



POSNA The Pediatric Orthopaedic
Society of North America

Results of 2007 POSNA Needs Assessment

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Who was surveyed: The survey was carried out through email. The previous needs assessment was made in 2004 and over half of the responses were collected at the annual meeting. In 2004 there were over 500 responses. This year there were 248. Something to consider when doing in the future

DEMOGRAPHIC INFORMATION

Gender:

Male	208	86%
Female	34	14%
<i>Did not identify gender (or were confused by the question!!!!) 12</i>		

Reported Age:

	<u>Mean (years)</u>	<u>Range (years)</u>
All Responders	50.4	(30-87)
<i>(In 2004, it was 51)</i>		
Age Ranges:		
30-35	20	
36-40	29	
41-45	45	
46-50	34	
51-55	47	
56-60	21	
61-65	27	
>66	29	

Years of Membership:

	<u>Mean (years)</u>	<u>Range (years)</u>
All Responders	14.4	(0-37)
<i>(In 2004, the mean years of membership was 11.4, so we're aging)</i>		

7 States with Most Members:

California	24
New York	20
Texas	16
Minnesota	12
Florida	12
Pennsylvania	10
Ohio	9
Illinois	9
<i>Canada</i>	<i>11</i>

Practice Type:

	<u>Percentage of Responders</u>
Solo	7.6
Group	70
Multispecialty	22.4
<i>Did not answer</i>	

(Very similar to 2004)

Predominate Practice Setting:

	<u>Percentage of Responders</u>
Private Group/Practice	12
with Academic Affiliation	18
Exclusive Academic Practice	31
Military	0
Pre-paid Plan/HMO	1
Clinical Hospital/Other Group	8
Shrine System	11
Nemours System	2
<i>Did not answer</i>	14

(2004 Results)

	<u>Percentage of Responders</u>
Private Group/Practice	16
with Academic Affiliation	24
Exclusive Academic Practice	35
Military	1
Pre-paid Plan/HMO	1
Clinical Hospital/Other Group	10
Shrine System	9
Nemours System	2
<i>Did not answer</i>	8

In my practice I pursue research endeavors:

	<u>Percentage of Responders</u>
Yes	70
No	28
<i>Did not answer</i>	49

I perform research in:

	<u>Percentage of Responders</u>
Basic Science	1
Clinical	70
Both	29
<i>Does not apply or did not answer</i>	49

ANNUAL MEETING

Should the list of abstracts which were NOT accepted be deleted from the program?

Yes	42%
No	58
Skipped Question	21

If the scientific quality of the annual meeting is maintained, should POSNA promote global participation in pediatric orthopaedics by partnering with other international pediatric orthopaedic societies?

Yes	85%
No	16
Skipped Question	23

If yes, how should the partnership be implemented at the annual meeting?

Add a free paper section (by international society) during one of the free afternoons. **47%**

Reserve 10% of the free papers for members of the international Society **32%**

Shorten the one day course to ½ day and begin the scientific program in the afternoon to allow more papers to be presented **25%**

Lengthen annual meeting by one day **14%**

Did not respond 62

Should we partner with international organizations every:

Year	32%
2 Years	31%
3 Years	27%
4 or more years	10%

Did not respond 51

Do you like the Half Day format for free papers or should we consider having full day meetings?

Half Day	72%
Full Day	6%
Either way	23%

Did not respond 25

Do you like the afternoon breakout sessions?

Yes, but I'd like to attend more than one concurrent one	46%
Yes	29%
No, I'd prefer to spend time with family and friends	16%
Good idea, but I'd rather do something else	10%

Did not respond 22

Please suggest topics you would like to see included for the *afternoon breakout sessions*.

Past session have included: 2007 - Spinal Deformity Update: Update on Pediatric Sports Medicine; Trauma: Timing is Everything; Basic Science that will Change Patient Care; Joint Preservation: Impingement: Hip Dislocation & PAO Update; Ped. Ortho. for PAs & NPS 2006 - Pediatric Spine Symposium; Sports Medicine Symposium; Treatment of Gait Disorders in Neuromuscular Conditions; Trauma and Prevention Symposium; COUR Symposium; Research Grant Writing Tutorial 2005 - Pediatric Spine Symposium; Sports Medicine Symposium; Ultrasound for DDH; Practice Management 2004 - CPT; Clinical Effectiveness; COUR Seminar

See Appendix B

Would you be more likely to attend the POSNA annual meeting if were held in a month other than May?

