

## 'Project 100' designed to improve education

Dr. Stuart Weinstein, president, United States Bone and Joint Decade, has announced that the U.S. Bone and Joint Decade is sponsoring an initiative to improve medical school education in musculoskeletal medicine. This initiative is entitled Project 100, and will be directed by Dr. Joseph Bernstein of the University of Pennsylvania. The goal of Project 100 is to have 100 percent of American medical schools offer a required course in musculoskeletal medicine by the end of the Decade.

According to Dr. Bernstein, fewer than half of the country's medical schools require such a course. Not surprisingly, research has shown that recent medical school graduates lack both cognitive mastery of musculoskeletal medicine and the necessary confidence in the subject. "If the care of musculoskeletal disease is to improve, as we hope, improving medical school education will be a necessary milestone," said Dr. Bernstein. "With the growing burden of musculoskeletal disease in an aging population, it is essential that we raise the profile of medical school education in this discipline."

As a Bone and Joint Decade program, Project 100 will be a collaborative project of all organizations participating in the Decade. The American Academy of Orthopaedic Surgeons (AAOS), led by Dr. Martin Boyer of the Committee on Medical Student, Resident and Fellow Education of the Council on Academic Affairs, is one early supporter. Dr Boyer

**See Project, page five**

## Meeting Report: USBJD and CDC

Public health issues are the domain of the Centers for Disease Control and Prevention (CDC), and on January 10 representatives of the USBJD met with Dr. Charles Helmick, a medical epidemiologist in the CDC's Arthritis Program, to discuss ways both groups can help each other. While this initial meeting with CDC focused on arthritis, the Decade hopes to hold similar meetings later with other program branches of the CDC.

Arthritis and rheumatism together are reported to be the number one cause of disability among adults in the U.S. During the introduction to the meeting, Dr. Weinstein, USBJD president, reviewed the burden of disease: it's the number one reason people visit the doctor; one of seven Americans have musculoskeletal problems; arthritis, back pain, osteoporosis, major limb traumas, and childhood musculoskeletal conditions account for 80 percent of all conditions. He underlined how under-appreciated and under-recognized these facts are, and how research and treatment is under-resourced. He also stressed the opportunity for partnership activities to resolve these issues.

For the CDC, the Decade offers potential partnership opportunities and serves as a vehicle for disseminating the message that arthritis is a large and growing health problem in the U.S.

The meeting was attended by representatives of the American Academy of Orthopaedic Surgeons, National Osteoporosis Foundation, Arthritis Foundation, American Chiropractic Association, Foundation for Chiropractic Education and Research, American Osteopathic Association, American Academy of Physical Medicine and Rehabilitation, Orthopaedic Research Society and Abbott Laboratories.

### Arthritis as a public health problem

Public health is what we, as a society, do to assure the conditions in which people can be healthy. Public health focuses on populations, not individuals.

Arthritis qualifies as an important public health problem because it meets three criteria. First, it is highly prevalent. CDC estimated in 2001 that 70 million adults suffer from arthritis or chronic joint symptoms.

Second, it has a large impact. Arthritis, the CDC has determined, is the leading cause of disability, seriously impacting people's lives. It was a study published in 1999 that revealed, among 41.9 million Americans with disabilities, the leading cause is arthritis/rheumatism. Also, it is costly to people, families and society. A 1992 estimate was \$65 billion and AAOS's 1995 estimate was \$82 billion.

Third, there are things that can be done to help, but these are not being done.

Like the focus placed on determining the burden of disease by the Bone and Joint Decade, the CDC also places considerable emphasis on developing and proving prevalence estimates to give direction to its activities.

The Arthritis Program believes that the situation for persons with arthritis can be significantly improved with early diagnosis, appropriate management and programs that help people take control of their lives - all points that match goals the USBJD has outlined.

### Healthy People 2010

Healthy People 2010 is the federal government's prevention agenda for building a healthier nation. It is a statement of national health objectives aimed at iden-

**See Meeting, page two**

# Meeting kicks off new partnership...continued from front page

tifying the most significant preventable threats to health and establishing national goals to reduce these threats. It is designed to achieve two major overarching goals -- to increase the quality and years of Americans' healthy lives and to eliminate disparities in the burden of disease. The plan consists of 467 objectives organized into 28 focus areas. (For more information: [www.healthypeople.gov](http://www.healthypeople.gov))

Healthy People 2010, the third in a series of 10-year plans, is the first to include arthritis objectives.

The plan's eight objectives are divided into those that aim to increase good outcomes and reduce bad outcomes. The objectives aim to:

- Increase the mean number of days without severe pain among adults who have chronic joint symptoms.
- Increase the proportion of adults aged 18 years and older with arthritis who seek help in coping if they experience personal or emotional problems.
- Eliminate racial disparities in the rate of total knee replacements.
- Increase the proportion of adults who have seen a health care provider for their chronic joint symptoms.
- Increase the proportion of persons with arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.
- Reduce the proportion of adults with chronic joints symptoms who experience a limitation of activity due to arthritis.
- Reduce the proportion of all adults

with chronic joint symptoms who have difficulty in performing two or more personal care activities, thereby preserving independence.

