IN~STRIDE

PRESIDENT’S PERSPECTIVE

How your Society works — A peek behind the curtain

Dear Colleagues,

Until I was a member of the AOFAS Board, I had very little understanding about the workings of the Society or how decisions were made. As this is your professional society, I thought I would use this forum to explain how your Board of Directors functions.

The AOFAS Board consists of 11 members: five in the presidential line (president, president-elect, vice president, secretary and treasurer), two past presidents and four members-at-large who serve staggered two-year terms. The Board, in turn, appoints the Orthopaedic Foot & Ankle Foundation (The Foundation) Board of Directors, which directs the activities of The Foundation, with oversight by the AOFAS Board.

To complete the entire presidential tour of duty, a member serves two years as either secretary or treasurer and one year at each of the other positions — a total of seven years. Not to mention the two years as member-at-large that most serve at some point prior to their election to the presidential line. Although this is a significant time commitment, the years spent on the Board are essential in order to learn about the multitude of issues and activities that involve the Society as well as the Society’s interaction with the AAOS.

We are fortunate to have many talented individuals with varied backgrounds and experiences who use their collective wisdom to help address issues and guide the Society. On our current Board, our members’ backgrounds include academic medicine, private practice, corporate management, private enterprise and entrepreneurship, business-related construction and building management, humanitarian outreach and international exchange, resident and fellow program development, funded research programs, industry relations and implant design. We even have our own thespian!

Although only one of us serves as the president, we don’t function as “king” for the year. The entire Board, in conjunction with the executive director,

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Register for Specialty Day 2017

AOFAS Specialty Day 2017 March 18
aofas.org/specialtyday

Registration and housing are now open for AOFAS Specialty Day 2017, on Saturday, March 18, 2017, at the San Diego Convention Center in San Diego, California, as part of the AAOS Annual Meeting. Make sure to plan to attend this innovative program.

Specialty Day 2017 features AOFAS sessions from 7:00 am – 2:45 pm and a combined session with the American Orthopaedic Society for Sports Medicine (AOSSM) from 3:00 – 5:05 pm. Symposia topics include:

• Healthcare in the New Administration (Early Bird Symposium)
• Surgical Treatment of the Moderate Bunion
• Posterior Tibial Tendon Dysfunction
• Expert Panel Discussion – “I Used to Do It My Way Until I Read this Article”
• Ankle Arthritis
• Foot and Ankle Trauma in the Athlete
• Chronic Injuries in the Athlete

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The agenda also includes three scientific paper sessions on the topics of optimizing patient outcomes, ankle and hindfoot, and sports. Five papers will be featured in each session.

“We are very excited about this year’s Specialty Day program,” stated Jeremy McCormick, MD, program chair. “We’re covering important topics that AOFAS members encounter frequently in their practices. Plus, the joint symposia with AOSSM will provide members of both organizations with new perspectives on foot and ankle injuries in the athlete.”

**New! “Ask an Expert” session during lunch**

Bring your challenging cases to Specialty Day 2017 and participate in the lunchtime “Ask an Expert” session. Box lunches will be provided.

“We really wanted to take advantage of the full day and allow time for attendees and faculty to engage with each other,” said Jeffrey Johnson, MD, AOFAS president.

**CME hours**

The Specialty Day 2017 program will offer **9.5 AMA PRA Category 1 Credits™** through accreditation from AOFAS for 7.5 hours and 2.0 hours accredited by AOSSM. For more information about the program or CME, visit [www.aofas.org/specialtyday](http://www.aofas.org/specialtyday).

**Registration and housing now open**

Specialty Day registration and housing is managed by the AAOS. Register and reserve your housing at [www.aaos.org/annualmeeting](http://www.aaos.org/annualmeeting).

**Submit abstracts for Annual Meeting 2017**

The AOFAS Program Committee invites you to submit an abstract for presentation at the AOFAS Annual Meeting 2017, to be held July 12-15 in Seattle, Washington.

Abstracts may be submitted for oral or poster presentations. Note that authors may be offered an alternate presentation format if the preferred format is not accepted.

Abstracts must be submitted electronically to be considered. The abstract submission site will close in early January 2017. The AOFAS Program Committee will review submissions in a blinded fashion and send notifications to the submitting author in late February.

