

## DePuy's Significant Commitment to Resident Research

**A**s a statement in support of young researchers, **DePuy** has recently committed to supporting 15 Resident Research Grants of \$5,000 through OREF, totaling \$75,000 annually. DePuy would like to continue this commitment of funding the DePuy OREF Resident Grants for at least the next 10 year period. These grants are in addition to the Platinum Level — \$200,000 or more — gift DePuy contributes to OREF each year.

“As a corporation committed to helping orthopaedic surgeons achieve excellence in surgical practice, DePuy recognizes that advancements come from a better understanding of the materials and methods used in the field, and that this understanding comes from research. It is vital, therefore, that we support young orthopaedic surgeons to encourage them to consider research careers, which is why DePuy plans to fund 15 Resident Grants each year for up to 10 years. It is our hope that these young clinician scientists

will continue to receive funding as they progress in their careers — leading to new discoveries that could one day advance surgical technique and ultimately patient care.” — **Bill McComb, Company Group Chairman, DePuy**

DePuy is a Platinum Level member of the OREF Corporate Associates Program, that select group of companies whose overall commitment to OREF is at least \$200,000 per year, with at least \$50,000 of that amount being unrestricted. For more information on corporate support and commitments, please see pages 2 and 12.



*The 2006 Shands Circle Gala will take place in Chicago on March 23, 2006. For details, please turn to page 4 in this issue.*

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## Unique Opportunities for Corporate Support



**Charles A. Rockwood Jr., M.D.**  
Board Chairman

OREF provides numerous, unique opportunities for corporate support, allowing corporations to achieve their mutual goals of funding orthopaedic research in an effort to ultimately enhance patient care.

New funding commitments made by DePuy, Pfizer, and Pfizer Medical Humanities Initiative reflect just some of the ways in which corporations may support OREF's important efforts.

**DePuy Orthopaedics** — Acknowledging the need for young orthopaedists to gain interest in developing careers as clinician scientists, DePuy will provide OREF with \$75,000 per year to fund fifteen, \$5,000 Resident Grants. DePuy plans to continue this commitment for at least the next 10 years. DePuy also provides other funding to support for OREF.

**Pfizer** — OREF and the American Orthopaedic Association (AOA) are partnering with Pfizer Inc. to present a Pain Management Initiative that will study how orthopaedists manage post-operative pain. This program will begin with an online survey that is available to all orthopaedic surgeons at [www.oref.org](http://www.oref.org). Then, a select advisory panel will meet to discuss findings from that survey. Results of that symposium will be published in fall 2006. It is our hope that the symposium and subsequent article will foster new research ideas. Please take a few minutes to log on to [www.oref.org](http://www.oref.org) to take the survey.

**Pfizer Medical Humanities Initiative (PMHI)** — Last year PMHI support allowed OREF to recognize past Trustees and grant recipients during a special luncheon in their honor. PMHI will again provide an educational grant toward the 2006 luncheon, during which OREF will recognize **longtime Order of Merit contributors** — those who have made gifts of \$1,000 or more to the Annual Campaign. The Luncheon will also include a discussion about diversity and social leadership with **Raul Perea-Henze, M.D., M.P.H.** as a featured presenter.

**Sanofi ~Aventis** — Because investigating the outcomes of orthopaedic surgery and learning about health care services are integral to improved patient care, Sanofi ~Aventis has committed an educational grant to fund a 2005-2006 Clinical Research Training Fellowship in total joint replacement including osteoarthritis, DVT prophylaxis, and other related studies. The recipient of this special fellowship will learn research study design, epidemiology and statistics, then conduct a major research project in total joint replacement.

Corporations can take advantage of other OREF partnership opportunities by:

- Funding OREF Resident Research Symposia or Grant Writing Workshops to encourage young researchers
- Providing support for OREF Publications that promote the value of OREF research
- Directing funding through OREF's Designated Giving Program to any of more than 30 specialty societies
- Supporting Practice Patterns Surveys on select clinical issues or other similar efforts through our Directed Research Program

All of these opportunities will provide significant visibility for your company and important support for OREF.

For additional partnership opportunities or to find out more about OREF's Corporate Associates Program, please contact **Judy Sherr, Vice President, Corporate Relations**, at (847) 384-4356 or [sherr@oref.org](mailto:sherr@oref.org), or **Susan Serpico** at (847) 384-4355 or [serpico@oref.org](mailto:serpico@oref.org).

Thank you for your support.

Charles A. Rockwood Jr., M.D.  
Board Chairman

*"All of these opportunities will provide significant visibility for your company and important support for OREF."*

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# 50th Anniversary Campaign

## Your Legacy — Our Future

**W**e have made significant progress since the start of our 50th Anniversary Campaign. As the 2006 Annual meeting is about to commence, OREF has received more than \$67 million toward the goal of raising \$100 million. One of our primary objectives is to permanently endow many research grants.

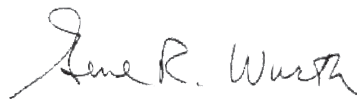
*“As the 2006 Annual meeting is about to commence, OREF has received more than \$67 million toward the goal of raising \$100 million to permanently endow many research grants.”*

While 2005 represented the 50th anniversary of our founding, 2006 represents the 50th anniversary of the awarding of our first research grants. Because these 50th anniversaries are such milestones, and because it is important to continue adding to OREF's endowment to ensure that we fund research in the years ahead, this critical initiative will continue through 2007.