- Increase the employment rate among working-aged adults with arthritis.

## The National Arthritis Action Plan: A Public Health Strategy

The National Arthritis Action Plan: A Public Health Strategy (NAAP), sponsored by the Association of State and Territorial Health Officials, the Arthritis Foundation and CDC, commits to fulfilling the fourth requirement of the 1975 National Arthritis Act. The first three requirements of the Act led to the creation of: Multipurpose Arthritis Centers (MACs), which conduct comprehensive research on arthritis and musculoskeletal diseases at academic centers across the country; the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), an institute of the NIH, which focuses on and promotes arthritis research; and ARAMIS (Arthritis, Rheumatism and Aging Medical Information System), which serves as a clinic-based data source to advance the body of knowledge in the field of arthritis. The fourth required the development of a public health approach to arthritis.

Involving an additional 90 agencies, including the Arthritis Foundation, state health departments, academic centers and other government and non-government organizations, the objective of the plan is to achieve greater nationwide recognition of the burden of arthritis, and lead to prevention activities that are actively promoted by health care professionals and widely known to the

population and arthritis sufferers.

The NAAP emphasizes prevention and use of the science base, social equity and partnerships to achieve its aims. The plan believes there are too few strategies that exist to effectively promote appropriate self-management activities and that cultural differences among major organizations addressing arthritis need to be overcome.

The CDC believes firmly in the need for maintaining comprehensive burden of disease data. It also identifies communication and education as tools essential to raising awareness - a view shared by the Decade. Both bodies understand and are eager to face the challenges that will help them enact change to achieve shared objectives.

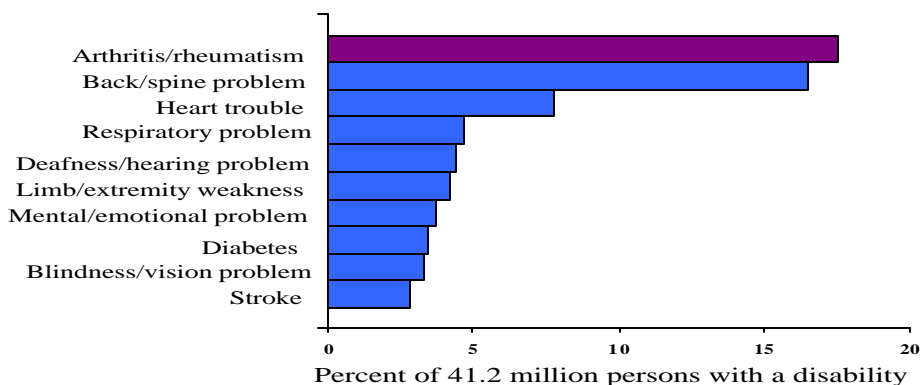
## Burden

The CDC is relying heavily on national and state surveys to collect data to support burden of disease determination, and the level of epidemiology. It was the Behavioral Risk Factor Surveillance System (BRFSS), a survey run in every state, which concluded that now 33% of Americans (69.9 million people) suffer from or are likely to suffer from arthritis or a chronic joint symptom. These figures released in October 2002 are significantly higher than previous estimates. The National Health Interview Survey also gathers data on arthritis. The surveys collect data on prevalence, but ultimately the CDC is also looking for ways to investigate health care system changes that will produce better health outcomes, factors that facilitate or hinder treatment seeking, and databases that can address research gaps.

Another burden measure used by policy-makers is disability-adjusted-life-years (DALYs). DALYs provide a more accurate estimate of the societal challenge faced and extent of the cost. DALYs are important because while the high prevalence is acknowledged, there are varying degrees of severity. Thus there is a need to calculate the absolute and relative societal burden of arthritis using a measure that incorporates severity. DALYs have been developed for three types of arthritis initially (hip osteoarthritis, knee osteoarthritis, and rheumatoid

**See CDC, page three**

## Leading causes of disability among adults, U.S., 1999



## CDC, Decade hope to increase awareness...continued from page two

arthritis) and show that hip/knee osteoarthritis ranks 10th among disability-adjusted-life-years lost, and rheumatoid arthritis greater than 20th. The conclusion is that if hip/knee osteoarthritis alone ranks 10th, including other types of arthritis would raise the level of arthritis within the ranking of the top ten DALY list. Dr. Helmick explained that the DALYs are important because they allow policymakers to compare an investment in arthritis with an investment in heart or other diseases. He also noted that the World Health Organization uses DALYs as a measure of burden of disease.

### Communication and Education

The public, patients and policymakers tend to minimize arthritis. Raising awareness of the burden of arthritis is probably the single most important goal to attempt, because increased awareness will help efforts gain momentum. Popular myths are rampant, such as:

- Only older people get arthritis.
- Arthritis is just a part of getting older.
- If you have arthritis there is nothing you can do to make it better.
- There is nothing a doctor can do for arthritis.
- People with arthritis should not exercise because it will make their arthritis worse.
- Arthritis does not need treatment by a doctor.
- Seeing a doctor early on can help arthritis.

