Mesa® 2

Deformity Spinal System

Top-loading, low-profile spinal system featuring Zero-Torque Technology and offering a variety of screw types, coupled with instrumentation and poised to address difficult correction maneuvers for complex spinal pathologies.

- Dual-lead thread to enable faster insertion
- No profile above the rod
- Allows for one-step final locking
- Deformity Reduction Jack (Cricket) provides ability to accomplish correction maneuvers in all planes
- Instrumentation is designed to provide slow, controlled correction of spine, while distributing forces across entire construct
- Ability to segmentally or globally derotate spine to achieve axial plane correction
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**Symposia ▪ ePosters ▪ Videos ▪ Young Member Forum**

 AVAILABLE ONLINE FOR VIEWING
ABOUT POSNA

The Pediatric Orthopaedic Society of North America (POSNA) is a group of professionals comprised mostly of pediatric orthopaedic surgeons. We are board certified in orthopaedic surgery and have participated in additional training to become specialized in the care of children’s musculoskeletal health and our practice reflects this dedication. We, as a group, strive to become the authoritative source on such care through appropriate research that will lead to the best evidence-based patient care.

POSNA MISSION AND VISION STATEMENTS

**Mission:** To advance pediatric orthopaedics by promoting education, research, and quality care.

**Vision:** A world with optimal musculoskeletal health for all children.

CONNECT WITH POSNA DURING THE MEETING AND SHARE YOUR EXPERIENCES

#POSNA2021

Websites: POSNA.org, Orthokids.org, JPOSNA.org and POSNAcademy.org
Dear Colleagues,

On behalf of POSNA, it is my pleasure to welcome you to the 2021 Annual Meeting in Dallas, Texas.

What a year it’s been! We were all reminded of our human vulnerability when a single stranded sequence of RNA came upon us and changed the world. And while there has been terrible suffering, we are resilient creatures. The 2021 Annual Meeting is an example of that resilience. While this meeting may be in some ways different than previous year’s, there has been incredible excitement and pent-up demand to reconnect as colleagues and friends after a long, forced absence. POSNA 2021 will not disappoint.

The program committee of Woody Sankar (Chair), Matt Oetgen, Jeff Martus, and Nick Fletcher have organized an exceptional scientific program. Some of the meeting highlights you won’t want to miss include:

- **Our kick-off Pre-Course** titled “Optimizing performance throughout your orthopaedic career: How to take your practice to the next level in the clinic, operating room, and your institution”, developed and chaired by Lindsay Andras.

- The Opening Ceremony on Wednesday evening, highlighted with the Howard Steel Lecture presented by Jason Dorsey, a World-leading Gen Z and Millennial speaker, expert, and researcher. It also allows us to recognize our industry partners, and honor Robert Cady for the Humanitarian Award and Ken Noonan for the Special Effort and Excellence Award. A cocktail welcome reception will follow.

- The scientific program features 160 podium presentations. Meeting registrants will also have online access to 79 ePosters, 11 video abstracts and 5 symposia sessions.

- **New this year**, Subspecialty Day, chaired by Matt Oetgen, has been moved to Thursday morning and includes Spine, Hip, Sports, Upper Extremity, Foot, Trauma, Neuromuscular, and Lower Extremity sessions. This will be followed by a free afternoon to reconnect with friends and enjoy Dallas.

- The Friday morning session, which is always a meeting highlight, begins with the Clinical and Basic Science Award sessions. This year we will have the pleasure of honoring our 2020 (Behrooz Akbarnia) and 2021 (Lori Karol) Distinguished Achievement Award recipients and our 2020 (Lori Karol) and 2021 (Peter Newton) Presidential Speakers. Friday morning will conclude with the presidential transfer to incoming president Mininder Kocher.

- Saturday morning we’ve dedicated time to a special Diversity session, hosted by our newly created Diversity Committee. Corinna Franklin and Coleen Sabatini will chair “Advancing justice, equality, diversity, and inclusion in pediatric orthopaedics”.

Many thanks to local hosts Amy McIntosh and her husband, Richard McIntosh, and Daniel Sucato and his wife, Lisa Sucato for helping navigate planning during a difficult time. And please join me in thanking our entire POSNA staff for their efforts during a very tough year.

POSNA is alive and well.
Welcome back and welcome to Dallas!

Michael Vitale, MD, MPH
President, POSNA
BOARD OF DIRECTORS

PRESIDENT
Michael G. Vitale, MD, MPH
New York, NY

VICE-PRESIDENT
Jeffrey Sawyer, MD
Germantown, TN

PAST PRESIDENT
Steven L Frick, MD
Palo Alto, CA

PRESIDENT-ELECT
Mininder S Kocher, MD, MPH
Boston, MA

IMMEDIATE PAST PRESIDENT
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East Syracuse, NY

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Eric W. Edmonds, MD
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TREASURER
Michelle S Caird, MD,
Ann Arbor, MI

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Nashville, TN

MEMBER AT LARGE
Samantha Anne Spencer, MD
Boston, MA

JUNIOR MEMBER AT LARGE
Coleen S. Sabatini, MD
Oakland, CA

CHAIR, HEALTH CARE DELIVERY COUNCIL
Henry G. Chambers, MD
San Diego, CA

JUNIOR MEMBER AT LARGE
Joshua M Abzug, MD
Timonium, MD

MEMBER AT LARGE
Henry J Iwinski, MD
Lexington, KY

JUNIOR MEMBER AT LARGE
Julie B Samora, MD
Columbus, OH

CHAIR, QSVI COUNCIL
Kevin G. Shea, MD
Palo Alto, CA

CHAIR, EDUCATION COUNCIL
Matthew Oetgen, MD
Washington, DC

AAP REPRESENTATIVE
Ted Ganley, MD
Philadelphia, PA

CHAIR, RESEARCH COUNCIL
Unni Narayanan, MD, FRCSC
Toronto, ON, Canada

CHAIR, COMMUNICATIONS COUNCIL
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Pasadena, CA

IPOS® COURSE DIRECTOR
Todd A. Milbrandt, MD
Rochester, MN

HISTORIAN
William J. Shaughnessy, MD
Rochester, MN

JPO EDITOR IN CHIEF
Robert N. Hensinger, MD
Ann Arbor, MI
ACKNOWLEDGEMENTS

The Pediatric Orthopaedic Society of North America gratefully acknowledges the following for their generous financial support in 2021.

HOWARD STEEL FOUNDATION  
ST. GILE FOUNDATION  
ANGELA S.M. KUO MEMORIAL FUND

DOUBLE DIAMOND LEVEL ($150,000 +)

- Medtronic*
- OrthoPedeitics®
- Stryker
- Zimmer Biomet

DIAMOND LEVEL ($100,000-$149,999)

- DePuy Synthes*

PLATINUM LEVEL ($75,000-$99,000)

- NuVasive
- Orthofix

GOLD LEVEL ($50,000-$74,999)

- Shriners Hospitals for Children

SILVER LEVEL ($20,000-$49,999)

- Arthrex
- Globus Medical
- Pega Medical

BRONZE LEVEL ($1,000-$19,999)

- 7D Surgical
- Children’s Healthcare of Atlanta
- C-Pro Direct Ltd
- IPSEN BioPharmaceuticals
- New York-Presbyterian
- Pacira BioSciences
- Stanford Children’s Health

*Provided an Educational Grant for the Annual Meeting
MICHAEL VITALE, MD, MPH
PRESIDENT

Michael Vitale, MD MPH is the Ana Lucia Professor of Orthopedic and Neurosurgery and Vice Chief, (Quality and Strategy) of the Department of Orthopaedics at Columbia University Medical Center. He is also Chief of Pediatric Orthopaedics for the New York Presbyterian health system, where he has developed his clinical focus in the care of children with spinal deformity since joining the staff of the Morgan Stanley Children’s Hospital of New York in 2001.

Dr. Vitale received his undergraduate degree in biology and psychology from Trinity College and attended medical school at Columbia University’s College of Physicians & Surgeons, where he also completed a master’s degree in public health. He remained at Columbia for his residency training in Orthopaedic Surgery at NewYork-Presbyterian/Columbia University Irving Medical Center, followed by a fellowship in pediatric orthopaedics at the Children’s Hospital of Los Angeles.

Early in career, Dr. Vitale was chosen as an inaugural member of the AAOS Leadership Fellow Program as well as the POSNA Traveling Fellowship. He has served various roles in the POSNA BOD and has been the recipient of POSNA’s Arthur Huene Memorial Award, the Angela Kuo Award, and the Award for Special Effort.

Dr. Vitale has served as Chairman of the International Pediatric Orthopaedic Symposium and President of the Children’s Spine Foundation and Pediatric Spine Study Group. He founded the Project for Safety in Spine Surgery, which hosts the annual Summit for Safety in Spine Surgery. He is also an active member of the Scoliosis Research Society where he has chaired the Committee on Safety and the Committee on Pediatric Medical Devices.

In addition to his clinical practice, Dr. Vitale has made a lifelong commitment to clinical research with almost 200 peer-reviewed publications largely focused around pediatric spine surgery, and numerous related chapters and books.

Dr. Vitale serves on the Board of Crutches for Kids and Alexandra’s Playground, which he co-founded with his wife, Andrea. An avid skier, marathon runner, and recreational triathlete, Dr. Vitale’s biggest pleasure is spending his free time with his wife and four sons.
MININDER KOCHER, MD, MPH
INCOMING PRESIDENT

Dr. Kocher is the Chief of the Division of Sports Medicine and the O’Donnell Family Endowed Chair at Boston Children’s Hospital, and a Professor of Orthopaedic Surgery at Harvard Medical School.

He was born and raised in Rochester, NY. He graduated from McQuaid Jesuit High School where he has received the Father Noonan Distinguished Alumni Award. He graduated Phi Beta Kappa from Dartmouth College where he was a member of the basketball and track & field teams, and from the Duke University School of Medicine where he was a Davidson Scholar. He did his orthopaedic surgery residency at the Harvard Combined Orthopaedic Surgery Program. He completed clinical fellowships in pediatric orthopaedics at Boston Children’s Hospital and sports at the Steadman Hawkins Clinic in Vail, CO. He completed an MPH in clinical epidemiology at the Harvard School of Public Health and the program in leadership development at the Harvard Business School. He has been on staff at Boston Children’s Hospital since 2000.


His research focuses on clinical epidemiology and biostatistics. Dr. Kocher has published over 270 scientific peer-reviewed articles, 100 book chapters, and 7 textbooks. He has received research grants from the NIH, OREF, Aircast Foundation, AOSSM, and POSNA. He published a widely used algorithm to differentiate septic arthritis and transient synovitis of the hip in children, “Kocher Criteria.” He is the principal investigator for PLUTO, a prospective multicenter cohort study of ACL injuries in children. He has received numerous research awards including the Angela Kuo Award, the Arthur Heune Award, the Vernon Thompson Award, the Richard Kilfoyle Award, and the Kappa Delta Award.

He is an educator, teaching orthopaedic surgery, sports medicine, clinical epidemiology, and biostatistics to medical students, residents, fellows, and visiting orthopaedic surgeons. He is director of the sports medicine fellowship at Boston Children’s Hospital, core faculty for HCORP, and teaches in courses at Harvard Medical School and Harvard School of Public Health.

As a leader, Dr. Kocher is a Division Chief and on the PO Board at Boston Children’s Hospital. He served on the board of directors of AAOS and AOSSM. He founded and served as the second President of PRISM. He is an elected member of IPOTT, Herodicus Society, and the 20th Century Orthopaedic Association. Within POSNA, he has served on multiple committees and on the board of directors twice as at-large member and research council chair.

Personally, Dr. Kocher loves spending time with his wife, Mich, and five children (ages 12-22). They live at Frog Rock Farm with horses, sheep, ducks, bunnies, cats, and dogs. He enjoys anything in the outdoors (skiing, hiking, mountain biking, camping, and fishing) and coaching youth sports. His hobbies include tuning skis, chopping and stacking wood, and driving his Kubota tractor.
WELCOME FROM YOUR LOCAL HOSTS

Dear friends and fellow pediatric orthopedic surgeons,

Welcome to Dallas, TX Y’all!

We are looking forward to having you for the POSNA Annual Meeting from May 12-15, 2021. We had an impressive number of abstract submissions this year Therefore, the scientific program under the direction of our president, Michael Vitale, and program chair, Wudbhav (Woody) Sankar, is full of interesting and thought-provoking content. We also will have a fantastic Pre-Course coordinated by Lindsay Andras.

Everything is BIGGER in Texas! The Hilton Anatole boasts the new and beautiful JadeWaters. It offers plenty of spots for fun and relaxation, including: a splash and play area for kids, an amazing lazy river, two 180-ft. water slides, and 23-seat swim-up bar. There is also a spacious Sculpture Garden area outside the gates of JadeWaters.

Verandah Fitness Club is an on-property health and fitness center with cardio machines and strength-training room; a 25-meter, seven-lane indoor lap pool, basketball, racquetball, squash courts, cross-training and boxing gym; and whirlpools, eucalyptus steam, and dry sauna.

The city of Dallas has a variety of outdoor and indoor entertainment venues. Noteworthy outdoor activities include Klyde Warren Park, White Rock Lake, and the Arboretum. Take a walk/run or bike down the Katy Trail and stop at the Katy Trail Icehouse for a refreshing beverage.

Visit the historic Sixth Floor museum at Dealey Plaza to explore the life, assassination, and legacy of JFK. The nearby Dallas Museum of Art, Nasher Sculpture Center, Dallas World Aquarium, and Perot Science Museum are fun and educational ways to spend an afternoon.

Deep Ellum, Bishop Arts District, Trinity Groves, Highland Park Village, North Park, and the Galleria are areas to shop and eat. If you journey into Deep Ellum, do not forget to stop at Pecan Lodge for “mind blowing BARBEQUE”.

A short car or train ride (30 mins) to visit the home of America’s Team (The Dallas Cowboys) at A T & T Stadium or the world-famous Fort Worth Stock Yards will round out your TEXAS experience. Do not forget to get some authentic boots.

If you need any assistance, please do not hesitate to reach out. We look forward to seeing you soon.

Amy McIntosh, Local Host and Daniel Sucato, Local Host
GENERAL MEETING INFORMATION

LEARNING OBJECTIVES

Objective 1: Learn about the latest advances in pediatric orthopaedic surgery
Objective 2: Interact and learn with world-renowned thought leaders in the field
Objective 3: Use the information obtained to make improvements in your own practices

ACCREDITATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AAOS and Pediatric Orthopaedic Society of North America (POSNA). AAOS is accredited by the ACCME to provide continuing medical education for physicians.

CONTINUING MEDICAL EDUCATION

The American Academy of Orthopaedic Surgeons designates this live activity for a maximum of 16.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

5.4 hours may be used for external trauma-related CMEs. Presentations denoted with are eligible for these credits.

The Subspecialty Day is designated for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

FDA STATEMENT

Some drugs or medical devices demonstrated at this meeting may not have been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.

Academy policy provides that “off label” uses of a drug or medical device may be described in the Academy's CME activities so long as the “off label” use of the drug or medical device is also specifically disclosed (ie., it must be disclosed that the FDA has not cleared the drug or device for the described purpose). Any drug or medical device is being used “off label” if the described use is not set forth on the product's approval label.

Indicates those faculty presentations in which the FDA has not cleared the drug and/or medical device for the use described (ie. the drug or medical device is being discussed for an “off label” use).

DISCLOSURE

Each presenter in this meeting has been asked to disclose if he or she has received something of value from a commercial company or institution, which relates directly or indirectly to the subject of their presentation. An indication of the participant’s disclosure appears after his or her name as well as the commercial company or institution that provided the support. POSNA does not view the existence of these disclosed interests or commitments as necessarily implying bias or decreasing the value of the author’s participation in the meeting.
GENERAL MEETING INFORMATION

EVENT CANCELATION
Due to circumstances beyond our control, POSNA may elect to cancel Annual Meeting 2021. These circumstances may include but are not limited to disaster, severe weather, civil commotion or government laws or regulations. In the event of such cancelation, all Annual Meeting registrants will be notified by email at the address noted in the POSNA database; and registration fees will be refunded in full. Other costs incurred by the registrant, such as airline or hotel penalties, are the responsibility of the registrant.

LANGUAGE
English is the official language of POSNA.

LOST AND FOUND
Dial 7369 from a house phone and speak with Security Dispatch.

SAFETY INFORMATION

Emergency Numbers:
City Police Emergency: 911
Hotel internal emergency number: 111
City Police Non-Emergency: 214-744-4444
Poison Control: (800) 222-1222 (Nationwide)

Nearest Hospital and Urgent Care:
Parkland Hospital
1.6 miles
5200 Harry Hines Blvd, Dallas, TX 75235
(214) 590-8000

CVS Pharmacy
1.4 miles
4930 Maple Ave., Dallas, TX 75235
(214) 520-4840
Store Hours: 7 days a week
8:00 AM-10:00 PM
Pharmacy Hours:
M-F 8:00 AM-10:00 PM
Saturday 8:00 AM-6:00 PM
Sunday 10:00am-6:00 PM
ANNUAL MEETING VISION
To advance the musculoskeletal care of children worldwide through the discussion and dissemination of pediatric orthopaedic research.

ANNUAL MEETING MISSION
To be the preeminent international platform for the exchange of research and ideas related to the orthopaedic care of children.
GENERAL MEETING INFORMATION

STEP 1
COMPLETE YOUR DAILY HEALTH ATTESTATION SCREENING

STEP 2
SELF-SCAN YOUR QR CODE

STEP 3
DAILY TEMPERATURE SCREENING

MEETINGS.LIVE.AGAIN.
WITH SAFE EXPO YOU ARE ONE STEP CLOSER.
GENERAL MEETING INFORMATION

REGISTRATION

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<th>Time</th>
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<td>4:00 PM – 6:00 PM</td>
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<tr>
<td>Wednesday, May 12</td>
<td>7:00 AM – 5:00 PM</td>
</tr>
<tr>
<td>Thursday, May 13</td>
<td>6:30 AM – 12:00 PM</td>
</tr>
<tr>
<td>Friday, May 14</td>
<td>6:30 AM – 4:00 PM</td>
</tr>
<tr>
<td>Saturday, May 15</td>
<td>7:00 AM – 11:30 AM</td>
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ONSITE REGISTRATION FEES (US DOLLARS)

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<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>POSNA Member</td>
<td>$800</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$1400</td>
</tr>
<tr>
<td>Resident/Fellow*</td>
<td>$600</td>
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<tr>
<td>RN/PA/Allied Health</td>
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<tr>
<td>Delegates from Reduced Rate Countries: Low Income</td>
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<tr>
<td>Accompanying Person**</td>
<td>$350</td>
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<tr>
<td>Senior Members</td>
<td>$525</td>
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<td>Children 6-12, per child</td>
<td>$10</td>
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<tr>
<td>Children 13-17, per child</td>
<td>$100</td>
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EXHIBIT HALL

Join your colleagues in the Exhibit Hall for fellowship and discovery of new pediatric orthopaedic products and services. Meals and breaks will be served in the Exhibit Hall, located in Chantilly East.

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<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Wednesday, May 12</td>
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<tr>
<td>Thursday, May 13</td>
<td>6:30 AM – 12:00 PM</td>
</tr>
<tr>
<td>Friday, May 14</td>
<td>6:30 AM – 4:00 PM</td>
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</table>

SPEAKER READY ROOM

POSNA Requires all electronic presentations to be made using the central computer system. No Laptop computers will be allowed.

Note: All presentations (including concurrent sessions) MUST be uploaded in the Speaker Ready Room located in the Sapphire room.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
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<td>Thursday, May 13</td>
<td>7:00 AM – 12:00 PM</td>
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<tr>
<td>Friday, May 14</td>
<td>6:30 AM – 4:00 PM</td>
</tr>
<tr>
<td>Saturday, May 15</td>
<td>7:00 AM – 11:30 AM</td>
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</table>

POSNA MEMBERSHIP REQUIREMENT

Full meeting attendance at the 2021 Annual Meeting fulfills your POSNA membership meeting attendance requirement. Registration and attendance at only Pre-Course or Subspecialty Day does not meet the member meeting attendance requirement.

* Residents/Fellows must have the phone number and signature of their Chief of Service on their registration form to qualify for the reduced fee. Without a signature and phone number, you will be charged the non-member fee.

** Accompanying Persons must be registered to attend any function, including optional events.

*** Subspecialty Day registration is Thursday only, and includes breakfast and sessions.
# MEETING AT A GLANCE

## TUESDAY, MAY 11

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<thead>
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<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors Meeting</td>
<td>8:00 AM–1:00 PM</td>
<td>Wedgwood Ballroom</td>
</tr>
<tr>
<td>Registration</td>
<td>4:00 PM–6:00 PM</td>
<td>Chantilly Foyer</td>
</tr>
<tr>
<td>POPS Meeting</td>
<td>8:00 AM–5:00 PM</td>
<td>Coronado Ballroom</td>
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## WEDNESDAY, MAY 12

<table>
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<tbody>
<tr>
<td>Registration</td>
<td>7:00 AM–5:00 PM</td>
<td>Chantilly Foyer</td>
</tr>
<tr>
<td>Breakfast/Exhibits</td>
<td>7:00 AM–8:00 AM</td>
<td>Chantilly East</td>
</tr>
<tr>
<td>Pre-Course</td>
<td>8:00 AM–12:00 PM</td>
<td>Trinity Ballroom</td>
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<tr>
<td>Coffee Break/Exhibits</td>
<td>10:05 AM–10:25 AM</td>
<td>Chantilly East</td>
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<tr>
<td>Scientific Program</td>
<td>1:30 PM–5:30 PM</td>
<td>Trinity Ballroom</td>
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<tr>
<td>Coffee Break/Exhibits</td>
<td>3:20 PM–3:40 PM</td>
<td>Chantilly East</td>
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<tr>
<td>Opening Ceremony</td>
<td>6:30 PM–8:00 PM</td>
<td>Trinity Ballroom</td>
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<tr>
<td>Welcome Reception</td>
<td>8:00 PM–9:30 PM</td>
<td>Croquet Lawn</td>
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## THURSDAY, MAY 13

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<tr>
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<tr>
<td>Breakfast/Exhibits</td>
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<td><strong>Subspecialty Day</strong></td>
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<td>Hand/Foot</td>
<td>7:45 AM–12:00 PM</td>
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<td>Hip</td>
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<td>LE/Neuromuscular</td>
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<td>Spine</td>
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<td>Sports</td>
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<tr>
<td>Trauma</td>
<td>7:45 AM–12:00 PM</td>
<td>Coronado Ballroom</td>
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<tr>
<td>Coffee Break/Exhibits</td>
<td>9:45 AM–10:10 AM</td>
<td>Chantilly East</td>
</tr>
</tbody>
</table>

*FULL PROGRAM CAN BE FOUND ON THE 2021 MEETING APP*
## MEETING AT A GLANCE

### FRIDAY, MAY 14

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>6:30 AM–4:00 PM</td>
<td>Chantilly Foyer</td>
</tr>
<tr>
<td>Breakfast/Exhibits</td>
<td>6:30 AM–7:30 AM</td>
<td>Chantilly East</td>
</tr>
<tr>
<td>Scientific Program Papers</td>
<td>7:30 AM–11:00 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Coffee Break/Exhibits</td>
<td>9:48 AM–10:10 AM</td>
<td>Chantilly East</td>
</tr>
<tr>
<td>Distinguished Achievement Award 2020</td>
<td>11:00 AM–11:08 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Distinguished Achievement Award 2021</td>
<td>11:09 AM–11:17 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>2022 Meeting Highlights</td>
<td>11:18 AM–11:23 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Presidential Speaker 2020</td>
<td>11:24 AM–11:35 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Presidential Speaker 2021</td>
<td>11:36 AM–11:49 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Presidential Transfer</td>
<td>11:50 AM–12:00 PM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Business Meeting</td>
<td>12:15 PM–1:35 PM</td>
<td>Chantilly West</td>
</tr>
<tr>
<td>Concurrent Session Spine</td>
<td>2:00 PM–4:00 PM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Concurrent Session Sports</td>
<td>2:00 PM–4:00 PM</td>
<td>Chantilly West</td>
</tr>
<tr>
<td>Coffee Break/Exhibits</td>
<td>3:00 PM–3:20 PM</td>
<td>Chantilly East</td>
</tr>
</tbody>
</table>

### EVENING

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing Reception</td>
<td>7:00 PM–10:00 PM</td>
<td>Backyard Dallas</td>
</tr>
</tbody>
</table>

### SATURDAY, MAY 15

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>7:00 AM–11:30 AM</td>
<td>Chantilly Foyer</td>
</tr>
<tr>
<td>Breakfast</td>
<td>6:30 AM–7:45 AM</td>
<td>Chantilly East</td>
</tr>
<tr>
<td>POSNA Critical Issue Symposia</td>
<td>7:30 AM–8:43 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>POSNA Board Meeting</td>
<td>9:00 AM–10:00 AM</td>
<td>Wedgwood</td>
</tr>
<tr>
<td>Scientific Program</td>
<td>8:44 AM–11:36 AM</td>
<td>Trinity Ballroom</td>
</tr>
<tr>
<td>Break</td>
<td>10:00 AM–10:20 AM</td>
<td>Trinity Foyer</td>
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</tbody>
</table>

### MEMBER BUSINESS MEETING

All POSNA members are invited to attend the Member Business Meeting on Friday, May 14, 2021 from 12:15 PM to 1:35 PM.
**Stanford Excellence in Action**

**Presentations:**

Clubfoot Activity, Recurrence & Exercise (CARES): A Pilot Study
This study investigates whether patient/parent reported outcomes (PROs) and activity levels for children with clubfoot are different in patients treated for relapse. It also proposes a method to assess outcomes remotely. | Steven Frick, MD

Trans-articular versus Retro-articular Drilling of Stable Osteochondritis Dissecans of the Knee: A Prospective Randomized Controlled Trial by the ROCK Multicenter Study Group | Kevin Shea, MD, senior author

**Posters:**

Proof of Concept for Artificial Intelligence Based Estimation of Skeletal Maturity from Biplanar Slot Scan Scoliosis Imaging | John Vorhies, MD

Quantitative Assessment of the Medial Patellofemoral Complex: A Pediatric Cadaveric Study | Kevin Shea, MD

Learn more at [ortho.stanfordchildrens.org](http://ortho.stanfordchildrens.org) or by calling (844) 41-ORTHO.
DISCLAIMER
The material presented at the Annual Meeting has been made available by the Pediatric Orthopaedic Society of North America for educational purposes only. The material is not intended to represent the only, nor necessarily best, method or procedure appropriate for the medical situations discussed, but rather is intended to present an approach, view, statement or opinion of the faculty which may be helpful to others who face similar situations. POSNA disclaims any and all liability for injury or other damages resulting to any individual attending the Annual Meeting and for all claims which may arise out of the use of the techniques demonstrated therein by such individuals, whether these claims shall be asserted by physician or any other person.

