



# **20<sup>TH</sup> ANNUAL MEETING CELEBRATION**

*A Tribute to OTA's  
Founding Members  
and Past Presidents*



**OCTOBER 9, 2004**

**HOLLYWOOD, FLORIDA, USA**



A special thank you from the OTA Members to the generous contributors who have each donated a minimum of \$50,000 and enabled the OTA Board of Directors to grant over \$1,825,000 to fund peer-review orthopaedic trauma research since 1990.





**Welcome to OTA's  
20th Anniversary Celebration**



**Roy Sanders, MD**  
*OTA President 2004*



**Paul Tornetta, III, MD**  
*OTA President Elect*

**2004 Board of Directors**

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- Chief Financial Officer – Andrew N. Pollak
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- Member-at-Large – Richard E. Buckley
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- Annual Program – David C. Templeman

**OTA Founding Members**

A special thank you from the members of OTA to the Founding Members of OTHA (Orthopaedic Trauma Hospital Association) and later the OTA Charter Members for their vision and mission to bring to life and successfully nurture the OTA over the past 20 years.

Robert S Adelaar, MD  
 Fred Behrens, MD  
 Edwin G Bovill, MD + (OTHA)  
 Timothy James Bray, MD  
 Michael J Brennan, MD  
 Bruce D Browner, MD\*  
 Robert J Brumback, MD  
 Robert William Bucholz, MD\*\*\*  
 Andrew R. Burgess, MD\* (OTHA)  
 John A Cardea, MD\*  
 Michael W Chapman, MD  
 Neil Cobelli, MD  
 Thomas H Comfort, MD  
 Lorraine J Day, MD  
 Francis Denis, MD

Michael Charles Distefano, MD  
 Charles C Edwards, MD\*  
 William C Foster, MD  
 Ramon B Gustilo, MD\* (OTHA)  
 Edward T Habermann, MD (OTHA)  
 Robert Francis Hall, Jr, MD  
 Sigvard T Hansen, Jr, MD (OTHA)  
 J Paul Harvey, Jr, MD (OTHA)  
 James D Heckman, MD\*\*  
 Kenneth D Johnson, MD\*+  
 Renner M Johnston, MD (OTHA)  
 James F Kellam, MD\*  
 John E Kenzora, MD  
 Clyde Baldwin Kernek, MD  
 Richard F Kyle, MD\*  
 Alan Marc Levine, MD\*

Joel Michael Matta, MD  
 Arsen M Pankovich, MD (OTHA)  
 Raymond O Pierce, Jr, MD  
 Charles A Rockwood, Jr, MD  
 Augusto Sarmiento, MD\*\*  
 Joseph Schatzker, MD\*  
 Elias D Sedlin, MD  
 David Segal, MD (OTHA)  
 Taylor K Smith, MD  
 Herbert J Thomas, III, MD  
 Marvin Tile, MD  
 Peter G Trafton, MD\*  
 Robert A Winquist, MD\*  
 Donald A Wiss, MD\*

**KEY**  
 \* indicates Past President - OTA; \*\* indicates Past President – AAOS  
 \*\*\* indicates Current President - AAOS; OTHA indicates Orthopaedic Trauma Hospital Association  
 + indicates Deceased

## *History as Recalled by OTA Founding Members*

Thank you to the Founding Members of the OTA for generously giving your time and contributing your thoughts in words.

### *Robert W. Bucholz, MD Past President AAOS*

“The Orthopaedic Trauma Association has grown to become the leader of educational, research, and more recently, advocacy programs and initiatives in orthopaedic trauma care. It has collaborated with other professional associations, most notably the American Academy of Orthopaedic Surgeons, to bring American trauma care to the center-stage that it deserves. I am proud to be a member of this association.”

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*Robert W. Bucholz, MD*



### *Edwin G. Bovill, MD (In Memoriam)*

Ted Bovill once commented that in his mind “immortality is discovering and passing on to one’s colleagues and to humanity some new knowledge.” In his students and colleagues, Dr. Bovill lives on in the enhanced orthopaedic knowledge he imparted to them. To continue his legacy, the OTA has granted 13 Bovill Awards, acknowledging the outstanding scientific paper presentations at OTA Annual Meetings since 1990.

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*Edwin G. Bovill, MD*

### *Bruce D. Browner, MD Past President 1989-90*

“I assumed the presidency of the OTA and the early part of my tenure focused on the appointment of committee chairs and the activation of our various standing committees. OTA was in a definite growth phase at this time including the expansion of membership and research activities.

