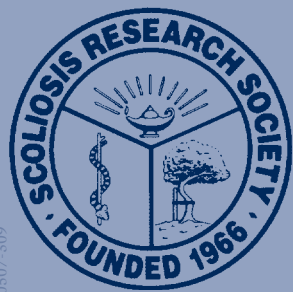


SRS NEWS



SRS 05/07 3/09

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President's Report

2006 – 2007

GEORGE H. THOMPSON, M.D.

There have been a number of incredible events affecting the Scoliosis Research Society both adversely as well as positively since the last newsletter. The first, and by far the most important, was the tragic loss of our President-Elect, Thomas G. Lowe, M.D. and the subsequent succession issues for his replacement. The other issues of importance are our educational programs.

THOMAS G. LOWE, M.D., PRESIDENT-ELECT

The Scoliosis Research Society was shocked on April 2, 2007 with notification of the untimely death of our President-Elect, Tom G. Lowe, M.D. Tom died after a very short illness, secondary to carcinoma of the pancreas. He was 70 years old. Tom was first diagnosed approximately six months earlier. At the time of the Retreat and the Board of Directors meeting at the American Academy of Orthopaedic Surgeons Annual Meeting in San Diego, California he appeared to be doing relatively well and tolerating his chemotherapy. However, in mid-March, he became quite ill and died within three weeks. His funeral was attended by members of the Scoliosis Research Society Board of Directors, including Oheneba Boachie-Adjei, M.D., Vice President; Behrooz A. Akbarnia, MD, Past President; Richard E. McCarthy, M.D., Treasurer; and Lawrence G. Lenke, M.D., Director. Tressa Goulding, Executive Director, was also in attendance. I was unable to attend, as I was attending the SRS Worldwide Regional Course in Beijing, China. Numerous other SRS members were also present. A very poignant eulogy was delivered by Oheneba Boachie-Adjei on behalf of the SRS. Tom will be missed as a friend, an associate, and above all, we will miss the leadership and guidance that he would have provided to the SRS during his Presidential year.

BOARD OF DIRECTORS SUCCESSION

With the death of Tom Lowe, the Board of Directors turned to the bylaws to determine the guide-

lines line of succession. Unfortunately, our current bylaws were not clear, which added further confusion. As a consequence, the Board has developed new guidelines for succession. These are now pending review by our attorneys and the Bylaws Committee. It is our plan that these will be presented to the membership for review during July and a final vote at the annual meeting in Edinburgh in September. This was a very difficult process that required two Board of Directors' Conference Calls to determine the basic principles. The overriding sentiment was that it was most important to have two years, if possible, in the presidential line prior to becoming president. We felt this was important for the Vice-President and the President-Elect to gain the necessary experience and understanding to be an effective President. Therefore, our working guidelines at this time are as follows:

- President
 - If the President is unable to serve either due to illness, death, or inability or refusal to serve, the President-elect will finish the current president's term and then serve his/her own term.
- President-Elect
 - In the event the President-Elect cannot complete his/her term of office for similar reasons, the President and Past Presidents will serve an additional one year term.
 - The Vice-President will be promoted to President-Elect.
 - A new Vice-President will be appointed.
- Vice-President
 - If the Vice-President is unable to complete his/her term, a new Vice-President will be appointed to serve the remainder of the term, and then serve his/her own term as President-Elect. This is the only scenario in which an individual may serve less than two years prior to becoming President.

