

New Mission

Just over halfway through the Bone and Joint Decade, the USBJD Board decided 2007 was the time to revisit the Strategic Plan. Thomas Nelson and Colin Rorrie, who have worked with healthcare-related organizations to develop similar plans, met with the Board in June 2007. The Board reviewed the results of a survey sent to USBJD participating organizations and individuals, and mapped out a fresh vision, mission, and goals. At the December 2007 Board meeting, this was further revised.

The Board had two objectives in mind in developing the new strategic plan: to plan the focus of the USBJD for the next four years; that the work of the USBJD cannot be done in a decade, and that an ongoing and sustained effort is required. Discussion focused on defining the unique role of the Decade and the need that this fills for the public, patients with musculoskeletal conditions, and the healthcare professional community.

The key word in the Mission and Goal is collaboration. The USBJD wants to move increasingly towards engaging the broad spectrum of the musculoskeletal commu-

VISION
To be the effective coalition of patient-focused and professional organizations that improves bone and joint health in all persons in the United States.

MISSION

To promote and facilitate collaboration among the public, patients, and organizations to improve bone and joint health through education, research and advocacy.

GOAL

The goal of the USBJD is to improve bone and joint health by enhancing collaborative efforts among individuals and organizations in order to:

- 1) raise awareness of the growing burden of musculoskeletal disorders on society;
- 2) promote wellness and prevent musculoskeletal disease;
- 3) advance research that will lead to improvements in prevention, diagnosis and treatment.

nity and address common issues of concern and opportunity. The Mission recognizes that the primary mission of most, if not all, of its participating organizations relates to education and research, and thus the role of the USBJD is to be focused on activities that enhance those areas. The USBJD also believes that it should be increasingly active as an advocate, most particularly as a patient advocate.

Four programs developed by the USBJD were mentioned frequently by survey responders as being the most important and successful to

date: Project 100 (professional education), the Young Investigators Initiative (researchers), Fit to a T (public education), and The Burden of Musculoskeletal Conditions in the United States (prevalence data resource). The USBJD will seek increasingly to engage members of the musculoskeletal community, and as common issues are identified and new programs developed it will be prioritizing those around which the greatest number of participating organizations is unified.

Young Investigators Initiative

\$13,525,726 in approved grants

Seventeen more participants entered the USBJD's Young Investigators Initiative at the Oct. 28-Nov. 1 workshop in Toronto; they joined 10 young investigators who were attending their second workshop. More than 100 young clinical investigators have been accepted into the program.

The program does not provide grants, but trains promising investigators to become successfully funded. The commitment of



Faculty and participants at the Young Investigator Fall 2007 workshop.

mentors to this program is significant; faculty work with participants until they are funded. The multi-disciplinary nature of the program is an important aspect since participants benefit from the cross-disciplinary knowledge and experiences.

The program has had impressive outcomes. By year-end 2007, 28 participants had obtained a total of \$13,525,726 in approved research grants since beginning the program.

First-time participant Lauren Beaupre said: *“The most exciting--and for lack of a better word, inspiring--part of the workshop was seeing how passionate these experienced researchers remained about their research areas. Their willingness to share their experiences, to try to smooth the way for junior investigators, was very much appreciated. I look forward to attending my second workshop.”*

Beginning in 2008, the program will invite applications from young clinical investigators who have already received career development awards. Young clinical investigators that have a K grant/training award or foundation award, but have not obtained R01 funding may apply for the second part of the program centered around a workshop that focuses on the needs of grant applicants who have already submitted full proposals. The program will also now accept applications from basic scientists.

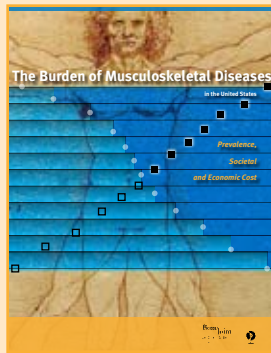
This workshop series is open to promising junior faculty, senior fellows or post-doctoral researchers who wish to secure funding for hypothesis-driven research. They must be nominated by their department or division chairs, have a faculty appointment in place or confirmed, and have a commitment to protected time for research. It is also open to senior fellows or residents doing research who have a faculty appointment in place or confirmed. For more information about the Young Investigator program www.usbjd.org/rd/?YII.

