



2010 Annual Trauma Symposium

AUGUST 30-SEPTEMBER 1, 2010 | MARRIOTT RIVERCENTER | SAN ANTONIO TEXAS



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2010 Annual Trauma Symposium

AUGUST 30-SEPTEMBER 1, 2010 | MARRIOTT RIVERCENTER | SAN ANTONIO TEXAS

PRESENTED BY



IN COOPERATION WITH

The American College of Surgeons

The Office of the Surgeon General, U.S. Air Force

Texas Nurses Association

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Symposium Planning Committee

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National Trauma Institute
San Antonio, Texas

CONTINUING EDUCATION

CREDIT DESIGNATION

The Office of the Surgeon General, United States Air Force, designates this educational activity for a maximum of 15.5 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Office of the Surgeon General, United States Air Force and the National Trauma Institute. The Office of the Surgeon General, United States Air Force is accredited by the ACCME to provide continuing medical education for physicians.

This continuing nursing education activity was approved by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

STATEMENT OF NEED

The planning committee for this activity has determined there is an existing need to provide trauma care providers with a means to update their knowledge on caring for the trauma patient and share the knowledge between the military trauma setting and civilian trauma setting.

LEARNING OBJECTIVES

At the conclusion of this activity, participants should be able to:

- Discuss advances in trauma care in their area of practice
- Identify key variables related to their practice
- Apply the information gained to their practice

INTENDED AUDIENCE

This educational activity is designed for pre-hospital care personnel, emergency, trauma, anesthesia, surgical specialties and radiology personnel. No special prerequisites are required to attend this educational activity.

DISCLOSURE OF FACULTY RELATIONSHIPS

As a sponsor accredited by the ACCME or ANCC, it is the policy of the Office of the Surgeon General, United States Air Force and the Texas Nursing Association to require the disclosure of the existence of any significant financial interest or any other relationship a faculty member has with the manufacturer(s) of any commercial product(s) and/or off-label drug or device use discussed in an educational presentation. The presenting faculty reported the following:

Disclosures of any significant interest or any other relationship a faculty member has with manufacturer(s) of any commercial product(s):

- Animesh Agarwal, MD—Consultant/Advisory Board/Review panel for *Synthes*
- Maj Michael Charlton, MD—Grant/Research support for *Synthes* and *AO North America*, Consultant/Advisory Board/Review Panel for *Biomet*
- Anil Dutta, MD—Consultant/Advisory Board/Review Panel for *Tornier*
- James Ecklund, MD—Consultant/Advisory Board/Review Board for *ORA, Inc.*
- Ken Koval, MD—Grant/Research Support and Consultant/Advisory Board/Review Panel for *Biomet* and *Stryker*
- Bernard Morrey, MD—Royalties from *Donjoy*, *SBI* and *Stryker*

Off-label Drug/Device use discussed in educational presentation:

- LtCol Vikhyat Bebarta, MD
- Jason Evans, MD
- Rodney Michael, MD

AWARDING OF CONTINUING EDUCATION CREDIT

To obtain Continuing Medical Education or Continuing Nursing Education credit, participants **must complete an evaluation of the event by October 15, 2010.**

The evaluation can be found at the National Trauma Institute website:

- www.nationaltraumainstitute.org.
- Select “Meetings & Events”
- Select “Evaluation Certificate”

We thank you in advance for your comments.

“The clinical research supported by the National Trauma Institute will ultimately save thousands of military and civilian casualties by producing the ‘evidence’ necessary for the provision of ‘evidence-based medicine.’”

—Timothy C. Fabian, MD, FACS
Head of the Department of Surgery, University of Tennessee Health Science Center
Chairman, National Trauma Institute

Symposium Commercial Supporters

KCI (NYSE: KCI) is a San Antonio-based global medical technology company that develops, manufactures and markets products for the wound care, tissue regeneration and therapeutic support systems market.

Northwestern Mutual's mission is to develop enduring relationships with clients by providing expert guidance for a lifetime of financial security.

Sangart is a global biopharmaceutical company dedicated to developing life-saving medicines specifically designed to enhance the perfusion and oxygenation of ischemic (oxygen deprived) tissues through targeted oxygen delivery.

Smith & Nephew is committed to helping people regain their lives by repairing and healing bodies with orthopaedic devices, endoscopy, advanced wound management and clinical therapies.

Symposium Exhibitors

Advanced Infusion manufactures and sells a state of the art disposable infusion pump and catheter system for post surgical pain control.

Argentum Medical LLC produces the Silverlon® family of advanced silver-plated antimicrobial dressings, designed for seven-day use for chronic wounds, burns, surgical sites, NPWT, I.V. catheter and fixation devices.

Belmont Instrument Corporation develops and manufactures devices used in most of the world's prestigious medical facilities and military field hospitals. The Belmont® buddy lite™ fluid warmer is the latest addition to our buddy line of Blood Warmers.

Bound Tree Medical specializes in emergency medical equipment, supplies and product expertise. We support our customers with our EMS-experienced account managers and customer service representatives.

Calmoseptine Inc. markets Calmoseptine Ointment in all 50 states as well as Canada, Australia and the Philippines. Calmoseptine Inc. has focused its marketing efforts on hospitals, skilled nursing facilities and home healthcare agencies.

The Defense and Veterans Brain Injury Center (DVBIC) is a network of military, veteran and civilian healthcare partners supporting service members and veterans who have sustained traumatic brain injury and their families, through clinical care, research and educational programs.

DePuy Orthopaedics Inc., a Johnson & Johnson company, is a leading designer, manufacturer and distributor of orthopaedic devices and supplies. DePuy products are used in both surgical and non-surgical therapies to treat patients.

Elsevier, Inc. is now the umbrella comprised of W.B. Saunders, Mosby, Churchill Livingstone, Butterworth Heinemann and Hanley Belfus, a combined premier worldwide health science publishing company.

The Geneva Foundation has supported military medical research since 1993 by procuring and directing research awards for both research studies and multi-center clinical trials.

Horizon Medcorp markets Stasilon, which is a unique hemostatic fabric made of thin glass and bamboo fibers, that stops bleeding without adhering to the wound.

Integrated Medical Systems Incorporated is a leading national distributor in the alternate site market, providing a broad line of medical disposables from all of the leading manufacturers within the I.V. infusion industry.

Karl Storz, a leader in airway management technologies, provides a full line of airway resources designed for use in emergency field operations for the military.



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2010 ANNUAL TRAUMA SYMPOSIUM EXHIBITORS, COMMERCIAL SUPPORTERS AND SPONSORS

LifeCell Corporation develops and markets tissue repair products for use in reconstructive, urogynecologic and orthopedic surgical procedures. LifeCell's leading technologies include Strattice™ and AlloDerm®.

Marketing Assessment Inc. was founded in 1979. Our philosophy is to help provide the soldier the best products to facilitate the best medical care.

Medtronic At Medtronic, we're committed to innovating for life by pushing the boundaries of medical technology and changing the way the world treats chronic disease.

Methodist Healthcare System is comprised of 19 healthcare facilities including eight acute care hospitals in South Texas and is the most preferred healthcare provider in San Antonio.

Misonix Incorporated sells the Misonix SonicOne, an innovative wound care system designed to address the challenges chronic wounds present to the patient, the healthcare professional and the healthcare system.

Össure is a leader in Spinal Solutions. Our industry leading brands, Miami J®, Resolve® Halo, Occian™ Back and the Miami Lumbar™ LSO help to provide successful outcomes for you and your patients.



