The Research Grants Committee received a large number of grant applications this year (2002 - 2003) addressing the broadest field of topics. These ranged from gait studies and biomechanics to basic science cellular biology. Submissions included prospective studies and retrospective studies, human subjects, cadavers and animal models.

The competition was keen and the committee members had their work cut out for them in narrowing the field to 5 grants for funding. The grant recipients included:

1. Michael Brage, MD and James Otis, PhD, “The Additional Stability Achieved by Adding the Inferior Extensor Retinaculum Tissue to the Brostrom Lateral Ankle Ligament Reconstruction”.

2. Andrew J. Elliott, MD and James Otis, PhD, “The Additional Stability Achieved by Adding the Inferior Extensor Retinaculum Tissue to the Brostrom Lateral Ankle Ligament Reconstruction”.

3. Nelson Fong SooHoo, MD, “Design and Implementation of a Prospective Foot and Ankle Outcomes Database”.

4. William R. Ledoux, PhD and Bruce Sangeorzan, MD, “Investigation of Midtarsal Joint Locking”.

5. Yuki Tochigi, MD PhD; Charles Saltzman, MD; J. James Rudert, PhD; Thomas D. Brown PhD, “The Role of the Ankle Articular Surfaces in Controlling Joint Motion”.


If you have any questions about the process, please contact Judith Baumhauer, MD committee chair at Judy_Baumhauer@urmc.rochester.edu or David Stumph, AOFAS staff liaison at dave@cantrall.com.
An Open Letter To Our Society  
*Continued from coverpage*

reclusive, unopinionated fellow who will eventually open up and talk to us more at the Board meetings. All of your Board members are sensitive to Mark’s handicap and are committed to helping him stand on his own as he becomes President Elect in June. We only ask patience from our membership.

Glenn Pfeffer from San Francisco is your President Elect and will assume the Presidency in June running full speed. Glenn knows our Society inside out and is committed to making it stronger in every area of endeavor our Society undertakes. It would take an entire InStride letter to enumerate Glenn’s contributions to our Society over the last decade. With Glenn and Mark coming forward, rest comfortably that we will be a proactive, creative, and vital Society, sensitive to our membership’s needs.

As far as this year’s endeavors are concerned, your Board has spent a great deal of time solidifying the Society’s strategic plan. We have received excellent counsel from David Westman of RSM McGladrey. Your Board has revised and updated your by-laws and rules and regulations as well as the Society’s Operational Manual. In addition, we now have a Financial Manual that ensures we maintain all areas relating to your Society’s finances in a manner that follows acceptable accounting principles.

The Outreach and Education fund under the watchful eyes of its creator, Pierce Scranton, and Fund Director, Ian Carrick, is a source of pride to every member of our Society. Education and Research, the foundation of our Society’s mission state, will be assured with this fund. Your Board is acting responsibly and timely to ensure these funds will be present long after we pass from this Board. The future of our Society is bright largely due to our young members who contribute so much. Our Society’s Young Physician Council is very active. The immediate Past President, Nick Abidi, has worked tirelessly particularly on our electronic media efforts. The present officers are a dynamic and committed group including John Campbell, President (Baltimore), Brian Donley, President Elect (Cleveland), Bruce Cohen, Secretary (Charlotte), and members at large, Jeffery Brodies and Steven Neufeld.

Finally, there are a myriad of details your Board attends to which need not be listed. Please know this Board has acted in good faith regarding every issue to come before us knowing that we represent each of you. To have Pierce, Mike Shereff, and Tom Clanton, all past Presidents remain active on your Board has meant so much to help us accomplish our duties. Many thanks!!

Please come to Hilton Head in June. David Thordarson has planned an excellent academic meeting and Mike and Denise Shereff, Diane Fields, and Kathleen Shepherd have spent many, many hours and several on-site visits being certain the Summer Meeting is a wonderful family experience. See you there.

