



# news letter

A PUBLICATION OF THE ILLINOIS ASSOCIATION OF ORTHOPAEDIC SURGEONS VOLUME 14, ISSUE 1

## PRESIDENT'S MESSAGE

# Are Illinois Orthopaedic Surgeons Happy, Apathetic or What?

STEVEN I. RABIN, MD

THE IAOS IS THE ONLY ORGANIZATION THAT ATTEMPTS TO SPEAK SPECIFICALLY solely for Orthopaedic Surgeons in Illinois. I believe that the IAOS protects and promotes the vital interests of Illinois Orthopaedic Surgeons. Yet it seems that Illinois Orthopaedic Surgeons either don't agree, don't care, or



Steven Rabin, MD

are so satisfied with their practice situations that they don't think they need to be involved. IAOS membership is declining, and young Orthopaedic Surgeons especially are not joining, attendance at

meetings is dismal, and members don't pay their dues.

I believe that Illinois Orthopaedic Surgeons care about things like medical liability reform. But do they? Do YOU? With the active help and hard work of the IAOS, a bill was passed last year, but do YOU believe that winning one battle ensures long term victory? Are you satisfied that your malpractice premiums are fair and reasonable? Do you care about other issues that will significantly impact on your successful Orthopaedic practice? Do you want mandatory Emergency Room call? Independent practice for Physical Therapists? Less Reimbursement for

Workers' Comp patients? Less Reimbursement for Medicare patients? More Case Manager decision making? Do you think that radiologists are the ONLY physicians who can operate an MRI scanner or interpret the results?

If you care about these, and similar issues, WHY DON'T YOU SUPPORT THE IAOS? Who do you think represents you? Perhaps the attorneys who have greater than 90% representation in their associations are looking out for your interests?

In an attempt to define what the IAOS should be doing, and how the IAOS should be representing Illinois Orthopaedic Surgeons, we will be sending out a survey. Please respond. And please get your partners and colleagues to respond. Tell us what we need to do to help you.

The people who make the decisions that influence your lives know how to count. When they see an association that can't attract its own constituency, they don't have any incentive to listen. Come forward and be counted and bring your friends. **ii**

## IAOSTRENDS

NATIONAL ECONOMIC ISSUES IN HEALTH CARE

### Gainsharing

#### I. WHAT IS GAINSHARING?

The basic idea of gainsharing is for doctors and hospitals to work together to find ways to cut costs or improve efficiency within the hospital. Some portion of whatever savings the hospital realizes as a result of this is then shared with the physicians. Hospital attempts to control costs combined extremely low reimbursement rates make gainsharing increasingly of interest. Since physicians are directly or indirectly in control of 75-80% of hospital spending, it is logical for hospitals to look to physicians to find ways to control costs. Gainsharing methods being considered include streamlining medical device purchases, scheduling operating rooms more efficiently, and using supplies more effectively.

When one looks at incongruities in the Medicare payment system, the reasons for interest in gainsharing become even more apparent. The system pays hospitals a fixed amount based on the diagnosis, but pays physicians on a fee schedule where the more work a physician does, the more they get paid. In practice, this means hospitals have incentives to limit costs for treatment that physicians do not. Gainsharing represents an attempt to motivate physicians to pay attention to cost drivers that the current payment

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## IAOS newsletter

The Newsletter is a publication of the Illinois Association of Orthopaedic Surgeons. Views expressed by various authors are not necessarily those of the IAOS.

Editor: Chris J. Dangles, MD  
Account Executive and Staff Editor: Sarah Christensen

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### Illinois Association of Orthopaedic Surgeons

20 North Michigan Avenue, Suite 700  
Chicago, Illinois 60602  
312/263-7150  
312/782-2023 (fax)  
www.ilortho.org

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For information, contact the IAOS at 312/263-7150.



