The 32nd Annual Howard Rosen Memorial Tri-State Trauma Symposium is a day-long event aimed at informing orthopaedic trauma surgeons around the Tri-State area about the newest innovations, treatment modalities, and practice guidelines. Because constant improvements are made in orthopaedic technology that require training and knowledge updates, this course will keep its attendees abreast of the important diagnostic and therapeutic advancements that have emerged in the recent orthopaedic literature. Also, this course will assist the orthopaedic trauma surgeon in devising a patient-specific treatment plan that will allow for optimal clinical and functional results. Finally, this course will highlight recent government legislation and its impact on practicing orthopaedic trauma surgeons.

TARGET AUDIENCE
Orthopaedic surgeons and allied healthcare professionals.

COURSE DESCRIPTION
The 32nd Annual Howard Rosen Memorial Tri-State Trauma Symposium is a day-long event aimed at informing orthopaedic trauma surgeons around the Tri-State area about the newest innovations, treatment modalities, and practice guidelines. Because constant improvements are made in orthopaedic technology that require training and knowledge updates, this course will keep its attendees abreast of the important diagnostic and therapeutic advancements that have emerged in the recent orthopaedic literature. Also, this course will assist the orthopaedic trauma surgeon in devising a patient-specific treatment plan that will allow for optimal clinical and functional results. Finally, this course will highlight recent government legislation and its impact on practicing orthopaedic trauma surgeons.

STATEMENT OF NEED
Orthopaedic surgeons need to know the risk factors, including patient-specific factors for the treatment of the polytrauma patient in regards to damage control versus early total care. Specifically, further information is needed to determine the ideal patient population for each of these treatment modalities. As the concepts and applications of damage control and early total care are continuing to evolve, orthopaedic surgeons must continue to analyze and debate what constitutes "best practice" in order to determine what patient-specific factors correlate with better patient outcomes. In addition practicing orthopedic surgeons need to know whether there are certain fractures and fracture patterns that are best treated operatively versus non-operatively. The results of recent orthopaedic studies have provided evidence that certain fractures that were originally believed to be treated optimally with non-operative treatment have better results with operative management and vice versa. Orthopaedic surgeons must continue to be informed about the most recent literature and evaluate the merits of these studies as orthopaedic surgery continues to evolve.

Additionally new techniques and orthopaedic implants have become available for use by orthopaedic surgeons. There is thought to be a trend for orthopaedic surgeons to be slow in incorporating new techniques into their armamentarium as they rely on the techniques they learned in residency. It is important to demystify the newest advances as they tend to produce better results for patients. The newest innovations in orthopaedic trauma, such as the use of locked versus non-locked plates in both young patients and patients with osteoporosis; the use of bone morphogenic proteins in acute fracture management; and the use of reamed versus unreamed intramedullary nails in the treatment of tibia fractures should be incorporated into practice now as study results are known. Finally, there is an increased need for trauma surgeons to take over-night emergency room call at tertiary care centers. A review of the skill sets necessary to enable orthopaedic surgeons who are on-call to “get through the night easily” is essential, and the impact of recent government legislation for orthopaedic surgeons taking overnight call should be discussed as well.

EDUCATIONAL OBJECTIVES
• Devise a strategy to recognize and identity which patient factors/patient profile/risk factors correlate with better outcomes in early total care versus damage control.
• Evaluate operative versus non-operative options for various fractures and fracture patterns, and select treatment based on best available data on techniques and orthopaedic implants.
• Incorporate and apply the newest technologies and advancements in orthopedic surgeries, including locked versus non-locked plates, BMP, and reamed versus unreamed IM nailing of tibia fractures.
• Describe the implications of new governmental legislation on overnight orthopaedic call and how it will impact clinical practice and devise an algorithm for best management of trauma patients that present to tertiary care centers.