The mid and late eighties was a time of great economic stress on the evolving trauma system in the United States. Large numbers of uninsured and inadequacies in reimbursement was undermining the ability of hospitals and physicians to provide trauma care. It was at this time that OTA became active in health policy and health care finance arena. I appointed Brad Henley to develop a proposal for revision of the CPT4 procedural codes for fractures and dislocations. After a four year process involving many OTA members and extensive work with the AAOS, AMA, CPT editorial panel and HCFA a complete revision of the fracture and dislocation codes was achieved as well as a revision of the HCFA payment policy for multiple procedures.

Following up on initial proposals made by my predecessors, I worked with Peter Trafton to convince the AAST to combine our annual scientific meetings in New Orleans in 1993. A second meeting was scheduled in San Antonio in 2000 since both organizations thought these were successful endeavors.

I regret not being at the OTA celebration meeting. The Board of Regents of the American College of Surgeons has its meeting over the same weekend and I must be there to represent the OTA.”



*Bruce D. Browner, MD*

*John A. Cardea, MD*

*Professor and Chairman Emeritus; Past President 1988-89*

"I was involved in the original Orthopaedic Trauma Hospital Association representing the Medical College of Virginia which is now Virginia Commonwealth University – Medical College of Virginia Hospital. That was a group of twenty-one hospitals that was a true hospital association to review advances and problems with major hospitals in trauma.

In the early 1980's, we decided to create the Orthopaedic Trauma Association. During those early years when Mike Chapman was trying to incorporate the O.T.A. as a not for profit California Corporation, I served as Secretary-Treasurer. This was from about 1980 to the inception of the Association in the combined years of 1984-1985. I remained Secretary Treasure until I became Vice-President in 1987. I then served as President In the early 1980's, we decided to create the Orthopaedic Trauma Association. During those early years when Mike Chapman was trying to incorporate the O.T.A. as a not for profit California Corporation, I served as Secretary-Treasurer. This was from about 1980 to the inception of the Association in the combined years of 1984-1985. I remained Secretary Treasure until I became Vice-President in 1987. I then served as President in 1988. Officially I was the Secretary of Treasury from 1983 – 1986. Following my presidency I was the COMSS representative for the OTA from 1989 until 1994. I relinquished my COMSS representation to Dr. Dick Kyle at that time. I served as Vice-President under Dr. Charles Edwards who was president in 1987.

During my presidency, we strengthened the OTA membership criteria. Our goal originally and hopefully persisting today was to involve young individuals who did not want the board to be strictly made up of the "old guard". We also established the criteria. One of the most important contributions we made was with the specialty day. We were the first group under the direction of Mike Chapman, Ray Gustilo, Bruce Browner, Chuck Edwards and Dick Kyle to establish the symposium presentation. Our goal in the OTA was to truly educate the members of the American Academy in the management of orthopaedic trauma. We took the formula of a pure symposium where we would take current problems of the day and complex fractures as well as unsolved fractures and create the educational symposium.

I founded the Orthopaedic Trauma Association dinner following the Specialty Day Meeting. The original purpose of that dinner was to acknowledge the OTA members for their service in teaching orthopaedic trauma patient care to the AAOS members. We realized that by presenting symposia, we would not be furthering our own knowledge, but educating the members of the AAOS.

It is interesting to note that the format of some other specialty groups changed from scientific papers to symposium presentations. There are a few who still give freestanding papers but many have adopted the OTA method of education.

The first five or six Presidents were a very close knit group. We maintained our positions on the Board of the OTA for a number of years. My range on the Board was from 1983 – 1989 and as mentioned before I went to COMSS as a representative from 1989 – 1994. We continued with our major OTA yearly meeting alternating from the west coast to the east coast. In my opinion, this became the best Orthopaedic Trauma Meeting in the world in a span of five or six years. This meeting was started well before we became incorporated and the Orthopaedic Trauma Hospital Association / Orthopaedic Trauma Association put this meeting on as early as 1982.

We were asked to write the first two papers for the American Academy of Orthopaedics one on "Fractures About the Hip" and the other "Fractures of the Distal Radius" as we gained more respect through our Trauma Association and through the AAOS and COMSS.

