

# EOA News

Spring 2009  
Editor: Scott D. Boden, MD

EASTERN ORTHOPÆDIC ASSOCIATION

## President's Message



### 40 Years of the Eastern Orthopaedic Association: Then and Now

*The purpose (Mission) of this Association shall be to promote, encourage, foster and advance the art of science and orthopaedic surgery and matters related thereto, and to establish a forum for free discussion and teaching of orthopaedic methods and principles among the members.*

#### THEN

With the above purpose in mind, our founders held the first annual meeting in Abscon, New Jersey. What is tremendously impressive and progressive about this first meeting was the broad scope of the program. It truly set a foundation for the EOA programs to follow. Although there were

only twelve free papers, more time was dedicated to discussion. There were four multi-presenter symposium and three concurrent workshops on the foot, wrist trauma, and the knee. The meeting emphasized the importance of staying "up to date" on the newest equipment industry had to offer. The most interesting aspect of the meeting was the bus trip to the Children's Seashore House for rounds and case presentations. In 2009, with hundreds of members and continued, prosperous membership growth, we don't have the luxury of this format for case presentations. There are, however, alternatives (stay tuned).

The only committee report given was from the Committee on Insurance and Medico-



Legal Affairs. This may be the forerunner of our current Practice Management Course.

#### NOW

The 40th Annual Meeting of the EOA will be held at the Atlantis Resort in the Bahamas June 17-20, 2009 with Mark Easley, MD as Program Chair. As it was from the beginning, the program is dedicated to advancing the purpose of the Association with

*Continued on page 2*

## Practice Management Symposium

On Thursday, June 18, 2009, EOA continues its effective Practice Management program with a joint effort with the AAOS, **Connecting the Dots - Managing the Future of your Practice**. Topics to be discussed include **Show me the Money:** Smart Coding, Strategies to Enhance and Maintain your Billing/Collections Processes, and How to Improve your Payer Reimbursement; **Work Smarter not Harder:** Conducting an Operational Assessment, Using Physician and Nonphysician Extenders, Marketing to Patients, and Payers and Providers; **Riding the Wave of Technology:** Using Technology Advantageously, Implementing EHR & Electronic Prescribing, and High Tech and High Touch. Leading physi-

cians and consultants will present these practical and highly relevant issues and discuss with you how to implement these strategies. Make sure you have this symposium on your calendar.

#### Multimedia Education Sessions

The EOA will provide a multimedia education session from 1:00 pm – 3:00 pm on Thursday, Friday, and Saturday, June 18-20. A comprehensive selection of AAOS DVDs will be available for your review. These DVDs will highlight surgical procedures and current concepts in orthopaedics. Registered attendees should find these DVDs informative and helpful in their practice.

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## Eastern Orthopaedic Association

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## President's Message cont.

outstanding science and intellectual exchange of new ideas and techniques.

With a record number of abstracts submitted for the meeting, there is an impressive 159 podium presentations representing all aspects of orthopaedics. The broad spectrum of abstracts includes all the surgical subspecialties, as well as basic science and unique practice pertinent topics, such as the public release of performance data in orthopaedic surgery and optimizing outcomes in orthopaedics. The five multi-presenter symposiums are on innovative topics such as "Simplifying Orthopaedic Challenges: Making the Impossible Possible" and "Double Bundles and Two Rows...Belt and Suspenders or Is Two Really Better than One?"

For those who learn best through case-based presentations, there are symposia such as "The Ankle Sprain that Won't Heal," with experts quizzed on cases that present in your clinic. Finally, 37 poster presentations round up the learning opportunities for this meeting.

In keeping with the spirit of learning "beyond traditional orthopaedics," the Presidential Guest Speaker is James Weinstein, DO, MS an expert on orthopaedic outcomes, quality care initiatives, and medical economics. His talk is entitled "An Agenda Change—Improving Quality and Curbing Healthcare Spending: Opportunities for the Congress and the Obama Administration." The Howard H. Steel Lecturer is Ben Greenstein, PhD, an expert in coral reef biology in the Bahamas and Australia. His talk is entitled, "Coral Reefs and Seagrass Beds: Biology and Geology of the Bahamas."

The Social program (called the Ladies Program in 1970 - thank goodness we changed that) includes aquatic and marine programs at the Atlantis that are second to none. The EOA has always been committed to "the family atmosphere" and the Association has progressively grown the kids program into

a fun, engaging opportunity for your children and some time off for Mom and Dad. Something for everyone.

