

NORTH AMERICAN SPINE SOCIETY



2003
ANNUAL
REPORT



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The word "EDUCATION" is written vertically in a large, bold, teal font. To its left is a small icon depicting a spiral notebook and a pencil.

RESEARCH

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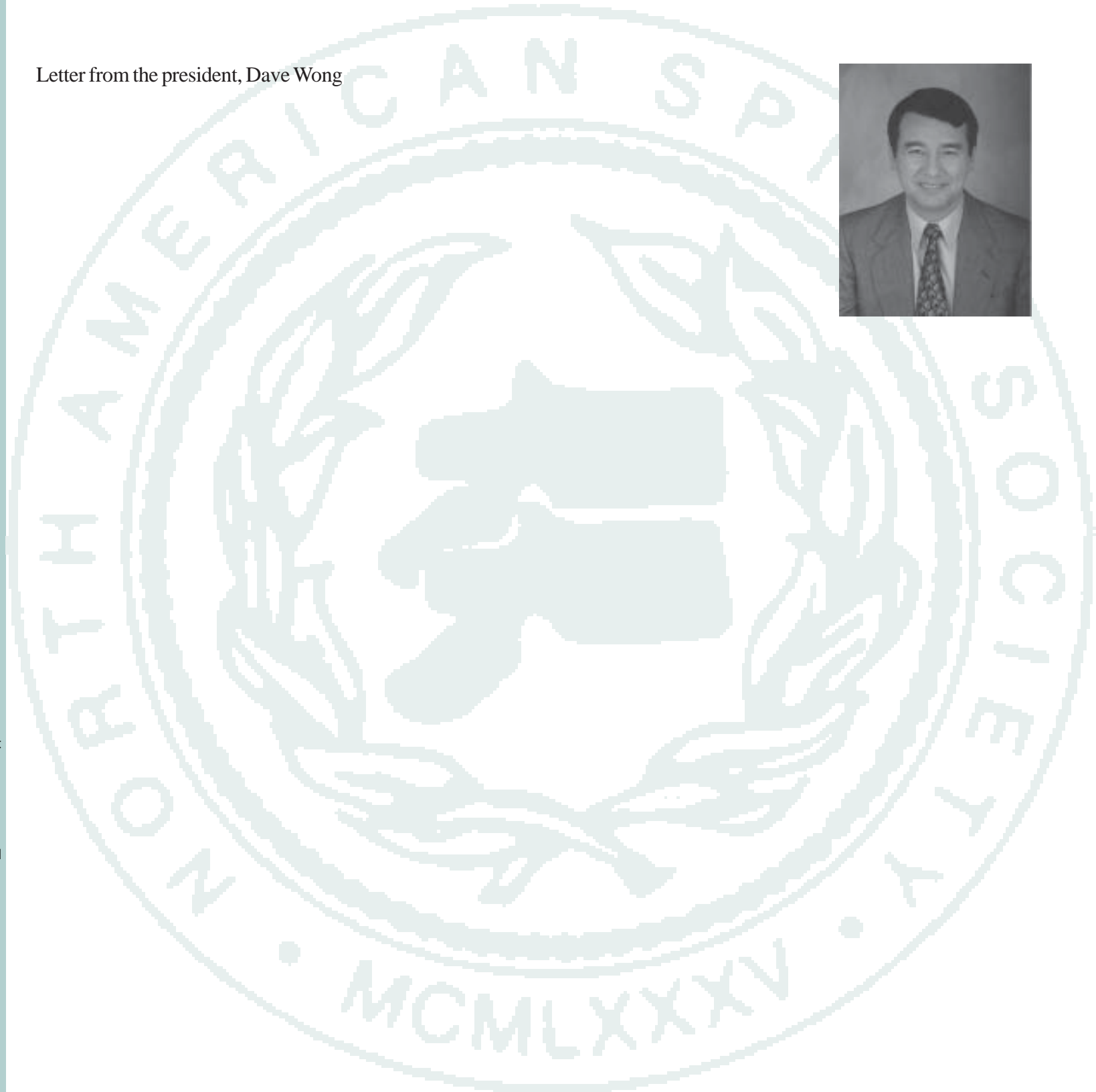
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Letter from the president, Dave Wong



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“The 2003 Annual Meeting provided an excellent mix of state-of-the-art surgical and nonsurgical presentations reflecting NASS’ growing multidisciplinary membership.”

- Stuart Weinstein, MD, 2003 Annual Meeting Co-chair

NASS 18TH ANNUAL MEETING

October 21-25, 2003, San Diego, California

The Annual Meeting proved to be a great success yet—demonstrating NASS’ ability to provide high-quality continuing medical education for its members. Over **800 abstracts** were submitted for consideration. Final attendance for the meeting reached more than **2,800 participants**, a substantial increase from the previous year. New for this year was the addition of a CD-ROM featuring all abstract and symposia slide and audio presentations.

