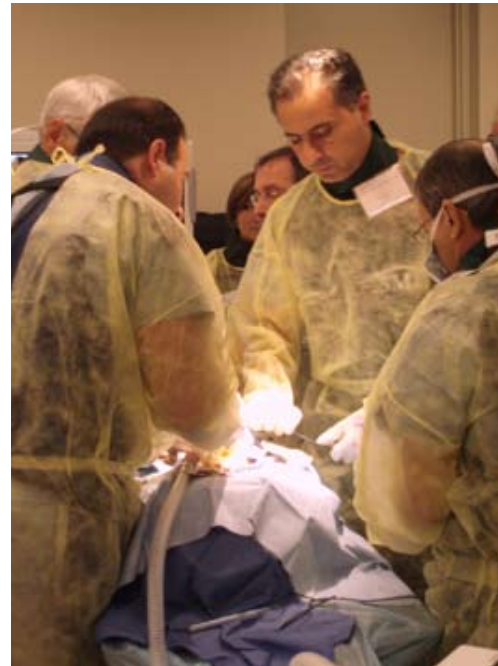




North American Spine Society 2007 Annual Report



Perhaps one of the most exciting events of 2007 was the opening of the Spine Masters Institute (SMI), which houses a state-of-the-art medical education facility and NASS' headquarters. NASS moved from three separate locations to the new facility in Burr Ridge (Chicago), Illinois, through the hard work of Eric Muehlbauer, the NASS staff, the Board of Directors and JJ Abitbol, the SMI Chairman.

We held our first course—Motion Stabilization—May 18-19, and everything went according to plan thanks to our great NASS staff, including: Jenni Edsell, Manager of Educational Programming; Jim Finnerty, Lab Manager; Brad Repsold, Sr. Manager of IT; and William Popielarczyk, IT Support Specialist. SMI is one of 20 facilities in the country with a 10GB/second transfer capacity; the usual home network speed is 1GB/second. This gives SMI limitless possibilities for video, voice and data technologies, including the real-time recording of presenters and their presentations that allows participants to leave a meeting or educational course with a DVD in hand. SMI is your facility and I encourage you to take advantage of the courses that are offered or to visit if you are in the Chicagoland area.

SMI was built upon NASS' vision of fostering quality spine care for patients, by giving our membership the tools to become the best spine care specialists possible. NASS formed the Quality Spine Care Task Force to achieve this vision through data/outcome collection, training, registries, strategic collaborations and possibly physician endorsement. Fostering quality spine care protects the spine profession and the serious issues that we face today, such as decreasing reimbursement and the scrutiny of physician/industry relationships.

NASS has met with United Health Care and Blue Cross Blue Shield to discuss how they may help us gather meaningful outcome data, so that we can be properly reimbursed. They are willing to pay for quality medicine, but have no way of measuring it except with the "administrative data" that they collect on us. So, it is important that we shift towards working with the insurance industry instead of against them, because their issues are the same as ours: developing meaningful outcome data to determine optimal treatments/procedures for spine care patients and achieving proper reimbursement.

NASS has really grown over the last 22 years and I have truly enjoyed leading NASS this past year. We must continue to stay on our toes and to re-examine and readjust our course, to ensure our continued success and maintain our wonderful profession.



Richard D. Guyer, MD
President



Richard D. Guyer, MD
President

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Socioeconomic Affairs Council Co-director

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At Large Board Member

Jeffrey C. Wang, MD
At Large Board Member

William Watters, III, MD
At Large Board Member

Eric J. Muehlbauer, MJ, CAE
Executive Director



22nd Annual Meeting

October 23-27, Austin, Texas

The Annual Meeting continued to demonstrate NASS' ability to provide high-quality continuing medical education for its members. Almost 900 abstracts were submitted for consideration. There were 81 oral paper presentations and 81 Special Interest Poster Presentations, plus 163 E-posters were featured over the four-day period. The final attendance count for registered attendees at the meeting totaled more than 3,800 participants.

Abstract Categories	Total Number of Abstracts Submitted	Total Number of Abstracts Accepted
Anatomy/Physiology/Biology	74	37
Biomechanics	111	21
Diagnostics/Imaging	85	39
Epidemiology/Etiology	30	17
Medical Management/ Interventional Treatment	49	20
Surgery	532	216
Anatomy/Physiology/Biology	74	37
Total	881	350



Scientific Program Committee

This committee was responsible for the educational development of the meeting.

President: Richard D. Guyer, MD

2007 Program Co-chairman: Ray M. Baker, MD

2007 Program Co-chairman: Michael R. Zindrick, MD

2008 Program Co-chairman: Venu Akuthota, MD

2008 Program Co-chairman: William Mitchell, MD

2006 Program Co-chairman: Patrick J. Connolly, MD

2006 Program Co-chairman: Heidi Prather, DO

Education Council Co-director: Ray M. Baker, MD

Education Council Co-director: Alexander J. Ghanayem, MD

CME Committee Co-chairman: George S. Miz, MD

CME Committee Co-chairman: Michael L. Reed, DPT, OCS

FOSA Liaison: Jeffrey C. Wang, MD

Scientific Program Reviewers

Spine care professionals submitted 881 abstracts for the 22nd Annual Meeting. These scientific program reviewers were responsible for grading the abstracts that were submitted:

Venu Akuthota, MD; David Isaac Alexander, MD; Paul A. Anderson, MD; Ray M. Baker, MD; Sigurd Berven, MD; Jay E. Bowen, DO; William G. Cano, MD; Allen L. Carl, MD; Eugene J. Carragee, MD; Jens R. Chapman, MD; Larry H. Chou, MD; David B. Cohen, MD, MPH; Patrick J. Connolly, MD; Richard Derby, MD; Denis J. DiAngelo, PhD; Robert Dickerman, DO, PhD; Ronald G. Donelson, MD; Paul H. Dreyfuss, MD; Lisa A. Ferrara, MS, PhD; Yizhar Floman, MD; Christian I. Fras, MD; Robert J. Gatchel, PhD; Alexander J. Ghanayem, MD; Richard D. Guyer, MD; Larry T. Khoo, MD; Stanley S. Lee, MD; M. Mason Macenski, PhD; Sohail Mirza, MD, MPH; William Mitchell, MD; George S. Miz, MD; Russ P. Nockels, MD; Donna D. Ohnmeiss, PhD; Nathaniel R. Ordway, MS, PE; Rajan Perkash, MD; Jeffrey D. Petersohn, MD; Heidi Prather, DO; Frank Rand, MD; K. Daniel Riew, MD; Anthony S. Rinella, MD; Gary A. Schneiderman, MD; Astaire K. Selassie, MD; Richard L. Skolasky, MD; Curtis W. Slipman, MD; Jeffrey M. Spivak, MD; Noam Y. Stadlan, MD; Patrick J. Sweeney, MD; Gil Tepper, MD, FACS; Scott G. Tromanhauser, MD; Alexander R. Vaccaro, MD; Jeffrey C. Wang, MD; Stuart M. Weinstein, MD; F. Todd Wetzell, MD; Kirkham B. Wood, MD; Steven G. Yeomans, DC; Michael R. Zindrick, MD

Exhibits

Attendees had the opportunity to view the latest technology, products and services from 236 companies in the Exhibit Hall. NASS' exhibit area continued to grow as an increasing number of companies felt that NASS' Annual Meeting was invaluable for promoting and demonstrating their products. More than 3,800 exhibitors were in attendance, a substantial increase over 2006's record high. Despite the fact that more companies are merging and acquiring each other, the exhibit floor continued to thrive.



Symposia

Symposia are a very popular feature of the Annual Meeting. Various topics on operative and nonoperative issues were covered during the Annual Meeting—The New Performance Measurement Programs: Your Care Will Be Assessed; Treatment of Symptomatic Degenerative Disc Disease: Repair, Regenerate and Rehabilitate; Relationships to Industry; Treating the Imperfect Patient: What to do with Those Who do not Meet the Inclusion Criteria; Lumbar Stenosis: Traditional Treatment and Emerging Technology; Cervical Spine: A Summary of the Evidence; Minimally Invasive Surgery: Is it Worth the Switch?; and New Technology.