### Programs, Policies, and Systems

From the surveillance work done, the CDC confirms the lack of self-management resources previously mentioned. It also has identified the need to engage primary care physicians, and that the need for change is not apparent to health systems and health plans. The latter are among those who still have not appreciated the burden and cost of arthritis.

### Roundtable discussion

In a discussion following Dr. Helmick's presentation, participants reviewed the current priorities and plans of organizations supporting the Decade. It was noted that although arthritis is not often fatal, it can be a complicating factor in causes of mortality.

Debbie Durrer, representing the National Osteoporosis Foundation (NOF), indicated that a major focus for the Foundation this year is responding to recent NIH statistics which show only a small percentage of patients with bone fractures are referred for osteoporosis evaluation. NOF's National Osteoporosis Awareness and Prevention Month Campaign, planned for May, will bring needed attention to this issue. Later this year, NOF will publish revised clinical practice guidelines and new rehabilitation guidelines for physicians and other allied health care professionals. The group plans to host a series of professional meetings with sessions based on each document.

Marilyn Weisberg, director of research for the American Academy of Orthopaedic Surgeons, noted how committed AAOS is to the work of the CDC. She outlined the purposes of the new series *Improving Musculoskeletal Care in America*.

- The first set of 37 modules, in a compendium, has been completed on Osteoarthritis of the Knee. The modules are available on the AAOS Web site ([www.aaos.org](http://www.aaos.org)->Research -> IMCA).
- Additional modules on Osteoarthritis-Hip and Osteoarthritis-General will be completed this year.
- More than 1,000 pieces of documentation were reviewed or analyzed for Osteoarthritis of the Knee.
- The compendia identify future research strategies and priorities that can be used to bolster CDC efforts.
- The AAOS Research Council is also involved, in an advisory capacity, with a four-year, multi-million dollar NIH study in area variation relating to osteoarthritis and use of joint replacement.
- IMCA presents a thorough review of the scientific evidence.

Dr. Richard Rose, representative for the American Osteopathic Association, highlighted the AOA's focus on musculoskeletal research through its new research center at the University of North Texas Health Science Center in Fort Worth, Texas. He also invited the Decade to be included in a display sponsored by the Kirksville College of Osteopathic Medicine at the Smithsonian

Institute from May to September 2003.

Dr. Anthony Rosner, representing the Foundation for Chiropractic Research and Education, highlighted FCER's recent funding for research advances. Public perception of chiropractic care is a concern of the Foundation. Dr. Maurer, representing the American Chiropractic Association, said the ACA would like to increase distribution of Decade material to practitioners, and needs to keep looking at ways to dovetail programs with those of the Decade and affiliated groups.

Dr. Edward Puzas of the Orthopaedic Research Society noted that for ORS arthritis is a main area of interest. The ORS doesn't see much epidemiological research data coming through. He would like to see how the ORS could position the importance of arthritis and how it could enhance the relevance of work the CDC is doing.

Steve Smith of the American Academy of Physical Medicine and Rehabilitation mentioned that AAPM&R continues to work toward integrating BJD activities into its research, education, and awareness building initiatives. It recently held a summit on assistive technology. Spine and sports conditions are a very active part of AAPM&R and the Academy is also interested in developing a standardized educational format for residents in training. More than 1,000 AAPM&R members belong to an internal council called PASSOR (Physiatric Association of Spine, Sports and Occupational Rehabilitation). This group is interested in becoming more involved in BJD initiatives.

The discussion underlined the lack of knowledge about the activities of each organization, a point also made during the October meeting with NIH.

As at the NIH meeting, a major concern was the dearth of students specializing in musculoskeletal conditions and the resulting lack of a pipeline of researchers, clinician-scientists and qualified investigators.

Margo Churchwell, representing Abbott Laboratories, noted that the Abbott **See Involvement, page four**

## Involvement key to meeting goals...continued from page three

scholar program in rheumatoid arthritis funds fellows at \$75-80,000 a year. Abbott recognizes rheumatology needs to be perceived as a more attractive area to study. Abbott has made a large endowment to ACR to fund educational programs in order to encourage more medical students to study rheumatology.

Mary Waterman of the Arthritis Foundation noted that in 2002, AF provided \$28.5 million in awards and grants to support 284 researchers in over 100 academic institutions. Historically the grants supported clinical research, but now they also include epidemiological studies.

Going on to discuss how the CDC and USBJD can work together, Dr. Helmick recalled that in working with the arthritis coalition that created the NAAP, it was important to focus on complementing -- not duplicating -- efforts, a view supported by Dr. Puzas. Obtaining the numbers is fundamental to supporting effort and securing peoples' attention.

Dr. Helmick said that the other priority areas of USBJD, including back pain, osteoporosis, major limb trauma and childhood musculoskeletal conditions, are not addressed well at CDC. CDC's National Institute of Occupational Safety and Health (NIOSH) has done some work on back conditions. Osteoporosis has tiny activities scattered around CDC, but no focus other than data collected by CDC's National Center for Health Statistics. CDC's National Center for Injury Prevention and Control does some work on falls and fractures, but not much else.

Dr. Puzas proposed the Decade attempt to put together a mechanism to get together action plans from all groups.