Burden of Musculoskeletal Diseases in the United States

Leading cause of disability – \$849 billion – 7.7% of GDP

Joshua J. Jacobs, M.D.

Chair, Management Oversight Team, *Burden of Musculoskeletal Diseases in the United States*



The Burden of Musculoskeletal Diseases in the United States, to be released in February 2008, outlines why musculoskeletal disorders and diseases are the leading cause of disability in the United States and

account for more than one-half of all chronic conditions in people over 50 years of age in developed countries. The economic impact of these conditions is also staggering: in 2004 the sum of the direct expenditures in health care costs and the indirect expenditures in lost wages has been estimated to be \$849 billion dollars, or 7.7% of the national gross domestic product.

Beyond these statistics, the human toll in terms of the diminished quality of life is immeasurable. This situation is unlikely to improve in the foreseeable future and will likely be intensified by current demographic trends, including the graying of the baby boomer population, the epidemic of morbid obesity and the higher recreational activity levels of our elderly population.

Despite these compelling facts, the investment in musculoskeletal research in the United States lags behind other chronic conditions. While musculoskeletal diseases are common, disabling and costly, they remain under appreciated, under recognized and under resourced by our national policy makers.

Several professional organizations concerned with musculoskeletal health have collaborated to tabulate up-to-date data on the

burden of musculoskeletal diseases to educate health care professionals, policy makers and the public. The information presented is an update of two previous editions entitled *Musculoskeletal Conditions in the United States*, published in 1992 and 1999 by the American Academy of Orthopaedic Surgeons. The present volume, renamed *The Burden of Musculoskeletal Diseases in the United States* represents a true collaboration of a coalition of professional organizations committed to the mission of the US Bone and Joint Decade.

These data should stimulate increased investment in basic, translational, clinical and health policy research to delineate the underlying mechanisms of these diseases and their response to treatment. Through such research, novel preventive and therapeutic approaches can emerge which promise to mitigate the societal and personal impact of musculoskeletal disease.

To order copies of the full publication in hard copy and the executive summary, email usbjd@usbjd.org. Put BMUS in the Subject field. The hard copy book is \$50.00.

New Musculoskeletal Subject Examination

Washington University of St. Louis, Missouri, has been utilizing the NBME Musculoskeletal Subject Examination for more than a year, administering it to more than 100 students. Early statistical evaluation of the data shows that this examination differentiates well between students who have taken a MSK surgery and medicine course, and those who have not. It is hoped the examination will gain widespread acceptance, and be utilized by all programs to assess core knowledge in musculoskeletal science and clinical care as well as further stimulate development of musculoskeletal curricular content and quality. Project 100 co-chairs Joseph Bernstein, MD and George Lawry, MD strongly urge program

Musculoskeletal Subject Examination Content Outline

Basic Science	20% - 30%	Clinical Science	70% - 80%
<i>Normal Processes</i>	20% - 25%	<i>Categories</i>	
<ul style="list-style-type: none"> • Spinal cord • Peripheral nerve • Musculoskeletal organ structure/function 		<ul style="list-style-type: none"> • Neuromuscular 5% - 10% • Infections 20% - 25% • Degenerative/metabolic/nutritional 15% - 20% • Inherited/congenital/developmental 5% - 10% • Inflammatory/immunologic 10% - 15% • Neoplasms 5% - 10% • Traumatic injury/nerve compression 15% - 20% 	
<i>Abnormal processes</i>	75% - 80%	<i>Physician Task</i>	
<ul style="list-style-type: none"> • Traumatic/mechanical disorders • Infections • Inflammatory • Fractures • Sprains/strains/dislocations • Repetitive motion injuries • Osteomalasia/osteoporosis/osteodystrophy • Degenerative disorders 		<ul style="list-style-type: none"> • Promoting Health and Health Maintenance 5% - 10% • Understanding Mechanisms of Disease 5% - 10% • Establishing a Diagnosis 70% - 75% • Applying Principles of Management 10% - 15% 	

directors to use this examination for objective student assessment.

