

2010 SPINE FELLOWSHIP DIRECTORY

Dear Potential Spine Fellow:

Thank you for your interest in the NASS Spine Fellowship Directory. There are more than 120 positions for spine fellowships throughout the United States and Canada. This directory has been growing steadily since we first offered it over 10 years ago.

Each year we get several requests from other programs wishing to add their listing to our directory. **The directory is open to those programs participating in the Spine Fellowship Match.** NASS does not rank nor does it have an affiliation with any of the programs other than a large majority of program directors being active members of the society. This recourse is offered as a benefit to those residents and fellows who are interested in spine and to connect potential candidates with the programs that fit their criteria (and vice-versa). This directory is not to be used for marketing purposes by pharmaceutical or medical device companies.

Program directors participating in the Match are asked to update their fellowship listing every year. The listings provided are current.

NASS, along with the Cervical Spine Research Society (CSRS) and the Scoliosis Research Society (SRS) participates in the Spine Fellowship Match because 1) Prospective fellows are being asked at the time of interview to accept or reject an offer without being allowed to visit other programs; 2) Interview dates are earlier and earlier. We have tried to be leaders by establishing interview and acceptance date guidelines for the last few years. We work with the San Francisco Match to implement this program. The dates for the Spine Match are as follows:

- July - August 2009
 - SF Match begins accepting requests for registration for the Spine Fellowship Match (www.sfmatch.org). Although they do not have any registration deadlines, it is in the applicant's best interest to register early so that he or she may have access to match materials as soon as they become available.
 - An online directory is available for your review. This directory is updated by programs year-round. It is recommended that you check this directory on a regular basis.
 - Please note the individual deadline dates of each program to which you will apply.
- September 16, 2009
 - This is the Target Date to have your application submitted for Central Distribution. This is NOT a deadline. Remember, some programs accept applications at any time; others may set a deadline. It is the applicant's responsibility to contact training programs for individual deadline dates.
- January 2, 2010
 - Programs may begin conducting interviews.
- March 31, 2010
 - Interview period ends.

- May 4, 2010
 - Rank List Submission Deadline**
 - ALL rank lists must be in the SF Match office by 12:00 PM (PST). Late rank lists will not be accepted. Applicants may call the office 24 hours after they should have received your rank list in order to get a telephone confirmation.

- May 11, 2010
 - Match Results**
 - Programs are emailed match results. Match applicants are generally contacted the same day.

- May 12, 2010
 - All applicants who do not yet know their result may call the SF Match office to receive it directly. Dial (415) 447-0350 and press '0' at the opening menu to speak with a Match Representative (between 8am-4pm PST).
 - Results are also mailed to applicants and programs.

- May 17, 2010
 - Any post-match vacancies which remain after the match will be announced on the SF Match Vacancy Information System. They only list vacancies of programs which have indicated that they will accept applications for their unfilled positions.
 - Applicants who did not match may be applying to these positions by negotiating directly with the programs regarding any documentation that they require.

- July 2011
 - Spine Fellowship begins.

We hope this directory helps you continue your training in spine. Please be aware that NASS offers and “in-training” category of membership for Fellows and Residents for a nominal annual dues fee.

2009 Resident, Fellow and Program Directors Reception

Thursday, November 12, 6:30–8:00 p.m., Moscone Center

NASS is proud to announce the 7th Annual Resident, Fellow and Program Directors Reception. The main goal of the reception is to support physicians and resident physicians interested in a career in spine care. The reception will provide an opportunity for residents, fellows or potential fellows to mingle with each other and the program directors, as well as provide a casual setting to enjoy cocktails and hors d'oeuvres with colleagues.

If you have any questions about the directory, Match, membership or need general NASS information, please contact us at 877-SPINEDR or visit our website at www.spine.org.

2009 NASS Spine Fellowship Directory

AO North America Spinal Fellowship, McGill University Health Centre

Jean Ouellet, MD, FRCSC

Montreal General Hospital
1650 Cedar Avenue, T8-200
Montreal, Quebec, Canada
Phone: (514) 934-1934 ext. 42234; Fax: (514) 934-8002
Email: jean.ouellet@muhc.mcgill.ca
Website: www.muhc.ca

Percent of Fellowship devoted to Operative Care: 65%
Non-Operative Care: 25%
Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 30%
Lumbar: 40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 20%
Trauma: 20%
Deformity: 15%
Tumor: 15%
Pediatric: 30%

Goals:

The 2009/2010 position for the Scoliosis and Spine Fellowship at McGill University Health Centre in Montreal, Quebec, Canada is open for competition. This is an AO North America funded Fellowship under the guidance of four full-time board-certified spine surgeons who will provide a variety of experiences in the management of various spinal pathologies. The one-year fellowship will consist of clinical, surgical and research activities. Time allocation will consist of 3-4 surgical days/week, 1-2 multidisciplinary spine clinics/week (with extensive exposure to pediatric spinal deformity, adult degenerative disease and traumatic injury). A bi-weekly spine conference provides a set time for indication rounds, journal club and morbidity/mortality rounds. Spine call requirements: on-call 1:4. Research requirements: Minimum 1 project completion for publication (fellow will have access to our biomechanical and cellular lab, as well to our deformity database to facilitate research projects). Continuing Education Requirements: Attendance to two spine courses throughout the year. Interested candidates should send their CV to jean.ouellet@muhc.mcgill.ca. For more detailed information or interview, please contact jean.ouellet@muhc.mcgill.ca

The fellowship is accredited by the Canadian Equivalent to the ACGME.

2009 NASS Spine Fellowship Directory

Montreal Adult and Pediatric Spine Fellowship (2)

Hubert Labelle, MD, co-director

Alain Jodoin, MD, co-director

University of Montreal
Sainte-Justine Hospital
3175 Cote-Sainte-Catherine
Montreal, Quebec
Canada H4N 3L1
Phone: (514)345-4876 Fax: (514) 345-4755
Contact: Célyne Lemieux
Email: celyne.lemieux.hsj@ssss.gouv.qc.ca

Percent of Fellowship devoted to Operative Care:	40%
Non-Operative Care:	40%
Research/Publication Obligation:	20%

Approximate percentage of exposure to the Spine by region:

Cervical:	20%
Thoracic:	40%
Lumbar:	40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	30%
Trauma:	30%
Deformity:	30%
Tumor:	10%
Pediatric:	50%

Goals:

The fellows will be assigned for 6 months on the pediatric spine service and 6 months on the adult spine service. The fellows will be involved in both surgical and nonsurgical care of patients, and participate in the teaching of residents, along with one of the six spine surgeons (Drs Khoueir, Jodoin, Labelle, Mac-Thiong, Maurais, Parent). At the pediatric hospital, emphasis is placed on the treatment of spinal deformity and spondylolisthesis. Training at the Level-1 trauma adult hospital encompasses a wide variety of spinal pathology, including trauma, deformity, tumors, and degenerative diseases of the cervical, thoracic and lumbar spine. The fellows will also gain exposure with the attending staff in the neurosurgical department. Fellows will be exposed to both anterior and posterior approaches, as well as minimally invasive techniques such as thoracoscopy and minimal access surgery. Typically, the fellows will spend 2 days in the OR, 2 days in the clinic, and one full day for research. Weekly didactic educational conferences are also scheduled. Each fellow will participate in at least one clinical research project under the supervision of one of the three spine clinician-scientists. Basic science (imaging, biomechanics or molecular biology) research projects are also available. Applicants committed to an academic track will be highly considered. The duration of the fellowship is one year (August 1 to July 31) and the stipend is 50000\$.

2009 NASS Spine Fellowship Directory

University of Alabama Birmingham AO Spine Fellowship

Steven Theiss, MD

FOT 940

1530 3rd Avenue South

Birmingham, AL 35294

Phone: (205) 996-7258; Fax: (205) 975-4701 Contact: Anne Place

Email: anne.place@ortho.uab.edu

Percent of Fellowship devoted to Operative Care: 60%

Non-Operative Care: 40%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 30%

Lumbar: 40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 25%

Trauma: 25%

Deformity: 25%

Tumor: 10%

Pediatric: 15%

Goals:

The UAB AO Spine Fellowship is a combined Orthopaedic and Neurosurgical Adult and Pediatric Spine Program offering a comprehensive spectrum of spinal disorders with non-operative and operative interventions. UAB is a Level I Trauma Center as well as a tertiary referral center for reconstructive spine surgery. The Fellow will have progressive responsibilities which will include assisting as surgery, teaching residents and 1st surgeon as skill levels mature. The Fellow will be expected to develop his own research project which should be completed by the conclusion of his Fellowship. A stipend equivalent to PGY 6 will be offered as well as benefits including malpractice coverage.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Sonoran Spine Center PC Adult Deformity and Spinal Reconstruction Surgery Fellowship

Dennis G. Crandall, MD

Sonoran Spine Center
14332 S. Dobson Road, Suite 201
Mesa, AZ 85202
Phone: (602) 443-4164; Fax: (480) 962-0590
Contact: Susan Dylo sdyl@sonoranspine.com
Website: www.sonoranspine.com

Duration 1 year (August 1 to July 31)
Deadline
Stipend \$65,000 per year with health benefits
Location Phoenix/Mesa AZ

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 15%
Thoracic: 35%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%
Trauma: 0%
Deformity: 35% (primarily adult)
Tumor: <5%

Goals:

Sonoran Spine Center provides an outstanding opportunity to learn and work in a tertiary referral center and academic private practice setting in Phoenix AZ. The unique strength of this fellowship is in complex adult deformity and revision surgery. The fellow will gain experience in critical and creative thinking, decision making, operative and non-operative management of patients with virtually all types of spinal disorders (deformity, degenerative, traumatic, infection and tumor) in all areas of the spine. The Sonoran case load consists of approximately 800-900 surgical cases per year: 15% cervical, 35% thoracic, 50% lumbar. The fellow will attend a weekly pediatric deformity clinic with Dr. Crandall and have exposure to clinical and surgical management of the entire spectrum of pediatric deformity. An opportunity to learn minimal access techniques and interventional pain injection techniques are also available if desired.

The fellow will be involved in teaching orthopedic surgery residents, students, the weekly spine conference and our community spine seminars. Research funding through the Sonoran Spine Research and Education Foundation includes studies on new implants, biomechanics, deformity correction techniques, computer modeling, BMP, and clinical outcome studies.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Spine Institute of Arizona Spine Surgery Fellowship

Edward J. Dohring, MD, Fellowship Director
Paul R. Gause, MD (Orthopaedic Surgeon)
Daniel Lieberman, MD (Neurosurgeon)
Gregory White, MD (Pediatric Spine Surgeon)

Spine Institute of Arizona
9735 North 90th Place
Scottsdale, Arizona 85258
Phone: (602) 953-9500; Fax (602) 953-1782
E-mail: spineinstituteofaz@msn.com; spine-institute@cox.net
Website: www.spineaz.com

Percent of Fellowship devoted to Operative Care:	70%
Non-Operative Care:	30%
Research/Publication Obligation:	Optional

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	15%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	15%
Deformity:	20% (includes adult and pediatric deformity)
Tumor:	<5%

Goals:

The Spine Institute of Arizona Fellowship provides a unique experience for training in a multi-disciplinary spine care setting, with providers who specialize in Orthopaedic Spine Surgery, Neurosurgical Spine Surgery, Pain Management, Physical Medicine and Rehabilitation, Chiropractic Care and Physical Therapy. Our comprehensive spine clinic will allow the Fellow to gain expertise in both the surgical and non-surgical treatment of spinal disorders. The Fellow will be instructed by a faculty of six surgeons while he/she rotates through coordinated orthopaedic and neurosurgical spine services that focus on cervical, thoracic and lumbar pathology. These disorders include degenerative diseases, pediatric and adult deformity, trauma, tumors, and infection. Various surgical approaches to these conditions will be taught including anterior, posterior and direct lateral exposures utilizing both minimally invasive and open techniques for nerve decompression and spinal fusion. Additionally the Fellow will also be exposed to artificial disc technology and kyphoplasty procedures. Along with this strong surgical experience, the Fellow will have the opportunity to learn how to perform cervical and lumbar injections through an optional rotation with our Physical Medicine and Rehabilitation Specialists. The Fellow will have the ability to participate in clinical research projects as well as multiple IDE studies involving emerging technology.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Our goal is to prepare individuals for a strong, competitive community private practice. The Fellowship emphasizes not only surgical skills, but also the clinical skills necessary to have successful surgical outcomes: precise diagnosis, appropriate conservative care prior to surgery, and proper judgment regarding patient selection. Fellows will learn the “survival skills” critical to the management of a spine surgery practice, including marketing, contracting, proper medical/legal documentation, billing & collections, and second opinion & medical/legal opinion skills.

Applicants must be Board-eligible/Board Certified by the ABOS/ AOBOS or ABNS/ AOBNS, graduates of an accredited U.S. Orthopaedic or Neurosurgery residency program, and eligible for an unrestricted Arizona medical license, malpractice insurance, and hospital privileges. Associates will be provided with health insurance, malpractice insurance with tail coverage. Yearly stipend is \$65,000. The Fellowship begins August 1st and ends July 31st.

2009 NASS Spine Fellowship Directory

Silicon Valley Spine Fellowship

Jeffrey D. Coe, MD

Michael W. Cluck, MD, PhD

Silicon Valley Spine Institute

2215 East Hacienda Avenue, Suite A

Campbell, CA 95008

Phone: (408) 376-3300; Fax (408) 374-8830

Contact: Nancy Barge; nancy@svspine.com

Website: www.svspine.com

Percent of Fellowship devoted to Operative Care:	70%
Non-Operative Care:	30%
Research/Publication Obligation:	Optional

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	15%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	15%
Deformity:	20%
Tumor:	<5%
Pediatric	<5%

Goals:

The Silicon Valley Spine Fellowship emphasizes a multi-disciplinary approach in caring for patients with spinal disorders. The Fellow will gain expertise in both the surgical and non-surgical treatment of spinal disorders while rotating with the orthopaedic spine surgeons and the interventional pain management physician. Our comprehensive spine clinic treats all spinal pathology in the cervical, thoracic and lumbar spine. These disorders include degenerative diseases, adult and pediatric deformity, trauma, and to a lesser degree tumors and infection. Multiple surgical approaches are frequently used to treat these disorders including anterior, posterior and direct lateral exposures.

The Fellow will become skilled with minimally invasive spine surgery as well as more traditional open techniques for nerve decompression and spinal fusion. The Fellow will be exposed to cervical and lumbar disc arthroplasty, interspinous process devices and kyphoplasty procedures. In conjunction with this broad surgical experience, the Fellow will learn how to perform cervical and lumbar injections through an optional rotation with the physical medicine and rehabilitation physician.

We are an academic private practice. There is a weekly didactic schedule which includes journal club and a preop and postop conference to review surgical indications, techniques, and patient outcomes. Our group participates in several FDA/IDE trials and is currently tracking all surgical outcomes in a prospective fashion. The Fellow will have the option to participate in research if interested.

2009 NASS Spine Fellowship Directory

There is one Fellowship position per year. Applicants must be graduates of an accredited U.S. Orthopaedic or Neurosurgery residency program and Board-eligible/Board Certified by the ABOS/AOBOS or ABNS/AOBNS. The Fellow will be provided with health insurance and malpractice insurance. Yearly stipend is \$70,000. The Fellowship begins August 1st and ends July 31.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

San Francisco Spine Institute Spine Fellowship – 2 Fellowships

James B. Reynolds, MD
Paul J. Slosar, MD
Jerome Schofferman, MD
Jodie L. Faier, PhD, Chief Executive Officer

Spine Care Medical Group/San Francisco Spine Institute
1850 Sullivan Avenue, Suite 200
Daly City, CA 94015 (San Francisco Bay Area)
Phone: (650) 985-7500; Fax: (650) 985-7585
Email: jfaier@spinecare.com
Website: www.spinecare.com

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	10%
Lumbar:	55%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	75%
Trauma:	5%
Deformity:	10%
Tumor:	5%
Pediatric:	5%

Goals:

The San Francisco Spine Institute, in conjunction with SpineCare Medical Group, offers an extraordinary opportunity for aspiring spine surgeons to complete a fellowship with the West Coast's recognized Spine Center of Excellence. This fellowship program offers a unique and inclusive experience for the ambitious candidate interested in comprehensive spinal care, with a strong emphasis on degenerative spinal pathology, including herniated discs, spinal stenosis, degenerative disc disease, scoliosis, and spondylolisthesis.

Each fellow will evaluate patients in the clinic and actively participate in the pre-operative decision-making as well as the surgical procedures. By the end of the year, the fellow will be expert in performing complex pre-surgical evaluations and have an effective command of intricate surgical procedures. Additionally, the fellow will be capable of performing his/her own spinal injections.

The SpineCare Medical Group sees approximately 3,000 new patients each year. Each fellow participates in 50-75 procedures per month. Frequently performed procedures include: microscopic lumbar discectomy, lumbar and cervical laminectomy, anterior lumbar and cervical fusion, posterior lumbar fusion with pedicle screw fixation, posterior interbody fusion, spinal cord stimulator, and lumbar disc replacement.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Outpatient diagnostic and therapeutic injection volume is approximately 400 procedures per month including discograms, facet injections, and selective nerve root blocks.

The fellow works alongside a multi-disciplinary team of orthopaedic spine surgeons, pain management specialists, spinal injectionists, psychologists, and physical therapists. This broad exposure within a single clinical setting is unparalleled in the spine community. By design, the fellowship allows the individual to accept increasing responsibility with regard to the diagnosis and treatment of painful spine disorders. The fellowship emphasizes the acquisition of skills to allow the fellow to arrive at accurate diagnosis, utilizing advanced imaging complemented with diagnostic and therapeutic blocks. Understanding how to utilize diagnostic spinal algorithms allows the fellow to formulate a precise anatomic diagnosis, upon which the patient's treatment is based.

Fellowship includes intensive exposure to the principles of practice management including managed care, contracting, billing, collection, and scheduling in an effort to fully prepare each fellow for the reality of private practice.

Research is emphasized. San Francisco Spine Institute employs a research nurse and research assistant to facilitate 5-10 concomitant studies at any particular time. Each fellow is required to complete two clinical research projects.

The duration of the fellowship is one year, beginning on August 1st and concluding on July 31st of the following year. The annual stipend is \$51,000 to \$60,000 plus benefits. All candidates must be board-eligible in orthopaedic surgery or neurosurgery and have a California medical license by August 1 of the fellowship year.

2009 NASS Spine Fellowship Directory

Outpatient diagnostic and therapeutic injection volume is approximately 400 procedures per month including discograms, facet injections, and selective nerve root blocks.

The fellow works alongside a multi-disciplinary team of orthopaedic spine surgeons, pain management specialists, spinal injectionists, psychologists, and physical therapists. This broad exposure within a single clinical setting is unparalleled in the spine community. By design, the fellowship allows the individual to accept increasing responsibility with regard to the diagnosis and treatment of painful spine disorders. The fellowship emphasizes the acquisition of skills to allow the fellow to arrive at accurate diagnosis, utilizing advanced imaging complemented with diagnostic and therapeutic blocks. Understanding how to utilize diagnostic spinal algorithms allows the fellow to formulate a precise anatomic diagnosis, upon which the patient's treatment is based.