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think.
again

Orthofix's Orthopedics, Spine and Sports Medicine divisions offer innovative treatment options for adult and pediatric deformity correction, internal and external fracture fixation, biologics and bone growth stimulation, interbody fusion, MIS and bracing.

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Sanofi-Aventis is part of a leading global pharmaceutical company that develops and markets innovative therapies focused on healthcare challenges in cardiology, oncology and internal medicine.

SonoSite Incorporated is the leader in hand-carried and mountable ultrasound. SonoSite products are known for exceptional performance, ease of use and durability.

Starr Frame, LLC manufactures the Starr Frame® Reinert reduction instruments and 500mm half-pins, designed to assist with the closed reduction of markedly displaced pelvic ring disruptions.

Sangart

Sangart® is a global biopharmaceutical company dedicated to developing life-saving medicines specifically designed to enhance the perfusion and oxygenation of ischemic tissues through targeted oxygen delivery.

Sangart is seeking research sites for clinical studies. For more information, please contact us at trauma@sangart.com or visit our website.

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Date of preparation: July 2010 SAN-004



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The San Antonio Express-News is the San Antonio metro area's newspaper, with a daily readership of nearly 500,000. Learn more at www.express-news.com. The *San Antonio-Express News* provided in-kind support in the form of newspaper advertisements.

Trauma knows no bounds, cutting across age, race, gender and economic boundaries. Each year, trauma accounts for 37 million emergency department visits and 2.6 million hospital admissions and kills three times the number of Americans killed during the entire Vietnam conflict.



Synthes is a leading global medical device company. We develop, produce and market instruments, implants and biomaterials for the surgical fixation, correction and regeneration of the skeleton and its soft tissues.

T.R.U.E. Research Foundation, as a 501(c)(3) non-profit, accepts grants from and makes grants to all branches, departments and service organizations within the military for the purpose of carrying out cooperative enterprises in medical research, medical consultation and medical education as directed by 10 USC 2113 (j)(1)(A).

The **United States Army Institute of Surgical Research** provides requirement-driven combat casualty care medical solutions and products for injured soldiers from self-aid through definitive care across the full spectrum of military operations.

Verathon® (formerly Diagnostic Ultrasound Corporation) designs, manufactures and distributes reliable, state-of-the-art medical devices and services that offer a meaningful improvement in patient care to the healthcare community.

ZOLL Medical Corporation is the maker of ThermogardXP®, which provides the flexibility needed in therapeutic cooling and warming procedures. Our catheter combines precise TM with critical care functions of the standard central venous catheter.

CONVENTION CENTER MAP

“The National Trauma Institute is doing urgent work to save lives on the streets and on the battlefields.”

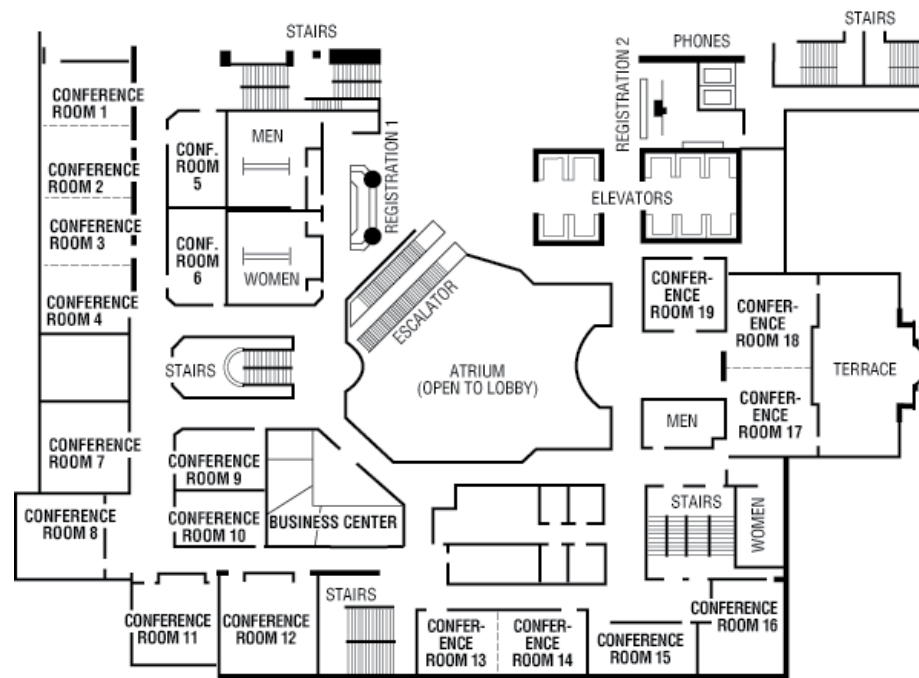
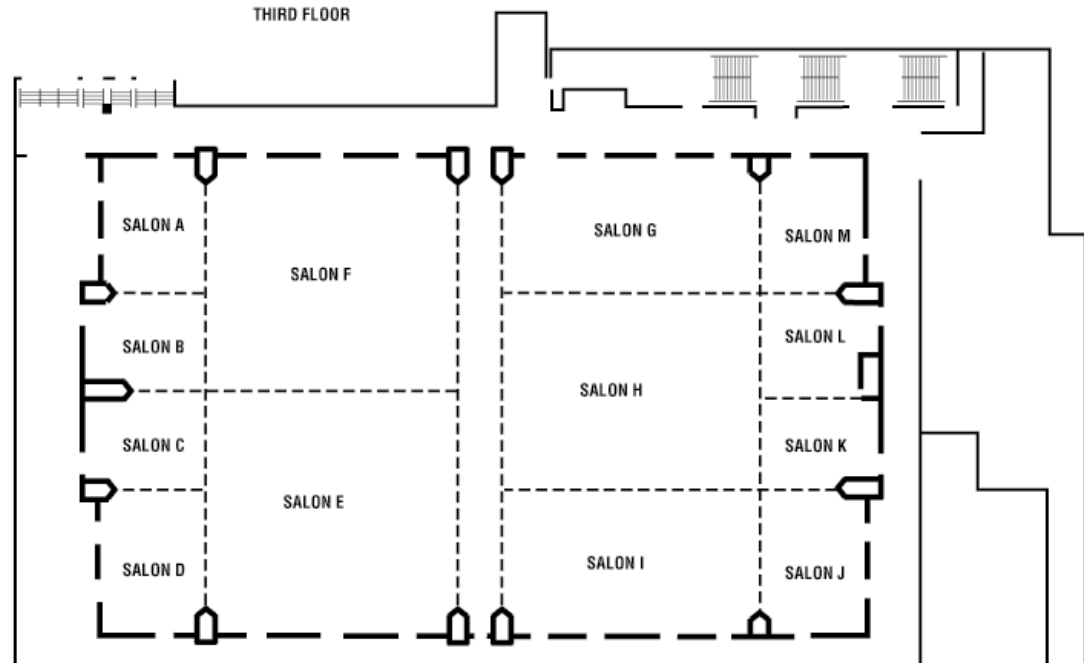
—Bob Woodruff
ABC News



Hemorrhage, or massive bleeding, is the primary cause of preventable death for people who have sustained a traumatic injury; and traumatic injury is the leading cause of death for Americans ages 1 through 44.

Give to the Stop the Bleeding campaign today!

