As we approach the 30th Anniversary of the founding of NASS in 2015, it is important to review 2014 and reflect upon how NASS has grown. NASS is now a mature and diverse medical society which exerts a major influence in the care of spinal disease.

Reflecting this diversity and integration of viewpoints in the diagnosis and treatment of spinal disease, NASS’ vision of spine care has become increasingly sought after by regulators, insurers and educators alike. Our international education and outreach efforts have resulted in increasing membership numbers from outside of North America and multiple alliances and collaborations with other spinal societies in Latin American, Europe and Asia.

It has been an honor to serve as NASS president during the 2014 year, when we saw a number of initiatives and projects come to fruition that will serve our patients and ourselves well in the future.

In 2014, NASS was awarded the coveted “Accreditation with Commendation” designation by the Accreditation Council for Continuing Medical Education (ACCME). This reflects the excellent work of our staff and the many member volunteers who support the educational aspects of our society. At NASS this includes numerous meetings, courses (many at the SERC teaching lab in Burr Ridge, IL) and webinars that all offer CME credit.

NASS reaches millions of patients, health care professionals, researchers, lawmakers and others through its publication offerings, including www.KnowYourBack.org, SpineLine and The Spine Journal, which continues to be the premier spine with a five-year Impact Factor of 3.397. This journal continues to thrive and grow and is an amazing benefit of NASS membership. An especially important addition to NASS membership this year was the introduction of SpineConnect. This online community offers NASS updates and a secure general discussion area where spine professionals can present cases and questions and receive comments and answers.

This year brought us back to beautiful San Francisco for the 29th Annual Meeting which can only be described as a banner event. More than 1,000 manuscripts were submitted for consideration at the meeting, resulting in 202 podium presentations and 184 e-posters. More than 300 exhibitors displayed their products and services at the Technical Exhibit, which this year also featured the Surgical Showcase with cadaver surgeries and training workshops.

Advocacy efforts at NASS for both our members and our patients took a big step forward this year with the formation of an Advocacy Council with John Finkenberg, MD becoming the council’s first chairperson. This important council already has had a major impact in Washington, D.C. and will work hand-in-hand with our Government Relations staff based there. This staff has played a key role in Medicare Physician Payment Reform, reducing regulatory burdens and otherwise influencing federal and state legislatures.

Another important milestone was achieved in 2014 with the initiation of data collection for the NASS Spine Registry, a diagnosis-based outcomes registry that has the potential to make important contributions to improved outcomes for all spine care. A 1,000-patient pilot study is currently underway with this instrument, which will take place over the next several years. Another important event from NASS’ Research Council this year was the distribution of more than $400,000 in grants and fellowships for spine-related research. There were 11 recipients selected from 193 applications.

Our Health Policy Council has continued its extensive efforts to support and oversee NASS’ activities related to coding and reimbursement, regulatory affairs, legislative affairs, coverage and value. The Governance Committee, which oversees functioning of the Board as well as attempts to identify and nurture future leaders ran its third Leadership Development Course at the Annual Meeting. In addition, this committee recommended, and the Board established, two new Board positions for At-Large members to be elected by the membership to better represent the contemporary concerns of our membership.

Finally after more than a year of research, including feasibility studies, member and patient surveys and an extensive series of interviews with experts, the NASS Board funded the startup of the North American Spine Foundation in 2014. With the knowledge that spinal pain is the leading cause of disability world-wide, the Foundation is being formed to promote the virtues and benefits of an integrative and collaborative system of care including diagnostic, surgical, nonsurgical, perioperative and preventive measures to achieve an efficient restoration of function. While initially funded by NASS, the Foundation has already made great leaps towards being a self-sufficient, self-sustaining and effective vehicle for realization of these goals.

I thank the NASS Board, the wonderful NASS staff and the remarkable group of member-volunteers who have made this organization great and made my year as your president an exciting and enriching experience. And I wish to thank the membership at large for supporting NASS in its efforts to ensure the best spine care possible through research, education and ethical advocacy. My final wish is that all of us remember why we went into medicine in the first place and that we continue to practice the best medicine possible for our patients and our profession.

Yours truly,

W.C. Watters III, MD, MS
NASS President
### 2014 BOARD OF DIRECTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>William C. Watters III, MD, MS</td>
<td>President</td>
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<tr>
<td>Heidi Prather, DO</td>
<td>First Vice President</td>
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<tr>
<td>Christopher M. Bono, MD</td>
<td>Second Vice President</td>
</tr>
<tr>
<td>F. Todd Wetzel, MD</td>
<td>Secretary</td>
</tr>
<tr>
<td>Jeffrey C. Wang, MD</td>
<td>Treasurer</td>
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<tr>
<td>Charles A. Mick, MD</td>
<td>Past President</td>
</tr>
<tr>
<td>Eeric Truumees, MD</td>
<td>Administration and Development Council Director</td>
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<tr>
<td>John Finkenberg, MD</td>
<td>Advocacy Chair</td>
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<tr>
<td>Zoher Ghogawala MD, FACS</td>
<td>Clinical Research Development Chair</td>
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<tr>
<td>Edward J. Dohring, MD</td>
<td>Continuing Medical Education Chair</td>
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<tr>
<td>Thomas E. Mroz, MD</td>
<td>Education Council Director</td>
</tr>
<tr>
<td>David R. O’Brien, MD</td>
<td>Education Publishing Chair</td>
</tr>
<tr>
<td>David Rothman, PhD</td>
<td>Ethics Committee Chair</td>
</tr>
<tr>
<td>Charles A. Reitman, MD</td>
<td>Evidence Compilation and Analysis Chair</td>
</tr>
<tr>
<td>Mitchel Harris, MD, FACS</td>
<td>Governance Committee Chair</td>
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<tr>
<td>Christopher P. Kauffman, MD</td>
<td>Health Policy Council Director</td>
</tr>
<tr>
<td>Daniel K. Resnick, MD, MS</td>
<td>Research Council Director</td>
</tr>
<tr>
<td>William Mitchell, MD</td>
<td>Section Development Chair</td>
</tr>
<tr>
<td>David Rothman, PhD</td>
<td>NASS Ethicist</td>
</tr>
<tr>
<td>Joseph S. Cheng, MD, MS</td>
<td>Payor Policy Review Chair</td>
</tr>
<tr>
<td>Eric J. Muehlbauer, MJ, CAE</td>
<td>Executive Director</td>
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</tbody>
</table>

![2014 BOARD OF DIRECTORS](image-url)
At the conclusion of the 2014 membership-year, NASS maintained a roster of 7,931 members in good standing, including 1,345 new members recruited throughout the year. During the year, the Membership Committee implemented several new initiatives, including the new member-engagement benefit, SpineConnect.
NASS achieved the prestigious “Accreditation with Commendation” distinction from the Accreditation Council for Continuing Medical Education (ACCME) for ongoing efforts to provide high-quality physician education. Effective through November 2020, this superior accreditation is based on a rigorous review of NASS’ self-study report, evidence of performance-in-practice and an accreditation interview. Only approximately 20% of the providers in the November 2014 decision cohort achieved “Accreditation with Commendation.” NASS is recognized “with commendation” for meeting accreditation requirements and demonstrating that it is a learning organization and change agent for the physicians it serves.

2014 CME CALENDAR

The 2014 CME calendar began with a Basic Lumbar Spinal Injections course January 24-25 that was held in Phoenix at the Science Care Training Lab and chaired by Douglas M. Burns, MD. The course was very well received by the attendees and the facility was perfect for our needs. There were 40 attendees: 42% orthopedic surgeons, 24% neurosurgeons and 18% PM&R physicians. All course attendees indicated that the content was useful to their practice and participation in this course would improve their future professional effectiveness. The majority of comments indicated that participants would begin incorporating the following strategies into their practices: add lumbar injections to practice instead of referring those patients out, TF S1 injections, start lumbar ESI and S1 transforaminal blocks for sided HNP L5-S1. The faculty for this course rated very highly, from 91-100% top box scores.

The Cervical Spinal Injections course took place February 7-8 at Spine Education & Research Center (SERC) and was very successful. There were 41 paid attendees and eight faculty for this course. The faculty was: Chair E. Kano Mayer, MD; Co-chair Christopher T. Plastaras, MD; Larry Chou, MD; D.J. Kennedy, MD; Scott Kreiner, MD; Srinivas Mallempati, MD; Adrian Popescu, MD and Brad Sorosky, MD. The faculty received high marks, ranging from 86-100%. The course was well received by the attendees, all of whom indicated they would recommend this course to a colleague.