Premeeting Educational Courses and Instructional Technique Workshops

In response to previous success and demand, NASS offered a varied selection of premeeting courses:

- Coding Update 2008: Essentials and Controversies of Operative and Nonoperative Spine Care Coding
- Managing Your Practice: Tools to Enhance Your Bottom Line
- Section on Spine Biologics and Research: Biologics for the Treatment of Spinal Disorders
- Section on Motion Technology: Examining the Evidence
- Your Innovative Idea: Technology Development Options
- Conducting Clinical Research in Spine: Information for Study Coordinators
- Clinical Research: Doing it Legally, Ethically and Scientifically
- An Introduction to Spine Care for Nonphysician Providers

Due to extremely high attendance levels and ratings, the Section on Spine Biologics and Research will expand into a full-day premeeting course for the 2008 meeting in Toronto. The Section on Motion Technology also experienced excellent attendance and ratings, and will continue as a premeeting course in 2008.



Instructional technique workshops are always a popular feature of the Annual Meeting.

The 2007 workshop topics were:

- Lumbar Spinal Injections
- Cervical Spine Stabilization
- Interbody Fusion Technologies
- Minimally Invasive Spine Surgery

22nd Annual Meeting Corporate Supporters

NASS would like to thank the following corporate supporters for their generous contributions:

Biomet: Fold-out Maps

DePuy Spine, a Johnson & Johnson Company: Presidential Guest Speaker, Keynote Speaker and Pocket Guide

Kyphon Inc.: Pens

NuVasive: Physician Assistant/Nurse Practitioner Reception

Stryker: Tote Bags

Synthes Spine: Resident/Fellow Reception, Resident/Fellow Travel Scholarships

Zimmer Spine: Padfolios, Calendar

22nd Annual Meeting Corporate Educational Grants

NASS would like to thank the following companies for their gracious support of the instructional technique workshops:

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Blackstone Medical

DePuy Spine, a Johnson & Johnson Company

GE OEC Medical Systems

Kimberly-Clark Health Care

Kyphon Inc.

Medtronic

NuVasive

Richard Wolf Medical Instruments Corporation

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Synthes Spine

TranS1, Inc.

Trimeddyne, Inc.

Zimmer Spine

Spring Break 2007: Back to the Future—Straight Spines, Straight Talk

March 14-17, Phoenix, Arizona

Close to 200 participants attended the fourth annual Spring Break meeting. The high-energy, interactive meeting stayed true to form by focusing on controversial and non-traditional topics in an intimate setting. The evaluation results were very good, with 78% of participants responding that they would attend the next Spring Break based on the content of this meeting. It was the first time that NASS used an audience response system—provided by Vision Tree—that enabled the audience to use a PDA to type questions, which were then filtered by the moderators and answered by the panelists. The audience asked more than 500 questions, but not all questions were answered. Evaluations also were conducted via the audience response system immediately after sessions resulting in almost 100% returns. NASS is looking into using something similar for the 2008 Annual Meeting, since paper evaluations yield very low response rates: just under 11% in 2006.



Spring Break Program Committee

Larry T. Khoo, MD, Co-chair

Gerry Malanga, MD, Co-chair

JJ Abitbol, MD

Paul Anderson, MD

Scott Blumenthal, MD

Tom Faciszewski, MD

Rick Guyer, MD

Stanley A. Herring, MD

Alexander R. Vaccaro, MD

World Spine IV

July 29-August 1, Istanbul, Turkey

The World Spine IV meeting was a great educational success. Approximately 500 participants attended the general meeting, and abstracts were submitted from 31 different countries. Four premeeting didactic courses explored Advances in the Treatment of Thorocolumbar Scoliotic Deformity; Treatment of the Painful Lumbar Disc: Therapeutic Options and Decision Making; Minimally Invasive Spine Surgery; and Spine Infections. Each day started with a general session focusing on a different issue in spine care, and symposia offered a variety of topics ranging from spinal cord injury to degenerative disc disease, to guidelines for diagnosis and management of primary and metastatic spine tumors. There were 190 podium presentations, and 162 electronic posters on display. The WSIV Program Committee was sensitive to the international audience it serves and chose content they believed would be beneficial to all attendees. Participants enjoyed the location and many brought guests.

World Spine IV Program Committee

Mehmet Zileli, MD, Izmir, Turkey, Program Chair

Luiz H.M. Pimenta, MD, PhD, Sao Paulo, Brazil

Edward C. Benzel, MD, Cleveland, Ohio, USA

Kathleen H. Baker, CNRN, Greensburg, PA, USA

Alexander G. Hadjipavlou, MD, Crete, Greece

Andrew J. Cole, MD, Bellevue, WA, USA

Abdelfattah Mohamed Saoud, MD, MSc, PhD, Cairo, Egypt

Mark Kayanja, MD, Cleveland, Ohio, USA

Charl Vorster, MD, Gauteng, South Africa

Azmi Hamzaoglu, MD, Ankara, Turkey

Sait Naderi, MD, Istanbul, Turkey

KASS Annual Meeting

July 20-21, Orlando, Florida

The Korean American Spine Society's annual meeting was highly rated. The presidents of two Korean spine societies were in attendance. Everyone enjoyed the meeting and thought that the sessions were high quality, but thought that there could have been more time for discussions; time restrictions were not enforced on the speakers, so there was not enough time for discussions. As of November 1, 2007, NASS no longer manages KASS; it is now under the direction of a meeting management company.

Coding Update 2007

Ski Coding Course (*January 26-27: Cliff Lodge Resort, Snowbird, Utah*)

The evaluation results for the first regional Coding Update 2007 course were excellent; 100% of attendees said that they would recommend the NASS Coding Course to colleagues. The only low result was the facility: it is NASS' policy to book properties with a rate under \$200 and it is difficult to secure facilities at this rate during prime skiing months.

City Coding Course (*March 30-31: Caribe Royale Resort, Orlando, Florida*)

The city Coding Update 2007 course sold out several weeks prior to the course; however, a few on-site registrants were permitted to attend. Again, evaluation results for the course were very good.

The first of four Coding Update 2008 courses was held as a premeeting course at the NASS 22nd Annual Meeting, October 22–23, in Austin, Texas, to introduce the new codes for the coming year.

Coding Course Program Co-chairs

Aleksandar Curcin, MD

Christopher Kauffman, MD

Hands-on Courses

Lumbar Spinal Injections (*February 16-17: Tucson Orthopaedic Institute, Tucson, Arizona*)

This course sold out within a few months of being publicized. The evaluations showed that the course was well-received and the faculty was rated very highly. Michael Schaufele, MD, and David R. O'Brien, Jr., MD, were the co-chairmen for this course.

Lumbar Spinal Injections (*March 2-3: Loyola Medical Center, Maywood (Chicago), Illinois*)

This course also sold out quickly. The course was very well-received by the attendees and the faculty scored highly, but a bit lower than the February faculty. Gregory Powell, MD, and Kevin P. Sullivan, MD, were the co-chairmen for this course.

Lumbar Discography (*March 23-24: Tucson Orthopaedic Institute Surgical Training Center, Tucson, Arizona*)

This course was created because evaluations from the 2006 injections courses showed a need for a discography course. The course was highly rated, but the attendees indicated that the length was too long—attendees thought that it could be taught in one day instead of one-and-a-half days. Based on this feedback and speaking with the course chairmen, Discography will be a one-day course in 2008. Attendees rated the faculty highly and the discussions were lively and informative. John D. Fisk, MD, and David R. O'Brien, Jr., MD, were the co-chairmen for this course.



Motion Stabilization

(May 18-19: Spine Masters Institute, Burr Ridge (Chicago), Illinois)

This was the inaugural course at the Spine Masters Institute. The course was well-received. The lab staff performed quite well, the didactic sessions received high scores and there seemed to be enough discussion time. However, attendees felt that there was not enough hands-on time in the lab. One challenge with the course was that some of the companies who were confirmed to participate opted out on-site, because their devices were not yet FDA-approved and they didn't want to jeopardize their trials. For future planning, only companies with approved devices will be invited. Thomas J. Errico, MD, and Richard D. Guyer, MD, were the co-chairmen for this course.