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2010 ANNUAL TRAUMA SYMPOSIUM SCHEDULE

MONDAY, AUGUST 30, 2010 | Trauma Symposium Schedule

- 7:00–8:00 am** **Registration** (Salons G, H, I)
Continental Breakfast, Exhibit Hall Open
- 8:00–8:20 am** **Welcome/Remarks** (Salon E)
- 8:20–8:40 am** **Chairman's Address** (Salon E)
Timothy Fabian, MD FACS, National Trauma Institute
- 8:40–9:40 am** **Risk & Resiliency in Deployed Military Medical Personnel** (Salon E)
Alan Peterson, PhD, University of Texas Health Science Center
- 10:00 am–12:00 pm** **Disentangling PTSD and TBI** (Salon E)
- **Disentangling TBI/Concussion, PTSD, and Post-War Symptoms: A Population Health Perspective**
Charles Hoge, MD, Walter Reed Army Institute for Research
 - **Questions and Controversies in Combat-Related Post Concussive Syndrome**
Harvey Levin, PhD, Baylor College of Medicine
 - **Case Presentation and Panel Discussion**
Alan Peterson, PhD, University of Texas Health Science Center
- 11:30 am–2:30 pm** **Exhibit Hall Hours** (Salons G, H, I)
- 12:10–1:10 pm** **Lunch** (Salons G, H, I)

- 1:10–2:10 pm** **Concurrent Learning Sessions**
- Craniofacial Trauma (Salon A), page 9
 - Neurosurgery (Salon B), page 10
 - Orthopedic Trauma (Salon C), page 11
 - Trauma Critical Care/Emergency Medicine/Anesthesia (Salon E), page 14
- 2:20–3:20 pm** **Concurrent Learning Sessions**
- Craniofacial Trauma (Salon A), page 9
 - Neurosurgery (Salon B), page 10
 - Orthopedic Trauma (Salon C), page 11
 - Trauma Critical Care/Emergency Medicine/Anesthesia (Salon E), page 14
- 3:40–4:40 pm** **Concurrent Learning Sessions**
- Craniofacial Trauma (Salon A), page 9
 - Neurosurgery (Salon B), page 10
 - Orthopedic Trauma (Salon C), page 11
 - Trauma Critical Care/Emergency Medicine/Anesthesia (Salon E), page 14
- 5:30–7:30 pm** **Reception** (Salons H, I)



More than 40 years ago a National Research Council (NRC) report, "Accidental Death and Disability," first focused attention on the inadequacy of emergency and trauma care research. Since the publishing of that NRC report, traumatic injury has surpassed heart disease as the most expensive category of medical treatment. Yet none of the major research programs listed in the Congressionally Directed Medical Research Programs (CDMRP) directly relates to trauma or emergency care.

1:10–2:10 pm

OIF 2005 and 2009: Learning From The Past and Preparing For The Future

Speakers: Col Joseph Brennan, MD and Maj Brendan Farrell, MD

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Mark Boston, MD

Humanitarian Efforts in a Deployed Setting PRO/CON

Speakers: LtCol Mark Boston, MD and Drew Horlbeck, MD

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Cecilia Schmalbach, MD

2:20–3:20 pm

Endoscopic Management of Frontal Sinus Fractures PRO/CON

Speakers: Maj Erik Weitzel, MD and Christopher McMains, MD

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Cecilia Schmalbach, MD

Application of Stents in Laryngeal Trauma PRO/CON

Speakers: Maj Robert Eller, MD and Blake Simpson, MD

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Cecilia Schmalbach, MD

3:40–4:40 pm

OIF: Perspective of H&N Surgeon in Theater vs. Stateside

Speakers: Manuel Lopez, MD and LTC George Coppit, MD

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Cecilia Schmalbach, MD

Hearing Loss Injury Due to Blast vs. Operational

Speakers: LtCol Carlos Esquivel, MD and Maj Travis Pfannensteil, MD

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Cecilia Schmalbach, MD



“I’ve been proud to support the National Trauma Institute since its inception. In a short amount of time, NTI has made great strides toward its mission of elevating trauma on the national research agenda and improving the available treatments for trauma.”

—Kay Bailey Hutchison
U.S. Senate

“The National Trauma Institute has provided an opportunity for me to study important clinical problems that impact outcomes of our trauma patients. With the NTI research grant, we hope to add science to the multiple issues surrounding prevention of ventilator-associated pneumonia.”

—Martin Croce, MD
University of Tennessee Health Science Center



1:10–2:10 pm

Decompressive Craniotomy PRO/CON

Speakers: CDR Lisa Mulligan, MD and Alex Valadka, MD FACS

Group Discussion, Rebuttals, Q&A

Moderator: James Ecklund, MD FACS

Blast Induced TBI, What We Know

Speaker: James Ecklund, MD FACS

Group Discussion, Rebuttals, Q&A

Moderator: COL Geoff Ling, MD

2:20–3:20 pm

Hypothermia Use On the Battlefield PRO/CON

Speakers: Alex Valadka, MD and CDR Dennis Rivet, MD

Group Discussion, Rebuttals, Q&A

Moderator: CDR Lisa Mulligan, MD

Functional Restoration Through Robotics, Capitalizing on the Brain Machine Interface

Speaker: COL Geoff Ling, MD

Group Discussion, Rebuttals, Q&A

Moderator: James Ecklund, MD FACS

3:40–4:40 pm

Advanced Neurocritical Care Should Be Deployed Far Forward

Speaker: COL Geoff Ling, MD

Stick With the Basics In The Far Forward Environment

Speaker: CDR Dennis Rivet, MD

Group Discussion, Rebuttals, Q&A

Moderator: James Ecklund, MD FACS

Far Forward Neurosurgical Care, Where We've Been and Where We're Going

Speaker: CDR Lisa Mulligan, MD

Group Discussion, Rebuttals, Q&A

Moderator: James Ecklund, MD FACS

1:10–2:10 pm

Current Concepts in the Management of Radial Head Fractures

Speaker: Bernard Morrey, MD

Group Discussion, Rebuttals, Q&A

Moderator: Animesh Agarwal, MD

Complex Instability of the Elbow

Speaker: Bernard Morrey, MD

Group Discussion, Rebuttals, Q&A

Moderator: Animesh Agarwal, MD

2:20–3:20 pm

Four-Part Proximal Humerus Fractures: ORIF vs. Hemiarthroplasty

Speakers: Anil Dutta, MD and Col Damian Rispoli, MD

Humerus Fractures: IM Nail vs. ORIF

Speakers: Sudeep Taksali, MD and Animesh Agarwal, MD

Group Discussion, Rebuttals, Q&A

Moderator: Maj Michael Charlton, MD

3:40–4:40 pm

Segmental Bone Loss: Direct Bone Grafting vs. Distraction Osteogenesis

Speakers: Jason Evans, MD and MAJ Joseph Hsu, MD

Knee Dislocations: Acute Repair vs. Delayed Reconstruction

Speakers: Mark Slabaugh, MD and LtCol Warren Kadrmaz, MD

Group Discussion, Rebuttals, Q&A

Moderator: Maj Michael Charlton, MD

Historically, trauma research was clinically focused on treatment of injury and was strongly influenced by advances in trauma treatment learned from battlefield experiences. Learning from their experiences over the last several years in Iraq and Afghanistan, medics, nurses and physicians are using new tourniquets, new wound dressings, new resuscitation techniques, better methods of damage control surgery, and innovative CT scans to save the lives of military personnel and civilians injured in mass casualties.

NTI, with its connections to both civilian and military medical establishments, is the natural starting point to translate these battlefield innovations to civilians at home. No single trauma center admits enough critically injured patients to support the type of randomized, controlled research projects needed to provide substantiated support for steady, rapid and substantial improvements to medical care.