10th Annual Evidence & Technology Spine Summit

In its third year under NASS’ direction, the Evidence & Technology Spine Summit was held February 27–March 1 at Canyons Resort in Park City, UT. There were surgical, medical and joint sessions as well as case presentations and debates that addressed the following topics:

Joint Sessions
• Emerging Technologies: Where Have All the Good Ideas Gone?
• The New Health Care System
• Complex Cervical Case-Based Symposium
• SI Joint Pathology
• Patient Selection for Surgery: Art or Science

Medical Sessions
• The Spine in Sports
• Chronic Pain Mechanisms: Classification and Treatment
• Postoperative Rehabilitation: Are Patients Surgical or Rehab Failures?
• Clinical Decision Making: Thoracic, Lumbar and SI Joint
• Exercise in Lumbar Spine Disorders: The Scientific Basis
• Women’s Health – Unique Considerations: Spine, SI Joint, Hip and Pelvis

Surgical Sessions
• Evidence for Emerging Technologies in Treating Adult Lumbar Degenerative Deformity
• Biologics
• Minimally Invasive Surgery Symposium
• Controversies in Spine Surgery
• My Worst Surgical Complications
• Lumbar Degenerative Symposium

Cynthia Brown, Vice President of Government Affairs at the American Medical Association spoke during “The New Health Care System” talk on the politics of reform and the "Legislative Road Ahead and Payment Reform: Succeeding Under Emerging Payment Models."

The conference concluded with a Joint Session/Town Hall Meeting that addressed questions and discussed controversies facing NASS and the future of medicine. Panelists included conference course directors and NASS board members. There were also medical workshops, ePosters and a technical exhibition.

The attendance for this conference was more than 200, plus 33 faculty members. Thirty-four states were represented, along with seven countries: Australia (2), Brazil, Chile, Germany, Mexico, Saudi Arabia and South Korea (2). The attendee breakdown was (based on the evaluations filled out which was 58): orthopedic surgery (33); PM&R (11); neurosurgery (7); pain management/medicine (4); radiology (2); anesthesiaology (1). The attendees were pleased with the course, faculty and facility and 96% indicated that the content was useful to their practice and participation in this course would help to improve their future professional effectiveness.
Winter Coding Update 2014: Essentials and Controversies of Spine Care Coding was held February 28-March 1 at Canyons Resort in Park City, UT and chaired by William Sullivan, MD and Dale Blasier, MD, FRCS(C). Attendance was on par with recent winter courses, with 25 attendees. This year it was not marketed as in conjunction with the Evidence & Technology Spine Summit, but as a separate offering. Attendees were pleased with the course and faculty and it continues to be a highly rated course for NASS.

The Art and Science of the Physical Examination course was held March 7-8 at SERC and chaired by Gregory Whitcomb, DC and co-chaired by Rick Placide, MD, PT. There were 37 registered attendees and eight faculty. Two members of the Section on Radiology participated with radiology lectures, which marks the first time we have had inter-section collaboration. The course ran very smoothly and the hands-on practical sessions were favored by most attendees. The attendee make-up was mostly PAs and NPs. The overall course quality was rated at 96%, with many noting that participation in the course would improve their overall professional effectiveness. All responders said they would recommend the course to a colleague.

Evaluation and Treatment of Adult Spinal Deformity: Skull to Sacrum took place March 28-29. Attendance was lower than anticipated, with 20 attendees and 6 stations. Four companies participated with lab equipment for the course including: Medtronic, DePuy Synthes, Globus and NuVasive. Christopher DeWald, MD, course chair, took over the course this year and freshened up the agenda and faculty assignments and topics. Lab demonstrations were streamed live from the lab to the auditorium, enabling the attendees to view and ask questions of the lab faculty prior to breaking out into lab stations. The evaluations were very positive; attendees enjoyed the more intimate lab station rotations and enjoyed more one-on-one interactions with the faculty and companies.

The Advanced Lumbar Spinal Injections course was held May 2-3 at SERC. The Chair was Matthew Smuck, MD and co-chair was Benoy Benny, MD. There were 42 attendees with eight faculty members. It was the first time in three years this course reached maximum capacity. Twenty-two U.S. states were represented along with four other countries (Brazil, Denmark, Mexico and the UK). Thirty-six attendees completed the evaluation and the attendee breakdown was: orthopedic surgery (16); neurosurgery (10); PM&R (7); anesthesiology (1); pain management (1); and radiology (1). All attendees were pleased with the course, faculty and facility. The attendees liked the smaller group as they were given plenty of opportunity for hands on instruction in the lab. Ninety percent of course attendees indicated the content was useful to their practice and participation in this course would help to improve their future professional effectiveness. Ninety-four percent would recommend the course to colleagues. The faculty scored very well with top box scores ranging from 85 to 100%.

The Complication Avoidance and Management in Minimally Invasive Spine Surgery course was held May 16-17 at SERC with 24 attendees. The chairs were Sheeraz Qureshi, MD, MBA and co-chair Kern Singh, MD. Lab participation included: Medtronic, DePuy, NuVasive, Globus and Stryker. Evaluations were very positive: attendees enjoyed the lab rotations and didactic lectures from top-notch faculty including Larry Khoo, MD, Frank Phillips, MD and Harel Deutsch, MD.

Summer Coding Update 2014: Essentials and Controversies of Spine Care Coding which was to be held July 18-19 at the Hyatt Regency in Chicago was cancelled due to low attendance. The Hyatt was able to sell the rooms from our block resulting in fewer cancellation penalties than anticipated.

Summer Spine Meeting
The 2nd Summer Spine Meeting took place July 23-26, 2014 in Amelia Island, Florida. The symposia topics were: Thoracolumbar Deformity and Management, Cervical Deformity and Management, Occipital Cervical Junction Surgery, Cervical Surgery Complications and Management, Lumbar Surgery Complications and Management, Evolution of Healthcare, Utility of Diagnostic and Therapeutic Injections, Minimally Invasive Spine Surgery, Spine Surgery Open Round Table: Controversies and Debates, Biologics in Spine Care: Present Options and Future Possibilities, and Intraoperative Pearls from the Experts: Experienced Tricks of the Trade. The room was full for all sessions and the evaluations were very positive. The technique workshops and breakout sessions occurred Thursday and Friday afternoon and were well received by the attendees and the corporate supporters.

The Fundamentals of Spine Surgery and Interventional Pain Management hands-on cadaver training course for residents and fellows took place September 26-27 at SERC. Edward Dohring, MD and Donna Lahey, RNFA were the course chairs and assembled an outstanding faculty which included: Dan Riew, MD, Serena Hu, MD, Sigurd Berven, MD, Alpesh Patel, MD, FACS, Joseph S. Cheng, MD, MS, Alok Sharan, MD, MHCDS, David O’Brien, MD and Alison Stout, DO. In its second year, we broke the record for number of participants with 37 attending with 9 stations: 3 focusing on Injections and six device stations. Companies participating in the lab sessions included: DePuy Synthes, Medtronic, K2M, Orthofix, SpineGuard and Spine Wave. The unique feature of this course included lab rotations to both injections stations and surgical to give the fellows a very balanced educational experience. The attendees were very complimentary of the course and learned a lot during the didactic and lab sessions.
29th Annual Meeting
November 12-15, 2014, San Francisco, California

The Annual Meeting continues to offer an outstanding educational experience and provide high-quality continuing medical education for its members. More than 1,000 abstracts were submitted for consideration. Sessions provide many educational opportunities for attendees including symposia, focused discussions, best paper presentations, specialty track sessions and more. A total of 202 podium presentations and 184 ePosters were featured over the three and a half-day period. The Program Chairs were Michael Reed, DPT, OCS and Charles A. Reitman, MD.

The Technical Exhibition featured 320 companies and educated more than 3,100 professionals on the latest developments in equipment, supplies and services available in the spine care field. Earning more than $3.6 million and covering 81,650 net square feet, the Technical Exhibition featured the Surgical Showcase, where exhibitors could demonstrate their products upon cadaveric specimens and hold training workshops, an Education Center, featuring the ePosters and the exercise demonstration area for learning new exercise-based therapies and the new Career Fair, where members can search for new career opportunities amongst the live companies recruiting.

