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### President's Message Matthew J. Matava, MD



ear Colleagues,

As President of this outstanding organization, it is my honor to personally thank you for your participation and enduring sup-

port of this organization over the past 35 years. I also want to recognize all those members and participants who contributed their time, energy, and talents to make our recent Annual Meeting one of the best ever. The Westin Hilton Head Resort proved to be a great venue not only for the academic program but also as a vacation destination for the many families who attended the meeting.

Outgoing SOA President, Sam Brown, MD, presided over the meeting while his lovely wife, Rose, coordinated the daily spouse activities. The Social Program provided all the options for family-focused events with beach, golf, and tennis activities as popular as always. The SOA would not be the organization it is without the participation of our members' spouses and children at the Annual Meeting. Bob Zura, MD compiled an outstanding academic program worthy of 24 AMA Category 1 CME Credits for the 248 attendees. There were a total of 201 abstracts submitted, 142 podium and rapid fire presentations, and 22 poster exhibits. The variety of both cuttingedge research and seven clinical symposia covering a wide spectrum of orthopedic topics resulted in a program that offered something for everyone irrespective of their experience or subspecialty interest. Kevin Plancher, MD served as Sam Brown's Presidential Guest Speaker and COL (Ret) John Feagin, MD was deservedly selected as this year's Distinguished Southern Orthopedist.

The SOA continues to be a strong regional society that not only provides educational enrichment but also advocacy for you and your practice on multiple levels. By interfacing with the leadership of the AAOS and continually updating our members with relevant governmental actions affecting their practice, the SOA strives to meet its member's individual and collective orthopedic practice needs. Given the ever-increasing influence these socio-



economic and political issues have on orthopedic surgeons in this country, we encourage all members to take advantage of the SOA's advocacy efforts.

It is not too early to mark your calendar now for the 2018 Annual Meeting to be held at The Breakers, in Palm Beach, FL from July 11-14. Founded in 1896, and reopened in 1926 after a fire destroyed the original building, this historic resort was modeled after the magnificent Villa Medici in Rome. Even today, The Breakers would be considered an ambitious effort considering the 75 artisans brought in from Italy to assist in the 1926 renovation. Located within walking distance of the Atlantic Ocean and an onsite golf course, The Breakers is always a 'fan favorite' for attendees and their families. My partner at Washington Universi-

continued on p. 2

### **Call for Abstracts**

The Southern Orthopaedic Association will present its next Annual Meeting July 11-14, 2018 at The Breakers in Palm Beach, FL. The Annual Meeting is one of the premier meetings

for orthopaedists practicing in the South. The Scientific Program will be developed to present timely reviews of practice-related techniques and clinical research findings in orthopaedic surgery through accepted outstanding abstracts. Nationally recognized speakers will also be invited to participate.



We invite you to submit one or more abstracts for the meeting, as this is an excellent opportunity to present a paper to your peers. The submission deadline is January 15, 2018. Abstract applications may be submitted

online through the SOA's web site. Visit us at www.soaassn.org and click on the "Submit your Abstracts" link.

We look forward to receiving your abstract(s) and to seeing you in Palm Beach next year.

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Southern Orthopaedic Association

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#### President's Message continued...

ty, Ryan Nunley, MD, will be our Program Chair. He will undoubtedly create an academic program that should raise the bar for our Annual Meeting.

Richard Gelberman, MD has accepted the honor of being the 2018 Distinguished Southern Orthopedist. Having worked under Dr. Gelberman for 20 years, I can state unequivocally that no one in orthopedic surgery is more deserving of this honor. To use a familiar sports vernacular, he is a true 'triple threat' excelling as an educator, researcher, and clinician. I cannot imagine many orthopedic surgeons in this county, and abroad, who have not been affected by his contributions to our specialty.

