



# Western Orthopaedic Association News

Spring 2011

www.woa-assn.org

Volume 13 Number 2

## President's Message

Theodore L. Stringer, MD



Dear WOA Colleagues,

Did it seem like a long winter? It always helps to have something special to look forward to and now that it is officially spring, it must be time to make your plans for participation in this summer's WOA Annual Meeting. We are returning to the beautiful Hawaiian Islands where we will be staying at the adjacent properties, the Sheraton Princess and the Royal Hawaiian on Waikiki Beach. A "special" aspect of our meeting is the celebration of our 75<sup>th</sup> anniversary and one of the highlights will be a presentation by Larry Housman, former President and current Managing Director of the WOA, on the history of our organization. Additional "special presentations" will include Dr. G. Paul De-

Rosa, former chairman of the American Board of Orthopaedic Surgery, as the Presidential Guest Speaker. His presentation is entitled, "Ruminations of an Orthopaedist". The Howard Steel Lecture will be provided by Dr. Harvey Schiller whose long resume includes tenures as executive secretary of the USOC and CEO of YankeeNet. His topic will be "Leadership from a Sports Perspective". His lecture will be of interest to all attendees and guests.

We promise you a diverse, interesting and relevant scientific program under the direction of Program Co-Chairmen, Jim Duffey and Mike Dohm. We have received and reviewed a record number of paper/poster submissions and competition for the WOA Resident Awards has been uniquely intense.



In addition to podium presentations, we are privileged to welcome many national experts on a multitude of symposia and current concept topics. We are pleased to have AAOS President Dan Berry as a participant in this year's program.

The social program will likewise be diverse and memorable including the utilization of the recently renovated and spectacular Royal Hawaiian (the Pink Lady). Arranged excursion opportunities include nearby Sea Life Park, island tours, golf at the renowned Ko'olau Golf Club, Diamond Head hike and

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## New Member Benefit - Ortho-Preferred®

You may have seen our booth at the Annual Meeting, noticed our ad in the newsletter, received a mailer from us or even an email announcement. But are you still wondering, what is Ortho-Preferred® and what does it mean to me?

As an Orthopaedic Surgeon you are probably pretty familiar with the ins and outs of professional liability insurance. But what if we told you we have done something different? We have created Ortho-Preferred®, a nationwide professional liability insurance program exclusively for Orthopaedic Surgeons in conjunction with Medical Protective (MedPro), a Berkshire Hathaway Company, and built on the foundation of the DT Preferred Group, LLC risk purchasing group (RPG). We have taken professional liability insurance for Orthopaedic Surgeons to a new level.

The combined power of MedPro, the nation's most trusted and highest rated (A++) carrier in the healthcare liability industry and Ortho-Preferred® will bring new value to professional liability insurance for Orthopaedic Surgeons. Individuals who join the Ortho-Preferred® program can secure member benefits that include:

- Highly competitive premiums with specialized rate classes for Orthopaedic Surgeons
- Access to specialized risk management courses and educational training opportunities, including materials to fulfill MOC requirements
- Review of claim trends, risk prevention and medical education from top national orthopaedic leaders as part of the RPG's Orthopaedic Advisory Board

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*Colorado Springs, CO*

## President's Message continued

on Sunday morning, a trip to Pearl Harbor to see the USS Arizona and Battleship Missouri Memorials. Our local orthopaedists will provide their perspectives on self-directed tours and sightseeing. Don't forget that one of the world's greatest beaches will only be steps away!

Our meeting is enhanced and supported by our dedicated vendors. The WOA meeting experience is well recognized by industry to be a highly regarded educational event and networking opportunity. Their participation is greatly appreciated.

I encourage all of you to sign up and participate in this unique family oriented event and celebration. You can access additional information and registration at our web site, [www.woa-assn.org](http://www.woa-assn.org).

We look forward to seeing you there!

Aloha!

Ted and Pam Stringer

## New Member Benefit - Ortho-Preferred® continued

- Claims-Made, Occurrence and Convertible Claims-Made policy forms available
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- True consent-to-settle provision\*

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As a member of the WOA, Ortho-Preferred® professional liability insurance is offered to you as a member benefit. To take advantage of this opportunity call 1-877-304-3565 or visit [Ortho-Preferred.com](http://Ortho-Preferred.com) to complete an indication form and find out how much you could save on

\*Products may be underwritten by The Medical Protective Company or its affiliates, National Fire & Marine Insurance Company and MedPro RRG Risk Retention Group. Product availability varies based upon business and regulatory approval. Free extended reporting endorsement available to physicians who permanently retire (at any age), have been insured with MedPro for one year and have a retroactive date at least 48 months prior to the date of retirement (subject to state filing approval).