Attendees had a chance to view the latest technology, products and services from over **130 companies in the Technical Exhibit Hall**. NASS’ exhibit area continues to grow as more and more companies find the NASS Annual Meeting to be of extreme value to advertise and demonstrate their products. With 1,931 exhibitors in attendance, this meeting broke all previous records. Even with more and more companies merging and acquiring each other, the exhibit floor continues to thrive.

A total of **114 scientific papers and 109 posters** were featured over the four-day period. Below is a breakdown of submitted abstracts by category.

Category	Abstracts	% Total
Anatomy/Physiology	27	4%
Psychology/Psychosocial	9	1%
Epidemiology	31	4%
Ergonomics/Industrial	6	1%
Diagnostics/Imaging	53	7%
Non-operative Treatment	40	5%
Biomechanics/Basic Science	177	24%
Surgery	395	54%
Total	738	

Nine symposia focused on operative and nonoperative issues, including: Minimally Invasive Surgical Treatments of Spinal Pathologies: A Rational Approach; Failed Back Surgery Part II; Controversies in Lumbar Spine Surgery; Exercise and the Spine; Bone Grafting Technologies: Cells, Factors, and Scaffolds; My Aching Sacroiliac; Adult Scoliosis and Spinal Deformity: Assessment and Reconstruction; Providing Optimal Practice Management Efficiency for Your Spine Care Organization and Whiplash Part II: Treatment.

Many of the **33 topics for Special Interest Group Discussions** featured a varied approach to spine care. The highest attended discussions included: The Indications for Cervical and Lumbar Disc Replacement; Minimally Invasive Surgery: A New Paradigm or Passing Fad?; Distraction Stabilization-DYNESYS-IS it the Way Ahead for Degenerative Back Pain; Common Coding and Reimbursement Issues; and Whiplash Injury and Spine Surgery

NASS also offered an increased number of **premeeting courses** due to previous success and demand. **Coding Update 2004: Essentials and Controversies of Operative and Nonoperative Spine Care Coding** was a two-day intensive seminar taught by seasoned physician faculty members who have experience in day-to-day coding and compliance issues. This course officially introduced 2004 coding updates and offered a unique forum for physicians and their coding staff to learn the changes being implemented in 2004.

A Multidisciplinary Approach to the Essentials of Spine Care provided a general overview of the important areas of spine care. Faculty presented information on topics that include deformity, anatomy, degeneration, trauma, and psychology.

Do-It-Yourself – Powerful Presentation with PowerPoint® offered tips and techniques to develop computerized multimedia presentations.

Total Disc Replacement evaluated the technology of total disk replacement of the spine and covered the indications, instrumentation, biomechanics, surgical results of prospective randomized studies of over 1000 patients, and post-operative rehabilitation of motion-preserving spinal implants.

What's New in Spine Grafting Technology and Tissue Banking focused on the topic of successful bone grafting, including the most recent advancements and regulatory issues regarding transplantation of musculoskeletal allograft.

How To Build A Successful Center of Excellence In Any Environment ... Academic, Institutional or Private Practice focused on strategic planning, operational, marketing, clinical and environmental issues relative to setting up comprehensive spine/musculoskeletal/neuroscience centers of excellence in any setting.

The number of **technique workshops** increased due to popular demand. Topics included: two Spinal Injections workshops; Percutaneous Vertebral Augmentation Techniques; Posterior Lumbar Interbody Fusion; Minimally Invasive Spine Surgery: Decompression; Minimally Invasive Spine Surgery: Fusion/Implants; Cervical Fixation; and Anterior Lumbar Interbody Fusion.

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SPINE ACROSS THE SEA

July 27-31, 2003, Ritz-Carlton, Kapalua, Maui, Hawaii

This meeting experienced a record-breaking crowd and the evaluations showed that attendees were quite pleased with the educational content. The meeting featured **120 papers, 70 posters, 4 symposia** and a small trade show. While **50% of the attendees came from the U.S., 25% were from Japan** and the other **25% came from all around the world**. The exhibit hall sported 26 vendor booths with a total number of 72 company representatives in attendance. The new Satellite Event Guidelines went into effect with this meeting and netted the Society an additional \$2,500 in revenue. This joint meeting between NASS and the Japan Spine Research Society (JSRS) will take place again in 2006.

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WORLD SPINE II

August 10-13, 2003, Hyatt Regency Chicago, Chicago, Illinois

World Spine II: The Second Interdisciplinary Congress on Spine Care attracted **694 registrants** and 76 registered guests.

