



# Western Orthopaedic Association News

Fall 2015

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

Volume 18 Number 1

## President's Message

John Tongue, MD



Dear Colleague,

The Annual Meeting at Coeur d'Alene was an incredible success, and a wonderful time was had by everyone! Dr.

Paul Collins planned an outstanding meeting. Dr. Payam Tabrizi and his Program Committee put together a great scientific program, with for the first time Rapid Fire Sessions. Concurrent sessions for Physician Assistants, organized by Kristi Posey PA, were included again this year in the program.

The meeting covered the whole range of orthopaedic issues, as well as ongoing socio-economic issues. The industry luncheon presentations added to the experience, and free afternoons allowed for family fun time. This well-attended meeting included 272 Physicians, 38 Physician Assistants, and 172 other participants. It was a great meeting

that made the most of learning and personal time. Our WOA physician membership continues to grow, helping support our activities, especially our expanding research scholarship programs.

We are very proud to support and honor our resident award winners. They brought cutting edge technology and assessments for all of us to benefit from their research. The award winners were:

### Lloyd Taylor Award

Jason H. Ghodasra, MD, MSCI

### Vernon Thompson Award Winner

Alexandra Stavrakis, MD

### Harold and Nancy Willingham Award

Ryan Fader, MD

### Sanford and Darlene Anzel Award

Christopher Bui, MD



### WOA Resident/Fellow Award Winners

Pascual Dutton, MD; Paul M. Lichstein, MD and Calvin Schlepp, MD

### WOA/OREF Young Investigator Award

Reza Firoozabadi, MD, MA; Geoffrey Marecek, MD and Hamed Yazdanshenas, MD

### 2015 Poster Award Recipients

Edward Cheung, MD; Lauren Hackney, MD; Dustin Schuett, DO and Geoffrey Konopka, MD, MPH

SAE credits necessary for your Maintenance of Certification program "MOC", offered to

*continued on page 2*

## Call for Abstracts

The Western Orthopaedic Association will present its next Annual Meeting September 28-October 1, 2016 at Renaissance Indian Wells Resort in Indian Wells, CA. The Annual Meeting is one of the premier meetings for orthopaedists practicing in the West. The Scientific Program will be developed to present timely assessments of practice-related techniques and clinical research findings in orthopaedic surgery through accepted noteworthy papers. Nationally recognized speakers will also be invited to speak.

We invite you to submit one or more abstracts for the meeting, as this is an excellent opportunity to present research to your



peers. The submission deadline is March 14, 2016. Abstract applications may be submitted online through the WOA's web site. Visit us at [www.woa-assn.org](http://www.woa-assn.org) and click on the "Submit Your Abstracts" link.

We look forward to receiving your abstract(s) and seeing you in Indian Wells next year.

## I N S I D E

Study Analyzes Medical Malpractice Allegations Against Orthopaedists	p. 2
Valerae O. Lewis, MD Named Chair of Orthopaedic Oncology	p. 3
Upcoming WOA Meetings	p. 3
Meet WOA's New Board Members	p. 3
Recap of the 79th Annual Meeting	p. 4
2015 Poster Award Winners	p. 4
Congratulations to the 2015 Award Winners	p. 4
Thank You Annual Meeting Grantors and Exhibitors	p. 5
Money Matters	p. 6

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## President's Message continued

all members of the Western Orthopaedic Association, make ongoing certification as easy as possible. We realize this can be demanding, and participation in this program makes it as smooth as possible. For more information go to the WOA web site at [www.woa-assn.org](http://www.woa-assn.org). Check it out!

The 2016 WOA Annual Meeting will be held in magnificent Indian Wells, CA September 28 through October 1. I would like to take this opportunity to extend to you and your family my personal invitation to attend. Take a look at the resort online: <http://www.marriott.com/hotels/travel/pspsr-renaissance-indian-wells-resort-and-spa>

and put this on your calendar. Program Chair, Robert A. Hart, MD, has already been hard at work organizing an in depth program that will make your educational experience as good as your personal and family time. There will be much more information to follow on the WOA website.

Nancy and I look forward to a successful year, and seeing everyone at the Annual Meeting.