E. Greer Richardson, AOFAS President

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“New Directions”

Open letter from the managing editor

Friends,

This publication, despite its present success, is due for an overhaul. Rich Cantrall’s staff, has admirably handled it over the years, with little to no physician member input. This has not been by design. The Publications Committee (302) was established 10 years ago, primarily through Michael Coughlin’s interest, and one of the charges of that committee was to have the Chairperson oversee this publication. This has rarely happened. It is my intent to not only correct that but to take it to another level. There are many ways to utilize and improve this publication. A few of our committee’s thoughts include:

- Make it more ‘membership’ friendly; i.e., make it easier to have membership input.
- Allow it to be a forum for discussion, whether it is editorial, criticism, means to improve our Society, artistic expression or simply thinking outside the box.
- Publish various committee reports (with the Board’s approval, of course!)
- A vehicle to solicit/initiate multi-center studies
- Improved photographic representation & documentation
- Stronger physician involvement, oversight, and continuity in INSTRIDE’s publication. We are recommending a 2-4 year stint as ‘physician editor’. (As it stands now, the Publications Committee Chair is replaced every year).
- To continue and enhance already established columns as: The Quarterly Presidential Report; The Coding Corner; meeting announcements and post-meeting highlights; Young Physicians Corner; grant availability and status.

For many of these items, there really isn’t another forum. My hope is to make positive, substantial and useful changes, not cosmetic ones.

I welcome your input.

Sincerely,

Patrick L. O’Connor, MD*
Chair, Publications Committee**

* I can be contacted at kazoozers2@worldnett.att.net or through the Seattle office of the AOFAS

** Other committee members include:
John T Campbell, Brian G. Donley, Sue Ishakawa, G. Andrew Murphy, Vincent J. Sammarco, Staff Liaison: Ian Carrick, Ex. Officio: Hap Lutter
AOFAS Summer Meeting Highlights: Hilton Head Island, SC

The AOFAS’ Annual Summer Meeting 2003 will take place at one of the Society’s most popular destinations to date: Hilton Head Island, SC. The annual summer meeting at Hilton Head in 1996 was, at that time, the largest turnout ever for the AOFAS—just one of the many reasons it was chosen for 2003.

Other reasons include the miles of warm sandy beaches on which you can ride bicycles, the countless tennis courts and the many golf courses combined with the rich green foliage that covers a large portion of the Island. This year’s summer meeting has three main objectives:

- To update knowledge in the specialty area of foot & ankle
- To look at new trends with data, surgical techniques & innovations
- To discuss clinical information in an educational setting.

There are plenty of social activities and fun in the sun to accompany the scientific schedule at this year’s meeting. The schedule includes activities for all ages. The festivities begin on the evening of June 26 with the welcome reception. During this time, the Society will offer two alternate activities for kids:

- “Beach Explorer Adventure” for 3 to 12-year-olds;
- “Kayaking Trip” for teenagers.

More details on these events can be found in the official registration packet. These events will introduce your family to the immense amount of water and beach related activities the Island has to offer.

Other highlights of our planned activities include “Shipwreck Isle”, an adventure for the entire family that features everything from coconut bowling to the famous flip flop top. This three-hour event includes games, music and food for everyone. Another family event, the carnival, features activities such as live hermit crab racing and the world-renowned cannon ball roll. Further options include:

- The Hilton Head Island tour
- A Dolphin Watch nature cruise
- Deep Sea Fishing
- Kayaking
- Tennis tournament with mixed doubles & a social round robin
- The Kenneth A. Johnson Memorial Golf Tournament

Those who want to practice for the golf event or just want to enjoy the game, will be interested to know that several less expensive courses are available off the island. A service called “Last Minute Tee Times”, when used one day, offers a discount for the following day.