“As a member of the U.S. House Committee on Veterans Affairs, I know firsthand of the needs of our wounded soldiers and their families. The important research funded by the National Trauma Institute greatly improves the quality of life for our veterans, and so I was proud to support \$1.5 million in federal funding for an NTI program to help manage hemorrhage following injuries sustained in combat. Veterans give of themselves for our freedom and we owe them our gratitude and support.”

—Ciro D. Rodriguez
U.S. House of Representatives

1:10–2:10 pm

Etomidate is the Intubation Choice in Trauma and Critical Care

Speaker: Renard Sessions, MD

Ketamine is the Intubation Choice in Trauma and Critical Care

Speaker: Ben Wallisch, MD

Group Discussion, Rebuttals, Q&A

Moderator: Col Todd Carter, MD

Video Assistance Makes Intubation Safer in Airway Management for Trauma Patients PRO/CON

Speakers: Thomas Grissom, MD FCCM and Craig Manifold, DO

Group Discussion, Rebuttals, Q&A

Moderator: Antonio Hernandez, MD

2:20–3:20 pm

Do Sepsis Bundles Save Lives?

Speaker: Martin Croce, MD FACS

The Phenomenon of Checklists

Speaker: Seth Lotterman, MD

Do VAP Bundles Save Lives?

Speaker: COL Kurt Grathwohl, MD FS FCCP

How did the State of Michigan Lower Catheter Related Infections to Zero?

Speaker: Thomas Grissom, MD

Group Discussion, Rebuttals, Q&A

Moderators: Steven Venticinque, MD FACS and Timothy Fabian, MD FACS

3:40–4:40 pm

What are the Indicators for Who Needs to be Resuscitated?

Speaker: Eileen Bulger, MD FACS

When to Operate on Which Injuries After the First Hit: Avoiding the Second Hit

Speaker: Martin Croce, MD FACS

What is the Best Measurement of How Much Resuscitation is Needed:

Endpoints in Resuscitation

Speaker: LtCol Alan Murdock, MD

Group Discussion, Rebuttals, Q&A

Moderators: Andrew Peitzman, MD FACS and Charles Cairns, MD FACEP FAHA

7:00–8:00 am Registration (Salons G, H, I)
Continental Breakfast, Exhibit Hall Open

- 8:00–10:00 am** Traumatic Brain Injury Plenary (Salon E)
- Does CPP Management Change Outcome?
COL Geoff Ling, MD, Defense Advanced Research Projects Agency
 - Why Doesn't Hyperosmolar Therapy (HTS) Improve Outcomes?
Eileen Bulger, MD FACS, University of Washington
 - Case Presentation and Panel Discussion
*Stephen Cohn, MD FACS
University of Texas Health Science Center*
 - Does Progesterone Therapy Improve TBI Outcome?
LtCol Vikhyat Bebarta, MD, Wilford Hall Medical Center
 - Is Hypothermia of Any Benefit?
Guy Clifton, MD, University of Texas Health Science Center
 - When Should Craniectomy be Performed?
Alex Valadka, MD FACS, Seton Brain and Spine Institute
 - Case Presentation and Panel Discussion
David Hoyt, MD FACS American College of Surgeons

- 10:10–11:10 am** Concurrent Learning Sessions
- Trauma Nursing/Allied Health (Salon A), page 14
 - Trauma Mental Health (Salon C), page 15
 - Burn Surgery (Salon D), page 17
 - Trauma Critical Care/Emergency Medicine/Anesthesia (Salon E), page 18

- 11:20 am–12:20 pm** Concurrent Learning Sessions
- Trauma Nursing/Allied Health (Salon A), page 14
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 - Trauma Critical Care/Emergency Medicine/Anesthesia (Salon E), page 18

11:30 am–2:30 pm Exhibit Hall Hours (Salons G, H, I)

12:30–1:30 pm Lunch (Salons G, H, I)

- 1:20–2:30 pm** Concurrent Learning Sessions
- Trauma Nursing/Allied Health (Salon A), page 14
 - Orthopedic Trauma (Salon D), page 16
 - Advanced Airway Workshop (Salon F), page 18
pre-registration required

- 2:40–3:40 pm** Concurrent Learning Sessions
- Trauma Nursing/Allied Health (Salon A), page 14
 - Orthopedic Trauma (Salon D), page 16
 - Advanced Airway Workshop (Salon F), page 18
pre-registration required

- 4:00–5:00 pm** Concurrent Learning Sessions
- Trauma Nursing/Allied Health (Salon A), page 14
 - Orthopedic Trauma (Salon D), page 16
 - Advanced Airway Workshop (Salon F), page 18
pre-registration required

10:10–11:10 am

Computer Assisted Burn Resuscitation Decision Support PRO/CON

Speakers: MAJ John Melvin, RN CCRN and LTC Maria Serio-Melvin, RN

Group Discussion, Rebuttals, Q&A

Moderators: COL Belinda Spencer, MSN RN and MAJ Maximino Martell, MSN RN APN CNS-BC CCNS CCRN

Every Patient Should Receive 1:1 PRBC:FFP Ratios PRO/CON

Speakers: COL Kurt Grathwohl, MD and MAJ Jeremy Pamplin, MD

Group Discussion, Rebuttals, Q&A

Moderators: COL Belinda Spencer, MSN RN and Darlene Deters, MSN ARNP CCRN

11:20 am–12:20 pm

Trauma and the Combat Support Hospital in Iraq, Comparing 2004 and 2009 and Casualty Data of Previous US Wars/Conflicts

Speaker: COL Greg Kidwell, RN MSN

Group Discussion, Rebuttals, Q&A

Moderators: COL Belinda Spencer, MSN RN and MAJ Beverly Inocencio, RN MSN CCRN CEN

1:30–2:30 pm

Hypothermia for Only Ventricular Tachycardia/Ventricular Fibrillation Cardiac Arrest PRO/CON

Speakers: CPT David Ferraro, RN and CPT James Hull, MD

Group Discussion, Rebuttals, Q&A

Moderator: MAJ Beverly Inocencio, RN MSN CCRN CEN

Nursing assessment in an austere environment

Speaker: CPT Monique Grinnell, RN

Group Discussion, Rebuttals, Q&A

Moderator: COL Belinda Spencer, ANCP-BC

2:40–3:40 pm

Rapid Response Teams PRO/CON

Speakers: MAJ Jeremy Pamplin, MD and LTC Pedro Lucero, MD

Stress Dose Steroids in Sepsis PRO/CON

Speakers: CPT Sally DelVecchio, DO and CPT Allyson Fewell, MD

Group Discussion, Rebuttals, Q&A

Moderators: COL Belinda Spencer, MSN RN and Harry Bradstreet, MSN RN CCRN ACNP-BC

4:00–5:00 pm

Baghdad to Boston and Back: Pediatric Burn Care During Wartime

Speakers: CPT Patricia Schmidt, RN BSN and CPT Christina Moore, RN BSN

Blast Injuries with Israel Perspective

Speaker: COL Steve Hadley, MD

Pediatric Blast Injuries

Speaker: MAJ Tamara Funari, RN

Group Discussion, Rebuttals, Q&A

Moderators: COL Belinda Spencer, MSN RN and COL Greg Kidwell, RN MSN

10:10–11:10 am

Mechanisms of Vulnerability to PTSD: The Role of Early Life Stressors

Speaker: Randy Strong, PhD

Treatment of Deployment-Related PTSD in Primary Care: A Pilot Investigation

Speaker: Shelia Rauch, PhD

Group Discussion, Rebuttals, Q&A

Moderator: Alan Peterson, PhD

11:20 am–12:20 pm

Long Term Follow-up of a Clinical Trial of Cognitive Processing Therapy and Prolonged Exposure Therapy

Speaker: Patricia Resick, PhD

Efficacy of Prolonged Exposure Therapy for PTSD in Adolescents

Speaker: Edna Foa, PhD

Group Discussion, Rebuttals, Q&A

Moderator: Alan Peterson, PhD

Trauma is a complex disease that involves direct mechanical injury to tissues as well as systemic disturbances of the entire body. The field of inquiry involves many disciplines and cross-cutting themes. Transport and admission of one patient to a trauma center may involve paramedics; trauma and burn surgeons; trauma nurses; personnel from radiology, blood bank, respiratory therapy, rehabilitation and other ancillary disciplines; along with selected physicians from 16 specialties ranging from neurosurgery to OB/GYN.