## Chicago's Top Doctors

CONGRATULATIONS TO BRIAN J. COLE, MD, DIRECTOR OF THE CARTILAGE Restoration Center at Rush, for being featured on the cover of *Chicago* magazine's Top Doctors issue (January 2006). Dr. Cole is the second orthopaedic surgeon and IAOS member to be featured on the cover of the Top Doctors issue in the past 5 years. *Chicago* also featured John Sarwark, MD, Professor and Chairman of Pediatric Orthopaedic Surgery at Children's Memorial Hospital, on the cover of its January 2001 Top Doctors issue.

IAOS is proud of Dr. Cole and Dr. Sarwark and would also like to recognize the following members who were listed as this year's top Chicago doctors\*:


### Orthopaedic Surgery

Bernard R. Bach, MD  
Mark S. Cohen, MD  
Henry A. Finn, MD  
Jorge Galante, MD  
Wayne M. Goldstein, MD  
John M. Martell, MD  
Gordon W. Nuber, MD

### Terrance D. Peabody, MD

Michael S. Pinzur, MD  
John F. Sarwark, MD  
Michael Schafer, MD  
Michael A. Simon, MD  
S. David Stulberg, MD  
Richard L. Wixson, MD

### Sports Medicine


Brian J. Cole, MD  
Sherwin S. Ho, MD  
Bruce Reider, MD 

\*Chicago's list of top doctors was assembled by Castle Connolly Medical Ltd.

## Annual National Orthopaedic Leadership Conference

The annual National Orthopaedic Leadership Conference will take place Wednesday, May 3 through Saturday, May 6, 2006, in Washington, D.C. The IAOS president and Illinois' Board of Councilor members will be lobbying Congress on behalf of orthopaedics. This is an annual event and members are invited to attend, especially if they are willing to make a congressional

visit. Any IAOS member with a strong relationship with their congress person is encouraged to make an appointment for the Illinois delegation to meet with the congress person or their staff in order to express Illinois' concerns.

If you are interested in learning more about this conference, please contact the IAOS office at 312-263-7150. 

FEATURED PRACTICE

## Orthopaedics in Decatur

M. STEPHEN HUSS, MD

DECATUR, ILLINOIS IS A DOWNSTATE ILLINOIS COMMUNITY IN THE CENTER of the state, whose population is about 90,000 when combined with the adjacent communities of Mt. Zion and Forsyth. Decatur has a well-balanced group of orthopedic surgeons who are able to provide a broad range of services to the Decatur and surrounding communities. Drs. Marshall Brustein, Jeffery Smith, Tyler Jones, Edmund Raycraft, Michael Trice, and Stephen Huss are all based on the Decatur Memorial Hospital campus. Dr. John Kefalas is based on the St. Mary's Hospital campus. We have a close knit working relationship with one another allowing us to provide cross coverage for each other whenever necessary.

Drs. Huss, Trice, Jones, Raycraft, and Kefalas are general orthopaedic surgeons; however, these people provide some distinctly different services available to our patients. Drs. Jeffery Smith and Marshall Brustein are hand and upper extremity orthopaedic surgeons.

Dr. Raycraft specializes in total joint reconstruction of hips and knees, general trauma, sports medicine, and knee arthroscopy. Dr. Raycraft received his residency training at Vanderbilt University Medical Center. He has been in practice in Decatur for 15 years.

Dr. Tyler Jones does total joint replacement of the hips, knees, and shoulders, general trauma, sports medicine, foot surgery, and performs arthroscopy of the shoulders, ankles, and knees. Dr. Jones completed his residency at the Cleveland Clinic Foundation and has been in practice in Decatur for more than three years.

Dr. Michael Trice performs hip and knee and shoulder reconstruction. He has a practice that includes cartilage repair and restoration and takes care of a large variety of sports injuries and does general trauma. He also does shoulder and knee arthroscopy. He has a growing practice in cartilage restoration. He completed his residency at the

Harvard Combined Orthopaedic Program. He did a Harvard sports fellowship and a SCRIPPS total joint fellowship. He has been in practice in Decatur for the past five years.

