Hello to you all and I hope you are all having a great summer! Summertime always reminds me of cookouts, fireworks, parades, beaches and good times. For many years now, it has also meant (for me) that the PAOS annual meeting will soon be here. I always start looking forward to this conference; it only seems to get better every year. I hope that you consider our meeting this year in Scottsdale as we have a great lineup of speakers, workshops, and social activities. I hope to see you all there, and please stop by and introduce yourself to me and the rest of the BOD. I would also ask that you take time to tell Ben Kocher, CME Conference Chair (and his crew - Sarah Bolander, Karla Frick, Chris Rubio and Jeff Spivey) thank you for all of the work that they are putting into this meeting. You have a great team working for you.

To follow up on my previous message, I want to encourage you all to check out our new website, www.paos.org. We have several new membership benefits including discounted CME through the AAOS, discounted textbooks through Wolters Kluwer, discounted scrubs and medical gear through Medelita, group membership packages, and access to the 2015 practice salary survey. I also encourage you to take advantage of the JAAOS/OVID access, an additional advantage for your membership.

Since I last addressed you, we successfully completed the “mini” spring conference in Charlotte on hips and knees. I must say that this was a big hit and well received by all who attended. We plan to continue this smaller conference format to offer even more opportunity for you to attend quality CME meetings. We are now planning to do two more years of these meetings with a different theme for each. Stay tuned for updates for spring 2017.

I want to personally congratulate Dennis Gregory on winning an advocacy award for the PAOS titled “Optimizing PA Practice” for our efforts to provide quality CME to our members. Kudos to Dennis for representing the PAOS and our members at the AAPA. Please check out this link for more information on the awards: https://www.aapa.org/threeColumnLanding.aspx?id=908

If you follow the AAPA huddle and or receive emails from the NCCPA, you understand that there is much disagreement over the proposed changes to the current PANRE. We want to do what is best for our members and plan to represent the PAOS at a future NCCPA meeting to discuss issues related to orthopedics and our practice patterns. I will continue to keep you updated as I find out more information. I encourage you all to follow this important process as it continues to unfold.

We will soon have the self-assessment exam from the spring conference available for you on our website. This is a 40 question exam that offers 4 hours of AAPA approved SA. We are also planning on having several hours of self-assessment from the annual meeting, please look for that down the road. I also want to let you know that the AAOS has contracted with the AAPA to offer ALL of their OSIEs (self-assessment exams) to PAs at a discounted price. These exams have been approved by the AAPA for SA credit. The promotional material is included in the newsletter; I encourage you all to take advantage of these great opportunities.

Other items: we continue to need help with our social media. Please contact Kemuel Carey, kemuel@paos.org our secretary if you are interested. We are also in need of a newsletter editor, please contact Elizabeth Darr elizabeth@paos.org if you are interested.

Thank you again for your support and I hope to see you in Scottsdale.

Sam Dyer, PA-C, MHS
Hello, I wanted to provide everyone an update on the 2016 annual conference in Scottsdale, Arizona. I had an opportunity to visit the Westin Kierland last weekend to make the final coordinations for the conference. Without a doubt, it is one of the nicest resorts we have had our conference at. Its amenities are incredible and really will provide a fun venue for the conference attendees as well as their families. The hotel has been gracious enough to extend the $149 rate as long as rooms are available (it is close to meeting the max capacity).

I’m excited about this year’s educational program. Due to the hard work of our committee, we are able to provide this year’s attendees an unprecedented 43 Category 1 CMEs for the main conference (This includes 20 Self Assessment CMEs for those in the new cycle). Even if you don’t require Self Assessment, these CMEs will convert to fulfill any other Category I requirements you have for recertification. We have also requested credit through the Board of Certification (BOC) for the National Athletic Trainers’ Association and anticipate credit for our dual-certified attendees.

