



Robert B. Anderson, MD



W. Hodges Davis, MD



Bruce E. Cohen, MD



Carroll P. Jones, MD

# OrthoCarolina FOOT & ANKLE INSTITUTE

## Proceeding of the 4<sup>th</sup> Biannual Foot & Ankle Fellows Conference



**GUEST FACULTY**  
**Mark S. Myerson, MD,**  
Institute for Foot and Ankle Reconstruction,  
Mercy Medical Center,  
Baltimore, MD

As an extension of the **27<sup>th</sup> Annual Oscar Miller Day Symposium**, “Advances in Operative and Non-Operative Treatments of Foot and Ankle Disorders,” 35 distinguished Foot and Ankle orthopedic surgeons from throughout the United States, representatives from industry, and representatives from the OrthoCarolina Research Institute were invited to participate in an additional two day scientific conference, October 18-19, 2008. The purpose and format of this conference was based on a need for a forum where more complex and difficult issues could be raised and vigorously discussed.

**Session I, October 17, 2008, 5:00-6:00 PM.** All Oscar Miller Day participants were invited to attend.

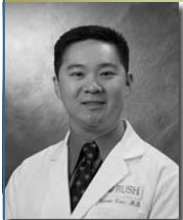
“Complex Case Presentations,” *Kirstina Olson, MD, Kenneth Hunt, MD, OrthoCarolina Foot and Ankle Institute, and Kent Ellington, MD, Carolinas Medical Center.* **Moderator:** Bruce E. Cohen, MD. Open discussion of pathologic entities and treatment options.



**Lt Col Scott Shaven, MD,**  
Walter Reed  
Army Medical Center,  
Washington, DC  
Fellow: 2003-2004

**Session II, October 18, 2008, 8:00 AM – 12:00 PM.** **Moderator:** Robert B. Anderson, MD

*Robert B. Anderson, MD, OrthoCarolina Foot and Ankle Institute, Charlotte, NC.* “Use of BioFoam™ in PTT Reconstruction.” Current advances in the treatment of posterior tibial tendon insufficiency include corrective osteotomies such as medial displacement calcaneal osteotomy, cotton osteotomy, and lateral column lengthening. The decision making processes for each of these operative treatments were reviewed. Historically, lateral column lengthening has been used with either autograft or allograft options. Lateral column lengthening using a metal wedge, BioFoam™ demonstrates promising early results. BioFoam™ is made of CP titanium and is 70% fully porous coated. Extensive animal and biomechanical testing yields superior ingrowth and mechanical properties, including high bond strength, high abrasion resistance, compressive strength and low modulus.



**Simon Lee, MD,**  
Midwest Orthopaedics,  
Chicago, IL  
Fellow: 2002-2003

*Lt Col Scott Shaven, MD, Walter Reed Army Medical Center, Washington, DC.* “Update on State of the Art Military Orthopedics.” Treatment of infections with new serological markers, antibiotics and surgical techniques and state-of-the-art treatments in military orthopedics were presented for discussion, including new and innovative soft tissue techniques such as negative pressure vacuum assisted closure, instillation vacuums, and new skin grafting. Current techniques for amputations such as the Ertl technique were described and detailed.

*Mark S. Myerson, MD, Institute for Foot and Ankle Reconstruction, Mercy Medical Center, Baltimore, MD.* “Supramalleolar Osteotomies.” Supramalleolar, or distal tibial, osteotomies are performed to correct valgus and varus deformities above and below the ankle. Indications for the procedure include, correction of malunion, correction of malalignment as part of staged ankle replacement, and preservation of alignment. Preoperative planning considerations including when to use an open wedge or closed wedge were reviewed and discussed. Surgical techniques were described. In conclusion, supramalleolar osteotomy is a useful and versatile procedure that preserves the joint and avoids arthrodesis.



**David Richardson, MD,**  
Campbell Clinic,  
Memphis, TN  
Fellow: 2005-2006

*Eric Gay, Wright Medical Technologies, Inc., Memphis, TN.* “Graft Jacket Update.” GRAFTJACKET® Matrix is made from donated human skin, which undergoes a process that removes the epidermis and dermal cells. It is used for regeneration in chronic skin wounds in diabetic patients. Clinical results were presented.



**Dan Ocel, MD**  
Cornerstone Orthopaedics,  
Denver, CO

*Simon Lee, MD, Midwest Orthopaedics, Chicago, IL.* “Navicular Fractures – What Have I Learned.” Navicular stress fractures are rare, account for less than 2% of lower extremity stress fractures and are often diagnosed late. They are more common in high impact athletes. Patients often clinically present with vague pain in the anterior ankle or medial arch regions, have point tenderness over the navicular with normal ROM. CT scan or MRI has the sensitivity and specificity of diagnosis. The fracture line is typically in the sagittal central 1/3 or the central and lateral third as well as proximal dorsal to distal plantar direction. Early diagnosis is critical and allows early non-operative treatment. Surgical techniques were described when indicated.