CDC traditionally publishes an arthritis article in one of the May (National Arthritis Month) issues of the *Morbidity and Mortality Weekly Report (MMWR)*. While this is a unique publication that has an unusual and extremely telegraphic style, it does get reviewed by all the major media and thus represents an opportunity to raise awareness. Dr. Helmick suggested planning to work together to develop an article that is relevant to the USBJD for October's USBJD

week. Such articles must have some new data and make a point that is important for public health practice.

Dr. Helmick suggested exploring ways to collaborate with the Harvard group working on developing DALYs.

How to get the message out to the public was another focus of the discussion. One new CDC project is focused on 45-64 year old, low income women (both black and white) via radio and at drug stores.

Aiding the Decade and the CDC efforts to get the message out to the public, *TIME* magazine's cover story in its December 9, 2002 issue was on the incidence of arthritis in America, what it means, and how ways are being explored to help those who suffer. *Newsweek* magazine also ran a cover story on arthritis in its September 2001 issue. This is the kind of boost to educating the public about musculoskeletal disease that the CDC and health care community need.

Participants agreed on the urgent need for training on the musculoskeletal system in medical schools, and its related consequence in the lack of an adequate pipeline of clinician scientists specializing in musculoskeletal research; the lack of researchers specializing in musculoskeletal conditions; the need to find ways to tell our story much more effectively; the need for the Decade to make sure it disseminates information in CDC publications on its activities and findings.

Margo Churchwell noted that the American College of Rheumatology has an arthritis curriculum detailing when to treat and when to refer.

Dr. Puzas suggested developing guidelines that primary care physicians can use. Although it might be hard to obtain agreement on this, he noted that students are always asking when to do this or that, and that his answer has to be "I don't know."

When asked what other agencies should be involved, Dr. Helmick suggested keeping the Decade on radar screens. He will take the message back to the CDC, and encouraged the Decade to

feed CDC with information for its publications and to seek out partnership opportunities. He hopes there will be ongoing dialogue. The problem, he said, has been neglected for so long, if we can get everyone together, we should be able to achieve our common goals. Dr. Weinstein noted the vast potential audience for spreading awareness through Decade participating organizations.

## AAOS exhibit supports the Decade

### **Center for Association Leadership Exhibit will Highlight Program**

The American Academy of Orthopaedic Surgeons' Public Education and Media Relations department has been honored with the opportunity to showcase its entire program within The Center for Association Leadership, founded by the Greater Washington Society of Association Executives. The Center is located in the Ronald Reagan Building and International Trade Center in Washington, DC.

The exhibit will feature highlights of the Academy's program and its participation in the Bone and Joint Decade, including: *The Safe, Accessible Playground*; *eMotion Pictures: An Exhibition of Orthopaedics in Art*; *Legacy of Heroes*; the AAOS public service advertising campaign; *Prevent Injuries America!*(R) program; patient safety initiatives; Media relations and advocacy.

The exhibition will be on display in the Center from March 20 through June 27, 2003.

For additional information on the exhibit, please contact Teena Austin at 847-384-4031 or [austin@aaos.org](mailto:austin@aaos.org).

## Chain Drug Stores join USBJD

The National Association of Chain Drug Stores Foundation has stepped into a new role -- that of Bone and Joint Decade participating member.

Dedicated to improving health care and patient outcomes and affiliated with the National Association of Chain Drug Stores, the Foundation exists to advance the chain pharmacy industry for the benefit of the public it serves. Through its education research and initiatives, the Foundation strives to:

- Empower and educate the pharmacy consumer;
- Improve quality and patient safety;
- Become an innovator in community pharmacy management and operations; and
- Promote the value of the pharmacist and community pharmacies.

In addition to its own projects, the NACDS Foundation regularly collabo-

rates on national initiatives. Involvement with the BJD was a natural choice for this group dedicated to patient health care.

"Chain pharmacies are an integral part of the health care system and are a primary source for prescription and non-prescription products and services needed by patients for healthy bones and joints," said Kurt Proctor, Foundation president. "Many patients come to their community pharmacists with all types of health care questions and we want to be sure pharmacists have the information they need."

"Having pharmacy represented in the programs developed as part of the decade can expand the reach to the public," he continued. "We believe pharmacists will be working more closely with physicians and other health care professionals as part of the health care team in the outpatient setting in the years ahead. Joining with the other organizations supporting the Decade is part of that future."

## Project 100...continued from front page

hosted a breakfast meeting at the recent AAOS annual scientific meeting, addressing medical school education. At this meeting, 86 orthopaedic educators offered their commitment to the project in person, and 62 others sent their support. Dr Boyer added, "The AAOS plans to hold a workshop this fall to help define the curricular needs of medical students, and to identify the resources currently available to meet those needs."

To help with this effort, the AAOS is publishing a medical school textbook entitled *Musculoskeletal Medicine* this summer, reported Lynne Shindoll, managing editor of AAOS publications. To assure that this text addresses the right topics and at the correct level, it has been reviewed by the American Academy of Family Physicians and the American Academy of Pediatrics. For more information, or to inquire about sample copies for classroom adoption, please contact Shindoll at [shindoll@aaos.org](mailto:shindoll@aaos.org). The Project 100 team is currently seek-

ing participants from all member organizations. The goal is to have at least three delegates from each organization named. Please contact Dr Bernstein at [orthodoc@post.harvard.edu](mailto:orthodoc@post.harvard.edu) for more information.

