A new ambulatory surgical center is the fourth building slated for construction as a part of the University of Nebraska Medical Center and The Nebraska Medical Center’s latest and most monumental project in midtown Omaha to date.

The Ambulatory Center for Surgical Innovation is being largely funded as part of the $370 million fundraising campaign for the new cancer center project, and is designed to provide much needed outpatient surgery and clinic space for the various programs relocating to the facility.

The ambulatory surgical center will be located at the corner of 41st and Emile streets, and is projected to open in the fall of 2016.

We are excited to announce that our main orthopaedic clinic, currently housed on the 2nd floor of the Durham Outpatient Center (DOC), will be relocating to the Ambulatory Center for Surgical Innovation upon its completion.

“Our main orthopaedic clinic has been located at the DOC for over two decades,” said Dr. Kevin Garvin, professor and chair of orthopaedic surgery. “We’ve expanded, remodeled, and grown tremendously, but this has been our home base.”

“However, in the last decade our faculty have more than doubled, yet our spacial constraints have remained the same,” said Dr. Garvin. “To continue to excel in academics and patient care, we simply...”

see ASC pg 3

THE NEBRASKA MEDICAL CENTER TO EXPAND TRAUMA SERVICES TO PROVIDE 24/7 CARE

On March 12, The Nebraska Medical Center announced it will begin providing dedicated trauma coverage on August 1.

As the premier health care facility in the region, the Medical Center is expanding its trauma services to meet the needs of residents in Omaha and surrounding communities, by providing them with a nationally recognized, Level 1 trauma center that will operate 24/7.

Moving to a full-time trauma program will allow the Medical Center to seek Level 1 recognition with the American College of Surgeons – the national accrediting body that is the gold standard for trauma centers in the U.S.

“The Department of Orthopaedic Surgery welcomes this opportunity to better serve the state of Nebraska and to continue our mission to provide full orthopaedic trauma coverage to its citizens,” said Dr. Matthew Mormino, professor of orthopaedics and an orthopaedic traumatology and lower extremity surgeon in the department.

see TRAUMA pg 5
Message from the chair

Evolution: a process of change and development.

During my 14 years as chairman, the department has seen a lot of change. We are, thankfully, continually evolving. Faculty numbers have nearly tripled. As faculty began to increase, we first relocated our research facilities to the Scott Technology Center, so that our research faculty would have a state-of-the-art, dedicated orthopaedic research laboratory in which to work, innovate, and create.

The increase in faculty also brought a significant rise in clinical and surgical volumes. Additionally, as Omaha grew, expansion became necessary to accommodate the increasing number of patients who live or work in West Omaha. So that we could better serve those patients’ needs, we added a second clinic location at the Oakview Medical Building.

And still, due to the hard work and dedication of our faculty, residents, and staff, we continue to grow at a rate that stretches our physical boundaries here at the Durham Outpatient Center. Plans for a new ambulatory surgery center have been in the works for years, and discussions of expanding or relocating our main clinic have been ongoing.

Recently however, those plans received official approval and the Ambulatory Center for Surgical Innovation is now underway! We are happy to announce that upon completion in the fall of 2016, our main clinic will be relocating to this new facility at the corner of 41st and Emile streets. This is an exciting development in the history of our department and we will keep you updated as the project progresses.

Another big change is taking place on August 1. The Nebraska Medical Center will begin providing dedicated trauma coverage 24/7 to meet the needs of residents in Omaha and the surrounding communities. Moving to a full-time trauma program will allow the Medical Center to seek Level 1 recognition with the American College of Surgeons (ACS). As you can imagine, this development will undoubtedly affect orthopaedics, but exactly how is yet to be determined. We can assure you, however, that this change will only strengthen our mission to provide superior orthopaedic care in Nebraska. We are currently evaluating our faculty numbers to ensure that the department can accommodate any requirements necessary to become a full-time trauma center. A Level 1 recognition from the ACS is certainly a designation to be proud of and our department is glad to be able to play a role in this transition.

The department is also excited to announce the additional of a new hand and upper extremity surgeon in August. I welcome you to learn more about Dr. Philipp Streubel on the following page and hope you will join us in welcoming him to our team!

This year’s residency graduation ceremonies are scheduled for June 27-28. Daniel J. Sucato, M.D., M.S., chief of staff at Texas Scottish Rite Hospital for Children, will be this year’s featured speaker. For a schedule of activities, see page 6. Please mark your calendar now and join us!

Kevin L. Garvin, M.D.
L. Thomas Hood, M.D., Professorship
Professor and Chair
Orthopaedic Surgery and Rehabilitation
New faculty: Dr. Philipp Streubel to join full-time orthopaedic faculty

In 2008, Dr. Streubel moved to the United States completing three surgical fellowships:
- Orthopaedic Trauma, Vanderbilt Medical Center, Nashville, TN (2010-2011)
- Shoulder and Elbow Surgery, Mayo Clinic, Rochester, MN (2011-2012)
- Hand, Elbow and Microsurgery, Rush Medical Center, Chicago, IL (2013-2014)

Prior to joining the department, Dr. Streubel was an upper extremity surgeon and assistant professor of orthopedics at the Mayo Clinic in Minnesota (2012-2013).