Sincerely,

John R. Tongue, MD  
WOA President

## Study Analyzes Medical Malpractice Allegations Against Orthopaedists

A national study to help orthopedists reduce risks and make adjustments to enhance patient safety by The Doctors Company, the nation's largest physician-owned medical malpractice insurer reviewed almost 1,900 closed claims against orthopedists between 2007 and 2014. The study found orthopedists are most commonly sued for:

- Improper performance of surgery (alleged in 46% of claims)
- Improper management of surgical patient (alleged in 16% of claims)
- Diagnosis related (alleged in 13% of claims)

In nearly a third of these closed claims, outside physician experts identified patient non-compliance as a factor contributing to patient injury. Patient adherence was more likely when there was good communication between doctor and patient and/or family member.

There is no other group – not even CMS – that is analyzing more cases where there have been claims of patient injury to determine what are the factors that are causing doctors not only to be sued, but also what are the primary factors that are causing injury to patients. Within the last year, The Doctors Company also has released similar closed claims studies in obstetrics, cardiology, emergency medicine and anesthesiology and will later be issuing reports on cases involving 1) hospitalists, and 2) internal medicine.

Regarding the ortho study, the good news is The Doctors Company has reported a drop in the rate of claims filed against orthopedic physicians (as measured by number of claims annually per 100 full-time equivalent physicians) over the past five years. Part of this drop may be due to improved communication skills and an increased commitment to transparency among these doctors.

## Valerae Lewis, MD Named Chair of Orthopaedic Oncology at MD Anderson



Internationally respected surgeon and WOA Past President, Valerae O. Lewis, MD, was named Chair of Orthopaedic Oncology at The University of Texas MD Anderson Cancer Center. Dr. Lewis has been a faculty member at MD Anderson for 15 years, serving in a variety of roles. The unit she will lead, the Department of Orthopaedic Oncology, is a new department at MD Anderson created within the Division of Surgery in 2014.

Dr. Lewis is best recognized for her expertise in the complex surgical management of pelvic sarcoma and limb salvage for the

pediatric patient. She also happens to be the first woman to chair an orthopaedic department at a freestanding cancer center and in The University of Texas System.

Dr. Lewis joined MD Anderson in 2000. She led MD Anderson's orthopaedic oncology efforts since 2006, first as Section Chief ad interim and then as Section Chief since 2008. She served as Department Chair ad interim since Sept. 1, 2014. For more than 10 years, she also served on the orthopaedic faculty at UTHealth and the Baylor College of Medicine. Dr. Lewis was named holder of the Dr. John Murray Professorship in Orthopaedic Oncology in 2010.

## Meet The New Board Members



David H. Chafey, III, MD

Dr. David Chafey completed his orthopaedic residency at Baylor College of Medicine in Houston, TX.

He completed a fellowship in orthopaedic trauma at Sonoran Orthopaedic Trauma Surgeons in Scottsdale, AZ. Dr. Chafey also completed a second fellowship in musculo-

skeletal oncology at the University of Texas - MD Anderson Cancer Center. He currently works as faculty at the University of New Mexico. His clinical interests include limb salvage, pelvic reconstruction, and metastatic disease to the bone. His hobbies include mountain biking and snowboarding.



Milton L. "Chip" Routt, Jr., MD

Milton Lee (Chip) Routt, Jr., MD is the Dr. Andrew R. Burgess Professor and Endowed Chair in the Department of Orthopedic Surgery at The University of Texas Houston Medical School, and works at Memorial Hermann Hospital.

Chip is a native Texan from Chappell Hill, and graduated Summa Cum Laude from Texas A&M University in 1980. After medical school at the University of Texas Medical Branch in Galveston, he completed a general surgery internship and orthopedic surgery residency at Vanderbilt University Medical Center. He was then selected for

the orthopedic traumatology fellowship at the University of Washington's Harborview Medical Center, and was a full time faculty member there from 1989 through 2012.

Dr. Routt has published over 100 scientific articles and numerous book chapters, but is best known as a tireless and devoted physician-surgeon, and passionate teacher. He has received a variety of teaching awards, including orthopedic residents' teaching awards at both the University of Washington and University of Texas medical schools, and the 2nd Annual Howard Rosen Teaching Award. He was also awarded the Jack McDaniels Travelling Fellowship.