Fellowship includes intensive exposure to the principles of practice management including managed care, contracting, billing, collection, and scheduling in an effort to fully prepare each fellow for the reality of private practice.

Research is emphasized. San Francisco Spine Institute employs a research nurse and research assistant to facilitate 5-10 concomitant studies at any particular time. Each fellow is required to complete two clinical research projects.

The duration of the fellowship is one year, beginning on August 1st and concluding on July 31st of the following year. The annual stipend is \$51,000 to \$60,000 plus benefits. All candidates must be board-eligible in orthopaedic surgery or neurosurgery and have a California medical license by August 1 of the fellowship year.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Cedars Sinai Spine Center

J. Patrick Johnson, MD

Neel Anand, MD

Cedars Sinai Medical Center
Department of Surgery - Spine Center
444 S. San Vicente Blvd. Ste. 800
Los Angeles, CA 90048
Phone: (310) 423-9275; Fax: (310) 734-4638

Contact: C. Boyd

Email: boydc@cshs.org

Website: www.csmc.edu/spine

Percent of Fellowship devoted to Operative Care:	70%
Non-Operative Care:	30%
Research/Publication Obligation:	Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	10%
Lumbar:	55%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	10%
Deformity:	15%
Tumor:	10%
Pediatric:	5%

Goals:

The requirements are completion of accredited residency program in orthopaedic surgery or neurosurgery and eligibility for California Licensure. The Program offers an extensive experience in the evaluation and management of a multitude of adult and adolescent disorders. The Fellow will be exposed to a comprehensive multidisciplinary approach, including three full time orthopaedic spine surgeons, two neurosurgeons, two physiatrists, and psychologists trained in pain management. The Fellow will gain expertise in many aspects of spinal surgery consisting of very active operating room experience, including anterior and posterior cervical; thoracic and thoracoscopic, lumbar approaches; lumbar laparoscopic and open techniques; exposure to image guided systems and diverse types of instrumentation and fusion procedures. The spine service performs more than 1,500 procedures per year including cervical spinal disorders; lumbar degenerative disorders; adult and pediatric deformities and trauma and tumors. The fellow will gain experience in advanced techniques in endoscopic spinal surgery including endoscopic scoliosis correction as well as the most current clinical studies, i.e. artificial disc replacement.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

In addition, the Fellow will be active in office clinics, weekly conferences, and will be expected to prepare at least one research project (clinical or basic science) that is suitable for publication in a peer-reviewed journal. It is expected that abstracts and presentations at national meetings would result from these works. The Spine Fellowship is one year in duration. The annual stipend is \$60,000.

Please send curriculum vitae, three letters of recommendation, and a cover letter to:

C. Boyd, Cedars Sinai Spine Center, 444 S. San Vicente Blvd., Ste. 800, Los Angeles, CA 90048; (310) 734-4638

AA/EEO. Minorities are encouraged to apply.

2009 NASS Spine Fellowship Directory

Kaiser Permanente Northern California Regional Spine Center

Ravi S. Bains, MD - Chief
Josef Gorek, MD
Peter Van Peteghem, MD
Andrew Slucky, MD
Timothy Huang, MD
Todd Lincoln, MD

Kaiser Permanente – Oakland Spine Center
280 West MacArthur Blvd.
Oakland, CA 94611
Phone: (510)-752-1531 or (510) 752-7040; Fax: (510) 752-1530
Email: ravi.s.bains@kp.org or sonja.woodham@kp.org
Website: <http://www.permanente.net/homepage/kaiser/pages/d16042-top.html>

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 20%
Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 10%
Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%
Trauma: 5%
Deformity: 20%
Tumor: 5%
Pediatric: 10%

Goals:

The Kaiser Permanente Northern California Regional Spine Center is offering an extraordinary opportunity to complete a fellowship at the Kaiser Permanente's flagship institution in Oakland. This fellowship program offers a unique experience for a hard-working candidate interested in comprehensive spinal care. All areas of spinal care are well covered including degenerative spinal pathology, herniated discs, spinal stenosis, degenerative disc disease, scoliosis, spondylolisthesis, adult and pediatric deformity and tumor.

Each fellow will evaluate patients in the clinic and actively participate in the pre-operative decision-making as well as the surgical procedures. The fellow will become expert in performing complex pre-surgical evaluations and have an effective command of intricate surgical procedures. The Regional Spine Center sees approximately 3,000 new patients each year. Over 1100 surgical cases are performed each year at the center. Each fellow participates in 40-60 procedures per month. Frequently performed procedures include: lumbar discectomy, lumbar laminectomy, lumbar disc replacement, ALIFs, PLIFs, TLIFs, vertebral resections, thoracic & lumbar osteotomies, complex scoliosis surgery, structure sparing & minimally invasive decompression instrumented fusions. Cervical procedures include ACDFs, cervical disc replacement, ant-post reconstructions, cervical laminoplasties, occipital-cervical, C1/C2

2009 NASS Spine Fellowship Directory

post. instrumented fusions. Our surgeons perform all their own anterior lumbar and thoracic approaches.

Our large volume of cases will allow the fellow to choose a particular area of interest such as cervical or deformity, etc. to better focus one's skills. Our focus is on education and clinical skills. We have 3 spine PA's to manage the post-op patient care and have a dedicated hospitalist service who sees every spine patient postoperatively, takes all evening call including weekends, and primarily admits transfer patients 24/7. Kaiser's vast resources and electronic medical records allow for easy and thorough access to a patient's medical history and imaging.

Research is also emphasized. Kaiser Permanente is beginning a spine registry which will allow an unprecedented access to large volumes of cases efficiently. Each fellow is required to complete at least one clinical research project suitable for presentation or publication. The fellow is also responsible for a resident education series that meets monthly during the entire fellowship.

The duration of the fellowship is one year, beginning on August 1st and concluding on July 31st of the following year. The annual stipend is \$75,000 plus benefits. All candidates must be board-eligible in orthopaedic surgery or neurosurgery and have a California medical license by August 1 of the fellowship year.

2009 NASS Spine Fellowship Directory

Spine Disorders Fellowship

Daniel R. Benson, MD
Munish C. Gupta, MD
Rolando F. Roberto, MD
Eric O. Klineberg, MD

University of California-Davis
Department of Orthopaedic Surgery
4860 Y Street, Suite 3800
Sacramento, CA 95817
Phone: (916) 734-2937; Fax: (916) 734-7904
Email: munish.gupta@ucdmc.ucdavis.edu

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Paper

Approximate percentage of exposure to the Spine by region:

Cervical: 25%
Thoracic: 10%
Lumbar: 65%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 30%
Trauma: 15%
Deformity: 30%
Tumor: 5%
Pediatric: 20%

Goals:

The Spine Fellowship is a one-year program that provides extensive clinical exposure to the evaluation and treatment of pediatric and adult spinal deformities including kyphosis, neuromuscular scoliosis, congenital disorders, degenerative problems of the cervical and lumbar spine, and spine trauma and spinal cord injury. The fellow will work closely with four attending surgeons in the Department of Orthopaedic Surgery.

The fellowship is designed to allow increasing responsibility in the clinics and in surgery. The fellow will also have weekly time allotments for basic science and clinical research projects. Current basic science research in the department involves animal models and biomechanical analysis of spinal implants in the cervical and thoracolumbar spine.

The fellowship is oriented toward training a qualified individual in all aspects of spinal surgery in preparation for an academic position after completion of the program.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

University of California, San Diego (UCSD) Spine Fellowship – 2 Fellowships

Steven Garfin, MD, Chair & Co-Spine Fellowship Director

Yu-Po Lee, MD, Fellowship Director/Spine Surgeon

Todd Allen, MD, PhD, Spine Surgeon

UCSD Orthopaedic Surgery

Betsy Macias, Spine Fellowship Coordinator

200 W. Arbor, #8894

San Diego, CA 92103-8894

Phone: (619) 543-2542; Fax: (619) 543-2540

Email: bmacias@ucsd.edu

Percent of Fellowship devoted to Operative Care:	70%
Non-Operative Care:	30%
Research/Publication Obligation:	2 papers, minimum

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	20%
Lumbar:	45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	20%
Deformity:	15%
Tumor:	5%

Goals:

To provide training in spinal disorders, with emphasis on adult spine care, including operative (including minimally invasive surgery) and non-operative techniques for the treatment of degenerative, reconstructive and traumatic conditions of the spine. Participation in clinical and laboratory research is expected as well as active participation in resident teaching programs. The fellowship includes UCSD Medical Center and the VA in San Diego.

Two Fellows will be trained per year. The duration of the fellowship is one year (July 1-June 30). Stipend and benefits are offered. Fellows must be Board-qualified or Board-certified and California licensed prior to commencement of the fellowship. The University of California is an Equal Opportunity/Affirmative Action Employer. We honor the NASS guidelines and match program concept.

2009 NASS Spine Fellowship Directory

San Diego Spine Fellowship

Behrooz A. Akbarnia, MD, Director

Bruce van Dam, MD

Ramin Bagheri, MD

Richard Manos, MD

Vert Mooney, MD

San Diego Center for Spinal Disorders

4130 La Jolla Village Drive, Suite 300

La Jolla, CA 92037

Phone: (858) 678-0610; Fax: (858) 678-0007

Email: fellowship@sandiego-spine.com

Website: www.sandiego-spine.com

Duration: 1 year (August 1 to July 31)

Application Deadline: August 1

Stipend: \$55,000 plus health and malpractice insurance

Location: Sharp Memorial Hospital; Rady Children's Hospital, San Diego; Scripps Memorial Hospital, La Jolla; UCSD Medical Center; Orthopaedic and Surgery Center of La Jolla

Percent of Fellowship devoted to operative care: 65%

Percent of Fellowship devoted to non-operative care: 25%

Research/Publication obligation? 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 20%

Thoracic: 30%

Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%

Trauma: 5%

Adult Deformity: 30%

Tumor: 3%

Pediatric Deformity: 15%

Other: 7%

Goals and characteristics:

The spine fellowship is designed to provide the orthopaedic surgeon or neurosurgeon who has completed an orthopaedic or neurological surgery residency, with comprehensive exposure to the diagnosis and treatment of all aspects of spinal disorders. Surgical procedures include anterior, posterior and minimally invasive techniques. Individuals completing the fellowship will have comprehensive exposure to pediatric and adult patient populations. All participating surgeons in the program are nationally recognized specialists in non-operative and operative spine care. Fellows will participate in outpatient and inpatient care. The Fellow is given increasing responsibility based on

2009 NASS Spine Fellowship Directory

individual achievements. Clinical and basic science research projects are on going. Fellows are expected to complete at least one major project of publishable quality within the year. **Applicants must be Board-eligible or -certified and obtain a California medical license prior to commencement of the fellowship.** Applicants should submit a completed application, a copy of current curriculum vitae, and three letters of recommendation (one from Chief of service). Applicants seriously considered for the fellowship will be asked for an interview.

2009 NASS Spine Fellowship Directory

UCSF Spine Fellowship

Sigurd H. Berven, MD, Director

David S. Bradford, MD

Shane Burch, MD

Vedat Deviren, MD

Mohammad Diab, MD

Serena S. Hu, MD

Trigg McClellan, MD

Bobby K-B Tay, MD

Department of Orthopaedic Surgery
University of California, San Francisco
500 Parnassus, MU320W
San Francisco, CA 94143-0728
Phone: (415) 514-1519; Fax: (415) 476-1304
Email: spinefellow@orthosurg.ucsf.edu
Website: <http://orthosurg.ucsf.edu/>

Percent of Fellowship devoted to Operative Care:	70%
Non-Operative Care:	30%
Research/Publication Obligation:	Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	20%
Thoracic:	40%
Lumbar:	40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	35%
Trauma:	10%
Deformity:	40%
Tumor:	10%
Pediatric:	20%

There is overlap, i.e., degenerative deformity

Goals:

The UCSF Spine fellowship offers a comprehensive exposure to all aspects of spine surgery including adult and pediatric, deformity and degenerative, cervical, thoracic and lumbar, and trauma and tumor. Referrals of complex spine conditions from around the country are frequently seen for treatment. The service is a busy one, with four clinic days per week and four operative days per week (the latter often includes more than one operating room being run at a time, with more than one attending surgeon in these instances). Patient evaluation and decision-making for surgery are emphasized. The techniques include a full complement of anterior and posterior instrumentation as well as the major approaches to spine and minimally invasive techniques. The fellow is involved in the day-to-day care of the postoperative patients, working closely with two Residents.

2009 NASS Spine Fellowship Directory

Research is required and opportunities in the department are wide-ranging, including clinical studies, biomechanics and molecular biology laboratories. There is adequate support staff and some funding available for such projects. Also offered is a two-year fellowship, where the first year is devoted to research, with clinical conference attendance and occasional operative cases; the second year is the clinical fellowship year as described above. The deadline is September 1. Annual stipend is commensurate with PGY6 salaries including benefits.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

San Francisco Combined/Stanford University Orthopaedic Spine Fellowship – 2 Fellowships

James Zucherman, MD
Eugene Carragee, MD
Kenneth Hsu, MD
Todd Alamin, MD
Matt Hannibal, MD
Ivan Chang MD
Dimitri Kondrashov MD

St. Mary's Spine Center
One Shrader Street, Suite 450
San Francisco, CA 94117
Phone: (415) 750-5835; Fax: (415) 750-8103
Email: zuchermanj@aol.com

Duration: 1 year

Stipend: \$3,600 - 4,000/month

Location: St. Mary's Spine Center, San Francisco; Stanford University Medical Center, Palo Alto, CA

Percent of Fellowship devoted to Operative Care:	80%
Non-Operative Care:	10%
Research/Publication obligation:	10%

Approximate percentage of exposure to the Spine by region:

Cervical:	25%
Thoracic:	10%
Lumbar:	65%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	20%
Deformity:	10%
Tumor:	10%

Goals:

The fellow will obtain a comprehensive experience in adult spinal problems with emphasis on diagnostic techniques as well as surgical and non-surgical treatment. Research is required for completion.

Upon completion the fellow will be experienced in the multidisciplinary and surgical treatment approach to adult spinal problems.

The fellow will spend half of his or her fellowship training at the St. Mary's Spine Center in San Francisco and the remaining half at Stanford University Medical Center in Palo Alto. The fellow will be involved in teaching residents at both institutions. An unrestricted California medical licensure is required.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

UCLA Orthopaedic Surgery Spine Fellowship – 2 Fellowships

Jeffrey C. Wang, MD
A. Nick Shamie, MD
Paul Tsou, MD
William Oppenheim, MD
Tony Scaduto, MD
Rick Bowen, MD

UCLA Comprehensive Spine Center
1250 16th Street, Suite 745
Santa Monica, CA 90404
Phone: (310) 319-3334; Fax: (310) 319-5055

Percent of Fellowship devoted to Operative Care:	80%
Non-Operative Care:	20%
Research/Publication Obligation:	Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	40%
Thoracic:	20%
Lumbar:	40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	50%
Trauma:	20%
Deformity:	15%
Tumor:	10%
Pediatric:	5%

Goals:

The UCLA Department of Orthopaedic Surgery Spine Fellowship encompasses one year of specialized spine surgery. The Fellows will work along with the Orthopaedic Surgery Faculty and the Neurosurgery Faculty in the Spine Center. The Fellow will participate in all areas of clinical spine including cervical, thoracic, lumbar and degenerative and deformity diagnoses. In addition, the Fellow will also cover the VA Medical Center during which time he or she will be the primary surgeon on cases. The Fellowship entails the use of all types of current instrumentation and surgical techniques and is very well balanced. The Fellow will be exposed to spine trauma since our institution is a Level I trauma center. The Fellow is welcome to participate in any number of basic science research projects, which are ongoing and for funds can be provided. The basic stipend is approximately \$43,000 for the academic year. The day-to-day responsibilities of the Fellow include clinical patient care, extensive participation in surgical cases as well as in the Clinic. Academically, he or she will be responsible for running the Spine Service and incorporating the Residents who are participating on the Service, as well as helping to organize the weekly Spine Conference, which is jointly put on with the Department of Neurosurgery.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

The Spine Institute Fellowship, Santa Monica, CA – 2 Fellowships

Rick Delamarter, MD, Director
Michael Kropf, MD
Hyun Bae, MD

1301 20th Street, Suite 400
Santa Monica, CA 90404
Phone: (310) 828-7757; Fax: (310) 828-6687
Email: npontrelli@laspineinstitute.com
Website: www.laspineinstitute.com

Percent of Fellowship devoted to Operative Care:	85%
Non-Operative Care:	5%
Research/Publication Obligation:	10%

Approximate percentage of exposure to the Spine by region:

Cervical:	45%
Thoracic:	5%
Lumbar:	45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	75%
Trauma:	10%
Deformity:	10%
Tumor:	5%

Goals:

This one-year fellowship begins August 1st and ends July 31st. There are two spine Fellows per year. This is a busy surgical fellowship with 80% of the time spent in surgical care of cervical, thoracic and lumbar diseases of the spine including degenerative traumatic deformity and tumor. The Spine Institute has approximately 800-1,000 spine surgeries per year. The Spine Institute also has a very busy research laboratory, including basic science research, specifically into spinal cord and nerve root regeneration, the cellular biology of disc degeneration and regeneration and bone morphogenic proteins and tissue engineering. This spine fellow can have up to 1 full day a week of protected research time for clinical and basic science research. This fellowship is entirely focused on spinal surgery, including microsurgical lumbar and cervical procedures as well as complex degenerative anterior and posterior cervical, thoracic and lumbar reconstructions. The spine Fellows do not participate in general orthopaedic trauma call. The approximate stipend is \$60,000+ per year, in addition to health insurance and expenses for educational meetings. Research funding is available. To obtain further information regarding this fellowship, please contact The Spine Institute at the information listed above.

2009 NASS Spine Fellowship Directory

Stanford University Orthopaedic Spine Fellowship

Eugene Carragee, MD – Fellowship Director

Todd Alamin, MD

Ivan Cheng, MD

Attention: Sue Gonzalez

Stanford University Medical Center

Department of Orthopaedic Surgery

300 Pasteur Drive

Edwards Building – Room R171

Stanford, CA 94305

Phone: (650) 725-6797; Fax: (650) 723-9805

Email: carragee@stanford.edu

Website: www.stanfordhospital.com/clinicsmedservices/COE/orthopaedics/spinecenter

Percent of Fellowship devoted to Operative Care: 80%

Non-Operative Care: 10%

Research/Publication obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 25%

Thoracic: 15%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%

Trauma: 10%

Deformity: 15%

Tumor: 10%

Pediatric: 5%

Goals:

This is a one full year fellowship at Stanford University Medical Center where the fellow will obtain a comprehensive experience in adult spinal problems with emphasis on diagnostic techniques as well as surgical and non-surgical treatment. Optional experience is also available to treat pediatric deformity at Lucile Packard Children's Hospital. Research is required for completion.

Upon completion the fellow will be experienced in the multidisciplinary and surgical treatment approach to spinal problems. Fellows will be trained in anterior approaches to the spine, minimally-invasive techniques, motion-preserving technology, as well as traditional methods of fusion.

