

SRS NEWS



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SCOLIOSIS RESEARCH SOCIETY Mission Statement

The purpose of the Scoliosis Research Society is to foster the optimal care of all patients with spinal deformities



December 2010

President's Message

Lawrence G. Lenke, MD
SRS President

As your recently inducted 40th President of the Scoliosis Research Society, please let me offer my deepest appreciation and gratitude for this tremendous honor. I am thrilled to lead such a committed and dynamic group of spinal deformity experts with the equally-committed Presidential Line, Board of Directors, committee members and outstanding staff. Together, we will continue to move this society forward with the goal from our mission statement, “to provide optimal care for all patients with spinal deformity.”

First, let me acknowledge the tremendous job done by our Past President Richard E. McCarthy, MD. Under his steadfast leadership, our society enjoyed a most successful year educationally as well as from a research perspective, culminating with a terrific Annual Meeting in Kyoto, Japan, attended by just over 1,000 individuals. The retreat he organized last March in New Orleans in concert with the AAOS Annual Meeting, has set our society on a course toward society-wide clinical research, a new paradigm for SRS, that will certainly prove extremely productive for answering the questions we have regarding the care we provide our patients with various spinal deformities. On a personal note, as I mentioned during his introduction in Kyoto, Dr. McCarthy has been the consummate leader of this organization, a true reflection of how he has led his entire career, and a role model for all. Congratulations Rick, for a job well done!

Next, I would like to welcome our newest members of the Board of Directors to the leadership team: Vice President Kamal Ibrahim, Treasurer-Elect Paul Sponseller, Directors John Dimar and Francisco J. Sanchez Perez-Grueso (Paco), and Education Council Chair-Elect Daniel Sucato.

We are so fortunate to have such a talented and resourceful group to join the rest of our already-incredible Board. I would also like to personally thank those whose terms on the Board ended at the Kyoto meeting: Secretary and Governance Chair David Polly and PPIII Behrooz Akbarnia. Although both Kamal Ibrahim and Kenneth Cheung finished their Director terms, Kamal has ascended to the Presidential Line and Ken has taken over the Research Council Chair position from Peter Newton, who is now himself on the Presidential Line of Pediatric Orthopaedic Society of North America (POSNA). We wish Peter all the best in that very prestigious position.

The engine driving the work of the SRS is performed by the 31 committees and multiple task forces. This past October, we held a productive Cabinet Meeting of the Board and Committee Chairs in Dallas, where the committee charges for the upcoming year were discussed and confirmed. Two committees that deserve special comment are the CME Committee, which is now chaired by Glenn Rehtine, and the E-Text Committee chaired by Jim Ogilvie. Glenn has graciously agreed to chair the CME Committee and work with our dedicated staff to ensure exceptional educational programs for which the SRS is well known. The CME environment is an ever-changing landscape that needs our constant attention and a level of expertise that few individuals in our society possess, but Glenn certainly does and we appreciate his lending this expertise to our society. The E-Text Committee is proud to announce that the entire Spine Deformity E-Text will be available for all members on our website February 1, 2011! This landmark achievement for our society again demonstrates our commitment to the educational pursuits of

Continued on page 2

our members and other deformity specialists. I would like to congratulate Jim, his associate editors, as well as all contributors to this seminal work.

Prior to the Cabinet Meeting, a half-day leadership program was organized by Past President Oheneba Boachie-Adjei, and included all members of the Presidential Line as well as Jim Roach, current POSNA President. All Committee Chairs and BOD members participated and the reviews of this program were quite favorable. We plan to continue to offer this type of leadership development program for the coming years in order to assist and nurture those with potential interest and expertise to lead this growing and evolving organization.

Regarding the SRS moving forward, the future is certainly quite bright and exciting. Our membership continues to grow steadily to a new high of 1101 members. Importantly, more than 50% of all new candidate members over the past two years have been from countries outside North America – a true reflection of our increased international foundation. As a direct reflection that nearly 30% of our members reside outside North America, we are planning a retreat on the topic of “Globalization,” wherein we will discuss how our organization will embrace this monumental Step toward becoming the global society to which we aspire. The retreat will provide a strategic plan going forward to help us realize this important goal.