Using a content outline developed by NBME staff members in collaboration with a musculoskeletal task force of basic science and clinical faculty from several medical schools, a web-based exam comprised of 75 basic and clinical science

items was assembled. The exam has been tested at Washington University in St. Louis, the University of Iowa, and the University of Rochester.

It's free for the next two years; the U.S. Bone and Joint Decade is underwriting the cost. For more information, contact Judith Miller (jmiller@nbme.org).

1st Advances in Rare Bone Diseases

The USBJD and Rare Bone Disease Patient Network are organizing a scientific and patient-interactive conference on rare bone diseases, titled "1st Advances in Rare Bone Diseases, (ARBD-1)," Oct. 22-24, 2008, on the NIH Campus in Bethesda, MD.

The conference objectives are:

1. to examine the latest advances in basic, translational and clinical research relating to a series of genetic bone diseases
2. to understand how recent advances may be applied to bone biology and clinical osteology
3. to allow selected trainees and junior faculty to present their work to experts in the field
4. to allow an interested lay audience to interact with scientific and medical experts in these diseases, as well as the pharmaceutical industry involved in bone and orphan diseases
5. to forge new areas of understanding and highlight the need for research and therapeutics.

Invited experts and attendees will include representatives in genetics, molecular biology, nanobiology, endocrinology, rheumatology, nephrology, gastroenterology, nutrition, exercise physiology, orthopedics, radiology, anthropology, immunology, cell biology and biomechanical engineering.

Conference co-chairs Dr. Michael Econs and Dr. Craig Langman, plus 16 international bone investigators serving as the Program Committee, have developed a scientific program that includes overarching plenary lectures, directed state of the art presentations, and lecturers from the Food and Drug Administration, the biomedical community and the pharmaceutical industry involved in orphan diseases to facilitate transfer of the latest technology from the biomedical research community to investigators working in the rare bone disease field, and Hot Topic discussions for seven specific disease entities.

For information on the conference, email usbjd@usbjd.org, and put Rare Bone Conference in the Subject field.

BJD World Network Conference

J. Edward Puzas, PhD
President, United States Bone and Joint Decade

Kenneth Koval, MD
Member, BJD International Steering Committee

The 7th World Network Conference of the International Bone and Joint Decade was held at Surfer's Paradise, Gold Coast, Australia, Oct. 13-14, 2007, with 34 countries represented by 115 participants. The scientific program focused on the economics and burden of musculoskeletal disease, new models of health funding, and back pain. Prior to the meeting, a two day patient advocacy seminar was held with sessions on data collection and presentation strategies to promote patient advocacy. Smaller sessions were held to discuss how to maintain efforts initiated during the Decade and to promote musculoskeletal awareness worldwide. A truly international event, the meeting highlighted advances that have occurred during the Bone and Joint Decade as well as future efforts.

Patient Meeting



The Oct. 2007 patient meeting in Australia was the 3rd gathering of those affected by bone and joint disorders. The goal is to educate key lay individuals from different countries on burden of musculoskeletal disease issues, and how to become effective advocates. The meeting sets them up to return to their country of origin and advance programs to increase awareness and advocate for research and education of bone and joint diseases. Over the past three years, there has been a measurable change in attitudes in Europe and Asia due to the

efforts of patients who have attended these meetings. The patient meeting was coordinated by Mr. Ben Horgan and Ms. Amye Leong, who brought their expertise to the gathering.