As part of this campaign, a whole range of OREF grants are available to donors to be permanently endowed, with donors' names (if they so choose) attached to them. These range from Resident Research Grants, to Research Grants, to Career Development and Clinician Scientist Awards. Thus far we have permanently funded the **Dr. Dane A. and Mrs. Mary Louis Miller** Clinician Scientist Award and Career Development Award; the **Dr. Zachary B. and Mrs. Kathleen Friedenberg** Clinician Scientist Award; and several others.

We are grateful to those who have contributed to the campaign for their generosity, and know that by providing for research in the future, they will help to ensure the future of orthopaedics. For more information on endowing OREF grants and awards, please contact me at [wurth@oref.org](mailto:wurth@oref.org) or (847) 384-4362. Or, log-on to [www.oref.org](http://www.oref.org) for more information.

Sincerely,



Gene R. Wurth  
President and CEO



**Gene R. Wurth**  
President and CEO

**About Impact**

*Impact* is published quarterly by the Orthopaedic Research and Education Foundation, a 501 (c) (3) tax-exempt organization under the Internal Revenue Service tax code.

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## The 2006 Shands Circle Gala — an Event Not to be Missed



**Joseph C. McCarthy, M.D.**  
Chairman,  
Shands Circle Committee



**A**nother year has passed and it is again time to get together to learn about the new innovations and advancements of our specialty. But there will also be time to enjoy the city of **Chicago** and to become reacquainted with old friends during OREF's events at the AAOS Annual meeting.

The 2006 Shands Gala will take place on Thursday, March 23, 2006 at the **Mid-America Club** located on the 80th floor of the Aon Center. The Mid-America Club was founded on the traditions of high-level service, world class cuisine, and sophisticated amenities. One of Chicago's premier businesses and social clubs, the Mid-America Club is located at the top of what was once named the Amoco Building. The club features a 360-degree panoramic view of Chicago's world class skyline, Lake Michigan, Grant Park — including the newly opened multi-million dollar Millennium Park — and the Gold Coast. The Mid-America Club provides the perfect setting for the 2006 Shands Gala.

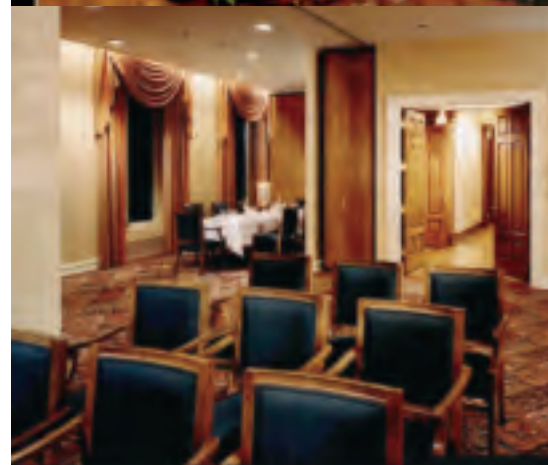
To maximize the amount of donated funds available to support research, the Board of Trustees has determined that the cost of the evening will be \$125 per person for the dinner and reception, and \$35 for the reception only. This should make more than \$35,000 available for 2006 research grants.

Please note: Due to increased security needs in large buildings like this, photo identification will be checked upon entry. Please be sure to bring a form of photo ID.

If you haven't already, you will receive your invitation and registration information in the mail soon, and registration is also available online at [www.oref.org](http://www.oref.org). For more information, please contact **Maureen Corcoran**, Director, Shands Circle Programs, at (847) 384-4360 or [corcoran@oref.org](mailto:corcoran@oref.org). If you are interested in information on how to join the Shands Circle to enjoy the Gala and other benefits, please contact Maureen.

We hope to see you there, and that this year is even more successful for the Shands Circle. As of Jan.1, 2006, the Shands Circle included 441 members, including 27 who became part of Shands in 2005.

*"... there will also be time to enjoy the city of Chicago and to become reacquainted with old friends during OREF's events at the AAOS Annual meeting."*



*The Mid-America Club, Aon Center, Chicago*

### Contact Shands Circle

To learn how to join the Shands Circle, or for more information on how to make contributions toward the 2006 Shands Gala, please contact:

**Gene Wurth**,  
President and CEO  
at (847) 384-4362  
or [wurth@oref.org](mailto:wurth@oref.org)  
or **Maureen Corcoran**,  
Director, Shands  
Circle Programs, at  
(847) 384-4360  
or [corcoran@oref.org](mailto:corcoran@oref.org).

## Dr. Asher's Research Improved Durability of TJR

### It's a matter of timing

#### Marc A. Asher, M.D.

1973 OREF Research Grant recipient

**Topic:** Dr. Asher investigated whether mixing times might contribute to bone cement performance in total joint replacement.

**Results:** Prior to vacuum mixing, bone cement was mixed manually by the orthopaedic surgeon. Testing 30-, 60-, and 90-second mixing times determined that longer mixing times made the cement more homogeneous by dispersing air voids and reducing the incidence of crack flow.

#### Patient Care Application of Results:

**Longer mixing times for bone cement helps prevent crack flow, making replacement joints more durable and diminishing the need for additional surgeries.**

How did life on a working farm lead to a full-spectrum career in orthopaedic medicine — research, clinical practice, specialty orthopaedic organization leadership, and teaching — and more than 20 years of support for orthopaedic research? For Scoliosis Research Society (SRS) Past President **Marc A. Asher, M.D.** it was a logical path, eased by inspiration from a local physician and encouragement from OREF.