Ted and I hope to see you at the 40<sup>th</sup> Annual Meeting of the Eastern Orthopaedic Association. It will be a blast.

Sincerely,



Judith F. Baumhauer, MD  
EOA President

### EOA Newsletter

EOA News encourages and welcomes all member input. If you have any information you would like included in the next issue, please email material to [hskinner22@att.net](mailto:hskinner22@att.net)



### EOA Central Office

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### The EOA Mission

The Mission of the Eastern Orthopaedic Association is to promote high quality ethical care for musculoskeletal patients in the eastern region of the United States by providing educational programs, fostering collegiality and supporting professional development among its members and physicians-in-training, and by influencing health care policy.

## Program Chair's Message

Mark E. Easley, MD



*Dear fellow EOA members, spouses, and affiliated guests:*

The Board of Directors and I look forward to welcoming you to the EOA's 2009 Annual Meeting on June 16-21, 2009, at the spectacular Atlantis Resort on Paradise Island in the Bahamas. If you have not already done so, please visit the Atlantis' website to gain an appreciation for this unparalleled venue that includes gorgeous beaches, a world-renowned spa and fitness facility, numerous family-oriented water activities, and terrific social events. Nassau is only a short flight from most major east coast airports and only a short taxi ride from Paradise Island.

The EOA continues to attract many of the top researchers to its Annual Meeting, and this year is no exception. The quality of the scientific program rivals that of any significant orthopaedic meeting worldwide. The program committee and I had the distinct honor of reviewing arguably one of the strongest collections of submitted abstracts that any orthopaedic organization can boast. In an effort to expose this year's participants to the maximum number of these outstanding investigations, I modified the general session's format to accommodate as many free papers as possible. Specifically, presenters are limited to four or five minute presentations. While this format is unconventional, it is my opinion that it will prompt podium presenters to concentrate their lecture on the essence of their research, thereby eliminating unnecessary introductory material and discussion. I anticipate that this will provide the audience with the "greatest educational bang for their buck." In addition, participants will have access to an impressive group of poster presentations, to be displayed immediately adjacent to the lecture hall.

The focus of this year's symposia is on practical sessions for the orthopaedic surgeon. The symposia are taught by today's leaders in orthopaedic surgery, many of whom are EOA members. Topics include "Simplifying Orthopaedic Challenges:

Making the Impossible Possible," "Total Knee Arthroplasty: Out with the Old, In with the New?," "The Ankle Sprain that Won't Heal," "Optimizing Outcome of your Orthopaedic Procedure," and "Double Bundles and Two Rows: Belt and Suspenders or Is Two Really Better than One?"

The symposia are heavily weighted toward discussion. Individual symposia presentations will follow the format of the free paper sessions, with relatively concise lectures focusing on the essence of the speaker's argument, leaving the majority of each symposium's designated time for interactive discussion among the session's faculty.

In addition to the 22 education credits that can be earned by attending the EOA's scientific program, 4 additional education credits may be garnered by attending Thursday (June 18) afternoon's Practice Management Symposium: "Connecting the Dots: Managing the Future of Your Practice." This symposium promises to educate the participant on (1) enhancing billing and collections processes, (2) maintaining patient flow, (3) assessing operations, and (4) implementing new technology.

As part of the scientific program, Presidential Guest Speaker James Weinstein, DO, MS will educate the audience with "An Agenda Change – Improving Quality and Curbing Healthcare Spending: Opportunities for the Congress and the Obama Administration." Current EOA president, Judy Baumhauer, MD, will share some EOA history with us, "EOA: 1970 and Beyond...The Best of the Past 40 Years of Science and Socialization." We are also delighted to have current AAOS President, Joseph Zuckerman, provide not only the AAOS address but also participate in one of our symposia. This year's most appropriate Howard H. Steel lecture promises to be absolutely fascinating. Benjamin J. Greenstein, PhD, will share with us his lecture, "Coral Reefs and Seagrass Beds: Biology and Geology of the Bahamas." Dr. Greenstein is an authority on Bahamian coral reefs, and I encourage all attendees, family members, and guests to attend this unique opportunity to learn about the magnificent

### 2009 Program Committee

The Eastern Orthopaedic Association gratefully acknowledges the following orthopaedic surgeons for their contribution to the development of the scientific program.