The U.S. patient representative in Australia was Kathleen Davis, a Ph.D.-trained educator from the University of Kansas. Kathy learned from her participation, contributed ideas to the other patient groups, and established networks that will help her spread the word of musculoskeletal burden in the U.S. The patient meeting ended with an exhilarating walk titled "BJD On The Move," commemorating International Arthritis Day and was well covered by Australian print and broadcast media.

National Action Network Bone and Joint Meeting



International Bone and Joint Decade chairman and Decade founder, Professor Lars Lidgren of Sweden, opened the National Action Network (NAN) meeting the following day, Oct. 13. The main topics: increase awareness of back pain and explore issues related to health economy. Both areas filled gaps in information for the delegates from participating countries.

As Lidgren explained, these topics add to the "collective vision of a society where prevention, treatment and care of people with musculoskeletal disorders are of

high importance." Presentations ranged from scientific, to economic, diagnostic and treatment of back disorders. Of particular interest were two presentations, one on the epidemiology of the global burden of disease; the other on the use of the media to alter attitudes and outcomes for back pain. The epidemiological study, well presented by Professor Alan Lopez of the University of Queensland, Australia, was a sophisticated analysis of the worldwide burden of bone and joint diseases, highlighting the importance of research and education. Much of his data came from World Health Organization databases. Lopez and his colleagues will be updating their information and has asked the U.S. team working on the Burden of Musculoskeletal Diseases in the United States to participate in the latest data compilation.

Using the media to alter public behavior related to back pain was presented by Professor Rachele Buchbinder of the University of Melbourne, Australia. In this fascinating study, she saturated television to change the attitude of patients with low back pain. Her outcome measures were quantifiable and statistically valid; she showed that with the right message she could accelerate a return to normal function and save health care dollars. Her work has been published in premier medical journals; these studies also won her Volvo Award for research excellence. Her research underscores the need to elevate the general public's awareness of musculoskeletal diseases.

Other presentations included what is new in surgery, biomechanical issues of the spine, educational programs and the role of allied health care professionals.

Beyond 2010

Breakout groups addressed the Bone and Joint Decade after 2010 (or 2011 in the United States). It was unanimously agreed that all of the programs that have been initiated and had success in the previous ten years should not be allowed to end. Strategic planning for the future of the International Bone and Joint Decade (as well as the United States NAN) is well underway.

Awards

The National Osteoporosis Foundation won the best video award for elevating public awareness of osteoporosis. The video, a

hauntingly effective clip of celebrities and others viewed as if you were seeing their skeletons on an x-ray, highlighted the importance of skeletal structure in the functioning of our bodies.

2008 in Pune, India; 2009 in Washington DC

The India NAN will host the 2008 BJD meeting in Pune. The theme of the meeting has yet to be decided.

The international meeting of the Bone and Joint Decade will be the United States in Oct. 21-25, 2009, in Washington DC. Plans for the meeting, presented by Dr. Stuart Weinstein who, with Dr. Nancy Lane, are organizing the U.S. meeting, received unanimous approval from the international delegates. See item on following page for more.

Social Events

A welcoming dinner recognized specific programs carried out by NANs, and BJD ambassadorships were awarded. A Saturday night gala was held at the Australian Outback Spectacular, an indoor rodeo-like presentation of life in the outback.

Personal Reflections

As we remain intensely focused on our clinical and research duties, sometimes we forget about the plight of different cultures. Meetings such as this really bring into focus the value of a coordinated international approach to bettering musculoskeletal conditions. This idea was clearly brought out when the perspectives of the different countries were discussed. For example, delegates from Oman did not consider molecular and cellular research on bone and cartilage a high priority for their Bone and Joint Decade initiatives. Delegates from the United States and Western Europe didn't consider driving practices and road conditions as major risk factors. Yet both contribute hugely to the overall goal of bettering bone and joint health and dealing with trauma to the skeleton. Bringing together health care professionals in all of these areas can only accelerate achieving meaningful goals for our missions.