Unlike many other areas of medical research, trauma is not strictly defined by organ systems or types of conditions. Rather, it is uniquely defined by the urgency and location of treatment. Trauma research needs to be applied in the acute setting, at the scene of injury (pre-hospital EMS or military medic), at the patient's bedside in the hospital (ICU, OR), and during recovery and rehabilitation.

Trauma and emergency care research has its foundation in basic laboratory science. But translational research—the process of applying ideas, insights and discoveries generated through basic scientific inquiry to the treatment or prevention of human disease—is the most active area of this discipline.





“NTI provides the means to address the real issues identified real-time on the front lines, both in military and in civilian settings of injury. To do this, the organization is manned by clinician-scientists with direct knowledge of the real problems and a focus to do research to improve patient care... today.”

—Stephen Wolf, MD, FACS

Vice Chairman for Research, Professor in the Department of Surgery
University of Texas Health Science Center at San Antonio

1:30–2:30 pm

Pertrochanteric Hip Fractures: IM Nail vs. ORIF

Speakers: Adam Starr, MD and Sudeep Taksali, MD

Distal Femur Fractures: IM Nail vs. Bridge Plating

Speakers: Ken Koval, MD and Mark Richardson, MD

Group Discussion, Rebuttals, Q&A

Moderators: Animesh Agarwal, MD and Maj Michael Charlton, MD

2:40–3:40 pm

Extra-articular Proximal Tibia Fracture: IM Nail vs. Plate

Speakers: Ken Koval, MD and Jason Evans, MD

Extra-articular Distal Tibia Fracture: IM Nail vs. Plate

Speakers: Mark Richardson, MD and Ravi Karia, MD

Group Discussion, Rebuttals, Q&A

Moderators: Animesh Agarwal, MD and Maj Michael Charlton, MD

4:00–5:00 pm

Pelvic Ring Injuries: The Role of Definitive External Fixation

Speaker: Maj Michael Charlton, MD

Anterior Pelvic Fixation: ORIF

Speaker: Adam Starr, MD

Lisfranc Injuries: ORIF vs. Arthrodesis

Speakers: Maj Patrick Osborn, MD and LTC Kevin Kirk, DO

Group Discussion, Rebuttals, Q&A

Moderator: Animesh Agarwal, MD

10:10–11:10 am

Urine Output is the Best Monitor of Burn Resuscitation

Speaker: MAJ Kevin Chung, MD

Urine Output Should be Only One of Many Monitors Used in Burn Resuscitation

Speaker: David Greenlaugh, MD FACS

Integra Should be Used in Burn Wound Closure and Reconstruction

Speaker: Bill Hickerson, MD

Integra has Limited Application in Burn Wound Closure and Reconstruction

Speaker: Leopoldo Cancio, MD FACS

Group Discussion, Rebuttals, Q&A

Moderator: LTC Booker King, MD

11:20 am–12:20 pm

Vitamin C Should/Should Not be Used in Burn Resuscitation

Speakers: David Greenlaugh, MD FACS and Leopoldo Cancio, MD FACS

Burn Scars Should be Reconstructed within One Year of Injury

Speaker: Bill Hickerson, MD

Burn Scar Reconstruction Should Only be Performed on Mature Scars

Speaker: Steven Wolf, MD FACS

Group Discussion, Rebuttals, Q&A

Moderator: Steven Wolf, MD FACS

“NTI’s funding is helping us conduct an important multi-center assessment of the incidence and impact of *Mycoplasma pneumoniae* on patients with suspected ventilator-associated pneumonia. Understanding the true incidence of *M. pneumoniae* in the ICU should have immediate clinical implications and improve outcomes for critically ill patients.”

—Joel B. Baseman, Ph.D.

Professor and Chairman, Department of Microbiology and Immunology
University of Texas Health Science Center





“NTI has demonstrated remarkable effectiveness at directing much-needed research dollars into military and civilian trauma care.”

—Gregory Jurkovich, MD, FACS
Professor of Surgery, University of Washington
Chief of Trauma, Harborview Medical Center

10:10–11:10 am

1:1 Blood Products Ratios Save Lives PRO/CON

Speakers: Bryan Cotton, MD MPH and Jordan Weinberg, MD FACS

Group Discussion, Rebuttals, Q&A

Moderator: CAPT James Dunne, MD FACS

Are Hemostatic Dressings Valuable in the Pre-hospital Setting?

Speaker: MSG Harold Montgomery

Group Discussion, Rebuttals, Q&A

Moderator: Donald Jenkins, MD FACS

11:20 am–12:20 pm

Factor VIIa Should be Used in Combat Casualties PRO/CON

Speakers: Col Jeffery Bailey, MD and Ronald Stewart, MD, FACS

Group Discussion, Rebuttals, Q&A

Moderator: LtCol Alan Murdock, MD FACS

What is the Future of Blood Products: Fresh, Frozen, Freeze Dried?

Speaker: Rodney Michael, MD

Group Discussion, Rebuttals, Q&A

Moderator: Ronald Stewart, MD FACS

1:20–5:00 pm

Advanced Airway Workshop

Speakers: Antonio Hernandez, MD and Stephen Venticinque, MD FACS

Participants rotate through 13 learning stations where they can utilize various fiber optic intubating devices, practice surgical airway approaches and use video laryngoscopes and supraglottic airway devices, among others, using manikins and other adjunct materials that mimic the difficult airway. *(pre-registration required)*

7:00–8:00 am Registration
Continental Breakfast

8:00–9:40 am Resuscitation Plenary (Salon E)

- **Should We Ever Use Fluids in the Prehospital Setting?**
Paul Pepe, MD MPH MACP FACEP FCCM, University of Texas Southwestern
- **Should We Perform Needle Thoracotomy?**
*LTC Robert Gerhardt, MD MPH FACEP FAAEM
U.S. Army Medical Research and Materiel Command*
- **Optimal Vascular Access: IO/IV/Central Access**
Thomas Knuth, MD MPH FACS, Henry Ford Hospital
- **Case Presentation and Panel Discussion**
Stephen Cohn, MD FACS, University of Texas Health Science Center
- **What is the Optimal Crystalloid for Fluid Resuscitation?**
Peter Rhee, MD, Arizona Medical Center
- **What is the Optimal Colloid for Fluid Resuscitation?**
Timothy Fabian, MD FACS, University of Tennessee Health Science Center
- **Should We Use Hypertonic Saline for Fluid Resuscitation?**
David Hoyt, MD FACS, American College of Surgeons
- **Group Discussion, Rebuttals, Q&A**
Peter Rhee, MD, Arizona Medical Center

10:00–11:00 am Resuscitation Plenary (Salon E)

- **Are Pressors Valuable in the Setting of Hemorrhagic Shock?**
COL Kurt Grathwohl, MD, Brooke Army Medical Center
- **Whole Blood vs. Components, Which is Better?**
Phillip Spinella, MD, Connecticut Children's Medical Center
- **Case Presentation and Panel Discussion**
Stephen Cohn, MD FACS, University of Texas Health Science Center

11:00 am Adjourn

Participants must complete an online evaluation to receive CME or CNE credit.

