INCLUSION OF OSTEOPATHIC ORTHOPEDISTS IN WORKFORCE STUDIES

To the Editor:

As chief of orthopedics at a major military medical center, a faculty member of two allopathic medical schools, a consistent reader of the current peer-reviewed orthopedic literature, and a DO residency-trained orthopedist with an allopathic fellowship who frequently peruses your journal, I was quite shocked regarding the very exclusionary guest editorial by Robert B. Greer III, MD, in the October 2000 issue of Orthopedics (24[10]:1016, 1018).

This editorial, which discusses orthopedic surgeon numbers, totally excluded DO-trained orthopedists, whose numbers now approximate 1000. How can you publish an article in the year 2000 that excludes a significant number of orthopedists who increasingly populate the faculty of allopathic medical schools, are accepted in ever-increasing numbers into prestigious allopathic fellowship programs, chair major military orthopedic departments, serve as team physicians for numerous professional sports organizations, and care for a significant segment of the population? This editorial needs to be amended to accurately state the facts and include DOs as well as MDs.

Jeffrey L. Mikutis, DO
Dayton, Ohio

Reply:

Dr. Mikutis is quite correct. Osteopathic orthopedists were excluded from the workforce studies and projections sponsored by the American Academy of Orthopaedic Surgeons (AAOS) in the 1970s and 1980s. Also excluded were those allopathic orthopedists not yet certified by the American Board of Orthopaedic Surgery (ABOS), nurse practitioners specializing in orthopedics, plastic and general surgeons specializing in hand surgery, neurosurgeons specializing in back and spine surgery, podiatrists, and probably others. This was done deliberately but not maliciously because future workforce projections at that time were based on certain responses from surveys of AAOS members. American Board of Orthopaedic Surgery certification was then and is now a requirement for membership in this organization. Hence, the exclusionary aspect of the data.

My interest was to compare the actual current number of ABOS-certified practicing orthopedists with the projections made 20 years earlier. I therefore had to use the same subset of orthopedists today as was used then for comparison. To do otherwise would invalidate the comparison.

Times have changed. There are now more non-ABOS-certified individuals involved in various aspects of musculoskeletal care than there were 20 years ago. There also are far more orthopedics specialists whose presence also modifies how musculoskeletal care is distributed in a given community. Future workforce studies should, if possible, include the totality of the orthopedic workforce. Nevertheless, the fact remains that the population of the largest group of practicing orthopedists in the United States, the >15,000 active members of the AAOS, is beginning to reach its predicted plateau while the overall population of the country continues to grow rapidly. The role that osteopathic orthopedists play in the future should be studied and be part of any proposed prospective plan if, in fact, this whole issue is considered worthy of study once again.

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SAFE ADMINISTRATION OF APROTININ IN ORTHOPEDIC SURGERY

To the Editor:

Aprotinin is a small molecular weight polypeptide isolated from bovine lung tissue. It is a natural serine protease inhibitor widely used for decreasing blood loss and transfusion requirements, especially in cardiac surgery. Recently, it has been proposed in orthopedics, proving effective in several studies.1,6

As a foreign protein, one of the most important immediate risks of... (continued on page 545)