Lumbar Spinal Injections

(November 9-10: Spine Masters Institute, Burr Ridge (Chicago), Illinois)

This course was nearly full and had attendees from Canada and Mexico in addition to the United States. This was the second course to be held at SMI and the attendees and faculty were all impressed with the facility and how well the course ran. Kevin P. Sullivan, MD, was the course chairman.

CME Committee

The CME committee is composed of at least five NASS members who make proposals, for and upon approval by the Board, and plan NASS-designated instructional courses. The committee is responsible for interpreting needs assessment and developing courses to increase the capabilities of spine professionals. This committee reviews all other requests for course support, oversees faculty selection and educational forums, recommends symposia for the annual meeting and has oversight responsibility for domestic educational courses to ensure that ACCME guidelines are followed.

The CME Committee also has the primary responsibility of examining all proposals for collaboration on educational efforts among and between different educational entities, both domestic and international. It reviews proposals and makes recommendations to the board for consideration. This group has the main responsibility to liaise with other entities and provide oversight of these conferences to help ensure compliance with ACCME guidelines.

CME Committee

George Miz, MD, Co-chair
Mike Reed, DPT,OCS,MTC, Co-chair
Venu Akuthota, MD
Pat Connolly, MD
Rob Dickerman, DO, PhD
Larry T. Khoo, MD
Sohail Mirza, MD
Jeffrey Petersohn, MD
Astaire Selassie, MD
Alexander Vaccaro, MD

Resident/ Fellow Education Committee

F. Todd Wetzel, MD, Chair
Kingsley Chin, MD
Pat Connolly, MD
Rob Dickerman, DO, PhD
Ed Dohring, MD
John Heller, MD
Reginald Knight, MD
Dennis Maiman, MD
Kevin Morrill, MD
Mitchell Reiter, MD
K. Daniel Riew, MD
Alok Sharan, MD
Matthew Smuck, MD

“NASS’ clinical guidelines use a rigorous development process to ensure we are providing the members with accurate and up-to-date treatment information, as well as defining quality care.” *Jerome Schofferman, MD*

In 2007 the Clinical Care Council was led by Jerome Schofferman, MD, and the Research Department staff, led by Pam Hayden. They continued to make great strides in integrating evidence-based medicine into NASS projects, analyzing evidence and helping to provide relevant and current scientific spine care information for NASS members. This past year’s work resulted in two new clinical guidelines, which are available free of charge on the NASS Web site. The council also continued to provide members with important Spine Safety Alerts and represent members’ interests in matters related to performance measurement. NASS also diligently continued to work in collaboration with other specialty societies to further efforts of importance to members and their patients.

Clinical Guidelines

Clinical guidelines provide members with up-to-date treatment information and help define quality care. NASS uses a transparent, evidence-based methodology, incorporating levels of evidence and grades of recommendation, in the development of its clinical guidelines. All NASS Guideline Committee members are trained in evidence analysis as a requirement of participation. NASS began its foray into evidence-based guidelines with *Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis* in 2006.

In 2007, two new guidelines were written on the *Diagnosis and Treatment of Degenerative Spondylolisthesis* and *Antibiotic Prophylaxis in Spine Surgery*. NASS guidelines are available free of charge on the NASS Web site and are submitted to the National Guidelines Clearinghouse. New topics are underway.

Evidence-based Guideline Development Committee: Diagnosis and Treatment of Degenerative Spondylolisthesis

William C. Watters, III, MD, Chair

Christopher M. Bono, MD, Surgical Treatment Work Group Chair

Thomas J. Gilbert, MD, Diagnosis/Imaging Work Group Chair

D. Scott Kreiner, MD, Natural History Work Group Chair

Daniel Mazanec, MD, Medical/Interventional Treatment Chair

William O. Shaffer, MD, Outcome Measures Chair

Jamie Baisden, MD

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Michael H. Heggeness, MD, PhD

Richard Mendel, MD

Conor O’Neill, MD

Charles Reitman, MD

Daniel K. Resnick, MD

Jeffrey Summers, MD

Reuben Timmons, MD

John Toton, MD

Evidence-based Guideline Development Committee: Antibiotic Prophylaxis in Spine Surgery

William C. Watters, III, MD, Chair

Jamie Baisden, MD

Christopher M. Bono, MD

Michael H. Heggeness, MD, PhD

Daniel K. Resnick, MD

William O. Shaffer, MD

John Toton, MD

Performance Measures and Pay-for-Performance

NASS is a member of the AMA-convened Physicians' Consortium for Performance Improvement—the primary body developing performance measures for physicians. NASS has co-lead organization status in the Consortium for the development of spine measures with the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons/Congress of Neurological Surgeons and American Academy of Physical Medicine and Rehabilitation. In this forum, NASS voices its position on issues related to performance measures and pay-for-performance that may affect spine care providers.

In 2007, NASS members and staff participated in a Consortium work group to develop performance measures for spinal stenosis based on the NASS guideline *Diagnosis and Treatment of Lumbar Spinal Stenosis*. Due to the evidence base available for spine in general and the inability to come to a consensus, this work group will reconvene at a future date after the Consortium examines its internal processes and thresholds for evidence versus expert consensus. NASS has submitted comments to the AMA to assist in these discussions. Representation at the Consortium work groups also was provided for substance abuse disorders and perioperative care topics.

As part of its surveillance of the pay-for-performance environment in 2007, NASS also participated in other performance measurement activities. Comments were submitted to the Centers for Medicare and Medicaid Services (CMS) on their draft imaging efficiency measures on MRIs for lumbar spine. A comparison of the NASS antibiotic prophylaxis recommendations against the CMS perioperative measures also was undertaken and a strategy was developed for evaluating the appropriateness of those measures. NASS also submitted comments on the report format for the 2007 Physician Quality Reporting Initiative.

The Performance Measure Advisory Committee actively engaged the National Committee for Quality Assurance (NCQA) in discussion, by offering substantial input regarding their Back Pain Recognition Program and its measures. Although it did not endorse the program specifically, NASS generally supports quality improvement programs. When the National Quality Forum examined endorsement of the NCQA measures, NASS submitted significant comments during the public comment period. The committee also developed an Annual Meeting educational symposium titled *The New Performance Measurement Programs: Your Care Will Be Assessed*, featuring speakers from NASS, CMS, NCQA and United Healthcare.

NASS Representative for the AMA-convened Physicians' Consortium for Performance Improvement

David A. Wong, MD, MSc

Performance Measure Advisory Committee

Charles A. Mick, MD, Co-chair

David A. Wong, MD, MSc, Co-chair

Ray Baker, MD

Nikolai Bogduk, MD

Aleksandar Curcin, MD, MBA

Marjorie Eskay-Auerbach, MD, JD

Stanley A. Herring, MD

Christopher P. Kauffman, MD

Daniel K. Resnick, MD

William C. Watters, III, MD

Way Yin, MD

Evidence-based Medicine Training

NASS has made an online, self-directed evidence-based medicine and evidence analysis training program available in conjunction with the University of Alberta's Centre for Health Evidence (CHE). This program is based on content from the Users' Guides to the Medical Literature. CHE has consolidated all of these resources onto a desktop customized for NASS. Users receive continuing medical education credit for completion of the program. All NASS clinical guideline developers have been trained; training was opened to relevant NASS committees in 2007 and will open to the general membership in 2008.

Patient Safety

The Patient Safety Committee continued to administer the NASS Spine Safety Alert Program, which monitors a variety of government resources for patient safety-related notices that may be useful to NASS members, and distributes them via e-mail and member publications. In 2007, the committee issued 63 notices relevant to spine care and its providers. As reports of wrong-site surgeries continued to grow (either due to increased incidence or reporting effect), committee representatives participated in Joint Commission and other events related to wrong-site surgery to learn about and advocate for prevention.