## Annual Meeting Hotel Reservation Cut-Off

Register Today for the 75th Annual Meeting July 27-29, 2011 at the Royal Hawaiian and Sheraton Waikiki in Honolulu, Hawaii. Go online at [www.woaassn.org](http://www.woaassn.org) to view the Preliminary Program along with all the meeting information.

June 23, 2011 is cutoff date to receive the Annual Meeting discount rate at the Royal Hawaiian and Sheraton Waikiki.

### Sheraton Waikiki

*City View*            \$209 per night  
*Ocean Front*        \$275 per night

Contemporary room design infused with view of the beautiful Pacific Ocean.

### Royal Hawaiian

*Royal Grove*                            \$340 per night  
This exquisitely appointed guest room overlooks Helumoa the former playground of Hawaiian royalty, now the hotel's tranquil Coconut Grove gardens.

*Royal Ocean Front*                    \$395 per night

This alluring and palatial oceanfront room in the Historic Building offers stunning view of world-famous Waikiki Beach and the azure Pacific Ocean. Bold and indulgent design is accompanied by exquisitely appointed details.

To make reservations, call and mention you are attending the WOA Annual Meeting, or go to the WOA website and click the online hotel reservations link.

## 2011 Program Chairs' Message



James Duffey, MD

Mike Dohm and I were very pleased when our President Ted Stringer asked us to co-chair this year's WOA Annual Meeting's Scientific Program.



Michael Dohm, MD

We are also very excited to present this year's program to you. Ted has already introduced his excellent panel of special Guest Speakers. We will start out of the gate on Thursday with a distinguished

panel of spine surgeons speaking about spine patho-physiology, pain generators and treatment. Dave Wong will give a special lecture about future reimbursement models. This is followed by stimulating talks on arthroplasty and spine guidelines, networks and registries. Due to the tremendous number of quality papers submitted this year, we will have concurrent sessions of papers with topics of Basic Science, Spine, Sports and Pediatrics.

On Friday we start with the timely topic of Non-arthritic Hip Pain and Hip Arthroscop-

py, then move into Less Invasive Spine Surgery. There will be a very practical session on Upper Extremity Fractures with respect to acceptable alignment. Our papers on Friday will cover topics in Foot and Ankle, Trauma, Tumors, Joint Arthroplasty, Upper Extremity, and Pain Management.

We begin Saturday with a great panel to discuss Current Topics in Hip Arthroplasty. There will be a special talk by Ross Wilkins about allografts and biologics. As Ted mentioned, the number of resident papers submitted for award this year has easily surpassed those of all previous years. Therefore, you can expect to hear a group of award-winning papers that were very well done and I'm sure will also be well presented. Our last symposium will cover knee arthroplasty.

Along the way, we will have an update from AAOS President Dan Berry, and also updates on MOC, Board of Counselors, and medicolegal issues. We are fortunate to have a great many distinguished faculty this

**2011 Program Committee**

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

Michael P. Dohm, MD, Co-Chair  
 James P. Duffey, MD, Co-Chair  
 Nitin N. Bhatia, MD, FACS  
 Brian A. Jewett, MD  
 Valerae O. Lewis, MD  
 Steven J. Morgan, MD

year who are truly leaders in their respective fields. In the spirit of the WOA summer meeting, while we have tried to pack in a broad and meaningful program, we have also left time in the day for family and catching up with old friends and colleagues. Certainly, we are looking forward to a special social program this year.

Aloha!

Mike Dohm and Jim Duffey

## 2011 Scientific Program Highlights

### THURSDAY – JULY 28, 2011

**SYMPOSIUM 1:** Spine 1 - Biologics in Spine  
**SYMPOSIUM 2:** Spine 2 – Spine Pain Management  
**SYMPOSIUM 3:** Practice Management 1  
**GENERAL SESSION 1:** AAOS President Address & Howard Steel Lecture  
*Harvey Schiller, PhD*, "Lessons In Leadership From A Sports Perspective"  
**GENERAL SESSION 2:** Special Lectures  
*Lawrence R. Housman, MD*, "History of WOA-75th Anniversary"  
*David Wong, MD*, "Practice Implications of Current Health Policy"  
**CONCURRENT SESSION 1:** Spine, Sports Medicine & Pediatrics  
**CONCURRENT SESSION 2:** Basic Science  
**MULTIMEDIA EDUCATION SESSION** (Following Scientific Program)  
**POSTERS** (Open daily to all participants before and after the Scientific Program.)