The early years of the OTA from 1983 through its incorporation and first presentation of diplomats in 1985 was truly the structural years. It is interesting to see that some of the things we tried stuck and others have changed for the better. The OTA remains an educational organization and has truly advanced the care of Orthopaedic Trauma over the past fifteen to twenty years."

***Michael W. Chapman, MD***  
***First President of OTA, 1986-87***

*Excerpts from a letter by Michael Chapman to Michael Distefano in 1996.*

"...We began to think of ourselves as a more serious organization when Ray Gustilo had a meeting at Hennepin County in 1981 and introduced us to his trauma registry system which motivated us to begin thinking about multicenter research studies. For that meeting Ray solicited some support from industry and then began the efforts to accumulate a small treasury to help support our meetings. Ray was primarily responsible for soliciting the initial contributions from industry which became key to the establishment of the OTA. We began working on bylaws.

During the formative phase, Ray Gustilo and I were primarily responsible for the organization and administrative effort required to achieve this goal. Ray provided strong leadership during this period particularly from the standpoint of fundraising. My job was to write the bylaws and get the organization incorporated and meet the requirements of the AAOS.

During my year as president the notable events were the acquisition of some substantial contributions from industry. I believe this was the same year we launched a multi-institutional study of the treatment of subcapital fractures of the hip in the young person."

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***Lorraine J. Day, MD***  
***Founding Member***

"I remember the very day that the concept for the Orthopedic Trauma Association was born. Dr. Ted Bovill, who was then Chief of Orthopedic Surgery at San Francisco General Hospital, was having lunch with Minneapolis Orthopedic Surgeon, Dr. Ramon Gustilo, at a little Vietnamese restaurant across the street from our hospital. Later that afternoon, Dr. Bovill was discussing their luncheon conversation with me. During a lull in his conversation with Ramon, Ted Bovill casually said, (for want of anything better, according to Ted) 'Maybe we should start an Orthopedic Trauma Organization.' The two discussed the idea briefly and not very seriously at first, but shortly afterward the concept began taking life. Initially, the organization was named OTHA - Orthopedic Trauma Hospital Association - and membership was by trauma hospital and included the members of the faculty in the Orthopedic Surgery Trauma department of the member hospitals. We began with just a few trauma hospitals, but as the organization grew, that method became unwieldy and membership was changed to individuals. What started as a bit of a lark, across a table in a tiny neighborhood restaurant in San Francisco, has grown into a highly respected, nationally and internationally recognized organization. Congratulations OTA on your 20th birthday!"



***Lorraine J. Day, MD***



***Michael C. Distefano, MD***  
***Founding Member***

"It is a pleasure to congratulate the Orthopedic Trauma Association on its achievements, accomplishments and recognition of excellence through the past decades. From a small round table discussion group of trauma hospital specialists to its present role as an international trauma society, OTA has never lost sight of its mission - the sharing of knowledge, dissemination of new ideas and techniques and the training of physicians.

I salute all of our past and present members and welcome all future generations. May OTA always remain in the vanguard of all medical societies, encouraging the exchange of ideas and maintaining its principles of excellence."

***Michael C. Distefano,***

*Ramon B. Gustilo, MD*  
*First President of OTA, 1985-86*

“Mike Chapman, Dr. Bovill and I talked about it in one of my visiting talks at San Francisco General Hospital. The goal at that time was really to form study groups among trauma hospitals in the country and exchange ideas. I was the chairman (OTHA) for five years, responsible really for getting funding for the annual meeting and visits to each trauma institution. The host hospital provided the program, surgical demonstration, and presentations of topics that were done in the host institution. In the end, the twelve trauma hospitals decided to change the OTHA to OTA to accommodate trauma surgeons not belonging to trauma hospitals. That was the best decision as evidenced by what OTA has become.

Good luck in the coming meeting. I am looking forward to attending.”

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*Sigvard T. Hansen, Jr., MD*  
*Professor and Chairman Emeritus*

“I was somewhat marginalized by newer members of the group of the Orthopaedic Trauma Hospital Association (OTHA) members when the OTA was founded, much of this due to the fact that I had my hands full at home as Chairman of the University of Washington Department of Orthopaedics, Chief of the orthopaedic service at Harborview Medical Center, running a foot clinic and the Academy Committee on Trauma, etc. However, I was the initiator of the Orthopaedic Trauma Hospital Association 10 years earlier.

