

Preliminary Program

Pelvic and Acetabular Fracture Management Course (with Human Anatomical Specimens)

May 15 – 18, 2014

Marriott Tampa Airport

CAMLS Bioskill Lab

Tampa, Florida, USA



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EDUCATION



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AO North America
1700 Russell Road
Paoli, PA 19301

www.aona.org

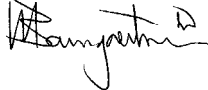
A letter from the President of AO North America



As President of AO North America (AONA®), I would like to share with you the overall mission of our organization and specifically our focus on education. Since 1958, the AO has been the worldwide leader in musculoskeletal trauma education. AONA provides comprehensive multidisciplinary education to surgeons, fellows and residents in the specialties of orthopedic, craniomaxillofacial, spine and veterinary surgery in the areas of trauma, specifically, operative reduction and fixation as well as degenerative disorders, deformities, tumors and reconstruction.

AONA, established as a regional entity of the AO Foundation in 1992, continues the long tradition of teaching excellence. As an independent, surgeon-driven, nonprofit specialty society, AONA is dedicated to the advancement of patient care. Our mission is to improve the care of patients with musculoskeletal injuries and their sequelae in North America through education and research in the principles, practice and results of treatment.

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CME Mission Statement

The Continuing Medical Education (CME) mission of AO North America (AONA®) is to provide comprehensive multidisciplinary needs based education to surgeons, fellows, and residents in the specialties of orthopedic, hand, craniomaxillofacial, spine, and veterinary surgery in the areas of trauma (i.e., operative reduction and fixation), degenerative disorders, deformities, tumors, and reconstruction.

Expected results of AONA's CME activities for surgeons, fellows, and residents are to:

- Increase their knowledge base and surgical skill level
- Apply and document competencies in areas of relevant advances in knowledge in the areas of trauma, degenerative disorders, deformities, tumors, and reconstructive surgical techniques into patient care resulting in improved competence
- Address practice performance gaps by improving management of all aspects of musculoskeletal injuries and disorders (i.e., pre-operative planning to post-operative care)





Course Description

Although Pelvic and Acetabular fractures are relatively uncommon injuries, they are often complex, difficult to understand and associated with life threatening trauma. The incidence of complications may be quite high and surgeons are often unfamiliar with the regional anatomy of the pelvis and the specialized reduction techniques and implants necessary to treat these injuries. The initial management of a patient with an unstable pelvic fracture may be life-saving or significantly decrease ultimate morbidity. Practicing orthopedic surgeons are often faced with the initial management of these patients while taking emergency room call but may not have been prepared during their residency training to provide this management. Even practicing trauma surgeons who have graduated from a trauma fellowship often seek advice and additional instruction in managing these complex injuries.

Course Description (continued)

The management of Pelvic and Acetabular fractures is inherently difficult. Surgical approaches are complex and involve unfamiliar anatomy often poorly understood by orthopedic surgeons. The radiographic anatomy of the pelvis is complex and difficult to understand. Reduction and fixation techniques are challenging and require specialized instruments and implants as well as knowledge of reduction techniques and maneuvers.

This course will address the radiographic understanding of complex pelvic and acetabular fracture patterns, improve the surgeons ability to classify fractures of the pelvis as well as allow them the opportunity to practice surgical approaches, reduction and fixation techniques.

A unique feature of this Course is the session devoted to cadaver dissection in the laboratories. Participants will have the opportunity to learn different surgical approaches; including indications, techniques, as well as advantages and disadvantages of Pelvic and Acetabular surgery. In the manual skills laboratory, participants will perform internal and external fixation techniques on various pelvic and acetabular fractures through demonstration. They will also perform actual stabilization techniques on artificial bones. There will be a high faculty-to-participant ratio, which will facilitate opportunity for personal interaction and discussion.

Target Audience

Enrollment in this course is open to orthopedic surgeons with pelvic and acetabular surgery in their current or planned practice. This course is not designed for junior residents.