Dr. Streubel has extensive research experience:
- Research Coordinator, Fundacion Santa Fe de Bogota, Bogota, Colombia (2002-2004)
- Research Fellow, Center of Investigation and Documentation, AO Foundation in Zurich, Switzerland (2007)
- Research Fellow, Orthopaedic Trauma Service, Washington University School of Medicine, St. Louis, MO (2008-2010)

He has written over 30 peer-reviewed papers and book chapters, and given over 40 oral and poster presentations at national and international meetings. He serves as a reviewer for the Journal of Shoulder and Elbow Surgery and is a member of the American Society for Surgery of the Hand (ASSH-Candidate), Orthopaedic Trauma Association (OTA-Candidate), Colombian Society of Orthopedic Surgery and Traumatology (SCCOT), AO Foundation Alumni Association, Mid-America Orthopaedic Association, the Mayo Clinic Alumni Association and the Vanderbilt Orthopedic Society.

Dr. Streubel specializes in comprehensive care of the upper extremity. His clinical interest focuses on degenerative conditions, and traumatic and overuse injuries of the shoulder, elbow, wrist and hand.

His research interests include shoulder arthroplasty and the treatment of elbow stiffness and instability, as well as management of thumb arthritis, wrist fractures, and trauma of the proximal and distal humerus.

Dr. Streubel is fluent in English, Spanish, and German. He and his wife, Catalina, have one daughter. His interests and hobbies include tennis, photography, and traveling.

**Conditions:** Arthritis, Arthroscopic Surgery, Deformity, Joint Replacement, Sports Medicine, Trauma/Fractures, Tumor/Oncoology, Wrist, Elbow, Hand, Shoulder, Carpal Tunnel Syndrome, Cubital Tunnel Syndrome, Rotator Cuff Tear, Tendon Injuries, Joint Stiffness

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**ASC (continued from pg 1)**

must move to a larger, more innovative space.”

The outpatient ambulatory surgical center, which has been a part of the Medical Center’s overall vision for some time now, was formally approved by the board of directors in 2013.

Current plans for the center include a 3-story, 100,000 square foot structure that will house 10 surgery suites, as well as in-house radiology to support surgical and clinical needs.

“The ambulatory surgery center will allow us to better serve the needs of our patients in this current era of medical care, which focuses on outpatient care and wellness,” said Dr. Matthew Mormino, professor of orthopaedics, and an orthopaedic traumatology and lower extremity surgeon in the department.

The facility is designed to create an optimal patient and family experience, improve patient access, and address clinical space demands. A focus on differentiating between inpatient and outpatient environments will improve both the patient experience and clinical operations. Innovative structuring will organize clinical programs in a multi-disciplinary, team-based model for improved integration.

“For orthopaedic surgery, the new outpatient surgical center is going to be a game-changer,” said Dr. Matthew Teusink, a shoulder and elbow surgeon who joined the orthopaedic faculty in 2013. Dr. Teusink was chosen to participate on a committee that recently toured four other facilities that have opened ambulatory surgical centers in the last 12 months.

Dr. Teusink commented on the site visit committee’s takeaway findings: “The common theme from the site visits, which the committee stands dedicated to, is creating a comfortable and efficient patient experience. This will be a comprehensive facility from an orthopaedic standpoint with x-ray suites in the clinic, convenient CT/MRI within the building, and adjacent physical and occupational therapy services. In addition, we will be able to provide an improved outpatient surgery experience for patients, with staff and providers completely focused on optimizing patient comfort and efficiency, meaning less time at the hospital and more time at home.”

Starting August 1st, Dr. Streubel will see patients at the Durham Outpatient Center (4400 Emile Street, Level 2) and Oakview Medical Building (2727 S. 144th Street, Suite 140). For appointments or referrals call: 402-559-8000.
Alumni feature: Samuel (Sam) Smith, M.D., Class of 1989

Dr. Sam Smith was born and raised in Omaha, Nebraska. From an early age, medicine was a part of his life through his father, Dr. Richard Smith, a long-time Nebraska orthopaedic surgeon and dedicated family man.

“My parents were both amazing,” said Dr. Smith, recalling both his mother and father with great love and respect. “They still motivate me every day.”

Dr. Richard Smith graduated from the UNMC College of Medicine in 1943. Dr. Smith remembers watching his dad practice medicine, and recalls other early Nebraska surgeons who were his father’s contemporaries - Drs. Stanley Bach and Dwight Burney – two orthopaedic surgeons who, in 1968, helped launch the orthopaedic residency training program at UNMC.

Dr. Smith followed in his father’s footsteps, receiving his medical degree from UNMC’s College of Medicine in 1984, after completing his undergraduate degree at the University of Nebraska-Lincoln in 1980.

After medical school, Dr. Smith attended orthopaedic residency at UNMC, graduating in 1989.

“I was chief resident when Dr. Kevin Garvin arrived in 1989,” said Dr. Smith. During his year as chief, Drs. Smith and Garvin, now professor and chair of orthopaedic surgery, worked closely together.


Following residency, Dr. Smith completed a six-month fellowship at Northwestern University’s Midwest Spinal Cord Injury Unit.

“Dr. Paul Meyer was an excellent mentor during my fellowship at Northwestern,” said Dr. Smith.

