

EOA News

EASTERN ORTHOPÆDIC ASSOCIATION

President's Message

Geoffrey H. Westrich, MD



The 47th Annual Meeting of the Eastern Orthopaedic Association will be held at The Ritz-Carlton in New Orleans Wednesday, October 20th through Saturday, October 22nd, 2016. This is Eastern Orthopaedic Association's first venture to New Orleans and my wife Ellen and I are excited at the opportunity to host this meeting. The Ritz-Carlton, a beautiful, historic luxury hotel is located in the heart of the French Quarter, with many opportunities to enjoy the vibrant culture of New Orleans. We have selected an excellent venue for our Welcome Reception on Thursday night, at Mardi Gras World where all the Mardi Gras floats are constructed and stored. These will be on display for everyone to enjoy along with authentic New Orleans style cuisine and music.

The Scientific Program is being planned by Program Chairman, Marc Levine, MD, and the Program Committee. We have expanded our faculty to include some of our colleagues from New Orleans who will participate in a mix of symposia and podium presentations with many opportunities for questions and interaction with the faculty. The Presidential Guest Speaker is Thomas Sculco, MD, First Vice President of the Knee Society and former Surgeon in Chief of Hospital for Special Surgery. The Howard Steel Lecture will be given by James Carville, a well-known political commentator and media personality as well as a New Orleans native. His timely presentation just weeks before the 2016 presidential election will be followed by a question and answer period and then everyone will have an opportunity to meet and greet Mr. Carville following his session on Friday morning.



47th Annual Meeting
October 19-22, 2016

The Ritz-Carlton | New Orleans, LA

Ellen and I welcome you to attend the 47th Annual Meeting of the Eastern Orthopaedic Association in New Orleans in October 2016. Please join us for this unique Eastern Orthopaedic Association experience. We know you will enjoy all that New Orleans has to offer, as well as an outstanding Scientific Program. We look forward to seeing you there with your family!

Call for Abstracts for the 47th Annual Meeting

The Eastern Orthopaedic Association will present its next Annual Meeting October 19-22, 2016 at The Ritz-Carlton in New Orleans, LA. EOA's Annual Meeting is one of the leading meetings for orthopaedists practicing in the East. The Scientific Program will be developed by the Program Committee to present timely reviews of practice-related procedures and clinical research findings in orthopaedic surgery through accepted key abstracts. Nationally recognized speakers will also be invited to present at the Meeting.

We invite you to submit one or more abstracts for the meeting, as this is an excellent opportunity to present your research to

your peers. Each person may only make one regular podium presentation, but there is no limit to the number of Rapid Fire presentations. The submission deadline is **March 21, 2016**. Abstract applications may be submitted online through the EOA's web site. Visit us at www.eoa-assn.org and click on the "Submit your abstract" link.

We look forward to receiving your abstract(s) and to seeing you in New Orleans in 2016.



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Meet Our New Board Member



Joshua A. Baumfeld, MD
Newburyport, MA

Dr. Baumfeld is an orthopaedic surgeon living in Newburyport, Massachusetts. He is a member of the senior staff at Lahey Medical Center and is an Assistant Professor of Orthopaedic Surgery at Boston University Graduate School of Medicine. Dr. Baumfeld is involved with clinical patient care, research and resident training. He is team physician for St. Johns Preparatory School in Danvers, Massachusetts and orthopaedic consultant for Pentucket High School.

Dr. Baumfeld's educational background includes: University of Virginia, Sports Medicine Fellowship, where he served as an assistant team physician at the University of Virginia and James Madison University, Mayo Clinic, Orthopaedic Surgery Residency, where he had the honor to serve as a chief resident associate and performed bench research in the biomechanics laboratory, Northwestern University Medical School, where he was awarded an Arthritis Foundation Summer

Fellowship and Johns Hopkins University, where he was awarded a Howard Hughes Summer Fellowship, Departmental Honors in Biology, and the Student Excellence Award for Leadership and Service. He was a member of the varsity baseball and football teams.