Forty-five countries were represented, with the majority (60%) attending from the United States. The Congress consisted of **three half-day symposia, 240 oral paper presentations, 215 poster presentations, ten premeeting courses** and a trade show. Evaluations indicated that attendees were pleased with the educational content of the program. *World Spine III* will be held in Rio de Janeiro, Brazil in August 2005. Subsequent World Spine Congresses will be held approximately every 18 months around the world.

CODING UPDATE 2003:

Essentials and Controversies of Operative and Nonoperative Spine Care Coding

February 21-22, Jackson Hole, Wyoming

April 4-5, Atlanta, Georgia

This two-day interactive, comprehensive coding/reimbursement seminar attracted more than 75 attendees. Coding Update 2003 covered pertinent topic areas contained within ICD-9 and CPT-4, complex nuances of Evaluation & Management, Operative, Nonoperative and Radiology coding, and key elements for assignment of physician work reimbursement. Greg Przybylski, MD led faculty to discuss relevant coding and compliance topics, including the complex nuances of Evaluation & Management Codes (including consultations, operative code series, injection procedure codes, controversial spine procedure coding, update of new code changes for 2003 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 and contract negotiation techniques to assist in obtaining appropriate reimbursement.

HANDS-ON COURSES

Interventional Pain Management Techniques: A Hands-On Course

This course was co-chaired by Jerome Schofferman, MD, Daly City, CA, and F. Todd Wetzel, MD, Chicago, IL. The workshop was held January 31-February 1, 2003 at the Orthopaedic Learning Center in Rosemont, Illinois. Although attendance was lower than hoped for with 20 people, attendees enjoyed the course. It was scheduled to be held again in 2004.

Surgical Approach and Techniques for the Lumbar Spine: A Hands-On Course

NASS sponsored its third workshop led by program directors Jean-Jacques Abitbol, MD, San Diego, CA and Richard D. Guyer, Plano, TX. The workshop was held March 14-15, 2003 at the Presbyterian Institute for Minimally Invasive Surgery in Plano, TX. The course was limited to 30 participants who tested their skill with the latest lumbar spine techniques. This popular course was quickly scheduled to repeat for a fourth year in March 2004.

Minimally Invasive Spine Techniques: A Hands-On Course

This course was held May 16-17, 2003 at the Barrow Neurological Institute in Phoenix, AZ. The program was led by program directors Gary Lowery, MD, PhD, Phoenix, AZ and K. Dan Riew, MD, St. Louis, MN. The course sold out with attendance of 45. Attendees were very pleased with the content and the course was scheduled to repeat in May 2004.

Lumbar Spinal Injections: A Hands-On Course

This course was held June 20-21, 2003 at the Medical Education Research Institute in Memphis, TN. The program was led by Susan Dreyer, MD, Atlanta, GA, Ray Baker, MD, Bellevue, WA, and Gerard Malanga, West Orange, NJ. Attendance for this course was limited to 40 participants and sold out three months beforehand. Evaluations noted that this course was invaluable so was added to the schedule to repeat in June 2004.

“I’m very impressed that The Spine Journal was recognized for its unique contribution to the field with acceptance into Index Medicus/Medline.”

- Tom Mayer, MD, Editor-in-Chief, The Spine Journal

The Spine Journal™

TSJ is one of the few journals **accepted for indexing in Index Medicus/MEDLINE** in its second year of publication - a testimony to the unique contribution *The Spine Journal (TSJ)* makes to the field of spine care and research. The first three volumes (2001-2003) are already posted, as is the Jan/Feb 2004 issue. (Article abstracts will continue to be posted as they are accepted for publication.) To retrieve the citations use the MEDLINE title abbreviation “Spine J” in the search box on PubMed (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>).

Full-length articles are available to NASS Members and TSJ subscribers. Register your information (NASS I.D. # and password) to obtain articles at: <http://journals.elsevierhealth.com/periodicals/SPINEE>. Nonmembers may contact Elsevier Science directly at reprints@elsevier.com, or follow the Elsevier link through PubMed.

With the acceptance into *Index Medicus*, and through solicitation of manuscripts based on winning Abstracts from World Spine II and Spine Across the Sea, manuscript submissions to *TSJ* have increased. Currently, **over 120 review articles, case reports, technical reports and clinical studies** are in review and revision process. We have also had an increase in submission of Special Features for TSJ. Dr. David Fardon has continued to complete our fascinating features, even with the expanded amount of them coming in every month. We are always happy to receive items for our Faces of Spine Care, Spine Files and Letters to the Editors.

To submit an article for consideration for publication, follow the instructions at: http://www.spine.org/forms/TSJ_instructions_disclosure.pdf. If you have questions, contact Joy Kenyon at (708) 588-8079 or <mailto:kenyon@spine.org>.