We have expanded our workshops to include hands on training for procedures and surgical skills. Several of the workshops still have seats available, and we’re looking at trying to open several more seats for our most popular workshops. We also have some exciting social events planned, providing a great opportunity for fun while connecting (or re-connecting) with your colleagues.

If you have any questions about the conference, feel free to contact me directly at bkkocher@gmail.com. Will look forward to seeing everyone at this year’s conference. Have a great week!

Ben Kocher, D.Sc, PA-C
Chairman, Continuing Medical Education

PAOS Wins Award

PAOS Awarded the “Optimizes PA Practice” Award at AAPA Constituent Organization Leadership Forum 2016

PAOS was awarded the “Optimizes PA Practice” Award during the AAPA Constituent Organization Leadership Forum 2016. On behalf of the PAOS, Dennis C Gregory PA-C, Vice President PAOS, accepted the award. PAOS was honored for its multi-faceted CME approach, collaboration with specialty physician organizations and robust membership benefits. With nearly 1750 members, PAOS continues to grow as we represent PAs practicing in orthopaedic surgery. Thank you to all of our constituents!

Pictured: Dennis Gregory, PA-C, PAOS Vice President (left) receiving award from Jeff Katz, PA-C, AAPA President (right)
AAPA Conference 2016: House of Delegates Update

The AAPA Conference 2016, hosted in San Antonio, TX, marked the 39th Annual House of Delegates meeting. Your PAOS Chief Delegate, Dennis C. Gregory PA-C, was in attendance to protect the interests of PAs practicing in orthopaedic surgery. Together with the AAPA Board of Directors, 110 constituent organizations convened to debate issues affecting the future of PA practice. This year, four Reference Committees were assembled presenting 49 resolutions and 67 policies for HOD review.

Several contentious HOD Reference Committee resolutions marked the future of PA practice. Resolutions in Reference Committee B: Elimination of High Stakes Recertification Testing of PAs, PA Licensure, Maintenance of NCCPA Certification and Recertification; as well as Reference Committee A: PA Full Practice Responsibility were resolutions of high priority. Denni Woodmansee, MS, PA-C, NCCPA Chair and Jennifer Snyder, PhD, PA-C, PAEA President were in attendance to discuss rationales for and against recertification changes, respectively. I encourage all of you to review the detailed Reference Committee Reports and Summary of Actions at: http://www.aapa.org/hod.

As in years past, Jenna Dorn, CEO AAPA provided a "State of the AAPA" progress report highlighting key initiatives for "Powering Up the PA Profession." AAPA’s strategic plan for 2016-2020 was revealed to meet future PA professional demands. AAPA Strategic Commitments to the PA Profession include: Equipping PAs for Expanded Opportunities in Healthcare, Advancing the PA Identity, Creating Progressive Work Environments for PAs and Fostering AAPA Organizational Effectiveness and Sustainability. With medical knowledge doubling every 73 days compared to past estimates of every 7 years, the AAPA is well positioned to support PA practice needs. Previous strategies have been implemented successfully with continuous membership growth, improving financials and increasing PA satisfaction. The AAPA continues to achieve quality metrics that optimize PA practice.

I am honored to continue my duties as a PAOS representative, as a PA practicing in orthopaedics and as a PA serving the greater needs of our communities. Should you have any questions regarding the AAPA HOD Summary of Actions, please reach out to talk. I hope to see you all at PAOS in the West, August 22-26, 2016 in Scottsdale, AZ or next year at the AAPA Conference 2017, May 15-19, 2017 in Las Vegas, NV.

Respectfully,

[Signature]

Dennis C. Gregory, PA-C
In February, the Colorado Academy of Physician Assistants descended on the Capitol to provide information and demonstrate their support for the PA Harmonization Bill.

Many states in our region have their annual meetings in September/October. If you are planning on attending, and are interested in representing the PAOS please contact me. These meetings are a great place to reach out to other PAs in Orthopedics and let them know about our national organization. It always amazes me to see how many PAs don’t even know about us and the great services and voice we provide.