In approximately 1970 the former county hospital system in the U.S. was decimated by the advent of Medicare and funding for elderly patients with hip fractures, etc. County hospitals, which had previously functioned as essential teaching venues for their nearby medical schools were threatened with extinction. Some were able to survive by continuing to see trauma patients other than 65+-year-old patients with hip fractures and were desperately needed by the medical schools. King County Hospital (later Harborview Medical Center) in Seattle was one of these hospitals. In addition, or because of the above, the Seattle Fire Chief and the Harborview cardiologist and head of the emergency room (Dr. Michael Copass) began a fire department-based paramedic program to retrieve patients with cardiopulmonary and drug overdose emergencies. This was rapidly expanded to include all emergent trauma including MVAs and other musculoskeletal emergencies. Our orthopaedic service began to receive increasing numbers of more severely injured patients than ever before and had to develop procedures and capacity to respond to this.

There were two other hospitals on the Pacific coast in similar situations regarding their associated medical schools and emergence as a trauma facility, e.g. San Francisco General and Los Angeles County and two others we were aware of, Denver General and Hennepin County in Minneapolis.

I called Ted Bovill, Chief of Orthopaedics at San Francisco General and discussed the idea of a discussion group with the heads of these hospitals' orthopaedic services to develop strategies to develop successful orthopaedic trauma systems in these former county hospitals. Dr. Bovill was enthusiastic and as the most senior of the group he hosted the first meeting in San Francisco. He brought along a young faculty member at San Francisco General and I brought a similar former resident and beginning faculty member, Mike Chapman and Bob Winqvist respectively. As I remember, the other attendees were Ramon Gustilo from Minneapolis, Paul Harvey from Los Angeles, and Renner Johnston from Denver.

Later, at another meeting in Minneapolis, I brought along another young resident who gave a presentation. Prophetically this was Marc Swiontkowski, now Chairman of Orthopaedics at the University of Minnesota.

After a few years the AAOS became interested in our group, which had now expanded to include East Coast hospitals including University of Maryland's Shock/Trauma and the Medical College of Virginia in Richmond.

Ramon Gustilo and Mike Chapman, along with several newer members including Charles Edwards, John Cardea, Bob Winqvist, etc. who were excellent organizers, directed the transition of the Orthopaedic Trauma Hospital Associates to the Orthopaedic Trauma Association and its affiliation with the Academy. The rest is now written history.”

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*J. Paul Harvey, Jr., MD*

*J. Paul Harvey, Jr., MD*  
*Founding Member*

“The Orthopaedic Trauma Association was organized by a group of orthopedic surgeons working in hospitals that had many patients who had suffered from severe trauma. It was an informal group usually from major large hospitals in large cities who had published articles about orthopedic trauma. We met yearly. The host arranged a day and a half program with case presentations and perhaps a paper presentation. We also demonstrated an operative procedure. All presentations were open to questions from the floor and many lively discussions ensued so that a strict time schedule could not be established. After several years of superb meetings, many in the group thought it would be best to extend this small group to a national association. At this point, twenty years ago, Dr. Michael W. Chapman undertook the job of incorporating and writing the bylaws of the organization of the Orthopaedic Trauma Association. The rest of the story is in the archives of the OTA. It is now a strong well recognized orthopedic organization which is still growing, having filled an empty niche among orthopedic organizations.”

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*Kenneth D. Johnson, MD*  
*(In Memoriam)*

The OTA has instituted a Kenneth D. Johnson Fellowship Award to begin in 2005 to honor the memory of the contributions to the field of Orthopaedic Traumatology by founding member and past-president Kenneth D. Johnson, MD. Dr. Johnson is remembered as an academic instructor skilled in teaching and passionate about the work of the OTA and improving the treatment for trauma patients.



*Kenneth D. Johnson, MD*

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*Renner M. Johnston, MD*  
*Founding Member*

“In the mid 1970’s several of us from large city hospitals thought it would be a great idea to get together each year to discuss our common problems, spearheaded by Dr. Bovill and his very active group at San Francisco General Hospital , including Loraine Day, Peter Trafton, and Mike Chapman. Some of the early cities involved also included Seattle, Los Angeles, Denver, St.Paul/Minneapolis, Chicago, Baltimore. We decided to call the group the OTHA, the Orthopedic Trauma Hospital Association, to include and emphasize the word “Hospital” thus including anyone who worked at the institution rather than the individual orthopedists. We asked for volunteers to host a two-day meeting at their hospital. We would discuss common problems and observe the host do trauma surgery as possible. None of us will forget Arsen Pankovich at Cook County trying to do his favorite operation—an Ender nailing of the femur, too long a story to include here!! I hosted the group in 1982 at Denver General Hospital where we began the task of classification of all fractures.