Patient Safety Task Force

Stanley A. Herring, MD, Co-chair
David A. Wong, MD, MSc, Co-chair
David R. Chandler, MD
Marjorie Eskay-Auerbach, MD, JD
Francis T. Ferraro, MD
Michael James Graham, MD
Mark S. Gross, MD
John J. Han, MD
Robert F. Heary, MD
Michael Hisey, MD
Ajeya P. Joshi, MD
Thomas M. Mauri, MD
Rhoderic P. Mirkin, MD
James B. Reynolds, MD
Jeffrey M. Spivak, MD
William C. Watters, III, MD
Stuart M. Weinstein, MD
Jack E. Zigler, MD

Professional Society Coalition Task Force on Lumbar Fusion

Under the leadership of Steven Glassman, MD, and Daniel K. Resnick, MD, the participants in this multi-society task force include the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons/ Congress of Neurological Surgeons, Scoliosis Research Society and NASS. In response to the 2006 MCAC review of lumbar fusion for degenerative disc disease, the societies formed this coalition to act as an advocate and clearinghouse for efforts to clarify, define and develop evidence on this topic across societies and their members. The coalition is working with CMS, AHRQ and NIH to develop opportunities to stimulate and catalog evidence on lumbar fusion.

SOCIETY COALITION TASK FORCE ON
LUMBAR FUSION



“Research and research funding are the spark for all new forms of treatment and management. Investment in these arenas is vital.” *William C. Watters, III, MD*

Led by Michael Heggeness, MD, PhD, and William Watters, MD, as well as Pam Hayden and the Research Department, the Research Council awarded \$200,700 in research funding to worthy applicants and awarded its first Young Investigator grant. These grants are all made possible by the generous donations made to the NASS Research Funds. As part of the AAOS Capitol Hill Days, NASS sent a representative and patient to Capitol Hill to advocate on behalf of spine for more musculoskeletal research funding. Work continues to find ways to develop clinical outcome information related to spine to advance care. The council also continued work to clarify nomenclature for degenerative disc disease and develop solutions for language barriers related to the term.

Data Collection

NASS volunteers and staff continued to examine how NASS might design a data collection project to help expand the evidence base related to spine.

Research Grants

Each year NASS awards research grants to applicants with the highest-quality spine-related submissions. Beginning in 2007, NASS awarded its first Young Investigator grant to encourage new researchers. The Young Investigator grants will be awarded each year as part of the established awards process. In 2007, four grants were awarded totaling \$200,700.

Grant Recipients:

- In-vivo Spine Biomechanics: Application of an Innovative Combined MR and Dual Fluoroscopic Imaging Technique (*Kirkham B. Wood, MD; Guoan Li, PhD*)
- Biological Repair of Intervertebral Disc Degeneration (*Fackson Mwale, PhD; John Antoniou, MD, PhD; Peter Roughley*)
- Proinflammatory Cytokine Profile of Intervertebral Disc Tissues from Patients with Discogenic Axial Back Pain Confirmed by Discography (*Yeijia Zhang, MD, PhD; Greg Anderson, MD*)
- Young Investigator: Percutaneous Gene-delivery Mediated Intervertebral Body Fusion (*Matthew E. Cunningham, MD, PhD; Oheneba Boachie-Adjei, MD*)

Research Project Management Committee

Paul A. Anderson, MD, Chair
William W. Deardorff, PhD
Michael G. Fehlings, MD, PhD
Siavash S. Haghghi, PhD, DVM
Mark A. Lorenz, MD
Michael D. Smith, MD
William C. Welch, MD

Nomenclature on Degenerative Disc Disease Task Force

This task force continued to work to examine issues related to clarifying the nomenclature for degenerative disc disease and develop solutions for the language barriers that cloud use of this term.

Edward J. Dohring, MD, Co-chair
Tom Faciszewski, MD, Co-chair
Christopher M. Bono, MD
Michael H. Heggeness, MD, PhD
Pavel Hudoba, MD
Richard W. Johnson, MD
David W. Polly, Jr., MD

Research Fund Donors

NASS would like to thank the following contributors for their leadership and generosity in contributing to the advancement of spine care through the NASS research funds. (January–December 2007)

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Synthes Spine

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Craig A. Kuhns, MD
Isador H. Lieberman, MD, MBA
Alan L. Longert, MD
Ross D. Lynch, MD
Carl D. Maguire, MD
Marc I. Malberg, MD
Christopher B. Michelsen, MD
Gregory R. Misenhimer, MD
Richard J. Nasca, MD

Orthopaedic Research and Education
Foundation
Charles D. Pence, MD
Mitchell F. Reiter, MD
Daniel K. Riew, MD
Harvinder S. Sandhu, MD
Edward R.G. Santos, MD
Philip L. Schneider, MD
Arnold M. Schwartz, MD,
In Memory of Daniel S. Schwartz
William A. Sims, MD
John B. Sledge, III, MD
Richard Tallarico, MD
Tony Tannoury, MD
Michael J. Vives, MD
David A. Wong, MD, MSc
Hansen A. Yuan, MD

Research Fund Management Committee

Philip L. Schneider, MD, Chair; Dion J. Arthur, MD; W. Daniel Bradley, MD; Alexander J. Ghanayem, MD; Alan S. Hilibrand, MD; Michael S. Hisey, MD; James H. Maxwell, MD; Michael D. Smith, MD; Jeffrey L. Stambough, MD, MBA

“The Association continued to work with the Alliance of Specialty Medicine to **support politicians in key positions that share the goal of fostering the delivery of quality spine care** for our patients. The Spine Advocates Program continued to grow along with the NASS Legislative Action Center, which provides an extremely valuable benefit to our membership to **facilitate contact with their Congressional leaders**. The Association will continue the **fight to shape the delivery of healthcare** for the benefit of our membership and their patients during the Presidential election process and into 2009.” *Jeffrey J. Wise, MD*

Recognizing the need to influence the debates that shape health care policy, NASS established the National Association of Spine Specialists—an IRS-designated 501(c)(6) trade association. The Association advocates in the legislative and regulatory arenas for public policies that protect members’ ability to practice medicine and give patients access to the specialists and technologies that they require.

All members of the North American Spine Society are members of the Association (unless they opt out), with a portion of member dues allocated to advocacy efforts. In addition, Association membership is open to patients and spine industry, whose representatives recognize that the success of their business depends on their clients’ need for their products and services.

NASS Advocacy Committee

- | | |
|---------------------------------|-----------------------------|
| Jeffrey J. Wise, MD, Chair | Perry L. Haney, MD, DC |
| Claude M. Borowsky, MD | Charles A. Mick, MD |
| Craig C. Callewart, MD | Joel M. Press, MD |
| Marjorie Eskay-Auerbach, MD, JD | Gregory J. Przybylski, MD |
| Tom Faciszewski, MD | Raj D. Rao, MD |
| John G. Finkenberg, MD | Jose E. Rodriguez, MD, FACS |
| James A. Ghadially, MD, FRCS(C) | William A. Sims, MD |

National Association of Spine Specialists Board of Directors

- | | |
|--------------------------------|---------------------------------|
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| 1st Vice President | Richard D. Guyer, MD |
| 2nd Vice President | Tom Faciszewski, MD |
| Advocacy Committee Chair | Jeffrey J. Wise, MD |
| Secretary | Gregory J. Przybylski, MD |
| Treasurer | Robert J. Gatchel, PhD |
| Past President | Jean-Jacques Abitbol, MD |
| Past President | David A. Wong, MD, MSc, FRSC(C) |
| Past President | Thomas J. Errico, MD |
| At-Large Member | Charles Branch, MD |
| At-Large Member | Heidi Prather, DO |
| Co-chair of Socioeconomic | Charles Mick, MD |
| Co-chair of Socioeconomic | Marjorie Eskay-Auerbach, MD |
| Young Physician Representative | Alok Sharan, MD |
| Executive Director | Eric J. Muehlbauer, MJ, CAE |
| Industry Representative | Diana Bogard, Medtronic Spinal |
| Industry Representative | Dennis Stripe, Stryker Spine |



NASS Advocacy relies on its members to lead our efforts by participating in the NASS grassroots advocacy program, contributing to SpinePAC and advocating for sound health policy. These leaders demonstrated their passion for their patients, their profession and the quality of health care in this country.