Dr. Jeffery Smith is an upper extremity specialist who has a special interest in hand and arm trauma including pediatric and adult and arthritic adult reconstruction. He completed his residency at the Grand Rapids Orthopaedic Surgical Residency in 1997 and his fellowship at the Univ. of Washington in the combined hand fellowship program that was completed in 1998. Dr. Smith has established the Central Illinois Hand Center which provides state of the art upper extremity therapy including surgical and non-surgical management of upper extremity disorders. He has been in practice in Decatur for the past seven years.

Dr. Marshall Brustein is a hand and upper extremity specialist. He does a wide range of trauma, post-traumatic reconstruction, upper extremity joint replacement, and peripheral nerve injuries. He is board certified hand and

occupational therapists on site. He completed his residency at the Univ. of Chicago Hospitals in 2000. He completed his fellowship at the Harvard Medical School, Massachusetts General Hospital, in hand and upper extremity surgery in 2001. Dr. Brustein has been in practice in Decatur for the past four years.

Dr. Huss has been in Decatur since 1979. He is a general orthopaedic surgeon performing arthroscopic surgery of knees and shoulders, total hip and knee replacement surgery, and general trauma. Dr. Huss received his orthopaedic surgical training at the St. Francis Medical Center in Peoria, Illinois.

Dr. John Kefalas has been in practice in Decatur, Illinois for the past four years. He is a general orthopaedic surgeon with special interest in hip, knee



**Front (L to R): Drs. Michael Trice, Edmund Raycraft. Back (L to R): Jeffery Smith, Tyler Jones, Stephen Huss, Marshall Brustein. Inset: Dr. John Kefalas.**

and shoulder replacement surgery, management of sports injuries, trauma, and does arthroscopic rotator cuff repairs.

This group of orthopaedic surgeons practice orthopaedic surgery at Decatur Memorial Hospital and St. Mary's Hospital as well as two additional outpatient surgery centers in Decatur. All the surgeons are board certified by the American Board of Orthopaedic Surgery. We are hoping to recruit one or

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## Decatur Practice

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two additional orthopaedic surgeons in the next year who can bring with them additional special skills as well as complement our practices. We would like to have additional specialists in orthopaedic spine and total joint revision surgery and someone with special interest in orthopaedic trauma.

Decatur is an exceptional place to practice orthopaedics and most of us live within 15 minutes of either hospital or our offices. Decatur is one of Illinois' best kept secrets. □

*IAOS would like to feature 2 to 3 member practices in each issue. If you would like your practice included, please write a short article describing your practice and sent it to the IAOS office. We are especially interested in community practices or practices that connect to their community.*

## FEATURED PRACTICE

# Edward & Steven Sclamberg



IN AUGUST 2002, STEVEN SCLAMBERG JOINED HIS FATHER, EDWARD, IN the practice of orthopaedics in Evanston, Illinois. Steven did his orthopaedic residency at Northwestern University in Chicago and then completed a sports fellowship at the University of Southern California, specializing in arthroscopic shoulder and knee surgery. The expectations of Steve and Ed planning to work

together were realized when they began practicing together. They enjoy seeing each other regularly and sharing their knowledge and expertise. They have the unusual advantage of combining Steve's state of the art arthroscopic shoulder techniques and the experience of Ed's 35 years in practice. "It has worked out

perfectly for both of us as well as our patients," Ed says. "People ask me when I plan to retire, and I tell them hopefully not soon. At this point in my career practicing with my son is just icing on the cake." □

