reception

Thursday, July 16
Exhibit Hall: 6:15 am – 1:30 pm
Industry Sessions: 1:40 – 3:30 pm
• Depuy Synthes
• Orthofix, Inc.
• OsteoMed
• Stryker Foot & Ankle
• Wright Medical Technology, Inc.
• Zimmer, Inc.

Friday, July 17
Exhibit Hall: 7:00 am – 1:15 pm
Industry Sessions: 6:30 – 8:00 am
• Amniox Medical
• Tri-Med, Inc.
• Wright Medical Technology, Inc.
• Zimmer, Inc.

Registration update
Meeting attendees are encouraged to register in advance – by June 24 for $100 savings – to avoid long lines at Onsite Registration in Long Beach and to ensure your space at optional activities including the Research Forum, Young Physicians Forum (some restrictions apply), and the Annual Gala: Aquarium of the Pacific.
Your name badge and all registration materials will be available at the Advance Registration counters beginning Tuesday afternoon so you can take advantage of the Tuesday evening industry symposia and not miss any portion at the start of the Pre-meeting Course on Wednesday.

Meaningful connections
AOFAS and camaraderie go hand in hand. Take advantage of the special events planned for the week that offer you time to catch up with old friends and, best of all, make many new ones. These activities also provide just the right environment to introduce your guests and families. Be sure to include the Welcome Reception and Gala in your schedule.

Welcome Reception
Wednesday, July 15 – 6:00 – 8:00 pm
AOFAS Exhibit Hall
Open to all registered meeting attendees and registered spouses / guests. Spend the early evening walking through the aisles of new and returning exhibiting company booths, make appointments for later discussion, meet up with colleagues, make new friends, and enjoy beverages and light appetizers before you head out to dinner on your own. Minimum age in the Exhibit Hall is 16.

Annual Gala Event
Friday, July 17 – 6:30 – 9:30 pm
Aquarium of the Pacific
This ticketed event is open to all meeting and industry attendees and their spouses / guests. More event and fee information may be found at www.aofas.org/annualmeeting.
Interactive and educational, the Aquarium of the Pacific features

Interactive and educational, the Aquarium of the Pacific features
numerous exhibits for guests to explore at their leisure while enjoying food and drink. A short four-block, 15-minute walk from the Convention Center brings you to an evening you will long remember.

The evening begins with an outdoor reception, where guests will enjoy appetizers and welcome drinks of soda, beer, and bottled water while exploring ‘Shark Lagoon’. Docents will guide guests as they reach into the touch pools of baby bamboo sharks, horseshoe crabs, and stingrays.

Guests will move from the reception into the two-story Aquarium through the underwater viewing gallery of the Sea Lion / Harbor Seal habitat and the Southern California-Baja Exhibits. Buffet Dinner Service begins at 7:15 pm with food stations and table seating scattered within the Aquarium’s Great Hall.

Food and beverage may be enjoyed throughout all galleries, which open at 7:15 pm:

- **Northern Gallery**: home to animals of the Pacific Northwest including puffins, octopus, jellies, and sea otters
- **Tropical Pacific Gallery**: featuring the now famous ‘Nemo & Dory’ clownfish, sea turtles, and live coral
- **Blue Cavern**: three-story replica of a famous dive site off Catalina Island featuring yellow tail tuna, giant sea bass, leopard sharks, and barracuda
- **Oceans of the Deep**: home to unique creatures that live in the ocean beyond the reach of light: moon jelly, nautilus, and king crab

Other highlights of the event include the 4-D Ocean Theatre and Sea Otter Presentation with mammal trainer. This event will be fun and interesting for all ages.

**Room block rates end June 8 or when filled**

www.aofas.org/annualmeeting

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**Innovative Treatment Solutions for Chronic Deltoid Ligament Pathology...**

**Deltoid Ligament Reconstruction System**

**Product Highlights**

- **All-in-One Implant System** – specifically designed to reconstruct both the superficial and deep deltoid ligament
- **Dynamic Control of Final Tension** – dial in final tension of repair construct by toggling TightRope sutures
- **BioComposite Tenodesis Screws** – provide solid aperture fixation of the graft in the talus and calcaneus
- **Pre-Sutured & Tensioned Allograft** – save time in the O.R. with a consistent graft length and diameter

http://cptr.it/ DLRIS

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Housing and Travel
The AOFAS has negotiated room block rates for meeting attendees at two headquarters hotels: Hyatt Regency Long Beach and Hyatt the Pike. Room block rates are available through June 8, or when the blocks fill, whichever comes first at each facility. Access online reservation links and view hotel information and contact details at www.aofas.org/annualmeeting (Housing and Travel page).

Need help with your air or ground travel? Ms. Tomi Gaudio is the preferred travel account manager for the AOFAS. For personal, professional service, please identify yourself as an AOFAS meeting attendee and contact her for assistance at:
Phone: 847-348-3600 (extension 6) or 877-366-0366 (Toll Free)
Email: tomi@progressivetravel.net

Discover Long Beach
To learn more about Long Beach and all it has to offer, visit www.visitlb.com/aofas and consider arriving a few days early or staying a few days after Annual Meeting 2015 to enjoy this southern California sea port destination.

AOFAS Annual Meeting 2015 Local Host Committee – Ronald Smith, MD, Chair; David Lee, MD; and Michael Strauss, MD – will be on hand in Long Beach to welcome you to their local surroundings, provide their favorite Top 10 restaurants, and guide you to some of their favorite things to do in Long Beach and neighboring cities.