May is fine	77%
April	8%
October	8%
June	4%
Other	3%

Did not Respond 68

Are the subspecialty paper and poster presentations allocated in a manner which represents the practice of pediatric orthopedic surgery?

Yes	88%
No	12%

Did not respond 29

If no, which areas are *over* represented?

Too much spine

This may be an inaccurate assessment, but it seems that spine is overrepresented. I have concerns that this may be a reflexion of the significant financial support from spinal instrumentation providers at the annual POSNA meeting. I have concerns that the meeting and perhaps the society will divide itself into pediatric orthopaedic spine surgeons and non-peds spine surgeons because "that's where the money is"

usually too much spine and operative trauma

case reports

pedicle screw constructs

DDH, Clubfoot & Spine

A proposed breakdown of percentages should be drafted and circulated to membership-- in another survey.

spine

Spine

Spine; fractures

Spine probably too much in general session

too much esoteric spine

spine

I am in private practice and appreciate the rare weird problems that occur, but they are uncommon in my practice - though I am sure common at the Shrine or TSRH for example. I would like to see more topics relevant to my practice - sports, eg - and perhaps less rare genetic problems (or other things not commonly seen in practice)

scoliosis

spine

Basic science, CP, Myelodysplasia

I feel there are a lot of spine papers and with an SRS meeting every year as well I feel if you do not do spine it is a bit too much

Are there areas which are under represented?

neuromuscular

Orthopaedic epidemiology Methodological issues in doing research in peds Ortho

non-operative

cerebral palsy and neuromuscular

epidemiology/pathophysiology of disease

quality of life; economic evaluations; systematic reviews/secondary analysis

Treatment of Cerebral Palsy - Particularly ambulatory CP

Clinically relevant basic science

The amount of neuromuscular material presented is less than the reality of my practice, particularly in cerebral palsy, SMA, muscular dystrophies, etc.

trauma

nonoperative problems (unfortunately because the operative problems are of course more interesting)

Sports

Neuro - such as CP, myelodysplasia, etc.

upper extremity, trauma

c.p., other neuromuscular

upper extremity

Cerebral Palsy and gait analysis

Sports Medicine

cerebral palsy

cp

Developmental bone diseases/neuromuscular disorders are under represented. The program committee seems to stress conditions which are very common---fractures, SCFE, etc. If POSNA is meant to represent the leading edge of pediatric orthopedics then relatively infrequent and complicated disorders need to be presented since this is currently the main setting where they can be discussed. The effort to represent the "general pediatric orthopedic surgeon", while understandable, runs the risk of having other societies concentrate on the more innovative and daring work.

Sports, trauma
brace treatment for scoliosis
Trauma
Neuromuscular and syndromes

POSTERS

Regarding the Poster presentations, would you prefer to:

Keep the present format of both e-posters and paper posters	68%
Change to e-posters only	18%
Return to paper posters only	14%

Did not respond 21

Currently, all e-poster are available on the POSNA website per Instant Archives for one year. Alternatively, should all e-posters be distributed to the membership on disc?

Yes	50%
No	50%

Did not respond 22

Currently all e-poster presentations are available on the POSNA website for one year after the annual meeting. It also has been suggested that they be made available to members via a DVD addressed to each member. If these were sent out via DVD, I would...

Still submit my originally intended material for presentation	81%
Alter my presentations to prevent use of copywrited material	14%
Not submit my material for presentation	5%

Did not respond 38

INTERNET

Instant Archive of the 2007 annual meeting began on the POSNA website this summer. It includes video of all of the scientific meeting, the one day course, and the e-posters. It's accessible to everyone and will remain on the website until next year's annual meeting program replaces it. Should it: (Note: Expenses prohibit doing both)

Continue in the same format next year	57%
Disc instead of website	43%

Did not respond 38

I have spent more than one hour reviewing the 2007 meeting on the internet

Yes	16%
No	63%
This meeting is on the internet??	22%

Did not respond 21

I have experienced significant difficulty reviewing the 2007 annual meeting on the Internet?