My wife, Michelle, along with Stacy Wald and our management team from Data Trace Publishing Company, are actively creating an exciting list of activities for the spouses each morning. If swimming, walking on the beach, golf, and tennis aren't enough, the popular breakfast gatherings will also be back, so you can rest assured that your family will be well cared for while you are at the meeting. A Welcome Reception, Exhibitor Reception, and Gala Dinner will once again be held during the evenings to put a relaxing closure to each day's events. What could be better than to cap off your summer with an educationally rewarding meeting in a family-friendly environment all within the confines of one of America's top resorts.

Thank you for all of your support of the SOA over the past 35 years. These thanks goes to the many members who are the lifeblood of our society, as well as to our corporate partners whose support is vital to the quality of our Annual Meeting. The SOA would not be what it is without the contributions of so many dedicated and talented people.

So, remember to mark your calendars for July 11-14, 2018. We look forward to seeing you in Palm Beach!

Sincerely,

Matt Matava

Matthew J. Matava, MD President, Southern Orthopaedic Association

Sports Medicine and Shoulder Surgery at the

Steadman-Hawkins Clinic in Vail, Colorado.

#### Meet SOA's New Board Member





and Chief of the Shoulder Service.

Dr. Scott Mair is a Professor of Orthopaedic Surgery at the University of Kentucky.

He serves as Fellowship Di-Dr. Mair joined the faculty at the University of Kentucky in 1998. He practices sports medirector for the UK Sports Medicine Fellowship, Medicine with an emphasis on shoulder surgery at UK Chandler Medical Center. He is a team cal Director of the UK Sports Medicine Clinic, physician for UK, as well as Georgetown Col-

Dr. Mair did his undergraduate work at Stanford University where he received his BS in Biological Sciences. He then received his MD from Duke University in Durham, North Carolina. He remained at Duke to complete an internship and residency in Orthopaedic Surgery. He followed that with a fellowship in

He resides in Lexington, KY with his wife, Donna, who manages a horse farm. They have four daughters: Lindsay 21, Hailey 19, Kiley 17, and Jaycie 12. In his free time, he enjoys golf, hunting, and vacationing and sporting events with the family.

lege and Kentucky State University.

#### The SOA

The Southern Orthopaedic Association (SOA) was founded in 1983 for physicians who are engaged in the specialty of orthopaedic and trauma surgery. Its mission is to develop and foster the art and science of medicine in the specialty of orthopaedic and trauma surgery. SOA operates exclusively for charitable, scientific and educational purposes.

### **Welcome New Members**

SOA is pleased to welcome the following New Members!

Irvin Martin, MD, Meridian, MS Thorsten Seyler, MD, Durham, NC John Lewis, MD, Louisville, KY Christopher Jones, MD, Atlanta, GA Richard Helfrey, DO, Wentzville, MO Alexander Vap, MD, Richmond, VA Steven Lovejoy, MD, Nashville, TN Uma Srikumaran, MD, Columbia, MD Matthew Popa, MD, High Point, NC Kimberly Kaiser, MD, Lexington, KY Martha George, MD, Lebanon, TN Stephen Compton, MD, Murray, KY Khaimchand Panday, MD, McAllen, TX Rory Lewis, MD, Killeen, TX Christofer Catterson, MD, Christiansburg, VA Bradford Waddell, MD, New Orleans, LA James Moss, MD, Jackson, MS Thomas Moore, MD, Atlanta, GA John Montz, MD, Asheville, NC Jorge Rodriguez-Wilson, MD, San Juan, PR William Accousti, MD, New Orleans, LA David Martin, MD, Chapel Hill, NC

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#### **Upcoming SOA Meeting**



35th Annual Meeting July 11-14, 2018 The Breakers Palm Beach, FL

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# Recap of the 34th Annual Meeting

The 34th Annual Meeting was a remarkable achievement, with a top notch Scientific Program. Program Chair, Dr. Robert Zura, along with the SOA Program Committee did an exceptional job of putting together the 2017 Scientific Program.