"I'm one of the farm boys who found his way to becoming an orthopaedic surgeon, which was a common pathway for people in my day," Dr. Asher said. "I started college with the intention of becoming a veterinarian, but after three semesters I thought that might limit me too much. I had been impressed with the work of a general practice doctor in our small town, so I transferred to pre-med at Kansas State. An excellent orthopaedic

rotation early in my internship solidified my decision to seek orthopaedic surgery rather than general surgery specialty training."

An Annual Campaign donor since 1982 and a Shands member since 1998, Dr. Asher had a strong interest in research from the start, fuelled by witnessing the transition of orthopaedics to total joint solutions.

"I was educated as a general orthopaedic surgeon and a research fellow, doing work in tissue culture and bone culture. But the best experience I had was at Mass General, where I was able to watch the evolution to total joint. When I started my residency in 1967 the Smith-Petersen Vitallium® cup, introduced nearly 30 years prior, was the main treatment for arthritis of the hip."

Credited with producing the first predictable results in interpositional hip arthroplasty, Vitallium® cup was introduced by **Marius Smith-Petersen, M.D.** in 1938, a fourth-generation refinement of his original glass-mold prosthesis (1923), placed between the femoral head and the acetabulum to, Dr. Smith-Petersen hoped, "guide nature's repair" of the joint.

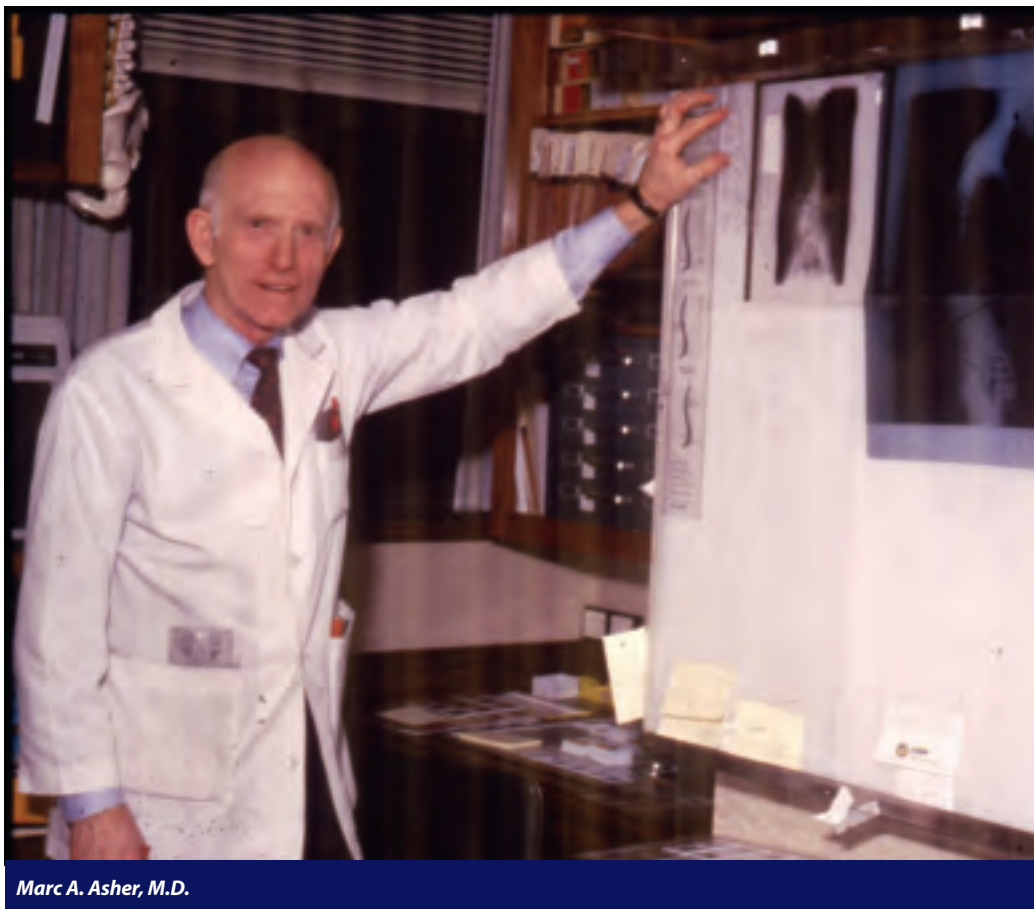
"By 1970, Vitallium® resurfacing had been supplanted by total hip arthroplasty, so I was able to see the rapid evolution of management of arthritis," Dr. Asher recalled.

In 1973, Dr. Asher and two colleagues began research that helped refine total joint replacement. Assisted by an OREF grant, the team studied bone cement and how to optimize its use.

"The purpose of our research was to learn if different bone cement kneading times, something the surgeon has some control of, affects bone cement fatigue life. And the answer was yes, longer is better. **This line of research helped improve the durability of total joint replacement. Without the OREF grant, it probably would not have been done.**"

A commitment to support the whole of the profession undergirds Dr. Asher's reasons

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Marc A. Asher, M.D.