We have also recently established four new task forces aimed at analyzing and providing recommendations to the Board on specific questions/topics. The Endowment Task Force, chaired by our current Treasurer Steve Mardjetko, will analyze the feasibility of the SRS creating its own endowment fund, separate from the OREF (but still recognizing the importance of our OREF fund) targeted toward our non-US members and our neurosurgical members, who may be more attracted to contributing directly to an SRS endowed fund. Next, an SRS Journal Task Force chaired by myself, has been working with a professional consultant for society-based journals and publications to investigate the feasibility of purchasing an existing journal versus starting a new journal *de novo*. Mark Weidenbaum, past Fellowship Committee Chair, has agreed to chair a task force to examine many issues that have been germinating with the Fellowship Committee and its very important role of granting membership to our society. These issues include the importance of obtaining letters of recommendation from members who truly know the applicant, potentially mentoring and monitoring the five-year candidate process to identify deficiencies early in the process and not at the very end, and the consideration for interviewing selective versus all candidate members prior to granting active membership, among others. Lastly, the 50th Anniversary Task Force chaired by David Polly who will begin preparing for this historic meeting in 2015, which will take place in Minneapolis, our first meeting location. I look forward to providing updates on the progress of these and other task forces in future correspondences.

So, the society is very busy and many of you are actively engaged in our many and varied pursuits. My personal goals for this year are to make sure we emphasize the importance of safety and quality in the care we provide our patients. I have asked the Education Committee to consider designing at least

part of the Pre-Course Meeting at the upcoming 46th Annual Meeting in Louisville on this important topic. Globalization for our society will be a top priority as well and I am confident that our strategic retreat in February will provide us with a definitive plan going forward. Optimizing our website is another important goal. We are reviewing our approach to how material is updated and added to the site to maximize its effectiveness while making it more dynamic – so look for changes soon as well. Our endowment always needs attention and contributions, and George Thompson as Chair of this committee will be working very hard this year to reenergize this central component to our current and future fiscal health and longevity. The Endowment Task Force also may create another option for philanthropic contributions directly to our society for those willing and able to donate. The goal of having a “Journal of the SRS” has been something I have aspired to for over a decade, and our due diligence on this potential educational and research flagship will be accomplished in the coming months. Lastly, a proposal for a multicenter, SRS-directed clinical research project will be forthcoming on a promising neuroprotective agent. Stay tuned for information on these and many other activities of the SRS.

For those of you actively involved in the society, please accept my sincere thanks and appreciation for all your efforts. For those of you wanting to be more involved, please consider doing so for the society is only as strong and productive as the members committed to contributing. Thank you again for allowing me to lead this tremendous organization. I along with the rest of the presidential line including President-Elect B. Stephens Richards, Vice President Kamal Ibrahim and Immediate Past President Richard McCarthy wish you a safe, happy and healthy New Year!

E-Textbook Committee Report

James W. Ogilvie, MD, E-Textbook Committee Chair
Praveen V. Mummaneni, MD, E-Textbook Committee Chair-Elect

The SRS E-Text Committee has requested over 50 chapters pertaining to the evaluation and treatment of pediatric and adult spinal deformity. These chapters were written by leaders in the field and have the latest up-to-date knowledge base incorporated into them. The chapters were reviewed and compiled by the E-Text Committee members into an online textbook that is available at no charge to SRS members. The anticipated completion of this project is February 2011. The online textbook will also have links to surgical videos from a number of superb SRS member surgeons.

We encourage the membership of SRS to log on and utilize this online resource. It is a “go anywhere” electronic textbook that can be easily accessed from anywhere in the world with a computer, iPad, or any “smart” phone.

45th Annual Meeting Heads to the Far East



The Scoliosis Research Society Board of Directors and Program Committees would like to sincerely thank all 1,000 physicians, industry representatives and guests who attended the 45th Annual Meeting & Combined Course. Over 120 educational events and scientific presentations, along with networking opportunities were provided over a course of five days. If you are a member who was not able to attend, information on archived presentations is included below.

“The Annual Meeting in Kyoto was a great success, full of remarkable podium sessions and exotic Japanese cultural attractions,” said Noriaki Kawakami, MD, Program Committee Co-Chair. “The local host committee played a great role for preparing for those attractions, which included the Lion dance and ‘Kagamibiraki’ at the Welcome Reception, a Sumo wrestling video show and Japanese old martial-arts performance at the Farewell Banquet.”