Submissions are limited to 500 words, 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 co-author also will be required to complete disclosure of conflicts of interest.

For full author submission guidelines, access to the abstract submission site and additional information about Annual Meeting 2017, visit [www.aofas.org/annualmeeting](http://www.aofas.org/annualmeeting).

**Correction**

The Summer 2016 issue of In–Stride incorrectly listed the names of two Lifetime Benefactors to the Orthopaedic Foot & Ankle Foundation. The correct names are **James Nunley, II, MD**, and **Orthopedic Specialists of North America**. AOFAS regrets the error.
**Innovative Treatment Solutions for Chronic Deltoid Ligament Pathology...**

**Deltoid Ligament Reconstruction System**

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- **All-in-One Implant System** – specifically designed to reconstruct both the superficial and deep deltoid ligament
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**FAO open access journal now live**

*Foot & Ankle Orthopaedics*® *(FAO)* opened with great interest on September 22, 2016. In just the first week and a half there were a total of 2,644 accesses to the new open access journal from the AOFAS.

The site features abstracts from the AOFAS Annual Meeting 2016 and an introductory editorial from Editor-in-Chief L. Daniel Latt, MD, PhD, titled “FAO: The Open Source for High-quality Peer Reviewed Orthopaedic Foot and Ankle Content.”

This open access medical journal emphasizes surgical and medical management of foot and ankle disorders with a specific focus on reconstructive, trauma and sports-related conditions utilizing the latest technological advances. *FAO* will offer original peer-reviewed articles including: clinical and basic science research, meta-analyses, systematic and topical reviews, case reviews, hot topics, research designs and technique tips. This journal is an ideal resource for orthopaedic surgeons, fellows, residents and allied health providers interested in providing the latest in evidence-based foot and ankle care.

AOFAS members are encouraged to submit manuscripts to *FAO*. There is no fee to submit. If a manuscript is accepted for publication after peer review, a one-time article processing charge is required (with a reduced fee for AOFAS members). This charge covers the cost of publication and ensures that the article will be freely available online in perpetuity under a Creative Commons license.

**Get to know FAO**

- View the opening content and learn more about FAO: [http://fao.sagepub.com](http://fao.sagepub.com)
- Submit your manuscript: [mc.manuscriptcentral.com/fao](mc.manuscriptcentral.com/fao)
- Questions? Contact Managing Editor Shera Palmer Cook: [FAOjournal@aofas.org](mailto:FAOjournal@aofas.org)

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**Foot & Ankle Orthopaedics**® *(FAO)*

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works as a unit to establish a direction for the Society. In addition to monthly conference calls, we exchange almost daily emails and attend fall and spring retreats where we devote time to discussing major issues and setting priorities for the future. Committees play important roles in this unit as well — the Board receives valuable input from our committees that guides our planning and decision making.

The AOFAS also has members who serve on the AAOS Board of Specialty Societies (BOS), which represents the 22 specialty societies. This group has two meetings per year in conjunction with the AAOS Board of Councilors (BOC), which represents state medical societies, to discuss a wide range of topics including education, fellowship accreditation, research, health policy and Maintenance of Certification (MOC). As these discussions result in resolutions that are considered by the AAOS leadership, our participation gives us an important voice on critical issues. We value our partnership with the AAOS and, accordingly, have annual face-to-face meetings with the AAOS presidential line and their executive director to discuss issues of mutual interest and to identify areas where we can be of assistance to each other in fulfilling our respective missions.

We also are fortunate to have a talented and very dedicated staff in the Chicago office who is committed to maximizing the value of your AOFAS membership. They are ready to meet the challenges of a growing society and an ever-increasing emphasis on online education.

Each of your Board members takes great pride in offering their service to your Society. This year, our major initiatives are to:

1. launch our outcomes database, the Orthopaedic Foot & Ankle Outcomes Research Network (OFAR), which has been in development for several years;
2. attain full functionality of the Physician Resource Center (PRC) for online education; and
3. begin a branding initiative that will result in a clearer image of who we are as AOFAS members and effective methods of communicating that image, including a more functional website.

These are ambitious goals, but I know that our Board, staff and volunteers have the commitment and drive to make significant progress this year. Although these projects may not all be completed during my tenure, I look forward to “carrying the baton” for the Society as we chart our course for the future.