Washington, DC Office/Alliance of Specialty Medicine

The Washington Office remained a key component of NASS' advocacy operation. NASS continued to be an active member of the Washington-based Alliance of Specialty Medicine, a nonpartisan coalition of thirteen medical societies representing more than 200,000 specialty physicians in the United States. The Association is represented in the Alliance by a Washington office staff person who works with other member organizations to promote fair Medicare physician reimbursement, medical liability reform and improved quality reporting legislation among other issues. NASS continued to co-chair the Alliance's political action workgroup, by organizing fundraising efforts and identifying key legislators in the position to influence health care policies that were made in Washington. At the end of 2007, the Alliance voted to incorporate as a formal organization. This action provided the Alliance with increased credibility on Capitol Hill and offered NASS volunteers additional liability protections that were lacking in the previous structure.

Health Policy

Medicare reform continued to be at the top of NASS' legislative agenda. In December 2007, Congress passed a six-month increase of 0.5% for Medicare physician reimbursements. This action replaced a 10.1% cut to physician payments under Medicare, scheduled to begin on January 1, 2008. Congressional action on this issue followed hundreds of e-mails, letters and phone calls from NASS members to lawmakers urging their representatives in Washington to avert a potential access crisis by preventing the cuts.

Until Congress replaces the sustainable growth rate formula with a reimbursement system that more accurately reflects the cost of providing care to our nation's seniors, Medicare physician reimbursement will remain at the top of the advocacy agenda. The NASS Advocacy Committee realizes that many other issues impact our members and makes every attempt to educate our members on these issues and mobilize them to take action when necessary.

In 2007, articles in *SpineLine* covered topics ranging from health information technology to physician ownership. These articles informed members of NASS' position and provided updates on the progress of legislation with the potential to affect their practice and patients.

The Advocacy Department continued to track a limited number of state health policy issues. In order to maximize NASS resources, Advocacy staff met regularly with government relations staff from other medical societies to share information on state-level developments, providing very valuable information for members.

Grassroots Activity

The Spine Advocates Program is NASS' grassroots advocacy network. The program and its features continued to grow in 2007. Spine Advocates received the monthly *Spine Advocates Update* newsletter, which provided updates on health policy issues being discussed at the state and federal levels. Participants in the program also received action alerts when an issue was being debated in their state or federal legislatures. These alerts prompt members to contact their lawmakers and provide talking points to educate officials on how these issues impact physicians and patients in their district. In an effort to increase in-district activities by our members, Spine Advocates received a toolkit that provides advice for arranging meetings with legislators, organizing fundraisers for federal candidates and engaging patients in our advocacy efforts. NASS encourages members to involve their patients in our efforts to improve their access to quality spine care.

NASS continued to operate the Legislative Action Center (www.capwiz.com/spine), an online tool designed to help facilitate communication between policymakers and the public. This tool provides members with current information on the status of key legislation and allows members and their patients to contact their elected officials about NASS' key issues and ask for support on legislation that places our members' ability to practice medicine at risk. This tool also allows the Advocacy staff to send newsletters and alerts when action on a specific measure is needed. Visitors to the Legislative Action Center sent nearly 450 letters and e-mails to more than 120 members of Congress and state legislators in 2007.



SpinePAC

SpinePAC is the political action committee fund through which the Association supports federal legislative candidates who champion policies that benefit spine care patients and the professionals who treat them. SpinePAC is funded through contributions from individuals in the spine care field, specifically Association members and executives of corporate member companies. During 2007, SpinePAC members contributed \$65,480 to support the spine care profession. In return, SpinePAC was able to make \$41,000 in contributions to candidates for federal office—65.4% Democrat and 34.6% Republican—and had just about \$81,000 cash on hand at the end of the year. This amount put SpinePAC in a great position to support key candidates heading into an important election year. The 26 candidates who received SpinePAC funds in 2007 were Congressional leaders who supported sound health care policies; most served on committees with jurisdiction over health care issues, including physician reimbursement, quality improvement and medical liability reform.

SpinePAC would like to thank the following Chairman, Capitol and Advocate Club members for their 2007 contributions to the political action committee:

Chairman's Club (\$1,000–\$4,999)

Venu Akuthota, MD
 David Basch, MD
 Robert Byers, MD
 Craig C. Callewart, MD
 Gregory D. Carlson, MD
 Huntly Gordon Chapman, MD
 Jeffrey C. Dick, MD
 Robert M. Dimick, MD
 E. Jeffrey Donner, MD
 Thomas J. Errico, MD
 Mark H. Falahee, MD
 James A. Ghadially, MD
 J. Michael Glover, MD
 Richard D. Guyer, MD

Todd J. Harbach, MD
 Scott D. Hodges, DO
 David M. Kruger, MD
 Baron Lonner, MD
 George S. Miz, MD
 Don K. Moore, MD
 Pierce D. Nunley, MD
 Joan F. O'Shea, MD
 Andrew E. Park, MD
 Steven M. Reich, MD
 Tom E. Reinsel, MD
 K. Daniel Riew, MD
 Tim Scannell

Thomas C. Schuler, MD
 Arnold M. Schwartz, MD
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 Volker K.H. Sonntag, MD
 Lane D. Spero, MD
 Dennis Stripe
 Gil Temper, MD
 Steven J. Triantafyllou, MD
 Robert G. Viere, MD
 Alexis M. Waguespack, MD
 Jeffrey J. Wise, MD
 David A. Wong, MD
 Michael W. Woods, MD

Capitol Club (\$500–\$999)

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 Kevin C. Booth, MD
 Claude Borowsky, MD
 Stephen L. Curtin, MD
 Donald D. Hales, MD
 James J. Harms, MD
 Robert J. Henderson, MD
 Eric R. Jamrich, MD
 Stephane Lavoie, MD
 Srdjan Mirkovic, MD
 Robert A. Peinert, MD
 David W. Polly, MD
 Heidi Prather, DO
 Jose E. Rodriguez, MD
 Douglas A. Slaughter, MD
 Paul J. Slosar, MD

Advocate's Club (\$250–\$499)

Jeffrey Albea, MD
 Bryan Barber, MD
 Timothy A. Burd, MD
 Ralph Cavalier, MD
 David M. Christensen, MD
 John E. Davis, MD
 Craig A. Dopf, MD
 Stephen R. Goll, MD
 Robert F. Haynsworth, MD
 Richard Kaul, MD
 Anh X. Le, MD
 Isador H. Lieberman, MD
 Robert Lifeso, MD
 Paul S. Lin, MD

Robert G. Liss, MD
 James M. Loddengaard, MD
 Paymaun M. Lotfi, MD
 Fred G. McQueary, MD
 Gilbert R. Meadows, MD
 William Mitchell, MD
 Gregory O. Munson, MD
 Raj D. Rao, MD
 Daniel D. Rhoads, MD
 Walter R. Sassard, MD
 Ildemaro J. Volcan, MD
 Jerald P. Waldman, MD
 Michael H. Winer, MD
 Mark A. Wolgin, MD

AMA CPT and RUC Activities

NASS' Socioeconomic Affairs Council continued to actively participate in the CPT/RUC process to protect and grow reasonable reimbursement for services provided by spine care physicians. Charles Mick, MD, the Socioeconomic Affairs Council Director, continued to serve on the AMA Specialty Society RVS Update Committee (RUC), while Claire Tibiletti, MD, served as NASS RUC Advisor. William Mitchell, MD, served as the CPT Advisor for NASS. Collectively, Drs. Mick, Mitchell and Tibiletti were highly effective in the codes and values they brought to the process, successfully representing the interests of NASS members.

NASS developed three new codes to report three-column osteotomy of the spine (Pedicule subtraction osteotomy), and they were valued at the April 2007 AMA/RUC meeting. The final description of the codes and valuation was published in the November 2007 CMS physician payment final rule for implementation in 2008.

The CPT panel also accepted a recommendation to refer to the RUC code 20660 to be revalued and retained as a Modifier 51 exempt code.

National Correct Coding Initiative Edits

In 2007, the Socioeconomic Affairs leadership and coding committees continued to assess and comment on edits proposed by the CMS through the National Correct Coding Initiative. Committee members provided comments on CPT code 77421 (stereoscopic X-ray guidance), CPT codes 12001-13153 (complex wound closure/skin repair codes), CPT code 63707 and 63709 (repairs of dural/cerebrospinal fluid leaks), and CPT code 22505 (manipulation of spine requiring anesthesia, any region).