Learner Objectives

At the conclusion of this course, participants should be able to:

- Define key elements in the initial evaluation and management of patients with pelvic and acetabular fractures
- Assess pelvic and acetabular fractures as a component of a complex polytrauma situation
- Classify pelvic and acetabular fractures based upon an understanding of the radiographic appearance of the normal and injured pelvis
- Determine and demonstrate the appropriate surgical approach for pelvic and acetabular fractures
- Demonstrate appropriate decision-making strategies and define indications for operative management.
- Perform techniques of reduction and internal/external fixation as applicable to pelvic and acetabular fracture patterns
- Recognize ongoing controversies in the care of patients with pelvic and acetabular fractures

Accreditation



AO North America is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

AO North America designates this *live* educational activity for a maximum of 29.75 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Faculty

The faculty of this course is composed of international surgeons distinguished in the field of operative fracture care.

Course Co-Chairmen

Tania A. Ferguson, MD, MASc

Associate Professor
University of Washington
Harborview Medical Center
Seattle, Washington

Mark Reilly, MD

Associate Professor of Orthopaedic Surgery
Chief, Orthopaedic Trauma Service
Department of Orthopaedics
Rutgers – New Jersey Medical School
Newark, New Jersey

Invited Faculty

Michael J. Bellino, MD

Clinical Associate Professor
Stanford University Medical Center
Department of Orthopaedic Surgery
Stanford, California

Thomas Higgins, MD

Associate Professor
University of Utah Health Sciences Center
Salt Lake City, Utah

Cory Collinge, MD, MD

Director of Orthopaedic Trauma
Texas Health Harris Methodist Hospital
Orthopaedic Traumatologist
John Peter Smith Hospital
Fort Worth, Texas

James F. Kellam, BSc, MD, FACS, FRCS, FRCSI

Charlotte, North Carolina

Renn J. Crichlow, MD

OrthoIndy Trauma Team
Indiana Orthopaedic Hospital
St Vincent Hospital Indianapolis
Indianapolis, Indiana

Hans J. Kreder, MD, MPH, FRCS(C)

Professor, Orthopaedic Surgery & Health Policy
Eval & Mgmt, University of Toronto
Marvin Tile Chair & Chief, Orthopaedic Surgery,
Sunnybrook HSC, Toronto
Chief, Holland Musculoskeletal Program,
Sunnybrook HSC
Toronto, Ontario

Pierre Guy, MD, MBA

Associate Professor
University of British Columbia
Vancouver, British Columbia

Michael P. Leslie, DO

Assistant Professor
Department of Orthopaedics
Trauma and Reconstruction
Yale University School of Medicine
New Haven, Connecticut

Invited Faculty (continued)

Jeffrey W. Mast, MD

Northern Nevada Medical Center
Incline Village, Nevada

Keith Mayo, MD

Tacoma Regional Trauma Center
Tacoma General Hospital
Tacoma, Washington

Erika J. Mitchell, MD

SAMGI
Orthopaedic Trauma Service
Sacramento, California

Jason W. Nascone, MD

Associate Professor
Department of Orthopaedics
RA Cowley Shock Trauma Center
University of Maryland
Baltimore, Maryland

Sean E. Nork, MD

Associate Professor
Department of Orthopaedics
Harborview Medical Center
Seattle, Washington

Steven A. Olson, MD, FACS

Professor, Department of Orthopaedic Surgery
Hip Preservation Surgery
Pelvis and Hip Reconstruction
Orthopaedic Trauma Service
Duke University Medical Center
Durham, North Carolina

Jason W. Roberts, MD

Orthopaedic Trauma Surgery
Bronson Orthopaedic Specialists
Clinical Assistant Professor
Western Michigan University School of Medicine
Kalamazoo, Michigan

Milton L. (Chip) Routt, Jr., MD

Professor
Department of Orthopaedic Surgery
University of Texas Medical School – Houston
Memorial Hermann Hospital
Houston, Texas