Bring your sunglasses, sunscreen, flip flops, casual clothes for the outdoor warmth, and business casual wear for indoor meetings and events in air conditioned rooms.

Questions?
Contact the AOFAS Executive Office with any questions or needs as you prepare to register for the meeting, optional programs, and social activities; book your air or ground travel; and reserve your hotel room.

continued on page 8
Annual Meeting 2015 – Product Showcase

Be sure to visit all new and returning companies during expanded Exhibit Hall hours beginning with Wednesday night’s Welcome Reception and closing Friday afternoon.

AOFAS launches new online access

In March, the AOFAS opened a new online platform to members. You may have noticed a few changes and some new features.

Change in login

When you log in to the new system, use your primary email as your user name. If you do not have an email address on file you will not be able to log into the new system! Please contact the AOFAS at aofasinfo@aofas.org to establish your primary email address.

On March 27, your password and login information were sent to your primary email on file. Upon logging in with this password, you will be prompted to create a new personal password. If you have forgotten your password, select the link to reset your password on the website and the system will send it to you.

Power over your profile

You now have the ability to modify your profile information online. You are encouraged to log in and review your information in the new system to make sure everything is correct and up-to-date.

Track your credits

View CME credit for AOFAS events and courses and print certificates online. Input self-reported credits so you can track all your credits in one place. Please note that the AOFAS will not be verifying self-reported credits.

Headshots in the public member directory

The new system will allow you to upload a headshot photo for display in the public member directory.

These are just a few of the new features now available online. AOFAS development continues on an updated private directory (members only), a members-only social collaboration site, and the launch of the Physician Resource Center. Stay tuned for future updates!

PIP Dart for Hammertoes

All-Inside Technique

Solid Fusion of the PIP joint with a radiolucent nonabsorbable implant

• Barbed design helps to hold compression
• Ridges help prevent rotation
• PEEK material - radiolucent and strong, but easily cut or drilled through
Surgical Complications coming to Tampa

Make plans to attend the AOFAS course Surgical Complications of the Foot and Ankle: Getting the Band Back Together, set for November 5-7, 2015 at the Tampa Downtown Hilton in Tampa, Florida. This course, which focuses on the causes and prevention of complications associated with orthopaedic foot and ankle procedures, has sold out in advance each time it has been offered.

“This course will again thrive on lectures addressing only the complications of both basic and advanced surgical procedures,” says Steven Haddad, MD, Course Chair. “Though the educational goals are many, the underlying theme is to teach the participant how to perceive when a complication will occur before it occurs, allowing successful resolution through a constructive, rather than destructive, process. Ultimately, both the patient and surgeon benefit through this expanded knowledge base.”

Telling it like it is

The Complications format will include case-based discussions along with didactic lectures led by leading national experts. Your scope of practice will be covered through didactic instruction on complications of the forefoot, midfoot, hindfoot, and ankle surgery.

For each session, faculty will identify potential complications, how to avoid them, and how to best manage them should they occur.

“The course will cover traditional topics in bunion and lesser toe surgery emphasizing alignment and biomechanics,” says Dr. Haddad. “The course will teach compensation for bone loss in midfoot fusions and navicular fractures, and will delve into overcorrection and undercorrection of hindfoot deformities through joint-sparing and joint-sacrificing procedures.

“And we will tackle the Holy Grail of the failed total ankle replacement, making you comfortable in addressing this expanding technology,” adds Dr. Haddad. “By the conclusion of this three-day event, you will own the world of foot and ankle complications through a structured, algorithmic approach.”

Submit your cases

Attendees will be able to submit their own de-identified cases in advance of the course to be considered for discussion. A high faculty-to-participant ratio will allow you to fully understand the evolution of your complication and proposed solutions for resolution. Submission instructions will be sent to registered attendees closer to the meeting date, and accepted presenters will be notified in advance.

The program will begin early afternoon Thursday, continue with all-day sessions on Friday, and conclude early afternoon on Saturday. The full registration brochure will be available in mid-summer. For more information and to register, visit www.aofas.org/surgicalcx.

A guest room block is being held at the Tampa Downtown Hilton. The reduced rate of $155 (plus applicable taxes) will be available until October 15, 2015, or until the block is sold out, whichever comes first. This reduced rate is also offered three days pre- and post-meeting, based on availability.

To make a hotel reservation, contact the Tampa Downtown Hilton:

• Call 813-204-3000 and reference “AOFAS Surgical Complications Course.”
• Reserve online 24 hours a day. Visit www.aofas.org/surgicalcx for the Tampa Hilton AOFAS Reservations website link.

Specialty Day 2016: Now accepting abstracts

The AOFAS Program Committee invites you to submit an abstract for podium presentation at next year’s Specialty Day, slated for March 5, 2016, in Orlando, Florida.

Abstract submissions will remain open until June 1, 2015, at 11:59 pm Central Time. Abstracts must be submitted electronically at http://aagapps.com/aofas/ and completed prior to the deadline. Each presenter will need to set up an account within the system to submit the required documentation.

Submissions will be reviewed by the AOFAS Program Committee in a blinded fashion and notifications will be sent in mid-July. Abstracts will be considered in the following categories:

- Ankle
- Ankle Arthritis
- Arthroscopy
- Basic Sciences/Biologics
- Bunion
- Diabetes
- Hindfoot
- Lesser Toes
- Midfoot/Forefoot
- Sports
- Trauma

There is a 500-word limit for the submission, and one figure or table may be included with the text.

The submitting author will serve as the corresponding author for all notifications, and each author will be required to complete a disclosure of conflicts of interest.