A description of Hilton Head Island would not be complete without a listing of some of the unique restaurants surrounding the resort. You will find food for every taste and budget from casual cafes to high-class dinning. Here are a few of the highlights:

**Aunt Chiladas Easy Street Café** - A restaurant specializing in a diverse array of cuisine including Italian, Mexican and all you can crab legs. All at an affordable price served with a laid back attitude. (843) 785-7700

**Harbour Town Bakery & Café** - This breakfast hotspot features the famous Harbour Town hotcakes and Southern style breakfast. They also feature quick lunch items including sandwiches, soups and salads. (843) 363-2021

**Pepper’s Porch** - Traditional Southern home-style cooking is served, especially the famous “Sunday Super” along side live music and dancing for the whole family. (843) 757-2295

**Hirano’s Japanese Restaurant** - A favorite to the locals, this restaurant guarantees only the freshest fish in all of their sushi. They also feature a wide array of traditional Japanese combinations and steak dinner selections. (843) 342-6007

**Kingfisher Seafood Restaurant** - Voted “Island Best Seafood,” this restaurant features outdoors dinning with live music and dancing. The menu also includes chicken, steak, pasta and ribs. (843) 785-4442

**The Old Oyster Factory** - Gourmet Island specialties alongside first class service and a great view of Broad Creek. The menu includes an extensive wine list and the finest steaks and seafood. This is a high volume place, busy, no reservations accepted, but the fish will always be fresh. (843) 681-6040

**Spartina’s Bar & Grill** - Just before you get the to the Old

**Bylaws change**

To allow flexibility in appointment of committee chairs and members, the AOFAS Board of Directors has recommended that committee tenure be addressed in the Society’s Policies and Procedures Manual rather than in the bylaws. The Board has agreed that committee chairs and members should serve for two years with their term renewable annually. This policy would replace the bylaws section shown below. Please note that active members will be asked to vote on the bylaws change at the business meeting in Hilton Head, June 27.

**ARTICLE VIII**

**Section IV.** Other Committees and Task Force

The Board may create whatever other committees and task forces it deems necessary to carry out its functions.

**RULES OF TENURE**

(A) The tenure policy of the Society provides that committee members shall be appointed for one 3-year term. Committee chairmen shall be appointed for one year and may serve an additional year, but under no circumstance over four (4) years. Committee chairmen must have served on the committee prior to their appointment as chair. Members may serve on only one committee at a time. The Board of Directors is authorized to review and change terms as required.

Continued on page 6.
OEF Continues to Meet its Promise in Vietnam

The Outreach and Education Fund will continue to fulfill the promise of the AOFAS with the second mission to Vietnam set to begin late October, 2003. Four AOFAS surgeons will return to Hanoi and Vinh City to perform more than 50 surgeries on patients who would otherwise not receive the care they need.

Approximately half of the patients will be treated in Hanoi, most of whom are land mine victims. These patients will have needed stump revision surgery so that they can be fitted for prostheses through mission partner; The Prosthetics Outreach Foundation. In Vinh City, most of the patients are children who suffer from a variety of disabilities deriving from polio, cerebral palsy, traumatic injuries, and club foot. With in-kind donations from corporations such as Synthes USA, Stryker, Wright Medical Technology, and Cardinal Health, the AOFAS will also be bringing needed medical supplies and tools to orthopaedic clinics that previously had minimal equipment.

Another accomplishment of this mission will be for the AOFAS/Synthes USA sponsorship of the first ever Foot and Ankle Conference in Vietnam. One hundred of the most highly trained orthopaedic surgeons in Vietnam will be invited to hear lectures from the four American surgeons and from four Vietnamese surgeons. In conjunction with the teaching that is done in the operating room, this conference is an important link in developing the local orthopaedic skill and knowledge base. While the 50 or so patients who will be operated on during the month-long mission will be forever changed so that they can have the opportunity to live productive lives, the reach the AOFAS is able to achieve through the educational component of the program has the potential to make a much greater impact in the long run.

This year’s mission will be again broken into two, two-surgeon teams. Team 1 will be led by Pierce Scranton of Seattle who will be joined by Richard Marks of Milwaukee. They will be in Vietnam in late October. Team 2 will be led by Naomi Shields of Wichita who will be joined by Ruth Thomas of Little Rock. They will be in Vietnam early November.

Editors Note: Vietnam trips have been postponed due to SARS.