This was a fine group of dedicated orthopedists to meet with each year but the growth of the group annually made it obvious that organization into a trauma society became apparent. Others in this historical review will certainly add comments on the makings of the OTA. It certainly turned out to be even greater than we thought it would be back in the late 1970’s, and I am proud to be part of its foundation and see its future growth.”



*James F. Kellam, MD*  
*OTA Past President, 1997-98*

“From my presidency when we meet with the Kuntscher Kreis, the OTA has strengthened its image as the world wide scientific forum for orthopedic trauma by its overwhelming recognition of the importance of its international members and scientific collaborators.”

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*James F. Kellam, MD*

*Richard F. Kyle, MD*  
*OTA Past President, 1991-92*

“During the founding of OTA, Ray Gustilo, Mike Chapman, John Cardea and myself made a particular point of not spending any money until we had a nest egg that would support OTA in the coming years. This frugality in the early leadership and followed through the rest of the presidential line assured that OTA was a financially sound organization.



*Richard F. Kyle, MD*

These were exciting days because we started as the Orthopaedic Trauma Hospital Association, but then became a broader organization of the Orthopaedic Trauma Association to include all members that had a majority of their practice encompassing the care of trauma patients. During my tenure as presidency in the organization we were branching out and initiated the education committee and research committees. The early frugality of the organization was beginning to pay off and we started granting small amounts for seed money for trauma research. Our Specialty Days were quite successful because of our orientation toward education of the orthopaedic surgeon that needed to update their knowledge in trauma. As a founding member it has been exciting for me to watch these concepts grow and expand to one of the most successful Specialty Societies that now exists in COMSS. I would like to congratulate the Orthopaedic Trauma Association for its success and leadership in research and education to advance the care of our patients.”

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*Alan M. Levine, MD*  
*OTA Past President, 1995-96*

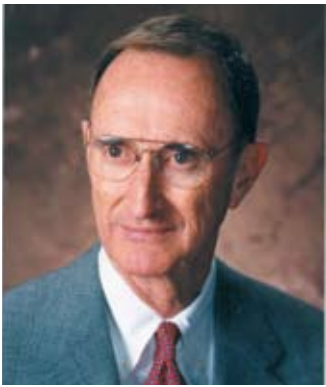
“Thanks for contacting me concerning the 20<sup>th</sup> Anniversary of the Orthopaedic Trauma Association. Most certainly participation in the activities of the OTA has been a major part of my life since early 1980 when it was still the Orthopaedic Trauma Hospital Association. In many ways the association with OTA created new pathways for my career.

I think that one of the most gratifying parts of being on the Board of OTA serving as Treasurer and then, as President was the commitment of the Board to establishing and nurturing the research program. The commitment to and formation of an endowment fund and the maturation of the program to submit and fund research grants certainly serves as a model for other organizations. Clearly it reflects the priorities of the organization. One of the themes of my presidency and presidential address was the concern about the life span of the orthopaedic traumatologist. The early burnout and loss of mature surgeons from the system as caregivers and mentors was a concern then as now. Innovative solutions and attention to the problem in trauma centers and academic departments is critical to the future of the specialty.



*Alan M. Levine, MD*

It was certainly a privilege as a trauma spine surgeon to be able to serve the organization and make a contribution to its future.”



*Charles A. Rockwood, MD*

*Joseph Schatzker, MD  
Past President 1990-91*

“I think that my creation of the Education Committee is likely the most significant contribution to the Association during my year as OTA President. During my tenure, a joint meeting with the Canadian Orthopaedic Association created an International event with keynote speakers Christopher Colton of England, Heinz Kuderna of Austria and Harold Tscherne of Germany. I look forward to seeing you at the meeting.”