If you missed the 2010 Annual Meeting or just want a second look at the fabulous presentations, session recordings are now available on the Members-Only section of the SRS website. To view selected presentations and discussions, simply log in using your username and password, then click “Past Annual Meeting/IMAST Videos” on the right side of the page. Watch video of all 115 podium presentations and selected Lunchtime Symposia presentations from the 45th Annual Meeting. For assistance with member usernames or for more information about becoming an SRS member, please contact Membership Manager Nilda Toro at ntoro@srs.org.

CME Certificates & Evaluations

SRS is introducing an online evaluation and CME certificate system for its 2010 meetings. Delegates should log onto the Annual Meeting website and click the “CME” tab to access the system, which will ask delegates to enter their last name and SRS ID number. Delegates should then indicate the sessions they attended and complete evaluation forms for each of those

sessions. A PDF certificate will be generated, which may be printed or saved to the delegate’s computer. Session attendance and evaluation information are saved in the database, and certificates may be accessed again, in the event the certificate is lost or another copy is required.

Please note that certificates will not be mailed or e-mailed. The online certificate program is the only source for this documentation. Please complete your evaluations no later than December 15. If you have any questions, please contact SRS at meetings@srs.org.

AAOS designated this educational activity for a maximum of 15.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

2010 Annual Meeting Award Recipients

The Scoliosis Research Society is proud to announce the award recipients from the 45th Annual Meeting & Combined Course

Russell A. Hibbs Awards

The Hibbs Awards are given to both the best basic science and clinical papers presented at the SRS Annual Meeting. The top ten abstracts in each category are invited to submit manuscripts for consideration. This year’s winners are:

Best Basic Science Paper: *Effect of Spinal Shortening on Motor-Evoked Potentials and Spinal Cord Blood Flow*
Hitesh N. Modi, MS, PhD; Seung-Woo Suh, MD, PhD; Jae Hyuk Yang, MD; Jae-Young Hong, MD

Best Clinical Paper: *Do Intra-Operative Antifibrinolytics Reduce Blood Loss in Adolescent Idiopathic Scoliosis? A Prospective Randomized Comparison*
Kushagra Verma, MS; Thomas Errico, MD; Neil Bharucha; Christopher Diefenbach, BS; Laura E. Dean, BA; Shaun Xavier, MD; Joseph Dryer; Tessa Huncke, MD; Kirsten Boenigk, MD, PhD; Baron S. Lonner, MD

John H. Moe Award

The Moe Award is given to the best basic science poster or e-poster at the SRS Annual Meeting. This year the award went to Hong Zhang, MD and Daniel J. Sucato, MD, MS for the poster *Neurocentral Synchronosis Screws to Create and Correct Experimental Deformity*.

Louis A. Goldstein Award

The Goldstein Award is given to the best clinical poster or e-poster at the SRS Annual Meeting. This year the award went to J.C. Tassone, MD; Lynn M. Rusy, MD; Keri Hainsworth, PhD; Tom J. Nelson, PharmD; Michelle Czaenecki; John G. Thometz, MD; Roger Lyon, MD; Richard J. Berens, MD; and Steven Weisman, MD for the poster *A Randomized, Double Blind, Controlled Trial of Perioperative Gabapentin Use to Decrease Opioid Consumption in the Pediatric Idiopathic Spinal Fusion Patient*.

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SRS Future Meetings & Courses

18th International Meeting on Advanced Spine Techniques

IMAST

COPENHAGEN

DENMARK July 13-16, 2011



46th ANNUAL MEETING & COURSE
LOUISVILLE
KENTUCKY
SEPTEMBER 14-17, 2011



Worldwide Conferences

September 6-9, 2011 — Prague, Czech Republic,
In conjunction with the SICOT XXV Triennial World Congress

October 12-15, 2011 — Buenos Aires, Argentina,
In conjunction with SILACO XI Congress

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Walter P. Blount Humanitarian Award

The Blount Award is a humanitarian award given to an individual who has provided outstanding service for those with spinal deformities, through their generous actions, out of a sense of service to larger social and professional goals. This year the Blount Award was given to Jean Dubousset, MD.