## AOSSM to fund research study

The American Orthopaedic Society for Sports Medicine is funding a multi-center research project on non-contact ACL injuries as part of its contribution to the Bone and Joint Decade.

Non-contact ACL injuries are a major concern within orthopaedic sports medicine, and the Society has earmarked up to \$250,000 in support of research projects that focus specifically on neuromuscular and biomechanical factors in the genesis and prevention of non-contact ACL injuries.

In awarding its first grant, the Society ran a workshop to review a broad range of proposals and used a competitive grants evaluation process. It subsequently presented the award to a collaborative comprehensive proposal, that resulted from the workshop, from North Carolina University, US Naval Academy, Boston University and the Orthopaedics Center of Rockville, MD, for a multi-center study on Epidemiology of Jump-Landing Movements and ACL Injury.

For more information on this project, contact the Society at 847-292-4900.

## Thanks To...

The USBJD offers a special thanks to the following groups for promoting the Decade on their association Web sites:

American Academy of Orthopaedic Surgeons  
[www.aaos.org](http://www.aaos.org)

American Academy of Physical Medicine and Rehabilitation  
[www.aapmr.org](http://www.aapmr.org)

American Association of Hip and Knee Surgeons  
[www.aahks.org](http://www.aahks.org)

National Athletic Trainers' Association  
[www.nata.org](http://www.nata.org)

National Association of Orthopaedic Nurses  
[www.orthonurse.org](http://www.orthonurse.org)

## Supporter Spotlight: American Chiropractic Association



The American Chiropractic Association (ACA) is the nation's largest professional organization representing the doctor of chiropractic (D.C.). Deeply involved in the conservative approach to health care, the ACA provides leadership and a positive vision for the chiropractic profession and its natural approach to health and wellness. On behalf of the profession and the public it serves, the ACA affects public policy and legislation by promoting high standards in professional ethics and quality of patient care.

Since 1895, chiropractic patient care and management has concerned itself with

the neuromusculoskeletal system and its importance to the structure, form and function of man. Biomechanical dysfunction, particularly of the human spine, that alters or interferes with normal neurological and physiological expression has been recognized as a cause for numerous clinical disorders. Diagnosis of these clinical entities is paramount, as is the appropriate application of conservative measures to affect their correction.

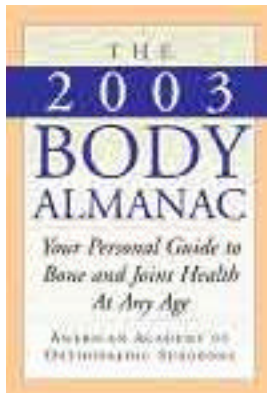
The doctor of chiropractic is prepared by education and experience to effect not only the correction of varied biomechanical disorders, but is amply prepared to provide instruction in appropriate physical exercise, rehabilitation, and nutritional counseling, and to advise in matters of health care maintenance, disease/disorder prevention, and wellness. The D.C.

is trained to diagnose conditions and disorders that require patient care and management outside his/her area of expertise and will refer these to the appropriate professional discipline.

The ACA encourages and supports continuing investigation and research in the identification and understanding of human bone and joint disorders and continually seeks out the best of conservative measures in patient care and management to improve the human experience. To this end, the ACA established the Foundation for Chiropractic Education and Research (FCER) which has now become a separate and distinct organization for the advancement of chiropractic research.

For more information on the ACA, please visit [www.amerchiro.com](http://www.amerchiro.com).

## AAOS releases guide to bone and joint health



The American Academy of Orthopaedic Surgeons' first-ever publication directed at the retail consumer debuted at its Annual Meeting in February.

*The 2003 Body Almanac-Your Personal Guide*

*to Bone and Joint Health at Any Age* is a new musculoskeletal self-help book that "demystifies" bone and joint health for the general public. Employing an easy-to-follow question and answer format, the guide clearly defines dozens of common musculoskeletal conditions.

For every condition listed, readers get a wide range of helpful, concise information, such as signs/symptoms, treatments, pain expectations, when it's time to call a doctor, follow-up care, illustrated exercises, buying guides, anatomical diagrams, checklists, and safety and prevention tips.

The back cover of the book reproduces President Bush's 2002 proclamation of the Bone and Joint Decade, and the US

BJD logo is used on the copyright page. Priced at \$19.95, the 2003 Body Almanac is an official Academy publication, so consumers can feel confident the content has been well researched and is unbiased, says co-editor Ramon L. Jimenez, MD.

"Our goal was to produce a book that every household in America could keep on a shelf for quick reference when any musculoskeletal concerns arise," Dr. Jimenez says. "There's nothing else like it out there in the bookstores right now -- so we're really providing a public service. I also think it's a unique opportunity to demonstrate that we, as orthopaedists, are genuinely interested in the overall musculoskeletal health of our patients--not just in performing surgery."

