The North American Spine Society is a multidisciplinary organization that advances quality spine care through education, research and advocacy.

**Goals**

To be recognized as the leading advocate for quality spine care;

To be members’ primary source for education and knowledge exchange for professional development and better practice;

To be a leading force in promoting and supporting spine research;

To be a leader in the dissemination and promotion of credible spine care information to the government, the general public, the media, other health care professionals and industry; and

To maintain a progressive infrastructure and strive for balanced growth.

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**Mission**

STANLEY A. HERRING, MD

2001 is a year inexorably etched into our memories. On September 11th, we witnessed the heretofore unimaginable as the nation and the entire world community experienced the brutal escalation of terrorism. The calculating evil of the murderers was dampened by the strength and generosity of the innocents. People rolled up their sleeves to donate blood and opened their wallets to charity. An outpouring of support and shared grief, locally and from around the world, enveloped the United States.

The members of the North American Spine Society were at the forefront of the campaign to help the ill and the injured. Within 24 hours of sending out a request from our national headquarters, responses poured in from our members volunteering to leave their families and busy practices behind to assist the victims in New York and Washington DC. This, of course, is no surprise given the fundamental commitment of NASS members to do everything possible to help provide the best care for our patients. There is no better example of the spirit of cooperation and commitment inherent in our membership, our community of spine care professionals.

This sense of cooperation and commitment of our members is present not only in times of crisis but in ordinary moments as well. Membership in the North American Spine Society confirms our daily dedication to quality spine care, placing performance and service to the patient over personal reward of any type.

I am pleased to present you the North American Spine Society Annual Report for 2001. I am confident you will see as you review this report that the North American Spine Society continues to make good on its promise to advance quality spine care through education, research and advocacy. It does so with and because of your participation. Thank you.
2001-2002 Board of Directors
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Jerome Schofferman, MD, Daly City, CA, Chair, Nonoperative Care Committee
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Stuart M. Weinstein, MD, Seattle, WA, Chair/Editor, SpineLine
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Gerald Malanga, MD, Chair, Public Education Task Force

Council on Socioeconomic Affairs
Frank Lagatutta, MD, Goleta, CA and Michael W. Wolf, MD, Tempe, AZ, Co-chairs, Nonoperative Coding Committee
Stephen E. Heim, MD, Warrenville, IL, Chair, Operative Coding Committee
Stephen Montgomery, MD, Raleigh, NC, Chair, Committee on Practice Management
Pavel Hudoba, MD, Bloomingdale, IL, Chair, Nomenclature & Classification Systems Committee
Charles Mick, MD, Northampton, PA, Chair, Practice Expense Committee
Frank Lagatutta, MD, Goleta, CA and Stephen E. Heim, MD, Warrenville, IL, Co-chairs, Coding & Practice Management Education Committee
Stephen Grudem, MD, Ocala, FL, Chair, Administrative SIG Task Force
The Annual Meeting once again proved NASS’ dedication to promoting the latest trends and scientific findings in spine care. Preregistration for the meeting exceeded 2,700, but the aftermath of the September 11 tragedy kept many from traveling so actual attendance was 1,790.

The 2001 Scientific Program Committee is responsible for selecting the educational content of the meeting. Members included: Curtis A. Dickman, MD, Phoenix, AZ, 2001 Chair; Robert J. Gatchel, PhD, Dallas, TX, 2001 Nonoperative Advisor; Joel M. Press, MD, Chicago, IL, 2002 Co-chair; Eugene J. Carragee, MD, Stanford, CA, 2002 Co-chair; Richard D. Guyer, MD, Plano, TX, 2003 Co-chair; Stuart M. Weinstein, MD, Seattle, WA, 2003 Co-chair; and Tom Faciszewski, MD, Marshfield, WI, 2000 Chair.

Thanks also to the 2001 Scientific Program Subcommittee who evaluated the abstracts. Spine care professionals submitted 653 papers for the 16th Annual Meeting – an increase of 26.5% over the number submitted in 2000. Committee members included: Edward C. Benzel, MD, Cleveland, OH; Scott D. Boden, MD, Decatur, GA; Neil R. Crawford, PhD, Phoenix, AZ; Sanford E. Emory, MD, Cleveland, OH; Michael G. Fehlings, MD, PhD, Toronto, Ontario, Canada; Alexander J. Ghanayem, MD, Maywood, IL; Anthony F. Guanciale, MD, Cincinnati, OH; Regis W. Haid, Jr., MD, Atlanta, GA; Francis P. Lagattuta, MD, Santa Maria, CA; Isador H. Lieberman, MD, Cleveland, OH; John J. Regan, MD, Los Angeles, CA; Michael W. Wolff, MD, Tempe, AZ and Thomas A. Zdeblick, MD, Madison, WI.

2001 Allied Health Contributing Members
Brenda Hove Long, HS, RN, Richmond, VA and Laura P. Tansey, RN, Chicago, IL provided much-needed assistance in reviewing the Annual Meeting schedule for nursing accreditation purposes.

Scientific Paper Presentations
112 papers and 65 posters were featured over the three-day period. Below is a breakdown of submitted abstracts by category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Abstracts</th>
<th>%</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Anatomy/Physiology</td>
<td>14</td>
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<td>Psychology/Psychosocial</td>
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<td>1</td>
<td>0</td>
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<tr>
<td>Diagnostics/Imaging</td>
<td>57</td>
<td>8.7</td>
<td>47.4</td>
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<tr>
<td>Nonoperative Treatment</td>
<td>56</td>
<td>8.6</td>
<td>41.1</td>
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<tr>
<td>Biomechanics/Basic Science</td>
<td>152</td>
<td>23.3</td>
<td>19.7</td>
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<tr>
<td>Surgery</td>
<td>336</td>
<td>51.5</td>
<td>25.3</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>653</strong></td>
<td></td>
<td><strong>26.5</strong></td>
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</tbody>
</table>