Lifetime Achievement Awards

The 2010 Lifetime Achievement Award recipients were chosen from among the SRS membership, based on long and distinguished service to the Society and spinal deformity research and care. This year the Lifetime Achievement Awards went to Clyde Lester Nash, Jr., MD and John P. Kostuik, MD.

Save the Dates

Mark your calendars for the following future IMAST and Annual Meetings:

18th IMAST - July 13-16, 2011; Copenhagen, Denmark
46th Annual Meeting & Course - September 14-17, 2011; Louisville, Kentucky, USA

2011 Abstract Submission Dates

A complete "Call for Abstracts" for the 2011 SRS meetings is available at <http://www.srs.org/professionals/meetings/>

Please mark your calendars with the following important dates:

Abstract submission open – November 1, 2010

Abstract submission deadline – February 1, 2011

Abstract acceptance notifications – April 1, 2011 for IMAST and April 15, 2011 for Annual Meeting

If you would like to submit an article to the SRS Newsletter, please e-mail the article to kagard@srs.org or vickikalen@comcast.net

Worldwide Conferences Committee Report

Ahment Alanay, MD, Worldwide Conference Committee Chair

I would like to greet all of you as the new chair of Worldwide Conference (WWC) committee. I would like to thank our past chair Kamal Ibrahim, MD once again for his invaluable contribution to the committee during his chairmanship.

We should now aim to achieve more and be more active than ever to contribute to the mission of our society on its way to becoming a “global society.”

As you may already know, the main responsibility of our committee is to organize courses and conferences outside the US, to provide global exchange of spine deformity knowledge and offer continuing education to surgeons who may find it difficult or impossible to attend the SRS Annual Meeting or IMAST due to cost, travel restraints or visa issues.

WWC courses for 2011 will include the SICOT/SRS course in Prague, September 7-8, the SILACO/SRS meeting in Buenos Aires on October 12 and finally the Malaysian Spine Society (MSS)-SRS meeting in Kuala Lumpur in December. We also have four different countries as candidates for 2012 courses and these courses will be announced very soon.

A new concept in this period will be organizing international patient education programs in collaboration with the local physicians and governmental and non-governmental organizations. These meetings will be held at the same time as the courses for physicians.

Your suggestions to improve the role of our committee worldwide in accordance with the mission of our society are very important. Please do not hesitate to contact me via e-mail at aalanay@gmail.com for any suggestions, critiques and comments.

Finally, I kindly request each member of the society to contribute to the planning of future courses and keep in touch with me or with members of the committee for organization of new conferences in their districts. We are also expecting our members to volunteer to be faculty for Worldwide Conferences. If you are interested in being a faculty, please complete the application form at our website and return to the SRS office info@srs.org.

I wish you all a happy holiday season and send greetings for the new year.

Going to an International Meeting?

Any members attending an international meeting are encouraged to bring SRS membership and meeting information to distribute. If you will be attending a meeting and are interested in bringing materials to disseminate, please e-mail the SRS office at info@srs.org.

Call for Abstracts

Abstract submission for the 18th International Meeting on the Advancement of Spine Techniques (IMAST) and the 46th Annual Meeting is now open!

Please submit your abstracts before the submission site closes at 11:59 pm ET on February 1, 2011.

Abstracts must be submitted to both meetings online via the SRS web site (www.srs.org). Complete instructions for submission are available online. Abstracts may be submitted to either the 18th IMAST, 46th Annual Meeting or both meetings at the same time.

OMeGA Fellowship Grant

Members who have spine fellowships at their institution can apply for a fellowship grant from the OMeGA Medical Grants Association.

OMeGA's two-year fellowship grants support the 2011-2012 and 2012-2013 academic years and align with the sub-specialty match timeline. Grant recipients will be announced in early March 2011, allowing funded programs to rely upon OMeGA funding for their match applications and selections for the 2012-2013 academic year.

The application period closes on Friday, January 21, 2011 at 5:00 pm CST. Visit www.omegamedicalgrants.org to register, read the help guide, review the grant recipient agreement and apply.