Dr. Jimenez worked on the book with three other physician editors: Letha Y. Griffin, MD, Glenn B. Pfeffer, MD and John F. Sarwark, MD. The orthopaedists spent over four years developing the concept and content for the book, which was written with the editorial assistance of a science writer.

The book is available for purchase on the Academy's Web site ([www.aaos.org](http://www.aaos.org)) and will be in major book store chains and on Amazon.com in April.

### "Top 100" conditions

The Body Almanac features the "Top 100" musculoskeletal conditions seen at the doctor's office, and is divided into eight anatomical areas: general bone and joint health; shoulder; elbow/forearm; hand/wrist; hip/thigh; knee; foot/ankle and spine.

The book's reader-friendly layout is also similar to the popular "Dummies" guides.

Although aging baby boomers are the book's target audience, the guide contains information on conditions affecting every age group. Topics range from backpack safety tips for kids and treatment of carpal tunnel syndrome, to tips on choosing canes and walkers after hip replacement surgery.

"We see the baby boomer 'sandwich' generation as our key audience because they're the primary caregivers right now," explains AAOS staff editor, Lynne Shindoll. "Not only are they experiencing new aches and pains of their own, many of them are caring for children as well as elderly parents or other relatives. This guide empowers them to become more involved in their entire family's bone and joint health."

# ORS president sees bright future for musculoskeletal research



**By Mary Ann Poruczniak**

Speaking at the 49th annual meeting of the Orthopaedic Research Society (ORS), President J. Edward Puzas, PhD, challenged orthopaedic researchers to transform the field and "make it happen."

Over the past 30 years, noted Dr.

Puzas, other disciplines have made substantial gains on the research front. Scientific advances in basic and clinical research set the stage for dealing with most cancers. A sustained effort in basic science research recruited the best and brightest scientists into cancer laboratories.

Metabolic research and endocrinology were also focused areas of study. Successful treatments for some forms of diabetes stimulated new areas of research and triggered additional research in renal, hepatic and digestive diseases. Early investments in metabolomic research paid fruitful dividends.

The designation of the 1990s as "The Decade of the Brain" made programs dealing with the neurosciences among the most vibrant research programs in every medical school.

"But where was musculoskeletal research?" asked Dr. Puzas.

## Our time is now

The United States Bone and Joint Decade (USBJD) is helping to ensure that musculoskeletal research is finally getting its share of the limelight, and Dr. Puzas urged his listeners to capitalize on the publicity.

## Supporter list grows

We welcome organizations that have endorsed the Decade and are now official Participating and Associate Members of the USBJD. Their pledges of support are much appreciated, and we will be making special recognition of these organizations throughout the Decade. These commitments will ensure the USBJD is able to coordinate activities for all organizations supporting the Decade in the U.S.

**To join these groups in their support of the USBJD, please send an e-mail expressing your interest to: [usbjd@usbjd.org](mailto:usbjd@usbjd.org).**

"New medications represent a major step forward in our ability to translate basic science into meaningful results for patients," he said. "Now we have fusion proteins, decoy receptors, tissue selective receptor modifiers and soap detergent derivatives making all of our lives better."

Also significant is the Orthopaedic Genome, a profile of skeletal specific genes recognized as key elements in skeletal health. "The revolution in the human genome project has given us the opportunity to view our most serious and chronic diseases in a brand new light. Someday soon we may even be able to carry a database of our genetic predispositions toward musculoskeletal diseases around in our wallets. A physician could use this information to make decisions on how to treat a particular patient."

The ORS was one of the founding members of the USBJD, ensuring that one of the key missions of the Decade would be to elevate the research arena in the musculoskeletal field. It has also begun working with the new director of the National Institutes of Health (NIH) and the director of National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) to improve both funding and recognition for musculoskeletal research.

Dr. Puzas outlined three specific ways for the ORS to support these efforts. "First is to sustain our numbers. One of the key points of our new strategic plan is to mentor young researchers and to increase the number of clinician investigators," he said.

Young researchers are struggling under pressure to perform good research, write good papers and fund their work, he noted. This struggle increases over time, but sooner or later, a change in focus must occur that leads to mentoring opportunities. "Engaging yourself in collaborations, working as a team

and helping your trainees will pay you many more dividends than trying to go it alone," he advised.

This leads directly to the second way that ORS can support the efforts of the USBJD: team work and cooperation within the society.

"Our society is one of the most diverse organizations I have ever encountered. We are made up of engineers, clinicians and biologists and sometimes we don't always communicate with each other," said Dr. Puzas. "But this also presents us with incredible opportunities. Next year, when you come to the ORS meeting, check out poster presentations in topic areas not of direct interest to your own program. I promise you it will pay off."

A visit to a different topic area can present opportunities to challenge yourself, talk to the authors, ask questions, establish new collaborations and foster collegiality, he added.

The third step is to let funding agencies know how important it is to do good musculoskeletal research. Instead of badgering and complaining, Dr. Puzas advised using the strategy that works the best: quality and numbers. He introduced the concept of "application pressure."

"If you write good grant applications, the money will come. Funding agencies cannot ignore good idea after good idea backed up by solid preliminary data. Eventually, the quality of the work and the number of applications will translate into a reevaluation of funding priorities," he remarked.