The fellow will be involved in teaching residents. An unrestricted California medical licensure is required.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

The Justin Parker Neurological Institute Spine Fellowship Program

Alan T. Villavicencio, MD

Boulder Neurosurgical Associates
1155 Alpine Avenue, Suite 320
Boulder, CO 80304
Phone: (303) 938-5700; Fax: (303) 998-0007

Contact: Sigita Burneikiene
Email: info@bnasurg.com
Website: www.bnasurg.com

Percent of Fellowship devoted to Operative Care:	70%
Non-Operative Care:	30%
Research/Publication Obligation:	Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	15%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	70%
Trauma:	15%
Deformity:	10%
Tumor:	<5%

Goals:

The Justin Parker Neurological Institute, a registered 501 (3)c non-profit organization is offering the fellowship in conjunction with Boulder Neurosurgical Associates (BNA). This fellowship is open to both neurosurgical and orthopedic trainees that are graduates of the accredited orthopedic or neurosurgery residency programs and eligible for an unrestricted Colorado medical license, malpractice insurance, and hospital privileges. The fellowship program is of twelve months duration commencing in August of one year and ending in July of the following year.

The fellow will gain clinical knowledge and practical experience required to treat patients with spinal disorders including degenerative disc disease, fractures, spinal deformities, infections and tumors. The fellow will be instructed by a faculty of four surgeons while he/she rotates through neurosurgical and orthopaedic spine services. BNA is a group of neurosurgeons with dual neurosurgical and orthopedic spine training. BNA has affiliations with The Minimally Invasive Spine Institute, Boulder Community, Longmont United and Good Samaritan hospitals located in the northwest region of Colorado. A fellow will be able to get extensive experience in various minimally invasive techniques, interspinous process devices, artificial disc technology and kyphoplasty. There is also broad exposure to the state-of-the-art spinal instrumentation, intraoperative image guidance and imaging and different treatment modalities including stereotactic radiosurgery (CyberKnife).

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Although the subspecialty training in spine surgery is mainly focused on surgical skills, it involves all aspects of conservative management, postoperative patient care, as well as clinical research. There will be ample an opportunity to participate in clinical research projects that will lead to publication and presentations at the national meetings during that year.

Stipend: \$70,000 per year (health benefits included) and up to \$15,000 for meetings/travel and presentations

Learning Objectives:

The fellow will be able to:

- Display competence in non-operative management of spinal disorders
- Display knowledge in interpretation of advanced investigative techniques
- Display clinical competence in evaluation of spinal disorders, differential diagnosis and management
- Appreciate indications for surgery for spinal disorders
- Understand principles of multiple surgical techniques and approaches with their implications regarding complications
- Display surgical competence in complex spinal instrumentation with regards to indications
- Recognize and manage postoperative complications
- Develop communications with patient and family skills showing respect, empathy and compassion
- Understand the principles of medical ethics and gain the fundamental background for practicing medicine in an ethically responsible manner
- Develop inter-professional relationships and work effectively with physicians and other allied health professionals
- Critically apprise medical literature and research methodology, develop knowledge of current scientific literature and apply it to daily patient management
- Successfully complete a research project(s) including presentations at national meetings and publications.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Spine Education and Research Institute Fellowship

Michael Janssen, DO, Director
Nicholas Grisoni, MD
Joseph Morreale, MD
Monroe Levine, MD
George Leimbach, MD

Spine Education and Research Institute/Center for Spinal Disorders, P.C.

Dr. Monroe Levine
9005 Grant St., #200
Denver, CO 80229
Phone: (303) 287-2800; Fax: (303) 287-7357
E-mail: levinem@centerforspinaldisorders.com
Website: www.centerforspinaldisorders.com

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 40%
Thoracic: 10%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%
Trauma: 10%
Deformity: 20%
Tumor: 5%
Pediatric: 2.5%
Other: 2.5%

Goals:

The one-year comprehensive spinal fellowship is designed to provide clinical and research experience in spinal pathology to a board eligible graduate of an orthopedic and/or a neurosurgery training program in preparation for a career in spinal surgery. The fellowship offers a unique experience with varying philosophies, exposure to multiple surgical techniques, and a well-rounded approach to spine care, including both non-surgical and surgical treatments.

The unique medical campus, located just 10 minutes from Denver and 45 minutes from the Rocky Mountains, offers broad clinical and operative experience with degenerative spinal disorders, deformities, and trauma. The “state-of-the-art” learning and research center also provides ample opportunity to participate in numerous neuroscience educational conferences, cadaveric workshops, and collective research projects throughout the year. The campus also includes a surgery and recovery center as well as a new outpatient facility featuring MRI, CT, and Bone Densitometry for an enhanced experience in diagnostic imaging. Fellows will also participate in patient care at the Denver Health Medical Center, Denver’s leading acute care hospital with the region’s only academic trauma center certified for both children and adults.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Active participation in clinical research and interdisciplinary spinal education activities is mandatory. With the completion of this Fellowship, the surgeon should be able to demonstrate clinical/surgical competency, research, teaching, and administrative skills.

2009 NASS Spine Fellowship Directory

University of Colorado Denver (2)

Vikas Patel, MD

Evalina Burger, MD

University of Colorado Denver
Department of Orthopaedics
12631 E. 17th Avenue, Mail Stop B-202
Academic Office 1, Room 4501
Aurora, CO 80045
Phone: (303) 724-2961; Fax: (303) 724-2978
Email: Mary.Samson@UCDenver.edu
Website: www.uchsc.edu/spine

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 20%
(Outpatient office or clinic care, inpatient hospital care, etc.)
Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 45%
Thoracic: 10%
Lumbar: 45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%
Trauma: 15%
Deformity: 35%
Tumor: 5%
Pediatric: 5%

Goals:

The fellow will gain expertise in adult and adolescent degenerative and deformity care and will be exposed to numerous cases of trauma, spinal tumors and neoplastic diseases, pediatric spinal disorders, and spinal rehabilitation. He/she will stay abreast of the newest techniques such as minimally invasive exposures, motion preservation, kyphoplasty, and surgical navigation techniques.

The one year fellowship will be spent at University Hospital, Denver Health and The Childrens' Hospital. The fellow will interact with residents from the orthopaedic and neurosurgical programs at the University.

The fellow will be expected to be involved in at least one research project worthy of publication or presentation to a national spinal meeting.

The fellow will have available the extensive resources and the world-class facilities on the University of Colorado Denver campus, one of the foremost research campuses in the country, located in the beautiful Denver Metro area.

2009 NASS Spine Fellowship Directory

Fellowship Specifics

Sites of Practice:

- Spine Center, University of Colorado Hospital at Anschutz Outpatient Pavilion – Denver, CO
- University of Colorado Hospital at Anschutz Inpatient Pavilion – Denver, CO
- Denver Health Medical Center, Denver, CO
- The Children’s Hospital – Denver, CO

Research

- Dedicated time – four full days per month are dedicated for research.
- Projects – Two studies are required. May be clinical or biomechanical.

Duration: 12 to 24 months

Fellowship Directors:

- Vikas Patel, MD, Evalina Burger, MD

2009 NASS Spine Fellowship Directory

Panorama Orthopedics and Spine Center Spine Fellowship

Panorama Orthopedics & Spine Center, St. Anthony Hospital

Courtney Brown, MD

Douglas Wong, MD

Amit Agarwala, MD

Thomas Puschak, MD

Lonnie E. Loutzenhiser, MD

660 Golden Ridge Road, Suite 250, Golden, CO 80401

Phone: (303) 233-1223; Fax: (303) 233-8755 Email: bmuff@panoramaortho.com

Website: www.panoramaortho.com

Percent of fellowship devoted to Operative Care:	80%
Non-Operative Care:	20%
Research/publication obligation:	Strongly encourage to do a meeting presentation or submit an article for journal publication

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	10%
Lumbar:	60%

Approximate percentage of exposure to the Spine by diagnostic category:

Degenerative:	40%
Trauma:	30%
Deformity:	25%
Tumor:	5%

Goals:

This Fellowship is designed to produce a complete spine surgeon, knowledgeable in all aspects of the treatment of spinal disease. The patients seen are from the private practice of four busy spine surgeons and coverage of a Level I Trauma Center.

The variety of pathology seen and treated includes tumor, degenerative, complex deformity, and spinal fractures including spinal cord injuries. The surgical cases performed by the Fellows will include the full range from typical micro-and endoscopic discectomies to pedicle subtraction osteotomies and occipito-cervical fusions. The Fellows will be exposed to clinical research and FDA IDE trials including disk replacement, facet replacement, and other new technologies. The breadth of the Fellowship-trained spine surgeons who will serve as faculty includes minimally-invasive surgery, complex cervical training and deformity. Dr. Courtney Brown, a previous President of the Scoliosis Research Society and professor emeritus, will continue to serve as a research mentor and consultant for complex deformity and revision surgery. The faculty believe in a hands-on experience that will prepare you for an academic or private practice.

2009 NASS Spine Fellowship Directory

Yale Comprehensive Integrated Spine Fellowship

James J. Yue, MD, Director

Jonathan Grauer, MD

Kenneth Vives, MD

Peter Whang, MD

Khalid Abbed, MD

Paul Ivancic, PhD

Rudolph Bertagnoli, MD

Yale University School of Medicine

Department of Orthopaedic Surgery

800 Howard Avenue

PO Box 208071

New Haven, CT 06520

Phone: (203) 785-3714; Fax: (203) 785-7132

Contact: Kathryn Umlauf / (203) 785-6907

Email: Kathryn.umlau@yale.edu

Website: <http://www.orthopaedics.yale.edu/clinical/yue.html>

Percent of Fellowship devoted to Operative Care: 65%

Non-Operative Care: 35%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 40%

Thoracic: 10%

Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 35%

Trauma: 15%

Deformity: 20%

Tumor: 10%

Pediatric: 20%

Goals:

Applications are now being accepted for a one year Spinal Fellowship beginning Aug 1 2010 to July 31 2011. The Fellow will gain extensive clinical experience in the evaluation and treatment of complex primary and revision spinal surgery and disorders. The fellow will participate in all activities of the combined (orthopaedic and neurosurgery) section of spinal surgery. These clinical activities include degenerative, traumatic, neoplastic, scoliotic, minimally invasive, and reconstructive/arthroplasty/non-fusion surgery of the cervical, thoracic, and lumbar spine performed both anteriorly and posteriorly. Teaching of residents and research leading to at least a single publication are integral components of the fellowship. An opportunity to study with Dr. Rudolph Bertagnoli is also available for those interested. All candidates must have successfully completed an orthopaedic surgery or neurosurgery residency and must be Board-eligible or Board-certified prior to the fellowship.

2009 NASS Spine Fellowship Directory

Minimally Invasive Spine Surgery Fellowship

Merrill W. Reuter, MD, PhD, FACS

Advanced Orthopaedics

Assistant: Diane Marie Anger

Lake Worth Medical Center

7625 Lake Worth Road

Lake Worth, FL 33467

Phone: (561) 433-2232; Fax: (561) 642-6568

Email: info@spineupdate.com

Website: www.spineupdate.com

Operative Care: 75%

Non-Operative Care: 25%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 45%

Thoracic: 5%

Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%

Trauma: 15%

Deformity: 5%

Tumor: 0%

Pediatric: 0%

Other: 20%

Goals:

Minimally Invasive Spine Surgery is a recent growing medical achievement that has increased benefits for patients, physicians and care providers. Most procedures can be done in outpatient day surgery facilities where patients go home within hours from operative start times. Recovery time has been markedly decreased and functional results are equal or better than conventional open procedures. Physicians require less operative time, which reduces risks to the patient and allows efficient and maximal operative scheduling. Care providers spend less money per minimally invasive procedures than for conventional surgeries.

The technology of tomorrow is indeed here today. The list of new techniques in minimally invasive spine surgery is growing rapidly. With outpatient surgical facilities also becoming the wave of the future, fellowship trained minimally invasive spine surgeons will be in great demand.

The one-year minimally invasive spine surgery fellowship starts August 1 and consists of training at Advanced Orthopaedics in Lake Worth, Florida. This fellowship has a hands-on approach with emphasis on minimally invasive spine procedures in the adult population.

The fellowship offers expert training in the diagnosis and treatment of cervical, thoracic and lumbar pathology and their minimally invasive surgical procedures for spinal injury patients.

This fellowship is open to Board eligible/Board certified orthopaedic surgeons and neurosurgeons.

2009 NASS Spine Fellowship Directory

University of Miami/Jackson Memorial Medical Center Spine Fellowship

Frank Eismont, MD
Mark D. Brown, MD, PhD
Nathan Lebowhl, MD
Seth Williams, MD
Harry Shufflebarger, MD

Department of Orthopaedics
University of Miami Miller School of Medicine
PO Box 016960 (D-27)
Miami, FL 33101
Phone: (305) 585-7138; Fax: (305) 324-7658

Percent of Fellowship devoted to Operative Care:	60%
Non-Operative Care	20%
Research/Publication Obligation:	20%

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	10%
Lumbar:	60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	15%
Deformity:	15%
Tumor:	10%

Goals:

The goal of the fellowship is to provide a good spine education enabling the Fellow to be a well-rounded clinician capable of assessment and treatment of all spine problems. This fellowship will allow someone to continue with academic pursuits or go into private practice.

The combined patients of four full-time spine attendings will provide the Fellow with ample exposure to all areas of spine pathology including trauma, tumors, infection, deformity and degenerative problems of the spine, and spinal instrumentation. Nonoperative treatment as well as operative treatment of cervical, thoracic, and lumbar spine problems is emphasized. The surgery would include both anterior as well as posterior approaches to each of these areas. There is a close working relationship with the Neurosurgery Department in order to broaden the fellowship exposure. The Fellow will be exposed to 300-400 surgical cases during the one-year period.

One week is set aside each month for reading and clinical as well as basic research by the Fellow. Publication is the final goal of this research.

The fellowship is ACGME accredited.

The duration of the fellowship is one year (July 1 to June 30) and the deadline is December 1. Annual stipend in 2008 is \$57,815 plus benefits.

2009 NASS Spine Fellowship Directory

University of Miami Neurosurgical Spine Fellowship

Training Director Contact: Allan Levi, MD, PhD, FACS

Department of Neurosurgery, University of Miami

1095 NW 14 Terrace, 2nd floor

Miami, FL 33136

Phone: (305) 243-2088; Fax: (305) 243-3337 Email: alevi@med.miami.edu

Website: www.med.miami.edu/neurosurgery/faculty.htm

Training Surgeons: Barth A. Green, MD; James Guest, MD, PhD; Allan D. Levi, MD, PhD, FACS, Steve Vanni, DO; Michael Wang, MD

Percent of Fellowship devoted to Operative Care: 80%

Non-Operative Care: 20%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 60%

Thoracic: 10%

Lumbar: 30%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%

Trauma: 30%

Deformity: 5%

Tumor: 10%

Other: 15%

Goals:

The Neurospine Fellow is a fully trained neurological surgeon who is Board eligible or Board Certified and has elected to spend one full year of more learning advanced diagnostic and therapeutic techniques and procedures related to spinal diseases and injuries including their surgical and non-surgical management.

All applicants are required to submit a complete curriculum vitae, three letters of reference, and are encouraged to visit our program. In addition, a fellow applicant must fulfill the requirements for house staff status at the University of Miami/Jackson Memorial Hospital.

At the end of the fellowship, the trainee will be familiar with anterior/posterior and lateral approaches to all levels of the spinal column. The fellow will have an excellent knowledge as well as technical expertise in the application of spinal instrumentation including anterior/posterior cervical plates and screws, transarticular screws, various techniques of occipital cervical fusion, anterior thoracolumbar plates, and thoracolumbar instrumentation including hooks and pedicle screws. The fellow will develop the technical skills to manage a variety of tumors and trauma of the spine including spinal cord untethering. The fellow will be able to perform minimally invasive spine decompressive and fusion surgery.

2009 NASS Spine Fellowship Directory

The purpose of stated goals of the fellowship is to develop diagnostic and therapeutic skills of the candidate such that he/she is able to compete for top academic positions and perform as a leader in neurosurgical spine surgery both nationally and internationally.

We currently have five dedicated neurosurgical spinal surgeons who perform over 1300 cases per year, many which are complex spinal cases requiring instrumentation. The University of Miami Department of Neurosurgery spinal program has a close relationship with orthopedic surgery and neuroradiology.

The fellowship has a strong emphasis on both clinical and basic science research. The combination of a large clinical practice as well as the experience and resources of the Miami Project to Cure Paralysis provides an excellent opportunity for the applicant to perform research. The current neurosurgical Spine Fellowship salary is \$54,780 plus benefits.

2009 NASS Spine Fellowship Directory

Emory University Spine Fellowship

John G. Heller, MD (Director)

William C. Horton, MD

Scott D. Boden, MD

S. Tim Yoon, MD, PhD

John M. Rhee, MD

Thomas E. Whitesides, Jr., MD (Emeritus)

The Emory Spine Center
59 Executive Park South, Suite 3000
Atlanta, GA 30329

Phone: (404) 778-7000; Fax: (404) 778-7117

Email: john_heller@emoryhealthcare.org

Website: www.emory.edu

Fellowship Coordinator: Ana-Elis Perry

Email: ana-elis_perry@emoryhealthcare.org

Phone: (404) 778-7155

Percent of Fellowship devoted to Operative Care: 75%

Non-Operative Care: 15%

Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	10%
Lumbar:	60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	70%
Trauma:	10%
Deformity:	10%
Infection/Tumor:	5%
Pediatric:	5%

Goals:

This fellowship experience is intended to help the Fellows master the principle of diagnosis and management of spine disorders affecting all age groups, and provide him/her with a well-balanced exposure to cervical, thoracic and lumbar pathology. The experience is principally comprised of a tutorial relationship with the attending physicians. The Fellows are expected to assimilate skills in evaluation and management of all spinal disorders. The surgical methods include a full spectrum of anterior and posterior procedures, including minimally invasive technologies. The majority of the adult cases are performed at Emory University Hospital, with pediatric procedures done at Children's Healthcare of Atlanta at Egleston. Independent patient management is available through the VA Hospital (degenerative and neoplastic disorders) and Grady Memorial Hospital (trauma and infections).

The Fellows may also spend time with the four full-time physiatrists (Drs. Howard Levy, Michael Schaufele, Susan Dreyer and David Hubbell), who have considerable expertise in diagnostic and therapeutic interventions. Fellows are expected to complete two research projects suitable for publication. Scott Boden, MD and Tim Yoon, MD, PhD, coordinate and direct basic science

2009 NASS Spine Fellowship Directory

investigations. The Fellows will have resident teaching obligations, organize monthly case-oriented Socratic conferences, and present a Grand Rounds lecture to the Faculty and Staff.

The duration of the fellowship is one year (August 1 to July 31) and the deadline is August 8. Annual stipend is approximately \$44,000 plus benefits. Applications are encouraged from qualified orthopaedic surgeons and neurosurgeons interested in an academic career.

Emory University is an EEO/AA employer.