INSURANCE / LIABILITIES
POSNA will not be held liable for personal injuries or for loss of or damage to property incurred by participants or guests at the Pre-Course or Annual Meeting, including those participating in tours and social events. Participants and guests are encouraged to take out insurance to cover losses incurred in the event of cancelation, medical expenses or damage to or loss of personal effects when traveling outside their own country.

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PHOTOGRAPHY
Registration and attendance at, or participation in, POSNA activities constitutes an agreement by the registrant to allow POSNA to capture, retain, and utilize (both now and in the future) the attendees’ image, likeness, voice, and actions, whether captured live or recorded and in any format, during the Annual Meeting, for display, exhibition, publication, or reproduction in any medium or context for any purpose, including but not limited to, POSNA member communications, commercial or promotional purposes.

NO SMOKING POLICY
Smoking is not permitted during any meeting or event.
# Levels of Evidence for Primary Research Questions

## Study Type
<table>
<thead>
<tr>
<th>Levels of Evidence for Primary Research Question1,2</th>
<th>Study Type</th>
<th>Question</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>Level V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic—Investigating a diagnostic test</td>
<td>Is this (early detection) test worthwhile?</td>
<td>• Randomized controlled trial</td>
<td>• Prospective cohort study</td>
<td>• Retrospective cohort study</td>
<td>• Case series</td>
<td>• Mechanism-based reasoning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is this diagnostic or monitoring test accurate?</td>
<td>• Testing of previously developed diagnostic criteria (consecutive patients with consistently applied reference standard and blinding)</td>
<td>• Development of diagnostic criteria (consecutive patients with consistently applied reference standard and blinding)</td>
<td>• Nonconservative patients</td>
<td>• Poor or nonindependent reference standard</td>
<td>• Mechanism-based reasoning</td>
<td></td>
</tr>
<tr>
<td>Prognostic—Investigating the effect of a patient characteristic on the outcome of a disease</td>
<td>What is the natural history of the condition?</td>
<td>• Inception cohort study (all patients enrolled at an early, uniform point in the course of the disease)</td>
<td>• Prospective cohort study (patients enrolled at different points in their disease)</td>
<td>• Retrospective cohort study</td>
<td>• Control arm of randomized trial</td>
<td>• Mechanism-based reasoning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does this treatment help? What are the harms?</td>
<td>• Randomized controlled trial</td>
<td>• Prospective cohort study</td>
<td>• Retrospective cohort study</td>
<td>• Case-control study</td>
<td>• Case series</td>
<td></td>
</tr>
<tr>
<td>Therapeutic—Investigating the results of a treatment</td>
<td>Does the intervention offer good value for dollars spent?</td>
<td>Computer simulation model (Monte Carlo simulation, Markov model) with inputs derived from Level-I studies, lifetime time duration, outcomes expressed in dollars per quality-adjusted life years (QALYs), and uncertainty examined using probabilistic sensitivity analyses</td>
<td>Computer simulation model (Monte Carlo simulation, Markov model) with inputs derived from Level-II studies, lifetime time duration, outcomes expressed in dollars per QALYs, and uncertainty examined using probabilistic sensitivity analyses</td>
<td>Computer simulation model (Markov model) with inputs derived from Level-II studies, relevant time horizon, less than lifetime, outcomes expressed in dollars per QALYs, and stochastic multilevel sensitivity analyses</td>
<td>Decision tree over the short time horizon with input data from original Level-II and III studies and uncertainty is examined by univariate sensitivity analyses</td>
<td>Decision tree over the short time horizon with input data informed by prior economic evaluation and uncertainty is examined by univariate sensitivity analyses</td>
<td></td>
</tr>
</tbody>
</table>

1. This chart was adapted from OCEBM Levels of Evidence Working Group, “The Oxford 2011 Levels of Evidence,” Oxford Centre for Evidence-Based Medicine, http://www.cebm.net/ocemb-levels-of-evidence/. A glossary of terms can be found here: http://www.cebm.net/glossary/.
2. Level-I through IV studies may be graded downward on the basis of study quality, imprecision, indirectness, or inconsistency between studies or because the effect size is very small; these studies may be graded upward if there is a dramatic effect size. For example, a high-quality randomized controlled trial (RCT) should have >80% follow-up, and proper randomization. The Level of Evidence assigned to systematic reviews reflects the ranking of studies included in the review (i.e., a systematic review of Level-I studies is Level II). Studies that are not randomized (oxygen therapy) are compared with those treated differently (e.g., placebo, meningiomas). Studies that are not randomized, comparative studies, for therapeutic studies, patients treated one way (e.g., treated hip prosthesis) are compared with those treated differently (e.g., cementless hip prosthesis).
3. Investigators formulated the study question after the first patient was enrolled.
4. In these studies, “cohort” refers to a nonrandomized comparative study. For therapeutic studies, patients treated one way (e.g., cemented hip prosthesis) are compared with those treated differently (e.g., cementless hip prosthesis).
5. Investigators formulated the study question after the first patient was enrolled.
6. Patients included for the study on the basis of their outcome (e.g., failed total hip arthroplasty), called “cases,” are compared with those who did not have the outcome (e.g., successful total hip arthroplasty), called “controls.”
7. Sufficient numbers are required to rule out a common harm (affects >20% of participants). For long-term harms, follow-up duration must be sufficient.

## References

POSNA 2021: Selected Presentations

Michael Vitale, MD
Looking Under the Hood: Factors that Drive Successful Study Group Participation and Publications in Pediatric Spine Programs

Katherine Rosenwasser, MD
The Atypical Clubfoot: Is it doomed from the start?

The largest study to date regarding the fate of the idiopathic atypical clubfoot treated from birth.

Christen Russo, MD
Promoting Bone Health in Communities: Early Use of Calcium and Vitamin D Supplements Health

Working towards guidelines and recommendations regarding calcium and Vitamin D supplementation in the pediatric orthopedic population.

Samuel Van de Velde, MD
Anatomic versus Non-anatomic Anterolateral Tenodesis in Combination with Anterior Cruciate Ligament Reconstruction: Sometimes Cheaper is Better

Columbia Pediatric Orthopedic Research Highlights

Benjamin Roye, MD
Establishing consensus on the best practice guidelines for the use of bracing in adolescent idiopathic scoliosis.

Joshua Hyman, MD
Evaluation of assessment of caregiver experience with neuromuscular disease: Reliability and responsiveness of a new caregiver-reported outcome measure in patients with cerebral palsy

Charles Popkin, MD
Cervical Spine Injuries in the Ice Hockey Player: Current Concepts in Epidemiology, Management, and Prevention

Lauren Redler, MD
MRI following medial patellofemoral ligament reconstruction: assessment of imaging features found with post-operative pain, arthritis, and graft failure

Paulo Selber, MD
Orthopedic Surgery in Dystonic Cerebral Palsy

“Our goal and mission at NewYork-Presbyterian and Columbia Orthopedics is to deliver the most exceptional care possible to young people with orthopedic problems.”

-Michael Vitale, MD, Chief of Pediatric Orthopedics and POSNA President
PRE-COURSE  Sponsored by NuVasive

Optimizing performance throughout your orthopaedic career: How to take your practice to the next level in the clinic, operating room, and your institution  
Chair: Lindsay Andras, MD

WEDNESDAY, MAY 12 — 8:00 AM–12:00 PM

DESCRIPTION
Practical advice for advancing your practice in clinical, operative, and administrative settings with words of wisdom from leaders in the field for junior, middle, and senior level faculty.

LEARNING OBJECTIVES
Upon completion of this program, participants should be able to:

**Objective 1:** Describe at least 3 new techniques for improving workflow in the clinic setting.

**Objective 2:** Identify ways to build team cohesiveness and improve patient safety in the operating room.

**Objective 3:** Develop techniques and terminology to tackle administrative tasks and negotiations.

ACCREDITATION
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. The American Academy of Orthopaedic Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

CONTINUING MEDICAL EDUCATION
The American Academy of Orthopaedic Surgeons designates this live activity for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PROGRAM

**SESSION I: CLINIC: FROM CHAOS TO COHESIVE CARE**

8:00 AM–9:15 AM  
**Moderators: Vishwas Talwalkar, MD & Ying Li, MD**

8:00 AM–8:05 AM  Introduction: Welcome & Overview  
Lindsay Andras, MD and Wudbhav Sankar, MD

8:05 AM–8:10 AM  Building volume: how to build a referral base with patients and pediatricians  
Dan Miller, MD
PRE-COURSE

8:10 AM–8:15 AM  Wow them with your website: Improving your online presence
Jonathan Schoenecker, MD, PhD

8:15 AM–8:20 AM  Surviving in the electronic era: my top EMR hacks
Jason Anari, MD

8:20 AM–8:25 AM  Leveraging Telehealth: how you and your patients can get the
most out of the virtual experience
Alfred Atanda, MD

8:25 AM–8:30 AM  Discussion

8:30 AM–8:35 AM  Secrets of successful coding & collecting: how to legally avoid
leaving money on the table
Michael Jofe, MD

8:35 AM–8:40 AM  Shining on Satisfaction Surveys: how to avoid being a Press
Ganey victim
Suken Shah, MD

8:40 AM–8:45 AM  Discussion

8:45 AM–9:05 AM  Better patient care through physician extender debate: What
your clinic needs is a…
Scribe - Jack Flynn, MD; RN - Benjamin Shore, MD, MPH, FRCSC
Nurse Practitioner - Meghan Imrie, MD
Physician’s Assistant - Ernest Sink, MD
Athletic Trainer - Matt Milewski, MD

9:05 AM–9:10 AM  Panel Discussion

SESSION II: OPERATING ROOM: BUILDING YOUR SKILLS AND YOUR TEAM

9:10 AM–10:05 AM  Moderator: Paul Sponseller, MD & Rachel Goldstein, MD

9:10 AM–9:15 AM  Transforming the B team into the A team: a survival guide for
junior attendings in the OR
Lindsay Andras, MD

9:15 AM–9:25 AM  Coaching and surgeon performance
Brandon Ramo, MD, Laura Bellaire, MD, and Vernon Tolo, MD

9:25 AM–9:30 AM  Building self-confidence and other skills: what surgeons can learn
from other professions
Laurel Blakemore, MD

9:30 AM–9:40 AM  Discussion
PRE-COURSE

WEDNESDAY, MAY 12 CONTINUED

9:40 AM–9:45 AM  Keep Calm and Be the Captain: How not to lose your cool when things get out of control  
Peter Newton, MD

9:45 AM–9:50 AM  Safety doesn’t happen by accident  
Michael Vitale, MD, MPH

9:50 AM–9:55 AM  Innovation with Ethics: How do we responsibly push the envelope in patient care  
A. Noelle Larson, MD

9:55 AM–10:00 AM  Discussion

10:05 AM–10:25 AM  Break

SESSION III: MASTERING BUSINESS ADMINISTRATION IN ORTHOPAEDICS

10:30 AM–11:55 AM  Moderator: Lori Karol, MD & Jaysson Brooks, MD

10:30 AM–10:35 AM  Saving yourself and others from bad meetings  
Nicholas Fletcher, MD

10:35 AM–10:45 AM  The art of negotiation: avoiding positional bargaining and getting to yes  
Pablo Castaneda, MD

10:45 AM–10:50 AM  Problem Partners: how to deal with a colleague that causes problems  
James McCarthy, MD

10:50 AM–10:55 AM  Discussion

10:55 AM–11:00 AM  Think and speak like you went to business school: the 10 min mini MMM  
David Skaggs, MD, MMM

11:00 AM–11:10 AM  The Missing 33%: how to talk to the C-suite  
Michelle Caird, MD

11:10 AM–11:15 AM  Crisis leadership: Lessons learned from the COVID pandemic  
Michael Glotzbecker, MD

11:15 AM–11:25 AM  Discussion

11:25 AM–11:55 AM  Panel Discussion: How and when to transition to the next phase: reflections from surgeons in or approaching retirement  
Vernon Tolo, MD, Tony Herring, MD, Stuart Weinstein, MD, Dennis Wenger, MD, and Stephen Ondra, MD
New Kids in Town

Orthofix® presents two new solutions under the JuniOrtho portfolio for lengthening and deformity correction for pediatric patients

FITBONE®
Not just a lengthening nail
The first lengthening nail cleared by the FDA for pediatric indications

JPS JUNIORTHO PLATING SYSTEM™
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Pre-planning with OrthoNext™ software allows a virtual deformity analysis, providing physicians with a prospective view

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OPENING CEREMONY

6:30 – 6:35 PM  Welcome
POSNA President: Michael G. Vitale, MD, MPH
Local Hosts: Daniel Sucato, MD, MS and Amy McIntosh, MD

6:35 – 6:40 PM  Introduction of Distinguished Guests
■ International Presidents
■ New Members
■ Distinguished Achievement Award Recipient
■ Presidential Guest Speaker
■ Board of Directors

6:40 – 6:45 PM  Introduction of POSNA Hall of Fame Inductees
Michael G. Vitale, MD, MPH

6:45 – 6:50 PM  Presentation of the St. Giles Young Investigator Award
Michael G. Vitale, MD

6:50 – 6:55 PM  Presentation of the Arthur H. Huene Award
Michael G. Vitale, MD, MPH

6:55 – 7:00 PM  Presentation of Angela S.M. Kuo Memorial Award
Michael G. Vitale, MD, MPH

7:00 – 7:05 PM  Presentation of the Humanitarian Award
Michael G. Vitale, MD, MPH

7:05 – 7:10 PM  Presentation of the Special Effort and Excellence Award
Michael G. Vitale, MD, MPH

7:10 – 7:25 PM  Recognition of Industry Sponsors
Michael G. Vitale, MD, MPH

7:25 PM  Introduction Steel Lecturer
Daniel Sucato, MD, MS

7:26 – 8:05 PM  2021 Steel Lecture
Crossing the Generational Divide
Jason Dorsey

8:05 – 9:30 PM  Welcome Reception
LORI KAROL, MD
2020 PRESIDENTIAL GUEST SPEAKER

Dr. Lori Karol is currently the Chief of Pediatric Orthopaedic Surgery at Children’s Hospital Colorado and professor of orthopaedic surgery at the University of Colorado. She earned her undergraduate and medical degrees at the University of Michigan and served her orthopaedic residency at Wayne State University in Detroit. Dr. Karol completed a fellowship in pediatric orthopaedics and scoliosis at the Texas Scottish Rite Hospital in Dallas. She served as the president of the Pediatric Orthopaedic Society of North America in 2015-2016.

Her clinical areas of interest include scoliosis, clubfoot, and the orthopaedic management of cerebral palsy. She has authored 93 peer reviewed manuscripts on topics ranging from early onset scoliosis, the orthotic management of scoliosis, the application of gait analysis in clubfoot. She has lectured widely both nationally and internationally.

Lori has been married to Bob Karol for over 35 years, and has three lovely and successful daughters, Molly, Leah, and Abby.

PETER NEWTON, MD
2021 PRESIDENTIAL GUEST SPEAKER

Dr. Peter Newton is a pediatric orthopedic surgeon with over 25 years of practice. He specializes in the care of childhood and adolescents with spinal deformities. Dr. Newton completed his undergraduate training in Bioengineering at UCSD before getting his medical degree from Southwestern Medical School in Dallas. He returned to UCSD for his orthopedic training and was back to Dallas at TSRH for his pediatric orthopaedic fellowship. He joined the pediatric orthopaedic group at the Children’s Hospital San Diego in 1994 and is the chief of the Orthopaedic division at Rady Children’s Specialist in San Diego, CA. He is also a clinical professor in the department of Orthopaedic Surgery at the University of California, San Diego. He is a past president of the Pediatric Orthopaedic Society of North America and the Scoliosis Research Society.

His clinical interests have been focused on novel treatments for scoliosis including: thoracoscopy in anterior thoracic spinal surgery, posterior methods designed to maximize the 3-dimensional correction of scoliosis as well as fusionless methods of spinal growth modulation. He leads the well-recognized Harms Study Group in their effort to produce influential multicenter scoliosis research and is president of the foundation, Setting Scoliosis Straight. In addition to clinical outcomes research, his laboratory has been involved in the basic science of spinal growth, biomechanical studies related to implants and 3-dimensional imaging methods and quality improvement.

Dr. Newton is committed to advancing the field through excellence of clinical care, education of future generations and, innovative research.
BEHROOZ AKBARINIA, MD
2020 DISTINGUISHED ACHIEVEMENT AWARD

Behrooz Akbarnia, MD graduated from Tehran University and continued his Orthopaedic Surgery residency at Albany Medical Center, including a year of Pediatric Orthopaedics under Dr. Howard Steel in Philadelphia. He then completed a Scoliosis and Spine Fellowship at Twin Cities Scoliosis Center with Dr. John Moe and colleagues. Dr. Akbarnia was Professor/Vice Chair of the Department of Orthopaedic Surgery at St. Louis University and Chief of Pediatric Orthopaedics at Cardinal Glennon Children’s Hospital in St. Louis, Missouri for 10 years before relocating to San Diego, California in 1990. There, he established his academic practice, created the San Diego Spine Fellowship Program and founded the San Diego Spine Foundation to support educational and research programs.

Dr. Akbarnia’s interest has been focused on spinal deformity, especially Early Onset Scoliosis, which started with POSNA/SRS Growing Rod Tutorials at Rady Children’s Hospital, San Diego. He then worked with other colleagues to establish the Growing Spine Study Group. GSSG recently merged with CSSG to become Pediatric Spine Study Group (PSSG), creating the world’s largest database of young children with spine deformities. In 2007, he established the International Congress on Early Onset Scoliosis (ICEOS), now in its 14th year. He has published several books including two editions of The Growing Spine Textbook (3rd Ed. in progress). His efforts have significantly affected the lives of young children with spinal deformity around the world.

He has helped many children globally with his innovations, developing new means for treating young children with spine deformity. His efforts comprise over 200 peer-reviewed publications, many book chapters, and presentations nationally and internationally. He has received the AAP Distinguished Service Award, SRS’s Blount Humanitarian and Lifetime Achievement Awards. He is past president of Scoliosis Research Society and is currently a Clinical Professor of Orthopedic Surgery at University of California, San Diego.

He and Nasrin married in 1968 and now reside in La Jolla, California. He is a proud father of three children and a grandfather of five.

LORI KAROL, MD
2021 DISTINGUISHED ACHIEVEMENT AWARD

Dr. Lori Karol is currently the Chief of Pediatric Orthopaedic Surgery at Children’s Hospital Colorado and professor of orthopaedic surgery at the University of Colorado. She earned her undergraduate and medical degrees at the University of Michigan and served her orthopaedic residency at Wayne State University in Detroit. Dr. Karol completed a fellowship in pediatric orthopaedics and scoliosis at the Texas Scottish Rite Hospital in Dallas. She served as the president of the Pediatric Orthopaedic Society of North America in 2015-2016.

Her clinical areas of interest include scoliosis, clubfoot, and the orthopaedic management of cerebral palsy. She has authored 93 peer reviewed manuscripts on topics ranging from early onset scoliosis, the orthotic management of scoliosis, the application of gait analysis in clubfoot. She has lectured widely both nationally and internationally.

Lori has been married to Bob Karol for over 35 years, and has three lovely and successful daughters, Molly, Leah, and Abby.
KENNETH NOONAN, MD, MHCDS
SPECIAL EFFORT AND EXCELLENCE AWARD

Dr. Noonan is the director of Pediatric Orthopaedics at the University of Wisconsin in Madison. Ken graduated from Luther College in Decorah, Iowa and Medical School from the University of Iowa in 1989. He performed his residency at the University of Iowa and is proud to have learned from Ignacio Ponseti, Stuart Weinstein, Fred Dietz, and other leaders in orthopaedics. He then spent a year in the Ponseti Laboratory studying growth plate chondrocytes as an NIH Training Grant Fellow. Ken counts his subsequent clinical fellowship year as being formative as his director, Chad Price, models the perfect synergy of art and science in the field.

After fellowship, Ken spent 5 years at Riley Children’s Hospital as an assistant professor. He has fond memories working, learning, and maturing with his partner Kos Kayes, and is honored to learn how to manage children with spina bifida from Richard Lindseth. In 2001, Ken and his family moved to Madison, Wisconsin to begin work at the University of Wisconsin and equally important; to be closer to family, cross country skiing, and trout. For the last 20 years in Madison, Ken has been practicing general pediatric orthopaedics that includes spine, upper extremity, neuromuscular, limb deformity, lower extremity, and oncologic reconstruction. His research and service has been equally diverse; every year he travels to Honduras to deliver care in this underserved country. Over time, Ken recognized an appreciation for the administration of health and just completed a Master’s in Health Care Delivery Science from Dartmouth College.

Ken considers POSNA as a second family and has been honored to have been selected as a Traveling Fellow, serve the family as a POSNA Junior Board Member, Secretary of the Board, and as the chair of multiple committees including the Program Committee, Specialty Day Committee, Industry Relations Committee, ECC Committee, By-Laws Committee, IPOS® Advisory Board, AAOS CME Courses Committee, and the AAOS Trauma Evaluation Committee. Ken’s passion for education lead him to chair multiple CME courses for POSNA and AAOS. Most recently, Ken has spearheaded the development of JPOSNA and is the initial Editor in Chief.

ROBERT CADY, MD
HUMANITARIAN AWARD

While in the library as a seventh grader at Levy Junior High School in Syracuse I read a book about Albert Schweitzer’s work in Africa and went home that day and told my mom I was going to be a doctor and work in Africa like Albert Schweitzer. That was always my goal and it never changed. After graduation from Hamilton college in 1967 and Upstate Medical School in 1971, Linda and I headed west where I was an intern at Multnomah County Hospital in Portland, Oregon. The patients that I cared for there were poor, and out of hope. I discovered that you didn’t have to work in Africa to find under served people to care for.

After internship I fulfilled my military obligation as a flight surgeon at Minot AFB North Dakota where I saw my first patient with a clubfoot while volunteering at the Four Bears Sioux reservation in nearby New Town, ND.

I switched my residency plans to orthopedics and was accepted into David Murray’s program in Syracuse. Following residency I did a fellowship at the Hospital for Sick Children in Toronto where I got to work with some of the finest pediatric orthopedic surgeons in the world, Drs. Bobechko, Salter, Rang, Moseley, Carroll and Gillespie. Subsequently I returned to Syracuse to develop the pediatric section of the orthopedic program.
My practice grew rapidly and I soon recruited John Lubicky and then Steve Albanese to join me. I could not have had better partners. We closed the pediatric orthopedic clinic and welcomed all the uninsured and poorly insured patients into our private practices. All of our patients received the same level of care regardless of their ability to pay.

I had always seen large numbers of babies with clubfeet, but after the Ponseti revolution, clubfoot treatment made up the bulk of my practice. With the success of Shafique Pirani and Norgrove Penny’s sustainable clubfoot treatment programs in Africa I decided to look for a country where I might have similar success. In 2009 at the suggestion of Kaye Wilkins and Scott Nelson I decided that Haiti was the place.

Haiti is a beautiful place with beautiful people who so much appreciate our efforts. With the help of CURE Clubfoot Worldwide (now Hope Walks), the Global Clubfoot Initiative, MiracleFeet, MD Ortho, PIA, and Clubfoot Solutions we have clubfoot clinics throughout Haiti managed by Haitian cast technicians, administrators, and Haitian orthopedic surgeons. Dr. Francel Alexis, the first Haitian member of POSNA, who works with Scott Nelson at Hopital Adventiste in Carrefour Haiti is our program director.

I’ve been very lucky to be a part of POSNA since its inception. There is not a finer group of human beings in the world than the members of POSNA. This award means everything to me and I thank you all from the bottom of my heart.

JASON DORSEY
STEEL LECTURER

Jason Dorsey is a pioneering Gen Z, Millennial, and generations speaker and researcher. He is on a mission to separate generational myth from truth through data to solve strategic challenges for leaders.

Jason has received more than 1,000 standing ovations for his unique presentations. He’s headlined events around the world, from India, Singapore and Switzerland to Chile and Finland, the UK, and France.

Jason has appeared as a generational expert on more than 200 TV shows such as 60 Minutes, 20/20, CNN, CNBC, The Early Show, The Today Show, along with hundreds more media interviews, including a New York Times cover story. Adweek calls him a “research guru.”

Acclaimed Generational Researcher

Jason is President of The Center for Generational Kinetics (CGK), the leading generational research, strategy, and consulting firm. CGK works with more than 100 clients annually to solve tough generational challenges—in areas from sales and marketing to recruiting and innovation.