H. Claude Sagi, MD

Fellowship and Research Director
Orthopaedic Trauma Service
Florida Orthopaedic Institute
Clinical Associate Professor Orthopaedic Surgeon
University of South Florida
Tampa, Florida

David Stephen, MD, FRCS(C)

Sunnybrook HSC
Associate professor
University of Toronto
Toronto, Ontario

Michael D. Stover, MD

Professor
Northwestern University
Department of Orthopaedic Surgery
Chicago, Illinois

Roger G. Wilber, MD

Assistant Professor
Case Western Reserve University School
of Medicine
University Hospitals Case Medical Center
Metrohealth Medical Center
Cleveland, Ohio

Faculty list subject to change

Preliminary Program

Thursday, May 15, 2014

Time	Agenda Item
8:00 – 08:10	Opening Comments / Course Introduction
08:10 – 09:20	SESSION 1: ACUTE MANAGEMENT OF HIGH ENERGY PELVIC TRAUMA
08:10 – 08:25	Radiology of the Intact Pelvis
08:25 – 08:40	Assessment and Classification of Pelvic Disruption
08:40 – 08:55	Acute Management of Pelvic Ring Disruption: Hemorrhage Control and Soft Tissue Management
08:55 – 09:10	Decision Making of Pelvic Ring Disruption: Indications for Surgery; Choice and Location of Fixation / Approaches
09:10 – 09:20	AIRS / Discussion
09:20 – 10:15	Case Presentations: The Acute Injury
10:15 – 10:30	Coffee Break
10:30 – 11:45	SESSION 2: INTERNAL FIXATION OF THE PELVIC RING
10:30 – 10:45	Anterior Pelvic Ring Fixation
10:45 – 11:00	Sacroiliac Dislocation and Fracture/Dislocation
11:00 – 11:15	Sacral Fracture (Including H / U Fractures)
11:15 – 11:45	AIRS/ Discussion
11:45 – 12:45	Lunch
12:45 – 13:20	PRACTICAL EXERCISE 1: A. External Fixation B. Binder Demonstration
13:20 – 14:20	PRACTICAL EXERCISE 2: A. Symphysis B. Sacroiliac Joint Plate
14:20 – 14:35	Coffee Break
14:35 – 15:20	PRACTICAL EXERCISE 3: Sacroiliac Fracture – Dislocation
15:20 – 16:15	PRACTICAL EXERCISE 4: Sacral Fracture with Iliosacral Screws and Tension Band Plate
16:15 – 17:00	SESSION 2: INTERNAL FIXATION OF THE PELVIC RING (continued)
16:15 – 16:30	Results of Pelvic Fracture Treatment
16:30 – 16:45	Delayed Reconstruction of Pelvic Fractures
16:45 – 17:00	AIRS / Discussion
17:00 – 18:30	Small Group Discussions
18:30 – 19:30	Reception

Preliminary Program

Friday, May 16, 2014

Time	Agenda Item
08:00 – 08:20	Case Discussion PreTest
08:20 – 12:00	SESSION 3: ACETABULUM
08:20 – 08:40	Radiology and Classification of Acetabular Fractures
08:40 – 08:55	Introduction to Drawing Fracture Patterns
08:55 – 09:05	Travel to Breakouts
09:05 – 12:00	PARCOURS ON RADIOLOGY AND CLASSIFICATION
09:05 – 09:50	PARCOURS ROTATION 1: BLUE ROOM – Elementary Anterior Patterns RED ROOM – Posterior Moieties ORANGE ROOM – Transverse Family YELLOW ROOM – ACH / ABC
09:50 – 09:55	Travel to Groups
09:55 – 10:30	PARCOURS- ROTATION 2: BLUE ROOM – Elementary Anterior Patterns RED ROOM – Posterior Moieties ORANGE ROOM – Transverse Family YELLOW ROOM – ACH / ABC
10:30 – 10:45	Coffee Break
10:45 – 11:20	PARCOURS- ROTATION 3: BLUE ROOM – Elementary Anterior Patterns RED ROOM – Posterior Moieties ORANGE ROOM – Transverse Family YELLOW ROOM – ACH / ABC