## Income-Producing Gifts Yield Attractive Returns

Investors are always seeking high returns on their assets. But yields on money-market accounts and certificates of deposit seldom reach high-return levels. Even dividend yields on good stocks are often meager, and stock market fluctuations are unpredictable over the long term.

Where can you turn to get the best return on your money? It may surprise you, but when investment safety and tax savings are important considerations, the answer is your favorite charitable organizations, such as OREF. With returns on savings instruments at low ebb, income-producing gifts are more attractive than ever.

A popular life income plan is a charitable remainder trust (CRT). In comparison to low-yield investments, this plan can substantially increase your current income — and provide significant tax savings, too.

### How Charitable Remainder Trusts Work

There are two basic types of charitable remainder trusts that assure lifetime benefits for you and ultimate benefits for OREF: the annuity trust and the unitrust.

These two trust types are similar in many respects. Assuming you are the donor, consider these examples:

- The trust must first pay a flow of income to you and any other individual you name; at termination, all assets of the trust must pass to a qualified tax-exempt organization such as OREF.
- You receive a sizable income tax charitable deduction for a portion of the fair market value of the assets placed in the trust. This depends on the number and ages of the income beneficiaries, the payout rate, the frequency of payment, and the charitable midterm federal rate. The income tax savings reduce the net cost of your gift and thus improve your effective rate of return.

- When you use appreciated securities to fund the trust, you are not taxed on the capital gain. And your deduction for a gift funded with long-term securities is based on their full fair market value—not their lower cost basis.
- If you, or you and your spouse, are the only income recipients, the value of the trust will not be taxable for federal estate tax purposes.

### How Your Income Is Determined

When you create a charitable remainder trust, you choose the payout rate that determines your return. Here's how this applies to the two basic types of trusts:

**Annuity trust:** You receive a fixed sum each year, which can be expressed either as a dollar amount or a percentage of the net fair market value initially placed in the trust.

**Example:** *Marjorie, a widow age 70, has \$100,000 in a money-market account currently yielding only 3%. She creates an annuity trust into which she deposits these funds, arranging to receive 6% or \$6,000 each year, doubling her former income from these funds.*

Marjorie likes this plan because she knows she will receive the same amount for the rest of her life, regardless of changing interest rates and stock market fluctuations.

**Unitrust:** You receive payments each year determined by multiplying the fair market value of the trust assets, as revalued each year, by a fixed percentage.

**Example:** *Arthur is 65 and married. He has \$100,000 in blue chip stocks yielding current dividends averaging 3.5% a year, which he considers skimpy. He establishes a unitrust and transfers his stocks to the trust, which will pay him 7% of the fair market value of the trust assets each year. If his wife survives him, she will receive payments in the same manner.*

Arthur understands that the market value of the trust could decline; but based on past experience, he believes that over the years a portfolio of high-quality diversified stocks will appreciate in value, tending to offset future price inflation.

### Income Tax Savings, Too

When you itemize deductions, you get a sizable income tax charitable deduction in the year you create an annuity trust or unitrust. The deduction is for the value of our right to receive the trust remainder after your lifetime, as determined by official U.S. Treasury tables.

**Example:** *Upon establishing her annuity trust, Marjorie is entitled to an immediate income tax charitable deduction of \$42,600.\* In her 28% federal tax bracket, she will realize income tax savings totaling \$11,928.*

\* Based on quarterly payments and a 4.6% charitable midterm federal rate





**Dr. and Mrs. Scott F. Holder**

*"I decided to give my gift in the form of a CRT because it allows me to use some of the interest from the trust for retirement income. In addition, the trust is free of estate taxes and protected from creditors. I also have the satisfaction of knowing that the money in the trust will go to the charities of my choice at the time of my death."— Scott F. Holder, M.D.*

Dr. Holder made a gift estimated at \$125,000 to OREF's unrestricted endowment through a charitable remainder trust.

As noted earlier, a gift of appreciated securities can assure even more valuable tax savings because you avoid any tax on the capital gain.

**Example:** *In addition to a tax deduction for a percentage of the full fair market value of his gift of long-term stocks, Arthur realizes another important tax benefit. If he had sold the stocks instead of contributing them to his new unitrust, he would have paid an enormous tax on the capital gain. Their cost basis is \$30,000, compared to their market value of \$100,000, which would have resulted in a gain of \$70,000. At a federal capital gains rate of 15%, the tax would have been \$10,500, leaving him only \$89,500 to reinvest.*

### **It Pays to Be Charitable**

Why settle for paltry interest and dividends when an income-producing gift can substantially increase your income? At the same time, you can enjoy the heartwarming satisfaction of your commitment to OREF's future work.

To learn more about such arrangements for the benefit of OREF — and other charitable organizations of interest to you — please contact **Gene Wurth** at (847) 384-4362 or wurth@oref.org. A number of supporters already have such plans in place. Also, please ask our representative to help you and your tax advisor pick the plan that best fits your personal situation. There is no obligation, of course.



### **Dr. Asher's Research Improves Durability of TJR**

*(continued from page 5)*

for putting his personal resources behind OREF. "Nothing changes for the better without education and research. Without research we would not have antibiotics, vaccines, or orthopaedic implants and prostheses. **In our practice lifetime the scope and effectiveness of our surgical procedures and rehabilitation programs has dramatically expanded. This would not have been possible without research."**

Dr. Asher believes the need for orthopaedic research is more pressing than ever. "We are in a progressively difficult time. There is a fair amount of anti-intellectualism afoot and research will definitely be affected for two reasons. First, funding will not be there in the carte-blanche way it has been in the past. Second, questions will become harder to ask and will require more and more sophisticated answers. The days of setting up a lab with basic tools are long past. Genomic research is very expensive."

