SAVING LIVES:
Dr. Brian Cross Assists Humanity in Earthquake Ravaged Haiti
As 2010 blooms, we find “health care reform” awaiting reconciliation of the House and Senate versions that have passed their respective chambers. Notwithstanding bare-knuckle politics, Nebraska payoffs, and more of what was going to be different this go around in our nation’s capital, it is now very probable that a bill will be generated for President Obama’s signature very soon. Of course, we still don’t know the final particulars of the reconciliation or the implementation of the reforms themselves.

After participating in many arduous conference calls with the surgical coalition formed to further our collective approach to health care reform, the leadership of your academy stood tall with our M.D. orthopedic colleagues, the neurosurgeons, and others and financially contributed to a targeted advertising campaign aimed at the demographic base of what, at the time, was thought to be senators who had not yet made a firm decision on their vote.

Obviously, the vote did not go our way, but during the Senate debate I believe the American people spoke loud and clear through polling numbers. Because of this, I strongly believe we were a substantial voice in this debate. I also consider this to be an historic bridge to our M.D. colleagues for the future.

With great anticipation, our spring meeting at the Coronado Springs Resort at Walt Disney World in Orlando, Florida, approaches. This is the 50th Annual Postgraduate Seminar, which will take place March 26-28, so please register online early and bring the family.

For those involved with residency programs, the Osteopathic Orthopedic Educators’ Course is at the Chicago O’Hare Airport Hilton on Saturday, April 10. You can check with the AOAO office to see if your requirement must be met this year. Please continue to encourage and assist your residents in publishable research and share it with your colleagues at the fall meeting in San Francisco.

The academy’s “digitalization” continues, and the best example is the AOAO website. Visit it often and pass along any suggestions for improvement.

Albert Einstein once said, “Any intelligent fool can make things bigger and more complex. It takes a touch of genius and a lot of courage to move in the opposite direction.” Perhaps Dr. Einstein left us too soon.

See you in Orlando!
3 President’s Message

4 Executive Director's Report

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6 Eponymous Elucidation
   by Arnold Melnick, D.O.

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8 An Intimate Look at the University Hospitals Orthopedic Surgical Residency at Richmond Medical Center

12 AOAO President Dr. Jack Lennox Eschews Academics for Orthopedics
   by Scott Colton

   Based on his family lineage, it seemed Dr. Jack D. Lennox was destined to pursue an academic career of some sort. Thankfully for the AOAO and the osteopathic orthopedic surgery profession, he decided to choose medicine instead of familial tradition.

16 Dr. Douglas Edward Peterson Seeks Stability After Years of Military Globetrotting
   by Scott Colton

   Since graduating from the University of New England College of Osteopathic Medicine in 1995, Dr. Douglas Edward Peterson has spent the past 15 years serving in the military as an intrepid osteopathic orthopedic surgeon, working in such far-flung territories as Afghanistan, Australia, Indonesia, and Japan.

22 Dr. Brian Cross Recounts Emotional Experience in Earthquake-Stricken Haiti
   by Scott Colton

   As the world responded to the profoundly catastrophic earthquake that decimated Haiti in January, myriad medical personnel, including Dr. Brian J. Cross, mobilized to do their part in the humanitarian outreach effort by traveling to the island nation to offer their surgical skills to the battered populace.

26 An Overview of the Osteopathic National Center for Orthopedic Research in Lansing, Michigan
   By Lawrence Mysliwiec, D.O.

   The Osteopathic National Center for Orthopedic Research was established in 2007 as a 501(c)(3) nonprofit corporation in Lansing, Michigan, with a stated mission—to raise funds to help support research and education within all the D.O. orthopedic residencies in North America.

32 Calendar of Events

The Orthopod is published three times a year in March, July, and November. Please direct all editorial inquiries to Marie Morris at mariem@nova.edu. Visit our website at www.aoao.org.
Since the fall 2009 issue of *The Orthopod* was published, the executive office has been extremely busy working on a range of key projects that will have a profound effect on the future of the American Osteopathic Academy of Orthopedics.

One of the projects we’re working on is a complete revision of our bylaws. To accomplish this task, we’ve been collaborating with an attorney to draft new bylaws, consolidate some of our documents, and modernize them to meet 2010 standards. We’re also in the midst of combining our policies and procedures manual into the bylaws so we don’t have so many extraneous documents. In addition, we are developing governing documents that are standard operating procedure for most nonprofit organizations such as ours.

As I’ve mentioned before, we’re also in the process of revising our basic standards for residency training, which is a significant undertaking that has been mandated by the American Osteopathic Association. Our deadline to complete this project is April 2011, so we’re making gradual progress. In regard to the residency programs, they continue to function well. We have applications for 15 new residency slots in the 29 existing programs, and there are two new residency programs located in Largo, Florida, and Corvallis, Oregon, that have been approved and will be taking their first residents in the summer of this year.

We’re also looking forward to our 50th Annual Postgraduate Seminar, which will be held March 26-28 at the Coronado Springs Resort at Walt Disney World in Orlando, Florida. As of this writing, registrations continue to stream in on a daily basis, so we’re extremely pleased about that. We have a great program scheduled with interesting didactic sessions as well as five cadaver skills labs.

In regard to our involvement on the legislative front, the AOAO has teamed up with the American Academy of Orthopaedic Surgeons (AAOS) in working with our congressmen and legislators. We contributed heavily to the AAOS’ campaign several months ago to try and swing some votes in the Senate against the bill that was before them. Unfortunately, we weren’t successful, but it was a positive sign that we were able to work with our M.D. orthopedic counterparts on this initiative.

By the time this issue of *The Orthopod* is published, we will know whether or not physicians will be subject to the proposed 22 percent Medicare reimbursement cut or whether it will be rejected. Whether or not this proposal is defeated, I would like to thank those AOAO members who made phone calls to their senators and congressmen to try and get them to vote against the 22 percent cut.

As most of you know, the AOAO and the AOA are being instructed to revamp their CME requirements to meet standards that are becoming exceedingly more stringent. I attended a meeting earlier in the year where all the new requirements were laid out. In the short term, the most significant change is that every lecture is going to be required to have a needs assessment completed. This means we can’t just say we’re providing a particular lecture because the members requested it. We have to cite more elaborate data such as specific literature and board scores that will validate the lecture’s purpose.

In the near future, following the lectures, we are going to be mandated that there be some way of assessing the attendees’ knowledge both before and after attending a specific lecture, speech, or clinical skills lab to prove that a difference was indeed made and that they learned some skills that will change the way they will practice. These new guidelines make sense, but they represent a different way of doing business than we’ve done in the past.

The last area I’d like to address is our website, which we are currently in the process of redesigning. Over the past several months, we’ve been soliciting input from the various sections on what they want and expect. It’s a slower process than I anticipated, but we’re trying to do it correctly by getting input from an array of people. It’s a high-priority item, so hopefully by the time you read this, the newly designed AOAO website will be up and running.

As always, I would like to thank the members of our academy for their commitment to the academy, for being diligent in paying their dues, and for attending our various meetings. I welcome your comments and questions, so please call the AOAO executive office in Florida with any issues.

We are here to serve your needs.
Ali Araghi D.O., of Arizona, who is a founding member of the Society for Minimally Invasive Spine Surgery, helped get an oversight corrected in the organization's charter that has opened the door for osteopathic orthopedic spine surgeons that are interested in minimally invasive spine surgery to apply for membership. Initially, the charter read that membership was only open to board certified surgeons of the ABNS and ABOS.