Clinical Rating Systems for the Ankle

The American Orthopaedic Foot and Ankle Society has developed four rating systems, which were designed to provide a standard method of reporting the clinical status of the foot and ankle. Ideally a standard rating system will allow for the comparison of different treatment methods of the same disorder in different patients. Aside, from this it should enable doctors to better track the progress of patients in different stages of their treatment.

The four scales that were developed are the outcome of reviewing all of the available published rating systems already in use for the hip, knee, spine, shoulder, wrist, elbow and hand. Through a consensus there were four anatomic regions that were designated to be graded; the Hindfoot, Midfoot, Hallux and the Lesser Toes. These four rating systems incorporate both objective and subjective factors to arrive at a numerical scale.

The four scales can be found on the Society’s web site at www.aofas.org/anklescale.asp.
Canadian Orthopaedic Foot and Ankle Society

The Canadian Orthopaedic Foot and Ankle Society (COFAS) held its inaugural meeting at the June 2002 Canadian Orthopaedic Association/American Orthopaedic Association meeting in Victoria, BC. The 14 attendees decided that COFAS would include orthopaedic surgeons who have an interest in the foot and ankle surgery, including pediatric foot and ankle pathology. The Society’s overall goal is promotion of excellence in clinical foot and ankle care in Canada. At its first meeting, COFAS developed a mission statement outlining five clear goals for the society:

1. Serving as the primary organization dedicated to foot and ankle clinical care, education and research in Canada;
2. Functioning as the leading resource for education of the Canadian public, orthopaedic surgeons, the general medical community, government, & industry on foot and ankle care;
3. Promoting research in foot and ankle care;
4. Serving the members as a forum for discussion of problems unique to foot and ankle care in Canada;
5. Developing resources that will help Canadian orthopaedic foot and ankle surgeons in addressing local practice-related issues such as quality improvement, coding, reimbursement, legislation, cost of care and access to care.

The first president of COFAS is Tim R. Daniels, MD. - no stranger to the AOFAS by virtue of his membership on the AOFAS International Committee. He has presented numerous scientific papers at AOFAS summer and winter meetings. According to Dr. Daniels, one of the most important needs for creating COFAS is that surgeons increasingly refer patients to specialty foot and ankle doctors. “We felt that a national organization was necessary to best serve the public and provide a forum through which foot and ankle surgeons could promote their work,” Dr. Daniels said.

Dr. Daniels would like to lead COFAS towards provincial and national recognition within its first year. To help achieve this, an annual meeting will be held in Vancouver and Toronto on alternating years. COFAS also has developed a website at www.coa-aco.org. Although the website will be continually updated, its initial launch is still in progress. It is intended to be a thorough working tool and will include a patient information page.

COFAS will initiate member fees in the future and do varied forms of fundraising. “Currently we are looking for corporate support in the form of unrestricted grants. Several companies had offered funds for research and education,” Daniels said.

Several studies have been launched using these initial funds. The first is a longitudinal comparison of ankle arthrodesis vs. ankle arthroplasty. Four institutions are involved in the study, one of which is already recruiting prospective participant patients. The results of this study and future studies will be published in peer review journals. Dr. Mark Glazebrook and Dr. Johnny Lau, both of whom voiced a particular interest in research and patient outcomes, have been developing the COFAS research program. Other topics of interest include ankle arthritis and surgical outcomes of the diabetic foot. In addition to publishing research outcomes in scientific journals, COFAS also plans to use the web page as a means for education and communication.

The members of the Board of COFAS, including President Daniels, are very excited about the launching of COFAS, and would love to hear from anyone with input or questions about the society and its objectives. Contact can be made through Cynthia Vezina at the COA: Cynthia@coa-aco.org.

Photographers Wanted

The Seattle staff and the Publications Committee agree that having one or more ‘official or un-official’ photographers is overdue.

Rich Cantrall, who runs the Seattle office of this august Society, has certainly been the ‘un-official’ photographer for years. He’s got to be busy with a thousand other things. Let’s relieve him of this to free up a bit more time for his other duties.