SpineLine™

“One of the foundations of *SpineLine*,” wrote Medical Editor Stuart M. Weinstein, MD in an editorial at the outset of 2003, “is to confront the status quo, to bring to the table new ideas and controversies — scientific, social, political and economic — that drive us to search for solutions to the questions that challenge us all.”

The table was full — and the status quo challenged — throughout the year as *SpineLine* presented new ideas, tackled controversial topics and questioned some longstanding practices. Here’s a recap of the varied and multidisciplinary issues offered in *SpineLine* Invited Reviews and cover stories:

- New ideas don’t come any bigger (or, perhaps more accurately, smaller) than those presented by Ralph Merkle in his fascinating look at health and the arrangement of atoms in “Nanotechnology and Nanomedicine” (January/February 2003).
- David Siambanes and Nancy Kishino brought to light the consequences of inadvertent loss of lumbar lordosis by surgical intervention in “Preventing Iatrogenic Flat Back Deformity following Lumbosacral Fusions of the Degenerative Spine” (March/April 2003).
- With the caveat that much of the rationale for neck pain treatment is empiric, Gerry Malanga, reviewed the “Principles and Practice of Neck Pain Rehab” (May/June 2003).
- Yung Chen et al looked at the controversies swirling around epidural steroid injections in a comprehensive review, “Epidural Steroid Injections: Past, Present and Future” (July/August 2003).
- Larry Khoo and Tooraj Gravori described the evolution of minimally invasive posterior techniques as a “fundamental paradigm shift in the practice of contemporary spinal surgery” in “Minimally Invasive

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Posterior Spinal Decompression and Fusion Procedures” (September/October 2003).

- In a roundtable discussion, a panel of experts analyzed “Core Strengthening,” an area of exercise, according to Dr. Weinstein, that has generated great market appeal yet remains generally misunderstood. The panel discussed several questions posed to them in the context of both nonsurgical and surgical spine care and offered photos of recommended core exercises (November/December 2003).

The Curve/Countercurve feature continues to be one of *SpineLine*'s most popular offerings. *SpineLine* Editors David Fardon, Jerome Schofferman, Alex Vaccaro and Stuart Weinstein orchestrated discussions between experts on controversial topics such as:

- “Treating Degenerative Spondylolisthesis and Stenosis” Would providers recommend instrumented or noninstrumented fusion and decompression?
- “Vertebral Osteomyelitis: Operative or Nonoperative Treatment?” Can this condition be best treated with antibiotics and bracing or does it require surgical intervention?
- “Cervicogenic Headache Treatment” What are diagnosis and treatment options?
- “Cervical Spine Clearance in the Obtunded Trauma Patient” What is required to “clear” the cervical spine?
- “DVT Prophylaxis in the Postop Spine Patient” When should DVT prophylaxis be recommended and what type?
- “Exercise vs Manual Therapy for Chronic Low Back Pain” What diagnosis and course of treatment is in order for a case of chronic LBP?

Beyond Invited Reviews and Curve/Countercurve, *SpineLine* presented regular features and columns including Patient Safety, Literature Review, Abstract Commentary, Radiology Rounds, E-Tech, Practice Management, Coding Q&A, Ethical/Legal, Advocacy, Legislative Affairs/PAC and NASS News. Each issue began with thought-provoking messages from

Medical Editor Stuart Weinstein and NASS President David Wong.

SpineLine received overwhelming accolades in a Reader Survey conducted in 2003. What readers like most, revealed the survey, is *SpineLine*'s clinical relevance, pertinence, current topics, succinctness and variety.

But even more telling is the ranking that members gave *SpineLine* in a survey of NASS benefits. When asked to rate benefits of NASS membership, members identified *SpineLine* as the #1 benefit.

SpineLine's reputation for quality is attracting the attention of others in the spine community as well, including advertisers. In 2003, ad pages more than doubled and ad revenue increased 45% percent over 2002.

The high esteem with which members and the spine community regard *SpineLine* is a result of the hard work of Medical Editor, Stuart M. Weinstein, the 2003 *SpineLine* Editorial Board, contributors and the NASS staff who are listed here:

Contemporary Concepts in Spine Care

Contemporary Concepts in Spine Care is a series of referenced reviews of issues in spine care endorsed by the NASS Board of Directors. Each paper is reviewed extensively by the Contemporary Concepts Committee, approved by the board and published in *The Spine Journal* before it is added to the series. Two new papers were added in 2003:

- “Cervical Myelopathy: Current Diagnostic and Treatment Strategies,”
- “Intervertebral Cages for Degenerative Spinal Disease”

Several papers were developed and approved by the Contemporary Concepts Committee during 2003 and are

“NASS’ new cervical guideline won’t be just another ‘pain in the neck.’ We’re working to create credible new guidelines and maintain a balance of multispecialty representation.”