Symposia
Five symposia focused on operative, nonoperative and administrative issues including Patient Safety: Issues for Spine Care and NASS Tools for You and Your Patients; Management of the Nonoperative and Operative Osteoporotic Spine; Medication for Low Back Pain: Making Sense of What We Prescribe for Our Nonoperative, Preoperative, and Postoperative Patients; Artificial Intervertebral Discs and Beyond and Information Technology: Applications in Spine (III).
**Special Interest Group Discussions**
NASS increased the group discussions from 11 in 2000 to 33 for 2001. Many of the discussion topics featured a multidisciplinary approach to spine care. Of the administrative, operative and nonoperative discussions, the highest attended discussions included *Degenerative Scoliosis, Whiplash-associated Disorders, Percutaneous Intradiscal Treatment, Minimally Invasive Spine Care: Boon or Boondoggle?* and *Diagnostic Discography: Fact or Fiction?*

**Premeeting Instructional Courses**
In 2001, NASS expanded its educational courses to include administrative, sports medicine and operative instructional workshops. *Coding Update 2002: Essentials and Controversies of Operative and Nonoperative Spine Care Coding* was a two-day intensive seminar, taught by experienced physicians. The course officially introduced 2002 coding updates and offered a unique forum for physicians and their coding staff to identify the changes being implemented in 2002.


For the first time, six premeeting instructional demonstration workshops spotlighted a variety of topics that included *Image-Guided Spine Surgery; ALIF Techniques; PLIF Techniques; Advanced Techniques of Lumbosacral and Spinal Pelvic Fixation; Techniques in Minimally Invasive Spine Surgery and Techniques in Vertebral Augmentation.*

**Revamped Postmeeting Courses**
A newly improved *Multidisciplinary Approach to the Essentials in Spine Care* provided participants with a general overview of the important areas of spine care. Faculty presented information on topics that include deformity, anatomy, degeneration, trauma and psychology. In addition, *The Spine Journal Researchers’ Workshop* provided a forum for spine care professionals to learn how to devise and organize an effective abstract proposal to improve their chances of having an abstract selected for future Annual Meetings and other NASS conferences. Furthermore, key elements were discussed in drafting a manuscript for publication in *The Spine Journal.*

**Exhibit Hall**
Participants explored the latest technology, products and services offered by 135 companies who exhibited. NASS set a record with over 30,000 net square feet of exhibition floor space and 1,641 company representatives attending the meeting.

**Continuing Education Contact Hours**
The need for continuing education for allied health care professionals became more evident and NASS responded by offering credit hours for Annual Meeting attendance to nurses and nurse practitioners. Continuing education for professional coders has always been available for the *Coding Update* course; in 2001, credit hours were available for other sessions as well.

**Coding Update 2001**
*Essentials and Controversies of Operative and Nonoperative Spine Care Coding*

This two-day seminar, offered in February 2001 in Park City, UT and April 2001 in Boston, MA, covered pertinent topic areas contained within ICD-9 and CPT-4. Tom Faciszewski, MD, Marshfield, WI led faculty to discuss relevant coding and compliance topics such as the complex nuances of Evaluation & Management Codes including consultations, operative code series, injection procedure codes, controversial spine procedure coding, an update of new code changes for 2001 and a review of an actual working compliance plan. This seminar series provided physicians and their staff with an understanding of the implications and effects of proper coding techniques to assist in obtaining appropriate reimbursement, and is offered three times each year.
Surgical Approach and Techniques for the Lumbar Spine
A Hands-On Course

NASS sponsored its first surgical hands-on workshop led by Jean-Jacques Abitbol, MD, San Diego, CA and Patrick J. Connolly, MD, Syracuse, NY, Program Directors and Hallett H. Mathews, MD, Richmond, VA, CME Chair. The workshop was held in March 2001 at the Medical Education Research Institute (MERI) in Memphis, TN. Twenty-nine participants applied and evaluated the latest lumbar spine surgery techniques. The average post-course evaluation score for the lab sessions was a perfect 5.0 rating. Recognizing the increasing interest in lumbar spine issues, NASS repeated the course in March 2002.

Clinical Guidelines

NASS continues its development of Phase III of the clinical guidelines related to the diagnosis and treatment of spinal disorders. These guidelines are developed as educational tools for multidisciplinary spine care professionals to improve patient care by outlining reasonable information-gathering and decision-making processes used in the management of low back pain in adults.

The Phase I and II guidelines were jointly developed by NASS and the American Academy of Orthopaedic Surgeons and are posted in the National Guidelines Clearinghouse. Phase I and II are currently being updated.

The first Phase III Clinical Guidelines were developed by NASS alone and represent a complete guidelines from primary care to chronic, multidisciplinary treatment. They are intended as stand-alone guidelines incorporating principles of acute (Phase I) and post-acute (Phase II) care. Issues such as specific time frames for treatment, coordination of definitions of common practice terms, definition of endpoints for treatment and treatment success or failure are examples of areas covered. Guidelines for the diagnoses of herniated disc, unremitting low back pain and spondylolisthesis were posted on the National Guidelines Clearinghouse, thanks to the hard work of the Task Force on Clinical Guidelines Work Group under the leadership of co-chairs David A. Wong, MD, MSc, FRCS(C), Denver, CO and Tom G. Mayer, MD, Dallas, TX. A guideline on stenosis will be available in mid-2002. Development of a cervical degenerative guideline is also underway.

To order the NASS Clinical Guidelines, call (877) Spine-Dr or download the order form from the NASS Web site at http://www.spine.org/forms/clinguidordfm.pdf.