Dr. Baumfeld currently serves as President of the New England Orthopaedic Society. He is a Fellow of the American Academy of Orthopaedic Surgeons, and is a member of the American Orthopaedic Society of Sports Medicine, Arthroscopy Association of North America, International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine, and Massachusetts Orthopaedic Association. He is also a reviewer for The American Journal of Sports Medicine.

Dr. Baumfeld and his wife Lynn and four children are active within their community. Dr. Baumfeld has served on the board of the Newburyport Education Foundation and The Greater Newburyport Benevolence Foundation. Dr. Baumfeld and his wife coach multiple youth sports.

Membership Update

EOA membership proved to be a great value this year as we journeyed to the spectacular Grand Wailea on the beautiful island of Maui.

As an EOA member, you not only get to enjoy beautiful and relaxing locations, but also members can earn 50+ CME credits each year through the Annual Meeting, the Self-Assessment Exam and the complimentary subscription to the *Journal of Surgical Orthopaedic Advances*. If you do not belong to EOA or have not renewed your membership yet this year, now is a good time to make that happen.

The 47th Annual Meeting is October 19-22, 2016 at The Ritz-Carlton in New Orleans, LA. The EOA Annual Meeting is the perfect place for residents/fellows to present their research.

There will be 15 resident/fellow awards given out during the meeting.

Mr. James Carville, political commentator, will give the Howard Steel Lecture. The Presidential Guest Speaker will be Dr. Thomas Sculco, the past Surgeon in Chief of Hospital for Special Surgery. The scientific program is as interesting and exciting as New Orleans itself. There will be leading-edge symposia from orthopaedic experts, scientific papers and spirited discussion. The Rapid Fire presentations are a relatively new and popular feature of the meeting and provide some stimulating and informative opportunities.

EOA membership is a good deal and only gets better with your involvement!

The EOA Mission

The purpose of the EOA shall be to promote, encourage, foster and advance the art of science and orthopaedic surgery and matters related thereto, and to establish a forum for free discussion and teaching of orthopaedic methods and principles among the members.

2015 Resident/Fellow Award Recipients

Congratulations to the following 2015 EOA Resident/Fellow Award Recipients. The award papers were presented during the Scientific Program in Maui, Hawaii.

Founders' Award

Doxycycline Attachment To Bone Allograft Protects Against Bacterial Colonization And Biofilm
Constantinos Ketonis, MD, PhD

Massive Rotator Cuff Tears Repaired With Interposition Porcine Xenograft
Julie A. Neumann, MD

Orthopedics And The Sunshine Act: Payments In The Open Payments Database
Sraivsh Iyer, MD

Ranawat Award

Increased Rates Of Total Hip Arthroplasty Infection After Intraarticular Injection
William W. Schairer, MD

Aspirin vs. Potent Anticoagulants For Venous Thromboembolism Prevention Following Arthroplasty
Michael Rutter, MD

The Incidence And Risk Factors For Postoperative Ileus After Spinal Fusion Surgery
Paul D. Kiely, MD

Resident/Fellow Awards

CT Accuracy Of Percutaneous Versus Open Pedicle Screw Techniques
Daniel J. Blizzard, MD, MS

Lateral UKA: Clinical And Radiographic Mid To Long-Term Outcomes
Sarah V. Stelma, BS, MD

Comparison Between Hard-On-Hard And Hard-On-Soft Hip Bearings In Medicare Population
Lindsay T. Kleeman, MD

Thigh Compartment Syndrome Associated With Femur Fractures
Giselle M. Hernandez, MD

Novel Serum And Synovial Fluid Biomarker Of Periprosthetic Osteolysis
Samir K. Trehan, MD

Novel Intraoperative Laser Ablation System For Treatment Of Residual Sarcoma
Alexander L. Lazarides, BSc

The Alpha-Defensin Test For PJI Is Not Affected By Prior Antibiotic Administration
Alisina Shahi, MD

EOA/EOEF Resident/Fellow Travel Grant Awards
Financial Implications Of Post-Operative Radiographs Obtained In The Operating Room
Michael J. Bercik, MD

Early Outcomes Following Total Hip Arthroplasty In Sickle Cell Hemoglobinopathy
Daniel S. Mangiapani, MD