Mark E. Easley, MD, Program Chair  
Robert D. Bronstein, MD  
James T. Guille, MD  
Javad Parvizi, MD, FRCS  
Robert N. Richards Jr, MD  
Michael M. Romash, MD  
Geoffrey H. Westrich, MD  
Mark J. Lemos, MD, Ex-Officio

underwater world that lies just beyond the resort's beaches.

Aside from the terrifying water slide through the shark pool, the Atlantis provides a fabulous and nearly limitless activities program. Deep water swims, sail and snorkel excursions, shallow water interaction with bottlenose dolphins, deep sea fishing, tennis, and golf will keep most any family member busy for the whole day. Yes, it will be tempting for the orthopaedist to sneak out of the scientific program to enjoy these activities, but don't worry, the scientific program ends no later than 1:00pm each day, leaving plenty of time for these events every afternoon. A bit of Bahamian flavor should spice up the very popular old standards, the EOA Annual Meeting's Welcome Reception and Founder's Dinner Dance.

I look forward to seeing you at the EOA Annual Meeting at the Atlantis Resort on Paradise Island in the Bahamas. In my humble opinion, this meeting is the perfect balance of an ideal orthopaedic educational experience and a wonderful vacation for you and your family. Moreover, since all of your fellow EOA members will be attending, it is another opportunity for you to renew friendships among the delightful membership and support our organization.

I would also like to extend a special thanks to Cynthia Lichtefeld whose tireless efforts have made this meeting possible.

## Presidential Guest Speaker



The EOA is pleased to have James N. Weinstein, MS, DO as the Presidential Guest Speaker for the 2009 Annual Meeting to be held at Atlantis in Paradise Island, Bahamas.

Dr. Weinstein, professor and Chairman of the Department of Orthopaedic Surgery and Professor of Community and Family Medicine at Dartmouth Medical School (DMS) in Hanover, New Hampshire, is well known for his expertise in low back pain. He is also Principal Investigator of the Spine Patient Outcomes Research Trial (SPORT), the largest study ever funded by the

National Institute of Arthritis and Musculoskeletal and Skin Diseases at the National Institutes of Health (NIH).

He founded both the Spine Center and the first-in-the-nation Center for Shared Decision Making at the Dartmouth-Hitchcock Medical Center. Dr. Weinstein is Director of the NIH-sponsored, Multidisciplinary Clinical Research Center in Musculoskeletal Health Care at DMS. He also directs other programs and centers and is Editor-in-Chief of *Spine*, a journal that currently has the highest rating given to a journal in musculoskeletal research by Thomson ISI's Science Citation Index®.

Dr. Weinstein is an award-winning scholar (e.g., Bristol-Myers Career Research Award in Pain research and the prestigious Kappa Delta Award) and a very popular local, national, and international speaker. He is well known for his expertise in low back pain and for advocating conservative, non-invasive approaches to its treatment. During the meetings, he will be speaking on *An Agenda for Change - Improving Quality and Curbing Health Care Spending: Opportunities for the Congress and the Obama Administration*. EOA welcomes Dr. Weinstein to its 40th Annual Meeting.

## Howard H. Steel, MD Orthopaedic Foundation Lecturer



EOA is pleased to announce Benjamin J. Greenstein as the 2009 Howard H. Steel, MD Orthopaedic Foundation Lecturer. He

is a professor of geology and Chair of the Geology Department at Cornell College in Mount Vernon, Iowa. He also directs the Marine Science Concentration for the college's Environmental Studies Program.

Dr. Greenstein's teaching and research interests lie in the fields of marine geology and paleontology. He has conducted research on coral reefs in the Bahamas, Florida Keys, Netherlands Antilles, Belize, U.S. Virgin Islands, Great Barrier Reef, and Eastern Indian Ocean, including two 10-day saturation diving missions using the Aquarius Underwater Laboratory adjacent to Key Largo, Florida.

Dr. Greenstein has taught field courses and directed undergraduate research projects in the

Bahamas for 20 years. His latest research involves modern and Pleistocene coral reefs along coastal Western Australia. He has documented that many corals shifted their geographic ranges in response to climate change over the last 125,000 years, and derived predictions of the response of the modern coral fauna to elevated sea surface temperatures predicted for the next century. In this context, Dr. Greenstein currently serves as consultant to the Australian government's Department of the Environment, Water, Heritage and the Arts.