Presidential Report, continued on page 2



SCOLIOSIS RESEARCH SOCIETY Mission Statement

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

- Treasurer
 - If the Treasurer is unable to complete his/her term, the Past-Treasurer will be recalled to be Treasurer and a Treasurer-Elect appointed. The term of the Treasurer-Elect will be between 6 and 12 months, depending on the remaining time prior to the next annual meeting. It is desirable that the Treasurer-Elect serve a minimum of 6 months before becoming Treasurer.
 - If the inability of the Treasurer to complete his term occurs during the term when a Treasurer-Elect has been appointed, this individual will be promoted to Treasurer if he has served a minimum of 6 months. If he has served less than 6 months, then the Past-Treasurer will assume the responsibilities and work with the new Treasurer-Elect until such time he is felt to be ready to assume the duties of Treasurer.
- Secretary
 - Guidelines for the Secretary and Secretary Elect positions will be the same as for the Treasurer and Treasurer Elect
- Directors
 - In the event a Director is unable to finish his/her term, a new Director will be appointed to serve the balance of that term.

There was extensive discussion as to whether the Board of Directors appoints a new Vice-president, the 2006 Nominating Committee should be reactivated, or a new Nominating Committee selected. If a proposed Bylaws change is approved in the fall, the 2007 Nominating Committee will be a standing committee during 2008, and this will no longer be an issue. However, it was felt at this time, the Bylaws implied that the Board of Directors should make the new appointment. As a consequence, the following decisions have been made. I will serve another year as President. My term will end at the annual meeting in September 2008 in Salt Lake City. All three Past-Presidents will serve an additional year. Dr. Oheneba Boachie-Adjei, M.D. has been promoted to President-Elect to finish Dr. Lowe's term and then serve his own term as President-Elect. The most difficult decision was the appointment of a new Vice-President. After much deliberation, it was felt that the Board should make this decision now rather than leaving this position vacant until the annual meeting. As a consequence, Dr. Rick McCarthy has been appointed as the new Vice-President. Dr. Steve Mardjetko, Treasurer-Elect, will immediately become the Treasurer. He has already served in his current position for 8 months and Board members felt that he had the necessary skills and understanding to be a competent Treasurer.

All nominations will be included in the recommendations for the 2007 Nominating Committee and a final endorsement by vote of the membership will be requested at one of the business meetings in Edinburgh.

WORLDWIDE REGIONAL COURSE – BEIJING, CHINA

Our Worldwide Regional Course in Beijing on April 4-6, 2007 was an enormous success. It was held in conjunction with the 4th Chinese Scoliosis International Symposium. I would like to take this opportunity to congratulate Larry Lenke, M.D., Yan Wang, M.D., and Giuxing Qiu, M.D., who were the Course Chairmen. There were approximately 500 attendees. The course was well received by the Chinese spine surgeons. They clearly expressed their desire for a closer relationship with SRS in the future. Our next

organized endeavors in Asia will be the IMAST Meeting in July 2008 in Hong Kong and our One-Day Course at SICOT, which will also be in Hong Kong in August 2008. We will continue with development of other relationships throughout the year.

AAOS ISSUES

Oheneba Boachie-Adjei, M.D., Steve Mardjetko, M.D., FAAP, Tressa Goulding, and I met with the AAOS Presidential line including Jim Beaty, M.D., Tony Rankin, M.D., Joe Zuckerman, M.D. as well as BOS Chair Joe McCarthy, M.D. and AAOS Executive Director Karen Hackett on Thursday, May 17 in Rosemont, Illinois to discuss relationships between the AAOS and the SRS. With the creation of the Board of Specialty Societies (BOS) there has been a concerted effort to improve relationships with the specialty societies. There was an outstanding exchange of ideas during this meeting. It is our plan to have ongoing meetings in the future. The AAOS President has received a standing invitation to speak at any or all of our Board of Directors meetings in the future. Dr Beaty is contemplating being at our annual meeting in Edinburgh. A similar standing invitation has been extended to Bob Jasek in the AAOS Office in Washington, D.C.

SRS/IMAST 2007

IMAST 2007 will be held at the Atlantis Hotel in the Bahamas, July 11-14, 2007. Pre-registration is already more than 20 percent higher at the same time for our 2006 meeting in Athens, Greece. This should be our largest IMAST ever. The Board will also be extremely busy, as we are having another Retreat to again evaluate changes in the Morbidity and Mortality data collection, as well as our continued endeavors to incorporate Evidence-Based Medicine guidelines into our educational programs. We are also having our first Corporate Advisory Board meeting with our Diamond-Level sponsors. Hopefully, this will improve our relationship with Industry and help guide us in developing clear transparent relationships without conflicts of interest.