- William Watters, MD, Clinical Guidelines Chair

scheduled for publication after appearing in *The Spine Journal* in 2004. These include:

- “Percutaneous Vertebral Augmentation”
- “Rheumatoid Arthritis of the Cervical Spine”
- “Psychotropic Medication in Chronic Spinal Disorders”
- “Lumbar Disc Arthroplasty”
- “Nonoperative and Operative Treatment of the Osteoporotic Spine”

Thanks go to the many authors who researched and wrote these comprehensive papers. For a complete listing and an order form, call (708) 588-8080 or visit the NASS Web site at http://www.spine.org/forms/cc_order_form.pdf

Clinical Guidelines

NASS continues its development of Phase III 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 spine pain in adults.

NASS’ newest clinical guideline, *Neck Pain and Associated Cervical Syndromes*, is nearly completed and will be available in late 2004. The four lumbar guidelines are also slated for revision in 2005. Abstracts of NASS’ guidelines are available on the National Guideline Clearinghouse (<http://www.guidelines.gov>). In addition, NASS continues to strengthen its commitment to multidisciplinary care and relationships through representation to the AANS lumbar fusion clinical guideline project, the AAOS revision of Phase I and II low back algorithms and the US Bone and Joint Decade Task Force on Neck Pain.

The Phase I and II algorithms were jointly developed by NASS and the American Academy of Orthopaedic Surgeons and are currently being updated.

Phase III is developed by NASS and represents comprehensive care from primary to chronic multidisciplinary treatment. Each document is intended as a stand-alone guideline incorporating the 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 end points for treatment and treatment success or failure are examples of areas covered. Low back guidelines for the diagnoses of herniated disc, unremitting low back pain, spinal stenosis and spondylolisthesis are available. All have been submitted to the National Guideline Clearinghouse (<http://www.guidelines.gov>), where abstracts can be viewed.

Phase III clinical guidelines can be purchased by the disease-specific unit or as a complete set. To order, call (877) SpineDr or download the order form from the NASS Web site at <http://www.spine.org/forms/clinguidordfm.pdf>.

NASS Archives

The NASS Archives Task Force is charged with the collection and archiving of NASS historical documents and artifacts and create a museum dedicated to the history of spine care.

Spine History on the Internet can be found on the NASS Web site at <http://www.spine.org/spinecarehistory.cfm>. On the same link, the historical *SpinePosts* from *The Spine Journal* were added to the Archives page of the NASS Web site. Other benefits include an educational exhibit at the annual meeting and the Signature Edition Collection, a special collection of books related to spine care and education.

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Compendium of Outcome Instruments for Assessment & Research of Spinal Disorders

Compiled by editor Robert J. Gatchel, PhD and a panel of authors, 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.
- Valuable contact and reference information for each outcome assessment instrument.
- An appendix including sample copies of the majority of instruments critiqued, such as the SF-36, MBHI, McGill Pain Questionnaire, DSM-IV and Cal-FCP.
- Visual examples and measurement specifications are 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 (877) SpineDr or download from the NASS Web site at <http://www.spine.org/forms/outcomesordfm.pdf>.

Research & Clinical Care Section

The Research (Robert J. Gatchel, PhD, Director) and Clinical Care (Edward Benzel, MD, Director) Councils continue to monitor and work on issues of scientific importance to the membership through a variety of venues. In 2003, these included:

- Development of content for patient education brochures, clinical guidelines, *Contemporary Concepts*, *SpineLine* and the Web site.

- Creation of a new Alternative & Complementary Medicine Committee.
- Development of criteria to evaluate NASS research collaboration in a fair and objective manner.
- Successful incorporation of some comments into the FDA Public Health Notification, *Complications Related to the Use of Bone Cement in Treating Compression Fractures of the Spine*.
- Representation on the US Bone & Joint Decade Research Committee.
- Ongoing development of three position papers on off-label use.
- Literature review and rating of the research status of bone morphogenetic protein.

Research Priorities

Every three years NASS surveys the membership to determine its research priorities. An extensive list of research topics of interest can be obtained from the NASS Web site at http://www.spine.org/Research/research_priorities.cfm or by contacting the NASS Research Department.

Top Three Topics of Interest:

- 1) Determine the natural history of back pain and various spine diseases, including disc herniation and stenosis.
- 2) Study the effect of fusion on adjacent segments.
- 3) Determine the role of fusion in spine surgery, including technical aspects and complications.

2003 Research Grants & Fellowships

The Research Project Management Committee received 32 research grant proposals and three clinical traveling fellowship applications in 2003. The following research grants and clinical traveling fellowship were funded totaling \$187,876.38.