2009 NASS Spine Fellowship Directory

University of Iowa Neurosurgery Spine Fellowship

Directors:

Patrick W. Hitchon, MD
Arnold Menezes MD

University of Iowa Hospitals and Clinics
Department of Neurosurgery
200 Hawkins Drive, 1846 JPP
Iowa City, IA 52242
Phone: (319) 356-2775; Fax: (319) 353-6605
Email: patrick-hitchon@uiowa.edu
Website: <http://www.uihealthcare.com/depts/med/neurosurgery/index.html>

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 20-30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 50%
Thoracic: 20%
Lumbar: 30%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%
Trauma: 20%
Deformity: 20%
Tumor: 10%
Pediatric: 10%

Time allocation:

Operating room 75%
In-house and clinic patient care 15%
Biomechanical/clinical research 10%

Goals:

The Neurosurgery Spine Fellowship is a one year appointment with the Department of Neurosurgery at the University of Iowa College of Medicine. The Fellow will have completed a Neurosurgery Residency, thus allowing her/him the ability to participate actively in spine surgery under the supervision of the faculty. The fellow will thus acquire skills in the management of pathologies afflicting the cervical, thoracic, and lumbar spines, be they traumatic, neoplastic, degenerative, congenital or infectious in the pediatric and adult populations. It is anticipated that the Fellow will rotate for periods of 3-4 months with each of the faculty, as well as avail himself where needed and for emergencies. In addition to the operating room, the fellow will participate with the faculty in their clinics before and subsequent to surgery. The Fellow will also be given opportunity and encouraged to become involved in the Neurosurgery Spine Laboratory for the study of spinal biomechanics in the normal and abnormal states. Fellow will also be given opportunity to prepare manuscripts on clinical and research topics for publication and presentation.

Approximate Stipend: \$60,000 USD/year.

2009 NASS Spine Fellowship Directory

In addition to the stipend the fellow will be sponsored to attend one spine meeting during his/her fellowship.

Faculty:

Arnold Menezes, MD is an internationally renowned neurosurgeon with interest in the craniovertebral junction and pediatric spine pathologies. The fellow will be afforded a unique opportunity to analyze and participate in the management of this complex group of adult and pediatric patients

Patrick W. Hitchon, MD has had a long interest in the treatment of fractures, infection, and tumors of the spine. Fellows will participate in decision making regarding operative and non-operative treatment. Dr. Hitchon performs all vertebroplasties for the department. He oversees the Biomechanics Spine Research laboratory with Tae Hong Lim, PhD, where participation by the fellow is encouraged. The fellow may pursue his own or ongoing projects.

2009 NASS Spine Fellowship Directory

Rush University Spine Fellowship

Howard An, MD, Director
Frank Phillips, MD, Co-Director
Gunnar Andersson, MD
Chris DeWald, MD
David Fardon, MD
Edward Goldberg, MD
Kim Hammerberg, MD
Kern Singh, MD
Peter Sturm, MD

Attention: Beverly Kendall
Midwest Orthopaedics
1725 West Harrison Street, #1063
Chicago, IL 60612
Phone: (312) 243-4244; Fax: (312) 942-1516
Email: howard.an@rushortho.com

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation:

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	15%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	63%
Trauma:	2%
Deformity:	30%
Tumor:	5%

Goals:

This is a one-year Spine Fellowship offered to board eligible or board certified Orthopaedic or Neurosurgeons and consists of extensive surgical experience in pediatric and adult spine problems, including all aspects of spinal disease. This Fellowship Program includes private office practice, a weekly spine conference, a monthly combined orthopaedic-neurosurgery conference and extensive surgical experience; including cervical, thoracic and lumbar spine anterior and posterior instrumented procedures, minimally invasive approaches as well as motion preservation procedures. The Fellow and Residents complement each other with the Fellow acting as an intermediary between the attending and the Residents. Time is spent at Rush University Medical Center and Shriners Hospital for Children.

The fellow is expected to complete two research projects, which should be presented at a national meeting, and publications should follow. An extensive and remarkably well-equipped orthopaedic research laboratory would be available for an appropriate project.

The duration of the fellowship is one year (August 1 to July 31). The annual stipend is at the PGY6 level.

2010 NASS Spine Fellowship Directory

Rush University NeuroSpine Fellowship

Vincent C. Traynelis, MD, Director

John O'Toole, MD

Harel Deutsch, MD

Attention: Jolynne Litzenberger

Rush University Medical Center, Department of Neurosurgery

Chicago, IL 60612

Phone: (312) 942-6628; Fax: (312) 563-3358

Email: Jolynne.Litzenberger@rush.edu

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 30%

Research/Publication Obligation:

Approximate percentage of exposure to the Spine by region:

Cervical: 40%

Thoracic: 10%

Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 65%

Trauma: 4%

Deformity: 20%

Tumor: 8%

Other: 3%

Goals:

The Spine Fellowship is a one-year appointment offered to a candidate who has completed an ACGME accredited neurosurgery residency program or its' foreign equivalent.

The Fellowship will focus on the development of comprehensive patient management clinical skills to diagnose and treat a broad range of spinal disorders that includes; degenerative spinal disorders, spinal deformity, complex fractures, infections, and spinal tumors. There is a broad exposure to modern spinal instrumentation, minimally invasive surgical techniques, intraoperative image guidance, and sophisticated intraoperative imaging.

The Fellow will actively participate in the dedicated teaching conferences, by presenting of a topic of their choice, select journal club articles for review and discussion, provide a spine anatomy cadaver course to the residents, and attend monthly department meetings. There is ample opportunity to participate in clinical, anatomic, biomechanical and/or neuroscience research.

Lastly, the Spine Fellowship Program adheres to the policies and program requirements set forth by the RRC/ACGME with regards to the training, supervision, duty hours, core competencies, goals and objectives, evaluations, etc.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

McGaw Medical Center of Northwestern University Spine Fellowship

Joseph K. Weistroffer, MD

676 North St. Clair Street, Suite 1350
Chicago, IL 60611
Phone: (312) 926-4444; Fax: (312) 926-4643

Contact : Geoff White
Email: g-white@northwestern.edu

Percent of Fellowship devoted to Operative Care: 41%
Non-Operative Care: 41%
Research/Publication Obligation: 18% includes 2 months of research rotations

Approximate percentage of exposure to the Spine by region:

Cervical:	15%
Thoracic:	19%
Lumbar:	66%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	69%
Trauma:	5%
Deformity:	17%
Pediatric:	9%

Goals:

The Spine Fellowship provides a comprehensive experience in adult and pediatric spine disorders at Northwestern Memorial Hospital and Children's Memorial Hospital, the primary academic affiliates of the Northwestern University Feinberg School of Medicine.

The fellow will receive exposure to all aspects of cervical, thoracic and lumbar spine pathology, encompassing trauma, tumor, deformity and degenerative conditions. A broad experience in primary and revision cases can be expected, including minimally invasive, motion sparing and complex reconstructive techniques.

Didactic conferences will augment a clinical and surgical educational environment and provide an opportunity for developing one's teaching and leadership skills with residents and medical students. Protected time is provided for clinical and basic science research with biomechanical, cadaver and gait study laboratories available. An opportunity exists for participation in ongoing clinical trials involving regenerative techniques for spine fusion. The completion of a research paper publishable in a peer-reviewed journal will be required for successful completion of the program.

Applicants from the United States must have completed an orthopaedic residency and be Board-eligible or –certified. Applicants from outside the United States must have a current ECFMG certificate.

The fellowship has ACGME accreditation pending at this time. Our program participates in the SF Match program with an application deadline of January 31. Anticipated stipend is: \$61,514.40.

2009 NASS Spine Fellowship Directory

Southern Illinois University Spine Fellowship

Per Freitag, MD
Keith Gabriel, MD

Division of Orthopaedics & Rehabilitation
Southern Illinois University School of Medicine
800 North Rutledge Street, PO Box 19679
Springfield, IL 62794-9679
Phone: (217) 545-6155; Fax: (217) 545-7305
Email: aweinhoft@siumed.edu or pfreitag@siumed.edu
Website: www.siumed.edu

Percent of Fellowship devoted to Operative Care:	55%
Non-Operative Care:	35%
Research/Publication Obligation:	10%

Approximate percentage of exposure to the Spine by region:

Cervical:	20%
Thoracic:	20%
Lumbar:	60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	30%
Trauma:	20%
Deformity:	20%
Tumor:	10%
Pediatric:	20%

Goals:

Those completing this fellowship will be able to assess and treat patients with spinal injuries, spinal deformity, degenerative conditions and rehabilitation of patients with spinal cord injuries. Four fellowship trained community spine surgeons also actively participate in the program to give the fellow an experience in the private practice of spine surgery. Treating inpatients and outpatients, the fellow will be able to develop his or her competence in patient management of all spinal problems. The fellows will gain the experience in surgical reconstructive procedures for injuries, deformities, degenerative and painful disease conditions of the spine. The fellows are appointed as an instructor on the faculty and will be responsible for the evaluation, admission, surgical procedures, and day-to-day management of the spinal patients under the direction of the participating surgeons. During the course of training, fellows have an increasing responsibility for patient management. The fellows will gain expertise in surgical procedures, including endoscopic and minimally invasive approaches to the spine in addition to traditional anterior and posterior approaches of the cervical, thoracic, and lumbar spine. In addition to these clinical activities, the fellows participate in the education of our orthopaedic residents. In that capacity they will supervise residents and participate in the educational activities in the orthopaedic residency program. Research in clinical or basic science is encouraged, but not required, for the completion of the program. Fellows must have graduated from either an LCME accredited medical school or an AOA accredited osteopathic school, and must have completed an AOA or ACGME accredited orthopaedic residency, and be either Board eligible or Board Certified in Orthopaedic

2009 NASS Spine Fellowship Directory

Surgery. Fellows must obtain a permanent Illinois license and must be accepted on the staff at the affiliated hospitals.

This fellowship is non-accredited.

The duration of the fellowship is one year beginning in July or August. Annual stipend is \$55,000 plus benefits.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Ortho Indy Spine Surgery Fellowship – 2 Fellowships

David G Schwartz, MD
Joseph Riina, MD
Terry R. Trammell, MD
John W. Dietz, MD
Robert J. Huler, MD
Michael F. Coscia, MD
Gabriel E. Jackson, MD

8450 Northwest Blvd.
Indianapolis, IN 46278
Phone: (317) 802-2862; Fax: (317) 802-2898
Email: jharmless@orthoindy.com
Website: www.orthoindy.com

Percent of Fellowship devoted to operative care:	60%
Non-operative care:	35%
Research/Publication obligation:	5%

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	10%
Lumbar:	55%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	73%
Trauma:	10%
Deformity:	10%
Tumor:	1%
Pediatric:	5%
Other:	1%

Goals:

The Ortho Indy Spine Fellowship is a one-year experience designed to combine an exceptionally strong clinical experience with a number of research opportunities. Training will include operative and nonoperative treatment of spinal pathology at all levels of the spine from C1 to the sacrum in both adult and pediatric patients. Exposure will include treatment of degenerative cervical and lumbar disease, pediatric and adult spinal deformity, and trauma at all levels of the spine. Roughly 1,200 cases a year are performed between our seven spine surgeons.

The fellows will rotate with each of the seven fellowship trained surgeons and will work closely with the orthopedic spine surgeon and their staff. During each rotation, the fellow will learn and participate in the clinical decision making and operative procedures.

The fellow will be required to attend a weekly teaching conference and monthly journal club, and will be responsible for completing at least one research project during the fellowship year.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

At the completion of training, the fellow will be comfortable with both operative and nonoperative spine treatment including the use of a variety of instrumentation systems, the operating microscope, and both open and endoscopic anterior approaches to the spine.

Successful completion of an orthopaedic surgery program and an Indiana state medical license are required. We are not an ACGME accredited program. The yearly stipend is \$65,000 and benefits.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Indiana Spine Group / Indiana University

Rick C. Sasso, MD
Paul Kraemer, MD, Fellowship Director
Kenneth Renkens, MD
Thomas Reilly, MD
Kevin Macadaeg, MD
Jonathan P. Gentile, MD
John Arbuckle, MD

8402 Harcourt Road, Suite 400
Indianapolis, IN 46260
Phone: (317) 228-7000; Fax: (317) 715-4887
Email: pkraemer@indianaspinegroup.com
Website: www.indianaspinegroup.com

Percent of Fellowship devoted to operative care:	70%
Non-operative care:	30%
Research/Publication obligation:	Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	40%
Thoracic:	20%
Lumbar:	40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	60%
Trauma:	10%
Deformity:	20%
Tumor:	5%
Pediatric:	5%

Goals and characteristics:

The Indiana Spine fellowship is a one year experience for an exceptional graduate of a US orthopaedic or neurosurgical residency program. The fellow will learn all aspects of non-operative and surgical care of spinal disorders from spine surgeons with backgrounds in neurosurgery and orthopaedic spine surgery as well as non-operative physicians dedicated to the diagnosis and treatment of spine pathology.

Unique features of the fellowship include a high volume exposure to many routine and complex cases from around Indiana and the Midwest; dedicated time with three busy surgeons from diverse backgrounds and training; exposure to the latest technology including participation in FDA IDE trials, next generation implants, and routine use of O-Arm 3D intraoperative navigation; a large, well maintained database for research possibilities; exposure to both University practice and a well run, successful private business model; and an excellent, collegial working relationship with all members of the team.

The fellow is a critical aspect of the orthopaedic residency program at Indiana University assisting in the responsibility for spine education of the residents. The stipend is commensurate with a PGY 6 salary as well as benefits which include malpractice insurance and health insurance for the fellow and family.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Goals:

1. Provide the Fellow with the most well-rounded and diverse exposure to spinal disorders.
2. Expose the Fellow to the most up-to-date and modern diagnostic procedures for the evaluation of spinal disorders.
3. Teach the Fellow the entire range of operative treatment of spinal disorders - from occiput to ilium; from routine decompression and stabilization to complex deformities; (approached both anterior and posterior) - running the spectrum of pathology including pediatric and adult deformities, trauma, tumors, and Intradural anomalies.

Characteristics:

1. Extensive clinical exposure in multi-specialty spine practice that includes orthopaedic spine surgery, neurosurgery spine surgery, and anesthesia spine diagnostic experts.
2. Large clinical research department involved in many FDA, IDE trials.
3. Productive design and development of next-generation spinal implants and minimally invasive spine surgery techniques.

2009 NASS Spine Fellowship Directory

University of Kentucky Orthopaedic Surgery Spine Fellowship

William O. Shaffer, MD

740 Limestone Street
Kentucky Clinic K-401
Lexington, KY 40536
Phone: (859) 323-5533; Fax: (859) 323-2412
Email: brian.judge@uky.edu
Website: <http://www.ukhealthcare.uky.edu/spine/index.asp>

Percent of Fellowship devoted to Operative Care: 40%
Non-Operative Care: 40%
Research/Publication Obligation: 20%

Approximate percentage of exposure to the Spine by region:

Cervical: 40%
Thoracic: 20%
Lumbar: 40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 30%
Trauma: 40%
Deformity: 10%
Tumor: 20%
Pediatric: (can be arranged at discretion of fellow)

Goals:

The University of Kentucky, Division of Orthopaedic Surgery and Sports Medicine currently has one non-accredited Spine Fellowship position. The position is structured after the EDUCATIONAL GUIDELINES FOR ORTHOPEDIC AND NEUROSURGICAL SPINAL FELLOWSHIP TRAINING (Appendix A) and EDUCATIONAL GUIDELINES FOR RESIDENT TRAINING IN SPINAL SURGERY (Appendix B) as developed by the Resident/Fellow Education Committee of the North American Spine Society (NASS). This is a one year fellowship that begins 1 August – 30 August. Applicants for the non-accredited position are required to have graduated from an Accredited Orthopaedic or Neurosurgical Residency Program and be Board Eligible. It should be noted that at this time there are no formal accreditation body for Spine Surgery. However, the movement toward formal accreditation will be based on the NASS criteria in conjunction with the American Academy of Orthopaedic Surgery and the American Association of Neurological Surgeons.

The Fellowship Director of the University of Kentucky Section of Spine Surgery and the Orthopaedic Residency Program Director for the Division of Orthopaedic Surgery agree that the residency program and the fellowship program can and will interact without conflict. We believe the Spine Surgery fellow enhances the educational curriculum of our residency program. The residency program has been designed to provide a well-rounded and complete orthopaedic spine experience. The Orthopaedic residency rotations on the Spine Service occur twice in the residency. The first four month rotation occurs at the PGY-2 and the second during the PGY-5, chief resident level. The three residents at each year level rotate at 4 month intervals. The residents will experience a total of 8 months of spine surgery during their residency.

2009 NASS Spine Fellowship Directory

The Spine Surgery fellow will attend all general orthopaedic conferences including x-ray, basic science, journal club and grand rounds as the residents are required by our accredited Orthopaedic Surgery Programs. Additionally, a Spine Surgery Indications Conference will be held every Thursday evening. This conference is attended by the Orthopaedic PGY-1, PGY-3, PGY-5 and Spine Fellow. All upcoming elective and spine trauma patients for the preceding week will be formally presented. The indications and surgical plan will be discussed and all imaging and diagnostic studies to support the planned treatment will be reviewed. In addition, the Spine Seminar which is a weekly conference in July and August and monthly throughout the academic year September thru June will explore spine surgical topics including the recommended curriculum outlined in Appendix A. The fellow will have assigned presentation responsibilities at all of the conferences throughout the academic year.

Duration: 1 year (August 1 to July 31)

Stipend: \$55,205.00 + benefits = \$66,569.00

Location: University of Kentucky Chandler Medical Center

Goals:

The Orthopaedic Spine Service has one Fellow per year. The orthopaedic fellow is assigned to the Orthopaedic Spine Service throughout the 12-month period of time with elective rotations with the Scoliosis surgeons at the Shriners' Hospital and with the Neurosurgical Spine Surgeons here at the University of Kentucky. This Fellowship is an intensive experience in management of patients with spinal diseases in the outpatient and inpatient setting. There is a specific emphasis on a non-operative and operative management of spinal deformities, trauma, infection, degenerative diseases of the cervical thoracic lumbar spine, as well as oncologic work involving the spine.

The practice is composed of approximately 40% cervical spine, 40% lumbar spine and 20% thoracic spinal disease processes. Trauma represents approximately 30% of the experience. Degenerative disease of the lumbar and cervical spine represents the bulk of the experience. Adult scoliosis is managed by the adult spine service, which is headed by Dr. William Shaffer. A Fellow who is interested in Pediatric experience may work with Dr. Henry Iwinski and Dr. Vishwas Talwalkar. They can offer pediatric scoliosis experience if the candidate so elects.

Additionally, Dr. Phillip Tibbs has been very supportive in teaching the neurosurgical techniques such as microdiscectomy and surgical approaches to degenerative processes in the lumbar spine.

In addition to the operative management of spinal diseases the outpatient clinic offers an intensive experience in the non-operative evaluation and pre-operative and post-operative care of spine diseases.

Presently, there are active research experiences in biomechanics of the spine specifically and lumbosacral pelvic constructs, as well as clinical studies that are ongoing. The Fellow shares the spine call with the primary adult spine surgeons, Dr. Shaffer and Cassidy, and also shares teaching responsibilities for the Spine Symposia, Grand Rounds, and the Indications Conferences that are managed by the Spine Service.

This is an unaccredited Fellowship and does participate in the Match Program.