*This article was originally published on Feb. 7, 2003 in Academy News, the 2003 Annual Meeting edition of the AAOS Bulletin. Reprinted with permission.*

### New USBJD Participating Members

- American Association of Hip and Knee Surgeons
- American Orthopaedic Association
- American Society for Surgery of the Hand
- Association of Bone and Joint Surgeons
- Foundation for Chiropractic Education and Research
- The Knee Society
- National Association of Chain Drug Stores Foundation

- National Association of Orthopaedic Nurses
- Orthopaedic Trauma Association
- Scoliosis Research Society

### New USBJD Associate Members

- DePuy Acromed, Inc.
- DePuy, Inc.
- Synthes North America
- Wyeth Pharmaceuticals
- Zimmer

## Edward L. Maurer 1937 - 2003

### American Chiropractic Association president, Decade supporter

**By Carol Marleigh Kline**

USBJD Board Member, Edward L. Maurer, DC, DACBR, died unexpectedly at his home in Kalamazoo, Michigan, on March 27, 2003. Dr. Maurer was a giant among his contemporaries, and a man of unquestioned integrity. His friend and colleague for 30 years, Kerwin Winkler, DC, commented on the loss that Dr. Maurer's passing represents, saying, "Nobody brought to the table the depth and breadth of his knowledge and wisdom." Dr. Winkler praised, as well, Dr. Maurer's "unwavering loyalty and service to the American Chiropractic Association."

Dr. Maurer graduated from Lincoln Chiropractic College in 1961, was board certified in radiology, and earned a diploma in that field. From 1973, he served on the post-graduate faculty in radiology for the National University of Health Sciences in Lombard, IL. He served as Michigan's ACA delegate from 1980 to 1991. In 1983, Dr. Maurer was named Chiropractor of the Year by the Michigan State Chiropractic Association, and received its legislative leadership award in 1987. He held various elected positions in the American Chiropractic College of

Radiology and on the ACA's Council on Diagnostic Imaging. He served for seven years on the ACA Board of Governors, first as Governor of ACA's District #2- which includes Michigan, Illinois, Iowa, Wisconsin, and Canada. In 1997, he was elected Chairman of the Board of Governors, a position he held until 1999, also serving as a member of the ACA Executive Committee.

That same year, Dr. Maurer was named as Chairman of the new *Journal of the American Chiropractic Association (JACA)* Editorial Review Committee, a position he stamped uniquely with his far-reaching vision and immense energy until his death. The committee became the JACA Editorial Board in 2002, in recognition of the quality and quantity of effort provided under his leadership to assure that ACA publications standards never faltered. He was also editor-in-chief of ACA Press, the publishing arm of the ACA. In 2001, Dr. Maurer was named ACA Chiropractor of the Year. He was recognized at the 2003 National Chiropractic Legislative Conference with one of the association's highest honors -- the Chairman's Award -- for his many contributions to the ACA and to the profession.

Dr. Maurer poured his considerable energies into those projects that, in his belief, would benefit the future of chiropractic. As its fundraising chairman, Dr. Maurer became one of the driving forces behind the creation of the Florida State University College of Chiropractic. He also embarked on a collaborative effort with participating health care organizations in the U.S. Bone and Joint Decade. Dr. Maurer volunteered to represent ACA in the Decade's efforts to educate the public about diseases of the bones and joints during the final two years of his life, a responsibility that he carried out in his typical manner -- with vigor and a wealth of fresh ideas. Dr. Maurer wrote two textbooks, contributed several chapters to others, and published numerous articles in scientific and trade journals.

Dr. Maurer practiced at the Kalamazoo Chiropractic Center with Valdis Muiznieks, DC. He is survived by a son, Lance, who is studying to become a doctor of chiropractic at Logan College of Chiropractic, and a daughter, Terry, who is married and has two children.

## New Surgeon General report on Web

**By Ann L. Elderkin**  
**Managing Editor and Project Director**  
**The Surgeon General's Report on Osteoporosis and Bone Health**

A new report on the Surgeon General's Workshop on Osteoporosis and Bone Health held on December 12 and 13, 2002 has been posted on the Surgeon General's Web site at [www.surgeongeneral.gov/topics/bonehealth/](http://www.surgeongeneral.gov/topics/bonehealth/). The purpose of the workshop was to identify the most important issues in bone health, to be used as a foundation for the writing of the upcoming Surgeon General's Report on Osteoporosis and Bone Health. The workshop report provides the proceedings of the workshop, including recommendations from break-out groups and from public comments submitted to the Surgeon General's Web site prior to the workshop.

Although the full Surgeon General's Report is not due to be released until the summer of 2004, there is much that can be done now to promote public awareness about

osteoporosis and bone health and to take action where it is needed most. You are encouraged to share this report electronically with members of your organization and to publicize the report's availability on the Surgeon General's Web site in your communications with your constituents. Using this workshop report as a springboard, you can begin planning activities in your organization to take advantage of the release of the full Surgeon General's Report in the summer of 2004.