Public Education

California Osteoporosis Summit



Fit to a T

A Latino version of *Fit to a T* was launched at a gathering of advocates Oct. 16 in Sacramento, an event organized by the California Hispanic Osteoporosis Foundation,

Foundation for Osteoporosis Research and Education, National Association for Commissions for Women, the California Orthopaedic Association and the USBJD. Participants were invited to take a bone-density screening test. TV anchor Bette Vasquez, who welcomed delegates to the session, moderated the program that included speeches by Mexican Consul General Alejandra Bologna; Toby King, USBJD Executive Director; Augusto Focil, MD, president of the California Hispanic Osteoporosis Foundation; patient Margaret Jarvis; Beverley Tracewell, Program Director, Foundation for Osteoporosis Research and Education, Mary Wiberg, Executive Director, State of California Commission on the Status of Women, Nancy Zelaya and John Dorsey of Procter & Gamble, and Kimberly Templeton, MD who presented *Fit to a T*. Summit feedback suggests most attending were unaware of how devastating osteoporosis can be and the impact of osteoporosis on the Latino community.

Mark your agendas!

Bone and Joint Decade Global Network Meeting October 21-25, 2009 Washington, DC, USA

In 2009, the USBJD will host this annual international meeting of physicians and researchers from many musculoskeletal medical and basic science disciplines, as well as patient advocates. It's theme? Awareness.



The two-part meeting includes: a patient advocates meeting and a Congress for all participants. Built primarily on disease categories representing 80 percent of the burden of disease, osteoarthritis, inflammatory arthritis, osteoporosis, back pain, trauma and pediatric musculoskeletal conditions, the meeting will highlight the latest global perspectives on the burden of these diseases. It will also focus on showing how changing health policies, funding for research and prevention activities in different countries can lower the burden, reflecting the mission of the Decade.

Patient advocates and professionals will be able to see advocacy in action; international delegates will meet with their ambassadors or embassy personnel, and U.S. attendees will meet with their congressional leaders on Capitol Hill. This will serve as an instructive "how-to" advocacy exercise. Each participant will have information and messages tailored to reflect their country's burden of disease musculoskeletal issues.

Thirty four participants were tested, with results represented in the graph below. Note that attendees were predominantly younger than the age at which bone loss is traditionally a concern, yet 27 percent were in the range to raise concern.

The 34 participants who were tested learned about their bone health. All attendees were made California Osteoporosis Summit Embajadores (Ambassadors), challenged to increase their advocacy efforts in California's Latino community. Partner organizations are expected to continue working together to keep the Summit's momentum flourishing in the Latino community.

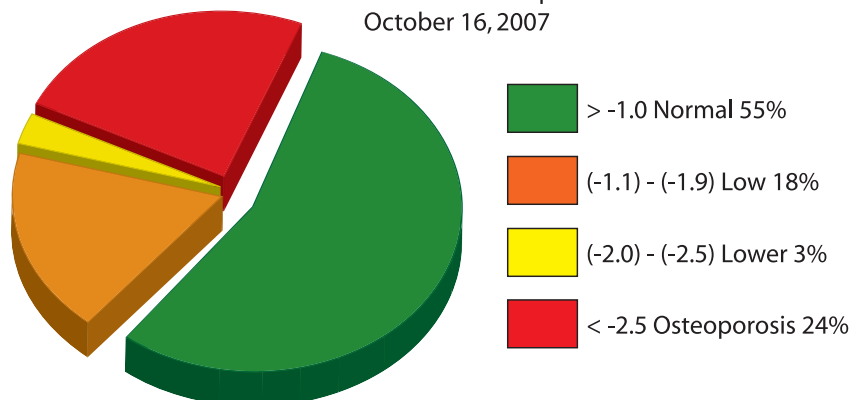
OsteoporosisCare Tool Launched

Free Application will Help Improve Bone Health of Americans

Primary care physicians now have a tool to help improve their patients' bone health: OsteoporosisCare. It was introduced Oct. 20, World Osteoporosis Day, in association with the USBJD and the New Jersey Academy of Family Physicians (NJAFP) at the American Osteopathic Academy of Orthopedics (AOAO) annual meeting in San Francisco. OsteoporosisCare is a point of care and clinical decision support tool that assists with the diagnosis and treatment of osteoporosis; it is available as a website, mobile website, and stand-alone application for PocketPC at www.OsteoporosisCare.org.