For more information about Specialty Day 2016, visit www.aofas.org/specialtyday.
expensive and time consuming, and the difficulties of surgical randomized clinical trials are well known. The regulatory cost of carrying out these trials is beyond financial reach for most organizations. HIPAA legislation makes it difficult to match data sets from different organizations. A standard requiring a level of evidence that cannot be obtained in most cases inhibits innovation and wastes the highly talented individuals coming out of medical school. Conversely, the expanding cost of medical care is not only challenging the government but challenging business as well.

Creating an environment in which collecting patient outcomes is a routine part of patient care and setting up the infrastructure in which these data can be shared will reap great benefits for patients and our members. Our OFAR (Orthopaedic Foot & Ankle Outcomes Research) Managerial Board is developing pathways to address some of these challenges. The goal is to have a system within the AOFAS that will allow members to join others with similar or dissimilar perspectives on patient care to determine what really works. Examples of orthopaedic surgeons working together on data collection include the Multicenter Orthopaedic Outcomes Network (MOON) and Multicenter ACL Revision Study (MARS), both projects of the American Orthopaedic Society for Sports Medicine. The MOON trial studied knee, shoulder, and spine treatments on a large scale, and the MARS study looked at multicenter ACL revision.

The Patient Centered Outcomes Research Institute (PCORI), the nonprofit, non-governmental organization authorized by the Patient Protection and Affordable Care Act, has the goal of determining which treatment options work best with guidance from comparative effectiveness research and patient reported outcomes. We are pleased to incorporate a focus on PCORI during our Annual Meeting with Kara Odom Walker, MD, MPH, MSHS, as our honored presidential guest speaker and a participant in the Research Forum. We hope members will be inspired to incorporate valid patient reported outcomes into everyday clinical practice and join with other AOFAS members working to establish the best possible patient care.

It is both an honor and a privilege to serve as your president this year. I look forward to seeing you at our Annual Meeting in July in Long Beach, California.

Bruce Sangeorzan, MD

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Fellowship news: Foot & Ankle Match results

On April 7, the results of the 2015 AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match for 2016-2017 positions were released by the San Francisco Matching Program (SF Match). The application process is administered by AOFAS staff and the matching process is handled by the SF Match. This is the ninth match for the AOFAS-sponsored program since it was reinstated in 2006 and the seventh administered by the SF Match.

The match received 65 applications this year for 75 available positions. A comparison of the past five years’ available positions/applicants is below.

The drop in the number of applications coincided this year with an increase in the number of programs and positions in the match. Statistics on this year’s applicant pool were presented at the Foot & Ankle Fellowship Directors meeting on March 28 in Las Vegas, and the match results have been discussed by the Fellowship Match Committee and the AOFAS Board of Directors. The decrease in international applicants is likely related to the complex issues of visas and licensure. Reasons for the drop in US applicants are unclear.

A total of 47 orthopaedic foot and ankle fellowship programs participated in this year’s match and 57 applicants submitted a rank list. Twenty-nine programs (62%) filled all of their spots, five programs (10%) partially filled, and 13 programs (28%) did not match; 55 (73%) of the 75 positions offered were filled on match day. Two (4%) out of the 57 applicants who submitted rank lists did not match on match day. An additional four applicants who participated in the match but did not submit rank lists also participated in the post-match scramble.

In the 2014 match, 70 fellowship positions were offered on match day and 65 (93%) were filled on match day. Of the 42 programs that submitted rank lists for last year’s match, 38 (90%) filled all of their spots.

One position was filled in the three day post-match scramble, and as of May 1 there were 19 vacancies available. Interested candidates will find these programs on www.aofas.org and www.sfmatch.org and can contact the fellowships directly to apply.

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German Orthopaedic Foot and Ankle Society
By Jörn Dohle, MD, President

The German Orthopaedic Foot and Ankle Society (DAF) was founded in 1993 and originally known as DEGOF (Deutsche Gesellschaft für Orthopädische Fusschirurgie). From the start, a close connection to other European foot and ankle groups was implemented in the structure of the Society. With more than 1,500 members, the Society is now the largest single Society within the European Foot and Ankle Society (EFAS).

The Society is also the official foot and ankle representative of the German Orthopaedic and Trauma Society. Following the recent unification of orthopaedic surgeons and trauma surgeons to one large orthopaedic and trauma Society, DAF is home for all surgeons of the musculoskeletal system with a special interest in foot and ankle surgery, including trauma care, hindfoot, and forefoot reconstruction.

Annual scientific meetings are held in varying German cities, and many different symposia during national and international congresses are organized by the Society.

Besides encouraging and supporting orthopaedic research, which can be published in Fuss und Sprunggelenk, the Society’s journal, DAF has a special focus on training young orthopedic surgeons with a particular interest in foot and ankle surgery. As there are no official foot and ankle fellowship programs in Germany, DAF established a curriculum of eight human cadaver courses comprising all aspects of foot and ankle care to train young orthopaedic surgeons with special interest in foot and ankle surgery. More than 700 participants have completed this extra training and more the 800 are still enrolled.

In addition, DAF offers travelling fellowships within Europe or to the United States to give young academics the chance to obtain further international experience.

The Society contributes to medical training, supports scientific exchange, and has developed measures to improve quality standards. Currently a system of certification is being developed for clinics that want to specialize in foot and ankle care. http://fuss-chirurgie.de

O’Brien Bone Clamps
Designed by Todd O’Brien, DPM
Designed for use in stabilization of a fracture or osteotomy
Allows for placement of the bone clamp where it can best stabilize bone fragments. The drill guide allows for screw placement through the top of the clamp. Calibrations on the handle help eliminate the use of a depth gauge.