He then went on to complete a second six-month spine fellowship at Tulane University in New Orleans, Louisiana, under the direction of Dr. Henry LaRocca.

From 1990-94, Dr. Smith practiced at Lincoln Orthopaedic and Sports Medicine in Lincoln, Nebraska, with Drs. [Donald] Walla and [Ronald] Schwab.

“Drs. Walla and Schwab were wonderful partners,” commented Dr. Smith. “It was a terrific practice . . . very busy.”

In 1994, although they loved Nebraska, Dr. Smith and his wife, Janet, decided to embark on a new opportunity in Colorado. In December of that year, he began at Front Range Orthopedics, where he practiced until just last year.

After 23 years in private practice, Dr. Smith decided on a career in academic medicine, and in December 2013 he made the move to Denver Health.

“It’s a big change,” he said, “but I absolutely love teaching.”

“We are a level 1 trauma center,” said Dr. Smith, “so we get a lot of spine trauma and work closely with neurosurgery.”

He commented that he also sees lots of electives and gets many teaching opportunities.

Being a Safety Net Hospital, Denver Health’s mission is to provide the highest quality health care, whether for prevention, or acute and chronic diseases, regardless of ability to pay.

“That makes my job easy,” said Dr. Smith. “The only thing I need to focus on is what’s in the best interest of my patient. I get to teach that to my residents.”

Dr. Smith now has the opportunity to give back, by paying it forward through resident education. He hasn’t forgotten the educators who did the same for him.

He is an ongoing supporter of the orthopaedic residency program in Nebraska, through funds such as the John F. Connolly Resident Excellence Fund.

“Where my roots are, where I trained, shaped my philosophy and taught me to treat people as human beings, to take proper care of them,” said Dr. Smith.

Dr. Smith says the takeaway message he received during residency was, “Learning, whether about technology, science, or disease, is only important in the context of what you are doing for people. At Nebraska I learned to respect people as human beings, and help people.”

Dr. Smith and his wife, Janet, have been married 29 years and are the proud parents of six children. He is an avid skier and golfer. His family loves the mountains in general, including hiking, picnicking, and camping.
“Internally, this will bring change for orthopaedics as well,” said Dr. Mormino. “We are currently evaluating faculty numbers to address the transition to a full-time trauma center.”

Traumatic injury is the number one killer of Nebraskans under the age of 44, and a leading cause of death in older citizens. In Douglas County alone, more people die from trauma-related accidents than stroke. However, research shows that treatment at a Level 1 trauma center reduces the risk of death by 25%.

Last year, while external, independent reviewers were reassessing the Omaha trauma system for the State of Nebraska, they noted while the current system met patient needs, it could be optimized even further. The surveyors specifically noted in their recommendations: “Most importantly, with outstanding trauma leadership and executive commitment, The Nebraska Medical Center Trauma Center could function independently and provide outstanding Level 1 care to the greater Omaha community. This option should be explored vigorously.”

“This is a change we have been preparing for several years,” said Rosanna Morris, chief operating officer and chief nursing officer of The Nebraska Medical Center. “We have the resources and infrastructure in place to establish a dedicated trauma program. The timing is right. Level 1 trauma centers provide the highest quality of care to injured patients.”

Health care reform was another factor in the decision to expand trauma services.

“Nationally, there has been a constant push for health care systems to operate more efficiently,” said Morris. “This is just one of the ways we can do that. The many specialty services that we provide at The Nebraska Medical Center are also available to our trauma patients and will now be there for them every day of the week, around the clock.”

Since 1993, The Nebraska Medical Center has worked cooperatively with Alegent Creighton Health Creighton University Medical Center in a combined trauma system, one of the few systems of its kind that operates in this fashion in the United States.

“We appreciate the partnership we’ve had with our colleagues at Alegent Creighton over the years,” said Morris. “We want to thank them for their teamwork and recognize the contribution they’ve made to trauma patients across the region for so many years.”

A certification process will need to be performed by the American College of Surgeons in order to achieve official Level 1 trauma center verification status. It is anticipated that this will take a year to a year and a half to complete. In the near term, the Medical Center will work with the state Department of Health and Human Services to be recognized as a dedicated trauma center.

It is important to note that things will not change overnight. The Medical Center will be working closely with Alegent Creighton, local EMS, and regional trauma teams to ensure a smooth transition August 1.
Congratulations to the 2014 graduates

We congratulate the Class of 2014 on their upcoming graduation and wish them the best of luck during their fellowship opportunities (pictured above, left to right).

Khalid Azzam, M.D.
Adult Reconstruction Fellowship, Rush University, Chicago, IL

David Minges, M.D.
Spine Fellowship, University of Pittsburgh, Pittsburgh, PA

Kevin Lindgren, M.D.
Adult Reconstruction Fellowship, University of Utah, Salt Lake City, UT

Welcome to the Class of 2019

Match Day results are in! The new residents who will be joining our program are listed below, along with the medical schools they attended. Please join us in welcoming the Nebraska Orthopaedic Residency Program’s Class of 2019.