At the same session, Debra Spatz, DO, AOAO immediate Past President, introduced Laura Tosi, MD, who presented "Breaking Tradition: A New Look at Fracture Care." Kimberly Templeton, MD spoke on "Osteoporosis Intervention: Is it Ever Too Early?", then held a session on

California Latino Osteoporosis Summit
T-scores of 34 Participants
October 16, 2007



Fit to a T, the USBJD's public education on bone health and osteoporosis.

In developing OsteoporosisCare, the NJAFP brought together osteoporosis experts in family medicine, internal medicine and endocrinology to develop content and recommendations for the application. NJAFP Executive Vice President Ray Saputelli, CAE notes, "OsteoporosisCare is unique in the way it combines evidence-based education and clinical decision support through the synthesis of a myriad of often conflicting guidelines into clear, actionable recommendations for clinicians who diagnose and treat osteoporosis."

OsteoporosisCare includes calculators for determining calcium intake, tools to help decide patients who need bone density scans or treatment with medication for osteoporosis, information about bone health, rehabilitation, treatment options, and patient education hand-outs. OsteoporosisCare's information is hyperlinked to allow rapid navigation and facilitate use of the application while a physician is with a patient.

Application developer Ryan Kauffman, MD said, "While this information is not new to physicians, this application organizes the data into a form that can be quickly accessed and applied in a minute or two such that it can fit within the constraints of even short office visits."

Osteoporosis thins bones so the risk of fracture is increased. Of the 10 million people in the U.S. with osteoporosis, half of the women and a quarter of the men over age 50 will suffer an osteoporosis-related fracture.

For more than 50 years, the New Jersey Academy of Family Physicians has been advancing the cause of family physicians and their patients; it has more than 1,500 members. The NJAFP is the largest primary care medical society in the state and a chapter of the American Academy of Family Physicians.

OsteoporosisCare can be accessed free of charge at www.OsteoporosisCare.org.

Experts in Arthritis

Free Public Seminar for People with Arthritis and People Who Care About Them



Rowland Chang, MD, Steven Goldring, MD, and Katie Lorig, RN, DrPH

One hundred and eighty participants attended Experts in Arthritis: A Meeting of World-Renowned Health Care Professionals and Researchers For Patients and Their Families on Nov. 10, 2007 in Boston at the annual scientific meeting of the American College of Rheumatology.

Organized by the USBJD, American College of Rheumatology, Arthritis Foundation, and American Academy of Pediatrics, 20 world-renowned experts, many delegates to the ACR meeting, participated with presentations, as moderators or as panelists in breakout sessions on osteoarthritis, rheumatoid arthritis, and juvenile arthritis. Attendees reported favorably on the quality of information provided and opportunities for exchange. Most patients attending were members of the Massachusetts and the Northern and Southern New England chapters of the Arthritis Foundation.

Neal Birnbaum, MD, President of the American College of Rheumatology, and Jack Klippel, MD, President and CEO of the Arthritis Foundation welcomed participants. A plenary session featuring Roland Chang, MD, Kate Lorig, RN, DrPH, and Amye Leong, was moderated by Steven Goldring, MD. Moderators and panelists at the breakout sessions who provided clinical and research updates and answered questions from participants included David Fox, MD, Allan Gibofsky, MD, JD, Carol J. Henderson, PhD, RD, Marc Hochberg, MD, MPH, Maura D. Iversen, DPT, MPH, ScD, Elinor

A. Mody, MD, Geri B. Neuberger, RN, EdD, Peter A. Nigrovic, MD, C. Eglia Rabinovich, MD, MPH, Christy Sandborg, MD, Michael H. Schiff, MD, Vibeke Strand, MD, Anthony D. Woolf, MBBS, FRCP.