Program highlights included internationally known expert and speaker in Sports Medicine and Physician Leadership, Presidential Guest Speaker Dr. Kevin D. Plancher, with his presentation "Leadership Through Chaos." Distinguished Southern Orthopaedist, COL (Ret) John A. Feagin Jr., MD, gave a wonderful talk "Love, Leadership and the ACL." Dr. Samuel I. Brown gave the thought-provoking Presidential Address "The Times They are a-Changing: Be Prepared." In addition to the excellent Scientific Program, E-Poster presentations and Multimedia Sessions were also included.

The meeting kicked off with the Welcome Reception on the deck overlooking the ocean at sunset. Everyone had a great time and had a chance to catch up with old friends. The following evening began with the Exhibitor Reception before everyone went out on their own to enjoy beautiful Hilton Head Island or just relaxed at the resort. The meeting was brought to a close with the always enjoyable Gala Dinner Dance. Spouse Hospitality included a breakfast every morning. Spouses and guests were entertained by the Lowcountry Gator Man who brought some local animals, a cooking class/demonstration, and they made hygiene kits to donate to women's shelters.



It was a meeting to remember and we thank everyone who attended. If you missed it, view the 2017 Hilton Head Island pictures on the SOA website at <u>www.soaassn.org</u> and see what a great time that was had by all the attendees.

We hope to see everyone next year at the 35th Annual Meeting in Palm Beach, Florida at The Breakers, July 11-14, 2018.

### 2017 Award Recipients

Congratulations to the following Award Recipients. The award papers were presented during the Scientific Program in Hilton Head Island.

#### SOA Presidents' Resident Award Winner

Alexander M. Chiaramonti, MD, University of Maryland

Pulsatile Lavage Of Musculoskeletal Wounds Causes Myonecrosis And Dystrophic Calcification

#### Harley & Betty Baxter Resident Award Winners

William S. Godfrey, MD, Emory University Adductor Canal vs. Femoral Nerve Block In ACL: RCT

# Jourdan M. Cancienne, MD, University of Virginia

Is There A Threshold Value Of Hemoglobin A1c That Predicts Risk Of Infection Following THA?

#### SOA/OREF Resident Award Winners

Robert Runner, MD, Emory University Motorcycles And Helmets: Dangers Of Repealing Universal Helmet Laws

Travis Dekker, MD, Duke University Hindfoot Arthritis Progression And Arthrodesis Risk After Total Ankle Replacement At A Minimum Of Five Years Follow-Up

Riikka E. K. Nomides, MD, Duke University Nonunion And Reoperation Rate After Internal Fixation Of Adult Proximal Femur Fractures: A Systematic Review And Meta-Analysis

#### Harley & Betty Baxter Resident Travel Grant Award Winner

Sophia Traven, MD, Medical University of South Carolina

Fewer Complications Following Revision Hip And Knee Arthroplasty In Patients With Normal Vitamin D Levels

#### SOA Resident Travel Grant Award Winners

Michael Hadeed, MD, University of Virginia Maximizing Efficiency When Rescheduling Cancelled Surgeries

Joseph L. Laratta, MD, The Spine Hospital at Columbia University Medical Center Utilization Of Vertebroplasty And Kyphoplasty Throughout The United States

K. Aaron Shaw, DO, Dwight D. Eisenhower Army Medical Center

In-Vivo Chondrotoxicity Of Intra-Articular Infiltration Of Liposomal Bupivacaine In A Porcine Model

# 2017 Poster Awards

#### 1st Place Poster Award

Patrick W. Joyner, MD, Naval Medical Center Portsmouth

Changes in Testosterone Levels after Arthroscopic Surgery: A Pilot Study

#### 2nd Place Poster Award

Derek Berglund, MD, Holy Cross Orthopedic Institute

Comorbidity Effect on Speed of Recovery After Rotator Cuff Repair

#### 3rd Place Poster Award

Ryan Nunley, MD, Washington University School of Medicine Metal Ion Levels in Young, Active Patients Receiving a Dual Mobility Total Hip Arthroplasty Prosthesis

# **Thank You Annual Meeting Exhibitors**

The Southern Orthopaedic Association would like to thank the grantors and exhibitors of the Southern Orthopaedic Association's 34th Annual Meeting. Without the unrestricted educational support of the companies listed below, we would not have been able to provide this conference.