## Upcoming WOA Meetings



**80th Annual Meeting**  
Sept. 28 - Oct. 1, 2016  
Renaissance Indian Wells  
Indian Wells, CA



**81st Annual Meeting**  
August 2-5, 2017  
Grand Hyatt Kauai Resort  
Koloa, Kauai, HI

Dr. Routt has directly mentored, educated and hosted hundreds of practicing orthopedic traumatologists in the USA and Canada, and visiting surgeons from across the globe. Nationally and internationally he is recognized for his work in pelvic and acetabular surgery and education. He is a member of the Western Orthopedic Association, American Medical Association, American Academy of Orthopedic Surgeons, American Orthopedic Association, Orthopedic Trauma Association, AO Alumni Association, as well as other national and regional organizations. Dr. Routt is board certified by the American Board of Orthopedic Surgeons.

## Recap of the 79th Annual Meeting

The 79th Annual Meeting was a great success, which included an outstanding scientific program. Program Chair Dr. Payam Tabrizi along with the WOA Program Committee did a wonderful job creating the 2015 Scientific Program. Highlights included the inspirational Howard Steel Guest Lecturer, Kevin Leman, PhD with his thought provoking “Making Sense of the Man or Woman in your Life”; the Presidential Address by Paul C. Collins, MD “Docendo Discimus (Teach In Order To Learn)” along with the History of WOA was very informative; and the fascinating presentation by Presidential Guest Speaker Douglas W. Jackson, MD “The View From 30,000 Feet.”

The meeting kicked off with a relaxing cruise on the The Mish-an-Nock and Osprey to the Event Center for the Welcome Reception overlooking tranquil Lake Coeur d’Alene while everyone had a chance to visit with old friends and colleagues. The following evening began with the Exhibitor Reception before everyone went out on

their own to enjoy everything at the fabulous Coeur d’Alene Hotel. The meeting was brought to an end with a sunset view of the lake at the beautiful Family Gala Dinner Dance.



It was an extraordinary meeting and we express our thanks to all who attended. If you missed the event, we encourage you to view the 2015 Coeur d’Alene pictures on the WOA website ([www.woa-assn.org](http://www.woa-assn.org)) and see what a great time it was.

We look forward to seeing you next year at the Renaissance Indian Wells Resort in Indian Wells, California, September 28-October 1, 2016.

## Congratulations to the 2015 Award Winners

Congratulations to the following 2015 WOA Award Recipients. The award winners were selected during the Annual Meeting in Idaho.

### Lloyd Taylor Award

Jason H. Ghodasra, MD, MSCI, Northwestern University Feinberg School of Medicine, Chicago, IL  
*The Effect Of RhBMP-2 In A Novel, Non-Instrumented Extremity Nonunion Model*

### Vernon Thompson Award

Alexandra Stavrakis, MD, University of California Los Angeles, Los Angeles, CA  
*A Novel Antibiotic Coating In Preventing Periprosthetic Infection*

### Harold and Nancy Willingham Award

Ryan Fader, MD, University of Colorado School of Medicine, Denver, CO  
*Fresh Osteochondral Allograft Versus Autograft: 12 Month Results In Isolated Canine Knee Defects*

### Sanford and Darlene Anzel Award

Christopher Bui, MD, VA Long Beach, Long Beach, CA  
*Biomechanical Stability Of Glenohumeral Bipolar Bone Lesions After Soft-Tissue Repair*

### WOA/OREF Resident Award Winners

Pascual Dutton, MD, The Taylor Collaboration, San Francisco, CA  
*What Is The Most Effective Technique To Stabilize Patients On The Operating Table During Total Hip Arthroplasty (THA)?*

Paul M. Lichstein, MD, Stanford University Hospital and Clinics, Redwood City, CA  
*Static Spacers For Periprosthetic Knee Infection: Inferior Flexion To Articulating Spacers?*

## 2015 Poster Award Winners

Congratulations to the following Poster Award Recipients. The award winners were selected during the Annual Meeting.

### First Place

Edward Cheung, MD, University of California at Los Angeles, Los Angeles, CA  
*Blumensaat-Epiphyseal Containment Of The Knee (BECK): A New Radiological Tool For Determining Patellar Height*

### Second Place

Lauren Hackney, MD, University of California, San Francisco, San Francisco, CA  
*Distal Femur Compressive Osseointegration: Intermediate-Term Outcomes In Oncologic Patients*

### Third Place

Dustin Schuett, DO, Naval Medical Center San Diego, San Diego, CA  
*Functional Results of Transfemoral versus Through-Knee Amputation in Combat Injured Patients*

Geoffrey Konopka, MD, MPH, University of Texas at Houston, Houston, TX  
*Intramedullary Fixation Of Subtrochanteric Femoral Fractures: A Retrospective Study Of Standard Versus Cephalomedullary Nailing*