Ludloff/Mau Osteotomy Fixation Clamp
Used after lateral hallus valgus correction of the metatarso, the clamp allows for osteotomy fixation and cannulated screw guide wire direction
Clamp floats the osteotomy to hold the correction, and the 15° slanted cannulated k-wire guide allows the surgeon to place the guide wire for the cannulated screw perpendicular to the osteotomy for final fixation of the osteotomy.
Campbell 50: Propelling the specialty forward

Introduced last year, the Campaign 50 initiative of the Orthopaedic Foot & Ankle Foundation was launched to raise $3 million over the next five years. This five-year target is designed to coincide with the Society’s 50th anniversary in 2019, and the intent is to expand current programs and develop new projects to support the growth of the specialty.

The Society is committed to advancing the specialty of orthopaedic foot and ankle through research, educational outreach, and transforming lives through humanitarian service. Monetary support from The Foundation allows the Society to carry on its mission and enable many and varied projects.

Advancing the specialty through research growth

New in 2015, the AOFAS is offering pilot seed grants through support from The Foundation. With funding up to $5,000 each, the pilot project grants are intended to encourage young investigators, especially residents and fellows, to get involved in research. The pilot program augments the existing research grant program also funded by The Foundation.

Cultivating knowledge with educational outreach

The Foundation continues to invest in the future of the profession. In 2015, scholarships are being awarded to 48 resident scholars, up from 45 last year and compared to 21 in 2010. The AOFAS Resident Scholarship Program 2015 is funded by The Foundation with grants from Stryker Foot & Ankle and Wright Medical Technology, Inc.

Transforming lives through humanitarian service

The AOFAS has completed its 13th annual Overseas Outreach Project Vietnam. Since 2002, more than 40 AOFAS member surgeons have traveled to Hanoi and outlying provinces to work side-by-side with Vietnamese orthopaedic surgeons – teaching, seeing patients in the clinics, and performing surgery. Funded by The Foundation, the project provides vital education to local physicians and surgical care to children and adults who might otherwise not receive care.

Make a difference – contribute for the future, today

Campaign 50 donations received through March 2015 total more than $150,000. Though off to a solid start, there is a lot of work to do over the next four years to reach the targeted $3 million.

“Your dollars go a long way when given to The Foundation,” says Troy Watson, MD, President of the Foundation Board of Directors. “We thank you for your support, and if you haven’t contributed, we ask that you do so today. The Foundation helps ensure the future of research, education, and humanitarian service in orthopaedic foot and ankle, and every dollar counts toward these efforts.”

For more details and a link to donate, visit www.aofas.org/foundation.

2015 Research Grant winners announced

For this year’s AOFAS Research Grants cycle, a record 27 applications were received and six were approved for funding by the AOFAS Board of Directors on the recommendation of the AOFAS Research Committee.

This year’s program included the new Pilot Project Grant, which offers funding up to $5,000 for young investigators to get involved in research. Data gleaned from a Pilot Project is intended to support a Research Grant application the following year.

Since 1997, the AOFAS has funded 84 Research Grants totaling $977,682. The grant review process is a blinded, NIH-style peer review by Research Committee members. All applicants receive detailed, constructive feedback from the committee on their research proposals in order to mentor researchers and cultivate high-quality grant applications.

The 2015 Research Grants program is funded by the Orthopaedic Foot & Ankle Foundation (The Foundation) with grants from Wright Medical Technology, Inc. and Stryker Foot & Ankle.

Applications for the 2016 grants program are due December 1, 2015. Check the AOFAS website in August for application materials.

Congratulations to this year’s grant winners:

2015 Pilot Project Grant

Methodology for the Video Analysis of Surgical Performance in Orthopedic Ankle Surgery – Douglas Beaman, MD

2015 Research Grants

The Effect of Hindfoot Deformity on the Ankle Utilizing a Novel System to Simulate Weight Bearing in a Cadaveric Model – Naven Duggal, MD, and Ara Nazarian, PhD

Arthroscopic Talar and Plafond Access for Osteochondral Lesions: The Effect of Limited Ankle Range of Motion on CT-Predicted Accessibility and Arthroscopic Visualization – Craig Chike Akoh, MD; Phinit Phisitkul, MD; and Annunziato Amendola, MD

Differences in Gait after Ankle Arthrodesis and Ankle Arthroplasty when Ascending and Descending Stairs – Constantine Demetracopoulos, MD, and Howard Hillstrom, PhD

Restoration of the Antibacterial Function of Mesenchymal Stem Cells in Diabetic Foot Infection – Zijun Zhang, PhD, MD, and Lew Schon, MD

Direct Delivery of Bone Morphogenetic Protein-2 and Fibroblast Growth Factor-2 Plasmid Genes for Diabetic Fracture Healing in a Rabbit Model – Nathan Nicholson, MD; John Femino, MD; and Alisager Salem, PhD
The AOFAS Awards & Scholarships Committee has selected five young members (age 45 or younger) to participate in the 11th annual Traveling Fellowship Program. The program is designed to bring together early career foot and ankle surgeons and those established in the field to promote professional and international relationships, exchange ideas, and encourage new thinking on research and clinical care topics. The 2015 Traveling Fellows were announced at AOFAS Specialty Day on March 28 in Las Vegas, Nevada. Congratulations to:

- Wesley Bevan, BhB, MBChB, New Zealand
- Sampat Dumbre Patil, DNB, MBBS, India
- Umile Longo, MD, Italy
- Adam Groth, MD, US Military stationed in Germany
- Yunfeng Yang, MD, China

The following members will host the fellows at their institutions immediately following the AOFAS Annual Meeting in July: Glenn Pfeffer, MD, at Cedars-Sinai Medical Center in Los Angeles, California; Loretta Chou, MD, and Kenneth Hunt, MD, at Stanford University in Palo Alto, California; and Michael J. Coughlin, MD, at The Coughlin Clinic in Boise, Idaho.