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*David Segal, MD*

*David Segal, MD  
Founding Member*

“The founders of OTA were a unique group of orthopedic surgeons. We were all chiefs of orthopedic departments in city or county hospitals. I was the chief of the orthopedic surgery department at Boston City Hospital, in Massachusetts. We shared our clinical experience and explored the best way to care for our patients. Every year, a growing number of trauma surgeons asked and eventually joined our group and in 1984 we changed from OTHA to OTA. Today, OTA is the largest association of orthopedic surgeons with special interest in trauma, yet the goals remain the same as they were established by the founding members. Globalization facilitates easier exchange of knowledge gained from basic research and clinical experience, all aimed to improve the outcome of trauma care. It was so in the beginning and should remain so in the future. Good luck OTA!”

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*Taylor K. Smith, MD  
Founding Member*

“From its beginning as the Orthopaedic Trauma Hospital Association, the Orthopaedic Trauma Association has matured into the worldwide forum for the discussion of problems in trauma management.”

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*Taylor K. Smith, MD*



*Peter G. Trafton, MD*

*Peter G. Trafton, MD  
OTA Past President, 1993-94*

“It was a privilege to preside over the OTA in 1993-1994. We focused then, as now, on expanding the role of the OTA in helping residents and graduate orthopaedic surgeons develop knowledge and skill for treating musculoskeletal injuries. Our 1993 joint meeting with the American Association for the Surgery of Trauma in New Orleans emphasized collaboration among North American trauma surgeons of all specialties, and the importance of fracture management in the total care of the injured patient.”

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**Robert A. Winqvist, MD**  
*OTA Past President, 1992-93*

1992—"President **Bob Winqvist** through his vision and leadership developed the resident education program which was implemented in 1995 at the annual meeting in Tampa. Dr. Winqvist could see that the OTA had established itself as the major association for musculoskeletal trauma teaching in North America. However, the one group untouched and so critical to the advancement of musculoskeletal trauma management was the orthopaedic resident."

*-from the Larry Bone's 1996 Presidential Address.*



**Robert A. Winqvist, MD**



*Robert A. Winqvist, MD implemented the resident education program in 1995.*



**Donald A. Wiss, MD**  
*OTA Past President, 2001-02*



## *OTA Past Presidents*

|                        |         |                             |         |
|------------------------|---------|-----------------------------|---------|
| Ramon B. Gustilo, MD   | 1985-86 | Lawrence B. Bone, MD        | 1996-97 |
| Michael W. Chapman, MD | 1986-87 | James F. Kellam, MD         | 1997-98 |
| Charles C. Edwards, MD | 1987-88 | David L. Helfet, MD         | 1998-99 |
| John A. Cardea, MD     | 1988-89 | Andrew R. Burgess, MD       | 1999-00 |
| Bruce D. Browner, MD   | 1989-90 | M. Bradford Henley, MD, MBA | 2000-01 |
| Joseph Schatzker, MD   | 1990-91 | Donald A. Wiss, MD          | 2001-02 |
| Richard F. Kyle, MD    | 1991-92 | Thomas A. Russell, MD       | 2002-03 |
| Robert A. Winqvist, MD | 1992-93 | Marc F. Swiontkowski, MD    | 2003-04 |
| Peter G. Trafton, MD   | 1993-94 |                             |         |
| Kenneth D. Johnson, MD | 1994-95 |                             |         |
| Alan M. Levine, MD     | 1995-96 |                             |         |

## *History as Recalled by OTA Past Presidents*

Thank you to the Past Presidents of the OTA for generously giving your time and contributing your thoughts in words.



*Lawrence B. Bone, MD*

*Lawrence B. Bone, MD  
OTA Past President, 1996-97*

“The OTA has come a long way from a small group of founding members to a membership of over 300 (in 1996—and over 600 by 2005). It has met its dream of financial stability, its educational mission has expanded to extraordinary Annual Meeting, Specialty Day, regional courses and resident courses. Our development has been astounding and this obviously would not have been possible without the hard work and dedication of all those early Presidents and Boards. Their vision and energy has established a strong foundation so that each succeeding President could improve and expand the organization. It was an honor and privilege to serve the OTA as president.”

*- from Larry Bone's 1996 Presidential Address.*

**David L. Helfet, MD**  
**OTA Past President, 1998-99**

"I never anticipated when I finished my orthopaedic residency and fellowships (Trauma and Sports) that I would ever be considered for the Presidency of one of the prestigious subspecialty societies. In the early days, OTA was the Orthopaedic Trauma Hospital Association and was a very small and exclusive club. In 1984, it became the Orthopaedic Trauma Association and I was fortunate to attend the first meeting. Thirteen years later, what a remarkable honor to be elected as President.