SRS Wikipedia Page

SRS now has a Wikipedia page and is looking for volunteers to help monitor, update and maintain the information. Wikipedia is a web-based, free-content encyclopedia based on an openly-editable model. Since anyone can edit an article and post biased or incorrect information, having more people reading and monitoring the page helps to correct misinformation. Keeping the page accurate and updated requires a large group effort and anyone interested in volunteering should e-mail the SRS office at info@srs.org. To visit the SRS Wikipedia page please go to http://en.wikipedia.org/wiki/Scoliosis_Research_Society

Combined Symposium of the Spine Section of the Asia Pacific Orthopaedic Association (APOA) and the Scoliosis Research Society (SRS) Report

Hee-Kit Wong, MD, Global Affairs Advisory Board member and Spine Section of the APOA Chairman

A symposium on adult scoliosis, jointly organized by the Spine Section of the APOA and SRS, was held during the 16th Triennial Meeting of the Asia Pacific Orthopaedic Association (APOA) at the National Taiwan University International Convention Centre in Taipei, Taiwan, on November 6, 2010.

The faculty from SRS consisted of Dr. Oheneba Boachie-Adjei, Dr. Francis Shen, Dr. Yutaka Nohara and Dr. Yutaka Hiraizumi. The APOA was represented by Dr. Hee-Kit Wong, Dr. Jae-Yoon Chung, Dr. Keith Luk, Dr. Arvind Jayaswal, Dr. Chung-Chek Wong and Dr. Yong Qiu.

The three-hour symposium was divided into two sessions, the first being a series of four lectures on adult scoliosis. Dr. Hee-Kit Wong spoke on the prevalence and clinical significance of adult scoliosis, bringing out the regional differences between the Asia Pacific region and North America. He was followed by Dr. Francis Shen who spoke on the classification of adult spinal deformity and how this influenced patient selection and treatment. Dr. Jae-Yoon Chung stressed the importance of achieving spinal balance in his lecture on sagittal and coronal deformity in adult scoliosis, and Dr. Oheneba Boachie-Adjei spoke on the morbidity and mortality of adult scoliosis surgeries emphasizing the challenges faced in performing this type of surgery, particularly in elderly patients.

The second session of this symposium consisted of clinical case presentations and debate. The cases were contributed by members of the panel of discussants which consisted of Dr. Hee-Kit Wong, Dr. Arvind Jayaswal, Dr. Chung-Chek Wong, Dr. Yong Qiu, Dr. Oheneba Boachie-Adjei, Dr. Francis Shen and Dr. Yutaka Nohara.

Four clinical case scenarios were presented. Case one was a patient with lumbar scoliosis who had symptoms of lumbar spinal stenosis and single segment lumbar radiculopathy. She was treated with single level hemi-laminotomy and nerve root decompression with complete resolution of symptoms. Case two was a 67 year old female with right leg claudication symptoms. She had a right lumbar degenerative scoliosis of 24 degrees, severe right lateral recess stenosis, and grade 1 spondylolisthesis L4/5. She was treated by selective L4/5 trans-foraminal lumbar interbody fusion (TLIF) with relief of symptoms. Her surgery was complicated by right L4 screw cut-out which eventually required removal of her implants but she achieved fusion stability. Case three was a 71 year old male who had progressive spinal imbalance, loss of height, severe ischial tuberosity pain, and neurogenic claudication. Standing

spine radiographs showed a severe kypho-scoliosis with the apex at the upper lumbar spine, and myelography showed severe spinal stenosis at L4/5. She was treated with posterior fusion and instrumentation from T11 to the ilium with good restoration of spinal balance and relief of symptoms. The last case presented was a 31 year old female with a 70 degree left lumbar curve presenting with severe back pain. The problems were L3/4 lateral subluxation, rigid curve, lumbar kyphosis, and lumbosacral degenerative changes. She was treated with anterior and posterior reconstruction from T11 to L4. Five years later and with two children, she has no back pain.

The discussants were asked how they would manage the cases and to choose options ranging from decompression alone, posterior or anterior only or combined anterior and posterior reconstruction, and the extent of reconstruction. There was animated discussion on the management of these four cases, which was made even more interesting by the probing and sometimes provocative questions from Dr. Keith Luk, the session moderator.

Both the lecture and case presentation sessions were very well attended. There was active participation from all present with many questions and comments coming both from the faculty and from the floor. It is a reflection of the challenges we face today in the management of adult scoliosis. The combined symposium is the first collaboration between the Spine Section of the APOA and SRS. Its success can be attributed to the distinguished faculty with their breadth of experience, and the excellent scientific program and selection of clinical cases by Dr. Keith Luk and Dr. Oheneba Boachie-Adjei.