CGK’s PhD-led team has conducted more than 65 generational studies on four continents in multiple languages. Jason and his team have repositioned global brands to win each generation. They’ve advised on multi-billion-dollar acquisitions and taken clients from last to first in both employee retention and customer growth.

Latest Bestselling Book


Jason is also a Millennial, married to a Gen X’er, and they have a Gen Z daughter!
Do you think surgical navigation is...

- Too complicated
- Too slow
- Too expensive
- Too much radiation

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Redefine.

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Contact@7DSurgical.com

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MK-00040
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<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>Institution</th>
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<tr>
<td>1:30–1:35 PM</td>
<td>Introduction and Opening Remarks</td>
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<tr>
<td>1:36–1:40 PM</td>
<td>GENERAL SESSION: HIP/INFECTION</td>
<td>Long-term Patient Reported Outcomes and Satisfaction with Surgery Deteriorate Significantly with Time After In Situ Epiphysiodesis for Slipped Capital Femoral Epiphysis</td>
<td>Patrick Whitlock, MD; Nicholas Auteri; Molly Uchtman</td>
<td>Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio</td>
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<tr>
<td>1:41–1:45 PM</td>
<td></td>
<td>Proximal Femoral Changes Related to Obesity: An analysis of SCFE Pathoanatomy</td>
<td>Travis Winston, MD; Andrew Landau; Pooya Hosseinzadeh, MD</td>
<td>Washington University School of Medicine, Saint Louis, Missouri</td>
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<tr>
<td>1:46–1:50 PM</td>
<td></td>
<td>Femoral Neck Growth and Remodeling with Free-Gliding Screw Fixation of Slipped Capital Femoral Epiphysis</td>
<td>Kevin Morash; Benjamin Orlik; Ron El-Hawary, MD; Luke Gauthier, MD; Karl Logan, MBChB; IWK Health Centre, Halifax, N.S., Canada</td>
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<tr>
<td>1:51–1:59 PM</td>
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<td>Discussion</td>
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<tr>
<td>2:00–2:04 PM</td>
<td></td>
<td>Is there a benefit to weaning Pavlik Harness treatment in infantile DDH?</td>
<td>Wudbhav Sankar, MD; Joshua Bram; Shivani Gohel; Pablo Castaneda, MD</td>
<td>Children’s Hospital of Philadelphia, Philadelphia, PA</td>
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<tr>
<td>2:05–2:09 PM</td>
<td></td>
<td>Comparison of Acetabular Morphology Changes in Pediatric Pelvic Osteotomies using Patient-Specific 3-D Models</td>
<td>Vidyadhar Upasani, MD; Samuel Baird; Jason Caffrey; Harsha Bandaralage; James Bomar, MPH; Christine Farnsworth, MS</td>
<td>Rady Children’s Hospital - San Diego, San Diego, CA</td>
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<td>Time</td>
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<td>Authors</td>
<td>Institutions</td>
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<td>6</td>
<td>2:10 PM–2:14 PM</td>
<td>Outpatient Bryant’s Overhead Traction Does Not Affect the Rate of Open Reduction or Avascular Necrosis in Developmental Dislocation of the Hip</td>
<td>John Birch, MD; Emily Elerson; William Pierce; Sean Hinds; Benjamin Martin, MD; Ryan Muchow, MD</td>
<td>Texas Scottish Rite Hospital for Children, Dallas, Texas</td>
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<td></td>
<td>2:15 PM–2:23 PM</td>
<td>Discussion</td>
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<td>7</td>
<td>2:24 PM–2:28 PM</td>
<td>Rate of Concomitant Cellulitis and Osteoarticular Infections in a Pediatric Population</td>
<td>Claire Ryan; Christopher Souder, MD; Matthew Ellington, MD</td>
<td>University of Texas at Austin Dell Medical School, Austin, Texas</td>
</tr>
<tr>
<td>8</td>
<td>2:29 PM–2:33 PM</td>
<td>Practice Variation in the Surgical Management of Children with Non-Abscess Forming Acute Osteomyelitis: Policy or Clinical Judgement</td>
<td>Vidyadhar Upasani, MD; Jessica Burns, MD; Tracey Bastrom, MA; Keith Baldwin, MD; Jonathan Schoenecker MD, PhD; Benjamin Shore, MD, MPH, FRCSC; CORTICES Study Group</td>
<td>Rady Children’s Hospital, San Diego, San Diego, California</td>
</tr>
<tr>
<td>9</td>
<td>2:34 PM–2:38 PM</td>
<td>The Utility of Routine Radiographic Monitoring in Pediatric Osteoarticular Infections</td>
<td>Christopher Gajewski; Nicholas Gajewski; Alexander Upfill-Brown; Rachel Thompson, MD; Mauricio Silva, MD</td>
<td>University of California, Los Angeles, Los Angeles, CA</td>
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<td>2:39 PM–2:47 PM</td>
<td>Discussion</td>
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<tr>
<td>10</td>
<td>2:48 PM–2:52 PM</td>
<td>The Use of Biomarkers in Early Diagnosis of Septic Arthritis and Osteomyelitis</td>
<td>Michelle Mo, MD; Farshid Guilak; Alexis Elward; Kim Quayle; Dominic Thompson; Kirsten Brouillet; Scott Luhmann, MD</td>
<td>St. Louis Children’s Hospital, Saint Louis, MO</td>
</tr>
</tbody>
</table>
11 2:53 PM–2:57 PM  
**Outcome of Surgical Excision in Patients with Fibro-Adipose Vascular Anomaly**

*Samantha Spencer, MD; Jirawat Saengsin; Kemble Wang, MD; Patricia Miller, MS; Nicholas Sullivan; Blair Stewig; Megan Anderson, MD*  
Department of Orthopaedic Surgery, Boston Children’s Hospital, Harvard Medical School, Boston, MA

12 2:58 PM–3:02 PM  
**Spinal Involvement and Vertebral Deformity in patients with Chronic Recurrent Multifocal Osteomyelitis**

*Nathan Donaldson, DO; Nathan Rogers, MPH; Jennifer Soep*  
Children's Hospital Colorado, Aurora, CO

3:03 PM–3:11 PM  Discussion

3:20 PM–3:40 PM  Break

### GENERAL SESSION: TRAUMA

*Moderator: Charles Mehlman, DO, MPH*  
*Co-Moderator: Christine Ho, MD*

13 3:48 PM–3:52 PM  
**Surgical Technique: Medial Pinning in Pediatric Supracondylar Humerus Fractures via the Mini-Open Technique—Safer Than We Thought?**

*Andrew Rees; Jacob Schultz; Lucas Wollenman; Stephanie Moore-Lotridge, PhD; Jonathan Schoenecker MD, PhD; Gregory Mencio, MD*  
Vanderbilt University Medical Center, Nashville, Tennessee

14 3:53 PM–3:57 PM  
**Intraoperative Internal Rotation Stress Test in Displaced Pediatric Supracondylar Humerus Fractures Improves Outcomes**

*Andrew Rees; Jacob Schultz; Lucas Wollenman; Stephanie Moore-Lotridge PhD; Jeffrey Martus, MD; Gregory Mencio, MD; Jonathan Schoenecker MD, PhD*  
Monroe Carell Jr. Children’s Hospital at Vanderbilt University Medical Center, Nashville, Tennessee
**SCIENTIFIC PROGRAM**

**WEDNESDAY, MAY 12 CONTINUED**

**15**
3:58 PM–4:02 PM

**Functional Outcomes of Operative vs Non-operative Treatment of Displaced Proximal Humerus Fractures in Adolescents: Early Results from a Multicenter Prospective Study**

*Pooya Hosseinzadeh, MD; Andrew Landau; Rachel Goldstein, MD; Julia Sanders, MD; Jaime Denning, MD; Vidyadhar Upasani, MD; Keith Baldwin, MD*

*Washington University School of Medicine, Saint Louis, Missouri*

**4:03 PM–4:11 PM**

Discussion

**16**
4:12 PM–4:16 PM

**Operative Versus Non-operative Treatment of Z-Type Comminuted Clavicle Fractures in Adolescents: A Sub-stratified Cohort Analysis**

*Coleen Sabatini, MD, MPH; Eric Edmonds, MD; Elizabeth Liotta; Katelyn Hergott; Donald Bae, MD; Michael Busch, MD; Henry Ellis, MD; Mininder Kocher, MD, MPH; G Li, MD; Jeffrey Nepple, MD; Nirav Pandya, MD; Andrew Pennock, MD; Crystal Perkins, MD; David Spence, MD; David Williams PhD; Samuel Willimon, MD; Philip Wilson, MD; Benton Heyworth, MD*

*Children’s Hospital Boston, Boston, MA*

**17**
4:17 PM–4:21 PM

**Comparative Effectiveness of Non-operative Versus Operative Treatment for Completely Displaced Clavicle Shaft Fractures in Children**

*Charles Mehlman, DO; Shital Parikh, MD*

*Cincinnati Children’s Hospital Medical Center, Cincinnati, OH*

**18**
4:22 PM–4:26 PM

**Changes in Superior Displacement, Angulation, and Shortening in the Early Phase of Healing for Completely Displaced Midshaft Clavicle Fractures in Adolescents: Results from a Prospective, Multicenter Study**

*Jeffrey Nepple, MD; Andrew Pennock, MD; Benton Heyworth, MD; Tracey Bastrom MA; Donald Bae, MD; Michael Busch, MD; Eric Edmonds, MD; Henry Ellis, MD; Mininder Kocher, MD, MPH; G Li, MD; Elizabeth Liotta; Nirav Pandya, MD; Crystal Perkins, MD; Coleen Sabatini, MD, MPH; David Spence, MD; Samuel Willimon, MD; David Williams, PhD; Philip Wilson, MD*

*Rady Children’s Hospital, San Diego, CA*

**4:27 PM–4:35 PM**

Discussion
<table>
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<th>Session</th>
<th>Time</th>
<th>Title</th>
<th>Presenters</th>
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<tr>
<td>19</td>
<td>4:36 PM–4:40 PM</td>
<td>Management of Syndesmotic Injuries in Children and Adolescents: Results of a Cross-Sectional Survey</td>
<td>Caroline Williams; Benjamin Shore, MD, MPH, FRCSC; Nicholas Sullivan; Blair Stewig; Dennis Kramer, MD; Yi-Meng Yen, MD; Collin May, MD; CORTICES Study Group</td>
<td>Boston Children’s Hospital, Boston, MA</td>
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<tr>
<td>20</td>
<td>4:41 PM–4:45 PM</td>
<td>Suture-button versus Screw Fixation of the Tibiofibular Syndesmosis in Adolescent Ankle Injuries</td>
<td>Benjamin Lurie; Conner Paez; Shayna Howitt; Andrew Pennock, MD</td>
<td>Rady Children’s Hospital, San Diego, San Diego, California</td>
</tr>
<tr>
<td>21</td>
<td>4:46 PM–4:50 PM</td>
<td>Incidence and Risk Factors for Acute Compartment Syndrome in Pediatric Tibia Fractures</td>
<td>Mitchel Obey; Maksim Shlykov; Margaret Smythe; Katelin Nickel; Matt Keller; Pooya Hosseinzadeh, MD</td>
<td>Washington University School of Medicine, Saint Louis, Missouri</td>
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<td>4:51 PM–4:59 PM</td>
<td>Discussion</td>
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<td>22</td>
<td>5:00 PM–5:04 PM</td>
<td>Clinical Scaphoid Fractures in Children: A prospective radiological study</td>
<td>Sasha Carsen, MD; Kevin Smit, MD; Holly Livock; Zoe Rubin; Ken Tang; Kerri Highmore; Khalidoun Koujok; Kevin Cheung</td>
<td>CHEO, Ottawa, Ontario, Canada</td>
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<tr>
<td>23</td>
<td>5:05 PM–5:09 PM</td>
<td>Use of well-leg traction in the treatment of displaced femoral neck fractures in the pediatric population provides a practical alternative to the peroneal post</td>
<td>Courtney Selberg, MD; Nathan Donaldson, DO; Rachael Martino, BA; Nathan Rogers, MPH</td>
<td>Children’s Hospital Colorado, Aurora, Colorado</td>
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<tr>
<td>24</td>
<td>5:10 PM–5:14 PM</td>
<td>Evaluation and Treatment of Pediatric Pelvic Ring Injuries</td>
<td>Elizabeth Davis; Shiraz Younas, MD</td>
<td>McGovern Medical School, Houston, Texas</td>
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<td>5:15 PM–5:23 PM</td>
<td>Discussion</td>
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### HAND SUBSPECIALTY DAY

**Period 1: 7:50 AM–9:40 AM**

*Chair: Joshua Abzug, MD*

*Co-Chair: Mary Claire Manske, MD*

*Co-Chair: Christine Ho, MD*

*Co-Chair: Julie Samora, MD*

Pediatric upper extremity surgeons manage a wide variety of conditions, including congenital, neuromuscular, and traumatic disorders. Clinical and diagnostic work-up, surgical indications, and treatment approach are often controversial. This session will include six high-quality abstract presentations, a panel discussion of challenging cases, and presentation on pediatric upper extremity surgery in low-resource countries.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:45 AM</td>
<td><strong>Welcome and Remarks</strong></td>
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<tr>
<td>7:50 AM</td>
<td><strong>Long-Term Results for Surgically Treated Radial Polydactyly</strong></td>
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<td><em>Takehiko Takagi, MD</em></td>
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<td><em>National Center for Child Health and Development, Tokyo, Japan</em></td>
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<tr>
<td>7:55 AM</td>
<td><strong>A practical algorithm for radial polydactyly</strong></td>
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<td><em>Chia-Hsieh Chang, MD</em></td>
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<td><em>Chang Gung Memorial Hospital, Taoyuan city, Taiwan</em></td>
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<td>8:00 AM</td>
<td><strong>Reliability of Masada Classification for forearm involvement in</strong></td>
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<td><em>patients with Hereditary Multiple Osteochondromas (HMO)</em></td>
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<td><em>Carley Vuillermin, FRACS; Maria Canizares; Lindley Wall, MD; Suzanne Steinman, MD; Ann Van Heest</em></td>
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<td><em>Boston Children’s Hospital, Boston, MA</em></td>
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<tr>
<td>8:05 AM</td>
<td><strong>Discussion</strong></td>
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<tr>
<td>8:15 AM</td>
<td><strong>Outcomes of Biceps Rerouting for Forearm Supination</strong></td>
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<td><em>Contractures in Brachial Plexus Birth Injury</em></td>
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<td><em>Mary Claire Manske, MD; Cory Pham; Michelle James, MD</em></td>
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<td><em>Shriners Hospital for Children Northern California,</em></td>
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<td><em>Sacramento, California</em></td>
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### Subspecialty Day Programs

**Thursday, May 13 Continued**

#### 29
8:20 AM–8:24 AM  
*Why the Knife? Reasons Children and their Families Choose Surgery for Ganglion Cysts*  
Jennifer Ty, MD; Joshua Bram; David Falk; Benjamin Chang; Ines Lin; Faris Fazal; Apurva Shah, MD  
Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania

#### 30
8:25 AM–8:29 AM  
*The Radiocoronoid line - a novel technique for diagnosing radiocapitellar dislocation*  
Kenneth Pak Leung Wong; Daniel JiaDong; Ling Hui Tay; Nicole Lee; Arjandas Mahadev, FRCS  
KK Women’s and Children’s Hospital, Singapore, Singapore

8:30 AM–8:38 AM  
Discussion

8:38 AM–8:43 AM  
Introduction  
Joshua Abzug, MD and Mary Claire Manske, MD

8:44 AM–8:54 AM  
Case Discussion 1  
Joshua Abzug, MD and Mary Claire Manske, MD  
Panel: Sebastion Farr, MD, Carly Vuillermin, MD, Chris Stutz

8:55 AM–9:05 AM  
Case Discussion 2  
Joshua Abzug, MD and Mary Claire Manske, MD  
Panel: Sebastion Farr, MD, Carly Vuillermin, MD, Chris Stutz

9:06 AM–9:16 AM  
Case Discussion 3  
Joshua Abzug, MD and Mary Claire Manske, MD  
Panel: Sebastion Farr, MD, Carly Vuillermin, MD, Chris Stutz

9:17 AM–9:27 AM  
Case Discussion 4  
Joshua Abzug, MD and Mary Claire Manske, MD  
Panel: Sebastion Farr, MD, Carly Vuillermin, MD, Chris Stutz

9:28 AM–9:40 AM  
International Outreach Missions in Pediatric Hand Surgery  
Scott Kozin, MD

9:45 AM–10:10 AM  
Break
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

FOOT SUBSPECIALTY DAY

Period 2: 10:18 AM – 11:52 AM

Chair: Derek Kelly, MD
Co-Chair: Maryse Bouchard, MD
Co-Chair: Joshua Hyman, MD

The Pediatric and Adolescent Foot Imaging discussion and case presentations will focus on new MRI techniques for foot disease and deformity, weight bearing CT indications and benefits, and ultrasound uses. Then we will discuss minimally invasive techniques for pediatric and adolescent forefoot and hindfoot reconstruction including bunion repair and calcaneal osteotomy.

31 10:18 AM–10:22 AM  Pediatric Posterior Ankle Impingement- Arthroscopic Management and Outcomes: A Prospective Study
Indranil Kushare, MD; Ramesh Ghanta; Jorge Gomez; Kristen Kastan; Tracie Stone; Sachin Allahabadi, BA; Scott McKay, MD
Texas Children’s Hospital, Houston, Texas

Brett Heldt; Isaiah Roepe; Elsayed Attia; Vinitha Shenava, MD; Jaclyn Hill, MD
Texas Children’s Hospital, Houston, TX

33 10:28 AM–10:32 AM  A Retrospective Analysis of Nonoperative Treatment of Idiopathic Toe Walking: Outcomes and Predictors of Success
Maryse Bouchard, MD; John Bartoletta; Elaine Tsao, MD
Seattle Children’s Hospital, Seattle, WA

10:33 AM–10:41 AM  Discussion

34 10:42 AM–10:46 AM  Talectomy for the Treatment of Rigid Non-idiopathic Clubfoot Deformity: Long-Term Follow-Up
Jill Larson, MD
Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, IL
35
10:47 AM–10:51 AM  Clubfoot Activity, Recurrence & Exercise (CARES): A Pilot Study
This study investigates whether patient/parent reported outcomes (PROs) and activity levels for children with clubfoot are different in patients treated for relapse. It also proposes a method to assess outcomes remotely.
Steven Frick, MD; Ghida El-Banna; Nicole Segovia
Stanford University, Stanford, CA

36
10:52 AM–10:56 AM  The Atypical Clubfoot: Is it doomed from the start?
Katherine Rosenwasser; Nickolas Nahm, MD; John Herzenberg, MD
Sinai Hospital of Baltimore/Lifebridge Health, Baltimore, Maryland

10:57 AM–11:05 AM  Discussion

11:05 AM–11:18 AM  Pediatric and Adolescent Foot Imaging: Beyond the X-ray
L. Reid Nichols, MD

11:18 AM–11:28 AM  Q&A / Cases
Derek Kelly, MD

11:29 AM–11:41 AM  Minimally Invasive Techniques in Pediatric Foot Surgery
Alastair Younger, MD

11:42 AM–11:52 AM  Q&A / Cases
Maryse Bouchard, MD

HIP SUBSPECIALTY DAY
Sponsored by OrthoPediatrics

Period 1: 7:50 AM–9:40 AM
Management of Uncommon Hip Conditions
Chair: Rachel Goldstein, MD
Co-Chair: Scott Rosenfeld, MD
This session will focus on how to approach less common hip conditions. Expert hip surgeons will discuss their approach to managing complex, uncommon hip problems.

7:45 AM–7:49 AM  Welcome and Remarks

37
7:50 AM–7:54 AM  Acetabular Coverage Decreases at the End of Skeletal Growth: a 3D CT Study of Healthy Hips
Ethan Ruh; April Krivoniak; Michael McClincy, MD
University of Pittsburgh, Pittsburgh, PA
<table>
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<th>Time</th>
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<th>Authors</th>
<th>Institution</th>
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<tr>
<td>7:55 AM</td>
<td>Patients That Undergo Concomitant Hip Arthroscopy and Periacetabular Osteotomy Obtain Minimal Clinically Important Difference More Than Patients That Undergo Isolated Periacetabular Osteotomy: An analysis of 231 hips</td>
<td>Anthony Essilfie; Stacy Robustelli, BS; Ernest Sink, MD</td>
<td>The Hospital for Special Surgery, New York, NY</td>
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<tr>
<td>8:00 AM</td>
<td>Intermediate Term Results of Combined Surgical Dislocation and Periacetabular Osteotomy for Complex Perthes Deformities: Can We Save the Hip?</td>
<td>Serena Freiman; Jeffrey Nepple, MD; Gail Pashos; Perry Schoenecker, MD; John Clohisy, MD</td>
<td>Washington University School of Medicine, St. Louis Missouri</td>
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<tr>
<td>8:05 AM</td>
<td>Discussion</td>
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<tr>
<td>8:15 AM</td>
<td>Analyzing Impingement Patterns and Planning Corrective Osteotomy Using Patient-specific 3-Dimensional CT Models for Collision Detection in Patients with Severe Slipped Capital Femoral Epiphysis</td>
<td>Till Lerch; Florian Schmaranzer; Moritz Tannast; Klaus Siebenrock, MD; Simon Steppacher; Daniel Maranho, MD; Young Kim, MD; Eduardo Novais, MD</td>
<td>Boston Children’s Hospital, Boston, MA</td>
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<tr>
<td>8:20 AM</td>
<td>Surgical Hip Dislocation Combined with Femoral Head Osteoplasty and Intertrochanteric Osteotomy as a Delayed Reconstruction of Slipped Capital Femoral Epiphysis (SCFE)-induced femoroacetabular impingement (FAI): a 10-year Experience</td>
<td>Houssam Bouloussa; Sunny Parekh; Muzaffar Ali; Landon Cluts; Michael McClincy, MD; Patrick Bosch, MD</td>
<td>Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, PA</td>
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<tr>
<td>8:25 AM</td>
<td>Capital Realignment for High Grade Slips Using Anterior Approach and Subcapital Osteotomy</td>
<td>Sandeep Patwardhan, MD; Dr. Ashok Shyam; Parag Sancheti</td>
<td>Sancheti Institute for Orthopaedics &amp; Rehabilitation, Pune, India</td>
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SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

8:30 AM–8:38 AM Discussion

8:38 AM–8:41 AM Introduction
Scott Rosenfeld, MD

8:42 AM–8:49 AM Downs Syndrome Hip Instability
Ira Zaltz, MD

8:50 AM–8:57 AM Non-Perthes Avascular Necrosis of the Femoral Head
Harry Kim, MD

8:58 AM–9:05 AM Bladder Exstrophy
Paul Sponseller, MD

9:06 AM–9:15 AM Hip Deformity in Skeletal Dysplasia
Vernon Tolo, MD

9:16 AM–9:23 AM Femoral Head Osteochondral Defects
Andrea Spiker, MD

9:24 AM–9:40 AM Questions
Scott Rosenfeld, MD

9:45 AM–10:10 AM Break

HIP SUBSPECIALTY DAY (CONTINUED)

Period 2: 10:18 AM – 11:58 AM
The Natural History of Common Hip Conditions
This section will focus on the natural history of common pediatric hip conditions.

43
10:18 AM–10:22 AM The Role of the Artery of Ligamentum Teres in Revascularization in Legg-Calve-Perthes Disease
William Morris, MD; Angel Valencia; Molly McGuire; Harry Kim, MD
Texas Scottish Rite Hospital for Children, Dallas, TX

44
10:23 AM–10:27 AM Hip morphology in early-stage LCPD: Is there an argument for anatomic-specific containment?
Wudbhav Sankar, MD; Courtney Selberg, MD; Joshua Bram; Patrick Carry; Rachel Goldstein, MD; Tim Schrader, MD; Jennifer Laine, MD; Harry Kim, MD
Children’s Hospital of Philadelphia, Philadelphia, PA
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

45
10:28 AM–10:32 AM  Reliability and Validity of Assessment of Legg-Calve-Perthes Disease Hypoperfusion with Perfusion MRI
David Chong, MD; Tim Schrader, MD; Jennifer Laine, MD; Scott Yang, MD; Shawn Gilbert, MD; Harry Kim, MD
International Perthes Study Group, Dallas, TX

10:33 AM–10:41 AM  Discussion

46
10:42 AM–10:46 AM  Self-Reported Physical Function Doesn’t Correlate with Pain or Functional Limitations in Adolescents Undergoing Hip Preservation Surgery
Wilshaw Stevens; Kirsten Tulchin-Francis, PhD; David Podeszwa, MD
Scottish Rite for Children, Dallas, TX

10:47 AM–10:51 AM  Acetabular development following treatment of developmental hip dysplasia: Does the addition of bony surgery at index procedure decrease risk of secondary surgery?
Ernest Sink, MD; Rachael Martino, BA; Aaron Brandt; Patrick Carry; Courtney Selberg, MD
Children’s Hospital Colorado, Aurora, Colorado

48
10:52 AM–10:56 AM  Quasi-static MRI Motion Analysis to Study Hip Translation and Its Association with Hip Rotation and Morphology
Young Jo Kim, MD; Alireza Emami; Shayan Hosseinzadeh; Eduardo Novais, MD; Ata Kiapour
Boston Children’s Hospital, Boston, MA

10:57 AM–11:05 AM  Discussion

11:05 AM–11:08 AM  Introduction
Rachel Goldstein, MD

11:09 AM–11:15 AM  Adolescent/Young Adult Hip Dysplasia
Stuart Weinstein, MD

11:16 AM–11:22 AM  Legg-Calvé-Perthes Disease
Jennifer Laine

11:23 AM–11:28 AM  Slipped Capital Femoral Epiphysis
Michael Millis, MD
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

11:29 AM–11:35 Femoroacetabular Impingement
Cara Beth Lee, MD

11:36 AM–11:58 Questions
Rachel Goldstein, MD

NEUROMUSCULAR SUBSPECIALTY DAY

Period 1: 7:50 AM – 9:40 AM
Chair: Andrew Georgiadis, MD
Co-Chair: Benjamin Shore, MD, MPH, FRCSC
Co-Chair: Lane Wimberly, MD

This session will be a mixture of scientific presentations and discussion on the orthopaedic care of patients with neuromuscular disorders. A variety of topics will be presented, including the optimization of patients for surgical intervention, approaches to ambulatory patients with gait impairment, orthopaedic care in patients with Spina Muscular Atrophy, and a journal club of influential publications from the preceding year.