SRS/ANNUAL MEETING 2007

The 2007 Annual Meeting in Edinburgh, Scotland, September 5-8, 2007 could possibly be the largest SRS meeting ever. Some hotels have already sold out and the meeting will be combined with the British Scoliosis Society. As a consequence, we believe total attendance may reach 1000-1200 surgeons. Unfortunately, seating capacity is only 1200 at the Edinburgh International Convention Center, so a closed circuit telecast to adjacent rooms may be necessary to comfortably accommodate everyone. If you have not already made your hotel reservation, I urge you to do so as soon as possible, as they are quickly selling out.

You should have already received the initial program, which is also posted on the SRS website. Because of the combined meetings, we have shortened the One-Day Pre-meeting to one-half day and will open the annual meeting at 1:00 PM on Wednesday. This will allow for more papers to be presented.

The Steel Lecturer will be Iain Macintyre, M.D., who will speak on Edinburgh and Surgery. The Harrington Lecturer will be Bob Dickson, who will speak on a Tribute to Alf Nachemson and Evidence-Based Medicine and Daniel Chopin will present the Houghton Lecture from the British Scoliosis Society. As a consequence, it

Historical Corner

Nathan H. Lebowhl, MD, University of Miami, SRS Historian

The archives of the Scoliosis Research Society have found a home in the Clendenning History of Medicine Library and Museum at the University of Kansas Medical Center. This ends a time-honored tradition of storing the historic materials in the basements, garages, and offices of the SRS Historian. The collection of historical correspondence, memorabilia, videotapes and photographs have been transferred to a modern temperature and humidity controlled storage room, and the contents of the archives will be catalogued with the guidance of a professional archivist, Nancy Hulston. Much of the material will be copied in digital format to facilitate access by the SRS membership, which has never previously been practical. The archives are adjacent to the Harrington Archive, an important collection of materials which document Paul Harrington's scholarly work and the early development of spinal instrumentation. These two collections complement each other, and their proximity will facilitate academic investigation of the early development of the field of scoliosis care. Ownership of the materials remains with the Scoliosis Research Society.

Thanks are extended to Dr. Christopher Crenner, the Chairman of the Department of History and Philosophy of Medicine at the University of Kansas for helping facilitate the establishment of the SRS Archives at KUMC, and special thanks to Dr. Marc Asher, who has tirelessly helped with the work of managing the materials, and without whose help this would not have been accomplished.

The SRS welcomes and encourages contributions of photographs, pertinent documents and correspondence, and other memorabilia to the archives. Please contact the Historian, Dr. Nathan Lebowhl if you have materials to donate.

Presidential Report — *continued from page 2*

will be an extremely busy, but highly educational meeting. I look forward to seeing all of you there.

Sincerely,
George H. Thompson, M.D.
President, Scoliosis Research Society

A REASON and a SEASON: TRIBUTE to THOMAS G. LOWE, MD

Oheneba Boachie-Adjei, MD, SRS Vice President
April 7, 2007

Tribute given at his wake, WITH EDITING

It is with deep sorrow and regret that I stand before you on behalf of the Scoliosis Research Society; President, Dr. George Thompson, the Board of Directors, the entire membership and the staff, to pay tribute to our 38th President, Dr. Thomas George Lowe.