Initially, I was somewhat apprehensive about the year and task ahead. But, with the help of Nancy Franzon and her team, Laura McLaughlan, Sharon Moore and Peggy Wlezien as well as the remainder of the Board, it really was not very difficult. Clearly, one had to be available to make the small decisions and had the Board to rely on for focus and the big picture. During my presidential year, OTA continued to grow, not only nationally, but internationally, and since has continued in the same vein. More and more international orthopaedic and trauma surgeons attend and contribute and OTA's credibility in their eyes continues to escalate. In fact, some of the Trauma and Orthopaedic Professors overseas mandate that their residents and junior staff submit their abstracts to the OTA Annual Meeting. This is obviously a very healthy sign.

For my presidential address, I discussed my and our or (OTA's) evolution and history and that we all stood on the shoulders of giants and that none of us should forget from whence we cometh. As OTA evolves and a new generation of orthopaedic surgeons takes over the helm, and I'm sure very ably, it is important that they, too, remember from whence they and the Orthopaedic Trauma Association cometh."



**David L. Helfet, MD**



**M. Bradford Henley, MD**  
**OTA Past President, 2001-02**  
**OTA CFO, 1994-1999**



**Thomas A. Russell, MD**  
**OTA Past President, 2001-02**



**Marc F. Swiontkowski, MD**

**Marc F. Swiontkowski, MD**  
**OTA Past President, 2003-04**

"My presidential address was just published in the *Journal of Orthopaedic Trauma* and most of my early recollections of the, then, Orthopaedic Trauma Hospital Association, are recorded in that address. Additionally, in that address I focus on the organization itself and its strengths which are numerous and in fact put us in the lead of other orthopaedic subspecialties.

It has been my experience in orthopaedic departments that the surgeons who focus on the management of the injured patients are always the problem-solution oriented folks and it's no surprise that the Orthopaedic Trauma Association has been focused on solving problems. A group of these individuals have seized the opportunity to provide solutions to meet the educational needs of future orthopaedic surgeons, CME needs of the general orthopaedic surgeons, providing cutting edge clinical research methods, finding

innovative ways to support the research efforts of our young members, and defining appropriate relationships with our industry partners.

During my year, I focused on elevating our governance structure. For the first two decades we were small enough where we could interact on a personal basis and the board of the Orthopaedic Trauma Association could function as a committee as a whole. We now have so much going on within our committing structure and such committed members leading these efforts that the board needed to evolve into a more effective and dynamic method of doing business. We have begun the use of a consent agenda allowing our committees to function and do what they do best without having to request permission and achieve individual buy-in from the board members. Our committees have seized upon this new direction and are taking charge and are becoming more productive. During the year the fellowship committee was especially productive as was the education committee and bylaws committee as we became more inclusive to our community members.

I think one of the critical issues for us and the orthopaedic traumatology is the support of the skilled trauma surgeon such that he or she can finish their career using the skills that have been so difficult to develop. We appointed a task force and developed a document that will help in individual orthopaedic trauma surgeons and groups deal with hospital administration to provide critical resources to allow surgeons to continue to serve injured patients throughout their career while maintaining a reasonable lifestyle. These efforts, along with the efforts of the fellowship committee to recruit new young orthopaedic surgeons into this field, are crucial for us to meet the needs of the North American public for highly skilled orthopaedic trauma surgeons. As I mentioned in the presidential address our member leaders have seized on opportunities to develop these tools interactively solving problems instead of just whining about the circumstances we're in.

I would like to conclude by focusing a bit on our research efforts in the orthopaedic trauma community. Again I did this in the presidential address, but I think our interest to establish collaborative groups of clinical researchers to achieve important scientific knowledge advances is unique among the orthopaedic community and the OTA is to be commended. Others are trying to duplicate our efforts and many of the leaders of the organization serve as resources for other subspecialty societies.

As the last matter I think we're blessed to have the most outstanding staff of any of the specialty or subspecialty groups within orthopaedic surgery. Nancy Franzon's commitment and leadership have evolved through the years. Her efforts on behalf of our patients and our members along with those of her highly committed and skilled staff, Kathleen Caswell, Michele Garrett, Sharon Moore and Courtney Peirce, deserve special recognition."