If you plan on attending the upcoming PAOS ANNUAL CONFERENCE - PAOS in the WEST, I would love to meet you. We really need you to get off the sideline, and get into the game!
What is the Diagnosis?

A 15 y/o male lacrosse player presents to the walk-in urgent care with left hip and groin pain, pain with weight bearing 4 months after an injury playing lacrosse where the ball impacted his left proximal thigh. Initially he had diffuse edema and ecchymosis along the proximal quad and thigh which eventually resolved. He has had difficulty flexing the hip and running. Football conditioning is beginning in a couple of weeks-mom wants him to be evaluated to determine why he is limping 4 months after the injury.

On exam he is WDWN, 6’1” and weighs 230 pounds. He ambulates with an antalgic gait. He has difficulty flexing the left hip and is tender to palpation along the proximal quad. Flexion with internal and external rotation reproduces discomfort and is restricted in both ranges compared to the CL side. Strength with flexion is 4/5. Distal NVL. Xrays of the hip and pelvis were obtained. (See Images 1 and 2)

What is your diagnosis? (see page 6 for the answer)

Plan:

Xrays from the initial visit were reviewed with mom, recommendation was for referral for surgical consult to hip specialist that week. The patient did not keep the appointment as mom decided to watch it and give more time. The patient continued to limp and progressively worsened to the point that he was unable to weight bear. He was seen again in clinic 3 months later, xrays were repeated. (See Images 3 and 4)

He was again referred to MD for surgical consult for chronic slip SCFE, mom took him to a different hospital for second opinion and he was lost to f/u.

SAVE THE DATE

PAOS is pleased to announce its 2nd Annual Spring Conference. Extremities in the Carolinas: Fingers to Nose/Knees to Toes will be held May 5-7, 2017 at the Renaissance Charlotte Suites Hotel in Charlotte, NC. Topics will include diagnosis and management of common injuries and disorders seen in general orthopaedics.

Sample topics to include: Exam of the Shoulder & Elbow; Interpreting the Shoulder MRI; Superior Capsular Reconstruction for Massive Rotator Cuff Tears; Reverse, Total, or Hemi Shoulder Arthroplasty: Who Needs What?; Compression Neuropathy of the Hand & Wrist; Total Ankle Arthroplasty in 2017; Tibia Fractures; Pediatric Elbow Fractures; Common Tumors of the Hand & Wrist: When to Worry & When to Reassure; ACL Reconstruction 2017: Graft? Rehab? Technique?; Multi-ligament Knee Injuries: Exam & Treatment

PAOS plans to request 18.5 hours of Category1 CME and an additional 4 hours of Category 1 Self-Assessment credit from the AAPA. In 2016, the 1st Annual Spring Conference drew 160 attendees from 38 states and the Netherlands, with over 100 on the waiting list. For 2017 we selected a larger venue in order to accommodate the demand and anticipate 300 attendees from across the country.

PAOS has secured a block of rooms at the Renaissance Charlotte Suites at a discounted rate of $129 per night, plus applicable taxes. The room block will open in early 2017 and the rate will be in effect until April 13, 2017 or until the block is filled.
Discussion - Were You Right?

Plan: Xrays from the initial visit were reviewed with mom, recommendation was for referral for surgical consult to hip specialist that week. The patient did not keep the appointment as mom decided to watch it and give more time. The patient continued to limp and progressively worsened to the point that he was unable to weight bear. He was seen again in clinic 3 months later, x-rays were repeated. (See Images 3 and 4)

He was again referred to MD for surgical consult for chronic slip SCFE, mom took him to a different hospital for second opinion and he was lost to f/u.

Discussion:
Slipped Capital Femoral Epiphysis occurs most often in boys age 10-17 years. There may be an acute slip where there is sudden sharp burning pain, a chronic slip (most common) which causes chronic dull aching pain to the groin and thigh, or an acute on chronic injury. There is a high incidence of contralateral involvement (up to 1/3 of cases) that may have a delayed presentation. There is a possibility of underlying endocrine disorder delaying bone age. There may be minimal trauma with symptoms that are more severe than the injury would dictate. The main complaint may be isolated knee pain.