“The 2003 Outstanding Paper Award recipients presented timely and controversial studies and generated excellent discussion and debate among the spine community.”
- Eugene Carragee, MD, Recognition and Awards Committee Chair

The Role of the p75 Neurotrophin Receptor in the Death of Neurons and Glia after Spinal Cord Injury

Principal Investigator: Michael G. Fehlings, MD, PhD, FRCSC
Award: \$89,426.38

Fatty Acid Mediated Transfection of Potentially Therapeutic Genes in Human Intervertebral Disc Chondrocytes

Principal Investigator: Paul A. Anderson, MD
Award: \$50,000.00

Tumor/stromal Interactions in a Bone Marrow Precursor Derived Bone Model of Metastatic Spinal Disease

Principal Investigator: James M. Schuster, MD, PhD
Award: \$36,800.00

Clinical Traveling Fellowship

Andrew Moulton, MD
Award: \$11,650.00

NASS/ The Spine Journal/Outstanding Paper Awards

19 entries were received for the 15th NASS Outstanding Paper Awards in 2003. Categories were in basic science, nonoperative care and surgical science. One winner from each category was chosen. Papers were presented at the 18th Annual Meeting in San Diego, received \$9,000 each and appeared in the first issue of the 2004 volume of *TSJ*. The 2003 winners for the NASS Outstanding Paper Awards were:

Transplantation of Oligodendrocyte Precursors and Sonic Hedgehog Results in Improved Function and White Matter Sparing in the Spinal Cords of Adult Rats After Contusion
Nicholas C. Bambakidis M.D. and Robert H. Miller Ph.D.

The Effect of Alendronate Sodium on Spinal Fusion: A Rabbit Model

Ronald A. Lehman, Jr., MD, Timothy R. Kuklo, MD, Brett A. Freedman, MD, Jerry R. Cowart, DVM, Mark G. Mense, DVM and K. Daniel Riew, MD

A Randomized, Placebo-Controlled Trial of Intradiscal Electrothermal Therapy (IDET) for the Treatment of Discogenic Low Back Pain.

Kevin J. Pauza, MD, Susan Howell BS, RN, Paul Dreyfuss MD, John H. Peloza MD, Kathryn Dawson PhD, and Nikolai Bogduk MD, DSc.

Spine Surgery Research Study

The Spine Surgery Research Study, retrospectively examining five-year, post-surgical outcomes of virgin discectomy patients on a multicenter basis, concluded in 2003. This small demonstration study yielded base data that is currently under review and spawned development of a complementary study examining the same topic on a prospective basis.

Complications Data Registry

The Research Council has been actively working to develop a data registry for complications. The NASS National Complications Data Registry is a multicenter database registry for complications related to various treatments and procedures. It will be a resource for NASS members to track complications of emerging technologies. Through a pilot study, the registry collected complications for kyphoplasty/vertebroplasty, IDET and cages; results were presented at the 2003 Annual Meeting. Refinements are currently being made before the registry is opened to the general membership.

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SPORT Position Statement

Through the Research Council, a position statement was developed on the Spine Patient Outcomes Research Trial (SPORT). In view of the fact that the results of this comparative study of surgical versus nonsurgical treatment could have a significant impact on spine patients and their care, and in the spirit of scientific discourse, NASS provided comment on the methodology. It is NASS' hope that its comments will strengthen the study and those that follow it, and help spine care providers in interpreting the final study results. NASS does not favor one approach over the other but, like the SPORT authors, is in search of the best scientifically-proven approaches for patients. The SPORT position statement was published in *The Spine Journal*, and can be found on the NASS Web site at http://www.spine.org/Forms/SPORT_pos_stmt.pdf.

Research Funding Annual Research Fund (ARF)

The Annual Research Fund draws support from NASS members and companies in the spine care industry to fund top-priority, high quality spine-related research. Contributions are distributed to fund research in the same year as they are received at the Annual Meeting. Projects are selected by the Research Project Management Committee. NASS absorbs all administrative costs for this program with 100% of each contribution supporting the highest-quality, peer-reviewed research.

The following corporations and individuals invested in the future of spine care through the Annual Research Fund in 2003.

Corporate Donors

EBI
Kyphon Inc.

Individual Donors

Legacy Society

(Donations of \$5,000 or more)

Hallet H. Mathews, MD
Tom G. Mayer, MD

Leaders' Circle

(\$2,000 to \$4,999)

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Kee B. Park, MD
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Spine Research Foundation (SRF)

Because the Annual Research Fund distributes all the money it collects throughout the year, NASS recognized the need for a more permanent source of funding for spine-related research. As a result, NASS established the Spine Research Foundation in 1996. The Spine Research Foundation is an endowment fund that will fund spine care research in perpetuity. Contributions to the fund will remain untouched. The interest income accrued each year on the principal will supplement the amount NASS distributes through the Annual Research Fund.

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 that 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 2003.