### 2014 Annual Meeting Abstract Analysis

<table>
<thead>
<tr>
<th>Abstract Category</th>
<th>Total Submitted</th>
<th>Total Accepted</th>
<th>% Accepted Compared to Total Submitted</th>
<th>Total Number of Papers Accepted</th>
<th>% Accepted Compared to Total Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science/Biologics</td>
<td>63</td>
<td>25</td>
<td>40%</td>
<td>13</td>
<td>21%</td>
</tr>
<tr>
<td>Biomechanics</td>
<td>46</td>
<td>29</td>
<td>63%</td>
<td>10</td>
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<tr>
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<td>22%</td>
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<td>Diagnostics/Imaging</td>
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<td>Exercise Therapies/ Functional Restoration</td>
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<td>6</td>
<td>55%</td>
<td>6</td>
<td>55%</td>
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<tr>
<td>Injections/Interventions</td>
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<td>12</td>
<td>40%</td>
<td>8</td>
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<td>Motion Preservation</td>
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<td>7</td>
<td>32%</td>
<td>5</td>
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<tr>
<td>Socio-Economics/ Industrial/ Ergonomics</td>
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<td>Spinal Deformity</td>
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<td>Surgery-Cervical</td>
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<td>Surgery-Thoracolumbar</td>
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<td>Trauma</td>
<td>38</td>
<td>12</td>
<td>32%</td>
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<tr>
<td>Operative</td>
<td>678</td>
<td>249</td>
<td>37%</td>
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</table>

### Abstracts by Category: Percentage of Program

- **Basic Science/Biologics**: 6% (25)
- **Biomechanics**: 8% (29)
- **Complications**: 7% (28)
- **Diagnostics/Imaging**: 5% (20)
- **Epidemiology/Etiology**: 7% (26)
- **Exercise Therapies/ Functional Restoration**: 2% (6)
- **Injections/Interventions**: 3% (12)
- **Motion Preservation**: 2% (7)
- **Socio-Economics/ Industrial/ Ergonomics**: 5% (19)
- **Spinal Deformity**: 16% (62)
- **Surgery—Cervical**: 8% (31)
- **Surgery—Thoracolumbar**: 28% (109)
- **Trauma**: 3% (12)
ONLINE COURSE AND WEBINAR OFFERINGS

There are currently 18 OnDemand courses offered on www.spine.org. The current course offerings are as follows:

• Strategies for Reducing X-Ray Exposure in Pediatric Spine Patients (Expires 8/16/2015)


• Section on Radiology Webinar Series
  » MRI Essentials for the Spine Specialist: Cervical and Lumbar MRI (Expires 7/7/2016)
  » MRI Essentials for the Spine Specialist: Advanced MRI Techniques (Expires 7/25/2016)

• Section on Allied Health Webinar Series: Collaborative Concepts in Spine Care
  » Triage (Expires 7/1/2016)
  » Medical Necessity (Expires 7/18/2016)
  » An Integrated Model (Expires 8/26/2016)

• Section on Biologics & Basic Research Webinar Series
  » Infection Control (Expires 7/1/2016)
  » Osteoporosis and the Elderly (Expires 7/22/2016)
  » BMP: Risk Management Strategies (Expires 8/26/2016)

• ICD-10 Webinar (Expires 10/1/2015)

• Emerging Payment Models (Expires 9/4/2016)

• 2012 Annual Meeting Symposia OnDemand (Expires 10/26/2015)

• 2013 Annual Meeting Symposia OnDemand (Expires 10/11/2016)

• 2014 Evidence & Technology Spine Summit OnDemand (Expires 2/28/2017)


• 2014 Annual Meeting Symposia OnDemand (Expires 12/2/2017)
The NASS video department produces creative, dynamic content that informs viewers about courses/meetings, advocacy efforts and patient education initiatives, as well as profiles of our leadership.

Some 2014 highlights:
• The video team captured dozens of testimonials from past attendees and interviews with prominent chairpersons/faculty to emphasize the importance of course/meeting participation by highlighting specific topics and issues that resonate with targeted market segments. This footage was used to market our meetings.
• Footage was captured of the Capitol Hill fly-in as NASS volunteers and staff met and discussed policy issues with members of Congress and the House of Representatives. A video was created to convey NASS’ advocacy efforts to the membership.
• The animated patient care video “9 for Spine” communicated nine ways to improve back health to the general public in a friendly and engaging format.
• Video interviews with patients and physicians communicated powerful messages to those who may need medical treatment or surgery.
• Exercise videos demonstrated appropriate back exercises and the correct way to do them.

In addition, the video department works with prominent spine specialists to develop online CME courses. This department also captures footage of hands-on courses and demonstrations for Spine Education & Research Center clients to extend the educational reach of their content.

To view some of the video content, go to www.youtube.com/NASSspine.
Last year, NASS Advocacy witnessed one of the most productive and accomplished years since its inception. NASS’ Board of Directors unanimously approved the formation of an Advocacy Council (previously a committee) and the Government Relations staff made significant inroads in expanding NASS’ footprint on Capitol Hill.

KEY ACCOMPLISHMENTS

Medicare Physician Payment Reform
In conjunction with NASS’ Health Policy and Research Councils, NASS Advocacy played a critical role in promoting specialty medicine by providing comments and assisting key Congressional healthcare committees develop bi-partisan, bi-cameral legislation to reform Medicare’s broken physician payment system.

Reducing Regulatory Burdens
NASS was able to solidify Congressional support on key legislative issues such as simplifying physician reporting programs such as Medicare’s physician quality reporting program (PQRS) and Meaningful Use (MU), and repealing the Affordable Care Act’s Independent Payment Advisory Board (IPAB).

Enhanced Grassroots Output
In 2014, numerous NASS members answered the call to action and wrote hundreds of letters to their federal representatives on NASS’ priority legislative issues. In keeping with its commitment to connecting NASS members to their local legislators, the Government Relations department facilitated several in-district meetings and site visits with Members of Congress at NASS members’ practices.

Increased Presence on Capitol Hill
NASS’ annual Capitol Hill Day was held March 26-27, 2014. During the fly-in, NASS members met with several Members of Congress, were given a personal behind the scenes tour of the Capitol building by Rep. Virginia Foxx (R-NC) and hosted a fundraising dinner in honor of Rep. Ami Bera, MD (D-CA). This event was held as the House of Representatives was voting on a bill to reform Medicare’s sustainable growth rate formula (SGR). NASS members received personal updates from House and Senate members throughout the day.

Influencing Federal and State Legislatures
NASS continued implementing targeted advocacy campaign, building the NASS brand in Washington, DC and informing key legislative offices of NASS’ positions on key issues impacting the spine care field. In 2014, NASS staff personally conducted more than 100 meetings with Congressional offices to establish contacts and promote NASS’ advocacy agenda.

NASS was successful at upending efforts in the State of California to raise the cap on medical liability claims by defeating Proposition 46, which sought to place burdensome and costly new regulations on physicians.

SPINEPAC

NASS’ advocacy efforts could not exist without the support of SpinePAC, the political action committee of the National Association of Spine Specialists. The SpinePAC continues to be the most effective means of accomplishing legislative success on behalf of spine specialists in Washington, DC. In 2014, NASS took the lead role in hosting events in honor of several elected officials who were committed to advancing sound healthcare policy on behalf of spine specialists.

- SpinePAC achieved a 92 percent success rate in support of Congressional candidates running in 2014 elections.

- SpinePAC hosted a reception during the Annual Meeting featuring NBC’s “Meet the Press” host Chuck Todd. Copies of Todd’s new book were given to SpinePAC contributors during an exclusive SpinePAC reception. All NASS members are encouraged to contribute to the SpinePAC. Learn more at: https://www.spine.org/Advocacy/SpinePAC/WhatWeDo.aspx.
Committee on Ethics and Professionalism (CEP)
The CEP continually strives to “raise the bar” for ethics not only within NASS but in the entire field of spine care; to that end, our policies are constantly being reviewed and strengthened. In 2014, the Committee began the process of strengthening the Expert Witness Guidelines as well as the Code of Ethics, the revisions will be submitted to the Board of Directors for approval in 2015.

The Board of Directors ruled in October 2011 to make disclosure information—in range format—available to the general public. The 2014 annual public index includes all member disclosure information provided to NASS after February 2012 and the disclosure information provided was current as of July 7, 2014. Review 2014 Index: https://www.spine.org/Documents/WhoWeAre/DisclosureIndex.pdf

The Committee finalized and published a patient education brochure on Physician and Industry Relationships available in print and on knowyourback.org. View Brochure

To help prepare NASS members for mandates including public reports by CMS of payments from industry, CEP utilized “NASS on Spine” to disseminate monthly tips and information related to the Sunshine Act and CMS database.