EOA/OREF Resident/Fellow Travel Grant Awards

Administration Of Aspirin As A Prophylaxis Agent Against Venous Thromboembolism Results In Lower Incidence Of Periprosthetic Joint Infection
Ronald Huang, MD

Economic Analysis Of Implant Costs Of Distal Radius Fracture
Suneel B. Bhat, MD, MPhil

A Prospective Evaluation Of Thenar Branch Anatomic Variability During Routine Carpal Tunnel Release
Juana Medina, MD

Reverse Shoulder Arthroplasty In The Management Of Complex Proximal Humerus Fractures: A Cost-Utility Analysis From A US Payor And Hospital Perspective
Benedict Nwachukwu, MD, MBA

Assessment Of Disparities In Open Humerus Fractures
Nisha N. Branch, MD, MPH

Ultrasound-Guided Cubital Tunnel Injection: Technique And Accuracy In Cadaver Model
Brian T. Nickel, MD

Acute Versus Delayed MRI Imaging And Associated Pathology In Traumatic Shoulder Dislocations
Nathan Orvets, MD

Comparing Various Surgical Management Options For Lumbar Degenerative Spondylolisthesis
John Bureson, MD

Intrawound Vancomycin Powder For Spine Tumor Surgery
Richard Okafor, MD

Resident Travel Grant Awards

Pullout Strength Of Novel Hybrid Fixation In Soft-Tissue ACL Reconstruction
Mark Ayzenberg, MD

Clinical Depression And ACL Reconstruction: Incidence And Impact On Functional Outcome, A Prospective Cohort Study
Grant H. Garcia, MD

Management Protocol For Wound Drainage After Total Joint Arthroplasty
Andrew G. Park, MD

MRI Overestimates Talar Osteochondral Lesion Size Compared With Arthroscopic Measurement
Ethan J. Fraser, MBBS

Tear Size Predictive Of Arthroscopic Rotator Cuff Repair Failure
Gregory V. Gasbarro, MD

Modified Precautions In Posterior Approach THA: Rapid Recovery And Dislocation Rates
Peter K. Sculco, MD

Molecular Imaging Of Acute Intervertebral Disc Herniation
Xudong Joshua Li, MD, PhD

Analyzing Outcomes for Upper and Lower Extremity Open Fractures
Joshua G. Hunter, MD

Deep Vein Thrombosis And Pulmonary Embolism Can Occur After 30 Days Orthopedic Extremity Procedures – Database Analysis Of Current Trends In United States
Yoichi Yasui, MD

National Trends In Total Shoulder Arthroplasty In America: Evaluation Of 226,170 Patients In Nationwide Inpatient Sample From 1998 To 2010
Kimona Issa, MD

Organism Persistence In Failed Prosthetic Retention For Periprosthetic Joint Infections
Benjamin Zmistowski, MD

Board of Councilors Update

The BOC serves as an advisory body to the AAOS Board of Directors and acts as a liaison between the practicing orthopaedic surgeons, and the national organization. Henry A. Backe Jr., MD is the EOA BOC Representative. The BOC meets three times per year. The following report summarizes the recent BOC business meeting at the AAOS NOLC that occurred between April 29-May2, 2015.

Perhaps the major issue facing orthopedic surgeons in 2015 is the challenge of adapting to the rapidly changing health care environment. The AAOS is responding to these pressures by developing programs to enhance Advocacy, Communication, and Practice

Management. There is a major effort being made to educate patients concerning advocacy issues. The Political Action Committee of AAOS (Orthopaedic PAC) is the only national political action committee in Washington, DC, that solely represents orthopaedic surgeons before Congress. There is a gradual shift to value-based reimbursement from traditional fee-for-service. Physician-Hospital alignment has become more common in recent years in an effort to increase value. The AAOS launched the Professional Compliance Program at the 2004 Annual Meeting in response to the membership's desire to address the issue of inappropriate or fraudulent expert witness testimony. The State Legislative and

Regulatory Issues Committee of the BOC continues to deal with issues including tort reform, scope of practice issues involving podiatrists and physical therapist, restriction of ancillary services and advanced imaging.