It occurred to us to ask: Why don’t we have member MD photographers? I’m thinking of one individual who will take responsibility for a 2-3 year period (or longer) for the photographic documentation of this Society. He or she can work with as many other members with similar interests, as desired, to get the job done. An offshoot of this can be a photographic contest, with winner and follow-up recognition of some sort.

Request For AOFAS Historical Data

I have been asked by Pierce Scranton, with approval from the Board, to develop a ‘Historical Compendium’ for this Society. I accept this as a worthy retirement project, with expectations to have it completed by the end of this year.

The final format is yet to be solidified, but certainly will include such items as: how it all got started; presidential addresses; abstracts of awards papers; officers through the years; meeting highlights; heretofore unpublished photographs; historical milestones; personal vignettes and the like.

Despite having attended the majority of the annual meetings, I sure wasn’t around at the Society’s inception, and even if I was, my memory is not that good! So, I ask all of you, if you have any material you deem worthy of being included, please consider forwarding it to me. If included, you will be acknowledged, and anything you desire to be returned, will be honored. Additionally, any thoughts on funding support will be appreciated. Thank you for your anticipated participation.

Sincerely,
Patrick L. O’Connor
269.372.3484 tel
269.372.9923 fax
kazooers2@worldnet.att.net
AOFAS Summer Meeting Highlights

Continued from page 3.
Oyster Factory, this small, casual, intimate restaurant provides you with outside dining under a canopy of majestic oaks.

The Red Fish - Poor acoustics, but fabulous food. Connected to a wine bar and a wine retail outlet, so if you enjoyed the wine you had for dinner, you can pick up a bottle or two to take home.

Charlies - Casual (as are most of the restaurants), tight seating, but quite possibly the best wine list on the Island, with cases of wine stacked along side the bar. Located on Rt. 278 across from the entrance to Shelter Cove.

While certainly not the main attraction at Hilton Head Island, the island does offer a unique shopping experience, including a large array of small specialty shops that could keep you busy for hours. Over 100 factory stores offer up to 70% savings, including:

• Disney catalog Outlet
• GAP Outlet
• Nike Factory Store
• OshKosh B’Gosh
• Pro Golf
• Tommy Jeans
• Zales and much, much more.

With all of the fun to find at Hilton Head Island, your family will surely enjoy their stay. The AOFAS summer meeting registration was sent out to all members in early February. For more information please visit www.aofas.org/courses.asp or contact either Diane Fields (diane@aofas.org) or Kathleen Shepard (Kathleen@aofas.org) at (800) 235-4855.

AOFAS Young Physicians Make an Impact

The Young Physicians Section includes those members of the AOFAS younger than forty years old or less than five years out of training, whichever occurs later. Currently, we number over 300 members. Our group has spearheaded many recent projects on behalf of the Society, including the forthcoming Workers Compensation guidebook; the collection and analysis of reimbursement data for the Coding Committee; updating and electronically formatting the Regional Review Course curriculum; and compiling a booklet on practice management for the young foot and ankle surgeon. The YPS has a proud tradition of contributing tangible works to the AOFAS with energy, enthusiasm, and commitment.

To better coordinate our efforts with those of the President and Executive Board of the AOFAS, the Young Physicians Section has recently shifted its officer elections to coincide with those of the Society and the various committees. We will also institute a two-year officer progression to YPS Chair, similar to the one utilized for the Presidency of the Society. These changes will yield greater continuity between our officers and the AOFAS Board.

The Young Physicians Section is a dynamic group dedicated to service, scholarship, and camaraderie. The YPS officers constantly strive to convey our members’ concerns and interests to the Society, facilitate young surgeons’ involvement in committee participation, and arrange educational speakers covering diverse issues such as practice management, occupational medicine, and the medicolegal system. I invite all fellowship and residency directors and faculty to urge their trainees to apply for membership in the AOFAS and thereby automatic inclusion in our group. Questions regarding the YPS can be addressed to me (jcampb13@jhmi.edu) or to our new AOFAS liaison, Paulina Marcinczyk (paulina@aofas.org). I look forward to seeing both old friends and new members at our YPS Reception in Hilton Head this summer.