Respectfully,
Jeffrey Johnson, MD
AOFAS

Is your contact information up to date?
Check your member profile to ensure your contact information is correct in the AOFAS member database and patient online physician finder. Log in to the Members Only page at www.aofas.org and select “My Profile” or contact Membership staff at membership@aofas.org.
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On December 15, expert guests J. Chris Coetzee, MD; Troy S. Watson, MD; and Gordon Mackay, MD will discuss the benefits of the InternalBrace™ technique for patients with lateral ankle ligament instability.

To register, visit http://cptr.it/IBFAS, or scan code below.

Lisbon, Portugal, will provide a beautiful and historic backdrop for the 2017 IFFAS World Congress on Foot and Ankle.

Expand your perspective at IFFAS 2017

Join orthopaedic colleagues from around the world at the World Congress on Foot and Ankle/6th Triennial Scientific Meeting of the International Federation of Foot & Ankle Societies (IFFAS), September 29-30, 2017. IFFAS President Charles Saltzman, MD, and IFFAS Vice President/Program Chair Martinus Richter, MD, PhD, invite you to breathtaking Lisbon, Portugal, for a meeting that is sure to expand your perspective on foot and ankle care.

More than 1,800 medical professionals, guests and exhibitors from nearly 50 countries attended the 2014 IFFAS World Congress, hosted by the AOFAS and held in collaboration with the AOFAS Annual Meeting in Chicago. The meeting set attendance records and provided unprecedented educational and networking opportunities. In 2017, the IFFAS World Congress will be hosted by the European Foot and Ankle Society, and will once again feature a comprehensive scientific program and social events intended to foster knowledge sharing and advance care.

As one of the four founding regional organizations of IFFAS, the AOFAS urges its members to participate in the global orthopaedic community by attending and submitting abstracts for IFFAS 2017.

Submit abstracts for oral or poster presentations through the online system by February 28, 2017.

To view abstract submission guidelines, access the submission site and learn more about this dynamic meeting, visit www.iffas.org.
MOC update: Foot and ankle-focused recertification on the horizon

Earlier this year, the American Board of Orthopaedic Surgery (ABOS) announced several upcoming changes to the Maintenance of Certification (MOC) process. Most significant for AOFAS members is the introduction of a practice-profiled recertification examination that will be offered for foot and ankle surgery beginning in 2018. This change will allow surgeons to earn recertification through a test that is focused on foot and ankle conditions as opposed to the general recertification exam. According to ABOS, the changes were made in response to feedback from diplomats that recertification examinations relate more closely to their practice. Practice-profiled examinations for orthopaedic trauma and pediatric orthopaedic surgery also will be added.

The new foot and ankle practice-profiled subspecialty recertification examination will consist of 150 questions, specific only to foot and ankle surgery, and will be administered in March and April.

For more information about the MOC process, visit www.abos.org.
Earn MOC Scored and Recorded Credits

**FAI CME Exams**

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- Earn up to 10 hours of AMA PRA Category 1 Credit™ per exam
- Multiple-choice exams based on each volume year
- May complete exams on multiple devices over time
- Unlimited retakes to pass
- Each exam fee $100
- Available to AOFAS members and individual FAI subscribers

**AOFAS Members:** Login to [www.aofas.org](http://www.aofas.org) and select Members Only for access information, exam link, and link to current and archived issues of the journal.

**Accreditation**

The AOFAS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. The AOFAS designates this internet activity enduring material CME activity 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. Exam participants are required to submit a completed evaluation form at the end of the exam in order to receive CME credit.
Attention residents! Submit your application now for the 2017 AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match for 2018-19 positions. Although many programs are accepting applications through March 6, 2017, some have earlier deadlines, and programs are able to interview applicants as of December 1. Applicants are strongly encouraged to apply as early as possible.

This year, 48 programs are participating in the match, offering a total of 77 fellowship positions. As of mid-October, 43 applications for foot and ankle fellowship positions had been received by the San Francisco Match (SF Match) and distributed to programs, compared to 28 at the same time last year.

The Orthopaedic Foot & Ankle Fellowship Match is designed to be a transparent, unbiased process in which applicants are matched to foot and ankle fellowship programs on a competitive basis. The AOFAS is committed to an effective process for both the programs and the applicants.