7:45 AM–7:49 AM Welcome and Remarks

49 7:50 AM–7:54 AM Severe Hip Subluxation in Non-Ambulatory Cerebral Palsy (CP): What Factors Lead to Lasting Success Of Reduction?
Kristen Carroll, MD; Alyssa Thorman; Whitney Moss; Bruce MacWilliams; Matthew Talmage; Mark McMulkin; Glen Baird, MD; Alan Stotts, MD
Shriners Hospital for Children- Salt Lake City, Salt Lake City, UT

50 7:55 AM–7:59 AM 3-D Acetabular Morphology of the Neuromuscular Hip: Implications for Pre-operative Planning
Megan Severson, MD; Harsha Bandaralage; James Bomar, MPH; Christine Farnsworth, MS; Vidyadhar Upasani, MD
Rady Children’s Hospital–San Diego, San Diego, CA

51 8:00 AM–8:04 AM Hip Pain and Scoliosis in Non-Ambulatory Children with SMA
Nickolas Nahm, MD; Rewais Hanna; Melissa Bent, MD; Karen Patterson; Sarah Sund, BS; Mary Schroth; Matthew Halanski, MD
University of Wisconsin, Madison, WI

8:05 AM–8:14 AM Discussion
#### SUBSPECIALTY DAY PROGRAMS
**THURSDAY, MAY 13 CONTINUED**

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Presentation Title</th>
<th>Presenters</th>
<th>Institution</th>
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<tbody>
<tr>
<td>52</td>
<td>8:15 AM–8:19 AM</td>
<td>Bone Deficits in Spina Bifida Accelerate During Puberty</td>
<td>Robert Kay, MD; Nicole Mueske; Susan Rethlefsen, PT; Alexander Van Speybroeck; Wendy Mack; Tishya Wren, PhD</td>
<td>Children’s Hospital Los Angeles, Los Angeles, CA</td>
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<tr>
<td>53</td>
<td>8:20 AM–8:24 AM</td>
<td>Long and Short Term Kinematic Outcomes of Rectus Femoris Transfers in Ambulatory Children with Cerebral Palsy</td>
<td>Rubini Pathy, MD; Mary Gannotti; Brianna Liquori; George Gorton</td>
<td>Shriners Hospitals for Children, Springfield, MA</td>
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<tr>
<td>54</td>
<td>8:25 AM–8:29 AM</td>
<td>Outcomes of Patellar Tendon Imbrication for Crouch Gait</td>
<td>Lauren Hyer, MD; David Westberry, MD; Prabhav Saraswat; Ashley Carpenter; Jon Davids, MD</td>
<td>Shriners Hospitals for Children, Greenville, SC</td>
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<tr>
<td></td>
<td>8:30 AM–8:38 AM</td>
<td>Discussion</td>
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<tr>
<td>55</td>
<td>8:38 AM–8:42 AM</td>
<td>Introduction</td>
<td>Andrew Georgiadis, MD and Benjamin Shore, MD, MPH, FRCSC</td>
<td></td>
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<tr>
<td>56</td>
<td>8:43 AM–8:57 AM</td>
<td>Preoperative Optimization of Patients with Complex Medical Conditions</td>
<td>Laurie Glader, MD</td>
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<tr>
<td>57</td>
<td>8:58 AM–9:08 AM</td>
<td>Reliable Information and Social Media for Neuromuscular Conditions</td>
<td>Hank Chambers, MD</td>
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<tr>
<td>58</td>
<td>9:09 AM–9:19 AM</td>
<td>Publications This Year That Could Change Your Practice</td>
<td>Amanda Whitaker, MD</td>
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<tr>
<td>59</td>
<td>9:20 AM–9:30 AM</td>
<td>Master’s Techniques – Anterior Guided Growth, Distal Femur</td>
<td>Robert Kay, MD</td>
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</tr>
<tr>
<td>60</td>
<td>9:31 AM–9:40 AM</td>
<td>Orthopaedic Care of SMA in the Era of Pharmacotherapy</td>
<td>Brian Snyder, MD, PhD</td>
<td></td>
</tr>
</tbody>
</table>
LOWER EXTREMITY SUBSPECIALTY DAY

Period 2: 10:18 AM – 11:58 AM

Chair: Phil McClure, MD
Co-Chair: Megan Young, MD

Lower extremity topic is limb length discrepancy with presentations to highlight case examples, prediction methods, and a debate centered on opposing treatment methods. Presenters will review the options for epiphyseodesis versus limb lengthening including counseling of families, various techniques, results/complications and pearls and pitfalls. The didactic concludes with a discussion on the “cutoff” for limb lengthening considering evolving technology.

55
10:18 AM–10:22 AM
The Effects of Lower Extremity Rotational Malalignment on Pediatric Patient-Reported Outcomes Measurement and Information System (PROMIS) Scores
Janan Chandrananth; Richard Hannan; Daniel Bouton, MD; Ellen Raney, MD; Jeremy Bauer, MD
Shriners Hospital for Children, Portland, OR

56
10:23 AM–10:27 AM
Patient reported PROMIS assessment in pediatric patients with tibial deficiency, fibular deficiency, and proximal focal femoral deficiency - A multicenter study
Vanna Rocchi; Nina Cung; Jeffrey Fine; Jeffrey Ackman, MD; Sarah Nossov, MD; Janet Walker, MD; David Westberry, MD; Joel Lerman, MD
Shriners Hospitals for Children Northern California, Sacramento, CA

57
10:28 AM–10:32 AM
Treatment of Congenital Pseudarthrosis of the Tibia: 2-year Minimum Followup
Dror Paley, MD, FRCSC; David Feldman, MD; Aaron Huser DO; Claire Shannon, MD; Michelle Coleman; Anna Hell
Paley Institute, West Palm Beach, FL

10:33 AM–10:41 AM
Discussion

* Indicates those faculty presentations in which the FDA has not cleared the drug and/or medical device for the use described (ie. the drug or medical device is being discussed for an “off label” use).
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

58
10:42 AM–10:46 AM  Complications Requiring Readmission Following Lower Limb Lengthening: A 10 Year U.S. Database Study
Sanjeev Sabharwal, MD; Ashish Mittal; Sachin Allahabadi, MD; Rishab Jayaram; Matt Callahan
University of California, San Francisco, San Francisco, CA

59
10:47 AM–10:51 AM  Angular Deformity before and after Temporary Epiphysiodesis for Leg Length Discrepancy
Katherine Antoniak; Curtis VandenBerg, MD; Oussama Abousamra, MD
Children’s Hospital Los Angeles, Los Angeles, CA

60
10:52 AM–10:56 AM  Novel Treatment for Improving Knee Range of Motion in Patients with Arthrogryposis and Severe Knee Flexion Deformity
David Feldman, MD; Aaron Huser, DO; Dror Paley, MD, FRCSC; Troy Rand; Michael Beck
Paley Institute, West Palm Beach, FL

10:57 AM–11:05 AM  Discussion

11:05 AM–11:10 AM  Case Presentation: What to do with a 4cm leg length discrepancy?
Megan Young, MD

11:10 AM–11:25 AM  Epiphysiodesis
John Birch, MD

11:30 AM–11:40 AM  Limb Lengthening
John Herzenberg, MD

11:41 AM–11:58 AM  Cutoff for limb lengthening...is there a right answer?
Phillip McClure, MD
SPINE SUBSPECIALTY DAY

Period 1: 7:50 AM – 9:40 AM

Chair: Sumeet Garg, MD  
Co-Chair: Craig Eberson, MD

In 2020 we faced new challenges in clinical care and education. Our session will focus on contemporary issues of 2021 facing pediatric spine surgeons including the COVID pandemic, increasing use of telehealth, and racial disparities in pediatric spine care.

In addition, we will have a session on indications and techniques to optimize care for patients with neuromuscular scoliosis. Many options exist for treatment, and it is not always clear which patients benefit from operative intervention. This session will highlight the controversies that frequently arise during the treatment of these patients and highlight the benefits of having multiple tools in your toolbox when approaching these cases.

Finally, we also will have a duel on the current state of growth modulation in the treatment of scoliosis. Do we really know if this is better than a fusion? Our experts will slug it out!

7:45 AM–7:49 AM  Welcome and Remarks

61  7:50 AM–7:54 AM  How low can you go? Evaluation of Implant Density in Growing Construct Conversion to Posterior Spinal Fusion for Early Onset Scoliosis
Edward Compton; Purnendu Gupta, MD; Jaime Gomez, MD; Kenneth Illingworth, MD; David Skaggs, MD, MMM; Paul Sponseller, MD; Amer Samdani, MD; Steven Hwang; Matthew Oetgen MD, MBA; Jennifer Schottler; George Thompson, MD; Michael Vitale, MD, MPH; John Smith, MD; Lindsay Andras, MD; Pediatric Spine Study Group  Children’s Hospital Los Angeles, Los Angeles, CA

62  7:55 AM–7:59 AM  Superiority of convex first differential rod technique in three-dimensional correction of Lenke 1&2 Adolescent Idiopathic Scoliosis
Lorena Floccari, MD; Trey Moberly; Todd Ritzman, MD  Akron Children’s Hospital, Akron, OH

63  8:00 AM–8:04 AM  Predictors of Optimal Outcomes of Selective Thoracic Fusion at Five Years
Amelia Lindgren, MD; Tracey Bastrom MA; Amer Samdani, MD; Suken Shah, MD; Firoz Miyanji, MD; Patrick Cahill, MD; Vidyadhar Upasani, MD; Peter Newton, MD; Burt Yaszay, MD  Rady Children’s Hospital, San Diego, CA
### SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

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<th>Time</th>
<th>Session</th>
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<tr>
<td>8:05 AM–8:14 AM</td>
<td>Discussion</td>
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<tr>
<td>8:15 AM–8:19 AM</td>
<td><strong>Scoliosis Surgery Normalizes Cardiac Function in AIS Patients</strong>&lt;br&gt;Terry Amaral, MD; Vishal Sarwahi, MBBS; Aaron Atlas; Jesse Galina; Sayyida Hasan; Sarika Kalantre&lt;br&gt;Cohen Children's Medical Center, New Hyde Park, NY</td>
</tr>
<tr>
<td>8:20 AM–8:24 AM</td>
<td><strong>Spinal Fusion Effects on Pulmonary Function and Breathing Mechanics in Adolescent Idiopathic Scoliosis</strong>&lt;br&gt;Vincent Prusick, MD; Joel Eastman; Hank White; Sam Augsburger; Vishwas Talwalkar, MD; Ryan Muchow, MD; Henry Iwinski, MD&lt;br&gt;Shriners Hospitals for Children-Medical Center, Lexington, KY</td>
</tr>
<tr>
<td>8:25 AM–8:29 AM</td>
<td><strong>Airway Management of Pediatric Cervical Fusions</strong>&lt;br&gt;Daniel Hedequist, MD; Nora O’Neill; Danielle Cook; Sabeena Chacko&lt;br&gt;Boston Children’s Hospital, Boston, MA</td>
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<td>8:30 AM–8:38 AM</td>
<td>Discussion</td>
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<tr>
<td>8:38 AM–8:48 AM</td>
<td><strong>Indications for surgery in Neuromuscular Scoliosis - When to say no</strong>&lt;br&gt;Brian Smith, MD</td>
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<tr>
<td>8:48 AM–8:53 AM</td>
<td><strong>Mortality in Neuromuscular scoliosis</strong>&lt;br&gt;Jill Larson, MD</td>
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<tr>
<td>8:53 AM–8:58 AM</td>
<td><strong>Neuromuscular Scoliosis - Indications for posterior only surgery</strong>&lt;br&gt;Brian Snyder, MD, PhD</td>
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<tr>
<td>8:58 AM–9:03 AM</td>
<td><strong>Neuromuscular Scoliosis - Indications for anterior surgery</strong>&lt;br&gt;Mike Glotzbecker, MD</td>
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<tr>
<td>9:03 AM–9:08 AM</td>
<td><strong>Neuromuscular scoliosis - Indications for growth friendly instrumentation</strong>&lt;br&gt;Burt Yaszay, MD</td>
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<tr>
<td>9:08 AM–9:18 AM</td>
<td>Discussion</td>
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<tr>
<td>9:18 AM–9:23 AM</td>
<td><strong>60-degree curve in a Sanders 3 patient: In 2021, tethering is the way to go</strong>&lt;br&gt;A. Noelle Larson, MD</td>
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</tbody>
</table>
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

9:23AM–9:28 AM 60-degree curve in a Sanders 3 patient: In 2021, fusion is still the way to go
Dominick Tuason, MD

9:28AM–9:40 AM Discussion

9:40 AM–10:10 AM Break

SPINE SUBSPECIALTY DAY (CONTINUED)

Period 2: 10:18 AM – 11:58 AM

67
Wade M. Shrader, MD; Katherine Kenny; Kenneth Rogers, PhD; Sabina DiCindio; Anthony DiNardo; Alier Franco; Suken Shah, MD Nemours A.I. duPont Hospital for Children, Wilmington, DE

68
10:23 AM–10:27 AM Breaking the Dogma: Does UIV have to be T2 in CP Patients Undergoing Spinal Fusion for their Neuromuscular Scoliosis?
Jakub Sikora-Klak; Paul Sponseller, MD; Tracey Bastrom, MA; Suken Shah, MD; Patrick Cahill, MD; Mark Abel, MD; Amer Samdani, MD; Peter Newton, MD; Burt Yaszay, MD Rady Children’s Hospital, San Diego, CA

69
10:28 AM–10:32 AM Ambulatory Neuromuscular Scoliosis Patients have Similar Rates of Infection, Perioperative Complications, and Revision to Adolescent Idiopathic Scoliosis Patients
Vishal Sarwahi, MBBS; Sayyida Hasan; Yungtai Lo; Terry Amaral, MD; Jesse Galina; Aaron Atlas Cohen Children’s Medical Center, New Hyde Park, NY

10:33 AM–10:41 AM Discussion
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<th>Time</th>
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<tr>
<td>10:42 AM–10:46 AM</td>
<td><strong>70</strong> Prophylactic Application of Local Vancomycin onto Surgical Field Shows No Decrease of Acute Surgical Site Infection in Adolescent Idiopathic Scoliosis Patients</td>
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<td>De-An Zhang; Marilan Luong; Robert Cho, MD; Shriners Spine Study Group; Selina Poon, MD</td>
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<td>Shriners for Children Medical Center, Pasadena, CA</td>
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<tr>
<td>10:47 AM–10:51 AM</td>
<td><strong>71</strong> Multimodal Treatment for Severe Spinal Deformity in Osteogenesis Imperfecta: Rationale, Outcomes and Complications</td>
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<td>Tyler McDonald; Alexander Kuzma; Yushane Shih, MD; Kenneth Rogers, PhD; Petya Yorgova; Richard Kruse, DO; Jeanne Franzone, MD; Suken Shah, MD</td>
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<td>Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE</td>
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<td>10:52 AM–10:56 AM</td>
<td><strong>72</strong> Post-Operative Complications Assessment for Patients with Early-Onset Scoliosis and Baclofen Pump Usage Undergoing Growth-Friendly Spinal Instrumentation Surgeries</td>
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<td>Amy Xu; Majd Marrache; Christina Hardesty, MD; Mari Groves; Mark Erickson, MD; Robert Murphy, MD; George Thompson, MD; Paul Sponseller, MD</td>
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<td>Johns Hopkins School of Medicine, Baltimore, MD</td>
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<tr>
<td>10:57 AM–11:05 AM</td>
<td>Discussion</td>
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<tr>
<td>11:05 AM–11:11 AM</td>
<td>COVID-19 Impact on Scoliosis Care</td>
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<td>Roger Widmann, MD</td>
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<tr>
<td>11:12 AM–11:18 AM</td>
<td>Incorporating Telehealth for Pediatric Spine Care</td>
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<td>Suken Shah, MD</td>
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<tr>
<td>11:19 AM–11:24 AM</td>
<td>Building a Social Media Presence for Your Practice</td>
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<td>Robert Cho, MD</td>
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<tr>
<td>11:25 AM–11:30 AM</td>
<td>Using Medical Animation to Enhance Patient Education</td>
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<td>Mark Erickson, MD</td>
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<tr>
<td>11:31 AM–11:40 AM</td>
<td>Discussion</td>
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<tr>
<td>11:40 AM–11:48 AM</td>
<td>Racial Care Disparities in Pediatric Scoliosis</td>
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<td>Jaysson Brooks, MD</td>
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<tr>
<td>11:48 AM–11:58 AM</td>
<td>Discussion</td>
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</tbody>
</table>

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SPORTS SUBSPECIALTY DAY

Period 1: 7:50 AM – 9:30 AM

Ortho-Biologics in Youth Sports: Waste of Money or Promising Treatment Option
Chair: Peter Fabricant, MD
Co-Chair: Jennifer Beck, MD
Co-Chair: Eric Edmonds, MD

This session aims to provide a review of the various trending ortho-biologic options in sports medicine including PRP, BMAC, stem cells, etc and current evidence on their applicability to youth sports medicine pathologies. A controversial, yet highly lucrative part of adult sports medicine practices, utilization of biologics in youth sports medicine has been limited. Understanding of the basic science behind their development and analysis of high level evidence in adult populations will improve application algorithms in youth sports medicine.

7:45 AM–7:49 AM  Welcome and Remarks

73  7:50 AM–7:54 AM  Descriptive Epidemiology from the Research in OsteoChondritis Dissecans of the Knee (ROCK) Prospective Cohort
Carl Nissen, MD
University of Pennsylvania, Philadelphia, PA

Breann Tisano; Henry Ellis, MD; Charles Wyatt, NP; Philip Wilson, MD
Scottish Rite for Children, Dallas, Texas

75  8:00 AM–8:04 AM  Predicting Outcomes of Talar Osteochondritis Dissecans Lesions in Children
Kathleen Maguire, MD; Mitchell Johnson; Kunbo Park, MD; Divya Talwar; J Todd Lawrence, MD
Children’s Hospital of Philadelphia, Philadelphia, PA

8:05 AM–8:14 AM  Discussion

76  8:15 AM–8:19 AM  Activity Specific Differences in Patients Returning to Sports Following Primary Hip Arthroscopy
Whitney Hovater; David Howell; Stephanie Mayer, MD
Children’s Hospital Colorado, Aurora, CO
# SUBSPECIALTY DAY PROGRAMS

**THURSDAY, MAY 13 CONTINUED**

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| 77      | 8:20 AM–8:24 AM | Clinical Outcomes, Survivorship, and Return to Sports After Arthroscopic Capsular Repair with Suture Anchors for Adolescent Multidirectional Shoulder Instability at Mean Follow-Up of 6 Years  
Brendon Mitchell; Matthew Siow; Alyssa Carroll; Andrew Pennock, MD; Eric Edmonds, MD  
Rady Children’s Hospital, San Diego, San Diego, California |
| 78      | 8:25 AM–8:29 AM | Utility of MRI Assessment of Healing following Marrow Stimulation of Capitellar OCD  
Charles Goldfarb, MD; Matthew Smith; James Broughton; Mitchel Obey; Travis Hillen  
Washington University, Saint Louis, Missouri |
|         | 8:30 AM–8:38 AM | Discussion                                                          |
|         | 8:40 AM–8:54 AM | Basic Science Review of Ortho-Biologics  
Rachel Frank |
|         | 8:55 AM–9:00 AM | Clinical Scientific Review and Case Based Discussion of Ortho-biologics in Youth Sports Elbow Injuries  
Stephanie Mayer, MD |
|         | 9:01 AM –9:06 AM | Clinical Scientific Review and Case Based Discussion of Ortho-biologics in Youth Sports Foot and Ankle Injuries  
Brian Haus, MD |
|         | 9:07 AM–9:10 AM | Q&A  
All Speaker |
|         | 9:10 AM–9:15 AM | Clinical Scientific Review and Case Based Discussion of Ortho-biologics in Youth Shoulder Injuries  
Rachel Frank, MD |
|         | 9:16 AM–9:21 AM | Clinical Scientific Review and Case Based Discussion of Ortho-biologics in Youth Knee Injuries  
Melissa Christino, MD |
|         | 9:22 AM–9:25 AM | BEAR Trial Update  
Yi Meng Yen, MD |
|         | 9:26 AM–9:30 AM | Q&A, Cases  
All Speakers |
|         | 9:40 AM–10:18 AM | Break |

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**51**
Osteochondritis Dissecans: Its More Than Drilling and Fixation in the Knee!

Osteochondritis dissecans (OCD) is an uncommon clinical condition but seen with increasing frequency among the pediatric sports medicine community. It most frequently presents in the knee, and the most common treatment strategy is drilling with or without internal fixation. However, with larger and deeper lesions, during revision surgery, or when encountering lesions in the capitellum or talus, alternative treatment strategies may be required. This session aims to provide an overview of those alternative treatment strategies for several osteochondritis dissecans lesion clinical dilemmas as well as those less commonly seen lesions in the talus and elbow.

79
10:18 AM–10:22 AM  Do Continuous Peripheral Nerve Blocks Decrease Home Opioid Use Following Anterior Cruciate Ligament Reconstruction in Children and Adolescents?
The Envelope Please.
John Schlechter, DO; Bryn Gornick; Benjamin Sherman, DO; Tanner Harrah
Children’s Hospital of Orange County, Orange, CA

80
Lauren Hutchinson, MPH; Melissa Christino, MD; Andrew Pennock, MD; PLUTO Study Group; Mininder Kocher, MD, MPH
Boston Children’s Hospital, Boston, MA

81
10:28 AM–10:32 AM  Anatomic versus Non-anatomic Anterolateral Tenodesis in Combination with Anterior Cruciate Ligament Reconstruction – Sometimes Cheaper is Better
Samuel Van De Velde; Gregory Schmale, MD; Scott Telfer
University of Washington, Seattle, WA

10:33 AM–10:41 AM  Discussion
### 82
10:42 AM–10:46 AM  
**Iliotibial Band Autograft Provides The Fastest Recovery Of Knee Extensor Mechanism Function In Pediatric Anterior Cruciate Ligament Reconstruction**  
*Curtis VandenBerg, MD; Mia Katzel; Veronica Beltran; Adriana Conrad-Forrest; Tishya Wren, PhD*  
*Children’s Hospital Los Angeles, Los Angeles, CA*

### 83
10:47 AM–10:51 AM  
**Functional Recovery After Revision ACL Reconstruction In Adolescents and Young Adults**  
*Benjamin Wilson, MD; Benton Heyworth, MD; Ryan Coene; Dai Sugimoto; Lyle Micheli, MD; Mininder Kocher, MD, MPH; Melissa Christino, MD*  
*Boston Children’s Hospital, Boston, MA*

### 84
10:52 AM–10:56 AM  
**Risk Factors for Revision Following Anterior Cruciate Ligament Reconstruction in a Pediatric Population: A Prediction Algorithm**  
*Aristides Cruz, MD; Nicholas Lemme; Daniel Yang; Brooke Barrow; Ryan O’Donnell; Alan Daniels, MD*  
*Brown University Department of Orthopaedics, Providence, RI*

### Discussion
10:57 AM–11:05 AM

### 11:05 AM–11:10 AM  
**Studying OCDs: ROCK Group**  
*Jennifer Weiss, MD*

### 11:11 AM–11:20 AM  
**Revision OCD surgery – When to fix, when to resurface, and when to address coronal plane alignment**  
*Benton Heyworth, MD*

### 11:21 AM–11:30 AM  
**Unsalvageable Hefti Stage 4 & 5 Lesions – Deciding between bone grafting and fixation, OATS, OC Allograft, or ACI**  
*Kris Jones, MD*

### 11:31 AM–11:37 AM  
**Q&A, Cases**  
*All Speakers*

### 11:38 AM–11:46 AM  
**OCD of the capitellum – Treatment strategies, surgical indications, and outcomes**  
*Don Bae, MD*
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

11:47 AM–11:55 AM  OCD of the talus – Treatment strategies, surgical indications, and outcomes
Mark Drakos, MD

11:56 AM–12:00 PM  Q&A, Cases
All Speakers

TRAUMA SUBSPECIALTY DAY

Period 1: 7:50 AM – 9:40 AM
Chair: Mauricio Silva, MD
Co-Chair: Amy McIntosh, MD

This session will be a mixture of scientific papers, debate, and discussion of topics of interest in the area of pediatric orthopaedic trauma. The debates and discussions will focus on controversial aspects of the treatment of common injuries in children. During the first session, we will discuss the management of femur fractures in pre-school age children, the management of type 1 open fractures, and the trend towards the use of rigid fixation for adolescent tibial shaft fractures. In the second session, our panelists will review current concepts on the management of pelvic, forearm, and clavicle fractures.