Brian Cross, D.O., of Florida, who serves as director of the Orthopedic Trauma Service at Broward General Medical Center in Fort Lauderdale, was recently featured on the nationally televised Today show regarding the care he provided to a patient who suffered a severe pelvic fracture when he was intentionally run over in a dispute over a parking space. The assault, which was captured on a security camera, caught the attention of the Today show, which flew down to Fort Lauderdale to film the patient when he visited Dr. Cross for his first postoperative visit.

Eddie El-Yussif, D.O., of Michigan, who recently completed his joint reconstruction fellowship at the Anderson Orthopaedic Research Institute in Alexandria, Virginia, has joined a group practice at Henry Ford Hospital in Clinton Township, Michigan. He also coauthored an article entitled "A Technique for Lateral Unicompartmental Arthroplasty in the March 2009 issue of Seminars in Arthroplasty.

Howard Routman, D.O., of Florida was featured in an article entitled "Desperate Patients Get Relief from Novel Shoulder Surgery" that appeared in the November 23, 2009, issue of the Palm Beach Post. The article centered on Dr. Routman’s success in regard to doing reverse shoulder replacement surgery, which is primarily performed on older patients in the 70-and-up age range.

Jan E. Saunders, D.O., of Ohio, who serves as medical director of the Dayton Sports Medicine Institute, received an American Osteopathic Foundation Pfizer “Fit for Life” Physical Fitness Award, which was presented on November 1, 2009, during the AOA 114th Annual Osteopathic Medical Conference and Exposition in New Orleans, Louisiana.

Marc Trzeciak, D.O., of Ohio, who is an orthopedic hand surgeon, was nominated for inclusion in The Global Directory of Who’s Who for academic performance and was recently named by the Consumer’s Research Council of America as one of the Best Surgeons in America. In addition, Dr. Trzeciak was named as one of 15 Young Leaders by the American Society for Surgery of the Hand (ASSH). Dr. Trzeciak, who also serves as an online editor for the ASSH, was the only osteopathic physician selected to the ASSH Young Leaders Program.

Richard N. Smith, D.O., FAOAO, of South Dakota passed away at his home on October 12, 2009, at the age of 77. Born in Wooster, Ohio, Dr. Smith was a fourth-generation surgeon. After serving in the U.S. Army, he earned his B.S. degree from Kent State University, followed by his D.O. degree in 1965 from A.T. Still University, Kirksville College of Osteopathic Medicine.

Upon completing his internship and orthopedic surgery residency training at Lansing General Hospital in Michigan, he became board certified in the specialty. Dr. Smith, who was named an AOAO Fellow in 1992, also was board certified in arthroscopic surgery and sports medicine and worked for 10 years as an associate professor of orthopedic surgery at Michigan State University.

Dr. Smith, who was a founding member of the Arthroscopy Association of North America and the International Association of Arthroscopy, was a life member of the American Osteopathic Association, the American Osteopathic Academy of Orthopedics, and the American College of Osteopathic Surgeons.

Jerry A. Taylor, D.O., FAOAO, of Michigan passed away on January 12, 2010, at the age of 71. In July 2007, Dr. Taylor, who served as president of the AOAO’s Hand Section, was one of six AOAO members recognized by the American Osteopathic Association in a special journal that commemorated the 40th anniversary of D.O.s being allowed to serve as commissioned medical officers in the U.S. Armed Forces.

Did You Know?
The first Orthopod was published as an official communications instrument for the AOAO in 1959. The first editor was J. Paul Leonard, D.O., followed by Richard Borman, D.O., and Robert Ho, D.O. They were then followed by co-editors James Laughlin, D.O., and David W. Smith, D.O., in 1976, and then Daniel Morrison, D.O., who became editor of The Orthopod for the next several years. A companion piece to The Orthopod—the AOAO Newsletter—was created in 2001 and discontinued in 2007.
Eponymous Elucidation
By Arnold Melnick, D.O., M.Sc., FACOP
Executive Editor, The Orthopod

Heberden’s Nodes
(Hard nodules or bony swellings which develop around the distal interphalangeal joints)

William Heberden, M.D.

Capped by his appointment as personal physician to the queen, Dr. William Heberden, an English physician, lived a notable career, highly regarded for his intellectual brilliance. Among many other contributions were his delineations of angina pectoris, night blindness, ischemic heart disease, and chicken pox versus smallpox.

Born in London in 1710, he entered St. John’s College of the University of Cambridge at age 14, followed by medical training in London and Cambridge, receiving the degree Doctor of Physic. He then spent 10 years as a physician and lecturer on material medica before moving to London, where he built a large and successful practice. He became known as the outstanding clinician of his time.

 Fluent also in Latin and Hebrew, he habitually made notes—in Latin—of patient findings. He reviewed the meticulous notes each month, and these served as a unique contribution to the development of medical science. He spent 20 years of his life putting them together into his Commentaries on the History and Care of Diseases. Some have described this book as the last major medical work written in Latin; its importance can be emphasized by the fact that it was translated into English the very same year as the Latin edition appeared (1802). Contemporaries compared him to Hippocrates.

At a young age, he was elected to fellowship in the Royal College of Physicians and a bit later to the Royal Society of London. His special interest in joint disease was commemorated by the Heberden Society, a British group dedicated to rheumatological research.

Dr. Heberden was a vigorous man and one of good conscience. In his happy older days, he was a great example of that influence on his cheerfulness and serenity. He died in 1801 at the age of 91. The famous diarist Samuel Johnson (one of Heberden’s patients) called him “the last of the learned physicians.”

AOBOS Updates

Monday, August 16, 2010
Part II – Oral Examination Application Deadline

Saturday, October 23, 2010
Part II – Oral Examination - San Francisco, CA

Monday, August 16, 2010
Part III – Clinical Examination 2011
Winter Cycle Application Deadline

November 2010 – February 2011
Part III – Clinical Examination – 2011 Winter Cycle

For other test application deadlines, test dates, handbooks, and other documents, refer to our website at www.aobos.org.

Christopher K. Hull, D.O., is leaving the AOBOS Board of Directors in March 2010 after serving nine years as a valuable member. Dr. Hull, who resides in Fort Worth, Texas, is in the unique position of having served as secretary-treasurer, vice chair, and—from 2005 through 2009—as chair of the AOBOS. Dr. Hull also spent four years on the AOA’s Bureau of Osteopathic Specialists Executive Committee. Replacing Dr. Hull on the AOBOS board is Richard Helfrey, D.O.

Dr. Helfrey of St. Louis, Missouri, has worked on the AOBOS Test Committee, currently serves on the Standard Setting Committee, and assists the organization as a senior clinical examiner.