Yes **10%**
No **90%**
Did not respond 69

How often do you log onto the POSNA Website?

Less than once per month **55%**
Once a month **26%**
2-3 times per month **12%**
Once a week **3%**
More than 12 times per year **2%**
We have a website? **1%**

If you do log on, do you do it for anything other than abstract submission and registration?

Yes **83%**
No **17%**

If you do log on, which sections do you use the most? Check all that apply

Meetings and Events **82%**
Home Page **60%**
Resources **55%**
Core Curriculum **46%**
Research **20%**

What would you like to see added to the website? Check all that apply

More educational information for parents **67%**
More educational information for professionals **57%**
More info on volunteer opportunities **47%**
Job Opportunities **42%**
More on activities of our members (pictures, stories, etc) **22%**

POSNA BULLETIN

Would you prefer to receive the bulletin

In it's current paper form **53%**
Email, like the periodic e newsletters **47%**

Currently the Bulletin is circulated three times per year. Should this:

Stay the Same **65%**
Change to twice a year **27%**
Be discontinued as e-newsletters provide all of the information **8%**

Speaking of e-newsletters. They come out 4 or 5 times per year. Should this:

Stay the Same **74%**
Change to twice a year **15%**
Be discontinued as the bulletins provide all the information **7%**
I don't read them so it doesn't really matter to me **5%**

ONE DAY COURSE and AAOS SPECIALTY DAY

Please suggest topics you would like to see included for the *one day course*.

The past seven years have been: 2007 - Upper Extremity 2006 - Complications in Pediatric Orthopaedics 2005 - DDH: A Comprehensive Review of the Pathophysiology and Treatment Strategies for All Ages 2004 - Genetic Orthopaedic Disorders 2003 - Pediatric Orthopaedic Trauma, State of the Art 2003: Innovations and Controversies 2002 - Orthopaedic Management of Cerebral Palsy- What's New, What's Controversial 2001 - Complex Foot Deformities in Children

See Appendix A

Do you attend the AAOS POSNA Specialty Day?

Yes 72%

No 28%

Do you like the current format?

Yes 93%

No 7%

Please suggest topics you would like to see included for *specialty day* 2010 and beyond:

Listed below are topics already presented. 2008 - New Solutions for Difficult Problems 2007 - Symposium on: Spinal Growth & Modulation; Extremity Growth and Modulation; Adolescent Knee; Subtalar Alignment/Instability; Femoral-Acetabular Impingement 2006 - Symposium on: Management Strategies and their Ethical Considerations; Medical Malpractice & the AAOS Prof. Compliance Prog.; Instructional Course on Practice Management; 4 Orthopaedic Debates 2005 - Symposium on: Growth Plate and its Disorders: Practice Management; Innovative Surgical Techniques; Update: Benign Bone Neoplasms; 2 Orthopaedic Debates 2004 - CPT; Clinical Effectiveness; COUR Seminar 2003 - Estate Planning; IFPOS 2002 - Childrens Symposium 2001 - SLAOTI Symposium; CPT Course

See Appendix C

(IPOS) INTERNATIONAL PEDIATRIC ORTHOPEDIC SYMPOSIUM

Have you attended the IPOS meeting in the last 5 years?

Yes 36%

How would you rate the quality and value of IPOS?

Outstanding **58%**

Very Good **37%**

Some Value **4%**

Would you return in subsequent years?

Yes, valuable every few years **65%**

Yes, because the lectures and workshops change **25%**

No, once is enough **11%**

No 64%

What has prevented you from attending in the past 5 years?

Too much time away from practice **70%**

Too expensive **36%**

Don't like the course location **25%**

My skill level is too high for this course **23%**

Nothing on the program interests me **4%**

What changes could be made that would inspire you to attend?