7:45 AM–7:49 AM  Welcome and Remarks

85  7:50 AM–7:54 AM
Acute Cast Immobilization of Pediatric and Adolescent Forearm Fractures – Is It Safe?
Casey Codd; Danielle Hogarth; Chloe Grzyb; Joshua Abzug, MD
University of Maryland School of Medicine, Baltimore, Maryland

86  7:55 AM–7:59 AM
Long-leg versus Short-leg Cast Immobilization for Displaced Distal Tibial Physeal Fractures
Christopher Souder, MD; James Spearman; Lori Thornton, NP; Jessica Treiber; Ainsley Bloomer; Brian Scannell, MD; Christine Ho, MD
Dell Medical School at the University of Texas at Austin, Austin, Texas

87  8:00 AM–8:04 AM
Conservative Management of Transitional Ankle Fractures in Adolescents: Does Immobilization Type Affect Outcome?
Kevin Neal, MD; Gary Kiebzak, PhD; Jane Benson
Nemours, Jacksonville, FL

8:05 AM–8:14 AM  Discussion
### SUBSPECIALTY DAY PROGRAMS

**THURSDAY, MAY 13 CONTINUED**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenters</th>
<th>Institution</th>
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<tr>
<td>8:15 AM–8:19 AM</td>
<td><strong>Titanium Elastic Nails System (TENS) in Adolescent Forearm Fractures: Using Bone Age as an Objective guide to its Limits.</strong></td>
<td>Chin Chuen Tan; Kenneth Pak Leung Wong; John Allen; Arjandas Mahadev, FRCS</td>
<td>KK Women’s and Children’s Hospital, Singapore, Singapore</td>
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<td>8:20 AM–8:24 AM</td>
<td><strong>Canal Fill of the Forearm Bones When Placing Intramedullary Nails</strong></td>
<td>Max Hamaker; Casey Codd; Nathan O’Hara; Joshua Abzug, MD</td>
<td>University of Maryland School of Medicine, Baltimore, Maryland</td>
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<td>8:25 AM–8:29 AM</td>
<td><strong>Re-fractures of the Radius and Ulna in Adolescents: Tumbling and Contact Sports may be at Risk in the First Year</strong></td>
<td>Corey Gill, MD; Ami Kapadia; Charles Wyatt, NP; Gerard Montgomery, MS; Philip Wilson, MD; Henry Ellis, MD</td>
<td>Scottish Rite For Children, Dallas, Texas</td>
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<tr>
<td>8:30 AM–8:38 AM</td>
<td><strong>Discussion</strong></td>
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<tr>
<td>8:38 AM–8:43 AM</td>
<td><strong>Introduction</strong></td>
<td>Mauricio Silva, MD and Amy McIntosh, MD</td>
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<tr>
<td>8:44 AM–8:58 AM</td>
<td><strong>Femur fractures in pre-school age children: We should be using more intramedullary nailing</strong></td>
<td>Jeffrey Martus, MD</td>
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<tr>
<td>8:59 AM–9:08 AM</td>
<td><strong>Femur fractures in pre-school age children: A good spica cast is all you need</strong></td>
<td>Brandon Ramo, MD</td>
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<td>9:09 AM–9:13 AM</td>
<td><strong>Type I open fractures: The case for management in the Emergency Department</strong></td>
<td>Jay Janicki, MD</td>
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<tr>
<td>9:14 AM–9:24 AM</td>
<td><strong>Type I open fractures: The case for formal operative treatment</strong></td>
<td>Christine Ho, MD</td>
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<tr>
<td>9:25 AM–9:34 AM</td>
<td><strong>Tibial shaft fractures in adolescence: It is time to consider rigid fixation</strong></td>
<td>Jonathan Schoenecker, MD, PhD</td>
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</tbody>
</table>
9:35 AM–9:40 AM  Tibial shaft fractures in adolescence: Casting is still a good option.
   Anthony Riccio, MD

9:40 AM–10:10 AM  Break

TRAUMA SUBSPECIALTY DAY (CONTINUED)

Period 2: 10:18 AM – 11:54 AM

91 10:18 AM–10:22 AM  Vitamin D Insufficiency and Metaphyseal Fractures in Children
   John Bryan; Rachel Thompson, MD; Benjamin Yu; Carly Strohbach, BA; Lubna Ziauddin; Jamie Burgess, PhD; Joseph Janicki, MD
   Lurie Children’s Hospital of Chicago, Chicago, IL

   Brien Rabenhorst, MD; Chad Willis; David Bumpass
   University of Arkansas-Medical Sciences, Little Rock, AR

   Byron Izuka, MD; Joshua Radi PhD; John Livingstone
   Kapiolani Medical Center for Women and Children, Honolulu, HI

10:33 AM–10:41 AM  Discussion

94 10:42 AM–10:46 AM  Non-Operative versus Operative Pediatric and Adolescent Medial Epicondyle Fractures: A Comparison of Outcomes Between Pediatric and Non-Pediatric Fellowship Trained Orthopedic Surgeons
   Jessica Traver, MD; Layla Haidar; David McClendon; Kailash Panchapakesan; Timothy Borden, MD; Surya Mundluru, MD; Lindsay Crawford, MD; Shiraz Younas, MD; Alfred Mansour, MD
   UT-Health at McGovern Medical School, Houston, TX
SUBSPECIALTY DAY PROGRAMS
THURSDAY, MAY 13 CONTINUED

**95**
10:47 AM–10:51 AM  
**AP, Axial, and External Oblique Views Reliably Measure Medial Epicondyle Displacement Using Corresponding Point Methodology but the Measurements Only Moderate Correlate with True Displacement as Measured by CT Scan**  
J Todd Lawrence, MD; Ryan Guzek; Kathleen Harwood; Divya Talwar; David Isaacs; Donna Pacicca, MD; Michael Saper; Peter Fabricant, MD; Scott McKay, MD; Eric Edmonds, MD; Stephanie Mayer, MD; Matthew Ellington, MD; V Joughin, MD  
Children’s Hospital of Philadelphia, Philadelphia, PA

**96**
10:52 AM–10:56 AM  
**All Epiphyseal vs Trans-epiphyseal screw fixation for Tillaux fractures– Does it matter?**  
Brett Heldt; Elsayed Attia; Isaiah Roepe; Raymond Guo; Vinitha Shenava, MD; Indranil Kushare, MD  
Texas Children’s Hospital, Houston, Texas

10:57 AM–11:05 AM  
**Discussion**

11:05 AM–11:23 AM  
**Management of unstable pelvic fractures: Tips and Tricks**  
Adam Starr, MD

11:24 AM–11:33 AM  
**Distal forearm fractures in late adolescence: when to cast, pin and plate?**  
Chris Stutz, MD

11:34 AM–11:46 AM  
**SCFE in 2021. What is new?**  
Rachel Thompson, MD

11:47 AM–11:54 AM  
**2021 perspective on clavicle shaft fractures in adolescents: Do they need surgery?**  
Benton Heyworth, MD
SCIENTIFIC PROGRAM
FRIDAY, MAY 14

7:30 AM–7:34 AM  Welcome and Remarks

AWARDS PART 1

Moderator: Todd Milbrandt, MD
Co-Moderator: Michelle Caird, MD

97 7:35 AM–7:40 AM  Effectiveness of Various Cast Covers in the Pediatric Population
Amit Parekh; John Moon; David Roberts, MD; Verena Schreiber, MD
NorthShore University HealthSystem, Evanston, IL

Michael Nolte; Garrett Harada; Ryan LeDuc; Arash Sayari; Bryce Basques; Philip Louie; Ethan Gordon; Dino Samartzis; Howard An; Monica Kogan
Rush University Medical Center, Chicago, IL

7:47 AM–7:56 AM  Discussion

99 7:57 AM–8:01 AM  MSC exosomes enhance physeal regeneration and reduce limb length discrepancy in a rat model of growth plate injury
Si Heng Sharon Tan; Keng Lin Wong; Shipin Zhang; Shang Jiunn Chuah; Ruenn Chai Lai; Sai Kiang Lim; James Hui; Wei Seong Toh
National University of Singapore, Singapore, Singapore

100 8:02 AM–8:06 AM  Sirt6 overexpression improves bone properties in the mouse model of osteogenesis imperfecta
Jung-Ryul Kim, MD; Young Jae Moon
Jeonbuk National University Hospital, Jeonju, Korea, Republic of

8:07 AM–8:15 AM  Discussion

101 8:16 AM–8:21 AM  Impact of Spinal Deformity and Surgery on Health-Related Quality of Life in Cerebral Palsy: A Multicenter Prospective Controlled Trial
Patrick Cahill, MD; Unni Narayanan, MBBS, MSc, FRCS(C); Firoz Miyanji, MD; Burt Yaszay, MD; Stefan Parent, MD;
<table>
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<th>Session</th>
<th>Time</th>
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<th>Authors</th>
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<tr>
<td>102</td>
<td>8:22 AM–8:27 AM</td>
<td>Anterior Vertebral Body Tethering in Idiopathic Scoliosis: a Prospective, Multicenter Analysis</td>
<td>Firoz Miyanji, MD; Paul Rushton; Isabelle Turgeon; Luigi Aurelio Nasto; Sultan Aldebeyan; Stefan Parent, MD British Columbia Children’s Hospital, Vancouver, BC, Canada</td>
</tr>
<tr>
<td>103</td>
<td>8:38 AM–8:43 AM</td>
<td>Who Will Need a Second Surgery? A Study of Cases of Isolated Septic Arthritis from the CORTICES</td>
<td>Keith Baldwin, MD; Benjamin Shore, MD, MPH, FRCSC; Danielle Cook; David Spence, MD; Jennifer Laine, MD; Jaclyn Hill, MD; Anthony Riccio, MD; Joshua Murphy, MD Children’s Hospital of Philadelphia, Philadelphia, PA</td>
</tr>
<tr>
<td>104</td>
<td>8:44 AM–8:49 AM</td>
<td>Intramedullary Kirschner-wires are equivalent to titanium elastic nails for pediatric femur fractures: Results from a randomized clinical trial in Dar es Salaam, Tanzania</td>
<td>Msami Ngowi; Edmund Eliezer; Revocatus Luziba; Bryson Ikoshi, MD; John Ibrahim; Emmanuel Lema; David Shearer; Saam Morshed; Patrick Curran Muhimbili Orthopaedic Institute, Dar es Salaam, Tanzania</td>
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<td>105</td>
<td>9:00 AM–9:04 AM</td>
<td>Molecules in Necrotic Femoral Head Inhibit Osteogenesis and Promote Fibrogenesis and Adipogenesis of Mesenchymal Stem Cells</td>
<td>ZHUO DENG; Yinshi Ren; Harry Kim, MD Texas Scottish Rite Hospital for Children, Dallas, TX</td>
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<tr>
<td>106</td>
<td>9:05 AM–9:09 AM</td>
<td>Does NRG/ErbB Signaling Modulate Contractures after Neonatal Brachial Plexus Injuries?</td>
<td>Brendan Ho; QINGNIAN GOH; Sia Nikolaou; Liangjun Hu; Kritton Shay-winkler; Roger Cornwall, MD Cincinnati Children’s Hospital, Cincinnati, OH</td>
</tr>
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</table>
9:10 AM–9:18 AM  Discussion

107  
9:19 AM–9:24 AM  
Trans-articular versus Retro-articular Drilling of Stable Osteochondritis Dissecans of the Knee: A Prospective Randomized Controlled Trial by the ROCK Multicenter Study Group  
Benton Heyworth, MD; Kevin Shea, MD; Elizabeth Liotta; Katelyn Hergott; Eric Wall, MD; Gregory Myer; Carl Nissen, MD; Eric Edmonds, MD; Roger Lyon, MD; Henry Chambers, MD; Matthew Milewski, MD; Daniel Green, MD; Jennifer Weiss, MD; Rick Wright; James Carey; John Polousky, MD; Jeffrey Nepple, MD; Mininder Kocher, MD, MPH; Theodore Ganley, MD  
Boston Children’s Hospital, Boston, MA

108  
9:25 AM–9:30 AM  
Operative Versus Non-Operative Treatment of Severely Shortened or Comminuted Clavicle Fractures in Older Adolescent Athletes: Results from A Prospective, Multicenter, Level 2 Cohort Study  
David Spence, MD; Philip Wilson, MD; Donald Bae, MD; Michael Busch, MD; Eric Edmonds, MD; Henry Ellis, MD; Katelyn Hergott; Mininder Kocher, MD, MPH; G Li, MD; Elizabeth Liotta; Jeffrey Nepple, MD; Nirav Pandya, MD; Andrew Pennock, MD; Crystal Perkins, MD; Coleen Sabatini, MD, MPH; David Williams PhD; Samuel Willimon, MD; Benton Heyworth, MD  
Campbell Clinic/University of Tennessee, Germantown, TN

9:31 AM–9:40 AM  Discussion

9:48 AM–10:10 AM  Break

AWARDS PART 2

Moderator: Todd Milbrandt, MD  
Co-Moderator: Michelle Caird, MD

109  
10:18 AM–10:23 AM  
Nonoperative Management of Femoroacetabular Impingement: Clinical Outcomes at 5-years – A Prospective Study  
Andrew Zogby; James Bomar, MPH; Kristina Johnson; Vidyadhar Upasani, MD; Andrew Pennock, MD  
Rady Children’s Hospital, San Diego, San Diego, California
110  
10:24 AM–10:29 AM  
Acetabular remodeling after closed and open reduction for the treatment of developmental dysplasia of the hip  
Pedro Justo; William Morris, MD; Patricia Miller, MS; Eduardo Novais, MD  
Boston Childrens Hospital, Boston, MA

10:30 AM–10:39 AM  Discussion

111  
10:40 AM–10:44 AM  
.activation of a central immunosuppressive cascade prevents ischemia reperfusion injury after acute compartment syndrome in a murine model  
Austin Hester; Nazanin Omidi; Daniel Casella; Matthew Oetgen MD, MBA  
Children’s National Hospital, Washington, DC

112  
10:45 AM–10:49 AM  
Hematopoietic Cells Regulate Fracture Healing in Neurofibromatosis  
Benjamin Alman, MD; Puviindran Nadesan  
Duke, Durham, NC

10:50 AM–10:58 AM  Discussion

11:00 AM–11:08 AM  Distinguished Achievement Award 2020  
Behrooz Akbarnia, MD

11:09 AM–11:17 AM  Distinguished Achievement Award 2021  
Lori Karol, MD

11:18 AM–11:23 AM  2022 Meeting Highlights

11:24 AM–11:35 AM  Presidential Speaker 2020  
Lori Karol, MD

11:36 AM–11:49 AM  Presidential Speaker 2021  
Peter Newton, MD

11:50 AM–12:00 PM  Presidential Transfer

12:15 PM–1:45 PM  Member Business Meeting
CONCURRENT SESSION 1: SPINE

Moderator: Lindsay Andras, MD
Co-Moderator: Jeffrey Sawyer, MD

113 2:05 PM–2:09 PM

10 year follow up of Lenke V curves in patients with adolescent idiopathic scoliosis
Nicholas Fletcher, MD; Tracey Bastrom, MA; A. Noelle Larson, MD; Mark Erickson, MD; Baron Lonner, MD; Stefan Parent, MD; Burt Yaszay, MD
Children’s Healthcare of Atlanta, Atlanta, GA

114 2:10 PM–2:14 PM

Adolescent Athletes Return To Sports Rapidly After Posterior Spine Fusion (PSF) For Idiopathic Scoliosis (AIS): A Prospective Cohort Study
Tyler Tetreault; Hannah Darland; Thien Thanh Angela Vu; Patrick Carry; Sumeet Garg, MD
Children’s Hospital Colorado, Aurora, CO

115 2:15 PM–2:19 PM

Discordant Lowest Instrumented Vertebra in Adolescent Idiopathic Scoliosis: When Coronal and Sagittal Parameters Conflict
Michael Vitale, MD, MPH; Dale Segal; Jacob Ball; Nicholas Fletcher, MD; Tracey Bastrom, MA; Eric Yoon
Children’s Healthcare of Atlanta, Atlanta, GA

2:20 PM–2:28 PM Discussion

116 2:29 PM–2:33 PM

Unplanned Return to the Operating Room (UPROR) after AIS Surgery
Nishank Mehta; Divya Talwar; Harms Study Group; John (Jack) Flynn, MD
Children’s Hospital of Philadelphia, Philadelphia, PA

117 2:34 PM–2:38 PM

Complications Following Surgical Treatment of Adolescent Idiopathic Scoliosis: 10-year Prospective Follow-up Study
Arun Hariharan, MD; Suken Shah, MD; Margaret Baldwin; Joseph Petfield; Baron Lonner, MD; Firoz Miyanji, MD; Peter Newton, MD; Amer Samdani, MD; Paul Sponseller, MD; Burt Yaszay, MD
Nemours/A.I. DuPont Hospital for Children, Wilmington, DE
## SCIENTIFIC PROGRAM

**FRIDAY, MAY 14 CONTINUED**

### 118

**2:39 PM–2:43 PM**  
**Digital Skeletal Age and Curve Acceleration Phase in Male Adolescent Idiopathic Scoliosis**  
**Alexander Kuzma; Michael Stevens; John King, MD; Kevin Cronin; Olivia Grothaus; Jonathan Grabau; Cale Jacobs; Vishwas Talwalkar, MD; Ryan Muchow, MD**  
University of Kentucky, Lexington, KY

### 2:44 PM–2:52 PM  
Discussion

### 3:00 PM–3:20 PM  
Break

### CONCURRENT SESSION 1: SPINE PART II

**Moderator: Ying Li, MD**  
**Co-Moderator: Pat Cahill, MD**

#### 119

**3:28 PM–3:32 PM**  
**Outcomes of Magnetically Controlled Growing Rods in Severe Early Onset Scoliosis**  
**Ilkka Helenius; Antti Saarinen; Paul Sponseller, MD; Lindsay Andras, MD; David Skaggs, MD, MMM; John Emans, MD; George Thompson, MD; Pediatric Spine Study Group**  
University of Turku and Turku University Hospital, Turku, Finland

#### 120

**3:33 PM–3:37 PM**  
**Early Outcomes of Magnetically Controlled Growing Rods (MCGRs), Posterior Final Fusion (PSF) and Vertebral Body Tethers (VBT) in Older Patients with Early Onset Scoliosis (EOS)**  
**Catherine Mackey; Regina Hanstein; Majella Vaughan; Tricia St Hilaire; Scott Luhmann, MD; Michael Vitale, MD, MPH; Michael Glotzbecker, MD; Amer Samdani, MD; Stefan Parent, MD; Jaime Gomez, MD**  
Montefiore Medical Center, Bronx, NY

#### 121

**3:38 PM–3:42 PM**  
**Half of Magnetic Controlled Growing Rods (MCGR) “stall” 3 years after implantation**  
**Amy McIntosh, MD; Brandon Ramo, MD; Charles Johnston, MD; Anna McClung; David Thornberg**  
Texas Scottish Rite Hospital, Dallas, TX

### 3:43 PM–3:51 PM  
Discussion
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<td>122</td>
<td>3:52 PM–3:56 PM</td>
<td>Matched Comparison of Growing Rods versus Primary Posterior Spinal Fusion in “Tweeners” with Early Onset Scoliosis</td>
<td>Craig Louer, MD; Lukas Keil; Til Stürmer; Alysa Nash; Yvonne Golightly; FENG-CHANG LIN; Joseph Stone, MD; James Sanders, MD</td>
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<td>UNC Orthopaedics, Chapel Hill, NC</td>
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<td>123</td>
<td>3:57 PM–4:01 PM</td>
<td>Vertebral Body Tethering Compared to the Spinal Fusion Gold Standard: A Matched Analysis 2 Years Post-Operatively</td>
<td>Lily Eaker; Jonathon Markowitz; Baron Lonner, MD;</td>
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<td>Mount Sinai Hospital, New York, NY</td>
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<td>124</td>
<td>4:02 PM–4:06 PM</td>
<td>Does Body Mass Index Affect Outcomes after Vertebral Body Tethering Surgery?</td>
<td>Amir Mishreky; Stefan Parent, MD; Firoz Miyanji, MD; Joshua Murphy, MD; Ron El-Hawary, MD; IWK Health Centre, Halifax, Nova Scotia, Canada</td>
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<td>IWK Health Centre, Halifax, Nova Scotia, Canada</td>
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<td>4:07 PM–4:15 PM</td>
<td>Discussion</td>
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<td>125</td>
<td>4:16 PM–4:20 PM</td>
<td>The effect of scoliosis on audio-visual and socio-emotional processing and the use of adaptive communicative equipment in children with severely involved cerebral palsy</td>
<td>Amanda Whitaker, MD; Stephanie Burkhardt; Kaleigh Hague; Lindsay Pietruszewski; Julia Less; Nathalie Maitre</td>
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<td>Nationwide Children’s Hospital, Columbus, Ohio</td>
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<td>126</td>
<td>4:21 PM–4:25 PM</td>
<td>Definitive Fusions are Better than Growth Friendly Procedures for Juvenile Patients with Cerebral Palsy and Scoliosis: A Prospective Comparative Cohort Study</td>
<td>Arun Hariharan, MD; Suken Shah, MD; Joseph Petfield; Margaret Baldwin; Paul Sponseller, MD; Burt Yaszay, MD; Michael Glotzbecker, MD; Patrick Cahill, MD; Tracey Bastrom, MA</td>
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<td>Nemours/A.I. DuPont Hospital for Children, Wilmington, DE</td>
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<td>127</td>
<td>4:26 PM–4:30 PM</td>
<td>Functional Outcomes of Spinal Orthoses in Spinal Muscular Atrophy</td>
<td>Mitchell Johnson; Carina Lott; Patrick Cahill, MD; Jason Anari, MD; Children’s Hospital of Philadelphia, Philadelphia, PA</td>
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CONCURRENT SESSION 2: SPORTS

Moderator: Phil Wilson, MD
Co-Moderator: Melissa Christino, MD

128  
2:05 PM–2:09 PM  
Compared to Repair or No Treatment, Medial patellofemoral Ligament Reconstruction Results in Increased Stability in Adolescents with Acute First-time Patellar Dislocation with an Associated Loose Body  
Eric Edmonds, MD; Preet Gurusamy; Jason Pedowitz; Alyssa Carroll; Kristina Johnson; Henry Chambers, MD; Andrew Pennock, MD  
Rady Children’s Hospital, San Diego, CA

129  
2:10 PM–2:14 PM  
Isolated MPFL Reconstruction vs. Tibial Tubercle Osteotomy Plus Medial Retinacular Plication for Recurrent Patellar Instability: A Matched, Cohort Analysis  
Benton Heyworth, MD; Evan Zheng; Zaamin Hussain; Benjamin Wilson, MD; Kianna Nunally; Mininder Kocher, MD, MPH; Yi-Meng Yen, MD; Dennis Kramer, MD; Lyle Micheli, MD  
Boston Children’s Hospital, Boston, MA

130  
2:15 PM–2:19 PM  
Predictors of Arthrofibrosis after Pediatric Anterior Cruciate Ligament Reconstruction: What is the Impact of Quadriceps Autograft?  
Abraham Ouweleen; Tyler Hall; Craig Finlayson, MD; Neeraj Patel, MD  
Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, IL

131  
2:20 PM–2:28 PM  
Discussion

131  
2:29 PM–2:33 PM  
Functional recovery in Adolescent Athletes following ACL Reconstruction: A Matched Cohort Analysis of Patellar Tendon vs. Hamstring Autograft  
Nikolaos Paschos; Dai Sugimoto; Elizabeth Liotta; Patricia Miller, MS; Lyle Micheli, MD; Mininder Kocher, MD, MPH; Benton Heyworth, MD  
Boston Children’s Hospital, Boston, MA
132 2:34 PM–2:38 PM
Anterior Cruciate Ligament Tear Following Operative Treatment of Pediatric Tibial Eminence Fractures in a Multicenter Cohort
Ryan O’Donnell; Steven Bokshan; Kelsey Brown; Julien Aoyama, BA; Theodore Ganley, MD; Peter Fabricant, MD; Neeraj Patel, MD; Henry Ellis, MD; Daniel Green, MD; Indranil Kushare, MD; R Lee, MD; Scott McKay, MD; Jason Rhodes, MD; Brant Sachleben, MD; Mary Sargent, MD; Gregory Schmale, MD; Yi-Meng Yen, MD; R Mistovich, MD; Aristides Cruz, MD
Brown University/Rhode Island Hospital, Providence, RI

133 2:39 PM–2:43 PM
A Multicenter Comparison of Open versus Arthroscopic Reduction and Internal Fixation for Tibial Spine Fractures
R. Justin Mistovich, MD; Jilan Shimberg; Tomasina Leska; Julien Aoyama, BA; Aristides Cruz, MD; Henry Ellis, MD; Peter Fabricant, MD; Theodore Ganley, MD; Daniel Green, MD; Jason Jagodzinski, MD; Indranil Kushare, MD; R Lee, MD; Scott McKay, MD; Neeraj Patel, MD; Jason Rhodes, MD; Brant Sachleben, MD; Mary Sargent, MD; Gregory Schmale, MD; Yi-Meng Yen, MD
Rainbow Babies and Children’s Hospital, Cleveland, OH