Dr. Lowe was Clinical Professor of Orthopaedics at the University of Colorado Medical School, where he was Co-Director of the Spine Fellowship Program at the U. C. Health Sciences Center. He served as Co-Director of the Spine Clinic at Denver General Hospital, and was on the staffs of the Children's Hospital Scoliosis Clinic and Denver General Hospital. Tom served the professional organizations of which he was a member with distinction, serving on numerous committees of the American Academy of Orthopedic Surgeons, the Orthopedic Research & Education Foundation, the Russell Hibbs Society, North American Spine Society, Western Orthopedic Association and the American Orthopedic Association. At the Annual Meeting in 2005, Tom was elected Vice President of the Scoliosis Research Society. In all of his life, he served his profession, community and his beloved Society with gentleness, enthusiasm, dignity, compassion, wisdom, selfless dedication, and with the interests of others foremost in his mind.

As an internationally renowned spine surgeon, educator, researcher, author and inventor, Tom touched many lives through his work with patients and teaching and training residents and fellows from all walks of life. He was a frequent contributor to peer-reviewed journals and to medical textbooks. He performed high quality research to find causes, cures and treatment methods for spine deformities.

Tom came into our lives for a reason, and a season. He met many needs, assisted others through difficulties, provided guidance and support, and aided many physically, emotionally and spiritually.

Then, without any wrongdoing on his part and at an inconvenient time, these relationships have been brought to a sudden end. I can personally attest to his wish to reach out to places he had never been and people he had never met when he humbly submitted a volunteer application to go to Africa. In his personal statement he wrote,

"I have very much enjoyed the challenges of my profession and would like to share that expertise with underserved countries such as Ghana and Barbados while I am still actively participating in spinal surgery".

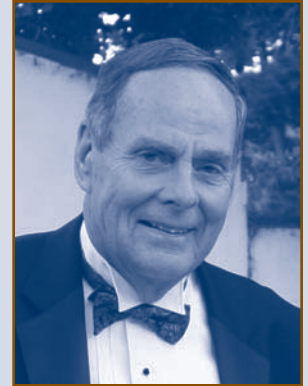
What we must realize is that our needs have been met, our desires fulfilled, and his work is done.

Thank you, Tom, for being a part of our lives, for a reason and a season.

A mighty tree has been cut down prematurely and our hearts go out to the bereaved: to you, Sally, his children Michael, Liz, Scott, his grandchildren and other family members and friends, we offer our deepest sympathy.

Farewell to our friend, colleague, teacher, counselor, board member and our 38th president. You have fought a good fight, you have kept the faith and you have finished your course.

May he rest in peace.



SRS Tutorials

The 2007 SRS Tutorials are underway and there is still time to register for the following:

July 23-25, 2007 - "Pedicule Screw Fixation & Direct Vertebral Rotation for AIS & Posterior Veretebra Column Resection for Severe Spinal Deformity" – Seoul Spine Institute, Seoul, Korea (Se-Il Suk)

October 5-6, 2007 - "Exotic Scoliosis: Treatment of Spinal Deformity in Children with Rare Disorders" Christus Santa Rosa Children's Hospital, San Antonio, TX (Robert Campbell)

October 25-26, 2007 - "Diagnostics & Mangement of Congenital Deformities of the Spine" Jagiellonian University College of Medicine, Zakopane, Poland (Daniel Zarzycki)

January 7-9, 2008 - "Pedicule Screw Fixation & Direct Vertebral Rotation for AIS & Posterior Veretebra Column Resection for Severe Spinal Deformity" – Seoul Spine Institute, Seoul, Korea (Se-Il Suk)

The tutorial program is an excellent opportunity for an intensive educational experience, while taking the shortest possible time away from your busy clinical activities. To register for any of the above tutorials please register on-line at the "Members only" page of www.srs.org.

SRS tutorials are intended to present an approach, view, statement, or opinion of the tutors that may be helpful to others who face similar situations. All expenses for travel and lodging will be the responsibility of the individual registrants.

IMAST 2007

The SRS's Summer Meeting

July 11-14, 2007



If you've not attended IMAST in the last few years, we encourage you to attend this year's program in the Bahamas.

IMAST is now one of the world's premier spine meetings. Rigorous research, candid debates and balanced workshops all focus on new and emerging techniques and technologies. Last year, a record of 451 surgeons from around the world attended IMAST, and gave the program outstanding evaluation scores. As a reminder, IMAST also now counts toward meeting attendance requirements for members.