Surgical and Medical Coding Committees

The surgical and medical coding committees continued to monitor, review and comment on spine-related coding and reimbursement issues, effectively representing the concerns of NASS members. The coding committees took on many activities throughout 2007. A coding Q&A column was developed and submitted for each issue of *SpineLine*. NASS reviewed and responded to member inquiries relating to correct coding. Coding resources for the 2008 NASS *Common Coding Scenarios* publication were reviewed and updated. Proposed coding applications for presentation to the CPT Editorial Panel were given consideration and developed. The committees also provided assessments and comment on edits proposed through the National Correct Coding Initiative. Assessments and comments were made on Medically Unlikely Edits proposed by CMS, and spine-related policies and regulations developed by CMS and private insurers were evaluated and comments were drafted.

Surgical Coding Committee

Christopher Kauffman, MD, Chair
Mina Foroohar, MD, Vice Chair
David Cohen, MD
Alex Curcin, MD
Christopher DeWald, MD
Donna Lahey, MD
William Mitchell, MD (NASS AMA/CPT representative)

Medical Coding Committee

David O'Brien, MD, Chair
Christopher Standaert, MD, Vice Chair
Ray Baker, MD
Eric Graham, MD
Phillip Kim, MD
Claire Tibiletti, MD
Jon J. Wilson, MD

Medically Unlikely Edits

The Centers for Medicare and Medicaid Services (CMS) implemented Medically Unlikely Edits (MUE) in multiple quarterly phases in order to reduce the Medicare paid claims error rate. With the assistance of the American Medical Association, CMS sought review and comment of proposed MUEs from national medical, surgical and other healthcare organizations. The NASS Socioeconomic Affairs leadership, in collaboration with the American Academy of Orthopedic Surgeons and the American Academy of Neurosurgery/Congress of Neurosurgeons, reviewed and submitted recommendations on the proposed MUEs related to spine care.

Physician Payment Schedule/Final Rule

The Socioeconomic Affairs Council submitted comments to the CMS-proposed notice on the revisions to Medicare payment policies under the Physician Payment Schedule for 2008, published in the July 12, 2007, Federal Register. NASS was successful in lobbying for a CMS-proposed increase for 2008 of 2.47 in the Practice Expense (PE) Relative Value Units (RVUs) for CPT 22857 (to report insertion of a total disc arthroplasty). There were two other recently added codes in this family: 22862 (for revision) and 22865 (for removal) of a disc arthroplasty. The comment letter requested that CMS use a similar specialty mix in the calculation of the PE RVUs for related CPT codes 22862 and 22865, as was used for code 22857.

Practice Management Committee

The Practice Management Committee monitors the practice environment and activities of NASS members. It also provides information about the state of spine care practice to members and other interested parties.

In 2007, the committee continued to develop practice management articles for publication in each issue of *SpineLine*. In addition, the Committee developed and held a one-day premeeting practice management course at the 22nd Annual Meeting in Austin, Texas. The course focused on improving practice efficiency through the use of appropriate EMR systems, optimizing practice productivity through time management and physician extenders, and understanding techniques to maximize revenue through marketing, contracts, billing and collections.

The committee developed a practice management course for the 2008 Annual Meeting on the Evolution of Spine Care Practice in the 21st Century. The course will discuss corporate culture, career development including pros and cons of various practice models, style and effect of practice management, strategies for conflict resolution, and the structuring of a physician spine care practice to meet future marketplace influences.

Practice Management Committee

Aleksandar Curcin, MD, Chair

William T. Barrick, MD

Robert Byers, MD

John D. Fisk, MD

Brian Foley, MD

Vicenta C. Gaspar-Yoo, MD

Jae Y. Lim, MD

Robert McLain, MD

Ali Moshirfar, MD

Barton L. Sachs, MD

Thomas Schuler, MD

Robert J. Takacs, MD

Sridhar V. Vasudevan, MD

Jerald P. Waldman, MD

The NASS Professional Conduct and Ethics Committee, led by Stanley A. Herring, MD, continued its mission to review cases of possible ethical misconduct in relation to expert witness testimony, as well as other ethical disputes, by hearing several cases in 2007; results of the hearings which result in punitive action are published in *SpineLine*.

The ethics symposium, Industry Relationships: How to Keep the Department of Justice from Knocking on Your Door, held at the 22nd Annual Meeting in Austin, Texas, broke attendance records for a symposium of its kind. Dr. Herring and Dr. Guyer (Co-Chairs and past Presidents), Sohail Mirza, MD (presenting on the Science of Conflict), Bill Christianson (from DePuy, giving the industry perspective), and Peter Winn (from the U.S. Department of Justice) were part of the panel that provided commentary on the symposium. The MediaSite video of this presentation can be found on the NASS Web site under "Education."

The Professional Conduct and Ethics (PCE) Committee continued to review the NASS Code of Ethics and Conflict of Interest Disclosure Policy, which are viewed as "living documents"; suggestions for changes and additions were periodically recommended to the Board of Directors in 2007. The committee expanded the scope of the NASS Expert Witness Guidelines to include certain cases which may have been excluded by wording in the original version. The committee also began the planning process for a "Roundtable on Ethics and Industry," which will take place in September 2008 and include physician leadership, ethical consultants and industry leaders. The Committee added an extensive Procedural FAQ and a complete NASS Ethics Timeline to the Ethics section on the NASS Web site, and continued to publish timely and informative articles in *SpineLine* on various ethical issues such as spine training and treating patients with religious objections to certain types of treatment, among others.

Professional Conduct & Ethics Committee

Stanley A. Herring, MD, Chair

Paul A. Anderson, MD

Scott Boden, MD

Marjorie Eskay-Auerbach, MD, JD

Craig S. Rabb, MD

Mike Reed, DPT

Noam Stadlan, MD

F. Todd Wetzel, MD

Membership Statistics

NASS welcomed 452 new members in 2007, bringing the total membership to 4,764. The membership is comprised of 23 specialties, with orthopedic surgery (50%), neurosurgery (21%), pain management and rehabilitation (11%), and pain management (5%) making up the majority of membership. Although NASS has members in 45 countries, membership is primarily based in North America (95%).

Membership Review Committee

David R. Lange, MD, Chair
Bernard Cohen, MD
Todd J. Harbach, MD
Donna Ohnmeiss, PhD
Bernard C. Randolph, MD
James Reynolds, MD
Francis H. Shen, MD
Peter Sorini, MD
William J. Sullivan, MD

NASS Recognition Awards

Each year awards are presented at the NASS Annual Meeting to individuals who were nominated for their outstanding contributions to NASS and the field of spine care. These awards are named for past NASS leaders who exemplified excellence and dedication.

Recognition Award Committee

Scott Haldeman, MD, Chair
Michael G. Fehlings, MD
Michael H. Heggeness, MD, PhD
Stanley A. Herring, MD
Timothy A. Holt, MD
Stephen R. Pledger, MD
Jeffrey A. Saal, MD, FACP
Hansen A. Yuan, MD

2007 Award Winners

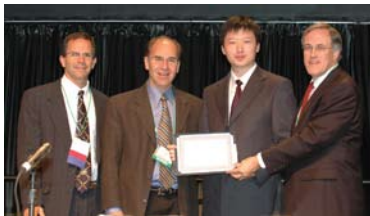
- **Arthur D. Steffee, MD**, Foxburg, Pennsylvania: Wiltse Award for excellence in leadership and/or clinical research in spine care.
- **James D. Kang, MD**, Pittsburgh, Pennsylvania: Farfan Award for outstanding contributions in spine-related basic science research.
- **Edward C. Benzel, MD**, Cleveland, Ohio: Selby Award for contributing greatly to the art and science of spinal disorder management through service to NASS.

The Spine Journal

The Spine Journal (TSJ) continued to expand in pages and influence in 2007. Building on previous years of success, Editor-in-Chief Charles L. Branch, Jr., MD, and the editorial board achieved several new milestones for *The Spine Journal*. In TSJ's seventh volume year, there was a 14% increase in submissions over the previous year; the acceptance rate grew more competitive (down to 42% in 2007); print pages increased to 754 (averaging 126 pages per issue); articles in press (e-pub) increased ahead of print publication; the NASS Annual Meeting Proceedings supplement was published; it was accepted by Thomson/ISI for Impact Factor indexing; and there was a growth in subscriptions, advertising, reprints and online article requests.