Change the location **50%**

Change the time of the year **46%**

Expand Faculty **28%**

Add more research paper presentations **20%**

Other:

- 1 going this year
- 2 Have presentation/ workshop on Orthopaedic research methodology
- 3 Time of year is fine, for me it is the specific week it is held
- 5 None of those options would change my general lack of time.
- 6 Difficult to sandwich in a week off between Thanksgiving and Christmas
- 9 IPOS should be --as a primary focus--a resident/fellow program. If IPOS were to have a component (extra day day for faculty)of a high level clinical / research focus in addition and was a supplement to the POSNA annual meeting, I would attend.
- 10 given the time it is probably worth attending for all POSNA members A separate session or meeting to upgrade all members who already are 10 years post membership.
- 12 My time constraints the meeting looks wonderful
- 14 Would like to go to teach and learn. Right now time is main constraint for me.
- 15 It should be cheaper
- 16 Change its value from our current mtg. Too similiar, therefore I go to POSNA
- 17 I think the course is great - I haven't been because of the time committment
- 18 More diverse gender and ethnic faculty
- 19 Decrease the emphasis on medicine that is individual opinion and not evidence based
- 20 Change lecturers, rotate the faculty
- 21 make it cheaper!
- 22 It appears to be a great course I just couldn't make it but have always wanted to.

- 24 Too jammed..get information overload
- 25 December is close to the holidays so it is hard to be away from the practice at this time--also, although it is sunny and sweet in Orlando in december sometimes travel in from Northern climes is fraught with delays due to bad whether. I much rather travel in spring or fall and summer is too busy with trauma.

COMMITTEES

MEMBERSHIP CATEGORIES

Senior Status: Given that members who have already achieved this status would not be affected, should the current system:

Remain unchanged	50%
Senior should be retired from clinical practice	28%
Senior status only after 20 years in POSNA	7%
Reduced dues for >65 and still in practice	15%

NOMINATING COMMITTEE

Do you feel the current system of having the nominating committee elected at the first business meeting of the annual meeting, having two days for the selection of candidates for office, and delivering their report at the last business meeting still meets the needs of our society?

Yes	70%
No	30%

How would you change it?

Elect the nominating committee through electronic nominations and ballot	51%
Elect the nomination committee the same way, then elect officers 1 year later	49%

ADVOCACY COMMITTEE

Should we advocate for:

Professional

Malpractice Reform	79%
Encouraging resident to become ped orthos	81%

Patients

Health Insurance Reform	78%
Funding for Children's Programs	86%
Funding for orthopedic implants for small children	36%

HISTORY COMMITTEE

Do you support POSNA's efforts to preserve the history of Pediatric Orthopaedic Surgery and establish a POSNA archive? There are plans that a museum will be housed at Texas Scottish Rite Hospital?