2014 CEP* contributions to NASS publications:
• “Physician-Owned Distributorships: What is the Risk?” Muehlbauer E, Arnold, P., Wetzel, FT. (SpineLine, Jan/Feb 2014)
• “A Primer on Industry Relationships with Spine Care Professionals & Professional Medical Associations” Wetzel, FT. (SpineLine, Mar/Apr 2014)
• “Curve/Countercurve: Long-Term Opioid Therapy for Spine Pain” Schofferman J, Baisden, J. (SpineLine, May/June 2014)
• “Physician-Patient Relationships: Active Partners” Wetzel, FT. (SpineLine, Jul/Aug 2014)
• “Opinions, Testimony of Expert Witness and Independent Medical Evaluators” Schofferman J. (SpineLine Sept/Oct 2014)

*Author information above is incomplete, for the purpose of this report included only current members of the committee.

Professional Conduct & Ethics Committee (PCEC)
One new case, initiated late in 2013, was reviewed and the committee determined there was a lack of jurisdiction in the matter. A second new case was submitted early in 2014 and a prima facie determination made in September, 2014. The case proceeded to a hearing which was held in conjunction with the 2014 annual meeting in San Francisco. The PCEC’s final report and recommendations will be submitted to the Board of Directors for review and ratification at the 2015 Summer Board Meeting.

Conflict of Interest Review Panel
In addition to the annual review of the Board of Directors’ disclosures and vetting of all new and reappointed committee chairs, approximately 15 reviews were completed (self-referred, vetting of new leadership members, etc.).

Distinction Committee
The Distinction Task Force submitted a request to be renamed the Distinction Committee, which was approved at the Summer Board Meeting. NASS staff continued phased implementation of a new program to recognize members for diligence in improving health care outcomes, with the express purpose of improving quality care for spine patients.

Professional Compliance Panel
The PCP monitored a sample of sessions during the annual meeting and overall our disclosure rules are being followed. A couple of minor concerns were revealed and will be addressed accordingly.

Section Development Committee
In 2014, sections continued working with consultant members who supplement the sections and act as expert advisors. The committee worked to better define the vision for the future of sections as “microcosms” of NASS by refining a process for the evolution of sections, as well as delineating objectives for section chairs, members and staff in an orientation document for sections.
Research Grants

Each year NASS awards research grants to applicants with the highest-quality spine-related research. Research funding is available for research grants, young investigator grants and nontraditional, nonsurgical treatment grants. The 2014 research funding application solicitation resulted in 193 letters of proposal with 67 invitations to submit full grant applications.

NASS awarded eight grants and three fellowships for a total of $405,730.

https://www.spine.org/Pages/WhoWeAre/Awards/RecognitionAwards.aspx

Grant (Basic)
Effects of Diabetes and Diet on Spinal Pathology
Primary Investigator: James C. Iatridis, PhD
Amount: $49,246 Funding Year One Only of a Two-Year Grant

Grant (Translational)
The Comparative Effectiveness of Reduced Patient Copayments and Bundled Provider Reimbursement as Agents of Behavior Change During Low Back Pain Rehabilitation in the Outpatient Physical Therapy Setting
Primary Investigator: Joel Stevans, DC, PhD
Amount: $35,880 One Year Grant

Grant (Young Investigator—Basic)
The Impact of Type 2 Diabetes on Bone Metabolism and Growth after Spinal Fusion
Primary Investigator: Melodie Metzger, PhD
Amount: $49,817 One Year Grant

Grant (Young Investigator—Basic)
Nociceptive Response in Rats with Metastatic Spine Disease Derived from Human Mammary adenocarcinoma
Primary Investigator: Rachel Sarabia-Estrada, DVM, PhD
Amount: $48,875 One Year Grant

Grant (Young Investigator—Translational)
The Role of Myeloid-Derived Suppressor Cells and T-Lymphocytes in Human Vertebral Metastasis: A Prospective Pilot Study
Primary Investigator: David Bumpass, MD
Amount: $50,000 One Year Grant

Grant (Young Investigator—Basic)
Importance of Spinal Muscle Function on Intervertebral Disc and Facet Joint Health
Primary Investigator: John M. Popovich, Jr., PhD, DPT
Amount: $49,995 One Year Grant

Grant (Basic)
The Roles of β-catenin and Chemokine Receptor CCRL in Macrophage Infiltration and MMP Expression during Disc Degeneration
Primary Investigator: Di Chen, MD, PhD
Amount: $50,000 One Year Grant

Grant (Nontraditional, Nonsurgical Treatment)
Chronic Lumbosacral Radiculopathy: Impact of a Dietary Intervention on Pain and Function
Primary Investigator: Kevin Carneiro, DO
Amount: $49,997 Funding Year One Only of a Two-Year Grant

Research Traveling Fellowship
John K. Kramer, PhD, Armin Curt, Univ. Hospital of Balgrist, Univ. of Zurich, Zurich, Switzerland
Amount: $7,420

Research Traveling Fellowship
Hiroaki Nakashima, MD, Univ. of Toronto, Canada
Amount: $7,000

Clinical Traveling Fellowship
Yuzeng Liu, MD, PhD, Connecticut; David Geffen School of Medicine at UCLA, California; USC Spine Center, California
Amount: $7,500

2014 Research Award Winners. Left to right: Zoher Ghogawala, MD, FACS, NASS Clinical Research Development Chair; Hiroaki Nakashima, MD (Research Traveling Fellowship); John M. Popovich, Jr., PhD, DPT (Young Investigator Basic Research Grant); John K. Kramer, PhD (Research Traveling Fellowship); Kevin Carneiro, DO (Nontraditional, Nonsurgical Treatment Grant); Melodie Metzger, PhD (Young Investigator Basic Research Grant); Joel Stevans, DC, PhD (Translational Research Grant); Sheeraz Qureshi, MD, MBA (Accepting on behalf of James C. Iatridis, PhD—Basic Research Grant); Rachel Sarabia-Estrada, DVM, PhD (Young Investigator Basic Research Grant); David Bumpass, MD (Young Investigator Translational Research Grant); Daniel K. Resnick, MD (Research Council Director). Not shown are: Yuzeng Liu, MD, PhD (Clinical Traveling Fellowship) and Di Chen, MD, PhD (Basic Research Grant).
The Health Policy Council, under the direction of Christopher P. Kauffman, MD, oversaw NASS’ activities related to coding and reimbursement, regulatory affairs, legislative affairs, coverage, and value.

NASS provided expert comments on the proposed and final rules for the Medicare physician fee schedule.

NASS continued participation in a multisociety pain workgroup (MPW) to review and provide input on all of Noridian’s pain management coverage policies. NASS’ representatives to the MPW were David O’Brien Jr, MD and William Sullivan, MD. NASS was the primary author for suggested revisions to the policies on vertebroplasty and kyphoplasty, SI joint injections and cervical epidural injections. The MPW finalized its recommendations and submitted them to the FDA. Additionally, the MPW collaborated with the existing FDA Safe Use Initiative on the safety of epidural steroid injections, resulting in recent publication of the paper Safeguards to Prevent Neurologic Complications after Epidural Steroid Injections - Consensus Opinions from a Multidisciplinary Working Group and National Organizations in the journal Anesthesiology. Additionally, NASS presented comments on epidural steroid injection safety at the FDA.

The Health Policy Division, encompassing the Advocacy, Health Policy, Research, and Clinical Care departments, continues to produce a monthly email publication, “Health Policy Review,” that provides members with timely and useful information for succeeding in today’s health care market, including:

- legislation and regulation affecting spine care and medicine as a whole
- research and clinical care
- practice management issues
- coverage issues
- coding and reimbursement

Coding Committee

Under the leadership of R. Dale Blasier, MD and Scott Horn, DO, the Coding Committee continued to work closely with other specialties in the development, modification and valuation of CPT codes. NASS successfully presented a proposal to create a Category I code for two-level cervical disc arthroplasty. Additionally, NASS participated in surveying codes for electronic analysis of implanted neurostimulators, SI fusion, two-level cervical disc arthroplasty, vertebroplasty and kyphoplasty, and laminectomy to provide recommended values to the American Medical Association Relative Value Update Committee (RUC), which were then forwarded to the Centers for Medicare & Medicaid Services for consideration for the Medicare physician fee schedule.

