



# The Ohio Orthopaedic Society

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DATE: June 1, 2017

TO: **Ohio Orthopaedic Residents**

FROM: Resident Papers Co-Chairmen  
Salvatore Frangiamore, M.D.  
Jason C. Tank, M.D.

RE: 2018 Call for Resident Papers

It is our pleasure to issue the call for scientific abstracts for the Resident Papers Contest sponsored by the Ohio Orthopaedic Society. This year's 79<sup>th</sup> Annual Meeting will be held May 18<sup>th</sup> at the Conference Center at OCLC, 6600 Kilgour Place, Dublin, Ohio 43017

### This Year:

- The top eight abstracts will be selected for podium presentation. Each resident whose paper is chosen for presentation will receive a monetary award of \$100.00. In addition, the top three papers chosen at the meeting will receive an additional \$100.00 each.
- The next six abstracts will be selected for poster presentation option in the Exhibit Hall. Each resident whose paper is chosen for the poster presentation will receive a monetary award of \$100.00. In addition, the top two chosen at the meeting will receive an additional \$100.00.

Please submit abstracts according to the specifications provided on the enclosed instructions by **January 15, 2018**. The complete **Author Data** and **Official Abstract Page** can be found on-line at 2018 Resident Abstract Submission Forms under the Annual Meeting tab on the Ohio Orthopaedic Society website. [www.ohioorthosociety.org](http://www.ohioorthosociety.org)

A committee will review the abstracts. They will be judged upon the importance of the study (relevance to patient care), creativity, the study design, the execution of the study, the data analysis, the reasonableness of the conclusions and the quality of the presentation.

The best eight papers will be chosen for oral presentation at the meeting on Friday, May, 19<sup>th</sup>. Each paper will be allotted 5 minutes with open discussion from the floor.

The next six abstracts will have the option of poster presentation in the exhibit hall on Friday, May 19. During the morning session 7:30am – 8:30am and all meeting breaks, an author or co-author must be available to answer questions about their presentation.

I hope you will make every effort to join with your colleagues and attend this year's meeting.

Questions?? Contact Steve Landerman, Executive Director, at (614) 537-3319 or email, [Steve@ohioorthosociety.org](mailto:Steve@ohioorthosociety.org)

**ABSTRACTS**  
**2017 CALL FOR ABSTRACTS**  
**Ohio Orthopaedic Society RESIDENTS ONLY**

**OHIO ORTHOPAEDIC SOCIETY 79<sup>TH</sup> ANNUAL MEETING**

**May 18, 2017**

The Conference Center at OCLC

6600 Kilgour Place

Dublin, Ohio 43017

**Deadline for receipt of Abstract: January 15, 2018**

The Ohio Orthopaedic Society is proud to announce a CALL FOR ABSTRACTS for the Resident's Papers Contest for the 2018 annual meeting.

1. All EIGHT finalists whose papers are selected for presentation will receive a \$100.00 reimbursement for their expenses and travel, to be used at the finalists' discretion. The top three papers will receive an additional \$100.00
2. Papers and Posters will be judged on the following criteria:
  - a. Quality of the original work
  - b. Quality of the presentation
  - c. Scientific content and methodology
  - d. Timeliness of the subject
  - e. Overall
3. Residents may submit multiple abstracts, however only one abstract per author will be accepted for the contest.
4. Complete **Author Data and Official Abstract** page can be found on-line at 2018 Resident Abstract Submission Forms under the Annual Meeting tab on the Ohio Orthopaedic Society website.  
**[www.ohioorthosociety.org](http://www.ohioorthosociety.org)**
5. Abstracts must be typed, single-spaced and not smaller than number 12-sized font and contained on a single page provided within the space allotted. Include the title of the paper on the front page of the abstract, but do not include the name of the author(s) on the front of the form. This allows for blind selection of papers by the Program Committee.
6. Complete Author Data and Official Abstract Page by **January 15, 2018** and remit via email to:

susan@ohioorthosociety.org

7. Abstracts selected for the contest will need to submit signed AAOS Financial Disclosure Statements for every author and co-author by March 1, 2018.

**ELIGIBILITY:** In order to be eligible, the work must be the work of the principle author who must be a resident in training at the time of submission of the abstract in an approved residency or fellowship within the State of Ohio.

**DEADLINE: January 15, 2018**

# AUTHOR DATA

## Principle Investigator and Author

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## First Co-Author

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Second Co-Author

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**A laptop computer will be provided for paper presentations.**

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Has or will this paper or the material contained herein been presented in whole or in part in any other venue prior to its presentation at the Ohio Orthopaedic Society?**

**YES / NO**

**If the answer is yes, where was or is it to be presented?**

## Resident Papers Contest

**TITLE:**

**ABSTRACT:**

**THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS AND  
THE OHIO ORTHOPAEDIC SOCIETY**

**FACULTY DISCLOSURE STATEMENT  
OF COMMERCIAL SUPPORT**

Having an interest or affiliation with a corporation offering support does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience, in accordance with the Standards of the Accreditation Council of Continuing Education.

CME Activity: 2018 Ohio Orthopaedic Society Annual Meeting  
Location: The Conference Center at OCLC, 6600 Kilgour Place, Dublin, Ohio 43017  
May18, 2018

Presenter's Name: \_\_\_\_\_

**Please Complete either Section A or Section B**

**SECTION A:**

I, the undersigned declare that neither I nor any immediate family member currently have a financial arrangement or affiliation with any organization(s) that may have a direct interest in the subject matter of this continuing medical education presentation(s).

Signature: \_\_\_\_\_

**SECTION B:**

I, the undersigned (or an immediate family member) currently have a financial interest arrangement or affiliation with the following organization(s) that may have a direct interest in the subject matter of this continuing medical education presentation(s) as follows:

**AFFILIATION/ FINANCIAL INTEREST**

Name of Affiliated Corporation(s):

Please check any that apply: \_\_\_\_\_ Research/ Grant Support  
\_\_\_\_\_ Consultant  
\_\_\_\_\_ National Speaker's List  
\_\_\_\_\_ Major Stock Shareholder (5%)

Other Financial or Material Interest

(Please specify.) \_\_\_\_\_

Signature: \_\_\_\_\_