Yes	91%
No	9%

Appendix A

Afternoon Breakout Sessions

- 1 Recognition and treatment of benign and malignant bone and soft tissue lesions in children.
- 2 Spinal Cord monitoring
- 3 Solving manpower problems with all stakeholders represented
- 4 Evidence based Medicine in Peds orthopaedics, Limb reconstruction
- 5 spine/hip/trauma/foot/deformity/practice management
- 6 Office management Economic impact of medicaid on the future Billing/collections
- 7 Osteogenesis Imperfecta Update on SCFE and/or LCPD Use of Extenders in Orthopaedic Practice
- 8 Same as above if not a one-day course
- 9 Resident education issues; how to make residents/students interested in pedsortho; how to negotiate better contracts with HMO and hospitals esp. trauma call.
- 10 Management of Arthrogyrosis Hip, Knee, Elbow, Hand Orphan Diseases--Marfans, NF, Olliers, Ricketts
- 11 FEET DEFORMITY UPDATE PELVIC OSTEOTOMY FOR DDH ELBOW FRACTURE MANGEMENT (UPDATE)
HOW TO WRITE A GOOD RESEARCH
- 12 I liked the grant writing and gait disorders seminars
- 13 pediatric orthopedic management in third world , obstacles and solutions
- 14 Gait evaluation (not just CP) DDH
- 15 pediatric orthopedic infections joint preservation again (changing rapidly) pediatric limb reconstruction
- 16 limb lengthening sports medicine
- 17 Staying out of trouble-malpractice. Ways to review scientific articles
- 18 None, disagree with concept of breakout sessions.
- 19 Ethical dilemmas in pediatric orthopaedics Communication skills in pediatric orthopaedics: talking with parents and children Diversity education in pediatric orthopaedics
- 20 Practice management
- 21 Provide format for those of us taking on specific clinical scenarios. The breakout for Hip Preservation was a great idea. I'd also like to see one for Brachial Plexus injuries. Many hospitals are offering a brachial plexus clinic now and having a venue to share and learn more information would be great -- POSNA could really take the lead in this area in the US.
- 22 DDH surgery
- 23 Growth Plate Fractures
- 24 clubfoot DDH
- 25 Infections in Pediatric Orthopedics Musculoskeletal Oncology-current state of care for benign and malignant disease
- 27 More courses for PAS and NPS
- 28 Electronic Medical Record and Template development Electronic devices (PDA, Phone, Personal video, etc) in clinical and patient educational usage.
- 29 Practice management update Curriculum development for Clinical Fellows Curriculum for Non op Ped Ortho Clin Fellows
- 30 How to use the internet as a Ped Orth library
- 31 Gait analysis, Congenital hand problems, Limb deformity/lengthening, Radial club hand
- 32 reading and understanding biostatistics for orthopaedists
- 33 Current Concepts in External Fixation Resident Teaching and Training Obtaining IRB Approval for Clinical Trials/ Prospective Databases
- 34 Malalignment issues
- 35 Continue the same topics in a rotating order each year
- 36 Clubfoot casting and surgical approaches update
- 37 Trauma
- 38 How to reverse the trend of the Adult Orthopedists seeing kids with insurance and having Peds Orthopedists see the underfunded kids. Tough to Title!!!
- 39 Perthes Limb deficiency management
- 40 Continue with annual spine topic break out - break out for techniques in hip salvage surgery
- 41 Pertes
- 42 Hip dislocation and PAO that does not conflict with spine course
- 43 pediatric rheumatology
- 44 Spina Bifida
- 45 tumor evaluation and treatment

- 46 Rotate among subspecialty interest groups-Chairs should be elected for 5 or 6 groups every year and be responsible for arranging their symposium
- 47 Brachial Plexus Palsy, Pediatric Hip and Peri-Troch Fractures,
- 48 the 2007 schedule is good, especially to get up dated information
- 49 The afternoons should be reserved for recreation
- 50 Updates on areas out of the mainstream of Ped. ortho. Ie. Muscular dystrophy, arthrogryposis, JRA, Hemophilia
- 51 pediatric orthopaedics in 3rd world and emerging countries providing care (in the U.S.) in an era of reduced remuneration and uninsured children
- 52 More on how to do clinical research
- 53 myelomeningocele
- 54 international pediatric orthopaedics orthopaedics in developing countries
- 55 the present status of Pediatric Orthopaedic education in different countries. (International symposium)
- 56 1. Updates on all the same topics 2. Free case discussions of cases presented by participants and reviewed by selected experts. (possibly with pre-registration)
- 57 Practice management
- 58 orthopaedic management of metabolic bone disorders
- 59 Trauma CP Office pediatric orthopaedics
- 60 The proper use for various braces in the treatment of gait disorders
- 61 Limb length inequality Vascular abnormalities & their orthopedic manifestations
- 62 Correction of Angular deformity of the Lower Limbs, Prosthetics workshop,
- 64 Bone Repair in the Pediatric Orthopedic Population; Effects of Scoliosis Bracing in Idiopathic and Neuromuscular Conditions
- 67 saw bones demonstrations for new technologies botox and ultrasound communication with patients How to give a presentation (ie best powerpoint, poster, how to be at the podium) Writing papers Effective leadership CPT coding in peds