- Go to www.nationaltraumainstitute.org.
- Select “Meetings & Events”
- Select “Evaluation Certificate”

The evaluation must be completed before October 15, 2010.

“Our brave men and women in uniform deserve the best possible care for their service to our country, not just during their time in service but more importantly after they return home. I wholeheartedly support the National Trauma Institute as it continues to make advances in service and research in trauma care for our soldiers.”

—Charles Gonzalez
U.S. House of Representatives





2010 ANNUAL TRAUMA SYMPOSIUM FACULTY

2010 TRAUMA SYMPOSIUM FACULTY

For the greatest impact, research must be based on the establishment of large-scale, multicenter research collaborations. Multicenter networks enable researchers from the diverse disciplines of trauma and emergency care research to assemble sufficiently large data sets to establish robust research findings. This is the most efficient use of funding to provide fast, meaningful results for the improvement of patient care.



Animesh Agarwal, MD

Associate Professor
Chief Division of Orthopaedic Trauma
University of Texas Health Science Center San Antonio
Humerus Fractures: ORIF

Col Jeffery Bailey, MD

Director USAF Center for Sustainment
of Trauma and Readiness Skills
Division of Trauma and Associate Professor of Surgery
St. Louis University
Factor VIIa Should be Used in Combat Casualties PRO

LtCol Vikhyat Bebarta, MD

Chief Medical Toxicology, Staff Emergency Physician
Wilford Hall Medical Center
Does Progesterone Therapy Improve TBI Outcome?

LtCol Mark Boston, MD, AF/SG

Otolaryngology Air Force Consultant to the Surgeon General
Director Pediatric Otolaryngology
Wilford Hall Medical Center
Humanitarian Efforts in a Deployed Setting PRO

Harry Bradstreet, MSN, RN, CCRN, ACNP-BC

Critical Care Advanced Practice Nurse
Brooke Army Medical Center
Moderator

Col Joseph Brennan, MD

Program Director Otolaryngology
San Antonio Military Medical Center
OIF 2005: Learning From the Past

Eileen Bulger, MD, FACS

Professor, Attending Surgeon
University of Washington
Why Doesn't Hypersmolar Therapy (HTS) Improve Outcomes?
What are the Indicators for Who Needs to be Resuscitated?

Charles Cairns, MD, FACEP, FAHA

Professor and Chair Department of Emergency Medicine
University of North Carolina
Coordinator

COL Leopold Cancio, MD, FACS

Program Manager Combat Critical Care
Engineering Task Area
Combat Casualty Care Research Program
United States Army Institute of Surgical Research
Integra Has Limited Application in Burn Wound Closure and Reconstruction
Vitamin C Should Not be Used in Burn Resuscitation

Col Todd Carter, MD

AF Surgeon General Chief Consultant for Anesthesia
Director Medical Education CSTARS
Assistant Professor of Clinical Anesthesia CSTARS
Video Assistance Makes Intubation Safer in Airway Management for Trauma Patients PRO

LtCol Michael Charlton, MD

Chief of Orthopaedic Trauma
Wilford Hall Medical Center
Pelvic Ring Injuries: The Role of Definitive External Fixation

MAJ Kevin Chung, MD

Medical Director Burn Intensive Care Unit
United States Army Institute of Surgical Research
Urine Output is the Best Monitor of Burn Resuscitation

Guy Clifton, MD

Professor Department of Neurosurgery
University of Texas Medical School at Houston
Is Hypothermia of Any Benefit?

Steven Cohn, MD, FACS

Witten B. Russ Professor of Surgery
University of Texas Health Science Center San Antonio
Program Chair

LTC George Coppit, MD

Chief Otolaryngology Head and Neck Surgery
Director Head and Neck Otolaryngology
Microvascular Reconstruction
Assistant Professor of Surgery
Walter Reed Army Medical Center
OIF: Perspective of H&N Surgeon Stateside

2010 TRAUMA SYMPOSIUM FACULTY

Bryan Cotton, MD MPH

Associate Professor
University of Texas Health Science Center Houston
1:1 Blood Products Ratios Save Lives PRO

Martin Croce, MD, FACS

Professor of Surgery
Chief of Trauma and Surgical Critical Care
University of Tennessee Health Science Center
*Do Sepsis Bundles Save Lives?
When to Operate on Which Injuries After the First Hit:
Avoiding the Second Hit*

CPT Sally DeVecchio, DO

Pulmonary & Critical Care Medicine Fellow
Brooke Army Medical Center
Stress Dose Steroids in Sepsis PRO

Darlene Deters, MSN, ARNP, CCRN

Critical Care Advanced Practice Nurse
Brooke Army Medical Center
Moderator

CAPT James Dunne, MD, FACS

Chief, Trauma and Surgical Critical Care
Chief, Integrated Trauma Service
National Naval Medical Center
Coordinator

Anil Dutta, MD

Deputy Residency Program Director
Chief Shoulder & Elbow Service
University of Texas Health Science Center San Antonio
Four-Part Proximal Humerus Fractures: ORIF

James Ecklund, MD, FACS

Chairman, Dept of Neurosciences, Inova Fairfax Hospital
Medical Director, Neuroscience Services, Inova Health System
Chief, Division of Neurosurgery, Uniformed Services
University of the Health Sciences
Blast Induced TBI, What We Know

Maj Robert Eller, MD

Staff Otolaryngologist
Director of Laryngology and Voice Disorders
Leader Speech Pathology Element
Wilford Hall Medical Center
Application of Stents in Laryngeal Trauma PRO

LtCol Carlos Esquivel, MD

Staff Neurotology, Wilford Hall Medical Center
Hearing Loss Due to Blast Injury

Jason Evans, MD

Assistant Professor Department of Orthopaedic Surgery
University of Texas Health Science Center San Antonio
*Segmental Bone Loss: Direct Bone Grafting
Extra-articular Proximal Tibia Fracture: Plate*

Timothy Fabian, MD, FACS

Harrell Wilson Alumni Professor and Chairman
University of Tennessee Health Science Center
*Coordinator
Chairman's Address
What is the Optimal Colloid for Fluid Resuscitation*

Maj Brendan Farrell, MD

Staff Oral and Maxillofacial Surgeon
Wilford Hall Medical Center
OIF 2009: Preparing for the Future

CPT David Ferraro, RN

Fellow Pulmonary and Critical Care Medicine
Brooke Army Medical Center
*Hypothermia For Only Ventricular Tachycardia/Ventricular
Fibrillation Cardiac Arrest PRO*

CPT Allyson Fewell, MD, ACP

Associate
Brooke Army Medical Center
Stress Dose Steroids in Sepsis CON

Edna Foa, PhD

Professor of Psychology in Psychiatry
Director, Center for the Treatment and Study of Anxiety
*Efficacy of Prolonged Exposure Therapy for PTSD in
Adolescents*



“Our group is interested in the treatment of ICU anemia among trauma patients, which is a nearly universal condition associated with poor outcomes. Through funding provided by NTI, we will investigate the role of iron supplementation in treating anemic trauma patients, hoping to avoid red blood cell transfusion, decrease length of stay, and increase survival.”