Additionally, the Coding Committee responded to approximately 40 member coding questions in 2014. The Committee updated Common Coding Scenarios for 2014 to reflect code changes and value adjustments, and developed new scenarios to assist in understanding appropriate coding.

The Coding Committee conducted two in-person coding courses and developed and presented an on-demand webinar on the transition from ICD-9 to ICD-10. The committee published a cross reference of ICD-9 to ICD-10 codes to assist members and their practices with the transition.

The Coding Committee also conducted a coding education needs assessment survey to gain a better understanding of what products and services would be most useful to members and their office staff in the future.

Coverage Committee

NASS coverage recommendations are developed to advocate for NASS’ positions on various clinical and practice issues to ensure continued provision of quality spine care. Under Christopher Bono’s leadership, the Coverage Committee released a total of 14 recommendations in 2014. We are very thankful to our members for the overwhelmingly positive feedback they offered. To keep this valuable exchange of ideas flowing, NASS will open a 30-day public comment period on future proposed coverage recommendations.

The following coverage recommendations were published:

- Cervical artificial disc replacement
- Endoscopic discectomy
- Epidural cervical spinal injections
- Interspinous device without fusion
- Interspinous fixation with fusion
- Lumbar artificial disc replacement
- Lumbar discectomy
- Lumbar fusion
- Lumbar laminectomy
- Lumbar laminotomy
- Lumbar spinal injections
- Laser spine surgery
- Percutaneous thoracolumbar stabilization
- Recombinant human bone morphogenetic protein (rhBMP-2)

NASS will continue its efforts to advocate for fair and appropriate coverage decisions while promoting evidence-based medicine. The Coverage Committee continues to work on developing additional coverage recommendations for NASS to share with payors, patients and spine care providers. For more information on NASS’ coverage activities and to view our anticipated list of topics, please visit us at https://www.spine.org/Pages/PolicyPractice/Coverage/CoverageRecommendations.aspx
Payor Policy Review Committee (PPRC/previously known as PERC)
In June, 2014, the NASS Board changed the name of the Professional, Economic and Regulatory Committee (PERC) to the “Payor Policy Review Committee” (PPRC) to better reflect the activities and responsibilities of the committee. Joseph S. Cheng, MD chaired the Payor Policy Review Committee in 2014. The committee reviewed nearly 20 draft coverage policies/proposed coverage decisions for six insurance companies. Starting January, 2015, the committee will increase its outreach to include in-person meetings with payors. It will continue to advocate and promote NASS’ evidence-based approach through our coverage efforts.

In 2014, the PPRC reviewed the following list of topics:
- Back pain
- BMP and bone graft substitutes
- Bone graft substitutes
- Cervical artificial disc replacement
- Cervical fusion
- Epidural steroid injections for back pain
- Intraoperative neurophysiologic monitoring
- Laminectomy
- Lumbar fusion
- Lumbar fusion and lumbar artificial disc replacement
- Lumbar interbody fusion
- Percutaneous interventions for cervical spine pain
- Percutaneous vertebroplasty, kyphoplasty and sacroplasty
- Sacroiliac joint pain
- Thoracic and thoracolumbar fusion for scoliosis
- Vertebral fracture

Value Committee
Under the leadership of Sigurd Berven, MD and Emily Karlen, MPT, the Value Committee developed and presented a symposium entitled “Implementing Accountable Care in Spine Surgery to Promote Sustainable Health Care” at the 2014 Annual Meeting.

The Value Committee granted three value abstracts awards:
- Kristin Archer, PhD, DPT: Improving Surgical Spine Outcomes Through a Targeted Postoperative Rehabilitation Approach
- Scott Parker, MD: Lumbar Discectomy in the Ambulatory Care Setting: Defining Its Value Across the Acute and Post-Acute Care Episode
- Wouter A. Moojen, MD, MSc: Interspinous Process Devices Versus Standard Conventional Surgical Decompression for Lumbar Spinal Stenosis: Cost Utility Analysis

Finally, the Value Committee published a series of value-focused articles in SpineLine:
- Value of epidural steroid in the treatment of sciatica - David Wong, MD, MSc, FRSC
- Cost Drivers, variability and value considerations in spine surgery - Sigurd Berven, MD
- Total costs of multi-level fusion surgery, including physical therapy, prescription, drugs, etc. - Ian McCarthy, PhD
- Tradition utilization management; can value measures obviate UM? - Brian Justice, DC and Simon Dagenais, DC, PhD
- Minimally invasive spine surgery - Sheeraz Qureshi, MD, MBA
- Measuring value (benefit/cost) at the individual patient level - Matthew McGirt, MD
EXERCISE COMMITTEE

In 2014, the Exercise Committee presented “Popular Exercises for Low Back Pain: Biking, Swimming, Yoga, Pilates, Running and Walking” at the Annual Meeting. Physical therapists educated attendees on the popular exercises using live equipment, handouts and new exercise videos produced by the NASS Exercise Committee. If you are interested in purchasing the two videos displayed at the Exercise Booth, they are available in the NASS store or you can contact apintauro@spine.org.

For the last few years the NASS Exercise Committee has been working on an algorithm for low back pain. In late 2014, several Exercise Committee members joined efforts with the Evidence-Based Guideline Development Committee to develop a guideline on the Diagnosis and Treatment of Low-Back Pain. Recommendations from this guideline may be used to inform an exercise algorithm exhibit at the 2016 Annual Meeting.

GOVERNANCE COMMITTEE

The Governance Committee ensures that NASS has an effective governing board. The Committee identifies future leaders of the society and strives to engage them in NASS activities. In addition, the Governance Committee educates new board and committee members about their duties, roles and responsibilities, and oversees new member orientation. The Committee is responsible for recognizing NASS members for their efforts in the spine care field and ensures conditions are favorable for participation in NASS activities.

In 2014, the Governance Committee, in conjunction with the NASS Board of Directors, approved adding two At-Large positions on the Board of Directors. In 2015, there will be membership communications to self-nominate for these two positions. In order to be a voting member of the NASS Board of Directors the member must meet all Level 1 divestiture requirements.

NASS hosted its third annual Leadership Development Program Course at the 2014 Annual Meeting. Course faculty included Mary Crane, who taught course attendees about Leadership Negotiation Skills, David Dye, who taught course attendees how to run an effective meeting and Adrienne Green, MD who shared information about the Affordable Care Act.

NASS hosted its third annual Committee Orientation Program Meeting at the Annual Meeting. All new committee members were invited and encouraged to attend this orientation meeting. Heidi Prather, DO; Mitchel Harris, MD and Eric Muehlbauer, MJ, CAE gave an introduction to NASS and our committee evaluation improvement project.

In 2014 the NASS Board of Directors and Governance Committee approved a new Recognition Award: the Past President’s Award. This award will be given out every 3 years. Members can nominate a past president during the same timeframe as the Selby, Farfan and Wiltse Recognition Awards. A live presentation will occur at the 2015 Annual Meeting.
The Spine Education & Research Center (SERC) accommodates groups of all sizes and specialties, for everything from educational events to product demonstrations to trainings. With each passing year, more physicians and other health care professionals return to SERC to enhance their skills and enjoy everything the state-of-the-art facility has to offer.

2014 TOTALS
- 60 courses- 6 NASS, 54 external
- Neuro and Ortho Spine courses continue to be the most frequent types of courses at SERC with 29% Neuro Spine and 17% Ortho Spine. This is followed by 15% Foot/Ankle, 14% Knee, 6% Hip, remaining 19% (<5% each) is CMF, Toe, Hip Arthroscopy, Shoulder, and Elbow.
- Approximately 2,000 attendees attended events at SERC in 2014.

THREE-YEAR BOOKING TRENDS
SERC has stayed on a strong path year to year. Industry continues to show the strongest interest in utilizing the facility. SERC always receives high marks in customer service and experience. Small variations in numbers year to year can be attributed to client budget cuts, popular dates already being booked, and rotating course locations.