### FRIDAY – JULY 29, 2011

**SYMPOSIUM 4:** Non-Arthritic Hip Pain And Hip Arthroscopy: State Of The Art (And Science)  
**SYMPOSIUM 5:** Spine 3 - Less Invasive Spine Surgery  
**GENERAL SESSION 3:** Board of Councilor's Report & Presidential Guest Speaker  
*G. Paul DeRosa, MD*, "The Ruminations of an Orthopaedic Surgeon: The Evolution of Orthopaedic Surgery"  
**SYMPOSIUM 6:** Angles and Evidence: Acceptable Alignment for Upper Extremity Fractures  
**GENERAL SESSION 4:** Medical Legal Forum  
**CONCURRENT SESSION 3:** Trauma, Foot and Ankle, Tumors & Pain Management  
**CONCURRENT SESSION 4:** Total Joint, Upper Extremity & Miscellaneous  
**MULTIMEDIA EDUCATION SESSION** (Following Scientific Program)

**POSTERS** (Open daily to all participants before and after the Scientific Program.)

### SATURDAY – JULY 30, 2011

**SYMPOSIUM 7:** Osteoarthritis Management 1: Adult Reconstruction Hip  
**GENERAL SESSION 5:** Special Lecture  
*Ross Wilkins, MD*, Allografts: "What's New With Stem Cells, Fresh Cartilage and Scar Tissue Prevention"  
**GENERAL SESSION 6:** Resident Awards  
**SYMPOSIUM 8:** Osteoarthritis Management 2: Adult Reconstruction Knee  
**GENERAL SESSION 7:** Updates & Presidential Address  
*Theodore L. Stringer, MD*, "Achieving Optimism in Difficult Times"  
**MULTIMEDIA EDUCATION SESSION** (Following Scientific Program)  
**POSTERS** (Open daily to all participants before and after the Scientific Program.)

## 2011 Presidential Guest Speaker G. Paul DeRosa, MD



WOA is pleased to have Dr. G. Paul DeRosa as the 2011 Presidential Guest Speaker for the Annual Meeting to be held in Honolulu, Hawaii. He is a long-term teacher, mentor and friend of the President, Dr. Ted Stringer. He retired from Duke University faculty in 2006, but remains Professor Emeritus. He also retired from the ABOS in 2008 but remains Emeritus status on the Board.

Dr. DeRosa was born in Napoleon, Ohio. He received a BS degree from the University Of Notre Dame followed by medical school at Indiana University School of Medicine. Upon completion of his orthopaedic residency, Dr. DeRosa relocated to London, England for a

pediatric fellowship at the Hospital for Sick Children. After his fellowship, he went back to the states for a two-year stint in the US Air Force. He then returned to Indiana University as an Assistant Professor in Orthopaedic Surgery, followed by Associate Professor, Professor and finally Chair of the Department of Orthopaedic Surgery from 1966 to 1995. He then relocated to North Carolina to become Executive Director of the American Board of Orthopaedics in Chapel Hill as well as Professor of Surgery at Duke University School of Medicine.

During his active years, Dr. DeRosa served as President of Mid-America Orthopaedic Association, President of the Pediatric Orthopaedic Society of North America and

President of the American Orthopaedic Association, chair of the ACGME/RRC for Orthopaedic Surgery, as well as President of the National Residency Marketing Program in 2007. In 1990, he was elected to the American Board of Orthopaedic Surgery where he became involved with the certification and recertification of Orthopaedic Surgeons, where he focused efforts on ethics and professionalism until his retirement in 2008.

On a personal note, Dr. DeRosa and his wife Mary Ann have five children and twelve grandchildren who keep them very busy. His hobbies include golf, snow skiing and making chocolates.

## 2011 Resident/Fellow Award Recipients

Congratulations to the following 2011 WOA Resident/Fellow Award Recipients. The award papers will be presented during the Scientific Program on Saturday 9:40-11:05 am.