—Fredric M. Pieracci, MD, MPH
Denver Health Medical Center
University of Colorado Health Science Center

2010 TRAUMA SYMPOSIUM FACULTY



“With Brooke Army Medical Center in the 21st district, I’m well aware of the need for significant research to improve trauma care. The National Trauma Institute has done commendable work to shine a spotlight on this great need, and I will continue to support the vital mission of the NTI.”

—Lamar Smith
U.S. House of Representatives

MAJ Tamara Funari, RN

Clinical Nurse, Brooke Army Medical Center
Pediatric Blast Injuries

LTC Robert Gerhardt, MD, MPH, FACEP, FAAEM

Aviation Medicine Consultant for Emergency Medicine
U.S. Army Medical Research and Materiel Command
Should We Perform Needle Thoracotomy?

COL Kurt Grathwohl, MD, FS, FCCP

Medical Director Surgical/Trauma Intensive Care Unit
Critical Care Consultant to the Army Surgeon General
Brooke Army Medical Center
*Every Patient Should Receive 1:1 PRBC:FFP Ratios PRO
Are Pressors Valuable in the Setting of Hemorrhagic
Shock?
Do VAP Bundles Save Lives?*

David Greenhalgh, MD, FACS

Chief of Burns
University of California Davis
*Urine Output Should be Only One of Many Monitors Used
in Burn Resuscitation
Vitamin C Should be Used in Burn Resuscitation*

CPT Monique Grinnell, RN

Emergency Trauma Nurse
Brooke Army Medical Center
Nursing Assessment in an Austere Environment

Thomas Grissom, MD, FCCM

Associate Professor Department of Anesthesiology
University of Maryland School of Medicine
*How did the state of Michigan lower catheter related
infections to zero?
Video Assistance Makes Intubation Saver in Airway
Management for Trauma Patients CON*

COL Steve Hadley, MD

Pilot-Physician, Staff Ophthalmologist
Eglin AFB
Blast Injuries with Israel Perspective

Antonio Hernandez, MD

Assistant Professor
Director Cardiothoracic and Transplant Anesthesiology
University of Texas Health Science Center San Antonio
Coordinator

William Hickerson, MD

Professor of Plastic Surgery
Director of Firefighter’s Burn and Wound Care Center
The Burn Center Arkansas Childrens Hospital
*Integra Should be Used in Burn Wound Closure and
Reconstruction
Burn Scars Should be Reconstructed Within One Year of
Injury*

Charles Hoge, MD

Neuropsychiatry Research Consultant OTSG
Senior Scientist and Staff Psychiatrist
Walter Reed Army Institute for Research
*Disentangling TBI/Concussion, PTSD, and Post-War
Symptoms: A Population Health Perspective*

Drew Horlbeck, MD

Director of Otolaryngology/Neurotology
Nemours Children’s Clinic
Humanitarian Efforts in a Deployed Setting CON

David Hoyt, MD, FACS

Executive Director
American College of Surgeons
*Coordinator
Should We Use Hypertonic Saline for Fluid Resuscitation?*

MAJ Joseph Hsu, MD

Chief Orthopedic Trauma Service
Associate Program Director for Research
United States Army Institute of Surgical Research
Segmental Bone Loss: Distraction Osteogenesis

CPT James Hull

Fellow Pulmonary/Critical Care Medicine
Brooke Army Medical Center
*Hypothermia For Only Ventricular Tachycardia/Ventricular
Fibrillation Cardiac Arrest CON*

2010 TRAUMA SYMPOSIUM FACULTY

MAJ Beverly Inocencio, RN, MSN, CCRN, CEN

Senior Clinical Nurse Surgical/Trauma ICU
Brooke Army Medical Center

Moderator

Donald Jenkins, MD, FACS

Senior Associate Consultant Division of Trauma
Critical Care, General Surgery Associate Professor of
Surgery and College of Medicine Medical Director
Mayo Clinic

Coordinator

LtCol Warren Kadrmas, MD

Orthopaedic Consultant to USAF Surgeon General
Wilford Hall Medical Center

Knee Dislocations: Delayed Reconstruction

Ravi Karia, MD

Assistant Professor Department of Orthopaedics
University of Texas Health Science Center San Antonio

Extra-articular Distal Tibia Fracture: Plate

COL Greg Kidwell, RN, MSN

Head Nurse Department of Operational Medicine and
Deployment Health
Madigan Army Medical Center

*Trauma and the Combat Support Hospital in Iraq,
Comparing 2004 and 2009 and Casualty Data of Previous
US Wars/Conflicts*

LTC Booker King, MD

Assistant Director US Army Burn Center
Assistant Director Surgical Critical Care Fellowship
Staff Trauma Burn and Surgical Intensivist
United States Army Institute of Surgical Research

Moderator

LTC Kevin Kirk, DO

Chief Orthopedic Foot and Ankle Surgery Consultant
Orthopedic Surgery Center for the Intrepid
Brook Army Medical Center

Lisfranc Injuries: Arthrodesis

Thomas Knuth, MD, MPH, FACS

Senior Surgeon Division of Acute Surgery
Henry Ford Hospital

Optimal Vascular Access: IO/IV/Central Access

Ken Koval, MD

Professor Department of Orthopaedics
Dartmouth Hitchcock Medical Center

Distal Femur Fractures: IM Nail

Extra-Articular Proximal Tibia Fracture: IM Nail

Maj Julio Lairet, DO

Emergency Medicine Physician
Medical Director CCATT Pilot Unit
Wilford Hall Medical Center

Coordinator

Harvey Levin, PhD

Professor and Director of Research
Department of Physical Medicine & Rehabilitation
Baylor College of Medicine

*Questions and Controversies in Combat-Related Post
Concussive Syndrome*

COL Geoff Ling, MD

Program Manager
Defense Advanced Research Projects Agency *Functional
Restoration Through Robotics, Capitalizing on the Brain
Machine Interface*

*Advanced Neurocritical Care Should be Deployed Far
Forward*

Does CPP Management Change Outcome?

Manuel Lopez, MD

Facial Plastic Surgeon, Aesthetic Facial and
Oculoplastic Surgeons

OIF: Perspective of H&N Surgeon in Theater

Seth Lotterman, MD

Staff Physician
Wilford Hall Medical Center

The Phenomenon of Checklists

In addition to fostering connections between military and civilian doctors, NTI is beginning to fund the diverse multi-center trauma trials that are required to provide the sound, unbiased scientific evidence that can change clinical practice. NTI is particularly qualified to oversee and manage trauma research that is comprehensive, community-based and planned for all populations, incorporating the unique needs of children and the elderly.



2010 TRAUMA SYMPOSIUM FACULTY



“NTI has given (finally!) clinical research in trauma a real home. With the relatively easy application process, young investigators can receive grants that might not be funded via other federal funding sources.”

—Peggy Knudson, MD, FACS
Professor of surgery and Principal Investigator
San Francisco Injury Center for Research and Prevention

LTC Pedro Lucero, MD
Assistant Chief Pulmonary/Critical Care
Medical Director of MICU and
Assistant Professor of Medicine
Brooke Army Medical Center
Rapid Response Team CON

Craig Manifold, DO
Assistant Professor School of Health Professions
University of Texas Health Science Center San Antonio
Are We Too Aggressive With Pre-Hospital Intubation in Trauma?