Newly Certified Members

Seth D. Baublitz, D.O. – Lancaster, PA
Christopher J. Bellicini, D.O. – Greensburg, PA
Bradley G. Binsfeld, D.O. – Alma, MI
Peter S. Birnbam, D.O. – Anaheim, CA
Shariff K. Bishai, D.O. – St. Clair Shores, MI
Peter B. Blank, D.O. – Basking Ridge, NJ
Andrew S. Boyce, D.O. – Traverse City, MI
Kelly P. Coffey, D.O. – East Lansing, MI
Jonathan M. Cooper, D.O. – St. Paul, MN
Carl P. DiLella, D.O. – Chicago, IL
Meredith F. Fabing, D.O. – DeWitt, MI
John P. Ferris, Jr., D.O. – Pensacola, FL
Robert Follweiler, D.O. – Ft. Myers, FL
Rommel R. Francisco, D.O. – Atlantis, FL
Timothy W. Harman, D.O. – Beavercreek, OH
Christopher C. Krouse, D.O. – Mitchell, SD
Donnie M. Reinhart, D.O. – East Grand Rapids, MI
Jeffrey J. Mair, D.O. – Waconia, MN
Anne Marie Meo, D.O. – Lakeland, FL
Jason M. Minnart, D.O. – Leawood, KS
Kenneth G. Molinero, Jr., D.O. – Midland, TX
Anthony M. Petrizzo, D.O. – New York, NY
Donnie M. Reinhart, D.O. – East Grand Rapids, MI
Jeffrey Salin, D.O. – Overland, KS
Justin J. Sheba, D.O. – Uniontown, PA
Stefan M. Sinco, D.O. – Columbus, GA
William H. Ulmer, D.O. – York, PA
Steven Vess, D.O. – Ronceverte, WV

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The University Hospitals Richmond Medical Center (UH-RMC) Orthopedic Surgical Residency Program may be one of the newest osteopathic residency programs, but the attending surgeons and residents alike believe that the orthopedic surgical training program at UH-RMC will soon develop into one of the finest in the country. The residency is part of a nationally ranked health care system that provides care through multiple hospitals and health centers throughout Cleveland and much of Northeast Ohio. Originally founded in 1925, University Hospitals has always had a strong focus on personalized patient care and pioneering medical discoveries, as well as the education of physicians. This is just as true today, as is echoed by the current UH mission statement: “To Heal, To Teach, To Discover.”

Richmond Heights General Hospital was opened in 1961 and has continually focused on osteopathic medical education from its inception. Acquired by University Hospitals in 2000 and renamed University Hospitals Richmond Medical Center, the medical education department remains strong and committed to the education of osteopathic physicians and medical students.

University Hospitals has been named one of the top 10 hospital systems in the United States, a prestigious designation that acknowledges the fact that all sites in the health system provided better care, followed standards of care more closely, saved more lives, had fewer patient complications, and made fewer patient safety errors. There is an expectation with the University Hospitals system that all associated training programs meet this same level of distinction.

Over the last several years, the University Hospitals system has expanded all of its AOA training programs with the goal of being a regional/national center of excellence in osteopathic medical education. This is being accomplished by utilizing a consortium model with multiple core community hospitals to complement access to experiences at University Hospitals Case Medical Center—the systems’ tertiary-quaternary referral site. Each UH AOA training program is exploring innovative curricular models. In addition, there is a priority to develop scholarly activity in every AOA training program, with an emphasis on how that discipline can uniquely integrate osteopathic concepts. Currently, the training programs are developing OMT modules integrating osteopathic principles and practices into several disciplines, including orthopedic surgery. These modules will be shared and made available to all AOA training programs.
Although the orthopedic residency program is based at UH-RMC, training sites encompass most of the UH facilities throughout Northeast Ohio. These sites include UH-Bedford Medical Center, UH-Geauga Medical Center, UH-Geneva Medical Center, and UH-Zeeba Surgical Center. This consortium of multiple medical and health centers provides every learner the necessary diversity in patient population.

A strong commitment to didactics and research, as well as exposure to both general and subspecialty orthopedics, is the cornerstone of the orthopedic program at UH-RMC. The orthopedic surgery didactics occur every morning, with a weekly grand rounds/fracture conference and half day of core didactics. The residency benefits from the University Hospitals orthopedic surgery multispecialty group, which provides faculty encompassing almost every subspecialty in the field. The core trainers include

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<thead>
<tr>
<th>Name</th>
<th>Subspecialty</th>
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<tr>
<td>Yoel Anouchi, M.D.</td>
<td>Total Joint</td>
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<tr>
<td>Robert Corn, M.D.</td>
<td>General Orthopedics</td>
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<tr>
<td>Matthew Levy, M.D.</td>
<td>General/Sports Medicine</td>
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<tr>
<td>Timothy Moore, M.D.</td>
<td>Spine</td>
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<tr>
<td>Michael Retino, D.O.</td>
<td>General Orthopedics</td>
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<tr>
<td>William Saar, D.O.</td>
<td>Foot/Ankle</td>
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<tr>
<td>Scott Zimmer, M.D.</td>
<td>Hand/Upper Extremity</td>
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In addition, residents rotate with other orthopedic faculty within the UH system and various osteopathic orthopedic surgeons throughout Northeast Ohio.

Due to its strength in training orthopedic residents, the program at UH-RMC maintains a close affiliation with Lake Erie College of Osteopathic Medicine, our OPTI partner, and Millcreek Community Hospital in Erie, Pennsylvania. Residents from Millcreek Community Hospital rotate through the UH-RMC orthopedic program for three-/four-month blocks as they undergo training in both general and subspecialty orthopedic care. This partnership has added to the diversity of experiences.

The University Hospitals Richmond Medical Center AOA Orthopedic Surgical Residency Program is proud of what it brings to the profession. Additionally, UH system AOA programs are optimistic we can continue to develop our site as a resource for scholarly activity and demonstrate osteopathic medical education excellence.
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1855 [Medium]
1860 [Large]
1865 [Small w/Round Pad]
1866 [Medium w/Round Pads]

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Based on his family lineage, it seemed Jack D. Lennox, D.O., FAOAO, was destined to pursue an academic career of some sort. Thankfully for the AOAO and the osteopathic orthopedic surgery profession, he decided to choose medicine instead of familial tradition.

“I come from a long and extended list of educators,” explained Dr. Lennox, who was born in Royal Oak, Michigan, and currently serves as AOAO president. “My dad had his master’s degree in counseling and was a junior high counselor, my mom was a kindergarten and first-grade teacher, my sister Pam has her master’s degree in education and was a grade-school principal, my uncle was an English teacher, and my grandmother was a Latin teacher and a principal at a small school. My brother Chuck owns a consulting business, so he kind of teaches teachers how to think. So I guess I broke the mold, which makes me the black sheep of the family.”

Interestingly, as he approached his college years, Dr. Lennox planned on pursuing a career in the fisheries and wildlife realm and actually spent his first year as an undergraduate student at Michigan State University pursuing that goal. So what changed? According to Dr. Lennox, a combination of factors came into play that ultimately convinced him to trade fisheries and wildlife for life as a physician. “I had a close friend who wanted to go into medicine, so once I did well in the basic sciences, which include many of the premed requirements, I decided to switch my major to zoology,” he stated. “I also looked at what the job market was, and my pie-in-the sky dream versus the reality of pursuing a fisheries and wildlife career just didn’t match up.”

Once he received his B.S. degree in zoology in 1978, Dr. Lennox decided to take several graduate courses toward a master’s degree in physiological psychology at Michigan State University while working as an orderly at Ingham Medical Center. “My mom used to kid me that I was the best educated orderly on earth, but it turned out to be a transformative time in my life in terms of becoming an orthopedic surgeon,” he explained. “I got to know Lanny Johnson, M.D., and his group, who practiced at the medical center, and he turned out to be one of the foremost developers of arthroscopic equipment and one of the best and most prominent friends of the D.O. profession.”

In 1980, Dr. Lennox, who was exposed to the osteopathic profession as a child because his two family doctors were D.O.s, was accepted into the Oklahoma College of Osteopathic Medicine and Surgery in Tulsa. “I definitely leaned toward going to a D.O. school,” said Dr. Lennox, who, in a surreal twist of fate would end up performing surgery on one of his childhood physicians. “Living in Michigan, which has a large D.O. population, also played a pivotal role in my decision.”