Erik Bowman, M.D.
University of Tennessee

Todd Gilbert, M.D.
Virginia Commonwealth University

Tyler Larson, M.D.
University of North Dakota

Ryan Miller, M.D.
Creighton University Medical Center
Dr. Daniel Sucato to be graduation guest speaker

Daniel J. Sucato, M.D., M.S., is the Chief of Staff at Texas Scottish Rite Hospital for Children, where he also serves as the Director of the Sarah M. and Charles E. Seay/Martha and Pat Beard Center for Excellence in Spine Research.

He is a professor in the Department of Orthopaedic Surgery at The University of Texas Southwestern Medical Center at Dallas and is an active staff member at Children’s Medical Center of Dallas.

He is a member of the American Medical Association; the Texas Medical Association; the Scoliosis Research Society; the North American Spine Society; the Pediatric Orthopaedic Society of North America; and the American Academy of Orthopaedic Surgeons. Dr. Sucato also serves as a reviewer for multiple medical journals.

Dr. Sucato specializes in pediatric orthopaedics but has a special interest in the areas of spinal deformity, including complex deformities and hip disorders, especially hip preservation surgery in the adolescent and young adult.

Continuing education and Grand Rounds

Continuing education seminars and Grand Rounds presentations by department faculty, current residents, and guest speakers are open to any interested participants. Please call the department at 402-559-4533 to check on possible updates to this schedule.

Orthopaedic Grand Rounds are held Mondays at 6:30 a.m. in Room 1005 of the Sorrell Center.

APRIL 2014

7 “Morbidity and Mortality Winter Quarter”
14 “CMC Arthroplasty” (Nicholas Bruggeman, M.D., NebOrtho, Omaha, NE)
21 “Tissue Engineering Solutions to Pediatric Orthopaedic Problems” (Todd Milbrandt, M.D., Shriners Hospitals for Children, Lexington, KY)
28 “Common Stress Fractures: Etiology, Diagnosis, and Management” (Miguel Daccarett, M.D.)

MAY 2014

5 “Fracture-Related Infections” (Matthew Mormino, M.D.)
12 “TBA” (Matthew Teusink, M.D.)
19 “Achilles Tendon Disorders” Brent Hood, M.D., HO IV
26 Holiday - No Conference

JUNE 2014

2 “Amputations” (Sean McGarry, M.D.)
9 “Ligament Injuries of the Finger” (Andrew Taiber, M.D., HO IV)
16 ASEAN Travelling Fellows’ Presentations
23 Morbidity and Mortality Spring Quarter
30 No Grand Rounds

JULY 2014

7 Orthopaedic Anatomy Presented by PGY-1 Orthopaedic Residents
14 Orthopaedic Anatomy Presented by PGY-1 Orthopaedic Residents
21 Orthopaedic Anatomy Presented by PGY-1 Orthopaedic Residents
28 Orthopaedic Anatomy Presented by PGY-1 Orthopaedic Residents
Department participation at AAOS and ORS annual meetings

The 2014 American Academy of Orthopaedic Surgeons Annual Meeting was held at the Morial Convention Center in New Orleans, Louisiana, March 11-15. Department faculty presented podium and poster presentations, gave instructional course lectures, and presented and moderated specialty day sessions.

PODIUM PRESENTATIONS

Teusink, M; Pappou, I; Schwartz, D; Frankle, M: Podium Presentation: Results of Closed Management of Acute Dislocation Following Reverse Shoulder Arthroplasty.

Schwartz, D; Cottrell, B; Teusink, M; Clark, R; Downes, K; Frankle, M: Poster presentation: What is the Effect of Postoperative Scapula Fractures on Outcomes Following Reverse Shoulder Arthroplasty?

Simon, P; Virani, N; Diaz, M; Teusink, M; Santoni, B; Frankle, M: Podium Presentation: The Relationship Between the Subchondral Bone Density Distribution and Glenoid Depth: An In-Vivo Pilot Study of Male Total Shoulder Arthroplasty Subjects.

Hartman, C; Hewlett, A; Antoniak, D; Konigsberg, B; Garvin, K: Podium Presentation (Paper 489): Sonication for the Enhanced Diagnosis of Prosthetic Joint Infection.

Throckmorton, T; Sperling, J; and Haider, H: (Paper 447) Wear Characteristics of Vitamin E-infused Polyethylene in a Reverse Shoulder Arthroplasty.

POSTER PRESENTATIONS

Teusink, M; Cottrell, B; Otto, R; Frankle, M: Poster presentation: What is the Effect of Postoperative Scapula Fractures on Outcomes Following Reverse Shoulder Arthroplasty?

Cabezas, A; Gutierrez, S; Teusink, M; Santoni, B; Schwartz, D; Frankle, M: Poster Presentation: Quantification of Existing Glenohumeral Relationships in Patients Undergoing Reverse Shoulder Arthroplasty.

INSTRUCTIONAL COURSE LECTURES

Garvin, K: Prevention and Management of Infection and Wound Complications (presenter), ICL 441: Preventing Hospital Readmissions and Limiting the Complications Associated with Total Hip Arthroplasty (moderator).

Garvin, K: Complex Cases, ICL 334: Complex Primary Total Hip Arthroplasty: A Case-Based Approach (presenter).


MODERATOR


SYMPOSIA

Garvin, K: The Anteversion is not What I Expected (presenter), AAOS Symposium: How Do I Get Out of this Jam? Dealing with Intraoperative and Early Postoperative Challenges in Primary THA.