To that end, the Society has transitioned from a manual application system at the AOFAS Executive Office to a more online process with the SF Match, enabling programs to check applicant interest and information at any time. In addition, applicants can complete their applications online and verify their application status at their convenience. The AOFAS Executive Office continues to support programs and applicants by managing communication, data collection, statistical analyses, and the adjudication of questions or concerns.

Key Fellowship dates:
- **December 1, 2016** — Suggested application deadline
- **December 1, 2016** — March 20, 2017 — Programs may conduct interviews
- **March 27, 2017** — Rank lists are due to SF Match
- **April 4, 2017** — Match Day

The Fellowship Match Committee, chaired by James Holmes, MD, oversees the process to ensure the continued integrity of the Match.

For more information, visit [www.aofas.org/fellowshipmatch](http://www.aofas.org/fellowshipmatch).

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Mark your calendar now for these upcoming programs

**COURSES, MEETINGS AND WEBINARS**

**November 29, 2016**
**AOFAS LIVE WEBINAR: ONLINE JOURNAL CLUB**  
Moderator: A. Holly Johnson, MD  
www.aofas.org/webinars

**March 18, 2017 • San Diego, California**
**AOFAS SPECIALTY DAY 2017**  
President: Jeffrey Johnson, MD  
Program Chair: Jeremy McCormick, MD  
www.aofas.org/specialtyday

**May 4-6, 2017 • Rosemont, Illinois**
**AAOS/AOFAS FOOT AND ANKLE RECONSTRUCTION AND TRAUMA**  
Course Chairs: Bryan Den Hartog, MD, and J. Chris Coetzee, MD  
www.aaos.org/calendar/event/?productId=9235856

**July 12-15, 2017 • Seattle, Washington**
**AOFAS ANNUAL MEETING 2017**  
President: Jeffrey Johnson, MD  
Program Chair: Jeremy McCormick, MD  
Pre-meeting Course Chair: Sandra Klein, MD  
www.aofas.org/annualmeeting

**September 29-30, 2017 • Lisbon, Portugal**
**6TH TRIENNIAL IFFAS SCIENTIFIC MEETING**  
Host: European Foot & Ankle Society  
www.iffas.org

**October 26-28, 2017 • Austin, Texas**
**SURGICAL COMPLICATIONS OF THE FOOT AND ANKLE COURSE**  
Course Chairs: William McGarvey, MD, and Gregory Berlet, MD  
www.aofas.org/surgicalcx

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Two exams available • Earn 10 credits each

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  Members Only Page – FAI CME Exams

- **Non-member FAI Subscribers:**  
  fai.sagepub.com

**ONLINE RECORDINGS**
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- **RESIDENT REVIEW COURSE (2013)**  
  www.aofas.org/residentreview

- **COMPLETE FOOT CARE COURSE (2014)**  
  www.aofas.org/completefoot

Current as of 11-15-16; subject to change

**AOFAS Members**
To receive reduced member pricing, log in to www.aofas.org at the top of the page before registering for courses, meetings and webinars, or purchasing an online subscription to recordings.
During this season of strife in the political arena in our country and across the world in general, I am grateful that my life’s work is meaningful, that it brings me great personal and professional satisfaction, and that I have the privilege of serving the specialty that has given me so much opportunity.

I am thankful for colleagues who share their skills, knowledge and compassion, and who give of their time and talents to the activities of our Society and its Foundation. Together, we are making a difference today and for the future.

As you consider making donations to various charities and organizations this year, I hope you will reflect on our Society, the role it has played in enriching your professional life, and the ways it has brought you together with colleagues, and I hope you will commit to supporting our Orthopaedic Foot & Ankle Foundation. The Foundation provides resources for key initiatives that are woven into the fabric of our AOFAS and make our Society, and our specialty, what it is today.

Thank you for your support.

**Many ways to give**

**Make a five-year pledge**
Visit [www.aofas.org/foundation](http://www.aofas.org/foundation) to download and complete the Individual Donation Form or email foundation@aofas.org with the total amount of your pledge and your desired payment frequency.

**Make a recurring gift**
Choose the convenience of a recurring gift. Send an email to foundation@aofas.org to authorize The Foundation to charge your credit card in installments for the amount, frequency and duration you choose.