## 2009 Scientific Program Highlights

### THURSDAY— JUNE 18, 2009

- GENERAL SESSION I - SHOULDER
- AAOS REPORT – *Joseph Zuckermann, MD, President*
- OREF PRESENTATION - *Gene Wurth, OREF President and CEO*
- PRESIDENTIAL ADDRESS – *Judith F. Baumhauer, MD* "EOA: 1970 and Beyond...The Best of the Past 40 Years of Science and Socialization"
- SYMPOSIUM I - SIMPLIFYING ORTHOPAEDIC CHALLENGES: MAKING THE IMPOSSIBLE POSSIBLE
- CONCURRENT SESSION I - FOOT/ANKLE
- CONCURRENT SESSION II - TOTAL HIP ARTHROPLASTY
- GENERAL SESSION II - A QUICK BURST OF FRESH ORTHOPAEDIC INFORMATION FOR EVERY ORTHOPAEDIST. A MUST SEE!
- SYMPOSIUM II - TOTAL KNEE ARTHROPLASTY: OUT WITH THE OLD IN WITH THE NEW?
- MULTIMEDIA EDUCATION (FOLLOWING SCIENTIFIC PROGRAM)
- POSTERS
- PRACTICE MANAGEMENT SYMPOSIUM

### FRIDAY— JUNE 19, 2009

- GENERAL SESSION III - SPORTS KNEE
- GENERAL SESSION IV - BLOOD LOSS, DVT, AND PE IN ORTHOPAEDICS: PRESENTATIONS YOU CANNOT IGNORE!
- PRESIDENTIAL GUEST SPEAKER - *James N. Weinstein, DO, MS*
- AN AGENDA CHANGE – IMPROVING QUALITY AND CURBING HEALTHCARE SPENDING: OPPORTUNITIES FOR THE CONGRESS AND THE OBAMA ADMINISTRATION
- CONCURRENT SESSION III - TOTAL KNEE ARTHROPLASTY
- CONCURRENT SESSION IV - UPPER EXTREMITY
- SYMPOSIUM III - FOOT AND ANKLE
- CONCURRENT SESSION V - GENERAL TOPICS IN TOTAL JOINT ARTHROPLASTY
- CONCURRENT SESSION VI - TRAUMA
- MULTIMEDIA EDUCATION (FOLLOWING SCIENTIFIC PROGRAM)
- POSTERS


### SATURDAY – JUNE 20, 2009

- GENERAL SESSION V - SHOULDER
- SYMPOSIUM IV - OPTIMIZING OUTCOME OF YOUR ORTHOPAEDIC PROCEDURE
- CONCURRENT SESSION VII - TOTAL KNEE ARTHROPLASTY
- CONCURRENT SESSION VIII - SPINE
- GENERAL SESSION VI - BASIC SCIENCE
- SYMPOSIUM V - DOUBLE BUNDLES AND TWO ROWS... BELT AND SUSPENDERS OR IS TWO REALLY BETTER THAN ONE?
- HOWARD H. STEEL LECTURER - *Benjamin J. Greenstein, PhD* "CORAL REEFS AND SEAGRASS BEDS: BIOLOGY AND GEOLOGY OF THE BAHAMAS"
- MULTIMEDIA EDUCATION (FOLLOWING SCIENTIFIC PROGRAM)
- POSTERS



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## Litigation-Frenzied Lawyers Target U.S. Doctors

By David B. Mandell, JD, MBA and Jason O'Dell

How many new lawsuits do you think are filed in the United States each year? 2,000? 20,000? 2,000,000? Would you be surprised to hear that all of these choices are wrong? Nearly 20 million new civil lawsuits will be filed this year in the state and federal court systems. That equates to about one every 14 seconds.

This means that the odds of an adult American being sued in any one year are close to 1 in 8. The average 40-year-old American can expect to be named in at least four lawsuits over the remainder of his or her lifetime. If you consider that physicians face much more litigation risk than the average American because of malpractice risk, you can see why litigation is such a serious threat to every doctor's financial security.

While only about 2% of lawsuits ever make it to trial, the cost of this litigiousness is truly staggering. Many studies discuss the causes and effects of such litigation on the nation's economy as a whole. Defense costs and the time wasted dealing with depositions and interrogatories are both financial costs the defendant must bear. These fees and loss of time are in addition to the less quantifiable costs associated with reduced production from the increased stress triggered by a lawsuit. In this article, we will focus on explaining why lawsuits are so prevalent, why this trend will not subside, and what doctors can do to protect themselves.