Partner organizations are looking into repeating the seminar in 2008 in San Francisco.

USBJD Empowers Global Community on World Spine Day



In a global communications breakthrough for the USBJD, Dr. Milagros Rosado, a Life University faculty member, educated and empowered the global Spanish-speaking community on spinal health on CNN En Espanol. In a live interview with award-winning anchor Claudia Palacios, Dr. Rosado explained the importance of excellent posture and an active spine-healthy lifestyle. Using Straighten Up demonstrations, Dr. Rosado explained the significance of the Rancho Bernardo posture studies. These landmark studies, conducted by gerontologists at UCLA, demonstrated a positive correlation between stooped hyperkyphotic posture and increased mortality, functional disabilities and increased independent risk for osteoporotic fractures in elderly adults.

The photo of Dr. Rosado with Viviana Waggoner and Ron Kirk is courtesy of Jennifer Bennet of Life University. To view a video on Straighten Up America, go to http://www.life.edu/Chiropractic_and_Wellness/SUA_video.asp

In a related World Spine Day event, Dr. Jeff Miller and intern Christy Metz from the Clinics at Cleveland Chiropractic

College Kansas City demonstrated Straighten Up exercises on Kansas City's NBC affiliate, KSHB-TV.

Other exciting World Spine Day developments included new Straighten Up launches in the United Kingdom, Sweden and Cyprus with a new website. In Korea, Carol Grubstadt DC presented the Straighten Up Posture Pod to legislators and practitioners. Originating in the US, the rapidly growing Straighten Up initiative has been translated so far into eight languages.

USBJD Board

Joshua J. Jacobs, MD, has been appointed as the representative of the American Academy of Orthopaedic Surgeons. Dr. Jacobs has been involved with the USBJD as a member of its research committee



Joshua J. Jacobs, MD

and faculty member of the Young Investigator Initiative. He is also chair of the Management Oversight Team for The Burden of Musculoskeletal Diseases in the United States.

Member News

Health Volunteers Overseas

John Fisk, MD, has joined the Board of Directors of Health Volunteers Overseas. Dr. Fisk was previously professor of surgery in the Division of Orthopaedics and Rehabilitation and medical director of the Motion Analysis Laboratory at the Southern Illinois University School of Medicine.

Osteogenesis Imperfecta Foundation

The Osteogenesis Imperfecta Foundation has named Tracy Smith Hart as its new Chief Executive Officer. Ms. Hart was previously National Director for Development with the American Kidney Fund.

Pediatric Orthopaedic Society of North America

Musculoskeletal Pediatric Curriculum

This initiative has become a collaborative effort between the sections of orthopaedics and rheumatology of the AAP. Dr. Yuki Kimura from the rheumatology section and Dr. David Spiegel are coordinating the activities. The focus will be on using case-based discussions to achieve objectives listed for each module. The first two modules will be the screening musculoskeletal examination and the differential diagnosis of a limping child.

Annual Carl T. Brighton Workshop on Trauma Care in Developing Countries

The Annual Carl T. Brighton Workshop on Trauma Care in Developing Countries took place Dec. 8-11, 2007 in Ahmadabad, India with representatives from POSNA, WHO, CDC and World Bank among others. The goal: bring orthopaedic surgeons from different nations together to share ideas on improving musculoskeletal trauma care in resource challenged environments. The focus was on systems issues, on teaching/training, and on the role of international organizations in improving the delivery of services. Recommendations may help international organizations expand current trauma care training programs, especially in regions with limited resources. The principle sponsor is the Association of Bone and Joint Surgeons; co-sponsors include Stryker, Synthes, and OREF. Supporters include the Bone and Joint Decade and Orthopaedics Overseas. Proceedings will be published as a symposium in *Clinical Orthopaedics and Related Research*.