APOA and SRS faculty: (from left) Dr Yong Qiu, Dr Jae-Yoon Chung, Dr Arvind Jayaswal, Dr Yutaka Hiraizumi, Dr Keith Luk, Dr Hee-Kit Wong, Dr Yutaka Nohara, Dr Francis Shen, Dr Oheneba Boachie-Adjei, Dr Chung-Chek Wong

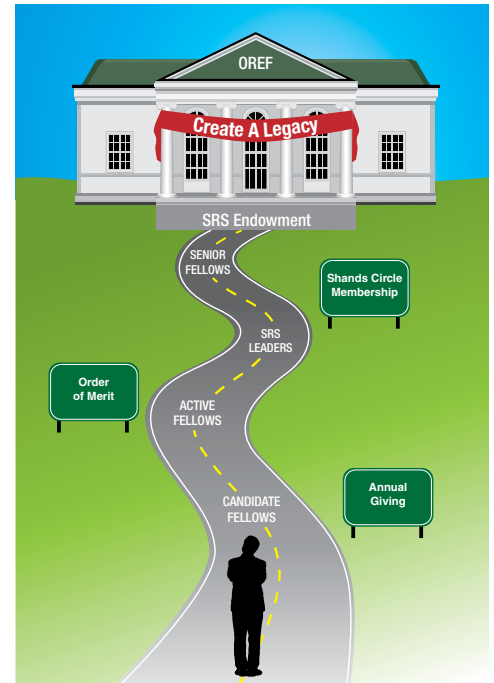
Endowment Committee Report: “Where are you on the SRS Roadmap?”

George H. Thompson, MD, Endowment Committee Chair and Past President III

As 2010 draws to a close, it is time to ask ourselves “Where am I on the SRS roadmap?” We need to continuously support SRS and its “big, hairy, audacious goal (BHAG).” The SRS global leadership in research and education will result and significantly enhance quality of life for all patients with spinal deformities. Achieving our BHAG requires continual financial support. While we are doing relatively well, we still need annual giving and endowment funds to support and enhance our research and education endeavors. In 2007, the SRS Board of Directors, in conjunction with the Orthopaedic Research and Education Foundation (OREF), created the SRS Roadmap to guide our members in their support for SRS activities. Early in your career, when your practice is just beginning, it is expected that annual giving will be your level of support. As your practice progresses, this should expand to Order of Merit and then to Shands Circle membership. We already have over 130 members who have become Shands Circle members (\$20,000 in five annual installments or a \$50,000 insurance policy). We have the highest percentage of our members reaching this level than all other orthopaedic societies. At the close of your career, we are hopeful that you will be in a position to consider a “Create-A-Legacy” donation of \$500,000 or more. The latter will allow an annual award to be given in your name. You can direct this award or leave it to the discretion of the Board of Directors. We are fortunate to already have had six members who have already made a “Create-A-Legacy” donation to SRS.

The Endowment Committee, the Board of Directors and I are hopeful you will review the SRS Roadmap and determine where you currently belong and make the appropriate OREF designation listing SRS as your directed society.

For further information please contact me at 216-844-5673 or Ed Hoover at the OREF at 847-384-4354



How our Members Use Databases

Jim Raso, MASC, Evidence Based Outcomes Committee Member

The EBO Committee conducted a survey to determine how extensively SRS members use or would use electronic databases. This followed suggestions that the society should support the development of a database to which all members could contribute. In February 2010, a survey consisting of 18 questions was sent to 809 SRS members. Two hundred seventeen (27%) responded; 132 (61%) indicated they use a database. As suggested by the URLs, these came from about 87 different institutions. Much of the work involved in using databases is done by the responders themselves: 70% provide the resources; 51% provide the technical support, and about 50% enter the data and generate the reports. In other cases, assistance is provided by staff or contractors. More than 80% of those who responded use the data for research purposes, about half for clinical record keeping and a third for administration. Sixty-two percent of the data bases are used to track surgical cases only, while 17% of responders use them to record all patient treatment activity. Often the databases are used for multiple purposes: 94% to track outcomes, 76% as registries and 68% for education.