SPECIALTY DAY

Garvin, K: Education Chair, Hip Society Specialty Day.

Department participation at MAOA and POSNA annual meetings

2014 MID-AMERICA ORTHOPAEDIC ASSOCIATION ANNUAL MEETING
San Antonio, Texas
April 23-27, 2014

Hartman, C; Hewlett, A; Antoniak, D; Alter, R; Konigsberg, B; Fey, P; Garvin, K: Sonication for the Enhanced Diagnosis of Prosthetic Joint Infection.

Hartman, C; Kraus, E; Konigsberg, B; Garvin, K: (Poster) An Analysis of the Accuracy of Radiographic Reference Markers for Digital Templating in Total Hip Arthroplasty.

Miller, R; Hartman, C; Konigsberg, B; Garvin, K: Are the Results of Two-Stage Reimplantation of a Prosthetic Joint Durable over the Patient’s Lifetime?

Mormino, M: (ICL I) The Isolated Humerus: Not All Belong in the Sarmiento.

Hartman, C; Hedgcock, J; Konigsberg, B; Martell, J; Garvin, K: (Presentation) Wear Analysis of Three Different Bearing Combinations in THA.

Sykes, J; Haider, H; Sperling, J; Throckmorton, T: Wear Characteristics of Vitamin E-Infused Polyethylene in a Reverse Shoulder Arthroplasty.

2014 POSNA PRE-COURSE, ANNUAL MEETING & SUBSPECIALTY DAY
Hollywood, California
April 30, 2014-May 3, 2014

Scherl, S: 2014 POSNA Program Committee.
Garvin, K: Optimizing Wound Management to Prevent and Treat Infection (presenter), Symposium III, Hip Society Specialty Day.


ORS 2014 ANNUAL MEETING PRESENTERS
March 15-18, 2014
Hyatt Regency
New Orleans, Louisiana

Haider, H: (Moderator) Session Number 035: Hip Arthroplasty

Weisenburger, J; Haider, H; Garvin, K: (Poster presentation) Friction factors of various metal on plastic hip replacement designs with intentionally scratched femoral heads captured during testing on a multi-station hip simulator.

Esposito, P: Mid-term Results of Percutaneous Osteotomies and Fassier-Duval Nailing in Children with Osteogenesis Imperfecta.

Ho, C; Dommann, G; Levy, J; Podeszwa, D: (Podium presentation) Tibial Shaft Fractures in Adolescents: Analysis of Cast Treatment Successes and Failures.

Nebraska Orthopaedic Surgery Alumni Reception

Alumni, faculty, and guests, took time out of busy AAOS schedules to reconnect at the 2014 Nebraska Orthopaedic Surgery Alumni Reception on March 13th. The reception was held at the Gordon Biersch Brewery Restaurant in New Orleans, Louisiana, in coordination with the 2014 AAOS Annual Meeting.

Left to right: Drs. Randy Johnson and Curtis Hartman, both Class of 2008, catch up during the alumni reception.

Left to right: Drs. Paul Duwelius (1987), Kevin Garvin (chair), and David Clare, during the alumni reception.


WEBINAR:


AWARDS AND ACHIEVEMENTS:

Daccarett, M: Faculty Diversity Award: $50,000, University of Nebraska Academic Affairs, Omaha, NE, July 2012-June 2014.

MEMBERSHIPS AND OFFICES HELD:

Cortett, C: Medical Director of Physical and Occupational Therapy, The Nebraska Medical Center and Bellevue Medical Center, Omaha, NE, 2013-present.

Physician Advisory Team Committee Member, The Nebraska Medical Center, Omaha, NE, 2013-present.

Department Deputy for Orthopaedics, OneChart, 2013-present.

Daccarett, M.: Trauma Committee Member, UNMC, Omaha, NE, 2008–present.

Review Panel Member, Orthopaedics, 2013-present.


Surgical Services Executive Committee Member, The Nebraska Medical Center, Omaha, NE, 2011-present.


Garvin, K.: The Hip Society
• Chair, Education Committee, 2013-2014
• Treasurer, 2014-2015

Chair, Research Committee, The Knee Society, 2012-2015.

Member, Adult Reconstruction Hip Program Subcommittee, American Academy of Orthopaedic Surgeons, 2012-2016.

Member, Board of Directors (2nd term), Omaha Sports Commission, 2013-2016.

Member, Membership Committee, American Orthopaedic Association, 2010-2014.

UNMC Physicians
• Executive Board, 2000-present
• Finance Committee, 2010-present

Editorial Board Member, Techniques in Knee Surgery, 2002-present.


Consultant Reviewer, European Journal of Epidemiology, 1995-present.


International Society of Technology in Arthroplasty (ISTA)
• Director, Scientific Review and Information Technology, September 2011-present
• Member, Board of Directors, 2005-present


Basic Science Education Committee (BSEC), The Orthopaedic Research Society, 2011-present.

Reviewer, Journal of Clinical Orthopaedics and Related Research (CORR), July 2010-present.

Appointed to the Editorial Board for the Journal Advances in Orthopedics, June 2010-present.

Reviewer of abstracts (Re-appointment), Orthopaedic Research Society, August 2009-present.


Editorial Board Member, Journal of Engineering in Medicine, IMechE Part H, 2009-present.