AOFAS to Approach Foundations

During 2003, AOFAS will be approaching Foundations across the U.S. for support of the Outreach and Education Fund and its programs. While AOFAS staff are involved in research of foundations whose objectives match those of the Fund, we would be most grateful if you could let us know of individual foundations with which you might have worked, received funding from, or have personal contacts within the organizations.

Please contact Ian Carrick, Development Director, AOFAS on 1.800.235.4855 ext 110 or at ian@aofas.org.

Latin American Congress held in Vitoria, Brazil

The Third Latin-American Congress of Medicine and Surgery of the Leg and Foot met in association with the 2nd Pan-American Congress of Medicine and Surgery of the Leg and Foot and with the Brazilian Congress of Medicine and Surgery of the Foot, May 1-4.

“This was a wonderful international congress,” noted Michael J. Coughlin MD, president of the International Federation of Foot and Ankle Societies. “It was held in Victoria, Brazil, a lovely location, and characterized by high quality papers and symposia.” Dr Coughlin said that he attended the first Pan American congress two years ago and was captivated by the hospitality and friendliness of his Latin American hosts. He noted that the meeting included contributors from all over the world, and informed registrants on a wide range of orthopedic foot and ankle topics.
My love hate relationship with emails

Email is here to stay. It is part of our daily lives, and like it or not, it has revolutionized our means of communication. Can you remember when last you wrote or typed a letter, whether business or personal, affixed a stamp and placed it in the mail box? I now wonder how I ever managed to correspond without email, certainly in a timely and efficient manner. Yet it can be intrusive, a terrible and at times an offensive nuisance. I am not referring to the inundation of spam, the fatuous promises of enlargement, for lowering my current mortgage, for Viagra, and for that matter anything that I probably do not want, and never will. I am alluding to those emails which are part of our daily work, even those from friends which I now feel obliged to respond to. Granted, the unique aspect of email is that I do not have to be there when someone is trying to reach me, and my reply can be terse, to the point, and done at weird hours when nothing of importance is going on around me. This reply can be to the point, and I do not have to engage in any small talk were my reply done verbally, and therefore likely to be a time-saver in one way or another.

So, I accept the benefits of email, ignore the spam, and welcome the opportunity to be able to communicate with individuals, or large groups of individuals with a click of a button. This simultaneous transmission of information to many recipients does not cost (me) anything, since the cost is passed on to the Internet Service Provider. This means of bulk communication is so efficient, that I was quite surprised recently to learn that the AOFAS has woefully few email addresses of our membership in their files. We truly need this for improving our means of timely correspondence, for membership surveys and for establishing routine communication in a cost effective way. Unlike requests for your email address from outside sources (which then have the ability to sell your address as part of a descriptive list, thereby creating further unwanted spam), you can really help us here. We want to be able to communicate effectively with our membership, and do not want the cost of bulk postal mailing to be a deterrent to this in any way. Our societal activities are realistically only there to enhance the experience of your membership. Please help us accomplish this, and forward your email address to us at paulina@aofas.org for our files.

Mark Myerson MD
Vice President AOFAS

Electronic Medical Record Panel Discussion at the Summer Meeting

The Association of Orthopaedic Foot and Ankle Surgeons is pleased to announce a panel discussion about members’ use of electronic medical records. Dr. Jim Michelson who is the CIO at George Washington University Hospital will present the results of an online member survey and moderate a panel discussion of electronic medical record users at our special session at the Summer Meeting in Hilton Head. The session will be held on Saturday, June 28th, at 1:05 PM, in the General Session Room.

Dr. Richardson presents Johnson Lectureship Certificate to Ignatio Ponseti, M.D.

Full house attend Specialty Day in New Orleans.