For up-to-date and useful information on osteoporosis and related bone diseases for patients and health care professionals, you may find it helpful to contact the National Institutes of Health Osteoporosis and Related Bone Diseases - National Resource Center at <http://www.osteo.org/>. Its resources include fact sheets and brochures for patients and health care professionals (in English, Spanish, Chinese, and Vietnamese), research updates, bibliographies, and more.

## News Briefs

Representatives from member associations are invited to submit organization summaries, story ideas, event announcements and news for publication in the *USBJD Newsletter*. Logos and/or photographs are also welcomed. Images can be sent in .jpg, .gif, or .tif format. Copy deadlines for 2003 are:

<i>June</i>	May 15
<i>September</i>	August 15
<i>December</i>	November 15

Submissions should be sent to Toby King at [tobyking@usbjd.org](mailto:tobyking@usbjd.org).

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The USBJD recently received an order for 6,000 brochures from the Illinois Bone and Joint Institute. The Institute, based in Glenview, IL, also has a location in Wilmette. The Institute is made up of orthopaedic, physical therapy, physical medicine, sports and pediatric specialists.

# Message from the Chairman



Stuart Weinstein, MD  
Chair, U.S. Bone and Joint Decade

The US Bone and Joint network is a coalition of more than 65 organizations that endorse the mission and goals of the USBJD. It is NOT the purpose of USBJD to create a new organization with an extensive and expensive infrastructure. USBJD is instead a lean organization geared to harness the considerable talents and resources of its constituent supporters.

In our meetings with NIH, CDC and potential new partners, it is clear that the appeal of USBJD is the breath and depth of the network. No other musculoskeletal coalition has the diversity of USBJD or its potential influence.

If you think about the health care provider organizations supporting the Decade and the number of patients that they collectively interact with, the numbers are staggering. The same extensive reach applies to our patient advocacy groups, our industry partners, our association partners, and our journal and newsletter supporters. If every group were on board 100%, one can quickly see the enormous

potential of the coalition to actually achieve its goals and ultimately lower the burden of musculoskeletal disease. The key to success is realizing the potential of the coalition. This means that each and every supporting organization must make it a priority to engage its constituents and have them engage others at a national, regional and local level. This level of involvement is critical to the mission of USBJD and to our first priority: raising the awareness of the American population (patients and policymakers) to the growing burden of musculoskeletal disease.

We also need to expand our network. Each member of the coalition must look outside their organization to the other groups that they interact with and get them to join USBJD. The expansion of our network will further increase the USBJD's chances of success. The larger and broader based our coalition is, the more effective we will be in accomplishing the goals of the Decade. This will also have the secondary benefit to each individual USBJD organization of fostering partnerships and relationships with other USBJD organizations that will help further the mission of each respective organization. Working together, we can all accomplish the mission of the Decade and that of our own organization more effectively.

As mentioned in a previous message, we

need each organization to develop an awareness program now! The program must be tailored to the needs of your constituents, but you must get the message out. We will be happy to help you get your awareness program started, and this should include a clear case statement about the reasons for the Decade, and the benefits that will accrue to your members and patients. If you need help contact Toby King at USBJD ([tobyking@usbjd.org](mailto:tobyking@usbjd.org)).

In the next month or so we will be refining our strategic plan. We will send out the key objectives and suggest tactics in each area. Our research committee, education/communication committee and our advocacy committee will need a contact person(s) from your organization. We want you to be engaged in the process. We can succeed if everyone is committed to the effort. We need you to bring your resources together with the other decade supporters to accomplish our mission.

As we approach the end of the first year of our National Bone and Joint Decade, we can take great pride in what we have accomplished to date. It is not an easy task to bring this eclectic group of organizations into a cohesive unit. We have a lot of exciting challenges ahead. If we all are committed to our common goals we will succeed.

## The USBJD thanks the following sponsors:

### Corporate Advisory Council

American Academy of Orthopaedic Surgeons





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Rosemont, Illinois 60018

TO:

## About Us

The United States Bone and Joint Decade, NFP (USBJD) is an incorporated nonprofit organization. It represents the U.S. National Action Network of the independent, global organization Bone and Joint Decade (BJD). The mission of the BJD is to improve the health-related quality of life for people affected by musculoskeletal disorders worldwide.

BJD is the umbrella organization by which more than 50 National Action Networks -- including that of the United States -- and more than 750 professional medical societies, patient advocacy groups, governments, companies, research institutions and publications partner to effect change by: (1) Raising awareness of the growing burden of musculoskeletal disorders on society; (2) Empowering patients to participate in their own care; (3) Promoting cost-effective prevention and treatment; and (4) Advancing understanding of musculoskeletal disorders through research to improve prevention and treatment.

## Contact Us

The U.S. Bone and Joint Decade Newsletter serves as a means of communication between the members of the National Action Network (NAN) and other affiliated organizations. To submit a story idea or an article, or if you have comments, please contact:

U.S. Bone and Joint Decade Office  
847.384.4010  
usbjd@usbjd.org

*The USBJD Newsletter is created courtesy of the  
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**Visit the USBJD Online:**  
[www.boneandjointdecade.org/usa](http://www.boneandjointdecade.org/usa)