CME On-Line Courses

The Distance Learning Task Force (chaired by Joel S. Saal, MD, Menlo Park, CA with Gary L. Lowery, MD, PhD, Phoenix, AZ and John J. Regan, MD, Los Angeles, CA) implemented five new on-line courses that covered both clinical and administrative topics. These courses featured streaming audio of the speakers, synchronized slide presentations and electronic scratch paper for personal notes. The courses also contained links to Web sites relating to the course topic, post-test questions, and access to on-line chat functions. Upon successful completion of each course, participants were able to print CME certificates and utilize a personal on-line record of completed courses to provide an accurate listing of CME credits acquired.
The Council of Socioeconomic Affairs under the leadership of Tom Faciszewski, MD, Council Director addresses the regulatory burden currently being experienced by spine care providers through CMS regulations. While the Health Care Financing Administration’s (HCFA) name changed to the Center for Medicare & Medicaid Services (CMS), the issues have not. The Council will continue to take steps to improve NASS’ political position in the regulatory arena and strive to enhance the relationships with related specialty societies, American Medical Association and the Department of Health & Human Services. This council will also keep NASS Members informed whenever their influence may have an impact at either the local or national level.

The committees and task forces within the Council of Socioeconomic Affairs have been created to address the ever-increasing complex issues surrounding AMA coding guidelines, CMS reimbursement rules, and key practice management issues. This council focuses on providing needed education to NASS members on correct coding practices, compliance and practice management issues, and the effects new and proposed regulations will have on practices nationwide.

**CODING ADVOCACY**

The Nonoperative and Operative Coding Committees, chaired by Frank Lagattuta, MD and Stephen E. Heim, MD respectively, have been extremely active. The committees have reviewed and commented on proposed spine related NCCI edits provided by the AMA and directly from Administar Federal (contracted consultant by CMS), AMA coding proposed rules, evolution of proposed revised evaluation and management guidelines, 2002 Physician Fee Schedule proposed rule and supported efforts of the NASS appointed AMA CPT, PEAC and RUC Representatives. The key issues in 2001 were the evaluation & management guideline development and co-surgeon reporting. In addition, the coding committees were responsible for the 2002 update to the NASS Common Coding Scenarios for Comprehensive Spine Care publication. This has proven to be a valuable resource for clarifying and understanding spine care coding.

**AMA REPRESENTATION**

With the proposed decrease in the Medicare conversion factor, a strong advocate is needed at the AMA HoD to reinforce the need for effective legislative action regarding the decrease in the Medicare conversion factor that will result in decreased Medicare physician reimbursement. William A. Sims, MD and Gene Swanson, MD represented NASS at the AMA House of Delegates covering issues such as controversial stem cell research and evaluation and management guidelines.

**PUBLIC OUTREACH**

Back to Health Month is NASS’ annual public education campaign designed to disseminate spine health maintenance information. NASS members hosted open houses in their offices welcoming their local communities to learn more about how individuals can strive to prevent back and neck pain.

NASS promoted Back to Health Month on the national level in both print and broadcast media. Baseball Hall-of-Fame member Reggie Jackson served as the honorary national chairman of the 2001 campaign and appeared in NASS video news release (VNR), distributed via satellite feed in April. The VNR reached more than 28 million people in 2001 (up from a reported 6 million viewers of the 2000 VNR).

More than 1,000 people contacted NASS after seeing Back To Health information printed in newspapers and magazines across the country to request additional information or to get the name of a spine care specialist in their area.

NASS took its public health promotion campaign to the nation’s capital, hosting a luncheon for Members of Congress and their Health Legislative Assistants. With a record number of guests in attendance, NASS presented the Legislator of the Year Award to Charlie Norwood (R-GA) for his outstanding efforts on behalf of spine care patients and their health care providers. Representative Norwood was instrumental in crafting and indefatigable in promoting the Patient’s Bill of Rights.

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**Practice Expense & Reimbursement Review**

NASS continues to advocate on behalf of spine care professional for appropriate codes and fair Medicare reimbursement from allocated funds across specialties through the excellent representation by physician volunteers: Charles A. Mick, MD, AMA Relative Value Update (RUC) Committee & Practice Expense Advisory Committee (PEAC); Ray M. Baker, MD, Alternate Relative Value Update (RUC) Committee; Frank J.E. Falco, MD and Robert Windsor, MD, Alternates AMA Practice Expense Advisory Committee; and Frank Lagattuta, MD and Stephen E. Heim, MD, Co-AMA Current Procedural Terminology (CPT) Representatives.

The PEAC Representatives on behalf of NASS have reexamined the nonoperative and operative spine procedure codes and given formal presentations to the AMA PEAC Committee to justify appropriate changes to the recent decrease in practice expense reimbursement due to a Congressional change in practice expense methodology from an estimated to actual cost basis. Dr. Mick has been appointed to the AMA Conscious Sedation Workgroup where he will focus his efforts on resolving the conscious sedation reporting controversy.

**Practice Management Education**

The Committee on Practice Management under the leadership of Stephen P. Montgomery, MD has focused the committee’s attention on the education of the NASS membership on practice management issues along with actively commenting on the Department of Health & Human Services (DHHS) regulatory proposed rules affecting the practice. A practice management section has been created in *SpineLine* and new practice management educational activities and publications are being planned for 2002.

NASS officially recognized the Administrator Special Interest Group (SIG) Committee. This committee is dedicated to serving as a clearinghouse for practice administration resources, recruitment of administrators in spine care facilities and a forum for sharing successful practice patterns, benchmarking information, as well as a source for additional practice administration information needed to efficiently and effectively manage a spine care practice. A practice survey was developed for distribution along with the creation of a section of the NASS Web site (www.spine.org) dedicated to practice administration. More SIG information can be obtained by contacting Jessica Hoshell, staff liaison at (708) 588-8080.