2009 NASS Spine Fellowship Directory

Spine Surgery PSC

Richard Holt, MD

210 E. Gray Street

Suite 601

Louisville, KY 40202

Phone: (502) 585-2300; Fax: (502) 584-2726

Email: holt@spine-surgery.com

Website: www.spine-surgery.com

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 20%

Research/Publication Obligation 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 40%

Thoracic: 20%

Lumbar: 40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%

Trauma: 5%

Deformity: 15%

Tumor: 20%

Pediatric 10%

Goals:

The primary goal of this fellowship is to offer a wide experience in spine surgery. Cervical, thoracic and lumbar aspects of the spine will be covered as well as anterior and posterior approaches involving all diagnoses in patients of all ages. The Fellow will participate in the management of the patients on a day-to-day basis both in the hospital and in the office. The Fellow will assist and perform surgery as his/her talents and training progresses. Emphasis will be placed on preparation of conferences and presentations at spine meetings both nationally and internationally, as well as publications.

Applicants may obtain further information and an application at www.spine-surgery.com.

2009 NASS Spine Fellowship Directory

Leatherman Spine Fellowship

John R. Johnson, MD
Steven D. Glassman, MD
Rolando M. Puno, MD
John R. Dimar, MD
Mitchell J. Campbell, MD
Mladen Djurasovic, MD

Spine Institute, P.S.C.
210 East Gray Street, Suite 900
Louisville, KY 40202
Phone: (502) 584-7525; Fax: (502) 584-6851

Percent of Fellowship devoted to Operative Care: 50%
Non-Operative Care: 25%
Research/Publication Obligation: 25%

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 20%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%
Trauma: 10%
Deformity: 15%
Tumor: 10%
Pediatric: 15%

Goals:

The Leatherman Spine Fellowship Program through the Leatherman Spine Center and the University of Louisville Department of Orthopaedic Surgery offers the development of advanced skills in all phases of spine surgery. This is a well-rounded program involving spinal deformities, fractures, tumors, and degenerative diseases in all age groups.

Through our affiliation with the University of Louisville Department of Orthopaedic Surgery, we have a Neurophysiology Research Laboratory and a laboratory for biomechanics and bioengineering. For those interested in the research laboratory, it may be possible to designate a time-frame during which one can apply himself/herself to the aspect of the program.

The fellow assists the staff physician performing surgery, managing patient care from the private office, and participating in scoliosis and fracture clinics. Surgeries involve 20 to 30 spine procedures performed each week and include anterior and posterior procedures utilizing the most up-to-date instrumentation. He/She will prepare publications and presentations for teaching conferences and recognized spine meetings. Weekly rounds and conferences are held. The program also offers a combined orthopaedic and neurosurgical service.

Our primary hospital affiliations include the regional trauma center, University of Louisville Hospital Norton Hospital where the Leatherman Spine Center is located, Kosair Children's Hospital which is Louisville's only hospital for children.

2009 NASS Spine Fellowship Directory

The program offers up to four fellowship positions per year. In addition, these four Fellows work with one rotating orthopaedic resident and a Physicians Assistant.

The duration of the fellowship is one year (August 1 to July 31). The annual stipend is \$55,248 plus benefits. Interviews will take place between January 2nd and March 31st. Match date is May 12th.

2009 NASS Spine Fellowship Directory

Massachusetts General – Brigham and Women’s Hospital Orthopaedic Spine Surgery Fellowship

Kirkham B. Wood, MD
Christopher Bono, MD

55 Fruit Street,
Yawkey OCC Suite 3800
Boston, MA 02114
Phone: (617) 724-8636; Fax: (617) 726-7587
Email: kbwood@partners.org

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	20%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	40%
Trauma:	15%
Deformity:	25%
Tumor	10%
Pediatric:	5%
Other:	5%

Goals:

At present, postgraduate fellowship training in spinal surgery offers a wide variation in terms of surgical experience, diversity of exposure to the various components of spinal disorders, facility support, and research opportunities. The duration of our fellowship is 1 year in order to gain sufficient experience and expertise. The teaching staff and hospital administration are committed to providing an educational environment in order to avoid making the fellowship a pure *service-oriented* experience. There will be an adequate amount of inpatient and outpatient experiences, with graduated responsibility for the Fellow in order to gain the necessary expertise in evaluation, surgical decision analysis and follow-up care. The Fellowship will provide the necessary education so that the Fellow obtains competence as a specialist in surgery of the spine, including operative and nonoperative care decisions and options as well as a broad-based education in spinal disorders despite the surgical bias (*e.g.*, degenerative disc disease, deformity, trauma; etc.) of the program. The educational program will consist of both academic and technical components. The academic environment will emphasize approaches to clinical problem-solving, encouraging self-directed study, and the development of analytic skills and sound surgical judgment. A clearly defined research program with the Fellow playing a significant role in formulating the project(s) and carrying out the work is an important component of the Fellowship year. The salary for the academic year 2008-2009 is expected to be \$60,000 per year plus benefits which includes family health insurance

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

New England Baptist Hospital Spine Fellowship

Stephen J Parazin, MD, Chief of Spine Surgery, Fellowship Director

Peter P. Anas, MD

Eric Carkner, MD

David H. Kim, MD

Brian Kwon, MD

Howard Martin, MD

Michael D. Mason, DO

Chima Ohaegbulam, MD

Richard M. Ozuna, MD

Frank Rand, MD

Jeremy Shore, MD

Eric Woodard, MD

Chief Spine Section

Department of Orthopaedic Surgery

New England Baptist Hospital

125 Parker Hill Avenue

Boston, MA 02120

Phone: (617) 754-5413; Fax: (617) 754-6443

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 30%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 45%

Thoracic: 5%

Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%

Trauma: 8%

Deformity: 30%

Tumor: 2%

Goals:

This program offers an extensive experience in the evaluation and management of a multitude of adult and adolescent spinal disorders. The Fellow will be exposed to a comprehensive multi-disciplinary approach including ten full-time orthopedic spine surgeons, one neurosurgeon, three neuroradiologists, and four physiatrists.

The Fellow will gain expertise in many facets of spinal surgery consisting of very active operating room experience, including anterior and posterior cervical, thoracic, and lumbar approaches, lumbar laparoscopic and open techniques, exposure to image guidance systems, and diverse types of instrumentation and fusion procedures. The spine service performs over 2000 procedures per year including cervical spinal disorders, lumbar degenerative disorders, adult deformities, and tumors.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

The Fellow may gain further training at the in-house Bioskills Learning Center or at a minimal invasive animal laboratory. In addition, the Fellow will be active in medical student and resident teaching, office clinics, weekly conferences, and will be expected to prepare at least one research project (clinical or basic science) that is suitable for publication in a peer-review journal. Each fellow will present at least one Grand Rounds presentation for the Orthopedic Department.

The attending staff instructs the Fellows weekly by presenting a spine core curriculum of 30 lectures. Other attending sponsored conferences include: monthly journal clubs, quarterly M & M conferences, and bimonthly indications conferences.

The duration of the fellowship is one year (August 1 to July 31) and the deadline for receipt of applications is September. The annual stipend is \$67,000 plus benefits.

2009 NASS Spine Fellowship Directory

Beth Israel Deaconess Medical Center / Harvard Medical School Combined Spine Fellowship

Kevin J. McGuire, MD MS
Michael Groff, MD FACS
Paul A. Glazer, MD
Andrew White, MD

Department of Orthopedic Surgery
Stoneman 10, BIDMC
330 Brookline Ave.
Boston, MA 02215
Phone: (617) 667-2140; Fax: (617) 667-2155
Email: selewis@bidmc.harvard.edu

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	40%
Thoracic:	10%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	50%
Trauma:	15%
Deformity:	25%
Pediatric:	0%
Other:	10%

Goals:

The goal of this fellowship is to provide a rich academic environment in which an exemplary spine surgeon can gain the necessary experience to be fully capable of evaluating and treating adult spinal disorders. This is a unique fellowship in that it is a combined orthopaedic spine and neurosurgical spine fellowship. The faculty is both orthopaedic and neurosurgical giving a wide perspective on spine. The fellowship will provide an excellent opportunity to train in the diagnosis and management of a variety of spinal disorders, including degenerative disease of the spine, adult spinal deformity, trauma, and tumor. Breakdown of experience by diagnostic category is approximately 50% degenerative, 25% deformity, 15% trauma, and 10% tumor. The Fellow will receive extensive surgical experience in anterior and posterior surgical approaches to the cervical, thoracic, and lumbar spine. Breakdown of experience by region of the spine is approximately 40% cervical, 10% thoracic, and 50% lumbar. The Fellow will be responsible for teaching orthopaedic residents, and must complete one project suitable for publication during the year. The research may be clinically oriented or may involve a basic science project. All candidates must have successfully completed an orthopaedic residency and be Board-eligible or –certified prior to the fellowship. This fellowship is ACGME accredited.

2009-2010 NASS Spine Fellowship Directory

The Boston Spine Group Adult Spinal Reconstruction Fellowship

Louis G. Jenis, MD, Director
Robert J. Banco, MD
Scott G. Tromanhauser, MD
Mitchell A. Hardenbrook, MD

Boston Spine Group
299 Washington Street
Newton, MA 02458
Phone: (617) 219-6363; Fax: (617) 219-6366
Email: ljenis@partners.org
Website: www.bostonspinegroup.com

Percent of Fellowship devoted to Operative Care: 80%
Non-Operative Care: 20%

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	10%
Lumbar:	55%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	90%
Trauma:	2%
Deformity:	6%
Tumor:	2%

Goals:

The Boston Spine Group is pleased to announce the commencement of our Spine Fellowship Training program. The candidates will work closely with four fellowship-trained orthopaedic spine surgeons and two interventional physiatrists and will be exposed to all aspects of adult spine surgery and pain management. The fellowship candidate will be trained in various surgical techniques including anterior and posterior approaches to the cervical, thoracic and lumbar spine and conditions including myelopathy, spinal deformity and lumbar degenerative problems. TBSG commonly participates in IDE studies allowing the fellow to become acquainted with novel techniques and procedures including the use of biologics, disc replacement and other non-fusion devices. In addition, the fellow will become skilled at minimally invasive techniques for spinal decompression and fusion.

The training program will take place at Newton-Wellesley Hospital and is more than an apprenticeship as the fellow will be an active part of the spine team. They will have significant responsibilities involving patient care, surgical performance and resident education. Research requirements will be tailored to the individual candidate but each fellow will be required to actively contribute to new and ongoing projects where expectations for presentation and eventual publication are defined.

2009-2010 NASS Spine Fellowship Directory

The educational program will consist of a weekly didactic lecture series and case conferences among the spine staff. In addition, dedicated office time for outpatient exposure to preoperative and postoperative patient care will be a mandatory component of the fellowship.

Ultimately, the fellow will gain significant experience with treating complex spinal conditions and will be provided active guidance for future employment positions. By the completion of the 12-month fellowship, we expect the fellow to develop into a well-trained spine surgeon capable of functioning in a university-based or private practice employment, contributing to the spine literature, and taking excellent care of the patient.

2009 NASS Spine Fellowship Directory

The Johns Hopkins Spine Surgery Fellowship

Lee H. Riley, III, MD, Director

Khaled Kebaish, MD

David Cohen, MD

Johns Hopkins Outpatient Center

Room 5231

601 N. Caroline St.

Baltimore, MD 21287-0882

Phone: (410) 955-6930; Fax: (410) 614-1451

Email: lriley@jhmi.edu

Website: www.hopkinsortho.org

Percent of Fellowship devoted to Operative Care: 80%

Non-Operative Care: 20%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 25%

Thoracic: 5%

Lumbar: 70%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 65%

Trauma: 5%

Deformity: 20%

Tumor: 5%

Infection: 3%

Other: 2%

Goals:

The Johns Hopkins Spine Fellowship provides comprehensive training in degenerative lumbar, cervical spine, adult spinal deformity, tumor, infection and trauma surgery. An opportunity for exposure to adolescent deformity surgery is also available. There is collaboration with the Neurosurgery Spine Service through joint conferences, combined cases and clinical rotations. The two services perform approximately 1400 cases per year.

Fellows have ample opportunity to become proficient in a broad spectrum of surgical techniques and invasive diagnostic and therapeutic procedures including facet blocks, discography, nerve root injections, kyphoplasty and vertebroplasty over the course of the fellowship. The Spine Division has an active outcomes research team and database that can be used for research. Opportunities to perform research in biomechanics, cell biology, and tumor biology are also available.

Candidates are expected to have successfully completed a neurosurgery or orthopaedic surgery residency.

2009 NASS Spine Fellowship Directory

The University of Maryland Spine Fellowship

Vincent D. Pellegrini, Jr., MD, Chairman
Steve Ludwig, MD, Fellowship Director

University of Maryland Medical System
22 S. Greene Street, S11B
Baltimore, MD 21201
Phone: (410) 328-8915 Fax: (410) 328-0534
Contact: Nanette Catterton
Email: ncatterton@umoa.umm.edu
Website: www.umortho.org

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	40%
Thoracic:	10%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	45%
Trauma:	25%
Deformity:	15%
Tumor:	10%
Pediatric:	5%

Goals:

The University of Maryland Medical System provides a variety of clinical settings and prepares the fellow to practice in most any environment. University Center includes University Hospital, the R. Adams Cowley Shock Trauma Center, and the Baltimore VA Medical Center, all contiguously located on the same campus. Collectively, these hospitals provide exposure to a variety of spinal disorders in a quaternary facility and complex polytrauma. Outpatient spinal procedures including minimally invasive procedures are performed at Kernan Hospital. The trauma center will allow the Spine fellow to be exposed to the perioperative management of patients with traumatic spinal cord injuries.

2009 NASS Spine Fellowship Directory

William Beaumont Hospital Orthopaedic Surgery of the Spine Fellowship

Jeffrey S. Fischgrund, MD

Department of Orthopaedic Surgery

William Beaumont Hospital

3535 West Thirteen Mile Road, #744

Royal Oak, MI 48073

Phone: (248) 551-0426; Fax: (248) 551-5404 Email: cmusich@beaumont.edu

Website: www.beaumont-hospitals.com/gme

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 25%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 25%

Thoracic: 15%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 45%

Trauma: 15%

Deformity: 20%

Tumor: 10%

Pediatric: 10%

Goals:

Our program is a comprehensive program encompassing spinal problems and their evaluation, nonoperative and operative care. The emphasis is on degenerative cervical and lumbar spine but the full range of adult and pediatric problems is included. The fellows are responsible for the overall function of the spine service and functions as a resident educator in addition to being a fellow. Plenty of outpatient experience is given in addition to lectures, pre-op conferences and surgical experience. Research is required and full facilities are available.

The duration of the fellowship is one year (August 1 to July 31) and there are two positions. The annual stipend is \$59,350 plus benefits. We participate in the San Francisco Match (www.sfmatch.org).

Fully accredited by the ACGME.

2009 NASS Spine Fellowship Directory

Spine Fellowship at Michigan Brain & Spine Institute

Douglas F. Geiger, MD

Michigan Brain & Spine Institute
5315 Elliott Drive, Suite 102
Ypsilanti, MI 48197
Phone: (734) 434-4110 x51658; Fax: (734) 445-1696
Contact: Donna Huelke 734-434-4110 x51658
Email: DHuelke@MIBSI.com

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 30%
Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 25%
Thoracic: 5%
Lumbar: 70%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%
Trauma: 15%
Deformity: 20%
Tumor: 5%
Pediatric: 10%

Spine Fellowship

Ann Arbor, Michigan

Affiliated with the University of Toledo Medical Center

Applications are currently being accepted for:

August 1, 2009 – July 31, 2010

August 1, 2010 – July 31, 2011

August 1, 2011 – July 31, 2012

This Fellowship provides vigorous training in all aspects of spinal disease including degenerative, traumatic and deformity conditions of the cervical, thoracic and lumbar spine. The fellow participates in approximately 50 cases per month and has the unique opportunity to work with our three orthopedic spine surgeons and three neurosurgeons. The fellow will learn traditional anterior and posterior approaches to all levels of the spine as well as current technologies including minimally invasive techniques and fusionless techniques such as total disc replacement and dynamic stabilization. In addition, the fellows learn the latest in non-operative and operative management of deformity in children and adults.

2009 NASS Spine Fellowship Directory

The fellow is required to complete two research projects and to attend regular conferences including weekly spine conference, radiology conference, and journal club. The fellow will also travel to at least one spine-related conference each year.

The fellow will enjoy the Ann Arbor “college town” lifestyle with access to many outstanding cultural events, major sporting venues and a wide array of excellent restaurants to further enhance the fellowship experience.

All candidates must be board eligible in orthopedic surgery or neurosurgery. Salary is commensurate with PGY-6.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Twin Cities Spine Center Fellowship – 4 Fellowships

Director: Ensor E. Transfeldt, MD

Staff Surgeons: Francis Denis, MD; Daryll C. Dykes, MD, PhD; Timothy A. Garvey, MD; John E. Lonstein, MD; Amir A. Mehbod, MD; Kevin J. Mullaney, MD; Joseph H. Perra, MD; Manuel R. Pinto, MD; James D. Schwender, MD; Ensor E. Transfeldt, MD

Twin Cities Spine Center
913 E. 26th Street, Suite 600
Minneapolis, MN 55404
Phone: (612) 775-6257 Fax: (612) 775-6105
Email: education@tcspine.com
Website: www.tcspine.com
Fellowship Coordinator: Lyla R. Westrup

Percent of Fellowship devoted to Operative Care: 45%

Non-Operative Care: 45%

Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical:	20%
Thoracic:	30%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	50%
Trauma:	5%
Deformity:	20%
Tumor:	5%
Pediatric:	20%

Goals:

This fellowship stresses a comprehensive exposure to all types of spinal pathology including deformity, trauma, tumor, and degenerative problems in the pediatric, adolescent, adult and aged populations. Both surgical and non-surgical treatment modes are emphasized. This fellowship is open to orthopaedic surgeons who are either Board eligible or Board certified; have completed a certified orthopaedic residency; and eligible for a Minnesota State License. The educational program is supported by conferences and lectures. The Fellows participate as presenters and organizers. Fellows participate in at least one clinical research project during the year of training.

The duration of the fellowship is one or two years, August 1 to July 31. Annual stipend is \$56,500 plus benefits.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Mayo Clinic Spine Fellowship – 2 Fellowships

Director: Bradford L. Currier, MD

Staff surgeons: Bradford L. Currier, MD, Mark B. Dekutoski, MD, Paul M. Huddleston, MD, Ahmad Nassr, MD, Michael J. Yaszemski, MD, PhD

Mayo Clinic
200 First Street SW
Rochester, MN 55905
Phone: (507) 284-3316; Fax: (507) 266-4234
Email: price.natalie@mayo.edu
Website: www.mayo.edu/msgme/

Percent of Fellowship devoted to Operative Care:	60%
Non-Operative Care:	40%
Research/Publication Obligation:	Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	20%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	40%
Trauma:	20%
Deformity:	15%
Tumor:	15%
Pediatric:	3%
Other:	7%

Goals:

The goal of the fellowship is to provide Board eligible graduates of Orthopaedic Surgery and Neurosurgery training programs with a well rounded experience involving all aspects of Spinal Surgery. The fellowship offers exposure to a wide range of spine pathology and surgical techniques including anterior and posterior decompression, instrumentation and microsurgery at all levels of the spine. Clinical responsibilities will be divided among the five staff spinal surgeons. The Fellow will assume progressive responsibility in the preoperative assessment, surgical care, postoperative management, and follow-up evaluation of patients. Research opportunities are available and are encouraged. Fellows are required to produce at least one peer-reviewed publication during their tenure and to actively participate in the education of the residents.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Washington University School of Medicine/Barnes-Jewish Hospital Spine Fellowship

Keith H. Bridwell, MD, Director

Jacob M. Buchowski, MD, MS

Lawrence G. Lenke, MD

K. Daniel Riew, MD

660 South Euclid

Campus Box 8233

St. Louis, MO 63110

Phone: (314) 747-2536; Fax: (314) 747-2600

Email: iffri@wudosis.wustl.edu (Fellowship Coordinator)

Website: www.ortho.wustl.edu/spinefellowship

Percent of Fellowship devoted to Operative Care: 50%

Non-Operative Care: 50%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 40%

Thoracic and Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 35%

Deformity: 50%

Tumor and Fracture: 15%

Pediatric: 30%

Adult 70%

Goals:

The Washington University School of Medicine/Barnes-Jewish Hospital Spine Fellowship is part of the Washington University/Barnes-Jewish Hospital/St. Louis Children's Hospital Consortium Program. Barnes-Jewish, St. Louis Children's and St. Louis Shriners hospitals are participating institutions. Participating physicians are Keith H. Bridwell, MD, Jacob M. Buchowski, MD, MS, Lawrence G. Lenke, MD and K. Daniel Riew, MD.