As Dr. Asher sees it, **the time is right for orthopaedic surgeons to support OREF.**

"Orthopaedic surgeons have so much to be thankful for. We've made a good living. This is our time to donate to OREF to secure the future of the next generation. Most orthopaedic research tends to go to about a dozen institutions. OREF research tends to go elsewhere. Big advances often come from the periphery. OREF is in a position to keep that path open. I strongly encourage giving to OREF."

## Could Broken Hips and Other Fractures be Prevented?

An OREF-funded clinician scientist sought to answer these questions with metabolic bone research

**William H. Harris, M.D.,**  
1960 and 1970 Research Grant recipient

**Topic:** Tetracycline labeling to study metabolic bone diseases

**Result:** Treatments for osteoporosis

### Patient Care Application of Results:

**Treatment of osteoporosis — a condition in which bones decrease in mass with increasing age, causing them to become fragile — which helps reduce risk of fractures or other injuries**

Wrist fractures, broken hips, and sore backs are just part of growing older — or could they be potentially preventable injuries at any age?

This question prompted the Surgeon General to publish a report, *Bone Health and Osteoporosis: A Report of the Surgeon General*, in 2004. The report stresses the need for individuals to learn how they can prevent bone-loss diseases, such as osteoporosis. According to the report, although more research must be conducted on the subject, “great improvements in the bone health status of Americans can be made by applying what is already known about early prevention, assessment, diagnosis, and treatment.”

Some of what is already known about metabolic bone diseases is the result of research that began with an OREF grant. **William H. Harris, M.D.**, director emeritus of the Orthopaedic Biomechanics and Biomaterials Laboratory at Massachusetts General Hospital, received research grants from OREF in 1960 and 1970 for his work involving tetracycline labeling. This led to research that covered several decades of studies of metabolic bone responses, spatial and temporal variation in cortical bone formation, skeletal reaction to internal fixation devices, and studies on skeletal balance and calcium and phosphorus metabolism.

“The orthopaedic surgeon sees patients with metabolic bone diseases not only in the form of osteoporosis, but, though more rarely, in terms of hyperparathyroidism or osteomalacia. The study of the rates of bone formation helps to understand these diseases,” said Dr. Harris.

Tetracycline labeling was developed to help quantify rates of bone formation and to study the questions: Why do elderly women fall down and break their hips? Why do older patients suffer from spine fractures or break their wrists?

“The skeleton in everybody in the older age groups loses strength because it loses mass. It becomes weaker, and many hip fractures are not related so much to trauma but to the weakening of the bone. Many hip fractures, vertebral fractures, and wrist fractures are secondary to the weakening of the skeleton over time because of osteoporosis,” Dr. Harris said.

According to Dr. Harris, the integrity of the skeleton is based on two processes which occur simultaneously: the formation of bone and the removal (or resorption) of bone. If bone removal exceeds bone formation, the skeleton weakens.

“It’s like a brick wall in which you’re removing some bricks all the time and replacing some bricks all the time. To maintain the strength of the wall, you must remove and replace bricks in balance.”

Tetracycline labeling helped study this process by allowing measurement of rates of new bone formation. The tetracycline molecule, an antibiotic, is preferentially incorporated and retained at all sites where new bone is formed. Any new bone formed during the time the tetracycline was in the bloodstream fluoresces under ultraviolet light.

To learn whether too little bone formation or too much bone resorption is the culprit in cases of osteoporosis, new bone formation



Dr. William H. and Mrs. Johanna (Nan) Harris



can be measured by administering tetracycline markers at specific time points. For example, administering an intravenous dose of tetracycline one day and then another dose 10 days later would indicate where and how much bone was laid down in those 10 days. This method is valuable in answering the question of what causes osteoporosis.

*Tetracycline labeling was developed to help quantify rates of bone formation and to study the questions: Why do elderly women fall down and break their hips? Why do older patients suffer from spine fractures or break their wrists?*

Tetracycline labeling also helps test potential treatments for the disease. To test a treatment, rates of bone formation must be measured to find out if the treatment slowed down the bone resorption, increased bone formation, or both.

"In addition there's a difference between whether the skeleton became stronger because of the treatment or just stopped getting weaker," Dr. Harris said. "One of the ways to find out if the skeleton has become stronger is to measure rates of new bone formation. There are ways other than tetracycline labeling to measure bone formation, and there are ways to measure bone resorption, but tetracycline labeling is one important method in measuring bone formation rate."

Tetracycline labeling can also be used to study other metabolic bone responses, which underlie many diseases other than osteoporosis, such as parathyroid diseases, osteomalasia, and the changes that occur in bone due to complications from cancer.

Throughout his research career, Dr. Harris continued to conduct research that involved bone formation.

"The skeleton doesn't uniformly respond. Some areas resorb a lot of bone, while others form a lot of bone, and yet other areas are quiet," he said. "If you performed a biopsy in a quiet area, it would look as if no bone was being formed, or conversely if the biopsy were performed in an active area, you would think bone was forming rapidly. So it's important to study over time which area is active and which is not."