**Donate with your dues or meeting registration**
Add a donation to The Foundation when paying your AOFAS dues or registering for a meeting.

**Honor your mentor or a loved one**
A tribute gift is a meaningful way to show your appreciation and respect. Donate online and enter the name of the person in whose honor or memory you are making your gift.

**Donate long-term appreciated securities**
Make your charitable dollars go farther. Donating appreciated securities (stocks, bonds and/or mutual funds) directly to The Foundation, rather than selling the securities and donating the cash proceeds, is one of the easiest ways to give more. A gift of appreciated securities also can provide significant tax savings.

**Donate a life insurance policy**
Gift an existing policy or name The Foundation as a beneficiary of your policy (see below for more information).

**Questions?**
Call 800-235-4853 or +1-847-698-4654 or email foundation@aofas.org.

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**Leave a legacy: Gift a life insurance policy to The Foundation**

Jack Cook, CLU, ChFC, RHU, Cook and Kocher Insurance Group, Inc.

Donating the proceeds of a permanent life insurance policy can both benefit you and provide lasting support to the Orthopaedic Foot & Ankle Foundation. The gift may be made without depleting other assets intended for your retirement or your family and, unlike a cash bequest, the donation of a properly structured life insurance policy does not increase estate liquidity and should not be included in your estate or be subject to probate. Leave a legacy to The Foundation and the specialty by donating your life insurance policy in one of two ways:

- **Gift an existing policy**
If you are no longer insurable or no longer have a need for your life insurance policy (for example, if the policy was purchased to provide for children who are now adults), consider gifting the existing policy to The Foundation. In this case, all ownership rights would be assigned to The Foundation and The Foundation would be named as the beneficiary of the policy. This option enables you to take an income tax deduction for the lesser of the

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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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Leave a legacy continued from page 10

- premiums paid or the value of the policy. If any premiums remain on the policy, they also can be taken as a deduction.
- **Name The Foundation as a beneficiary of an existing policy**
  You may designate The Foundation as the sole or partial beneficiary of a policy that you continue to own. This option provides an income tax charitable deduction upon your death, in the form of an estate tax charitable deduction for the death proceeds passing to The Foundation.

To support The Foundation through a donation of life insurance, please follow these steps:
1. Contact AOFAS Executive Director Susan Oster, CAE, at 847-430-5077 or soster@aofas.org to inform the organization of your intent to gift an existing life insurance policy to The Foundation.
2. Make your intention known to your CPA or financial planner. Note that tax laws vary from state to state.
3. Contact your insurance company to make the change on your policy.
4. Send the appropriate paperwork to the AOFAS.
The AOFAS seeks member sites to participate in the PIVoTED Trial, Comparative Patient Impact of Venous Thromboembolic Disease Prophylaxis Following Foot & Ankle Surgery. Led by AOFAS member Christopher DiGiovanni, MD, at Massachusetts General Hospital (MGH), PIVoTED is a large-scale, Level I comparative effectiveness research study, planned for submission to the Patient Centered Outcomes Research Institute (PCORI) in 2016.

Sites interested in joining this groundbreaking study may submit a letter of support by November 30, 2016, to be considered. Learn more and download the support letter template at www.aofas.org/researchcollaboration.

After encouraging feedback from PCORI on a first submission in 2015, the team at MGH, with the help of the Orthopaedic Foot & Ankle Outcomes Research Network (OFAR) Managerial Board and AOFAS staff, is resubmitting the application with a comparative effectiveness research focus to reflect real-world treatment scenarios. PIVoTED will use the OFAR platform as its data repository to enable valuable efficiencies for patients, providers and sites, and to encourage robust and representative patient and AOFAS member site participation.

Relative to hip, knee and other orthopaedic patients, little is known about best practices for venous thromboembolic disease (VTED) prophylaxis among the foot and ankle population. Both VTED, which includes deep vein thrombosis as well as pulmonary embolism, and chemoprophylactic agents can have significant, even life-threatening, consequences for patients. PIVoTED will improve assessment and clinical care.