Four positions (all ACGME-accredited) are available per academic year. A PGY-6 stipend for Orthopaedic or a PGY-7 stipend for Neurosurgery graduates is offered, with three weeks (15 work days) of vacation. One or two spine meetings of the fellow's choice are included during the fellowship year.

Purpose: To train individuals to treat all spinal diseases and conditions of the cervical, thoracic and lumbar spine: both degenerative and deformity; trauma and tumor; pediatric and adult. Individuals completing the fellowship will be well-suited for either a career in academics or in private practice.

Case Load: The overall case load profile is 50% deformity, 35% degenerative, and 15% tumor/fracture. 40% of cases are cervical, while 60% are thoracic/lumbar in nature. Age distribution equates to 70% adult and 30% pediatric. The total caseload is changing, but now represents about 1000 cases per year. The attendings are covered by four fellows, one chief/senior resident and two nurse practitioners.

Fellows' Responsibilities: The fellows are responsible for covering the cases being done in the operating room and seeing patients in the office with the attendings. Clinical and basic science research projects are ongoing, and the fellows are encouraged to participate and obliged to complete at least two projects/papers. The educational process for the fellows includes a core curriculum of lectures, teaching case conferences and journal clubs. Formal teaching conferences for the fellows are held on Monday mornings and Friday mornings.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Saint Louis University Spine Surgery Fellowship

Dirk H. Alander, MD, Director

Saint Louis University
Department of Orthopaedic Surgery
3635 Vista Avenue, 7th Floor Desloge Towers
St. Louis, MO 63110-0250
Phone: (314) 577-8850; Fax: (314) 268-5121
Email: mdevere2@slu.edu

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Required

Approximate percentage of exposure to the Spine by region:

Cervical: 40%
Thoracic: 20%
Lumbar: 40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 35%
Trauma: 30%
Deformity: 15%
Tumor: 5%
Pediatric: 15%

Goals:

This spine fellowship, open to those finishing an accredited orthopaedic or neurosurgical residency program, is a comprehensive experience in the study of the spine. Participating institutions are Saint Louis University Hospital, Cardinal Glennon Children's Medical Center and St. John's Mercy Medical Center. Participating faculty include Dirk Alander, MD, Howard Place, MD, Aki Puryear, MD and exposure to neurosurgical faculty. The three hospitals involved provide different emphasis in diagnostic categories. All are level 1 trauma centers; however, trauma care, including spinal cord injury, is primarily at Saint Louis University Hospital, pediatric spine surgery at Cardinal Glennon and exposure to the private practice model at St. John's Hospital. Treatment of spinal pathology will include anterior and posterior reconstruction, minimally invasive and motion preservation surgery. The Fellow will be responsible for the spine service and work directly with the rotating orthopaedic residents. A biomechanical laboratory directed by Gary Bledsoe, PhD is available for new and ongoing research projects. An anticipated stipend for this PGY-6 position is \$58,000. The fellowship will prepare the orthopaedic or neurosurgical fellow for academic or private practice.

2009 NASS Spine Fellowship Directory

Ortho Carolina Spine Center

Presbyterian-Orthopaedic Hospital

Bruce V. Darden, II, MD, Director

Daniel B. Murrey, MD

Alfred L. Rhyne III, MD

Eric B. Laxer, MD

R. Alden Milam, IV

Craig Brigham, MD

Theodore Belanger, MD

Ortho Carolina Spine Center

2001 Randolph Road

Charlotte, NC 28207

Phone: (704) 339-1386; Fax: (704) 339-1499 Email: Annette.wilson@orthocarolina.com

Website: www.orthocarolina.com

Percent of Fellowship devoted to Operative Care: 75%

Non-Operative Care: 25%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 10%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%

Trauma: 10%

Deformity: 20%

Tumor: 10%

Pediatric: 10%

Goals:

This fellowship is structured to provide the skills necessary to become a well-rounded clinician as well as a skilled surgeon and is best suited for an individual planning a private surgical practice.

The fellowship is under the auspices of five full-time practicing spine attendings; as well as two physicians, including a neurologist who specializes in conservative care of spinal conditions. The fellowship provides ample exposure to all areas of spinal pathology including trauma, infection, deformity and degenerative conditions of the spine.

The surgical aspect of the fellowship emphasizes both anterior and posterior approaches to the entire spine, as well as exposure to numerous instrumentation systems. The fellow will be exposed to approximately five to six hundred surgical cases during a one-year period.

The fellow is also involved in numerous clinical and basic research projects. He is in charge of running a weekly multi-specialty spine conference. He will develop a close working relationship with neuroradiologists, physical therapists, physiatrists and pain anesthesiologists. Participation in national spine specialty meetings is expected. A mini-sabbatical to learn innovative techniques is offered.

The duration of the fellowship is one year (August 1 to July 31).

2009 NASS Spine Fellowship Directory

Spinal Surgery Fellowship

William J. Richardson, MD
Christopher R. Brown, MD
William T. Hardaker, MD
Robert Isaacs, MD
Carlos Bagley, MD

Division of Orthopaedic Surgery
Duke University Medical Center
Box 3077
Durham, NC 27710
Phone: (919) 684-5711; Fax: (919) 681-7366
Email: wilke005@meduke.edu
Website: <http://surgery.mc.duke.edu/orthopaedics>

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 20%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50-60%
Trauma: 20%
Deformity: 15%
Tumor: 5-10%

Goals:

To provide training in the evaluation and treatment of the full spectrum of spinal disorders including trauma, degenerative, deformity, tumor and reconstructive. Priority will be given to applicants who have a commitment to a career in academic orthopaedics. Experience will be obtained in both nonoperative and operative treatment of primarily adult spinal disorders. Exposure as an observer for surgical treatment of spine deformity in children and adolescents will also be available. There is a close working relationship with the Division of Neurosurgery, which will allow the Fellows to broaden their experience for evaluation and treatment of spinal disorders. Fellows will be encouraged to complete a clinical research project while in training. Time will be allotted weekly to participate in basic science research in a fully tooled and manned Biomechanics Laboratory. There are ongoing weekly conferences related to spinal conditions and, in addition, the Fellow will be encouraged to participate in resident education. All applicants must have successfully completed an ACGME accredited residency in orthopaedic surgery and hold a North Carolina medical license.

The duration of the fellowship is one year (August 1 to July 31). The annual stipend varies with the level of training.

2009 NASS Spine Fellowship Directory

Wake Forest University, Department of Neurosurgery

Thomas A. Sweasey, MD

Medical Center Drive
Winston-Salem, NC 27157-1029
Phone: (336) 716-0143; Fax: (336) 716-3065
Email: mherring@wfubmc.edu

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 20%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 45%
Thoracic: 10%
Lumbar: 45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%
Trauma: 20%
Deformity: 10% (adult only-no pediatric scoliosis)
Tumor: 7%
Pediatric: 7%
Other: 6%

Goals:

The Spine Fellowship at the Wake Forest University School of Medicine, Department of Neurosurgery is a twelve-month program devoted to the theory and practice of complex spinal neurosurgery. Because of the rapid pace of research and the development of specialized knowledge and techniques in recent years, sub-specialization has become increasingly important for physicians preparing for a career in academic spinal training in complex spine surgery, with three surgeons on staff with a major interest in this area. All aspects of spinal pathology and spinal procedures are well represented (with the current exception of pediatric scoliosis), including congenital/pediatric, degenerative, traumatic, tumor, and adult deformity. A number of ongoing clinical research projects are underway, and there are increasing opportunities for basic/collaborative research as well.

The fellow's time will be divided into approximately 60% operative, 20% clinical, and 20% research. There is an expectation to participate in the teaching of Residents and medical students, both in terms of didactic presentations as well as clinical management through participation in rounds. There is also an expectation to participate in research as well as to publish and present relevant findings. The qualified applicant would have completed an accredited neurosurgical residency, be planning a career in academic neurosurgery, and be able to obtain licensure in North Carolina. The anticipated stipend is \$60,000 plus a standard benefit package.

2009 NASS Spine Fellowship Directory

Albany Medical College Spine Fellowship

Allen Carl, MD
Darryl Dirisio, MD

Albany Medical College
Division of Orthopaedics
1367 Washington Avenue, Suite 202
Albany, NY 12206
Phone: (518) 453-3079; Fax: (518) 453-1463

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 20%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 35%
Trauma: 25%
Deformity: 10%
Tumor: 5%
Pediatric: 25%
Other:

Goals:

Fellowship is developed jointly by Orthopaedics and Neurosurgery services. Increased responsibility will be afforded to fellow as he/she improves efficiency. Fellow will be obligated to perform a research project in clinical or basic science that is of presentation/publication quality. Fellow will have his own clinic of patients with responsibility to attending MD. Present collaborations exist with bioengineering, instrumentation, imaging and biochemical engineering companies. Opportunities to become involved in long-range projects with these companies also exist. At the completion of this fellowship a comprehensive education of spine will be accomplished. The fellow will be competent in conservative treatment, minimally invasive, and open surgical modalities.

The duration of the fellowship is one year (August 1 to July 31) and the deadline is May 1. The annual stipend is \$55,000 plus benefits.

2010 NASS Spine Fellowship Directory – 2011-2012 Match

Bassett Healthcare Center for Spine Care – Spine Fellowship

Bassett Healthcare is an affiliate of Columbia University

Emily DeSantis, DO
Joseph Dutkowsky, MD
Craig Goldberg, MD
Bruce Harris, MD
Reginald Knight, MD, Director
Marshall Pedersen, MD
Muthu Ramasamy, DO
Carl Spivak, MD
Yusuf Tatli, MD
Brian White, DO

Bassett Healthcare Department of Surgery
One Atwell Road
Cooperstown, NY 13326
Phone: (607) 547-6672; Fax: (607) 547-4786
Website: www.bassetthealthcare.org

Contact: Holly Conway
holly.conway@bassett.org

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
(outpatient office of clinic care, inpatient hospital care, etc.)
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	25%
Thoracic:	10%
Lumbar:	65%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	55%
Trauma	5%
Deformity:	25%
Tumor	1%
Pediatric:	10%
Other:	4%

Goals:

Bassett Healthcare's Center for Spine Care has established a surgery based Spine fellowship. Bassett Healthcare is a multi-specialty group practice in rural upstate New York. The Fellowship is a comprehensive one-year experience in spinal surgery starting August 1st each year. Fellows will be exposed to a full range of spinal pathology (deformity, degenerative, trauma, tumor), varied anatomical locations (cervical, thoracic, lumbar & sacral), varied surgical and nonsurgical techniques (open and MIS) and diverse patient populations (pediatric, adult & geriatric). The Fellow will rotate through Neurosurgical, Orthopedic and Physical Medicine and Rehabilitation services. Fellows are expected to

2010 NASS Spine Fellowship Directory – 2011-2012 Match

evaluate patients in elective clinics and emergency situations, 1st-assist on over 350 surgical cases, prepare conferences for medical students with Attending participation and complete 2 manuscripts for publication per year. Applicants should be board certified or eligible in Orthopedics or Neurosurgery. Salary and benefits (vacation, CME, health & malpractice coverage) are competitively based on PGY-level. Request for applications should be sent to address listed above.

2009 NASS Spine Fellowship Directory

New York University Hospital for Joint Diseases Spine and Deformity Surgery Fellowship

Thomas J. Errico, MD, Director
Jeffrey A. Goldstein, MD, Associate Director
John A. Bendo, MD
Alexandre DeMoura, MD
Joseph Dryer, MD
Jean-Pierre C. Farcy, MD
Yong H. Kim, MD
Jeffrey D. Klein, MD
Baron S. Lonner, MD
Ronald Moskovich, MD
Michael Murray, MD
Roy Nuzzo, MD
Anthony Petrizzo, MD
Afshin Razi, MD
Frank J. Schwab, MD
Jeffrey M. Spivak, MD

301 East 17th Street
New York, NY 10003
Phone: (212) 598-6509; Fax: (212) 598-6581
Email: Randie.godette@nyumc.edu
<http://www.med.nyu.edu/hjd/hjdspine/fellowship/>

Percent of Fellowship devoted to Operative Care: 80%
Non-Operative Care: 20%
Research/Publication Obligation: 3 papers

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 20%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%
Trauma: 1%
Deformity: 38%
Tumor: 1%
Pediatric: 20%

Goals:

The NYUHJD spine fellowship is designed for three orthopaedic fellows (ACGME accredited) and one international spine fellow (non-accredited). The fellows rotate quarterly between two institutions, NU Hospitals Center and Hospital for Joint Diseases spending a total of eight months at the Hospital for Joint Diseases and four months at NYU Hospitals Center. There are 15 board certified surgeons who are directly involved with the fellowship program. The fellows are exposed to a wide range of pathology including degenerative diseases, complex pediatric and adult deformity cases and tumors. At the end of

2009 NASS Spine Fellowship Directory

their fellowship, they will have been trained in spine surgery from the occiput to the sacrum, both anterior and posterior, with and without instrumentation. They will gain particular expertise in the pre-op evaluations of spinal deformity patients. Complex deformity surgery is routinely performed including long fusions to the sacrum, pedicle subtraction osteotomies, and posterior vertebral column resections. Additionally, they will be exposed to many new and cutting edge techniques such as cervical and lumbar disc arthroplasty and minimally invasive surgery including percutaneous pedicle screw placement. The Spine Division participates in several ongoing FDA clinical trials. Past/present trials include the NIH SPORT Trial, ProDisc cervical and lumbar trials and the Coflex™ trial. Fellows participate in the preoperative, intraoperative and postoperative management of the patients. Clinical judgment is vital in training a spine surgeon; therefore, the fellow spends one day a week in the private office or clinic. There is also the opportunity to learn epidural injections with our spine surgeons, as well as our pain medicine specialists. Since the fellows are always on opposite services, each is separately involved in approximately 250 to 300 cases per annum. Opportunities exist for clinical and biomedical research. The fellows are given one research day per week and are expected to participate in 3 research projects during the academic year. They are sponsored to two major meetings per year. The fellow has a major teaching and leadership role in the orthopaedic residency program as they will prepare residents for weekly spine conferences, as well as teach them both diagnostic and surgical skills. The duration of the fellowship is one year (August 1 to July 31). Approximate stipend for PGY-6 is \$66,132 plus benefits.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Spine Institute of New York at Beth Israel – Spine Surgery Fellowship – 2 Fellowships

Michael Neuwirth, MD – Director
Andrew Casden, MD – Assoc. Director
Paul Kufflik, MD – Assoc. Director

Spine Institute Fellowship
Beth Israel Medical Center
10 Union Square East, Suite 5P
New York, NY 10003

Phone: (212) 844-8692

Fax: (212) 844-6677

Contact: Surafeal Asgedom

Email: sasgedom@chpnet.org

Website: www.spineinstituteny.com/research/fellowship.html

Percent of Fellowship devoted to Operative Care: 80%

Non-Operative Care: 20%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 10%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%

Trauma: 5%

Deformity: 25%

Tumor: 10%

Pediatric: 20%

Goals:

The Spine Institute of New York at Beth Israel Medical Center offers Spine Surgery Fellowship for qualified orthopedic surgeons or neurosurgeon to train in diagnosis and management of disorders involving the spine.

The fellowship emphasizes understanding the natural history of various spinal disorders, while including extensive hands on experience in minimally invasive, technologically advanced anterior and posterior spine surgery, disc arthroplasty, and motion preservation techniques. The combined patients of our full-time attending will provide surgical experience from approximately 800 spine cases per year. There is also the opportunity to spend time with our pain medicine specialists.

The Fellow is expected to participate in ongoing, as well as original, research projects. The fellowship includes regular conferences including weekly spine conference, radiology conference, and journal club. The fellow will also travel to one or two spine-related conference each year. A full research staff is available to assist the surgeons and fellows in coordinating research projects.

The fellows will enjoy New York City with access to outstanding cultural events, major sporting venues and a wide array of excellent restaurants to further enhance the fellowship experience.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

The duration of the fellowship is one year (August 1 to July 31). Annual stipend is \$66,300 plus benefits as well as subsidized housing. We participate in the fellowship match.

All candidates must be board eligible in orthopedic surgery or neurosurgery.

2009 NASS Spine Fellowship Directory

Hospital for Special Surgery-New York Spine/ Scoliosis Fellowship Program

James Farmer, MD

Frank Cammisa, MD

Oheneba Boachie-Adjei, MD

Hospital for Special Surgery

Attn: GME Fellowship Coordinator

Email: academictraining@hss.edu

Website: www.hsu.edu

535 East 70th Street

New York, NY 10021

Phone: (212) 606-1466; Fax: (212) 606-1477

Percent of Fellowship devoted to Operative Care: 65%

Non-Operative Care: 15%

Research/Publication Obligation: 20%

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 10%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%

Trauma: 10%

Deformity: 30%

Tumor: 5%

Pediatric: 15%

Goals:

Fellows in the Spine/Scoliosis fellowship program at Hospital for Special Surgery will be assigned on a rotating basis to the Spine and Scoliosis Services. The fellows will work closely with and supervise orthopaedic residents on both services.

The Spine/Scoliosis Fellowship will provide fellows with an ongoing, in-depth experience in the management of patients with spinal diseases. This experience includes both surgical and non-surgical management. There are didactic and clinical conferences, which are essential to the overall education of the fellows. Participation in either clinical or basic science research projects is required. Although not a prerequisite for acceptance into the clinical program, there is an option for fellows to pursue a one-year research track prior to the clinical fellowship.

Fellows will have appointments at Hospital for Special Surgery and NewYork-Presbyterian Hospital. Fellows will be able to attend all of the orthopaedic education conferences which are held at HSS.

The duration of the fellowship is one year (August 1 to July 31). The annual stipend is \$60,707 plus benefits.