The Spine Journal Outstanding Paper Awards

TSJ awarded two Outstanding Paper Awards in 2007. The winning manuscripts were published in the March/April 2008 issue:



Basic Science Award

"Mouse growth and differentiation factor-5 protein and DNA therapy potentiates intervertebral disc cell aggregation and chondrogenic gene expression"
Xudong Li, MD, PhD; Min Cui, MD, PhD; Yuqig Wan PhD; D. Greg Anderson, MD; Francis H. Shen, MD; Brian M. Leo, MD; Cato T. Laurencin, MD, PhD; Gary Balian, PhD



Surgical Science Award

"Assessment of health-related quality of life after surgical treatment of focal symptomatic spinal stenosis compared with osteoarthritis of the hip or knee"
Y. Raja Rampersaud, MD; Bheesma Ravi, HBSC; Stephen J. Lewis, MD; Vanessa Stas, MD; Ronald Barron; Roderick Davey, MD; Mizar Mahomed, MD, MPH

The Spine Journal Editorial Board

TSJ is fortunate to have a distinguished board of more than 150 expert international peer reviewers serving on the Associate and Advisory Editorial Boards. Among them is Kevin Gill, MD, a recipient of the 2007 TSJ Outstanding Reviewer Award for his consistently superior performance as a reviewer.

Executive Editorial Board

Charles L. Branch, Jr., MD, Editor-in-Chief

Deputy Editors

Paul M. Arnold, MD
Paul B. Bishop, DC, MD, PhD
Eugene J. Carragee, MD
Daniel K. Resnick, MD
Jeffrey C. Wang, MD

NASS Editorial Staff

Pamela Towne, Director of Publications
Joy Kenyon, Managing Editor

SpineLine

When Dr. Eric Truumees took over as Medical Editor in January of 2007, he set out to build on *SpineLine's* track record of excellence and vowed to "keep the editorial bar high." With the help of a nationally recognized Editorial Board and several expert contributors, he has succeeded admirably. Throughout 2007, *SpineLine* consistently reached the bar by offering top-notch clinical, practice, socioeconomic and advocacy content/news to NASS' multidisciplinary and multispecialty audience of readers.

Highlights included several thought-provoking Invited Reviews:

- AMA Guides 6th Edition: An Update on Medical Impairment Ratings and the Disability Evaluation Process
- Spine Radiosurgery
- EBM: Helping at an Individual and Organizational Level
- Surgical versus Nonsurgical Treatment: Analyzing the SPORT Data
- Participation and Supervision of Orthopedic Residents During Spine Surgery: A National Survey and Analysis
- Musculoskeletal Conditions that May Mimic Spinal Pathology: A Diagnostic Dilemma

Curve/Countercurve Editors Jeffrey C. Wang, MD, and Heidi Prather, DO, presented several lively debates:

- Bracing vs. Surgery for a T12 Burst Fracture
- Therapeutic Exercise: Which Method is Best for Lumbar Radiculopathy?
- Surgical Treatment of Tandem Stenosis: Which Level First?
- Management of Osteoporotic Compression Fracture: Conservative Care or Vertebral Augmentation?
- Resident Work Hour Limitations
- Extension-based Axial Low Back Pain: Options for Treatment

Editorial Board members contributed to the Literature Review column, a highly-rated section offering summaries and commentary on current spine literature.

- Neurosurgical coverage: Paul Arnold, MD
- Orthopedic surgical coverage: Jonathan Grauer, MD, et al
- Pain management coverage: Michael E. Frey, MD
- Biomechanics coverage: Ted Dreisinger, PhD

In addition to the aforementioned contributions, several other Board members and the individuals listed below contributed content and/or reviewed manuscripts. The full Editorial Board convened in October 2007 during the 22nd Annual Meeting in Austin, Texas, to develop the 2008 editorial schedule. The editorial board is grateful to the NASS President, the many NASS members and other authors who contributed to *SpineLine*.

SpineLine Editorial Board

Eric Truumees, MD, Medical Editor

Section Editors

Spiro B. Antoniadis, MD

Paul M. Arnold, MD

R. David Bauer, MD

Christopher M. Bono, MD

Aaron Calodney, MD

Ted Dreisinger, PhD

Michael E. Frey, MD

Alexander J. Ghanayem, MD

Jeffrey A. Goldstein, MD

Jonathan N. Grauer, MD

Paul E. Kaplan, MD

Eldin E. Karaikovic, MD, PhD

Heidi Prather, DO

Michael K. Schaufele, MD

Paul J. Slosar, MD

Jeffrey C. Wang, MD

Jim A. Youssef, MD

NASS Editorial Staff

Pamela Towne, Director of Publications

Kelly Dattilo, Publications Manager

Contemporary Concepts in Spine Care

Contemporary Concepts in Spine Care is a series of referenced reviews on issues in spine care, presented in the context of historical development and providing rationale that leads to current practice. Each review discusses, criticizes and references relevant scientific data, suggests future studies and makes general recommendations for current practice. Each review is published in *The Spine Journal* and as part of the Contemporary Concepts print and electronic series. Individual titles and complete sets are available and can be purchased by spine providers (members receive a discount) who look to NASS for well-referenced statements on specific spine care treatments and procedures.

The series now includes:

- Arthroscopic Microdiscectomy
- Bone Grafting Alternatives in Spinal Surgery
- Cervical Myelopathy: Current Diagnostic and Treatment Strategies
- Intervertebral Cages for Degenerative Spinal Diseases
- Lumbar Disc Arthroplasty
- Lumbar Discography
- Lumbar Epidural Steroid Injections
- Lumbar Zygapophysial (Facet) Joint Injections
- Magnetic Resonance Imaging: Use in Patients with Low Back Pain or Radicular Pain
- Management of Postprocedural Discitis
- Nonoperative and Operative Treatment of the Osteoporotic Spine
- Open Discectomy as Treatment for Herniated Nucleus Pulposus of the Lumbar Spine
- Percutaneous Vertebral Augmentation
- Psychotropic Medication in Chronic Spinal Disorders
- Radiographic Assessment for Patients with Low Back Pain
- Return to Play Criteria for the Athlete with Cervical Spine Injuries Resulting in Stinger and Transient Quadriplegia/paresis
- Rheumatoid Arthritis of the Cervical Spine
- Spine Rehabilitation: Secondary and Tertiary Nonoperative Care
- The Use of Bone Morphogenetic Protein in Spine Fusion

The Contemporary Concepts program falls under the direction of the Contemporary Concepts Committee, which is responsible for recommending appropriate topics, recruiting authors, and reviewing and approving manuscripts. The committee met during the 22nd Annual Meeting in Austin, Texas, to develop new topics, identify the leading experts and invite them as potential authors. NASS would like to thank to the 2007 Contemporary Concepts Committee members.

Contemporary Concepts Committee

Darrel Brodke, MD, Chair

Neil Berrington, MD

Christopher Bono, MD

Keith W. Harvie, DO

Heidi Prather, DO

Public Education Task Force

The Public Education Task Force oversees the development of NASS patient education materials, such as the popular public education series of brochures and patient-focused web content. The task force met in October 2007 during the 22nd Annual Meeting in Austin, Texas, to review existing brochures, evaluate topics for new brochures, discuss the potential of including animations of spine anatomy/procedures on the NASS Web site and to explore the feasibility of creating an online clearinghouse of educational materials.

In 2007, the task force also revised and reprinted several existing brochures. The series now includes a total of 34 brochure titles, available as printed pamphlets for spine providers to use with their patients. Patients may also view (and download) each brochure on the NASS Web site. The top-selling print versions, Herniated Lumbar Disc, Herniated Cervical Disc and Spinal Fusion, are among the most visited pages on www.spine.org.

Public Education Task Force

Donna Ohnmeiss, PhD, Chair

Dion J. Arthur, MD

Kevin Deitel, MD

Russell DeMicco, DO

Teri Holwerda, RN, MSN

George Van Huffman, MD

Archives

The Archives Task Force collects historic documents and artifacts for the creation of a NASS museum that is dedicated to the history of spine care. The task force also collects Signature Edition books, a special collection of books that are signed by the authors related to spine care and education.