Clinical presentation: classic is an overweight adolescent male who walks with a limp, and has restricted internal rotation. He has had symptoms gradually worsening over the course of weeks or months vs an acute unstable slip which would be more severe and symptomatic. The foot may be externally rotated with ambulating. Flexion reproduces discomfort.

Radiographs should be obtained of bilateral hip joints as there is a high incidence of contralateral involvement. Early findings may include widening of the physis and/or irregularity. There may be no evidence of significant displacement seen early in the course. The radiographic classification is based on the slip angle measured from the lateral image which measures the angle between the epiphysis and femoral neck.

Treatment depends on the nature of the SCFE. A stable SCFE is usually treated with a single cannulated screw placed across the physis to stabilize the epiphysis. (See Image 5) In an unstable slip, there is no consensus for optimal treatment, although reduction of the epiphysis with some sort of internal fixation is the standard.

Long term complications of a SCFE may include osteonecrosis, osteoarthritis, leg length discrepancy, and FAI.
Knee Retractors with Easy Grip Handles
Helps provide excellent visibility and ligament protection during total and unicompartmental knee replacement surgery

Silicone handles help reduce holding fatigue

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The self-scored versions of the Self-Assessment CME programs have been reviewed and are approved for AAPA Category 1 Self-Assessment CME credits by the Physician Assistant Review Panel. Physician Assistants should claim only the credit commensurate with the extent of their participation in the activity. This program was planned in accordance with AAPA's CME Standards. Visit www.aapa.org/self-assessment for the list of approved titles.

Please call AAOS Customer Service at 1-800-626-6726 to purchase and receive special Discount Pricing for PAs

Newsletter Editor Needed

Interested in volunteering your time to assist with producing a great quarterly newsletter for our members? Contact Elizabeth@paos.org for more information about what the position involves.

We also encourage our talented writers to submit articles and share your knowledge in the following areas:

-Sports Medicine
-Fracture Management
-Adult Reconstructive
-Spine—Adult and/or Pediatric
-Pediatric Orthopaedics
-Hand Surgery
-Foot and Ankle Surgery
-Arthritis
-Any subject that would be of interest to a PA working in an orthopaedic setting

At Dignity Health Medical Foundation, we lead by example. By always striving to give our personal best—and encouraging our patients and colleagues to do the same—we’re able to achieve and do more than we ever imagined. If you’re ready to inspire greatness in yourself and others, join us today.

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Sacramento - Mercy Medical Group
Our multi-specialty group, with more than 400 healthcare providers in the Sacramento region, has an opening where you can enjoy life balance with M-F schedule and no call which includes OR and clinic patient care. Work as a team with one ORS (general and total joints), and practice with autonomy in a collegial environment with engaged colleagues.

Woodland - Woodland Clinic Medical Group
Enjoy the variety of working with two Ortho PAs and two ORS (hand, sports and total joints) which includes OR and clinic patient care. Be part of a medical group that has served the community for 113 years! Call is seven days per month.

These opportunities offer competitive salary, quality bonus potential and desirable benefits. Our communities offer an abundance of outdoor recreation throughout the year due to our mild weather, close proximity to destination locations such as San Francisco, Lake Tahoe and the wine country.

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PAOS is the official Specialty Organization of the AAPA For Physician Assistants who practice in Orthopaedics

Mission Statement

To provide a professional organization with a common direction for physician assistants who practice in Orthopaedics. Provide quality CME in orthopaedic and musculoskeletal health care. Provide a forum for interaction, and networking for information dissemination and job placement in Orthopaedics for physician assistants. Educate physicians and allied health professionals on physician assistant education, training, certification and changing legislation.

Please update your demographic information to ensure that you receive the latest news from PAOS. If you have any questions, please contact us at membership@paos.org or (800) 804-7267.