2009 NASS Spine Fellowship Directory

Louis A. Goldstein University of Rochester Spinal Surgery Fellowship

Paul T. Rubery, MD
Robert W. Molinari, MD
Glenn R. Rechtine, III, MD
James Sanders, MD

Department of Orthopaedic Surgery
University of Rochester Medical Center
601 Elmwood Avenue, Box 665
Rochester, NY 14642
Phone: (585) 275-1733; Fax: (585) 756-4726
Email: Robert.Molinari@urmc.rochester.edu
Website: www.uofrspine.com

Percent of Fellowship devoted to Operative Care: 80%
Non-Operative Care: 20%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 20%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%
Trauma: 20%
Deformity: 20%
Tumor: 10%
Pediatric: 10%

Goals:

The Fellowship offers a comprehensive experience covering all aspects of adult and pediatric spinal surgery. The University of Rochester Medical Center is the Level I trauma center, regional cancer center and spinal cord injury center for the Finger Lakes Region of New York State. Emphasis is on the management of complex trauma, tumors, deformity, degenerative cervical, and thoracolumbar disorders. Over 600 surgical cases are performed annually with the following percentages: degenerative (50%), trauma (20%), tumor (10%) and deformity (20%). The Fellow will be exposed to a variety of procedures and instrumentation techniques in every region of the spine. Complex spinal surgery including anterior and posterior reconstructions, revision procedures, and posterior-based osteotomies are performed. Additional cadaver training on advanced techniques is provided throughout the year.

Fellows are exposed to the nonoperative management of spinal disorders in our comprehensive spine center. Weekly Fellow teaching conferences and a Fellow core educational curriculum are provided. Participation in clinical or basic science research and one paper suitable for publication are encouraged. There is no in-house call.

The Fellowship is for one year – August 1-July 31 and the stipend is \$51,072/year plus benefits.

Graduates of approved orthopaedic or neurosurgical residencies are encouraged to apply. Interested applicants should send a curriculum vitae and three letters of recommendation.

2009 NASS Spine Fellowship Directory

Spinal Surgery Fellowship

Stephen A. Albanese, MD

State University of New York
Upstate Medical University
550 Harrison St., Suite 128
Syracuse, NY 13202
Phone: (315) 464-5226; Fax: (315) 464-6470

Percent of Fellowship devoted to Operative Care: 85%
Non-Operative Care: 15%
Research/Publication Obligation: Involvement in 1 or 2 projects

Approximate percentage of exposure to the Spine by region:

Cervical: 40%
Thoracic: 10%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%
Trauma: 25%
Deformity: 10%
Tumor: 10%
Pediatric: 5%
Other:

Goals:

There are three goals of this fellowship program:

1. To develop the physician's knowledge and surgical techniques for treating diseases of the spine.
2. To provide experience in conducting appropriate research in the laboratory and/or clinical setting.
3. To demonstrate an ability to transmit information to other professionals through education and dissemination of research results.

The fellow will be involved in a variety of education activities. The Fellow can expect to gain experience with the diagnosis and management of degenerative, traumatic, infectious, and neoplastic conditions involving the cervical, thoracic, and lumbar regions of the spine. Exposure to patients with spine deformities is also available. The Fellow is actively involved in the outpatient clinic. Clinical and basic science research is carried out under the guidance of research and clinical faculty members. Surgical experience is gained under the supervision of faculty members from the orthopedic and neurosurgical departments.

This fellowship is ACGME accredited.

2009 NASS Spine Fellowship Directory

The Cincinnati Spine Fellowship

Steven S. Agabegi, MD, Director
Ferhan Asghar, MD, Co-Director
Robert J. Bohinski, MD, PhD
Alvin H. Crawford, MD
Charles Kuntz IV, MD
William D. Tobler, MD

3333 Burnet Avenue, MLC 2017
Cincinnati, OH 45229
Email: steven.agabegi@cchmc.org
Fellowship Coordinator: Janis Messer
Phone: (513) 636-1383 Fax: (513) 636-3928
Email: janis.messer@cchmc.org

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 30%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	20%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	50%
Trauma:	15%
Deformity:	30%
Tumor:	5%

Goals:

This fellowship is ACGME accredited.

This is a combined orthopaedic and neurosurgical fellowship, which consists of rotations at the following institutions: Cincinnati Children's Hospital Medical Center, University Hospital of Cincinnati, The Mayfield Neurosurgery Clinic and Christ Hospital. Extensive operative experience in spinal deformity (pediatric and adult), degenerative spine, spine trauma, and minimally invasive techniques is offered, in addition to plenty of outpatient experience. The overall case load is 75% adult spine, 25% pediatric spine. Our goal is to provide a well-rounded education in all aspects of spine surgery, emphasizing indications for surgery and the fundamental techniques necessary to perform any spine operation. It is expected that the fellow, upon completion of the fellowship, be comfortable operating in all regions of the spine, anterior and posterior, with a variety of instrumentation systems. Weekly spine conferences and case presentations covering the entire spectrum of spine conditions are held. Journal club is held once a month. Cadaver sessions emphasize techniques of instrumentation, decompression, and spinal reconstruction in all regions of the spine. Research is required and one publishable project is required of each fellow. Experience with cervical and lumbar injections is offered if interested.

There are 3 positions available per academic year: two are ACGME-accredited orthopaedic positions, and one is a non-accredited neurosurgical position. Fellows have three weeks (15 days) of vacation per year. Annual stipend for PGY-6 level is \$50,000 plus benefits and expenses for one or two spine meetings. Duration of fellowship is 1 year (August 1 to July 31). Deadline for applications is December 31, 2008. We participate in the fellowship match.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Spine and Spinal Cord Injury Fellowship – 3 Fellowships

Henry H. Bohlman, MD

University Orthopaedic Associates, Inc.
11100 Euclid Avenue
Cleveland, OH 44106
Phone: (216) 844-1050; Fax: (216) 844-1735
Email: Julie.Bunkelman@uhhospitals.org

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 40%
Thoracic: 10%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%
Trauma: 20%
Deformity: 10%
Tumor: 5%
Pediatric: 5%
Other:

Goals:

The goal of the Fellowship is to provide in-depth knowledge of the diagnosis, operative as well as non-operative treatment, and rehabilitation of adult spine disease as well as spinal cord injuries. The Acute SCI Service at the VA Medical Center is a 60-bed regional referral center for active duty military patients with spine and spinal cord injuries. About 70 admissions per year are first time spinal cord injuries. The spinal Fellow is directly involved in their Orthopaedic care, surgery, rehabilitation. These include anterior and posterior cervical spine surgery, anterior trans-thoracic decompressions and fusions, posterior stabilization, anterolateral lumbar decompression and fusion, posterior decompressions with or without fusions and instrumentation, and cervical as well as lumbar osteotomies for correction of the ankylosed spine. The spinal surgery experience includes the treatment of 500 patients per year at University with kyphoses, spinal infections, tumors, spinal stenosis and herniated cervical, thoracic and lumbar discs, with and without paralysis. At Metro-Health, a major trauma center, there is a 25-bed SCI unit and General Orthopaedic Service, which treat 300 spine patients per year. The Fellow will participate in clinical/ laboratory research with the goal of presenting papers and publishing.

The duration of the fellowship is one year (July to June) and the deadline is December 31. The annual stipend is \$50,600.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Spine Surgery Fellowship at the Cleveland Clinic – 3 Fellowships

Robert F. McLain, MD, Fellowship Director

Gordon Bell, MD

Edward Benzel, MD

The Cleveland Clinic Foundation

9500 Euclid Avenue #A41

Cleveland, OH 44195

Phone: (216) 444-2744; Fax: (216) 444-3328

Email: mclainr@ccf.org

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 30%

Research/Publication Obligation: Required: 2 Publications, 1 presentation prior to completion

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 25%

Lumbar: 45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 45%

Trauma: 10%

Deformity: 25%

Tumor: 10%

Pediatric: 10%

Goals:

This unique fellowship will provide expertise in the diagnosis and treatment of all aspects of adult spine disease, with particular emphasis on degenerative disorders, adult deformity, and complex reconstruction and revision techniques, and emerging technologies. Experience is drawn from the nearly 3000 major spinal procedures performed by the CCF Spine Service each year. Each of the eight faculty will participate in the fellow's education, providing exposure to a variety of specialized surgical techniques and approaches. Surgical decision-making will be emphasized as the fellow rotates through both Orthopaedic and Neurosurgical spine services. Conditions treated will include the full spectrum of degenerative spinal disorders; adult deformity and scoliosis; rheumatoid disease; trauma, musculoskeletal and neural tumors, and infections of the cervical, thoracic, and lumbar spine. Laparoscopic and thorascopic minimally invasive techniques, kyphoplasty, and artificial disc programs are in place. The fellow will develop stereotactic skills, master a variety of minimally invasive approaches, and participate in clinical trials in a number of developing technologies. The fellow will become expert in selecting and applying both anterior and posterior instrumentation systems.

The fellow will participate in basic science and/or clinical research, and is expected to complete two research projects in the course of the year. These will be prepared for submission prior to completion of the fellowship, and should be submitted to a national meeting. The fellow is also expected to participate in resident education through both didactic and clinical teaching.

The duration of the fellowship is one year (August 1 to July 31); CCF Orthopaedics will participate in the Fellowship Matching Program. Application Deadline is October 30th. Annual stipend is \$55,000 per year with benefits.

2009 NASS Spine Fellowship Directory

OHSU Adult Spine Fellowship

Robert Hart, MD

Oregon Health and Science University School of Medicine
Department of Orthopaedics and Rehabilitation
3181 SW Sam Jackson Park Road, OP31
Portland, OR 97239
Phone: 503/494-1495 Fax: 503/494-5050
Email: hartro@ohsu.edu
Website: www.ohsu.edu/orthopaedics

Percent of Fellowship devoted to Operative Care: 80%
Non-Operative Care: 20%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	10%
Lumbar:	60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	50%
Trauma:	25%
Deformity:	20%
Pediatric:	5%

Goals:

It is our goal to provide our fellows with the clinical and surgical skills to manage all aspects of a modern spine surgical practice. We strongly emphasize decision-making based on principles derived from the spine surgical literature. Our fellows will obtain in depth exposure to primary and revision degenerative problems of the cervical and lumbar spine, adult spinal deformity, and spinal trauma including spinal cord injury patients. Exposure to minimally invasive techniques and pediatric spinal deformity is also available.

Protected time for study and research is assured. Fellows are expected to complete one clinical and one basic science project for publication. Fellows also participate in weekly educational conferences with the orthopaedics residents. No general orthopaedic call is required. Fellows are on call for spine trauma approximately ten days per month.

Fellows can expect to participate in over 300 surgical cases, including many complex revision procedures. Operative involvement will increase as the fellow gains maturity with the clear goal that the fellow be able to operate independently and manage a complex spine surgical caseload by the end of the fellowship.

Estimated stipend is \$40,000.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Thomas Jefferson University Hospital Spine Surgery Fellowship – 2 Fellowships

Alexander Vaccaro, MD

Todd J. Albert, MD

Thomas Jefferson University Hospital
1015 Walnut Street, Room 801 Curtis
Philadelphia, PA 19107
Phone: (215) 955-1500; Fax: (215) 503-0530

Contacts: Susan Randolph; Email: susan.randolph@jefferson.edu
Michele McDonnell; Email: michele.mcdonnell@jefferson.edu

Percent of Fellowship devoted to Operative Care: 75%
Non-Operative Care: 15%
Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical:	35%
Thoracic:	15%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	49%
Trauma:	20%
Deformity:	20%
Tumor:	5%
Pediatric:	1%
Other:	5%

Goals:

This is a one-year spine fellowship at Thomas Jefferson University Hospital and the Rothman Institute at Jefferson. The surgical experience at our institution includes over 1,500 cases. The Regional Spinal Cord Injury Center of Delaware Valley is centered at Thomas Jefferson University Hospital and approximately 250 inpatients with spinal fractures are treated each year. Over 100 operative cases of adolescent and adult spinal deformity form a second facet of the fellowship experience. Over 1000 cases of degenerative disorders, including herniated disk, instability, stenosis, and spondylolisthesis of the cervical and lumbar spine are treated annually. The fellows participate in operative cases, office hours and basic and clinical science research.

Physicians participating in the program also include:

Alan S. Hilibrand, M.D., Department of Orthopaedic Surgery, D. Gregg Anderson, M.D., Department of Orthopaedic Surgery and physicians in the Department of Neurosurgery, Thomas Jefferson University Hospitals.

Application requests can be obtained by contacting Juan Natal by email to obtain an application form. His email is juan.natal@jefferson.edu. Application deadline is June 1.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Shriners Hospitals, Philadelphia/Cooper Health System Pediatric and Adult Spine Fellowship

Randal R. Betz, MD
Amer F. Samdani, MD
Patrick J. Cahill, MD
David H. Clements, MD
M. Darryl Antonacci, MD

Shriners Hospitals, Philadelphia
3551 North Broad Street
Philadelphia, PA 19140
Phone: (215) 430-4026; Fax: (215) 430-4136
Email: rbetz@shrinenet.org

Percent of Fellowship devoted to Operative Care: 70%
Non-Operative Care: 20%
Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 10%
Thoracic: 45%
Lumbar: 45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 15%
Trauma: 12.5%
Deformity: 20%
Tumor: 2.5%
Pediatric: 50%
Other:

Goals:

The goal is to provide an opportunity for a Fellow to become exposed to diagnosis and treatment of most spinal disorders. Two Fellows will be accepted per year, with each Fellow spending six months at Shriners Hospitals, Philadelphia and six months at the Cooper University Hospital in Camden, New Jersey. Shriners Hospital is on the campus of Temple University Hospital. The six months at Shriners will consist of exposure to advanced operative and nonoperative care of pediatric and adolescent patients with spinal disorders including deformity, tumors, and trauma under the direction of Drs. Randal Betz, Patrick Cahill, Amer Samdani and Darryl Antonacci. Advanced techniques will include thoracoscopic surgery and fusionless approached to surgery. The Fellow will assist with management of a 13-bed pediatric spinal cord injury unit. The other six months will be spent at Cooper University Hospital with adult patients under the direction of Dr. David Clements. Experience will be obtained in spinal trauma, as well as degenerative and neoplastic spine conditions. Cooper University Hospital is a Level I trauma center with a large volume of spinal trauma. Time for clinical research and study will be provided, and excellent facilities are available for those interested in basic science research. The Fellow will have teaching responsibilities and interaction with residents and medical students. Qualified applicants must be Board-certified or eligible and must obtain an unrestricted license for both Pennsylvania and New Jersey.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

University of Pittsburgh Spine Surgery Fellowship – 2 Fellowships

William F. Donaldson III, MD

James D. Kang, MD

W. Timothy Ward, MD

University of Pittsburgh Medical Center
3471 Fifth Avenue, Suite 1010
Pittsburgh, PA 15213
Phone: (412) 687-3900 x-218; Fax: (412) 687-3724
Email: donaldsonwf@msx.upmc.edu

Percent of Fellowship devoted to Operative Care: 80%
Non-Operative Care: 20%
Research/Publication Obligation: 2 projects

Approximate percentage of exposure to the Spine by region:

Cervical: 35%
Thoracic: 15%
Lumbar: 40%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 60%
Trauma: 15%
Deformity: 10%
Tumor: 5%
Pediatric: 5%
Other: 10%

Goals:

A wide variety of spinal disorders are treated. The University Hospital of Pittsburgh has a busy spine service consisting of operative and conservative treatments of spinal trauma, tumors, infections, degenerative conditions, and deformity of the cervical, thoracic and lumbar spine. Over 800 surgical procedures are performed each year at the service. There is opportunity to be involved with deformity cases at the Children's Hospital. The fellow will be involved with cases at the VAMC. All aspects of surgical and non-surgical treatments are emphasized. Various approaches and instrumentation types are being used and are always evolving. Weekly spinal conferences and teaching conferences will be an integral part of the program. There is ample opportunity to become involved in both clinical and basic science research. We have a very productive research program that allows significant exposure to research, if desired.

The duration of the fellowship is one year (August 1 to July 31) and the deadline is January. The annual stipend varies with the level of training.

2009 NASS Spine Fellowship Directory

Brown University Spine Fellowship

Mark A. Palumbo, MD, Fellowship Director

Phillip R. Lucas, MD, Division Chief

Alexander P. Robertson, MD

Craig P. Ebersson, MD

University Orthopedics, Inc.

2 Dudley Street, Suite 200

Providence, RI 02905

Phone: (401) 457-1596; Fax: (401) 457-2141 Email: MPalMD@aol.com

Website: <http://biomed.brown.edu/orthopaedics/>

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Encouraged

Approximate percentage of exposure to the Spine by region:

Cervical: 35%
Thoracic: 10%
Lumbar: 55%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 65%
Trauma: 15%
Deformity: 10%
Tumor: 5%
Pediatric: 5%

Goals:

The Fellowship involves a one year experience of intensive post-residency training in disorders and injuries of the spine in the adult patient. The fellowship combines a diverse and active operative and clinical schedule with the opportunity for clinical research.

With a reasonable call schedule and an active operating room experience, the Fellow will be expected to participate in resident education, didactic conferences and research. Our interest is in training surgeons who will undertake either a career in private practice or in academics.

The goal of this Fellowship is to produce a well-rounded and competent adult spinal orthopaedic surgeon with a broad knowledge of patient evaluation, clinical decision making, pre-operative planning, operative technique and post-operative care. The Fellow is also expected to become adept at analysis of the literature and will have the ability to contribute to orthopaedic research.

Approximately 500 operative cases are undertaken in the Division of Adult Spine Surgery each year. The Fellow will play an extremely active role in the majority of these cases. The Fellow will be expected to teach and direct the resident staff in both the hospital care of in-patients and the operative and non-operative care of out-patients. In addition, the Fellow will be responsible for managing his/her own limited private practice of spine patients. In addition, the Fellow will be responsible for evaluating and managing the care of all spine trauma patients admitted through the Level I Trauma Center at Rhode Island Hospital.

2009 NASS Spine Fellowship Directory

Lastly, the Fellowship Directors will provide instruction in the business side of organizing and running a spine practice. Instruction will be provided in all aspects of practice management.

The salary is competitive with the typical post-graduate year six level plus benefits. The fellowship year will run from August 1 to July 31 of the following year. Three weeks of vacation are provided (not including meetings) and some flexibility is available for the purpose of job interviews.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Vanderbilt University Medical Center Fellowship in Adult Spine Surgery

Rick A. Davis, MD
Clinton J. Devin, MD
Dan M. Spengler, MD

Department of Orthopaedics and Rehabilitation
Vanderbilt University Medical Center
Medical Center East, South Tower, Suite 4200
1215 21st Avenue South
Nashville, TN 37232-8774
Phone: (615) 343-0870; Fax: (615) 343-9463 Email: via website
Website: <http://vanderbilthealth.com/orthopaedics>

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 35%
Thoracic: 20%
Lumbar: 45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 40%
Trauma: 40%
Deformity: 10%
Tumor: 5%
Pediatric: negotiable
Other: 5%

Goals:

The Spine Fellowship at Vanderbilt University Medical Center has been organized to provide the successful Fellow with an optimal experience with a large volume of surgical cases in a wide range of spinal disorders. As a level-one trauma center, the Fellow will experience first hand the opportunity to manage a wide variety of patients with spinal fractures with and without associated injuries. The Fellow will also be exposed to a well-organized ambulatory experience that emphasizes decision analysis and clinical evaluation. The surgical experience features in excess of 450 cases per year to include cervical, thoracic and lumbar regions as well as a variety of conditions: deformity, degenerative, inflammatory, infections, and tumors (primary and metastatic). The Fellowship offers experience in minimally invasive techniques for decompression and fusion of the cervical, thoracic, and lumbar spine as well as considerable exposure to the operating microscope.