### Why Americans Sue So Often

#### a. Everyone Wants a Piece of the Action

Why are there so many more lawsuits today than in the past? Partly, we think, because in today's society, *the lawsuit is seen as a way to "get rich quick," rather than as a method of creating justice.* Our culture seems to have embraced the belief that whenever something goes wrong, someone should pay, regardless if anyone was really at fault. Unfortunately, juries have adopted this idea as well. They often disregard the facts of the case and rule

on emotion and bias, giving away large sums of money in the process.

You read about these spectacular awards every day in the newspapers. A woman receives \$2.6 million because her coffee was a few degrees too hot, a home-owner is forced to pay thousands of dollars to someone who was injured while trespassing on the homeowner's property. Would-be plaintiffs see these awards and ask, "Why not me?" They want a piece of the lawsuit payoff. Their first step is to look for a person and a reason to sue. It is only a matter of time until that person is you or me.

#### b. There Are Too Many Lawyers

The excess of lawyers in this country also feeds the lawsuit fire. For every person with a lawsuit of questionable merit, there is a hungry lawyer ready and willing to file the suit. If you don't believe us, just open your local yellow pages or watch daytime television. You will see the many advertisements by lawyers waiting to start a lawsuit for you, even if you cannot pay the lawyer a dime. The lawyer may harass a defendant into a settlement or take a chance on a legal lottery at trial, whichever way he thinks he can get the most fees.

The legal business has grown tremendously in the last twenty years. All these lawyers need ways to make a living, and the lawsuit is a great source of instant income, whether it be defending a suit or prosecuting it. In many areas of the country, there are just too many lawyers. That means each attorney has to go out and "drum up business." Often, this "drumming up" means finding any client willing to sue, whether or not their suit is legitimate.

#### c. People Are Abusing the System

Another factor adding to the explosion of lawsuits is that many people are simply abusing the legal system for their own personal satisfaction. This trend has gotten so severe in California that the state legislature passed a law called the "Vexatious Litigant Act." This law created a list to which judges throughout the state can add names of people who are abusing the legal system by filing too many lawsuits without merit. Of course, these individuals cannot be denied their "constitutional right" to sue, but they are prevented from filing suits without attorneys, unless they have a judge's permission. The list is available to every court officer in the state.

What type of people are on this list? People who, in a judge's opinion, have repeatedly filed, without attorneys, motions and lawsuits

without merit or engage in other "frivolous tactics." Here are two awful examples:

1) One man outside Los Angeles had filed over 200 lawsuits over a seven-year period. Few of them were successful.

2) A court clerk recommended to a judge that he put certain individuals on this list. When the individuals heard about his recommendation, the clerk became a lawsuit target himself. He has since been sued 11 times in two years — all unsuccessfully. The clerk's reaction: "I am not exaggerating when I say I am extremely frightened by some of these people."

#### What You Can Do About It

There are two things you can do to limit your exposure to litigation: (1) try to behave so as to reduce the chance that you will be sued (risk management) and (2) shield yourself from the damaging effects of lawsuits (asset protection). Certainly, reducing one's liability exposure by changing one's behavior is important (in fact, Mr. Mandell has co-authored a CME monograph entitled *Risk Management for the Practicing Physician*). Nonetheless, no matter how carefully one behaves, one is still a lawsuit target. Better, then, to engage in asset protection to reduce the ability of a lawsuit to threaten one's savings and property.

The goal of asset protection planning is to protect a client's assets from future potential lawsuits within the framework of their general financial plan. This goal is achieved by (1) using existing state and federal exemptions to shield personal savings, (2) creating protective legal structures, such as limited partnerships and trusts, to safeguard assets; and (3) using real economic transactions involving (1) and (2) as much as possible. Even more importantly, asset protection planning often can discourage possible claimants from bringing lawsuits at the outset.

In today's litigious world, risk management and asset protection are desperately needed. With each endeavor approached wisely, you can significantly reduce your exposure to potential lawsuits and creditor claims.