## Expert Testimony

DURING THE BOARD OF COUNCILORS FALL MEETING IN WILLIAMSBURG, the Florida Orthopaedic Society (FOS) distributed copies of two "blast faxes" that they had sent to their members with excerpts of two fairly egregious statements given at depositions by two fairly well-know orthopedic surgeons in Florida, serving as plaintiff's experts in two separate malpractice cases. The first surgeon testified that it was below the standard of care to use a thigh tourniquet at 350mm of Hg for 60 minutes, while the other testified that he

felt he was competent to serve as an expert despite the fact that he had never performed the procedure in question. Brian Zeigler, one of the Florida Councilors who started the program stated that the blast faxes were their attempt to "shine some light on the cockroaches." Some hearty floor dialogue

followed when it was suggested that the AAOS or other State societies might engage in similar actions, whereupon Ric Peterson urged caution. The consensus of the Illinois members was that making closed claims testimony (that is already in the public record) public, or

at least available to IAOS members, would, at the least, make our fellow surgeons think twice about what they are willing to say in support of plaintiffs in malpractice cases and perhaps engender more ethical and fair expert testimony here in Illinois in the future. Let us know if this is something you, as an IAOS member would like to see in some similar form here in Illinois. For more information you can visit the FOS website at [www.fos-society.com](http://www.fos-society.com), and look up the Florida Orthopedic Medical Legal Library to read other questionable expert testimony. □

## New AAOS Fellows

The Illinois Association of Orthopaedic Surgeons would like to welcome the new AAOS fellows. We hope that you will join us at the New Fellows Banquet during the AAOS Annual Meeting in Chicago to accept a special gift from IAOS. We look forward to meeting you!

Robert A. Bane, MD  
Matthew A. Bernstein, MD  
Jay Brooker, MD  
Steven C. Chudik, MD  
Richard S. Collins, MD  
Craig J. Della Valle, MD  
Mark J. Hanson, MD  
Jamil Jacobs-El, MD  
Tyler N. Jones, MD  
Eldin E. Karaikovic, MD  
Andrew H. Kim, MD  
Daniel T. Kuesis, MD  
Laura M. Lemke, MD  
Mary Ling, MD  
Steven A. Marciniak, MD  
Mark A. Neault, MD  
Gregory H. Portland, MD  
Anthony Rinella, MD  
Michael S. Roh, MD  
Steven Sclamberg, MD  
Mark G. Stewart, MD  
Scott W. Trenhaile, MD  
Jon B. Whitehurst, MD




## King Park Playground Build

ON OCTOBER 14, 2005 STAFF FROM OAK ORTHOPEDICS (ORTHOPEDIC Associates of Central Illinois) traded in their gauze, casting material, and reflex hammers for shovels, wrenches and other tools to construct a playground at King Park.

Orthopedic Associates of Central Illinois approached the Urbana Park District about constructing a new playground that would be financed by community donations. This suggestion was based upon OAK orthopedics previous success with similar projects with their division in Kankakee, Illinois. OAK orthopedics has been partnering on playground projects due to the orthopedic related nature of the activity. The Urbana Park District enthusiastically embraced the project and pursued it in 2005 with the playground build event occurring on October 14, 2005. They start the day with just a few holes in the ground and by the end of the day an entire playground is available to kids in that community.

On Oct. 14, 2005 staff from Orthopedic Associates of Central Illinois and area businesses as well as many other volunteers from across the county grabbed poles, belts, screws and shovels, and gathered at King Park to construct a playground that is accessible to all children.

Orthopaedic surgeons are concerned about injuries on playgrounds:

- Each year more than 500,000 injuries occur on the playground—and many of these injuries are treated by orthopedic surgeons.
- Making sure our nation's playgrounds are safe is a priority of the American Academy of Orthopedic Surgeons and locally a priority of OAK orthopedics. Orthopedic surgeons are often the first physicians to treat children who sustain playground injuries. Contributing to the development of a safe playground gives us the opportunity to prevent not just treat injuries.
- The AAOS has a long-standing injury prevention program to help reduce the number of children hurt on the playground. Our program, Prevent Injuries America!, provides safety tips and additional information on things you can do to prevent or reduce playground injuries. Call 217-384-8080 or visit [www.oakortho.com](http://www.oakortho.com) for more information. 