International Standards Organization (ISO)
• Chair, Expert Group revising knee wear testing standards, 2002-present
• Member, United States Delegation to Committee SC 150 (Medical Devices), 2002-present

American Society of Testing and Materials (ASTM)
• Co-Chair, Knee Wear Testing Standards Committee, ASTM International, 2002-present
• Chair, Ankle Replacement Testing Standards Committee, ASTM International, 2000-present

Hartman, C.: Member, UNMC Graduate Faculty, May 2013-present.

Member, Membership Committee, Metro Omaha Medical Society, April 2012-present.


UNMC College of Medicine
• M2 ICE Course Instructor, September 2009-present
Hasley, B.:  
Medical Director of the Pediatric Orthopaedic Clinics of the Children’s Specialty Physicians, Children’s Hospital & Medical Center, Omaha, NE, May 2013-present.

Koningsberg, B.:  
ONE Team (TNMC/UNMC/UNMC-P)  
• Member, Physician Engagement Group, July 2013-January 2014.  
• Member, Future Care Delivery Committee, July 2013-January 2014.  
• Member, Physician Compensation Committee, July 2013-January 2014.

UNMC College of Medicine  
• Member, Faculty Senate, College of Medicine, January 2014-present.  
• Member, Dissertation Thesis Committee, Krishna Sarma, Ph.D. student, Department of Genetics, Cell Biology and Anatomy, December 2013 to present.  
• Member, Medical Student Admissions Committee, June 2011–December 2014.  
• Course Director, UNMC Orthopaedic Surgery Grand Rounds, October 2010-present.  
• Instructor, M1 ICE Course, August 2010-present.  
• Instructor, 2nd Year Medical Students, August 2009-present.  
• Consultant Reviewer, Orthopaedics, September 2013-present.  
• Consultant, TRAK Surgical/UnimMed, August 2013-present.  
• Member, Membership Committee, Metro Omaha Medical Society, April 2012-present.  
• Consultant Reviewer, Journal of the American Geriatrics Society, September 2010-present.  
• Section Chief, Orthopaedics, VA Medical Center, January 2009-present.

McGarry, S.:  
University of Nebraska Medical Center  
• Faculty Senate, June 2013-May 2014.  
• Continuing Education Committee, Member, October 2012-present.  
• Tissue Bank Review Committee, Member, 2006-present.

Musculoskeletal Transplant Foundation (MTF)  
• Memberships/Nominations Committee Member, February 2012-present  
• Medical Board of Trustees, April 2006-present.

Consultant Reviewer, Clinical Orthopaedics and Related Research, March 2011-present.

Consultant Reviewer, Orthopaedics, February 2011-present.

Tumor Module Editor, Orthopaedics Hyperguide, February 2011-present.

Children’s Hospital of Omaha Bylaws Committee, Member, January 2008-present.

National Comprehensive Cancer Network (NCCN)  
• Soft Tissue Sarcoma Panel, July 2007-present  
• Bone Cancer Panel, May 2006-present.

Mormino, M.:  
AO North America  
• Fellowship Advisory Board, 2011-present  
• Faculty, 1997-present.


Reed, L.:  
• Member, American Medical Association, 2014.  
• Member, Public Relations Committee, Orthopaedic Trauma Association, 2009-present.

Scherf, S.:  
American Orthopaedic Association  
• Member, Traveling Fellowship Committee, June 2012-present  
• Chair, ASEAN Traveling Fellowship Subcommittee, June 2011-present.

Pediatric Orthopaedic Society of North America  
• Editorial Board, ‘Resident Review,’ June 2009-present  
• Advocacy Committee, May 2013-present  
• Program Committee, May 2013-present.

Children’s Hospital & Medical Center  
• Member, Executive Committee, 2012-present  
• Member, Omaha Transfusion Committee, January 2010-present  
• Member, Omaha Trauma Performance Improvement and Patient Safety Committee, 2009-present  
• Member, Omaha Education Committee, January 2011-present.

Esposito, P.:  
Support for Research Assistant, Awarded by James Roberts, December 2010-present.

Esposito, P.:  
Tiny Bones Program, Wm. Patrick Foundation, December 2010-present.

PRESENTATIONS, INTERNATIONAL AND NATIONAL:  


Esposito, E.: (Presenter) Humeral Osteotomies in Osteogenesis Imperfecta, (Panel participant) Orthopedic Care, Joint Replacement and Surgical Interventions. The 5th Clinical Care Conference on Osteogenesis Imperfecta (OI): Update on Managing Clinical Care Issues in OI: Standard and Emerging Treatments for Pediatric and Adult OI, Baltimore, Maryland, November 6-8th, 2013.

PRESENTATIONS, REGIONAL AND LOCAL:  


AAOS disaster training prepares orthopaedic surgeons for natural disaster

In 2010, after a massive earthquake devastated Haiti, hundreds of American Academy of Orthopaedic Surgeons (AAOS) members volunteered to help. However, upon arriving at the disaster site, many volunteers were shocked by what they encountered. Unfortunately, disaster response efforts are often chaotic, unorganized, and traumatic (for both patients and volunteers).