2:44 PM–2:52 PM Discussion

3:00 PM–3:20 PM Break

CONCURRENT SESSION 2: FOOT/NM/LE

Moderator: Steve Frick, MD
Co-Moderator: L. Reid Nichols, MD

134 3:28 PM–3:32 PM
Comparison of Rigid and Dynamic Foot Abduction Orthoses in Children with Clubfoot: A Randomized Trial
Vincent Prusick, MD; Michael Stevens; Cale Jacobs; Vishwas Talwalkar, MD; Janet Walker, MD; Ryan Muchow, MD; Henry Iwinski, MD; Elizabeth Hubbard, MD
Shriners Hospital for Children, Lexington, KY
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<tr>
<td>135</td>
<td>3:33 PM–3:37 PM</td>
<td>Radiographic and Histologic Evaluation of Three Common Tendon Transfer Techniques in an Un-ossified Bone Porcine Model: Implications for Early Anterior Tibialis Tendon Transfers in Children with Clubfeet</td>
<td>Maegen Wallace, MD; Matthew Halanski, MD; Kyle Korth; Scott Bolam; Ellen Leiferman; Tom Crenshaw; Michael Dray; Haemish Crawford, MD</td>
<td>University of Wisconsin, Madison, WI</td>
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<td>136</td>
<td>3:38 PM–3:42 PM</td>
<td>Ponseti versus surgery, the 15 year outcomes of prospectively enrolled cohorts.</td>
<td>James Recordon; Matthew Halanski, MD; N Susan Stott, MD; Mark Boocock; Peter McNair; Haemish Crawford, MD</td>
<td>Starship Children’s Hospital, Auckland, New Zealand</td>
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<td>3:43 PM–3:51 PM</td>
<td>Discussion</td>
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<tr>
<td>137</td>
<td>3:52 PM–3:56 PM</td>
<td>Calcaneal Sliding Osteotomy is Superior to Calcaneal Lengthening Osteotomy in Children with Cerebral Palsy</td>
<td>Robert Kay, MD; Susan Rethlefsen, PT; Alison Hanson; Tishya Wren, PhD</td>
<td>Children’s Hospital Los Angeles, Los Angeles, CA</td>
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<tr>
<td>138</td>
<td>3:57 PM–4:01 PM</td>
<td>The Impact of Preoperative Factors and Surgical Burden on Postoperative Recovery of Walking Activity in Children with Cerebral Palsy</td>
<td>M Shrader, MD; Chris Church; Isabel Biermann; Nancy Lennon MS; John Henley; Stephanie Butler; Timothy Niiler; Freeman Miller, MD; Jason Howard, MD</td>
<td>Nemours duPont Hospital for Children, Wilmington, DE</td>
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<td>139</td>
<td>4:02 PM–4:06 PM</td>
<td>Fassier-Duval Telescoping Rodding in Osteogenesis Imperfecta: Rod Revision and Survivorship</td>
<td>Jirawat Saengsin; Patricia Miller, MS; Nicholas Sullivan; Blair Stewig; Collin May, MD; Carley Vuillermin FRACS; Susan Mahan, MD; James Kasser, MD; Samantha Spencer, MD</td>
<td>Department of Orthopaedic Surgery, Boston Children’s Hospital, Harvard Medical School, Boston, MA</td>
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4:07 PM–4:15 PM  Discussion

140
4:16 PM–4:20 PM  Prediction of Varus Deformity Correction by Lateral Tension Band Plating at the Knee in Late-Onset Blount Disease- A Multi-Center Study
Janet Walker, MD; David Dueber; Kenneth Powell, MD; Lindsay Stephenson, MD; Allison Scott, MD; Joel Lerman, MD; Sarah Nossov, MD; Corinna Franklin, MD; David Westberry, MD Shriners Hospitals for Children, Multiple Centers- Lead Site, Lexington, KY

141
4:21 PM–4:25 PM  Correction of Leg Length Discrepancy (LLD): Tension-Band Plating versus Percutaneous Trans-epiphyseal Screws
Manaf Younis, MD; Regina Hanstein; Yungtai Lo; Kainaat Javed; Eric Fornari, MD; Jaime Gomez, MD; Melinda Sharkey, MD; Jacob Schulz, MD Montefiore Medical Center, Bronx, NY

142
4:26 PM–4:30 PM  Total Joint Arthroplasties before 25: Functional Outcomes and Quality of Life
Nathan Donaldson, DO; John Colleran; Nathan Rogers MPH Children’s Hospital Colorado, Aurora, CO

4:31 PM–4:39 PM  Discussion
7:30 AM–7:34 AM  Welcome and Remarks  
QSVI Award Paper presented by Peter Armstrong, MD  
Trauma Paper & Best ePoster Awards

POSNA CRITICAL ISSUE SYMPOSIUM  
ADVANCING JUSTICE, EQUALITY, DIVERSITY, & INCLUSION IN PEDIATRIC ORTHOPAEDICS

7:35 AM–8:43 AM  
Moderator: Corinna Franklin, MD  
Co-Moderator: Coleen Sabatini, MD, MPH

Sponsored by the POSNA Diversity Task Force, this session will focus on:  
1. Understanding issues of inequity in access and quality of care and how these negatively affect our patients and particular communities  
2. Understanding how discrimination and unconscious bias disproportionally affect particular trainees and what can be done to ameliorate this  
3. Beginning to develop tools to identify and address our own biases in order to improve the care we provide our patients and the mentorship and training we provide to our trainees

Moderator: Coleen Sabatini, MD, MPH  
eModerator: Corinna Franklin, MD

7:35 AM–7:40 AM  Introduction: The Importance of Diversity and Being a Good Ally  
Michael Vitale, MD, MPH

7:40 AM–8:00 AM  Caring for Our Diverse Communities: Opportunities for Implementing Change  
O. Folorunsho Edobor-Osula, MD MPH

8:00 AM–8:10 AM  Questions and Answers  
O. Folorunsho Edobor-Osula, MD MPH

8:10 AM–8:30 AM  Panel discussion  
Jaysson T. Brooks, MD  
Qusai Hammouri, MD  
Monica Payares-Lizano, MD  
Selina Poon MD, MPH, MS  
David Roye, MD  
O. Folorunsho Edobor-Osula, MD MPH

8:30 AM–8:43 AM  Questions and Answers  
All speakers
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<td>143</td>
<td>8:44 AM–8:48 AM</td>
<td>Looking Under the Hood: Factors that Drive Successful Study Group Participation and Publications in Pediatric Spine Programs</td>
<td>Sonya Levine; Bradley Hammoor; Abby Morris; Sushrut Arora; Afrain Boby; Hiroko Matsumoto, PhD; Michael Fields; Matthew Oetgen MD, MBA; Tricia St Hilaire; Brandon Ramo, MD; Richard Anderson; John Smith, MD; Michael Vitale, MD, MPH; David Skaggs, MD; Pediatric Spine Study Group</td>
<td>Columbia University Medical Center, New York, NY</td>
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<td>144</td>
<td>8:49 AM–8:53 AM</td>
<td>Improving Hip Surveillance across a Tertiary Children’s Hospital: A Multi-Disciplinary Quality Improvement Initiative</td>
<td>Kathryn Milks; Jessica Holstine; Lynne Ruess; Alec McGinnis; Courtney Bishop, PA-C; Erin Mesi; Amanda Whitaker, MD</td>
<td>Nationwide Children’s Hospital, Columbus, Ohio</td>
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<td>145</td>
<td>8:54 AM–8:58 AM</td>
<td>How Much Will My Child’s ACL Reconstruction Cost? Availability and Variability of Price Estimates for Anterior Cruciate Ligament Reconstruction in the United States</td>
<td>Julianna Lee; Ryan Guzek; Neal Shah; J Todd Lawrence, MD; Theodore Ganley, MD; Apurva Shah, MD</td>
<td>Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania</td>
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<td>8:59 AM–9:07 AM</td>
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<td>146</td>
<td>9:08 AM–9:12 AM</td>
<td>Disposal of Unused Opioids Using an At-home Disposal Method</td>
<td>De-An Zhang; Marilan Luong; Emmanuel Barragan; Robert Cho, MD; Selina Poon, MD</td>
<td>Shriners for Children Medical Center, Pasadena, CA</td>
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<td>Session</td>
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<td>147</td>
<td>9:13 AM–9:17 AM</td>
<td>Opioid Use in Children and Adolescents Following Common Orthopaedic Surgeries</td>
<td>Samuel Willimon, MD; Asahi Murata; Crystal Perkins, MD</td>
<td>Children’s Healthcare of Atlanta, Atlanta, GA</td>
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<td>148</td>
<td>9:18 AM–9:22 AM</td>
<td>Perioperative steroid use in patients undergoing posterior spinal fusion for adolescent idiopathic scoliosis</td>
<td>Robert Bruce, MD; Nicholas Fletcher, MD; Tracy Ruska NP; Ndeye Guisse; Thomas Austin; Joshua Murphy, MD</td>
<td>Children’s Healthcare of Atlanta, Atlanta, GA</td>
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<td>9:23 AM–9:31 AM</td>
<td>Discussion</td>
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<td>149</td>
<td>9:32 AM–9:36 AM</td>
<td>Reducing Intraoperative Radiation Exposure During Periacetabular Osteotomy: The Use of Flat Panel Detector Fluoroscopy</td>
<td>Rachael Martino, BA; Omar Samara; Sterling Lee; Courtney Selberg, MD</td>
<td>Children’s Hospital Colorado, Aurora, Colorado</td>
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<td>150</td>
<td>9:37 AM–9:41 AM</td>
<td>Lowering radiation dose to children with hip dysplasia through a change in radiograph technique</td>
<td>Cheryl Lawing, MD; Rebecca Gorbe; Maureen Maciel, MD; Joseph Khoury, MD</td>
<td>Shriners Hospitals for Children, Tampa, FL</td>
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<td>151</td>
<td>9:42 AM–9:46 AM</td>
<td>Does Surgical Experience Decrease Radiation Exposure in the Operating Room?</td>
<td>Lacey Magee, BA; Alexa Karkenny, MD; Jie Nguyen; Faris Fazal, BS; Divya Talwar; Xiaowei Zhu; Apurva Shah, MD</td>
<td>Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania</td>
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<td>9:47 AM–9:55 AM</td>
<td>Discussion</td>
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<td>10:00 AM–10:20 AM</td>
<td>Break</td>
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QSVI II

Moderator: Julie Samora, MD
Co-Moderator: Brian Brighton, MD

152
Sara Van Nortwick, MD
Medical University of South Carolina, Charleston, SC

153
10:30 AM–10:34 AM  Healthcare disparities after implementation of standardized care pathway for adolescent idiopathic scoliosis patients undergoing spinal fusion
Philip Dela Merced; Caroll Vasquez Colon; Jenhao Cheng; Matthew Oetgen MD, MBA; Sophie Pestieau; Benjamin Martin, MD; Shannon Kelly, MD; Ariana Mirzada; Zsombor Gal; Jessica Cronin
Children’s National Hospital, Washington, DC

154
10:35 AM–10:39 AM  Perceived physician empathy in pediatric orthopedics: a cross-sectional study
Ian Singleton; Rachel Garfinkel; Jason Malone, DO; M’hamed Temkit; Mohan Belthur, MD
Phoenix Children’s Hospital, Phoenix, Arizona

10:40 AM–10:48 AM  Discussion

155
10:49 AM–10:53 AM  Efficacy of Virtual Reality in Pain Reduction in Orthopedic Pediatric Patients Measured by Patient Feedback and Heart Rate Monitoring
Sean Waldron, MD; Bhumit Desai; Michael Nammour; Michael Warren; Jeffrey Reese; Lawrence Haber, MD; Brielle Plost, MD; Korak Sarkar
Ochsner Clinic Foundation, New Orleans, LA

156
10:54 AM–10:58 AM  Cast Saw Alarm System Reduces Blade to Skin Contact
Susan Scherl, MD; Max Twedt; Jeffrey Garvey; Joshua Cameron; Matthew Halanski, MD
University of Nebraska Medical Center, Omaha, Nebraska
**Comparison of Commercially Available Cast Protectors**

Stephanie Goldstein, MD; Scott Hetzel; Pamela Lang, MD; Matthew Halanski, MD  
*University of Wisconsin-Madison, Madison, WI*

**Post Operative Scoliosis X-Rays - Before Discharge or First Follow Up**

J Wattenbarger, MD; Ashley Carpenter; Franklin Gettys, MD  
*SHC-Greenville, Greenville, SC*

**Zero Patient-Controlled Analgesia is an achievable target for postoperative rapid recovery management of Adolescent Idiopathic Scoliosis patients**

Vishal Sarwahi, MBBS; Sayyida Hasan; Benita Liao; Aaron Atlas; Jesse Galina; Yungtai Lo; Terry Amaral, MD; Michelle Kars  
*Cohen Children’s Medical Center, New Hyde Park, NY*

**Establishing a Gold Standard for Estimation of Blood Loss During Spine Surgery**

Nicholas Fletcher, MD; Laura Gilbertson; Robert Bruce, MD; Humphrey Lam; Kathy Spitzer; Matthew Lewis; Marney Moore; Thomas Austin  
*Children’s Healthcare of Atlanta, Atlanta, GA*

Adjourn
Indication
EXPAREL® (bupivacaine liposome injectable suspension) is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information
EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritis, and tachycardia.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

EXPAREL is not recommended to be used in the following patient populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL
Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks other than interscalene brachial plexus nerve block, or intravascular or intra-articular use.

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products
Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression.

Cardiovascular System Reactions: Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death.

Allergic Reactions: Allergic-type reactions (e.g., anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients.

Chondrolysis: There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

Methemoglobinemia: Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of Prescribing Information on adjacent page.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.

**Brief Summary**

For full prescribing information refer to package insert.

**INDICATIONS AND USAGE**

EXPAREL is indicated for single-dose infiltration into the surgical site. Patients were administered a weight-based dose of EXPAREL at 4 mg/kg (maximum dose of 266 mg) or bupivacaine HCl 2 mg/kg (maximum dose of 75 mg). In those studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

**CONTRAINDICATIONS**

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

**WARNINGS AND PRECAUTIONS**

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgies or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intrarticular use

**ADVERSE REACTIONS**

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 525 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were headache, muscle twitching, dizziness, edema peripheral, dysuria, urinary retention, fatigue, headache, confusion state, hypertension, hypotension, hypertension oral, pruritus general, hyperesthesia, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematuria.

Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedure Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

**DRUG INTERACTIONS**

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

- Dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
- Chloroquine, primaquine
- Phenobarbital, phenyltoin, sodium valporate
- Acetaminophen, methicloprim, quinine, sulfa salazine

**Examples of Drugs Associated with Methemoglobinemia:**

<table>
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<tr>
<th>Class</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Nitrites/Nitrites</td>
<td>nitrite oxide, nitroglycerin, nitroglycerol, nitrous oxide</td>
</tr>
<tr>
<td>Local anesthetics</td>
<td>articaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine</td>
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<tr>
<td>Antineoplastic agents</td>
<td>cyclophosphamide, fludotrope, hydrosorbona, furoside, rasburicase</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides</td>
</tr>
<tr>
<td>Antimualarials</td>
<td>chloroquine, primaquine</td>
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<tr>
<td>Anticovinulants</td>
<td>Phenoaramid, phenyltoin, sodium valporate</td>
</tr>
<tr>
<td>Other drugs</td>
<td>acetaminophen, methicloprim, quinine, sulfa salazine</td>
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**Bupivacaine**

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

**Non-bupivacaine Local Anesthetics**

EXPAREL should not be admixed with local anesthetics other than bupivacaine. As bupivacaine HCl given by paracervical block anesthesia including liposomal, may cause an immediate release of bupivacaine from EXPAREL if admixed together locally. The use of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL. Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles.

**USE IN SPECIFIC POPULATIONS**

**Pregnancy**

**Risk Summary**

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.5 times the minimum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD (see Data). Based on animal data, advise pregnant women of the potential risks to a fetus. The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2%–4% of clinically recognized pregnancies.

**Clinical Considerations**

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been evaluated with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The degree of toxicity depends upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

**Data**

**Animal Data**

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.6, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.8 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal deaths were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).
Lactation

It is not known whether EXPAREL is excreted in human milk. The decision to attribute the possible risks to EXPAREL should be made with caution.

Perinatal Use

No controlled fertility studies in humans have been conducted with EXPAREL. It is also not known whether EXPAREL administered to pregnant women can cause fetal harm when administered to a pregnant woman or can affect the ability of a female to become pregnant. EXPAREL is classified as Pregnancy Category B.

Pediatric Use

The safety and effectiveness of EXPAREL for single-dose infiltration to produce postsurgical local anesthesia have been established in pediatric patients aged 6 years and older. Use of EXPAREL for this indication is supported by evidence from adequate and well-controlled studies in adults with additional pharmacokinetic and safety data in pediatric patients aged 6 years and older. Safety and effectiveness have not been established in pediatric patients aged less than 6 years old for local infiltration or less than 18 years old for interscalene brachial plexus nerve block.

Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 69 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

OVERDOSAGE

Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole). Plasma levels of bupivacaine associated with toxicity can vary, but concentrations of 2,500 to 3,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms and toxicity have been reported at levels as low as 800 ng/mL.

Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered. The first step in the management of convulsions, as well as under whatever agent, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with a bag and mask and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamyl) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar prior to the use of these anesthetics, with these anticonvulsant drugs. Supportive treatment of circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression may result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

DOSE AND ADMINISTRATION

Important Dosage and Administration Information

• EXPAREL is intended for single-dose administration only.

• Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.

• DO NOT dilute EXPAREL with water or other hypotonic agents (greater than 4% or 104°F) for 4 hours of preparation in a syringe.

• Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 42°C or 104°F) for an extended period.

• Inspect EXPAREL visually for particulate matter and discontinue prior to administration, whenever solution or sediment is present. Do not administer EXPAREL if the product is discolored.

Recommended Dosing

Local Analgiesia via Infiltration Dosing in Adults

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266 mg (20 mL) of EXPAREL, and is based on the following factors:

• Size of the surgical site

• Volume required to cover the area

• Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

• In patients undergoing lumbar laminectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

• In patients undergoing herniectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, then injected into 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Local Analgesia via Infiltration Dosing in Pediatric Patients

The recommended dose of EXPAREL for single-dose infiltration in pediatric patients, aged 6 to less than 14 years, is 4 mg/kg (up to a maximum of 266 mg), and is based upon studies of pediatric patients undergoing either spine surgery or cardiac surgery.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based on a study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

Compatibility Considerations

Administering EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

• Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine. EXPAREL may not be administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.

• Bupivacaine HCl administered with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL, as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

• When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with the site or application of any other antiseptic.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL and may be used with EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or non-lipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if there is any evidence of a potential adverse effect on the breastfed infant or if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.

PACIRA

Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA

Patent Numbers:
6,132,766, 5,891,467, 5,766,627, 8,182,835

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For additional information call 1-855-RX-EXPAREL (1-855-783-9727)

Rx only

March 2021
Come enjoy good times, great food and drinks at Backyard Dallas. This lively and colorful, yet rustic and relaxed space is complemented with playful seating including painted picnic tables and lounge furniture. Add dozens of interactive games including ping pong, oversized Jenga, corn hole, shuffleboard, pool, pop-a-shot, darts, virtual bowling, giant connect four, air hockey and more.

Attire: Casual

*Included with attendee registration.
Accompanying Persons must be registered to attend.
Must be 21 and over to attend.
2021 ARABELLA LEET MEMORIAL YOUNG MEMBER FORUM

Sponsored By Shriners Hospitals for Children

Chairs: Dan Miller, MD and Margaret Siobhan Murphy-Zane, MD

The POSNA Young Member Forum is held in honor of Dr. Arabella Leet. Dr. Leet was a highly accomplished Pediatric Orthopaedic Surgeon with a special interest in children with Cerebral Palsy. At the end of her career, she served as Chief of the Shriner’s Hospital in Honolulu, Hawaii. She passed away in 2013 after a sudden illness.

This year, the Young Member Forum will focus on the pediatric orthopaedic family. This session will be beneficial to all pediatric orthopaedic providers but will be particularly relevant to those in the first five years of their practice, as well as residents and fellows. Members of POSNA and their families will share their own personal experience and wisdom on the topics selected with time for discussion at the end of the symposium.

Introduction and Tribute to Arabella Leet
Dan Miller, MD
Margaret Siobhan Murphy-Zane, MD

The Importance of Parental Leave for Surgeons, their Families, and the Orthopaedic Community
Jennifer Weiss, MD

Technology hacks for the orthopaedic family
Dan Miller, MD

What I Learned About Work-Life Balance Growing Up as the Child of a Pediatric Orthopaedic Surgeon
Craig Birch, MD

The Spouse’s Perspective on Work-Life Balance in Pediatric Orthopaedics
Richard McIntosh

How Can We Make Two Professional Careers Work?
Richard Zane, MD

Panel Discussion
Jennifer Weiss, MD; Craig Birch, MD; Richard McIntosh; Amy McIntosh, MD
Benjamin Roye, MD; Jonathan Schoenecker, MD, PhD

Concluding Remarks
Dan Miller, MD
Margaret Siobhan Murphy-Zane, MD
POGO PEDIATRIC ORTHOPAEDIC GLOBAL OUTREACH SYMPOSIUM

75 Minutes

Chair: Michael J. Heffernan, MD
Co-chair: Jaysson Brooks, MD

This year’s POGO Symposium is focused on the impact that implants have in global outreach efforts. We have several experts discussing the topic from their unique perspective. A panel discussion will follow addressing the role that orthopaedic surgeons can play in increasing implant availability. There will also be an invited paper session to review recent global outreach research.

Introduction
Michael J. Heffernan, MD

Implants in Global Outreach: Sign Nail Experience
Lewis Zirkle, MD

Implants in Global Outreach: Orthopaedic Link Perspective
Dheera Ananthakrishnan, MD

Implants in Global Outreach: Industry Perspective
Peter Armstrong, MD

Implants in Global Outreach: POGO Scholar Perspective
Godwin Yaw Fosu Opuni, MBChB

Implants in Global Outreach: Panel Discussion
Moderators: Jaysson T. Brooks, MD & Michael J. Heffernan, MD

POGO Research: Invited Paper Presentations
Moderator: Karen Bovid, MD
POPS
PEDIATRIC MUSCULOSKELETAL TUMORS AND INFECTIONS: CHALLENGES AND UPDATES

90 Minutes
Chair: Raymond Kleposki, MSN, CPNP
Co-Chair: Jessica Staschak, MSN, CPNP

Musculoskeletal infections and tumors present unique challenges for the pediatric orthopaedic provider. This symposium, presented by experts in treatment of pediatric musculoskeletal tumors and infections, will provide a useful review for principles of treatment of musculoskeletal infections and tumors, as well as an update on current best practices.

Principles and Challenges of Treating Pediatric Musculoskeletal Infections
Megan Johnson, MD

Principles and Challenges of Treating Pediatric Musculoskeletal Tumors
Alexandre Arkader, MD

PRACTICE MANAGEMENT

80 Minutes
Chair: Kevin M. Neal, MD, MBA
Co-Chair: M. Wade Shrader, MD

The POSNA Practice Management Symposium is designed to discuss topics relevant to pediatric orthopaedic clinicians in a broad range of practice settings. This year’s symposium focuses on coding, telemedicine, social media, and compensation plans. In addition, we will present the results of the latest POSNA practice management survey.

Introduction
Kevin Neal, MD

Coding Update 2021
Dale Blasier, MD

Telemedicine Best Practices
Daniel Grant, MD

Social Media Marketing
McKay E. Hendershot, MD

Compensation Plans
Michael Jofe, MD

Practice Survey Results
Wade Shrader, MD
Medical registries have gained increased importance in recent years to further ongoing research and medical knowledge. Despite this promise, registries are also expensive and require significant resources to maintain. This symposium will explore the true nature and possibilities of healthcare registries, how POSNA may benefit from the investment in registries and insights into lessons learned from POSNA associated study groups.

Introduction
Matthew Oetgen, MD, MBA

What are True Health Care Registries and What Can They Achieve?
David S. Jevsevar, MD, MBA, FAAOS

POSNA’s Registry Investment - History, Current Landscape
Steve Frick, MD

International Hip Dysplasia Registry (IHDR)
Kishore Mulpuri, MD

International Legg Calve Perthes Registry
Harry Kim, MD

Harms Study Group or Pediatric Spine Study Group
Peter Newton, MD and Paul Sponseller, MD

International Cerebral Palsy Hip Outcomes Project (CHOP) Study
Unni Narayanan, MBBS, MSc, FRCS(C)

Panel Discussion on the Future of Registries in Pediatric Orthopaedic Surgery
All Speakers
The Trauma Symposium is focused on aspects for treatment of adolescent orthopaedic trauma patients. These cases can present complex injury patterns that are not commonly encountered in the routine care of pediatric orthopaedic trauma. This session will provide insight in treatment of these more adult like patterns of injury with tips and tricks provided by adult orthopaedic traumatologists. The topics covered will be of value to any orthopaedic surgeon involved in the management of pediatric orthopaedic trauma. We will discuss complex elbow fractures, pediatric pelvic fractures, as well as complex femur, tibia and ankle fractures.