### Lloyd Taylor Award Winner

*Nicholas M. Bernthal, MD, UCLA Medical Center, Los Angeles, CA*

Protective Role Of IL-1 $\beta$  Against Post-Arthroplasty Staphylococcus Aureus Infection

### Vernon Thompson Award Winner

*Derek F. Amanatullah, MD, PhD, University of California, Davis, Sacramento, CA*

Distinct Gene Expression Patterns In The Surface, Middle, And Deep Zones Of Bovine Articular Cartilage

### Harold and Nancy Willingham Award Winner

*Michael L. Nguyen, MD, VA Medical Center Orthopaedic Biomechanics Laboratory, Long Beach, CA*

Margin Convergence To Bone For Reconstruction Of The Anterior Attachment Of The Rotator Cable

### Sanford and Darlene Anzel Award Winner

*Daniel G. Kang, MD, Walter Reed Army Medical Center, Washington, DC*

The Biomechanical Consequences Of Rod Reduction On Pedicle Screws: Should It Be Avoided?

### Resident Award Winners

*Beatrice Shu, MD, Stanford University Hospital and Clinics, Stanford, CA/Veterans Administration Research Department, Palo Alto, CA*

Transfer Of The Coracoid Attachment Of The Coracoacromial Ligament To The Distal Clavicle Improves Anterior-Posterior Stability Of Acromioclavicular Joint Reconstruction

*CPT David A. Crawford, MD, Madigan Army Medical Center, Tacoma, WA*

Medical Management of Osteoporosis After Hip Fractures: Are We Meeting National Guidelines?

*Evan Argintar, MD, Georgetown University Hospital, Washington, DC*

A Biomechanical Comparison Of Multi-Directional Nail And Locking Plate Fixation In Unstable Olecranon Fractures

## Upcoming WOA Meetings



75<sup>th</sup> Annual Meeting  
July 27-30, 2011

Sheraton Waikiki & Royal Hawaiian  
Honolulu, HI



76<sup>th</sup> Annual Meeting  
June 13-16, 2012  
Hilton Portland  
Portland, OR

## 2011 Howard Steel Lecturer Harvey Schiller, PhD



WOA is pleased to have Harvey W. Schiller, PhD as this year's Howard Steel Lecturer. He is Chairman of the Board and CEO for GlobalOptions Group, a multidisciplinary international risk management and business solutions company. He oversees GlobalOptions' New York office with a focus on the company's new business development. He also recently served as President of the International Baseball Federation, the international governing body for the Olympic sport of baseball.

Prior to joining GlobalOptions, Dr. Schiller was the Chairman of Assante US, a leading provider of financial and life management

products and services to many in the sports and entertainment industry. Before Assante, he served as Chairman and CEO of YankeeNets, an integrated sports-based media company; vice president of sports programming for Turner Broadcasting System; and president of Turner Sports.

Before joining Turner in 1994, Dr. Schilling was Executive Director/Secretary General of the United States Olympic Committee (USOC), and served as a member of the NCAA Executive Committee. In 1994, he was awarded the prestigious Olympic Order, the highest decorated honor presented to an individual by the International Olympic Committee, and worked directly in support

of the planning and award of the 1996 Centennial Olympic Games to the city of Atlanta. In 1994, he was awarded the prestigious Olympic Order, the highest decorated honor presented to an individual by the International Olympic Committee.

Dr. Schiller received a bachelor's degree from The Citadel and is a member of their Athletic Hall of Fame. He then earned his master's degree and doctorate from the University of Michigan. He also served as a pilot in the U.S. Air Force, including combat service in Vietnam, and attained the rank of brigadier general. He is a recipient of several military awards including the Legion of Merit and Distinguished Flying Cross.

## Multimedia Education Sessions

The WOA will provide multimedia education sessions from approximately 3:00 pm – 5:00 pm on Thursday, Friday, and Saturday, July 28-30. A comprehensive selection of AAOS DVDs will be available for your review. These DVDs highlight surgical procedures and current concepts in orthopaedics. Registered attendees will find these DVDs informative and helpful in their practice.



## The Best Asset Protection is Not Asset Protection... Is Yours?

**David B. Mandell, JD, MBA**  
**Jason M. O'Dell, CWM**

Too many physicians over the last decade have sought cookie-cutter asset protection plans to give them some "piece of mind" that if they ever endure an outrageous malpractice case, they won't lose everything. While we admire these doctors' commitment to pro-actively managing their risk, we have to remind doctors we speak with that all "asset protection plans" are not created equal. In fact, many will not even "work" if they ever are relied on.

Why is this? Essentially, it is because of a basic tenet of asset protection: that any asset protection plan that will truly stand up if challenged must have economic substance.