Preliminary Program

Friday, May 16, 2014 (continued)

Time	Agenda Item
11:20 – 11:25	Travel to Groups
11:25 – 12:00	PARCOURS- SESSION 4: BLUE ROOM – Elementary Anterior Patterns RED ROOM – Posterior Moietie ORANGE ROOM – Transverse Family YELLOW ROOM – ACH / ABC
12:00 – 13:20	Discussion Group (with lunch)
13:20 – 13:30	Travel to Lectures
13:30 – 14:20	SESSION 3: ACETABULUM Decision Making: Indications for Surgery Choice of Surgical Approach for Posterior Wall, Posterior Column, Posterior Column plus Posterior Wall Choice of Surgical Approach for Transverse, Transverse plus Posterior Wall, T-Shaped Reduction and Fixation through the Kocher-Langenbeck Approach
14:20 – 14:25	Travel to Lab
14:25 – 15:45	PRACTICAL EXERCISE 5: A. Transverse plus Posterior Wall B. T-Shaped Fracture through Kocher Langenbeck
15:45 – 16:00	Travel and Coffee Break
16:00 – 16:30	SESSION 3: ACETABULUM (continued) Choice of Surgical Approach for Associated Both Column Fracture Reduction and Fixation through the Ilioinguinal Approach
16:30 – 16:35	Travel to Lab
16:35 – 17:50	PRACTICAL EXERCISE 6: Associated Both Column (ABC)
17:50 – 17:55	Travel to Lectures
17:55 – 18:55	SESSION 3: ACETABULUM (continued) Concurrent Pelvic Ring Injury: Effect on Acetabular Approach Reduction and Fixation through the Extended Iliofemoral Approach PostTest and Discussion

Preliminary Program

Saturday, May 17, 2014 – Cadaveric Dissection at CAMLS

Time Agenda Item

08:00 – 10:45

CADAVERIC DISSECTION

08:00 – 09:15

Anterior Pelvis: Phannestiel and Stoppa

09:15 – 10:45

Anterior Acetabulum: Iliioinguinal Approach / Anterior SI Joint

10:45 – 11:00

Coffee Break

11:00 – 12:00

CADAVERIC DISSECTION

Posterior Pelvis: Sacrum / SI Joint

12:00 – 13:00

Lunch

13:00 – 16:50

CADAVERIC DISSECTION (continued)

13:00 – 14:15

Posterior Acetabulum: Kocher-Langenbeck

14:15 – 15:00

Gibson / Digastric Osteotomy Demonstration

15:00 – 16:30

Extended Iliofemoral Approach

16:30 – 16:50

Q & A (**Explore on Own**)

Preliminary Program

Sunday, May 18, 2014

Time	Agenda Item
08:00 – 09:30	Small Group Discussion (with breakfast)
09:30 – 11:15	SESSION 4: ALTERNATIVE APPROACHES AND SPECIAL PROBLEMS
09:30 – 09:40	Indications for Combined Approaches
09:40 – 09:55	Digastric Trochanteric Osteotomy: Indications and Techniques
09:55 – 10:10	Delayed Reconstruction of Acetabular Fractures
10:10 – 10:25	Outcomes in Acetabular Fracture Management
10:25 – 10:40	Prevention of Complications in Acetabular Fracture Treatment
10:40 – 10:55	Acute Total Hip Arthroplasty for Acetabular Fractures
10:55 – 11:15	AiRS / Discussion
11:15 – 11:30	Closing Comments

Schedule and Program subject to modification

Presentation Information

Faculty Disclosure

It is the policy of AO North America to abide by the Accreditation Council for Continuing Medical Education Standards for Commercial Support. Standard 2: "Disclosures Relevant to Potential Commercial Bias and Relevant Financial Relationships of Those with Control over CME Content," requires all planners, including course directors, chairs, and faculty, involved in the development of CME content to disclose their relevant financial relationships prior to participating in the activity. Relevant financial relationships will be disclosed to the activity audience. The intent of the disclosure is not to prevent a faculty with a relevant financial or other relationship from teaching, but to provide participants with information that might be of importance to their evaluation of content. All potential conflicts of interest have been resolved prior to the commencement of this activity.