The Traveling Fellowship Program is funded by the Orthopaedic Foot & Ankle Foundation (The Foundation) with a grant from DJO Global.

Calling all residents: If you’re looking for ways to prepare for exams, consider attending this year’s AOFAS Resident Review Course, slated for October 24. Anish Kadakia, MD, and Clifford Jeng, MD, will chair the course at the new, state-of-the-art Orthopaedic Learning Center (OLC) in Rosemont, Illinois.

This comprehensive, one-day course is open to residents enrolled in ACGME-accredited orthopaedic residency programs and is designed to expand knowledge of foot and ankle surgery while helping residents get ready for exams. The course also offers a unique opportunity to talk with faculty involved in graduate medical education.

“The Resident Review Course will cover key topics and offer a full-day opportunity to prepare for exams,” says Dr. Kadakia. “The program will feature lectures, case-based faculty discussion, question-and-answer sessions, and a faculty meet-and-greet.”

Residents are encouraged to register early, as space fills quickly for this sought-after course. The fee includes program materials, lunch, and a closing reception.

The Resident Review Course is funded in part by the Orthopaedic Foot & Ankle Foundation (The Foundation). Visit www.aofas.org/residentreview for more information and registration details.

With the help of current and former board members, and thanks to the Orthopaedic Foot & Ankle Foundation (The Foundation), the AOFAS Visiting Professor Program was able to deliver orthopaedic foot and ankle education to three institutions earlier this year.

In early March, Bruce Cohen, MD, visited the San Antonio Military Medical Center in San Antonio, Texas. Some 20 residents took part in the program, which included a dinner with lecture and a full day of presentations. A sawbones session focused on ankle and TCC fusion.

Also in March, Christopher Chiodo, MD, and Jeffrey Johnson, MD, visited the University of Florida at Jacksonville. Kicking off with a journal club dinner, the event included a day of lectures from both faculty and two anatomy labs. Twenty orthopaedic residents in post-grad years one through five attended. “This was a great overview of a subspecialty I’ve had little experience with,” said one attendee.

And in April, Sheldon Lin, MD, visited the Rutgers/Robert Wood Johnson Medical School in New Brunswick, New Jersey. Residents gathered to hear talks on high-risk ankle fractures and orthobiologic treatment in ankle arthrodesis.

The Visiting Professor Program is funded by donations from individuals and industry to The Foundation. Residency programs without full-time orthopaedic foot and ankle faculty are encouraged to apply to host a Visiting Professor.
Thank you to Corporate Donors
The AOFAS and The Foundation acknowledge these companies for their generous support of the AOFAS mission through donations to The Foundation.

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Resident Scholars break all records: 48 chosen

The AOFAS Awards & Scholarships Committee has awarded a record-breaking 48 scholarships to orthopaedic residents across the United States and Canada through the AOFAS Resident Scholarship Program. Members of the committee reviewed applications at AOFAS Specialty Day on March 28 in Las Vegas, Nevada and made their selections.

The program allows orthopaedic residents to attend this year’s AOFAS Annual Meeting in Long Beach, California as a guest of the Society. The scholarship covers registration fees for the Pre-meeting Course, Annual Meeting, and Young Physicians Forum, as well as lodging for four nights and a transportation stipend. Scholars will be paired with an AOFAS member who will serve as a mentor to enhance this learning opportunity.

The Awards & Scholarships Committee is pleased to announce the 2015 Resident Scholars:

- Sharon Babcock, MD, Wake Forest Baptist Health Center
- Landon Brown, MD, Penn State, Hershey Medical Center
- Spenser Cassinelli, MD, Harbor-UCLA Medical Center
- John Childs, DO, South Pointe Hospital, Cleveland Clinic
- Matthew Christian, MD, University of Maryland Medical Center
- Elizabeth Cody, MD, Hospital for Special Surgery
- Alex Davis, MD, Baylor College of Medicine
- Travis Dekker, MD, Duke University Hospital
- Christopher Del Balso, BSc(Hons), MSc, MBBS, Schulich School of Medicine & Dentistry, Western University
- Ian Dempsey, MD, MBA, University of Virginia
- Theodora Dworak, MD, Walter Reed National Military Center
- Enrique Feria-Arias, MD, Wayne State School of Medicine
- Katherine Gavin, MD, University of New Mexico
- David Gendelberg, MD, Penn State, Hershey Medical Center
- Andrew Hanselman, MD, West Virginia University
- Nasser Heyrani, MD, University of California, Davis
- Nigel Hsu, MD, Johns Hopkins University
- Loren Hudspeth, MD, University of Florida, Jacksonville
- Marissa Jamieson, MD, Ohio State University Wexner Medical Center
- Ryan Katchky, MD, University of Toronto
- Meghan Kelly, MD, University of Rochester School of Medicine
- Alexander Lampley, MD, Duke University Medical Center
- Michael Le, MD, Carolinas Medical Center
- Jacob Matz, BSc(Hons), MD, Schulich School of Medicine & Dentistry, Western University
- Jess Mullens, MD, University of South Alabama
- Joseph Muller, MD, University of Texas
- Seth O’Donnell, MD, Rhode Island Hospital
- OluMide Ojeifo, MD, Union Memorial Hospital
- Jake O’Neil, MD, Thomas Jefferson University
- Sam Si-Hyeong Park, BSc(Hons), MD, University of Toronto
- Nathan Patrick, MD, Penn State, Hershey Medical Center
- Matthew Pigott, MD, University of Michigan
- Robert Ravinsky, MD, CM, University of Toronto
- Alex Renshaw, DO, Doctors Hospital
- Nicholas Richardson, MD, University of Tennessee at Chattanooga
- Ryan Robertson, MD, University of South Carolina
- James Rofaiel, BScKin, MD, University of Toronto
- Maria Romano, DO, Franciscan St. James Hospital
- Sandeep Soin, MD, University of Rochester Medical Center
- Robert Stewart, MD, University of Chicago
- Samuel Strebel, MD, Texas Tech University
- Jason Tartaglione, MD, Albany Medical Center
- Danielle Thomas, MD, Cedars-Sinai Medical Center
- Bryan Van Dyke, DO, Doctors Hospital
- Kent Weinheimer, MD, Penn State, Hershey Medical Center
- Shawn Werner, MD, University of Washington
- Stephen White, MD, University of South Alabama
- Nicholas Wischmeier, MD, University of Kansas
- Mark Yakavonis, MD, Boston University