Taken a step further, superior asset protection planning would involve tools that are primarily used by people for non-asset protection purposes. In this way, the best asset protection plan involves tools typically not thought of as "asset protection tools." In other words, "the best asset protection is not asset protection."

### Just Like Tax Planning

While few physicians realize this crucial fact of asset protection planning, all of the leading attorneys in the field know it quite well. In fact, we are not alone – as tax attorneys and CPAs know this adage is also just as true when it comes to tax planning.

Simply put, when determining whether or not a particular transaction with significant tax benefits was an illegitimate tax shelter or not, the IRS or tax court typically uses a simple test – "Would a taxpayer have done this deal if not for the tax benefit?" In other words, they are asking whether or not this transaction was simply done to save taxes or did it have another economic purpose? If there was such a purpose, the transaction stands; if was only tax-motivated, it fails.

This same test applies when evaluating whether or not a creditor protection tactic will be upheld if ever challenged down the

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## Money Matters *continued*

road. Here, the question is “did this transaction have an economic purpose... or was it simply done for asset protection purposes?” If you are using tools that millions of Americans use daily for non-asset protection purposes, you can convincingly answer “yes.”

### Asset Protection as a Sliding Scale

In the 3 books either of us have written for doctors, including our latest, For Doctors Only, we use a sliding scale approach to evaluate asset protection techniques – with the lowest (-5) being an asset that is completely vulnerable and the highest (+5) being an asset that cannot be taken by a creditor even in bankruptcy. This is important to understand here because every (+5) asset protection technique, whether in a personal or practice implementation, has significant economic benefits to the client, irrespective of asset protection.

### Asset Protection Which Isn't

Which asset protection tools are not asset protection tools? Let's examine a few of them briefly:

A. Qualified Retirement Plans: The term “qualified” retirement plan means that the retirement plan complies with certain Department of Labor and Internal Revenue Service rules. You might know such plans by their specific type, including pension plans, profit sharing plans, money purchase plans, 401(k)s, or 403(b)s. Properly structured plans offer a variety of real economic benefits: you can fully deduct contributions to these plans and funds within them grow tax-deferred. In fact, this is likely why most medical practices sponsor such a plan.

What you may not know is that under federal bankruptcy law, and nearly every state law, these plans are protected against lawsuits and creditor claims – enjoying (+5) protection status. IRAs are also (+5) protected in bankruptcy, with some limits, although their state protection depends on the state. For both, the overwhelming majority of millions of Americans who use qualified plans and

IRAs are not using them for asset protection purposes. This, then, is a great example of attractive economic tools that just so happen to have tremendous asset protection benefits as well.

B. “Hybrid” Qualified/Non-Qualified Retirement Plans: Non-qualified plans are relatively unknown to physicians, despite the fact that they are right in the tax code. These types of plans should be very attractive to physicians, as they can be terrific hedges against future tax increases and they can be used IN ADDITION to qualified plans. Once again, hybrid plans are generally not used for asset protection purposes, but they may have such benefits – depending on how they are structured.

C. Captive Insurance Companies (CICs): CICs are used by many of the Fortune 1000, for a host of strategic reasons. In this technique, the owners of a medical practice actually create their own properly-licensed insurance company – to insure various types of risks of the practice. These can be economic risks (that reimbursements drop), business risks (that electronic medical records are destroyed), litigation risks (coverage for defense of harassment claims or HCFA audits) and even medical malpractice (keeping some risk in the captive and reinsuring the rest). If it is created and maintained properly, the CIC is like any insurance company -- established in a real economic arrangement with its insureds. Also, CICs can enjoy tremendous creditor protection (+4/+5) – although they are almost never created for this purpose.

D. Cash Value Life Insurance (CVLI): CVLI policies are purchased by millions of Americans each year for their tax benefits (generally, tax-free growth, pays income tax free to heirs), for family protection and for estate planning purposes. Nonetheless, in many states, the cash value can enjoy the top (+5) protections. In this way, a physician can purchase a product that is widely recognized

as a part of a financial plan and enjoy (+5) protections easily.

### Conclusion

Too many physicians who have implemented generic “asset protection plans” may be disappointed if they are ever attacked – as they may be ignored by courts that see no economic substance. On the other hand, those who implement techniques such as those described above may be pleased – not only will their protection be upheld, but they may build significant wealth along the way. The authors welcome your questions. You can contact them at (877) 656-4362 or through their website, [www.ojmgroup.com](http://www.ojmgroup.com)

SPECIAL OFFER: For a free (plus \$5 S&H) copy of For Doctors Only: A Guide to Working Less and Building More, please call (877) 656-4362.