Field Ogden, MD,  
Southern Orthopedic  
Specialists, New  
Orleans, LA Fellow:  
2006-2007

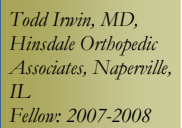
*W. Hodges Davis, OrthoCarolina Foot and Ankle Institute, Charlotte, NC. "Total Ankle – Early InBone Experience."* Second generation total ankle replacement (TAR) implants provide improved instrumentation, require less bone resection, and are more congruent with natural ankle anatomy, kinematics and kinetics. Early results and case presentations for the first FDA approved TAR, DePuy's Agility implant were reviewed. Wright Medical's INBONE implant is the second TAR approved for marketing in 2005. Design improvements include: adjustable longer stems, thicker polyethylene that reduces stress and wear, and an intramedullary guidance system. The presentation included 2 (of 6) case presentations with early promising results.

*Bob Fencl, Wright Medical Technology, Inc., Memphis, TN. "Industry SpotLight – What's New in Foot and Ankle."* An industry overview of new research and development in foot and ankle.



*David Richardson, MD, Campbell Clinic, Memphis, TN. "Like Father, Like Son?"* A discussion of the similarities and variations of foot and ankle treatment between Dr. Greer Richardson, former president of the American Orthopedic Foot and Ankle Society, and his son, Dr. David Richardson, presenter.

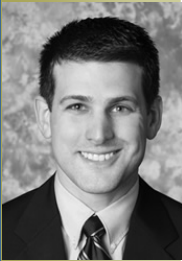
*Dan Ocel, MD, Cornerstone Orthopaedics, Denver, CO. "Sports Cases from the Rockies."*



Todd Irwin, MD,  
Hinsdale Orthopedic  
Associates, Naperville,  
IL  
Fellow: 2007-2008

**Session III, October 19, 2008, 8:00- 11:00AM. Moderator:** Robert B. Anderson, MD

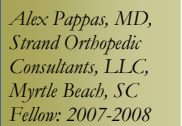
*Todd Irwin, MD, Hinsdale Orthopedic Associates, Naperville, IL; Alex Pappas, MD, Strand Orthopedic Consultants, LLC, Myrtle Beach, SC. "Our 1<sup>st</sup> Months in Practice: Triumphs and Disasters."*



*Field Ogden, MD, Southern Orthopedic Specialists, New Orleans, LA. "State of Orthopedics in New Orleans in the Aftermath of Katrina."* After Hurricane Katrina on August 29, 2005, the forced four week evacuation significantly reduced the available of healthcare and specifically orthopedic health care. While recovery of the area has been slow, the orthopedic healthcare industry has almost fully recovered.

*James Chandler, MD, Roanoke Orthopedic Center, Roanoke, VA. "Complex Case Presentations."*

*Greg Lundeen, MD, Reno Orthopedic Clinic, Reno, NV. "Complex Case Presentations."*



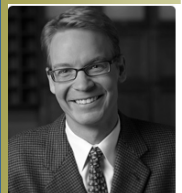
Alex Pappas, MD,  
Strand Orthopedic  
Consultants, LLC,  
Myrtle Beach, SC  
Fellow: 2007-2008

**Conference Conclusions:** The bi-annual educational conference, sponsored in part by the OrthoCarolina Research Institute, was organized to advance foot and ankle healthcare and promote cost-effective treatments. It was the consensus of the conference participants that the progress of orthopedic healthcare depends upon partnerships and interactions between research organizations, physicians, and industry. It is anticipated that new treatment strategies will result from conference discussions and may be presented an upcoming scientific meeting or result in a scientific article.



James Chandler, MD,  
Roanoke Orthopedic  
Center, Roanoke, VA  
Fellow: 1994-1995

**Financial Support:** Funding to support and encourage the advancement of specialized orthopedic technology is a critical need for the OrthoCarolina Research Institute. Three highly specialized orthopedic device companies were invited to attend and to assist in funding the conference. Wright Medical Technology, Inc. agreed to be present at the meetings, participate in the round-table discussions, and to provide financial support for the two day event. Their participation in the conference was important for problem analyses (i.e., what industry can do to help), and to discuss new and innovative product design and development ideas.



Greg Lundeen, MD,  
Reno Orthopedic  
Clinic, Reno, NV

**Other Attendees:**

Gregory Berlet, MD, Orthopaedic Foot and Ankle Ctr, Columbus, OH, Fellow: 1998-1999

Andrew Ebert, MD, Orthopaedic Specialists of Austin, Austin, TX, Fellow: 2006-2007

Kent Ellington, MD, Carolinas Medical Center, Department of Orthopedics, Resident

Ken Hunt MD, OrthoCarolina Fellow: 2008-2009

William James, MD, Midlands Orthopaedics, P.A., Columbia, SC, Fellow: 2002-2003

Jeremy McCormick, MD, OrthoCarolina Fellow: 2008-2009

Kirstina Olson, MD, OrthoCarolina Fellow: 2008-2009

Troy S. Watson, MD, Desert Orthopaedic Center, Las Vegas, NV, Fellow: 1999-2000