Calvin Schlepp, MD, Harborview Medical Center, Seattle, WA  
*Radiographic Predictors Of Posterior Wall Fracture Instability*

### WOA Young Investigator Awards

Reza Firoozabadi, MD, MA, Harborview Medical Center, Seattle, WA  
*The Hyperextension Varus Bicondylar Tibial Plateau Fracture*

Geoffrey Marecek, MD, LA County - USC Medical Center, Los Angeles, CA  
*Use Of A Defined Surgical Approach In The Debridement Open Tibia Fractures*

Hamed Yazdanshenas, MD, University of California at Los Angeles, Los Angeles, CA  
*Treatment And Post-Surgery Functional Outcome Of Spaghetti Wrist*

## ***Grantor & Exhibitor Acknowledgements***

The Western Orthopaedic Association would like to thank the grantors and exhibitors of the Western Orthopaedic Association's 79th Annual Meeting. Without the unrestricted educational support of the companies listed below, we would not have been able to provide this conference.

### **PLATINUM**

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Physician Direct Services  
ProScan Reading Services  
QTC Management, Inc.  
Surgical Specialties  
Corporation



## Doctors Betrayed By Traditional Financial Strategies

David B. Mandell, JD, MBA

H. Michael Lewellen, CFP

Before you can understand why many strategies and services are not appropriate for doctors, you must understand the dynamic of the “Average American,” for whom these products and services are designed.

Most legal, accounting, insurance and investment strategies have been created for:

1. The average American family whose annual income tax liability is less than 12%.
2. The 98% of American families who will never owe any estate taxes.
3. An employee, not an employer, who will likely never be sued and who has no control over the choice of legal entity or type of retirement vehicles the employer will utilize.
4. Someone whose income is based on productivity, not government regulation.

If the four statements above sound like your life, then “off the rack” planning at most firms is likely sufficient for your needs. For many doctors, most if not all of these characteristics are not true.

As authors of books and articles, we regularly interact with publishers, editors and talk show hosts. Radio and television stations, book & magazine publishers, and internet content editors are looking for content for their “average” reader. In general, they fear that providing content generated for few high-income readers will “alienate” their average readers and the advertisers who pay good money to reach a specific audience. Practically, what this means for physicians is that many financial and legal advice you get from print and online media and from large national firms is generally not appropriate for physicians.

Doctors who follow advice that is generated for the masses and doesn’t take into consid-

eration their unique challenges should see themselves as the patient who focuses on the results of his own ten-minute internet search over the specialist’s educated diagnosis based on decades of experience and the results of a personal exam and test results. There is no profession with as large a set of unique challenges as physicians face. For this reason, it is imperative that doctors look for advisors who spend the majority of their time working with physicians. To take it a step further, if you are a high liability or high income specialist, you will want to work with a team of advisors who are acutely aware of these additional challenges. For example, an obstetrician has a much greater need for asset protection than a pediatrician and a surgery center owner has much greater tax challenges than a primary care doctor.

### Conventional Wisdom is Not Your Friend.

In the beginning of the article, we pointed out what characteristics are common for U.S. taxpayers. Solutions that are widely-accepted in the media and by advisors are generally tools that work for these people. One hurdle that advisors who specialize in helping high-income doctors face is the fact that the solutions we (as a group) espouse are appropriate for less than 1% of the families in the country. For that reason, doctors who insist on only implementing strategies they have heard over and over again in the media and from their colleagues will miss out on valuable opportunities. Once you embrace the fact that you are different and require “different” planning than your neighbors, you will have taken one very significant step to significantly improving your financial situation.

In the rest of this article, and in Part 2 of this article (which will be published next month or can be requested via email at Mandell@ojmgroup.com), we will share a few examples of common mistakes physi-

cians make when listening to bad, but common, advice. These include:

### Mistake #1 – “You Don’t Need a Corporation for Your Medical Practice.”

Despite what some CPAs may say, in most cases the cost and aggravation of creating and maintaining a corporation (or in many cases, two corporations for most medical practices) are insignificant relative to the asset protection and tax benefits corporations offers physicians. With recent tax law changes and with many new proposals we will see over the next year, the benefits will be compounded. Though these corporate solutions can reduce taxes by \$5,000 to \$50,000 per year for the doctor, these particular strategies are outside the scope of this two-part article.