David Mandell is an attorney, lecturer, and author of five books for physicians. Jason O'Dell is a financial consultant, lecturer and author of two books for physicians. They are both principals of the financial consulting firm O'Dell Jarvis Mandell LLC.

### Disclosure:

*This article contains general information that is not suitable for everyone. The information contained herein should not be construed as personalized legal or tax advice. There is no guarantee that the views and opinions expressed in this article will be appropriate for your particular circumstances. Tax law changes frequently, accordingly information presented herein is subject to change without notice. You should seek professional tax and legal advice before implementing any strategy discussed herein. For additional information about the OJM Group, including fees and services, send for our disclosure statement as set forth on Form ADV using the contact information herein.*

### WOA Newsletter

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

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## CMS Proposes Rule for Accountable Care Organizations

By AAOS

On March 31, 2011, the Centers for Medicare & Medicaid Services (CMS) proposed guidelines for doctors, hospitals, and other health care providers to establish Accountable Care Organizations (ACOs). Health care experts hope that ACOs will put an end to fragmented care methods by creating a “shared savings program” to incentivize caregivers across all care settings to work together to provide high-quality, coordinated care for Medicare beneficiaries. CMS has proposed the guidelines in advance of the program becoming permanently established on January 1, 2012 in order to receive feedback from providers, suppliers, Medicare beneficiaries and other interested members.

Theoretically, ACOs facilitate better care and bring down costs by establishing financial incentives for providers and suppliers (ie. physicians, hospitals, long-term care facilities) to monitor patients from start to finish. ACOs that make sure that patients receive appropriate care at the appropriate time and limit

waste and abuse of procedures and tests will be eligible for additional Medicare payments. However, those who fail to consolidate a patient’s care effectively could be held financially responsible for accrediting unnecessary costs onto the health care system. According to CMS, cost savings are not the sole goal of the program as ACOs would have to meet high quality standards measured by patient experience, care coordination, patient safety, preventive health, and at-risk population/frail elderly health to ensure that patients are “happy with the care they receive and have better health outcomes.”

The quality standards proposed by CMS are largely based on nationally recognized quality measures in other CMS programs such as the Electronic Health Records (EHR) and Physician Quality Reporting System (PQRS).

Under the CMS proposal, providers who wish to participate in the Shared Savings Program would be required to complete an application

informing CMS on how they plan deliver high quality, cost effective, care via an ACO. If the application is approved, the ACO must sign an agreement with CMS to participate in the Shared Savings Program for a period of three years. However, CMS is permitted to terminate the agreement if an ACO fails to meet its objectives.

According to PPACA, an ACO may include the following providers and suppliers of Medicare-covered services:

- ACO professionals (i.e., physicians and hospitals meeting the statutory definition) in group practice arrangements,
- Networks of individual practices of ACO professionals,
- Partnerships or joint ventures arrangements between hospitals and ACO professionals, or
- Hospitals employing ACO professionals.
- Other Medicare providers and suppliers as determined by the Secretary

**Attention 2011 New Members: FREE Meeting Registration**  
Register online at [www.woa-assn.org](http://www.woa-assn.org) today!



### *The WOA Mission*

The Mission of the Western Orthopaedic Association is to promote high quality ethical care for musculoskeletal patients in the western 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.



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

## Member Incentive

Refer and sponsor one new member and receive 1/2 off the registration fee for the next annual meeting.

Refer and sponsor two new members and the registration fee for the next meeting is waived.

*(Note: To qualify for incentive, new membership must be approved by the Board of Directors.)*

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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.

A red, starburst-shaped graphic with the text "Free Meeting Registration!" in white, italicized font.

*Free  
Meeting  
Registration!*

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membership  
on-line at

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an application.

## The Benefits of Being a Member:

10. WOA newsletter
9. Annual meeting discount for new members
8. Substantial discounts to other regional society meetings
7. Awards and scientific recognition
6. Diverse annual meeting content
5. Annual meeting that provides excellent board and recertification preparation
4. Significant discount on long term care insurance for your family and employees
3. Significant discount on Practice Management Programs
2. Highly desirable annual meeting locations, including the Hawaiian Islands every three years
1. 24 FREE CME credits through free *JSOA* subscription