**Introduction**
*Chris Souder, MD*

**Management of Complex Distal Humerus Fractures: When Do You Need more Than Pins?**
*Michael Brennan, MD*

**Pelvis Fractures: Which Really Need Fixation?**
*Jason Stoneback, MD*

**Complex Femur Fractures: How to Fix the Challenging Femur Fracture?**
*Caroline Tougas, MD*

**Peri-Articular Knee Fractures: What to do With Short Segments and Intra-Articular Fractures?**
*David Rothberg, MD*

**High Energy Tibia Fractures: When and How Can We Best Use Rigid Nails?**
*John Munz, MD*

**Ankle Fractures: When Does it Need More Than Just Screws?**
*Drew Sanders, MD*

**Support Opportunities**
*Brian Scannell, MD*
**ePoster 1**  
Biomarkers for Prediction of Skeletal Disease Progression in Mucopolysaccharidosis Type I  
**Klane White, MD; Troy Lund; Terence Doherty; Julie Eisengart; Rebecca Freese; Kyle Rudser; Ellen Fung; Bradley Miller; Paul Orchard; Chester Whitley; Lynda Polgreen**  
Seattle Children’s Hospital, Seattle, WA

**ePoster 2**  
Single Cell Expression Analysis of Pediatric Cartilage Demonstrates Unique Signatures for Articular and Physeal Chondrocytes  
**Donna Pacicca, MD; Tammy Brown; Jeffrey Johnston; Emily Farrow**  
Children’s Mercy Hospital, Kansas City, MO

**ePoster 3**  
Primary cilia disturbances in the physes of immature hypothyroid mini-swine  
**Ashley Mohrman, PhD; Erica Reber; Fayez Safadi; Mark Adamczyk, MD**  
Akron Children’s Hospital, Akron, OH

**ePoster 4**  
Is the Lateral Cuneiform Large Enough to Support Interference Screw Fixation for Tibialis Anterior Tendon Transfer in Children Aged 3 to 6 Years?  
**Jordan Polk; Jacob Zide, MD; Yassine Kanaan; Zachary Meyer; Anthony Riccio, MD**  
Scottish Rite for Children, Dallas, TX

**ePoster 5**  
Prenatal Counselling for a Suspected Clubfoot Diagnosis Reduces Parental Anxiety During the Corrective Phase of Ponseti Treatment  
**Maryse Bouchard, MD; Leah Hatcher**  
The Hospital for Sick Children, Toronto, ON, Canada

**ePoster 6**  
Predictive Ability of Clinical and Radiographic Findings For Detecting Tarsal Coalition  
**Kianna Nunally; Collin May MD; Patricia Miller MS; Jodie Shea; Benjamin Shore, MD, MPH, FRCSC**  
Boston Children’s Hospital, Boston, MA

**ePoster 7**  
The Scapholunate Interval in the Pediatric Population Decreases in Size as Age Increases  
**Timothy Shaver; Alexandria Case; Danielle Hogarth; Joshua Abzug, MD**  
University of Maryland School of Medicine, Baltimore, Maryland

**ePoster 8**  
A Novel ‘Starfish’ Flap for Syndactyly Release: Technique and Early Results  
**Rameez Qudsi, MD; Kevin Little, MD**  
Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
ePoster 9
Hip Arthroscopy Following Slipped Capital Femoral Epiphysis Fixation: Early and Progressive Chondrolabral Damage
Javier Besomi, MD; Valeria Escobar; Santiago Alvarez; Juan Jose Valderrama; Jaime Lopez; Claudio Mella; Carlos Tobar; Joaquin Lara; Claudio Meneses, MD
Clinica Alemana de Santiago, Santiago, Chile

Subjectively Reported Hip Function and Activity Levels Weakly Correlate with Objective Temporospatial Parameters in Adolescent Patients Before and After Hip Preservation Surgery
Wilshaw Stevens; Lauren Luginsland; David Podeszwa, MD; Kirsten Tulchin-Francis, PhD
Scottish Rite for Children, Dallas, Texas

Validation and initial results of international web-based survey of adults who had childhood Legg-Calvé-Perthes disease (LCPD)
Harry Kim, MD; Bella Vakulenko-Lagun; Molly McGuire; Earl Cole; Roi Almakias; Michael Millis, MD
International Perthes Study Group, Dallas, TX

A Biomechanical Analysis of The Surface Contact Pressure After An Innominiate Osteotomy For The Correction Of Acetabular Dysplasia
Emmanuel Gibon, MD; Mackenzie Roof; Pablo Castaneda, MD
NYU Langone Pediatric Orthopaedic Department, New York, NY

The Importance of Globalization in Prospective Study Groups: Increasing the Relevance of Research on Developmental Dysplasia of the Hip to a Global Patient Population
Emily Schaeffer, PhD; Alaric Aroojis; Hitesh Shah, MD; Venkatadass Krishnamoorthy; Sandeep Patwardhan, MD; CHITTA SAHU; Kishore Mulpuri, MD
BC Children’s Hospital, Vancouver, BC, Canada

Patients With Ehlers-Danlos Syndrome Who Undergo Periacetabular Osteotomy for Symptomatic Hip Instability Report Sustained Improvements At Two Years Comparable To Those Observed in Patients Without Ehlers-Danlos Syndrome
Patrick Whitlock, MD; Nicholas Auteri; Sydney Herold; Rachel Breitenstein; Molly Uchtman; James McCarthy, MD
Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio

Femoral Head Coverage should be included in treatment protocols for Graf IIa Developmental Dysplasia of the Hip
Margaret Siobhan Murphy-Zane, MD; Patrick Carry; Kaley Holmes; Brian Kohuth, PA-C; Debbie Burke PA; Tyler Freeman; Matthew Belton; Nancy Miller, MD; Gaia Georgopoulos, MD
Children’s Hospital Colorado, Aurora, CO
ePoster 16
Mountain or Mole Hill: The Clinical Significance of Infolded Labrum on Post-Reduction Arthrogram in Developmental Dysplasia of the Hip
William Morris, MD; Sai Susheel Chilakapati; Sean Hinds; John Herring, MD; Harry Kim, MD
Texas Scottish Rite Hospital for Children, Dallas, TX

ePoster 17
Oncological and Functional Outcomes in Joint Sparing Resections of the Proximal Femur for Malignant Primary Bone Tumors
Dipak Ramkumar; Sean Kelly; Santiago Lozano Calderon; Mark Gebhardt, MD; Megan Anderson, MD
Boston Children’s Hospital, Boston, MA

ePoster 18
Are “Quick” MRI scans reliable for diagnosis of pediatric peri-pelvic musculoskeletal infections?
Jarrett Warden; Ian Kuckelman; Scott Hetzel; Pamela Lang, MD; Laura Bellaire, MD; Kenneth Noonan, MD
University of Wisconsin, Madison, WI

ePoster 19
Diffuse Tenosynovial Giant Cell Tumors: Case Series From a Large Pediatric Orthopaedic Hospital
Ryan Guzek; Max Cornell; Jie Nguyen; Alexandre Arkader, MD
Children’s Hospital of Philadelphia, Philadelphia, PA

ePoster 20
Guided Growth Treatment can improve Depression of the Medial Tibial Plateau in Infantile Blount Disease –An update
Regina Hanstein; Chris Schneble; Jacob Schulz, MD; Adrienne Socci, MD; Melinda Sharkey, MD
Montefiore Medical Center, Bronx, NY

ePoster 21
Infantile Blount Disease: Radiographic Predictors of Spontaneous Resolution
Regina Hanstein; Chris Schneble; Jacob Schulz, MD; Adrienne Socci, MD; Melinda Sharkey, MD
Montefiore Medical Center, Bronx, NY

ePoster 22
Creation and Validation of a “Shorthand” Knee MRI Bone Age Assessment Tool as an Alternative for Skeletal Maturity Assessment
Carey Politzer; James Bomar, MPH; Hakan Pehlivam, MD; Preet Gurusamy; Eric Edmonds, MD; Andrew Pennock, MD
Rady Children’s Hospital, San Diego, San Diego, California
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Novel application of the internal, magnetically-controlled, telescopic nail to the extramedullary femur in the skeletally immature patient: Early results.
Katherine Rosenwasser; Nickolas Nahm, MD; Philip McClure, MD; John Herzenberg, MD; Shawn Standard, MD
Sinai Hospital of Baltimore/Lifebridge Health, Baltimore, Maryland

ePoster 24
Predictions of the Amount of Growth Remaining in the Lower-Limb
Kyung Rae Ko; Jong Shim, MD; Jaesung Park
Samsung Medical Center, Seoul, Korea, Republic of

ePoster 25
Multicenter Series of Deformity Correction using Guided Growth in the Setting of Osteogenesis Imperfecta
Jeanne Franzone, MD; Maegen Wallace, MD; Kenneth Rogers, PhD; Elizabeth Strudthoff; Richard Kruse, DO; Darko Anticevic
Nemours Alfred I. duPont Hospital for Children, Wilmington, DE

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Contractures in Cerebral Palsy and Brachial Plexus Birth Injury Are Similarly Caused by Short, Weak Muscles
Roger Cornwall, MD; Sia Nikolaou; Jason Long; Kendra Eckstein
Cincinnati Children’s Hospital, Cincinnati, OH

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Better Understanding the Orthopaedic Burden of Neurosurgical Hemispherectomy in Pediatric Patients
William Belshe; Nicholas Gajewski; Rachel Thompson, MD
University of California, Los Angeles, Los Angeles, CA

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Nutrition Consult in the Year Leading up to Neuromuscular Scoliosis Surgery: Helpful Tool or Self-Inflicted Wound?
Ariana Meltzer-Bruhn; Matthew Landrum, MD; David Spiegel, MD; Patrick Cahill, MD; Jason Anari, MD; Keith Baldwin, MD
Children’s Hospital of Philadelphia, Philadelphia, PA

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Reliability and Utility of a Novel Classification Scheme for Gait Deviations in Children with Persistent Idiopathic Toe Walking
Jon Davids, MD; Sancy Childers, BA; Sean Brown, BS; Anita Bagley, PhD; Vedant Kulkarni, MD
Shriners Hospital Northern California, Sacramento, CA

 Indicates those faculty presentations in which the FDA has not cleared the drug and/or medical device for the use described (ie. the drug or medical device is being discussed for an “off label” use).
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The Stability of Sagittal Plane Gait Patterns from Early Childhood to Maturity in Cerebral Palsy
Bidzina Kanashvili, MD; Freeman Miller, MD; Jason Howard, MD; Julieanne Sees, DO; Kenneth Rogers, PhD; Chris Church; Nancy Lennon, MS; John Henley; Timothy Niiler; M Shrader, MD
Nemours - Alfred I duPont Hospital for Children, Wilmington, DE

ePoster 31
Effect of Positioning Error on the Hilgenreiner Epiphyseal Angle and Head-shaft Angle Compared to the Femoral Neck-shaft Angle in Children with Cerebral Palsy
Emily Sullivan; Carly Jones; Stacey Miller; Kyoung-Min Lee; David Wilson; Kishore Mulpuri, MD; Agnes D’Entremont
BC Children’s Hospital, Vancouver, BC, Canada

ePoster 32
Factors Associated with Gross Motor Recovery during Rehabilitation Following Single-Event Multilevel Surgery (SEMLS) for Youth with Cerebral Palsy
M Shrader, MD; Nancy Lennon MS; Isabel Biermann; Grace Gerry; Jason Beaman; Nicole Mamula; Abigail Gilmore; Timothy Niiler; Laura Owens
Nemours duPont Hospital for Children, Wilmington, DE

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Baseline Patient Reported Outcomes Measurement Information System (PROMIS) Scores in Children with Adolescent Idiopathic Scoliosis (AIS) and Their Relation to the SRS-22
Daniel Bouton, MD; Graham Fedorak, MD; Donna Oeffinger; Purnendu Gupta, MD; Scott Luhmann, MD; Peter Stasikelis, MD; Michal Szczodry; Vishwas Talwalkar, MD; Man Hung
Shriners Hospitals for Children, Tampa, FL

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Proof of Concept for Artificial Intelligence Based Estimation of Skeletal Maturity from Biplanar Slot Scan Scoliosis Imaging
Audrey Ha; Bao Do; Joanna Langner; Andrew Campion; Charles Fang; Michael Fadell; Steve Dou; Safwan Halabi; Emily Wang; YongJin Lee; Japsimran Kaur; John Vorhies, MD
Stanford University, Stanford, CA

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Surgical Site Infection Following Neuromuscular Posterior Spinal Fusion: Comparing Incidence Before and After the 2013 Best Practice Guideline
Stephen Stephan; Kenneth Illingworth, MD; Kavish Gupta; Lindsay Andras, MD; David Skaggs, MD, MMM
Children’s Hospital Los Angeles, Los Angeles, CA
ePoster 36
National Trends in Performing Osteotomies for AIS in North America: Greater Incidence Is Associated with Significant Complications and Greater Cost
Kiley Poppino; Chan-Hee Jo; Daniel Sucato, MD, MS
Texas Scottish Rite Hospital for Children, Dallas, TX

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Evaluation of the AOSpine Injury Classification in the Pediatric Population: Results of a Multi-Center POSNA Grant
Daniel Hedequist, MD; Nora O’Neill; Andrew Mo; Patricia Miller, MS; Craig Birch, MD; Vidyadhar Upasani, MD; G Li, MD; Nicholas Fletcher, MD; Walter Krengel, MD; Sumeet Garg, MD; Anthony Riccio, MD; David Spence, MD; Jennifer Bauer, MD; Michael Glotzbecker, MD
Boston Children’s Hospital, Boston, MA

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Cervical Degenerative Disc Disease is Associated with Increased Cervical Kyphosis in Adolescent Idiopathic Scoliosis
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Ryan Guzek; Robert Murphy, MD; Christina Hardesty, MD; John Emans, MD; Sumeet Garg, MD; John Smith, MD; George Thompson, MD; Benjamin Roye, MD; Michael Glotzbecker, MD; Peter Sturm, MD; Brian Snyder, MD; Selina Poon, MD; Connie Poe-Kochert; Pediatric Spine Study Group; Jason Anari, MD
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A Wireless Intraoperative Neuromonitoring System is as Reliable and Accurate as the Traditional Wired Systems for Spinal Deformity Surgery
Wenyuan Shi; J-C Chiao; Steven Sparagana; Patricia Rampy; Kiley Poppino; Daniel Sucato, MD, MS
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Comparative analysis of Post-op Motion between Spinal Fusion and VBT
Firoz Miyanji, MD; Michelle Marks, PT; Amer Samdani, MD; Suken Shah, MD; Tracey Bastrom, MA; Maty Petcharaporn; Peter Newton, MD
British Columbia Children’s Hospital, Vancouver, BC, Canada
Risk of Early Complication Following Anterior Vertebral Body Tethering for Idiopathic Scoliosis
Abdullah Abdullah; Stefan Parent, MD; Firoz Miyanji, MD; Kevin Smit, MD; Joshua Murphy, MD; David Skaggs, MD; Purnendu Gupta, MD; Michael Vitale, MD, MPH; Neil Saran, MD; Robert Cho, MD; Ron El-Hawary, MD
IWK, Halifax, NS, Canada

Can Bone Health Improvement from the Initial 2-Year Calcium and Vit-D Supplementation Persist Towards Peak Bone Mass after 4-Year of Supplement Discontinuation in Adolescent Idiopathic Scoliosis – A Randomized Controlled Trial
Ping Lam, MBBS; Guangpu Yang; Henry Pang; Wayne Lee; MAN FUNG TANG; Hung Lik Hang; Jack Cheng, MD
SH Ho Scoliosis Research Lab, Joint Scoliosis Research Center of the Chinese University of Hong Kong, Hong Kong SAR, China, People’s Republic of China

Waterproof Mehta Casting for Early Onset Scoliosis
Lorena Floccari, MD; Keegan Conry; Melanie Morscher, PT; Todd Ritzman, MD
Akron Children’s Hospital, Akron, Ohio

Vertebral Column Resection Improves the Sagittal Plane Greater than Other Techniques but Risks Symptomatic Junctional Kyphosis
Daniel Sucato, MD, MS; Munish Gupta; Lawrence Lenke, MD; David Bumpass; Sumeet Garg, MD; Paul Sponseller, MD; Suken Shah, MD; Mark Erickson, MD; Amer Samdani, MD; Burt Yaszay, MD; Joshua Pahys, MD; Peter Newton, MD; Michael Kelly
Texas Scottish Rite Hospital for Children, Dallas, TX

Changes in the Position of the Trochlear Groove in the Setting of Trochlear Dysplasia
James Pace, MD; Gregory Kanski; Christopher Cheng; David Chiu; Allison Crepeau, MD; Andrew Cohen; Michael Brimacombe
Elite Sports Medicine at Connecticut Children’s Medical Center, Farmington, CT

45° Flexion Anteroposterior Elbow Radiographs Improve Diagnostic Accuracy of Capitellum Osteochondritis Dissecans
Michael Saper; Viviana Bompadre, PhD; Monique Burton; Sarah Menashe; Kyle Nagle; Gregory Schmale, MD; Mahesh Thapa
Seattle Children’s, Seattle, WA
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Osteochondral Lesions of the Talus: Factors Predictive of Cartilage Integrity
Crystal Perkins, MD; John Erickson, DO; Kiery Braithwaite; Michael Busch, MD; Samuel Willimon, MD
Children’s Healthcare of Atlanta, Atlanta, GA

ePoster 49
Nerve Blocks for Pediatric ACL Reconstruction: Comparing Function, Patient-Reported Outcomes, and Efficiency
Tomasina Leska; Joshua Bram; Nicolas Pascual-Leone; Brendan Williams, MD; Theodore Ganley, MD
Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania

ePoster 50
Outcomes of Pediatric Meniscal Surgeries
Stephanie Logterman, MD; Alexia Gagliardi; David Howell; Jay Albright, MD
Children’s Hospital Colorado, Aurora, CO

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Post-operative Complications and Early Clinical Outcomes Following ACL Reconstruction with Soft Tissue Quadriceps Tendon Autograft in Adolescent Athletes
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MAGNETIC RESONANCE IMAGING OF LATERAL MENISCAL ROOT TEARS IN THE ADOLESCENT KNEE: IS THE DIAGNOSIS MISSED, MENTIONED, OR MADE?
John Schlechter, DO; Edward McDonald; Theresa Pak; Bryn Gornick
Children’s Hospital of Orange County, Orange, California

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Predicting Arthrofibrosis Following Anterior Cruciate Ligament Reconstruction in the Pediatric Population: A Matched Case-control Study
Soroush Baghdadi, MD; Lawrence Wells, MD; Theodore Ganley, MD; J Todd Lawrence, MD
The Children’s Hospital of Philadelphia, Philadelphia, PA

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What are the Causes and Consequences of Delayed Surgery for Pediatric Tibial Plateau Fractures?
Neeraj Patel, MD; Tomasina Leska; Theodore Ganley, MD; Julien Aoyama, BA; Aristides Cruz, MD; Henry Ellis, MD; Peter Fabricant, MD; Daniel Green, MD; Jason Jagodzinski, MD; Benjamin Johnson; Indranil Kushare, MD; R Lee, MD; Scott McKay, MD; Jason Rhodes, MD; Brant Sachleben, MD; Mary Sargent, MD; Gregory Schmale, MD; Yi-Meng Yen, MD; R Mistovich, MD
Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, IL
ePoster 55
Pediatric Compliance of Lower Extremity Weight Bearing Restrictions Following Injury
Alexandria Case; Danielle Hogarth; Joshua Abzug, MD
University of Maryland School of Medicine, Baltimore, Maryland

ePoster 56
Secondary Displacement of Both Bone Diaphyseal Forearm Fractures: Risk Factors and Predictors of Closed Reduction and Cast Immobilization
Joaquin Nuñez De Armas, MD; Vidyadhar Upasani, MD; Luis Moraleda Novo, MD; Alyssa Carroll; Tracey Bastrom, MA; Gaspar González Morán; Eric Edmonds, MD
Rady Children’s Hospital, San Diego, San Diego, California

ePoster 57
Outcomes of Operative Treatment of Pediatric Monteggia Fracture-Dislocations: Open Injuries as a Predictor of Poor Outcomes
Alfred Mansour, MD; Brennan Roper; Layla Haidar; Shrina Parikh; Ryan Warth; Lindsay Crawford, MD; Shiraz Younas, MD
The University of Texas at Houston Orthopaedics, Houston, Texas

ePoster 58
Disparities in Care Received for Treatment of Pediatric Fractures
Margaret Smythe; Katelin Nickel; Matt Keller; Pooya Hosseinzadeh, MD
Washington University School of Medicine, Saint Louis, Missouri

ePoster 59
Does an Associated Elbow Dislocation Lead to Worse Outcomes in Medial Epicondyle Fractures?
Sarah Toner; Alexandria Case; Danielle Hogarth; Joshua Abzug, MD
University of Maryland School of Medicine, Baltimore, Maryland

ePoster 60
Comparison of Short and Long Leg Casts for the Treatment of Distal Third Tibial Shaft Fractures in Children
Scott Barnett; Baili Fontenot; Claudia Leonardi; Joseph Gonzales, MD; Dominic Gargiulo, DO; Michael Heffernan, MD
Children’s Hospital New Orleans, New Orleans, Louisiana

ePoster 61
Predicting Failure of Closed Reduction in Paediatric Diaphyseal Forearm Fracture Elastic Stable Intramedullary Nailing (ESIN)
Kenneth Pak Leung Wong; Nicole Lee; Darryl Chew; Ling Hui Tay; Arjandas Mahadev, FRCS
KK Women’s and Children’s Hospital, Singapore, Singapore
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<th>ePoster 62</th>
<th>Unicolumnar Pin Fixation of Type III Supracondylar Humeral Fractures is Associated with a Greater than Three Times Higher Odds of Lost Reduction</th>
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<td>Jaime Denning, MD; Sarah Jenkins; Charles Mehlman, DO</td>
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<td>Cincinnati Children’s Hospital Medical Center, Cincinnati, OH</td>
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<th>ePoster 63</th>
<th>Pediatric and Adolescent Fractures of the Acetabulum treated with ORIF: What are their Functional Outcomes?</th>
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<tr>
<td>Wendy Ramalingam, BS; Brendan Southam; Adam Schumaier; Jaime Denning, MD; Patrick Whitlock, MD; Michael Archdeacon</td>
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<tr>
<td>Cincinnati Children’s Hospital Medical Center, Cincinnati, OH</td>
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<tr>
<th>ePoster 64</th>
<th>Ulnar Epiphysiodesis: Success of the Index Procedure</th>
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<tr>
<td>Wade Faulk, MBA; Kristen Vossler; Allison Goodrich; Tanner Campbell; Andy Lalka; Sarah Sibbel, MD; Micah Sinclair</td>
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<td>Children’s Mercy Hospital, Kansas City, MO</td>
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<th>ePoster 65</th>
<th>Outcomes of Displaced Forearm Fractures in Children Treated With Closed Reduction and Casting and a Loop and Sling Attached to the Cast Proximal to the Fracture Site</th>
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<td>William Hennrikus, MD; Samuel Dressler</td>
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<td>Penn State College of Medicine, Hershey, PA</td>
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<th>Analysis of Adolescent Idiopathic Scoliosis Care Path and its Effectiveness</th>
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<td>Swetha Sundar; Brittany Hudson; Ernest Young, MD; Ryan Goodwin, MD; David Gurd, MD; Thomas Kuivila, MD; Robert Ballock, MD</td>
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<td>Cleveland Clinic, Cleveland, Ohio</td>
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<th>ePoster 67</th>
<th>Caregiver literacy in a pediatric orthopedic population: a cross-sectional study</th>
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<tr>
<td>Rachel Garfinkel; Ian Singleton; Jason Malone, DO; M’hamed Temkit; Mohan Belthur, MD</td>
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<td>Phoenix Children’s Hospital, Phoenix, Arizona</td>
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<th>ePoster 68</th>
<th>Liposomal Bupivacaine Decreases Opioid Consumption, Length of Stay and Hospital Costs After Pediatric Spine Surgery: A Retrospective Cohort Study</th>
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<tr>
<td>Robert Ballock, MD; John Seif; Ryan Goodwin, MD</td>
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<td>Cleveland Clinic, Cleveland, Ohio</td>
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ePoster 69
Evaluation of Calibration Methods for Development of Skeletal Maturity Systems
Ryan Furdock; Alex Benedick; FENG-CHANG LIN; Yajing Hao; James Sanders, MD; Daniel Cooperman, MD; Raymond Liu, MD
Rainbow Babies and Children’s Hospital, Case Western Reserve University School of Medicine, Cleveland, Ohio

ePoster 70
Descriptive Epidemiology of Venous Thromboembolism after Pediatric Orthopaedic Surgery – A Multicenter Review
Ryan Sanborn, BA; Danielle Cook; Jaime Denning, MD; Rachel Goldstein, MD; Benjamin Shore, MD, MPH, FRCSC; CORTICES Study Group
Boston Children’s Hospital, Boston, MA

ePoster 71
Spine at Risk Program: 9-year Review of Novel Safety Screening Tool
Amanda Galambas; Walter Krengel, MD; Cheryl Parker, PA-C; Ana Maria Kolenko MPH; Klane White, MD; Jennifer Bauer, MD
Seattle Children’s Hospital, Seattle, WA

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Reducing Opioid Consumption in a Pediatric Orthopedic Practice
Anthony Stans, MD; Courtney Baker, MD; A. Noelle Larson, MD; William Shaughnessy, MD; John Rutledge, PA-C; Dan Ubl; Elizabeth Habermann; Todd Milbrandt, MD
Mayo Clinic, Rochester, MN

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Earlier Bowel Movements and Decreased Length of Stay with Oral MethylNaltrexone Following Posterior Spinal Fusion for Adolescent Idiopathic Scoliosis
Adrian Lin; Andrew Costandi; Eugene Kim; David Skaggs, MD; Lindsay Andras, MD; Neha Patel; Carl (Yuan-Feng) Lo; Kenneth Illingworth, MD
Children’s Hospital Los Angeles, Los Angeles, CA

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Do Children’s Hospitals Present Opportunities for Appropriate Disposal of Opioid Medications?
Joseph Petfield; Anna Ptasinski; Arun Hariharan, MD; Margaret Baldwin
Nemours Al duPont Hospital for Children, Wilmington, DE

ePoster 75
Study Groups and POSNA: A Review of Podium Presentations from 2006-2020
Hillary Mulvey; Mitchell Johnson; Andrew Parambath; Apurva Shah, MD; Jason Anari, MD
Children’s Hospital of Philadelphia, Philadelphia, PA
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High Volume Surgeons Have Better Surgical Outcomes and Lower Costs
Vishal Sarwahi, MBBS; Thomas Dowling; Jesse Galina; Yungtai Lo;
Terry Amaral, MD; Sayyida Hasan
Cohen Children’s Medical Center, New Hyde Park, NY

Teaching Effective Management of Protective Equipment for Surgical Teams -
Managing the COVID-10 Tempest
Craig Birch, MD; Donald Bae, MD; Patricia Miller, MS;
Donna Luff; Benjamin Shore, MD, MPH, FRCSC
Boston Childrens Hospital, Boston, MA

Patient Factors and Small Area Variations Impact Opioid Prescription after Surgical
Treatment of Supracondylar Humerus Fractures
Nathan Markiewitz; Divya Talwar; Sachin Gupta; Apurva Shah, MD;
John (Jack) Flynn, MD
Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania

Three-dimensional predictors of FAI disease progression in the contralateral hip
Lucas Fowler; John Clohisy, MD; Wahid Abu-Amer; Cecilia Pascual-Garrido;
Jeffrey Nepple, MD
Washington University School of Medicine, St. Louis, Missouri
POSNA research grant recipients are required to submit an ePoster at the conclusion of each grant cycle. The purpose of this presentation is to share the results of their research work and to highlight the types of research work supported by POSNA.