This year’s Resident Scholarship Program is funded by the Orthopaedic Foot & Ankle Foundation (The Foundation) with grants from Stryker Foot & Ankle and Wright Medical Technology, Inc.
AMERICAN ORTHOPAEDIC FOOT & ANKLE SOCIETY

2015

Educational Opportunities

Mark your calendar now for these upcoming programs

COURSES AND MEETINGS

AOFAS Annual Meeting
Long Beach, California
July 15-18 2015
AOFAS President: Bruce Sangeorzan, MD
July 15 – Pre-meeting Course:
An Update on Arthritis of the Foot and Ankle
Course Chair: Jeremy McCormick, MD
July 16-18 – Annual Meeting
Program Chair: Justin Greisberg, MD
www.aofas.org/annualmeeting

August 29-30, 2015 • Rosemont, Illinois
Masters Experience: Foot & Ankle Arthroscopy
Co-sponsored by AANA and AOFAS
Course Directors: James Stone, MD; Mark Glazebrook, MD; James Tasto, MD; and Alastair Younger, MD
www.aana.org

October 24, 2015 • Rosemont, Illinois
Resident Review Course
Course Chairs: Anish Kadakia, MD; Clifford Jeng, MD
www.aofas.org/residentreview

November 5-7, 2015 • Tampa, Florida
Surgical Complications of the Foot and Ankle: Putting the Band Back Together
Course Chair: Steven Haddad, MD
www.aofas.org/surgicalcx

WEBINARS

Live webinars: 8:00 – 9:30 pm Central Time
Visit www.aofas.org/webinars for details

• May 19
Foot & Ankle Arthroscopy: What Can We Scope in 2015?
Moderator: Eric Giza, MD

• June 16
The Neuropathic Ankle: From Fracture to Charcot Joint
Moderator: Michael Pinzur, MD

• August 11
AVN: What’s New/What Works
Moderator: Clifford Jeng, MD

• September 15
Second Toe Instability
Moderator: G. Andrew Murphy, MD

• October 13
Foot and Ankle Review
Moderator: Scott Ellis, MD

• December 8
Arthritis in the Young Patient: Alternatives to Fusion
Moderator: Charles Saltzman, MD

The AOFAS Webinar Series 2015 is funded by the Orthopaedic Foot & Ankle Foundation with support in part by grants from Wright Medical Technology, Inc. and Arthrex, Inc.

AOFAS Members: Sign in to www.aofas.org at the top of the page before registering to receive reduced member rates.

www.aofas.org • aofasinfo@aofas.org • 800-235-4855 or 847-698-4654 (outside US)
Knowing that more patients than ever are using the internet to research information on physicians, the AOFAS Board recently green-lighted a new project called MyVideo Spotlight. The project, which launched at Specialty Day 2015 in Las Vegas, Nevada, offered AOFAS members an opportunity to videotape their approach to patient care as a short piece to be used on practice websites and with social media.

For a small fee, the AOFAS managed the entire process for members who signed up. Staff wrote a script, managed the filming schedule, and coached members on the day of filming. Members were able to follow the script via a teleprompter, and some customized the messaging to more accurately convey a message for their local audience. Raw footage then went into post-production, and members were able to work with staff throughout the editing process.

“I thought this was awesome!” said Judith Smith, MD, MBA. “The filming was well organized, efficient, and a very good opportunity for our members. It’s a great product at a great price.”

Using tools such as YouTube, Facebook, and Twitter can help AOFAS members communicate their approach to treating the whole person. As patients look for a human connection, a positive online presence is essential to telling the story of your practice and your care.

To request information about MyVideo Spotlight, contact AOFAS headquarters at aofasinfo@aofas.org.

Conquering the internet with MyVideo Spotlight

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On October 1, 2015, the United States will join the rest of the world in using ICD-10. This country will be somewhat unique, however, in that it will actually use ICD-10 for billing purposes. Medicare/Medicaid and commercial insurers will be required to use ICD-10, but workers compensation, liability insurers, and auto insurers will be exempt from the ICD-10 requirements under HIPAA. The number of diagnosis codes will expand from 14,000 to 69,000, and there will be up to seven characters to completely identify diagnosis categories. Laterality will also be new in ICD-10.