EXCITING NEW DEVELOPMENTS
- New Private Development Lab. The observation room was converted into a Private Development Lab, allowing groups to host intimate lab sessions in complete privacy. This room also allows SERC to host two events at once.
- The main lab can now expand into the Private Development Lab, bringing the maximum amount of stations to 15 and increasing the overall space to 4,088 sq ft.
- New Executive Lounge built in place of the “OR of the Future” on the main level to provide a casual networking environment for attendees complete with a 60” television, couches, lounge chairs, a snack/beverage station and charging stations.
- New 12’ HD projector screens in the auditorium, new HD televisions in hallway, new lab floor, and new paint colors to further update the facility.
Under Editor in Chief, Eugene Carragee, MD, and a dedicated panel of Deputy Editors and review board, *The Spine Journal* (TSJ) continued to attract record numbers of quality manuscripts and readers. Since going monthly in 2009, new manuscript submissions increased nearly three-fold. Even with a necessary increase in the rejection rate, TSJ published a record number of print (3,070) and electronic pages (142) in 2014 to accommodate a robust pipeline of spine science, commentaries and editorials.

New Manuscript Submissions

![Chart showing new manuscript submissions from 2009 to 2014](chart.png)

*The Spine Journal*’s publishing metrics reflected its top-tier readership and influence. The 2013 Impact Factor (issued in July 2014) was the highest among spine publications at 2.800, and TSJ’s first five-year Impact Factor of 3.397 was not only higher than other spine publications but higher than any previous single year IF. Even more telling, the Article Influence score of 1.305 was the leading score among spine publications as well.

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<tr>
<th>Impact Factor</th>
<th>5-Year Impact Factor</th>
<th>Article Influence Score</th>
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<tr>
<td>2.800</td>
<td>3.397</td>
<td>1.305</td>
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Although difficult to single out highlights in a year of outstanding content, noteworthy efforts included:

- **Special Issue on Biologics**: TSJ Deputy Editor for Basic Science, Tim Yoon, MD, PhD, served as Guest Editor for this well-received focus issue. Published in March, the 179-page issue included more than twenty clinical studies, basic science papers, review articles, commentaries and special features.

- **Disc Nomenclature 2.0**: The long-awaited Disc Nomenclature: Version 2.0 paper, developed by a task force of NASS, the American Society of Spine Radiology and the American Society of Neuroradiology, published in the November issue. The paper and supplemental materials posted online October 28th as an Open Access publication ahead of the print issue. *Spine* co-published and *American Journal of Neuroradiology* ran an editorial on the paper with a link to TSJ. To get the word out about this significant update to the 2001 original, NASS and TSJ issued a press release on behalf of the authors, the collaborating organizations and the co-publishers.

- **Outstanding Paper Awards**: *The Spine Journal* and NASS awarded three Outstanding Paper Awards in 2014—two in surgical science, one in basic science:

  **Outstanding Paper: Surgical Science**
  A Clinical Prediction Model to Assess Surgical Outcome in Patients with Cervical Spondylotic Myelopathy: Internal and External Validation Using the Prospective Multicenter AOSpine North American and International Datasets of 743 Patients
  Lindsay A. Tetreault, BSc; Pierre Cote, DC, PhD; Branko Kopjar, MD, PhD; Paul Arnold, MD; Michael G. Fehlings, MD, PhD, FRCSC

  **Outstanding Paper: Surgical Science**
  Cervical Spine Clearance Protocols in Level I, II and III Trauma Centers in California
  Murat Pekmezci, MD; Alexander A. Theologis, MD; Robert Dionisio, BS; Robert Mackersie, MD; R. Trigg McClellan, MD

  **Outstanding Paper: Basic Science**
  A Multiscale Structural Investigation of the Annulus-Endplate Anchorage System and its Mechanisms of Failure
  Samantha A. Rodrigues, BE; Ashvin Thambyah, PhD; Neil D. Broom, PhD

These award-winning papers will be published in the March 2015 issue of *The Spine Journal*, and TSJ also published videos of the authors presenting their research during the NASS-TSJ awards presentation at: [www.thespinejournalonline.com](http://www.thespinejournalonline.com).
SpineLine

In his first issue as Medical Editor of SpineLine, William Sullivan, MD, opened with a message of appreciation to previous editors and boards, and his hope to make a difference “carrying the torch” forward.

“As with the rest of NASS, it is the exceptional work of volunteer members and staff that makes NASS the premier spine organization,” said Dr. Sullivan. “In SpineLine’s case, volunteer contributors, reviewers and committee members provide regular content that makes SpineLine an important publication, especially for NASS members, but also for our specialty and patients. It is an honor to help assist in this process, and I thank all of those who do the real work.

“As Medical Editor, my goal will be to continue to support the free exchange of ideas through SpineLine’s diverse forums... As always, we are receptive to any comments or suggestions that will help make a difference, and I’ll do my best to carry the torch.”

Highlights of 2014 content included:
• Long-Term Opioid Therapy for Spine Pain
• Stereotactic Radiosurgery for Spinal Metastases
• Beyond the OR: Considerations for Securing Optimal Surgical Outcomes through Evidence-Based Outpatient Perioperative Care
• Cost Drivers, Variability and Value Considerations in Spine Surgery
• Determining Value in Spine Care: Epidural Steroid Injections as an Example
• Electronic Patient-Reported Outcomes: Lessons Learned from a Pilot at a Large Academic Medical Center and Accountable Care Network
• Total Costs of Multilevel Fusion Surgery Including Outpatient Care
• Comparative Effectiveness of Minimally Invasive vs Open Posterior Spinal Fusion: Relative Value Remains in the Eye of Beholder
• Measuring Value of Spine Care at the Individual Patient Level

Ethics topics:
• Physician-Owned Distributorships
• Primer on Industry Relationships with Spine Care Professional & Professional Medical Associations
• Physician-Patient Relationships: Active Partners
• Opinions, Testimony of Expert Witness and Independent Medical Evaluators
• The Difficult Patient Encounter

To promote understanding of advances in spine research and care and NASS’ leadership role in the spine community, NASS issued 14 press releases to the news media in 2014. The Spine Journal issued two press releases to educate the public and spine professionals about studies in the journal.

Throughout 2014, NASS provided consumer and trade media outlets, including the Wall Street Journal, CBS News, Los Angeles Times, Reuters, Becker’s Spine Review, The BackLetter and Spine Surgery Today, with spokespeople to help educate the public on spine-related topics. In 2014, NASS was specifically mentioned in more than 1,350 news stories, reaching an estimated audience of more than 306 million people. During that same time period, The Spine Journal was featured in more than 887 stories, reaching more than 736 million people.

Building on a previous campaign, “9 for Spine,” the Public Affairs Committee released a 9-part video series to educate the public on ways to keep their backs healthy based on the previous campaign. These animated videos were offered to our members for use in their offices and on their web sites. By the end of 2014, the videos had been viewed by nearly 8,000 people.

Social Media

NASS added a new engagement platform in 2014 with the debut of SpineConnect, a discussion-based site for members around the world to interact in a private setting. After launching in September, SpineConnect had 227 different contributors and 582 messages posted in its first three months of operation. Case discussions were the most popular, as physicians enjoyed a new outlet to bounce unique or interesting cases off their colleagues around the world. In addition, NASS’ Twitter presence grew to 3,051 followers. This was a 23% increase in Twitter followers. NASS’ LinkedIn group rose to 3,713, marking a gain of more than 1,000 in a year. Lastly NASS’ Facebook page closed the year with 1,871 likes.
On May 9, 2014, after 14 months of comprehensive research and due diligence—including an environmental scan, a detailed literature review to expose research gaps, expert and industry interviews, an investigation of fundraising prospects, feasibility study, a patient survey, and a NASS member survey—the NASS Board of Directors approved the launch and initial funding of the North American Spine Foundation (NASF). The mission of this subsidiary NASS organization is to sponsor research and education to end spine-related disability.

Goals and activities, with specific evaluation time points at the end of the first, second, fifth and twentieth years, were developed relative to securing adequate funding and establishing a collaborative research agenda. These include membership, staffing, budget, events, research awards, the publication of research, and most importantly, measurably lower disability rates.

On September 8, 2014, the North American Spine Society (NASS) launched the North American Spine Foundation, a non-profit organization established to end spine-related disability through research, education and advocacy.

The North American Spine Foundation promotes the virtues and benefits of an integrative and collaborative system of care including diagnostic, surgical, nonsurgical, perioperative and preventive measures to achieve an efficient restoration of function. The Spine Foundation will take the lead as the bridge-builder between all shareholder groups, laying a foundation of understanding, cooperation and a common goal of efficiently preventing disability and restoring function, preventing individual financial loss, as well as preserving public resources and economic growth.