This year, IMAST will be held at the extraordinary Atlantis Hotel and Resort, on Paradise Island in the Bahamas, from July 11-14. If you haven't already registered and made hotel reservations, we encourage you to take care of that soon as space is filling rapidly!

Register: To pre-register for the program, visit www.imastonline.org by June 29th and complete the online registration form.

Hotel: Reservations can be made by calling 800-386-4786 from within the U.S. and 954-809-2714 from outside the U.S. Be sure you mention that you are part of the IMAST block in order to obtain special meeting rates. Reservations made after June 11th will be based on availability and rooms are selling quickly.

Questions: Registration, hotel and program information can be found at www.imastonline.org, or by calling the IMAST Meeting Planning office at 630.681.1040.

SRS Endowment Fund Drive

The Board of Directors is asking for 100% participation from all members of the SRS. We need every member's support in order to provide continued funding for spinal deformity research projects. If you haven't already donated or pledged to the SRS Endowment Drive, please do so now. Donations should be sent to:

SRS Endowment Fund
C/O OREF
6300 N. River Rd, Ste 700
Rosemont, IL 60018-4261

Checks should be made out to OREF-SRS Endowment Fund.

You may contact Gene Wurth or Megan Wilson at OREF (1-847-698-9980) if you have questions or want more information on donation options.

2007 Russell A. Hibbs Society Meeting

Robert W. Gaines, MD, Hibbs Society Liaison

Starting in 2001 the Russell A. Hibbs Society, a group formed in 1947 as an international travel club for continuing medical education and furthering orthopedic knowledge, has held an education meeting in conjunction with the SRS Annual meeting. The Hibbs program is centered on the most timely and clinically important topics which exist. Experts regarding these topics are invited to present their most recent work, and open discussions are focused on these topics.

This year the education program will be held on Tuesday, September 4, 2007 at the Edinburgh International Conference Centre from 11:30 – 17:00. The registration fee for the educational portion of the Hibbs Society meeting is \$275.00 person (lunch is included). The program includes two symposia: 1) Pulmonary Function Performance Following Spinal Reconstruction for Adolescent Idiopathic Scoliosis, and 2) Spinal Cord Monitoring - is it Really “Essential”, or a “Pain in the Neck” with no Useful Clinical Contribution-What’s the “State of the Art.” Each will occupy about an hour of presentation and discussion time. The remainder of the program consists of “Open Papers”. Several submissions are currently necessary to complete this year’s program. Anyone wishing to present an open paper should send an abstract to Dr. Gaines at: rgaines@coqmds.com . Papers do not need to include basic information, since the academic level of the attendees is always very, very high.

In the evening there will be a social reception held from 18:00 -21:00 at the beautiful Hilton Caledonian which is within walking distance of the EICC. Wine, beer and a variety of hors d’oeuvres will be served. Join us for a relaxed evening of socializing with participants from around the world. Spouses and guests are welcome to participate but must register. Registration for the Hibbs Society Reception is \$100 per person.

Hibbs Society meetings address difficult and complex issues that do not lend themselves to the usual kind of scientific presentations. The meetings encourage interaction among international participants and new ideas, new concepts and reports on personal experience. Surgeon non-members of the SRS and guests are welcome to attend and contribute to both the Hibbs academic and social programs.

The Hibbs Society encourages interaction from participants from all regions. Those who reside in lower income countries may be eligible for a reduced registration fee. Please contact Tiffany A. Jackson in the SRS office: tjackson@execinc.com to receive an application to apply for reduced registration for the Hibbs Society Meeting & Reception.