It will be important for orthopaedic surgeons to have a general understanding of ICD-10 because improper coding may result in payer denial or delay. The statement that “CPT gets you paid and diagnosis coding gets you denied” will continue to be true. You will need to work with the coders in your office to ensure that their practices are prepared for potential payment delays as well as payment denials that may affect the bottom line.

ICD-10 will include 21 chapters and will have tabular as well as alphabetical indexing. In the tabular section, orthopaedic surgeons and orthopaedic coders will be most interested in Chapter 13: Diseases of the Musculoskeletal and Connective Tissue; Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities; and Chapter 19: Injuries, Poisoning, and Certain Other Consequences of External Cause. The alphabetical section will include an index of disease and injuries as well as external causes.

The coding in ICD-10 will be much more specific for orthopaedic conditions, especially fractures. As already noted, ICD-10 coding includes as many as seven characters. The first three characters identify the category while the next three are the etiology, anatomic site, or severity. In the case of fractures, the seventh character will range from the letter A to the letter R. This seventh character will determine whether the visit was initial or subsequent, whether the fracture was open or closed, and whether the healing was routine, delayed, a malunion or a nonunion. There are various tools available to help facilitate coding for ICD-10. These include crosswalk tools that can help convert ICD-9 to ICD-10.

The pneumonic LEOCFAR can be used to help locate fracture coding. The L refers to laterality, E to encounter type, O to open or closed, C to category, F to fracture pattern, A to alignment, and R to result. Inputting the data in this order will facilitate looking up codes and using crosswalk tools.

Practices should have an organized implementation program for physicians, coders and medical staff such as nurses and medical technicians. Training should focus on ICD-10 coding as well as reviewing physician documentation to see if the current level of documentation will allow the specificity required by ICD-10. It will be important for physicians to meet regularly with coders so that each is aware of the ICD-10 requirements.

Orthopaedic surgeons must pay particular attention to the documentation of clinical notes. Surgeons must be more specific in identifying comorbidities. For example, diabetes must be specified as type I or type II, or whether it is due to secondary causes. Additionally, if there is associated neuropathy or an ulcer, this must be noted. If there is both neuropathy and an ulcer, this would require two different codes. One option is to have the referring doctor list all the ICD-10 codes so that these do not need to be repeated when the orthopaedic surgeon submits for billing. Further, in the case of open fractures, it must be specified whether it is a Gustillo I, II or III. Healing also must be documented as routine, delayed, a nonunion or a malunion. In the cast of midshaft fractures, it may be necessary to specify whether the fracture pattern is spiral, transverse or oblique. For deep venous thrombosis, it will be necessary to specify whether it is acute or chronic, and also to identify the specific vein involved. Obesity will also need to be documented according to BMI since severity will be differentiated based on absolute value.

Further considerations for practices are to limit vacations for staff in October as well as include pay for overtime since employees will have to spend increased time on documentation and administrative tasks. Some have recommended that practices take out a three- to six-month line of credit because of delayed or denied payments from private insurers and Medicare/Medicaid.

It is recommended that a practice have a steering committee that would include an MD or DO, RN, orthopaedic coder, IT representative, and risk manager. This steering committee would be responsible for contacting payers as well as implementing testing protocols to ensure

**Coding Resources from AAOS**


- 2015 ICD-10-CM Coding Workbook for Orthopaedics
- AAOS Musculoskeletal Coding Guide 2015
- Complete Global Service Data for Orthopaedic Surgery – 2015
- CPT 2015 – Professional Edition
- ICD-10-CM: By the Numbers
- Navigating Through a Successful ICD-10 Transition
- Orthopaedic Code-X 2015 Standard
- Orthopaedic Code-X 2015 Network
Representation at the American Medical Association (AMA) is the mechanism by which the AOFAS can effectively advocate within the house of medicine for issues important to orthopaedic foot and ankle surgeons. The AMA has a strong presence in Washington, DC, works with specialty societies, and lobbies on a broad range of issues important to physicians and patients. The strength of this presence was evident in the long effort resulting in the passage of the SGR repeal bill that also simplified Medicare quality reporting programs and added medical liability protection. Other AMA advocacy issues include scope of practice, patient access to care, graduate medical education, liability reform, and preserving the option of private practice while also protecting the rights of employed physicians. The AMA is not a liberal or a conservative organization, but an organization that advocates for all physicians and their patients.

To maintain the AOFAS presence in the AMA House of Delegates, at least 20% of AOFAS members need to belong to the AMA. Unfortunately, for the first time, the AOFAS is at risk of probationary status at the AMA as the AOFAS membership ratio has dropped below that level. If you are not an AMA member, please consider joining today. Help keep the voice of orthopaedic foot and ankle in the AMA and in Washington, and at the same time you will gain the many benefits available to members.

To learn more about joining the AMA, visit [https://commerce.ama-assn.org/membership/](https://commerce.ama-assn.org/membership/). Annual dues for residents and fellows are only $45 a year; dues for practicing physicians are $420 a year, but lower for physicians in the early years of practice. Also please feel free to contact the AOFAS if you have questions, concerns, or issues that you would like to see the AMA address.

Michael Aronow, MD, AOFAS Delegate aronowmike@gmail.com
Steven Neufeld, MD, Alternate Delegate sneufeld@footankledc.com
Jamal Ahmad, MD, AOFAS Representative, AMA Young Physicians Section jamal.ahmad@rothmaninstitute.com
Casey Humbyrd, MD, AOFAS Representative, AMA Young Physician Section casey.humbyrd@jhu.edu

Orthopaedic societies call for ICD transition period

The AAOS, together with the AOFAS and other orthopaedic specialty societies, have signed a joint letter to the Centers for Medicare and Medicaid Services (CMS) asking that CMS: 1) permit a concurrent transition allowing the use of either ICD-9 and ICD-10 for two years; 2) provide a safe haven during the two-year transition; and 3) require all electronic health records, practice management, and billing companies to complete all software upgrades no less than three months in advance of the October 1, 2015, transition date. Action by CMS on these three steps would help to ensure that the transition to ICD-10 goes as smoothly as possible.