MAJ Maximino Martell, MSN, RN, APN, CNS-BC, CCNS, CCRN
Clinical Nurse Specialist Critical Care Nursing Services
Brooke Army Medical Center
Moderator

Christopher McMains, MD
Clinical Assistant Professor of Otolaryngology/Head and Neck Surgery
Sinus Institute of San Antonio
Endoscopic Management of Frontal Sinus Fractures CON

MAJ John Melvin, RN, CCRN
Director of the Critical Care and Emergency Nursing Course
Brooke Army Medical Center
Burn Resuscitation Using Computer Assisted Decision Support CON

Rodney Michael, MD
Senior Product Manager Blood Products
US Army Medical Material Development Activity
What is the Future of Blood Products: Fresh, Frozen, Freeze Dried?

MSG Harold Montgomery, NREMT
Regimental Senior Medic
75th Ranger Regiment
Are Hemostatic Dressings Valuable in the Pre-hospital Setting?

CPT Christina Moore, RN, BSN
Clinical Staff Nurse
United States Army Institute of Surgical Research
Bagdad to Boston and Back: Pediatric Burn Care During War Time

Bernard Morrey, MD
John and Posy Krehbiel Professor of Orthopedics
Professor of Clinical Orthopedics
University of Texas Health Science Center San Antonio
Current Concepts in the Management of Radial Head Fractures
Complex Instability of the Elbow

CDR Lisa Mulligan, MD
Chief of the Clinical Staff, Chief Neurosurgery
Advisor to the Navy Surgeon General for Neurosurgery
National Naval Medical Center
Decompressive Craniectomy PRO
Far Forward Neurosurgical Care, Where We've Been and Where We Are Going

LtCol Alan Murdock, MD
Consultant to the Surgeon General for Surgical Services
Staff Surgeon and Assistant Clinical Professor
Wilford Hall Medical Center
Coordinator
What is the Best Measurement of How Much Resuscitation is Needed: Endpoints in Resuscitation

Maj Patrick Osborn, MD
Chief Orthopedic Foot and Ankle Service
Brooke Army Medical Center
Lisfranc Injuries: ORIF

LtCol Mark Packer, MD
Neurotologist, Interim Director DoD/VA Hearing Center of Excellence
Wilford Hall Medical Center
Moderator

2010 TRAUMA SYMPOSIUM FACULTY

MAJ Jeremy Pamplin, MD

Medical Intensivist Surgical/Trauma Intensive Care Unit
Brooke Army Medical Center

*Every Patient Should Receive 1:1 PRBC:FFP Ratios CON
Rapid Response Teams: Matching Resources to Patient
Needs*

Andrew Peitzman, MD

President
American Association for the Surgery of Trauma
Mark M. Ravitch Professor and Vice Chairman
Chief General Surgery
Presbyterian University Hospital

Coordinator

Paul Pepe, MD, MPH, MACP, FACEP, FCCM

Professor and Chairman of Emergency Medicine
Director City of Dallas Medical Emergency Services for
Public Health Safety and Homeland Security
University of Texas Southwestern

Should We Ever Use Fluids in the Pre-hospital Setting?

Alan Peterson, PhD

Chief Division of Behavioral Medicine
Director STRONG STAR Multidisciplinary PTSD
Research Consortium
Deputy Chair for Military Collaboration
University of Texas Health Science Center San Antonio

Coordinator

*Risk and Resiliency in Deployed Military Medical
Personnel*

Maj Travis Pfannenstiel, MD

Otology/Neurotology & Skull Base Surgery Faculty
Otolaryngology Residency
Adjunct Assistant Clinical Professor of Surgery
Naval Medical Center San Diego

Hearing Loss Due to Operational Injury

Sheila Rauch, PhD

Clinical Research Psychologist
Director Serving Returning Veterans' Mental Health
VA Ann Arbor Healthcare System
*Treatment of Deployment-Related PTSD in Primary Care:
A Pilot Investigation*

Patricia Resick, PhD

Professor Department of Psychiatry
VA Boston Healthcare System
*Long Term Follow-up of a Clinical Trial of Cognitive
Processing Therapy and Prolonged Exposure*

Peter Rhee, MD

Director Trauma Critical Care and Emergency Surgery
Professor of Surgery
Vice Chair Clinical Affairs
Co-Director Pediatric ICU Surgical
Program Director Critical Care Fellowship
Arizona Medical Center

Coordinator

What is the Optimal Crystalloid for Fluid Resuscitation?

Mark Richardson, MD

Medical Director, Well Span Orthopedics
*Distal Femur Fractures: Bridge Plating
Extra-articular Distal Tibia Fracture: IM Nail*

Col Damian Rispoli, MD

Vice Chairman and Chief of Shoulder and Elbow
Surgery and Assistant Professor of Surgery
Wilford Hall Medical Center
Four-Part Proximal Humerus Fractures: Hemiarthroplasty

CDR Dennis Rivet, MD

Head Department of Neurosurgery
Staff Neurosurgeon
Naval Medical Center Portsmouth
*Hypothermia Should NOT Be Used on the Battlefield
Stick With the Basics in the Far Forward Environment*

LtCol Cecilia Schmalbach, MD

Chief Head and Neck Surgery
Wilford Hall Medical Center
Coordinator

CPT Patricia Schmidt, RN, BSN

Clinical Staff Nurse
United States Army Institute of Surgical Research
*Bagdad to Boston and Back: Pediatric Burn Care During
War Time*

LTC Maria Serio-Melvin, RN

Clinical Nurse Specialist
United States Army Institute of Surgical Research
*Burn Resuscitation Using Computer Assisted Decision
Support PRO*

Renard Sessions, MD

Assistant Professor
University of Texas Health Science Center
*Etomidate is the Intubating Choice in Trauma and Critical
Care*

Blake Simpson, MD

Director of Voice Center, Professor
Attending Staff
South Texas Veterans Health Care System
Staff Otolaryngologist
University of Texas Health Science Center
Application of Stents in Laryngeal Trauma CON

Maj Mark Slabaugh, MD

Assistant Professor of Surgery, Uniformed Services
University of the Health Sciences San Antonio
Knee Dislocations: Acute Repair

COL Belinda Spencer, ACNP-BC

Chief Critical Care Nursing Services
Brooke Army Medical Center
Coordinator

2010 TRAUMA SYMPOSIUM FACULTY



Here are the Facts:

- Injury is the leading cause of death for people between the ages of 1 and 44.
- Trauma is the leading cause of death of children in the United States.
- Among people 65 years and older, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions for trauma, adding significantly to Medicare costs.
- The effect of trauma on productive life years lost exceeds that of any other disease.

Phillip Spinella, MD

Pediatric Intensivist
Medical Director Surgical Critical Care
Associate Professor, Consultant for Blood Research,
Connecticut Children's Medical Center
Whole Blood Versus Components, Which is Better?

Adam Starr, MD

Lead Physician Orthopaedic Surgery
Associate Professor of Orthopaedic Surgery
University of Texas Southwestern Medical Center
Pertrochanteric Hip Fractures: IM Nail
Anterior Pelvic Fixation: ORIF

Ronald Stewart, MD, FACS

Professor and Interim Chair Department of Surgery
Jocelyn and Joe Strauss Endowed Chair in Trauma
Research
University of Texas Health Science Center San Antonio
Coordinator
Factor VIIa Should Be Used in Combat Casualties CON

Randy Strong, PhD

Professor Pharmacology
Senior Research Career Specialist
University of Texas Health Science Center San Antonio
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Decompressive Craniectomy CON
Hypothermia Should Be Used on the Battlefield

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*Ketamine is the Intubating Choice in Trauma and Critical
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