APPENDIX B

One Day Course

- 1 Management of leg length inequalities and difficult deformities
- 2 other neuromuscular pathology, cmt,sma,md,spina bifida
- 3 idiopathic scoliosis Neuromuscular scoliosis & Congenital scoliosis Clubfeet & Congenital vertical talus Prevention of children's fractures
- 4 Lower extremity deformity correction Management of Early Onset Scoliosis
- 5 LE Deformity Growing Spine Practice Management
- 6 Spina bifida growing spine deformity
- 7 where is the best evidence in pediatric orthopaedics? a review of each area (spine, hip, foot, neuromuscular, etc)
- 8 Preventing joint contractures during limb lengthening
- 9 Treatment of Brachial Plexus Palsy
- 10 Paediatric Hip problems Evidence based paed Orthopaedics Limb reconstruction
- 11 trauma/spine/foot/deformity(lower extremity)
- 12 Spine Deformity, both congenital and idiopathic as well as neuromuscular. Status of emergency care- stress on Pediatric orthopaedic surgeons that are now fewer in number
- 13 peds sports innovations; surgical dislocation of the hip and the diseases - SCFE, femoral head fractures, labral pathology and impingement; lower extremity deformity correction
- 14 Pediatric Foot and Ankle Pediatric Hip: Current Concepts
- 15 Sports medicine
- 16 Early onset scoliosis Myelodysplasia Other neuromuscular disorders Pediatric orthopaedic sports medicine
- 17 Pediatric spine, limb reconstruction.
- 18 Legg Calve Perthes--Management from presentation to late reconstruction. Including survey of POSNA practice patterns.
- 19 1.ANGULAR DEFORMITY OF LOWER LIMB 2.UNUSUAL (DIFFICULT) FRACTURES MANGEMENT 3.CLUBFEET: CURRENT CONCEPT OF Rx 4.DDH: HOW YOU DEAL WITH COMPLICATIONS 5. UPDATE ON SPINA BIFIDA

20 I think foot would be good to review again.
21 Myelomeningocele/spina bifida
22 Perthes update Adolescent Hip Dysplasia / osteotomies Leg length Discrepancy Bone Tumor Update
23 pediatric trauma
24 tumors, infections
25 neuromuscular disorders , new concepts
26 Pediatric sports orthopedics Spinal disorders Pediatric orthopedic oncology
27 Pediatric and Adolescent sports medicine non ddh hip disorders (fai, scfe, perthes, etc) pediatric spine disorders
pediatric orthopedic infections
28 Sports (coming up) Pediatric Hip
29 limb lengthening sports medicine
30 Orthopaedics in underserved areas- what we can learn from them. Spinal deformity Infections, bone lesions,
unusual conditions Spinal cord- lesions, monitoring,
31 Limb deformity...
32 None, tired of one day courses.
33 Pediatric sports medicine Ethical dilemmas in pediatric orthopaedics Communication skills in pediatric
orthopaedics: talking with parents and children Diversity education in pediatric orthopaedics
34 Perthes, tumor
35 Ponseti Clubfoot Seminar
36 The Complications course was the best. Having a "nation-wide M&M" was EXTREMELY valuable, especially to
someone new in practice.
37 Early onset scoliosis
38 MISSION PROGRAMS, CURRICULUM FORMATS, SPECIFICITY OF TREATMENT FOR SHORT PERIOD
VISITS, NEEDS IN 3RD WORLD SETTINGS
39 How about Myelodysplasia?
40 clubfoot infections
41 Cerebral Palsy constitutes about 25% of what we see in pediatric orthopaedics. It deserves a lot more attention
than it has been given. I would favor symposia at least bi-annually.
42 Deformity Correction Perthes Disease The Pediatric Hip Pediatric Sports Medicine
43 Perthes Disease; Neuromuscular diseases other than CP; ACL reconstruction and other aspects of pediatric
sports medicine
44 Cerebral palsy
45 limb deficiency
46 Another session on trauma, since this is such a large part of care of children, maybe adding a section on
musculoskeletal infection Musculoskeletal Oncology covering both benign and malignant disease with inclusion of
pathologist, radiologist, hematologist/oncologist ,radiation oncologist and surgeons. Include a section on current
therapies both chemical and technology based. This area has changed greatly since most of us were residents
and fellows and an update would be great! Another attention getter would be misdiagnoses or easily confused
disorders in pediatric orthopedics
47 neuromuscular and infantile scoliosis perthes disease limb length inequality-diagnoses and treatment
48 sports injuries in children
49 1.spina bifida 2. A Primer on affiliated fields, what's new in: Peds Rheumatology, Peds Infectious Disease, Peds
Neurology including muscle disorders
50 The adult outcome of a condition or group of conditions that we commonly treat in childhood. My logic: longterm
understanding of natural history and treatment outcomes is vital to making decisions for a child of today.
51 Spine,Arthroscopy,
52 Arthrogyrosis Soft Tissue contracture management Surgical techniques: current trends & updates Limb L
lengthening and Angular correction
53 Genetic (clinical) update Genetic research update Pediatric sports Pediatric orthopedic trauma, 2008 (2009)
(2010)
54 More basic science
55 Limb deformity/limb lengthening More Upper extremity and Trauma
56 Update;latest developments in Peds Ortho
57 perthes, adolescent hip dysplasia with more than ganz
58 DDH repeat the trauma every 3-5 years
59 Management of LLD and LE Deformity
60 Perthes