2014 NASF ACCOMPLISHMENTS

- An Executive Director (Michael L. Reed, DPT, OCS) and support staff were identified and secured prior to the September, 8, 2014 launch

- Office space was established at 601 Heritage Drive, Suite 237, Jupiter, Florida

- Governance Model and a Board of Directors were established; Board of Directors includes: Ted Dreisinger, PhD; John Finkenberg, MD; Raymond Golish, MD, PhD; Eric Muehlbauer, MJ, CAE (Vice Chair); Heidi Prather, DO; Michael Reed, DPT, OCS (Chair), and Jeff Wang, MD

- Research, Education and Advocacy Committee Chairs were selected and include: Raymond Golish, MD, PhD (Research); Jeff Wang, MD (Education) and John Finkenberg, MD (Advocacy).

- Research collaborations for the Adult/Elderly and Pediatric projects were established and include the University of Southern California (Adult/Elderly) and Children’s Spine Foundation (Pediatric).

- Educational products were developed including an awareness video, social media updates, blog updates, home-based spine care project and a worksite injury prevention exercise program.

- The first iteration of a Charter Document was completed and includes: background, problem statement, vision, mission, culture, benchmarks of success, short-term goals, long-term goals, initiatives, constituency model, contributor levels, daily activity description, governance, staffing model, risks, financial prospectus and citations.

- Two CRMs were adopted and are being utilized:
  » Microsoft Dynamics Platform (The established NASS Platform)
  » Salesforce for Non-Profits (Solely a NASF Platform)

Fundraising programs were implemented resulting in:

- $66,864 – Monetary Donations
- $25,000 – In-Kind Goods & Services Donations
- 94 Donor Members

- Website was launched in November of 2014
Each year, awards are presented at the NASS Annual Meeting to individuals who were nominated by their peers for outstanding contributions to NASS and the field of spine care. These awards are named for founding members of NASS who not only made outstanding contributions to the field of spine care and research, but also played key roles in the early success of NASS.

Leon Wiltse Award

The Leon Wiltse Award, to recognize excellence in leadership and/or clinical research in spine care, was awarded to Ziya Gokaslan, MD, FACS, FAANS, a world-renowned expert in the surgical treatment of spinal column, spinal cord and sacral tumors. He is currently the Donlin M. Long Professor of Neurosurgery, the Director of the Neurosurgical Spine Center and the Vice-Chairman of Neurosurgery at the Johns Hopkins University School of Medicine. He has helped define spinal oncology as a distinct subspecialty within spinal surgery.

David Selby Award

The David Selby Award, to recognize a NASS member who has contributed greatly to the art and science of spine care through service to NASS, was awarded to Raj D. Rao, MD, committee member, chair and former board member. During his time as the NASS Advocacy Committee Chair, NASS’ influence grew among Members of Congress and staff on Capitol Hill. Dr. Rao Chaired the Alliance of Specialty Medicine’s Physician Advisory Council, spearheaded the development of several issue papers used to educate Congress on NASS’ key issues, and developed strong personal relationships with prominent lawmakers such as Rep. Paul Ryan on behalf of NASS.

Henry Farfan Award

The Henry Farfan Award, to recognize outstanding contributions in spine-related basic science research, was awarded to Michael H. Heggeness, MD, PhD an outstanding clinician, educator and scientist. He has authored more than 80 reviewed papers, holds numerous patents and has received prestigious extramural funding from many agencies, including the Department of Defense. A past President of NASS and former Chair of Orthopedic Surgery at Baylor College of Medicine, Dr. Heggeness is currently Professor and Chair of the Department of Orthopedic Surgery at the University of Kansas School of Medicine-Wichita.
2014 NASS COMMITTEES

Advocacy Committee
Chair: John G. Finkenberg, MD
Samy Abdou, MD
Paul A. Anderson, MD
R. Dale, Blasier
Claude David Borowsky, MD
Alan B. Brown, MD, JD
Christopher Comey, MD
Christopher G. Furey, MD
Nicola V. Hawkinson, DNP, RN
Alan S. Hilibrand, MD
Timothy A. Holt, MD
Terrence D. Julien, MD
S.B. Kalantar, MD
Christopher P. Kauffman, MD
Arthur J. Lee, DO
Gregory J. Przybylski, MD
Philip L. Schneider, MD
Alok D. Sharan, MD, MHCDS
F. Todd Wetzel, MD
David A. Wong, MD, MSc, FRCS

Audit Committee
Chair: James B. Reynolds, MD
Charles H. Cho, MD
Aleksander Curcin, MD
A Jay Khanna, MD
Mark A. Lorenz, MD
Robert F. McLain, MD
John Street, MD, PhD
Santhosh A. Thomas, DO
Eeric Truumees, MD
Jeffrey C. Wang, MD

Coding Committee
Co-Chair: R. Dale Blasier, MD
Co-Chair: Scott I. Horn, DO
Joseph S. Cheng, MD, MS
David B. Cohen, MD
Quentin J. Durward, MD
C. Lan Fotopoulos, MD
Michael B. Furman, MD
Eric J. Graham, MD
Matthew D. Hepler, MD
Donna M. Lahey, RNFA
E. Kano A. Mayer, MD
William Mitchell, MD
David R. O’Brien, MD
Paul Saiz, MD
Karim R. Swartz, MD

Conflict of Interest Review Panel (COIRP)
Chair: F. Todd Wetzel, MD
Paulo M. Honda, MD
Paul G. Matz, MD
Joel M. Press, MD
Frederic T. Schwartz, MD
Santhosh A. Thomas, DO
Eeric Truumees, MD

Annual Meeting Program Committee
Co-chair: Michael L. Reed, DPT, OCS
Co-chair: Charles A. Reitman, MD
Simon Dagenais, DC, PhD
Michael D. Daubs, MD
Edward J. Dohring, MD
Thomas E. Mroz, MD
Gwendolyn Sowa, MD, PhD
Matthew Smuck, MD
Eeric Truumees, MD
William C. Watters III, MD, MS

Appropriateness Criteria Work Group
Chair: Charles A. Reitman, MD
Christopher M. Bono, MD
Zoher Ghogawala, MD, FACS
Christopher P. Kauffman, MD
William Mitchell, MD
Daniel K. Resnick, MD, MS
Alok D. Sharan, MD
Christopher J. Standaert, MD

Audit Committee
Chair: James B. Reynolds, MD
Charles H. Cho, MD
Aleksander Curcin, MD
A Jay Khanna, MD
Mark A. Lorenz, MD
Robert F. McLain, MD
John Street, MD, PhD
Santhosh A. Thomas, DO
Eeric Truumees, MD
Jeffrey C. Wang, MD

Continuing Medical Education Committee
Chair: Edward Dohring, MD
Ali Araghi, DO
David Cheng, MD
Theodore Choma, MD
Norman Chutkan, MD
Michael Daubs, MD
Mark Dekutoski, MD
David Fish, MD, PH
Patrick Hsieh, MD, MS
A. Jay Khanna, MD
Ronald Lehman, MD
Lawrence Lenke, MD
Erik Moen, PT
Thomas Mroz, MD
Paul Park, MD
Andrew Schoenfeld, MD
Dilip Sengupta, MD
Jeremy Smith, MD
Josh Rittenberg, MD
Alan Villavicencio, MD