After earning his D.O. degree in 1983, Dr. Lennox went on to complete both his internship and orthopedic surgery residency training at Botsford General Hospital in Farmington Hills, Michigan. Fortuitously, during his internship training, he met his soon-to-be wife Sandra, whom he married in July 1986. Today, Dr. Lennox and his wife are the proud parents of sons Ian (20) and Colin (18) and 13-year-old daughter Madison.

To recharge his batteries following the completion of his residency training in the summer of 1988, Dr. Lennox and his wife took a much-needed six-week vacation to Europe, which gave him time to ponder the next step in his career progression. “I looked very seriously at joining a one-man practice in Denver, Colorado, but my goal was to work in a large, single hospital practice.”

As luck would have it, his dream job materialized in the form of an offer from Tri-County Orthopedics, a five-member practice in Farmington Hills, Michigan, that is affiliated with the facility where he completed both his internship and residency training—Botsford General Hospital. “Having the opportunity to work at Tri-County was a major plus because of the stability and opportunity it offered to perform surgeries at one hospital and become even more involved with the residency program,” he said. “Both my wife’s and my family are from this area, so everything just seemed to gel.”

Dr. Lennox, who has been affiliated with Tri-County Orthopedics since joining the practice in the fall of 1988 and serves as chairman of the Department of Orthopedic Surgery at Botsford General Hospital, is the first to admit he has absolutely no regrets over choosing a career in orthopedics over one in the fisheries and wildlife field. “Orthopedics is a dynamic field that changes often and significantly, which makes it extremely challenging.”
he explained. “You get to help people in the best sense possible, and there’s very little palliative care in what we do. We’re all fixers. I get a tremendous sense of fulfillment by interacting with my patients and helping them achieve a positive outcome.”

He also derives a true sense of satisfaction from his leadership activities with the AOAO, which culminated in 2009 when he was elected president of the organization. “I think my involvement with the AOAO stems from a tradition established at my practice, where the partners trained me and were involved in the profession on many levels, so I witnessed firsthand the value of giving back,” stated Dr. Lennox, who also served as president of the Michigan Osteopathic Academy of Orthopedic Surgeons from 2001 through 2003. “In fact, Tri-County Orthopedics has produced two other AOAO presidents over the years—Dr. Edward A. Loniewski in 1977-78 and Dr. Robert Mandell in 1992-93.”

During his presidency, Dr. Lennox plans to work closely with the AOAO leadership and staff as well as the Ruggles Service Corporation to address various topic areas. “I think it’s a critical time both in medicine in general and with our organization specifically,” said Dr. Lennox, who became an AOAO Fellow in 1993. “There have been many changes in the organization, many of which I alluded to in my incoming president’s speech last fall. We’ve made great inroads about how we go about things educationally, but the face of medicine is changing dramatically. So what I’d like to see, first and foremost, is that we serve our constituency in the most effective manner possible. In my opinion, this can be accomplished by ensuring we have a strong foundation of communications, which includes communicating within our board and communicating effectively with the membership—and vice versa.”

In addition, Dr. Lennox is quick to stress the importance of becoming even more politically aware and active as an organization. “What I want to do is have associations from a political standpoint that ensure we’re being proactive by participating in the legislative process and making our voices heard,” he explained. “It’s a little difficult because of our small size in one respect, but I think our participation in the political process is important. As a result, I’d like to see our board of directors be more active, and the way I think we can accomplish this is by improving communication. We’re hoping to have quarterly board meetings, probably through phone conferencing, and then progress to monthly give-and-take meetings to make sure we’re properly addressing both the educational and political aspects of the AOAO. Ultimately, I would like to see what we could do about offering CME online. We want to give our members what they want and represent them as we should.”

Dr. Lennox and his wife are the proud parents of Colin (18), Madison (13), and Ian (20).
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Since graduating from the University of New England College of Osteopathic Medicine in 1995, Douglas Edward Peterson, D.O., has spent the past 15 years serving in the military as an intrepid osteopathic orthopedic surgeon, working in such far-flung territories as Afghanistan, Australia, Indonesia, and Japan.

However, as a child growing up on the seacoast of Beverly, Massachusetts, with his parents and three siblings, Dr. Peterson could never have envisioned becoming a globetrotting osteopathic orthopedic surgeon who would end up serving in two branches of the U.S. military. “I knew I wanted to be a physician from an early age, but I was unsure of what type of medicine I wanted to pursue,” said Dr. Peterson, whose oldest brother is a dentist.

“Whenever I was in a hospital to visit someone as a child, I always felt comfortable and thought it would be pretty cool to work there. The physicians were highly respected in the community, and I saw them as professionals who could really help people.”

Dr. Peterson, who had an admittedly idyllic childhood, spent much of his free time playing various sports such as football, baseball, and basketball with his friends. Ironically, it was a sports-related injury that occurred while he was attending the University of Massachusetts Lowell that would have the greatest impact on his professional future.

“I played on the rugby team and was in the middle of a competition in New Hampshire when my knee suddenly popped and I tore my ACL,” he explained. “The orthopedic surgeon
that took care of me was the team doctor for the Boston Bruins hockey team, and he surgically reconstructed my ACL and basically gave me my sports career back. That was what spurred my interest in orthopedics. It seemed to be the right fit for me and my personality because it incorporated my love of sports, and the idea of treating and helping other athletes was of high interest to me.”

Before earning his B.S. degree in health education/premed and graduating magna cum laude from the University of Massachusetts Lowell in 1991, Dr. Peterson met with his premed advisor to discuss his future plans—which at the time did not include pursuing an osteopathic medical education. “I did not know the difference between an M.D. and a D.O. at the time, so when I sat down with my advisor one day to talk about taking the MCATs, I received an unexpected education,” he admitted. “He asked me about the medical schools I was interested in applying to, so I named a few M.D. ones. But when he asked me why I wasn’t considering any osteopathic medical schools, I replied by saying, ‘What are you talking about?’

“So he’s the one responsible for exposing me to osteopathic medicine,” he added. “In fact, he even arranged an interview with a local family doctor who was a D.O. so I could talk to him and learn more about the profession. I really liked the hands-on aspect of it, and it seemed you could utilize your osteopathic education to really help athletes with manipulation techniques during their rehab. Because my family was in New England, I wanted to stay in the area, so being accepted into the University of New England College of Osteopathic Medicine seemed to be a great twist of fate.”

In addition to possessing a passion for medicine, Dr. Peterson harbored an interest in joining the military, which was in evidence during his high school years when he began applying to undergraduate colleges. “I applied to the United States Military Academy at West Point in New York and the United States Naval Academy in Annapolis, Maryland,” he stated. “I actually went as far as having an interview at both academies.”

Interestingly, when he applied for a navy scholarship, he was denied. “I always wanted to be in the navy, but since I had suffered a knee injury, they were a little skittish about signing me,” he explained. “So I went to the army recruiter, who said, ‘Heck yeah, we’ll take you.’ It seemed like a good deal to have the army pay my medical school tuition, cover all my expenses, and give me a stipend. I received a three-year scholarship, so I paid for my first year of college and then the last three were paid for in return for a three-year army commitment once I graduated.”

While he was attending medical school at the University of New England College of Osteopathic Medicine, which he graduated from in 1995, Dr. Peterson met his future wife Stacy, an E.R. physician, in the most unromantic manner possible when they were both first-year students. “I kid her because we actually met in the anatomy lab where we were working with cadavers, so we literally met over a dead body,” he joked. After dating casually throughout medical school, the couple married within a year of graduating.