“PIVoTED was inspired by the paucity of reliable, prospective, properly powered data available to assess both risk-benefit and appropriateness of the various treatments currently employed for VTED prevention in orthopaedic foot and ankle patients,” said Dr. DiGiovanni. “The results will provide a stronger framework for meaningful, shared decision making between orthopaedic foot and ankle patients and their families and providers, and will enable more informed, evidence-based clinical care decisions with respect to VTED risk and potential prevention.”

Questions? Call 800-235-4855 or +1-847-698-4654 (outside US) or email research@aofas.org.
Research Grants Program accepting proposals

Are you or a colleague seeking funding for research? Apply for the 2017 cycle of the AOFAS Research Grants Program. With a new, user-friendly online application system and updated program guidelines, the program provides support for promising foot and ankle research studies.

Submit your proposal by December 30, 2016, in one of three categories:

- **Pilot Project Grants (up to $5,000)**
  To encourage new investigators, especially residents and fellows, to participate in research and to promote new lines of research, these awards provide seed funding for new projects.

- **Small Project Grants (up to $20,000)**
  These awards provide start-up funding for promising research projects and encourage supplemental submissions to national funding sources.

- **Established Project Grants (up to $50,000)**
  Now in its second pilot cycle, this award is intended to support basic science, clinical trial or pre-trial work that can support additional grants from national funding sources. Competitive applications must be backed by preliminary work, data, publications and/or abstracts to demonstrate feasibility of projects and capabilities of the research team.

Access to research grants is an AOFAS member benefit: The principal investigator or a co-investigator must be an AOFAS Active Member, Candidate Member, International Member or Associate Member-Basic Science. The grants program is funded by the Orthopaedic Foot & Ankle Foundation.

For more information and a link to the online application system, please visit [www.aofas.org/researchgrants](http://www.aofas.org/researchgrants). Email research@aofas.org or call 800-235-4855 or +1-847-698-4654 (outside US) with any questions.

Apply by December 1 for Traveling Fellowship Program

The Traveling Fellowship Program offers a special opportunity for early-career AOFAS members to attend the AOFAS Annual Meeting and visit leaders in foot and ankle education and research. The program is open to AOFAS Active Members, Candidate Members and International Members who are 45 years old or younger at the time of application.

Funded by the Orthopaedic Foot & Ankle Foundation, the program aims to promote professional relationships, exchange ideas, and encourage new thinking on research and clinical care topics. In addition to attending the AOFAS Annual Meeting 2016 in Toronto, the most recent Traveling Fellows visited institutions in Toronto; Boston, Massachusetts; Grand Rapids, Michigan; and Durham, North Carolina. Fellows were provided with opportunities to observe operating rooms, learn new surgical techniques alongside accomplished surgeons, and present their own research and clinical experiences.

### Submit your application for the 2017 Traveling Fellowship Program by December 1!

Download the application at [www.aofas.org/travelingfellows](http://www.aofas.org/travelingfellows).

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Resident Scholarships 2017: Apply now

Orthopaedic residents in US and Canadian programs are encouraged to apply for the Resident Scholarship Program, an incredible opportunity for PGY1, PGY2 and PGY3 residents to attend the AOFAS Annual Meeting 2017 in Seattle as a guest of the Society, meet future colleagues, and gain insight into the orthopaedic foot and ankle profession.

Scholarships cover registration fees for all Annual Meeting activities, including the Young Orthopaedic Surgeons Forum. The scholarship also includes lodging at the meeting and a stipend for travel expenses. In addition, Resident Scholars attend an exclusive dinner where they can network with experienced foot and ankle surgeons who serve as “mentors” in the program, as well as other Resident Scholars.

“While the academic portion of the Annual Meeting was very interesting, the relationships I made are certainly the most valuable aspect I took away,” said 2016 Resident Scholar David Beck, MD. “The program did a wonderful job of introducing me to those who have already made significant contributions in the field, as well as those who will be shaping its future.”

Resident Scholarship applications are due March 1, 2017. The program is funded by the Orthopaedic Foot & Ankle Foundation.

To learn more and access the application, visit [www.aofas.org/residentscholarship](http://www.aofas.org/residentscholarship).
The American Medical Association Relative Value Update Committee (AMA RUC) has an ongoing process to evaluate the physician work RVUs associated with CPT® codes. In 2015, multiple codes in the bunion code family were targeted for reassessment due to the number of post-operative visits associated with many of the codes.