### Mistake #2 – Owning Assets In Your Name, Spouse’s Name or Jointly with Your Spouse

We acknowledge that owning assets in your own name or jointly with a spouse are the most common ownership structures for real estate and bank accounts. This is okay for 95% of Americans.

Hopefully, by now, you realize that you are not in that common group. You have potential lawsuit risk, probate fee liability, and estate tax risks that over 95% of the population do not have. That’s why, in most states, owning assets jointly can be a mistake. Something as simple as a living trust or a limited liability company can often solve these problems.

### Mistake #3 – Making a Questionable Bet on Qualified Retirement Plans.

This is perhaps the single most important area of planning for doctors to address once they understand that they are different. Typical retirement plans are great for rank-and-file employees because they force employees to put away funds for retirement.

*continued on page 7*



## The Chapter Connection

### WOA Northern California Chapter

The 82nd Northern California Orthopaedic Society Annual Meeting will be held November 13 – 15, 2015 at the Carmel Valley Ranch Hotel in Carmel Valley, California.

To view the registration brochure and the complete Clinical & Scientific Program, please visit the website at [www.ncos.info](http://www.ncos.info) or for more information, contact Karri A. Ferguson at [membership@ncos.info](mailto:membership@ncos.info) or call (707) 297-6576.

## Money Matters continued

Employers may match some percentage of employee contributions (which is free money for the employee). The investment grows tax-free until funds are accessed in retirement (when the employee is living on modest Social Security and these retirement plan funds).

As “the employer,” there is no “free money” for you as all the money that ends up in your plan account was yours to begin with. In fact, you are responsible for those matching contributions so the retirement plan does have some “friction” for you if you want to make any reasonable contribution on your own behalf. On top of that, you will not be living on \$25,000 to \$50,000 in retirement like your employees will. You will have taxable investments, much larger retirement plan contributions and greater Social Security income (maybe). In any case, you will be paying very significant tax on your retirement plan withdrawals. Do you think that tax rates will be lower than they are now when you retire?

With rising costs for employees and a possibility that you may actually withdraw funds from your retirement plans at a HIGHER tax rate than the one you received for the original deduction, the real benefit of retirement plans comes into question. When you add the potential costs and aggravation of complying with ERISA, Department of Labor and tax laws surrounding retirement plans, AND the fact that any unused retirement plan balances will be taxed at rates up to 80% (see chapter on IRD in *For Doctors Only* book), you may find that retirement plans are not all they are cracked up to be. A growing trend among successful doctors is to implement non-qualified planning al-

ternatives instead of traditional retirement plans.

### **Suggestion: Use a Better Retirement Plan to Support Your Retirement.**

Non-traditional planning can offer higher income physicians opportunities to contribute significantly larger annual contributions. Whether you are using non-qualified plans, “hybrid” plans, fringe benefit plans or even a tool primarily designed for risk management benefits, like a captive insurance company, you could potentially enjoy tax benefits up to \$100,000 to \$1,000,000 or more annually. Most of these tools allow you access to the funds before 59½, will not force you to take withdrawals at age 70½ if you don’t need the money, and will not be taxed at rates up to 70% or 80% when you pass away. For these reasons, savvy doctors utilize nontraditional plans more than traditional retirement plans.

Note: Non-qualified or “hybrid” plans vary significantly in their design, their scope, and their applicability. Some plans work great for smaller practices with one or two partners. Others work best in practices with 3 to 20 partners. Still others may work best for the larger practices. To determine which one is right for you, contact the authors for a free no-cost consultation offered to readers.

### **Don’t Miss Part 2 of this Article**

This is the first of a two part article. More tips on tax reduction and other elements of financial planning that are specific to physicians and unnecessary for Average Americans will come in the subsequent part of this continuing article. The author welcomes your questions. You can contact

them at (877) 656-4362 or through their website [www.ojmgroup.com](http://www.ojmgroup.com).

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David B. Mandell, JD, MBA, is an attorney, author of five books for doctors, including *FOR DOCTORS ONLY: A Guide to Working Less & Building More*, and principal of the financial planning firm OJM Group ([www.ojmgroup.com](http://www.ojmgroup.com)), where H. Michael, CFP serves as Director of Financial Planning. They can be reached at (877) 656-4362 or [mandell@ojmgroup.com](mailto:mandell@ojmgroup.com).

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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.

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Meeting  
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### **The Benefits of Being a Member:**

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10. WOA newsletter