By this time, the couple had relocated to Hawaii, where Dr. Peterson was doing a traditional rotating internship at Tripler Army Medical Center in Honolulu, which featured a heavy emphasis in surgery and orthopedics. “We got married while I was doing my internship in Hawaii,” said Dr. Peterson, who is the father of daughters Jacquelyn (13) and Emily (5) as well as three-year-old son Austin. “In fact, we had our wedding ceremony on a 40-foot sailboat right off beautiful Diamond Head, which is off the coast of Waikiki.”

Because his wife was in the midst of completing her internship, Dr. Peterson understandably wanted to remain in Hawaii to pay back his three-year commitment to the army. Thankfully, after a few anxious moments, a spot opened for him to serve as a third brigade surgeon of the U.S. Army 25th Infantry Division in Schofield Barracks, which is where he and his wife lived for the next three years. “It was a good time to be in the military because there wasn’t much going on in the world at that time,” he explained. “This was before Desert Storm and all the ensuing terrorist activities, so we didn’t have any combat missions, but we did a lot of training in places like Australia and Louisiana to be prepared in case something happened.”

After he paid back his three years of service, Dr. Peterson had to decide whether to pursue an army orthopedic residency or apply to a civilian residency. Ultimately, he decided to apply to both. “I had a great interview with Dr. Herb Ross, who is the head of orthopedic sports medicine at Michigan State and was offered a residency spot for the following year,” he said. “However, after I interviewed at Grandview Hospital and Medical Center in Dayton, Ohio, I was accepted into the current year, so I accepted the Grandview offer.”

Leaving the army to accept a civilian residency slot was a difficult decision for a man who truly
enjoyed the military experience. However, his resourcefulness would lead to an opportunity to rekindle his dreams of joining the navy. "I was always disappointed that I wasn't able to get into the navy years before," he stated. "So one night my wife said, 'I kind of miss the military lifestyle.' That was all I needed to hear. At this point I was already doing my residency training at Grandview, so I called up the navy recruiter and explained that I was interested in pursuing the financial assistance program the navy could provide. I was flown out to Bethesda, Maryland, for an interview, and I got the scholarship. The navy augments your salary as a resident for the length of your residency, so I would owe the navy four years of service once I completed it."

Once he completed his residency training in 2003, Dr. Peterson would spend the next four years traveling the globe on various deployments and pursuing a longstanding dream by taking a naval flight surgeon course at the U.S. Naval Aeromedical Institute in Pensacola, Florida. Following the devastating tsunami that hit Indonesia and surrounding areas in December 2004, he spent several months serving as a staff orthopedic surgeon in Operation Unified Assistance on the U.S. Navy Hospital Ship Mercy in Nias, Indonesia, to do humanitarian work. He also spent a rewarding two-year stint working at the U.S. Naval Hospital in Yokosuka, Japan, where he provided care to active duty servicemen and their families as well as retired servicemen.

During many of his navy deployments, Dr. Peterson's family traveled with him, as his wife took time off from her career to be a stay-at-home mom. But after years of various global adventures, Dr. Peterson felt the time had come to go back to the United States and offer his family a more stable lifestyle. After returning from Japan, Dr. Peterson, who completed an orthopedic sports medicine and shoulder fellowship at Massachusetts General Hospital in Boston in 2008, accepted a position as a staff orthopedic surgeon at the Naval Ambulatory Care Clinic in Newport, Rhode Island.

His fellowship year at Massachusetts General proved to be especially exciting and rewarding because it allowed him to care for the professional athletes in the area, including those who played for the Boston Red Sox, New England Patriots, Boston Bruins, New England Revolution, as well as Harvard University collegiate athletes. "The Red Sox won the World Series that year and I was on the field when Curt Schilling pitched his final game in the Game 2 World Series victory at Fenway," he recalled. "The Patriots were 18-0 that year when they were upset in the Super Bowl and foiled my chance to get a Super Bowl ring. It was truly a surreal experience to work with the professional teams I have been a huge fan of for my whole life."

Up until this time, Dr. Peterson had been fortunate enough to avoid being deployed to an active combat zone. However, that all changed in the winter of 2008 when the prospect of being deployed to Afghanistan loomed ever larger. "Whenever you're in the military, there's always the specter of being deployed, especially as an orthopedic surgeon because there's such a need for orthopedics in a war zone," he explained. "I pretty much knew that at some point we were all going to be deployed over there because things were really escalating in Afghanistan at the time. So I volunteered to go with the marines into an extreme environment, knowing that my tour of duty would be shorter."

"My decision was based on the fact that I wanted to be home before Christmas, so when word started spreading in February 2009 that there were deployments needed for orthopedics. I decided to act," he added. "I explained that I had an interest in going with the marines, and that my prior training with the army set me up for success. If I was going into a combat zone, I wanted to take care of the combat troops. Fortunately, I was able to get in as part of a medical team serving the marines in southern Afghanistan."

After traveling to Camp Lejeune Marine Corps Base in North Carolina on June 15 to prepare for his Afghanistan deployment, Dr. Peterson officially joined Operation Enduring Freedom as a staff orthopedic surgeon in the Bravo Medical Company at Camp Dwyer, Afghanistan, where he served from June through November 2009.

"We were based about 10 minutes away from the front lines by helicopter," he stated. "But we were extremely safe. We were sleeping in tents and operating in tents. It was 138 degrees during the day and 110 at night, and when we were doing surgery, it was routinely 100 degrees in the operating room. It was a very austere environment, but the base was very secure, so I could walk around freely, go for runs, and exercise in a nice makeshift gym."

Although the living conditions were as far removed from a luxurious five-star hotel experience as possible, his stay in Afghanistan did have one unexpected perk—a first-rate dining experience. However, his resourcefulness would lead to an opportunity to rekindle his dreams of joining the navy. "I was always disappointed that I wasn't able to get into the navy years before," he stated. "So one night my wife said, 'I kind of miss the military lifestyle.' That was all I needed to hear. At this point I was already doing my residency training at Grandview, so I called up the navy recruiter and explained that I was interested in pursuing the financial assistance program the navy could provide. I was flown out to Bethesda, Maryland, for an interview, and I got the scholarship. The navy augments your salary as a resident for the length of your residency, so I would owe the navy four years of service once I completed it."

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Although the living conditions were as far removed from a luxurious five-star hotel experience as possible, his stay in Afghanistan did have one unexpected perk—a first-rate dining experience.
“Every Sunday night we would have steak and lobster that was brought in by a civilian group,” he explained. “My wife would email me or we’d talk briefly on the phone, and she would say, ‘I want to send you a care package,’ and I would tell her, ‘No, I’m eating like a king over here. I don’t need any food.’”

The cuisine may have been exquisite, but the realities of war were a sobering reminder of what he and his fellow medical team members were there to do. “My job was to perform basic life-and-limb salvage procedures and do primary amputations when needed,” he said. “Because the soldiers’ body armor was so good, nearly every patient that was brought in had some sort of an extremity injury, so I was certainly busy. Improvised explosive device injuries were the most severe, such as soldiers stepping on land mines and blowing their legs off or those resulting from vehicles running over land mines. Basically, we were seeing the worst of the worst when it came to injuries.”

Being separated from his family for such an extended period of time was understandably difficult, especially during the so-called “quiet” moments. “The downtime I had over there was spent working out, reading, and taking care of other patients that were not combat-related,” he explained. “I found that if I kept myself busy, it made the days go by a lot easier because when I spent too much time thinking about my family, that’s when the homesickness really kicked in. Fortunately, we had really good communications access, so I could email my wife daily and speak to her on the phone once every two or three weeks.”