Young Investigators Initiative

Young Clinical Investigators Grant Skill-Writing and Mentoring Program

Call for Submissions for program beginning with workshop October 26-28, 2007

This workshop series is open to promising junior faculty, senior fellows or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows or residents that are doing research and have a faculty appointment in place or confirmed. Investigators selected to take part in the program attend two workshops, 12 months apart, and work with faculty between workshops to develop their grant applications. The next workshop is scheduled to take place October 26-28, in Toronto, Ontario, Canada. The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded. To apply for this workshop the applicants must provide the following information.

The application should be addressed to Young Investigators Initiative and emailed to usbjd@usbjd.org (preferred), or mailed to the USBJD C/O The United States Bone and Joint Decade, NFP 6300 N. River Road, Rosemont, IL 60018

Deadline for submissions, July 15, 2007

Fifth SICOT/SIROT Annual International Conference

29 August - 1 September 2007
Marrakech, Morocco

Dear SRS Members:

The Scoliosis Research Society (SRS) has accepted an invitation from SICOT to affiliate and be responsible for spinal deformity education. We expect this to be an important, long-term relationship. Our affiliation will begin by having a one-day course at the next SICOT meeting in Marrakech, Morocco, August 29 – September 1, 2007. The SRS will provide a one-half day symposium. The other one-half day will be for free papers and SICOT guest speakers.

As President of the Scoliosis Research Society, I would like to invite all SRS Members to attend the inaugural SRS / SICOT one-day course. This will occur the weekend prior to the annual meeting in Edinburgh, Scotland. There will be ample time to travel from Marrakech to Edinburgh. This is a wonderful opportunity to attend two outstanding international meetings. I hope to see as many SRS members as possible in Marrakech. Both meetings are in beautiful countries. Attendance will enhance our relations with other international spine surgeons.

Sincerely,
George H. Thompson, M.D.
President, Scoliosis Research Society

Future Meetings

43rd Annual Meeting & Course
Salt Lake City, UT
September 9 – 13, 2008

44th Annual Meeting & Course
San Antonio, TX
September 22-26, 2009

A Summary on '13th Operative Spine Course of Asia Pacific Orthopaedic Association'

S Rajasekaran, MD Consultant Orthopedic Surgeon, Ganga Hospital Coimbatore, India.

The 'Operative Spine course' of the Asia Pacific Orthopaedic Association is a prestigious event which is conducted biennially in different member countries. It was our pleasure and privilege to host the 13th meeting at Ganga Hospital, Coimbatore, India.

The course was conducted from March 8-11 2007, and was one of the largest meetings of the Spine Section of APOA with 365 participants from 16 countries. The unique feature of the course is that it focuses entirely on operative techniques demonstrated live by experts in the field. Particular emphasis is laid in discussing the indications for surgery, choice of the procedure and the pearls and pitfalls of the technique rather than on any particular instrumentation. The spine section of the APOA is quite particular to keep the course 'patient and technique' oriented rather than 'industry or implant' oriented.

The surgical procedures demonstrated ranged from the simplest to the challenging and exhibiting various options in the successful treatment of the same disease. For disc disease, fenestration discectomy, micro discectomy and endoscopic discectomy were demonstrated and for scoliosis a wide spectrum of corrective surgeries like Hartshill rectangle and sublaminar wire techniques, Anterior surgery with 'bone on bone' technique, Posterior pedicle instrumentation by computer navigated surgery and thoracoscopic scoliosis correction were demonstrated. In all, 26 important and different spinal surgeries were demonstrated by experts in the field in a period of 3 ½ days.

The successful conduct of such a course is a challenge and obviously needs good planning, preparation and attention to details. Local rules and permission to allow surgeons from all over the world to operate needs to be addressed and this course may not be easily possible in many parts of the world. The course has

to be hosted by a spine unit with a large turnover as nearly 45-50 spine patients with different etiology should be kept ready for surgery. This will allow the faculty members to choose patients and procedures with which they are entirely comfortable. Although only three live surgeries were transmitted live at any time to three different halls, six operating theatres need to be available. Often six patients will be under anesthesia at different stages of the operation at the same time to avoid wastage of time and overcome delays of anesthesia induction, positioning, preparation and surgical exposure. Facilities to transmit live from six theatres to three halls at various permutations and combinations obviously needs a huge inventory of audio visual equipment and trained personnel. Availability of this would certainly determine the success of the conference. The support of the industry in sponsoring a huge budget and subsidizing the implants used is also very vital to a course of this nature.