## *OTHA Annual Meetings*



|                                |                              |
|--------------------------------|------------------------------|
| June 15 - 17, 1978             | Los Angeles, California, USA |
| dates unknown, 1979            | Chicago, Illinois, USA       |
| October 11 - 12, 1980          | Boston, Massachusetts, USA   |
| October 24 - 25, 1981          | Minneapolis, Minnesota, USA  |
| October 24 - 25, 1982          | Denver, Colorado, USA        |
| October 6 - 9, 1983            | Houston, Texas, USA          |
| November 29 - December 2, 1984 | Baltimore, Maryland, USA     |




## *OTA Annual Meetings*

|                                |                                     |
|--------------------------------|-------------------------------------|
| September 14 - 15, 1985        | New York, New York, USA             |
| November 20 - 22, 1986         | San Francisco, California, USA      |
| November 19 - 21, 1987         | Baltimore, Maryland, USA            |
| October 27 - 29, 1988          | Dallas, Texas, USA                  |
| October 19 - 21, 1989          | Philadelphia, Pennsylvania, USA     |
| November 7 - 10, 1990          | Toronto, Ontario, Canada            |
| October 31 - November 2, 1991  | Seattle, Washington, USA            |
| October 1 - 3, 1992            | Minneapolis, Minnesota, USA         |
| September 23 - 25, 1993        | New Orleans, Louisiana, USA         |
| September 22 - 24, 1994        | Los Angeles, California, USA        |
| September 29 - October 1, 1995 | Tampa, Florida, USA                 |
| September 27 - 29, 1996        | Boston, Massachusetts, USA          |
| October 17 - 19, 1997          | Louisville, Kentucky, USA           |
| October 8 - 10, 1998           | Vancouver, British Columbia, Canada |
| October 22 - 24, 1999          | Charlotte, North Carolina, USA      |
| October 12 - 14, 2000          | San Antonio, Texas, USA             |
| October 18 - 20, 2001          | San Diego, California, USA          |
| October 11 - 13, 2002          | Toronto, Ontario, Canada            |
| October 9 - 11, 2003           | Salt Lake City, Utah, USA           |
| October 8 - 10, 2004           | Hollywood, Florida, USA             |

**OCTOBER 18 - 20, 2001**  
SHERATON SAN DIEGO HOTEL & MARINA  
SAN DIEGO, CALIFORNIA

**ORTHOPAEDIC TRAUMA ASSOCIATION  
17TH ANNUAL MEETING**



DONALD A. WIS, MD, PRESIDENT  
PAUL TORRETTA, III, MD, PROGRAM CHAIR  
DAVID C. TEMPLEMAN, MD, PROGRAM CO-CHAIR  
JERRY M. SMITH, MD, LOCAL HOST

## *Memories from OTA's Annual Meetings*



*OTA Reception - Joel Matta and Kyle Dickson  
2001 San Diego, California*



*OTA Reception - Don Wiss, Joel Matta, and Mrs. Don Wiss  
2001 San Diego, California*



*OTA 2002 President – Thomas Russell  
2001 San Diego, California*



*Jim Kellam, Paul Tornetta and Jeff Anglen  
2001 San Diego, California*



*Jeff Smith, Local Host and Craig Roberts  
2001 San Diego, California*



*Welcome Reception at Hockey Hall of Fame  
2002, Toronto, Ontario*



*Bob Winquist and Dick Kyle  
2002, Toronto, Ontario*



*Kyle Dickson, Michael McKee and Paul Tornetta  
2002, Toronto, Ontario*



*Peter Trafton, 2002, Toronto, Ontario*



*Brad Henley, 2002, Toronto, Ontario*



*Larry Marsh and Tracy Watson  
2003 Salt Lake City, Utah*



*Andy Pollak and Marc Swiontkowski  
2003 Salt Lake City, Utah*



### *Charting OTA's Growth*

We had difficulty with our members being able to garner start-up funds for their research. Through the insight of the Board of the OTA beginning in 1988 we set a goal of a 1 million \$ endowment on which to fund projects of our members. Through the growth of our relationships with our industry partners we have increased the annual funding of OTA member research to the 200-250 thousand range. The process of pre-screening, blinded scoring, and funding those grant applications by the Research committee was developed under the leadership of Michael Bosse, MD and continues to be improved by the committee now chaired by Ted Miclau. We fund more member research under this program than any other specialty society and it has resulted in our ability to garner federally funded grants and improve the quality of the research by our members- this is action and we should be proud of this.

*-from Marc Swiontkowski's 2003 Presidential Address*



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