Support the AOFAS by joining the AMA

2014 FAI CME Exam now available

The 2014 Foot & Ankle International CME Examination is now available to journal subscribers. The program is the first-ever foot and ankle journal-based, scored-and-recorded MOC self-assessment examination. The exam is based on the 2014 volume year and includes multiple-choice questions. Participants can take the exam in multiple sittings using mobile devices or computers. Scoring is immediate upon submission.

The exam fee is $100. There is also a 2013 exam, which was launched last year.

AOFAS Members: Log in at [www.aofas.org](http://www.aofas.org) and go to **Members Only** for the link to both exams and instructions for first-time login.

Non-Member Individual Subscribers: Log in at [http://fai.sagepub.com](http://fai.sagepub.com) and click on the CME tab to start an exam or learn more.

Accreditation

The American Orthopaedic Foot & Ankle Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. The AOFAS designates each internet activity enduring material for a maximum of 10 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Participants are required to submit a completed evaluation form at the end of each exam in order to receive CME credit.
MEMBERSHIP MATTERS

What makes a successful Society? Its Members!

Thank you for growing the Society to its current level. Membership is on track to reach 2,200 this summer. The AOFAS continues to thrive because of your support and participation. Your value in this member-driven organization is noticed and greatly appreciated.

The Society welcomes the following new and elevating members approved March 28, 2015:

**Active Member**
Maryse Bouchard, MD
Philippe Champagne, MD
Daniel Cuttica, DO
Jeremy LaMothe, MD
Victoria Matt, MD
Steven Mussett, MBChB
Justin Robbins, MD
Mark Ryzewicz, MD
Ross Schumer, MD
Hossein Pakzad Sedigh, MD

**Candidate Member**
Adam Baker, MD
Braden Criswell, MD
Russell Dedini, MD
Jessica Downes, MD
Emily Exten, MD
Lauren Geaney, MD
Erik Eller, MD
Michael Greaser, MD
Kevin Grosshans, MD
John Karbassi, MD
James Jastifer, MD
Eric James, MD
James Justifer, MD
Michael Kimbal, MD
Pamela Luk, MD
Blake Moore, MD
Dorian Reid, MD
Grantham Shell, MD
Gary Simpson, DO
Kristopher Sirmon, MD
Andrew Somberg, MD

**International Member**
Mohamed Albaqali, MD
Garth Allardice, MBChB
Mohammed Al-Mayyah, MBChB
Chayanin Anghthon, MD
Carlos Barros, MD
Oleg Evseev, MD
Vinicius Carvalho de Faria, MD
Lucas Fonseca, MD
Stelio Galvao, MD
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Luis Hermida, MD
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Derek Buttewick, MD
Amir Haze, MD
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Waleed Kishta, MD
Tejas Patel, MD

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Jeffrey Goldberg, MD
Raymond Hsu, MD
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Brian Perry, MD
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Troy Keith, MD
Jeffrey Tan, MD
Carlos Tardini, MD
Marcelo Torquato, MD
Tulio Vieira, MD
Joe Wagener, MD
Pablo Wagner, MD
Raymond Wails, MD
Mingzhu Zhang, MD

Questions about your membership status and related benefits should be directed to Lois Bierman, Director of Membership & Marketing, at LBierman@aofas.org or 847-430-5082.

Keep the Society growing by encouraging a colleague to apply to join the AOFAS.

Please direct applicants to www.aofas.org/membership for information and forms. Application deadlines are January 1 and June 1 annually.

IN MEMORIAM

Ralph Lusskin, MD, Emeritus Member, died January 17, 2015 in New York, New York. He was 87.

Dr. Lusskin graduated from Columbia College of Physicians and Surgeons at age 21. He went on to serve as an orthopaedic surgeon on the USS Relief during the Korean War and retired from the US Naval Reserves as lieutenant commander.

Born and raised in New York, Dr. Lusskin was the son of two orthopaedic surgeons, Lillian S. Lusskin, MD, and Harold Lusskin, MD. He trained many physicians at the NYU School of Medicine, where he was clinical professor of orthopaedic surgery.

He is survived by his wife of 56 years, Phyllis; daughters Shari Lusskin, MD, and Elizabeth Lusskin, Esq., and their families; and brother Brett Lusskin, MD.

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McLeod Health Seeking Orthopaedic Fellow Trained Foot & Ankle Surgeon for Coastal SC

McLeod Health, a non-profit, privately owned health care system, is seeking a Board Certified/Eligible Orthopaedic Surgeon with Fellowship Foot & Ankle to join our existing well established highly recognized McLeod Orthopaedic Associates in Coastal SC, just 3 minutes from our SC Beautiful Beaches. Just Located outside Myrtle Beach, SC our new state of the Art 8,000 sq. ft. office is located directly across from McLeod Seacoast Hospital. High volume ortho area with a seasoned staff. This is an Employed position with bonus structure, strong benefit package and much more. If you are interested in working in a system that is recognized nationally for its quality initiatives and methodology, this is the opportunity for you. If you are looking for more information please contact Michelle Pittelli.

mpittelli@mcleodhealth.org
843-777-7140 (office)