Corporate Donors

Biosystems, Inc.
DePuy, A Johnson & Johnson Company
Kyphon, Inc.
Medtronic Sofamor Danek
Smith & Nephew

Individual Donors

Founder's Level (\$20,000+)

Titanium Level

(\$5,000-\$9,999)

Hansen A. Yuan, MD

Gold Level

(\$2,500-\$4,999)

J. Kenneth Burkus, MD
Gil Tepper, MD, FACS

Silver Level

(\$1,000 to \$2,499)

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Isador H. Lieberman, MD
Norman B. Livermore, III, MD, FACS
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Partners in Spine Gifts through OREF

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 two benefits: 1) the convenience of supporting two outstanding research funding organizations, and 2) public recognition from both NASS and OREF. Thanks to these Partners in Spine:

Behrooz A. Akbarnia, MD
Gunnar Andersson, MD
Marc Asher, MD
Gail Benson, MD
Frank Berklacich, MD
Scott D. Boden, MD
Christopher Bono, MD
David Bortel, In Memory of John Echold, Jr.
John Braun, MD
Courtney Brown, MD
J. Byrd, MD

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Michael Swank, MD
Michael Vives, MD

Jerald Waldman, MD
Thomas Walsh, MD
Scott Webb, DO
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Hansen Yuan, MD

Methods of Giving

In addition to cash gifts, some donors may wish to consider alternate methods of supporting the future of spine research through NASS. These options allow donors to match more closely 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). Donors save again by avoiding all capital gains taxes on the paper profit on this investment. Mutual fund shares can be contributed to the North American Spine Society with the same beneficial effects. You should also note that 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. You should contact your financial advisor for additional information and guidance on a gift of securities.

Gifts of Life Insurance can be used to maximize your support of NASS and perpetuate your values beyond your lifetime. Here is an example. If you purchased a \$50,000 policy years ago before your children were independent, let's assume that the cash surrender value of your policy is \$20,000 and the annual premium is \$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 premiums you pay. Ultimately, the full \$50,000 value of the policy will go directly to the NASS research programs. There are also other methods of using life insurance to make a meaningful gift. Please talk to your financial advisor.

Patient Safety

NASS' commitment to advocate on behalf of spine patients continues on as it provides patient safety resources to the membership. In 2003, these efforts included:

- Bringing the membership Annual Meeting Presidential Guest Speaker and internationally recognized air safety analyst and advocate, John J. Nance.
- *Patient Safety 101*. This free PowerPoint™ presentation with speaker's notes, references and handouts is useful in teaching the basic tenets of patient safety.
- Providing comments to the FDA on the dietary supplement ephedra.
- Endorsement and participation in the development of the JCAHO Universal Protocol For Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery.
- Spine Safety Alerts on counterfeit ProCrit® and NASS' endorsement of the JCAHO universal protocol.
- A new patient education brochure on *Evaluating Medical Information on the Internet*.

NASS also produced a dedicated patient safety column in each issue of *SpineLine*. The NASS Web Site Patient Safety Page (<http://www.spine.org/patientsafety.cfm>) contains NASS' position on medical error reporting and various NASS patient safety resources including past *SpineLine* articles, the Sign, Mark & X-ray program, patient education and Spine Safety Alerts. Other patient safety links are also available with articles, reports and tools. NASS also monitors a variety of government resources for patient safety related notices that may be useful to spine care practitioners. Spine Safety Alerts are distributed via e-mail and then posted on the NASS Web site at http://www.spine.org/spine_safety_notices.cfm.

Advocacy

Advocacy Committee

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NASS expects to welcome its 4,000th member during our 20th Anniversary in 2005

*“The fact that NASS continues to see exponential growth attests to the unique niche it has carved out in the spine care field.”
- Elizabeth Yurth, Member Review Committee Chair*

2003 Membership Report

As the North American Spine Society approaches its 20th anniversary, more than 3,800 specialists around the world are members of this leading multidisciplinary society in the spine field. With a heavy concentration in North America (approx. 3,300 in the United States, 6 in Mexico and 50 in Canada), our list of members residing outside of North America continues to grow in countries including: Argentina, Australia, Austria, Brazil, Chile, Columbia, Czech Republic, Denmark, Egypt, England, France, Germany, Greece, India, Iran, Iraq, Israel, Italy, Japan, Malaysia, the Netherlands, Republic of China, Saudi Arabia, Scotland, Singapore, South Africa, South Korea, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Turkey, the United Arab Emirates and Venezuela.

Categories of Membership

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

- **Active (68%)**
Active members are ABMS board certified MDs, DOs, and PhDs who devote at least 50 percent of their professional activities to spine disorders.
- **Associate (7%)**
Board eligible MDs and DOs, as well as PhD candidates, in the area of spine.
- **Affiliate (6%)**
Include allied health care professionals involved in spine care, as well as individuals involved in spine research/development.
- **Corresponding (7%)**
Health care professionals 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 (6%)**
Residents and fellows training in the field of spine.