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**March 26** AANA-AAOS Shoulder Arthroscopy Skills Course (#3032)

Richard L. Angelo, MD, Jeffrey S. Abrams, MD and J. Emory Chapman, MD, Course Directors

**April 28-30** Knee Injuries in Athletes: Getting Patients Back in the Game. Current Techniques for Restoring Function and Avoiding Complications (#3003)

Frederick M. Azar, MD and Jason L. Koh, MD, Course Directors

**May 5-6** Minimally Invasive Hip and Knee Replacement: Surgical Techniques and Computer Navigation (#3007)

Mark Pagnano, MD and Anthony DiGioia, MD, Course Directors

**May 19-20** Current Options in the Treatment of Wrist Fractures (#3008)

Scott W. Wolfe, MD and Douglas P. Hanel, MD, Course Directors

**July 14-16** Surgical Techniques for Managing Pediatric Orthopaedic Trauma: Avoiding Pitfalls & Problems (#3010)

B. Stephens Richards, III, MD and Gregory A. Mencio, MD, Course Directors

**July 28-29** AAOS/ASES The Shoulder: An Arthroscopic Odyssey (#3011)

Brian J. Cole, MD, MBA and Mark Bowen, MD, Course Directors

**September 29-30** Elbow Reconstruction:

Arthroscopy, Instability, and Arthroplasty (#3012)

Michael Hausman, MD and Guido Marra, MD, Course Directors

**October 6-7** AAOS/ASES Shoulder Arthroplasty:

Surgical Indications and Techniques (#3013)

Gerald R. Williams, Jr., MD and Guido Marra, MD, Course Directors

**October 27-29** Techniques and Insights for

Primary and Revision Total Knee Arthroplasty (#3014)

Giles R. Scuderi, MD and Kenneth A. Krackow, MD, Course Directors

**November 9-11** Revision and Complex

Total Hip Replacement (#3016)

Robert T. Trousdale, MD and Jay R. Lieberman, MD, Course Directors

**November 16-18** Modern Techniques in Spinal Surgery (#3017)

K. Daniel Riew, MD and Frank M. Phillips, MD, Course Directors

**December 8-10** AAOS/OTA Techniques in Orthopaedic Trauma (#3023)

Jeffrey Anglen, MD and Thomas A. (Tony) Russell, MD, Course Directors

For details and to register, go to

[www.aaos.org/courses](http://www.aaos.org/courses)

Or call AAOS Customer Service at 800-626-6726.

## Gainsharing

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system does not.

Attempts to decrease supply costs can be problematic, especially when it is done by standardizing products and reducing the number of suppliers. Many of the best opportunities to save involve items of intense loyalty among physicians, such as orthopaedic implants. Because the hospitals are the ones dealing with the high prices of many of these items, physicians generally have no incentive to reconsider their product choices. Gainsharing efforts can fail when physicians will not agree to switch suppliers.

### II. HISTORY

Concepts of gainsharing began to attract interest in the late 1980's when the predecessor to the CMMS began a demonstration project for savings in heart surgery.

Early moves towards gainsharing were put to an end in July 1999, when the HHS Office of Inspector General (OIG) published a Special Advisory Bulletin warning hospitals that such deals could violate the Federal Civil Monetary Penalties Statute (discussed below), as well as possibly violating anti-kickback and physician self-referral laws.

However, in 2005, the OIG reversed this position (somewhat) in five separate advisory opinions. These opinions, apparently reflecting the growing demand to find new ways to cut costs, have brought gainsharing back from the dead. These opinions do not give carte blanche to create gainsharing, though. The OIG has included a variety of limits and safeguards. The OIG is NOT saying that gain sharing in any form is appropriate and won't result in enforcement action.

In a March 2005 statement, MedPAC also come out in favor of gainsharing. Gainsharing arrangements can have many of the same financial benefits of physician owned specialty hospitals. Since MedPAC has been against physician ownership of specialty hospitals, the idea is that by allowing gainsharing, physicians might be able to get the finan-

cial rewards they are looking for without actually joining a specialty hospital.