**2019 QSVI Research Grant**
An Initiative to Increase Patient Safety During Pediatric Orthopedic Surgery Cases Requiring the Use of Fluoroscopy
Mara Karamitopoulos, MD

**2019 QSVI Research Grant**
Improving GI Bundle Compliance for Pediatric Patients Undergoing Orthopaedic Surgery
Julie Samora, MD

**2019 Start Up Grant**
Primary Cilia Alterations in the Hypothyroid Porcine Growth Plate
Mark Adamczyk, MD

**2019 Start Up Grant**
Shared Decision Making in the Treatment of Scoliosis
Juan Brito Campana, MD

**2017 Registry Grant**
A Prospective, International Hip Dysplasia Registry with Follow-up to Skeletal Maturity: An Analysis of Risk Factors, Screening Practices & Treatment Outcomes
Kishore Mulpuri, MD

**2019 Zimmer Biomet Spine Research Grant**
Reliability of the AOSpine Classification System in Children
Daniel Hedequist, MD

**2019 Fall Micro Grant**
Komfo Anokye Teaching Hospital Research Program
Kellie Leitch, MD
**RESEARCH GRANT ePOSTERS**

**2019 Fall Micro Grant**
The Effectiveness of Counseling Using Objective Monitoring Feedback on Compliance of Clubfoot Brace Wear  
Cynthia Nguyen, MD

**2019 Fall Micro Grant**
Top 10 Pediatric Sports Medicine Research Articles for Parents of Young Children  
Henry Ellis, MD

**2019 Fall Micro Grant**
Hip Surveillance Manual Outlining the Background & Treatment Algorithm for Primary Care Pediatric Physicians Managing Children with CP  
Sean Tabaie, MD

**2019 Spring Micro Grant**
Evaluation of Deferoxamine Impregnated Suture as a Deterrent to Surgical Site Infection in a Rat Model  
Anna Vergun, MD

**2019 Spring Micro Grant**
Barriers to Access Faced by Non-English Speaking Families of Children with Neuromuscular Condition or Cerebral Palsy: A Quality Improvement Project to Address the Disparity  
Mara Karamitopoulos, MD

**2019 Spring Micro Grant**
Female Initiative: Evaluation and Rehabilitation Care Excellence in Schools  
Corinna Franklin, MD

**2019 Spring Micro Grant**
Simulating a Mechanistic Data Driven Model of the Human Spine to Predict the Growth and Spinal Curve Progression in Adolescent Idiopathic Scoliosis  
John Sarwark, MD

**2019 Spring Micro Grant**
A Prospective Audit of Pain Management for Pediatric Orthopedic Patients after Discharge from Hospital  
Elaine Joughin, MD
RESEARCH GRANT ePOSTERS

2019 Spring Micro Grant
Promoting Bone Health in Communities: Early Use of Calcium and Vitamin D Supplements
Christen Russo, MD

2019 Spring Micro Grant
Sponsorship of Ponseti Course in Hanoi, Vietnam
Maryse Bouchard, MD

2019 Spring Micro Grant
Training Clinical Examination Skills for Diagnosing Infants with Developmental Dysplasia of the Hip
Meredith Lazar-Antman, MD

2019 Spring Micro Grant
Post-operative Pain Scores and Opioid Use Following ACL Reconstruction with Quadriceps versus Hamstring Autograft in Adolescents and Young Adults
Elizabeth Liotta, MD
2020 Kuo Memorial Research Award

*Apurva Shah, MD*

“Opioid vs. Non-opioid Analgesia in Pediatric Supracondylar Humerus Fractures”
The Children’s Hospital of Philadelphia

2020 Huene Memorial Research Award

*Theodore Ganley, MD*

“Tibial Spine Fractures Prospective Cohort Study”
The Children’s Hospital of Philadelphia

2020 St. Giles Young Investigator Research Award

*Neeraj Patel, MD*

“Anterolateral Ligament Reconstruction in Children: A Randomized, Controlled Trial”
Lurie Children’s Hospital, Chicago

2020 POSNA/Zimmer Biomet Spine Research Grant

*John Vorhies, MD*

“Erector Spinae Plane Catheters and Clinical Outcomes after Spinal Fusion”
Stanford University

2020 Clinical Trial Planning Research Grant

*Firoz Miyanji, MD*

“Effect of Mix-Metal Instrumentation on Blood Metal Ion Levels in Scoliosis”
University of British Columbia

2020 POSNA Start Up Research Grants

*Stefan Parent, MD*

“Lung Development & Congenital Spine Deformities: An In-vivo Ovine Model”
CHU Sainte-Justine, Montreal

*Haluk Altiok, MD*

“The Effect of Knee Height Asymmetry on Gait Biomechanics”
Shriners Hospital for Children, Chicago

2020 POSNA Directed Research Grants

*Peter Newton, MD*

“Post-Op Flexibility & Segmental Motion in Idiopathic Scoliosis–Anterior Spinal Growth Tethering vs. Posterior Spinal Fusion”
Rady Children’s Hospital, San Diego

*Michael Vitale, MD, MPH*

“Evaluation of Sagittal and Axial Parameters in Braced Adolescent Idiopathic Scoliosis Patient”
Columbia University Medical Center, New York
2020 POSNA RESEARCH GRANT WINNERS

2020 POSNA Registry Grant
Andrea Bauer, MD
“GUPI: Growing Up with a Plexus Injury”
Boston Children’s Hospital

2020 POSNA Research Grants - Basic Research
Jason Howard, MD
“Muscle Stiffness in Cerebral Palsy: The Effect of Botulinum Toxin”
Nemours/Alfred I duPont Hospital for Children

Yinshi Ren, PhD; Harry Kim, MD, CoPI
“Determining the Effect of Obesity on Necrotic Bone Healing in Legg-Calve-Perthes Disease”
Texas Scottish Rite Hospital for Children, Dallas

Jennifer Laine, MD
“Development of a Minimally Invasive Model of Legg-Calve-Perthes Disease”
Gillette Children’s Specialty Healthcare, St. Paul, MN

2020 POSNA Research Grant–Clinical Research
Kristen Tulchin-Francis, PhD
“Outcomes of Amputation or Limb Reconstruction in Severe Fibular Deficiency”
Texas Scottish Rite Hospital for Children, Dallas

2021 QSVI Challenge Projects
Jason Malone, MD
Opioid Prescription Reduction After Surgically Treated Supracondylar Humerus Fractures

V. Salil Upasani, MD
Quality Improvement: Orthopedic Urgent Care

Karen Bovid, MD
Assessment of an Electronic Medical Record Prompt to Consider Evaluation for Non-Accidental Trauma in Children Less than 2 Years of Age Presenting with Fracture

2020 AAP Section on Orthopaedics Award Winners
Vaibhav Tadepalli, MD
“Non-Accidental Trauma in Pediatric Elbow Fractures—Beware of Non-Ambulatory Elbow Fractures”

Holly Conger, MD
“Developmental Dysplasia of the Hip: Quantifying if Patients Read, Understand, and Act on Online Resources?”

Scott Barnett, MD
“Comparison of Long vs. Short Leg Casts for Distal Third Tibial Shaft Fractures in Children”

Lydia McKeithan, MD
“Platelet Dysfunction in Major Pediatric Scoliosis Surgery: A Cause of Common Surgical Bleeding Phenotypes”
VIDEO ABSTRACTS

**Video Abstract 1**
Transcapitellar pinning for proximal radius shaft fracture
Barbara Minkowitz, Jennifer Ristic, Eytan Mendelow
Morristown Medical Center, Morristown, NJ

**Video Abstract 2**
Open Reduction Internal Fixation of Displaced Pediatric Radial Neck Fractures using Intramedullary Nailing
Kamil Amer, Michael Fields, Folorunsho Edobor-Osula
Rutgers New Jersey Medical School, Newark, NJ

**Video Abstract 3**
Reconstruction of a Congenital Patellar Dislocation
Lauren Hyer, David Westberry, Franklin Gettys
Shriners Hospitals for Children, Greenville, Greenville, SC

**Video Abstract 4**
Patellar Tendon Imbrication for Correction of Crouch Gait
Lauren Hyer, David Westberry, Jon Davids
Shriners Hospitals for Children, Greenville, Greenville, SC

**Video Abstract 5**
Lateral Epicondyle Avulsion in a Skeletally Mature Adolescent
Barbara Minkowitz, Jennifer Ristic, Alice Chu, Allie Davanzo, Kelsey Kaplowitz, Eytan Mendelow
Morristown Medical Center, Morristown, NJ

**Video Abstract 6**
Tibial Spine/Eminence Fracture – Suture Fixation
Indranil Kushare, R Mistovich, John Shilt, Aristides Cruz
Texas Children’s Hospital, Houston Texas

**Video Abstract 7**
Radial Neck Fractures: Metaizeau Intramedullary Technique
Philip Nowicki
Helen DeVos Children’s Hospital, Grand Rapids, MI

**Video Abstract 8**
Waterproof Mehta Casting for Early Onset Scoliosis
Todd Ritzman, Jaysson Brooks, Lorena Floccari, Ryan Fitzgerald
Akron Children’s Hospital, Akron, OH
VIDEO ABSTRACTS

Video Abstract 9
The Metaizeau Technique For Displaced Pediatric Radial Neck Fractures
Jay Patel, Jeremy Hreha, Folorunsho Edobor-Osula
Rutgers-New Jersey Medical School, Newark, New Jersey

Video Abstract 10
Pediatric Trigger Finger Release
Matthew Michel, Dominick Congiusta,
Folorunsho Edobor-Osula
Rutgers- New Jersey Medical School, Newark, New Jersey

Video Abstract 11
Posterior Approach to Knee and Contracture Release for Arthrogryposis
Brian Batko, Steven Rivero, Folorunsho Edobor-Osula
Rutgers New Jersey Medical School, Newark, NJ
7D Surgical develops advanced, cutting-edge optical and machine-vision technologies for surgical navigation to improve surgical workflow and patient care. The FLASH™ Navigation System utilizes technology that is similar to GPS navigation in self-driving vehicles to create a three-dimensional image for surgical navigation in just seconds, resulting in shorter and more efficient procedures. The technology uses only visible light, thus eliminating unnecessary intraoperative radiation exposure to the patient and hospital staff. 7D Surgical’s FLASH Navigation System delivers profound improvements to surgical workflow and harnesses the true potential of image guidance - through fast, efficient, accurate, cost-effective, and radiation-free surgical navigation.

American Board of Orthopaedic Surgery (ABOS)
Talk with an ABOS Certification Specialist about your Board Certification options, determine your Maintenance of Certification progress, and learn how to meet those requirements. You can also learn about the Web-Based Longitudinal Assessment (ABOS WLA).

Allstate Medical
We are medical supply company, that, now serves hundreds of health care facilities nationwide steadily growing in medical equipment field with a vivid experience of 12 years, currently growing the relationships with Overseas and South American manufacturers.

We offer a vast amount of Healthcare, Industrial, and Scientific supplies and equipment. Our up-to-date industrial knowledge enables us to cater to your needs. Every one of our clients can trust that they are receiving our best prices upfront. We work in the health care industry, just like you. We take the time to get to know you, and we always keep your best interests in mind when adding and adjusting products in our catalog.

AquaCast Liner
Now more than ever with COVID-19, AquaCast® Liner’s waterproof & breathable cast padding is trusted by leading pediatric hospitals and clinics as a proven option to improve hygiene and reduce unscheduled visits to your facility for costly recasts. Our innovative solutions are easy to use and enable patients to wash their hands, shower, swim and exercise. Our remodeled Hipster® pantaloons, used for DDH, femur fractures and other body casts, make application quicker and easier, reducing skin excoriation, and improving patient satisfaction– while simultaneously lowering overall costs. AquaCast is the standard of care in modern casting.
EXHIBITOR LISTING CONTINUED

C-Pro Direct

C-Pro Direct exists to support medical professionals, parents and children affected by paediatric orthopaedic conditions of the lower limbs.

C-Pro Direct designs, manufactures and sells various products to help parents and children better manage a variety of conditions affecting the lower limbs, particularly conditions which affect the ability of the foot to abduct and dorsiflex.

DePuy Synthes

DePuy Synthes, part of the Johnson & Johnson Medical Devices Companies, provides one of the most comprehensive orthopaedics portfolios in the world. DePuy Synthes solutions, in specialties including joint reconstruction, trauma, craniomaxillofacial, spinal surgery and sports medicine, are designed to advance patient care while delivering clinical and economic value to health care systems worldwide. For more information, visit www.depuysynthes.com.

Elsevier

Elsevier is a world-leading provider of information solutions that enhance the performance of science, health, and technology professionals, empowering them to make better decisions, and deliver better care.

Globus Medical

Globus Medical, a leading musculoskeletal solutions company, is driving significant technological advancements across a complete suite of products ranging from spinal, trauma and orthopedics therapies to imaging, navigation and robotics. Founded in 2003, Globus has become one of the fastest growing companies in the history of orthopedics. Globus is driven to utilize superior engineering and technology to achieve pain free, active lives for all patients with musculoskeletal disorders.
MD Orthopaedics

MD Orthopaedics, based in Wayland, Iowa, is an orthopedic device company focused on design, manufacture, assembly and distribution of Ponseti Method clubfoot products. Founded in 2004 by John Mitchell, MD Orthopaedics is advancing footwear devices for non-surgical clubfoot treatment and is an industry leader in the production of ankle and foot orthotics in North America. MD Orthopaedics works closely with the orthopedic and prosthetic community and aspires to be continually innovative to offer the best possible products for the teaching, training, and implementation of the Ponseti Method of Clubfoot Treatment.

Medtronic

Medtronic Cranial and Spinal Technologies (CST), the market leader in spinal implants, robotics, and navigation is redefining cranial and spinal procedures to reduce variability and improve outcomes with the goal of restoring long-term quality of life for more patients. Medtronic is the first company to offer an integrated solution that includes artificial intelligence-driven surgical planning, personalized spinal implants, and robotic-assisted surgical delivery to make patient care more customized.

As a global leader in medical technology, we improve the lives and health of millions of people each year— with our innovative therapies, services, and solutions. Learn how we’re taking healthcare Further, Together at medtronic.com.

MHE Research Foundation

The MHE Research Foundation is a nonprofit 501(c) (3) organization dedicated to the support of Researchers, Physicians & Families dealing with Multiple Hereditary Exostoses Syndrome (MHE) Multiple Osteochondroma Syndrome (MO) a rare genetic bone disease.

NuVasive

NuVasive (NASDAQ: NUVA) is the leader in spine technology innovation, with a mission to transform surgery, advance care, and change lives. The Company’s less-invasive, procedurally integrated surgical solutions are designed to deliver reproducible and clinically proven outcomes. The Company’s comprehensive procedural portfolio includes surgical access instruments, spinal implants, fixation systems, biologics, software for surgical planning, navigation and imaging solutions, magnetically adjustable implant systems for spine and orthopedics, and intraoperative neuromonitoring technology and service offerings. With more than $1 billion in net sales, NuVasive has approximately 2,700 employees and operates in more than 50 countries serving surgeons, hospitals, and patients. For more information, please visit www.nuvasive.com.
nView Medical

nView medical, based in Salt Lake City, UT, is a startup whose mission is to make surgery safer, faster, and consistently accurate. nView develops imaging systems, bringing breakthrough AI solutions for image creation, image processing, and image visualization to surgery. nView medical backers include; the National Science Foundation (NSF), the National Institutes of Health (NIH), the State Of Utah, the National Consortium for Pediatric Device Innovation, MedTech Innovator, Dr. Kevin Foley, MD, and Fusion Fund.

OrthoPediatrics Corp.

Founded in 2006, OrthoPediatrics is an orthopedic company focused exclusively on advancing the field of pediatric orthopedics. As such it has developed the most comprehensive product offering to the pediatric orthopedic market to improve the lives of children with orthopedic conditions. OrthoPediatrics currently markets 35 surgical systems that serve three of the largest categories within the pediatric orthopedic market. This product offering spans trauma and deformity, scoliosis, and sports medicine/other procedures. OrthoPediatrics’ global sales organization is focused exclusively on pediatric orthopedics and distributes its products in the United States and 44 countries outside the United States. For more information, please visit www.orthopediatrics.com.

Orthofix Medical Inc.

Orthofix Medical Inc. is a global medical device and biologics company with a spine and orthopaedics focus. The Company’s mission is to deliver innovative, quality-driven solutions as we partner with health care professionals to improve patients’ lives.

OrthoHeal

OrthoHeal is an Indo-American startup founded in 2015 with a vision to revolutionize the way fractures are treated. With initial hard work of 3 years in R & D, OrthoHeal invented world’s most comfortable and absolute washable orthopedic immobilizer, FlexiOH, which can be used to immobilize for treatment of musculoskeletal injuries. So far we have reached across 35+ countries across the globe since the launch of FlexiOH in late 2019. FlexiOH is certified and approved in majorities of Medical device regulatory bodies i.e. US FDA, CE, CDSCO, SFDA, K FDA, TAIWAN FDA, Thai FDA to list few. FlexiOH is well accepted clinically and Patients are liking it for ultimate comfort it gives throughout treatment.
Pacira BioSciences, Inc.

Pacira BioSciences, Inc. (Nasdaq: PCRX) is the industry leader in its commitment to non-opioid pain management and regenerative health solutions to improve patients’ journeys along the neural pain pathway. The company’s long-acting local analgesic, EXPAREL® (bupivacaine liposome injectable suspension) was commercially launched in the United States in April 2012. EXPAREL utilizes DepoFoam®, a unique and proprietary product delivery technology that encapsulates drugs without altering their molecular structure, and releases them over a desired period of time. In April 2019, Pacira acquired the iovera° system, a handheld cryoanalgesia device used to deliver precise, controlled doses of cold temperature only to targeted nerves. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit www.pacira.com.

Pega Medical

For more than two decades, Pega Medical has been offering innovative deformity correction solutions in Pediatric Orthopedics. Pega’s family of IM Nails (Fassier-Duval Telescopic Rod, SLIM, GAP Endo-Exo Medullary Systems) are specifically designed for small bones, often seen with metabolic and genetic diseases. The Hinge Plate and the Free-Gliding SCFE Screw complete our portfolio of growth modulating orthopedic devices. For limb deformity and length discrepancy, the Paley’s Osteotomy System offers unique instrumentation for complex procedures. The LolliPOP modular hip plating system is our latest innovation, as part of forward thinking technologies developed in collaboration with orthopedic surgeons from around the world.

Stryker

We are a global leader of complex spine and minimally invasive solutions focused on achieving three-dimensional Total Body Balance.

Our spine business unit offers one of the most comprehensive and diverse product portfolios, including our leading 3D-printed technologies, enabling surgeons to provide their patients with treatment options.

Our products include implants, instruments, and biologic solutions for the cervical, thoracic and lumbar spine.

Zimmer Biomet

Zimmer Biomet Spine is a leader in restoring mobility, alleviating pain, and improving the quality of life for patients around the world by delivering surgeons a comprehensive portfolio of quality spine technologies and procedural innovation, best-in-class training, and unparalleled service via a network of responsive team members and sales professionals.
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- Sun and holidays
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- Streetcar runs every 20 minutes

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DALLAS

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It shall be the policy of the Pediatric Orthopaedic Society of North America (POSNA) to be in strict compliance with all Federal and State Antitrust laws, rules and regulations. Therefore: These policies and procedures apply to all membership, board, committee, and all meetings attended by representatives of the POSNA.

Discussions at POSNA meetings often cover a broad range of topics pertinent to the interests or concerns of orthopaedic surgeons. As a general rule, except as noted below, discussions at POSNA meetings can address topics without raising antitrust concerns if the discussions are kept scrupulously free of even the suggestion of private regulation of the profession. However, a number of topics that might be (and have been) discussed at POSNA meetings may raise significant complex antitrust concerns. These include:

- Membership admissions, rejections, restrictions, and terminations;
- Method of provision and sale of POSNA products and services to non-members;
- Restrictions in the selection and requirements for exhibitors at the POSNA Annual Meeting or in CME activities;
- Collecting and distributing certain orthopaedic practice information, particularly involving practice charges and costs;
- Obtaining and distributing orthopaedic industry price and cost information;
- Professional certification programs;
- Group buying and selling; and
- Inclusions or exclusion of other medical societies in organizational activities or offerings.

When these and related topics are discussed, the convener or members of the POSNA group should seek counsel from its General Counsel.

POSNA urges its Board, committees and other groups not to participate in discussions that may give the appearance of or constitute an agreement that would violate the antitrust laws. Notwithstanding this reliance, it is the responsibility of each POSNA Board or committee member to avoid raising improper subjects for discussion. This policy has been prepared to ensure that POSNA members and other participants in POSNA meetings are aware of this obligation.

The “Do Not’s” and “Do’s” presented below highlight only the most basic antitrust principles. POSNA members and others participating in POSNA meetings should consult with the General Counsel in all cases involving specific questions, interpretations or advice regarding antitrust matters.

**Do Not’s**

1. Do not, in fact or appearance, discuss or exchange information regarding:
   a. Individual company prices, price changes, price differentials, mark-ups, discounts, allowances, credit terms, etc. or any other data that may bear on price, such as costs, production, capacity, inventories, sales, etc.
   b. Raising, lowering or “stabilizing” orthopaedic prices or fees;
   c. What constitutes a fair profit or margin level;
   d. The availability of products or services; or
   e. The allocation of markets, territories or patients.

2. Do not suggest or imply that POSNA members should or should not deal with certain other persons or companies.

3. Do not foster unfair practices regarding advertising, standardization, certification or accreditation.

4. Do not discuss or exchange information regarding the above matters during social gatherings, incidental to POSNA-sponsored meetings.

5. Do not make oral or written statements on important issues on behalf of POSNA without appropriate authority to do so.
ANTITRUST POLICY

The Do’s

1. Do adhere to prepared agenda for all POSNA meetings. It is generally permissible for agendas to include discussions of such varied topics as professional economic trends, advances and problems in relevant technology or research, various aspects of the science and art of management, and relationships with local, state or federal governments.

2. Do object whenever meeting summaries do not accurately reflect the matters that occurred.

3. Do consult with General Counsel on all antitrust questions relating to discussions at POSNA meetings.

4. Do object to and do not participate in any discussions or meeting activities that you believe violate the antitrust laws; dissociate yourself from any such discussions or activities and leave any meeting in which they continue.

Special Guidelines for Collecting and Distributing Information

The collection and distribution of information regarding business practices is a traditional function of associations and is well-recognized under the law as appropriate, legal and consistent with the antitrust laws. However, if conducted improperly, such information gathering and distributing activities might be viewed as facilitating an express or implied agreement among association members to adhere to the same business practices. For this reason, special general guidelines have developed over time regarding association’s reporting on information collected from and disseminated to members. Any exceptions to these general guidelines should be made only after discussion with General Counsel. These general guidelines include:

1. Member participation in a statistical reporting program is voluntary. A statistical reporting program should be conducted without coercion or penalty. Non-members should be allowed to participate in a statistical reporting program if eligible; however, if a fee is involved, non-members may be charged a reasonably higher fee than members.

2. Information should be collected via a written instrument that clearly sets forth what is being requested.

3. The data that is collected should be about past transactions or activities; particularly if the survey deals with prices and price terms (including charges, costs, wages, benefits, discounts, etc.), it should be historic, i.e., more than three months old.

4. The data should be collected by either POSNA or an independent third party not connected with any one member.

5. Data on individual orthopaedic surgeons should be kept confidential.

6. There should be a sufficient number of participants to prevent specific responses or data from being attributable to any one respondent. As a general rule, there should be at least five respondents reporting data upon which any statistic or item is based, and no individual’s data should represent more than 25% on a weighted average of that statistic or item.

7. Composite/aggregate data should be available to all participants – both members and non-members. The data may be categorized, e.g., geographically, and ranges and averages may be used. No member should be given access to the raw data. Disclosure of individual data could serve to promote uniformity and reduce competition.

8. As a general rule, there should be no discussion or agreement as to how members and non-members should adjust, plan or carry out their practices based on the results of the survey. Each member should analyze the data and make business decisions independently.
WIFI
HILTON MEETINGS NETWORK
PASSWORD: POSNA2021

FUTURE ANNUAL MEETINGS
May 11–14, 2022
Vancouver, BC, Canada

April 26–29, 2023
Nashville, Tennessee

EPOSNA
May 7-11, 2024
Washington, D.C.

FUTURE IPOS® MEETINGS
December 7 - 11, 2021
Orlando, FL

December 6 - 10, 2022
Orlando, FL

December 5 - 9, 2023
Orlando, FL