It can be argued that the most important committee of the AAOS is the Board of Councilors, but the BOC will only be strong if the state societies are strong. If you have questions about any of these issues or programs, or if you would like an issue brought forward to the BOC, please contact Dr. Backe. The BOC will meet again in October 2015.

Recap of the 46th Annual Meeting

The 46th Annual Meeting in stunning Maui was an immense success, with an exceptional scientific program planned by Program Chair Dr. Michael Bolognesi and the EOA Program Committee. The first day included the Presidential Guest Speaker Dr. Douglas W. Jackson with his intuitive presentation *“The Future Practice Of Orthopaedic Surgery: My Perspectives In This Changing Environment.”* It was followed by Dr. Mark Lemos’s reflective Presidential Address, *“My First Patient: Lessons Learned.”* Tim Layden, Sports Illustrated senior journalist, was the Howard Steel Guest Lecturer who gave an enlightening talk *“Sports Journalism: From Typewriters to Twitter.”*



fabulous island of Maui. The meeting was brought to a close with the entertaining and mesmerizing Hawaiian Family Luau and Polynesian Revue.

The meeting kicked off with a beautiful Welcome Reception overlooking the ocean while enjoying the Hawaiian breeze from the Pacific Ocean. Everyone enjoyed the great food and magnificent view, all while getting a chance to visit with old friends and colleagues. The following evening began with the Exhibitor Reception before everyone went out for the evening to enjoy the

It was a memorable meeting and we express our thanks to all who attended. If you missed it, view the 2015 Maui pictures on the EOA website (www.eoa-assn.org) and see what a great time it was!

We look forward to seeing you next year at The Ritz-Carlton in New Orleans, Louisiana October 19-22, 2016!

Future Meetings



47th Annual Meeting
October 19-22, 2016
 The Ritz-Carlton
 New Orleans, LA



48th Annual Meeting
October 18-21, 2017
 Loews Miami Beach
 Miami Beach, FL



Grantor & Exhibitor Acknowledgements

The Eastern Orthopaedic Association would like to thank the grantors and exhibitors of the Eastern Orthopaedic Association's 46th Annual Meeting. Without the unrestricted educational support of the companies listed below, we would not have been able to provide this conference.

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Avoid Financial Gridlock When Partners Disagree: 3 Ideas For Every Group Practice

David B. Mandell, JD, MBA & Jason M. O'Dell, MS, CWM

Over the past few years, we have addressed potential strategies that a doctor can use to reduce income taxes, increase benefits, or build retirement savings. In that time, we have also had the opportunity to consult with hundreds of medical groups on how to implement such strategies for their practice. Unfortunately, the outcome of such consultations can sometimes turn out to be less than fruitful because of office politics related to the age-related perspectives of practice partners.

Typically, while the younger members of medical groups are often very motivated to reduce their income taxes, the older doctors are typically uninterested. Either the older partners are already so close to retirement that they don't need extra retirement planning or they may be simply set in their ways and don't want to change anything, i.e., subscribing to the old "if it ain't broke, don't fix it" mindset. The result in such situations can be a planning gridlock.

Unfortunately, for the younger physicians, the long-term costs of such practice planning gridlocks are significant – as they will have to work more years to reach the same retirement goals as their older partners. The so-called golden days of medicine are over, and the new times demand more creative planning. Nonetheless, each year we meet with hundreds of motivated doctors who cannot implement the planning we recommend because the powers-that-be in their group stand ready to thwart attempts at change.

We decided to write this article to suggest some alternatives to this dilemma. If you see yourself in this situation, please do not hesitate to contact us. Three solutions to the problem described above follow.

1. Use a Hybrid Benefit Plan

You should consider using a hybrid benefit plan, in addition to a traditional qualified plan (401(k), profit-sharing plan, and defined benefit plan). The main attraction of a hybrid benefit plan is that each physician can choose

the amount he/she wants to contribute in the plan formula. This can vary from \$150 to \$100,000 per year.