Thirty-nine percent of those who responded indicated that they do not use a database, and presumably the almost 600 others who did not respond also are not using a database. The reasons given vary: too complicated to incorporate into their practice (53%) or too costly (20%), while for others it was not a priority, they do not trust them or felt they were not useful. Five responders said they were in the process of developing a database. Only about half (55%) of those with a database feel that their database is meeting their needs. Although only 39% share the data now, 93% indicated they would be willing to pool their data with others.

As one might expect, many of those who responded to the survey also indicated that they would be interested in incorporating a database into their practice to track all (61%) or part (23% for surgery cases only) of their patient population. One hundred twenty-six (64%) responders said they would be interested in participating in a shared database and provided their contact information should the opportunity arise. Many also provided their email contact information. Please contact Nadine Couto at ncouto@srs.org if you wish to receive a list of those members.

Scoliosis Awareness Month: Obtain a Proclamation From Your State's Governor

John P. Lubicky, MD, Advocacy & Public Policy Committee Chair

As one of its projects over the last few years, the Advocacy & Public Policy Committee sought to have a month of the year declared as Scoliosis Awareness Month by states governors. This initiative was started to raise the public's awareness of scoliosis since school screening has been deemed unsupportable, based in information examined by the U.S. Taskforce on Prevention and is no longer mandated or supported in many jurisdictions. What a better way to make people aware than a governor's proclamation. A governor's willingness to do this shows interest in the public's welfare, which in turn makes the issue seem important and stimulates the people to seek advice if they suspect the deformity. Members of the Advocacy Committee and others in the SRS were encouraged to have that proclamation made in their particular states. However, the individuals who decided to pursue this task were basically left to their own devices to get the job done. As with most endeavors of this kind, it soon becomes obvious that the task is not as easy as imagined because most of us do not have ready access to or even personally know the governors of our states. And, like with most things political, "connections" are essential to accomplish the task. An intermediary is needed to "grease the wheels."

Imagine my own dilemma! I had just arrived in West Virginia in January of this year when I was made aware of this initiative during a committee conference call. At the time, I barely knew who our governor was, much less having any relationship with him or even knowing whom I might ask to intervene. As luck would have it, as a new faculty member, I spent a good part of the first few weeks of my new gig going around meeting various clinical and administrative types, and I happened to meet with one of the hospital vice presidents who indicated in our discussions that he was a personal friend of the governor's and attended WVU sporting events and social functions with him. BINGO! I broached the subject of the proclamation with him and he assured me it would be no problem. He contacted one

of the governor's assistants to whom I provided a little blurb about scoliosis and the importance of making the public aware and soon the proclamation was on my desk, beautifully bound and signed by Joe Manchin, Governor of the Great State of West Virginia!

Well, I guess that's a little bit of a tongue-in-cheek story. But it does emphasize that accomplishing tasks like this one requires some kind of connection, unless, of course, one already has ready access to the person who will ultimately do what's being requested. I seriously doubt a letter out-of-the-blue from me to Joe Manchin would have developed any traction. My chance encounter with the hospital VP did the trick. But there are other ways of doing this. Basically anyone interested in getting this done in their state should contact local county/city or state politicians, Also congressmen and senators could be helpful as well. There needs to be, it seems, some identifiable person-to-person interaction to get the ball rolling. The caveat is that follow-up is needed. Things done by government and politicians are not done efficiently and expeditiously as they are in orthopaedic surgery. So, once the contact is made, inquiries as to the progress of the task need to be made periodically. In my case, I stressed the time frame of June needing to be designated Scoliosis Awareness Month, so we were under some pressure to complete the process by then. I made it clear that that was the timeline. Fortunately, it all came to fruition as planned.

So, for anyone seeking to pursue this initiative, identify an intermediary who has direct access to the person who will make the decision (in this case the state governor). Plead your case by providing information and a strong statement about the importance of the issue especially the human impact. If the issue involves children, it becomes perhaps a bit easier since most politicians, and people in general, have a soft spot for kids.

SO GO ON OUT THERE INTO GOVERNOR TERRITORY AND "GET 'ER DONE!"

Tressa Goulding Celebrates 20 Years with the Scoliosis Research Society!