When his five-month stint in Afghanistan ended in November 2009, Dr. Peterson returned to Rhode Island and began reflecting on what lay ahead professionally. “I’ve spent my entire career in the military, so I’m now at a point where I’d like to get a little more stability in my life and become a civilian,” he said. “My obligation to the military will be done at the end of July 2010, so my goal is to reluctantly leave active duty.”

Departing the military for civilian life will be a difficult transition for Dr. Peterson simply because he’s absolutely loved the experiences. “The military has definitely taken care of me and my family, and I have nothing but good things to say,” he stated. “But it’s time to move on to the next phase of my professional life. My ultimate goal is to work in a community hospital, become a team physician for the local high school and college teams, and do general orthopedics with a heavy emphasis on sports medicine.”

Dr. Peterson, who plans on enlisting in the naval reserves to maintain his military ties, may not know exactly where he and his family will settle once he leaves active duty, but one thing is certain—it will be somewhere in coastal New England. “I grew up on the ocean, so I think I have saltwater in my veins,” he admitted. “It’s hard to get stability in the military when you’re moving every two to three years, so I think I owe that to my family—to stay in one place.”
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Dr. Brian Cross Recounts Emotional Experience in Earthquake-Stricken Haiti

By Scott Colton - Editor, The Orthopod

On a day that will be forever etched in the memories of millions, if not billions, of people around the globe, a devastating 7.0 magnitude earthquake struck near the Haitian capital of Port-au-Prince on January 12, 2010, decimating communities, claiming over 200,000 lives, and injuring countless others.

As the world responded to this profoundly catastrophic event by providing various sorts of support, myriad medical personnel, including Brian J. Cross, D.O., also mobilized to do their part in the humanitarian outreach effort by traveling to Haiti to offer their healing/surgical skills to the battered populace.

“It truly was a brutal assault on your emotions,” said Dr. Cross, who used that simple statement to encapsulate his harrowing four-day experience in Haiti, where he served as an orthopedic trauma surgeon at the Project Medishare/University of Miami (UM) Global Institute hospital situated on the grounds of the Toussaint Louverture International Airport in Port-au-Prince. Dr. Cross, who serves as director of the Orthopedic Trauma Service at Broward General Medical Center in Fort Lauderdale, said the decision to travel to Haiti on January 22, was based on one basic human emotion—empathy. “I participated because I felt I could help. It was as simple as that.”

**Shock to the System**

Making the decision to leave his wife Shelly and three-year-old daughter Casey was difficult enough. But as he prepared to board the chartered plane at Opa-locka Executive Airport, a sense of trepidation nearly overwhelmed him. “The most difficult moment was actually making the decision to get on the plane,” he admitted. “You basically have no idea what you’re getting into. There were reports on CNN of riots and unrest and armed citizens, so I had my concerns. But once you get on the plane, you’re committed. You don’t want to be a liability; you want to be an asset.”
Dr. Cross, who did his orthopedic surgery residency at Cuyahoga Falls General Hospital in Ohio before completing an orthopedic trauma fellowship at the University of Pittsburgh in 2002. “Anything we needed we had to carry in on our backs, so I brought a week’s worth of protein bars and about nine liters of water with me from Florida. We did get the occasional hot meal delivered to us from people in the community, but I basically lived on protein bars and water during my four-day stay.”

Dr. Cross and his medical brethren did have the opportunity to avail themselves of the amenities provided at the United Nations (UN) complex that was situated about a mile down the road, but it was a luxury he rarely found the time to indulge. “The UN buildings, which basically served as a base camp for all the operations going on in Haiti, had some cracks in them, but they were still functional,” he explained. “You could go there to use a toilet, take a cold shower, or grab a hot meal and a beer, but we really didn’t have much time to go the UN compound. Even when we had a chance to go, we were usually too tired to walk that mile, so I went four days without taking a shower.”

Grabbing some much-needed shuteye was also a precious commodity that was hard to come by. “There were probably 300 cots in the tent, which were lined up next to each other about a foot apart,” he explained. “All the medical personnel, male and female, slept under the same tent. Unfortunately, you didn’t get much sleep because there’s a helicopter flying directly over your tent every 10 minutes, and every 15 minutes there’s a plane landing on the runway, which is only a half mile away.”

Fortunately, the hospital site was surrounded by security, which allowed Dr. Cross and his cohorts to perform their tasks with a reassuring sense of serenity. “There was a private security force of about 20 personnel there,” he stated. “In addition, the University of Miami had developed a strong relationship with the U.S. military, so the army’s 82nd Airborne Division had set up camp right next to us. As a result, we had armed personnel guarding the camp at all times.”

Turning Despair into Hope
During his four-day stint in Haiti, Dr. Cross dealt with numerous orthopedic cases in the makeshift surgical ward, which consisted of an operating theater with four
functioning operating rooms. “We were very lucky because about four hours before I arrived, someone had donated a portable fluoroscopic X-ray unit, so we had limited X-ray capability in the operating room that gave us the ability to stabilize fractures with external fixation” he explained. “Primarily, what we were seeing were lower extremity fractures of the femur and tibia, including a number of open fractures that had been festering since the earthquake occurred 10 or 12 days ago. We also saw patients that had previously undergone amputations that needed to be brought back for debridements to ensure that the stump didn’t get infected.”

Incredibly, Dr. Cross, who communicated with his patients through translators, only had to perform one amputation, which involved a case where a previous amputation had become infected to the point of necessitating further surgery. “I had one patient who was very sick and had become septic from an open fracture that someone had previously amputated below the knee. Unfortunately, the limb had become badly infected, so I had no choice but perform an amputation above the knee, but that was the exception,” he said. “I critically evaluated each patient, and if I thought the limb was salvageable under the best conditions, meaning I had this patient back at Broward General and had all the necessary tools at my disposal, I didn’t want to do any amputation. I wanted to give these patients the benefit of the doubt because, let’s face it; it’s difficult enough to make a living in Haiti. If you don’t have a leg or you don’t have an arm, it’s going to be that much more difficult. So I didn’t want to amputate unless I thought it was absolutely necessary.”

With a patient census that included 270 adult and 78 pediatric patients, the Project Medishare/UM Global Institute hospital was the largest fully functioning hospital in Port-au-Prince while Dr. Cross was there. That meant many of the most severe cases were brought to the facility, which was hampered by some unavoidable obstacles. “Several excellent anesthesiologists, including Dr. Stephan Otmezguine from Broward Health, were onsite. However, we did not have general anesthesia capability, so we couldn’t put anybody to sleep,” he said. “Fortunately, we were able to do all our surgeries under regional or spinal anesthesia, so the patients had very good pain control. But we had no capability to do lab work, and there was no blood available for transfusions, so when you operated, every drop of blood was precious. You really had to take your time and do it correctly because you couldn’t afford to lose a single drop.

“Infured people were being brought to the hospital by relatives and by strangers who found them in the street, while some were being sent to us from other hospitals that didn’t have our medical capabilities,” he added. “Of course, some patients that were brought to us were beyond our capability to help, so they were either medevaced to
one of the U.S. military hospital ships anchored offshore or airlifted to one of the hospitals here in South Florida. In fact, I personally sent four critically injured patients to Broward General while I was in Haiti.”