Tony Randazzo, VP Synthesis, receives Outreach & Education Fund Ambassador Circle Crystal.
CODING CORNER – TISSUE GRAFTING

Bone, cartilage, tendon or skin grafting accompanying surgery of the foot and ankle has always been confusing to code. In addition CPT seem to modify the rules on a frequent basis to further annoy the surgeon. In general if the code states includes obtaining the graft, the graft cannot be coded. If the code states with autograft, but does not include the words including obtaining the graft, the graft can be coded.

For example:
28305 – Osteotomy tarsal bones, other than calcaneus or talus with autograft includes obtaining graft.

In this case the graft is not coded.
28307 – Osteotomy, with or without lengthening, shortening or angular correction with autograft.

In this case obtaining the graft from a separate site is coded. A grafting code can be added to any procedure as long as you document it’s necessity and take the graft from a separate site.

Only grafts taken from a separate site thru a separate incision can be coded. The harvesting of local material thru the same incision to include in the operation is not coded. The 59 modifier is added to the graft code to indicate the separate site. Allografts (except in the spine) cannot be coded for.

The spine has its own special grafting rules. They cannot be used anywhere else in the body. They are indeed lovely rules, we would like CPT to make them global, but so far we only encounter resistance.

With bone grafts there is a code for a small graft 20900, and a large graft 20902. At the AAOS coding committee we have accepted the standard that anything larger than a Russe bone graft for the wrist is a large graft.

All of the stand-alone graft codes for our purpose are 20900 – 20926. There is a small circle with a line across it, that indicates that the codes are 51 modifier exempt. They should not be halved in value as an additional procedure (indicated by the 51 modifier). Be careful, the insurance companies play free and loose with this rule.

A few answers to frequently asked questions:

As part of a subtalar arthrodesis you take a bone graft form the distal tibia or thru a separate incision in the heel. These grafts are coded. As part of an ankle arthrodesis the distal fibula is removed and morselized as an onlay bone graft. The removal of the fibula is part of the surgical approach and is not coded. The bone graft is from local material and is not coded.

To fill in the defect from an OCD lesion of the talus an osteocartilagenous graft is taken from the condyles of the knee. This graft is coded. In a similar situation a graft is taken from a different part of the talus thru the same incision. This graft is not coded.

To fill in the defect on the dorsum of the foot after removal of the MTC joints of 4&5 a peroneus tertius graft is obtained thru a separate incision. This is coded (20924 - 59). Local extensor mechanism and tendon is used to fill the defect from an arthroplasty at the MTP joint. This graft is not coded.

Walter J. Pedowitz M.D.

AOFAS New Members

AOFAS welcomes the following new members who joined the Society at Specialty Day in New Orleans:

ACTIVE MEMBERS
Peter J. Ameglio, MD
John Reynolds Edwards, MD
Nicholas T. Gates, MD
Hayato Mori, MD
Robert D. Santrock, MD
George Henry Theodore, MD
Dane K. Wukich, MD

CANDIDATE MEMBERS
Roy Jeffrey Carls, MD
Richard J. de Asla, MD
Gregory Scott Finkbeiner, MD
Gary Auston Go, MD
Justin Greisberg, MD
Larry Luong Nguyen, MD
Kurt Vincent Voellmicke, MD
Douglas J. Wyland, MD
Solomon Herman Chaim, MD
Eugene M. Chang, MD
Domingo Cheleuitte, MD
Brett Raymond Grebing, MD
Andrew Haskell, MD
Kent Lweis Heady, MD
David John Inda, MD
William Cleveland James, III MD
John J. Jasko, MD
Simon Lee, MD
Matthew Martus Roberts, MD
Sanda Lujic Tomak, MD
Drew H. Van Boerum, MD
Michael Joseph Willenborg, MD
David I. Zaret, MD

INTERNATIONAL MEMBERS
Nuno v. Meireles Corte-real, MD
Daniel P. Frank, MD
Martin H, Huber, MD
Atsushi Makano, MD
John Stuart Moir, MD
Dawson Charles Muir, MD
Robert Igor Swierczynski, MD

RESIDENT MEMBERS
Chad S. Altmyer, MD
Robert Alexander Erdin, III MD
David Reynolds Richardson, MD