61 Knee & Malalignment problems
62 Infection in pediatric orthopaedics Benign and malignant tumors
63 Limb Deficiency Syndromes
64 foot deformities
65 Practice management aspects of pediatric orthopaedic surgery: practice environment, call issues, contracting, non-pediatric work, partnerships, billing and collections, private practice vs employee models, academic/foundation models, hospital subsidies, legal relationships with hospitals, 3rd parties, industry, parity with "adult" orthopods
66 Pediatric Sports Update
67 Consider a one day course on spinal deformities to include "Is bracing of any value---what is the real value?", "Indications for anterior surgery in the face of pedicle screws"; Neuromuscular spine deformity as a systemic Disease"; New look at radiographic assessment---pre-and post operative; Role of TPS in surgery; "What's happened with VATS?"; "Instrumentation in Congenital Deformity" "Where are we with VEPTER?"
68 Sports medicine
69 Clinical Research Methods Symposium: What is the best study design to answer different types of clinical questions?
70 Peoplepower in Peds Ortho
71 Growing spine treatments
72 practice management/coding pediatric hip disease limb deficiency
73 WE should hit Genetics and Peds ortho again - field is rapidly changing
74 Sport injuries
75 growing spine, SFCE, MMC, Arthrogyrosis
76 spinal deformity adolescent and young adult hip
77 Cerebral Palsy Foot
78 the complications course was fantastic. would suggest having that once every 4 or 5 years. I think a session on pediatric rheumatology would be very useful.
79 Neuromuscular Scoliosis Adolescent Sports Medicine
80 Spine Deformity
81 Update on Treatment of spinal Deformity The Adolescent Hip
82 Spine Sports (2008?)
83 Neuromuscular Orthopaedic Conditions Pediatric Amputee
84 limb lengthening
85 Surprise me
86 arthrogyrosis and other syndromic disorders with orthopaedic manifestations--O.I., DMD etc.
87 Pediatric Sports
88 Scoliosis Adults with pediatric problems Non-surgical treatments (casting, bracing, botox)
89 Infections
90 infection tumors
91 spine
92 The immature hip, LCP
93 fundamental knowledge of Pediatric Orthopaedic Surgery
94 Operative and non operative Management of Sports injuries and overuse syndromes
95 Sports
96 Pediatric Sports Repeat Pediatric orthopedic trauma
97 Infantile Scoliosis
98 Limb Deformity Benign Tumors Research Planning and Methods
99 Back pain in children, a practical approach to work up and treatment
100 sports spine
101 I think Complications should be re-emphasized periodically.
102 Sports Injuries Treating surgery complications (not just discussing them)
103 sports medicine
104 Muscle disease and spina bifida Hip update: Perthes, SCFE Spinal disorders
105 Adolescent Athletic Medicine
106 pedi trauma should probably repeat as a one day course every 4-5 years to keep updated care of the pediatric athlete - operative and nonoperative
107 Scoliosis and spine deformity - state of the art vs the tried and tested.
108 The pediatric hip: SCFE, PERTHES, AVN & the older child with residual hip dysplasia