The lessons learned during the Haiti volunteer efforts led to the formation of an AAOS-Orthopaedic Trauma Association (OTA) Disaster Preparedness Project Team and an AAOS Disaster Preparedness Plan. As part of this project, the AAOS and OTA partnered with the Society of Military Orthopaedic Surgeons (SOMOS) to develop a Disaster Response Course (DRC).

The course, geared specifically towards civilian orthopaedic surgeons, is the first step in a formalized training, certification, and credentialing program for orthopaedic surgeon volunteers responding to disasters.

UNMC orthopaedic surgeons, Drs. Lori Reed, Sean McGarry, Miguel Daccarett, and Paul Esposito have attended the training course.

“The course helps prepare orthopaedic surgeons to function as a team even though responders are from different facilities around the world and have been trained to treat injuries in different ways,” said Dr. Lori Reed, associate professor of orthopaedics, and a foot and ankle surgeon in the department.

Dr. Reed was impressed with the course and felt it gave a good background of how humanitarian groups work.

It prepares those who have never been to a disaster zone for what to expect, Reed commented, so first-timers don’t feel like they are going in blind, which can often add another layer of stress to an already stressful situation.

“I’ve always wanted to volunteer, but I was reluctant,” said Dr. Reed. “As a surgeon in the U.S., we have everything we need to surgically treat patients in a controlled environment. That is rarely the case in a disaster-stricken area. This course made me feel better prepared to handle the uncertainty I would encounter as a volunteer surgeon.”
Visiting speakers expand resident education

Providing a well-rounded educational experience for our residents means bringing in visiting speakers who can share their expertise on a variety of topics. Annual contributions to the department’s Development Fund allow us to continue to bring guest speakers who offer new and innovative ideas in surgical techniques, research topics, and patient care.

LISTED BELOW ARE THE VISITING SPEAKERS WHO PRESENTED IN THE DEPARTMENT FROM DECEMBER 2013 TO FEBRUARY 2014

DECEMBER 2013

2  Dr. Jennifer Ahlers, Assistant Professor, UNMC Department of Anesthesiology, UNMC; “Regional Blocks for Upper and Lower Extremity Surgery: What the Literature Says”

16 Dr. Paul Schenarts, Professor, UNMC Department of surgery; “Role of Statewide Trauma System in the Management of the Polytrauma Patient”

FEBRUARY 2014

3 Dr. Julie Fedderson, Assistant Professor, UNMC Department of Internal Medicine; “Clinical Documentation Excellence for Orthopaedic Surgeons”

MARCH 2014

2 Dr. Kim Apker, Associate Professor, Department of Radiology, UNMC; “MRI of the Knee”

24 Dr. Fred Durden, Assistant Professor, Plastic and Reconstructive Surgery, UNMC; “Soft Tissue Coverage in Extremity Trauma”

31 Dr. Paul Paulman, Professor, Department of Family Medicine, UNMC, and Assistant Dean For Clinical Skills and Quality, UNMC; “Role of Simulation in Medical Education and Surgical Training”

Per an AAOS course description, the course includes dynamic lectures and panels, as well as cadaver learning components. The didactic component is presented by orthopaedic surgeons who have served overseas in disaster and/or war zones. The cadaver lab is conducted in an equipment-limited environment to simulate disaster conditions.

Both Drs. McGarry and Daccarett understand all too well the chaos, stress, and emotions that can be experienced in “disaster conditions.” Both surgeons volunteered in Haiti during the aftermath of the 2010 earthquake.

“Working in an austere environment completely changes goals and expectations of surgical intervention, reminding you of your vow to ‘first do no harm,’” said Dr. McGarry, associate professor of orthopaedics, and a musculoskeletal oncologist in the department.

Once participants have passed the course, they are eligible to be registered in the AAOS Disaster Preparedness Responder database.

In the October 2011 issue of AAOS Now, 2011 AAOS President, Dr. Daniel Berry, said, “Having a database of prequalified, austere-environment disaster responders will enable us to more quickly connect AAOS volunteers with the respective government, military, or nongovernmental organizations that ask us for assistance.”

The AAOS Disaster Preparedness Plan includes credentialing pathways for three types of responders, serving in two phases of relief. Trauma-trained surge responders (Type I) and acute-phase responders (Type II) are considered immediate-phase responders. Type III responders would be deployed in the sustained/reconstructive phase. Completion of the DRC is a training requirement for most Type I and Type II responders, and highly recommended for Type III responders.

Overall, the goal is that all the preemptive work being done will create a safer, more effective environment for not only the patients, but also for the volunteers, when another disaster response situation occurs.
5th Clinical Care Conference on OI

The 5th Clinical Care Conference on Osteogenesis Imperfecta (OI) was held November 6-8 in Baltimore, Maryland. Titled “Update on Managing Clinical Care Issues in OI: Standard and Emerging Treatments for Pediatric and Adult OI,” it brought together 100 participants to hear presentations and to discuss challenges and best practices in medical care for people who have OI.

Dr. Paul Esposito, professor of orthopaedic surgery and pediatrics, presented a 20 minute paper and was a participant on the panel discussion titled, “Orthopedic Care, Joint Replacement and Surgical Interventions.” Individual topics included: “When to Rod Children,” Dr. Paul Sponseller, Kennedy Krieger Institute; “Humeral Osteotomies,” Dr. Paul Esposito, Omaha Children’s Hospital; “Surgical Update,” Dr. Peter Smith, Shriners Hospitals for Children, Chicago; “Joint Replacement,” Dr. Harpal Khanuja, Johns Hopkins Hospital.