### III. TYPES OF GAINSHARING

There have been a number of models for gainsharing developed. These include:

- **Efficient Purchasing** – This is where the hospital and physicians agree on common supplies, drugs, or devices. The costs that are saved are shared by the doctors and the hospital. In this model of gain sharing, the hospital can suggest using an approved device or product.
- **Departmental Budgeting** – If departmental costs are below defined goals, the hospital pays physicians a percentage of the cost savings.
- **Buy a Protocol** – Here, physicians attend meetings where they develop cost saving protocols that can be used by the hospital. The hospitals pay the physicians an hourly rate for this, and can also pay an incentive bonuses, such as a percentage of the cost savings.
- **Case Management** – Case management guidelines are jointly created for specific conditions. The physicians then work with the hospital's case management staff so that the treatment of patients will fall within these guidelines. Physicians would be paid both for the guideline development and also for case management.
- **Managed Care** – Physicians and hospitals offer their services jointly under an agreement with health plans. The savings are split between the physicians and the hospital.
- **Joint Venture** – Particular departments or services are outsourced to a joint venture owned by both the hospital and interested physicians.

### IV. REGULATORY AND LEGAL CONCERNS

Key legal issues to be concerned with in setting up a gainsharing program include:

1. The Federal Civil Monetary Penalties Statute which prevents hospitals from making payments to physicians as an

inducement to reduce or limit services provided to Medicare or Medicaid patients who are under the care of the physician.

2. State and federal anti-kickback laws which prohibit parties from paying or receiving any payment for referring patients.
3. State and federal self-referral laws, while not directly addressed in the new OIG opinions, would still come into play. These laws are written to prevent physicians from referring patients to an entity with which the physician has a financial relationship unless the relationship fits within an exception.
4. In the case of tax-exempt organizations, tax issues such as private inurement, private benefit, and management contract constraints must also be taken into consideration.

The OIG opinions give some indications about how gainsharing arrangements could be structured to avoid these legal problems, but experts are divided if it would be safe to enter a gainsharing agreement that follows these guidelines, or whether each and every arrangement should seek its own OIG approval.