*For a free audio CD (just cost of shipping) on advanced asset protection strategies, please call (800) 554-7233 or email [jill@ojmgroup.com](mailto:jill@ojmgroup.com).*

*David B. Mandell, JD, MBA is an attorney, lecturer, and author of the books *The Doctor's Wealth Protection Guide* and *Wealth Protection, M.D.* Jason O'Dell is a financial consultant and author of *Financial Planning for Physicians: Strategies for Saving Money and Securing your Financial Future*. To read more of their articles, go to [www.ojmgroup.com](http://www.ojmgroup.com). To reach David or Jason, please call 800-554-7233.*



## The Health Information Technology for Economic and Clinical Health Act (HITECH)

### What Does It Mean for Your Practice?

As part of the American Recovery and Reinvestment Act (ARRA), approximately \$30 billion within the Bill is allocated toward the improvement of health care in some form. Title XIII of the Act, also known as HITECH, focuses on HIT and quality, with \$19 billion in grants and loans set aside for infrastructure and incentive payments under Medicare and Medicaid for providers who adopt certified EHR technology. The grants and loans include \$17 billion in provider incentives and \$2 billion allotted to jump-start health IT adoption.

### What Are the Goals for HITECH?

1. Build a health information technology structure for interoperability to be in place.
2. Create standards building upon Certification Commission for Health Information Technology.
3. Save the federal government \$12 billion.
4. Strengthen federal privacy and security law.

### What Are the Physician Incentives?

Physicians can earn \$44,000 over five (5) years from Medicare/Medicaid if they are utilizing an EHR in 2011. Thirty thousand dollars (\$30,000), or close to 70%, comes in the first two years. Late adopters will receive significantly less. In 2015, there will be reductions in Medicare/Medicaid fees for non-EHR users. These incentives are specifically designed for use of HIT in the ambulatory (clinic) setting. There are separate incentives for the use of HIT in the acute care (hospital) setting.

These incentives are in addition to the current CMS incentives that are in place for ePrescribing and PQRI, which can each add up to \$10,000 per physician per year during 2009 and 2010.

### How Do I Collect the Money?

Physicians need to become "meaningful" EHR users. The definition is still being further defined, but clearly simply having an EHR is not enough. The EHR must be certified and have the ability to share required data elements.

If you already have an EHR, you must demonstrate meaningful utilization. Purchase and implementation are not enough. If you don't yet have an EHR, you need to start the acquisition process immediately. Funding starts in 2011, decreases over time and goes away after 2015. Penalties begin in 2015.

### What Are My Next Steps?

You need to develop a strategic, collaborative plan before rushing out to spend your share of the HITECH stimulus money. Although the timetable encourages quick adoption, that goal has never been easy. It's estimated only 5% of physicians currently use an EHR for a significant part of their workflow!

If you haven't yet purchased an EHR, you need to evaluate your workflows, develop your selection criterion, select a vendor, develop your implementation plan, install your EHR, connect to other providers and have your physicians fully functional. If you already have purchased an EHR, you'll need to have a plan to make sure the EHR is fully deployed, connectivity to other systems is in place and the EHR users are trained to be "meaningful" users. You need to demonstrate Meaningful Utilization. Current physician practices that have already invested in EHR technology have the best opportunity to take full advantage of the significant new incentives.

**Health Care Commentaries is provided by Somerset's Health Care Team for our clients and other interested persons upon request. Since technical information is presented in generalized fashion, no final conclusion on these topics should be made without further review. For additional information on the issues discussed, please contact a member of our Health Care Team. This document is not intended or written to be used, and cannot be used, for the purpose of avoiding tax penalties that may be imposed on the taxpayer.**

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## Important Dates



### 40th Annual Meeting June 17-20, 2009

The Atlantis Resort  
Paradise Island, Bahamas

JUNE 2009						
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### 41st Annual Meeting October 13-16, 2010

Ritz-Carlton  
Naples, FL

OCTOBER 2010						
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31						

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## Do You Know a Qualified MD or DO Orthopaedic Colleague Who Is Not an EOA Member?

### New Member Incentive

New members of the EOA will have their meeting fee in either of their first two years of membership waived. Join the EOA and come to the Annual Meeting free!

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Completion of an accredited residency program and privileges to practice as an orthopaedist in a local hospital are the requirements for both MD and DO candidates.



Apply for  
membership  
online at

[www.eoa-assn.org](http://www.eoa-assn.org)

or call

**866-362-1409**

and ask for  
an application.

### Member Benefits

- ▶ 24 Free CMEs through your complimentary subscription to the *Journal of Surgical Orthopaedic Advances*
- ▶ Substantial member discounts to EOA annual meetings
- ▶ Substantial member discounts to practice management courses
- ▶ Discount on long-term care insurance for employees and family members
- ▶ Registration fee discounts to other regional society meetings
- ▶ Free subscription to the official EOA newsletter—*EOA News*
- ▶ Awards and professional recognition
- ▶ 20% discount on orthopaedic books



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