At the 45th Annual Meeting & Combined Course in Kyoto, Japan, a special anniversary was celebrated by our Executive Director, Ms. Tressa Goulding. She has served the SRS for 20 years now, and is often considered the matriarch of the society and the "glue holding it all together!" This historic accomplishment of dedication was recognized by the Presidential Line with a plaque presented to her by President Richard McCarthy, and a watch by President-Elect Lawrence Lenke. For all of those who are fortunate enough to know her and have worked with her in some capacity on SRS activities, you realize how important she has been to the development and success of this organization over the past 20 years. It is hard to imagine SRS without her being an integral component to it. From the Presidential Line, the entire Board of Directors, committee chairs and all SRS members- we all congratulate Tressa on her 20 years of being the steady force guiding our great society. The society is so much better because of all her efforts- Congratulations and Thank You!

2010 Annual Meeting

in pictures



Congratulations to Dr. John Kostuik (left) and Dr. Clyde Lester Nash, Jr. (right) who received the 2010 Lifetime Achievement Awards at the 45th Annual Meeting for their dedication to the Scoliosis Research Society and spinal deformity care!



The Opening Ceremony and Welcome Reception at the Annual Meeting treated guests to a taste of Japanese culture with Kabuki dancers, happi coats and traditional cuisine.



Dr. Richard McCarthy and Dr. Lawrence Lenke present Ms. Tressa Goulding, Executive Director of SRS, with a plaque and a gift recognizing her 20 years of hard work and commitment to SRS!



Meeting attendees enjoy the breathtaking views outside of the Kyoto International Convention Center at the 45th Annual Meeting and Combined Course in Kyoto, Japan.

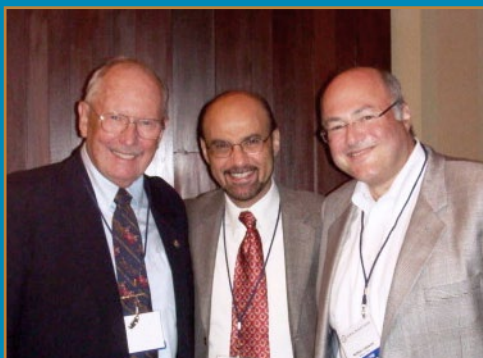
2010 IMAST *in pictures*



18th IMAST attendees inspect and discuss a display at one of the over 50 hands-on-demonstrations available annually at IMAST.



The SRS Board of Directors and Global Affairs Advisory Board meet with international members and non-members to discuss how the society can improve global awareness and membership at the 2nd Annual Globalization Think Tank



Dr. Arthur Steffe, Dr. Hassan Serban and SRS Historian, Dr. Nathan Lebowhl in Toronto, Canada for three days of discussions, debates and demonstrations on new spine techniques at IMAST.



2010 Worldwide Conferences *in pictures*



The faculty of the 2nd China SRS International Meeting presented on a variety of spine topics to over 300 Chinese spine surgeons in Nanjing, China.



Presentations, workshops and panel discussions filled the two day Worldwide Conference in Acapulco, Mexico in conjunction with AMICICO.



Dr. Richard McCarthy demonstrates for an audience at the 2010 SRS Worldwide Conference in Cape Town, South Africa that was held in conjunction with the 11th Congress of the South African Spine Society.

Strategic Plan

GOAL 1. *Funding:* The Scoliosis Research Society will have a funding base large and diversified enough to ensure financial independence in funding research and sound fiscal operating policies.

GOAL 2. *Research:* The Scoliosis Research Society will be the global source of research on spinal deformities

GOAL 3. *Education:* The Scoliosis Research Society will be the global source of education on spinal deformities

GOAL 4. *Globalism:* Through its members and programs, the Scoliosis Research Society will improve spinal deformity care globally

GOAL 5. *Advocacy:* The Scoliosis Research Society will be recognized as the leading resource for information and public policy on spinal deformities.

GOAL 6. *Society Leadership:* The Scoliosis Research Society will operate in a manner consistent with its stature as the pre-eminent spinal deformity society.

2009-2010 Board of Directors & Committee Chairs

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Vision Statement

The SRS will increase its recognition domestically and internationally as the leading source of information and knowledge on spinal disorders affecting all patients, regardless of age.

SOCIETY OFFICE STAFF

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Kathryn Agard

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SRS/Spine Liaison

K. Daniel Riew, MD

3D Scoliosis

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Website

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Ahmet Alanay, MD

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