Along with this study of spatial and temporal variation in cortical bone, Dr. Harris also studied the skeletal reaction to internal fixation devices to learn what happens to the bone underneath devices, such as plates, used to fix fractures. He also investigated how administering calcium or phosphorus can increase the formation of or decrease the resorption of bone to achieve skeletal balance. Work was also done on the effects of giving growth hormone.

In addition to being a clinician scientist himself, Dr. Harris supports others' research endeavors. Not only is he part of the Shands Circle, OREF's highest-level recognition society, but he has also contributed to the Annual Campaign at the Order of Merit level — \$1,000 or more — for more than 20 years. Dr. Harris would like to see more young investigators receive support similar to the grants he received from OREF to further improve knowledge about bone diseases.

"Young investigators are somewhat like seedlings that begin to sprout in the spring. While their potential is enormous, so is their vulnerability," he said. **"It is at that stage**

### **Why the Study of the Formation of and Resorption of Bone is Important: From Bone Health and Osteoporosis: A Report of the Surgeon General**

- Each year about 1.5 million individuals suffer an osteoporotic-related fracture.
- Four of every 10 Caucasian women age 50 or older in the United States will experience a hip, spine, or wrist fracture; 13% of men age 50 or older will also experience these injuries.
- As defined by the World Health Organization's bone density measurement, about 10 million Americans over the age of 50 have osteoporosis and 34 million have low bone mass of the hip, which puts them at risk for osteoporosis.
- By 2010, nearly 12 million Americans over 50 are expected to have osteoporosis and another 40 million to have low bone mass; By 2020 there could be about 14 million osteoporosis patients — one of every two Americans — and more than 47 million cases of low bone mass.
- Advances in scientific knowledge have led to an era in which bone diseases can be prevented in most individuals and identified early so that they can be treated in those patients who do suffer from them.

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## Resident Education Key to Future of Orthopaedics

*Young surgeons offer hope for tomorrow's orthopaedics as they learn from JBJS grants*

Throughout its history, OREF has worked with many partners — individuals, companies, and societies — who share its mission. One special partner has been *The Journal of Bone and Joint Surgery (JBJS)*, a prominent journal for orthopaedics, which bases its success on publishing the results of high-quality research. *JBJS* shares OREF's goal of supporting the research — and the researchers — that will make a difference.

One way to encourage orthopaedic residents to engage in and appreciate the value of research is to encourage regular review, analysis, and discussion of recent scientific journal articles. OREF and *JBJS* have partnered to create the *JBJS* Resident Journal Club Grants to support journal club activities for orthopaedic residents, enhancing residency training by providing educational information on managing an effective journal club and teaching residents how to evaluate current scientific literature. Comments from participants in these journal clubs describe their effectiveness:



**Bryce A. Johnson, M.D.**

"As the specialty of orthopaedics changes and improvements are discovered and reported, practicing physicians and residents must be able to accurately interpret the meaning of published research. The *JBJS* Journal Club grant has allowed us to better our own analytical skills, through involvement in the journal clubs, as well as in helping junior residents start on their way to appropriate analysis of the literature." — **Bryce A. Johnson, M.D.** and **Behrang T. Mazahery, M.D.**, Northwestern University, 2004-2005 *JBJS* Journal Club Grant recipients



**Yvonne Grierson, M.D.**

"A journal club is an excellent method for allowing orthopaedic surgeons to remain current in their knowledge of the literature and the state of the art in our specialty by encouraging its members to discuss the practice of medicine and allowing for the free flow of information and sharing of ideas that ensure we are all maintaining a current and appropriate level of care for our patients." — **Yvonne Grierson, M.D.**, University of Minnesota, 2004-2005 *JBJS* Journal Club Grant recipient



**Frank L. Walter, M.D.**

"The purpose of journal clubs for orthopaedic residents is to review and critically evaluate the orthopaedic literature. Understanding the literature will help us to make informed decisions in the future that will impact our patients' outcomes. This grant has given us the opportunity to bring in guest speakers to add to the educational experience at our journal clubs." — **Frank L. Walter, M.D.**, Wayne State University, 2004-2005 *JBJS* Journal Club Grant recipient

"The practice of evidenced-based medicine has become increasingly important in our current health care climate with the ability to critically review the orthopaedic literature often an under-emphasized area of focus in residency training. Familiarity with the orthopaedic literature and dedicated time to discuss the latest evidence and technologies benefits patients and the field as a whole. Our Resident Journal Club Grant has encouraged us to become life-long learners and to stay current in the latest orthopaedic literature." — **Eric Berkson, M.D.** and **Gregory Lee, M.D.**, Rush University Medical Center, 2004-2005 *JBJS* Journal Club Grant recipients

"Periodic review of the literature is important to the effective practice of medicine. Study of the available literature helps us decide which techniques, methods, and devices are most effective. When we apply these to patient care we can be confident that we are providing the best care to our patients. This critical thought improves my surgical and clinical care of patients and stimulates a desire to investigate new and better ways of doing things." — **Robert S. Nolan, M.D.**, SUNY at Buffalo, 2004-2005 *JBJS* Journal Club Grant recipient



David Edelstein, M.D.

"As a small orthopaedic program with limited resources, the funding of our journal club truly enhances our educational experience. By funding our journal club, OREF gives the residents, including myself, the ability to set aside time and review journal articles in an organized fashion. The impact on my career lies in the critical thinking skills I've attained, as well as the ability to analyze literature now and in my future practice."