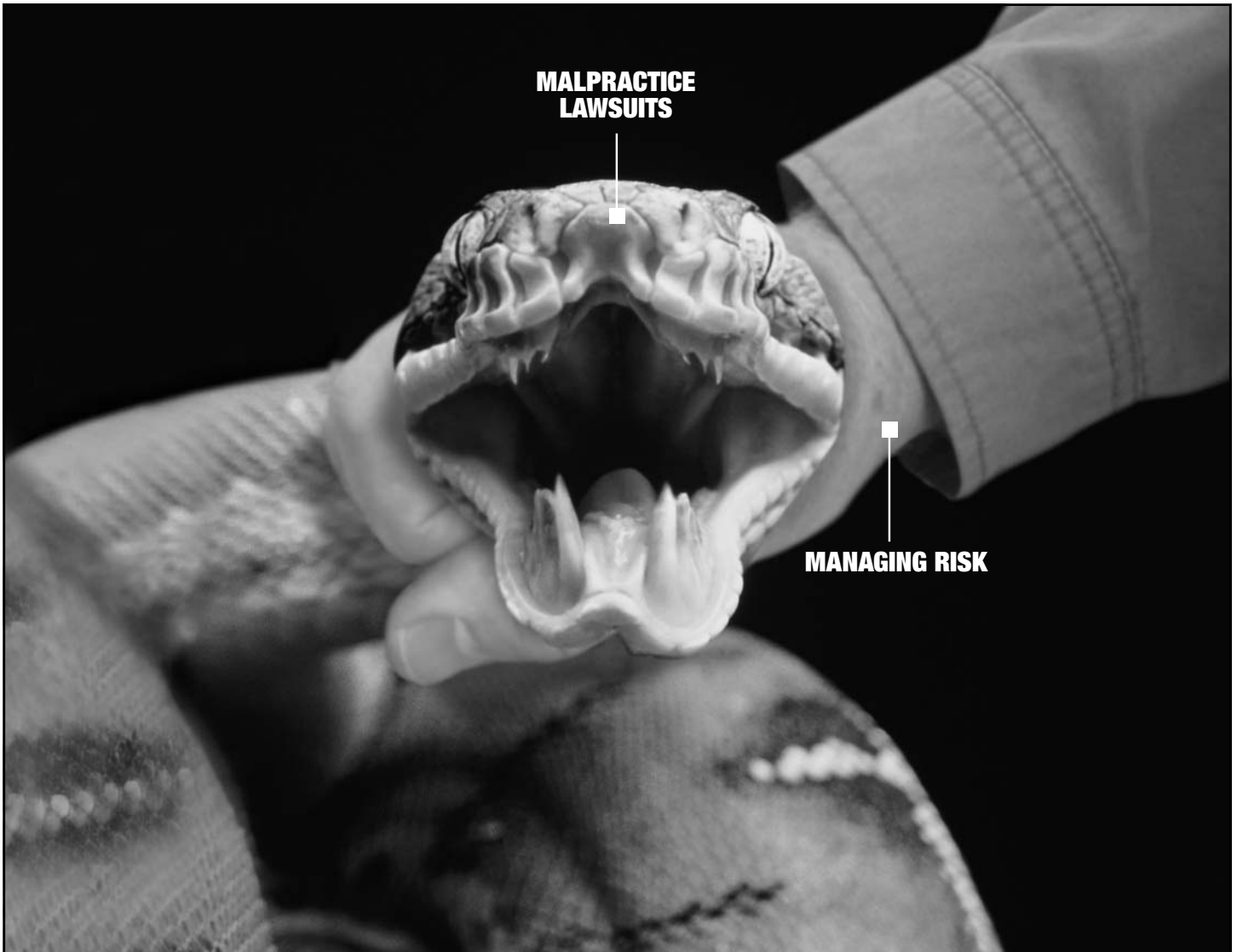
### V. ETHICAL CONCERNS

Gainsharing is only acceptable to the degree that it doesn't lower quality of care.

There are concerns that the push to find savings could take precedence over selecting the best device for the patient – which could result in a lower quality of care. There are also concerns that hospitals might force physicians into gainsharing relationships, instead of approaching it as a voluntary and collaborative effort.

Some medical device makers feel gain-sharing can leave them at a competitive disadvantage. While the advisory opinions specify protections to ensure physicians decisions are respected and that patient care cannot take a back seat to cost cutting, there are no guarantees that physicians won't feel pressured into making purchasing decisions in a way that hurts smaller device manufacturers.

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Since 1955, OREF has funded more than \$58 million for more than 2,000 grants on research subjects ranging from studies of the capacity of proteins to bind in the tendon — which led to

further studies that ultimately resulted in the development of Bone Morphogenetic Protein — to investigations of the process of fracture healing. OREF-funded research enhances clinical care, leading to improved health, increased activity, and a better quality of life for patients. To make a contribution to OREF's 2006 Annual Campaign, or for more information about OREF, please log on to [www.oref.org](http://www.oref.org).

## Gainsharing

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The OIG has been clear that it remains wary about the possibility of abuse, and will keep a close watch to ensure physicians aren't pressured into making decisions about which devices to use based on financial considerations.

## Doctors for Medical Liability Reform



IAOS encourages its members to visit the Doctors for Medical Liability Reform website at

[www.protectpatientsnow.org](http://www.protectpatientsnow.org) and sign the petition supporting federal legislation to reform the medical liability system.

## IAOS newsletter

Illinois Association of Orthopaedic Surgeons  
20 North Michigan Avenue, Suite 700  
Chicago, IL 60602

## IAOS Annual Meeting

The 2006 IAOS Annual meeting will be held in conjunction with Dr. Gordon Allan's Spring CME course, Current Issues in Orthopaedic Surgery 2006, on Friday, May 12, 2006, in Springfield, Illinois. Please check the IAOS website, [www.ilortho.org](http://www.ilortho.org), for updated meeting information.