In response to DHHS’ introduction of recommended compliance plans for small group providers, the Compliance Workgroup (under the leadership of Frank Lagattuta, MD) developed the well received publication, *Implementing a Compliance Program: A Guide for Individual and Small Group Practices.*
Research Awards and Grants

Integrin Mediated Mechanotransduction of Cyclic Hydrostatic Pressure in Rabbit Intervertebral Disc Cells Cultured In Vitro
Principal Investigator: Albert JMYee, MD, MSc, FRCS(C)
Award: $50,000

Deformation Characteristics of the Vertebral Pedicle During Pedicle Screw Insertion: Characteristics of Deformation During Insertion of Tapered and Cylindrical Screws
Principal Investigator: Robert F. McLain, MD
Award: $35,000

Localized Trabecular Damage Adjacent to Interbody Fusion Devices and Its Effect on Construct Stability
Principal Investigator: Dwight T. Davy, PhD
Award: $35,000

Clinical Traveling Fellowship
Develop a multidisciplinary spine program incorporating a multidisciplinary approach for the treatment of complex spine disorders
Investigator: Juan Bartolomei, MD
Award: $3,175

In order to appropriately promote the NASS Award Winners, the committee compiled former research award winners grant summaries. The 1998 research grant award winner summaries were included in the SpineLine September/October 2000 issue. Additional research summaries will be placed in future issues and eventually on the NASS Web site.

Research Priorities

Short-term Research Goals:
- Develop methods for studying results of surgical intervention when a randomized control trial is not appropriate.
- Determine the role of discography in spinal disorders.
- Define stability and its significance as a source of back pain.
- Develop guidelines for introduction of new technology including recommendations for presentations at meetings and studies beyond FDA requirements.
- Support the current activities to develop a standardized nomenclature used both by practitioners and radiologists.

Complications Registry

The Research Planning Committee, under the direction of Gunnar Andersson, MD, is developing a Data Registry for complications. This Complications Data Registry was originally designed by Dennis Maiman, MD. The Complications Pilot Study Workgroup now headed by Robert Gatchel, PhD and Marjorie Eskay-Auerbach, MD, JD currently spearheads this effort as the Data Registry is actively collecting complications for Kyphoplasty, Vertebroplasty, IDET and placement of cages. The committee has also been monitoring and reassessing the short-term (listed above), intermediate, and long-term spine care research objectives to ensure NASS encourages critical research necessary in spine care.
**Outcomes Research**

The Outcomes Instrument Development Task Force formulated two workgroups to provide increased information and education to the membership. The Outcomes Compendium Workgroup developed the *Compendium of Outcomes Instruments for Assessment and Research of Spinal Disorders*, a publication that was available in 2001 that contains over 100 peer review critiques of various outcomes assessment instruments by multidisciplinary researchers.

Data Collection Questionnaires and Scoring are now available through the NASS Web site at www.spine.org/outcomeinstruments.cfm. Copies of the NASS Outcome Instruments, and Notification of Intent (NOI) form can be downloaded for use. The new NOI form is available for individuals wishing to use the NASS Data Collection Questionnaires or Scoring Algorithm. Once the NOI form has been received and approved, the NASS Scoring Algorithm will then be ready for use. New normative scoring data are now available after publication of a Normative Data Study article in the February 2002 issue of *The Journal of Bone and Joint Surgery*. NASS is able to provide this normative scoring data also through a link on our Web site.

The SPINESTATS program was officially introduced at the NASS Annual Meeting in New Orleans. The program was originally designed to assist physician practices collect outcomes data utilizing the NASS/MODEMS Outcomes Instruments without the staff time and expense typically required.

**Research Funding Programs**

2001 was the single most successful fundraising year in NASS history. Individual contributions to the Annual Research Fund and the Spine Research Foundation increased more than 10%, bringing in unprecedented support for these essential research funding vehicles.

**Annual Research Fund**

The Annual Research Fund draws support from NASS members and companies in the spine care industry to fund top-priority, high quality, multidisciplinary spine related research. All monies collected throughout the year are distributed at the NASS Annual Meeting to support the projects selected by the NASS Research Project Management Committee.

The following corporations and individuals invested in the future of spine care through the Annual Research Fund in 2001

**Corporate Donors**

*ARF Legacy Society (donations of $5,000 or more)*

- EBI

*ARF Leaders’ Circle ($2,000 to $4,999)*

- Beere Precision Medical Instruments

*ARF Patrons’ Club ($1,000 to $1,999)*

- KMedic
- Life Instruments Corporation

*ARF Supporter ($500 to $999)*

- First Choice Medical

*ARF Donor ($100 to $499)*

- Mar-Test, Inc.

**Individual Donors**

*ARF Leaders’ Circle ($2,000 to $4,999)*

- Curtis A. Dickman, MD
- Scott D. Hodges, DO

*ARF Patrons’ Club ($1,000 to $1,999)*

- Dr. Marc and Ellie Asher
- Nancy Selby Engle

*ARF Supporter ($500 to $999)*

- J. Kenneth Burkus, MD
- Mark R. Drzala, MD
- David W. Florence, MD
- Daniel E. Gelb, MD
- Mrs. Rebecca Humphrey
- S. Craig Humphreys, MD
- Clifford B. Jones, MD
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Tokio Kasai, MD, PhD  
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Joel M. Press, MD  
Renzod Sodini, MD  
Michael L. Swank, MD  
Thomas R. Walsh, MD

ARF Donor (Up to $499)  
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Benjamin Blair, MD  
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Mrs. Joyce Gray  
Mrs. Carole Haggerty  
Mrs. Rita Hays  
Terry Healy  
David R. Hicks, MD  
Zen Hrynkiw, MD  
Nam-Hyun Kim, MD, PhD  
Kenneth J. Kopacz, MD  
Kenneth M. Kramer, MD  
Alvin W. Larkins, MD  
Aroldo C. Legarreta, MD  
Carl R. Leininger  
Roy M. Lerman, MD  
Robert Levinthal, MD  
Philip J. Mayer, MD, PC  
Brian E. McCarthy, MD  
Patrick S. McNulty, MD  
Paul R. Meyer, Jr, MD  
Peter A. Moskovitz, MD  
J. Elmer Nix, MD  
J. Christopher Noonan, MD  
Eugene J. Nordby, MD  
Pierce Nunley, MD  
Frank M. Philips, MD  
David S. Raskas, MD  
Mr. William Reppy  
David B. Robson, MD  
John M. Small, MD  
Rolf C. Smeby  
Daniel R. Stough, MD  
Michael G. Sugarman, MD  
Susan M. Swank, MD  
Mr. Eugene Thompson  
John F. Toton, MD  
Robert Vaughan, FRCS, PA  
Joseph F. Wade, MD  
William C. Welch, MD  
James C. Weis, MD  
David A. Wong, MD, MSc, FRCS (C)  
Hansen A. Yuan, MD