Not surprisingly, the experience exacted an emotional toll on Dr. Cross, who dealt with pediatric patients that had lost both parents or had no relatives at all to care for them. “It was a difficult situation,” he admitted. “The emotional ups and downs are as extreme as you can imagine. They come so rapidly, it’s almost hard to comprehend. While I was there, we were able to get four ORs up and running simultaneously and do about 30 surgeries a day. I tried to stay in the operating room as much as possible because everything there was controlled and going very well. One minute you’d be high-fiving your buddy because you just helped save someone’s life, and you had this feeling of complete elation—and then you’d walk out of the OR into the patient ward and it’s immediately the deepest sadness you can imagine. It’s funny because you have an idea of what you’re going to see because you’ve watched it on CNN before you got there, and you know the devastation, but you have no idea how it’s going to affect you emotionally. It was the biggest emotional rollercoaster I’ve ever experienced in my life.”

Because the hospital experience was so psychologically taxing, Dr. Cross decided to turn down an opportunity to venture into the heart of Port-au-Prince and visit the decimated city. “I met a medic from the 82nd Airborne who offered to take me into the city because he was going there to pick up some patients, but I honestly didn’t feel I was emotionally capable of it,” he said. “I saw enough suffering where I was, so I didn’t feel the need to see any more.”

**Homecoming Generates Mixed Emotions**

When the time came to return to the United States, Dr. Cross found himself experiencing a paradoxical mix of emotions. “Coming home was such a dichotomy because I’ve never wanted to get out of a place more in my life, but I’ve never wanted to stay in a place more either,” he explained. “I was torn emotionally because there is so much more to do there, and there are so many more people who need to be helped. I met people over the course of those four days that I’m going to be friends with for the rest of my life because you form this intense bond when you’re working so hard and under such difficult conditions. Even though you’ve done your best and you’ve worked as hard as you can, you know there’s still so much more to do.

“The experience has absolutely changed my life,” admitted Dr. Cross, who was understandably thrilled to reunite with his wife and daughter. “It’s given me a whole new outlook. One of the things I realize now is that we really have nothing to complain about in this country. Our lives here are pretty good, and we have so much excess. Plus, we have access to things the people in Haiti can’t even imagine. So the next time something goes wrong in my life, it’s going to be that much easier for me to shrug it off and say, ‘I really can’t complain.’”

Despite the myriad emotions he felt upon his return, Dr. Cross takes solace in the fact that he and his cohorts managed to save lives and positively impact the health of numerous other ailing Haitians during their four-day stay. “The thing I am most proud of is that in four days, after performing almost 100 surgeries in less-than-perfect conditions, not one intraoperative death occurred while Dr. Swirsky and I were running the OR,” he stated. “It is truly a testament to what doctors, nurses, and technicians can accomplish when you take the reins of administration, government regulation, and the medicolegal system off and focus strictly on the patient. That’s something I wish we could do here everyday.”
Osteopathic National Center for Orthopedic Research:

answering the need for infrastructure to institutionalize
clinical research in community hospital-based D.O.
orthopedic residencies across the United States

By Lawrence Mysliwiec, D.O., Chief of Orthopedic Surgery at Michigan State University and
Director of the Osteopathic National Center for Orthopedic Research

Introduction

Osteopathic medicine is a distinctive branch of medicine that began in America in 1874 as a kind of revolution against the turn-of-the-century practice of medicine, where many therapeutic protocols often caused more harm than good. Prescriptions for arsenic, castor oil, whiskey, morphine, and opium were commonplace in that era. Out of such friction, normally arises change. And so Dr. A.T. Still, the founder of Kirksville College of Osteopathy and Surgery, began to change medicine by adding a new component to the medical curriculum, stressing the important effects of the musculoskeletal system on health and disease through manipulative and physical medicine.

An Uphill Political Struggle

Over the course of the 20th century, the smaller osteopathic medicine profession faced an uphill political struggle with the larger M.D. profession, but it eventually prevailed in the battle for equivalency in every arena. By 1910, the Flexner Report found osteopathic colleges not only in compliance with evidence-based, scientific medicine, but it noted further that the D.O. and M.D. medical schools differed only in the additional instruction of manipulative medicine at D.O. colleges.

Even still, over the next 50 years, D.O. physicians were continually forced to practice separately in private community-based osteopathic hospitals. It wasn’t until 1969 that the AMA House of Delegates officially recognized the equality of osteopathic and allopathic medical degrees. By 1996, the surgeon general of the United States was an osteopathic physician and the need for separate osteopathic hospitals had vanished. Today a much more cooperative spirit exists between D.O. and M.D. practitioners, who are both licensed by the same state boards, privileged at the same hospitals, and equally distributed in appreciable numbers on the faculties of both D.O. and M.D. schools.

Education, Clinical Medicine, and Research

With this history and distinctive background being understood, as D.O.s come into the 21st century on a pretty much equal footing with their M.D. counterparts as knowledgeable clinical practitioners, there is one area where osteopathic physicians could begin to demonstrate more initiative—research. There are more opportunities than ever before to take that distinctive osteopathic heritage, and unique musculoskeletal philosophy, and bring it to bear on future developments in mainstream orthopedic medical care.

A Formidable Nation of D.O. Orthopedic Surgeons

Estimates on the current rate of unparalleled growth in the D.O. profession project that osteopathic medicine will double in size over the next 10 years to an estimated 95,400 D.O. practitioners by the year 2020. Within this burgeoning profession, orthopedic surgery residencies are already recognized as being among the most competitive of all programs, often attracting some of the best and brightest graduates from osteopathic medical schools. Many believe the American Osteopathic Academy of Orthopedics to be the strongest single specialty academy in the profession.

“The inability to institutionalize research, particularly clinical research, at osteopathic institutions has, over the years, weakened the acculturation, socialization, and distinctive beliefs and practices of osteopathic students and graduates.”

For that reason, over the next decade, the number of D.O. orthopedic surgeons and orthopedic residencies will likely double, if not triple. This will represent an even more formidable nation of orthopedic surgeons that is in a position to make special contributions to the field of orthopedic research. To gain a better sense of perspective, there will be at least as many D.O. orthopedic surgeons in the United States as there are orthopedic specialists in either England, Germany, or France; twice as many as in Canada; three times as many as in Australia; and at least five times as many as in Sweden.

**Creating a Paradigm Shift to Research**

But, as indicated in the introductory quotation by Gevitz, clinical research does not normally thrive per se in community hospitals, where all D.O. orthopedic residencies are currently based. Although orthopedic care delivered in the community setting would actually provide the most valid source for outcome studies, such research suffers from a lack of institutionalization that would make it possible. To correct this situation, an organization needed to be created that could

- independently organize such an ambitious undertaking
- be situated near a large research-based university
- be integrally familiar with the problems of conducting research within a community hospital-based residency
- be capable of introducing 21st century technology to coordinate a national research database, with the ability to develop and implement the research experience gradually into every residency and into supporting research laboratories at university-based osteopathic colleges across the country

Thankfully, an organization that could actually spearhead this important paradigm shift was finally established in 2007 as **ONCOR**—the Osteopathic National Center for Orthopedic Research.

**ONCOR: Osteopathic National Center for Orthopedic Research**

The Osteopathic National Center for Orthopedic Research was established in 2007 as a 501(c)(3) nonprofit corporation in Lansing, Michigan, with a stated mission—to raise funds to help support research and education within all the D.O. orthopedic residencies in North America. It was essential that D.O.s establish such a fund, similar to the one already existing at **OREF** (Orthopedic Research Education Foundation) that was established by Dr. Shands and his associates back in the early 1960s for similar purposes in allopathic orthopedic residencies. Though in theory OREF funds are currently open to osteopathic orthopedic residents, the fact that most D.O. programs have little experience with serious research, and all are based in community versus university hospitals, creates major obstacles in competing for those grants with established university-based allopathic programs.