International Clubfoot Symposium

More than 200 participants from 44 countries attended the symposium in Coralville, Iowa, Sept. 12-14, 2007, an event funded by NIH

and the Ponseti International Association in collaboration with WHO, CDC, POSNA, EPOS, AAP, and Shriners Hospitals for Children. The meeting was a unique forum that explored aspects of the etiopathogenesis of idiopathic and syndromic clubfoot, which represents the most common musculoskeletal birth defect and a leading cause of childhood disability in the developing world.

In addition, a rigorous evaluation of treatment outcomes for both non-invasive and surgical procedures was addressed. There were discussions on public health issues with a goal of developing programs to prevent and eradicate neglected clubfoot. The timing of this last aspect was important since there is a need for information on clubfoot research to fulfill the Resolution of the 58th World Health Assembly of May 2005 on "Disability, including prevention, management and rehabilitation," and because 2008 will be the United Nations Year of the Disabled.

Finally, the symposium was an opportunity for professionals from different disciplines (including basic science, medicine, and public health) to interact. The meeting is expected to lead to more translational research and training such as risk factors related to countries, ethnicities, etc; data collection and surveillance leading to the development of prevention and eradication programs; creation of an International Clubfoot Research Network; development of foreign research capacity for this crippling deformity, and for other musculoskeletal birth defects. The *Iowa Clubfoot Declaration: "A Promise Made,"* to stimulate policy and funding agencies to address the problem of clubfoot was signed by all participants.



From the President



J. Edward Puzas, PhD,
USBJD President

Privilege and Responsibility: Two Cornerstones of Research

For many of us in the business of biomedical research we don't often take the time to reflect on two key aspects of our mission; the privilege of performing research and the responsibility that comes with it.

Privilege:

In the end, the goal of all biomedical research is to eliminate, or at least reduce, the burden of diseases in people. Human health is the most precious of gifts and the one thing we all strive to maintain. To be entrusted with the task of bettering health for all men and women defines a purpose that most other jobs can not match. But sometimes we lose site of the real goal.

We sometimes feel we are in competition with other scientists. We complain to the government that there is not enough money in the research coffers to support our efforts. We agonize over the grants and papers that we struggle to submit. We feel as if we are tugged in so many directions that we can't do what we were trained to do. We sometimes reach a point where the big picture has disappeared and we become stalled in microscopic concerns that stifle our labors. One escape from this trap is to stop, take a deep breath and appreciate that our job is really a great privilege. In what other profession will you find all people, collectively, wishing us to succeed?

Extending this thinking a bit farther, who really is invested in our advances? Journal editors and study section grant reviewers have a keen interest, but the most interested parties should be the public and patients. Maybe we should make a greater effort to get the public and patients on our side.

Responsibility:

Biomedical research has many layers of responsibility. One of these that the general public probably doesn't think much about is scientific integrity, the integrity to hold one's work up to detailed scrutiny. It doesn't take long for a young scientist to figure out that it is possible and actually quite easy to step off the path of scientific integrity.

Probably in few other professions can dishonesty be hidden for as long as it can in research. There are plenty of examples of careers being made, grants being funded and papers being published from scientists with a deceitful approach.

Eventually, with time these untrustworthy individuals are identified but in the interim much harm can be done. And so, the responsibility of being unconditionally honest must be at the top of a scientist's nature.

Privilege and responsibility, in many ways, define the traits that make for good research. As in any profession where the stakes are large, only those researchers that are guided by the highest of standards will truly make a contribution to the needs of us all. And these traits are critical to engaging the public and patients in supporting the need for more research to reduce, and eventually eliminate, the burden of disease.

Thanks!

The USBJD thanks the following sponsors for their generous support of the Decade:



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U.S. Bone and Joint Decade

The USBJD Newsletter serves as a means of communication for participating organizations, their members, and other affiliated organizations. To submit a story idea or an article, please contact:

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