Partners in Spine
Spine care professionals who contribute to the Orthopedic Research and Education Foundation (OREF) can designate a portion of their gifts to NASS. This cooperative effort affords NASS members two benefits: 1) the convenience of supporting two outstanding research-funding organizations, and 2) the public recognition from both NASS and OREF. NASS is grateful to the following Partners in Spine:  
Dennis L. Abernathie, MD  
Todd J. Albert, MD  
Howard S. An, MD  
Marc A. Asher, MD  
Jeffrey A. Baum, MD  
Frank M. Berklacicj, MD  
Scott D. Boden, MD  
James B. Boscardin, MD  
David S. Bradford, MD  
Frank P. Cammisa, MD  
Patrick J. Connolly, MD
double the amount of money NASS distributes to support research annually. As more and more leaders in the field of spine recognize SRF as the ideal vehicle for their estate plans and planned giving efforts, the Foundation will continue to grow. SRF will provide substantial, permanent funding for the research which is at the heart of every technique and procedure employed to bring relief and healing to spine patients.

The following corporations and individuals invested in the future of spine care through the Spine Research Foundation in 2001:

**Corporate Donors**

*Premiere Circle Level ($25,000 or greater)*
- DePuy AcroMed

*Heritage Club Level ($10,000 to $24,999)*
- Synthes Spine

*Century Club Level ($1,000 to $9,999)*
- American Osteomedix
- Blackstone Medical
- Cortek

**Individual Donors**

*SRF Founders’ Level ($20,000 +)*
- Lynn Sonntag and Volker K. H. Sonntag, MD

*SRF Silver Level ($1,000 to $3,000)*
- Jean-Jacques Abitbol, MD
- David J. Abraham, MD, PC
- Dr. Marc and Ellie Asher
- J. Kenneth Burkus, MD
- Thomas J. Errico, MD
- Charles B. Goodwin, MD
- Richard D. Guyer, MD
- Scott D. Hodges, DO
- Michel Andre Kildare, MD
- Casey K. Lee, MD
- Tom G. Mayer, MD
- Robert F. McLain, MD
- Burt E. Schell III, MD
- Thomas S. Whitecloud III, MD
- Leon L. Wiltse, MD
- Hansen A. Yuan, MD
SRF Bronze Level (Up to $1,000)
Todd Albert, MD
Howard S. An, MD
Dion J. Arthur, MD
Myron B. Bailey, Jr., MD
Michael J. Bercik, MD
Dr. and Mrs. Mark Berhardt
Sidney R. Berry, MD
Robert S. Biscup, DO
Alfred O. Bonati, MD
Douglas D. Bradley, MD
Max E. Burr, MD
Robert Byers, MD
David W. Caldwell, MD
Wen-Jer Chen, MD
Andrew J. Cole, MD
Jos A. Cove, MD
Thomas Craig Derian, MD
Robert M. Dimick, MD
Mark R. Drzala, MD
Stephen Edward Faust, MD
Michael K. Geimer, PT
Stanley L. Grabias, MD
Scott Haldeman, MD
Stanley A. Herring, MD
Jeffrey K. Kachmann, MD
John P. Kostuik, MD
William B. Kuhn, MD
Alvin W. Larkins, MD
Kevin Jon Lawson, MD
Tao-Chen Lee, MD
Paul K. Lim, MD
Long Island Spine Specialists In memory of Afif Illya
Gregory R. Misenhimer, MD
George S. Miz, MD
Peter A. Moskovitz, MD
Lynn M. Nelson, MD
J. Christopher Noonan, MD
Eugene J. Nordby, MD
Bernard A. Pfeifer, MD
David W. Polly Jr., MD, LTC, MC
Joel M. Press, MD
David S. Raskas, MD
David B. Robson, MD
Garth S. Russell, MD
Abbass Sekhavat, MD
Joel C. Shobe, MD
Edward D. Simmons, Jr., MD

METHODS OF GIVING
In addition to cash gifts, some donors consider alternate methods of supporting spine research through NASS. These options allow donors to match their desire to secure the future of spine-related research to the amount they are able to contribute.

Gifts of Securities offer the donor a double tax benefit. Donors can deduct the full fair market value of their appreciated assets (if owned more than one year), then save again by avoiding all capital gains taxes on this investment. Mutual fund shares can be contributed to NASS with the same beneficial effects. If you own stock that has gone down in value, you can sell the stock, donate the proceeds to NASS and receive a gift deduction as well as a capital loss deduction.

Gifts of Life Insurance can be used to maximize your support of NASS and perpetuate your values beyond your lifetime. If you purchased a $50,000 policy some time ago, the cash surrender value of your policy may be about $20,000 and the annual premium $500. If you contribute the policy to NASS and continue paying the premiums, you will be entitled to an income tax charitable deduction of about $20,000. Each year you will also be entitled to another $500 deduction for the annual premium. Ultimately, the full $50,000 value of the policy will go directly to the NASS research programs.

There are also other methods of making a meaningful gift. Contact your financial advisor for more options.
Tom Mayer, MD, Editor-in-Chief, is delighted to report that The Spine Journal™, the new peer-reviewed NASS publication published by Elsevier Science Inc., completed its first year of publication in 2001 and has been well-received.