— **David Edelstein, M.D.**, Maimonides Medical Center, Brooklyn, 2004-2005 *JBJS* Journal Club Grant recipient



Javad Parvizi, M.D.

In addition to the *JBJS* Journal Club grants, the *Journal of Bone and Joint Surgery* made a sizeable contribution to OREF to support a Clinician Scientist Award — OREF's highest award category — for three years.

The *Journal of Bone and Joint Surgery's* donation to OREF's 2003 fund made **Javad Parvizi, M.D.'s** Clinician Scientist Award possible. This award will provide Dr. Parvizi with a salary stipend of \$100,000 per year until 2007.

With this funding, Dr. Parvizi is investigating Smart Implants with biological surfaces, which could possibly reduce the risk of periprosthetic infection, leading to improved longevity of the artificial joints and aversion of the psychological and economic costs to patients.

For information about making endowment gifts to OREF or funding a Clinician Scientist Award, please contact **Gene Wurth** at (847) 384-4362 or wurth@oref.org.

## Could Broken Hips and Other Fractures be Prevented?

(continued from page 9)

**that the stimulating and reinforcing support which comes from an OREF grant has its greatest impact and its greatest significance. The central role of OREF at that pivotal stage cannot be overemphasized."**



William H. Harris, M.D.

While more research needs to be conducted to achieve a complete understanding of bone diseases, current knowledge, including that gained from Dr. Harris' tetracycline labeling studies, can help to treat or prevent the devastating effects of them, leading to a healthier, better quality of life for patients.

"The basic techniques learned in these studies were tools important in studying or beginning to understand bone diseases that the orthopaedic surgeon sees every single day," Dr. Harris said. "That problem has been successfully addressed by the introduction of medicines, such as the bisphosphonates and the intermittent use of parathyroid hormone injections, which inhibit or block the resorption of bone or increase formation. If bone formation continues but resorption of bone decreases, the skeleton is strengthened. And many of those basic studies hinged on the ability to measure bone formation. The OREF grant played an important role in establishing and maintaining this tetracycline labeling research."

# Practice Patterns Survey — Pain Management Initiative

Recent and dramatic changes in drug therapies available today have escalated the issue of musculoskeletal pain management. As orthopaedic surgeons work with patients to manage their pain, they must navigate through a myriad of treatment options with varying results. As the landscape of pain management options evolves, orthopaedic surgeons have an opportunity to learn about viable treatment protocols from their peers and to seek knowledgeable guidance from leaders within the profession.

The Orthopaedic Research and Education Foundation (OREF) and the American Orthopaedic Association (AOA) have partnered to address the issue of pain management in orthopaedic patients who present with total joint, sports medicine or spine related conditions. The two organizations have partnered because of their unique and complementary roles in orthopaedics; OREF's commitment to

education and research and the AOA's commitment to leadership.

The goal of the practice pattern survey is to gather feedback from practicing orthopaedic surgeons about their current methods of treating and managing pain, primarily post-operatively. Additionally, an advisory panel comprised of orthopaedic thought leaders will review the survey data and provide input on their respective pain management practices and standards of care.

Feedback from both the survey and the panel will be analyzed and summarized by an orthopaedic oversight committee. The results, which will be shared with the entire orthopaedic community, including orthopaedists, residents, fellows, and industry, will help to serve as a needs assessment by identifying specific areas within musculoskeletal pain management that warrant additional research and education.

The survey is now hosted on [www.oref.org](http://www.oref.org) and will be available for use by orthopaedic surgeons from Feb. 3 through June 30.

This research initiative is made possible through an educational grant provided by **Pfizer, Inc.**



## 2005 Corporate Associates

OREF is proud to acknowledge these companies for their generous support. A strong and productive alliance with industry enables OREF to fund quality programs that advance the orthopaedic profession, ultimately leading to improved patient care.

### Platinum (\$200,000 & above)



### Gold Level (\$100,000 - \$199,999)



### Bronze Level (\$10,000 - \$49,999)

ArthroCare	Globus Medical	Tornier
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To learn more about the Corporate Associates Program, please contact **Judy Sherr**, VP, Corporate Relations at (847) 384-4356 or sherr@oref.org; or **Susan Serpico**, Coordinator, Corporate Relations, at (847) 384-4355, or serpico@oref.org.

# INSTITUTIONS, HOSPITALS, PHYSICIAN GROUPS

## Departmental Contributions to OREF in 2005

### \$100,000 & above

Orthopaedic Surgeons Network of Arizona\*\* Phoenix, AZ

### \$70,000 & above

Hospital for Special Surgery\*\* New York, NY

### \$20,000 - \$29,999

Brown University School of Medicine\*\* Providence, RI  
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 Massachusetts General Orthopaedic Associates\*\* Boston, MA  
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 New York University - Hospital for Joint Diseases\*\* New York, NY  
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### \$10,000 - \$19,999

Beth Israel Deaconess Medical Center\*\* Boston, MA  
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 Southern Bone & Joint Specialists (Golf Outing) Dothan, AL  
 UMDNJ - New Jersey Medical School\*\* Newark, NJ  
 University of Cincinnati Medical Center\*\* Cincinnati, OH  
 University of Maryland\*\* Baltimore, MD  
 University of Missouri (Columbia)\*\* Columbia, MO  
 Washington University School of Medicine\* St. Louis, MO

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Arthritis and Joint Center of Florida (Golf Outing) Melbourne, FL  
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### Up to \$4,999

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 University of Miami School of Medicine Miami, FL  
 Yale University School of Medicine New Haven, CT

## Resident Contributions

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 University of Alabama Medical Center Program Birmingham, AL  
 University of California San Diego Medical Center San Diego, CA  
 University of Cincinnati Medical Center Cincinnati, OH  
 University of Iowa Hospitals Iowa City, IA  
 University of Minnesota Minneapolis, MN  
 University of Pittsburgh Medical Center Pittsburgh, PA  
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 University of Washington Seattle, WA



Thomas P. Sculco, M.D.