The burden of the hard work has to be shared by many people in the team which will range from the theatre staff to the members of the spine team. Preparing the table to suit the requirements of 26 different surgeons from 16 countries is no mean task. It was very well fulfilled by the theatre staff of Ganga Hospital. Processing the patients, liaising with the faculty, planning the surgery and preparing the instrumentation and implants was all very well handled by the surgical team. The faculty were also most co-operative to demonstrate techniques clearly even while operating in a new atmosphere.

In summary it was hard work for everybody but very satisfying and worthwhile as judged from the tributes and feedbacks that were obtained from all the faculty members and delegates alike.

Program Committee Report

David L. Skaggs, MD, Program Chair

There were 1100 abstracts submitted for both SRS and IMAST, with 949 abstracts submitted to the SRS Meeting. By comparison, in 2006, a total of 877 abstracts were submitted to both SRS and IMAST, and in 2005, 828 abstracts were submitted to both meetings. The abstracts were reviewed by 33 reviewers, including several reviewers from the British Scoliosis Society. As always, the program committee graded abstracts in a blind fashion.

The program is set-up a little differently than in years past. Not only is this meeting in partnership with the British Scoliosis Society, the pre-meeting course is a half day on Wednesday, September 5, and the SRS Annual Meeting's scientific program will commence on Wednesday, September 5 at 1:20 PM and will adjourn around noon on Saturday, September 8. There will be 117 podium presentations this year and 80 poster exhibits. Also new

this year, the five presentations nominated for the Hibbs Best Basic Science Award will all be presented Friday morning. Due to a tie-score, there are six nominees for the Hibbs Best Clinical presentation.

There are several Bonus Education Events this year. On Wednesday, the Global Outreach Committee is hosting their lunchtime symposium entitled "Establishing Uniform Methods in Data Collection, Education, and Surgical Safety". The Research Grant Committee's symposium, held on Friday, will help you improve your chances of obtaining funding through the SRS, NIH or other associations. On Thursday, two concurrent ICLs will be held. The Adult Deformity topic is "Spondylolisthesis: Current Knowledge + Treatment", and the Pediatric Deformity topic is "Evidence Based Practice in Neuromuscular Scoliosis".

International News

Spine Surgery in the Asia Pacific

Keith DK Luk, MD

Spine surgery is one of the strongest orthopedic subspecialties in the Asia Pacific with a long history and reputable track record. The innovative anterior surgical treatment and the halopelvic distraction apparatus developed in Hong Kong for spinal tuberculous, the management of cervical myelopathy resulting from ossification of the posterior longitudinal ligaments in Japan, the popularization of the use of pedicle screw in scoliosis correction in Korea and more recently the transplantation of the intervertebral disc in China, are only a few of the many achievements that have set trends for spine surgery world wide.

To date in the Asia Pacific, spine surgery is still largely being performed by orthopedic spine surgeons although in a few countries some neurosurgeons are beginning to be involved. This is mainly related to the training and health care systems in the region which could be very different from that in Europe and America. In the 1960s, orthopedics was still subsumed under general surgery in Asia. In 1962, a small group of orthopedic surgeons, namely Dr Arthur Hodgson of Hong Kong, Dr Catalino C Jocson and General Valdes of the Philippines, Dr Isaharu Miki of Japan, Dr Cheung Bin Chu of South Korea, and Dr Ismail of Malaysia saw the need to establish an orthopedic fraternity that is separate from the general surgeons and thus the Western Pacific Orthopedic Association was inaugurated. Since then the association has grown to include 12 member countries along the western pacific rim and further expanded to 19 countries in 2003 and renamed as the Asia Pacific Orthopedic Association. The Spine section of the APOA is the largest of 7 subsections that runs biennial congresses and biennial operative spine courses.