Simply because physicians can participate at their desired level, this plan is the only advanced technique (and it's not really very advanced) that we have successfully implemented for a medical group larger than 5-6 doctors. The reality is that each physician in a group has different cash flow needs and savings ability. Logically, each doctor needs more/less spending money than others. Physicians who feel like they are hamstrung by their group in their ability to reduce taxes and save for retirement may have a hybrid benefit plan as a practical alternative. Other benefits to this type of plan include:

- Utilization of the plan in addition to a qualified plan, such as pension, profit-sharing plan/401(k) or SEP IRA
- Contributions can qualify for current tax deductions
- The plan acts as an ideal "tax hedge" technique against future income, and capital gains tax increases
- Balances can grow in a top asset protected environment
- Employee participation requires a minimal funding outlay
- There are no minimum age requirements for withdrawing income (no early withdrawal penalties)

2. Employ a more flexible corporate structure

Despite the availability of an elective benefit plan described above, we still see medical groups stuck in planning gridlock. Another way to address gridlock is to alter the practice's legal structure so that it accommodates planning flexibility on the part of individual physicians.

In the typical medical group structure, there is one legal entity – whether it is a corporation, LLC, or professional association (PA). Physicians are either owners of the entity (informal-

ly referring to themselves as partners) or non-owner employees. In all such cases, the physicians have no ability to separate themselves from the central legal entity. If the central entity does not adopt a planning strategy, no individual doctor has any flexibility to adopt it on their own.

If this is the case in your practice (as it is the case in many practices), you might consider an alternative structure when the central entity is neither owned by, nor employs, the doctors directly, but rather is structured through their own professional corporations (PCs) or PAs. In this way, after the group is paid by the insurers, the group, in turn, pays the physicians' PCs – the payments are structured as 1099 independent contractor income.

From a tax standpoint, there is almost no downside to the central entity or to the doctors who are not motivated to engage in any additional planning. However, for the physicians who want to implement planning strategies, they may do so through their individual PCs. Their strategies will be implemented at the PC level, leaving the central entity unchanged, thereby avoiding conflict with partners. More to the point, such planning can give individual physicians the ability to put away \$10,000-\$50,000 more for retirement each year.

3. Bring in a consultant

In our business, we speak to over 1,000 physicians each year, many of whom experience the planning gridlock described in this article. Many practices that rely on internal resources to tackle financial gridlocks will end up identifying no solution to their dilemma. In such situations, outside help can be useful in helping physicians realize their financial planning goals. Outside help can consist of advisors or consultants who convince the group to implement creative planning (including the solutions described here). These experts in the field of tax, benefits planning, or corporate law have the credibility and expertise to enlighten practice partners; much more so than fellow physicians. Additionally, outside fi-

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Money Matters continued

nancial consultants can explain the nuances of legal and accounting issues invoked by careful financial planning that can address the needs of individual partners. Thus, nearly all practices should strongly consider using a firm or advisor who can bring in financial and legal expertise so that productive discussions can begin among partners.

Conclusion

If your practice is grappling with financial gridlock in a group practice or would like to explore advanced planning options, it may be that differential needs of the various partners are at odds with each other. This article has presented some basic methods of dealing with such gridlock. Nothing can take the place of a professional trained and experienced in the fine points of financial planning for physicians. Authors welcome your questions, and can be contacted at (877) 656-4362 or at <http://www.ojmgroup.com>.

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David B. Mandell, JD, MBA, is an attorney and author of five national books for doctors, including, *FOR DOCTORS Only: A Guide to Working Less & Building More*, as well a number of state books. He is a principal of the financial consulting firm OJM Group (www.ojmgroup.com) along with Jason M. O'Dell, MS, CWM, who is also a principal and author. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

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THE HIP

Preservation, Replacement and Revision

Editors: James Cashman, MD; Nitin Goyal, MD; Javad Parvizi, MD, FRCS

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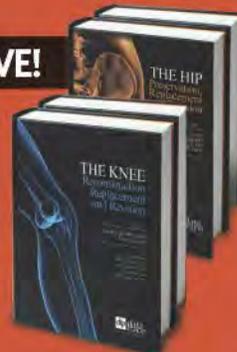
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