*As an institution, Hospital for Special Surgery is one of the largest orthopaedic musculoskeletal centers in the world. Our faculty believes that the future of orthopaedics is dependent and closely linked to the basic and clinical research being performed today and this will translate into better patient care and improve the lives of our patients. We want to be in the forefront of supporting orthopaedic research and total faculty*

*giving at the Order of Merit level to OREF is the best way for us to help make this happen. — Thomas P. Sculco, M.D., Surgeon-in-Chief, Hospital for Special Surgery*

\*\* 100% Order of Merit \*100% Participation



# Please Support OREF's 2006 Annual Campaign

## Personal Data

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### B Annual Giving Levels:

Order of Merit—Platinum	\$5,000 & Above
Order of Merit—Gold	\$2,500-\$4,999
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Bronze	\$500-\$999
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Enclosed is my check for the 2006 calendar year in the amount of \$ \_\_\_\_\_ .

I would like to pledge \$ \_\_\_\_\_ for 2006.

Please remind me of my pledge during the month of \_\_\_\_\_ .

Charge my contribution of \$ \_\_\_\_\_ to my:  Visa  Mastercard  AMEX

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Please send me an **Order of Merit** Certificate.

\* For details about Shands Circle membership or about contributing to endowment funds, please contact **Gene Wurth** at (847) 384-4362 or wurth@oref.org

### C Memorials and Tributes

(Please check one):

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### D Designated Giving Program for Annual Giving\*

**Order of Merit** members (contributions of or exceeding \$1,000 annually) have the opportunity to designate support for specialty societies through their annual contribution to OREF.

*NOTE: Contributions less than \$1,000 may not be designated.*

I understand that a minimum of **\$500** of my annual Order of Merit contribution is **unrestricted** to OREF. I have indicated below the total amount I'd like to designate to OREF and to these specialty societies:

\$ _____	<b>OREF</b>	\$ _____	KS
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\$ _____	EOEF	\$ _____	SOA
\$ _____	HS	\$ _____	SOMOS
\$ _____	ISAKOS	\$ _____	SRS
\$ _____	JRGS	\$ _____	WOA
		\$ _____	<b>Total Gift</b>

For more information, please contact **Ed Hoover** at hoover@oref.org or (847) 384-4354 or **Maria Aguirre** at aguirre@oref.org or (847) 384-4357.

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Printed in USA. 0602-02



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## Ira A. Roschelle, M.D. Family Foundation to Fund Resident Grant



**Ira A. Roschelle, M.D.**

Family and orthopaedics are central to **Ira A. Roschelle, M.D.'s** life. Dr. Roschelle created a Foundation for his family's future and his legacy. The foundation will support a Resident Research Grant through OREF.

Dr. Roschelle founded the **Ira A. Roschelle, M.D. Family Foundation** as a New Jersey charitable organization. He and his children direct the Foundation, which has been in operation for about one year.

"I founded the foundation since I have always considered charity to be exceedingly important and because I wanted to have control over my gifting," said Dr. Roschelle. "I wanted to create a situation where my children, working together, will be involved in giving charity. It is a project that they can do together as a family even though they're geographically dispersed and have different professional interests."

As the Ira A. Roschelle, M.D. Family Foundation is currently set up, it gives to three different charitable causes, including liberal media causes, aspects of Jewish education, and medical research, specifically orthopaedics.

"I earned my money in orthopaedic surgery. I felt that I should give something back, and a proper area would be an area of orthopaedic research."

Through OREF, the Ira A. Roschelle, M.D. Family Foundation will support one \$15,000 Resident Research Grant in 2006.

"I was especially interested in giving to research at the resident level because there was no such money available to me when I was a resident, and I would have liked to have had some. I also think it's a way to give a resident an opportunity to try research and consider it as part of his or her orthopaedic career," he said.

Dr. Roschelle will have a chance to select from resident grant applications once the members of OREF's peer review committee have reviewed

them and made their recommendations for funding. He hopes to pick one that is interesting to him, and keep in contact with the resident conducting the research to learn about the project's progress.

"Orthopaedic surgeons contribute by diagnosing and healing conditions of the musculoskeletal system. It is research that provides new areas of intervention and techniques. In other words, we're all trained to be pretty good surgeons; the only thing that could make us better as professionals is to have new things to do. Back in the days of my residency, which I completed in 1964, there was almost nothing to offer in joint replacements, and very little by way of bone grafting, electrical stimulation, and arthroscopic approaches. All of these have come from subsequent research in orthopaedics."

Dr. Roschelle hopes that the Ira A. Roschelle, M.D. Family Foundation will be able to fund more orthopaedic research grants in the future.