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# Improving Your After-Tax Financial Efficiency: Two Strategies for Recapturing Dollars Left on the Table *By Carole C. Foos, CPA & David B. Mandell, JD, MBA*

Most physicians strive to achieve two goals in their practice – to "do good," by being a quality practitioner and helping patients; and to "do well" in terms of financial rewards. Unfortunately, as to the second goal, many physicians in private practice do not operate their practices with optimal after-tax efficiency. In fact, we often see doctors leaving tens of thousands of dollars "on the table" each year – which can equate to nearly \$1 million of lost wealth over a career. The good news is that many physicians can likely improve their post-tax bottom line in several ways.

#### Time is of the Essence

Over the past three decades, there has truly been no better time than now to focus on post-tax efficiency. This is due to several factors:

1. Proposals from President Trump and the GOP are on the table to reduce the top individual tax rates as well as corporate tax rates. Taxes that came into being due to the Affordable Care Act may also go away. But, unless these cuts are revenue neutral, they will sunset in ten years. It will be important to take full advantage of these changes right away, as they may not be around for long.

2. The potential for reduced corporate tax rates and reduced rates on pass-through business income will make corporate structure planning vital.

3. More taxpayers could be subject to the 20 percent capital gains rate as the proposals call for that rate to be effective for married taxpayers with taxable income above \$225,000 (as opposed to the current \$466,950).

# The Common Causes of Dollars "Left on the Table"

While the causes of "dollars left on the table" in a medical practice can range from billing errors to unproductive employees, our expertise and focus is corporate structure, tax reduction and benefit planning. For this article, we will focus on two strategies for recapturing some of the funds left on the table:

- 1. Using the ideal corporate structure; and
- 2. Maximizing tax-deductible and non-quali-
- fied benefits for the physician-owner(s)

The most important thing you can do is keep an open mind. Changing just a few areas of your practice could recover \$10,000 to \$100,000 of "lost dollars" annually. Let's explore the two strategies:

#### 1. Using the Ideal Corporate Structure

Choosing the form and structure of one's medical practice is an important decision and one that can have a direct impact on your financial efficiency and the state and federal taxes you will owe every April. Yet, from our experiences in examining over 1,000 medical practices of our clients, most physicians get it wrong. Here are a few ideas to consider when thinking about your present corporate structure:

A. You likely want to avoid using a general partnership, proprietorship, or "disregarded entity": These entities are asset protection nightmares and can be tax traps for physicians. Nonetheless, we have seen very successful doctors operating their practices as such. The good news is that doctors who run their practices as partnerships, proprietorships, or disregarded entities have a tremendous opportunity to find "dollars on the table" through lower taxes – especially through the Medicare tax on income. This can be a \$10,000-30,000 annual recovery.

B. If you use an S corporation, don't treat it like a C corporation. We estimate that 60 to 70 percent of all medical practices are S corporations. Unfortunately, many physicians do not take advantage of their S corporation status – using inefficient compensation structures that completely erase the tax benefits of having the S in the first place. If your practice is an S corporation, you should maximize your Medicare tax savings through your compensation system in a reasonable way. This can be a \$10,000 plus annual recovery for practices not properly structured. Should pass-through income be subject to lower tax rates under new tax laws, this will become even more important as it will lower not only Medicare taxes but also income taxes.

C. Implement a C corporation. Once upon a time, C corporations were the most popular entity for U.S. medical practices. Today, fewer than 15 percent of medical practices operate as C corporations. Why? We believe it is because most physicians, bookkeepers and accountants focus on avoiding the corporate and individual "double tax" problem.