The operative spine course deserves special mentioning. This is probably the only course of its nature in the world where course participants have the opportunity to operate on real patients side by side with the experts. The participants are usually at junior consultant level and the number is normally limited to about 40 with about 10 teaching faculty members from within and outside the region. Due to the economic situation in the Asia Pacific and in order to benefit as many participants as possible who may come from less affordable countries, all faculties travel at their own time and expenses and most of the time, they also bring

with them the surgical instruments and implants necessary for the demonstration. For obvious medicolegal reasons, such courses could only be conducted with the concerted effort of the local authorities and the hosting champions. Typically the course lasts for 4-5 days and 8-10 surgeries will be performed by the 5 teams per day. Prior to the arrival at the hosting city, the faculties will be notified of the surgeries that they are expected to perform. On the first day of the course, the faculties and participants will gather to discuss all the cases to be performed during the course, meet and examine the patients in detail. The cases will be assigned to each of the faculties for following days who will scrub up with one local surgeon and two participants. Depending on the facilities of the hosting hospital, very often the surgeries are being performed in different hospitals in the city but they are all transmitted to the conference center for simultaneous viewing by the other participants. Every evening before dinner, all the participants and surgeons will gather again at the main center to review and discuss the outcomes of cases done on that day.

Over the years, this unique operative spine course has been conducted in the Philippines, Indonesia, Korea, Taiwan, Thailand, Malaysia, Vietnam, China and this year in India. We believe that this is the best way to learn surgical skills by picking up the tips and tricks directly from experts with hands on experience. The course has also enabled the development of mentorship, close friendship and camaraderie between spine surgeons of the Asia Pacific. Members of the SRS and young surgeons from the other continents are most welcome to join our future ventures. I am sure this will only further enhance the program and benefit the next generations of spine surgeons.

Together with this introduction, I have invited Dr Rajasekeran, to write on his experience and views as host of the recent operative spine course held in February 2007 at the Ganga Hospital, Coimbatore, India.

The author is Chair Professor, Chief of Spine Division and Head of the Department of Orthopedics & Traumatology, The University of Hong Kong. He is also the Hon Treasurer of the APOA and Board member of the Spine Section.

International News

Carlos Villanueva, MD PhD, International Correspondent

The Spanish Spine Society (GEER) and SILACO (Spanish and Latin- America Spine Society) had a combined meeting in Santander, Spain. Michael Dittmar was elected Vice-president and president-elect for the 2009-2011 period. Carlos Villanueva is the current president for the next two years. The next meeting of SILACO is scheduled in Viña del Mar (Chile) on October 2009.

The spring trip of FOCOS was a complete success, a number of complex surgeries were done without major complications. Congratulations. The November trip is already on the way.

Eurospine continues their four year program courses in Barcelona (Spain) about spinal deformities, September 9-22, 2007, and Liberec Czech Republic in April 18-21 about LBP (this course is repeated from Barcelona Sept 2006). The annual meeting of Eurospine is scheduled for October 3-6, 2007, in Brussels.

Spineweek is scheduled for April 26-May 1, 2008 in Geneva, Switzerland with significant participation of major spine societies.

2006-2007 Corporate Partners

The SRS is pleased to acknowledge those companies who have provided financial support throughout the past year. This support has come in the form of gifts and grants to the Annual Meeting, IMAST, Global Outreach Scholarships for the Annual Meeting, the Edgar Dawson Scholarship Fund, SRS Traveling Fellowships, and the Research Endowment Fund. We sincerely appreciate each of these companies, who are helping the SRS fulfill its goals of providing education and fostering research.

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If you would like to submit an article to the SRS Newsletter, please e-mail the article to kszpara@execinc.com or vkalen@email.arizona.com

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.

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.

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