The Fellow will be expected to complete at least one and preferably more research projects that can be basic, translational, or clinical. The Fellow must have completed approved ACGME residency program and possess a valid Tennessee license.

The duration of the fellowship is one year (August 1 to July 31). We participate in the match. The Fellow will be appointed as an Instructor in Orthopaedics and Rehabilitation and be compensated at the PGY-6 level which is approximately \$60,000.00.

2009 NASS Spine Fellowship Directory

Texas Medical Center Spine Fellowship

Rex A.W. Marco, MD

Foundation for Orthopaedic, Athletic and Reconstructive Research (FOARR)

6410 Fannin

Suite 1535

Houston, TX 77030

Phone: (713) 799-2429; Fax: (713) 790-0505

Email: michele@foarr.com

Website: www.foarr.com

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 30%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 20%

Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 45%

Trauma: 10%

Deformity: 20%

Tumor: 15%

Pediatric: 10%

Goals and characteristics:

The fellowship offers excellent clinical training for neurosurgeons or orthopaedic surgeons in the evaluation and treatment of the entire spectrum of spinal disorders. Our fellowship has specific rotations that emphasize cervical and lumbar degenerative disorders, spinal column trauma, spinal column and spinal cord tumors, pain management, and adult and pediatric spinal deformity. The fellow will rotate with neurosurgical and orthopaedic spine surgeons as well as a pain management specialist.

The rotations will be at Memorial Hermann Hospital emphasizing the treatment of degenerative spinal disorders and spinal trauma; MD Anderson Cancer Center emphasizing spinal column and spinal cord tumors; The Methodist Hospital emphasizing spinal deformities and tumors; Shriner's Hospital and Texas Children's Hospital emphasizing pediatric spinal deformity; and Foundation Surgical Hospital emphasizing degenerative spinal disorders. The Fellow will develop expertise in the following surgical procedures: microscopic discectomy, ACDF, TLIF, transthoracic and retroperitoneal corpectomy and reconstruction, occiput to pelvis spinal instrumentation, kyphoplasty, en bloc spondylectomy, transpedicular osteotomy and both hook and pedicle screw posterior spinal instrumentation for spinal deformity correction.

Our Spine Surgery fellowship offers an opportunity for a Fellow to gain a detailed understanding and broad exposure to cervical and lumbar degenerative disorders, spinal column trauma, spinal column and

2009 NASS Spine Fellowship Directory

spinal cord tumors, and spinal deformity. The Fellow rotates with both neurosurgical and orthopaedic spine surgeons at a variety of locations in Houston.

The curriculum includes rotations with specific attendings, where the Fellow functions as an apprentice under the attending. The Fellow will participate in 350 to 400 cases per year.

The stipend is \$60,000 and Fellows are required to complete a neurosurgery or orthopaedic surgery residency prior to entering the Fellowship.

2009 NASS Spine Fellowship Directory

Fellowship in Spinal Surgery

Stephen I. Esses, MD

6560 Fannin, Suite 1016

Houston, TX 77030

Phone: (713) 333-4110; Fax: (713) 333-4111

Email: esses@mysurgeon.com

Website: www.spines.com

Percent of Fellowship devoted to Operative Care: 60%

Non-Operative Care: 30%

Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 35%

Thoracic: 5%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 64%

Trauma: 5%

Deformity: 20%

Tumor: 1%

Pediatric:

Other:

Goals:

The goal of the fellowship is to Board-certified and Board eligible orthopedists an opportunity to extend his or her knowledge of the physiology and pathophysiology of the spine, the evaluation of back pain and deformity, the non-surgical and surgical treatment and the results of these treatments. The fellowship includes patient care as well as research. The faculty includes eight orthopedists who treat only spinal problems, two neurosurgeons and a biomechanical engineer assigned only to the spine service. The fellows rotate through four rotations. All areas of the spine are covered, as well as all diagnoses. A research paper is required; there are research capabilities for both clinical and basic science. A great number of complicated cases are evaluated and treated; approximately 20 major surgical cases are performed each week. All conditions of the spine are included: tumors, infections, deformities, degenerative conditions, fractures, and congenital developmental deformities.

Requirements include an MD degree, successful completion from an approved residency program, completed fellowship application, letters of recommendation (one being from the residency program director), a Texas Medical License, and CPR certification.

The duration of the fellowship is one year and a stipend is available along with benefits.

2009 NASS Spine Fellowship Directory

The Texas Back Institute Spine Fellowship (5)

Richard D. Guyer, MD

Jack E. Zigler, MD

Texas Back Institute

6020 W. Parker Road, Suite 200

Plano, TX 75093

Phone: (972) 608-5148; Fax: (972) 608-5137 Email: plane@texasback.com

Website: www.texasback.com

Percent of Fellowship devoted to Operative Care: 55%

Non-Operative Care: 25%

Research/Publication Obligation: 20%

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 10%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 75%

Trauma: 5%

Deformity: 10%

Tumor: ≤5%

Pediatric: ≤5%

Goals:

Texas Back Institute offers a multidisciplinary approach devoted solely to the care of spinal disorders in the pediatric and adult populations and is accredited by the ACGME. TBI consists of eleven fellowship-trained spine surgeons, along with conservative care physicians, chiropractors, pain management physicians, and allied health care professionals. Fellows receive broad clinical experience seeing patients with degenerative spinal disorders, pediatric and adult scoliosis, and some spine trauma and spine tumors. Fellows learn to perform anterior and posterior surgery of the cervical, thoracic and lumbar spine, including lumbar and cervical arthroplasty, fusions and discectomies. Fellows also gain experience with open and minimally invasive surgery, including percutaneous surgical approaches. Fellows implant a wide variety of internal fixation devices, learn to perform spinal injections, and implant spinal cord simulators.

There are continual opportunities to evaluate new surgical techniques with on-site cadaveric training labs, as well as exposure to all facets of conservative care, including injection techniques, rehabilitation, and outcome measurement. Educational training courses are held year-round at the Spinemark Medical Conference Center at TBI, offering Fellows unequalled opportunities to see new and future technologies.

Fellows also attend weekly teaching conferences and are required to participate in and make regular presentations at Neuroscience, Interesting Case, and M&M conferences, as well as monthly Journal Club meetings.

2009 NASS Spine Fellowship Directory

All Fellows are required to engage in on going research or to generate new research projects at the Texas Back Institute Research Foundation and are expected to present their research findings for successful completion of the Fellowship.

The duration of the fellowship is one year (August 1 to July 31). The current stipend is \$55,000 plus benefits and is reviewed annually.

2009 NASS Spine Fellowship Directory

South Texas Orthopaedic & Spinal Surgery Associates and The University of Texas Health Science Center San Antonio Spine Fellowship

John S. Toohey, MD
Arvo Neidre, MD
Guy Fogel, MD

9150 Heubner Rd., #350
San Antonio, TX 78240-1545
Phone: (210) 561-7234; Fax: (210) 561-7240

Percent of Fellowship devoted to Operative Care: 50%
Non-Operative Care: 30%
Research/Publication Obligation: 20%

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 10%
Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 65%
Trauma: 5%
Deformity: 15%
Tumor: 5%
Pediatric: 10%

Goals:

The goal of the fellowship is to provide the Fellow with exposure to all aspects of spinal surgery. A basic science or clinical research project is required.

The program is weighted toward adult reconstructive surgery of the cervical, thoracic, and lumbar spine. There is some flexibility in clinical exposure depending on the Fellow's need or interests. A typical week consists of 2½ days in surgery, ½ day teaching Residents, 1½ days of patient evaluation and ½ doing research.

The duration of the fellowship is one year (August 1 to July 31) and the deadline is March 30. Annual stipend is \$44,000 plus benefits.

2009 NASS Spine Fellowship Directory

South Texas Regional Spine Fellowship

James W. Simmons, MD

12770 Cimarron Path, Suite 132

San Antonio, TX 78249

Phone: (210) 614-3900

Fax: (210) 614-7270

Email: docsim@aol.com

Percent of Fellowship devoted to Operative Care: 40%

Non-Operative Care: 40%

Research/Publication Obligation: 20%

Approximate percentage of exposure to the Spine by region:

Cervical: 25%

Thoracic: 5%

Lumbar: 70%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 65%

Trauma: 20%

Deformity: 10%

Tumor: 2%

Other: 3%

Goals:

This program is designed to provide intensive post-residency training in the diagnosis, treatment and rehabilitation of spinal disorders through surgical and conservative non-operative management. The Fellow will be responsible for the day-to-day patient care and preoperative and postoperative management of spinal surgery. Other responsibilities included clinical evaluation and treatment plans for patients with spinal disorders. The Fellow will be required to perform clinical or scientific research that is suitable for publication. The Fellow will be exposed to discogenic and mechanical disorders, degenerative spinal deformities, and multi-operated backs.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

University of Utah Spine Fellowship – 2 Fellowships

Darrel S. Brodke, MD

Michael D. Daubs, MD

Alpesh A. Patel, MD

Department of Orthopaedics
University of Utah
590 Wakara Way
Salt Lake City, UT 84108
Phone: (801) 587-5450; Fax: (801) 587-5411
Email: darrel.brodke@hsc.utah.edu

Percent of Fellowship devoted to Operative Care: 70%

Non-Operative Care: 30%

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	25%
Lumbar:	45%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	40%
Trauma:	25%
Deformity:	20%
Tumor:	5%
Pediatric:	10%

Goals:

The fellowship provides a complete, well-rounded, academic experience in spine surgery with emphasis on clinical experience and research. The clinical experience includes all aspects of both non-operative and operative treatment of cervical, thoracic and lumbar disorders, including trauma, infection, neoplasm, degenerative conditions and deformities, as well as complex revision/reconstruction patients. The Fellows will also gain experience with the Neurosurgery Service.

Research and teaching are integral parts of this Fellowship. The Fellow will participate in ongoing, and original clinical and/or basic science research projects. The Fellow will also participate in and lead spine conferences, teaching both orthopaedic residents and medical students.

If you are interested in applying for the Spine Fellowship at the University of Utah, please send curriculum vitae, two letters of recommendation, a recent photograph, and a statement of your goals and future plans to Dr. Brodke at the address indicated above.

We will follow NASS guidelines for interviews and acceptance notification.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

University of Virginia Ortho Neuro Combined Spine Fellowship

Francis H. Shen, MD, Director
Vincent Arlet, MD

Department of Orthopaedic Surgery
University of Virginia HSC
PO Box 800159
Charlottesville, VA 22908
Phone: (434) 243-5647; Fax: (434) 243-0252
Email: LF7H@hscmail.mcc.virginia.edu

Percent of Fellowship devoted to Operative Care: 60%
Non-Operative Care: 40%
Research/Publication Obligation: Minimum one peer review

Approximate percentage of exposure to the Spine by region:

Cervical:	30%
Thoracic:	20%
Lumbar:	50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative:	50%
Trauma:	15%
Deformity:	15%
Tumor:	5%
Pediatric:	10%
Other:	5%

Goals:

The goal of this spine fellowship is to train a qualified Orthopaedic surgeon in the diagnosis and management of disorders of the entire spine. This program offers clinical experience in the non-operative and operative treatment of patients of all ages. Clinical conditions include congenital and developmental disorders of the spine, infections, tumors, and trauma of the spine. There will be exposure to anterior and posterior decompression, fusion and instrumentation techniques. The fellow will be expected to take part in the teaching of Residents and seeing spine patients in the clinic. Research productivity is expected.

The duration of the fellowship is one year (August 1 to July 31) and the deadline is December 31. Annual stipend is \$57,428 plus benefits.

This fellowship is ACGME Accredited.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Spine Fellowship – 3 Fellowships

Carlo Bellabarba, MD

Harborview Medical Center
University of Washington School of Medicine
Dept of Orthopaedics, Box 359798
325 Ninth Avenue
Seattle, WA 98104
Phone: (206) 744-3267; Fax: (206) 731-3227
Contact: Sarah Jordan
Email: sjordan@u.washington.edu

Percent of Fellowship devoted to Operative Care: 75%
Non-Operative Care: 25%
Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 50%
Thoracic: 20%
Lumbar: 30%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 35%
Trauma: 40%
Deformity: 10%
Tumor: 10%
Pediatric: 5%

Goals:

The spine fellowship is offered as a joint experience with the departments of orthopaedic surgery and neurological surgery and includes a close collaboration with the department of rehabilitation. These departments share a close relationship in the care of patients with spinal disorders, with significant overlap between faculty members of the two departments. Currently, two orthopaedic spine fellows and their neurosurgical colleagues cover primarily two hospitals, one of which is the Level 1 trauma center for almost one-quarter of the U.S land mass. These hospitals are staffed by six orthopaedic surgeons and four neurological surgeons dedicated to spine care. One day per week is also spent treating pediatric deformity conditions at the tertiary care pediatric hospital. This approach permits us to offer an extensive operative experience in decompression and instrumentation techniques within all regions of the spine, from a variety of approaches. The clinical focus at our tertiary-care based program is on operative care of patients throughout the entire spectrum of spinal disorders, ranging from a healthy volume of routine conditions to the most challenging cases in the Pacific Northwest. Our volume of traumatic spine injuries is among the nation's largest, and the spine fellow will receive extensive exposure to both traumatic and non-traumatic cervical spine procedures. The spine fellow is expected to organize various didactic spine conferences, as well as to participate in resident education and basic and clinical research activities. The completion of one publishable research project is required and ample resources are available to assist with this goal. Applicants are expected to be board eligible in orthopaedic surgery.

2009 NASS Spine Fellowship Directory

Orthopedics International Spine Fellowship

Reginald Knight, MD, Director

Jeffrey Roh, MD

Mary Cunningham, MD

Marco Wen, MD

James Robinson, MD, PhD.

Maxine Weyant, MD

Eileen Fee, Coordinator

East 1600 Jefferson, Suite 400

Seattle, WA 98122

Phone: (206) 323-1900; Fax: (206) 323-6868

Email: rqkspine1@aol.com

Website: www.oispine.com

Percent of Fellowship devoted to Operative Care: 75%

Non-Operative Care: 25%

(outpatient office of clinic care, inpatient hospital care, etc.)

Research/Publication Obligation: Yes

Approximate percentage of exposure to the Spine by region:

Cervical: 30%

Thoracic: 15%

Lumbar: 55%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%

Deformity: 40%

Pediatric: 5%

Other: 5%

Goals:

Orthopedics International's Spine fellowship is a private practice community hospital based environment. The Fellowship is a comprehensive one-year experience in spinal surgery starting August 1 of the calendar year. Fellows will be exposed to a full range of spinal pathology (deformity, degenerative, trauma, tumor), varied anatomical locations (cervical, thoracic, lumbar & sacral) and diverse patient populations (pediatric, adult & geriatric). The Fellow will rotate through all attending services. Fellows are expected to have first hand exposure to over 500 cases per year. Applicants should be board certified or eligible in Orthopaedics or Neurosurgery. Fellows are required to complete two research projects during their fellowship year. Salary and benefits are based on PGY- level.

2009 NASS Spine Fellowship Directory

West Virginia University Spine Fellowship

John France, MD
Sanford Emery, MD
Scott Daffner, MD

West Virginia University
One Medical Center Drive
Morgantown, WV 26506-9196
Phone: (304) 293-1170; Fax: (304) 293-4261
Email: jfrance@hsc.wvu.edu / semery@hsc.wvu.edu
Website: www.hsc.wvu.edu/som/ortho

Percent of Fellowship devoted to Operative Care: 80%
Non-Operative Care: 20%
Research/Publication Obligation: Clinical research and/or translational research in the lab is expected

Approximate percentage of exposure to the Spine by region:

Cervical: 30%
Thoracic: 20%
Lumbar: 50%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 50%
Trauma: 15%
Deformity: 15%
Tumor: 5%
Pediatric: 10%

Goals:

West Virginia University offers a spine fellowship with a tremendous variety of clinical experience and excellent research opportunity. We have three fellowship trained orthopaedic spine faculty and neurosurgical faculty treating spine patients as well. There is a great mix of degenerative, trauma, and deformity surgeries as well as intermittent tumor and infection cases. Outpatient experience is important for training, and is part of the program, but most of the year will be in the operating room.

Experience with our neurosurgical faculty and pediatric orthopaedic faculty is readily available and encouraged. Our research laboratory is on site and either clinical or translational research projects are expected. Favorable consideration will be given applicants interested in an academic career.

Morgantown is a growing community with great outdoor activities and Division I college sports. For more information please contact Dr. John France or Dr. Sanford Emery at the above email addresses or by phone.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

University of Wisconsin Spine Fellowship

Thomas A. Zdeblick, MD

Clifford B. Tribus, MD

Paul A. Anderson, MD

Department of Orthopedics and Rehabilitation

University of Wisconsin, 600 Highland Avenue, K4/739

Madison, WI 53792-7375

Phone: (608) 263-0888; Fax: (608) 263-9458 Contact: Leigh Larson

Email: larson@ortho.wisc.edu

Website: <http://www.orthorehab.wisc.edu/Ortho/residents/spinefellowship.shtml>

Percent of Fellowship devoted to Operative Care: 60%

Non-Operative Care: 30%

Research/Publication Obligation: 10%

Approximate percentage of exposure to the Spine by region:

Cervical: 25%

Thoracic: 15%

Lumbar: 60%

Approximate percentage of Fellowship exposure to the Spine by diagnostic category:

Degenerative: 65%

Trauma: 15%

Deformity: 15%

Tumor: 5%

Goals & Characteristics:

The goal of the fellowship is to train well-rounded academic spine surgeons, placing emphasis equally on clinical experience and research. The clinical experience includes all aspects of both operative and non-operative treatment of a wide variety of spinal disorders. This includes evaluation of cervical, thoracic, and lumbar disorders, including trauma, infection, neoplasm, degenerative conditions, deformities, and complex revision/reconstruction patients.

A major responsibility of the Fellow will be interacting with and teaching both orthopedic residents and medical students. One and one-half days per week will be dedicated to basic science research. This will include participation in ongoing biomechanics projects, as well as the opportunity to pursue individual interests on a variety of spine research topics. It is anticipated that the fellow will attend and present at spine society meetings during the year.

Fellows will work under the direction of Department of Orthopedic Surgery faculty Dr. Thomas A. Zdeblick, Dr. Clifford B. Tribus and Dr. Paul A. Anderson.

2009-2010 NASS Spine Fellowship Directory – 2011-2012 Match

Duration & Stipend:

The fellowship is one year in duration, running from August 1 through July 31 of the following year. Compensation and benefits are equal to that of a PGY-6 resident which for the 2008-2009 year is \$57,120 plus benefits. The fellowship is located at the University of Wisconsin Hospital & Clinics and the William S. Middleton Veterans Administration Hospital in Madison, Wisconsin. Both medical centers are located on the campus of the University of Wisconsin-Madison.

Application Procedures:

Applicants should apply through the San Francisco Match Program. The applicant must be Board eligible or Board certified and be fully licensed in the state of Wisconsin before the start of the program.