Conflict of Interest Resolution Statement

When individuals in a position to control or influence the development of the content have reported financial relationships with one or more commercial interests, AO North America utilizes a process to identify and resolve potential conflicts to ensure that the content presented is free of commercial bias.

Off-Label/Experimental Discussions

Some medical devices used for teaching purposes and/or discussed in AO North America's educational activities may have been cleared by the FDA for specific uses only or may not yet be approved for any purpose. Faculty may discuss off-label, investigational, or experimental uses of products/devices in CME certified educational activities. Faculty have been advised that all recommendations involving clinical medicine in this CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All scientific research referred to, reported or used in this CME activity in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

Liability Statement

AO North America faculty and staff assume no personal liability for the techniques or the use of any equipment and accessories used for teaching purposes in the laboratory. The certificate provided pertains only to the participants' completion of the course and does not, in any way, attest to the proficiency of the participants' clinical experience.

AONA Disclaimer

AONA does not endorse nor promote the use of any product/device of commercial entities. Equipment used in this course is for teaching purposes only with the intent to enhance the learning experience.

Laboratory Waiver

To participate in this surgical skills course, you will be required to sign a waiver of liability prior to the course. In order to participate, AONA's policy mandates that every individual must wear appropriate protective garments provided by AONA during the lab sessions. Participants who do not sign the waiver and wear protective garments will not be allowed to participate in the laboratory sessions.

Human Anatomic Specimens

This course will involve exposure to and contact with human anatomic specimens. These specimens are being utilized for purposes of teaching and learning and are to be treated with the utmost respect. Participants should be familiar with and understand the potential risks involved and will be required to observe all customary safety procedures.

Tuition and Registration

Tuition: \$1,740.00 (US funds) Attending
\$1,740.00 (US funds) Fellow

Tuition Includes: Course and laboratory materials, breakfasts, lunches, reception and refreshments.

Registration is available online only at www.aona.org

We encourage early registration, as seating is limited.

Upon receipt of your registration and payment, you will receive an email confirmation of your registration in the Course, along with hotel and travel information to assist you in making your arrangements.

PLEASE NOTE: Registration deadline is April 22, 2014

Full refunds will be made only if written notice of cancellation is received by the registration deadline date. Cancellations received after the deadline date will be subject to a 10% cancellation fee. No tuition refund will be issued for cancellations after the start date of the course.

ADA Statement

AO North America fully intends to comply with the legal requirements of the Americans with Disabilities Act. If any registrant is in need of accommodation, please do not hesitate to submit a written request at least one month prior to this activity.

Until an email confirmation is received, please do not consider yourself registered in this Course.

For Information:

Contact AONA Customer Service Department

Phone: (800) 769-1391

(610) 695-2459

Fax: (610) 695-2420

Email: customerservice@aona.org

Hotel and Travel

Hotel Accommodations

Room reservations are the responsibility of the individual registrant. A block of rooms has been reserved at a rate of \$155 per night, plus tax, single / double occupancy, at Marriott Tampa Airport. Rooms will be held until April 22, 2014, or until room block is filled, whichever comes first. After this date, rooms will be on an as-available basis.

Hotel Concessions:

- Complimentary parking for meeting attendees, hotel & non hotel guests
- Two (2) complimentary bottled waters in each guest room day of arrival
- Complimentary use of hotel fitness center

Travel

This hotel does not provide shuttle service.

Complete information will be provided in the confirmation email.

**Please visit our website: www.aona.org to register
and for other course offerings.**

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Join us and share your passion



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