The Spine Journal™, the official journal of NASS, is an international and multidisciplinary journal that publishes original, peer-reviewed articles on research and treatment related to the spine and spine care, including basic science and clinical investigations. The Spine Journal also publishes major reviews of specific topics by acknowledged authorities, technical notes, teaching editorials and other special features. Letters to the Editor-in-Chief are encouraged. If you are interested in submitting a manuscript for consideration, contact Joy Kenyon, Managing Editor, at (708) 588-8079 or e-mail: kenyon@spine.org. It is a condition of publication that manuscripts submitted to The Spine Journal have not been published, and will not be simultaneously submitted or published elsewhere.

The Spine Journal™ is available to all NASS Members either as a benefit of membership or at a reduced rate. Subscriptions are available to nonmembers at the institutional rate of $180/year, or the personal rate of $90/year. Contact Elsevier Science Inc. at (212) 989-5800.

SpineLine™ was introduced in September 2000 and is published every other month to educate and inform the members of the North American Spine Society (and secondary audiences) on medical, ethical and policy matters in the field of spine and health care. SpineLine™ was developed in response to the expressed needs of the membership to educate and inform NASS’ multidisciplinary membership on issues of interest and relevance to spine care and research and to assist them in providing quality, cost-effective patient care; and to communicate and promote the policies, professional activities and products of the association.

Regular features include:
- **Message from the Medical Editor** - Stuart Weinstein, MD, provides an overview of the articles covered in each issue and highlights their relevance to current events in the spine care field.
- **From the Desk of the President** - The NASS President pens an editorial for each issue on issues of relevance to NASS and spine care professionals.
- **Invited Reviews** - A literature review and look at the current state-of-the-art on a particular spine topic.
- **Curve/Countercurve** - Two or more different specialists discuss multidisciplinary treatment options for a representative case.
- **The Spine in Sports** - Discussion of current treatment trends for sports-related spine injuries.
- **Literature Review** - Brief reviews of articles appearing in the current spine-related literature.
- **Abstract Commentary** - A brief summary and abstract from articles in current neurologic, neurosurgical, orthopedic, rehabilitation and pain management journals.
- **Coding Q&A** - Presents a vignette with the correct coding and documentation recommendations.
- **Electronic Technology** - An examination of the role of electronic technology in practice management.
- **Ethical/Legal** - Comparison of the ethical and
legal perspectives on current spine topics.

- **Advocacy Update** - Provides an overview of pending legislation and its potential impact on spine patients.
- **Practice Management** - Tips for maximizing effectiveness of the processes and procedures in your office.

*SpineLine*™ is sent free of charge to all NASS members as a benefit of membership; subscriptions are available to nonmembers for $100/year. To subscribe, contact Pam Towne, Staff Editor, at (708) 588-8077 or e-mail: towne@spine.org

### Contemporary Concepts

*Contemporary Concepts in Spine Care* is a series of referenced review papers outlining the state-of-the-art in a particular aspect of spine care. Alexander R. Vaccaro, MD, Chair of the *Contemporary Concepts* Committee, worked with authors and the editorial panel to revise the existing *Contemporary Concepts* papers. “Lumbar Discography,” “Lumbar Epidural Steroid Injections,” “Lumbar Zygoapophysial (Facet) Joint Injections,” “Open Discectomy as Treatment for Herniated Nucleus Pulposus,” “Spine Rehabilitation: Secondary and Tertiary Nonoperative Care,” “Magnetic Resonance Imaging: Use in Patients,” “Lumbar Zygapophysial Joint Injection,” “Arthroscopic Microdiscectomy” and “Radiographic Assessment of Patients with Low Back Pain” were reintroduced at the 2001 Annual Meeting.

New topics (including “Use of Intervertebral Cages for Degenerative Spinal Disease,” “Gene Therapy” and “Spinal Monitoring”) will appear in *The Spine Journal* in 2002 and 2003 then will be available for sale.

For a *Contemporary Concepts* order form, call (708) 588-8080 or download from the NASS Web site at http://www.spine.org/forms/cc_order_form.pdf.

### 2002 Common Coding Scenarios for Comprehensive Spine Care

Drs. Tom Faciszewski, Frank Lagattuta, Michael Wolff, Jean Jacques Abitbol and Stephen E. Heim have updated this compilation of common coding scenarios, which are specific to both nonoperative and operative spine care professionals. In response to a survey of individuals who purchased the 2000 NASS coding book, the 2001 edition was doubled in size to include vignettes for radiology, bone biopsy, neurostimulators and all the new injection codes. It is a necessary reference to meet the unique coding needs of spine care professionals and continues to be updated annually to reflect ever-changing codes.

Each coding scenario lists the recommended key components to include in the procedure note along with proper coding according to AMA coding guidelines. 2002 Common Coding Scenarios is a valuable resource for clarifying and understanding the new and revised injection procedure coding along with current operative coding practices. For an order form, call (708) 588-8080 or download from the NASS Web site at http://www.spine.org/forms/2002CodingOrdForm.pdf.

### Compendium of Outcome Instruments for Assessment and Research of Spinal Disorders

Robert J. Gatchel, PhD, Contributing Editor and a panel of authors have created this unique compendium of outcomes tools. This indispensable resource contains valuable information not compiled elsewhere, including:

- More than 100 peer reviewed critiques of various outcome assessment instruments by multidisciplinary researchers.
- A wide range of paper-based questionnaires, as well as physical instrumentation-based outcome assessment instruments, are critiqued.
- Valuable contact and reference information is included for each outcome assessment instrument critiqued.
• An appendix including sample copies of the majority of instruments critiqued, such as the SF-36, MBHI, McGill Pain Questionnaire, DSM IV, Cal-FCP.
• Visual examples and measurement specifications included for each of the physical instrumentation-based outcome assessment instruments.