Coverage Committee
Chair: Christopher Bono, MD
Ray Baker, MD
Jamie Baisden, MD
Ashok Biyani, MD
Maxwell Boakye, MD
Charles Cho, MD, MBA
R.S. Cowan, MD
Michael DePalma, MD
Donald Dietze, MD
Ronald Donelson, MD, MS
John Easa, MD
Gary Ghiselli, MD
John Glaser, MD
James Harrop, MD
Timothy Holt, MD
Scott Horn, DO
Christopher Kauffman, MD
Scott Kreiner, MD
Anthony Lapinsky, MD
Darren Lebl, MD
Paul Matz, MD
David O’Brien, MD
Alpesh Patel, MD, FACS
Mitchell Reiter, MD
Charles Reitman, MD
Lee Riley, MD
Alp Sharan, MD
Jeffrey Summers, MD
William Tontz, MD
John Toton, MD, JD
Scott Tromphanhauser, MD, MBA
Eeric Truumees, MD
Alan Villavicencio, MD
Michael Zindrick, MD
**Distinction Task Force (DTF)**
Co-Chair: Charles A. Mick, MD  
Co-Chair: Heidi Prather, DO  
Ray M. Baker, MD  
Carole R. Flamm, MD, MPH  
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<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td><strong>Current Assets</strong></td>
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<td></td>
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<tr>
<td>Cash and cash equivalents</td>
<td>$9,150,122</td>
<td>$9,719,139</td>
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<tr>
<td>Investments</td>
<td>5,090,835</td>
<td>5,147,210</td>
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<tr>
<td>Accounts receivable</td>
<td>437,949</td>
<td>247,627</td>
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<tr>
<td>Other receivables</td>
<td>54,893</td>
<td>80,767</td>
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<tr>
<td>Prepaid Expenses</td>
<td>374,735</td>
<td>308,821</td>
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<tr>
<td>Inventory</td>
<td>60,143</td>
<td>73,076</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td>15,168,677</td>
<td>15,576,640</td>
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<tr>
<td>Long-term prepaid expenses</td>
<td>104,958</td>
<td>81,072</td>
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<tr>
<td>Net property and equipment</td>
<td>9,983,993</td>
<td>10,574,637</td>
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<tr>
<td>Bond issue costs—net of amortization</td>
<td>136,752</td>
<td>147,992</td>
</tr>
<tr>
<td>Notes receivable</td>
<td>269,455</td>
<td>229,455</td>
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<tr>
<td>Investments—permanently restricted</td>
<td>1,780,552</td>
<td>1,780,552</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$27,444,387</strong></td>
<td><strong>$28,390,348</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
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</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Accounts payable</td>
<td>$318,259</td>
<td>$318,616</td>
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<td>Accrued expenses</td>
<td>478,248</td>
<td>506,373</td>
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<tr>
<td>Deferred revenue</td>
<td>2,446,888</td>
<td>2,428,342</td>
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<tr>
<td>Current portion of bonds payable</td>
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<td>560,000</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
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<tr>
<td><strong>Long-Term Debt</strong></td>
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<tr>
<td>Bonds payable, net of current portion</td>
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<td>8,300,000</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>11,543,395</td>
<td>11,933,331</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>13,094,629</td>
<td>13,523,556</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>1,025,811</td>
<td>1,152,909</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,780,552</td>
<td>1,780,552</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>15,900,992</td>
<td>16,457,017</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$27,444,387</strong></td>
<td><strong>$28,390,348</strong></td>
</tr>
</tbody>
</table>
### CONSOLIDATED STATEMENTS OF ACTIVITIES

<table>
<thead>
<tr>
<th>Income</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues and fees</td>
<td>$2,976,359</td>
<td>$</td>
<td>$</td>
<td>$2,976,359</td>
</tr>
<tr>
<td>Sales of publications and advertising</td>
<td>402,098</td>
<td>-</td>
<td>-</td>
<td>402,098</td>
</tr>
<tr>
<td>Contributions and sponsorships</td>
<td>1,029,560</td>
<td>112,637</td>
<td>-</td>
<td>1,142,197</td>
</tr>
<tr>
<td>Annual Meeting and educational programs</td>
<td>7,436,902</td>
<td>-</td>
<td>-</td>
<td>7,436,902</td>
</tr>
<tr>
<td>Investment income</td>
<td>225,250</td>
<td>143,144</td>
<td>-</td>
<td>368,394</td>
</tr>
<tr>
<td>Rental income</td>
<td>760,542</td>
<td>-</td>
<td>-</td>
<td>760,542</td>
</tr>
<tr>
<td>Royalties</td>
<td>246,547</td>
<td>-</td>
<td>-</td>
<td>246,547</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>182,893</td>
<td>-</td>
<td>-</td>
<td>182,893</td>
</tr>
<tr>
<td>Net assets released from restrictions—satisfaction of program restrictions</td>
<td>382,879</td>
<td>(382,879)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>13,643,030</td>
<td>(127,098)</td>
<td>5,000</td>
<td>13,515,932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member services</td>
<td>1,570,543</td>
<td>-</td>
<td>-</td>
<td>1,570,543</td>
</tr>
<tr>
<td>Publications</td>
<td>1,431,219</td>
<td>-</td>
<td>-</td>
<td>1,431,219</td>
</tr>
<tr>
<td>Grants and awards</td>
<td>439,748</td>
<td>-</td>
<td>-</td>
<td>439,748</td>
</tr>
<tr>
<td>Research and scientific affairs</td>
<td>636,426</td>
<td>-</td>
<td>-</td>
<td>636,426</td>
</tr>
<tr>
<td>Annual meeting and education</td>
<td>4,858,732</td>
<td>-</td>
<td>-</td>
<td>4,858,732</td>
</tr>
<tr>
<td>Advocacy</td>
<td>1,421,644</td>
<td>-</td>
<td>-</td>
<td>1,421,644</td>
</tr>
<tr>
<td>Spine Education &amp; Research Center</td>
<td>1,020,907</td>
<td>-</td>
<td>-</td>
<td>1,020,907</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>11,379,219</td>
<td>-</td>
<td>-</td>
<td>11,379,219</td>
</tr>
<tr>
<td>Management and general</td>
<td>2,325,343</td>
<td>-</td>
<td>-</td>
<td>2,325,343</td>
</tr>
<tr>
<td>Fundraising and development</td>
<td>167,100</td>
<td>-</td>
<td>-</td>
<td>167,100</td>
</tr>
<tr>
<td>Foundation fundraising</td>
<td>200,295</td>
<td>-</td>
<td>-</td>
<td>200,295</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>14,071,957</td>
<td>-</td>
<td>-</td>
<td>14,071,957</td>
</tr>
</tbody>
</table>

| Change in Net Assets                                                   | (428,927)    | (127,098)              | -                      | (556,025) |

| Net Assets, Beginning of Year                                          | 13,523,556   | 1,152,909              | 1,780,552              | 16,457,017 |
| Net Assets, End of Year                                                | 13,094,629   | 1,025,811              | 1,780,552              | 15,900,992 |
## CONSOLIDATED STATEMENTS OF CASH FLOWS

### Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$(556,025)</td>
<td>$804,572</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>944,789</td>
<td>1,088,371</td>
</tr>
<tr>
<td>Unrealized (gain) loss on investments</td>
<td>(198,911)</td>
<td>(616,246)</td>
</tr>
<tr>
<td>Bad debts expense</td>
<td>135,000</td>
<td>-</td>
</tr>
<tr>
<td>Loss on disposal of assets</td>
<td>3,931</td>
<td>2,039</td>
</tr>
<tr>
<td>Decrease (increase) in assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>(164,448)</td>
<td>27,086</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(89,800)</td>
<td>(82,897)</td>
</tr>
<tr>
<td>Inventory</td>
<td>12,933</td>
<td>7,876</td>
</tr>
<tr>
<td>Increase (decrease) in liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>179,643</td>
<td>(219,731)</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>(28,125)</td>
<td>3,335</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>18,546</td>
<td>202,268</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td><strong>257,533</strong></td>
<td><strong>1,216,673</strong></td>
</tr>
</tbody>
</table>

### Cash Flows from Investing Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale of investments</td>
<td>2,074,662</td>
<td>3,152,715</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(1,819,376)</td>
<td>(3,403,820)</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>(346,836)</td>
<td>(223,282)</td>
</tr>
<tr>
<td>Notes receivable issued</td>
<td>(175,000)</td>
<td>(200,000)</td>
</tr>
<tr>
<td><strong>Net cash used by investing activities</strong></td>
<td><strong>(266,550)</strong></td>
<td><strong>(674,387)</strong></td>
</tr>
</tbody>
</table>

### Cash Flows from Financing Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment on bonds</td>
<td>(560,000)</td>
<td>(560,000)</td>
</tr>
<tr>
<td><strong>Net cash used by financing activities</strong></td>
<td><strong>(560,000)</strong></td>
<td><strong>(560,000)</strong></td>
</tr>
</tbody>
</table>

### Net decrease in cash and cash equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net decrease in cash and cash equivalents</td>
<td>(17,714)</td>
<td>(17,714)</td>
</tr>
<tr>
<td>Cash and cash equivalents, beginning of year</td>
<td>9,719,139</td>
<td>9,736,853</td>
</tr>
<tr>
<td>Cash and cash equivalents, end of year</td>
<td>9,150,122</td>
<td>9,719,139</td>
</tr>
</tbody>
</table>

### Supplemental Information

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrelated business income taxes paid</td>
<td>5,000</td>
<td>13,178</td>
</tr>
<tr>
<td>Interest paid</td>
<td>98,185</td>
<td>163,967</td>
</tr>
</tbody>
</table>