- 109 Limb length inequality Assessment/ treatment of dwarfing conditions
- 110 Infection - antibiotic update as part of it
- 111 Practice Issues in Pediatric orthopaedics (organization, hospital, interdisciplinary, legal, financial, manpower/retention, practice strategies)
- 112 Osteomyelitis and septic arthritis
- 113 Evaluating Outcomes in Pediatric Orthopaedics
- 114 time for spine. bring trauma back again.
- 115 I would like to see a one day course relating to the wide variety of treatments used (across the US and Canada, and in other countries)for a group of particular conditions. This would highlight the seemingly acceptable wide ranges of treatments done and allow for either consensus or an indication of acceptable variability.
- 116 all good, should vary as you do.
- 117 Pediatric sports injuries - prevention, intervention, evaluation & treatment
- 118 I think the list is quite complete and repeating topics q 5 years is fine with me
- 119 Trauma
- 120 SPINE PRACTICE MANAGEMENT/WORKFORCE ISSUES
- 121 orthopaedic management of myelomeningocele
- 122 spine
- 123 spine
- 124 Limb deficiencies
- 125 spine,tumor
- 126 Hip disorders in Children excluding DDH Gait analysis--state of the art Tumor update
- 127 Spine Fracture Management Early Onset Scoliosis

Appendix C

SPECIALTY DAY

- 1 Paediatric Hip
- 2 trauma/deformity(lower extremity)/spine/hip/foot/sports
- 3 Practice management Billing/Collections
- 4 Updates on DDH, SCFE, LCPD, OI, clubfoot, tarsal coalition Future manpower issues in pediatric orthopaedics
What international volunteers are doing
- 5 limb lengthening and reconstruction, COUR symposium, educational tips to be more effective teachers
- 6 Treatment of Acute and Chronic SCFE Angular deformity correction--eight plate applications Practical endpoints
for Children's Orthopedic Problems to Maximize Lifetime Function--Review Science or reaffirm lack of science
that allows us to forecast the next 50 years for our patients with mild knee varus, mild hip dysplasia, SCFE, LCP,
45 degree scoli, severe flatfoot, rigid but plantigrade clubfoot, etc...
- 7 HIPS AND FEET DELIEMMA IN CHILDREN
- 8 same as my suggestions for one day course and breakout sessions
- 9 Fractures
- 10 limb lengthening sports medicine
- 11 International orthopaedic programs. What we can learn from them.
- 12 No need for new issues at AAOS.
- 13 Ponseti Clubfoot
- 14 complications in pediatric orthopaedics
- 15 Complex Pediatric Fractures Basic Science inovations that will become part of practice in 5 years
- 16 office pediatric orthopedics; Fractures; open vs closed reduction; Regional anesthesia for reduction pf pediatric
fractures
- 17 cerebral palsy
- 18 Debate formats are great and very informative Children Sports Medicine (not just little adults)
- 19 dysplasias teaching of residents and fellows
- 20 1/2 day -- Update/Current trends for the practicing orthopedic surgeon + 1/2 day -- peds specialty focus topic
- 22 Benign MSK issues in Childhood
- 23 controversial topics
- 24 Genetics and Mo Bio update

- 25 Application of EMR in Peds Ortho
- 26 Hip disorders; reconstruction of the destroyed hip in children and adolescence.
- 27 common office practice problems-update
- 28 Medicolegal issues
- 29 Complications
- 30 Surprise me
- 31 Pediatric Sports Spinal Deformity
- 32 infection tumors cp
- 33 Practice management Common misconceptions about common diagnoses
- 34 The transition between pediatric orthopaedics and adult life: where do our patients go?
- 35 I like the symposium concept with several relevant topics
- 36 Sports Medicine trauma
- 37 EPOS update--have visiting prof from Europe present topics or papers. Invite the best papers/posters at EPOS to give a presentation. Do the same with the group from S. America the following year!

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