Specialty Representation

NASS welcomed more than 500 members in 2003, largely due to our recruitment efforts. Specialties represented in membership include:

*orthopedic surgery
neurosurgery
physiatry
pain management and medicine
radiology
basic and applied research
neurology
anesthesiology
practice administration/management
chiropractic care
psychiatry/psychology
family practice
physical/occupational therapy
rheumatology
neuroradiology
sports medicine
anatomic/clinical pathology
emergency medicine
critical care
geriatric medicine
general and vascular surgery
musculoskeletal oncology
pediatrics trauma surgery*

In Recognition of Outstanding Contributions to the Field of Spine Care

Recognition awards, named for NASS Founding Members, are presented each year at the NASS Annual Meeting. The following awards were given in 2003:

David Selby Award: For excellence in leadership and/or research in the field of spine surgery. *Presented to Steven Garfin, MD*



Henry Farfan Award: For outstanding contributions to the field of spine care, especially in biomechanics or nonoperative spine care. *Presented to Brian Cunningham, MSc*



Leon Wiltse Award: For a member who has contributed greatly to the art and science of spinal disorder management through service to NASS. *Presented to Scott Boden, MD*



Members Meriting Recognition in 2003:

- Marjorie Eskay-Auerbach, MD, JD, Chair, Research Planning - Development of *NASS Criteria for Collaboration with Outside Entities* - Representative to the US Bone & Joint Decade Research Committee
- William Watters, III, MD, Co-Chair, Clinical Guidelines - Development of new cervical guideline - Representative to US Bone & Joint Decade Neck Pain Task Force - Representative to AAOS Evidence-based Medicine Committee - Representative to AANS Lumbar Fusion Guideline Project
- David Wong, MD, Continuing dedication to patient safety.- Bringing in John Nance as Presidential Guest Speaker-Spearheading our representation to JCAHO and AAOS in patient safety arenas.
- Ed Benzel, MD, Oversight of the Clinical Care Council and in particular, has been instrumental in coordinating NASS and AANS guidelines relationships
- Robert Gatchel, PhD, Oversight of the Research Council - Development of the SPORT review - Driving NASS' research studies forward (Spine Surgery Research Study, Complications Data Registry)

**North American Spine Society
National Association of Spine Specialists
Consolidated Statement of Financial Position
as of Dec. 31, 2003 and Dec. 31, 2002**

	12/31/03	12/31/02
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$1,455,133	\$430,863
Accounts receivable (net of reserve for doubtful accounts)	241,971	181,786
Pledges receivable	134,000	117,450
Other receivables	34,560	60,496
Deposits and prepaid expenses	179,457	358,681
Inventory	95,754	85,220
Total current assets	2,140,875	1,234,496
INVESTMENTS - at market value	1,130,181	1,184,816
PROPERTY AND EQUIPMENT - net of depreciation	836,668	869,399
Total assets	<u>\$4,388,216</u>	<u>\$3,288,711</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$390,354	\$333,247
Accrued expenses	161,008	154,967
Deferred income	236,583	120,270
Total current liabilities	787,945	608,484
NET ASSETS		
Unrestricted	2,467,376	2,028,514
Permanently restricted	852,403	651,713
Total net assets	<u>3,319,779</u>	<u>2,680,227</u>
Total Liabilities and net assets	<u><u>\$4,388,216</u></u>	<u><u>\$3,288,711</u></u>

**North American Spine Society
National Association of Spine Specialists
Combined Statement of Activities
for the Years Ended Dec. 31, 2003 and Dec. 31, 2002**

	2003	2002
INCOME		
Dues and fees	\$1,249,554	\$1,038,164
Sales - publications and advertising	185,464	208,693
Educational Programs	4,963,610	3,348,043
Sponsorships and support contributions	1,300,677	788,596
Royalties	62,166	65,548
Investment income/(losses)	191,582	(58,066)
World Spine Society	15,848	
Other income/(losses)	8,436	8,436
	<hr/>	<hr/>
Total income	7,968,901	5,399,414
EXPENSES		
Member Services	313,404	490,336
Publications	717,390	476,342
Grants and awards	225,276	192,318
Research and Scientific Affairs	299,891	261,757
Educational programs	3,786,622	2,138,003
Advocacy	1,211,861	784,744
World Spine Society	38,149	
Fundraising	32,604	289,015
Management and general	704,151	565,370
	<hr/>	<hr/>
Total expenses	7,329,348	5,197,885
INCREASE (DECREASE) IN NET ASSETS	639,553	201,529
Net assets - beginning of year	2,680,227	2,478,698
Net assets - end of year	\$3,319,780	\$2,680,227