After extensive discussions between the AAOS, AOFAS and American Podiatric Medical Association (APMA), it was determined that the best way to respond to this request was to revise the hallux rigidus and bunion codes to better reflect the current procedure techniques. This resulted in the elimination of two 2016 CPT codes — 28290 and 28293 — and the creation of two new codes for 2017 — 28291 and 28295.

The proposed codes were first presented in 2015 to the AMA CPT Committee, which approved the coding changes. The next step required the codes to be surveyed for physician work by AOFAS, AAOS and APMA members who perform the procedures. The survey results were presented to the AMA RUC in January 2016, and the AMA RUC approved recommended relative value units (RVUs) for each of these codes. Based on the objective results from the physician work surveys, many of the work values were reduced from prior values.

The AMA RUC submitted approved recommended RVUs to the Centers for Medicare and Medicaid Services (CMS), and CMS published its proposed values for comment in the Federal Register, July 15, 2016. The final values were released by the agency on November 2, 2016.

Final 2017 CPT codes and RVUs

The table below shows the 2017 bunion codes with their 2016 CMS RVUs, AMA RUC approved work RVUs for 2017, CMS proposed values and CMS final values for 2017. In the CMS proposed rule, the work RVUs for the two new codes were lower than the RUC approved recommended values, but due in part to AAOS and AOFAS advocacy efforts, CMS adopted the higher RUC approved recommended values in its final rule.

<table>
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<tbody>
<tr>
<td>28289</td>
<td>Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint</td>
<td>8.31</td>
<td>6.90</td>
<td>6.90</td>
<td>6.90</td>
</tr>
<tr>
<td>28291</td>
<td>Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant</td>
<td>NEW</td>
<td>8.01</td>
<td>781</td>
<td>8.01</td>
</tr>
<tr>
<td>28292</td>
<td>Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride or Mayo type procedure</td>
<td>9.05</td>
<td>7.44</td>
<td>7.44</td>
<td>7.44</td>
</tr>
<tr>
<td>28295</td>
<td>Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method</td>
<td>NEW</td>
<td>8.57</td>
<td>8.25</td>
<td>8.57</td>
</tr>
<tr>
<td>28296</td>
<td>Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (e.g., Mitchell, Chevron or concentric type procedures).</td>
<td>8.35</td>
<td>8.25</td>
<td>8.25</td>
<td>8.25</td>
</tr>
<tr>
<td>28297</td>
<td>Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure</td>
<td>9.43</td>
<td>9.29</td>
<td>9.29</td>
<td>9.29</td>
</tr>
<tr>
<td>28298</td>
<td>Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy</td>
<td>8.13</td>
<td>7.75</td>
<td>7.75</td>
<td>7.75</td>
</tr>
<tr>
<td>28299</td>
<td>Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy</td>
<td>11.57</td>
<td>9.29</td>
<td>9.29</td>
<td>9.29</td>
</tr>
</tbody>
</table>

Note: Simple bunionectomy (Silver bunionectomy), previously coded as 28290, was eliminated. This procedure should be coded with CPT 28122 starting in 2017.
MEMBERSHIP MATTERS

Renew your membership by February 1

The 2017 AOFAS membership year is just around the corner! Renew your membership and pay your dues in full by February 1, 2017, to retain your member benefits.

Your membership enables the AOFAS to serve the needs of your professional community. With your invaluable support, the AOFAS provides high-quality education for orthopaedic surgeons and other healthcare providers, increases public awareness for the prevention and treatment of foot and ankle disorders, and serves as a resource for government, industry, and the national and international healthcare communities.

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Applications with all required submission elements must be received by January 1, 2017. Contact the AOFAS Membership staff (Krista Stewart or Christine Johnson) by email at membership@aofas.org or by phone at 800-235-4855 or +1-847-698-4654 (outside US) with questions.
IN MEMORIAM

Domenick Bruno, MD, Emeritus Member, died October 10, 2016, in Milwaukee, Wisconsin. He was 91.

Born and raised in Brooklyn, New York, Dr. Bruno attended St. John’s University Fordham and then moved to Wisconsin to complete his pre-med studies at Marquette University. He earned his medical degree from Marquette and did his internship at St. Mary’s Hospital of Milwaukee. After working as a family practitioner for several years, Dr. Bruno decided to enter the field of orthopaedic surgery. He completed his residency at Columbia Hospital and the University Hospitals in Madison, Wisconsin.