Nearly 100 instruments are reviewed for strengths/weaknesses, reliability/reproducibility and application. Each review is supported by a list of publications and the source of the instrument. For an order form, call the NASS office at (708) 588-8080 or download from the NASS Web site at http://www.spine.org/forms/outcomesordfm.pdf

MEETING PUBLICATIONS
NASS members receive a discount on all meeting materials available for purchase, including:
• Handbooks and videotapes from past educational programs, such as the 2001 Annual Meeting and Coding Update courses.
• Proceedings books from past Annual Meetings, and
• Abstracts from past Annual Meetings on searchable CD-Rom.
For more information and to place an order, contact NASS at (877) Spine-Dr.

PATIENT SAFETY
As part of its commitment to patient safety, the North American Spine Society has introduced its newest patient safety tool, the Sign, Mark & X-ray (SMaX) program. Designed to help prevent wrong-site spine surgery, the Sign, Mark & X-ray program is available free of charge to any spine care provider. The SMaX is a two-part document that includes:

• **Sign, Mark & X-ray Checklist for Safety.** This checklist outlines a series of steps and double-checks to avoid wrong-site spinal surgery.
• **Take Home Sheet: Patient Diagnosis Diagram.** The take home sheet provides a diagram for physicians to outline the site(s) of pathology to the patient during office discussions. There is space to specify the differential diagnosis and plan of treatment (including the side and levels of any proposed surgery). The patient can share this summary of the office visit with other health care providers, such as physical therapists. When brought to surgery, the handout serves as an additional check of side and level to avoid wrong-site surgery.

NASS encourages spine care providers to obtain and share the SMaX protocols with their colleagues and operating room staff. The documents can be downloaded from the NASS Web site at http://www.spine.org/patientsafety.cfm, or call the NASS office at (708) 588-8080.

In addition, the task force has written a brochure on patient safety and is developing a series on herbal supplements, which will be available in late 2002.

PATIENT EDUCATION
Gerry Malanga, MD, Chair of the Public Education Committee, and his committee members are delighted with the response to the NASS Patient Education Series of handouts and brochures. There are currently 20 topics available with another dozen in production for availability in late 2002.

Over 40,000 copies of the *Lumbar Herniated Disc* brochure have been sold since its introduction in 1999. Five new brochures were introduced in 2001, including *NSAIDs, Spinal Fusion Surgery, Cervical Herniated Disc, Patient Safety and Spinal Stenosis.*

Two new patient handouts were introduced in conjunction with Back To Health Month 2001: *Back Pain in Pregnancy and Strength Training for the Elderly.* These join the existing spine health maintenance handouts on *Seven Back Pain Warning Signs, Back Pain Risk Scale, Know Your Back!* *Back Quiz for Women, Ten Tips for a Healthy Back and Exercises for a Healthy Back.*

For an order form, call the NASS Office at (708) 588-8080 or download from the NASS Web site at http://www.spine.org/forms/patedordfm.pdf.
**Membership Directory**

The 2001 Membership Directory was sent to all NASS members in April 2001 and provides the NASS member listing (with geographic and specialty cross-indices).

The 2002 Member Resource Guide will be sent to all NASS members in May 2002 and will include a comprehensive guide to resources in spine care. The Member Resource Guide and the Membership Directory are sent to NASS members at no additional charge as a benefit of membership. Additional copies are available to health care professionals only. To receive an order form, contact the NASS office at (708) 588-8080.

**NASS Archives**

The NASS Archives Task Force is charged with the collection and archiving of documents and artifacts to document NASS’ history and create a museum dedicated to the history of spine care. Collection and organization of items from the membership, industry and NASS’ own records are ongoing.

The NASS Archives Task Force has also developed Spine History on the Internet, a guide to Internet resources related to the history of spine, spine care and the history of medicine.

Other benefits of the archives include an educational exhibit at the Annual Meeting and the Signature Edition Collection, a special collection of books related to spine care and education with messages and signatures by the authors.

**WWW.SPINE.ORG**

The NASS Web site was completely overhauled in early 2001 to provide easier navigation and more comprehensive information.

There are now sections for NASS Members Only (accessible only via password), Spine Care Providers and For Spine Patients. Information about NASS educational programs and services, publications, research tools and more can be found along with reliable information on diagnosis and treatment of a wide variety of spine disorders geared toward spine patients.

The Web site will continue to evolve. On-line registration for educational programs (available to NASS Members only) was introduced in early 2002, and on-line ordering of NASS publications and products will be available mid-2002. The patient education portion should double in size by the end of 2002.

NASS intends to use its Web site to provide a comprehensive resource for spine care providers and patients.

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**Thanks to our 2001 Annual Meeting Corporate Supporters!**

- Advanced Spine
- Aesculap
- Beere Precision Medical Instruments
- BrainLab
- CBYON, Inc.
- Cortek, Inc.
- DePuy Acromed, a Johnson & Johnson Co.
- EBI
- Endius, Inc.
- GE OEC Medical Systems, Inc.
- Kyphon, Inc.
- Medtronic Sofamor Danek
- NuVasive
- Omni-Tract Surgical
- Orthopaedic Systems, Inc.
- Philips Medical Systems
- Stryker Spine
- Sulzer Spine-Tech
- Synthes Spine
- Thompson Surgical Instruments, Inc.
- Visualization Technology, Inc.
- Z-Kat
- Ziehm International, Inc.
Currently, NASS has more than 3,100 members around the world, with a heavy concentration in North America (2,862 members – 2 in Mexico, 32 in Canada, and 2,828 in the United States). The NASS list of members residing outside of North America continues to grow in countries including: Argentina, Australia, Austria, Brazil, Chile, Colombia, Cuba, Denmark, Egypt, Finland, France, Germany, Ghana, Greece, Iran, Israel, Italy, Japan, Malaysia, the Netherlands, New Zealand, Republic of China, Saudi Arabia, Singapore, South Africa, South Korea, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Turkey, the United Arab Emirates, United Kingdom and Venezuela.