Many contractors, IT professionals, interior designers and NASS staff worked diligently for weeks to meet the May deadline for the opening of the new NASS headquarters and Spine Masters Institute (SMI).

The building opened in early May 2007 and the first course, Motion Stabilization, was held at SMI on May 18-19. The two-day hands-on Motion Stabilization course showcased FDA-approved artificial discs, and discussed pertinent anatomy and indications of motion stabilization surgery in cadaver lab sessions. There were attendees from four countries: USA, Brazil, Turkey and South Korea.

Two additional NASS hands-on courses were held in the fall at SMI: Lumbar Spinal Injections on November 9-10 and Minimally Invasive Spine Surgery on December 7-8.

Didactic lectures were held in the 100-plus seat auditorium that features dual screens and a dynamic camera tracking system to capture both the presenter and audience.

Lab sessions took place in the 3,800 square foot bio-skills lab, which features 12 fully-equipped work stations that can accommodate 3-5 participants, as well as 13 ceiling mounted LCD displays that showcase procedures at the lead faculty table. Clean and dirty rooms, a doctor preparation room, locker rooms, an observation room and cadaver storage are additional lab offerings.

The multimedia infrastructure recorded the audio, video and PowerPoint® presentations for the lectures and lab sessions to capture the entire course for download. Each attendee received an online link to the course content for future reference.

Seven NASS hands-on courses are scheduled at SMI for 2008. There will be courses on discography, injections, lumbar interbody spine surgery and cervical spine stabilization. Many industry and other medical society courses are being scheduled for 2008 as well.

SMI is located in Burr Ridge, Illinois, close to both Midway and O'Hare airports. There are two Marriott hotels nearby to accommodate attendees: one hotel is adjacent to the facility and the other sits about one half mile away.



Spine Masters Institute

SMI Donor Recognition

Special thanks to the corporate sponsors and donors who have pledged their support to the Spine Masters Institute.*

Spine Master (\$1,000,000)

Kyphon
Stryker
Medtronic

Cornerstone Circle (\$250,000 to \$499,999)

Synthes Spine

Equity Builder's Club (\$50,000 to \$149,999)

Getinge
Life Instruments
Zimmer

Bricks and Mortar Club (\$25,000 to \$49,000)

Blackstone Medical
Charles L. Branch, Jr., MD
Richard D. Guyer, MD
Protech Eyewear

Planner's Club (\$10,000 to \$24,999)

Jean-Jacques Abitbol, MD
Bovie/Aaron Medical
Thomas J. Errico, MD
Integra Life Sciences
Hallett H. Mathews, MD
Joel M. Press, MD
Sontec Instruments

Foundation Club (\$5,000 to \$9,999)

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Panduit Corp.

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Stuart M. Weinstein, MD
Jeffrey J. Wise, MD

**Sponsors and donors are listed in alphabetical order by category as of December 31, 2007.*

Consolidated Statements of Financial Position

ASSETS	2007	2006
Current Assets		
Cash and cash equivalents	\$ 1,409,674	\$ 1,213,484
Accounts receivable—net	356,520	330,051
Pledges receivable—net of discount	52,440	50,000
Other receivables	38,271	101,676
Prepaid expenses	245,131	159,862
Inventory—net	117,177	154,477
Total current assets	\$ 2,219,213	\$ 2,009,550
Investments	\$ 3,804,575	\$ 1,923,494
Long-term pledges receivable—net of discount	80,784	128,540
Property and equipment—net	15,650,337	8,561,540
Bond issue costs—net	205,479	-
Total assets	\$ 21,960,388	\$ 12,623,124
		-
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable	\$ 448,680	\$ 332,310
Construction costs payable	-	1,751,209
Accrued expenses	335,401	245,215
Deferred revenue	1,196,072	1,348,455
Short-term financing	-	950,000
Current portion of mortgage payable	-	166,668
Total current liabilities	\$ 1,980,153	\$ 4,793,857
Long-term debt		
Bonds payable	\$ 12,500,000	\$ -
Mortgage payable—net of current portion	-	2,069,443
Total Long-term debt	\$ 12,500,000	\$ 2,069,443
Net assets		
Unrestricted	\$ 5,095,467	\$ 3,964,583
Temporarily restricted	723,039	418,540
Permanently restricted	1,661,729	1,376,701
Total net assets	7,480,235	5,759,824
Total liabilities and net assets	\$ 21,960,388	\$ 12,623,124

Consolidated Statements of Activities

	2007				2006
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
INCOME					
Dues and fees	\$ 1,819,808	\$ -	\$ -	\$ 1,819,808	\$ 1,735,100
Sales of publications and advertising	231,697	-	-	231,697	149,034
Contributions and sponsorships	1,406,215	354,499	216,000	1,976,714	1,854,419
Annual meeting & educational programs	6,656,225	-	-	6,656,225	5,930,680
Investment income (loss)	105,549	-	69,028	174,577	53,141
Royalties	138,439	-	-	138,439	139,994
World Spine Society	215,845	-	-	215,845	-
Miscellaneous	72,486	-	-	72,486	-
Net assets released from restriction	50,000	(50,000)	-	-	-
Total income	\$ 10,696,264	\$ 304,499	\$ 285,028	\$ 11,285,791	\$ 9,862,368
EXPENSES					
Member services	\$ 506,247	\$ -	\$ -	\$ 506,247	\$ 693,671
Publications	759,520	-	-	759,520	1,016,480
Grants and awards	193,848	-	-	193,848	249,632
Research and scientific affairs	353,844	-	-	353,844	428,625
Annual meeting and education	3,264,531	-	-	3,264,531	3,723,822
Advocacy	366,942	-	-	366,942	1,156,687
World Spine Society	509,880	-	-	509,880	47,190
Spine Masters Institute	342,717	-	-	342,717	88,027
Fundraising and development	255,014	-	-	255,014	49,397
Management and general	3,012,837	-	-	3,012,837	567,967
Total expenses	\$ 9,565,380	\$ -	-	\$ 9,565,380	\$ 8,021,498
INCREASE IN NET ASSETS					
	\$ 1,130,884	\$ 304,499	\$ 285,028	\$ 1,720,411	\$ 1,840,870
Beginning of year	3,964,583	418,540	1,376,701	5,759,824	3,918,954
End of year	\$ 5,095,467	\$ 723,039	\$ 1,661,729	\$ 7,480,235	\$ 5,759,824

Consolidated Statements of Cash Flows

	2007	2006
Cash flows from operating activities		
Increase in net assets	\$ 1,720,411	\$ 1,840,870
<i>Adjustments to reconcile increase in net assets to net cash from operating activities:</i>		
Depreciation and amortization	414,728	194,068
Decrease in reserve for bad debts	(14,400)	(18,550)
Net realized and unrealized loss on investments	43,328	32,612
(Gain) Loss on disposal of property and equipment	(7,840)	921
Changes in		
Receivables	96,652	(93,518)
Prepaid expenses	(85,269)	9,659
Inventory	37,300	(23,148)
Accounts payable	116,370	(357,991)
Accrued expenses	90,186	(26,175)
Deferred revenue	(152,383)	821,117
Net cash from operating activities	2,259,083	2,379,865
Cash flows from investing activities		
Proceeds from sale of property and equipment	14,511	948
Proceeds from sale of investments	1,450,719	1,196,553
Purchase of investments	(3,375,128)	(1,679,262)
Purchase of property and equipment	(9,466,884)	(2,122,739)
Net cash from investing activities	(11,376,782)	(2,604,500)
Cash flows from financing activities		
Proceeds from bond issuance	\$ 12,500,000	-
Proceeds from short-term financing	-	700,000
Payments on short-term financing	(950,000)	-
Principal payments on mortgage	(2,236,111)	(166,667)
Net cash from financing activities	9,313,889	533,333
Net increase in cash and cash equivalents	196,190	308,698
Cash and cash equivalents		
Beginning of year	1,213,484	904,786
End of year	\$ 1,409,674	\$ 1,213,484
Supplemental information		
Unrelated business income taxes paid	\$ 22,000	\$ 21,047
Interest paid	\$ 507,439	\$ 186,489