A World War II US Navy veteran, Dr. Bruno was a beloved private practitioner for more than 20 years at North Shore Orthopaedics in southeastern Wisconsin. He retired from the practice in 1990. Dr. Bruno also practiced at several area hospitals, including Children’s Hospital of Wisconsin, St. Joseph Hospital and St. Michael Hospital, where he served as chief of surgery, chief of orthopaedics and president of medical staff, and was a clinical instructor in orthopaedic surgery at the Medical College of Wisconsin.

Dr. Bruno is survived by his wife Barbara, children Jeanne Pujanauski (Bruce), Anne Hentz (Greg), Martha Peplow (David), Dr. James Bruno (Ellen) and Dr. Michael Bruno (Susan), 13 grandchildren and four great-grandchildren.

Joseph Eremus, MD, Active Member, died September 22, 2016, in Bryn Mawr, Pennsylvania. He was 72.

Dr. Eremus was raised in Boiling Springs, Pennsylvania, just outside Harrisburg. He attended Pennsylvania State University for his undergraduate studies, where he was a standout student and member of the varsity wrestling team.

After earning his medical degree from Temple University School of Medicine in 1972, he completed his internship at Tulane University, Charity Hospital of New Orleans, and returned to Temple for his residency in orthopaedic surgery. He went on to serve as a major in the US Army from 1977-1979 at the 121st MASH Army Hospital in Seoul, South Korea, and Fort Dix, New Jersey.

Following his military service, Dr. Eremus worked as an orthopaedic surgeon at Bryn Mawr Hospital for 32 years. He then joined the faculty at Temple University School of Medicine and worked as a surgeon for Temple Orthopaedics and Sports Medicine. He was on medical leave at the time of his death.

Dr. Eremus was an AOFAS member for more than 25 years and served on the Post Graduate Education & Training Committee from 2011-2014. A dedicated attendee and presenter at AOFAS educational courses and meetings, he co-authored a scientific paper presented as recently as the AOFAS Annual Meeting 2016.

Dr. Eremus is survived by his wife of 47 years, Margo, mother Becky, brother Dennis, children Sarah Caruso (David) and John Eremus (Lindsey), and two grandchildren.

Angus McBryde Jr., MD, Active Member, died unexpectedly on October 4, 2016, following an automobile accident in Baldwin County, Alabama. He was 79.

Born in Durham, North Carolina, Dr. McBryde received his undergraduate degree from Davidson College, where he excelled in both academics and sports. He served as captain of both the cross country and track teams and was inducted into the Davidson College Sports Hall of Fame in 2007. He remained an avid runner throughout his life and was well known for his “midnight jogs.”

Upon graduation from Duke Medical School, Dr. McBryde completed his internship and residency in general surgery at the Hospital of the University of Pennsylvania. He spent the following two years in the US Navy as a medical officer on the USS St. Paul and at Balboa Naval Hospital in San Diego, California, during the Vietnam War.

Dr. McBryde completed his orthopaedic residency at Duke and in 1971 was appointed clinical assistant professor of orthopaedics at Duke. In subsequent years, Dr. McBryde chaired the departments of orthopaedic surgery at the University of South Alabama at Mobile and the University of South Carolina in Charleston. He also directed the Foot and Ankle Fellowship Program at the American Sports Medicine Institute in Birmingham. He was a co-founder and past president of the Southern Orthopaedic Association as well as past president of the Southern Medical Association.

A skilled surgeon with nationally recognized expertise in sports medicine, Dr. McBryde served as team physician for the World Games in Yugoslavia in 1987 and for the US National Team for both the Seoul and Atlanta Summer Olympics.

Dr. McBryde’s love of medicine was evident in his generosity and compassionate patient care. He was a supporter of the Orthopaedic Foot & Ankle Foundation and participated as a volunteer surgeon on the AOFAS Overseas Outreach Project to Vietnam in 2014 and 2015.

Dr. McBryde is survived by his wife of 27 years, Kay, children Angus McBryde III (Margaret), Dr. JP McBryde (Karen), Dr. Holly McBryde Mason (John) and Mary McBryde (George), four stepchildren and numerous grandchildren.

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