While this is vital to the proper use of a C corporation, it is only one of several important considerations a physician must make when choosing the proper entity. If you have not recently examined the potential tax benefits you would receive by converting your practice to a C corporation, we recommend that you do so. A reduced tax rate on C corporations will make this evaluation especially pertinent.

D. Get the Best of Both Worlds – Use Multiple Entities. Very few medical practices use more than one entity for the operation of the practice; If they do, it is simply to own the practice real estate. While this tactic is also wise from an asset-protection perspective, its tax benefits are typically non-existent.

Some practices may benefit from a superior practice structure that includes both an S and a C corporation. This can create both tax reduction and asset protection advantages. If you have not explored the benefits of using both an S and C corporation to get the best of both worlds, now is the time to do so.

#### 2. Maximizing Tax-Favored Benefits for the Doctors in the Practice

If you are serious about capturing "dollars left on the table," tax efficient benefit planning must be a focus. Benefit planning can definitely help you

### SOA Education Fund

Help support the SOA Education Fund, a 501(C)3 tax exempt fund, with your charitable donation. SOA established an Education Fund to provide educational opportunities for young orthopaedists throughout the territory.

SOA provides more than \$12,000 in research grants for Residents at its Annual Meeting.

Contributions from members has helped to make this possible. These resident research grants will continue to be a focus for SOA at its Annual Meeting.

Make your mark on the future and be a part of SOA's Education Fund. We encourage you to make a donation to help SOA achieve its goals

for funding educational programs for Residents. We appreciate your continued support of SOA's Education Fund and would like to thank you for your generosity this past year. If you are interested in donating, just go to http://www.soaassn.org/donations.

### Money Matters continued

reduce taxes, but that is not enough. Benefit plans that deliver a disproportionate amount of the benefits to employees can be deductible to the practice, but too costly for the practice owners. These plans can be considered inefficient. To create an efficient benefit plan, physicians need to combine qualified retirement plans (QRPs) with non-qualified plans.

Nearly 95 percent of the physicians who have contacted us over the years have some type of QRP in place. These include 401(k)s, profit-sharing plans, money purchase plans, defined benefit plans, 403(b)s, SEP or SIMPLE IRAs, and other variations. This is positive, as contributions to these plans are typically 100 percent tax deductible and the funds in these plans are afforded excellent asset protection. However, there are two problems with this approach: 1) many QRPs are outdated; and 2) QRPs are only one piece of puzzle.

First, most physicians have not examined their QRPs in the last few years. The Pension Protection Act improved the QRP options for many doctors. In other words, many of you may be using an "outdated" plan and forgoing further contributions and deductions allowed under the most recent rule changes. By maximizing your QRP under the new rules, you could increase your deductions for 2017 by tens of thousands of dollars annually, depending on your current plan.

Second, the vast majority of physicians begin and end their retirement planning with QRPs. Most have not analyzed, let alone implemented, any other type of benefit plan. Have you explored non-qualified plans recently? The unfortunate truth for many physicians is that they are unaware of plans that enjoy favorable long-term tax treatment. In fact, if income tax marginal rates come down as the administration has promised (and such rates will come back up because of sunset provisions described above), the next few years may become an ideal time to fund nonqualified plans – perhaps the most advantageous time to fund such plans since the 1980s. If you have not yet analyzed all options for your practice, we highly encourage you to do so.

#### Conclusion

Nearly everyone reading this article would like to be more tax efficient, especially with anticipated tax changes for 2017 and beyond. We hope these new tax rules motivate you to make tax and efficiency planning a priority, so you too can recapture the "dollars left on the table." We welcome your questions.

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David B. Mandell, JD, MBA, is a former attorney and author of more than a dozen books for doctors, including Wealth Protection Planning for Orthopaedic Surgeons and Sports Medicine Specialists. He is a principal of the wealth management firm OJM Group www.ojmgroup.com, where Carole C. Foos, CPA is a principal and lead tax consultant. They can be reached at 877-656-4362 or mandell@ojmgroup.com

#### Disclosure:

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