The meeting was organized for the OI Foundation by Dr. Jay Shapiro, director of the OI Program at the Kennedy Krieger Institute. Each speaker presented strategies and techniques for treating and managing OI based on a review of the scientific evidence and their personal experience as care givers.

Abstracts from the presentations have been published online in the Journal of Musculoskeletal and Neuronal Interactions and posted on the OIF Website.

Visiting professor observes through UNMC/Tongji University collaboration

Dr. Min Ma, an orthopaedic surgeon from Tongji University medical school, is currently observing in the orthopaedic department as part of a collaboration between UNMC and Tongji University. The partnership is designed to train clinical faculty to implement a U.S. style medical curriculum in Shanghai.

Dr. Ma is one of six clinical faculty members from Tongji who came to Omaha for two months starting February 18, 2014, primarily to learn about the M3/M4 curriculum. He will be following our surgeons and residents through April 18.

Dr. Ma’s specific interests are to observe orthopaedic surgical cases including joint arthroplasty, trauma, and arthroscopic procedures, as well as following orthopaedic faculty in clinic. He has also attended grand rounds and other department lectures.

Dr. Ma completed an orthopaedic surgery residency (2004-2009) at Shanghai East Hospital followed by a Masters of Medicine degree (2009-2011). His post-graduate training includes a one-year Single-radius Total Knee Arthroplasty training program in Ulsan University School of Medicine in Korea in 2012.

Dr. Ma is currently an attending at the Department of Orthopaedics at Shanghai East Hospital, an affiliate hospital of Tongji University.
Ramona (Mona) Zephier, PA, was recently featured as a Role Model for American Indian students. Since 2005 UNMC’s Science Education Partnership Award (SEPA) grant, which is funded by the National Institutes of Health, has brought health and science education to schools and communities on Indian reservations in Nebraska and South Dakota. By identifying Native people to be role models for today’s students, Zephier, a member of the Cheyenne River Sioux, was chosen as a “Role Model.” This poster, featuring Zephier, is displayed in schools in Nebraska and South Dakota. Her biography and information about her profession will be distributed nationally when UNMC’s SEPA program unveils an iBook later this spring.
IN THIS ISSUE

AMBULATORY SURGICAL CENTER BRINGS CHANGES FOR ORTHOPAEDICS..............PAGE 1
A new ambulatory surgical center, slated to open in 2016, will become the new home for our main orthopaedic surgery clinic currently located in the Durham Outpatient Center.

HAND AND UPPER EXTREMITY SURGEON TO JOIN THE FULL-TIME FACULTY............PAGE 3
The department is very excited to announce the addition of a hand and upper extremity surgeon to our team. Dr. Philipp N. Streubel will join the department in August.

ALUMNI PROFILE: SAMUEL (SAM) SMITH, M.D., CLASS OF 1989..............PAGE 4
Dr. Sam Smith shares where his career has taken him since residency, and why he continues to support the orthopaedic residency program at UNMC.
This is a 58-year-old female who was struck by a car at age 19. She sustained multiple injuries, including a left tibial shaft fracture. This was initially treated closed, which resulted in a nonunion. She then underwent multiple surgical procedures, which resulted in union of the fracture, but left her with a deformity of her left leg and a 5 cm leg length discrepancy. The patient had seen several orthopaedic surgeons locally, and was eventually referred to an orthopaedic trauma surgeon in Columbus, Ohio, who specializes in deformity correction. He contacted me and asked if I would be willing to see her.

When I first saw the patient she described medial knee pain and ankle pain. On physical examination, she had an obvious varus and procurvatum deformity of her left lower extremity, with a 5 cm leg length discrepancy. Her knee range of motion was from 20° of hyperextension to 130° of flexion, and she had gross instability to anterior and posterior stresses. On the initial radiographs of her knee, she had severe varus gonarthrosis with collapse of her medial tibial plateau and anterior subluxation of her tibia (figures 1 and 2). Full length tibia x-rays revealed a 15° valgus and 15° procurvatum deformity of her tibia (figures 3 and 4), as well as her previously described leg length discrepancy. A full length x-ray of her left lower extremity revealed a weightbearing axis medial to her medial compartment (figure 5).
Drs. Matthew Mormino, Curtis Hartman, and I put together a staged plan to first correct her deformity, followed by a total knee arthroplasty using custom cutting blocks.

Dr. Mormino and I performed a tibial osteotomy, recreating her initial tibia fracture, and applied a Taylor Spatial Frame to gradually correct her deformity and regain her length (figures 6 and 7). The process of deformity correction and lengthening was completed over 14 months. Her Taylor Spatial Frame was removed once her length was regained, and she underwent plating of her tibial regenerate due to inadequate consolidation. Four months later she was walking with a cane with equal leg lengths, and x-rays revealed complete consolidation of her tibia (figures 8 and 9). She then underwent a total knee arthroplasty by Dr. Hartman using custom cutting blocks (figures 10 and 11).

Her lower extremity weightbearing axis was restored to neutral (figure 12) and her leg lengths were restored.