**Categories of Membership**

There are six categories of membership in the North American Spine Society:

- **Active (71%)**
  Active members are ABMS board-certified MDs, DOs and PhDs who devote at least 50 percent of their professional activities to spine disorders.

- **Associate (6%)**
  Board-eligible MDs and DOs, as well as PhD candidates, in the area of spine.

- **Affiliate (4%)**
  Includes nurse practitioners, practice administrators, physician’s assistants, chiropractors, physical therapists and individuals involved in spine research and development.

- **Corresponding (6%)**
  MDs, DOs or PhDs who are not permanent residents of North America.

- **Emeritus (5%)**
  Active members who have been society members for at least five years and have retired from the practice of medicine or have reached the age of 65.

- **In Training (7%)**
  Residents and fellows training in the field of spine.

**Specialty Representation**

NASS is committed to a multidisciplinary approach to spine care and is actively recruiting from many specialties. More than 350 spine care professionals joined NASS in 2001. Currently, 56 percent of NASS members list orthopedic surgery as their primary specialty, 21 percent cite neurosurgery and 11 percent physiatry. Other specialties represented in membership are radiology, pain management and medicine, basic and applied research, neurology, anesthesiology, chiropractic care, psychology, family practice, physical/occupational therapy, rheumatology, neuroradiology, sports medicine, anatomic/clinical pathology, emergency medicine and trauma surgery.

**Member Age**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>less than 1%</td>
</tr>
<tr>
<td>30-39</td>
<td>18%</td>
</tr>
<tr>
<td>50-59</td>
<td>23%</td>
</tr>
<tr>
<td>Over 70</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>5%</td>
</tr>
</tbody>
</table>

**2001 Recognition Awards**

These three awards, named for NASS Founding Members, are given to recognize outstanding contributions to the field of spine care.

- **David Selby, MD Award** - For excellence in leadership and/or research in the field of spine surgery.
  Richard D. Guyer, MD

- **Henry Farfan, MD Award** - For outstanding contributions to the field of spine care, especially in biomechanics or nonoperative spine care.
  Robert J. Gatchel, PhD

- **Leon Wiltse, MD Award** - For a member who has contributed greatly to the art and science of spinal disorder management through service to NASS.
  John A. McCulloch, MD
**INCOME STATEMENT**

for the Fourteen Months Ended 12/31/01

<table>
<thead>
<tr>
<th>Revenues</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$716,660</td>
</tr>
<tr>
<td>Application fees</td>
<td>15,497</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>2,860,992</td>
</tr>
<tr>
<td>Instructional courses</td>
<td>141,603</td>
</tr>
<tr>
<td>Collaborative education</td>
<td>38,480</td>
</tr>
<tr>
<td>Publication sales</td>
<td>241,964</td>
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<tr>
<td>Other sales</td>
<td>43,451</td>
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<tr>
<td>Contributions</td>
<td>388,737</td>
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<tr>
<td>Dues - Council of Spine Societies</td>
<td>6,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>39,780</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td><strong>$4,493,164</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual meeting</td>
<td>1,231,652</td>
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<tr>
<td>Instructional courses</td>
<td>153,534</td>
</tr>
<tr>
<td>Collaborative education</td>
<td>40,074</td>
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<tr>
<td>Publications</td>
<td>464,179</td>
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<tr>
<td>Grants and awards</td>
<td>138,175</td>
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<tr>
<td>Fund raising and fund administration</td>
<td>39,485</td>
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<tr>
<td>Education</td>
<td>45,640</td>
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<tr>
<td>Task forces</td>
<td>65,351</td>
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<tr>
<td>Council of Spine Societies</td>
<td>2,547</td>
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<td>Member services</td>
<td>130,627</td>
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<tr>
<td>Advocacy</td>
<td>286,661</td>
</tr>
<tr>
<td>General and administrative</td>
<td>2,444,119</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>5,042,044</strong></td>
</tr>
</tbody>
</table>

Change in net assets before investment activities and other income/(expense) ($548,880)

<table>
<thead>
<tr>
<th>Investment activities and other income/(expense)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income</td>
<td>78,954</td>
</tr>
<tr>
<td>Net investment income/(expense)</td>
<td>85,265</td>
</tr>
<tr>
<td>Investment fees</td>
<td>(6,801)</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(32,758)</td>
</tr>
<tr>
<td>Federal and state income taxes</td>
<td>(6,064)</td>
</tr>
<tr>
<td>Other income/(expense)</td>
<td>(1,726)</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>116,870</strong></td>
</tr>
</tbody>
</table>

Change in net assets ($432,010)

| Net assets at beginning of year                  | 2,910,709|
| Net assets at end of year                        | **$2,478,699** |

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**FINANCIAL STATEMENTS**

You might note that NASS is reporting negative income for the 2000-2001 fiscal year. Our spending in some areas was up — we added staff, increased our advocacy efforts and implemented our member services Web site — but most of the loss was due to other factors. First, our 2001 Annual Meeting merely kept pace with the previous year’s attendance rather than exceeding it as projected. We attribute this to the Sept. 11 attacks on NY and DC. Second, we established our new journal — *The Spine Journal* — during the year resulting in a loss for its first year of operation. This is typical for any new journal. And the market value of our investment portfolio was lower, in comparison with its cost value, than it was at the end of the previous fiscal year; according to generally accepted accounting principles, we recognized this “unrealized” loss. In addition, our new controller, Susan Burnet conducted a very thorough almost “forensic” review of our accounting records for the previous year. We determined that some inaccurate accounting had occurred and made correcting entries this year. Finally, please note that NASS this year is changing its fiscal year from November 1-October 31 to a calendar year, resulting in 14 months of accounting in this statement. We look forward to a productive 2002.

- Eric Muehlbauer, CAE, Executive Director