**Community Hospital-Based Outcome Research**

What might at first seem a disadvantage can actually be turned into an advantage. The fact that most osteopathic clinical research is done inside the community hospital actually lends itself to studies that will be more representative of patient outcomes in the wider-based community. It’s a bit like the worn-out analogy in the financial markets between Wall Street versus Main Street. Add the potential of developing a multicenter database system at the national center in Lansing, Michigan, to the longer term accessibility of patients at their community hospitals, and one now has the capability of providing outcome studies with far greater statistical relevance.

Furthermore, in view of the recent exponential growth of D.O. medical schools across the nation, including more of those that are university-based, the accessibility to key research personnel will increase exponentially. Finally, the increasing number of D.O. graduates will inevitably multiply the number of D.O. residencies in the country by as much as a factor of three over the next 10 years, which will even widen the available cross section of patients for outcome research. It is this realization that lies at the crux of the argument for a paradigm shift to more D.O. research.

**The Establishment of ONCOR**

The actual establishment of ONCOR was begun through an interactive process between three agencies:

- **Michigan State University**—a major research university with an osteopathic college and several orthopedic research centers
- the orthopedic residency program at **Ingham Regional Medical Center**—a well-established osteopathic postgraduate program
- the **American Osteopathic Academy of Orthopedics (AOAO)**—the governing body in charge of orthopedic residency education

The new federal guidelines that came down in 2007 regulating corporate compliance demanded that ONCOR be set up according to the model set forth by OREF as an entity politically independent of all three institutions in order to be able to receive such funding. Yet it is clear that each agency that was integral to the founding of ONCOR has, in turn, benefited from its involvement. In the process, Michigan State University has gone on to establish its own separate MSU Center for Orthopedic Research on the campus of the orthopedic hospital. The medical center in Lansing, meanwhile, has opened its own dedicated orthopedic hospital, which is currently ranked as a top 10 orthopedic hospital in America and a five-star orthopedic institution by recognized national ranking organizations, as it excels in total joint replacement, sports medicine, and spinal surgery. Lastly, the AOAO Board of Directors has established a working relationship with ONCOR as a necessary, independent organization with the ability to
monitor and propel quality research project development as well as provide support to residency education.

The main ONCOR office is situated in Lansing, Michigan, on the Ingham Regional Orthopedic Hospital campus, immediately adjacent to the laboratories of the MSU Center for Orthopedic Research. It is governed by an elected board of trustees, which will be made up of D.O. orthopedic surgeons, Ph.D. researchers, community hospital administrators, a representative from among the deans’ council of osteopathic colleges, and other community leaders.

ONCOR has two agendas: resident research and resident education. As far as research, it seeks to support research training fellowships, research career development, research grants, annual research awards, research symposia, a national research database, and student research fellowships. Regarding education, ONCOR seeks to provide awards for orthopedic clinical symposia, residency education enhancement grants, career development awards, and new orthopedic residency development grants that will help launch new programs around the country.

Foundation Infrastructure

In the beginning, a director and part-time research coordinator must suffice to carry out the day-to-day business of ONCOR. But in order to maintain and develop research and educational support in the long run, ONCOR will eventually need to model itself upon the infrastructure put in place by the OREF in Chicago. An executive office will continue to direct and expand ONCOR’s mission and act as a liaison with the AOAO. A contracts and donors office will function to maintain and develop a steady flow of corporate and private support. Finally a grants office will administer the grants, handle grant applications, fund a national database, and provide annual reports.

Responsible Fiscal Management of Donor Support

As a nonprofit corporation, ONCOR must rely on contributions from donors to fund its agenda. ONCOR is committed to maintaining the gold standard set forth by the top 20 foundations in America, somewhere at or below the 15 percent administrative cost level. In that way, private donors and corporations can be assured that the bulk of their contributions will go directly toward the creation of educational programs and research projects that will benefit residents.

Corporate Associates Program

The Corporate Associates Program, which is comparable to the one supporting OREF, has been successfully established. Biomet Corporation has committed itself to fund the first sizable grant to start the year 2010, setting precedent for other corporate associates to follow suit. More recently, Wright Medical in Memphis, Tennessee, has offered a similar commitment. Later on in the year, companies like Depuy, Stryker, Smith and Nephew, Zimmer, Richards, Synthes, Medtronics, and Symmetry Medical are sure to step up to the plate.

Announcement of Grants for 2010

On March 1, 2010, ONCOR plans to announce the first two grants that will be made available to residents in AOA-approved orthopedic residency programs. A more formal announcement will be made on March 27, 2010, at the very first research session at the AOAO 50th Annual Postgraduate Seminar being held at the Coronado Springs Resort in Walt Disney World. Grant application guidelines will be provided at the time of those announcements. All grant applications will be due by July 1, 2010. The grant recipients will be announced on September 1, 2010.

References

3. Statistic provided by British Orthopaedic Association at www.boa.ac.org.uk.
4. Statistic provided by Deutsche Gesellschaft fur Orthopaeidie un Traumatologie at www.dgoc.org.
8. Statistic provided by Swedish Orthopaedic Association at www.ortopedi.se.
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Extra! Extra!

It’s Time to Send Us Your News and Ads!

The Orthoped editorial team is in the process of compiling information for the Summer 2010 issue and invites all members to submit professional news, articles of interest/opinion pieces, or topical case reports and scientific papers that have been approved by the magazine’s scientific editor, Daniel L. Morrison, D.O.

Please keep us apprised if you have been promoted or accepted a new professional position, have had a major article or book published, been appointed to a prestigious local, state, or national committee, conducted noteworthy research, or received any special awards or recognition.

We are also accepting both promotional and classified ads, so if you would like to advertise your company or are seeking to recruit candidates for a specific position, please contact Marie Morris for advertising rates at 800-741-2626 or via email at mariem@nova.edu.

HAITI MEDICAL/HUMANITARIAN OUTREACH

If you have traveled to Haiti in the past few months to participate in a medical outreach mission in the earthquake-ravaged island nation, we would love to hear your story and have you provide us with photos. Orthopedic surgeons have been in high demand since the earthquake struck, so please keep us posted.

Please submit all data via email by Friday, June 5, 2010.

Photo requirements - Photos can be submitted in either hardcopy or digital formats (JPG, TIFF, PDF, PNG); however, if you are submitting a digital image, it must be in a high-resolution format (300 dpi when scanned or a high-resolution digital camera file at least one megabyte (1MB) in size).
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2010-11 AOAO Calendar of Events

**March 26-28, 2010**
50th Annual Postgraduate Seminar
Coronado Springs Resort
Walt Disney World – Orlando, Florida

**April 10, 2010**
Osteopathic Orthopedic Educators’ Course
Hilton Chicago O’Hare Airport – Chicago, Illinois

**October 24-26, 2010**
American Osteopathic Association Unity Convention
American Osteopathic Association 115th Annual Convention/Seminar
American Osteopathic Academy of Orthopedics Annual Meeting
Moscone Convention Center – San Francisco, California

**May 13-15, 2011**
51st Annual Postgraduate Seminar
Marriott Camelback Inn
Scottsdale, Arizona

**October 20-23, 2011**
AOAO Annual Meeting
Chicago Marriott Downtown
Chicago, Illinois

For additional information, please visit the AOAO website at www.aoao.org.